



St George's Practice, 62 Haslingden Road, BB2 3HS

Enter and View Report

Tuesday 23<sup>rd</sup> April 2024

9AM

# healthwatch

## Blackburn with Darwen

### DISCLAIMER

This report relates 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:

St George's Practice  
62 Haslingden Road  
Blackburn  
BB2 3HS

Staff met during our visit:

Kelly Maxwell (Practice Manager)

Date and time of our visit:

Tuesday 23<sup>rd</sup> April 2024

Healthwatch Blackburn with Darwen  
Representatives

Liam Kershaw-Calvert (Lead)

Sarah Johns (Chief Officer)

Jenny Hayes (HW Staff)

Katie Merry (HW Staff)

Liz Butterworth (Volunteer)

Bia Hashmi (Volunteer)

## 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 Kelly Maxwell, together with staff, patients, and other respondents for making us feel welcome and taking part in the visit.

The practice is listed as 5 GP partners, 2 salaried with one on maternity, covered by locum.

The BwD PCN data states that the patient base is 9985. (subject to change)

The practice is currently accepting new patients.

The current CQC rating is Good (2019)

## Methodology

The Enter and View representatives made an announced visit on Tuesday 23<sup>rd</sup> April 2024.

We spoke to 18 patients and 5 staff members, 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:

The responses we collected at the time of our visit were incredibly positive as were our observations of the service.

The surgery is easily located on a main road and on a bus route. The practice has a reasonable amount of car parking facilities that are close to the building, and three dedicated disabled parking spaces. However, it was noted that the parking can be difficult, with one patient stating, “parking is bad - not much space.” While another patient stated “usually ok for parking spaces. Don’t usually have a problem” but adding, “the parking bays are a little tight.”

Representatives observed the building to be clean, brightly lit and well maintained. The building is generally accessible, and its environment is welcoming. There were some issues with the acoustics in the room, due to the high ceiling, and we observed that it was difficult to hear and speak to the reception staff in the main area. The waiting room was decorated with informative displays, leaflets and other material to assist patients.

Positive comments were made about the Practice Manager, getting appointments with ease, and overall, the staff being “lovely.” While a few concerns were raised about the opening hours, with one patient stating they would “prefer later nights so people that work can attend.” Another patient stated, “they had no issue.”

The practice appears to utilise social prescribing within the practice, with displays visible in the waiting room, with some patients knowing what social prescribing was, including one patient stating, “Yes, I’ve come into contact with this due to an issue I have. I benefited a lot.”

The practice appears professional, flexible, and transparent and typified by rigorous monitoring, policies and procedures.

Staff we spoke to were happy in their work and told us that felt supported by management. Some receptionists had previously worked at other practices within BwD, and they all appreciated how well the system works at St George’s Practice.

## Enter and View observations

Representatives firstly looked at the practice website to establish contact and found the website to be informative, well laid out and had important information displayed on the homepage. There is an option for translation as well as changing the font size to make the page more accessible. Tabs redirected patients to relevant pages and these were clear and simple. The site was also mobile friendly.

The practice also has an active Facebook page to update patients regarding opening times, signposting for events happening in the practice and around town as well as sharing important NHS material. They promote health awareness campaigns on their Facebook page which is managed by one of their admin team. Representatives found this a good utilisation of social media as a way to engage with patients online and reach as many as possible.

Before the visit, we rang the surgery on Tuesday April 16<sup>th</sup> 2023, at approximately 2:25pm to check the wait times and queue position. We were position number two in the queue and the call was answered at 2:28pm, which representatives found was very good.

Representatives found the initial zero policy message when ringing the phone number to be an unwelcoming first point of contact for patients. While we understand the reasons behind the message, it could possibly be more fitting to hear the message after a welcome message or after the choice of options.

The practice is situated at the bottom of a main road, close to Royal Blackburn Hospital and connected to a pharmacy next door. The practice is on a main bus route which leads to Blackburn town centre. Representatives found a reasonable amount of car parking facilities that were close to the building, and 3 dedicated disabled parking spaces which were clearly marked. However, feedback from patients later informed us of their struggle to get parking spaces.

The grounds are well maintained and clean and the practice is well signposted, with a clear sign above the main entrance. The building is low level with a clear flat surface entrance. This was facilitated with an automatic door that opens inwards, which is easily accessible. The building and the surrounding area were clean and well maintained. All areas were at ground level and easily accessible.

On arrival, there is a separate waiting area before entering into the main room. Connected to this area via a protective screen is the main reception desk. The area does not appear to be in use, and representatives witnessed no patients using that area, instead choosing to enter into the main room to speak to reception staff. Entering through the door into the main room, the waiting area is directly ahead with the reception desk situated to the left. The check in screen is across from the reception desk. Some patients reported an issue with the check in screen and had to instead check in via the desk. On this visit, there were two staff

members working on the reception desk, which appeared to be sufficient. The desk also had masks and sanitiser for those who wish to use them.

The main room is warm and bright, although one bulb was not working. However we can imagine that with such a high ceiling in the room, it makes it difficult to change the bulbs. There are hand sanitiser dispensers throughout and display boards with lots of information available for patients on different topics, including debt advice, social prescribing and how to join the PPG (Patient Participation Group). When speaking to the Practice Manager, we were informed the PPG currently has 5 members, mainly retired, and they meet regularly. They only stopped meeting face to face during the Pandemic, however important updates were regularly shared via email. There was also a display with photos of clinicians in the practice, which is helpful to patients to become familiar with faces.

Due to the high ceiling in the main room, the acoustics of the room and reception area were quite poor, which meant that when noise levels rose, it is a struggle for both patients and the reception staff to hear and have a conversation.

Representatives also found it difficult to hear what the reception staff were saying at times. We observed an elderly patient at reception struggling to hear what the receptionist was telling him. Due to this, patients need to speak a little louder, which impacts on privacy of conversations. When speaking to the Practice Manager, she understands the issue with the acoustics, the high ceiling in the room is the main cause. She informed us for privacy, patients are free to use the private room connected to the waiting area if needed. This room can also be used as a quiet waiting area for patients who require it. The high ceiling in the room does however have a benefit in that patients in the waiting area cannot hear the reception staff on the phone, so privacy is not an issue regarding telephone conversations. It is noted that the practice also has staff answering phones in the backroom.

The waiting area has a sufficient amount of seating, with a good mix of chairs that suit different patients' needs. Some chairs have arms while others are raised. The room is up to date with notices, there were zero tolerance posters visible but were discrete and a mounted TV that is used to call patients was also used to display information, e.g. Chaperone policy. It is clear and well situated. Appointments are called via a buzzer with the name and room displayed on the TV. There was no voice for appointments, which representatives found could be difficult for visually impaired patients. When we discussed this with the Practice Manager, she confirmed that if patients have a visual impairment, the clinician will come into the reception area to call them. We later witnessed a clinician come into the reception and call a patient for their appointment.

The room is generally dementia friendly, except for the clock which patients with dementia may find difficult. Representatives noted that the chairs were a similar colour to the carpet, which could cause confusion for patients with dementia. However, no patients reported this as an issue.

In the waiting area, two doors are located at either side connected to one long corridor which leads to the different clinician rooms. There are small signs which point in the direction of the room in white on blue which is clear to read. Representatives observed a patient struggling to find where the treatment room was, as there was no sign for the treatment room.

The corridor was clean and signs in there to the clinician rooms were large and clearly visible and the corridor had more patient information on a stand, with information on respiratory clinic and gaining access to wellbeing coaches. Respiratory clinics and diabetes clinics are both available at the practice.

The bathrooms connected to the main room were clean and well maintained, brightly lit, with an accessible toilet and baby changing available. Representatives noted the room was dementia friendly, with colour contrasting walls and flooring, and the toilet and sink being white.

The practice is also breastfeeding friendly.

The appointment times for patients appear to be flexible, with appointment times ranging from 8am - 6:30pm, which appear to be work friendly. One patient spoke to us about the times, stating “No, I would prefer later nights so people that work can attend. My husband struggles with time off work.” With another stating they were “Happy with the times.”

Since Kelly has been at the practice (8 years), there have only been 4 patients removed from the practice list due to disrespectful behaviour. An initial call is made to the patient and they are given two Staged letters and then removed to special allocations list.

DNAs are an issue, with some ‘repeat offenders’ for the practice and they have a planned approach to dealing with them. A receptionist does a search of DNAs on a weekly basis. There are 3 stage letters sent out to patients and then it is final decision by a GP to remove them from the practice list. Clinician input is important because there may be underlying health issues affecting attendance. The practice is currently looking into reducing the process to two stages.

The practice has 50 patients with learning disabilities on their register and have 96% uptake of annual health checks.

The practice uses Language Line for patients needing translation support. They do have quite a few patients from Fosse Bank (deaf community) and they always ensure that they book an interpreter for them at the same time that the appointment is booked.

Another vulnerable group the practice works with is Haworth House, short stay HMO for residents on prison release, and the practice has a good relationship with them.

The practice has a social prescriber assigned to them but she mainly takes referrals from the GPs and does not have a physical presence in the practice. However, she

did attend their East PCN Health Day. The practice also has a board dedicated to social prescribing.

## Feedback from Patients

### ACCESSIBILITY

#### Opening hours are they sufficient?

“Fine, no problem. Happy with the times.”

“They are fine. I have no issues.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“No, I would prefer later nights so people that work can attend. My husband struggles with time off work.”

“Yes.”

“Sometimes I can’t get an appointment at all, I’d prefer them to be open later.”

“Yes but only because I’m retired and day time appointments are fine for me.”

“Yes, they open early.”

“It would be helpful if they opened later.”

#### Is it easy to park or travel to?

“No problem at all usually. The odd time no spaces, but ok.”

“We came by car today. Usually ok for parking spaces. Don’t usually have a problem. The parking bays are a little tight, especially when you are getting the baby out of the car. We have to park over the lines so I could get him out in his carry chair.”



“Parking is bad - not much space.”

“It’s bad, but my husband drove me here.”

“I drove here, parking was okay.”

“Parking is a nightmare - had to wait for parking to be available.”

“Parking was bad.”

“Parking can be a hassle.”

“Need to increase parking.”

“Yes, it was easy, I live down the road.”

“Yes.”

“Parking was very tight.”

“The parking is not great here.”

“Great for disabled people as there are many disabled bays.”

“The car park is always busy.”

“Sometimes the carpark is full but I can walk if I’m well enough as I only live a 15 minute walk away.”

“Parking is okay, they have disabled bays.”

“It’s easy to travel here but parking can sometimes be an issue.”

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

“It’s been booked for a month as I needed tests beforehand. Usually, I phone up on the day and can get an appointment that week. It’s really good.”

“It’s been booked for a week. I booked it in advance. Usually phone up in the morning. If it’s for the kids, it’s usually really quick. I don’t have a problem but sometimes you are waiting on the phone to get through. But that’s the same everywhere.”

“Rang up in the morning.”

“Used app.”

“Yes”

“App”

“Booked by GP - ongoing appointment.”

“Rang up”

“Rang up”

“Rang up”

“Rang up”

“Rang up”

“I have a recurring appointment with the GP.”

“I rang at 8am.”

“Rang at 8am.”

## APPROACHABILITY

### Are staff courteous and polite?

“Very polite and kind. You are treated with respect and I’ve never had a problem. Doctors are good. The previous GPs were brilliant. There are some new ones now and I’ve never seen the GP I’m seeing today.”

“Yes, I’m always treated with respect.”

“Yes. Sometimes” (applies to receptionists)

“Yes.”

“Yes at times.”

“Yes.”

“Receptionists are polite and GP nice. High turnover so a lot of new GPs. Had the same GP with no issues.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes they are lovely. Son has autism and can feel very unsettled but staff make him feel comfortable.”

“Some of them are.”

“Yes.”

“Yes, very happy.”

“Yes, they are lovely.”

### Would you recommend this GP surgery?

“Yes definitely. I’ve been to others like Montague Health Centre and this is the best.”

“Yes definitely.”

“Yes.”

“Yes.”

“Yes.”

“No, waiting times for appointments are long. I had to wait a month. Only reason they don’t utilise emergency appointments is because they don’t get to see the same doctor.”

“Yes.”

“Yes.”

“Yes.”

“Yes. Family have been with this surgery since it opened.”

“No - all the good doctors are gone.”

“Yes.”

“I have difficulty getting non urgent appointments.”

“Yes.”

“Yes.”

“Yes.”

“Yes, I moved out of the area and had to change GPs at one point, but when I moved back to Livesey, I wanted to come back here.”

“Yes.”

## RESPONSIVENESS

### Do you get enough time with the doctor?

“Yes, I’m not rushed and feel that I am listened to. The ones I’ve seen so far are good.”

“Yes, it’s usually me that’s rushing the doctor as I’m always dashing about. The doctor doesn’t rush me.”

“Depends - sometimes needs more.”

“Yes.”

“Yes.”

“Yes.”

“Yes.”

“Yes. Very good with children.”

“Yes.”

“Sometimes - can be busy, so feel rushed.”

“No - feels rushed.”

“Yes.”

“Depends on what you are going into see the doctor for.”

“Yes.”

“No, I’d like longer.”

“No.”

“Yes, they are thorough.”

“Yes.”

**Do you have any understanding/experience of social prescribing?**

“No I don’t”

“Yes, I’ve come into contact with this due to an issue I have. I benefited as lot.”

“Yes.”

“Yes - talking therapy.”

“No.”

“Didn’t know what social prescribing was but got signposted in the past.”

“No.”

“Yes - never needed it.”

“Yes but never needed it.”

“No - never needed it.”

“No, never needed.”

“No.”

“No.”

“No.”

“No.”

“No.”

**Has there been an occasion when you have felt you had to attend A&E rather than get a GP appointment. Could you tell us why?**

“No I’ve not needed to go to A&E instead of the GP.”

“No.”

“Yes - due to no weekend hours.”

“No.”

“No.”

“No - I know GP emergency appointments are available when needed.”

“No.

“No.”

“Yes but it was an emergency.”

“No.”

“No.”

“No, unless it was an emergency.”

“No.”

“No.”

“Yes, I went to A&E as I couldn't get an appointment. I had to wait a long time in A&E.”

“No.”

“No.”

“Yes, I couldn't get an appointment the same day for my asthma, so I went to A&E. You have to wait 3-4 weeks for an appointment.”

### **Any other comments**

“I like how you can send a photograph online of an issue you have. It's a good system and saves a lot of time.”

The three chair (height) at the front needs to be at the back too (height is there on the chairs for those who had hip problems) as they are close to the GP rooms- so easy to get up. Signposting boards/information boards need to have bigger writing as patients can't read from their seats.”

“Sometimes receptionists don't listen- tried to book appointment for pain medication but got referred to nurse who cannot prescribe medication”

“Got recommended to this surgery by sister and am very satisfied. Old GP surgery was bad. Emergency appointment accessibility is good however routine appointment can be very hard to access.”

“You have to book in much earlier for appointments as it is hard to get appointments”

“It's sometimes hard to get through on the phone, once I was cut off after waiting 45 mins. It's easier to come in and book an appointment than call.”

“Getting appointments is quite stressful, you can book non urgent appointment, but you have to wait a long time - 3-4 weeks. You can get urgent appointments though.”

“I would prefer to see the same doctor but I see a different doctor each time I come.”

“I know they are under a lot of pressure with appointments, but I've always managed to get an appointment.”

“I’m happy with the surgery, I would just like there to be more appointments available.”

One patient explained to us that his mother had come back from holiday with a skin condition and got referred to physician associates for the first 3 times. The skin condition worsened and wrong medication was prescribed and some was not passed to pharmacy. He felt that staff were not suitably well trained and need more training on this regard. He also felt that receptionists ask too many questions when needing to book an appointment and “it feels personal”.

## Staff views

### ACCESSIBILITY

**How easy/difficult do you think it is to get an appointment with the GP (i.e. availability of GP appointments. Time spent on the telephone to get an appointment)?**

“I feel we offer a good service, not so many patients struggle to get an appointment. We always have an alternative- we never say to a patient “Sorry we have no appointments”

“I feel we always make an appointment - we offer a face to face on the day if we can, out of hours and we have a duty doctor everyday who works 9-6.”

“Pharmacy first has had a huge impact for the better. Patients have to wait approximately 10 mins on the phone. We are due to swap over to another phone system (surgery connect) it will be so much better when we do.”

“It’s not difficult to get an appointment, we can usually offer one the same day. We always try our best to accommodate their needs. There is always a solution.”

“It’s easy for patients to get an urgent appointment, however, the non-urgent appointments have a 3-4 week waiting time.”

“It is extremely easy we have different options, urgent appointments open at 8am and we have a duty doctor that covers any that cant be seen, we can also refer up to 4 patients up to Out of Hours if need be. More urgent appointments are released at 11:30am. We always get patients in for urgent appointments.”

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

“I would say so”

“Sometimes we have an emergency, and a patient will have to wait a little longer, it’s not very often”

“Sometimes, the odd few patients may take longer in their appointments so that holds the next patient up”

“Generally, yes, some patients take longer and that delays the next patient. It doesn’t happen very often though.”

“Not always, it depends on the patient as some patients are late. We allow patients 10 minutes grace if they are late.”

“I’d say 9/10 patients get seen on time.”

## APPROACHABILITY

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

“Ensure we have good communication with the patient, take time to explain to explain, educate the patient on any changes what may have occurred. Offer double appointments if needed.”

“Let them take their time, understand what they need. Clear communication at all times, book in a double appointment if necessary.”

“It will flag up on the system, we can offer double appointments were needed. I’ve been here for 17 years, I know which patients need extra support and I know how to support them. Sometimes you get parents booking an appointment for a young adult and it would be an alert that maybe the young adult requires additional support.”

“It is noted on the system in a pink box so we can make necessary adjustments.”

“It’s on the notes and we also pick this up whilst talking at the desk. We make sure we can communicate effectively and take it on case by case depending on the patient’s needs.”

## RESPONSIVENESS

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

“Pharmacy first, Pharmacy Tech and a Pharmacist all in the practice- we don’t have a social prescriber.”

“No, we don’t have one in the practice. We have posters up in the practice and we promote staff education and training.”

“We have a clinical pharmacist though”

“Doctors refer to a social prescriber it isn’t something I can do, we don’t have a social prescriber here at the practice.”

“We refer people for health and wellbeing issues, we do healthcare checks and refer for mental health.”

“We have a social prescriber attached to the surgery and we use them all the time, we also have a Mental Health nurse that comes in on Tuesdays as well as nurse practitioners and a clinical pharmacist.

## **How do you manage DNA appointments. Why do you think that some people seem to access A and E rather than primary care?**

“We have a process in place, if the patient rings to say they can’t attend - that won’t go down as a DNA.”

“Send a DNA letter out if no response - patient needs to understand the impact of not attending.”

“If it’s a DNA for a child it will flag up to the GP, they will then send a task to booking to get the patient booked back in, sometimes we may get the health visitor to do a home visit to make sure it’s not a safeguarding issue.”

“For adults, it would be similar. We would get them booked back in, it depends on their health condition if it needs to be followed up urgently heart failure etc.”

“[name redacted] sends letters out to any DNAs and manages it. If a patient rings up after the missed appointment and apologies for the reason of not attending then I wouldn’t count that as a DNA.”

“After three missed appointments, the patients get a letter.”

“If the GP is concerned about the DNA they will be called back, there is a member of staff that goes through all the DNA and contacts them.”

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

“Other GP surgeries are not offering appointments due to bad systems and sending patients to A&E.”

“I feel like it’s an easy option for GPs to send patients up to A & E when they can’t offer patients an appointment. That’s something we don’t do here.”

“I didn’t know people went to A&E instead of their own GP?! Our patients will do anything not to go to A&E, we sometimes get patients coming to us after they have been to A&E for a second opinion as they don’t trust the advice they have been given.”

### **Any other comments**

The staff all felt supported and listened to by the practice manager and GPs, they all enjoyed their job and gave person centred care in everything they did. Some receptionists had previously worked at other practices within BwD and they all appreciated how well the system works at St George’s Practice.

All receptionists we spoke to gave person centred care in everything they did, putting patients first and ensuring they received the care they needed.



# Response from provider

## **Car Parking**

The practice does recognise the need for more car parking spaces. The list size continues to grow, and we appreciate how difficult it can be at times for our patients to find a car parking space when they access our services. We are currently in talks with the landlord to expand the building and additional car parking spaces will also be included in this plan. We have discussed the car parking issue raised by our patients with the landlord and we hope that their feedback will support any bids we submit to NHSE for funding an expansion in the distant future.

## **Welcome telephone message**

We appreciate the feedback raised by Healthwatch about our zero tolerance message being the first part of our telephone greeting. At the time of this message being created the practice was suffering from many forms of verbal abuse so a decision was taken to ensure all patients heard this message when telephoning the surgery. However, on reflection, we appreciate the message can be unwelcoming and we plan to change the way our welcome message is worded when we migrate to a new telephone system at the end of June 2024.

## **Late evening appointments**

We do offer extended hours appointments at St Georges Surgery on a Monday evening. These appointments are available between the hours of 6.30pm and 8.30pm. Patients can book telephone or face to face appointments during this time with a Practice Nurse or ANP/GP. From the patient feedback gathered in this report it appears not all of our patients are aware of this, and we will endeavour to ensure this is advertised more widely to our patients through various means such as our waiting room, website and receptionists.

## **Staff Experience/Feedback of Visit**

Having never undertaken a visit of this kind in the past, all the staff involved in this visit reported they found the experience enjoyable. They felt the team of staff from Healthwatch were extremely friendly and made them feel at ease.

Thanks

Kelly

Miss Kelly Maxwell

Practice Manager

St Georges Surgery - P81058

62 Haslingden Road

Blackburn

BB2 3HS

01254 584888

**Healthwatch Blackburn with Darwen**

**Unit 19, Eanam Wharf, Blackburn BB1 5BL**

**Telephone 01254 480002**

Website: [Healthwatchblackburnwithdarwen.co.uk](http://Healthwatchblackburnwithdarwen.co.uk)