

**General Practice
Inspection (Announced)**
Builth Wells Medical
Practice, Maesycoed,
Glandwr Park, Builth Wells
Powys Teaching 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 Builth Wells Medical Practice at Maesycoed, Glandwr Park, Builth Wells on 6th February 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Powys Community Health Council.

HIW explored how Builth Wells Medical Practice 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.

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

2. Context

Builth Wells Medical Practice currently provides services to approximately 7,800 patients in the Builth Wells, Llanwrtyd Wells, Newbridge On Wye, Howey Hundred House, Cilmerly and Boughrood area. It covers in the region of 500 square miles of area in rural Mid Wales. The practice forms part of GP services provided within the area served by Powys Teaching Health Board.

The practice employs a staff team which includes 6GP partners, practice manager, a reception manager, 2 medical administrators, a medical secretary, 7 receptionists, 3 practice nurses and 2 health care assistants.

The practice provides a range of services, including:

- Practice Nurse and Doctor run clinics
- Cervical Smear
- Baby clinics (health and development monitoring, vaccinations and general advice)
- Foreign travel advice / vaccinations
- Minor surgery
- Anticoagulation testing and management
- Chronic disease management (including asthma and diabetes)
- Learning disabilities and mental health clinics

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

3. Summary

HIW explored how Builth Wells Medical Practice met standards of care as set out in the Health and Care Standards (April 2015).

Overall, we found evidence that Builth Wells Medical Practice provides safe and effective care which is patient centred. The practice is well resourced and delivers a high standard of service for the people Builth Wells and surrounding locality. The service provision is effectively managed and evaluated to ensure the correct service is provided in a timely and appropriate manner.

We found that the GP partners and the practice manager ensured the smooth and effective running of the practice, and were well supported by a dedicated team of staff. All patients registered at the practice had a designated allocated doctor, which promoted continuity of care and enabled a thorough understanding of the patients health and care requirements to be formed.

This is what we found the practice did well:

- Observations on the day of the inspection demonstrated staff interactions with patients were courteous, dignified and showed kindness.
- All patients were allocated a designated doctor on registration with the practice.
- Patients receive care and treatment which is well resourced and effective
- Staff at the practice worked well as a team and interactions between staff were respectful and dignified.
- Patients we spoke to were happy with the care and treatment received at the practice.

This is what we recommend the practice could improve:

- Improved utilisation of the Welsh language
- Ensure all fridges are kept locked when not in use or supervised
- Replace / re attach fallen tiles around a sink
- Ensure that hand washing soap / lotions are available at every wash hand basin

- Develop and disseminate a system of providing feedback to patients regarding the service provision and governance of the practice.

4. Findings

Quality of patient experience

We observed clinical staff provide excellent continuity of care and treatment to their patients, because all doctors working at the practice have designated patient's lists. All staff were observed on the day of the inspection to be assisting and providing care and treatment to patients in a calm, dignified and courteous manner.

Two members of the local Powys Community Health Council (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 Builth Wells Medical Practice via face to face conversations with patients and carers. Prior to the inspection the CHC had also received 87 completed responses via their questionnaires.

Generally, all feedback received from patients was very positive. Some patients did respond that, on occasions, they had to wait some time for an appointment with their designated doctor, although it was possible to see a duty doctor, usually on the day of request, should the need arise.

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

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 good amount of information available for patients to assist them to take responsibility for their own health and well being. Leaflets and posters were readily available in the waiting room. The television screen information was clear, concise and provided a range of information on differing medical / health issues. The practice leaflet was readily available to patients, relatives and members of the public, together with information about support services and organisations that were available to provide help and support.

The practice's website provided very useful information about the services provided. There was a whole host of information and resources available on the website which included:

- Online consultation - this component of the website enables patients to ask specific questions of their designated doctor. Requests for information on issues such as symptoms, advice regarding a specific conditions or administrative assistance such as test results could all be requested online.
- The website contained a whole host of medical conditions, symptoms and information in relation to health and wellbeing.
- Online appointment booking and repeat prescription ordering.

The practice has a positive approach to the work and development of the GP cluster¹ in the Mid Wales area, as a means of evaluating and promoting services for patients in the future.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare 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.

Overall, we observed all staff assisting patients in a dignified and calm manner. All consultations were taking place behind closed doors ensuring that dignity and confidentiality was being maintained and protected. Staff spoke discreetly to patients in the reception area. All telephone conversations took place in rooms behind and to the side of the main reception area.

An electronic booking in system was also in operation at the practice. At present, the languages utilised on the system was English and Welsh, although should the need arise in the future, additional languages could be uploaded to the system.

¹ 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.

We viewed clear information in the waiting and consulting rooms in relation to chaperones and their utilisation within the practice. Usually the chaperone would be a nurse, health care assistant or designated members of the reception team. Patients or clinicians could request a chaperone during consultations. It was noted, in one patient record viewed, that the doctor had also offered a chaperone. Patients were called from the waiting room via the electronic television system. Throughout the inspection it was observed that patients did not wait long at all after booking in to see the doctor / practice nurse.

It was highlighted that all consents for a minor operation were scanned and placed on the medical records for the patient.

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.

We found access to care services to be good. Patients were able to book appointments in person at the practice or by telephone. Patients did highlight that occasionally, they have difficulty in getting through to the practice during busy periods. Another option for patients, which was promoted by the practice, was to book appointments via the [My Health Online](#)² resource. This issue did concern some patients who felt they had limited IT skills or limited broadband provisions in their locality.

Patients are referred to differing acute hospitals dependent on their clinical need. The main hospitals used were, Neville Hall, Hereford and Cheltenham and referral to one of these hospitals was dependent on the preference of the patients and speciality required. All of these hospitals were a significant distance away and special consideration was necessary for cross border working and collaboration.

Patients of the practice were referred via the [Welsh Clinical Communications Gateway \(WCCG\)](#) after the GP consultation had taken place. This would be completed by the medical secretaries. Urgent and 2 week wait cancer referrals to hospitals in England are done by fax the remainder are done on WCCG to

² <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

the commissioning team in Bronllys who print off and arrange the referrals with the team in England.

The practice is open Monday to Friday 08:00 to 18:30. Doctors see their designated patients in the morning and afternoon unless they are the duty doctor. There is a duty doctor in afternoon only. During the morning session doctors are allocated on call time in addition to their surgery.

Patients for urgent on the day appointments undergo a soft triage by receptionist and are booked an appointment in the appropriate session with either duty doctor or practice nurse. The minor illness clinic is covered by one practice nurse.

Three mornings a week (Tuesday, Wednesday and Friday), the practice has a minor illness clinic run by the practice nurses. This is another option for patients. One of the practice nurses was undertaking a nurse prescriber's course which will enhance the service further in the future.

Individual care

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

Access into the building was good. A call bell was available outside the building for people with mobility difficulties. It is recommended that some consideration is necessary in relation to the bell located outside, as it is domestic in nature and could prove difficult for people with fine motor difficulties to activate. The reception desk had a lowered area for people in wheelchairs to communicate effectively with receptionists. There was ample space in the waiting room for people with mobility aids. There was a designated area for children to wait which had some toys and books available.

All consulting rooms were located on the ground floor which enabled ease of access. Patients' toilets were located close to the waiting room. One of the toilets did appear worn and we were informed by the practice manager that this toilet had been identified and was due for upgrade and refurbishment.

Outside, there were ample car parking spaces available and there were three designated disabled parking spaces close to the main entrance. The practice had a hearing loop system available for people with hearing aids, although the receptionist was unsure as to its usage. The practice must ensure that all staff are fully aware of the correct process to follow for its usage.

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.

It was identified that three of the doctors were Welsh speaking and were able to provide care through the medium of Welsh if the patient preferred. However, throughout the practice there was limited Welsh information and signage, nor information advising staff that there were Welsh speaking staff available. We were informed that the practice has limited requests from patients to engage in the service through the medium of Welsh. However, the practice must ensure that it promotes the utilisation of Welsh and that the language receives the same level of attention as English.

Improvement needed

The practice is to ensure that Welsh language receives the same level of attention as the English language.

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 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.

The practice had a current complaints policy and procedure in operation. There was a complaints leaflet freely available in the waiting room and the practice leaflet also identified how to complain if necessary. There was information available in the waiting room on Powys CHC which is the independent statutory organisation which represents the interests of patients and the public utilising the National Health Service in Powys.

The practice had a whistleblowing policy in operation which enables people to raise a concern / complaint in a manner that protects the individual from suffering any detrimental effects as long as it was undertaken according to the guidance within the policy. In addition, concerns and complaints could be raised via the practices internet site. The site also identified that should the complaint not be resolved satisfactorily the details of the Public Services Ombudsman was included.

Complaints records were viewed as part of the inspection and these were maintained and actioned in a comprehensive and inclusive manner. Complaints and concerns were discussed regularly at practice meetings and recorded accordingly. Annual review of complaints and concerns enabled any themes to be identified and evaluated.

The practice also had a comments / suggestions box available near to the entrance, whereby people could raise an issue if required. It was however identified that the practice did not publish any outcomes of patients' feedback / comments. We were informed that the last questionnaire survey was completed approximately 3 years previously. It was identified that all doctors that have undergone revalidation and have had an independent survey done with patients, the practice also upgraded their website last year which gives the opportunity for ongoing feedback via the friends and family option.

In addition, the practice did not at present, have a patient participation group in operation. This could also be an area for the practice to evaluate as an additional source of obtaining feedback regarding the services provided and offer an opportunity for the practice to inform the public what it was doing to address any concerns / feedback.

Improvement needed

The practice is to review how it evaluates the service provided and how feedback can be provided to the patients of the practice.

Delivery of safe and effective care

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 found that the staff team provided good, safe and effective care to patients in a timely and inclusive manner. There were good systems in place which enabled communication amongst staff, which ensured that information about patients was shared quickly with those staff that need to know.

Regular practice meetings were held to enable any issues to be discussed and evaluations of the service provision to be undertaken.

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.

A tour of the building was undertaken and it was found to be on the whole, clean neat and tidy. The building, both internally and externally was maintained to a good standard, apart from a toilet which was identified as requiring renovation.

The practice had a staff handbook in place which was regularly updated and reflected any changes in the practice which affected patients / staff.

The practice has previously experienced two flooding episodes and as such all doctors have an electronic copy of the disaster recovery plan should anything happen to the building. Contract of suppliers were also maintained with the disaster recovery plan for completeness.

We viewed several risk assessments and evaluations in place and a complete COSHH folder was maintained and updated regularly.

It was identified that hazardous specimen pots were not stored securely and were left out during the visit. In addition, hazardous cleaning solutions were also left out. The practice nurse and practice manager were advised of the potential risks of these substances not being stored inappropriately.

Improvement needed

The practice must ensure that all hazardous specimen pots and cleaning products are stored securely at all times.

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.

Clinical rooms had all the equipment and facilities necessary to provide the required patient care and treatment. There was an Infection control policy in place. Personal protective equipment was freely available throughout the practice for staff to use.

We did view that one wash hand basin in a treatment room did not have soap available and tiles had fallen off the wall behind the basin. Both of these issues could pose an infection control hazard and was brought to the attention of the practice nurse and practice manager on the day of the inspection.

All staff were immunised against hepatitis B and records were viewed.

Improvement needed

The practice must ensure that all wash hand basins have liquid soap dispensers available and that any loose tiles are replaced in a timely manner to reduce infection 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 management of medication within the practice was safe and effective. This was mainly due to the fact that doctors had their own designated patient lists and as such they had a good understanding of the needs of their patients. Doctors would sign repeat prescriptions for their own patients. This is time intensive for the doctors but it does promote safe and effective practice.

Patients can request repeat prescriptions either:

- In person at reception

- Online at MHOL
- Fax
- Email
- Chemist collection service

The practice does not take repeat prescription orders over the telephone due to the potential for errors.

Presently, prescriptions do not indicate how many repeat prescriptions can be acquired before having to have a doctor review. This area of practice was discussed as a way of minimising confusion and possibly reduce queries being received by the practice.

A local health board pharmacist works at the practice for 5 hours every two weeks and undertakes role specific activities in assisting with the medication management.

During a tour of the premises, two fridges were viewed that contained medication. It was observed that the keys were left in the locks. This area should be reviewed as potential security issue.

Improvement needed

The practice is to ensure that fridges containing medication are locked when not being used and keys kept secure.

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.

All doctors had received level 3 safeguarding training. All nurses and administrative staff had received level 2 and basic training. There were clear processes to follow if staff were suspicious regarding any safeguarding issues.

The practice has a designated lead doctor that oversees all child and adult safeguarding issues. The practice has a system of coding records so that the clinical team of aware of children at risk and that the households are flagged for awareness.

Regular meetings between doctors and health visitors are undertaken every 6 weeks and any concerns / cases / register revisions are discussed.

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.

We spoke with the practice manager who explained the system in place for the sharing and dissemination of patient safety incidents or significant events amongst staff.

Weekly meetings were held in the practice to discuss the service provision. Significant event / incident and changes to guidelines meetings were held monthly. Every month the practice manager, and reception manager met up with the nursing / health care assistant team to discuss relevant issues.

Significant events records demonstrated that events had been logged and recorded on paper and electronically. The significant events records did not demonstrate whether the events had been resolved or upheld. It was also noted that the events were not categorised as low / medium / high risk.

Improvement needed

The practice is to ensure that all significant events are rated according to risk and identify whether they were resolved or upheld. Consideration should also be given to recording these events electronically.

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.

Samples of three patient records for each of the doctors were viewed during the inspection. Records viewed included e-requests, same day, pre-booked and home visit appointments. All records viewed included a diagnosis, history, plan of treatment and test requests. Records viewed were of a consistently good standard and were easy to follow. Any medication discontinued was recorded together with the reasons for discontinuation. The practice had robust 'read-

coding³ procedures in place to ensure that information was correctly referenced.

³ **Read codes** are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of patient information including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms etc

Quality of management and leadership

Overall, the practice was very well managed. We found evidence of strong leadership from the practice manager and the team of doctors. The practice manager and doctors all worked well as a team and promoted high standards of practice for all staff.

The practice manager and doctors demonstrated a strong commitment to developing the staff and we found that there was an emphasis on learning and development through formal training opportunities. The practice was eager to provide training for junior doctors as part of their training and development and were proactive in promoting the role of the general practitioner. There was good delegation of tasks, with all doctors and nurses identified as leads taking responsibility for important areas such as safeguarding, infection control, health and safety, medical alerts and clinical governance to name but a few.

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.

All doctors and a member of the nursing team meet weekly to discuss clinical cases or any concerns or issues. These meetings are minuted. The member of the nursing team feeds back all relevant information to the nursing team during their weekly meetings. It was noted that for relevant clinical updates all available nurses would attend these meetings with the doctors.

The practice is also proactive in the attendance of regular cluster meetings. We saw examples of minutes from different meetings which demonstrated that there were effective, open discussions taking place and that there was a culture of openness and transparency encouraged amongst the staff.

The practice promotes auditing as a means of improving standards evaluating practices. There were a range of different audits undertaken such as:

- Infection control
- Depression
- Access

- Antibiotic
- Food supplements
- Adult malnutrition
- Salmeterol (asthma medication)

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.

All staff at the practice had a contract of employment. Staff files contained important recruitment information such as applications, references and job descriptions. A comprehensive induction programme was viewed for new staff that was well organised and specific to their roles. The practice manager confirmed that a Disclosure and Baring Service (DBS) check is undertaken on all new clinical staff employed at the practice.

All staff are encouraged to maintain and update their skills via the protected time for learning concept. The practice promotes the use of on line learning. It was also encouraging to identify that the practice was supporting one of its nurses in undertaking the non-medical prescriber's course to further enhance the professional development of the nurse and improve the service delivered at the practice.

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 Builth Wells Medical Practice 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: Builth Wells Medical Practice

Date of Inspection: 06/02/2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
11	The practice is to ensure that Welsh receives the same level of attention as that of the English language.	6.2	We have made a request to interpreter services to translate our key leaflets. We use bilingual posters when they are provided	Gill Hodgetts	4 months
12	The practice is to review how it evaluates the service provided and how feedback can be provided to the patients of the practice.	6.3	We do use twitter and facebook. In the past we have used a paper newsletter when information has needed to be cascaded and this will continue. The practice regularly receives feedback either through the concerns process or friends and family , these are discussed at an	Jane Stephens/Dr Walters	In place now, review meeting end of each calendar year so this will happen by Jan 2018

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			annual review meeting with the GPs and following our review we will in future provide an annual bulleting showing themes and actions that we have taken to date as well as ones that are outside or our control. This will be cascaded as above.		
Delivery of safe and effective care					
14	The practice must ensure that all hazardous specimen pots and cleaning products are stored securely at all times.	2.1	Nurses have moved the pots to more secure storage - a formal discussion to agree working arrangements for this and no. 15 below is being arranged	Drs/Nurse team	6 months
14	The practice must ensure that all wash hand basins have liquid soap available and that any loose tiles are replaced in a timely manner to reduce infection risks.	2.4	Soap has been added. Builder has been in and added to his schedule	Jane Stephens	2 months
15	The practice is to ensure that fridges containing medication are locked when not being used and	2.6	As point 14 above	Drs/Nurses	6 months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	keys kept secure.				
16	The practice is to ensure that all significant events are rated according to risk and identify whether they were resolved or upheld. Consideration should also be given to recording these events electronically.	3.1	Will be done as part of the significant event review. The manual file has been upgraded following the inspection and events will be graded as we go along and any themes discussed.	Jane Stephens	In place
Quality of management and leadership					

Practice representative:

Name (print):DR R B WALTERS.....

Title:DR WALTERS

Date:9 MARCH 2017

Appendix B

Community Health Council Report

Report from Powys Community Health Council



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary

Practice: Builth Wells Medical Practice Glandwr Park

Date / Time: Monday 6th February 2017 / 10.30am

CHC Team: Powys CHC

David Collington – Member (Lead)

Frances Hunt – Member

Purpose of Visit:

To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

CHC members spoke to and/or conducted a patient survey with 11 patients during the visit (two had already completed the survey prior to the visit). Overall, patient feedback was very positive. However, there was some concern over the time it took to get an appointment with a specific/ named GP.

Further Comments from Surveys & Discussions

Matters of Concern:

- Some patients were finding it difficult to book appointments at the practice.
- The telephone booking message suggesting use of eConsult was frustrating for those without on-line access.
- Similar issues to above were reported when calling for test results.
- Some patients expressed concern that Llanwrtyd Wells satellite surgery may close.

Matters to be Commended:

- Staff were responsive, polite and friendly.
- Access for urgent appointments was felt to be good.

- There was a Notice in the reception area on the availability of interpreter services for local ethnic communities.

Observations

Environment - External

- It was reported that there was difficulty in opening external doors for those who are elderly or infirm. Wheelchair access is by push button and waiting for a member of staff.
- There was good access to the surgery and ample parking available for patients, with staff parking to the rear of the building.
- There were three disabled parking bays available close to the surgery entrance

Environment - Internal

- Although plentiful seating there was a lack of different types of seating.
- There was a general need for decoration of the reception area and, in particular, refurbishment of the patient toilets at the far end of the waiting area from reception.
- There was some concern over patient confidentiality at reception, as there did not seem to be any easily available private rooms.
- Some carpeting, particularly around treatment rooms, was in need of cleaning or replacement.

- CHC members noted that the temperature level in the building seemed to drop at around lunchtime (is this due to storage heaters?).

Communication & Information on Display

- There seemed to be a lack of support for Welsh language.
- It was noted that patients need to ask for large print materials.
- Staff were not clear on the operation and use of the Hearing Loop.
- Chaperone notices were clearly visible.
- Notices on confidentiality and availability of interpreter service were also clearly displayed.
- The Practice records which patients have communication and accessibility issues.
- CHC members noted that the "Putting Things Right" leaflets need to be replaced with leaflets which refer to Powys CHC and not Brecknock & Radnor CHC.

Report prepared by
David Collington

CHC Member