

# **Enter and View report**

Penn Manor Medical Centre,  
Wolverhampton

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18 September 2024



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# About Healthwatch Wolverhampton

Healthwatch Wolverhampton is the city's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Wolverhampton is part of a network of over 150 local Healthwatch across the country. We cover the local authority area of the City of Wolverhampton.



## What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers, and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

# Details of the visit

**Service visited:** Penn Manor Medical Centre, Wolverhampton, WV4 5PY

**Visit date:** 18 September 2024

## About the service

The medical centre team is made up of 10 GPs, Practice Manager, Team Leader, four Advanced Nurse Practitioners (ANPs), four Practice Nurses, three Healthcare Assistants (HCAs), and seven reception staff. There is a Patient Participation Group (PPG).

The practice is required to provide all patients with a named and accountable GP, who will have overall responsibility for the care and support that the practice provides for them. This does not prevent patients from seeing any GP in the practice.

Telephone calls are answered at a central hub that takes calls for all the GP practices in the PCN including Penn Manor.

**The Practice Charter states:** We aim to provide the best healthcare we can in the community within the available resources. We aim to ensure that:

- You will be received courteously and be able to identify all staff by name.
- We will endeavour to see you within 30 minutes of your appointment time.
- If unforeseen circumstances delay your appointment, you will be given a reason for the delay.
- We will acknowledge your religious and cultural beliefs.
- We aim to be able to offer appointments with a doctor every working day. To achieve this, some appointments will not be booked the same day.
- For medical emergencies, a service will be available, although you may not be able to see the doctor of your choice.
- The practice will not discriminate on the grounds of race, gender, social class, age, religion, sexual orientation or appearance, disability, medical condition, or marital status.

**Services offered:** Cervical smears, contraceptive advice, minor surgery, and clinics for antenatal, well baby, phlebotomy (early morning), CHD, diabetes, hypertension, immunisation, respiratory, and smoking cessation.

**Pharmacy:** on site but not connected to the practice.

## Purpose of the visit

We'd received feedback about the practice from the public via telephone, in person and email, as well as the Penn Residents Association. We heard that patients could no longer book appointments in person or over the phone but only online; that some doctors and reception staff were rude and unprofessional; that the service was better in the past and there is a high staff turnover. We wanted to understand this feedback in depth, by speaking to patients and staff, and observing and recording what we saw on the day of our visit. We wanted to use this insight to consider what solutions could be found to make the patient's experience better, for example, by improving services at the practice and for staff to gain a better understanding of the patient's experience.

Our visit was advertised in the practice newsletter, so patients were aware.

## How the visit was conducted

Penn Manor was told about the visit in advance, so they were expecting us. We had already met with the Practice Manager to brief her about what Healthwatch Wolverhampton does and what we would be doing on the day.

Information was collected from observations and conversations with patients against a series of agreed questions. On the day, we spoke to the Practice Manager and her senior, two reception staff and 16 patients.

Our team reviewed and referenced the latest [CQC inspection report \(2021\)](#) on Penn Manor. At the end of the visit, we held a group discussion with our Authorised Representatives and some Penn Manor staff to review and collate our key findings.

## Authorised Representatives

- Stacey Lewis (Lead and Healthwatch Wolverhampton Manager)
- Andrea Cantrill (Staff member)
- Harrienne Cresswell (Staff member)
- Mitika Patel (Volunteer)

## Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is collated and produced by the Lead Authorised Representative who carried out the visit on behalf of Healthwatch Wolverhampton.

## Visit overview

When we arrived, we were able to access the building via steps or a ramp and then enter through two doors. The doors did not open automatically; the push button for disabled users did not work, and there was no way to call for assistance to open the doors.

We introduced ourselves to reception, who called the Practice Manager and two other senior staff who were not part of the practice. We then set up a table in reception, with our Healthwatch Wolverhampton banner and leaflets, so patients could clearly see us and find out more about what we do and why we were there. Patients were happy to talk with us and answer questions while they waited to be seen by the GP, and some came back to talk again after their appointments. We also spoke to staff and observed staff interactions with patients.

We finished the visit by coming back together as a team to share what we had heard and find any similarities. We produced a set of initial key findings that we then presented to the Practice Manager and her senior colleague and gave them the opportunity to give their initial response.

## Key findings

- **A positive and improved system:** Overall patients seemed happy with the practice, reception, doctors, nurses and the new booking system. However, there was a common theme with patients saying it was not always like this, and friends and relatives had a different more negative experience, and people were concerned that older patients may not be able or confident to use the online booking system.
- **Booking appointments:** Some patients told us they were not able to book online and could not get an appointment otherwise, and others said they were receiving mixed/inconsistent information about booking appointments. We heard that some people had visited the practice or used the phone to book an appointment, and they were made to 'feel bad' or turned away and instead asked to go online to book.

Patients and staff told us that the online booking system has freed up appointments, reduced the morning rush and created a fairer system where patients are seen by the appropriate health professional through a more robust triaging system.

- **Accessibility:** Staff were unsure if the hearing loop worked or when it was last serviced. The two front doors are not automatic and there was no way to call for assistance, which makes it difficult for wheelchair users, prams and people with mobility issues to get into the practice.
- **Organisation and efficiency:** Lack of organisation came up several times. Some patients said they lacked trust in the efficiency of the prescription service and had many difficulties with transferring their records.
- **PPG:** Some of the patients we spoke to didn't know about the PPG. It is well advertised but they felt it wasn't for them but for other, more qualified people. We explained it is for all patients.
- **Patient choice:** Patients would like to see the same GP, and to know which health care professional they are seeing in advance of their appointment.
- **Patient care and dignity:** We had several reports of rude receptionists. On further investigation, this was mainly occurring from staff who were taking calls at the central hub, but patients think hub staff are receptionists, so this results in reception staff having to deal with angry patients. Some patients reported rude experiences with other staff at the practice.

## Recommendations

### Access for all:

- Repair the disabled push button and make sure people can easily request assistance to enter the practice.
- Service the hearing loops and ensure staff know how they work.
- Train all staff to understand how to speak to patients about their communication and other access needs. The [accessibility regulations](#) apply to all GP practices (see Appendix page 13).
- Provide appropriate, patient-centred care and support allowing people who do not choose or are not able to access online services to book appointments with the help of a member of staff. There is a positive effect of the new digital booking system, however, no patient should be turned away.

### Polite and helpful staff:

Provide further training and monitoring of all staff to make sure they adhere to the Patient's Charter and deal with all patients in a polite, patient and kind manner. This includes helping patients to book appointments if they cannot use the online system.

### Involve patients, staff and stakeholders to improve the practice:

- Talk regularly with staff to hear their views on how the practice can be better organised.
- Capture patient feedback in a friends and family survey.
- Work with the PPG and nominated pharmacies to share and hear feedback about how services can be improved. For example, the prescription service needs to be a seamless and organised system that works for all, benefiting staff and patients.

### **Promote and enhance the PPG:**

- Continue to promote the PPG and its meeting dates. For example, receptionists could tell patients about it when they sign in, or if a patient raises a concern with health care professionals, they could invite them to a meeting.
- Have a regular date and time for PPG meetings and try to avoid cancelling. Keep the in-practice noticeboard up-to-date and give patients plenty of notice about the next meeting.
- Speak to other practices that have good meeting attendances to see how they recruited people to their PPG.

### **Promote patient choice:**

If it's possible for patients to see the same GP or nurse it would improve relationships and give a better service. Let patients know when they book an appointment, which healthcare professional they will be seen by.

## **Observations and findings**

### **Physical environment & information**

- Overall, both waiting rooms (one for doctors, one for nurses) were clean and spacious but the chairs were torn and fixed with tape.
- There was information about the PPG but no date for the next meeting.
- There was a tablet for patients to sign in.
- NHS Wi-Fi was available for patients to use.
- There was a sign stating that the practice only took cashless payments.
- There was a box by reception for prescription requests.
- By the front door there was a box to 'Tell us about your experience', a board showing the staff team with photos and job descriptions, and a table with patient information leaflets.
- In reception you can get your blood pressure, height and weight taken by machine.
- TV screens in both waiting rooms provided information on HCPs (healthcare professionals), services available such as social prescribing, different ways of booking, information on the NHS App, and when the doctor was ready to see a patient - which room to go to.
- The outside of the building is nicely planted and clean.

### **Interactions between staff and patients**

The interactions we saw were positive; reception staff seemed to listen, and one appeared to know patients well. We saw displeased patients calmed by reception staff.

# What people told us

## Patients

### Appointments

On the day we visited, patients told us how they booked appointments: four booked by phone, five via the practice website, two used the NHS App, two in person, and two used the online system.

Overall, people found it easier to get an appointment through the website::

- "I found it better than phoning in."
- "Satisfied and able to get a quick appointment."

People who used the phone had mixed experiences, and those who used the NHS App were generally happy with the experience:

- "It is straight forward I and got a call back."
- "Easy, got a same day appointment."
- "Great now we have an online option."

People also told us how long they had to wait for their appointment. Six patients got same day appointments, two were seen at a later date, and one person saw another health professional every two weeks.

### Were there any challenges when booking online?

Three people said they had 'no problem', others commented that it was 'easy' and that "previously on the phone I would wait two hours, then get cut off." There were some less positive comments:

- "It was a struggle to book online."
- "Yes, I'm not tech savvy."

### How easy or difficult was it to contact the GP by phone?

Some patients told us about positive experiences booking appointments by phone, saying it was 'easy/fine' and "In 40 years it's an overall good experience." Others said it had improved:

- "It's better now there is call back as I didn't like calling at 8am to find no appointments."
- "Better than before but still took 45 minutes."

Some commented that the experience depends on which staff answer the phone:

- "It was better before; the old staff were amazing."
- "It depends on the staff - they are inconsistent."

One person told us a receptionist had helped her book over the phone: "I was told I need to book via the practice website, reception did it for me."

Others had a poor experience, saying booking by phone was 'frustrating/difficult':

- "Terrible, I have been at the practice my whole life, in the last five years it has got worse."
- "It was a pain, online is better."

### Overall, how helpful do you find reception and admin staff?

Comments received were positive:

- "Friendly, no problem."
- "The older receptionist is lovely."
- "Everyone is cooperative and nice."
- "Quite good, polite."
- "Over the phone they are great."



One patient commented that they would prefer greater continuity of care: “Helpful, but it would be ideal to see the same doctor or nurse.”

### **What went well when you last booked an appointment?**

- “I got a same day appointment.”
- “The nurses are OK (but the rest don’t feel like they bother).”
- “I’m not taken seriously; I discussed it with the manager, and it was acknowledged.”

### **What could have been better when you last booked an appointment?**

- “Not having to go through mandatory questions on the form, it’s pointless.”
- “Would prefer to have an appointment as soon as possible, in the morning.”
- “Much better now I have used online system.”
- “I came into the surgery and was told to book on the phone.”
- “I feel doctors don’t understand me and can’t deal with all problems in one appointment.”

### **Are you aware there are a range of health professionals you can see at the practice?**

Overall patients told us they didn’t have to wait long to be seen at the practice, but most were unaware of the different health care professionals who could see and treat patients at the practice:

- “I never know who I will see.”
- “There is a high staff turnover.”
- “I’m seen by different people.”

We asked if it would be helpful for the practice to provide patient information about the different health care roles and everyone agreed it would.

### **Did you feel listened to and involved in decision making?**

Overall, patients told us they felt they were treated with care and concern and their needs were met:

- “Very satisfied, good interaction.”
- “I was listened to and given good advice.”

Although we were also told:

- “They just want you in and out.”
- “I needed a physio appointment, but it didn’t come through.”

### **How would you describe your overall experience of the practice?**

There were mixed feelings about the overall experience, with some patients saying it was ‘good’ and one commented: “I had my blood results explained thoroughly.” Others said:

- “The wait in the surgery can be slow.”
- “Good but I would like a follow up, I was forgotten about.”
- “They don’t always read the notes; I was asked why I was there.”
- “I’ve never been happy with this practice.”

### **What could make the practice better?**

Although one patient told us they loved coming to this practice and another said, “It is better now than it has been,” most comments were about how the practice could do things differently to improve.

### **Organisation**

- “Get better organised, for example, [GP had no] urine bottle sample so I had to come back.”

### **Continuity of care**

- “I would like to see the same GP or nurse, so I don’t have to keep explaining the same problem to different GP or nurse.” (This came up a few times.)

## **Awareness of patient's communication needs**

Someone told us they would like the doctor to "speak directly to my husband, he is partially deaf and often struggles to hear, or speak to me instead of him about his problems." (This could be helped when the hearing loop and training is sorted.)

## **Wrong prescriptions at the pharmacy**

We were told the pharmacy next door sometimes gets prescriptions wrong. Patients didn't understand it is a different business and not linked with the practice. This raises questions about how the practice communicates with patients about the pharmacy, how it advises the pharmacy of patients concerns and seeks to help get any problem resolved so that patients get a better service.

## **Tests without GP appointment**

A patient with a long-term condition said they used to be able to get urine tests at the practice but now have to book an appointment with GP or go to the walk-in centre: "It used to be easier."

## **NHS App**

- "Triage is good, but I would rather speak to the receptionist. I felt the information on the App hadn't been read properly as I booked an urgent appointment and got booked for two weeks' time. I went back to the App (on the request of the GP) and had to write the same thing again putting 'urgent' in every part." (They didn't know you could access it from the internet and thought you had to be referred.)
- "If the form isn't filled out right, you won't get the right treatment – talking is very different to online, it's easier to get the right information. It felt rushed and I didn't know who was going to read it."

## **Communication with patients**

We heard how a patient had a phone consultation where the GP requested a blood pressure test. The patient had not heard anything since having the test, so they checked online and saw that their blood pressure was fine. When they raised this with the receptionist, they were told they would hear the results that day. They felt communication around test results was poor.

We were told about another example of poor communication with a patient who was given a phone appointment: "No one rang, so they rang the practice and were told the appointment was in-person; they were talked down to and told it was their fault." We were told that the receptionist had apologised but the patient remarked: "Nobody cares anymore." When we spoke to the receptionist about this incident, they explained this would have been the hub staff who answered the call.

## **General**

- "[GPs get] more funding, more power, but we get less service."
- "Quality, quantity, capacity is disappearing."

## **Practice staff**

We were not able to speak with many staff during our visit.

A couple of staff told us they knew how to raise grievance about work as it was covered in their induction, but they mostly had to deal with complaints from patients, usually about the hub.

Staff said they liked meeting different people and they liked the new booking system and felt it was fairer. They commented that patients can be challenging and booking can be an issue, but it is much better now they have triage in place. They also mentioned that sometimes appointments are not filled.

## Practice Manager

We talked to the Manager to get a better understanding of some of the issues raised.

### **How can patients book appointments and are they being told it was only online?**

We were told the practice would like all patients to be online, but they understand that some are unable or don't have access and these patients can still come into the practice or call, and reception will triage them online.

### **How are digital inequalities being addressed?**

Someone comes to the practice to monitor the introduction of the NHS App and support with troubleshooting any problems and supports the operations team to help with set up.

It is hoped the online booking system, 'Total Triage', will bring equity as patients can access it anytime rather than phoning in at 8am. They will get a response within 24-hours. Patients can use a tablet in reception to book online.

### **How does the practice support patients who are visually or hearing impaired?**

We asked if the hearing loop is serviced, if it is clearly signposted for patients, and if staff are trained to use it? We also asked if patients have access to BSL interpreters.

The Manager was unsure about the hearing loops and didn't know when they were last serviced, so they will look into this. We were told the practice expects staff to give extra time to patients who have additional communication needs; they can be seen away from reception and can be given a double appointment. There is a note on patient records so a translator can be booked. Patients whose first language is not English are also entitled to double appointment and a telephone interpreter, although this is not always possible on same day appointments.

### **PPG meetings**

There are PPG meetings roughly every six weeks. They were well attended at first, but numbers have fallen off (we heard from a patient that they kept being cancelled so people stopped going). The Manager would like a better mix of patients to attend as it's mostly more mature people. During our visit, we spoke to a younger person who would like to attend but they were unsure who could go and how to register to attend. We heard that invites had been sent out the day before the PPG meeting, which does not give patients much notice.

### **Complaints procedure**

We asked if the complaints procedure is clear, how many complaints they had in the last three months, and if there are any action plans from CQC or Integrated Care Board (ICB)?

Patients can complain in writing using the box in reception, or via the website, write in, call, and talk to the Practice Manager in-person. They are also directed to the Patient Advice and Liaison Service (PALS). There are leaflets in reception and they are considering displaying a poster as well, because leaflets go quickly. There have been three complaints in the last three months; two have been dealt with and one is ongoing. There are no action plans required by CQC or ICB.

### **Confidentiality and confidence in the complaints system**

We had a small amount of feedback that patients worry about the consequences of complaining, for example, that they will be struck off or their GP will view them negatively after complaining. The Practice Manager responded that depending on the nature of the complaint the GPs may need to know and contribute, along with the enhanced care team. We were reassured that no one should feel afraid to speak out and that complaints are dealt with appropriately.

### **Communicating with patients about which health professional they will see**

We heard examples of patients thinking they are going to see a GP but then seeing another member of the extended care team at Penn Manor. The Manager was surprised this was

happening as during the process of booking it is confirmed which professional the patient will see. She explained that patients do see ANPs if it is appropriate. She explained the role of the ANP includes visiting patients in their homes or care homes and those people who can't get to the surgery.

### **Staff recruitment and grievance procedures**

We asked about staff turnover and also how staff raise grievances about others.

We were told it is hard to recruit. Two staff were off sick and the PCN is trying to standardise everything, including grievance procedures. Staff can raise any issues and grievances with the Manager or go to 'Freedom to speak up', an external organisation. Staff are told this in their induction and it is on the staff intranet.

## **Acknowledgements**

The Healthwatch Wolverhampton Enter and View team would like to thank all staff and patients for a friendly welcome and unlimited access to the premises.

## **Provider response**

We shared our findings with Penn Manor Medical Centre and the Royal Wolverhampton Trust (RWT) Primary Care Network to inform their service development and improvement plans. Their response is detailed below.

RWT Primary Care Network Penn Manor Practice welcome the Healthwatch report from their visit on 18 September 2024 which we received on 2 December 2024. In response to the report, we have developed an action plan to address some of the recommendations raised. In summary these include the following:

- Hearing Loop
- Staff training
- Involve patients in work to improve the Practice – Friends & Family Survey.



In addition, RWT has responded to several of the issues that were raised by patients and highlighted in this report.

### **Visit overview**

The two front doors you refer to on your way in are not automatic. Since your visit, however, we have installed a doorbell and added a sign on the door to ring the bell if you require assistance.

### **Key findings**

**The comment around older patients may not be confident or able to use online booking system:** We still have our dedicated call hub who will complete forms on behalf of patients for appointments and also our receptionists can do the same for patients who are not confident with online booking.

**Appointments:** Patients have a choice of how they want to book an appointment and again as above there are a couple of other ways than just online. Also, patients would not be turned away if they needed help and we would always welcome patients to make us aware if this has happened so we can investigate.

**PPGs:** We already have these in place, and they are advertised on our websites, practice leaflets and practice notice boards. Normally the dates of the PPGs are advertised well in advance and any patient is welcome to attend.

**Patients' choice:** When completing the online form patients can request a specific clinician, however, pending if the clinician is already fully booked or not on duty, they may be booked with someone else. All of our clinicians are highly skilled and can access all patient details and previous consultations. Patients are also notified of which clinician group they are booked with i.e. nurse, GP, physio, ANP etc.

**Patients care & dignity:** We have acknowledged this comment and always address/investigate any issues or complaints raised by patients and if any staff are involved, they are spoken to and the issue addressed with them.

## Recommendations

**Right to receive care & treatment appropriately:** We have a dedicated call hub who still take calls from patients and complete the forms on their behalf. Also, if patients arrive in practice and want to book an appointment a receptionist will go through the form with them.

**Involve patients and staff in work to improve the practice:** Practice meetings are held regularly in practice where staff suggestions are welcomed. We also involve different staff in several other meetings or project groups. Patients can use the PPGs as an arena to raise any suggestions or improvements and we also have the box tell us about your experience for comments to be left.

**PPGs:** We will continue to promote these as we have been doing, on noticeboards, practice leaflets and websites. Also, when patients raise concerns, they are normally called and if necessary, invited into practice to discuss their concerns not necessarily at the PPG. However, we do find that some patients do attend the PPGs and will raise concerns or issues.

**Promote patient choice:** When completing the online form patients can request a specific clinician, however, pending if the clinician is already fully booked or not on duty, they may be booked with someone else. All of our clinicians are highly skilled and can access all patient details and previous consultations. Patients are also notified of which clinician group they are booked with i.e. nurse, GP, physio, ANP etc.

## Observations & findings

- Torn chairs will be re-upholstered or replaced.
- Dates for next PPGs to be added.

# Appendix

## 1. Accessible Information Standard (AIS)

### Making health and social care information accessible

From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the AIS. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The AIS requires staff to:

- **Ask** people if they have any information or communication needs and find out how to meet their needs.
- **Record** those needs clearly and in a set way.
- **Flag** or highlight the person's files or notes so it is clear they have information or communication needs and how to meet those needs.
- **Share** information about people's information and communication needs with other providers of NHS and adult social care (when they have consent or permission to do so).

- **Meet needs** by taking steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

The AIS also states that people with a disability, impairment or sensory loss and parents and carers should be able to contact, and be contacted by, services in accessible ways.

- Receive information and correspondence in formats they can read and understand.
- Be supported by a communication professional at appointments if this is needed to support conversation.
- Get support from health and care staff and organisations to communicate.

Read more on the [NHS England website](#).

## 2. Feedback received about Penn Manor Medical Centre prior our visit

### **Rude reception staff so changing practice after 60 years:**

“I visited Penn Manor last week to drop of a sample for my husband. The gentleman in front of me was being dealt with by a receptionist that I haven’t seen before. Her manner was extremely rude and her voice extremely loud, very unprofessional. Her attitude was no better when dealing with me and I did promise myself that after 60 years of attending the surgery I shall now follow the rest of my family and move to a new surgery.”

### **Steady deterioration in recent years and changes that are making it harder for older people to get the care they need:**

“I have been with this practice since the day I was born in 1953. In the last few years, the service has been going downhill steadily. The best doctors have left and those taking their places do not appear to have the time and/or patience to deal face-to-face with registered patients.”

“Getting an appointment has been a nightmare and has often resulted in appointments up to 14 days after making contact. Face-to-face appointments are virtually a thing of the past with the doctor determining from the answers to a few questions whether or not you are deemed sick enough to warrant taking up their time. I called in at the practice this afternoon to make an appointment to see a doctor and was promptly informed that I can no longer make an appointment by visiting the surgery – I have to go online and complete a triage form and if I am lucky someone will call me back. This may be OK with the younger generation, but I wonder how many older people have been put off or have been unable to make an appointment because of this new system.”

“How can a doctor examine you over the phone? People have already died because of misdiagnoses over the phone. When I called at the surgery today, the waiting room was completely empty – not a patient in sight. Why was this the case when so many people are clamouring for appointments. I have not heard of any other GP groups who are employing this system and can only hope that this practice stops using it before it is too late.”

“Long live the good old days of queuing up in a morning and being able to see the doctor the same day. I don’t know if this gives you any insight into the practice but the way it is run at the moment it might just achieve a two-star rating if I was feeling generous.”

### **Despair at the service in recent years, particularly poor communication and difficulty getting appointments:**

“I have been registered with them for 36 years and my partner for longer than that. At times, I despair at the service and have, for several years now, been hoping that if enough patients leave to register elsewhere, the service will improve. Communication seems to be the main issue along with getting a timely, appropriate appointment.”

“We have been using the online booking facility for 12 months or more. Sometimes this has worked but at other times there are no available appointments or face-to-face or telephone for 16 weeks (other than a smear test)! Using the online repeat prescription service has generally worked OK but my most recent request took four working days to be approved.”

"The times when I have needed to visit reception at the surgery fill me with dread as the experience is usually a negative one. Long queues are the norm, no-can-do attitude from some of the experienced staff and painful incompetence from inexperienced staff. I assume they must have a high turnover of staff who, I accept, need time to get to grips with the job. My most recent visit was to try to speak to someone about a prescription that my partner has been given in A&E and then had, possibly, been written up in error by the hospital pharmacy when he was discharged after a short stay in hospital later the same week. The pharmacy had rung to say there may be an error and asked me to check. The receptionist was unable to get anyone to come out and speak to me with what was a complicated, important issue that I was having to explain in the earshot of the growing queue and those in the waiting room! I felt sorry for the young receptionist, sorry for those behind me and left feeling cross and muttering 'typical of Penn Manor'."

"When you can get to speak to and/or see a doctor, my experience is generally positive. I have not felt rushed."

**Pharmacy advised patient they have problems with Penn Manor:**

"Do you seek feedback from local pharmacies? It is just that when I made a comment (a few weeks ago) to a pharmacist that I kept hoping that Penn Manor would get better if loads of patients had gone elsewhere, he indicated that they had not got better. The comment was in relation to the administration and communication of prescriptions from surgery to pharmacy."

**Positive experience:**

"My husband's health has deteriorated since early this year, since when we have been using the medical centre quite a bit. The practice has been most efficient with his various problems and repeat prescriptions. We have used the new online system with no issues. The desk staff have been courteous. We have been dealt with effectively and sympathetically by the medical team, nurse and doctors. This has been a relief under the circumstances."

## Contact us

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