

General Practice Inspection (announced)

**Abertawe Bro Morgannwg
University Health Board,
Oak Tree Surgery**

13 October 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Oak Tree Surgery, Whitethorn Drive, Brackla, CF31 2PQ on 13 October 2015. Our team, for the inspection, comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer and two representatives from Aberatwe Bro Morgannwg Community Health Council.

HIW explored how Oak Tree Surgery met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of general medical practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

2. Context

Oak Tree Surgery currently provides services to patients in the Bridgend area. The practice forms part of GP services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board.

The practice employs a staff team which includes 11 doctors (including eight GP partners), nine nurses, three healthcare support workers, a number of reception and support staff and a business manager

The practice provides a range of NHS services (as cited within the patient information leaflet) including:

- Asthma and COPD clinic
- Diabetic clinic
- Child health and immunisation clinic
- Minor surgery clinic
- Cervical screening
- Smoking cessation
- Flu vaccination
- Targeted clinics

3. Summary

HIW explored how Oak Tree Surgery met standards of care as set out in the Health and Care Standards (April 2015).

Patients' views about the service provided by Oak Tree Surgery were obtained by members of the local Community Health Council (CHC). Overall, patients told the CHC that they were satisfied with the service provided.

We found staff were treating patients with respect and arrangements were in place to ensure patients' privacy and dignity was maintained.

The practice had systems in place for patients to provide feedback. We identified that the practice's written concerns (complaints) procedure needed revising to fully comply with *Putting Things Right*, the arrangements for handling concerns and complaints about NHS care and treatment in Wales.

Overall, we found the practice had arrangements in place to ensure patients received safe care and made efforts to provide patients with a high quality service in a timely manner.

Arrangements were in place regarding safeguarding children and safeguarding adults at risk. However, we have identified that recording systems in respect of information on vulnerable adults could be improved.

The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients. We have identified improvement could be made using the existing computer system to make the notes easier to navigate.

Oak Tree Surgery had a clear management structure in place and we found effective governance and leadership arrangements. Clear lines of reporting and accountability were described.

4. Findings

Quality of the patient experience

Patients' views about the service provided by Oak Tree Surgery were obtained by members of the local Community Health Council (CHC). Overall, patients told the CHC that they were satisfied with the service provided.

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Two members of the Abertawe Bro Morgannwg Community Health Council¹ (CHC) were present at the surgery on the day of our inspection. Their role was to seek patients' views with regard to services provided by Oak Tree Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

The CHC have produced a report which provides an analysis of the information gathered. That report can be found at Appendix B.

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)

People visiting the practice were treated with dignity and kindness and arrangements were in place to protect patients' privacy.

¹ Abertawe Bro Morgannwg Community Health Council is a statutory organisation and monitors the quality of the NHS services provided within the Abertawe Bro Morgannwg area.

<http://www.wales.nhs.uk/sitesplus/902/home/>

We observed reception staff greeting patients in a friendly and welcoming manner and treating them with dignity and respect. The main reception area was located away from the waiting areas, providing a degree of privacy for patients speaking with reception staff. In addition, there was a separate room available should patients wish to speak to reception/practice staff privately. We saw that incoming and outgoing telephone calls were made in a separate room away from reception. This allowed for patient information to be discussed in a confidential manner away from other people visiting the practice.

The practice building was modern and consulting rooms were suitably soundproofed. We saw doors to these areas were closed at all times when practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

The practice had a written policy on the use of chaperones. This aimed to protect patients and practice staff and clearly set out the procedure to follow and the responsibilities of staff. We were told that usually a nurse or healthcare support worker would be asked to be a chaperone, however all staff had received training regarding the role.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive and open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)

The practice had systems in place to empower patients and their carers to provide feedback on their experiences of using the practice.

The practice had a written procedure in place for patients and their carers to raise concerns (complaints). We saw that leaflets, setting out the procedure to follow, were readily available near the reception desk.

The written procedure required updating to fully reflect *Putting Things Right*, the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. It incorrectly referred to patients being able to ask for a review by the Independent Review Secretariat. This is out of date and no longer forms part of the current arrangements. In addition the contact details of the Public Ombudsman for Wales needed to be included together with an explanation that patients could request the Ombudsman to investigate their complaint. Details of the Community Health Council (as an advocacy service)

were included but required updating to reflect the correct contact details. Senior staff agreed to update the practice's procedure.

Improvement needed

The practice must review its written complaints procedure so that it fully reflects the current 'Putting Things Right' arrangements. The correct contact details of the Public Services Ombudsman for Wales and the local Community Health Council must also be included in information provided to patients and/or their carers.

We saw that records had been maintained of complaints. The records demonstrated that the practice had dealt with the complaints in a timely manner. An effective management system was described to consider and learn from complaints received.

In addition to the above, the practice had a system to obtain and act on feedback from patients via patient satisfaction surveys. There was also an active Patient Forum. We were told this independent group met regularly with representatives of the practice to provide feedback received from patients. The names of members and e-mail address of the Patient Forum were included in the practice information leaflet. We were told that new posters were being made to inform patients visiting the practice of how to contact the Patient Forum.

Delivery of safe and effective care

Overall, we found the practice had arrangements in place to ensure patients received safe care and made efforts to provide patients with a high quality service in a timely manner.

Arrangements were in place regarding safeguarding children and safeguarding adults at risk. However, we have identified that recording systems in respect of information on vulnerable adults could be improved.

The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients. We have identified improvement could be made using the existing computer system to make the notes easier to navigate.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

Information was available to patients via a variety of means to help them take responsibility for their own health and well being.

Health promotion material was available within the waiting areas of the practice together with information on local and national support groups. Patients could also access information via the practice's website. Senior staff told us that the practice worked with other organisations to provide health promotion advice. For example, a smoking cessation advisor was regularly available to give advice to patients wanting to give up smoking.

The practice had a written policy on the identification and referral of carers. This described the procedure for staff to follow when carers were identified to ensure they were offered advice on getting helping and support. It also set out how related information should be recorded. Whilst the practice did not have an identified Carer's Champion we were told the Patient Forum fulfilled this role. Information for carers was displayed in the waiting room. However the practice may wish to explore additional mechanisms to further improve awareness amongst carers of where to obtain advice and support with their day to day responsibilities.

Senior practice staff told us they worked within the GP cluster² in the area to improve services for patients. We were told that the cluster was looking to employ a counsellor to work across the practices in the area to facilitate patients' access to this service locally.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)

We found arrangements were in place to protect the safety of staff working and people visiting the practice.

During a tour of the practice building, we found all areas occupied by patients were clean, tidy and uncluttered, which reduced the risk of trips and falls. The practice building was visually well maintained both internally and externally. Members of the CHC found that the pull cord (for use in an emergency) was missing from the patient's toilet. This was brought to the attention of senior staff who agreed to explore the reason for this and take corrective action as appropriate to ensure patient safety. Security measures were in place to prevent unauthorised access within the building.

The practice had a health and safety policy in place and senior staff explained that an environmental risk assessment had been carried out. We saw that this had been conducted 12 months previously and the practice should consider reviewing this to ensure it remains up to date. We saw that staff had attended training on health and safety topics within the last 12 months.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination)

² A GP practice 'cluster' is a grouping of GPs and practices locally determined by an individual NHS Wales Local Health Board. GPs in the clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

Measures were in place to protect people from preventable healthcare associated infections.

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. We saw this was readily available. The clinical treatment areas we saw appeared visibly clean. Hand washing and drying facilities were provided in clinical areas and toilet facilities. We saw waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly.

Discussion with nursing staff confirmed that all instruments used during the course of minor surgery procedures were purchased as sterile, single use packs which avoided the need for the use of sterilisation/decontamination equipment.

Senior staff described that that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required to protect themselves and patients in this regard.

People receive the right medicines for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6-Medicines Management)

We found suitable arrangements were in place for the safe prescribing and review of medicines prescribed to patients.

We were told that the practice formulary (a list of medicines that may be prescribed) was regularly updated in response to local and national guidance. We reviewed a random sample of patients' records. These demonstrated that patients had reviews of their medication either via face to face or telephone consultations. Arrangements were in place to remove medication no longer needed by patients from repeat prescribing lists.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7-Safeguarding Children and Safeguarding Adults at Risk)

Staff working at the practice had access to a policy on safeguarding children and safeguarding adults at risk. Staff we spoke to confirmed they had attended training on safeguarding issues and the training log we saw supported this. We were told that updated training was arranged and scheduled to take place in February 2016. The practice had a nominated lead GP in respect of child protection.

Good arrangements for multi-professional working and communication were described to ensure the practice held relevant information on child protection matters. A system was in place to ensure records maintained at the practice were updated to reflect individual changing child protection circumstances. We found the recording systems used for vulnerable adults were less well developed and have recommended that the practice addresses this.

Improvement needed

The practice should further develop the systems in place for recording information on individual adults who become vulnerable or at risk.

Effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)

The practice had suitable arrangements in place to report and learn from patient safety incidents and significant events.

Senior staff at the practice explained that patient safety incidents and significant events were reviewed and discussed at weekly meetings. We saw minutes of meetings supporting this process. Senior staff explained that all members of the practice team are encouraged to report and reflect on incidents so that lessons could be learned and improvements made to the services provided.

In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)

One of the doctors was a Welsh speaker. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner.

Whilst all incoming mail was conveyed to doctors, information from out of hours consultations was initially seen by administrative staff. If the communication indicated follow up action was required, this was then conveyed to a doctor. The practice should revisit this arrangement to ensure it is satisfied that

information received on out of hours consultations is subject to appropriate clinical overview within the practice.

Improvement needed

The practice should revisit the arrangement for dealing with communications from out of hours services to ensure it is satisfied that information received is subject to appropriate clinical overview within the practice.

Senior staff described the process in place for informing patients of test results and any follow up appointments needed.

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. (Standard 3.5-Record Keeping)

We looked at a random sample of electronic patient records all of which were sufficiently detailed.

All notes contained details of consultations between doctors and patients and it was possible to determine the outcome of consultation and the plan of care for the patient. We did identify that if doctors working at the practice applied a more consistent approach to the use of Read³ codes and the drop down menu to 'link' previous and current consultations, this may make the notes easier to navigate at future consultations.

Improvement needed

The practice should make suitable arrangements to ensure doctors working at the practice all use a consistent approach when applying Read codes and use the drop down menu to indicate whether the patient is presenting with a new problem, an exacerbation of an existing problem or a planned review.

³ Read codes are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.

Dignified care

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner (Standard 4.2- Patient Information)

We found that the practice provided relevant information for patients in a variety of ways.

Information for patients about the practice's services was available within a practice leaflet. This provided useful information, including details of the practice team, opening hours, appointment system, the procedure for obtaining repeat prescriptions and how patients could make a complaint. We were told the practice leaflet was available in other formats on request.

A range of information was also displayed and readily available within the waiting area of the practice, with some routinely available in Welsh. This included information on local support groups, health promotion advice and self care management of health related conditions. Further information on the practice's services and links to health advice and information was also available on the practice's website. The practice may wish to explore how information can best be provided to patients who visit the practice infrequently to ensure they are included and made aware of any changes that may affect them.

The sample of patient records we reviewed demonstrated that discussions had taken place between doctors and patients on health promotion issues and reinforced by providing information leaflets to patients. We were told that on-line videos were also used as patient teaching resource, for example to show patients the correct technique to use an inhaler.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right time, in the right place and with the right staff. (Standard 5.1-Timely Access)

The practice has put considerable thought and effort into improving patient access to services. This was reflected in a variety of mechanisms being offered for patients to access services and the efforts made to ensure patients were seen in a timely manner whenever possible

Patients were able to book appointments in person at the practice, by telephone and on-line (following registration for this service). A text service was available

for patients with a hearing impairment. The practice also offered a morning 'walk in' surgery and telephone doctor service for patients with an 'urgent acute' health related issue.

A number of clinics were offered for patients with chronic health conditions. These were organised and run by the nursing team, who were also able to see patients presenting with minor general illnesses (described as non urgent). This meant that patients did not have to wait unnecessarily to see a doctor.

Individual care

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2-Peoples Rights)

The practice had made arrangements to make services accessible to patients with different needs.

The practice building was purpose built as a general practice health care facility. There were no external steps making it accessible to patients with mobility difficulties and those patients who use wheelchairs. Services were provided over two floors and a passenger lift offered access to the upper floor.

As explained earlier one of the doctors was a Welsh speaker and the practice also had access to a telephone based translation service for patients whose first language is not English.

Arrangements were in place to protect the privacy of patients. This included the safe and confidential storage of medical records.

Quality of management and leadership

Oak Tree Surgery had a clear management structure in place and we found effective governance and leadership arrangements. Clear lines of reporting and accountability were described.

Governance, leadership and accountability

Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

We found effective leadership within the practice. It was evident from conversations with the senior staff that consideration had been given to developing, improving and ensuring the sustainability of care services provided by the practice team.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. Staff working within the practice were organised into a number of teams, each with particular roles and responsibilities, which contributed to the overall operation of the practice. Clear lines of reporting and accountability were described. A system of regular team meetings was described. These considered a range of topics relevant to ensuring the safe and effective provision of care services offered by the practice.

The practice had a Practice Development Plan and we were told this was reviewed six monthly with the practice partners and the business manager.

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))

Discussions with staff indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Many of the staff had worked at the practice for many years, which provided continuity for patients. Staff were able to describe their roles and responsibilities within the wider practice team and indicated they were happy in their roles. All staff we spoke to confirmed they felt supported by senior staff and had opportunities to attend relevant training. A system of staff appraisal was described. This allowed for feedback to be provided to staff on their work performance and agree their development and training needs.

Conversations with individual staff confirmed that they felt able to raise any work related concerns with senior practice staff and were confident these would be dealt with appropriately.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within GP practices.

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

6. Next steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Oak Tee Surgery will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

Appendix A

General Medical Practice: Improvement Plan

Practice: Oak Tree Surgery

Date of Inspection: 13 October 2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
7	<p>The practice must review its written complaints procedure so that it fully reflects the current 'Putting Things Right' arrangements. The correct contact details of the Public Services Ombudsman for Wales and the local Community Health Council must also be included in information provided to patients and/or their carers.</p> <p>[The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2011]</p>	Standard 6.3	Leaflet has been updated to reflect Putting things Right	Pat Hayward	Completed

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Delivery of safe and effective care					
11	The practice should further develop the systems in place for recording information on individual adults who become vulnerable or at risk.	Standard 2.7	System to be reviewed by Safeguarding lead and action plan developed if needed	Dr Davies	End of Jan 16
12	The practice should revisit the arrangement for dealing with communications from out of hours services to ensure it is satisfied that information received is subject to appropriate clinical overview within the practice.	Standard 3.2	Current System to be revisited against risk assessment criteria	Dr Harris	By end of Jan 2016
12	The practice should make suitable arrangements to ensure doctors working at the practice all use a consistent approach when applying Read codes and use the drop down menu to indicate whether the patient is presenting with a new problem, an exacerbation of an existing problem or a planned review.	Standard 3.5	All GPs to be reminded of the use of consistent coding and the use of template during consultations.	Dr Harris	By end of Jan 2016
Quality of management and leadership					
	No improvement needed identified.				

Practice representative:

Name (print):**Dave Blower**

Title:**Business Manager**.....

Date:**30/11/15**.....



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Oaktree Surgery, Bridgend CF31 2PQ
Date / Time:	13.10.15 / 9.30 am
CHC Team:	ABM CHC Kerry Davies (Lead) AnneMarie Winslade – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with, 36 patients during this joint visit.

Observations

Environment - External

- Adequate parking including disabled bays
- Clear and litter free (despite autumn leaf fall)
- Pavements level

- Information clearly displayed on opening times etc., by front entrance (external)

Environment - Internal

- Clean – acceptable furniture – carpets
- Pleasant temperature
- Tight area around reception desk
- Calm atmosphere in waiting room even with young children present and a busy morning's surgery
- *Pull cord in disabled toilet missing*
- Doors leading into waiting area difficult for disabled patients if attending alone (fire doors)

Communication & Information on Display

- Boards and TV monitors giving appropriate information
- Bilingual on display stands and notice boards
- Good notices display regarding Crystal Loop System
- Met with member of Patient Forum – quarterly meetings
- Patients able to post online for forum agenda and follow up

Kerry Davies and AnneMarie Winslade

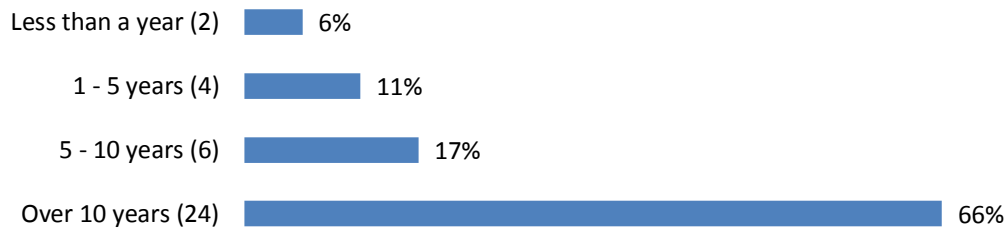
CHC Members

Abertawe Bro Morgannwg Community Health Council report
HIW – CHC Joint Inspection
Oaktree Surgery

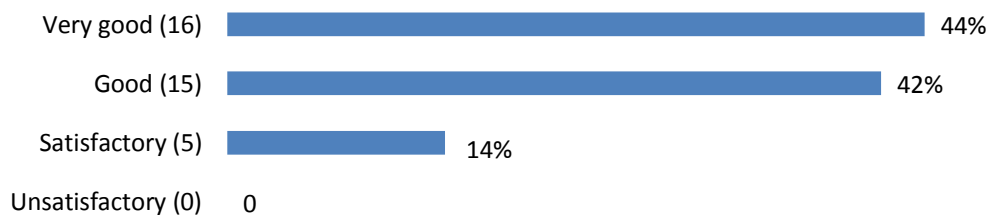
GP Experience – HIW 2015

This report was generated following the inspection on 13 October 2015, giving the results for 36 respondents. A filter of 'All respondents' has been applied to the data.

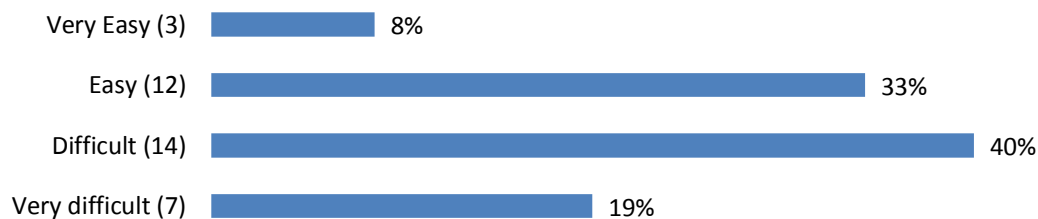
How long have you been registered with the practice?



How would you rate the opening times at your GP practice?



How would you rate booking an appointment at your GP practice?



If difficult please comment:

- ☺ Hardly any appointments available. Takes ages to get through on the phone. Difficult to book an appointment with female doctors. 8-8.15 you can be seen within 24 hours. If not, then 24-48 hours. Depends what time you ring between.
- ☺ Unless it's an emergency appointment it's hard to get a booked appointment
- ☺ Can never get through or when I do always booked. Takes a week to get appointment.

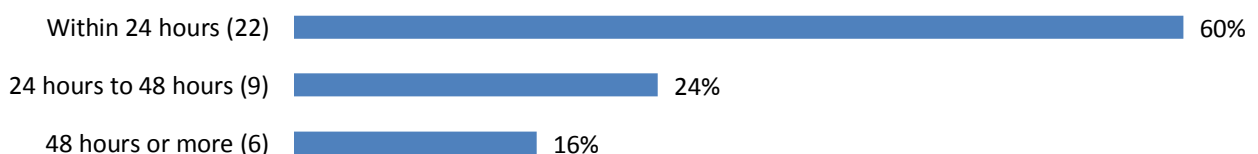
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- ⌚ Cannot get to see a doctor - no appointments available. Cannot see your regular doctor.
- ⌚ Online and automated appointment system often not available.
- ⌚ Not enough appointments on automated, especially if you are a shift worker.
- ⌚ Find that appointments are only available a few weeks ahead and limited same day appointments.
- ⌚ Can't get through on the phone.
- ⌚ Have to phone at 8 am and then they have all gone.
- ⌚ Phones always engaged or kept on hold for ages. No appointment today, walk in for nurse.
- ⌚ Having to wait until after midnight to make appointment. Not very satisfactory.
- ⌚ Would like to arrange an appointment in advance, not in the morning by phone.
- ⌚ Having to wait until 8 am to book an appointment over the phone, then finally get through but all gone. Emergency appointment.
- ⌚ Have to ring early or no appointments available.
- ⌚ Long wait for appointment.
- ⌚ Can take 2 weeks.
- ⌚ It has been my experience that I have to try several times to get an appointment.
- ⌚ I do like to stick to a doctor that knows my conditions and not just a doctor who reads my details on the computer. So difficult getting an appointment for the doctor you want, easy if you don't mind which doctor.

How long do you usually have to wait for an appointment with a GP of your choice



How long do you usually have to wait for an appointment with any GP?

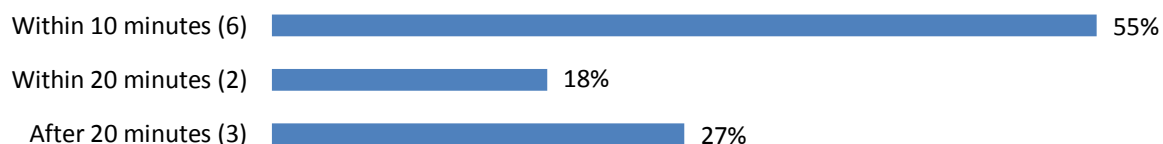


Abertawe Bro Morgannwg Community Health Council report
HIW – CHC Joint Inspection
Oaktree Surgery

Today, were you seen at your allocated time?



If no, how long after your appointment time were you seen?



How would you rate the following: (Access i.e ramps, steps etc)



How would you rate the following: (Helpfulness of reception staff)



How would you rate the following: (Cleanliness of waiting area)



How would you rate the following: (Seating arrangements)

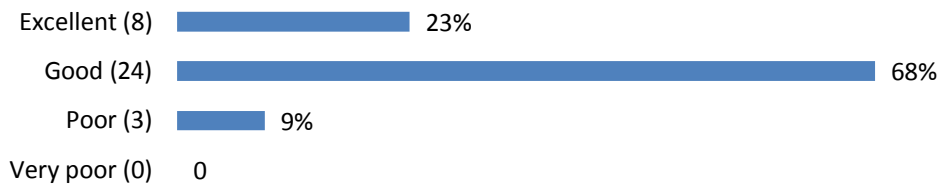


Abertawe Bro Morgannwg Community Health Council report
HIW – CHC Joint Inspection
Oaktree Surgery

How would you rate the following: (Information on display)



How would you rate the following: (Toilet facilities)



Who did you see today?



How would you rate the following about your GP? (Greeting)



How would you rate the following about your GP? (Understanding your concerns)



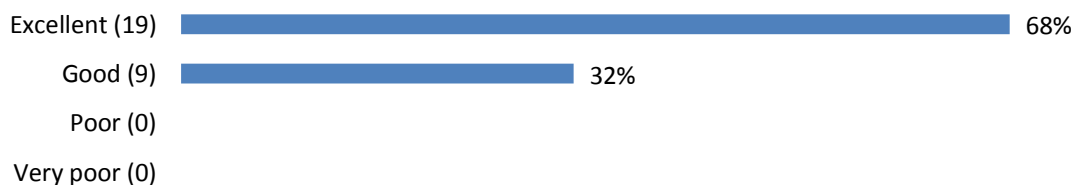
How would you rate the following about your GP? (Treatment explanations)



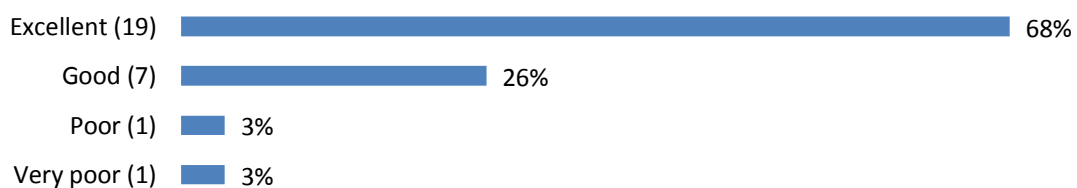
How would you rate the following about your GP? (Awareness of your medical history)



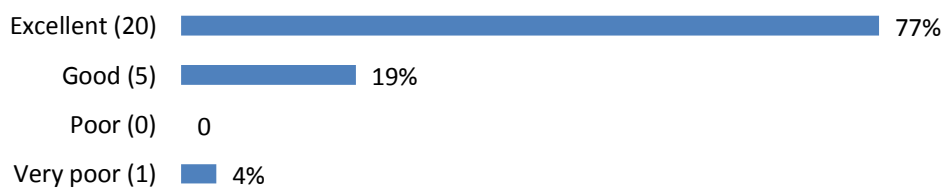
How would you rate the following about your Nurse? (Greeting)



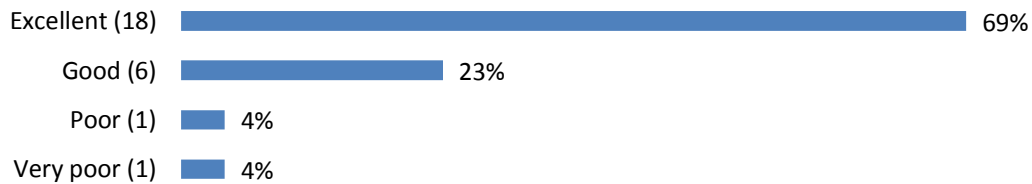
How would you rate the following about your Nurse? (Understanding of concerns)



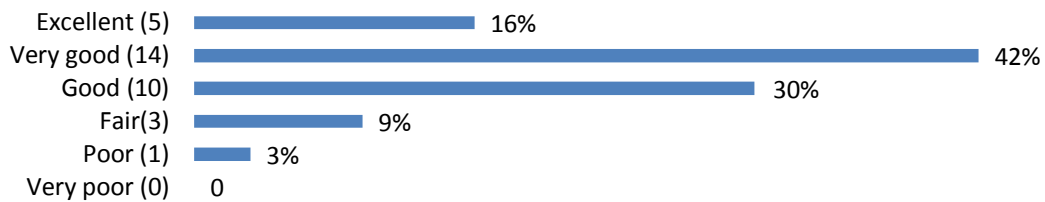
How would you rate the following about your Nurse? (Treatment explanations)



How would you rate the following about your Nurse? (Awareness of your medical history)



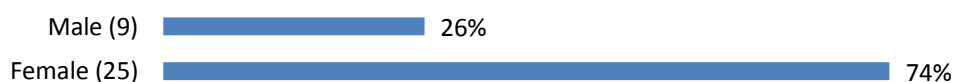
How would you rate your experience of this GP Practice?



Do you have any additional comments you wish to make regarding your GP practice or other healthcare professional seen?

- ☺ Doctors, nurses and staff are amazing which is why I don't mind the fuss about getting an appointment.
- ☺ Reception staff not always approachable!
- ☺ Always find all reception staff and doctors and nurses extremely helpful.
- ☺ Visiting for speech therapy appointment from Pyle.
- ☺ Not suitable waiting until midnight for appointment on phone. Also, when 2 appointments booked with nurse / bloods can't make appointment on alternated service to see doctor.
- ☺ Phoning for appointments is always difficult - you can't book any at reception, you must phone.
- ☺ It's a fabulous practice and always has been.
- ☺ Why change made from taking one blood test here to POW?
- ☺ Phone.

Are you male or female?



Abertawe Bro Morgannwg Community Health Council report
HIW – CHC Joint Inspection
Oaktree Surgery

What is your age?

