



# Enter & View

Helston Medical Centre

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# 1 Introduction

## 1.1 Details of visit

Service provider	Helston Medical Centre
Service Address	Trelawney Rd, Helston TR13 8AU
Date and time	Friday 22 <sup>nd</sup> November 9am-12pm
Authorised representatives	Abi Harding-White

## 1.2 Acknowledgements

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

## 1.3 Disclaimer

Please note that 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.

# 2 What is Enter and View?

As a local Healthwatch we are authorised to “Enter and View” health and social care services through the following legislation;

- Local Government and Public Involvement in Health Act 2007
- Local Authorities Regulations 2013 (part 4)

These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

The goal of Enter and View is to see services in action and understand the experiences of individuals who use them. It is an opportunity for us to observe service delivery, listen to the views of the people using health and social care services and make recommendations where there are areas for improvement.

Enter and View visits are organised based on feedback received about individual services, in response to themes identified in our research, or when services have a good reputation enabling us to share examples of best practice from the perspective of people who experience the service first-hand.

Healthwatch Cornwall Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

## 2.1 Purpose of visit

- To observe the nature and quality of service facilities
- To observe how people experience the service
- To gather views from patients and staff on the service
- To learn about the provision of mental health services in primary care if possible



## 2.2 Strategic drivers

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.

This phase of Enter and View visits was initiated in response to feedback from service users of GP practices across Cornwall. Our goal was to observe these services in action and hear directly from patients about their experiences. Where possible, these visits also aimed to explore mental health service provision in primary care, contributing to our broader research on access to mental health care in the region.

## 2.3 Methodology

This was an announced visit, and we worked with the practice to organise the date and time of the visit. We sent an initial email explaining the role of Healthwatch Cornwall, what Enter and View is, the purpose of the visit, and a proposed date and time for the visit to take place. We sent a further email confirming the agreed details of the visit and included a formal letter, Enter and View notice and a general Healthwatch Cornwall poster.

The Enter and View officer conducted the visit between 9am and 12pm in the main waiting area. When engaging with patients, the authorised representatives began by introducing themselves and explaining their role. They then asked if the patient would be willing to share their experiences of the practice, ensuring that any feedback provided would remain anonymous in the subsequent report.

In addition, we were able to speak with the practice manager, a GP partner and one of the social prescribers. We also made observations regarding the quality of the facilities and patient experience of the service, including their interactions with staff.

At the end of the visit, we were able to give initial feedback to management and explained the next steps regarding reporting.

# 3 Findings

## 3.1 Overview

Helston Medical Centre is part of the Helios Health Partnership which includes Porthleven Surgery, Isles of Scilly and Meneage Street Surgery. The practice has around 14,300 patients and operates a total triage system to prioritise patient care in combination with a model of

total continuity. Patients can access appointments through the online Access system, over the phone if appropriate or by using the online portal available in the practice.

## 3.2 Practice Observations

The practice is conveniently located near bus routes and features a car park, with additional residential street parking available in the surrounding neighbourhood. Adjacent to the practice is Hall's Pharmacy, and the practice also operates its own dispensary.

The building is fully accessible to wheelchair users, offering automatic doors, step-free access, and a lift. There are two toilets. One has disabled access, and the other includes baby-changing facilities. Both are clearly signposted with directional arrows. At the time of the visit, it appeared that a hearing loop was not available as there was a lack of signage.

The waiting area is spacious, colourful, and comfortable, featuring higher chairs to accommodate individuals with mobility needs. It was equipped with a blood pressure machine with easy-to-follow instructions. The area also includes a play corner for children and two screens displaying patient information, including details about social prescribing.

The receptionist was observed to be being accommodating and empathetic, taking the time to listen to patients, while also minimising wait times for others.

## 3.3 Summary of Feedback

Patient feedback highlighted themes around access to appointments, quality of care, the triage process, the online booking system, experiences with staff, and communication with secondary care. While quality of care was generally praised, there were concerns about the difficulty in securing appointments and long waiting times.

Conversations with staff highlighted that the practice has worked to improve patient access and care through a new online booking system, a triage hub, and a continuity of care model. They also introduced an in-practice portal and took on the contract for Meneage Street Surgery. Challenges remain, largely due to broader factors such as funding and rural deprivation.

## 3.4 Patient Feedback

We gathered feedback from ten patients about their experiences with the practice. Of those who shared demographic information, four identified as female and three as male. In terms of ethnicity, four patients identified as White Cornish, and three as White British. The largest age groups represented were 25–49 and 80+, with two patients in each group. Additionally, there was one patient in each of the following age ranges: 18–24, 50–64, and 65–79.

### Access to Appointments

One patient generally found it manageable to book appointments when needed, though another noted that while the care is excellent, securing an appointment can be tricky, and they have previously given up due to long waiting times. This sentiment was echoed by a third patient, who was considering changing practices due to these delays. Appointment reminders

were appreciated by several patients. A few shared their opinions that the increasing population from new housing developments, combined with limited infrastructure, has added strain to the practice, though they feel it is managed as best as possible. A suggestion for a drop-in clinic was offered to improve access. Additionally, concerns were raised about parking around the practice and the need for better bus services, with one patient sharing that they had to wait half an hour for a bus and then walk up from town to the practice.

### **Quality of Care**

Two patients shared that the care is excellent, with one highlighting that the doctor was able to refer them into Treliske within a week, and they only had to wait a week for the initial appointment at the practice. A third patient expressed appreciation for the supportive post-operative care, noting they had been to the practice quite often in the last fortnight. However, a couple of patients felt there was a lack in continuity of care with one sharing they had not heard of the doctor they had been booked in with and had not seen their original doctor in a long time.

### **Triage Process**

Patients who provided feedback on the triage system generally see it as an improvement, noting that it has alleviated issues like long queues and made accessing appointments more manageable. However, it was evident that these patients lacked an understanding of how the triage process works. They are often unaware of their triage status, the reasons behind their prioritisation and why they may be waiting longer than expected, which leads to increased worry. There was also a perception that reception staff are responsible for triaging, raising doubts about the system's effectiveness. Many patients were unaware that clinicians, not reception staff, manage the process through a dedicated triage hub. Overall, awareness of how the triage system functions and its role in prioritising care was low.

### **Online system**

Patients have mixed opinions about the online system. While some appreciate its detailed options, quick responses, and anonymity, one patient faced communication challenges, such as confusion about their appointment type, leading to an unnecessary return visit. Some patients find it easier to call the practice, though there is an understanding that the practice is encouraging greater use of online systems, they feel this may pose difficulties for elderly patients. Awareness of the in-practice portal, which could assist patients unfamiliar with online booking, appears to be low.

### **Staff**

Patients generally describe the doctors and nurses as friendly and kind, with one partner GP specifically praised for their pleasant demeanour and willingness to go above and beyond to help. However, there was some mixed feedback, as one patient reported a negative experience with a doctor they felt lacked empathy, was dismissive of physical symptoms, and caused emotional distress during the consultation. This doctor was not a part of the permanent practice team.

### **Secondary care**

One patient found the referral process smooth. However, another patient mentioned that they also fall under the care of the hospital and the GP practice was unaware of their bypass

surgery, indicating that communication between the two could be improved, particularly with regards to the information secondary care provides primary care services about their patients.

### 3.5 Staff Feedback

The practice has been actively working to improve patient access and care quality by implementing a new online booking system, a triage system with dedicated triage hub, and a model of total continuity of care. To implement these changes and address any initial challenges, they used a working group and a systems group. An in-practice portal was also introduced to support patients with limited internet access in booking appointments. Overall, the practice believes these changes have led to improvements in the service they offer. In the last year the practice has also taken on the contract to run Meneage Street Surgery, which is moving to a new site, ensuring continued support for the community.

As part of the South Kerrier PCN, Helston Medical Centre patients have access to a Mental Health Nurse, Health and Wellbeing Coach and well being hubs and groups implemented and run by the Social Prescribers initiatives.

The practice faces several challenges, including funding, as well as pockets of deprivation within the community. The area is excluded from the Healthy Cornwall programme because it is not considered deprived enough, with the military base population not being included in local population statistics. Single parents, particularly those at the military base, require more support. Additionally, farmers, who tend to be stoic and more isolated, experience high suicide rates, highlighting the need for improved support in these rural communities.

## 4 Recommendations

The visit was overall a positive one and Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients.

- Ensure a hearing loop is accessible and clearly signposted.
- Review written materials, such as leaflets and posters, to ensure they are available in Easy Read formats where appropriate.
- Display safeguarding information clearly throughout the practice, guiding patients on where to go if they have concerns.
- Based on patient feedback, the triage process appears to be working effectively, allowing patients with high-priority concerns to get appointments relatively quickly. However, there seems to be a lack of understanding among patients regarding how the triage system operates. Those with lower-priority concerns may feel anxious due to uncertainty about their medical concern, how it has been triaged and the longer waiting times. Additionally, some patients are unaware of the in-practice portal which is there to improve access.

To address these points, it would be beneficial explore methods of educating patients on how the service works generally, including the triage process and appointment



booking methods (such as the in-practice portal), as well as clear communication with patients about their prioritisation when an appointment is scheduled. This could help reduce patient anxiety, increase understanding and improve overall satisfaction with the service.

- Patient feedback indicates a potential communication gap between primary and secondary care, particularly regarding the information secondary care services provide to primary care about their practice patients. This gap in communication could affect the ability to provide continuity of care, learn from patient experiences and improve the care provided. It could be beneficial to liaise with secondary care providers to identify the issue and implement a solution that will improve communication and ensure a more integrated care process.

## 5 Provider Response

Thank you to Healthwatch Cornwall for the Enter & View visit to Helston Medical Centre as this is another source of patient feedback for the Partners and management team to review and look at ways of improvement for patient services. We note that the survey cohort of patients conducted on the day was only 10 patients between 9am to 12pm.

Evidence was provided in graph format with how the triage appointment system has improved continuity of care for our patients. This was one of the main drivers for implementing the change to the triage system designed to ensure timely access for urgent cases while improving routine appointment allocation. Pre-launch of the triage system patients were contacted with communication package, flyers, use of social media, website with FAQs to disseminate the new way of working to benefit the patients and reason why for the change. From the feedback provided in the report by Healthwatch it has highlighted that this needs to be considered again with a refresh communication message to continue to educate Helston Medical Centre patients.

South Kerrier PCN has the benefit of experienced Mental Health Nurse Practitioner, Health and Wellbeing Coach, 2 Social Prescriber Link Workers, dedicated pharmacy team including prescribers and technicians, Onsite Physio allowing Face to Face appointments for patients along with a remote First Contact physiotherapist. Helston Medical Centre patients have access to this clinicians and health care providers to support their medical needs.

The Primary Care Hub for South Kerrier practices has been set up at Helston Medical Centre and offers GP appointments on weekdays when GP locum cover can be found by the ICB workforce hub team. This allows on the day access to GP appointments for patients presenting with new symptoms of acute minor illness i.e. chest infections, UTIs etc. On occasions the workforce hub team can provide two GPs, and the second GP will be hosted at Helston Medical Centre for PCN practice patients.

Recommendations	Action from provider
Hearing loop is accessible and clearly signposted	Hearing loop is accessible and was on the day of visit. Hearing loop poster purchased and placed on reception desk for patients and staff to view Comms to staff to remind them of where hearing loop is located, particularly as there are a number of new receptionist staff members
Review written materials, such as leaflets and posters to ensure in easy read formats	The practice decision was to remove leaflets from the waiting room to avoid patients getting out of date information and to avoid unregulated services leaflets dropping into the waiting room area. We have a patient information screen that hosts posters, leaflets and other third party regulated information that is updated and reviewed monthly to maintain up to date and real time information. Clinicians can print out patient information leaflets and send links to more digitally able patients to reduce carbon footprint working towards a more environmentally sustainability friendly practice, multiple leaflets go against this drive. In the event that patients require easy read formats then these can be requested and provided. Review posters to ensure real time information and relevant
Display safeguarding information clearly though out the practice , guiding patients where to go if they have concerns	Review current information on TV waiting screens and posters regarding safeguarding information as guidance for patients
Lack of understanding among patients regarding how the triage system operates.	We will be reviewing communications and updating around triaging to help patients understand it better particularly with the RAG system and ensuring that patients understand that the triage team are clinicians comprising of GPs, ANP, Paramedics Involve PPG with ideas for educating patients with triage system – when triage system launched PPG were consulted Promote on Patient Waiting screen in waiting rooms , websites and social media Look at reviewing FAQs leaflet to hold in reception front desk to provide to patients. Consider sending links of leaflets via AccRux

Some patients unaware of the in house portal to access oncons	Review existing communications and promote
Patient feedback indicates communication gap between primary and secondary care – could be beneficial to liaise with secondary care providers to identify issue and implement solution	<p>HMC will look at options but different departments have different referral processes. Agree with sentiment that communication and access to specialist clinicians would be beneficial</p> <p>We have a unique dialogue we have developed with our care of the elderly consultant colleague that has improved our primary /secondary care interface. We directly contact her via the Advice and Guidance service, she reads our referrals and we help one another with any additional investigations required, prior to any out-patient appointments so that the face-to face appointment between specialist and the individual can be as efficient and as effective as possible.</p> <p>We have addressed IG concerns safely and rigorously re allowing our community matron colleagues from CFT both read and write access to our IT clinical system to improve communication flows.</p>

**Contact us:**

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

☎ 0800 038 1281

✉ [enquires@healthwatchcornwall.co.uk](mailto:enquires@healthwatchcornwall.co.uk)

🌐 [healthwatchcornwall.co.uk](http://healthwatchcornwall.co.uk)

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