

General Practice Inspection (announced)

Hywel Dda University
Health Board, Tanyfron
Surgery

1 December 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 Tanyfron Surgery, 7-9 Market Street, Aberaeron, Ceredigion, SA46 0AS on 1 December 2015. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer and 2 representatives from Hywel Dda Community Health Council.

HIW explored how Tanyfron 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

Tanyfron Surgery currently provides services to approximately 7,500 patients in the Aberaeron and surrounding areas of Ceredigion. The practice forms part of GP services provided within the geographical area known as Hywel Dda University Health Board.

The practice employs a staff team which includes two GP partners, three regular locum GP's, four practice nurses, one healthcare assistant, a number of reception and administration staff and a practice manager.

The practice provides a range of services, including:

- Chronic disease management clinics
- Minor surgery
- Open access appointments (morning only)
- Smoking cessation clinics
- Well woman clinics.

We were accompanied by two members of the local Community Health Council (CHC) at this inspection.

3. Summary

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

As part of this inspection, the Community Health Council sought patient views and these were unanimously positive about the service received from doctors and staff at Tanyfron Surgery.

We found that there was a pleasant, clean environment for patients with a building which was accessible throughout for those with mobility difficulties. The practice placed considerable emphasis on working positively with their patient population to provide a service tailored to their needs and were furthering this through their work to establish a patient participation group.

Overall, we found evidence to support the conclusion that the practice team placed considerable emphasis on providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement. Specifically, we identified the need for the development of a system for recording information about staff vaccinations and immunity status and we identified that many of the written policies and procedures required review so that they are up to date and tailored specifically to the needs of Tanyfron Surgery.

We found evidence of strong leadership from GP's and the practice manager, overseeing a happy and cohesive staff team. The team were well established and confident about their roles and responsibilities. We considered that a more formal programme of staff meetings to discuss issues and ensure continuity and upkeep of standards would be beneficial.

4. Findings

Quality of patient experience

As part of this inspection, the Community Health Council sought patient views and these were unanimously positive about the service received from Doctors and staff at Tanyfron Surgery.

We found that there was a pleasant, clean environment for patients with a building which was accessible throughout for those with mobility difficulties. The practice placed considerable emphasis on working positively with their patient population to provide a service tailored to their needs and were furthering this through their work to establish a patient participation group.

Two members of the Hywel Dda 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 Tanyfron Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers. Thirty two questionnaires were fully/partially completed. The CHC have produced a report which provides an analysis of the information gathered. The report produced by the CHC with detailed findings from questionnaires 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)

We observed that staff on the reception desk made every effort to speak as quietly as practicably possible with patients who were 'checking in' for appointments. One comment made to the CHC members was that reception staff were very polite and professional and the patient appreciated that staff did not ask personal information at the reception desk.

There were three incoming telephone lines and patient calls were predominantly handled from an area set back from the reception desk, behind a screen. Whilst acceptable, this area could be improved and the practice had recognised this and were planning some alterations in the new year which will enclose the area where telephone calls are taken. Alternatively, they would be picked up by staff working in upstairs offices, well away from patients waiting in

reception and therefore maintaining patient privacy and confidentiality whilst on the telephone.

The reception area itself was quite open meaning that conversations could be overheard, but we considered that the openness was acceptable because patients were not asked for personal information by reception staff. We were told that there was an area completely separate from reception, which could be used if patients wanted to discuss something privately with reception staff. However, we noted that there was no sign advising patients that they could request to speak to staff in private should they wish. We felt that this would be beneficial and the practice agreed to address this.

We found that the doors of the clinical/consultation rooms and treatment rooms were closed at all times when patients were present. This meant that staff ensured that patient's privacy and dignity was maintained.

We discussed the use of staff chaperones in relation to patient examinations and found that the practice had specifically trained their healthcare assistant to undertake this role wherever possible. This individual was the first point of contact when patients required a chaperone, however, we were also told that a small number of administrative staff had also received some training regarding the chaperone role and could be called on if the healthcare assistant was unavailable. The training of these additional staff members was evidence that the practice had considered patient dignity and support to be of the utmost importance.

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)

There was a stand with information leaflets in the patient waiting area dedicated to informing patients about how they can raise a concern. The information

referenced the 'Putting Things Right'¹ guidance and the section itself had 'Putting Things Right' as a heading.

We discussed how complaints and concerns were handled and found that the practice positively encourage staff to note down all concerns that are received directly. We discussed the type of concerns that staff record and were told that negative comments in relation to any part of the service provided by the practice are noted down. An example given to us was that previously there had been comments recorded about the temperature of the waiting area, this was reviewed and the temperature adjusted accordingly.

We were told that where there is a formal complaint, relevant staff try to meet in person with the complainant to resolve what they can. This is in addition to the formal written acknowledgement letters that would be sent under the complaints policy. The practice tried to adopt an open and positive approach to dealing with complaints, which we considered to be noteworthy practice. We did not explore how well the complaints policy adheres to the 'Putting Things Right' guidelines on this occasion. We advised the practice to ensure they are compliant with this whilst they undertake a full review of all their policies and procedures.

The practice had recently established a patient participation group (PPG). The practice will have representation on this, but do not plan to lead it. We discussed the remit of this group and were told that the practice staff hope the PPG will work with them on suitable internal matters, but that they will also have an outward looking role within the wider community – for example by setting up a walking group. We commended the practice's plans for working with a PPG in this way.

¹ 'Putting Things Right' is the NHS arrangement for handling and responding to concerns in NHS services and was introduced by the Welsh Government in 2011

Delivery of safe and effective care

Overall, we found evidence to support the conclusion that the surgery team placed considerable emphasis on providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement. Specifically, we identified the need for the development of a system for recording information about staff vaccinations and immunity status and we identified that many of the written policies and procedures required review so that they are up to date and tailored specifically to the needs of Tanyfron surgery.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage 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)

We saw a large number of patient leaflets available in the reception area which contained useful information about health conditions, healthy lifestyle choices and information about possible support groups.

As previously mentioned, there are also plans to use the newly formed PPG as an additional means of taking health promotion out into the practice population and wider community.

There was no hearing loop system available at the time of our inspection visit as the previous one had broken. There was however, a new system on order and we were informed that delivery was expected any day.

There was a 'carer's board' in the patient waiting area with specific information which could be useful for patients with caring responsibilities. In our discussions, the practice also gave us an example of where they had put some particular interventions in place for a carer who needed additional support. They had involved other agencies (social services and voluntary sector) in these discussions and interventions so that there could be the most rounded support offered to the individual.

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)

All areas in the practice were tidy and uncluttered. There was level access throughout downstairs, with some integrated ramps and a stair lift for use to get upstairs. Doorways were sufficiently wide to enable wheelchairs to be manoeuvred around.

We noted that there was a health and safety manual containing a wealth of information available in the staff area of reception and also in office areas of the practice. However, this was generic and had not been tailored specifically to fit the particular needs of Tanyfron Surgery.

There had recently been a fire audit undertaken by the fire service and as a result of this, it had been recommended that regular fire drills be carried out. Fire safety at the premises is the responsibility of the employer and a full practice specific health and safety policy would assist the practice in effectively carrying out their responsibilities under fire safety regulations.

We saw evidence that some staff health and safety training had been carried out within the practice – for example, visual display unit (VDU) training which covers how to reduce the risks associated with frequent computer use. What was unclear from records was the format of this training, who had attended and when.

Improvement needed

A full review of health and safety policies and procedures (including fire safety) should be carried out and these must be tailored to the individual needs of this practice. Procedures should be detailed enough to enable the practice to effectively carry out all their responsibilities under health and safety legislation.

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))

All areas throughout the practice appeared visibly clean. We noted that there was hand sanitising gel at various points throughout the practice for patient and staff use, including one close to the main entrance for use when arriving or leaving.

All staff involved in procedures where they are potentially exposed to bodily fluids must be immunised against hepatitis B and records of this must be kept by employers. We looked at the records held by the practice in relation to this and found that they did not provide sufficient detail about the immunity status of staff. We advised the practice manager about the standard of information that should be held to satisfy that staff are protected from and not carriers of hepatitis B and recommended that a policy for this should be created, taking into account the checks that may be additionally included if new staff are appointed.

Improvement needed

A system for recording the immunisation and immunity status of staff against hepatitis B must be created and a written policy should be created to ensure this system is followed in future.

HIW request an updated record (in the new format) of staff immunity against hepatitis B is forwarded for consideration.

The infection control policy, whilst up to date and based on the health board's infection control policy, had also not been tailored (where appropriate) to the surgery. We advised that it be reviewed to ensure that any specific considerations had been accounted for.

We saw the treatment room used for minor surgery and noted that this was tidy and appeared clean with all equipment safely stored in cupboards. There was disposable, single use covering in use on the treatment couch. We did not explore whether there was any particular preparation or cleaning procedures in use prior to or following use of the room, but we noticed that the infection control policy did not contain any specific references to working within this room safely.

Improvement needed

Review the infection control policy and procedure to ensure that where appropriate it is tailored to specific considerations at the practice, for example the procedures to be followed to prepare the minor surgery room.

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

Tanyfron Surgery is not a medicine dispensing GP practice. We were told that they have a good relationship with the two local pharmacies who dispense medication for their patients (patients are free to choose where they take prescriptions to be dispensed, but many do take them locally).

GPs at the practice informed us that they work to a standard of undertaking medication reviews on a six monthly basis for their patients. We were also told that they endeavour to make home visits to those who are unable to come into the practice, such as house bound and care home patients, in order to carry out these reviews. We also saw evidence in patient notes confirming this. Overall, we considered that the process for medication management was well managed and efficient.

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)

We saw evidence that all GP staff had up-to-date training in child protection and at the required level. Other members of staff (administration) told us they had received some child protection training and they confidently described the steps that they would need to take in the event of identifying or coming into contact with a child at risk. We also saw a flowchart on display which clearly set out the steps that staff would need to take to deal with a child protection issue.

We discussed the adult safeguarding training that staff had received and were informed that this was far harder to access and as a result, the surgery staff had received in-house training. We saw some adult safeguarding information in a file held behind reception, but this appeared to contain a health board policy which may well have been replaced by a more current version. We advised the practice manager of the need to undertake a review of all policies and procedures and adult protection is one such policy which should be reviewed as a priority.

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)

We spoke to the practice manager who explained the system in place for the sharing and dissemination of patient safety incidents or significant events amongst clinical staff. We were told that the practice used email as their main method of sharing this information and where there was a matter of particular relevance or importance the practice manager would back this up by sending a pop up instant message to the staff member, reminding them to ensure they read their emails to receive particular information. We were also assured that any patient safety incidents were reviewed and discussed at the practice during weekly GP meetings. However, we were not clear about how these findings were shared on a wider basis with other practice staff so that lessons could be learned and improvements made to the services provided. Later in this report we have made a recommendation for the practice to formalise a programme of staff meetings, which also relates to this finding.

We found evidence of the appropriate use of guidance published by the National Institute for Health and Care Excellence (NICE) in terms of assessing and treating patients. This is included in practice templates created in the clinical software for ease of GP access and use. We were also told that the GPs often refer patients to this information and guidance (when appropriate) so that they too can read it and understand the evidence behind their treatment.

Of the sample of 32 patient records that we looked at, we found that in general the standard of recording was adequate but at times there was a lack of forward planning documented. We also found two patient consultations for which no documentation at all had been completed. We raised this with the practice and advised that they build in a system of peer review which enables them to review the standard of record keeping, identifying any issues and addressing these accordingly.

Improvement needed

In respect of patient records, there should be notes documenting each consultation. This should contain a treatment plan that a locum unfamiliar with the practice could follow and detail the advice given to the patient in the event of their condition worsening.

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

There are a number of Welsh speaking staff at the practice, including GPs, nurses, healthcare assistant and administration staff and patients are therefore

able to access a totally bilingual Welsh / English service according to their needs and preferences.

We saw evidence of a system used to manage all incoming patient information efficiently. Letters received through the mail were date stamped and scanned onto the relevant patient record on the day of receipt, before being passed to the relevant doctor to action. In the event of urgent action being required, this will be passed to one of the GPs working that day. If it is a routine matter, the letter will be passed to the GP (to whom it had been addressed) to deal with it when they are next in work.

We were told that the local general hospital uses paper patient discharge notes which are often illegible and need follow up from the practice staff in order to determine the continued care required by the patient. This was a theme highlighted in HIW's inspections in 2014-2015 of primary care.

Patient records were held securely in areas which were only accessible to staff. Whilst they were not locked during the time we were present, they were not left unattended at any point.

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)

There were a variety of patient information leaflets available in the reception and other patient areas of the practice. Many of these were available in both Welsh and English.

We considered the content of 32 patient records, which demonstrated that people's personal and social care needs were assessed and measures taken to address those needs with the support of other health and social care professionals as required.

We noted that patient consent was recorded on clinical records where required.

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)

We discussed the appointment system available to patients and were told that there is no restriction placed on how far in advance patients can book an appointment. If a patient wishes to book for six months ahead, they are able to do this. The practice also find that this system works very well and have an extremely low rate of patients who do not attend (DNA) for their appointments – in fact an impressively low 1.1% DNA for last year. All morning surgeries are open access; patients can present and wait to be seen by the GP of their choice.

The regular GPs work the maximum number of sessions available and there are also three long term locum GPs working at the practice. This medical staffing arrangement enables continuity, coverage of clinic sessions and good availability of appointments for patients.

Over the summer months, we were told that the practice often absorbs a substantial number of temporary patients who move into the area. This presents an additional challenge but has not so far resulted in a need to change the appointment arrangements which are offered.

At present, there is no online appointment booking facility, however the practice plan to introduce this over the coming months. The present method for requesting a repeat prescription also must be done by patients calling into the practice and completing a form, however there are also plans to introduce an electronic repeat prescription request facility in the near future.

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)

We were told that there were a number of patients living in the geographical area served by the practice with diverse cultural and ethnic backgrounds. Conversation with staff and a senior GP revealed the efforts being made on a multi-professional basis to engage with those individuals and families.

Quality of management and leadership

We found evidence of strong leadership from GP's and practice manager, overseeing a happy and cohesive staff team. The team were well established and confident about their roles and responsibilities. We considered that a more formal programme of staff meetings to discuss issues and ensure continued continuity and upkeep of standards would be beneficial. We also found that a formal system for reviewing and updating policies and procedures would be beneficial. Many were out of date and we have advised a full review is undertaken as soon as possible.

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.

During our inspection visit we talked to a number of staff working in different roles and all spoke highly and with much respect about the leadership provided by the GPs and practice manager at Tanyfron.

At the time of our inspection we were informed that the practice manager was due to retire in January 2016. Her successor was already in position and at the time of our inspection was shadowing the role in preparation to take over. The current practice manager plans to continue working at the practice initially, in recognition of the volume of work and responsibility that will be taken on by the new manager and as support for this transitional period.

The new practice manager is an existing member of staff at the practice and is therefore familiar with the systems and operational procedures.

We viewed a range of policies and written procedures at the practice (including Health and Safety as mentioned earlier in the report) and found that in general, there was a need for them to be reviewed, updated and personalised to Tanyfron Surgery.

Improvement needed

Carry out a total review of all policies and procedures to ensure they are up to date and relevant to Tanyfron Surgery.

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)

We found evidence of a happy, cohesive staff team, many of whom had worked at the practice for a number of years. We found that staff knew exactly what was expected of them and were confident in the range of responsibilities and tasks that they were required to complete.

The administrative and reception duties are shared between all administration staff, who work on a rota basis throughout the week. In doing so, everyone is confident in all reception and administration tasks and there is always cover at times of holidays or sickness and an additional level of continuity provided by this structure.

There are weekly meetings held between the GPs and these are used to discuss clinical and business issues. Meetings between other staff members appear to be held on a more ad hoc basis. When we spoke with staff about their meetings, a number of them referred to monthly practice learning sessions rather than recounting any particular internal staff meetings. We were also unclear about the mechanisms for nursing staff meeting together and sharing information.

Improvement needed

A programme of regular staff meetings should be formalised so that the regular discussion opportunities are minuted for reference.

5. 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 Tanyfron 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.

6. 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.

Appendix A

General Medical Practice: Improvement Plan

Practice: Tanyfron Surgery

Date of Inspection: 1 December 2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
	No recommendations				
Delivery of safe and effective care					
9.	A full review of health and safety policies and procedures (including fire safety) should be carried out and these must be tailored to the individual needs of this practice to effectively carry out all their responsibilities under health and		These are currently under review and as part of the handover with regards to the change in management; all policies and procedures will be reviewed and updated as part of this.	Practice Manager	6 months

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	safety legislation.		<p>We hold fire drills for all staff on a monthly basis and keep a written record of all staff that were present during the fire drill.</p> <p>We test a different fire point on a weekly basis with a written record being kept of this.</p> <p>We test the emergency lights on a monthly basis with a written record being kept.</p>	Practice Manager	Done
Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
10.	A system for recording the immunisation and immunity status of staff against hepatitis B must be created and a written policy should be created to ensure this system is		The policy has been amended where appropriate. All staff conducting EPPs have now had their hepatitis B immunity status checked and will have this monitored as per the green book guidelines. We have also been	Practice Manager	Done

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<p>followed in future.</p> <p>HIW request an updated record (in the new format) of staff immunity against hepatitis B is forwarded for consideration.</p>		<p>in contact with Occupational Health and they have advised us on how to maintain the status records.</p> <p>Copy sent to HIW as requested.</p>	Practice Manager	Done
10.	Review the infection control policy and procedure to ensure that where appropriate it is tailored to specific considerations at the practice, for example the procedures to be followed to prepare the minor surgery room.		<p>Tanyfron Surgery is currently in the process of reviewing and updating the infection control policy and making sure that it is tailored specifically to Tanyfron Surgery.</p> <p>The preparation involved with the minor surgery room is currently being reviewed.</p>	<p>Treatment Room Nurses</p> <p>HCA</p>	<p>3 months</p> <p>3 months</p>
12.	In respect of patient records, there should be notes documenting each consultation. This should contain a treatment plan that a locum unfamiliar		The GPs have already started this following the verbal recommendation.	GPs	Done

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	with the practice could follow and detail the advice given to the patient in the event of their condition worsening.		We are also developing a system of peer-peer review, this should help enable that all data is being recorded in a systematic way with the future management plans being clear.	GPs + Locums + Practice Manager	3 months
Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of management and leadership					
15.	Carry out a total review of all policies and procedures to ensure they are up to date and relevant to Tanyfron Surgery.		These are currently under review and as part of the handover with regards to the change in management; all policies and procedures will be reviewed and updated as part of this.	Practice Manager	6 months

Practice representative:

Name (print): **Andrew Power**

Title: **Practice Manager**

Date: **8th January 2016**

Appendix B

Community Health Council Report

Report from Hywel Dda Community Health Council



Visit Summary	
Practice:	Tanyfron Surgery, Aberaeron, Ceredigion
Date / Time:	1st December 2015
CHC Team:	Hywel Dda CHC Jean Harrison – Member (Lead) Pat Bates – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

During the visit CHC members were able to speak with and carry out a patient survey with thirty two patients, the majority of whom had been registered for over ten years.

The vast majority of patients (72%) rated their overall experience of this practice as excellent (72%) or very good (22%).

The patients we spoke to were positive about their care and treatment. Most told us that their GP and nurse greeted them well, had a good awareness of their medical history, understood their concerns and provided good explanations of their treatment.

The practice's opening times were considered by most patients to be very good or good. Patients noted they were particularly happy with the morning open access surgery. The GP's carry out home visits each day from mid-day for patients who are terminally ill or who are house bound.

The patients who completed our survey told us they usually have to wait 24 hours - 48 hours for a routine appointment and sometimes 48hrs or more.

The majority of patients surveyed (90%) confirmed they had been seen at their appointment time. The practice told us that the attendance rate is good as only 1.1% of

the appointments had been cancelled within the last year. The surgery offers patients the choice to book appointments up to a year ahead.

Observations

The surgery is located in the town of Aberaeron, next to the main town car park. The surgery does not provide any designated parking outside the surgery but patients can use the nearby 'pay and display' car park. The surgery gates do not open until 8.30 am and patients arriving before-hand have to wait on the street in all-weather as there is no shelter. One patient did tell us that parking was a problem.

The patient waiting area provided good open space with easy access for patients to the consulting rooms. The reception desk is very open and patients sitting in the waiting room could overhear private conversations. There are five consulting rooms on the first floor. Patients with poor mobility can use the stair lift with the assistance of a staff member.

Communication & Information on Display

The receptionist was very welcoming and knowledgeable about the practice and the clinics being held. There is a good display of information and communication appeared to be good. The surgery was very well organised for appointments and home visits.

Following the closure of Oxford St Surgery earlier this year the practice has taken on 1,500 new patients and appears to be managing well.

Jean Harrison, Pat Bates CHC Member