

GP Enter and View Report

Boundary House Medical Centre

462 Northenden Road

Sale, Cheshire, M33 2RH



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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 Boundary House Medical Centre on 16th March 2026. 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.

The aim of this Enter and View visit was to:

- Understand how patients experience care and access services at Boundary House Medical Centre.
- 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.

Executive Summary

On Monday 16th March 2026, Healthwatch Trafford conducted an announced visit to Boundary House Medical Centre, Sale. The visit took place between 10:00 am and 2:00 pm, and our authorised representatives engaged with patients and staff directly during the visit. We received **1654** responses to our patient questionnaire and **67** responses to our carer questionnaire, and we also surveyed staff, receiving **11** responses to the practitioner questionnaire and **12** responses to the receptionist questionnaire.

The survey responses showed that a large proportion of patients were satisfied with the practice. 93% of surveyed patients said the practice was fully accessible for their needs, and the vast majority had not faced any barriers due to disability, language, or personal circumstances. The practice did particularly well to ensure appointments could be booked quickly; 81% said they agreed that they could book an appointment when needed.

However, the feedback shows that there is room for improvement. Accessibility, although sufficient for most patients, could be improved: some patients with additional mobility needs, such as wheelchair users, found it difficult to navigate the reception and waiting area as the front door is difficult for them to open and there is limited space in the waiting area.

Some patients found the online booking system unfamiliar and difficult to use and may need more help with transitioning to the online booking system. Patients also raised the issue of the short and limited opportunity to book appointments online in the morning.

The key theme from our carers survey was that while they were happy with the care received from the practice, on some occasions staff were not always aware of their role as carers. The practitioner survey revealed staff seemed confident that they knew how to support patients in terms of their rights, making complaints, and supporting patients with additional requirements. Likewise, the receptionist survey showed that they felt happy with their role supporting patients and agreed that there are clear and consistent processes to support vulnerable people. However, they did say that there was pressure on staff due to high patient demand.

Some key recommendations are listed below:

- Improve the accessibility of the building by installing doors which are easier to open (e.g., automatic doors) and making signage clearer.
- Offer digital inclusion training to support patients and increase their confidence, particularly those who struggle with the new online booking system.
- Adopt a 'You Said, We Did' patient experience model to ensure patient feedback is utilised.
- Ensure that patients are always told about their test results, even if the results do not require any further action. Detailed patient feedback around this issue is given in the 'Communication' section of this report.
- Install a hearing loop, fix the self-check-in machine, and ensure the screen to call patients from the waiting area is working.
- Explore options to ensure that wheelchairs can more easily move around the practice, such as a designated wheelchair space in the waiting area and a lowered reception desk.

Methodology

Healthwatch Trafford conducted the visit in line with national guidance and our 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 Boundary House Medical Centre was carried out by our Authorised Representatives: trained volunteers and staff who have been DBS checked and are approved to visit health and care settings on behalf of Healthwatch.

Representatives participated in the entire process, from planning and preparation to on-site engagement and report writing.

Authorised Representatives conducting the visit: Akintola Bankole, Susan George, Catherine Barber, Laurence Walsh, Cameron Lee, and Heather Fairfield.

Authorised Representatives involved in planning and reporting: Janet Brennan, Catherine Barber, Susan George, and Laurence Walsh.

Healthwatch staff involved: Akintola Bankole, Cameron Lee, and Andrew Latham.

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 Practice Manager and other staff 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.

About Boundary House Medical Centre

Boundary House Medical Centre is located in Sale Moor, close to the boundary between Trafford and Wythenshawe. It sits within the Sale Central Primary Care Network (PCN) and serves a patient population of approximately 11,500 people. 63% of these patients are residents of the M33 postcode (Sale), and 37% are residents of the M23 postcode (Wythenshawe). Its last Care Quality Commission inspection was in 2018, where the practice was rated 'Good' overall. The most recent review of this rating was in 2023.

The practice has its own car park with 10-15 spaces, including accessible disabled bays, and it is close to key public transport stops. Northern Moor tram stop is just over 100 metres down the road, and the Northern Moor and Norris Road bus stops are a similar distance. There is also space to lock a bicycle near the entrance.



General Impressions

Overall, Boundary House left a positive first impression as a tidy, warm, and welcoming environment. The reception area was clean and quiet, and the space was comfortable with plenty of seating. A private area was available for patients wishing to speak privately to reception staff. There was also a wheelchair

available for use in the reception area. Staff were friendly and courteous, and the patients generally seemed happy.

On arrival at the practice, it was slightly difficult to identify the entrance as there was no clear signage directing patients to the correct entry point, which is to the side of the building. This may present challenges for first-time visitors. At the entrance itself, the doors are manual and present some difficulties: for example, help is needed for those with mobility issues to enter and exit the building. Accessibility could also be improved by clearly marking which of the double doors to use at the main entrance (left or right), as it appeared that one of the two doors was locked in the closed position at the time of our visit.

There was a good deal of information on the noticeboard, although it did appear slightly overcrowded to our representatives. This made it difficult to easily identify key or important messages, and a more streamlined approach to information display might improve visibility and patient understanding. The rest of the walls were rather bare and could be brightened with some decoration or a new layer of paint to improve the patients' mood and reduce anxiety before appointments.¹

Other impressions:

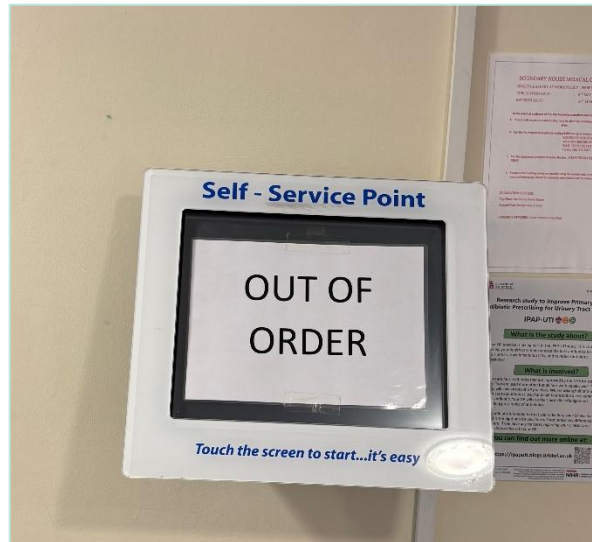
- There were leaflets displayed on windowsills, but these would be better displayed in a wall-mounted rack to improve visibility.
- The toilets were modern and clean, but our representatives did not see any signage for a disabled toilet.
- Hand sanitisers on the reception desk and the wall were either clogged or empty, so there was no hand sanitiser available. National policy recommends that hand sanitiser should be available.²
- The digital patient check in screen was out of order, and the digital screen to alert patients that they are ready to be seen was also not working.
- There was no hearing loop, but the receptionist seemed knowledgeable and knew which patients required extra assistance. A telephone interpretation service called 'thebigword' is used for translation purposes.³
- All consultation rooms are on the ground floor, with doors clearly marked with the consulting room number, and seats dispersed outside.

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC2441527/>

² <https://www.england.nhs.uk/patient-safety/standard-infection-control-precautions-national-hand-hygiene-and-personal-protective-equipment-policy/>

³ <https://en-gb.thebigword.com/translation/>

- The fire alarm was tested and working on the day of our visit.
- There is a food bank collection point near the reception area.



Patient Survey Feedback

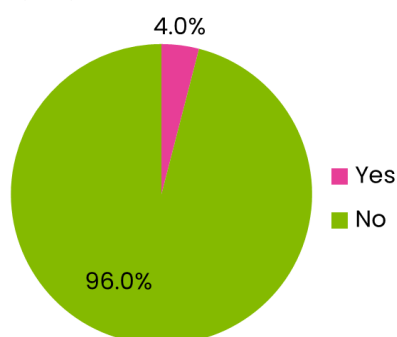
Four types of survey were conducted as part of the visit. There was one questionnaire each for patients, carers, practitioners, and receptionists. These online surveys were open from the 9th of March to the 8th of April. Most responses were recorded online, but some paper copies were also received. There were 1654 responses to the patient survey, 67 to the carer survey, 11 to the practitioner survey, and 12 to the receptionist survey. The common themes of these responses are explored below. Please note: some questions allowed more than one answer to be chosen, so the responses do not always add to 100%.

Across the survey, feedback was generally positive, indicating generally good levels of satisfaction. However, a consistent pattern across the data is the presence of a smaller group of patients (typically 10–20%) who experience difficulties. These issues were not isolated to a single area, but appeared across the topics of access, communication, and system navigation. This suggests that while the practice is working well for the majority of patients, there are systemic barriers affecting a minority, particularly those who may be less able to engage with digital systems or who require more flexible access.

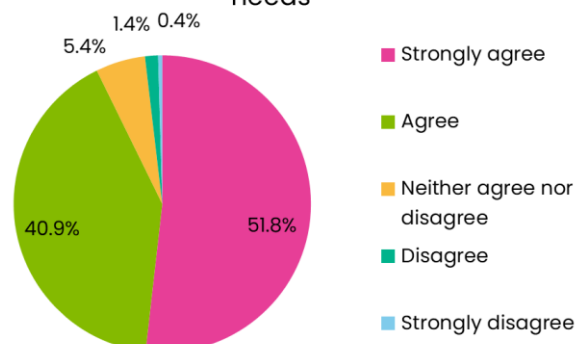
Accessibility

93% of respondents either agreed or strongly agreed that the practice is accessible for their needs. Only 1.8% disagreed or strongly disagreed with this statement.

Have you faced barriers due to disability, language, or personal circumstances?



The practice is accessible for my needs



Furthermore, only 4% of respondents reported having faced barriers due to disability, language, or personal circumstances. Respondents reported that they 'always feel comfortable with all the staff,' and they go 'above and beyond.' One respondent, who is hearing impaired and cannot use phone appointments, was always accommodated by being given face-to-face appointments.

However, patient responses show that there are opportunities to improve accessibility at the practice. Some of these issues revolve around appointment booking. As previously mentioned, although the askmyGP service has many benefits, some patients do struggle, such as those with additional needs or low digital confidence. For that reason, some patients find it easier to call reception to book an appointment. One respondent, for example, was dyslexic, and therefore stated that they were unable to use the online appointment form and had to get somebody else to help them.

One of the most important aspects of accessibility is the physical space in which patients find themselves. A common issue reported by those with wheelchairs or prams was the entrance to the building being a tight squeeze. Two respondents who use wheelchairs said that they also find the doors to the consulting rooms quite narrow. A further two respondents described the waiting area as 'cramped and uncomfortable,' and 'has been made so much smaller' than it previously was. One also stated that the 'layout doesn't have enough natural light.' As a counterpoint to this, another patient said that they 'have mobility issues but find the premises completely accessible.' Several respondents who had had hip surgery said that they found it difficult to attend the practice in person but were not given the option to have a home visit. Conversely, there are also examples of patients' accessibility needs being catered for: one respondent said that the 'doctor even came to me in the car park when it was flu vaccine clinic as I was having difficulty walking.'

Neurodivergent patients have additional accessibility requirements: a patient said that they 'struggle with waiting areas' because of their ADHD and autism, and Boundary House's waiting room is often 'rammed with kids running around it.' This particular patient said that they had to wait 20 minutes with children 'running rings around' them and going into their bag. They were upset that the staff did not step in to tell the parents of the child to control their child's behaviour. Some patients responded that they had anxiety or PTSD, and these conditions made it harder for them to attend appointments. However, another patient stated that

'my neurodivergent needs have always been considered and accommodated to help me.'

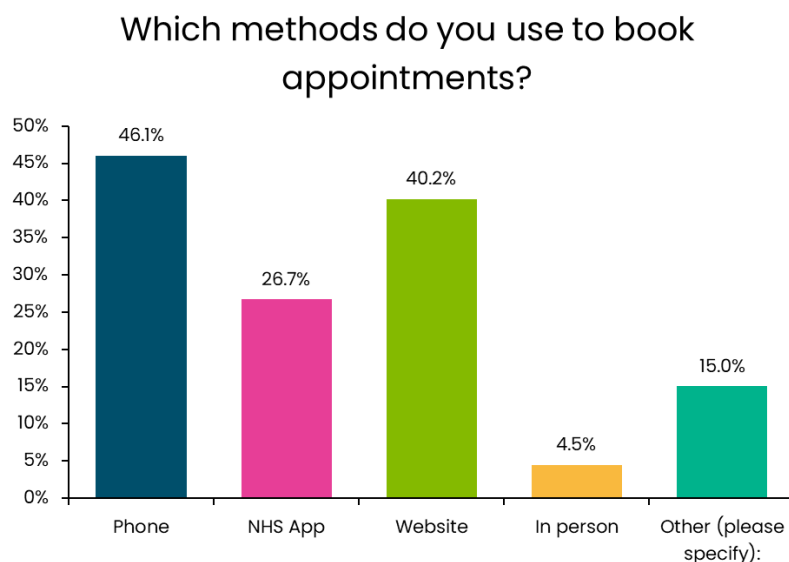
Patients with hearing difficulties commented that the radio being left on in the waiting area meant that they had to remove their hearing aids. Similarly, another patient who had hearing loss said that they struggled to hear their name over the music and also claimed that staff sometimes shout names 'from around corners' instead of them coming into the waiting area to find the patient.

Another issue raised was that of interpretation services; patients do not always speak English as a first language, and one respondent said that they were not always provided with an interpreter.

Although there are several areas for improvement, as shown above, it is important to note that 93% of patients agreed that the practice is accessible, and 96% have never faced barriers at the practice due to disability, language, or personal circumstances.

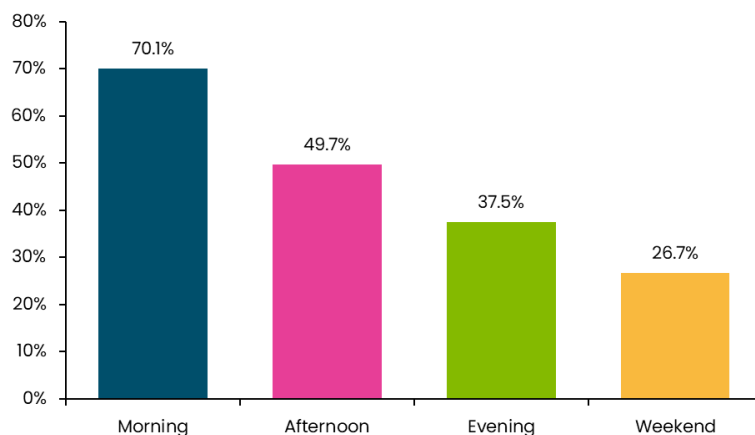
Booking Appointments

46% of patients said that they use the phone to book appointments, and 67% said they used the NHS App or website. 15% of people selected 'other', most of which specified that they use askmyGP.



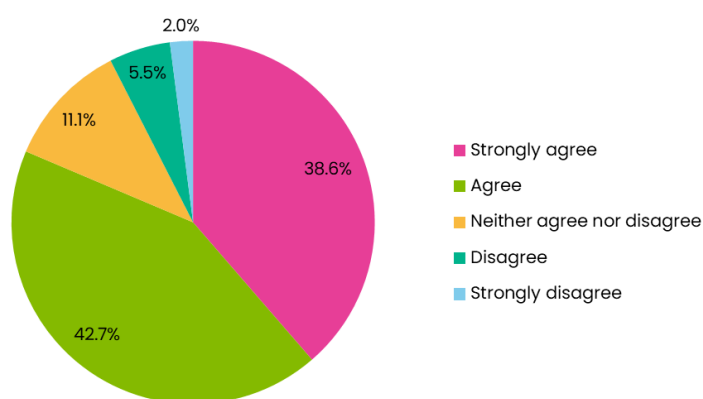
Over two thirds of patients prefer morning appointments, followed by afternoon appointments at just under half. Just over a third of patients said that evenings would be convenient, and just over a quarter said that weekend appointments would be convenient for them. Comments from people working full time suggest that they would prefer evening or early morning appointments.

Which appointment times are convenient for you?



Many comments also suggested that they would like weekend appointments, but Healthwatch Trafford appreciates the difficulties involved in achieving this.

I am able to book an appointment when I need one



81% of patients agreed or strongly agreed that they could book an appointment when needed, with only 7.5% disagreeing. Patients described their booking experience very positively, stating that ‘the speed in which Boundary House get back to you, after requesting appointments through askmyGP, is really impressive.’ Most comments suggested that appointments were usually offered within a couple of days, or even on the same day. One respondent mentioned that they were always ‘able to book a same day appointment if urgent.’ The booking system was described as ‘easy and uncomplicated,’ and one respondent said that ‘askmyGP has made accessing an appointment or information much easier.’ Another respondent enjoyed the flexibility and speed of the booking system, explaining that they use askmyGP and ‘always get a call from a doctor within a couple of hours or less,’ adding that they always get a face-to-face appointment when they ask. One respondent also noted how the practice made a particular effort to accommodate bookings for children, even if they were already fully booked.

“I can usually book an appointment the same day I request one”

While most patients responded positively, some did struggle to book appointments. They told us that they had to submit multiple requests before securing an appointment, or that they had to try booking again at specific times of the day. Many patients said that the appointment booking system was often unavailable after 9:00, as the appointments had already run out. This was a particular problem on Mondays. There were several examples of patients calling the practice as soon as they opened only to be told that the practice was fully booked and should call back the next day. One respondent noted that, although they thought it ‘unlikely’ that they would be able to book an appointment on the system after 8:30, they were still ‘very happy with the appointment system compared to other practices’.

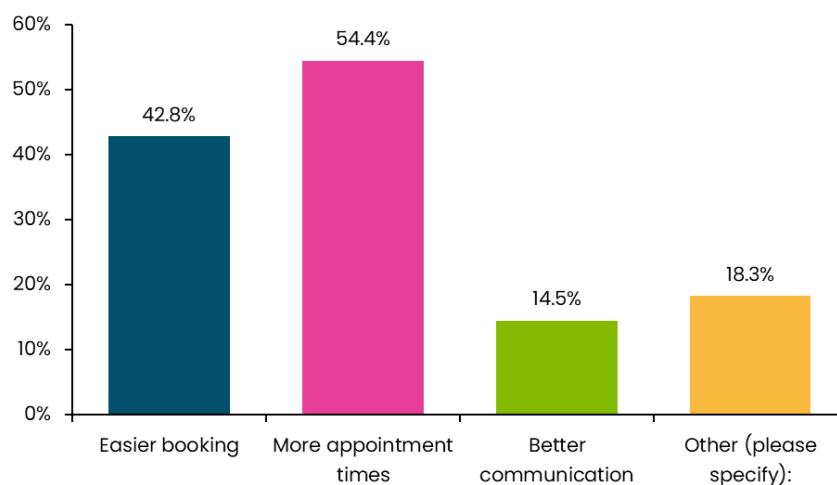
Patients got the impression that the practice preferred to offer telephone appointments unless a face-to-face appointment was deemed necessary. Many patients accepted this system, but a minority were unhappy with one respondent calling it ‘far from ideal.’

Another issue raised was that of booking appointments weeks in advance. Some patients expressed a desire to be able to book appointments several weeks into

the future, rather than in the next few days. This is particularly relevant for non-urgent or routine appointments. Patients found this difficult due to the practice's desire to see patients as quickly as possible.

Some patients found it difficult to use the app to book appointments; one said that they couldn't find the section to book appointments, and another said they were sight impaired and struggled with 'masses of small print and seemingly ever-changing pages.' Some patients could not access the online booking system at all, and others expressed a preference for 'speaking to a person.' Many patients required assistance from others in using the system; some had family members do it for them. One wrote that 'my mother is incapable of booking appointments,' another said that 'my wife does it for me online,' and another claimed that they were 'too old to make an appointment myself,' so their son does it for them.

What changes would make it easier for you to use this practice?



When asked what changes would make it easier for them to use the practice, most respondents suggested more appointment times or easier booking. 18.3% of respondents selected 'Other,' with most of these writing that they could not think of any changes as they were happy with the practice. Better communication was requested by 14.5% of respondents.

Communication

Most patients were happy with the communication between the practice and themselves. One patient said that the practice displayed a 'really impressive response time,' and another said, 'they have always responded quickly to my requests.' Another said that communication was 'very good' and clear, and that the practice is 'efficient when requesting documents.' Furthermore, 'the reception staff are helpful and polite,' and one patient felt 'grateful for the care and attention' they receive. Numerous patients reported that the practice took steps to call patients in for health checks.

However, there are areas where some patients suggested communication could be improved. One respondent said that although 'communication is mostly very good,' there are 'odd occasions' when it has not been.

**“Communication
within the practice is
always very good”**

According to one patient, they had been put on a cancer pathway after an appointment but were not informed of this by the doctor. Another patient said that they were promised an appointment would be booked for them, but it has not been booked, and the patient feels 'unwilling to make a nuisance by pointing this out.' Some patients also requested that staff go to greater effort to 'explain things more, and keep on top of correspondence.' One patient said that both theirs and their partner's medication reviews were missed, and they had to flag the issue themselves. Another patient suggested that reminders for children's immunisation appointments should be sent, as parents may not be aware of them.

Most communication issues were regarding the follow-up of medical tests or prescriptions. One respondent did not receive a response after tests with a nurse and 'had to chase it' themselves. Following this, they suggested that they 'got back only vague non-committal answers...leaving me not really knowing what to do next.' Several patients described experiences of having to be proactive in chasing up test results themselves but would prefer it if the practice informed patients as soon as possible of their test results, even if the results required no further action. One particular example involved a patient who was not informed of their scan results and made the decision to make an appointment themselves to enquire about the results. They were then referred to a physiotherapist, who 'under instruction from someone else' told them to go to A&E, which they 'found

very scary.' It was suggested that feedback on test results should be 'automated rather than a "no news is good news" approach,' and follow-up and annual appointment scheduling could be improved.

Another patient stated that they had to chase up a prescription as it was apparently 'incorrectly written,' which caused them to miss medication for a period of time. One patient suggested that 'repeat prescriptions could be issued without patients chasing these up.' One respondent also requested that patients should be notified if referrals to different services are rejected – one patient said that they experienced some 'missed communications between the hospital and surgery.' On the other hand, one patient stated that 'follow up care is always very efficiently managed.'

Patients had issues with the NHS app and booking system, and while that may be somewhat out of the practice's hands, one patient worried that not all contacts with the practice, and therefore not all medical conditions, were recorded on their NHS app. Another patient said that they struggled to find a link to book their appointment. They had requested one on askmyGP, and checked their emails but could not find the appointment link – it was on the NHS app. One patient also suggested it that if the particular staff member that a patient requests to talk to on askmyGP is not available, then someone from reception should reply and say that member of staff is not in. This applies especially 'if it's someone from MSK team or nurse as they aren't added on the scroll down list when you want to speak to a certain doctor.' Despite these small areas for improvement, many patients were very impressed by the quick response from using askmyGP.

Services

Some patients mentioned that particular services were missing or no longer offered. One of these, mentioned several times, was stitch removal. One patient had surgery and was told by the hospital that the GP practice would remove the stitches, but when they tried to make a GP appointment to do this, they were told to go back to the hospital.

Several other patients mentioned that services related to women's health, particularly menopause, were lacking. One said that 'menopause care is poor' and another said that they felt they 'could have been better monitored or supported during menopause,' as they 'had little or no support with menopause

symptoms and issues.’ Another patient said that they used to be contacted by a ‘Well Woman’ programme but have not had any communication regarding that for a long time.

Another patient mentioned that it would be useful if they provided services related to ear problems.

Continuity of Care

Some patients mentioned a perceived lack of continuity of care as a result of being booked in with a different doctor for each visit, meaning they have to explain their medical issues several times, rather than just seeing someone who already knows their history. Some patients would therefore prefer to see the same doctor each time, whenever possible. This is particularly important for patients with additional requirements, such as autism, as familiarity is important in order to feel comfortable.

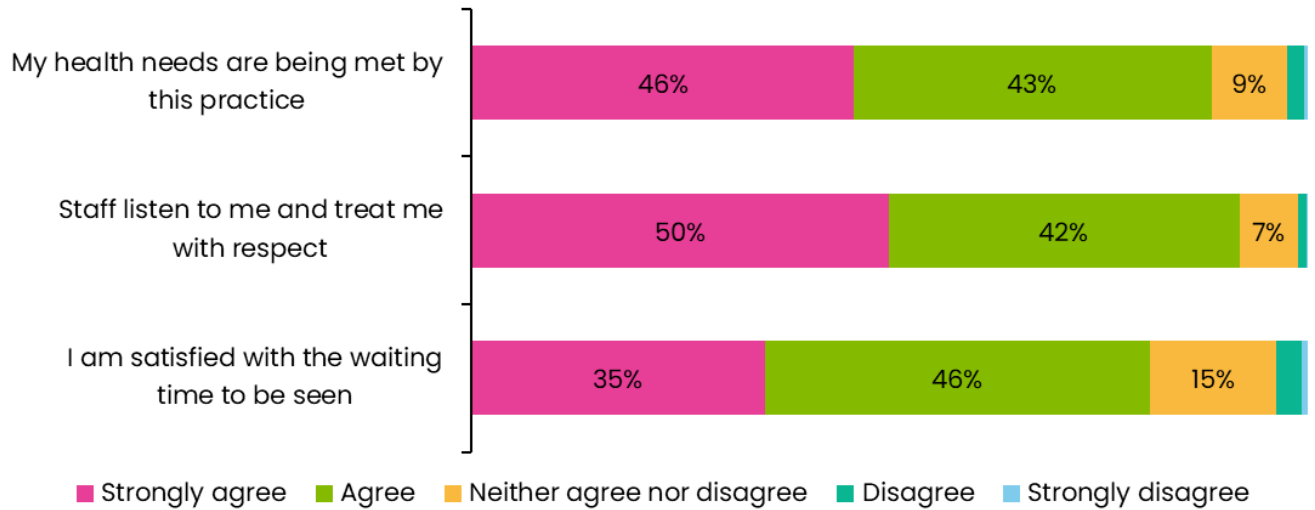
Concerns must of course be balanced around the obvious advantages of the current system, which allows more flexibility and therefore reduces the time taken for a patient to be seen by a doctor.

Quality of Care

Our survey focused on access and barriers to care, but patients did mention experiences relating to the quality of care as well, which were largely positive. One patient stated that the GP saved their life by carrying out further tests.

One respondent did suggest that their appointment with the physiotherapist should have been longer and included an examination, rather than just information about exercises for the patient. Others said that they wished they could raise more than one issue per appointment, or have longer than ten minutes.

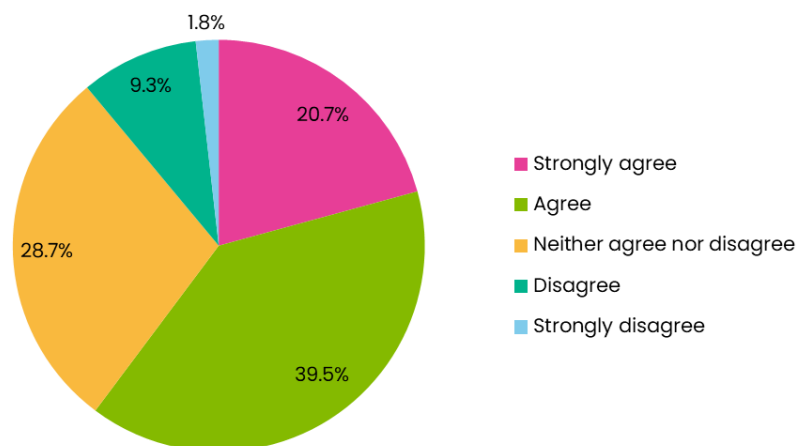
“My GP saved my life by carrying out further tests. All staff I have found to be friendly and helpful”



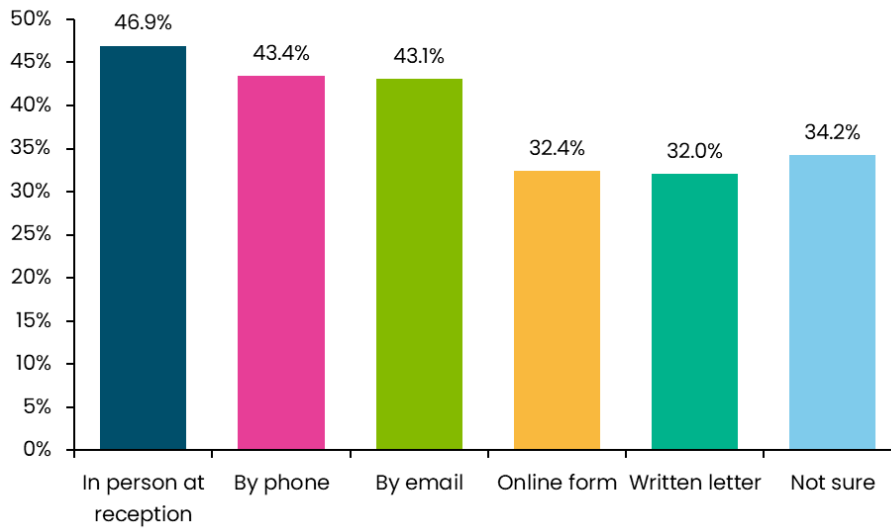
Feedback and Complaints

60% of respondents agreed that they knew how to make a complaint or raise a concern to the practice. Only 11% of said that they disagreed or strongly disagreed. Many respondents said that they had never had to complain but would find out how if they needed to.

I know how to make a complaint or raise a concern

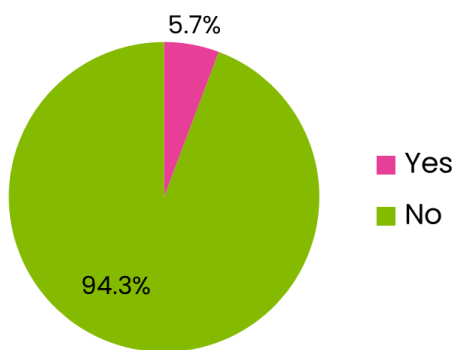


Which of the following ways can you make a complaint?

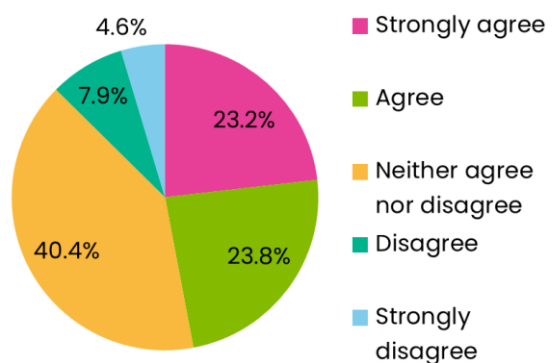


Although most respondents believed they knew how to make a complaint, it is also evident that they do not know if there is a preferred complaint method, and 34% were unsure of which methods they could use; the most popular suggestions were at reception, by phone or by email.

Have you ever made a complaint or raised a concern?



I was satisfied with how my complaint or concern was handled



Only 5.7% of respondents said they had ever made a complaint or raised a concern. A small number of patients did have concerns but did not raise them because they believed complaining would not make a difference. One patient was even concerned that they would not be taken seriously.

47% of respondents who made a complaint or raised a concern were satisfied with how it was handled. One patient said: 'Good outcome. Problem resolved.' Another said that after they had complained, the issue was quickly fixed and they 'can't fault' the practice for how it was handled.

12.5% of respondents were dissatisfied with how their complaint or concern was handled, and over 40% said that they neither agreed nor disagreed that their complaint or concern was handled satisfactorily. Several patients said that they did not receive any reply to their complaint, and another said that the process took too long. One patient said that when they did get a reply, they were overloaded by the amount of information it contained and were dissatisfied that the practice found no fault with their service.

In one example, a patient said that they did not receive their blood test results and later found out that the test had never been done. The practice replied that it was a 'technical error,' and when the patient asked whose fault it was, a staff member allegedly asked, 'does it matter?' in a dismissive manner.

Overall, most respondents are happy with the practice and have never had a reason to complain. Of the minority who did complain, a large proportion were satisfied with how it was handled.

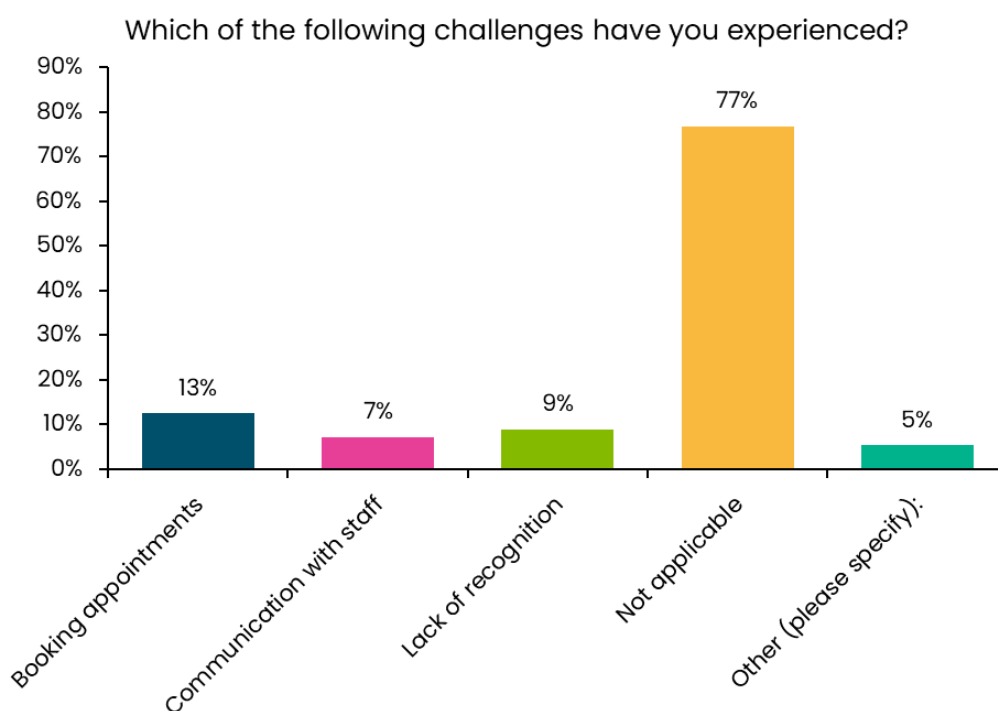
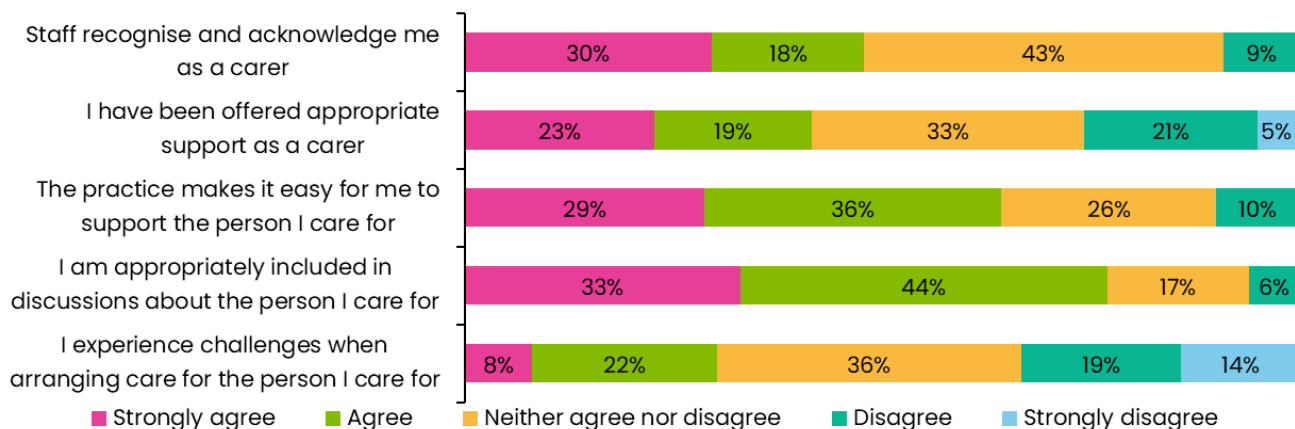
Carer Feedback

We received 67 responses to the carers survey, with a breakdown of responses shown in the charts below. Some carers were happy with the support offered to them by the practice, stating that they feel 'secure' and that the practice was 'always helpful.' When asked about being included in discussions, respondents said that the medical staff are always courteous to speak to both patient and carer.

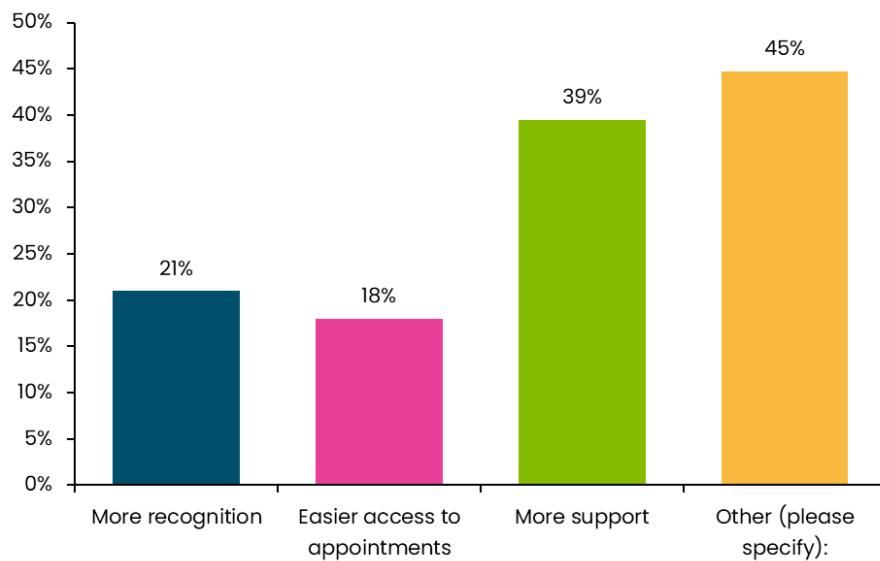
However, some carers did say that there was a lack of consistency; one said that not all staff acknowledge them as a carer, and they therefore have to explain their role multiple times, as well as the condition of the person they care for, when communicating with the practice. This carer also said that they have not received any correspondence from the practice on what support is available for them.

Another carer said that the person they care for suffers from a condition which makes it difficult for them to access their own NHS app, and this has resulted in

missed appointments and issues with medication, as correspondence from the practice is sent to their app (but not to their carer).



What would help you more as a carer?



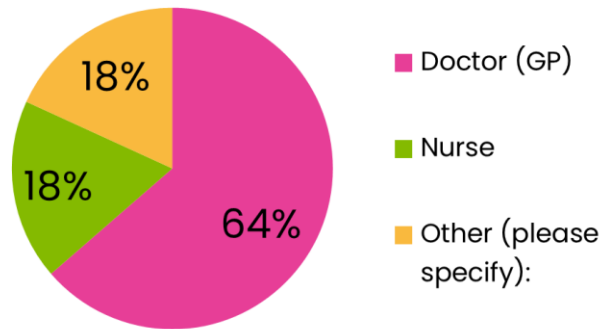
When asked what would help them more as a carer, 39% of carers requested more support, and 21% requested more recognition. Carers suggested that signposting towards carer support groups in the area would be useful, as well as more general information, such as on carer assessments or counselling referrals. One carer suggested that they would have benefitted from more mental health support, and another said that they would have liked to have seen more information about what sort of extra support the person they care for was entitled to.

Most comments from carers were very positive about Boundary House. One said, 'I was very happy with the level of care provided' and another described the staff as 'helpful, empathetic, caring and extremely professional.' One carer praised a system which allows for letters to be sent to certain patients with large pictures, as this is easier for patients with certain additional needs to understand.

Practitioner Feedback

We received responses from doctors and nurses, as well as a Medical Secretary and a Healthcare Assistant. Staff commented that the team has a strong work ethos, and patients are offered a feedback form after every contact. Most staff seemed confident that they knew how to support patients in terms of their rights, explaining how they can complain, and supporting patients with additional requirements.

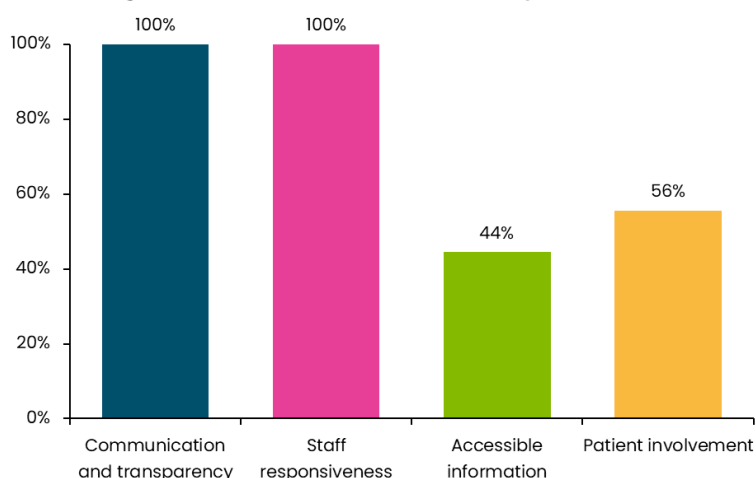
Staff Roles



One staff member did say that they ‘sometimes have issues with sourcing some interpreters, but we always try hard to get face to face interpreters where possible and this is explained and offered to patients.’ The only instance where a negative response was given to one of the survey questions by a staff member was in relation to the issue of knowing how to support patients in requesting reasonable adjustments (e.g., communication aids, mobility access). This staff member said that they disagreed, suggesting that some refresher training may be useful on this topic.



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

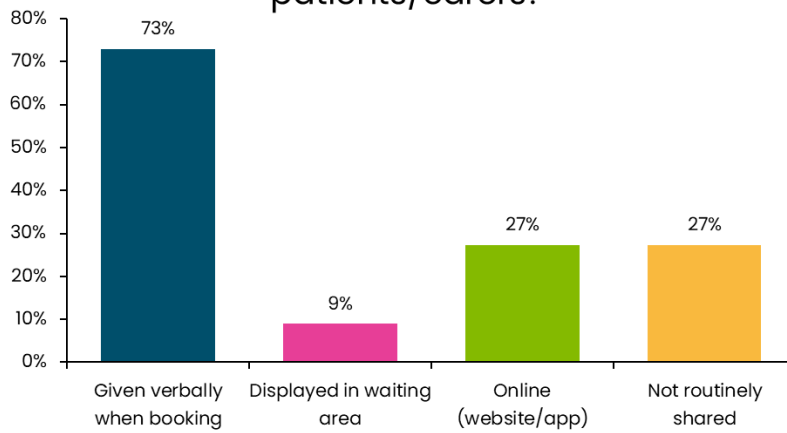


Receptionist Feedback

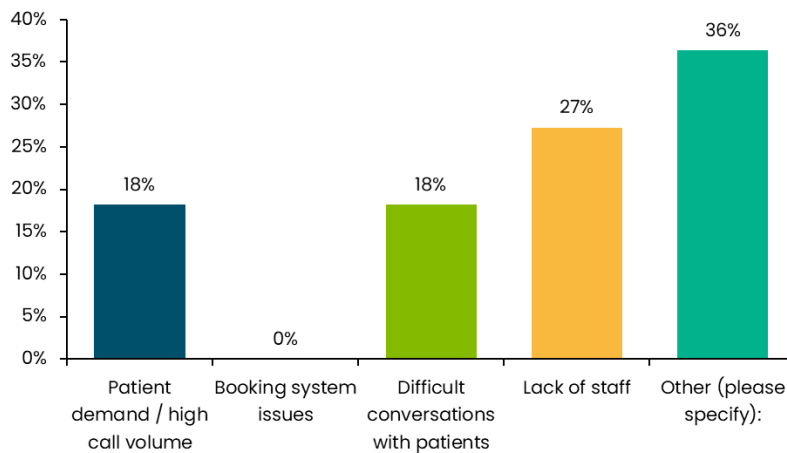
When asked which how patients can book appointments, receptionists replied that the online booking system was the primary method, but if patients struggled to use this (e.g., no internet access, difficulty using the internet) then they could phone reception or speak to them in person. Reception staff were asked if they offer walk-in appointments: a third said no, but two-thirds said that they do in certain cases. It would be useful if the official policy were confirmed with reception staff so that all are on the same page, and if patients could have the same information. One issue raised with the booking system was that askmyGP opens at 7am, but telephone appointments only open at 8am. Therefore, patients booking through askmyGP have an advantage over those who are only able to book via telephone.

When asked about the main challenges they face, receptionists said that a high patient demand put pressure on staff, and long difficult conversations with patients were also a source of pressure. They said that a shortage of staff sometimes means that they are not able to complete things in a 'timely fashion.' However, receptionists overall seemed happy with the practice, saying that it is 'set up extremely well and very patient focused.' Additionally, they are 'always happy to learn and adapt new processes.'

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

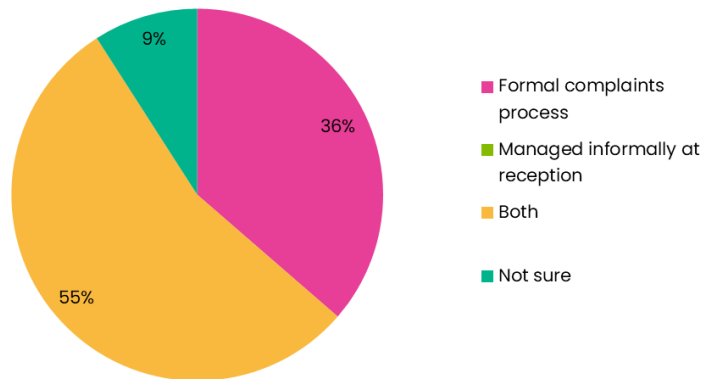


What are the main challenges you face?



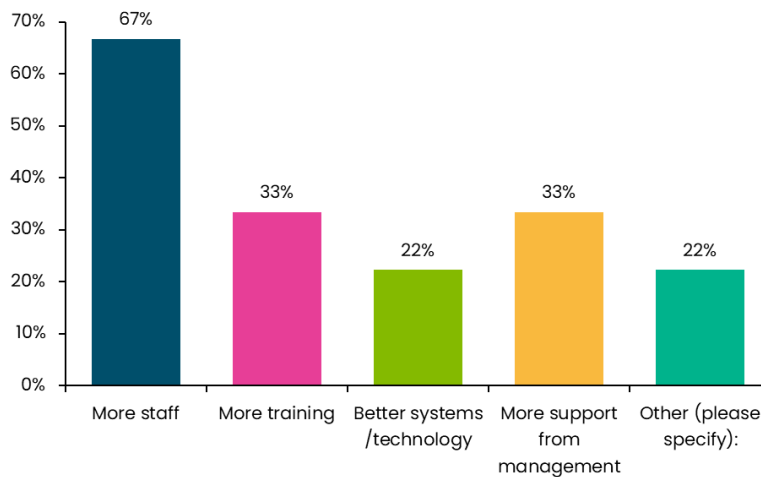
When asked about how information about appointment waiting times is shared with patients, the most popular response was that it was given verbally when booking. However, other options (displayed in waiting area, online, and not routinely shared) were also selected. This may show another opportunity to clarify the official position of the practice, and to ensure that waiting time information is always shared routinely.

How are complaints about appointment access handled?



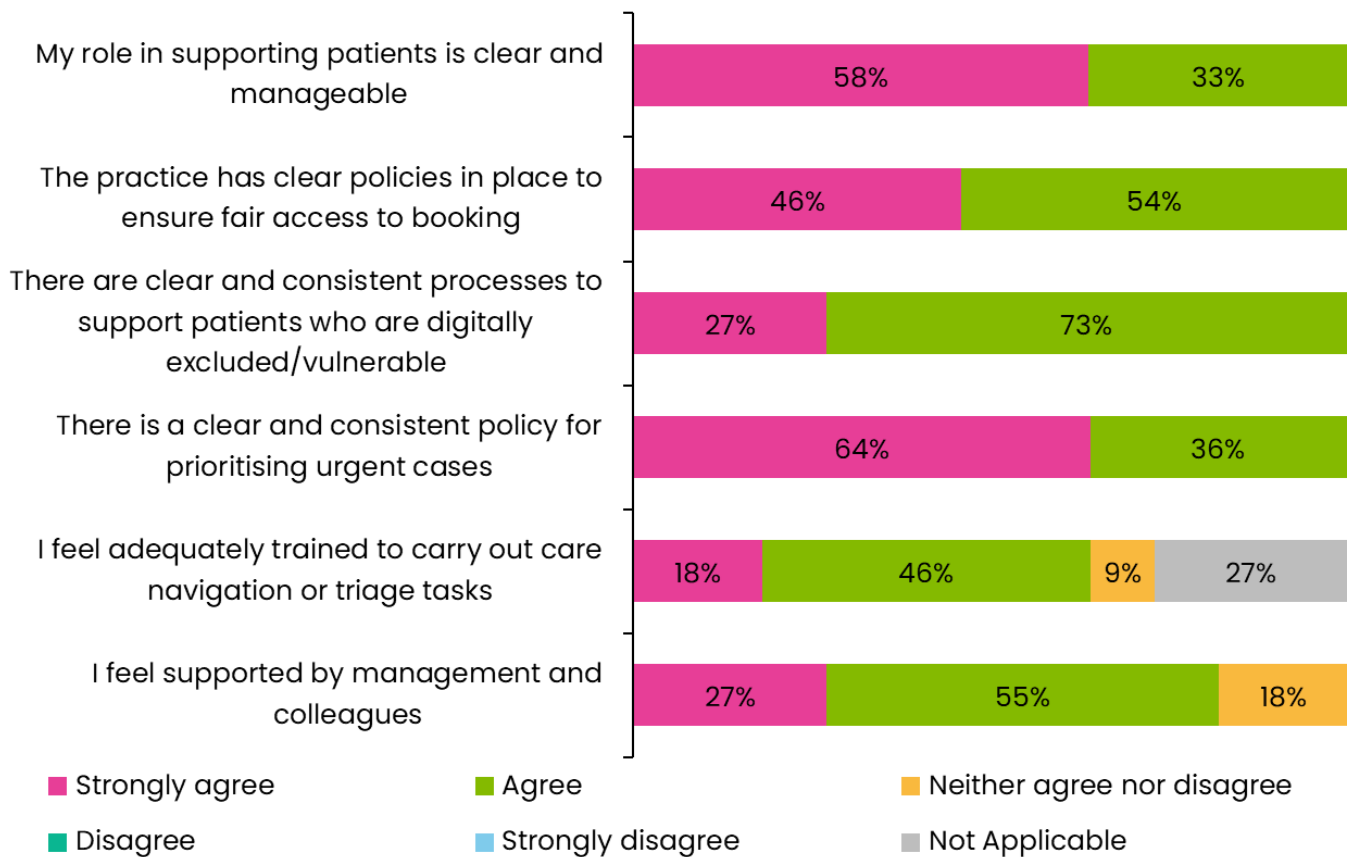
Complaints about appointment access are handled both formally and informally. Formal complaints are passed on to a dedicated Complaints Lead for the practice. It is important to ensure that patients are made aware of how to make a formal complaint if they want to (although a formal complaint is not always necessary to resolve a concern).

What would help you in your role?



When asked what would help them in their role as receptionists, most said that more staff would be useful. More training, better systems and more support from management were also selected. One receptionist also suggested that fewer changes from NHS England would be welcome.

Most receptionists felt happy with their role in supporting patients and agreed that there are clear and consistent processes to support vulnerable patients. When asked about their training to carry out triage and care navigation, they pointed out that all triage is dealt with by clinicians rather than receptionists.



Boundary House Practice Managers' Interview

We met with the Office Manager, Practice Manager, Operations Manager and a General Practitioner to learn more about how Boundary House Medical Centre operates day to day, including recruitment, training, accessibility, and how patients are supported through different services.

Overall, the running of the practice was very good, and they have good financial stability and good patient engagement. Managers told us that they have approximately 1300 patient contacts per week, 60% of these are through online routes. In terms of pressures, the staff are limited by the space of their building and the usual pressures experienced by practices during winter.

Practice managers were concerned about the new contract mandate coming into effect from April; there is a new mandatory requirement for GPs to use the Advice and Guidance service on referrals⁴, which might cause further delays as referrals can already take months, and this may add to the bottleneck.

Staff Recruitment and Training

Managers told us that they have stable and adequate staffing, with many staff members having worked at the practice for years. Staff appear to work well together, and they engage in team building and social events to foster teamwork. Staff training is ongoing, with refreshers offered on various topics such as hygiene, equality and diversity, confidentiality, chaperoning, and more. There is a staff meeting every day which all clinicians attend. The practice also holds significant event meetings quarterly. Management are happy that they can meet patient demand with current staffing levels, with the only staffing worries being during the winter flu season, particularly if they have staff off sick.

Patient Access and Support

The practice uses 'thebigword' for translation, and flags are added to patient records to highlight if they have any disabilities or additional needs. This ensures that reasonable adjustments can be put in place. This includes patients with

⁴ <https://digital.nhs.uk/services/e-referral-service/e-referral-service-news-and-events/news/new-ag>

hearing or visual impairments, patients with autism, patients in palliative care, or patients who require interpreters. Staff are willing to accommodate patients with additional needs; an example given was of staff allowing autistic patients to wait outside until the doctor is ready to see them, as busy waiting areas can be challenging. Management also demonstrated an awareness of how to manage patients at risk of domestic abuse.

Appointment Booking System and Triage Process

A doctor triages patients at 6:30 am every day. From the perspective of staff, patients generally accept that seeing a doctor may not always be the most appropriate care for their condition. Staff showed awareness of the need to explain this to patients and help to educate them. When possible, patients are given appointments with their regular practitioner to improve continuity of care.

The Did Not Attend (DNA) rate of the practice has been significantly reduced, from 6% to less than 1%. This is because of their new system, which ensures that patients are seen quickly and reminded of their appointments. Most contacts are resolved within 12 hours, and the rest are usually resolved within a week.⁵ Routine and long-term appointments can be booked by talking to reception staff.

There were also concerns about the new contract, coming into effect from April, as this includes a requirement that all patients with urgent needs will have access to a same-day appointment.

Complaints, Feedback and Compliments

The practice conducts a monthly 'Friends and Family Test,' which surveys how likely it would be that patients would recommend the practice to their friends and family. For April 2026, the test showed that 96% of patients would recommend the practice.⁶ There is a clear complaints section on the practice website, which explains how to lodge a complaint and what to expect after doing so.⁷

⁵ Not every 'contact' involves an appointment with a doctor.

⁶ <https://www.boundaryhousemc.nhs.uk/friends-and-family-test-april-2026/>

⁷ <https://www.boundaryhousemc.nhs.uk/contact-us/complaints/>

Patient Participation Group (PPG)

The practice has a very active Patient Participation Group (PPG), which meets monthly. It has organised charity walks, jumble sales, and offered support with crowd management during winter flu vaccinations. It has suggested improvements to the practice which have been acted on, such as a food bank, more chairs with handles, and the car park hedge trimmed to improve visibility and road safety. They also helped to raise funds for a nearby outside defibrillator.

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 March 2026.

Physical Accessibility

Our visit found that, overall, Boundary House Medical Centre has good accessibility for patients, but could make some improvements for patients with additional needs. This includes better signage (internal and external), more large print or Easy Read materials, and a working hearing loop. Although not mandatory, a hearing loop is best practice to improve accessibility.

The patient areas of the practice are all located on the ground floor. The entrance to the practice does not have automatic doors, and this presents a difficulty for some patients who are unable to open these doors without assistance. The reception and waiting areas are navigable with sufficient space, though the close arrangement of some seating may restrict movement for wheelchair users during busy periods. The reception desk is also too high to be easily used by people in wheelchairs.

The practice has a dedicated car park with 10–15 parking spaces, including clearly marked Blue Badge parking. The path from the car park to the entrance is fully accessible, with ramps and a covered walkway.

Some signage was clear, but more visible external signage to direct patients to the main entrance may be of use. Some internal signage was clear, written in plain language and easy to understand. However, room names, directions and

service areas were not all clearly displayed. Some signs may be too high for wheelchair users.

There is a screen to call patients to their appointment, but this was not working. The patient self-check in screen was also not working.

Although not clearly advertised, translation or interpretation services are available, with the practice using 'thebigword' to facilitate this.

Accessible toilets are available but could be more clearly signposted.

Website Accessibility

An audit found that the website was easy to use. It is easy to navigate, up to date, and not overloaded with information. It tells patients how to book appointments or order repeat prescriptions, and gives opening hours, contact details and directions to out-of-hours support. It also contains information about services offered, encourages patient feedback, and gives information about how to get involved with the PPG. It links to useful services such as NHS 111, and gives information about how patients with additional needs can access support.

The website works well on most devices, including mobile devices. It allows the text size to be changed, and font and colours are clear and readable. There is information available in different languages, and the website has an accessibility statement which explains how it supports people with disabilities.

The website appears to work with screen readers, although some elements may not work properly with this software, such as older PDF documents.

Good practice

We observed several examples of good practice that reflect the practice's commitment to providing a welcoming, accessible, and efficient environment for patients.

- **Booking system and triage:** Boundary House has an impressive triage system which means that patient requests are dealt with very quickly. Many patients report being able to get same-day appointments very easily.

- **Patient Participation Group:** Boundary House's PPG is active and has provided several useful suggestions which the practice has implemented successfully.
- **Friendly staff:** From the smile of the receptionist as we first entered, to the friendliness of staff throughout our visit, it was clear that the staff of Boundary House are the practice's most valuable asset in providing a warm and welcoming experience for patients. This is supported by hundreds of positive comments by patients.
- **Commitment to continuous improvement:** Patient feedback is routinely collected, and the practice's Friends and Family Test shows that a very high percentage of patients would recommend the practice.
- **Support for patients with additional needs:** Staff demonstrated flexibility in supporting patients with additional needs, including allowing neurodivergent patients to wait outside until clinicians were ready to see them, and accommodating patients with mobility or communication difficulties.

Recommendations

Reception area

- 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 noticeboard in the practice so that information is clear and easy to read for patients.
- Create posters/leaflets/signage to be displayed in Easy Read format so that all patients can understand them.
- Installing automatic doors (or doors that lock open) to make it easier for patients to enter and exit the building.
- Explore options to ensure that wheelchairs can more easily move around the practice, for example with a designated wheelchair space in the waiting area and a lowered reception desk.

Patient Awareness

- Offer and promote more digital inclusion support and training to patients, particularly regarding the booking system.
- Make patients aware that they can request to see a particular doctor, or the same doctor each time.

Feedback and Complaints

- 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.
- Improve visibility of the complaints process both in the practice and online.

Additional Patient Survey Feedback

- Make patients aware that they do not have to talk about their private medical conditions at reception (there were concerns that conversations can be overheard by other patients).
- Increase patient understanding of how to book non-urgent appointments.
- Be more proactive in following up with patients about test results, even if no further action is needed.
- Explore options to increase the availability of weekend appointments.
- Ensure that the hand sanitiser dispensers are filled.
- Fix the waiting room screen which alerts patients to their appointments, and ensure the self-check-in system is working.

Acknowledgements

We extend our thanks to the staff of Boundary House Medical Centre 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.

Practice Response

We shared the report with Boundary House Medical Centre and received a response from Sue Rust, Office Manager, with the following comments:

Regarding the reception area, the practice said that they will make signage for the designated wheelchair space clearer and will also make the lower section of the reception desk 'clearer for wheelchair users.' They also said a notice in the waiting area would be used to promote resources for non-English speakers and people with additional needs. They stated that the noticeboard 'will be sectioned into categories to be clearer for patients,' and 'Easy Read posters and leaflets [will] be made available.' Additionally, 'wall-mounted racks [will be] re-installed' for these leaflets, so they are more visible.

Some patients worried about disclosing personal medical issues at the reception desk, and the practice responded that 'clearer information will be made available regarding sensitive issues with access to a consultation room made available, if required.'

In terms of entrance accessibility, the practice stated that their 'main entrance sign will be clearly marked moving forward,' and both main entrance doors will now be unlocked rather than just one. The practice also told us that they 'have an alternative entrance which we will signpost for patients with wheelchairs for easier access and fewer doors.'

The practice also stated that 'all broken and empty hand sanitiser will either be replaced or refilled,' and they are 'already at present looking into a new self-check-in system, which will be made available as soon as possible.' Regarding the poor paint quality on some walls, the practice stated that they 'are aware that this needs addressing' but have 'no plans in place at the moment.'

One common point of feedback was a suggestion that the online appointment booking form should be open all day, rather than just the morning. The practice responded as follows:

'In line with the new GP Contract our opening hours are from 8:00 AM to 6:30 PM, Monday to Friday. It strictly requires all access modes—including walk-in, telephone, and online consultation systems—to remain open and available throughout these core hours. Our online platform is now open 8am to 6.30pm.'

In terms of exploring options to increase weekend appointment availability, the practice stated that they have 'Saturday hubs available which need more patient awareness, which we are willing to investigate and promote further where required.'

In terms of patient awareness and understanding, the practice stated that they have 'staff trained in digital skills and hands-on assistance and will make patients more aware of this availability.' The practice also stated that their online platform and staff already inform patients that they can request a particular GP if they choose, but particular GPs are not always available on the day requested. They stated that 'increased patient understanding [of how non-urgent appointments can be booked] will be made available,' and 'further reception training will be reviewed and developed.' Regarding feedback and complaints, the practice stated that they are willing to look in to and adapt their feedback model and complaints process.

Replying to comments that several patients had made about not receiving their blood test results until they contacted the practice, the practice said:

'Because blood tests can come back at different times, to send out messages to the patient when we are still waiting on some later results can be confusing. We find it best to inform the patient when attending for the blood test as follows:

"If there are any issues with your blood test you will be contacted. The results will come to your NHS App or Patient Access where you can view them."

If they do not have these options they are asked to ring the surgery after a week.'