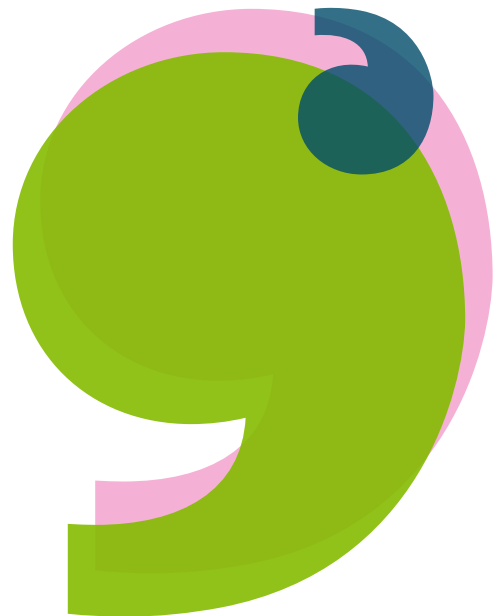


Manchester Integrative Medical Practice Longsight Health Centre Site Enter and View Report

Contact Details	526-528 Stockport Rd, Longsight, Manchester M13 0RR
Visit Date and Time	05/08/2025 10:00am-11:00am
Healthwatch Manchester Representatives	Thomas Carr (HWM Staff) Daniel Roberts (HWM Staff) Ada Mok (HWM Staff)



Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

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About Us

Healthwatch Manchester (HWM) is the independent consumer champion for health and care. It was created to listen to and gather the public's and patients' experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role HWM has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained authorised Enter and View representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter and View

Local Healthwatch representatives carry out Enter and View visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff at the healthcare service being visited wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1. Background and Rationale

General information about the Service

Name of service: Manchester Integrative Medical Practice (MIMP) - Longsight Health Centre site

Type of service: General Practitioner

Number of patients on register: 13,673

Description of service: Manchester Integrative Medical Practice is a CQC registered provider who holds an NHS GMS contract. MIMP is one practice over two sites which include Longsight Health Centre and Moss Side Health Centre. It has a large contractual catchment area with the site at Longsight Health Centre serving local communities in Ardwick, Longsight, Gorton, Levenshulme and Rusholme. The practice treats roughly 320 patients per day and employs 54 staff members with the majority of staff being from the communities the practice serves. Mandy Bruder acts as Practice Manager across both sites.

CQC Rating: (Published [here](#) 6th July 2023)

See Care Quality commission (CQC) website to see their latest report on this service.

Care Quality Commission is the independent regulator of health and adult social care in England.

Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue
- Speak to patients about their experience in the practice, focusing specifically on the appointment booking system and consultations.
- Give staff an opportunity to share their opinions and feedback about the service.

When preparing for this visit, HWM contacted various other Healthwatch across the country who had conducted Enter and View visits in GP practice previously. Staff from Healthwatch Tower Hamlets and Healthwatch Lancashire met with Information and Communications Manager Thomas Carr to discuss their experience conducting this work.

Healthwatch Tower Hamlets and Healthwatch Lancashire both shared their Enter and View resources with HWM and from here, an Enter and View survey was devised. This survey combined the questions Healthwatch Manchester, Tower Hamlets and Lancashire had asked during their own Enter and View visits. Naturally, duplicate, redundant or non-essential questions were removed.

As detailed above MIMP is one practice over two sites and hence the Enter and View visit was at the Longsight Health Centre site of MIMP.

2. Methodology

2.1 Prior to the Enter and View taking place

We informed the GP Practice of our intention to conduct an Enter and View visit over a week beforehand, in order to ensure that they were comfortable with our attendance.

All Enter and View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

An intention to visit (though not the date and time), the purpose and structure of the visit were clearly shared with the provider in writing.

The visit was carried out over the course of one hour. The visit date and times are shown on the front cover of this report.

2.2 During the visit

Upon our arrival at the practice, Enter and View lead Thomas Carr informed reception staff of our presence and requested to speak with the Practice Manager.

During this time, the remaining two members of staff completed their observations of both the internal and external environment.

Following this, the HWM team spent time talking to the staff and patients using an agreed set of questions.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by HWM.

4 members of staff (including the Practice Manager) and 2 patients/carers were interviewed during our visit by authorised representatives of HWM.

2.3 Following the Enter and View Visit

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the HWM escalation policy.

This report was produced within 10 working days of the visit. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within 20 working days of receipt of the draft report. The response from the service providers is included at the end of this report.

3. Enter and View Observations

3.1 The External Environment

The building was fully accessible to people who use a wheelchair or who have difficulty walking. The journey from the car park into the reception and waiting room was step free allowing for wheelchairs and walking frames to be used easily. Moreover, there was an internal lift in next to the reception.

Just outside the entrance was a large sign (*Figure 1*) for the Longsight Health Centre and inside a patient would be greeted by a large reception area which was signposted accordingly. Moreover, there was a sign on the entrance doors detailing the opening and closing times of the practice.

As previously mentioned, there was a large car park attached to the building along with numerous bus stops along the main road adjacent to the building allowing for people to travel to this practice in multiple ways.



Figure 1

3.2 The Internal Environment

Reception staff were very friendly and welcoming upon our arrival to the practice. After introducing ourselves as Healthwatch Manchester, the receptionist eagerly and promptly contacted the Practice Manager to inform them of our arrival.

There was clear signage inside the waiting area for male and female bathrooms. These signs were both text based and analogue for people who do not speak English, this included a baby change sign on the door to the women's toilet (*Figure 2*). There was an accessible toilet however this was harder to find as there was no signage directing people towards it.



Figure 2

HWM noted the practice staff were wearing bright name badges making them easily identifiable to patients. However, we could not find an 'on-duty' staff board. Nonetheless, the waiting area was comfortable and large enough to comfortably seat roughly 30 patients. There were also further waiting areas labelled blue and pink a short walk from the main waiting area.

Furthermore, the practice was brightly lit mixing a combination of artificial and natural light. The floors / public spaces were uncluttered, clean and tidy giving the waiting area a relaxed atmosphere. There were multiple bins located throughout and HWM could find no evidence of mould or damp.

The practice clearly signposted to the VoiceAbility advocacy service on a notice board next to the entrance however HWM noted there was also a poster for Gaddum however this was out of date due to Gaddum no longer being the advocacy provider for Manchester (*Figure 3*).

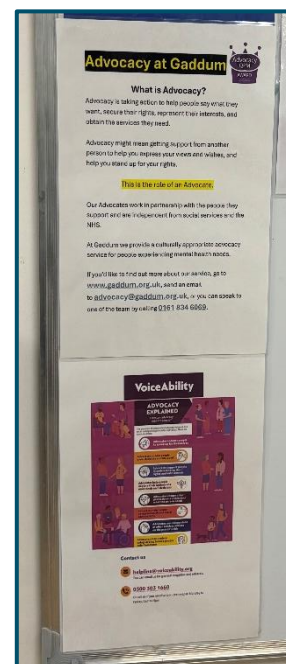


Figure 3

There were numerous posters relating to Covid 19 visible, paired with bottles of hand sanitiser available on the reception desk (Figure 4).

HWM were able to find a clearly labelled Friend and Family test feedback box directly next to the reception at the front entrance of the building. It was also good to see a clearly displayed feedback and complaints poster next to this (Figure 5 and 6).

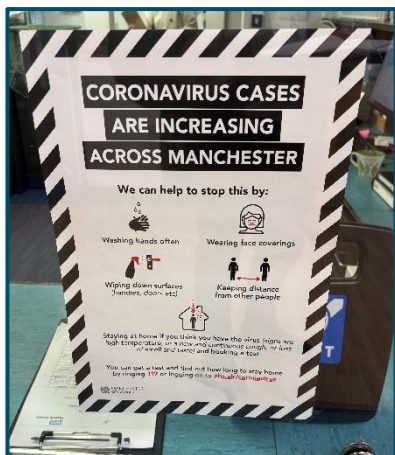


Figure 4

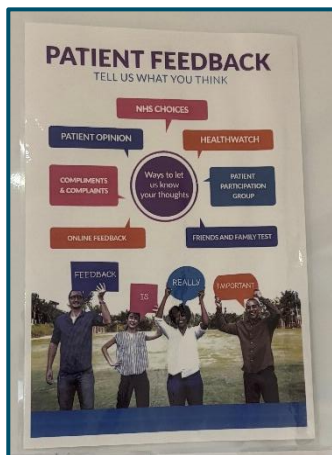


Figure 5



Figure 6

3.3 Accessibility in the building

The corridors were more than wide enough to manoeuvre a wheelchair or walking frame through (Figure 7 and 8). As was previously mentioned, there was an accessible toilet available in the building that was accessible via a wide corridor.



Figure 7

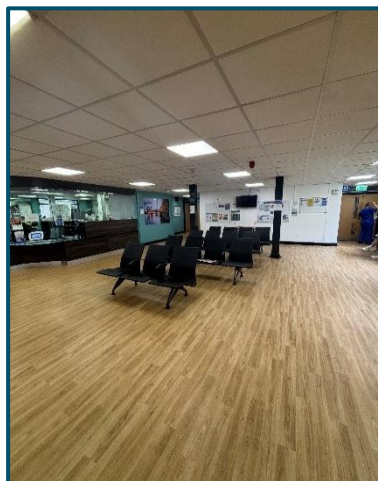


Figure 8

3.4 Internal Safety

The security and fire procedures were all evident inside the building. Fire exits and fire extinguishers were clearly marked. There were also no obstructions in front of doors or walkways that could cause a hazard in the event of an evacuation.

Despite the fire emergency procedure was displayed, the sign detailing where the assembly point is does need rewriting at the letters had significantly faded (See Picture).

HWM noted there was an Automated External Defibrillator available in the practice. HWM conducted work last year around defibrillator availability and thus it was heartening to see the Longsight Health Centre takes this topic seriously (Figure's 9, 10 & 11).



Figure 9



Figure 10



Figure 11

4. Findings from speaking with Patients

During the visit on 6th August 2025, we had the opportunity to 2 patients. We asked a total of 13 questions divided into the following categories: Appointments, Consultation and Feedback.

4.1 Appointments

One of the patients we spoke with informed us that they were unable to fill in the application form themselves and instead, their daughter supported them in doing this. A further patient mentioned they preferred making appointments over the phone with the support of a receptionist as they and other patients they knew couldn't fill out the form themselves.

When asked if they were offered an appointment with their usual doctor a patient informed us that they see a different GP each time they visit as if they chose the same GP each time, they would have to wait even longer to get an appointment with them. Moreover, a patient mentioned that their wife struggles to describe her symptoms when submitting an appointment request via the NHS App and thus prefers doing so over the telephone.

4.2 Consultations

Patients interviewed by HWM confirmed they had both telephone and in person appointments before. Moreover, they also noted that they received a text from the GP before their appointments.

Some patients mentioned their appointments had been delayed by 10 - 15 minutes in the past however both patients we interview told us the were happy with the quality of treatment they had received.

When asked what could be improved about they way they had been treated at the practice, patients mentioned they would like more face to face appointments as opposed to online consultations.

4.3 Feedback

When asked if they know how to give feedback about their experience, patients told HWM they didn't need to make any complaints, but they expect to be supported in making a complaint by the practice. Patients also didn't know where to locate the complaints policy however HWM know this was available at the reception desk and can be seen in figure 6.

Finally, when asked about their experience interacting with members of staff, patients described the staff as friendly and helpful.

5. Findings from speaking to Management

During the visit on 6th August 2025, we had the opportunity to interview two members of the Practice Management Team. Thomas Carr(TC) spoke with the Practice Manager Mandy Bruder and the Head of Business Operations Anastasia White Legg. We asked a total of 22 questions divided into the following categories: Staffing, Appointments, Consultation, Feedback, and Service.

5.1 Staffing

When asked how they manage their workload, both member of the Management Team said they do so based on a priority driven approach. Weekly management meetings are used to priorities tasks but issues that require immediate attention are dealt with first. The Head of Business Operations(HBO) gave the example that arranging cover for ill members of staff is something that would require immediate action / is a high priority.

In response to the question 'Do you feel that you and your staff have enough time to provide a person centred approach', the Management Team believe both their staff and them have enough time to provide a person centred approach, stating 'We accommodate as much as we can' in regard to patient requests.

Both member of the Management Team explained that they and their staff receive enough training to carry out their duties well. They elaborated by explaining that all training is listed via an online training matrix which includes mandatory modules that require refreshing annually. They also confirmed staff are able to discuss / request training at during the Practice Monthly Quality and Improvement Afternoon.

Similarly to the last point, when discussing the support provided to staff, the Practice Manager(PM) noted that she has a very 'open-door' policy for her staff to ask any question or ask for support from her. She noted that "working in an GP Practice is a tough job" and that all the staff are supportive to one another because of this.

TC asked the Management Team if they felt their work and working conditions could be improved, to which both interviewees noted that capacity is an issue in their practice, specifically mentioning that they are looking to expand and create more space.

When asked about what was most difficult about their respective roles, the HBO explained that managing patient expectation is a challenge. She elaborated by explaining that based on how a patient has been educated about the role of a GP, it is hard to deal with unrealistic expectations of what the practice can provide. The PM echoed this sentiment by saying that the abuse staff receive from patients is difficult to deal with however they are all trained in conflict resolution.

Conversely, when asked about what they enjoy about their job both members of the Management Team noted they enjoy the variety of work their roles bring, noting that every day brings a different

challenge. They also stated that they feel a sense of pride in providing a good service to their patients.

5.2 Appointments

The Management Team told TC that they manage appointments through an online triage system. Appointments are stored on this online database however patients have multiple options for how they can book an appointment. They can fill in a form online, over the phone with a receptionist or by coming into the practice themselves.

When asked about what special provisions are in place for people known to have difficulties, they said the practice uses the Silent Sounds system for patients who have a language barrier. When it comes to patients who are less confident using IT, the practice signposts to a local library who host digital literacy sessions aimed at supporting people with less technological literacy.

TC asked the Management Team what they thought worked well about their appointment booking system. The PM noted that patients are given appointments based on needs, with a priority / triage system in place to ensure patients who are most in need of support receive it. This allows them to signpost to other service and ultimately get more use out of the limited appointments they can provide. Patients are also offered the choice of clinician and the time of their appointment when possible.

When asked about how this system could be improved, she also noted that as the practice is merged with Moss Side Health Centre (part of the Manchester Integrative Medical Practice), occasionally patients are offered appointments at the other site. This obviously is an inconvenience for patients who have transport and mobility issues however she confirmed that information like this is stored on a patients notes and where possible, the practice avoids doing this.

5.3 Consultations

The HBO told TC that one of the main challenges in providing enough face to face appointment is that it is hard to provide interpreters for the variety of languages spoken by patients registered to this practice. Longsight is an incredibly diverse area and so meeting the language needs of all patients is challenging.

TC asked if the practice gives patients the option of choosing a consultation method to which the PM noted that patients are offered the choice of consultation method through the appointment booking form. However, she explained that occasionally the practice does have to decide themselves based on the severity of the patient's condition, for example they have had to change requests for a telephone appointment to in person if the patient requires a physical examination.

When asked what they felt worked well about the consultation system, the Management Team confirmed that the practice appointments last for 15 minutes which is longer than the average appointment offered by other practices. They said this allows for the GP / Health Practitioner to support patients who require interpreting services and the impact of social determinants on the health of their patients.

Conversely, they both thought the consultation system did not require any improvement.

5.4 Feedback

The PM told TC that patients are encouraged to give feedback about the practice in a variety of ways. One of the ways is through an automated text message being sent to each patient 24 hours after their appointment asking for feedback. There is also a family and friends feedback box at the reception desk which can be seen In figure 6.

The PM further explained their approach receiving feedback by revealing that all of the feedback they receive is collated monthly and analysed to show examples of both good and bad practice during their Monthly Quality and Improvement Afternoons.

Both members of the Management Team told TC there was a clear complaint process available to read at the front desk. Following our interview, TC located this exactly where the Management Team described it. They also confirmed that their staff are encouraged to direct patients to complaints procedures as it is located next to the reception desk.

5.5 Service

The Practice Manager confirmed their practice offers the Enhanced Access Service.

When asked about the practice having a Patient Participation Group, the Management Team honestly admitted that the group had not been hosted for a number of years however there was a scheduled meeting in October with at least 60 patients already signed up to join.

The practice is also aware of the Accessible Information Standard. Healthwatch Manchester visited the practice in July to assess their understanding and knowledge of this.

6. Findings from speaking to Staff

During the visit on 6th August 2025, we had the opportunity to interview two Patient Service Advisors(PSA). We asked a total of 22 questions divided into the following categories: Staffing, Appointments, Consultation, Feedback, and Service.

6.1 Staffing

Daniel and Ada interviewed both members of staff who told them that they spend time each morning when they arrive in work organising and planning their workload for the day. Moreover, they both believe they had enough time to provide patients with a person centred approach which helps them to understand individual personal preference, needs and values.

When asked about the level of training they had received, one of the PSA's noted that staff training needs are routinely address by management during weekly staff meetings. Furthermore, the other PSA noted that they had experience working in a GP practice however they had received more training in a shorter period of time whilst working in Longsight Health Centre.

Both members of staff agreed that their managers were supportive and friendly to them, agreeing with PM's point from earlier that questions are always welcomed through her open door approach.

The staff told HWM they were comfortable raising any issues with their managers but that they didn't feel as though their work or working conditions required any improvements.

When asked what they find most difficult about their job, both PSA's spoke about the difficulty of trying to meet patient needs. One of the PSA's explained that patients can become loud when they are unhappy with the service and that this is a challenge to deal with.

Conversely, when asked what they enjoyed most about their jobs, both PSA's mentioned they enjoyed building relationships with people in the local community by helping them access a high level of healthcare. One of the PSA's specifically mentioned that they especially enjoy when a patient who has a language barrier is supported into receiving the care.

6.2 Appointments

HWM asked the staff questions about the appointment system at Longsight Health Centre. When asked if patients get a choice of what medium the appointment is booked through, both PSA's confirmed that the practice allows patients to book appointments through a telephone call or an online form. In both instances, the PSA's can help people to complete the form if they are struggling to do it themselves.

When asked about their knowledge of what special provisions are in place for people known to have difficulties, i.e foreign language speakers or people with technological illiteracy, one of the PSA's noted that the staff speak a variety of language and when that doesn't suffice, they have successfully used online translation tools.

When asked what works well and what could be improved about the appointment booking system, the PSA's revealed that the window of time for submitting a form is longer than it used to be, with patients now able to book appointments across a period of roughly two hours every day. Moreover, the PSA's told HWM that the GP's can go through the online forms and prioritise people in need which makes the system more efficient.

On the flip side to that, the staff mentioned that the same day booking system may close earlier if it reaches capacity which provides a challenge as patients are not aware of that.

6.3 Consultations

One of the PSA's told HWM that one of the main challenges in providing enough face to face appointments is sourcing and providing telephone interpreters. This echoed the point made earlier by the HBO regarding the vast number of languages being spoken in Longsight.

Regardless, the PSA's told HWM that patients are given a choice of appointment times including out of hours appointments however the GP can change an appointment from online to in person if they deem it would be more beneficial to a patient.

When asked to give an example of what works well about consultations at the practice, the PSA again echoed a point made by the Management Team during their interview in that the additional length of appointments allows for patients to receive a higher level of treatment.

On the other hand, when asked what they thought could be improved about the consultation system, one of the PSA's told HWM that they think the webform should be available in different languages to better meet the needs of patients. The other PSA noted that they wished the booking system would close at a set time every day to prevent patients being confused about when they can book an appointment.

6.4 Feedback

HWM asked the PSA's about their understanding of engagement and feedback at the Longsight Health Centre. We asked them if patients are encouraged to give feedback such as compliments or concerns about the practice to which the PSA's confirmed they direct people to the family and friends box at the reception desk.

Moreover, they were able to identify where the complaints process was located in the practice and also informed HWM that this information could be viewed on their website. Following this, the PSA's noted that their managers encourage them to direct patients to the multiple feedback mediums available in the practice.

6.5 Service

Both PSA's gave full details of the Enhanced Access Service provided at the Longsight Health Centre including the day of the week and time it is offered as well as which practitioner conducts these appointments.

The PSA's did mention that the practice had a Patient Participation Group however did not give details of this.

Finally, the PSA's told HWM that they had received training in what the Accessible Information Standard was following our previous visit with one member of staff explaining that they are aware of how to change text size and arrange for interpreters for patients now.

7. Recommendations

Signage in the practice directing patients towards the accessible toilet should be improved to clarify where the designated space is for patients who require it.

Signage in the practice referring to the location of the designated fire safety point should be updated and clearly displayed to ensure patients are aware of this important information.

The practice should remove incorrect information regarding advocacy providers from the public areas in the waiting room. For reference, the practice signposted to Gaddum however they only provide 'Culturally Appropriate Advocacy services' rather than support with the IMCA and IMHA service.

The practice should ensure they restart their Patient Participation Group at their earliest convenience and actively host / promote the occurrence of this.

The practice should continue to investigate ways they can improve communication with their patients who have a language barrier.

The practice should ensure the webform for patients who wish to book an appointment online is made available in multiple different languages. For example, the SilentSounds¹ system provides a high quality and professional document translation service in over 200 languages.

¹ <https://silent-sounds.co.uk/translations/>

Response from service provider

On behalf of the practice may I thank you and the wider HWM team for your supportive approach to the Enter and View discussion.

In relation to the recommendations made within the report, may I respond as follows

1. Longsight Health Centre is owned and managed by NHS Property Services Ltd (NHSPS). I have raised your observations in relation to the lack of signage directing patients to the accessible toilet. NHSPS have provided the following response in relation to the recommendation '*We will look to improve signage to assist patients wherever possible*'.
2. Longsight Health Centre is owned and managed by NHS Property Services Ltd (NHSPS). I have raised your observations in relation to the designated fire safety point. NHSPS have provided the following response in relation to the recommendation 'All the Fire Safety information signage has been updated to indicate the location of the Fire Assembly point'.
3. Thank you for raising the error in relation to the commissioned advocacy service in Manchester. We will amend the information in relation to Gaddum only providing the culturally appropriate advocacy service.
4. As I mentioned in our discussion, we have scheduled the relaunch of our PPG formally in Quarter 3 2025/2026. We are delighted that there is great interest amongst our patients, particularly following the recent patient surveys relating to the launch of the online consultation service. A new innovative agenda item for the PPG will centre around supporting primary care led clinical research to be more inclusive and culturally competent.
5. The practice is involved in discussions at Greater Manchester level in relation to AI based technologies including language translation and interpretation. NHS England continues to have concerns in relation to the data processing of the technology companies and as a practice we have a special interest in the patient safety element of the technologies particularly in relation to recent reports of 'hallucinations' – where the AI model generates something that the patient/doctor has not expressed.
6. NHS Greater Manchester Integrated Care Board (GMICB) commissions interpreter services for primary care in Manchester. Currently, the contract with Silent Sounds is limited to telephone, face to face and BSL interpreting. As mentioned in response 5, many providers are not NHS approved (some practices use google translate as an example) and hence MIMP is unable to provide formal document translation other than relying on some multilingual members of our team. As I mentioned in our discussion MIMP has identified this matter as a driver for health disparity and hence would welcome HWM raising a concern with NHS GMICB directly.

Additional observations were made within the body of the report, may I respond as follows

Page 3

Section 3, subsection 3.2

The HWM team noted that there was no 'on-duty' staff board. MIMP decided not to have an on-duty staff board following a number of safety and security incidents relating to patients bypassing reception and entering clinical rooms without permission.

Section 4, subsection 4.1

As a practice we value the importance of maintaining continuity of care for our patients. Each of our doctors provides appointments that are available each day for urgent matters from triage but also have appointments for patients that require follow up. Follow up appointments are planned in advance between the patient and the doctor. Our triage system allows for patient preference of doctor to be recorded. The Triaging doctor will always factor patient preference into their recommendations for appointments. However, if the Triaging doctor's assessment is that the patient should be seen sooner they will direct our Patient Service Advisor Team to support the patient to book an appointment with another clinician.

Section 4, subsection 4.2

Our team members try their level best to ensure patients are seen at their appointed time. As I mentioned in our discussion, our standard appointment time is 15 minutes. This standard has been in place since 2016. The additional time recognises the proportionately higher number of appointments that will require interpreter services and the impact of social determinants on the health of our patients. However, the current NHS commissioned interpreting service (Silent Sounds) negatively impacts the waiting time our patients face – with practitioners often on hold for an average of 5 minutes for a telephone interpreter to be found. MIMP would welcome HWM adding their advocacy in relation to this matter with NHS GMICB.

MIMP is humbled in that patients continue to register with the practice leading to an increased list size. The practice has a limited number of clinical rooms to service the additional demand for face to face appointments. The practice's clinical space is commissioned by NHS GM ICB at the NHS Property Services facilities of Longsight Health Centre and Moss Side Health Centre. NHS GM ICB announced previously that there are no additional funds to support the practice request for additional clinical rooms. However, MIMP was successful in bidding for some capital funding to repurpose three rooms from administrative and storage facilities into clinical rooms. The refurbishment works are almost complete and MIMP patients should be able to benefit from the additional face to face capacity later this month (August 2025).

Acknowledgements

HWM would like to thank the service provider, service users and staff for their contribution to the Enter and View programme.

HWM would like to thank Healthwatch Tower Hamlets and Healthwatch Lancashire for their support in the planning of this project.



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