



Enter & View

Falmouth Health Centre

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1 Introduction

1.1 Details of visit

Service provider	Falmouth Health Centre
Service Address	Trevaylor Road, Falmouth, TR11 2LH
Date and time	28 th April 2025 1pm–4pm
Authorised representative	Abi Harding-White

1.2 Purpose of visit

This visit was conducted in response to feedback received about the service. Our goal was to observe the service in action, hear directly from patients, and make recommendations for improvement.

1.3 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for providing a warm welcome and their positive contribution to this Enter and View visit and the subsequent report.

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.

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

Introductory meeting with manager

At the beginning of the visit, Healthwatch Cornwall met with the manager to discuss the service and team and view the facilities.

Conversations with patients

Six patients were asked individually about their experiences with the service including the facilities, the care and the staff.

Observation of facilities

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

3 Service Overview

Falmouth health Centre is situated behind Falmouth Community Hospital, provides primary care services to approximately 10,000 patients and is rated “Good” overall by Care Quality Commission (CQC). The practice is part of the Falmouth and Penryn PCN (Primary Care Network) which brings together three other practices in the local area supporting approximately 50,000 patients combined.

4 Observations

The environment

The main waiting area of the practice and hallways were clean, tidy, bright and spacious. It came across that consideration had gone into the presentation of information around the practice. Directional signs were clear and spaced out, display boards were very neatly organised, newsletters were available in hard copy and propped up on the chairs to make the information accessible for all patients and a screen displayed further information. However, the practice did not appear to have opening hours, safeguarding information or complaints procedure on display. There was a bookcase selling books for charity and a radio playing which made it feel welcoming. In terms of accessibility, the practice had an automatic door, step free access throughout, a spacious layout for easy movement, chairs with differing heights, an additional disabled access toilet and a hearing loop. Patients appeared comfortable and relaxed for the most part despite some of them seeming quite unwell.

Practice Staff

Clinical staff, including nurses, appeared to know many of their own patients personally, often recognising each other without the need to call them verbally. Doctors were observed to be

outwardly relaxed and friendly, often greeting patients with smiles. Although staff were busy, at no point during the visit were any staff observed to be rushing, and this contributed to a calm atmosphere. During one interaction with a patient, the nurse approached us, and the patient called to them by name, showing a sense of familiarity.

The receptionist was professional and friendly throughout. On several occasions, when faced with frustrated patients, they remained calm and patient, showing clear empathy for the patients' situations. They appeared to know many patients personally and, at one point, was observed making the effort to call a taxi for a patient.

Patient Experiences

On arrival, a patient was observed speaking with the receptionist about their appointment, which was running 30 minutes behind schedule. As they were discussing the delay, they were called in to be seen. Appointment delays were also reflected in one other patient's feedback.

Another patient was seen returning to the practice twice due to a prescription error. They reported having informed the doctor that morning which pharmacy to send the prescription to, but it was sent to the wrong one. After visiting the pharmacy and returning to the practice, the receptionist provided them with a barcode to take to the correct pharmacy, but it did not work. The patient returned again, and the issue was referred to the duty doctor. However, they ultimately had to leave without their medication and appeared quite frustrated by this.

5 Patient Feedback

During the visit, the Healthwatch representative spoke with six patients. There were a number of patients who did not feel well enough to talk about their experiences with the service.

There were mixed experiences reported in relation to appointment waiting times. Two patients had used the online triage form and both were offered same-day appointments. However, one of these patients noted that it can still be difficult to book a general appointment, with waits of up to five weeks. Some feedback suggested that patients may feel they need to phrase their concerns in a particular way to secure an appointment.

One patient mentioned that they were able to book their next appointment directly at reception and were offered times that suited them. Another reported being seen straight away, though also noted they were 15 minutes overdue for their appointment at the time of being seen. A further patient said they had only waited a week for a blood test, which they felt was reasonable.

All patients spoken to expressed a positive view of the care they receive. One patient mentioned that the team answers their questions thoroughly, while another praised the practice for being "amazing" since a recent surgery. This patient highlighted the friendliness of the staff and appreciated being allowed to see a different doctor. They were quick to clarify

that there was nothing wrong with the original doctor, but simply that they were not understanding each other.

Most patients could not think of ways the practice could improve, with one patient commenting that they have made it easy to receive treatment. However, one patient mentioned having visited several times for the same issue and suggested that a solution could be found more quickly. They also noted that referrals could be processed more swiftly, feeling that the practice sometimes prefers to try every possible topical treatment before considering a referral while the issue worsens. Another patient mentioned that the Wi-Fi could be improved.

6 Manager Feedback

During the visit, we had the opportunity to speak with the manager. The practice was quiet at the start, which was explained as being due to the team just returning from their lunch break, following a daily midday meeting. This meeting is held to support staff wellbeing and provide a space to discuss any concerns with colleagues. It benefits both advanced practitioners and GPs. Staff employed through the Additional Roles Reimbursement Scheme (ARRS) are also included. These individuals often work in silo, being based at different locations and employed by the PCN rather than individual practices, so the meeting offers them valuable team support.

Although the team is very busy, the workload is managed well, and staff wellbeing in this regard is reported to be good. This is supported by a structured day, with the midday meeting playing an important role. The practice holds monthly staff recognition, and the team was described as supportive overall. During our visit, towards the end, a team member offered hot drinks to colleagues, which appeared to be a regular occurrence.

The practice has eight partner GPs. The partners are said to be highly supportive of both the practice and its staff. They are also involved in the Local Medical Committee, which helps GPs stay informed about their rights and responsibilities and provides them with up-to-date information.

The practice does face challenges, particularly considering recent changes to National Insurance contributions and is offering more enhanced services to support its income. The team is also keen to continue collaborating with other services that operate within the practice premises and to expand this capacity. However, this is currently at risk due to a lack of physical space.

In addition to accommodating other services, the practice and the PCN also work closely with the Dracaena Centre to build trust with the local population. The PCN operates a mental health and wellbeing hub located behind the Dracaena Centre, which is staffed by ARRS roles. This proximity allows for easy collaboration, and Dracaena is also included in their wider community engagement activities.

When discussing patient care and access to appointments, the practice has made a deliberate decision not to adopt a total triage system. They believe their current approach is safer, as it reduces the risk of missing important information and allows for more informed decision-making. Receptionists are trained as Patient Care Coordinators (PCCs), and most patients book appointments by calling the practice. While a triage form is available online, it is used less frequently. We did, however, speak to a couple of patients who had used this method successfully to obtain an appointment.

On Mondays, call wait times can range from 20 to 40 minutes, though the average wait time is around 10 minutes. Patients are typically seen by their own GP or a designated 'buddy' GP, and this continuity appears to be consistently achieved. Our observations supported this, as there were clear signs of familiarity and rapport between staff and patients, suggesting that patients are regularly seeing the same clinicians. The team believes this approach supports better risk identification and contributes positively to the patient journey.

This model may be more manageable due to the practice's patient list numbers, especially when compared to practices with significantly larger populations. Feedback from patients has been largely positive, with results from the Friends and Family Test showing only a small percentage expressing dissatisfaction with the service.

7 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients to improve patient experiences at the practice.

1. Ensure patients are kept informed if appointments are delayed beyond a certain time frame, providing regular updates on the status of their appointment if delayed.
2. To prevent delays in patients receiving their medication, implement a consistent process for sending prescriptions to pharmacies, ensuring that they are directed to the correct pharmacy every time. Additionally, identify and address any system bugs that may result in prescriptions being sent to the wrong pharmacy.
3. Clearly display the practice's opening hours on the door to ensure patients can easily access the information in person, in addition to online, improving overall accessibility.
4. Display safeguarding information prominently to inform patients about where they can go if they have a concern, ensuring they are aware of available support and resources.
5. Display the complaints procedure in addition to the Friends and Family Test information, ensuring patients are aware of how to provide feedback and raise concerns.

8 Provider Response

Thank you for this. I am grateful for your report and flagging the opening hours issue. We very recently had a new door fitted and the old door had stickers on with our opening times and info on. I had failed to recognise I would need to order new ones.

Regarding safeguarding information, this is on our TV screens, but I will put it on all the notice boards too.

My only final observation is that the complaints and friends & family survey information is displayed at reception and in the toilets (notice boards in both). I can send across photos if it is helpful.

I respect and appreciate the feedback about the waiting times in the waiting room and have asked the team to be more proactive in informing patients when the waits are past 15 minutes. I also investigated the prescription issue, as the receptionist remembered who it was, and as it was a GP who had made an error, we established a uniform process at the last partners meeting a few weeks ago and did a demo of the process with a dummy patient.

It is nice to hear the positive feedback and welcome the views/visits from you/Healthwatch Cornwall.

Contact us:

Healthwatch Cornwall, Suite 1, Calenick House, Heron Way, Newham, Truro, Cornwall, TR1 2XN

☎ 0800 038 1281

✉ enquires@healthwatchcornwall.co.uk

🌐 healthwatchcornwall.co.uk

📘 @HWCornwall

📷 @healthwatchcornwall