

General Practice Inspection (announced)

**Abertawe Bro Morgannwg
University Health Board,
Clydach Primary Care
Centre**

5 January 2016

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the patient experience	5
	Delivery of safe and effective care	8
	Quality of management and leadership.....	16
5.	Next steps	18
6.	Methodology.....	19
	Appendix A	21
	Appendix B	24

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 Clydach Primary Care Centre, 80, High Street Clydach, Swansea, SA6 5LN on 5 January 2016. Our team for the inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer and three representatives from Aberatwe Bro Morgannwg Community Health Council.

HIW explored how Clydach Primary Care Centre 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

Clydach Primary Care Centre provides services to patients in the Clydach, Glais, Birchgrove, Craig Cefn Parc, Ynystawe and Trebanos areas of Swansea. 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 seven GP partners, three practice nurses, a practice manager, an office manager and a number of administrative and reception staff.

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

- Antenatal clinic
- Baby clinic
- Asthma clinic
- Diabetic clinic
- Family planning
- Well Woman
- Phlebotomy (blood tests) clinic
- Joint injections
- Non NHS examinations
- Travel immunisations/Vaccinations
- Smoking cessation
- Flu vaccinations
- COPD clinic

3. Summary

Patients' views about the service provided by Clydach Primary Care Centre 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 were maintained. The practice did not routinely seek feedback from patients on their experiences of using the practice. We have recommended that the practice consider implementing a suitable system for this.

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. We have recommended that the practice consider improving signage to make it easier for patients to find facilities within the building.

Arrangements were in place regarding safeguarding children and safeguarding adults at risk. The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients.

Clydach Primary Care Centre 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 Clydach Primary Care Centre 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 were maintained. The practice did not routinely seek feedback from patients on their experiences of using the practice. We have recommended that the practice consider implementing a suitable system for this.

Three members of the Abertawe Bro Morgannwg Community Health Council¹(CHC) were present at the practice on the day of our inspection. Their role was to seek patients' views with regard to services provided by Clydach Primary Care Centre 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 a summary 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.

We observed reception staff greeting patients in a friendly manner and treating them with dignity and respect. The reception desk was positioned a distance away from the main (seated) waiting area providing a degree of privacy for

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/>

patients speaking with reception staff. There was also a separate room available should patients wish to speak to the reception or practice staff privately. We saw that incoming and outgoing telephone calls were made in a separate room away from reception. This allowed patient information to be discussed in a confidential manner away from other people visiting the practice.

We saw doors to consulting and treatment rooms were closed when practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

The practice manager confirmed that patients could have a chaperone present during a consultation should they choose to do so. However we were told that such requests were infrequent. This was attributed to there being a mix of both male and female doctors working each day.

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 an 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 did not regularly assess patients' views on their experiences of using the practice. Patients could write to the practice manager or the GPs with their comments on an ad hoc basis. This was described in the practice information leaflet. The practice should give consideration to regularly obtaining feedback from patients with a view to making improvements to the service, as necessary, based on the feedback received.

Improvement needed

The practice should consider implementing a system to regularly obtain feedback from patients on their experience of using the practice with a view to making improvements to the service as appropriate.

The practice had a written procedure in place for patients and their carers to raise concerns (complaints). This was in keeping with *Putting Things Right*, the arrangements for dealing with complaints about NHS care and treatment in Wales. The procedure was referred to within the practice information leaflet. No information was displayed at the practice. The practice should make suitable arrangements to display information in an appropriate format on how patients may raise a complaint about care and treatment they have received.

Improvement needed

The practice should display information in an appropriate format on how patients may raise a concern (complaint) about care and treatment they have received.

The practice manager explained that most complaints were dealt with by the practice. This avoided the need for patients to refer their complaints to the health board or other statutory agencies and meant that they could often be resolved quickly.

Delivery of safe and effective care

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. We have recommended that the practice consider improving signage to make it easier for patients to find facilities within the building.

Arrangements were in place regarding safeguarding children and safeguarding adults at risk. The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients.

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 to help them take responsibility for their own health and well being.

Health promotion information was displayed and leaflets were available within the waiting and lobby areas together with details of local and national support groups. Patients could also access information via the practice's website. A number of clinics were run where advice on health and wellbeing was also provided. The sample of patient records we saw demonstrated health advice was provided to patients during consultations with GPs and practice nurses.

We were told the practice had recently identified a Carer's Champion and suitable training on the role was to take place in the near future. The practice had a system to identify carers and encouraged those with caring responsibilities to complete a form. This was to ensure information held at the practice was up to date so advice on getting help and support could be provided to carers.

Senior practice staff told us they worked within the GP cluster² in the area to improve services for patients. Examples of new services that had been developed through the cluster included chiropody, audiology, physiotherapy and INR³ clinics.

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 used by patients were clean, tidy and uncluttered. This reduced the risk of injury associated with trips and falls. The practice building was visually well maintained both internally and externally. Security measures were in place to prevent unauthorised access within the building.

The practice had a written health and safety policy in place. However, consideration should be given to implementing a system so that the practice can demonstrate that this and other policies have been read and understood by staff.

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.

³ International Normalised Ratio test (INR). This is a standard blood test that measures how long blood takes to clot. This test is used at INR (or Anticoagulant) clinics to monitor patients who are taking medication to reduce blood clots.

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

Staff confirmed they had access to personal protective equipment (PPE) such as gloves and disposable plastic aprons to reduce cross infection. We saw this was readily available. Clinical treatment rooms were clean and contained designated containers/bins to dispose of medical sharps and clinical waste. We saw waste was stored securely whilst waiting to be disposed of by the waste contractor. Hand washing and drying facilities were provided in clinical areas and toilet facilities to reduce cross infection.

We saw instruments and dressing packs had been purchased as sterile, single use items which avoided the need for the use of sterilisation/decontamination equipment.

The practice manager maintained a central record of clinical staff who had received Hepatitis B vaccinations. We saw a system was in place for monitoring that this record was up to date with a view to ensuring clinical staff and patients were protected 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)

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

We were told that annual reviews of patients' medication were conducted by the GPs, nurses and the pharmacist attached to the practice. A system to report adverse reactions associated with medication was described. We were told that the practice conducted a range of audits associated with medication prescribing and that the results of these were considered and shared during clinical practice meetings. This was with the aim of sharing any learning and promoting safe and efficient prescribing practise.

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. The practice manager told us he was in the

process of arranging access to on line training for staff. The practice had a nominated lead GP in respect of child protection.

Arrangements 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 practice had recording systems to identify vulnerable adults.

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 meetings. At these meetings any further action deemed necessary would be agreed and changes implemented as appropriate. We were told that details of all patient safety incidents were shared with the health board in line with local reporting arrangements.

The doctors and practice manager had access to the *GP One*⁴ website. This is intended for use by GPs, practice managers and practice nurses (working in Wales) to access information on current issues and initiatives in General Practice.

Arrangements were described for circulating relevant national safety alerts to the wider practice team so that learning from these could be shared.

⁴ The *GPOne* website is a professional website for GPs working in Wales. It is intended to act as an effective two way communication portal and resource point providing timely, reliable and relevant information and to share constructive comment of current issues and initiatives in General Practice.

Professionals using the site are invited to contribute to the content and functionality of the site

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

The practice had systems in place for the management of correspondence received and for sharing information within the practice team.

We were told that one of the receptionists and one of the doctors were Welsh speakers. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so. This service was advertised in the practice information leaflet and on the practice's website.

Arrangements were in place to ensure information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner. Similarly, arrangements were also in place for the practice to share information with the out of hours service with the aim of providing patients with continuity of care.

Senior staff described the process in place for informing patients of test results and any follow up appointments needed. Details were also in the practice information leaflet.

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 for all doctors and practice nurses working at the practice. We found these were sufficiently detailed.

We found that notes of consultations with patients made by the doctor or nurse were comprehensive and it was possible to determine the outcome of consultation and the plan of care for the patient.

Read⁵ codes were used. We were told that regular discussions were held between clinical staff with the aim of achieving consistency in their application. The practice should consider strengthening this arrangement by developing a written policy for the use of Read codes.

Improvement needed

The practice should consider developing a written policy for the use of Read codes.

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 information for patients through a variety of means.

Information for patients about the practice's services was available within a practice leaflet. Information on the practice's services and links to health advice and information was also available on the practice's website.

A range of information was also displayed and readily available within the waiting and lobby areas of the practice, with some routinely available in Welsh.

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 had made changes to its appointment system with the intention of offering an effective and timely service to patients.

⁵ 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.

The majority of patients who provided comments to CHC members indicated they were satisfied with the opening times of the practice. At the time of our inspection, the practice had adopted a telephone consultation system (referred to as telephone triage). Patients contacting the practice for an appointment were asked for details and a doctor would then contact them to discuss and assess the patient's needs. Comments about accessing the practice's appointment system were mixed. However the majority of patients told CHC members that when they contacted the practice they were able to see a GP within 24 hours. (See Appendix B for the CHC's full summary report).

A number of regular clinics, covering a variety of health and wellbeing issues, were offered for patients. These were organised and run by clinical staff from both the practice and health board.

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 was accessible to patients with mobility difficulties. Signage within the practice could be improved to help patients find treatment and consultation rooms and other public areas.

The practice building was purpose built as a general practice health care facility. Access was via wide automatic doors making it fully accessible to patients with mobility difficulties and those patients who use wheelchairs. Services were provided on the ground floor only. Seating within the waiting room was all of the same height. The practice should give consideration to providing seating of varying heights to allow patients a choice depending on what they found easier to use.

Whilst the reception was clearly signposted the practice should consider using additional signage to help patients (and their carers) identify the consulting and treatment rooms and in accordance with *The All Wales Standards for Accessible Communication and Information for People with Sensory Loss*⁶.

⁶ All Wales Standards for Accessible Communication and Information for People with Sensory Loss sets out the standards of service delivery that people with sensory loss should expect

Senior staff agreed that improvements could be made in this regard. Whilst signage could be improved, we observed staff directing patients to the correct rooms/areas.

Improvement needed

The practice should improve signage within the practice to assist patients identify the location of consulting rooms, treatment rooms and other public areas.

For persons unable to use the telephone e.g. people with deafness, we were told patients would need to either present in person or make arrangements to have a telephone call made by a third person on his/her behalf. The practice should consider how access can be improved for people with sensory loss as recommended by the above standards.

Improvement needed

The practice should make improvements to make access to the appointment system more accessible to people with sensory loss.

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

when they access healthcare. These standards apply to adults, young people and children.
<http://wales.gov.uk/topics/health/publications/health/guidance/standards/?lang=en>

Quality of management and leadership

Clydach Primary Care Centre 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 being provided by senior staff within the practice. Clear lines of reporting and accountability were described and demonstrated.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. Staff we spoke to felt that communication within the wider practice team was effective with information shared both verbally and in written form. Not all policies were dated and consideration should be given to implementing a system to demonstrate that policies are current and subject to regular review.

The practice was within a GP cluster group and worked with other practice teams within the locality, forming part of the Cwmtawe Community Network, to improve services for patients. We were told the practice provided an INR clinic on behalf of the cluster group and that this had improved the accessibility of this service for patients who needed to use it.

We were told the practice had a Practice Development Plan and this was kept under review by the practice partners and the practice 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))

We found individuals each had their designated roles and responsibilities within the wider practice team.

Staff we spoke to appeared knowledgeable about their areas of work and confirmed they had opportunities to attend relevant training. A record of training topics attended by staff had been maintained by the practice manager. Whilst this listed the training topics, it did not include the names of staff who had

attended. Arrangements should therefore be made to record this information for audit purposes.

Improvement needed

The practice should record the names of staff who attend training together with the training topic attended.

We were told staff worked in different roles on a rotational basis. This meant that staff developed a range of skills allowing them to cover other colleagues' work where necessary and facilitate the operation of the practice.

Staff confirmed they had an annual appraisal of their work and the records we saw demonstrated the process described. The appraisal process allowed for feedback to be provided to staff on their work performance and to agree their development and training needs.

All staff we spoke to told us they felt able to raise work related concerns with the management team and that these concerns would be dealt with efficiently and appropriately.

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 Clydach Primary Care Centre 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: Clydach Primary Care Centre

Date of Inspection: 5 January 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
6	The practice should consider implementing a system to regularly obtain feedback from patients on their experience of using the practice with a view to making improvements to the service as appropriate.	6.3	The practice will consider the use of a patient feedback box – to allow patients the opportunity to pass on comments to the practice. However this was previously in place but removed as a result of inappropriate use.	Practice Manager	6m
7	The practice should display information in an appropriate format on how patients may raise a concern (complaint) about care and treatment they have received.	6.3	An information poster will be displayed in reception	Practice Manager	1m

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Delivery of safe and effective care					
13	The practice should consider developing a written policy for the use of Read codes.	3.5	Consider the development of a Read Code policy	Practice Manager	6m
15	The practice should improve signage within the practice to assist patients identify the location of consulting rooms, treatment rooms and other public areas. [All Wales Standards for Accessible Communication and Information for People with Sensory Loss]	6.2	Improved signage has already displayed since the visit.	Practice Manager	Done
15	The practice should make improvements to make access to the appointment system more accessible to people with sensory loss. [All Wales Standards for Accessible Communication and Information for People with Sensory Loss]	6.2	The practice does accept Text Calls for patients with deafness, but in the future are looking to provide services electronically.	Practice Manager	6m

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of management and leadership					
17	The practice should record the names of staff who attend training together with the training topic attended.	7.1	The practice has put together a file allowing a record of names to be taken following staff training	Practice Manager	Done

Practice representative:

Name (print): **Mike Garner**

Title: **Practice Manager**

Date: **4th February 2016**

Appendix B

Community Health Council Report



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Clydach
Date / Time:	5.1.16 11.00am
CHC Team:	ABM CHC Member (Lead) – Brian Moon Members – Tyrone Lewis, Paula Bebell
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

During our visit, CHC members were able to speak with and carry out a patient survey with 19 patients, the majority of whom had been registered with the practice for over ten years. All respondents rated their overall experience of this practice as good, very good or excellent.

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

Just under three quarters of patients surveyed considered the practice's opening times to be very good or good. However, over half of the patients we spoke to reported difficulties related to the appointments system. Patients reported that it was difficult to get through on the telephone and that the triage system meant that it wasn't possible to book an appointment in advance.

The majority of patients (80%) confirmed that, having contacted the practice, they can expect to see a GP within 24 hours with only slightly fewer (76%) securing an appointment with a GP of their choosing within the same period.

Over half of patients (58%) of patients were seen at their allotted appointment time, of those who had to wait 86% reported being seen within 10 minutes.

Observations

Environment – External

Patients did not raise any concerns regarding the external environment. Members noted that there was ample parking available at the time of visit and that the building looked in a good state of repair.

Signage for the centre was set back on the building and not easily visible from the road.

Environment - Internal

Overall, patients were satisfied with the environment within the surgery, and in particular the cleanliness of the waiting area and the helpfulness of reception staff.

Members noted that internal doors were wide but heavy to operate and that internal signage lacked contrast with the surrounding colour scheme.

Communication & Information on Display

Patients are required to check into their appointment electronically.

The surgery provided a notice board displaying a range of patient information. Members noted that this appeared somewhat overcrowded.