Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

General Practice Inspection (Announced)

Brynteg Surgery; Hywel Dda University Health Board

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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 to Brynteg Surgery at Brynmawr Avenue, Ammanford, Carmarthenshire SA18 2DA on 19 January 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Carmarthen Community Health Council.

HIW explored how Brynteg 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 speakwith 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.

More details about our methodology can be found in section 6 of this report.

2. Context

Brynteg Surgery currently provides services to approximately 10,500 patients in the Ammanford area. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes;

- Clinical team

  Five GP partners, two salaried GPs, a nurse practitioner, four part-time practice nurses, three health care assistants

- Administrative team

  Practice manager, practice manager assistant, a supervisor and12 part time receptionists.

The practice is a training and teaching practice and accepts one registrar (trainee GP) and two medical students (trainee doctors).

The practice provides a range of services, including:

- General medicine
- A full range of clinics
- Vaccinations and immunisations
- Phlebotomy
- Mental health reviews
- Learning disability reviews

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

3. Summary

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

Overall, we found evidence that Brynteg medical practice provides safe and effective care.

This is what we found the practice did well:

- Patients were happy with the service provided
- Patient records were of a good standard
- Staff we spoke with were happy in their roles and felt well supported
- Staff were proactive and innovative in making improvements to the services being provided.

This is what we recommend the practice could improve:

- Ensure Community Health Council leaflets are accessible to patients
- Some practical environmental improvements such as; raised chairs and toilet, repair hand dryer in public toilet area, bilingual telephone messages, electronic front of house access
- Improve documenting on patient medication review and smoking cessation advice when provided
- Improve on communication such as, formalise conveying of messages, clinical meetings for doctors and nurses to share best practice, discuss clinical cases and guidelines
- More timely induction process.

4. Findings

Quality of patient experience

Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. CHC questionnaires were completed by patients both prior to and during the inspection. 25 questionnaires were completed in total. Overall, patient satisfaction was high. CHC report to follow

We found people were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and the practice was able to demonstrate that they considered patient feedback to improve services.

Information was available to patients to help them take responsibility for their own health and well being. There was a full and detailed practice leaflet available for patients.

The CHC have produced a report which provides an analysis of the information gathered. That report can be found in Appendix B. Patients made positive comments about facilities and the service they received from the staff and practitioners.

Dignified Care

Standard 4.1-Dignified Care *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.*

We observed staff greeting patients both in person and by telephone in a polite, friendly and welcoming manner and treating them with dignity and respect.

We considered the physical environment and found that patient confidentiality and privacy had been considered and ensured that these were maintained. The reception area was separated from the waiting area by built up desks and clear perspex screens. This gave privacy to staff answering the telephone and

enabled documents to be shielded from view. There was also a lowered shelf to the reception desk which allowed reception staff to speak with dignity and respect to patients in a wheelchair. Staff also told us that they could use private rooms to discuss any sensitive issues with patients, to maintain confidentiality.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. This meant, that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

In the records we reviewed we saw that GPs had documented patients' consent to examinations. We saw evidence that chaperones were used, however it was not documented in patients' records whether a chaperone was offered or present for the examination.

Improvement needed

Doctors should record if they have offered the chaperone facility and whether this has been declined.

There was a written policy on the use of chaperones and we were assured that any staff undertaking this service had been appropriately trained. The right to request a chaperone was advertised through posters in the waiting areas but not in the doctors' surgeries.

Standard 4.2 Patient information

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 make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

Patients could choose to receive their GP consultation through the medium of English or Welsh. At present the answer phone message was in English only but discussion with the lead GP indicated that there was a new system being considered which would include the choice to speak in Welsh.

Patients with any additional needs or requiring any assistance had this information recorded clearly on their patient records. This enabled staff to be aware of the support required before the patient arrived.

Information for patients about the practice's services was available within a practice leaflet. This was comprehensive and provided useful information, including details of the practice team, opening hours, appointment system and the procedure for obtaining repeat prescriptions and how patients could make a complaint. There was also comprehensive information available on the practice's website.

There was also a file in the waiting area which contained relevant information on local support agencies, important contact numbers and how to make a complaint.

Staff told us that they would produce information in different formats for patients on request and could use interpreting services when needed. Information regarding the practice was available in English, Welsh and Polish as these were the predominant languages of the community the practice served.

The practice had a hearing loop which they used to aid communication with those patients with hearing difficulties.

A range of health promotion information was displayed and readily available within waiting areas. This included information on local support groups, health promotion advice and self care management of health related conditions.

Internally, the practice had informal ways of communicating non clinical information, mainly verbal or via memos, which staff would sign to acknowledge receipt. There were no message books. We found that there was no consistent way of sending or receiving messages and therefore staff were not always aware of how urgent the information was.

Improvement needed

The practice manager needs to establish formal and consistent methods of communicating internal information.

The practice had established systems for the management of external and internal clinical communications. Arrangements were in place to ensure clinical information received at the practice was recorded. Messages for clinical staff were recorded on paper and put into the relevant pigeon hole. It would be beneficial and more secure if this information was transcribed into patients' notes or on electronic message list so there is a permanent audit trail.

Staff advised that they received discharge summaries from secondary care and managed referrals via mail of fax systems. GPs met regularly to review referrals and outcomes which they felt worked as a monitoring mechanism.

Out of hours referrals and reports were faxed to the surgery and there was a system in place to ensure these were read and actioned in a timely way.

There was also a system in place to urgently inform all necessary agencies regarding any patient deaths.

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

There was a telephone system in place which enabled patients to speak with a doctor at any point throughout the working day. Patients were able to book appointments in person at the practice, by telephone and online. Patients could book urgent appointments on the same day and routine appointments were available from two to three weeks in advance. Staff told us that they would always try to accommodate anyone who had an urgent need for an appointment on the same day.

There was a nurse practitioner who could diagnose and prescribe from the Nurses Formulary[1] this meant that patients did not always need to see a doctor. The nursing team were able to see patients presenting with minor general illnesses (described as non urgent). The nursing team also ran a number of clinics for patients with chronic health conditions so that they could again access the care and treatment they needed without having to see a doctor.

[1] Community nurse practitioners who have completed the necessary training may only prescribe items appearing in the Nurse Prescribers' Formulary Appendix. This list of preparations are approved by the Secretary of State.

Staying healthy

Standard 1

1 Health promotion, protection and improvement

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.

There was a wide range of information available to help patients to take responsibility for their own health and well being. There was some information to support and signpost carers' to help and support available to them.

Nursing staff told us that they had access to a range of leaflets to provide patients with information on promoting health and well being. The information provided was recorded in the patients' records.

Staff told us that there was a good working relationship between the district nurses and health visitors and community psychiatric nurses (CPN) in the area, and we saw some of these staff speaking with the practice staff during the inspection.

A carer's register was in place and the practice offered carers packs with relevant information to provide support. A lead receptionist provided forms to apply for additional funding and sign posted carers to supporting agencies.

We discussed future planning and closer working relationships within the health board and the local "cluster" [2] group. The practice manager (who was also the practice manager lead for the cluster) explained that, for different reasons local GP practices were facing many challenges; subsequently patients with complex needs were moving to Brynteg surgery. This was placing a considerable strain on staff resources at the practice. The senior partner was aware of the added work for his staff and had taken a valuable and advantageous proposal to the health board which would bring together many of the local health and social

[2] A GP practice cluster, is the grouping of local GPs and practices, with the aim to support peer review across the practices within a set locality. GPs in these practices will assist with the future planning of locality healthcare services in their area.

resources under one roof. The practice was awaiting a response. This seemed to be innovative and noteworthy practice.

Individual care

Standard 6.2-Peoples Rights

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

The team knew patients well and made adjustments according to people's individual needs based on this knowledge. For example, reception staff called patients into their appointments when prompts were needed.

Arrangements were in place to protect the privacy of patients.

Standard 6.3-Listening and Learning from Feedback

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.

The practice had a written procedure in place for patients to raise concerns and complaints. The written procedure was comprehensive and fully compliant with 'Putting Things Right' requirements, the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. This included information about how to access CHC as an advocacy service with making complaints. There was also policy to guide the procedure although this procedure was not dated. Therefore we could not be assured that the information was current.

Complaints information was displayed in a book which was left on the table in the waiting room, posters were on the walls and the information was also included in the practice leaflet and website. The information advised that patients who wanted to raise a concern needed to request a form from the receptionists. HIW suggest that these forms are made ready available so that patients can raise concerns / complaints confidentially.

We saw that staff maintained records of complaints and near misses on the health board DATIX[3] system. This is noteworthy practice because it gives an overall view of themes and issues affecting community practices. From the records we inspected, we could see that staff had taken appropriate action and had adhered to specified timescales in reaching a resolution.

The practice gathered patient feedback through an annual survey and the feedback was published and available in the waiting area for patients to read.

Staff told us that they were not currently considering implementing a patient participation group to provide feedback on services.

[3] DATIX software is a tool used within the NHS used to record, investigate, analyse causes and actions taken to prevent recurrence of adverse events and near misses

Delivery of safe and effective care

Overall, we found the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

The sample of patient records we reviewed were of a good standard.

Internal communication systems had been developed to avoid unnecessary delays in referrals, correspondence and test results. The senior partner was confident that this was working effectively.

There were child protection and vulnerable adults' policies in place and staff were up to date with training in these areas.

The practice was housed in a purpose built building and the space had been well set out. However the practice must ensure there are arrangements in place to promote equality of access to services regardless of patients' mobility requirements through the timely obtaining of the electric door entry.

Safe care

Standard 2.1 Managing risk and promoting health and safety *People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.*

The practice was housed in a purpose built building and the space had been well set out. However we were told that with the increase in new patients it was becoming increasingly difficult to find appropriate space in the current confines of the building. Staff were aware of the challenges this brought and told us about the investments they had made to try to improve the situation however, challenges remained.

During a tour of the practice building, we found all areas occupied by patients to be clean and uncluttered which reduced the risk of trips and falls. Overall, the practice building was suitably maintained externally and internally.

There was a health and safety policy which covered all mandatory areas. There were other policies in place which covered aspects of health and safety such as waste management and sharps injuries. However, the policies were not dated and therefore it was difficult to ascertain if they contained current information.

We saw that fire safety equipment had been checked and serviced. A fire risk assessment was in place.

Risks to business continuity had been considered and there was a plan and formalised arrangements to manage disasters and significant health emergencies.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

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.

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw were visibly clean.

Hand washing and drying facilities were provided in clinical areas and toilet facilities. We noticed however, that the hand dryer in the public toilet needed repairing hand sanitisers were also readily available around the practice.

Improvement needed

The hand dryer in the public toilet needs repairing.

We saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected.

There was a clear and detailed infection control policy in place although this needed dating to ensure practice was current. Staff told us that assessment and audits were routinely carried out to asses and monitor the environment for infection control risks.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

The sample of medical records reviewed demonstrated very few documented medication reviews, either coded or free texted. Even when medication was changed, alerts that reviews were overdue appeared to be ignored as reviews were not documented. Of those coded there was no supporting discussion of

changes/drug monitoring even when blood tests were carried out. For example a specific drug with shared care prescriptions[4] was authorised for 12 repeat prescriptions. The senior partner was confident these were only issued by GPs who checked monitoring had been undertaken but it was not documented. There was agreement however, that systems around some drugs prescribed for dermatology patients, was less robust and they were working to increase safety around these. We looked at a sample of the medicines prescribed for diabetic patients and found little evidence of the newer drugs being prescribed. There was little documented evidence of safety-netting making it unclear whether this was taking place.

Improvement needed

The practice needs to ensure that it takes opportunities to monitor and review patients' medication and to document their actions. A review and discussion of systems in place for monitoring all shared care drugs is recommended, including updating of the protocol for delivering this service.

Improvement needed

The practice need to consistently document safety-netting advice provided to patients/parents.

Patients could access repeat prescriptions by calling into the surgery in person. The practice used the health board's formulary[5]. There was a nurse practitioner employed by the practice who was also able to prescribe and review a small range of medication.

We discussed the benefits of a cluster pharmacist to take responsibility for medication reviews and the senior doctor said this may be something the cluster would consider in the future.

[4] Shared care prescriptions are for example when a GP and hospital Consultant share responsibility for a patient's care. In these cases both clinicians must be competent to exercise their share of clinical responsibility.

[5] The formulary lists all medicines approved for use in primary and secondary care in Hywel Dda University Health Board.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

There was child protection and vulnerable adult policies in place and flowcharts displayed which included local contact numbers for reporting. There was also a lead GP who had responsibility for all safeguarding issues.

The staff team had received training in child protection and vulnerable adults and through discussions we were assured that staff were sufficiently trained to identify and manage issues of child and adult protection. Child and adult protection cases were flagged on the electronic system so that all staff were alerted to these cases.

Effective care

Standard 3.1 Safe and clinically 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.

The practice had suitable arrangements in place, to report and learn from patient safety incidents and significant events. As previously stated these were recorded on the health board Datix system. The practice manager considered the information to look for themes and trends which could improve the service offered to the patient at the practice.

Senior staff at the practice explained that when there was a patient safety incident or a significant event they were reviewed and discussed at the weekly partners meetings, staff meetings and the Practice Learning Time (PLT) which took place bi monthly.

Record keeping

Standard 3.5: Record keeping

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.

We looked at a random sample of electronic patient records for each member of clinical staff working at the practice and overall found a good standard of

record keeping. For example, with some doctors, the detail in the records relating to children presenting with fever was exceptional.

Notes contained sufficient detail of consultations between clinical staff and patients and it was possible to determine the outcome of consultations and the plan of care for the patient.

There could also have been better use of consultations to promote/document smoking cessation advice and to manage other quality and outcome prompts which were visible on records but appeared to be ignored.

Improvement needed

The practice need to opportunistically respond to outstanding alerts/prompts and document their actions as often as possible.

Quality of management and leadership

The practice had a clear management structure, with good leadership and guidance from senior staff. We found a patient-centred staff team who told us they were well supported. There were processes in place to ensure they were monitoring and supporting staff compliance with ongoing training requirements.

Staff were able to demonstrate where they had reflected on practices and systems and made changes and improvements as a result i.e. weekly business/clinical partners' meeting.

There were formal staff meetings to share information. However, there was no clinical staff meeting whereby doctors and nurses can discuss best practice and guidance, such as NICE[6] guidelines, in order to improve practice.

Governance, leadership and accountability

Health and Care Standards, Part 2 - 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.

Overall, we found effective leadership and a stable, patient-centred staff team who were committed to providing the best services they could to their patients. Staff told us they felt able to raise concerns with and were positive about the support they received from senior staff.

There was a whistleblowing policy in place which identified appropriate routes for staff to raise concerns. However, as with other policies this was not dated.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. In most cases these required dating to ensure the information is current.

[6] NICE stands for The National Institute for Health and Care Excellence. It is an independent organisation, set up by the Government. NICE decides which drugs and treatments are available on the NHS in England and Wales.

Improvement needed

The practice should ensure that policies are dated, to ensure information is current.

A number of meetings were held at the practice, (including a weekly clinical meeting), to facilitate communication between staff. Staff told us they also met to discuss practice issues in an informal way. We saw minutes for some meetings but not all. We advised the practice to keep notes of the important points of any informal meetings held to ensure a clear audit trail is in place.

Despite the meetings mentioned above there were no clinical staff meetings whereby doctors and nurses could discuss best practice and guidance such as NICE[7] standards, which influence and improve practice.

Nursing staff told us about audits they carried out as a way to monitor and improve practice. We could also clearly see where changes had been made as a result of new ideas and patient feedback in order to the improve services for patients.

The senior partner and practice manager were actively involved in the cluster group and used this forum as a way to generate quality improvement activities and to share good practice. The nurse practitioner attended practice nurse meetings which involved an element of continued professional development and helped to keep them informed of practice developments. This information was cascaded to the nursing team through meetings and supervision. The nurse team was proactive in seeking support from the health board where needed and told us they received good training opportunities.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

[7] NICE stands for The National Institute for Health and Care Excellence. It is an independent organisation, set up by the Government. NICE decides which drugs and treatments are available on the NHS in England and Wales.

Discussions with staff and a review of policies and small sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff were able to describe their roles and responsibilities and indicated they were happy in their roles. Annual appraisals with staff had been undertaken and a sample of staff records supported this. This gave staff the opportunity to receive feedback on their performance, to discuss training needs and indicate if any additional support was needed. We saw that meaningful action had been taken as a result of discussions in appraisals.

We looked at the HR and recruitment documentation in place and found that appropriate checks were carried out prior to employment. Although staff gave us positive feedback about the induction process we found that some had not been signed until three years after their employment had started.

Improvement needed

***The practice manager needs to ensure that the induction process is undertaken in a timely manner*.**

All staff we spoke with confirmed they had opportunities to attend relevant training and this was confirmed in the staff records.

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 Brynteg Surgery will be addressed, including timescales.

The actions 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: Brynteg Surgery

Date of Inspection: 19 January 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
Page 7	Doctors should record if they have offered the chaperone facility and whether this has been declined.	4.1	Agreed. All clinicians advised. Responsible officer Dr D. Smith. Clinicians also briefed at Team meeting.	Dr D Smith	Immediately
Page 8	The practice manager needs to establish formal and consistent methods of communicating internal information.	4.2	Vision training arranged for May 2017 on use of Daybook. Staff meeting held with staff instructed to reduce level of paper communication.	Mr D Pickering. Practice Manager	Immediate and training in May
Delivery of safe and effective care					
Page 14	The hand dryer in the public toilet needs repairing.	2.4	Hand dryer to be repaired.	Clair Williams	As soon as electrician

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
					available
Page 15	The practice needs to ensure that it takes opportunities to monitor and review patients' medication and to document their actions. A review and discussion of systems in place for monitoring all shared care drugs is recommended, including updating of the protocol for delivering this service.	2.6	Meeting held to discuss changes required. More detailed journal entries agreed with explanations of why changes have been made. Full reviewed shared care drugs services to be done including review of protocol.	Dr Richards Dr Gupta	Immediate Ongoing with completion by 31st of March 2017
Page 15	The practice need to consistently document safety-netting advice provided to patients/parents.	3.5	The appointment of cluster pharmacist will take shared responsibility for medication reviews including shared care prescribing.	Cluster pharmacist	On going
Page 17	The practice need to opportunistically respond to outstanding alerts/prompts and document their actions as often as possible.	3.5	All clinicians will continue to make continued efforts to respond to flyer /prompts appearing on practice records. The practice is a high achiever in Quality and Outcomes Framework process.	Dr D Smith	On going
Quality of Management and leadership					
Page 19	The practice should ensure that	Part 2	All policies to be checked for	Practice	Immediate

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	policies are dated, to ensure information is current.		accuracy and dated appropriately.	Manager	completion by 31/03/17
Page 20	The practice manager needs to ensure that the induction process is undertaken in a timely manner.	7.1	Review of all new staff members inductions, checklist to be reviewed. Any outstanding matters to be completed.	Mandy Davies	Completion by31/03/17

Practice representative:

Name (print): **Mr D. Pickering**

Title: **Practice Manager**

Date: **09/03/17**

Appendix B

Community Health Council Report

Report from Carmarthen Community Health Council

CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

Visit Summary	
Practice:	Brynteg Surgery, Bryn Mawr Avenue, Ammanford
Date / Time:	19th January 2017 9.00 am
CHC Team:	Rosemond Nelson – Member (Lead) Allan Phillips – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

CHC Involvement in visits

The CHC has worked with HIW providing a lay member perspective relating to patient experience to support the joint approach to these GP Practice Inspections. The visits were carried out on an announced basis and before they took place the CHC ensured a patient survey asking questions around experience and access was made available in the Practice for patients to complete. The results of this survey are discussed below and the analysis can be seen in the accompanying report document. In addition to the patient survey CHC members attended the main HIW inspection in order to look at:

- General feedback from patients on their experience.
- Patient Environment, (outside and inside the surgery)

- Communication and information on display

For each topic members were asked to provide comments where the practice should be commended or areas where there were concerns.

Patient Feedback

Patient Survey

Prior to the visit, patients were offered the opportunity to complete a survey on their Practice by staff. For Brynteg surgery, 25 patients responded. The analysis of these survey results can be seen in the accompanying report, although some key findings can be seen below:

- 52% of the patients who responded confirmed they had been registered with the surgery for over 10 years.

- The vast majority of patients who responded (over 95%) rated their overall experience of the surgery as excellent or good and were positive about their care and treatment. Patients confirmed that their GP and nurse greeted them well, had good awareness of their medical history, understood their concerns and provided good explanations of their treatment.

- Most of the patients surveyed considered the surgery opening times very good (52%) or good (36%). They also felt that making an appointment was very easy (20%) or easy (68%) However, two patients felt the opening times were just satisfactory, one unsatisfactory and that it was difficult to book an appointment. On the day of our visit one patient confirmed they were not always able to make an appointment and the phone lines were very busy in the morning.

- A minority of patients (8%) felt that having contacted the surgery, they could expect to see the GP of their choice within 24 hours, and 76% felt they would have to wait 24-48 hours. When asked how long it would take to see any GP, 24% felt they would get an appointment within 24 hours with 60% saying this would take between 24-48 hours.

- Most patients confirmed they were seen at their allocated appointment time. The majority of patients who did have to wait for their appointment waited between 10 –

20 minutes with only two patients confirmed they waited over 20 minutes.

- The majority (72%) of patients who completed the survey rated the practice 10 out of 10 for physical access to the building (ramps/steps front door)

- Similarly, patients tended to be very positive about cleanliness, seating, information and toilet facilities.

Observations

Brynteg Surgery is located in Ammanford town. The visiting members noted the practice was well run and the staff were very friendly and co-operative. There was good external signage from the road; however one sign was obstructed by a branch of a tree.

There were four disabled parking bays and a ramp into the surgery.

Environment - Internal

In general, patients were satisfied with the overall environment within the surgery itself including the cleanliness of the waiting area and the helpfulness of the reception staff.

During the visit a hand dryer in the ladies disabled toilet was not working.

In the reception area the seating did not have arms to accommodate patients mobility needs.

Patients noted that having an onsite pharmacy was very convenient.

Patients confirmed that the receptionist was welcoming and helpful and the practice was clean, warm and tidy.

Communication & Information on Display

The surgery provided external opening times on the front door for patients to see outside of opening hours.

Members felt that the surgery provided a good display of leaflets in the reception area, however displays of posters were cluttered.