

Enter & View: Daybrook Medical Practice

Joint visit with CQC Inspection



Daybrook Health Centre



Daybrook Medical Practice

Nottinghamshire Healthcare NHS Foundation Trust

An NHS Property Services Building

Who is Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen. This is a part of our statutory role under Regulation 44 of The NHS Bodies and Local Authorities Regulations 2012.¹

Why is it important to get involved?

It is important because you are the expert on the services you use, so you know what is done well and what could be improved. Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

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¹ [The NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012](#), UK 2012

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**We have used artificial intelligence (AI) to assist with some drafting and editing. All content has been reviewed and approved by the project team to ensure accuracy, relevance and alignment with organisational standards.*

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Executive Summary



Healthwatch Nottingham and Nottinghamshire was invited by the Care Quality Commission to visit Daybrook Medical Practice in September 2025. We spent five hours at the practice speaking with 22 patients and carers about their experiences. This report sets out what they told us.

The overall picture was positive. More than two thirds of patients (68.2%) rated the practice as good or very good overall, and relationships with clinical staff were the strongest finding of the visit, with 77.3% rating this positively. Patients described feeling safe, heard and genuinely cared for by the doctors and nurses they saw.

“Been really good so far... it is a struggle to get an appointment but that is the same everywhere though.” Patient

The main concern was access. Getting an appointment was the area patients found most frustrating, with 40.9% rating this as poor or very poor. Patients described long waits, an unpredictable phone system, and confusion about what booking options were available. These difficulties shaped how some patients felt about the practice as a whole, and affected how they experienced reception and communication too.

We have made three recommendations:

1. **Review how repeat prescriptions and medication queries are communicated to patients.**
2. **Keep patients informed as the appointments booking process changes.**
3. **Make the complaints process more visible and easier to find.**

Since our visit, the practice has changed how routine appointments are requested. We welcome that. We will follow up on our recommendations in six months.

Introduction



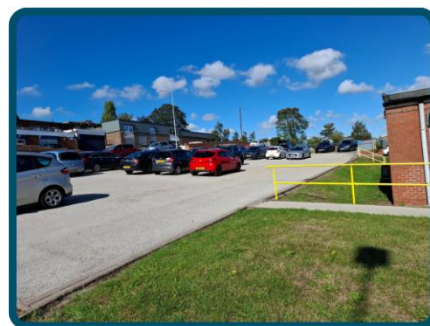
Healthwatch Nottingham and Nottinghamshire (HWNN) was invited to work alongside the Care Quality Commission (CQC) during their inspection of Daybrook Medical Practice in September 2025. Our role was to speak directly with patients about their experiences of using the service, providing an independent patient perspective to sit alongside the CQC's own inspection process.

HWNN has statutory powers to carry out Enter and View visits to publicly funded health and social care services. This visit was carried out in line with those powers. As an independent organisation, we do not make judgements about clinical standards or inspection outcomes, but report on what patients told us and what we observed on the day. We spoke with the practice in advance to explain our role and to reassure them of our independence from the CQC process.

We visited on 23 September 2025. This report has been produced following the CQC's own inspection report, which has since been published.

Service Overview

Daybrook Medical Practice serves the community of Daybrook, on the outskirts of Nottingham. It has 10,532 registered patients², including 1,165 people aged 75 or over.¹ The area has higher levels of deprivation, falling within the bottom 30% of neighbourhoods in England.³ The practice is accessible by car and public transport, with a large car park and a bus stop directly outside.



The 2025 GP Patient Survey found that 64% of patients rated their overall experience of the practice as good or very good. However, only half reported a positive experience of contacting the practice, with just 26% finding online contact easy and only 18% finding telephone contact straightforward.⁶ This reflects what patients told us during our visit, where making appointments was the area of greatest concern.

The CQC assessed the practice as Good across all five domains following their inspection in September 2025.⁴

In October 2025, the practice changed how it manages appointments. This was in line with wider changes being introduced across general practice through the new GP Contract⁵. Reception staff no longer book routine GP appointments directly. Instead, patients are asked to submit an online form, with support available for anyone who cannot access the internet.⁶ This change took place after our visit. Whether it has improved patient experience will need to be monitored.

² [NHS Digital, Number of Patients Registered At A Practice](#) (1 March 2026)

³ [English Indices of Deprivation 2025](#)

⁴ [CQC Report, Daybrook Medical Practice November 2025](#)

⁵ [NHS England changes to GP Contract 2025-26, point 7](#)

⁶ [Daybrook Medical Practice website](#)

Our Approach

Two Healthwatch Nottingham and Nottinghamshire staff members visited Daybrook Medical Practice on Tuesday 23 September 2025. We spent around five hours at the practice, dividing the day into a morning and afternoon session. We used a short questionnaire to guide conversations with patients.

Patients and carers were approached in the waiting area and asked whether they were willing to speak with us. A private room was available, but most people preferred to talk in or near the waiting area. We spoke with 22 patients, carers or family members in total. We also spoke with the practice manager at the start and end of the day, and with the pharmacist based at the on-site pharmacy.

Of the people we spoke with, 72.7% (n=16) were female and 27.3% (n=6) were male. All respondents described their gender as either male or female. By ethnicity, 77.3% (n=17) described themselves as White, 9.1% (n=2) as Black, 9.1% (n=2) as Asian, and 4.5% (n=1) as South Asian. Ages ranged from newborn to 89, with an average age of 51. Five patients were in their 80s. More than half reported at least one long-term health condition, and several people reported more than one.

This report reflects the views of people who were at the practice on the day and chose to speak with us. It is a snapshot of patient experience rather than a complete picture of everyone who uses the practice.

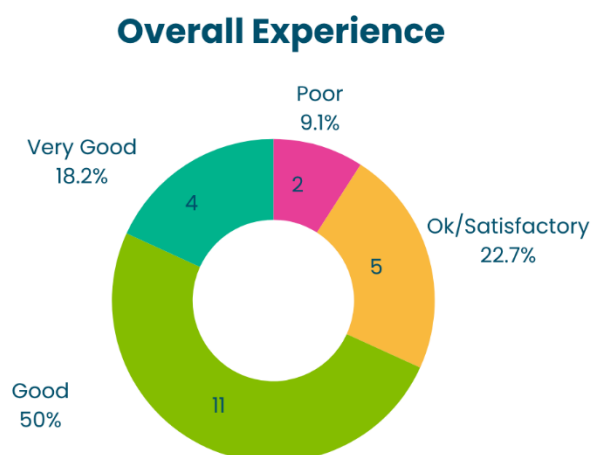
Summary of Findings

Getting an appointment at a GP practice is one of the most common concerns raised with Healthwatch nationally. Most patients rate their overall experience of general practice positively, but that picture changes when it comes to booking. Evidence suggests that a growing number of people are avoiding making appointments altogether because it feels too hard⁷, and the shift towards digital booking routes risks leaving some people behind, particularly older people, those with disabilities, and people with lower digital confidence⁸. What patients consistently tell us matters most is not just whether they can get an appointment, but whether they feel known, heard and cared for when they do. That is exactly the picture patients gave us at Daybrook.

Overall Experience

We started by asking patients about their overall experience without any prompting. All three of our focus areas, making appointments, communicating with the practice, and relationships with staff, came up naturally in those initial conversations before we asked about them directly. This gave us confidence that these were the right areas to explore in more depth. However, 22.7% of patients (n=5) also raised prescriptions and medication without being asked, making it the most common theme to emerge outside our planned focus areas. This will be explored later in this section, before moving to our three main findings.

More than two thirds of people (68.2%, n=15) rated the practice as good or very good. A further 22.7% (n=5) rated their experience as satisfactory, and 9.1% (n=2) as poor. Nobody rated the practice as very poor. This broadly positive picture was reflected in what people told us, though it was clear that experiences were not the same for everyone.



⁷ [Half of the public avoided seeking help from their GP about a health concern in the last year | Ipsos](#)

⁸ [Press release: DHSC & Minister for Health & Social Care Wes Streeting, 3 December 2025](#)

Many patients spoke about the practice with real warmth. Several had been using it for years, and described a sense that, despite real pressures, things were improving.

"The practice feels very caring, supportive and proactive, and I cannot think of any changes that I would make."

"It isn't amazing and would have rated poor before, but it has improved and is keeping me informed now."

Where frustration did come through, often it centred most on getting an appointment, which we explore in the next section.

"They are so busy, hard to get an appointment. They don't have time to focus on me. They need more resources: people, space, time."

Prescriptions and Medication

Prescriptions came up unprompted for 22.7% of patients (n=5). The picture was mixed. Some patients found the process straightforward, while others described problems with repeat prescriptions and getting medication to the right pharmacy.

"[When it works] the repeat prescription service is good. It just doesn't always [work]. They get a bit confused with themselves."

"Prescriptions are a problem. Prescriptions get mucked up and it can be hard getting the prescription to the right pharmacy."

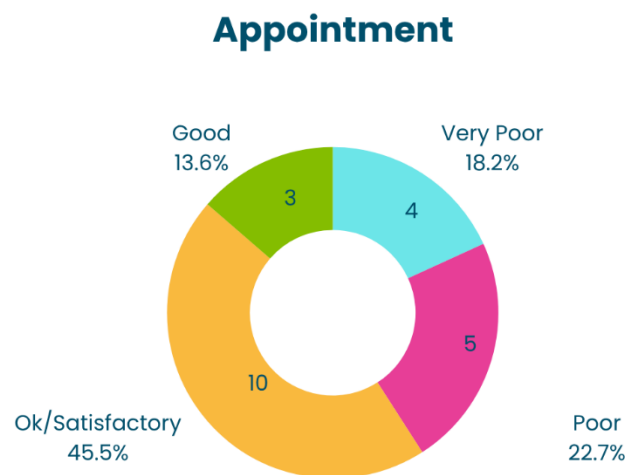
Daybrook Medical Practice has an independent pharmacy on site (pictured). Staff there confirmed they work well with the practice, though miscommunications do occur, which reflects what patients told us. The pharmacy also advised that patients tend to find it easier ordering repeats through the NHS App rather than the red box in reception (pictured), though this is not accessible for all patients.



Recommendation 1: Review how repeat prescriptions and medication queries are communicated to patients.

Making An Appointment

Making appointments was the area where patients felt most frustrated. In contrast to the overall experience ratings, where most patients rated the practice positively, only 13.6% (n=3) of people rated their experience of making appointments as good and nobody rated it as very good. Nearly half (45.5%, n=10) rated it as satisfactory and 40.9% (n=9) rated it negatively.



As the chart shows, this was the standout concern for patients at Daybrook and it came through clearly in what people told us. We know GP practices across Nottinghamshire are under real pressure,⁹ but what patients told us suggests there are specific things about the appointments process at Daybrook that are worth looking at more closely.

Getting an Appointment

Routine appointment availability was the most frequently raised issue in this section. Experiences varied considerably, with some patients finding appointments straightforward to access whilst others reported:

"It is hard and you have to wait a long time, sometimes several weeks."

This inconsistency was a recurring theme. Patients were not always sure what to expect when they contacted the practice, and for some the uncertainty itself was a source of frustration.

"Sorry, none today, please call back another day. But then when you do callback there isn't any, or sometimes when they are offered, they are so far in the future."

⁹ [HWNN GP Access Desktop Study](#), published July 2025

For some patients, difficulties accessing appointments had a real impact on their daily lives. The need to call on the day, often at 8am, created particular challenges for people with work or caring responsibilities.

"Often access is nearly impossible, because I work. But today it's been perfect."



Phone and Callback Experience

Experiences of the phone system were mixed, though there was a clear positive shift in feedback around the callback service, which several patients mentioned unprompted as a welcome improvement.

"The callback service is much easier as I was driving. They called me back within 30 mins."

However, contacting the practice by phone remained unpredictable. Some patients reported short wait times whilst others described long queues, being cut off by the system, or having to visit in person when the line would not connect. Patients described quite different experiences of getting through, suggesting the phone system remains inconsistent. For some, visiting in person had become a more reliable option than phoning.

"Today I called and waited a very long time with no answer, so I came in person and waited five to ten minutes and got an appointment."

Booking Options

Several patients described confusion around how the booking system works, particularly around what options are available and how to access them. Those who used the NHS App reported a more straightforward experience.

"I used the NHS App which I find to be a pretty good service."

However, not all patients are able to access or use digital options. This includes people without internet access, as well as those who lack the confidence or skills to use online services, sometimes called digital exclusion. Some patients had found workarounds that not everyone would know about, such as going via 111 or asking a family member to book on their behalf. For others, the on-the-day only system created a particular difficulty.

"Because you have to make them on the day... the wait is too long... booking in advance would allow me to be in control of my own appointments."

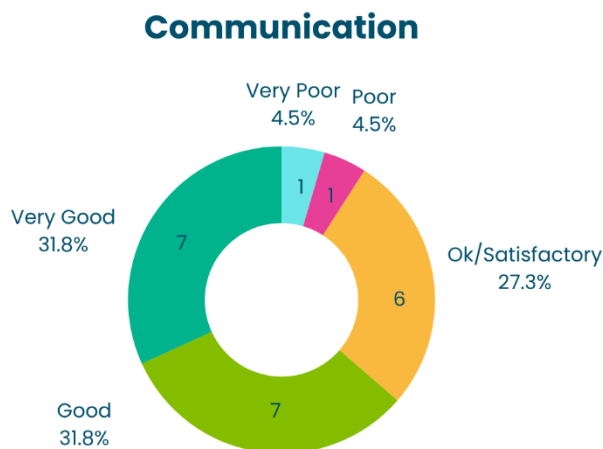
It is worth noting that since our visit, the practice has updated its website to describe a new system for requesting routine appointments online. Whether this change has resolved some of the confusion patients described, or introduced new challenges for those without internet access, remains to be seen and would be worth monitoring.

Recommendation 2: Keep patients informed as the booking process changes.

Communication

The ratings tell a positive story. Most people rated their experience of communicating with the practice positively. 31.8% (n=7) rated communication as good and the same number rated it as very good (31.8%, n=7). A further 27.3% (n=6) rated it as satisfactory and 9.1% (n=2) as poor or very poor.

People described feeling listened to by clinical staff, and valued the different ways in which the practice shares information with them.



"The staff are so good with me. So even when it isn't good news, they say it in such a nice way. I feel like they treat me like royalty."

"They send me information via text so I call in and someone explains to me what the message is and what I have to do."

It is also important to say that some people marked their rating down because of difficulties getting an appointment, rather than their experience of communication itself. This means the overall rating may not fully reflect how well the practice is doing in this area.

The practice appears to communicate well with patients who need extra support. Two patients described feeling genuinely considered.

"I feel like they do accommodate my husband's additional needs as he has a lot of issues related to his Parkinson's. They give me a choice in how to communicate and I feel heard."

"Communication is pretty easy here. I do have autism and this isn't always considered over the years."

These findings suggest the practice is making a real effort to adapt to individual patients, which is encouraging.

Concerns and Complaints

A small number of patients described contact with reception as feeling scripted or impersonal, and said they did not feel properly heard when they phoned up.

"When I phone and explain, the staff are very matter-of-fact, no empathy. I don't feel heard by reception."

"The people here are pleasant but they seem to have a script, so if I don't use the right words with them, they don't understand my needs."

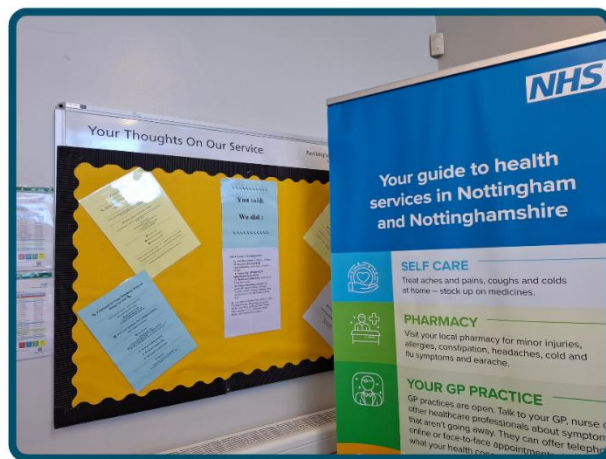
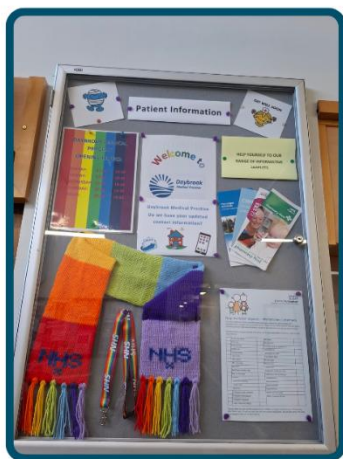
This may be connected to the pressures reception staff face around appointment availability, rather than reflecting a lack of care on their part.

This matters particularly when it comes to raising concerns. When we asked patients about the complaints process, 19 out of 22 did not know how it worked. Of the remaining three, one said they would not complain because they did not like confrontation, and two knew the process because they worked for the NHS themselves.

The issue is not that patients felt unable to complain. It is that most did not know the process existed or how to use it. One patient put it plainly.

"It's awkward isn't it, if you have to complain about reception to reception."

During our visit we observed a patient information display near reception (pictured) which was prominently placed but did not include information about how to raise a concern. We also observed a "You Said We Did" board in the waiting area (pictured), headed "Your thoughts on our practice," which was partially obscured by a display banner on the day. Both of these could provide good, visible locations for complaints information.



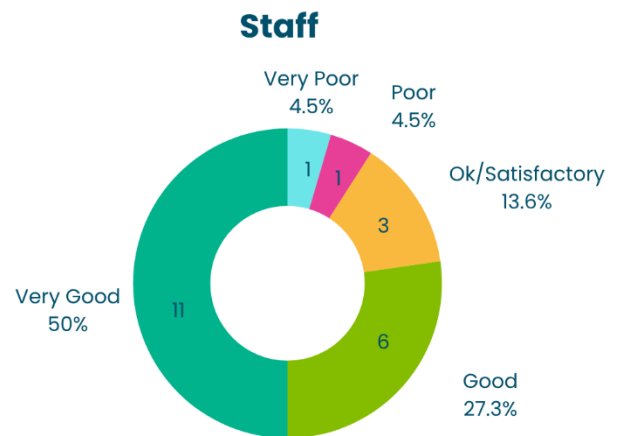
The complaints process is available on the practice website. However, the data we collected on the day suggests patients are not aware of it, suggesting the problem is visibility, not the absence of a process.

Recommendation 3: Make the complaints process more visible and easier to find.

Relationships with Staff

Relationships with staff was the strongest finding of our visit. Eleven people (50%, n=11) rated this as very good and six as good (27.3%, n=6), giving a combined positive rating of 77.3%. Three people rated it as satisfactory and two rated it negatively.

Many patients spoke warmly about the practice and the staff they had built relationships with over years, sometimes decades.



"Staff are excellent, very understanding and knowledgeable of how things work."

"They are caring, responsive and supportive, and interested in me and my family."

"Using this service makes me feel comfortable, it's like a second home."

Clinical staff in particular were described consistently as warm. Doctors and nurses were mentioned by name more than any other staff group, with patients using words like brilliant, kind and patient to describe them.

"Doctors are brilliant. Nurses are good too."

"It doesn't feel rushed or impersonal. When I have spoken to them it's always felt like it's just you and them."

We asked some patients whether they felt safe with staff. Encouragingly, all those asked answered that they definitely did.

"I always feel safe talking with the staff."

Where we asked about privacy, patients were equally positive. People felt that private space was available when they needed it and that staff were mindful of this.

"For privacy they have always made sure I was okay, and offered a chaperone if I wanted one."

"If I needed more privacy I feel I could ask for it."

Mixed experiences

Whilst the overall picture is strongly positive, not all experiences were the same. Some patients described a difference in how well they felt cared for depending on which GP they saw. Seeing an unfamiliar GP could feel less personal.

"I have one GP who is great, but when you are assigned a random GP, it can feel rushed and they show less care and attention."

Reception staff received more mixed feedback. Some patients were understanding of the pressures they face, and several spoke positively about them. Others described experiences that felt less caring.

"Rude receptionists!"

"Reception staff are not as compassionate as they could be."

It is worth noting that much of the frustration directed at reception staff appears to be connected to difficulties with the appointment system rather than reflecting how those staff treat patients day to day. Several patients made this link themselves.

"You do feel the pressure they are under."

The total picture shows that relationships between staff and patients are a source of strength for this practice, though the difference in how those relationships feel to different patients is something worth the practice being aware of.

Conclusion

The strongest finding from this visit is also the simplest. Patients at Daybrook feel cared for. The relationships they have built with clinical staff came through more clearly and more consistently than anything else we heard, and that matters. A practice where patients feel safe, heard and valued has something real to build on.

The main challenge is access. Getting an appointment was the area of greatest frustration, and for some patients it shaped how they felt about the practice as a whole. People described workarounds, uncertainty, and a system that worked better for some than for others. Patients with work or caring commitments, those less confident with digital tools, and older patients in particular describe a more challenging experience. These are not minor inconveniences. For some patients, being unable to get an appointment meant being unable to get care.

What this report shows is that access and relationships are not separate issues. When patients struggled to get through, some of that frustration landed on reception staff, who were often doing their best within a system under pressure. That link between booking, communication and how staff are perceived is worthy of the practice's attention as it continues to make changes.

This visit took place alongside the CQC's inspection of the practice. Our role was not to duplicate their work but to add something specific: spending extended time with patients in the waiting room and hearing their experiences in their own words. That direct patient voice sits alongside inspection evidence and helps build a fuller picture of what it is like to use this practice.

The practice has already made changes to its appointments system since our visit. We welcome that. The three recommendations in this report cover prescriptions, booking communication, and the complaints process. We will follow up in six months to understand what has changed and whether patients are noticing the difference.

Recommendations

Recommendation 1: Review how repeat prescriptions and medication queries are communicated to patients.

Ensure patients have clear, accessible information about how to order repeat prescriptions and who to contact if something goes wrong. The current process is not consistently understood, and this is leading to confusion and missed or misdirected medication. Options for patients who cannot use digital routes should be clearly explained.

Recommendation 2: Keep patients informed as the appointments booking process changes.

At the time of our visit, patients described confusion about how to book appointments and what options were available to them. We note the practice has since updated its booking system. We would encourage the practice to make sure all patients know what options are available under the new system, including those who cannot use digital routes, and to actively communicate any changes so that confusion does not continue.

Recommendation 3: Make the complaints process more visible and easier to find.

Display clear information about how to raise a concern in the waiting area, and make it straightforward to find on the practice website. Patients should know they can speak to a practice manager directly, and that raising a concern will not affect their care. At the time of our visit, most patients we spoke to were not aware of how the complaints process worked. Patients who do not wish to raise a concern directly with the practice can contact the Integrated Care Board. Healthwatch Nottingham and Nottinghamshire can also offer independent support and signposting to help patients navigate the complaints process.

Service Provider Response

Response to Recommendation 1 – Repeat Prescriptions and Medication Queries

We acknowledge the concerns raised and recognise the importance of ensuring patients have clear, accessible information about how to order repeat prescriptions and what steps to take if issues arise. We appreciate the feedback highlighting that the current process is not always consistently understood by patients.

In response, the practice will review the information currently provided to patients regarding repeat prescription requests and medication queries. This will include:

- Reviewing patient-facing information available on our website, telephone messaging, and within the practice
- Ensuring clearer guidance is provided regarding the different methods available for ordering repeat prescriptions
- Clarifying who patients should contact if there are delays, missing medication, or prescription-related concerns
- Reviewing how we communicate expected processing times and pharmacy collection arrangements
- Ensuring that non-digital routes remain available and clearly explained for patients who are unable to access online services

We will also work with our reception and administrative teams to ensure consistent messaging is given to patients when queries arise. The practice remains committed to improving patient experience and reducing confusion around repeat prescription processes while maintaining safe prescribing procedures.

Response to Recommendation 2 – Communication of Changes to the Appointment Booking Process

We acknowledge the feedback received from patients regarding confusion around appointment booking arrangements and the options available to them. Following the introduction of our updated booking system, the practice recognises the importance of ensuring that all patients are kept informed and understand how to access care appropriately.

To support this, the practice is taking steps to strengthen communication with patients through a variety of channels. This includes:

- Increasing the use of email communication to share updates and patient information where consent has been provided
- Developing the use of a practice WhatsApp communication channel to improve accessibility and timely updates
- Updating information available on the practice website, telephone messaging system, and in-practice notices
- Ensuring patients are clearly informed about the different appointment routes available, including urgent, routine, online and telephone access
- Continuing to provide and explain non-digital access routes for patients who are unable to use online systems

The practice has experienced challenges with reduced SMS usage due to the significant increasing costs associated with bulk text messaging services. As a result, we are reviewing more sustainable and accessible communication methods to ensure patients continue to receive important information effectively. We remain committed to improving patient understanding of the booking process and ensuring changes are communicated clearly and consistently to all patients.

Response to Recommendation 3 – Visibility and Accessibility of the Complaints Process

The practice complaints procedure is currently available both on the practice website and within the practice premises. The process was also recently reviewed as part of inspections undertaken by both the Care Quality Commission (CQC) and the Integrated Care Board (ICB).

We acknowledge, however, the feedback that some patients were not fully aware of how to raise concerns or access the complaints process. In response, we will review how this information is displayed and communicated to ensure it is clearer and easier for patients to access. The practice will continue to:

- Display complaints information prominently within the waiting area
- Ensure complaints guidance is easy to locate on the practice website
- Inform patients that they may speak directly with a member of the management team regarding any concerns
- Reassure patients that raising a concern or complaint will not negatively affect their care or treatment

Where concerns are raised, a member of the management team will contact patients directly to discuss the matter further and seek an appropriate resolution wherever possible. We also acknowledge the importance of signposting patients to independent support services, including the Integrated Care Board and Healthwatch Nottingham and Nottinghamshire, for patients who may not wish to raise concerns directly with the practice.

Deborah Rattray – Practice Business Partner, Daybrook Medical Practice

Acknowledgements

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