

GP Enter and View Report:

The Delamere Medical Centre

Delamere Ave,
Stretford,
Manchester
M32 0DF



healthwatch
Trafford

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1. Introduction

Healthwatch Trafford is the independent champion for people in Trafford who use health and social care services.

Enter and View visits are one of the statutory powers of local Healthwatch, allowing our authorised representatives to visit and observe services and speak directly with people using them, as well as staff and management. These visits are not inspections but provide an opportunity to hear first-hand about people's experiences of care and to highlight both good practice and areas where improvements could be made.

Healthwatch Trafford representatives conducted an Enter and View visit at Delamere Medical Practice on 7th October 2025. This allowed us to gain an understanding of patient experience, to inform the public about what it's like to access services at the practice, and to feed back to Primary Care Network Teams and Greater Manchester Integrated Care Trafford.

Purpose of Visit

The aim of this Enter and View visit was to:

- Understand how patients experience care and access services at Delamere Medical Practice.
- Observe the environment and accessibility of the premises.
- Speak to staff and management to understand how the practice operates and addresses patient needs.
- Gather additional feedback through questionnaires from patients, carers, practitioners, and reception staff.
- Identify examples of good practice and opportunities for improvement.

2. Executive Summary

On 7th October 2025, Healthwatch Trafford conducted an announced visit at Delamere Medical Practice, Stretford. The visit took place between 10:00 am and 2:00 pm, with our authorised representatives engaging with patients and staff. We engaged directly with **32 individuals** during the visit and a further **263** via survey after the visit (a combination of patients, carers and staff).

The purpose of the visit was to gather first-hand insights into patient experience and accessibility at the practice, focusing on areas such as general impressions of the service, dignity and respect, equality, diversity and inclusion, and how effectively the practice supports its community.

The survey responses showed that a large proportion of patients were satisfied with the practice. The majority of surveyed patients said the practice was fully accessible for their needs, and the vast majority have not faced any barriers due to disability, language or personal circumstances. When patients do complain, most are satisfied with how their complaints are handled. The practice did particularly well in terms of the respect shown by patients to staff; two-thirds of patients said that staff always listened to them and treated them with respect.

However, the feedback shows that there is room for improvement across several areas. Communication between the practice and patients should be improved, particularly in terms of updating patients if the date or time of their appointments has been changed. Accessibility, although sufficient for most patients, could be improved, particularly in the reception area.

The most common feedback was that patients had difficulty booking appointments. Firstly, many patients found the online booking system unfamiliar and difficult to use. They need more support from the practice with transitioning to the new online system, as many of them only know how to book by phone or in person. Secondly, most patients say they sometimes or always struggle to get an appointment when needed. Delays of several weeks are common, and the practice should work to reduce this and better inform patients regarding the possibility of urgent appointments.

Some patients regret the loss of services such as mental health nurses and podiatry. Others suggested that the practice should improve its integration with the pharmacy, as some patients have struggled to get their repeat prescriptions. Continuity of care can also suffer when patients are given appointments with different doctors each time. Patients must also be better informed of the complaints system at the practice – over half of respondents were unsure which methods are available for raising a complaint.

Patient feedback regarding the quality of care also shows areas for improvement; only 39% of respondents said that their health needs were 'always' being met at the practice, and most patients surveyed were unhappy with the waiting times for their pre-booked appointments at the practice. Despite these areas for improvement, most patients said that staff always treated them with respect, and patients recognised the challenges that the practice staff face.

Carers, practitioners and receptionists also had the opportunity to feed back through dedicated surveys. The key theme from the carer survey was a request for more recognition, and 67% said that they had never been offered any support as a carer. The practitioner survey showed that most practitioners are confident in their responsibilities, but some responses showed that not all practitioners were fully aware of patient rights or how to request translation services or other reasonable adjustments. The receptionist survey showed that although they were mostly clear about their role, they did struggle with call volume, booking system issues, and particularly a lack of staff.

Some key recommendations are listed below:

- Improve the accessibility of the reception area by adjusting the layout of the seating and ensuring all information posters are up to date.
- Implement a Patient Participation Group (PPG) to allow patients to give regular feedback to the practice and receive updates on what the practice is doing to improve.
- Offer digital inclusion training to support patients and increase their confidence, particularly those who struggle with the new online booking system.
- Begin refresher training for staff to ensure they are all aware of how to support patients with additional needs.
- Adopt a 'You Said, We Did' Patient Experience model to ensure patient feedback is utilised.

3. Methodology

Healthwatch Trafford conducted the visit in line with our national guidance and local engagement policy. Prior to the visit, planning meetings were held with practice management to agree on the scope, objectives, and visit arrangements.

The visit to Delamere Medical Practice was carried out by our Authorised Representatives. Authorised Representatives are trained volunteers and staff who have been DBS checked and are approved to visit health and care settings on behalf of Healthwatch. Representatives contributed throughout the process, from planning and preparation to on-site engagement and report writing.

- Authorised Representatives conducting the visit: Akintola Bankole and Janet Brennan.
- Authorised Representatives involved in planning and reporting: Janet Brennan, Catherine Barber, Jean Rose, Susan George, Laurence Walsh, Basma Kaf, Elizabeth Stanley.
- Healthwatch Staff involved: Akintola Bankole, Cameron Lee, and Andrew Latham.

Representatives held semi-structured interviews with patients in the waiting area, conducted structured interviews with the Practice Manager and a General Practice Assistant (GPA), and completed an accessibility audit of the building. To extend the reach of our engagement, surveys were distributed to patients, carers, practitioners, and reception staff, allowing us to capture a wider range of views and experiences.

On the day of the visit, our team:

- Observed patient flow and interactions in the waiting area and reception.
- Spoke with patients to understand their experiences of care and access.
- Conducted interviews with the GP Manager and General Practice Assistant to gain insight into the management structure and daily operations.
- Completed an accessibility audit to assess physical access, signage, and communication aids.
- Distributed questionnaires to capture the views of patients, carers, practitioners, and receptionists.

4. About Delamere Medical Practice

Delamere Medical Practice is located in The Delamere Centre, Stretford and sits within the North Trafford Primary Care Network (PCN). The practice serves a patient population of approximately 15,000 people. The practice benefits from good transport connectivity as it is located just off the A56 Chester Road with direct road access, has its own car park with disabled bays, and is close to key public transport stops. Stretford tram stop and Trafford Park railway station are nearby, and Derbyshire Lane bus stop is 0.3 miles away.



5. General Impressions of the Practice

We found Delamere Medical Practice to be a tidy, organised, and welcoming environment that gave a positive first impression. On arrival, the reception area appeared calm and functional, with reception staff engaging patients.

At the time of our visit, the practice was hosting a vaccination clinic, which contributed to a longer queue at reception than usual. However, staff continued to assist patients efficiently and maintained a polite and reassuring tone. The presence of a self-service sign-in screen near reception provided a practical alternative for patients checking in, and several patients were observed using it successfully.

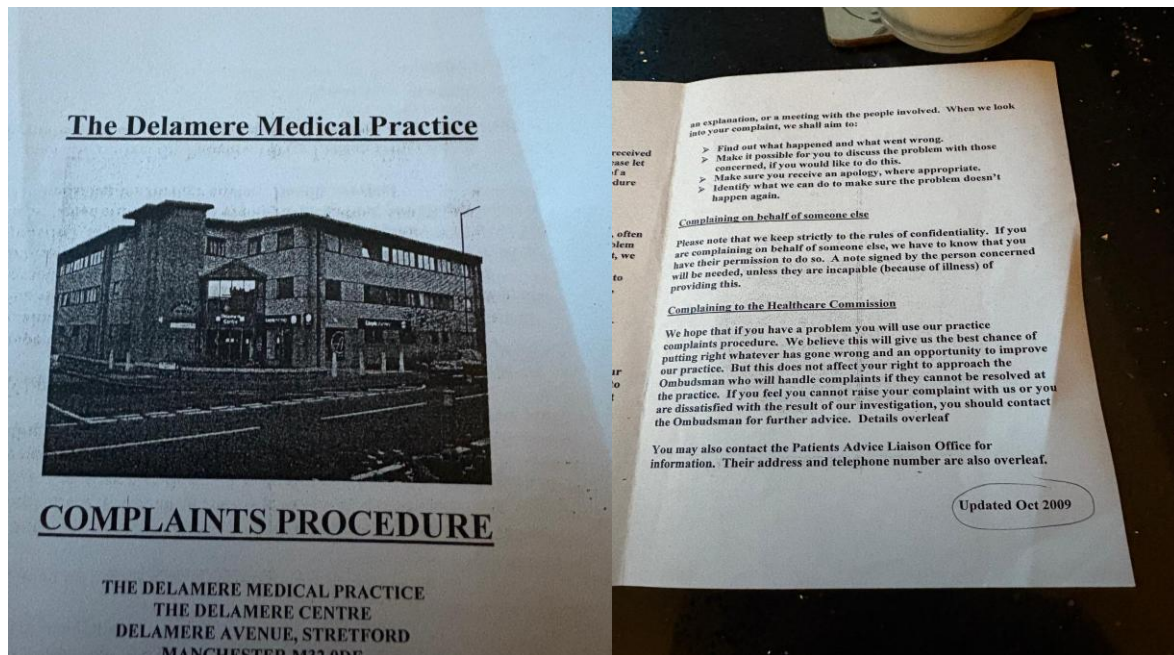
The seating area was clean, well-kept, and free from clutter, contributing to a sense of order and comfort. We observed a set of seats that faced the toilets directly, which could be awkward for patients.

The practice layout appeared logical and easy to navigate. Lift access was available, providing support for patients who had buggies and wheelchairs or struggled to use the stairs. The staircase itself was well-lit, equipped with handrails, and appeared in good order, although there were cobwebs on some of the windows in this area. Notice boards

around the waiting area contained a wide range of information, including health campaigns, local services, and practice updates.

Overall, the environment was clean, accessible, and managed efficiently, even during a busier-than-usual clinic day.

As illustrated below, some information available to patients in leaflet form is out of date (the leaflet shown is 16 years old, and the Practice Manager listed no longer works there).



6. Patient Survey Feedback

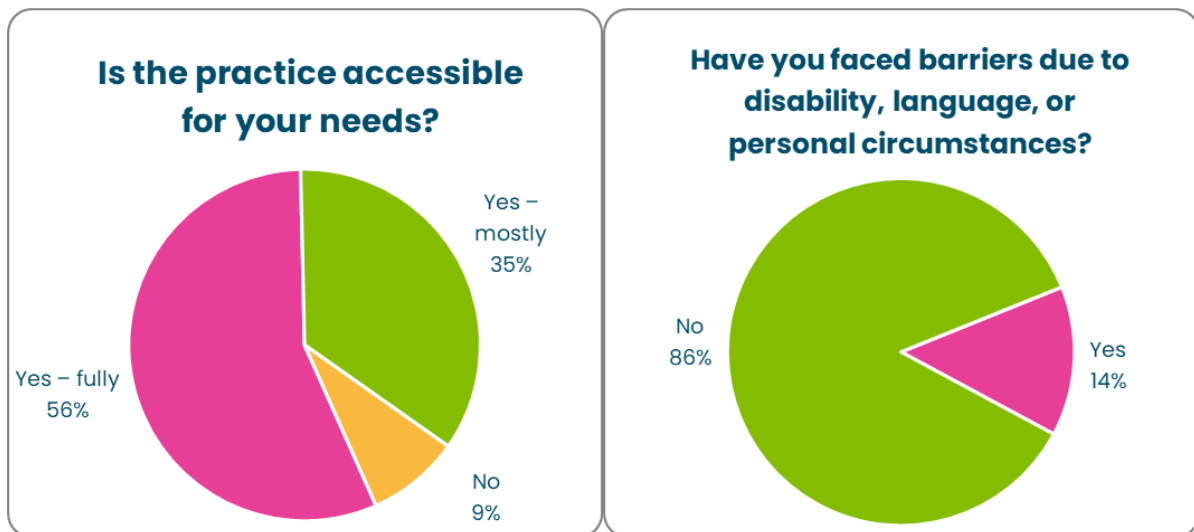
Four surveys were conducted as part of the visit. The online surveys were open from the 7th to the 22nd of October. There was one questionnaire each for patients, carers, practitioners and receptionists. Most responses were recorded online, but some paper copies were also received. There were 259 responses to the patient survey, 18 to the carer survey, 7 to the practitioner survey, and 7 to the receptionist survey. The common themes of these responses are explored below. Some questions allowed more than one answer to be chosen, so the responses do not always add to 100%.

Communication

A common theme from the survey feedback is that of insufficient communication between the practice and patients. When asked for suggestions on how to improve the practice, 31% of respondents asked for better communication, particularly about waiting times. Some patients stated that the practice often did not communicate with them proactively enough, for example, regarding follow-up appointments, booking tests, or monitoring long-term health conditions. Patients mention having to be 'proactive' in arranging their own appointments. Some respondents also mentioned their appointment date or time being changed without them being told. Additionally, one patient said that they were not told which floor their appointment was on, and so they missed their appointment as they were waiting on the wrong floor.

An example of poor communication between doctors and reception staff was also raised. This occurred when a doctor told a patient they could call the practice and get an appointment with them on the same day. The patient called back but was told by reception that there were no same-day appointments available. Reception staff apparently did not communicate with the doctor in question to find out if their patient could be given an appointment on the same day, which the doctor said they would have provided if reception staff had asked them.

Accessibility



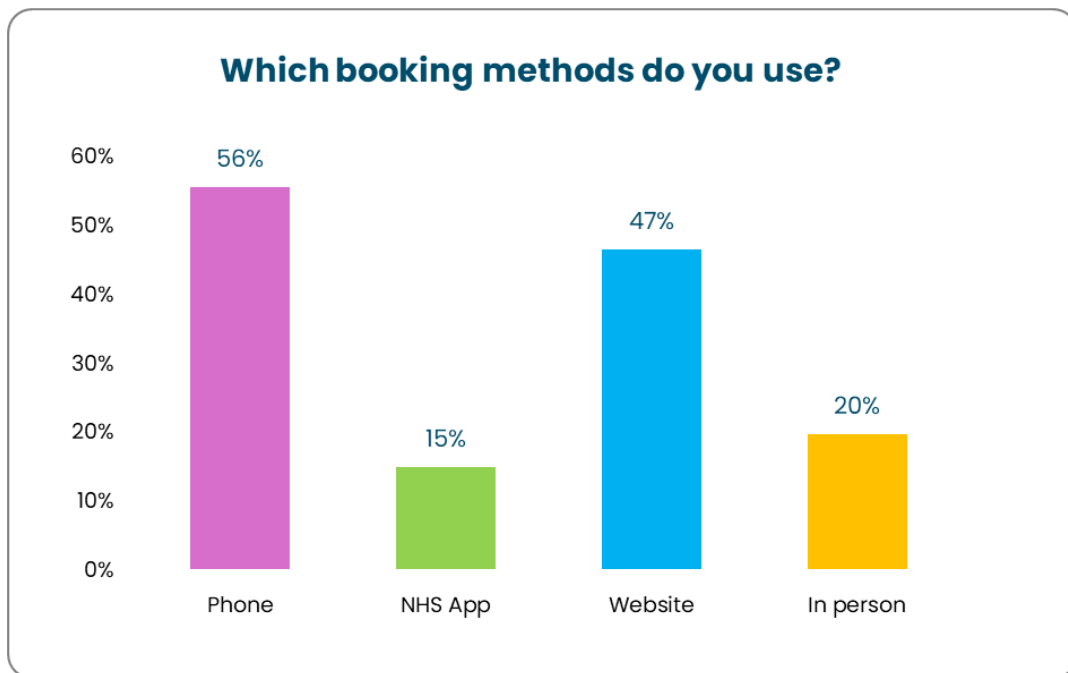
The majority of respondents said the practice is fully accessible for their needs, and the vast majority have not faced any barriers due to disability, language or personal circumstances. However, patient responses show that there are opportunities to improve accessibility at the practice.

One respondent said that they struggled with face-to-face appointments due to anxiety, and would appreciate it if there were a way to specify that they would prefer phone appointments instead. Other responses raised the issue of understanding certain complex medical language used by staff in the practice. Another respondent stated that it was difficult to book home visits.

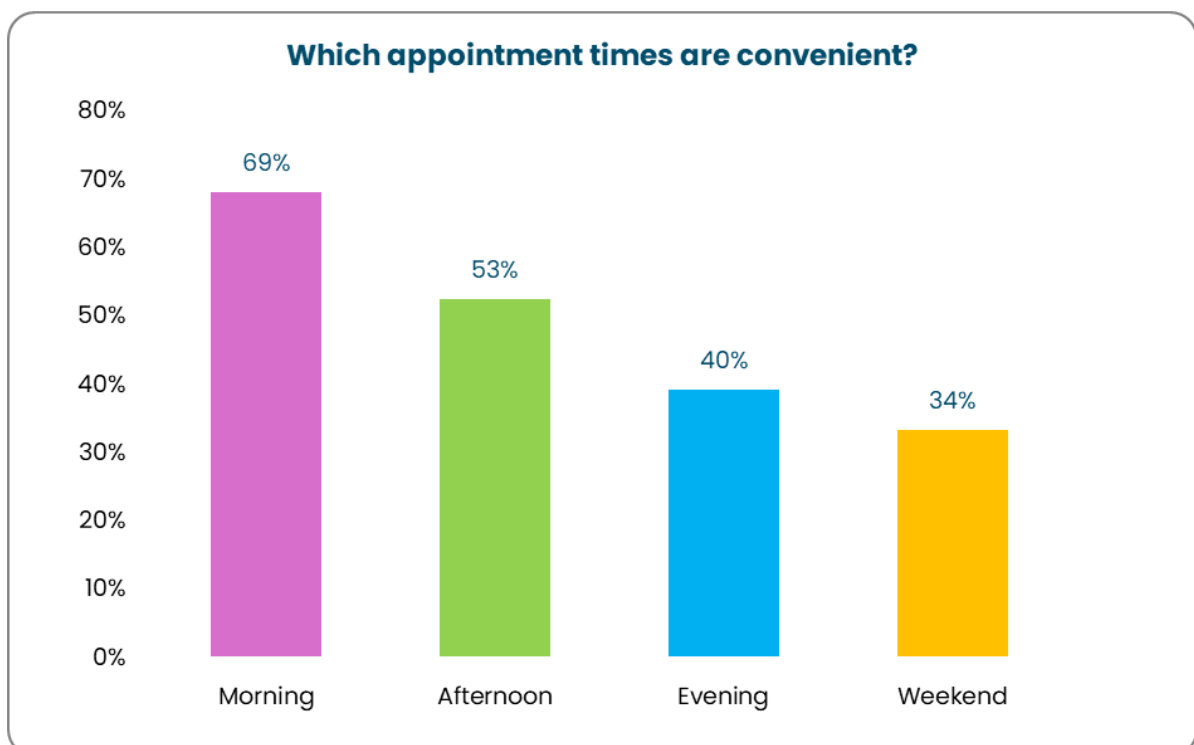
As the first point of contact for patients in the practice, good accessibility in reception is key to ensuring patients can access care. However, some points of feedback revolved around reception. Firstly, issues with accessibility for patients with hearing loss were raised; one respondent said that the transparent screen on top of the reception counter (between the patient and the receptionist) can ‘limit audible speech’. Secondly, one respondent said that they struggled to communicate with some receptionists due to their allegedly ‘poor’ English language skills. Finally, a respondent also said they did not feel comfortable discussing personal health matters in the reception area, which they were sometimes asked to do.

However, one respondent said the practice was ‘very accommodating’ and provided them with telephone appointments and home visits when they requested them.

Booking Appointments

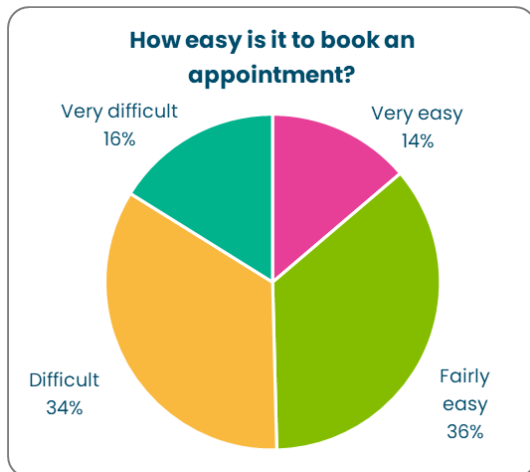


The responses shown above may reveal that patients are not yet fully aware of the new online-only booking system. Over time, it is likely that patients will increasingly use the online system rather than attempting to book by phone or in person.



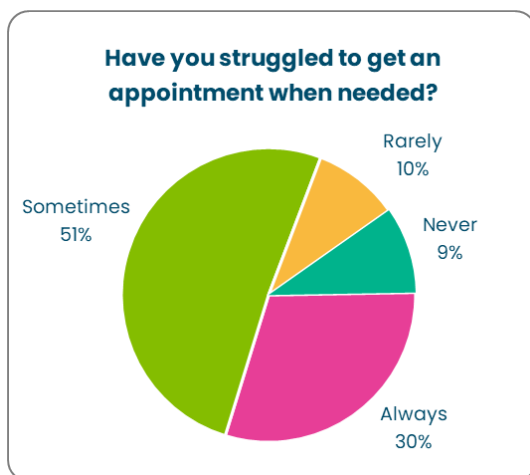
Whilst most respondents found morning and afternoon appointments convenient, they also commented that their work commitments made it difficult for them to attend appointments at certain times. For example, one respondent said that they found it

difficult to attend morning or afternoon appointments on weekdays due to being at work, so they found evening or weekend appointments more suitable. Many patients said they were grateful to get an appointment at any time, regardless of how inconvenient it was.



Half of the respondents found it difficult to book appointments. Many respondents commented that they found it difficult to use the online form and were unable to book appointments by phone or at reception, who told them they could only do so online. Furthermore, some respondents stated that the online appointment booking form was not open when they wanted to use it; one respondent questioned whether their need for an appointment was less when the form was

not available. When patients were able to book appointments, they were for several weeks in the future, which was deemed too slow for many patients who needed urgent appointments. One person mentioned that the appointment system ‘can feel slow when you are worried about a small child’, especially ‘when there are no guarantees you will see a doctor that day’.



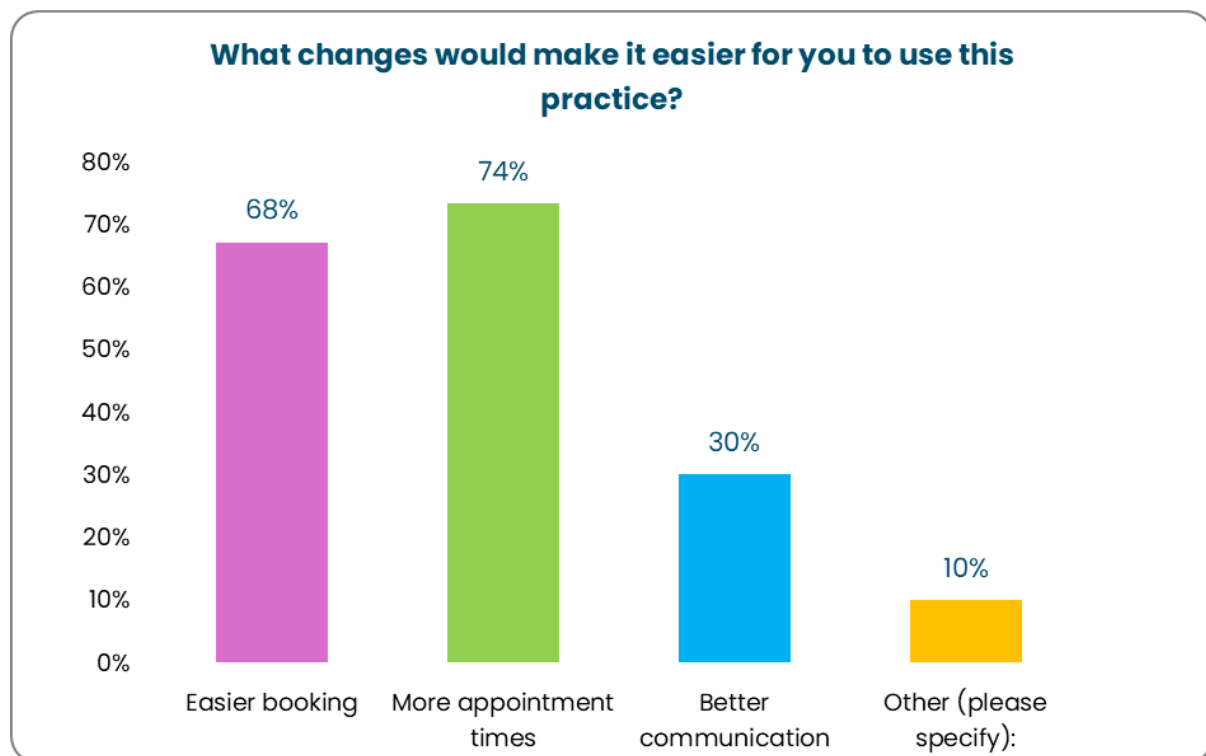
Most respondents told us they struggle to get an appointment when needed. Some patients said that they have given up and sought care from other places because of this (e.g. NHS 111, a local hospital, or private care). Some respondents believe the practice is too busy, and that there should be more evening and weekend appointments or more staff.

However, some respondents said that they were happy with the speed at which they were booked to see a doctor. One said they did not

have an appointment, but reception staff managed to fit them in anyway, and another said they are often seen earlier than they expect. The practice also made us aware that in 2025 they had 3,577 DNAs (appointments booked but not attended by patients). This obviously has a negative impact on the number of appointments available for other patients, as appointment slots end up going to waste.

The carer survey also showed appointment booking as being their key concern; 64% said that easier access to appointments would help them in their caring role. One carer suggested regular monitoring calls to elderly patients, as this demographic can find it

difficult to book appointments online. However, another respondent said that they were 'happy to use' the online booking system.



Services

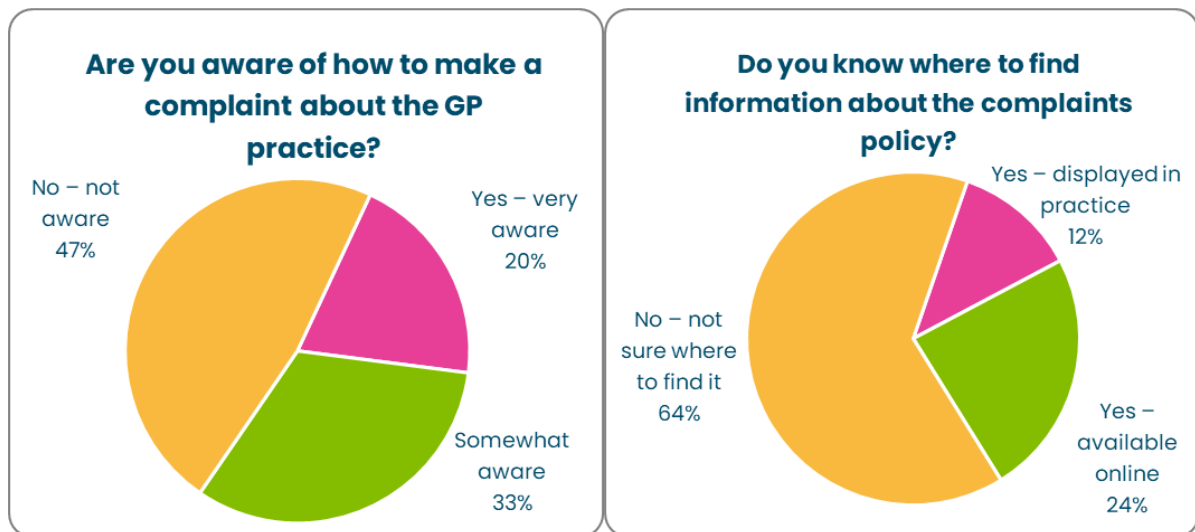
Aside from booking, appointments, and communication issues, 10% of patients specified other things which would make it easier for them to use the practice. Some respondents mentioned that particular services were no longer available, such as podiatry or mental health nurses. Patients also asked for emergency appointments for children to be made available, and the ability to raise more than one health issue at an appointment.

Patients also asked for improvements to NHS app integration and more car parking spaces. Some patients also expressed difficulty in receiving their repeat prescriptions and requested a better integrated pharmacy and prescription service. However, we recognise that some of these issues may be somewhat out of the hands of the practice.

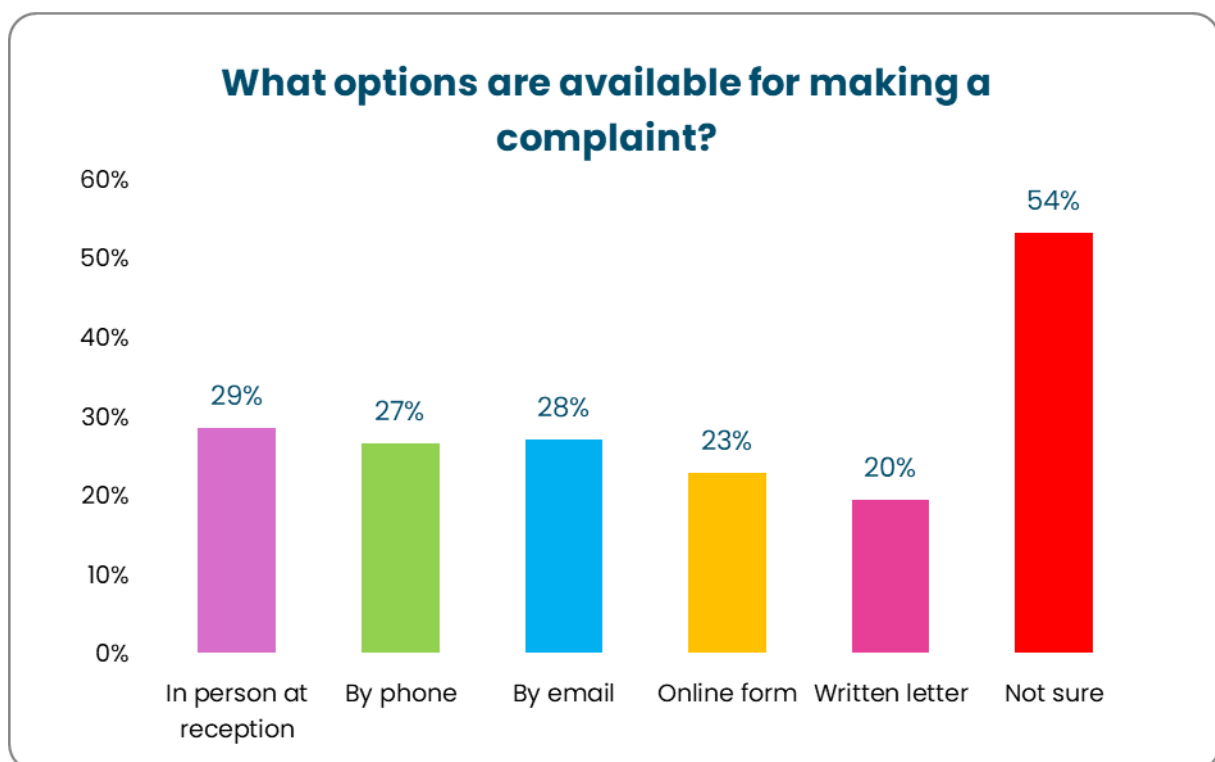
Continuity of Care

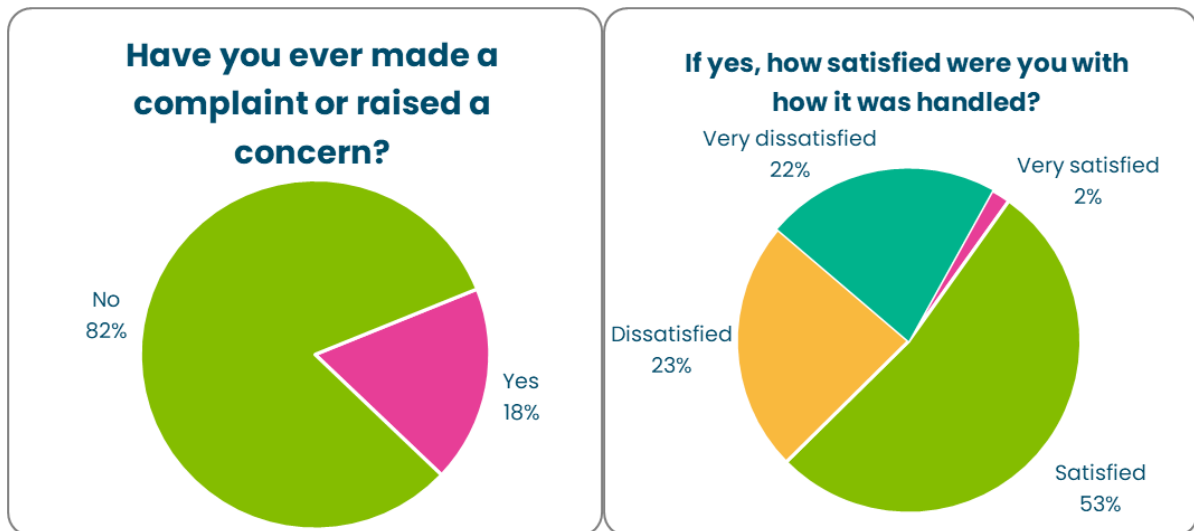
Some of the most common feedback amongst patients and carers was the lack of continuity of care as a result of patients being booked in with different doctors each time they go to the practice. Patients find it difficult to explain their problem multiple times to different doctors. One patient commented that it is 'rare to see or communicate with the same GP', and that they recently had correspondence from several different doctors at the practice, which was not ideal for them.

Complaints



One respondent said that the complaints policy of the practice was ‘not easily available on the website’, and that it was not in a section where they would expect to find it, such as ‘contact us’. Furthermore, most patients who responded to the survey said that they were not sure which options were available for making a complaint.





Several patients commented that they had tried to raise a complaint, but nothing resulted from their attempts. One respondent said that they wanted to complain but didn't, and another said that they were unsure if they could still complain as the incident was not recent. Another said that they had complained about a particular staff member but were subsequently given another appointment with that staff member. Several respondents said it was difficult to complain to reception staff, who apparently promised patients a call back, which never came. Two patients suggested that there was no point complaining as 'nothing gets done' and it 'makes no difference'. One patient reported that their complaint was ignored, so they 'had to go to the medical board', and another said they had to involve their MP. One respondent mentioned that they would like more group meetings at the practice where patients can participate and share feedback, highlighting the need for a PPG to be restarted.

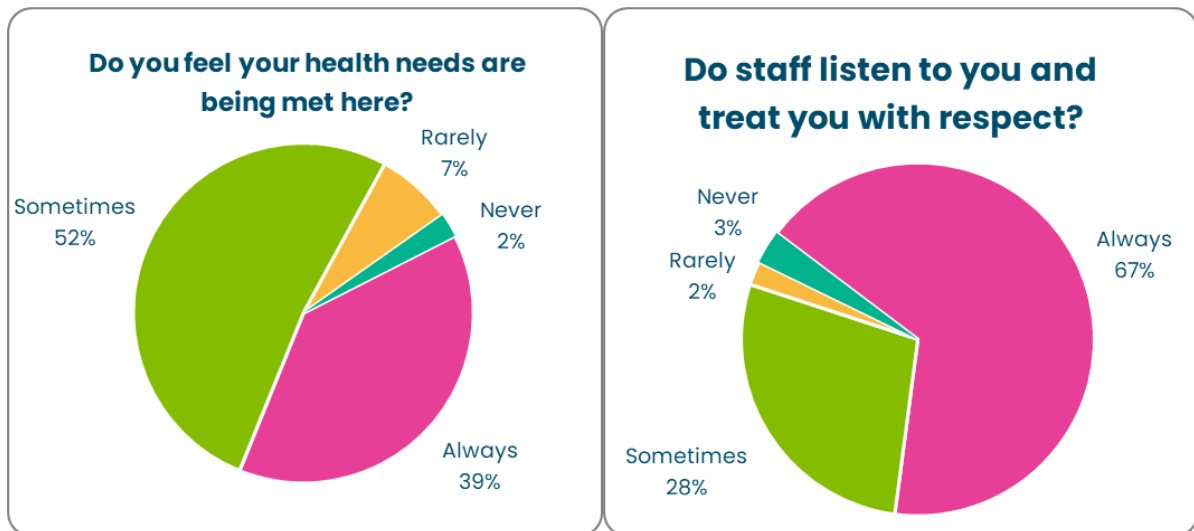


Some respondents, however, did say that their complaint was taken seriously. For example, a complaint was made about a lack of privacy in reception, which was apparently acted on and improved.

All the staff who responded to the practitioner survey said that patients are 'always' informed about how to make a complaint. However, one respondent wrote: 'if they want to make a complaint, then we inform them', which suggests that patients are not always informed about

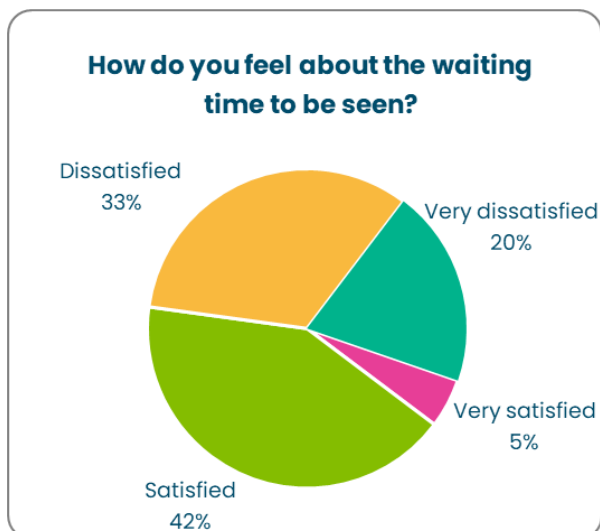
how to make a complaint – they may only be informed after they ask.

Quality of Care



Respondents recognised that reception staff had a difficult job but still treated people respectfully and acted professionally. Patients stated that ‘the staff always do their best to help’, and they are ‘polite and professional’.

Some patients asked for staff to receive more training on invisible disabilities; one asked for staff to take more time reading patients’ medical history and suggested that they should be more aware of the ‘6R rule’, which is the six rights of medication administration.

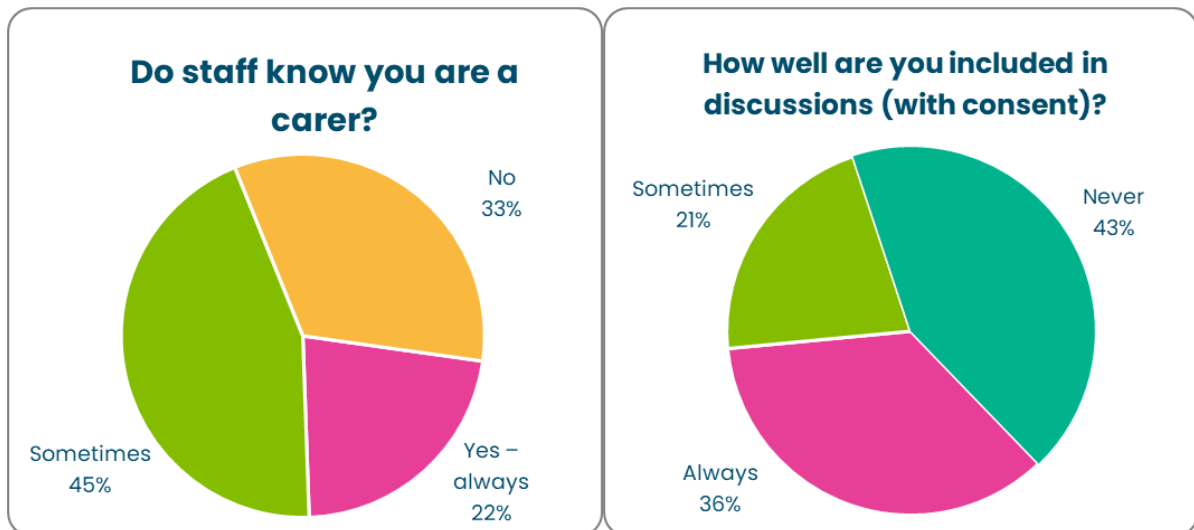


Most patients were dissatisfied with the waiting time to be seen, and some patients mentioned that GPs are commonly 15-60 minutes late to appointments.

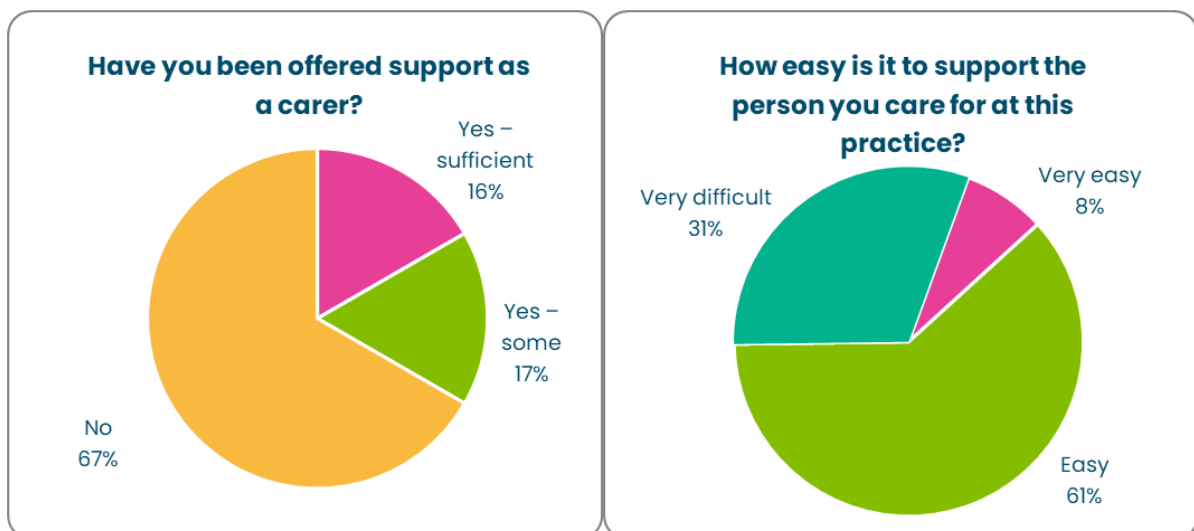
However, there were many positive comments about the practice, particularly about the professionalism and friendliness of the staff. One respondent said that staff ‘take time to listen and provide excellent care and service’.

Carer Feedback

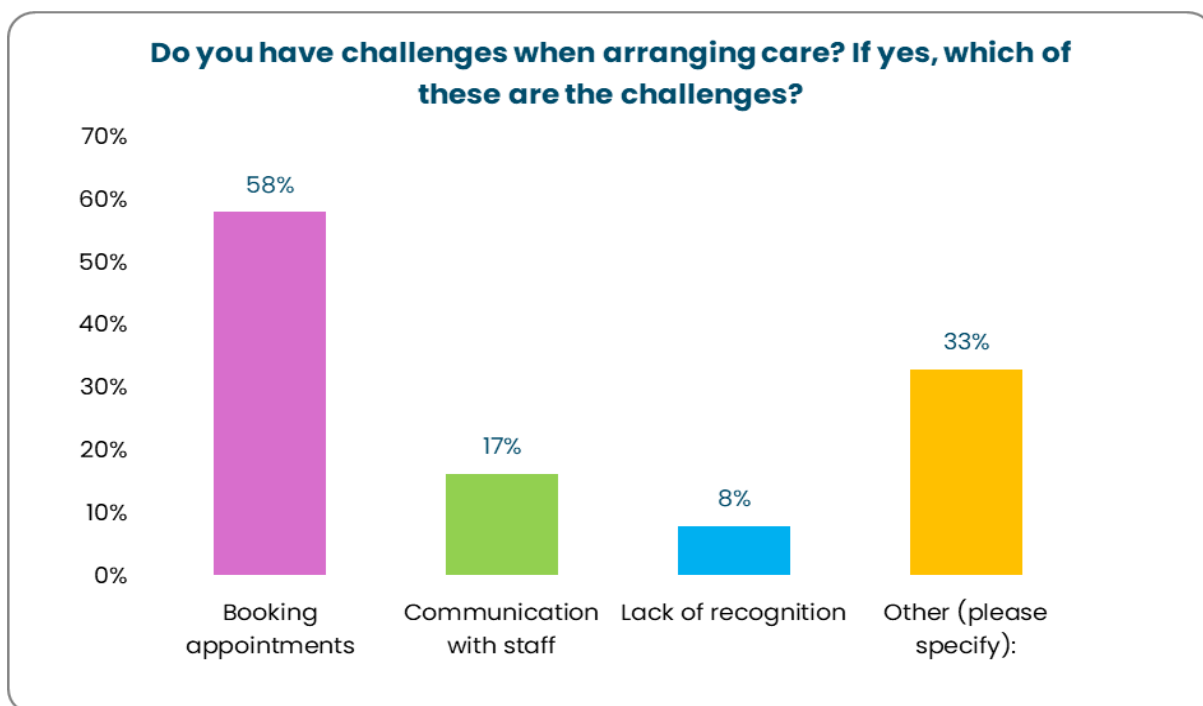
We received 18 responses to the carers survey, with a breakdown of responses shown in the charts below:



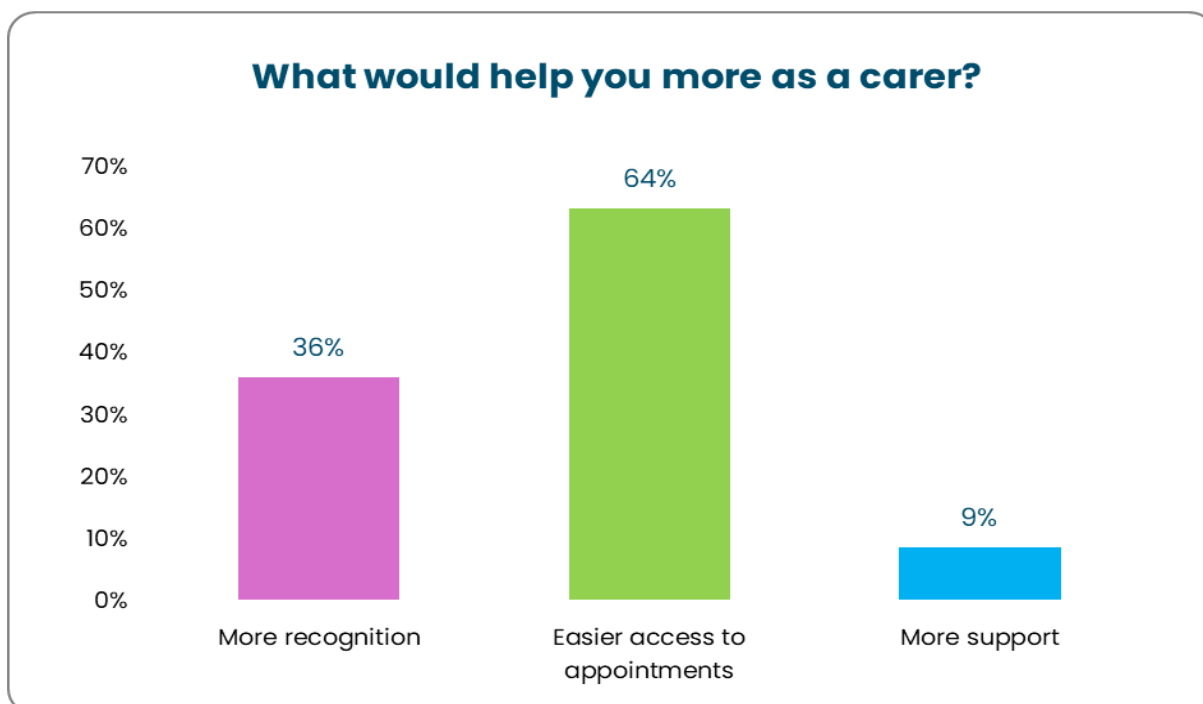
One carer suggested that nurses generally knew if someone was a carer, but doctors did not. One carer said that the staff ‘don’t seem to care or remember’ and they had been ‘treated terribly and with minimal support’. However, one carer positively noted that the practice ‘recognises there is a power of attorney for health and welfare in place’.



The majority of carers, 67%, said they had not been offered any support. However, one of these respondents commented that they did not feel they needed any extra support.



For the 'other' responses, one carer said that it was 'nerve-racking' to have to wait a long time for flu or covid vaccinations. However, several respondents commented that they had no challenges when arranging care.

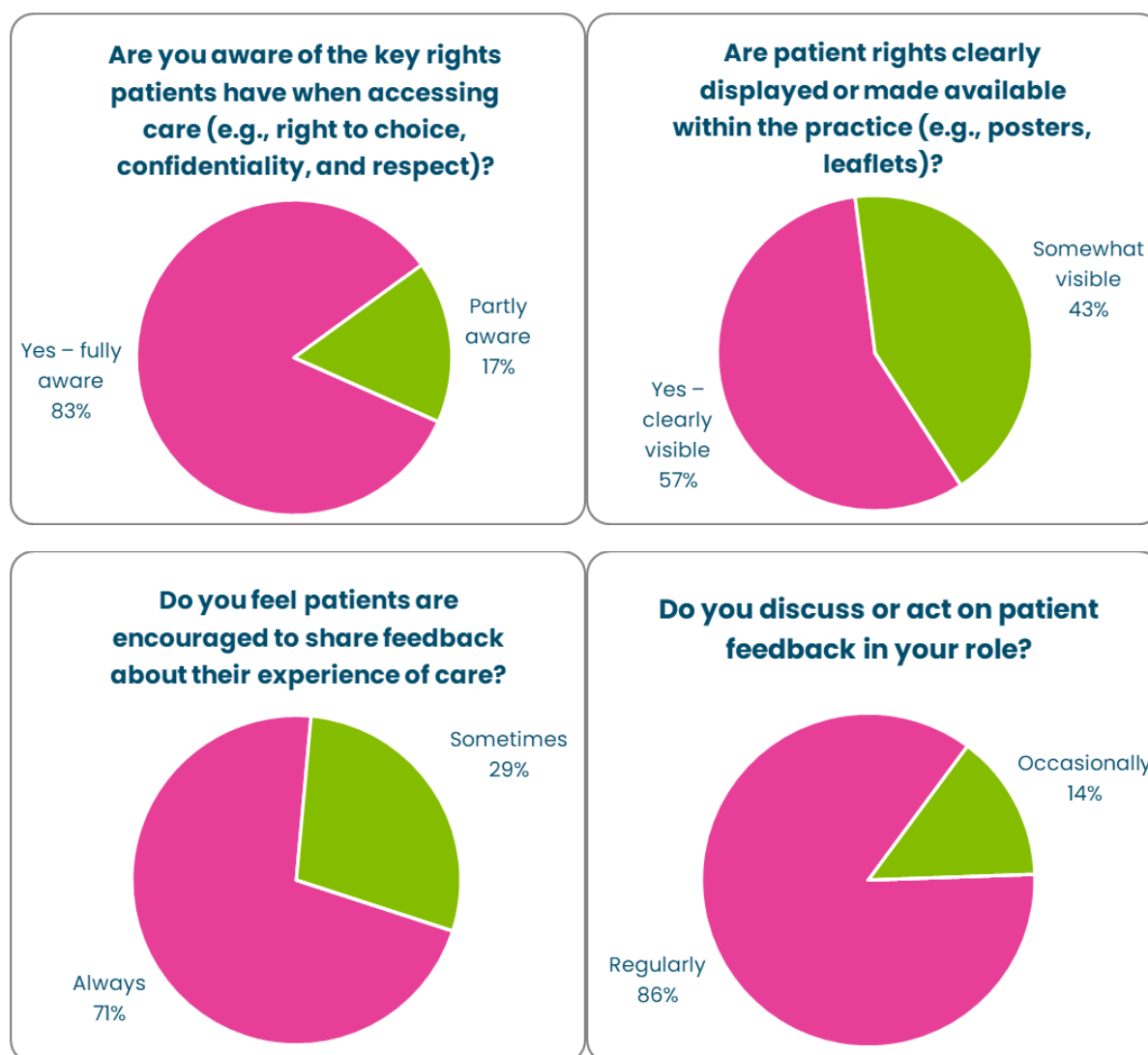


Another carer claimed that the reception staff were not helpful or empathetic enough, and another said that doctors at the practice are 'uncaring and dismissive', adding that most of them were 'time-focused, unkind, cold [and] rude'. However, another respondent commented that everyone at the practice always treated them with 'respect and compassion'.

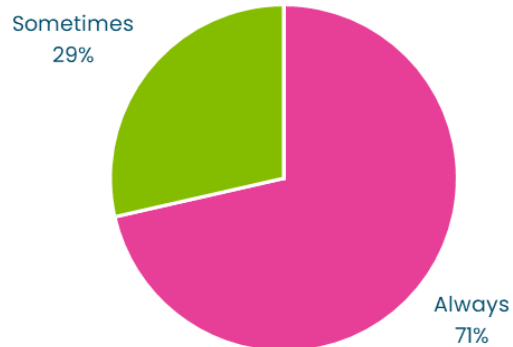
Practitioner Feedback

4 respondents were doctors, 1 was a nurse, 1 was a care coordinator, and 1 was in a management role. Most staff members said they clearly understood the complaints process, and lessons from these complaints were regularly fed back to staff to improve patient care. For example, one staff member said they ‘work closely with our patient liaison and speak to patients frequently with regards to feedback, both issues and compliments’.

However, one staff member said they were only ‘partly’ aware of the key rights of patients when accessing care; they said they understood the rights of patients in terms of ‘confidentiality and respect’, but were unsure regarding the various choices available to patients and what should be offered to them. One staff member who said they only ‘partly’ knew how to support patients in requesting reasonable adjustments said: ‘sometimes I have to Google if I have a ...hearing impaired person, to see if I can get an online translator’. Another member of staff also suggested that they ‘need the Patient Participation Group to be more active’.



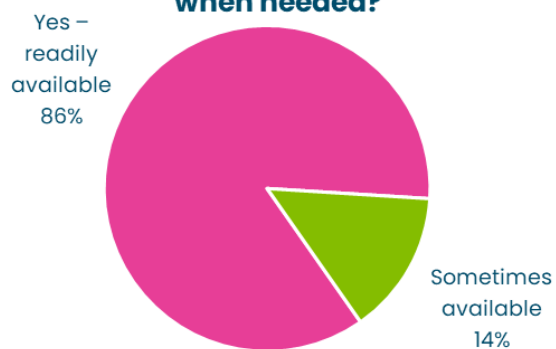
Do you feel all patients are treated equally regardless of background or personal circumstances?



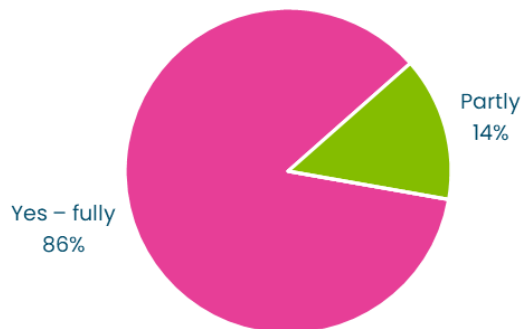
Are you confident in identifying and supporting patients who face additional barriers (e.g., disability, language, mental health)?



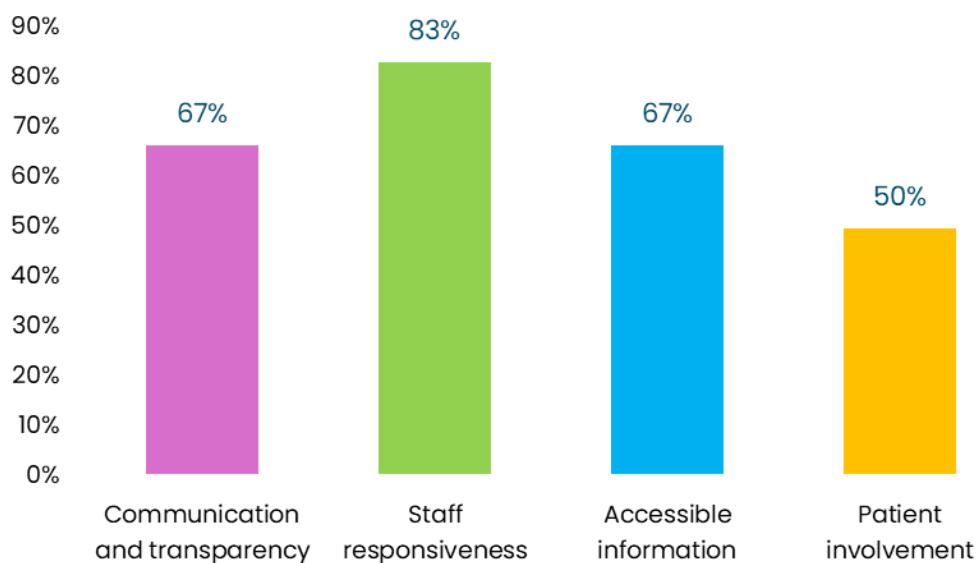
Are translation, interpretation, or advocacy services available when needed?



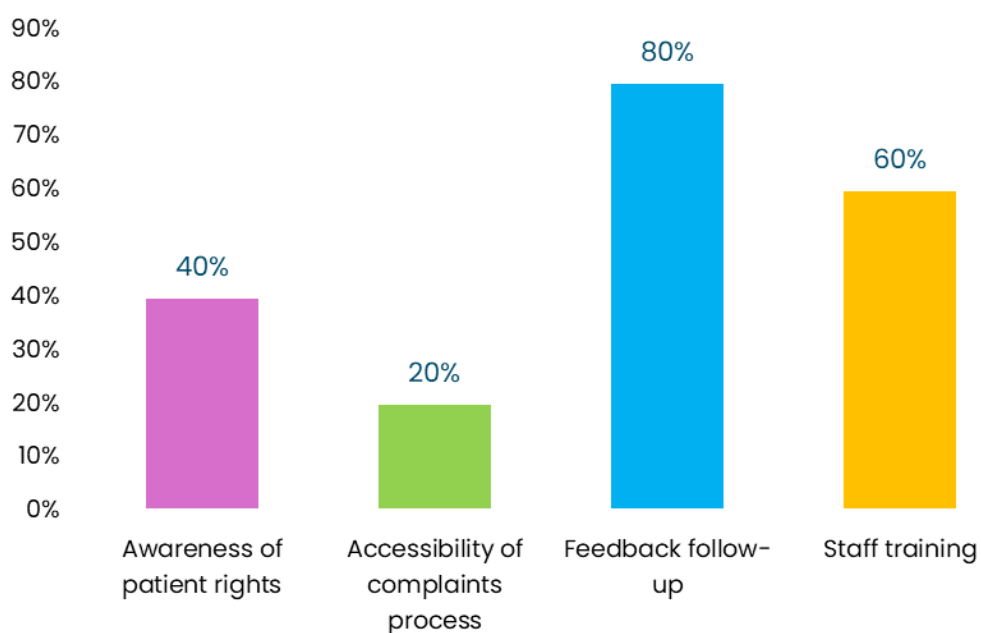
Do you know how to support a patient in requesting reasonable adjustments (e.g., communication aids, mobility access)?



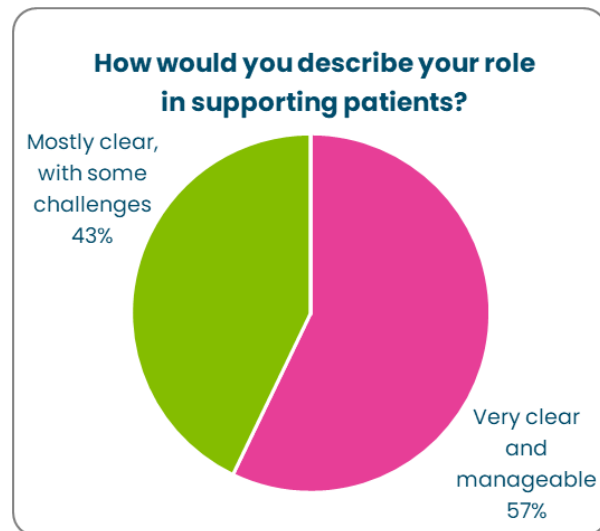
What works well in supporting patient rights and feedback at this practice?



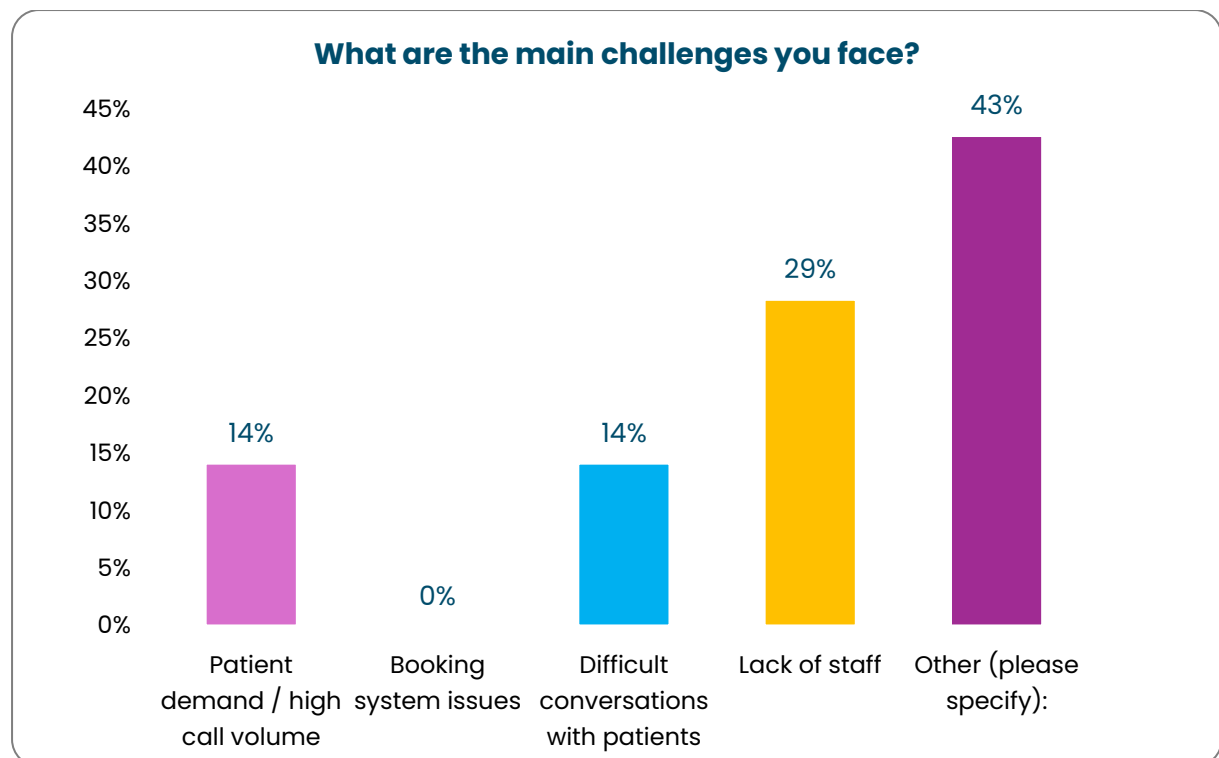
What could be improved?



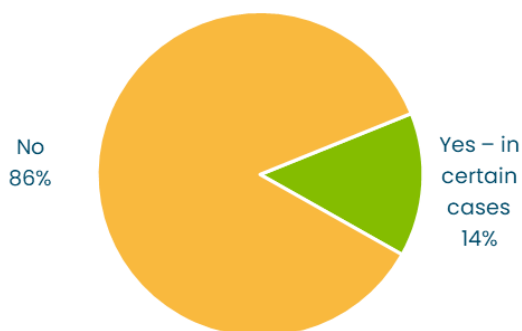
Receptionist Feedback



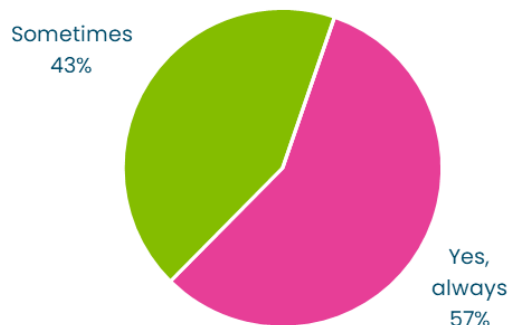
When asked about the main challenges they face, 43% of receptionists specified 'all of the above', which also includes 'booking system issues'. One respondent stated that a lack of understanding and support from management was an issue, and another said that patients struggle to accept that receptionists may be absent for various reasons.



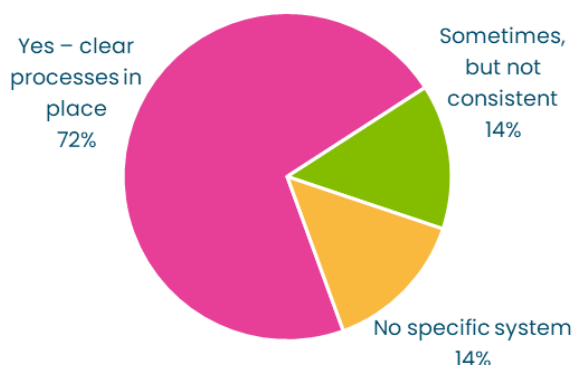
Do you offer walk-in appointments?



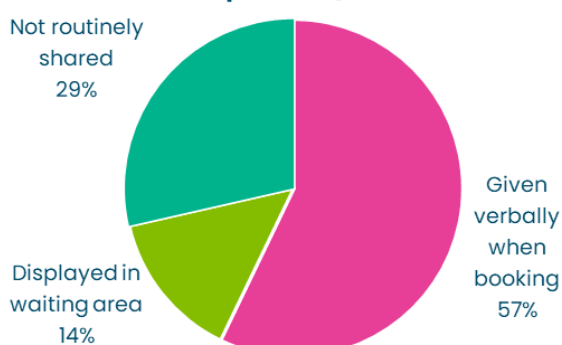
Are policies in place to ensure fair access to booking?



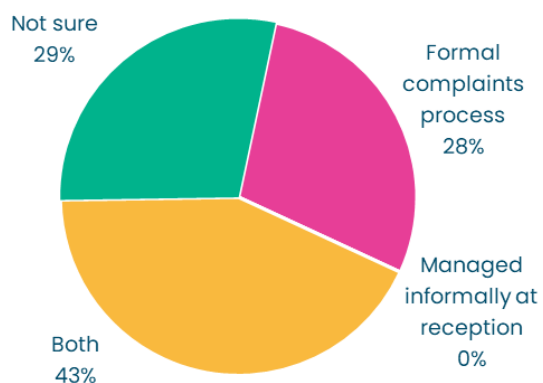
Do you have systems for patients who are digitally excluded or vulnerable?



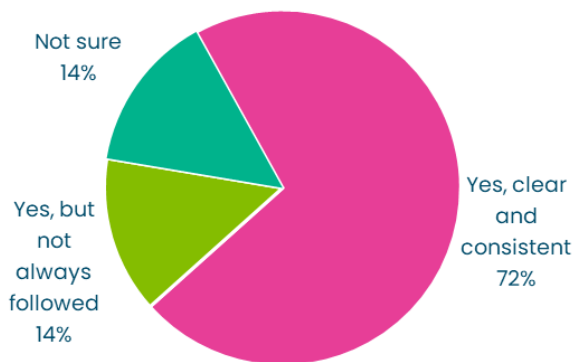
How is information about appointment waiting times shared with patients/carers?



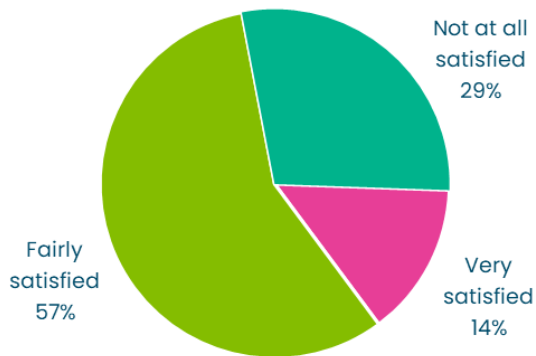
How are complaints about appointment access handled?



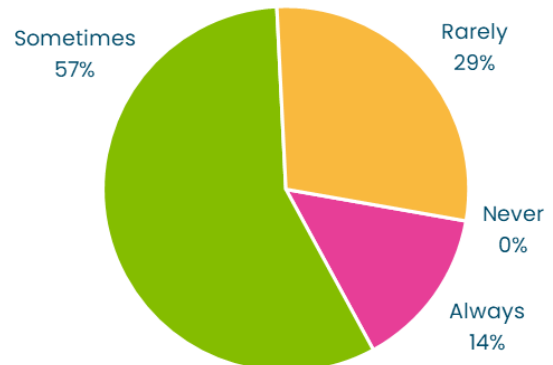
Is there a policy for prioritising urgent cases?



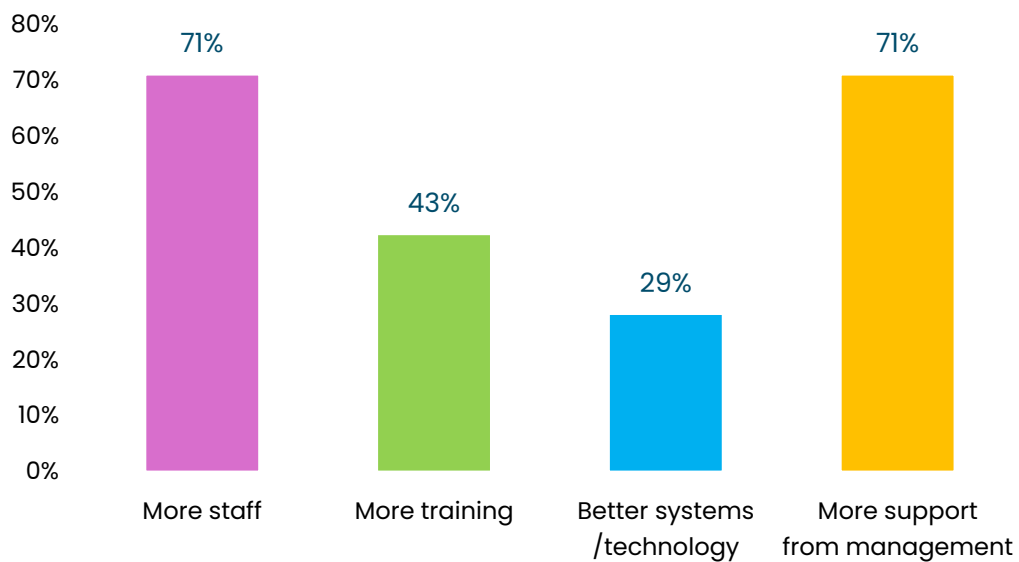
Are you satisfied with the training you have received on care navigation / triage?



Do you feel supported by management and colleagues?



What would help you in your role?



7. Delamere Practice Managers' Interview

We met with the Practice Managers and a General Practice Assistant to learn more about how Delamere Medical Practice operates day to day, including recruitment, training, accessibility, and how patients are supported through different services.

Staff Recruitment

The management team confirmed that staff recruitment has been going well, with no particular challenges at present. The practice has been able to offer more appointments and increase capacity thanks to the addition of extra First Contact Practitioners (FCPs)¹. They explained that recent funding had been directed toward this expansion, helping them meet growing patient demand more effectively.

Patient Access and Support

Delamere Medical Practice offers extended access to patients, with doctors available between 8:00am and 6:30pm each day and an on-call doctor always present. Staff are mindful of patients with additional needs, including those with disabilities, carers, or people who need interpreters. The system flags such needs on a patient's record; a warning page appears for patients with carers to confirm consent and the nature of the relationship. Those who require interpreters, including British Sign Language (BSL), also have this noted in their records so that interpretation services can be arranged in advance. Paper forms are available for people who find digital access difficult. Staff are trained to recognise and support patients with learning disabilities, ensuring a considerate and inclusive approach.

Staff Training and Development

Staff meetings are held regularly and often include short training sessions. These cover a variety of important topics such as domestic abuse awareness, suicide prevention, bereavement support, and conflict resolution. Training is delivered both in person and online via Microsoft Teams, allowing all staff to participate.

Appointments and Booking System

Patients are encouraged to book their appointments online through the practice website. However, for those who find it difficult, iPads and paper versions of the Footfall² form are available at reception. Staff also assist anyone who needs help

¹ <https://www.hee.nhs.uk/our-work/primary-care/multi-disciplinary-primary-care-roles/first-contact-practice-ahps>

² <https://www.emishealth.com/partners/patient-triage-communication-and-appointment-booking/footfall>

completing these forms. For urgent cases, after a triage assessment, patients can be offered one of the practice's reserved 48-hour appointment slots with an on-call doctor. The practice now offers full-day triage cover, whereas previously, triage hours were limited to specific time windows. All appointments and patient interactions are managed through the EMIS booking system.

Triage Process

The triage system is managed primarily by the General Practice Assistants, who process Footfall form submissions throughout the day. On the day of our visit, the team received around 100 forms. The triage process allows patients to be appropriately directed, whether to a nurse, pharmacist, or GP and in some cases, signposted to other services such as pharmacies, A&E, or eye care specialists. The triage team receives specific training on identifying urgent versus routine cases, but the final decision on clinical urgency always rests with the doctors. The First Contact Practitioners are also available on site to attend to patients for common issues like muscle pains and other minor health conditions.

Complaints, Feedback and Compliments

A Patient Liaison Officer is in place to escalate any concerns raised by patients. The practice follows a clear policy and process for handling complaints; initial contact should be acknowledged within two working days, and a written response is expected within 28 working days. Managers informed us that 99% of feedback through the Friends and Family Test (FFT) is positive.

The practice also refers to complaints as feedback, viewing them as opportunities to learn and improve the patient experience. The managers discussed plans to set up a dedicated email address for complaints to make it easier for patients to reach them directly. The practice also holds Significant Event Analysis (SEA) meetings to reflect on what can be improved, and staff communicate internally via the EMIS app and Microsoft Teams.

Services and Health Professionals Available to Patients

Delamere Medical Practice offers a wide range of services through the Additional Roles Reimbursement Scheme (ARRS)³, with a strong emphasis on First Contact Practitioners. There are currently three First Contact Practitioners available to see patients daily (except Fridays). Other on-site healthcare professionals available include Clinical Pharmacists, Pharmacy Technicians, Social Prescribers, and Midwives. The

³ <https://gmpcb.org.uk/workforce-hub/additional-roles-reimbursement-scheme>

practice also has five consultation rooms available for use by clinical teams and patients on the ground floor.

Patient Participation Group (PPG)

At the time of the visit, the practice did not have an active Patient Participation Group but expressed plans to re-launch it. Their goal is to create a diverse group that reflects the community, including people with long-term conditions, different cultural backgrounds, age groups, and areas within the borough. Once established, meetings are expected to take a hybrid format, combining both online and in-person attendance.

Digital Inclusion

When asked about digital access, the management team acknowledged that some patients find online booking and digital services challenging. To address this, the Trafford Council Digital Inclusion Team recently organised a training session for patients on how to use the NHS App, book appointments, and access online health resources. The practice hopes to repeat such sessions in the future.

They also plan to develop digital educational content for their website and social media channels, helping patients better understand available services; for example, 'Who's Who' at the practice, how to use the NHS App, and why joining the PPG is beneficial.

8. Accessibility

As part of this Enter & View visit, Healthwatch carried out both a physical accessibility audit of the premises and a website accessibility and usability audit. The audits were completed in April 2025, and detailed findings are included in the appendix of this report.

Physical Accessibility

Our visit found that *Delamere Medical Practice is generally accessible for patients with additional needs*. The building offers level access at the entrance and a working lift providing access to the main reception area on the first floor. Waiting rooms and corridors are navigable, though the close arrangement of fixed seating may restrict movement for wheelchair users during busy periods. The practice has two Blue Badge parking bays, and internal signage is mostly clear, though predominantly English-only and with limited pictorial support.

While key facilities such as an accessible toilet and lowered reception desk are available, we did not observe any visual-impairment support measures such as braille signage or tactile markers. Communication support (e.g., interpretation services, hearing loop) is available but not clearly advertised, and the hearing loop was not observed in active use.

Website Accessibility

A website audit conducted in April 2025 found that the practice stated compliance with WCAG 2.2 AA standards but demonstrated mixed real-world performance. The site used clear colour contrast and had good keyboard navigation and readable language. However, the audit identified notable gaps, including:

- No adjustable font size, high-contrast mode, or dark mode
- Missing alt text on images
- Limited ARIA labels, affecting screen-reader navigation
- No functional translation tool

The website displayed well on mobile devices, and core contact information was easy to locate, though Google Maps links directed users away from the site rather than opening in a new tab, and there was no information on public transport or parking.

At the time of writing this report (October 2025), the website could not be accessed for a follow-up review because it was under maintenance and unavailable for viewing. As a result, the findings included here reflect the April 2025 audit only.

9. Good Practice

We observed several examples of good practice that reflect the practice's commitment to providing a welcoming, accessible, and efficient environment for all patients. These features demonstrate thoughtful attention to accessibility, patient dignity, and the use of technology to improve overall patient experience.

- **Display Screen:** A digital display screen in the reception area displays the patient's name when their clinician is ready. This is particularly beneficial for patients with hearing impairments who may not hear verbal announcements clearly.
- **Digital Check-In System:** The digital check-in screen, located close to the main entrance, enables patients to register their arrival quickly and independently. This system helps reduce waiting times and improves efficiency, especially during busy clinics such as vaccination days. Reception staff remain available to support patients who need assistance with the technology.
- **Height and Weight Machine:** A self-service height and weight machine is available in the reception area, encouraging patients to proactively monitor their health. This also supports clinical staff by allowing some routine measurements to be completed before appointments when appropriate.
- **Lift Access to the Practice:** The building is equipped with a fully operational lift, providing easy access to the practice for patients with mobility needs, wheelchair users, and those with pushchairs. The lift contributes significantly to the practice's physical accessibility and ensures that services on upper floors remain inclusive to all visitors.
- **Clearly Labelled Toilets:** Toilets are clearly labelled with some signage to support patients with disabilities; however, there was no braille option available for people with a visual impairment. This promotes independence and demonstrates consideration for inclusive design principles.
- **Online and Telephone Booking Options:** The practice offers both online and phone-based systems for booking appointments, allowing flexibility for patients with different preferences and digital capabilities. The online booking system links directly with NHS platforms, enabling easy access to services such as prescription requests and appointment management, while the telephone option remains available for those who prefer or require verbal support.

10. Recommendations

Reception area

- Provide **clear signage to the patient check-in screen** on arrival at reception on the first floor.
- The seats in the patient waiting area facing the toilet should be turned around to provide some level of privacy for those using them.
- Promote and highlight **resources available for non-English speakers and people with additional needs** in the waiting room and reception area to increase awareness amongst patients who may need them.
- Declutter the noticeboards in the practice so that information is clear and easy to read for patients.
- Ensure all leaflets and posters are up to date.
- Create posters/ leaflets/ signage to be displayed in **Easy Read** guidelines so that all patients can understand them.

Patient Participation Group (PPG)

- Set up, recruit and manage a PPG that will have effective two-way communication with the practice.
- Provide information about the PPG in the waiting area with details of how patients can be involved.
- Consider convenient times for patients when arranging PPG meetings to accommodate people's schedules and maximise participation.

Digital (website, booking system)

- Offer and promote more digital inclusion support and training to patients.
- Though the practice has a complaint section on the website, Practice Managers suggested adding a dedicated complaints/compliments email address for patients.

General areas and other recommendations

- Direction indicators could be placed on floors to assist wheelchair users in knowing the directions to the reception desk and other areas of the practice when exiting the lift
- The practice could adopt a '**You Said, We Did**' Patient Experience model to utilise feedback from patients and show how it has been acted upon.
- Removing cobwebs from the stairs would help to improve the overall impression of the practice.
- Refresher training for staff could strengthen confidence and consistency in supporting patients with additional needs.

Additional Patient Survey Feedback

- Make sure staff don't use too much complex medical language without explaining what it means; ensure the patient understands everything.
- Ensure reception staff always speak clearly, consider removing the plastic barrier, and make patients aware that they don't have to talk about their private medical conditions at reception (there are concerns that conversations can be overheard by other patients).
- Make sure that reception staff are available to explain how to use the online booking system if patients try to book at reception (or by phone).
- More urgent appointment availability, and an explanation of how the practice differentiates between urgent and non-urgent.
- Could regular monitoring calls to elderly patients be introduced? This would help improve communication and follow-up care.
- Increase patient understanding of how to make a complaint.
- Avoid giving appointments to patients with staff members they have complained about.

11. Acknowledgements

We extend our thanks to the GP partners, Practice Manager, General Practice Assistants, and the wider practice team for their cooperation, openness, and professionalism throughout the process. The team's willingness to engage with our representatives, answer questions, and facilitate access across the premises enabled us to gain a comprehensive understanding of how the practice operates and supports its patients.

We are also grateful to all members of staff who took the time to share their insights and experiences during a busy working day. Their candid feedback and commitment to patient care were invaluable in helping us identify both good practices and areas where further improvement may be beneficial.

A special thank you goes to the patients and carers who spoke with us or completed our questionnaires. Their honest reflections are at the heart of this report and provide a balanced view of the practice from those who use its services most frequently.

We would like to acknowledge the efforts of our Healthwatch authorised representatives, whose dedication and professionalism ensured the visit was carried out effectively and respectfully. Their work encompassed every stage of the process from initial planning and pre-visit meetings, to conducting patient interviews, performing the accessibility audit, analysing feedback, and contributing to the drafting of this report.

Finally, we recognise the support of the Healthwatch Trafford staff team who coordinated logistics, communications, and report compilation. Their behind-the-scenes contributions ensured that the findings are accurately represented and aligned with Healthwatch's mission to amplify the voices of local people in shaping better health and care services.



Healthwatch Trafford thanks everyone involved for their collaboration and continued commitment to improving patient experience and accessibility within primary care.

12. Practice Response

We shared the draft report with Delamere Medical Practice and they responded with the following:

“Thank you for sharing the report. We appreciate detailed analysis of the services we provide and the feedback you have taken from our patients. We have gone through the report and are pleased to see the positive feedback from the patients. At the same time, we have taken note of the areas your report has highlighted and surely the practice will work towards them.

Although, there were few points in the report that we would like to clarify:

1. Appointment request system being online:

We promote utilisation of our online appointment request portal (Footfall), yet if a patient can not use online form due to any reason, our staff fill the form for them over the phone or in person. We also have an iPad in surgery and staff talk patients through to fill the form. We request patients to use online tools as much as they can so the phone lines are available for those patients who can not access online forms at all.

2. Reception Barrier:

Installed as per advice from the CCG representatives (now ICB) for safety of the staff.

3. Limited urgent slots:

We have an on-call GP every day (Mon to Fri) for on the day and urgent appointments only. Other GPs have number of “on-the-day” appointments. We also provide appointments within 48hrs and within one week as well as routine appointments. As of now, our waiting time for routine appointment is 2 weeks. Waiting times can be longer if a patient requests for a particular doctor.

4. Pharmacy Integration

We work closely with the pharmacy downstairs, but sometimes if there is a delay, its beyond the practice’s control and pharmacies are separate entities. We are gearing up for patient led ordering (PLO) model this year as per NHS initiative.

5. Complaints

We have a patient liaison officer who deals with the complaints and provide response as per NHS guidelines. The complaint is escalated depending on the nature and seriousness. The website has Feedback & Complaint section where patients can simply fill out an online form or can call the practice. This information is also available through leaflets at reception desk.

One thing I would like to highlight here is that in 2025 the practice had **3,577 DNAs (appointment booked but not attended by patients)**. If you could highlight this in your report when you publish so it will create an awareness that how NHS resources are going to waste and if our patients cancel the appointment in time, it will help other patients to be seen earlier than usual.

For other areas you have highlighted in your report, the management and partners have discussed and will address them accordingly.

Yasir Ali

Practice Manager”