

ENTER AND VIEW

REPORT



MOSSLEY FIELDS SURGERY
4TH MARCH 2026

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Legend

HwW = Healthwatch Walsall

AR = Authorised Representative(s)

DNA = Did Not Attend

2 Introduction

2.1 Details of visit

Name of GP service	Mossley Fields Surgery
Service provider details	Mossley Fields Surgery, 3 Fisher Rd, Bloxwich, Walsall, WS3 2TA Tel: 01922 477226
Opening hours	Monday 7.30am - 6:30pm Tuesday 7.30am - 6:30pm Wednesday 7.30am - 6:30pm Thursday 7:30am - 6:30pm Friday 7:30am - 6:30pm
Date and time of visits	4 March 2026 9.00 am
Authorised representative (AR)	Tom Collins (HwW Staff) Richard Jolly (AR Volunteer Lead)

2.2 Acknowledgements

Healthwatch Walsall would like to thank the service provider, staff, service users and their families for contributing to this Enter and View visit.

2.3 How we gathered the data

This report is based on our observations on the day and answers/experiences shared by patients to a set questionnaire that was used.

Patients were asked if they wished to take part whilst they waited for their appointment. They had a choice whether to take part or not. Responses were collected and the paperwork was later collated and analysed to establish what people told us.

3 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised Representatives (ARs) carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement if applicable.

The Health and Social Care Act allow local Healthwatch ARs to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Enter and Views are not intended to identify safeguarding issues specifically. 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 need to inform their lead, who will inform the service manager, ending the visit.

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

3.1 Purpose of visit

We wanted to understand how this service delivers a quality service and how this service is received by its patients.

3.2 Strategic drivers

There are almost 60 GP services in Walsall that serve the Walsall public. We strive to visit a number of mixed service types i.e. GP services, Care and Nursing Homes and Pharmacies.

The majority of people's experiences are based around GP services and GP access. So, our main areas of Enter and View are largely based around GP service provision.

4 Overall summary findings

- The premises appeared well maintained and clean.
- The reception desk area is on the left after main entrance.
- There is internal CCTV in the building.
- There is an off-road car park for up to 32 cars plus 4 disabled parking spaces.
- There appeared to be clear signage.
- There was seating for approximately 25 patients.

- The complaints process/policy was displayed in the patient waiting area.
- We noted a good layout of noticeboards with information separately displayed.

5 Methodology

1. This was an announced visit.
2. Demographics: We spoke to a mix of patients from the local community.

On arrival, the ARs introduced themselves to staff, and the visit details were discussed and agreed. The Authorised Representatives (ARs) then actively engaged with waiting patients and relatives.

A structured questionnaire was used when talking to patients on a one-to-one basis, mainly in the patient waiting area. Waiting patients and relatives were approached and asked if they wished to take part in a short questionnaire relating to their experiences of using said GP services. It was made clear to patients that they could withdraw from the conversation at any time especially if called in for their appointment. They were also advised they could continue to completion if they wished to, once they had finished their appointment.

6 Summary of findings

6.1 Overview

Care Quality Commission (CQC) ratings and information.

Overall rating: Outstanding

Latest inspection: 9 January 2017 Report published: 24 March 2017

Latest review: 6 July 2023

Link to CQC findings: <https://www.cqc.org.uk/location/1-574013664>

6.2 Premises

The Centre entrance is via the main public entrance on Fisher Road. The exterior appeared to be well maintained. There are manual doors to enter the Surgery which has additional facilities used for administration activities.

The surgery reception is on the left and patient waiting area is on the right.

There is a reception area and staff are seated behind a glass partition. Staff greeted patients and asked for details about their visit. There is limited privacy as the patient seating area is in close proximity to the reception area.

There is a hand sanitising dispenser bottle in the reception area. Consultation rooms run off the corridor adjacent to the waiting area.

There is a patient waiting area, with seating for approximately 25 patients. The interior appeared to be clean and tidy, and décor appeared to be well maintained. There are a series of well laid out information boards displaying focused patient information located around the waiting area and adjacent corridor including details of the Patient Representation Group (PRG) and NHS information and advice leaflets and posters.

6.3 Services offered

The provider has a website page that identifies the services delivered to patients.

Link to the site: <https://www.umbrellamedical.co.uk/clinics/>

6.4 Staffing

We were informed that the surgery had the following staff:

1 Partner doctor	1 Physiotherapist
3 Salaried GPs, (2 full time, 1 part time)	1 Reception Manager
2 GP locum	1 Practice Manager
2 Advanced Nurse Practitioner	4 Receptionists
1 Practice Nurse	Paramedic and other cover via the
1 Health Care Assistant	Home Team
1 Pharmacist	

6.5 Staff interaction

- Reception staff acknowledged entering patients to the service and confirmed their details and attendance.
- Staff promptly answered the telephone incoming calls.

6.6 Patient interviews

We interviewed 15 patients on the 4 March 2026 using a pre-set questionnaire. Below is what patients shared with us.

Q. How often do you try to access GP services

All patients had visited the surgery between 1 week and 2 to 12 months previously or not regularly / as and when needed.

Q. How do you currently communicate with your GP service?

2 – Phone and Reception

13 – Phone / text

Q. Have you been notified of other alternative routes to see a clinician to seek medical services?

13 – Yes

1 – Only just started coming here

1 – No

Q. Do you know about 'Extra GP Appointments'?

11 – Yes

4 – No

Q. Do you feel that you been listened to around your health needs?

14 – Yes

1 – Somewhat

Patients' comments:

"Quite good"

"1 Doctor not so attentive but others are brilliant"

"Can ask and feel involved in discussion"

"Only talk about 1 issue at a time"

Q. What barriers if any do you face or encounter?

14 – no barriers.

1 – having to wait on phone for appointments.

Q. Name one positive and one negative about the service?

Positive comments

"Everything great. Do listen and try to help"

"All good"

"Tests can get done really quickly"

"Professional"

"Doctors and nurses are good"

"Reception staff listen. They try to find appointments"

Negative comments

"40 minute wait for appointments"

"Appointments"

Q. How are you notified about changes with your surgery? (i.e. appointments, PPG's, changes of staff etc.)

11 – Phone / texts.

3 – No changes.

1 – Phone or NHS app.

Q. If you are being referred to hospital, are you given a choice of hospital?

11 – Yes.

1 – Never needed.

3 – No.

Q. Can you understand the information you have given and are you able to ask questions? Is it always in an easy format such as BSL, Interpreter?

15 – Yes.

Q. Do you know how to raise a complaint or a concern at your surgery?

8 – Yes.

7 – No.

Q. If you could change one thing what would it be and why?

8 – Patients could not think of anything.

7 – Mentioned the below.

“Appointments”

“More appointments”

“Go back to when we could just sit and wait”

“Cups in water cooler”.

(We noted that reception supplied cups straight away)

Generally speaking, patients spoke highly of the GP service and reception. There was always of feeling of staff being helpful and attentive to patients.

6.7 Staff Interviews

We interviewed the Locality Manager and responses noted as follows:

Q. How many patients do you have?

We have just under 5,900 patients.

Q. How can patients get appointments or get in touch?

We use reception staff, phone, Accurx (prescriptions and fit notes), email for hard of hearing.

Q. How does the surgery / practice communicate with patients? Interpreters or similar?

We use Global Translation Services, which is good, even covers Farsi. We do have a hearing loop. There is a staff member rotating through premises trained in British Sign Language (BSL).

Q. How do you identify vulnerable patients or carers?

Part of the patient registration process/paperwork asks if they are a carer. Carers are sent an information pack with support. We use EMISS alerts. A flagging system is in place based on various lists including safeguarding, learning disability (LD), dementia and similar. Lists are regularly reviewed and doctors note who attends with a patient.

Q. Do you have an active patient participation/reference group (PPG/PRG)? If yes, how often do they meet?

Yes, we have 4 people in the patient representation group though we are trying to recruit more. Meetings are held quarterly.

Q. How do you gather patient feedback about the surgery / practice services?

We use surveys, 'Friends and Family Feedback'. Some information is received from national survey. Reception receives both complaints and compliments verbally which are referred to Locality Manager straight away. PRG comes in occasionally to carry out surveys. We use NHS and Google feedback. All feedback is reviewed regularly.

Q. What is the staffing structure?

We noted the numbers in section 6.4 above.

Q. Can Patient choose to see a male or female GP?

Yes, though can be a challenge for appointments. But a choice is given to the patient.

Q. Do you have any vacancies at the moment?

No.

Q. What training do staff receive?

We use an induction course for new starters. Doctors have appraisals and update their statutory professional standards . Staff have both on-line and face-to-face training. We use a face-to-face monthly training session to focus on an issue e.g. wounds. The group has organised specific department off-site training days dealing with e.g. conflict resolution.

Q. Do staff suffer from aggressive patient behaviour?

No. And our policy is for zero tolerance. There are panic alarms in consultation rooms.

Q. What barriers if any do you face or encounter at this practice / surgery?

Patient education as they are asked to accept changes. A lot prefer the old concept.

Q. Name one positive and one negative about this practice / surgery?

Positive

Building is good. Purpose built for local residents.

Negative

Patient demand.

Q. How do you make patients aware of how to complain about your services or its delivery?

Policy and process is displayed on information board. Also on our website, forms and we have a suggestion box. We prefer to have informal input so we can discuss at the time.

Q. Are there any future plans for the surgery / practice?

We are planning to introduce more external services. We used to have CURX with community midwife.

Looking at Audiology, Optician, Diabetic eye screening. We are also planning to have a "You said... We did" board.

7 Recommendations

1. Expand range of external services being offered.
2. Promote and raise awareness of effects of Did Not Attend (DNA) around appointments to patients.
3. When possible, increase numbers of members of PRG.

7.1 Examples of Best Practice

Patients were supportive of the surgery as they spoke about the service and its delivery.

There is comprehensive patient information on a series of notice boards making information relevant to patients i.e. Men's health, women's health and family health, contraception and sexual health and other.

8 Service provider response

The Provider supplied the following comments.

1. Under 6.2: Premises the report states "Dr Pabrinkiene's service reception is on the left and patient waiting area is on the right."
I am slightly confused – we do not have a service reception? I'm not sure what this means.
2. Under section 7 Recommendations – there is a note about DNA's and making patients aware. We do have a DNA poster next to the check in screen which is

updated each month – do you think we need to place this poster in additional places within the surgery?

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