



Enter & View

Clays Area Health Centre

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1 Introduction

1.1 Details of visit

Service provider: Clays Area Health Centre

Service Address: Victoria Road, Roche, PL26 8JF

Date: 23rd March 2026

Authorised representative: Nigel Oakes

1.2 Purpose of visit

The purpose of this Enter and View visit was to observe the environment and care processes within the practice, hear directly from patients, relatives and staff about their experiences on the day, and identify opportunities to improve patient experience and service delivery.

1.3 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff who took the time to share their experiences during this visit.

1.4 Disclaimer

This report relates to findings observed on the specific date above and is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of the visit. Findings should be interpreted as a snapshot of observations on the day of the visit and not a judgement of clinical effectiveness.

1.5 About Healthwatch Cornwall

Healthwatch Cornwall is an independent organisation committed to amplifying the voices of Cornwall's residents in the planning and delivery of health and social care services. Through public engagement, we gather their views and experiences with these services. We ensure these perspectives are represented in decision-making processes both locally and nationally, driven by the belief that community feedback is vital to improving standards of care.

1.6 What is Enter and View?

As a local Healthwatch we are authorised to "Enter and View" health and social care services through the Local Government and Public Involvement in Health Act 2007 and Local Authorities Regulations 2013 (part 4). These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits are an opportunity to see services in action, listen to and understand the experiences of individuals who use them, and make recommendations where there are areas for improvement. The visits are organised based on feedback received about individual services or in response to themes identified in our research.

2 Visit Summary

Conversations with staff

Healthwatch Cornwall spoke with the practice manager and two members of administrative staff

Conversations with residents

Sixteen patients were asked about their experience of the practice.

Observation of facilities

Observations were made throughout the visit, focussing on the condition of the facilities, administrative procedures and patient experience.

Feedback gathered during the visit highlighted both positive experiences of care and challenges, particularly in relation to access to appointments and services. This report summarises those observations and comments and identifies areas where patient experience and service delivery might be strengthened

3 Service overview

The Clays Practice provides primary care medical services for approximately 13,500 patients over a wide catchment area. The practice has two branch surgeries located at Bugle and St Dennis, both of which operate restricted opening hours. The main practice is housed in a large, single-story, purpose-built building located on the outskirts of Roche. The practice operates under NHS primary care services and provides GP, nursing and dispensary services to its registered population

4 Observations

The surgery is well signposted from the main road. There is a large level car park to the front of the surgery, with several disabled parking bays adjacent to the front entrance. There were several notices on the front doors detailing opening times, information regarding emergency appointments and details about seasonal influenza vaccination.

The reception area had an automated, self-book in screen with several different language options, alongside a desk area manned by a member of the administrative staff team. Hand sanitiser and face masks were available. Seating was arranged around the waiting room with wide aisles and included an area with raised chairs that was signed as being reserved for patients with mobility issues.

On arrival, our identification was checked, we were asked to sign in and were given visitors badges to wear.

Signs and notices around the waiting room were grouped by topics such as Support and Advice, Children/family and pharmacy first services. There was a noticeboard dedicated to the activities of the local Patient Participation Group, this had details of upcoming meetings and minutes of a previous meeting dated February 2025. A copy of the practice newsletter dated 'Summer 2025' was displayed, which may benefit from being updated to ensure patients have access to current information

The reception desk was staffed throughout the visit. Staff were observed communicating clearly with patients and managing a busy reception area.

Staff interactions observed during the visit appeared respectful and patient centred. Patients were called by name into the consulting and treatment rooms and supported at a pace that appeared appropriate to their mobility needs, with staff providing assistance where required.

5 Patient feedback

Access to services

Five patients reported problems with access to services within the surgery, with three reporting they had been unable to book an appointment to have diagnostic bloods taken. A patient who had been told by a Hospital Consultant that they needed to have bloods taken ahead of a course of cancer treatment told us, 'I got a letter from the hospital to say to go to my GP and have bloods taken, so I rang the surgery and they told me that they couldn't book an appointment as they didn't know when the nurse was available, they said to call back the week after, which I did, only to be told all the appointments had gone'. They explained that they then had to travel to a hospital some distance away to have the bloods taken. They added 'I was upset that it was dealt with poorly and particularly because the Consultant needed these bloods before I could have my treatment'.

Another patient told us that they required regular monitoring blood tests but had been told by the surgery that they couldn't book a series of appointments and had to do each one individually. They explained this was a problem because they were often told there were no appointments available. They said, 'It's so frustrating, they know I need these appointments, but they don't have the capacity'. They added, 'I feel let down by the NHS'.

A patient relative told us that their partner required regular injections to treat a longstanding condition but had been told by the surgery that this wasn't something they could help with, they said 'I've tried getting them done here [in the surgery] and I tried the district nurses, but nobody wants to take responsibility'. They added, 'I've been told it's a staffing issue but that isn't my problem'.

A patient who was waiting for an operation at the Royal Cornwall Hospital told us, 'I got a call from the surgery late in the afternoon before I was due to have pre-op bloods taken to say the hospital hadn't requested them properly. They said I had to ring the hospital to tell them this, but the department was closed, so I missed having them done'. They went on to tell us that the hospital apologised for not putting the request on the 'ICE' requesting system, and went on to say, 'I had a letter from the hospital explaining what bloods I needed but the surgery said they wouldn't look at it and that the hospital had to request the bloods themselves'. They explained that this had been upsetting and although it didn't delay their operation, it added 'stress and upset' to the experience, they told us, 'This was quite avoidable, I know they have processes in place but common sense should have prevailed as all they had to do was look at the letter to see what was needed'.

Patients described mixed preferences for accessing appointments, with some valuing the convenience of online booking while others preferred telephone contact, particularly where wait times were shorter. One told us, 'I don't like the online system as you can't always get it to understand what you want'. Another said, 'I tried the electronic system once, but it felt very impersonal and intrusive, I'm a bit old fashioned so I'd rather call and speak to a human'. A patient who regularly accessed the electronic booking system told us, 'What's not to like? You go on and answer a few questions, and it gives you some options for appointments, so no fuss and no waiting around, I'm a big fan and being older I like new technology'.

Five patients spoke in positive terms about appointment and service availability. One said, 'I rang this morning as the electronic system said it couldn't deal with my intimate problem, I got through in about 5 minutes, and they gave me an appointment within the hour'. They went on to say, 'You can't fault them, I wouldn't change a thing about them'. Another told us, 'My husband and I both needed to see the Doctor, so we came in because we don't use the computer, and the lady on reception couldn't have been more helpful, she got us appointments straight away'. They added, 'You hear lot of bad things being said about them, but honestly, we've had nothing but great care, compassion and understanding from this practice for over 20 years'.

Branch surgery appointments

Four patients told us that they would have rather had their appointment at a branch surgery, as it was much closer to their home. One said, 'I live very close to the surgery in Bugle and could walk there in under a minute, but can never get an appointment there, so have to get someone to drive me here [Main surgery, Roche]'. Another said, 'I'm never offered to have my bloods done there [branch surgery], even though it's much closer to my place, which seems a waste of time and not very environmental, as I have to get the car out and drive here'.

Pharmacy services

Three patients reported problems with local pharmacies. One said, 'I know it's not the Doctors fault, but the pharmacy we go to is rubbish, they often don't have what we have been

prescribed and sometimes there isn't even a pharmacist available, so you have to try somewhere else'.

Two patients reported that they were unhappy at not being able to use the surgery dispensary service, one said 'It's plain crazy, I've seen the Doctor and have my prescription but because of where I live, I have to go to the chemist there and they are useless'.

Continuity of care

Two patients spoke in positive terms about the continuity of care. One said, 'I see the same nurse, and they know all about me and my condition, which saves me time and embarrassment having to explain my history each time'. Another told us, 'I generally see the same GP, which is reassuring as they are the best in my opinion, they got to the root of what's wrong with me and have made me better and fitter than I have been for years, I won't hear a word said against them. From the reception to the GP and the nurses, they are all angels'.

One patient expressed concerns that they didn't see the same GP each time they came, they told us, 'Sometimes you don't even get to see a proper Doctor and you get an appointment with a paramedic or an assistant. The problem is they are overcautious because they aren't a doctor and it makes you wonder if they are the best person for you to be seeing'.

6 Staff feedback

Practice manager

The practice manager explained the main challenge facing the practice relating to service funding and potentially increasing patient numbers. They reported a largely stable workforce but said that they had experienced historical difficulties in GP recruitment, possibly linked to their relatively remote location. Notwithstanding, they told us that they are currently recruiting for an additional two GP's.

The practice manager told us that they had a monthly 'family and friends' survey and were responsive to suggestions and complaints. A recent improvement made to service availability was about to be rolled out in the shape of an automated blood pressure monitoring system, which will be installed in the waiting room. The practice manager told us they hope this will reduce the need for patients to book appointments solely to have their blood pressure taken.

The practice manager acknowledged challenges associated with appointment availability at branch surgeries and for phlebotomy and explained the system for allocating resources to balance demand. We were also told of frustrations that some patients had reported with local pharmacies, which were out of the surgeries control. Healthwatch Cornwall acknowledge that these challenges reflect wider system pressures impacting primary care provision

Administrative team

Both members of staff described a supportive team culture and spoke positively about training opportunities. One told us, 'It's a fantastic place to work and management are really helpful and supportive'. Another added, 'I'm really happy here, the patients are lovely on the whole and I feel a great deal of job satisfaction'. They added, 'I feel like I'm making a difference'.

While feedback from administrative staff was largely positive, one staff member highlighted that internal communication could be improved.

7 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from both patients and staff to improve experiences in the practice.

- 1) The practice should review access to routine appointments and services to ensure an appropriate balance between continuity of care and waiting times.
- 2) Continued review of staffing capacity may support service availability and patient safety, with any impacts recorded through existing incident reporting processes.
- 3) The practice may wish to review access to appointments at branch surgeries to ensure patients are offered options to attend appointments at the most appropriate location.
- 4) Up-to-date information on notices and reports displayed within the practice may support transparency for patients and visitors. The practice should ensure all patient-facing information and materials within the surgery are regularly reviewed and kept up to date
- 5) The practice may wish to review communications within the team to ensure all staff are able to easily understand key messages and updates.
- 6) Given the impact that delayed or missed blood tests can have on planned treatment, the practice should review its approach to pathology request handling (ICE system), including how exceptions are managed, to reduce the risk of missed or delayed tests.
- 7) Considering patient feedback about accessing regular monitoring blood tests and injections, the practice may wish to review local arrangements and communication with patients about which service is responsible for delivering these, and how appointments can be scheduled in advance for long-term treatment plans.

- 8) The surgery may wish to explore opportunities to work with local pharmacies to identify emerging issues with availability of medication and services.

8 Provider feedback

We would like to thank the Enter and View team for their visit and for producing this report. We value and welcome the opportunity to reflect on the feedback gathered from both patients and staff to support continuing improvement.

We acknowledge the concerns raised regarding access to appointments, particularly for blood tests and ongoing monitoring. We understand the frustration this can cause, especially for patients who require regular care, and we take this feedback seriously.

At the time of the visit, the practice had been operating under reduced capacity within the nursing and healthcare assistant team. One HCA was absent and two others were undertaking external placements as part of their Nursing Associate training. This had a direct impact on appointment availability, particularly for phlebotomy and routine monitoring services. Since the visit all HCAs have now returned to the practice, and we have successfully recruited an additional phlebotomist. We have also recruited four new nurses, all of whom will join the practice within the next two months. We anticipate that this will increase overall appointment capacity and improve accessibility for patients across both our main site and branch surgeries.

We also recognise the ongoing pressure on GP appointments. We are actively trying to address this and currently have vacancies advertised for two Salaried GP posts. Recruitment remains a challenge across primary care, but if we can successfully fill these two posts, this will further strengthen our clinical capacity and improve patient access. We will continue to signpost patients to our Paramedics and Advanced Clinical Practitioners (ACPs) where suitable.

The report highlights concerns around blood test pathways and coordination with secondary care. We would like to clarify that we are adhering to the local NHS Trust policy. This means that we are only able to undertake these tests when they are already requested and available on the ICE pathology system. This approach ensures that results are returned directly to the requesting specialist without delay, supporting safer, timely clinical decision-making and follow up care.

We also note patient feedback regarding community pharmacy services and medication access. As recognised in the report, these elements are outside of the direct control of the practice. We are currently engaging with the ICB regarding local pharmacy challenges and are supportive of working collaboratively with community pharmacy colleagues to identify practical solutions.

We were pleased that the report also recognised positive aspects of the service, including respectful staff interactions, patient-centered care, and examples of good access experiences. We will continue to build on these strengths while addressing the areas identified for improvement.

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