

Enter and View

Clevedon Medical Centre

11th March 2026

Contents

Contents	1
What is Enter and View?	2
Details of the visit	2
Methodology	3
What people told us	5
Recommendations.....	6
Provider response	6

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 allow 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, toolkits and resources are available from the NHS. We will be asking 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 receive the highest amount of feedback during 2024-2025.

This report is for Clevedon Medical Centre. The 168 Medical Group report is [available on the Healthwatch North Somerset website](#).

Name of GP practice: Clevedon Medical Centre

Name of GP group: Clevedon Medical Centre

Date and time: 11/03/2026, 10am-12pm

Authorised representative: Jacqui Reeves, Catherine Szewczyk, Melanie Cooper

Acknowledgements

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

Methodology

Purpose of visit

We visited Clevedon Medical Centre to undertake an Enter and View and to understand how trauma-informed the GP 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 the patients and staff we spoke to on the day of our visit, 11th March 2026.

On the day of the visit, we had a tour of the practice by the practice manager. We then conducted an Enter and View observation and interviewed 9 staff including reception, nurses, GPs and management.

We spoke to three patients in the waiting room. Due to the waiting room being very quiet and the sensitive nature of the questions, we concentrated on speaking to staff and observations. In order to hear from as many patients as possible and minimise the risk of re-traumatisation, all 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. 1564 responses to the survey were received.

The analysis of survey responses will be published as a separate report.

Background

Clevedon Medical Centre is self-run. Based on 2016 [Care Quality Commission \(CQC\) data](#), Clevedon Medical Centre serves a predominantly older, less deprived population compared to the England average. The practice serves approximately 16,500 patients. There is a significant elderly population, with roughly 27% of patients aged 65 or older, placing it well above the national average. Gender split is 48.6% male, 51.4% female.

The practice is a progressive learning practice and has some exciting new plans such as creating additional space to develop the research team to be able to take on more studies for National Institute for Health and Care Research. It has 85 staff members and conducts community services such as hosting community midwives and UNO sexual health clinic one evening a week. It also works collaboratively with the community and with external organisations, such as working with 10 care homes in the area to offer a dedicated dementia nurse and a GP who attends ward rounds.

The practice works with CURO to refer for social prescribing which is very successful. Their last family and friends survey scored 95% satisfaction, and they run an annual 'operation community hamper' where donations are collected and hampers are given to 15 families. This Easter they are collecting Easter Eggs and will be donating an egg to 50 children from the patient list.

Clevedon Medical Centre carried out trauma-informed training on 21st Jan 2025 where 31 staff members attended. There was also a separate clinical focused trauma informed training for GP's on 14th October 2025.

Observations

- The practice is light and clean with a calm atmosphere. All staff appear genuinely happy with a friendly, approachable manner.
- Signage and notice boards were kept up to date with good, relevant information.
- The reception desk has a sign to ask patients to wait before being called forward. This allows a certain amount of privacy, however it is within the waiting room which is very open and quiet.

What people told us

Patients

- The three patients we spoke to all had a positive experience with Clevedon Medical Centre, but had no informative insights into the practice being trauma-informed.
- Please note, the findings from the survey of the wider patient list will be shared within a separate report.

Management and staff members

- We asked staff questions about what training they have received to be more trauma-informed. Management and clinical staff fully grasped our discussion, giving evidence and examples. There had been a training day in October 2025 that focused on trauma, which many of the clinical staff attended.
- Although there is genuine empathy and clear pathways of triage, the reception staff kept reverting to safeguarding processes and only one reception staff member had attended the trauma training in October.
- 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 Safeguarding Lead, who ensures training is up to date and encourages staff to attend further training.
- We asked about patients knowing what choices they have and the process when trauma has been disclosed. Staff explained they have identified/known safeguarding patients and families where a joined-up approach is taken with external parties. They also spoke about how continuity of care helps patients not have to retell or relive their trauma.
- There is an option to flag areas on patients notes that highlight things to be noted. Examples were given about certain procedures such as smear tests and in particular for patients with learning difficulties or if a patient has not taken up the offer of smear tests previously. Patients are given sufficient time to meet the nurse, ask questions, familiarise themselves with the procedure and equipment, and share any worries.
- 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 an open-door policy and daily huddle meetings plus time off if needed.
- Further training and resources such as tool kits would be welcomed by staff.

Recommendations

As mentioned above, the atmosphere of Clevedon Medical Centre is very organised, calm and patient-centred with an informal trauma-informed approach. The staff are clearly very supportive of each other.

- There are a lot of resources and training available. We appreciate clinical staff have had trauma-informed training, however we would recommend training for all staff, and especially reception staff as they are the first people patients see and interact with.
- There is an NHS trauma-informed toolkit available. We would suggest this is made available and promoted as a resource for all staff.
- To help with onboarding and new staff, it may be helpful if a written process/protocol of what to do when trauma has been disclosed is developed. This could also be displayed on staff notice boards.
- Information about what patients can ask for would be useful, especially around asking for a private conversation with reception staff. This could be a poster or newsletter article.

Provider response

The provider, who received this report ahead of publication, has not yet provided a response to our findings.



healthwatch
North Somerset

Healthwatch North Somerset
The Vassall Centre
Gill Avenue
Fishponds
Bristol
BS16 2QQ

www.healthwatchnorthsomerset.co.uk

t: 01275 244238

e: contact@healthwatchnorthsomerset.co.uk

X @HealthwatchNS

f [Facebook.com/HealthwatchNorthSomerset](https://www.facebook.com/HealthwatchNorthSomerset)