



Redlam Surgery

62-64 Redlam, Blackburn, BB2 1UW

Enter and View Report

17<sup>th</sup> February 2026

9.30am

# healthwatch

## Blackburn with Darwen

### DISCLAIMER

This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details:

**Redlam Surgery**

62/64 Redlam,  
Blackburn,  
BB2 1UW

Staff met during our visit:

**Ashlie Allison, Practice Manager, Dr  
Mohammed Moosa and the supporting team**

Date and time of our visit:

**17<sup>th</sup> February 2026, 9.30am**

Healthwatch Blackburn with Darwen  
Representatives

**Sarah Johns (Chief Officer)**

**Liam Kershaw-Calvert (HW Staff)**

## **Introduction**

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Blackburn with Darwen who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to respondents in communal areas only.

This visit was arranged as part of Healthwatch Blackburn with Darwen's Enter and View programme to review Accessibility, Approachability and Responsiveness. The team of trained Enter and View authorised representatives record their observations along with feedback from patients, staff and where possible, carers or family.

A report is sent to the practice manager of the facility for validation of the facts. Any response from the practice manager is included with the final version of the report which is published on the Healthwatch Blackburn with Darwen website at [www.healthwatchblackburnwithdarwen.co.uk](http://www.healthwatchblackburnwithdarwen.co.uk)

## Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Ashlie Allison together with patients and staff for making us feel welcome and taking part in the visit.

## General Information

### Number of GPs /patients

**3 GPs/4,600 patients**

**CQC rating – Good (2017)**

## Methodology

The Enter and View representatives made an announced visit on 17<sup>th</sup> February 2026.

We spoke to 12 patients and 7 staff, where possible within the constraints of the GP surgery routine, people's willingness, and ability to engage and access to people in public areas. Discussion was structured around 3 themes.

- Accessibility
- Approachability
- Responsiveness.

The team also recorded their own observations of the environment and facilities.

Our role at Healthwatch Blackburn with Darwen is to gather the views of service users, especially those that are hard to reach and seldom heard, to give them the opportunity to express how they feel about a service regardless of their perceived ability to be able to do so.

We use templates to assess the environment of a facility and gather information from respondents, to ensure that reports are compiled in a fair and comparative manner.

## Summary:

Redlam Surgery is located on Redlam, a main road leading into the centre of Blackburn and easily accessible for patients on foot or travelling on local transport. However, it was noted that patients can struggle to find parking due to there being limited spaces available and on road parking is often busy.

The practice is bright, clean and hygienic; however, some areas may need review for accessibility for patients with dementia. There is good patient information available in the waiting room and despite the fact that the building is old, the practice makes effective use of the space available and accommodates patients who might struggle to get to the upstairs clinic rooms with appointments on the ground floor.

The website is informative, but the complaints procedure might be hard for patients to find, and no details are given for the GPs of the practice.

Patients felt that the staff are courteous and polite and that they overall had enough time with the doctor, with the majority of patients stating that they would recommend the practice. Some patients reported that they had been with the practice for over 20 years.

The GP triage process at the start of each day appears to be effective in managing the call queue with all of the patients we spoke with finding it easy to book an appointment. Access to the call back option and online booking also made the booking process easier for patients.

It was reassuring to note that when Healthwatch representatives flagged up concerns from one patient that he had been misdiagnosed and consequently ended up in hospital, that the Practice Manager and GP were keen to look into this situation and ensure any learning from it was acted on by the team.

The Practice has a wide skillset amongst the team to be able to meet the needs of patients, and they also link well with other teams to support vulnerable patients.

## Enter and View observations

### ACCESSIBILITY OBSERVED

#### Pre Visit

Representatives firstly looked at the practice website to establish contact and found the website to be informative with details about appointments, prescriptions, online services and wider health information. There are no images of staff which may be helpful for new patients and no information about the GPs. However, information provided about the role of the physician associate and the fact that the Practice is a Training Practice is useful for patients. The opening hours are not immediately visible on the website but are available on the contact page together with a short patient information leaflet.

Representatives noted the website to be mobile friendly. There is an option for translation but there is not the facility to change the font size to make the page more accessible, although the accessibility statement states that this is possible. It was difficult to find the complaints procedure without putting this in the search function.

We called the practice at 4.30pm on Monday 16th February 2026 and were first in the queue.

#### External environment

The surgery is located on Redlam, a main road leading into Blackburn town centre with good public transport and bus stop nearby. The practice is clearly visible from the road and has disabled parking available although the practice has limited parking spaces. The entrance is accessed via a short ramp, making it accessible for wheelchair users.

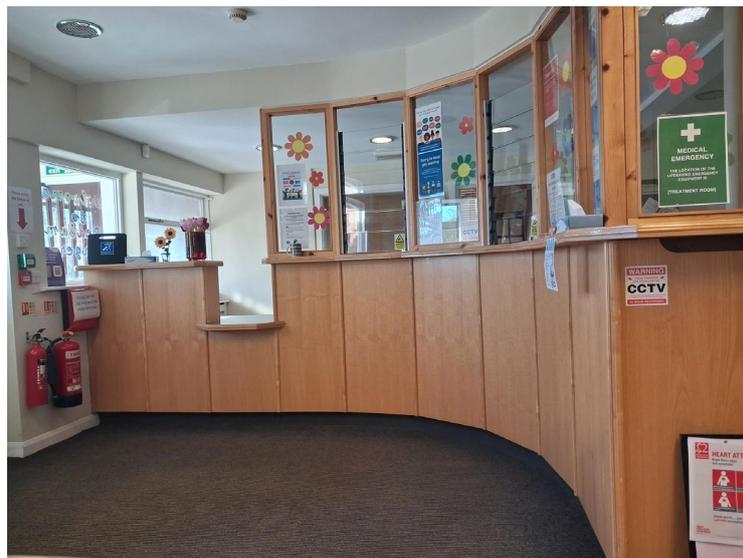


#### Internal Environment

The practice has bright, clean and airy waiting room which was a warm and welcoming space with the reception directly visible on entering the building. There was a mix of bank seating and chairs in the waiting room. There were no seats with arms or raised seats for patients who may have mobility issues, but we noted that the bank style seating was used by patients with reduced mobility.

The floor in the waiting room was non-slip and matt therefore suitable for patients with dementia however we noted that the carpet at the reception desk was coming up slightly at one end.

The reception desk was a large area and at mixed heights to cater for patients in wheelchairs and a hearing loop was available.



There have been good efforts made by staff to make the area welcoming, with cutout flowers on the reception desk window, pictures, a fish tank and good patient information on display including photos of the staff team.



All patients checked in at reception with the senior receptionist, and we noted that patients were all collected from the waiting room by members of staff to be taken to their appointments. All of the appointments were running to time during the duration of our visit.

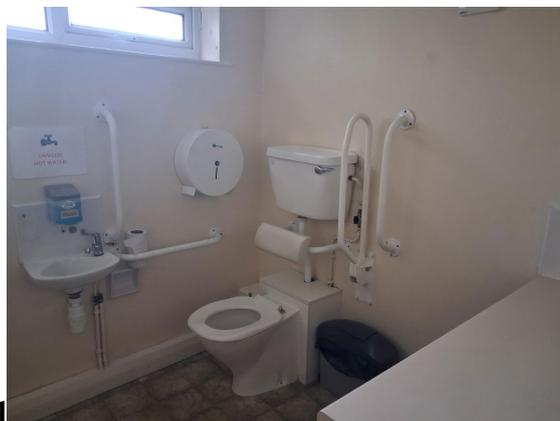
It was good to note the receptionist going to the door to let in a patient who was in a wheelchair accompanied by her son, and we noted positive and supportive interactions between staff and patients in the waiting room.

We also noted the senior receptionist advising a patient to send a photo of her finger to get GP advice to avoid her having to go to Emergency Department and have an x-ray elsewhere. The patient had come for an appointment about another matter, but the receptionist was happy to support her with this.

There is a clock behind the reception desk, however this is not very visible for patients and is not dementia friendly.

The building is old and a bit tired, but the practice makes the most of the space available. Some clinic rooms are upstairs, but representatives noted that the stairs are steep and carpet could be a trip hazard. However, there is a sign stating that patients who would prefer not to go upstairs for appointments will be seen in clinic rooms on the ground floor.

There is a clean accessible patient bathroom on the ground floor near the waiting room which has baby changing facilities available. However, we noted that the unit and seat are not in contrasting colours and as such not dementia friendly.



**Approachability/Flexibility of the Practice**

We spoke with the Practice Manager about different approaches the practice takes to meet patient needs, with her feedback detailed below.

The surgery has approximately 4,600 patients and has range of staff roles to support them. There are 3 GPs, a GP in Speciality Training, a physician associate, a trainee advanced clinical practitioner, a practice nurse, 3 health care assistants (2 of whom are shared with the other two practices in the group) and an admin and reception team. There is a mental health practitioner who covers the group of practices and the surgery refer patients to social prescribers through Blackburn West Primary Care Network.

The practice is a training practice supporting medical students and registrar GPs.

The practice nurse leads on clinics for diabetes reviews and cancer screening. The practice has good uptake of both vaccinations and screening, and they will refer women to the hub at Barbara Castle Way Health Centre for cervical screening appointments at the weekend if this is easier for them to fit around work and other responsibilities.

Patients with learning disabilities are identified on the practice's Learning Disability register and are all invited for annual health checks which are led by the Practice Nurse and GP. The practice has a good working relationship with LSCFT Learning team.

There is a GP led telephone triage system in place which they conduct between 8 and 10.30am each morning which helps ensure that priority patients are seen by the GPs and emergency same day appointments are made available.

The practice does not have significant issues with 'Did Not Attends' (DNAs) due to sending out text reminders the day before and having a cancellation option on the telephone system. The practice has a 3-strike rule for DNAs, however this is very rarely used.

## **Feedback from Patients**

## ACCESSIBILITY

- **Are opening hours sufficient for your needs?**

All of the patients we spoke with felt that the opening hours were sufficient.

- **Is it easy to park or travel to the practice?**

It was easy for patients to access the practice, although parking can prove problematic at busy times of the day.

“I drove and parking wasn’t too bad.”

“I walk because I’m only just up the road.”

“I drove and parking was ok this morning, but it can be bad early on.”

“Parking is always a problem here; there’s not enough space.”

“I drove and it was ok to park.”

“My wife brought me down here.”

“I live literally 2 minutes away, but I drove still this morning!”

“I walk because I’m only a few minutes away.”

“I walk because I’m only 2 minutes away.”

“I walked here.”

“I got a lift.”

“I drove and just managed to get parked up.”

- **How did you get your appointment today?**

All of the patients we spoke with found it easy to arrange their appointment.

“I made the appointment over the phone, but it was a pre-organised appointment from a few months ago.”

“Over text message.”

“I rang yesterday and got an appointment today. It’s easy getting through on the phone.”

“I was sent a text for a health check.”

“The practice called me.”

“I booked it over the phone, which was easy, I’m usually first in the queue.”

“I booked it online which was easy.”

“I called and they rang me back. I had got a text to contact the surgery.”

“I had it booked in from a previous appointment.”

“I called and it was easy.”

## APPROACHABILITY

- **Are staff courteous and polite?**

All of the patients stated that staff were polite, with only two stating “mostly.” One patient commented that the senior receptionist was “very good,” whilst others stated, “Very polite, never had any problems”, “Fine they’re lovely” and “Yes the staff are nice.”

- **Would you recommend this GP surgery?**

The majority of patients stated that they would recommend this GP surgery. One patient stated no due to a “personal experience last year,” however she did not want to expand on that. Another patient stated “50/50” due to ending up in hospital with pneumonia having been wrongly diagnosed over the telephone.

Positive feedback included: -

“Lately yes. It has improved a lot.”

“Yes, I’ve been here for over 20 years.”

“Yes definitely”

“Yes but the building needs updating.”

It was good to note that on receiving the feedback about the misdiagnosis of a patient, both the Practice Manager and GP we spoke with were keen to follow this up and establish what learning could be gained from this experience.

## RESPONSIVENESS

- **Do you get enough time with the doctor?**

Only one patient felt that they did not have enough time with the doctor, stating “Not really and I do prefer appointments to be face to face.” One patient commented that she now has longer appointments after staff realised that she would struggle to keep coming back for different issues. Other feedback from patients included: -

“Yes, they’re very thorough.”

“Yes, but it can be hard to see a doctor.”

- **Have you been referred other services that may be able to help you?  
(e.g. Social Prescribing)**

None of the patients had heard of social prescribing, but others commented on smooth referrals to other services.

“Yes, I’ve been referred to other services for support and that went fine.”

“Yes, I’ve been referred to hospital departments no problem.”

“Yes, to dermatology services.”

- **Has there been an occasion when you have felt you had to attend A and E rather than get a GP appointment?**

Only one patient stated that they had accessed Emergency Department because they could not get an appointment at the practice and this was over a year ago. One patient commented that “GP triage over the phone helps speed things up.”

### **Other Comments**

“I’ve been here for years.”

“It’s been my doctors for 40 plus years.”

“I understand the pressures on time, but I’d like special treatment because I’m old!”

“I’ve had no issues. Everyone has been polite when I’ve booked appointments.”

“I’m happy with the practice.”

“I’ve never had any problems. All the staff are very professional and helpful.”

## **Staff views**

## ACCESSIBILITY

- **How easy/difficult do you think it is to get an appointment with the GP?**

“I think it is easy to get an appointment. We always try to ensure that there is not a queue on the phone and get patients booked in for emergency on the day, routine within 2 weeks or online triage within 48 hours.”

“People say that they don’t see enough of the GP. The GP triage process helps.”

“It’s easy due to usually having 2 GPs, FY2, GPST2, medical student and physician associate. Also, since having online triage this has increased appointments.”

“It works well because we have a GP triage between 8 and 10.30am and people also use the NHS app. It’s quite a fast queue for patients.”

“Easy e.g. if I see a patient that I think requires a GP appointment, reception usually has a same day appointment for emergencies or space that week for a routine call.”

“It’s not long on the phone. We run a GP triage between 8 and 10.30am for acute problems on the day that cannot wait. Routine appointments wait a week. Our care navigation team get the initial details. People can also book appointments online.”

- **Do people get to see the GP on time?**

“Yes, we have triage questions to ensure emergency appointments are made quickly and routine ones are within 2 weeks with the option to be brought forward if symptoms change.”

“Yes definitely.”

“Yes, they do with routine telephone calls. These are between 9am and 1pm and patients receive a call within this time. Also, if patients need follow up appointments the doctor will send tasks to inform us of when. For appointments booked, patients are seen on time.”

“Yes, a lot ask to see a specific GP. We offer appointments either on the telephone or face to face. GP appointments last 10 minutes and physician associate appointments last 15 minutes.”

“Yes!”

“Yes, and if they want to see a specific GP they can.”

## APPROACHABILITY

- **How do you identify and support more vulnerable patients (for example those with learning difficulties or disabilities)**

“We often have warnings on EMIS to alert, so we are able to take more time to accommodate them. Visible signs are also used e.g. sunflower lanyard to provide further support e.g. helping with forms, contacting carers if the patient prefers this, helping with doors, using low desk when talking to patients in wheelchairs.”

“We have to be careful and make sure that we don’t undermine patients’ independence and do not put pressure on timing of appointments. What does vulnerable look like?”

“Patients with learning disabilities are usually identified as they have this on their problems list; they also have an alert and will have it in their diary for a learning disability review.”

“We are good at offering extra time on appointments and we also have language line.”

“Alert system/warnings. LD and dementia reviews. Diagnosis in a ‘problems’ tab.”

“If people are struggling to fill a form in, we ask them to come in and we’ll help. There are flags on the system for patients with learning disabilities. We have an HCA and nurse who do the first part of the LD review.”

## **RESPONSIVENESS**

- **Do you have a Social Prescriber attached to the practice and do you refer to them?**

“Not a specific one. We make referrals to the Foodbank and the wellbeing service.”

“We can make appointments and make referrals straight to the right person to help a patient.”

“We don’t have an exact person, but we do refer to the social prescribing team and they then respond to the email with next steps or will contact the patient.”

“We refer to them through the single point of access, and it is well used. We helped a woman who was in hardship access support from the Foodbank and the Council.”

“Yes, and yes”

“Yes, and they are well used.”

- **How do you manage ‘Did Not Attends’ with appointments?**

“Firstly, we try to avoid DNAs by sending text reminders and writing on appointment cards. If a patient DNAs we inform them of the missed appointment and get them booked back in. Multiple missed appointments get sent a warning letter.”

“The reception team deal with them when they happen.”

“If patients DNA 3 times they are added to the form I fill out every week which is then passed to the reception manager Alison who will contact them.”

“We chase people up but try to give them the benefit of the doubt. It’s more with nurse appointments than GP appointments.”

“We add comment on the notes tab.”

“We monitor weekly DNAs. If it has been 3 times, we send them a text but generally not if they are elderly. We give them the benefit of the doubt first.”

- **Why do you think that some people access A and E rather than primary care?**

“I think lack of knowledge re symptoms and what is urgent is a factor in people going up to A and E. They are unaware of other options e.g. urgent care, pharmacy (but also don’t want to pay/cannot afford to pay). People don’t want to wait for appointments and want to be seen immediately.”

“People want something and think A and E can provide that faster.”

“Sometimes lack of knowledge of what primary care can offer for example pharmacy can help with a range of conditions. Also, due to GP surgeries usually being closed on a weekend.”

“It’s not an issue here, they ring here first mostly.”

“The perception is that it is quicker, a 24/7 service. Although I have noticed more and more patients being very reluctant to attend A and E this past winter.”

“It’s not really an issue we don’t get that happening much. The triage system helps.”

### **Any other comments**

“I love them all, all of the staff are good. We’re easy going. Every day is a new day, and every problem has a solution, it’s about finding it. It’s a family here.”

“I quite enjoy it here. It’s peaceful and easy to get on with the work here.”

“It’s an excellent practice and we get good comments from patients.”

## Response from provider

Thank you to Healthwatch for taking the time to visit Redlam Surgery, it is reassuring to know, that after conversations with patients, the feedback provided was in the main positive.

We do try hard at Redlam Surgery to make the patient centred journey as smooth as possible, with all Practice Team members engaging with patients on a regular basis.

We have already discussed the visit at our weekly GP meeting and any suggestions made by Healthwatch, in particular the website complaints accessibility, have been noted and will be implemented.

Thanks again for a timely and detailed report.

Ashlie Allison

Practice Manager

Redlam Surgery

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