

Enter and View

168 Medical Group – Locking Road
13th March 2026

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What is Enter and View?

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

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries and more.

E&V 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.

Details of the visit

Communication and empathy in primary care was an area identified as a priority based on Healthwatch North Somerset feedback and the Healthwatch North Somerset Local Advisory Group in April 2025. We decided to focus on the impact of trauma-informed practice within GP practices due to the nature of the feedback and input from the Bristol Women's Health Steering Group.

Trauma-informed training is available but not mandatory, and toolkits and resources are available from the NHS. We asked if and how patients feel supported when trauma is recognised, and how staff support patients. We chose Clevedon Medical Centre and 168 Medical Group due to them being within a small number of practices that received the highest amount of feedback during 2024-2025. This report is for 168 Medical Centre. The Clevedon Medical Centre report is [available on the Healthwatch North Somerset website](#).

Name of GP practice: 168 Locking Road

Name of GP group: 168 Medical Group

Date and time: 13/03/2026, 10am-12pm. We also met with Patient Participation Group members on 16/03/2026.

Authorised representatives: Jacqui Reeves, Richard Parkin

Acknowledgements

Healthwatch North Somerset would like to thank 168 Medical Group staff and patients for contributing to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

Methodology

Purpose of visit

We visited 168 Medical Group to undertake an Enter and View and to understand how trauma-informed the practice is.

We wanted to find out how staff recognise and respond to patients who have experienced traumatic events and how they work to prevent the re-traumatisation of patients.

How we collected data

This report is based on observations and experiences from members of the Patient Participation Group (PPG), and the staff that we spoke to on the day of our visit, 13th March 2026. 168 Medical has two locations, one on Locking Road and one on Anson Road, they are interchangeable and patients attend either practice depending on requirements.

Our Enter and View team visited the Locking Road practice.

On the day of the visit, we had a tour of the practice by the Executive Manager. We then conducted an Enter and View observation and interviewed 6 staff including reception, nurses, GPs and management. We had a follow up discussion with three members of the PPG, which due to scheduling, took place 3 days after the main visit.

Due to the sensitive purpose of the visit and wanting to ensure confidentiality for patients and the potential risk of re-traumatisation, we concentrated on speaking to staff and with members of the PPG on the day of the visit.

Practice patients were invited to respond via a survey. We published the survey online on 2nd March 2026 for 11 days for patients to complete. The practice displayed a poster and leaflets with a QR code plus hard copy surveys, and we ensured self-addressed envelopes were available. The practice sent a text to all patients with the QR code if they wished to complete the survey online. 1572 responses to the survey were received, analysis of which will be published as a separate report.

Background

168 Medical Group is part of Pier Health Group, who operate nine GP practices serving over 93,000 patients across Weston-Super-Mare, Worle, and surrounding local villages in North Somerset. 168 Medical Group serves a rapidly growing community, with over 24,000 patients. Based on its 2024 [Care Quality Commission report](#), the practice manages a patient population that includes individuals with complex needs, particularly focusing on care for mental health and dementia patients. The practice runs services in maternity and midwifery, family planning, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. It has 100 staff members across two sites which operate as a joined-up service.

Being part of Pier Health Group means that training can be linked with other GP practices in the Weston-wide area. In practice this enables one practice to close once a month to host training for clinicians and management whilst the other practices support the patients.

168 Medical are active within the community with examples of care home visits and social prescribing. They have also recently developed a friendship cafe for people looking for connection in the community, this takes place every week and is volunteer led with between 30-40 volunteers helping.

Observations

- At the entrance to the Locking Road practice, a large window had recently been smashed. We were assured this is in the process of being mended. The entrance hall looks a little tired and could do with decorating. Once upstairs, the practice is light and clean with a calm, organised atmosphere. All staff appear genuinely happy with a friendly, approachable manner.
- The practice has several waiting rooms on 2 levels. The PPG stated some waiting rooms are quite isolated, and this may make some people anxious and nervous.
- Signage was visible and notice boards were excellent and kept up to date with good, relevant information. It is clear someone has responsibility to keep the notice boards organised.
- The reception area is quite small. It is separate from the waiting room; however, it is not private. There is no signage or information letting patients know they can ask for privacy.

What people told us

Management and staff members

- We asked staff questions about what training they have received to be more trauma informed. One staff member felt this was during the onboarding process. Some staff members mentioned there is no training or formal pathway, but that they understand trauma and discuss this as a team through clinical meetings and staff meetings.
- Although there is genuine empathy and clear pathways of triage, there is no formal process and staff deal with situations as and when they occur.
- Trauma-informed policies are not mandatory and there is no trauma-informed policy within the practice. When asked about a trauma-informed lead or champion, it appeared this is the Nurse Manager and the Training and Compliance Lead, who ensure training is up to date and encourage staff to attend further training.
- We asked staff about the choices for patients when trauma has been disclosed and what processes are in place. Staff spoke about how continuity of care helps patients not having to retell or relive their trauma. We were told that out of all the PCNs in the area, 168 Medical is within the top two for continuity of care.
- There is an option to insert a notification on patients notes that highlight certain flags. Examples were given about certain procedures such as smear tests, where time is taken to give patients more time to process the procedure, to look at the equipment, and to discuss any worries. They also spoke about the Learning Disability team in the community and the mental health team. Additionally, sometimes people are spoken to in the car park if needed.
- There is no formal process for staff regarding support available when they have been exposed to traumatic stories. However, it is clear they are very supportive of each other, with examples given such as open-door policy and the ability to speak to management.
- Further training and resources such as tool kits would be welcomed by staff.

Patient Participation Group (PPG)

During our focus group with three PPG members, we discussed the questions we had asked management and staff members. Their views and experiences are as follows:

- Regarding training for staff, the PPG felt that some of the reception staff were kind and helpful but that others were not, and that trauma-informed training could be beneficial.
- They mentioned that reception staff and GPs are changing all the time so to see the same person is difficult. This could mean patients have to share their trauma and retell their stories all the time. They did recognise the very busy nature of the practice and how hard this is to manage.
- We discussed continuity of care which they felt did not work as well as we had heard from staff. They mentioned GPs mostly work part time and getting an appointment with someone's regular GP is rarely available within a short time frame.
- They spoke about how rapidly the practice has grown, from being a small neighbourhood GP surgery with regular contact with one's own GP to a massive multi-site practice that sometimes feels impersonal.
- The PPG members felt overall the staff and management try very hard to make 168 Medical a welcoming space for everyone. They feel training and further resources would be very helpful.
- One member of the PPG who could not attend the focus group wanted the following quote to be stated:



"I have always felt the staff at 168 Medical are kind and helpful and I have always felt supported."



Please note, the findings from the survey of patients will be shared within a separate report.

Recommendations

As mentioned above, the atmosphere of 168 Medical is empathetic and patient-centred with an informal trauma-informed approach and a supportive staff team.

- There are a lot of trauma-informed resources and training available. We recommend training for all staff, but especially reception staff as they are the first people patients see and interact with.
- There is an NHS trauma-informed toolkit available. We recommend this is made available and promoted as a resource for all staff.
- The practice should develop a checklist on being trauma-informed on staff notice boards.
- The practice should develop a written process/protocol of what to do when a traumatic experience has been disclosed, building on the informal approach already taken. This would help with onboarding staff and support greater consistency of approach.
- The practice should develop a poster and/or an article in the newsletter for patients to state they can ask for a private reception chat and outline how that would work.
- The practice should develop a poster and/or an article in the newsletter for patients informing them of what they can ask for, such as having a friend/family member attend with them and discussing any procedures before an appointment.

Provider response

Casper Fons, Executive Manager, 168 Medical Group

We would like to thank Healthwatch North Somerset for their Enter and View visit and the thoughtful, constructive report. We appreciate the time taken to speak with our staff and Patient Participation Group members and we welcome the recommendations made to strengthen our trauma-informed approach.

We are pleased that the report recognises the empathetic, patient-centred culture within the practice and the supportive nature of our team. We see the recommendations as an opportunity to build on our existing informal practices and to improve awareness for both staff and patients.

Response to Recommendations

Trauma-informed training for staff

- We recognise the importance of this, particularly for reception staff as the first point of contact for patients. Trauma-informed awareness training has been added to our annual training programme, and reception staff will be reminded and supported to refresh this on a yearly basis.

NHS trauma-informed toolkit

- Thank you for sharing this resource. The toolkit has now been made available to all staff via our intranet and will be promoted as a reference resource.

Trauma-informed checklist on staff notice boards

- We have drafted a short set of trauma-informed principles and prompts for staff, drawn from national guidance, which will be displayed in staff areas as a quick reference.

Written process/protocol following disclosure of trauma

- We agree that documenting this would support onboarding and consistency. A draft protocol has been developed, building on our existing informal approach and is attached.

Patient information on private reception conversations

- We are currently developing a poster to inform patients that they can request a private discussion with reception staff and how this can be arranged.

Patient information on choice and support

- We are also developing a poster outlining what patients can ask for, such as having a friend or family member present or discussing procedures in advance. This will also be shared in the next Patient Participation Group newsletter.

Once again, we would like to thank Healthwatch North Somerset for their engagement and constructive feedback, which we will continue to use to inform service development and improve patient experience.



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