

**General Practice
Inspection (Announced)**
Coalbrook Surgery; Hywel
Dda University Health
Board

Inspection Date: 7 February
2017

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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 Coalbrook surgery at 18 Coalbrook Road, Pontyberem, Llanelli, Carmarthenshire SA15 5HU on 7 February 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 Coalbrook Surgery met the standards of care set out in the Health and Care Standards (April 2015). Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

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

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

2. Context

Coalbrook surgery currently provides services to approximately 4,300 patients in the Pontyberem 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 two GP partners, one part time salaried GP; three part time practice nurses, one part time health care support worker; one practice manager, one information technology officer, two full time and two part time receptionists.

The practice provides a range of services, including:

- General medicine
- A range of clinics, such as respiratory, heart disease, diabetes, antenatal, minor surgery, immunizations

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

3. Summary

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

Overall, we found evidence that Coalbrook surgery provides safe and effective care.

This is what we found the practice did well:

- Patients were happy with the service provided
- Patients were treated with respect
- Patient records were of a good standard
- There was a patient-centred approach to care
- Staff we spoke with were happy in their roles and felt well supported

This is what we recommend the practice could improve:

- Telephony systems could be improved
- An area could be made accessible at the front desk for patients in a wheelchair
- Ensure Community Health Council leaflets are accessible to patients
- Some practical environmental improvements such as; electronic front of house door access, clock for the waiting room
- Resolve the backlog of summarising the information on new patients
- Need to consider the security of patients records
- Need to tighten the complaints process in line with “Putting Things Right” NHS guidance
- Improve the website to ensure information is current

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 prior to the inspection. Overall, patient satisfaction was high.

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, although there were areas of the process which needed reviewing. The practice was also 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.

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 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.

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. However there was no lowered shelf to the reception desk which would allow reception staff to speak with dignity and respect to patients in a wheelchair. Staff also told us that in these circumstances they would 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. There was a policy for chaperones and the staff had received appropriate training. Staff said that chaperones are not routinely used but are offered when the doctors feel it is appropriate or if patients request.

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.

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 how to make a complaint. We suggested that the procedure for obtaining repeat prescriptions via the local pharmacy be added to the information. This would save patients travelling to the surgery to renew repeat prescriptions. There was also a practice's website which contained very basic information and was in need of updating.

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 and Welsh.

The practice had a hearing loop which they used to aid communication with patient's 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.

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 scanned on to the electronic system and saved in individual patients records.

Staff advised that they received discharge summaries from secondary care and managed referrals via mail or 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.

The practice had undertaken an internal audit of patients preferences and 75% had requested on the day appointments. There was also a request for two week in advance bookings. The practice tried to accommodate these requirements.

There was a telephone system in place (two telephones) where 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 there had been a significant increase in patient numbers and subsequently workload in the last eighteen months and this had placed pressure on the telephony system between 8 am and 11 am.

Improvement needed

The practice should consider improving the telephony system during the busy morning times.

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. There was a text reminder system for nurse appointments

On the day of inspection two patients told us that they had been waiting 40 minutes to see the doctor. When we discussed this with the senior partner we were told that this was often the case, due to the complex needs of the patients, although not usually as long as 40 minutes.

Because of the rural location of the practice more promotion of My Health Online (MHOL) may benefit patients for both prescriptions and booking appointments. Currently, although the practice uses MHOL, they have a low take up. HIW suggests that the practice consider offering patients an application form for MHOL when registering, additionally further details promoting the service could be in waiting room / on website.

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.

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.

There was a health care support worker employed by the practice as a lifestyle coach. Advice and support was offered to patients, i.e healthy eating, smoking cessations and other health promotion concerns. Information was reinforced in leaflet form from "my health on line". The service also offered blood pressure and weight checks.

Staff told us that there was a good working relationship between the district nurses, health visitors and community psychiatric nurses (CPN) in the area; although communication with the community staff was becoming more difficult now that the health board had changed the way district nurses worked. The doctor also told us that although there were regular meetings with the CPN and memory nurse, which the practice thought had undoubtedly improved overall mental health in the local care; access to care services within the hospitals of the health board was patchy, inconsistent and had poor continuity.

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"¹ group. The doctor explained that, for different reasons local GP practices were facing many challenges; subsequently patients with complex needs were moving to the surgery. This was placing a considerable strain on staff resources at the practice.

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 written procedure in place for patients to raise concerns and complaints which was on display in the waiting area. The written procedure was comprehensive but not fully compliant with 'Putting Things Right' requirements, the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales nor was it dated to ensure compliance with current information.

Improvement needed

The practice must review the complaints policy and procedure to ensure timescales for responding to a complaint are corrected and that the policy is dated to ensure the information is current.

The practice must also develop acknowledgement letters and formal response letters in line with the "Putting Things Right" guidance.

¹ 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.

The information included how to access Community Health Council (CHC) as an advocacy or advisory service with making complaints.

We saw that staff maintained records of complaints and reviewed these annually to look for trends and themes. This gives an overall view of issues affecting the practice.

The practice gathered patient feedback through a comment / suggestion box situated in the waiting room.

Staff told us that they had, in the past, have a patient participation group (PPU) but this had declined and they were not currently considering implementing a new PPU to provide feedback on services.

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 and practice manager were 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 which had been extended over the years. 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 and the lowering of an area of the reception desk.

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.

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. We did notice that the door to the main entrance was not electric nor did it have slow closure arms, this meant that patient with mobility issues or patients with children in pushchairs had difficulty accessing the building. We also saw that although there was a ramp access to the front door, the steps were quite steep.

Improvement needed

The practice needs to consider replacing the main entrance door with electric or slow closure arms to maintain safety for patient with mobility problems or patients with children in pushchairs.

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. All were dated with the exception of the practice complaints procedure.

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 there were no female sanitary disposal units in any toilets.

Improvement needed

The practice needs to provide sealed female sanitary units in the toilets.

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. Staff told us that assessment and audits were routinely carried out to assess 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.

Patients could access repeat prescriptions by calling into the surgery in person or via the website. The practice used the health board's formulary² and followed NICE guidance³ on prescribing.

We discussed the benefits of a cluster pharmacist to take responsibility for medication reviews and the senior doctor said that a pharmacist had recently been employed by the cluster.

The practice undertook audits of shared care drugs monitoring⁴ arrangements.

The health board provided a pharmacist and pharmacist technician from the medication management team, who undertook regular audits and reviews of medication.

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 a lead GP who had responsibility for all safeguarding issues. We were told by staff that there were easily available flowcharts which included local contact numbers for reporting. This is beneficial for urgent access to information.

² The formulary lists all medicines approved for use in primary and secondary care in Hywel Dda University Health Board.

³ The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

⁴ Shared Care Guidelines are local policies to enable GPs to pick up the prescribing and monitoring of medicines/treatments in primary care in agreement with the initiating hospital specialist or consultant.

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.

There were no formalised meetings to discuss new developments or new technologies in clinical practice.

The practice had suitable arrangements in place, to report and learn from patient safety incidents and significant events. 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 would be reviewed and discussed at a meeting which would be specifically arranged.

There were regular audits undertaken to ensure safe and effective care was provided, these included; minor surgery, warfarin, influenza, wound care, minor injuries, cervical smears and diabetic care.

From these audits the practice had identified issues relating to continuity of care particularly with midwifery. Midwives were not recording in the electronic record system and often patients forget to bring the "Red Book"⁵ or maternity record of care. Subsequently GP's are unaware of clinical matters that may be relevant to the mothers' or child's health. These discussion are on going with the midwives and health board.

⁵ A babies Red Book tracks their growth, vaccinations, development and any consultations with medical or social professionals.

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 an adequate standard of record keeping.

Records 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.

The system used was comprehensive and sophisticated. Alerts were available on the system and could be managed by the practice.

The practice manager presented us with an audit which showed 25% of records yet to have 'notes summary on computer' coded (1000 records). Records are summarised by GP's only at the moment and this may be difficult to sustain due to the increased numbers of new registrations HIW suggest that the practice considers training for administrative staff, with controls in place to ensure accuracy. This would assist in ensuring current patient information is available in a timely manner.

Improvement needed

The practice needs to develop a clear policy on record management to ensure timely recording of patient information.

Quality of management and leadership

The practice delivered a good standard of medical care. However, in terms of management systems, the practice would benefit from modernisation. Due to the problems facing most rural practices in terms of viability and succession planning, the reluctance to invest is understandable.

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

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.

Staff told us they 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.

There were monthly multidisciplinary team meetings to discuss individual patient care such as, complex care or palliative care or children at risk. CPN and members of the community mental health team attended meetings every two weeks.

Nurses arranged their own meetings which were minuted.

Administration and reception staff had recently commenced regular meetings and there was one arranged for the following day.

Despite the meetings mentioned above there were no clinical staff meetings whereby doctors and nurses could discuss best practice and guidance such as NICE⁶ standards, which influence and improve practice.

Improvement needed

The practice needs to ensure that meetings are minuted to maintain a clear record of information shared and issues discussed.

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 improve services for patients.

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.

Discussions with staff and a review of policies and 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 recruitment documentation in place and found that appropriate checks were carried out prior to employment. All staff, including a new employee, gave us positive feedback about the induction process and on-going support.

All staff we spoke with confirmed they had opportunities to attend relevant training and this was confirmed in the staff records. The practice nurses discussed the problems with accessing sexual health update training, which they felt was an important part of their role. This was an on going issue that the practice continued to discuss with the health board.

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 Coalbrook Surgery will be addressed, including timescales.

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

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

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

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: Coalbrook Surgery

Date of Inspection: 7 February 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Page 9	The practice should consider improving the telephony system during the busy morning times.	5.1	<p>The Practice has already had discussions with the telephone provider regarding additional lines/queuing system. Due to the size of the Practice, changing the current system is not viable.</p> <p>The number of patients using My Health On Line is steadily increasing. The Practice will continue to actively promote the booking of appointments through My Health On Line. This should reduce the number of telephone calls at 8.00 am</p> <p>The number of telephone requests</p>	Practice Manager	Ongoing

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			for appointments will be closely audited.		
Page 11	The practice must review the complaints policy and procedure to ensure timescales for responding to a complaint are corrected and that the policy is dated to ensure the information is current.	6.3	Policy has been reviewed, amended and dated. The timescale for responding to a complaint has been amended from 10 days to 30 days.	Practice Manager	Completed
Page 11	The practice must also develop acknowledgement letters and formal response letters in line with the "Putting Things Right" guidance.	6.3	The Practice prefers to deal with complaints 'on the spot'. Over the last year we have received one written complaint. Response letters have been individual to the patient. However, formal response letters in line with the Putting Things Right guidance have now been developed.	Practice Manager	Completed
Delivery of safe and effective care					
Page 14	The practice needs to consider replacing the main entrance door with electric or slow closure arms to maintain safety for patient with	2.1	There is a slow closure arm on the main entrance door – this has been adjusted. The Practice will consider applying for a premises improvement grant,	Partners / Practice Manager	Completed

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	mobility problems or patients with children in pushchairs.		when available.		
Page 14	The practice needs to provide sealed female sanitary units in the toilets.	2.4	Awaiting delivery of 2 units	Practice Manager	31.03.17
Page 17	The practice needs to develop a clear policy on record management to ensure timely recording of patient information.	3.5	Read code and summarising training will be arranged for Practice Nurses	GP/Practice Manager	Ongoing
Quality of management and leadership					
Page 19	The practice needs to ensure that meetings are minuted to maintain a clear record of information shared and issues discussed.	3.4	Although planned meetings are currently minuted we will ensure that notes will be taken at any ad hoc, informal, meetings so that information on items discussed is passed on to all staff members.	Practice Manager	Completed

Practice representative:

Name (print): **Catrin Harries**

Title: **Practice Manager**

Date: **17.03.17**



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Coalbrook Surgery, Llanelli
Date / Time:	7 th February 2017 9.30 am
CHC Team:	Pat Neil – Member (Lead) Abi Thomas – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

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.

Prior to our visit, patients were offered the opportunity to complete a survey on their Practice by staff. 161 patients responded. The analysis of these survey results can be seen in the accompanying report, although some key findings can be seen below:

- Over 75% of patients confirmed they had been registered with the surgery for more than 10 years
- Nearly 95% of patients rated their overall experience of the surgery as excellent or good. Patients confirmed that their GP and nurse greeted them well, had good awareness of their medical history, understood concerns and provided good explanations of their treatment.
- About 85% of patients said it was easy or very easy to get an appointment although some reported that it could be difficult to get through at busy times and that a queue system would be better than having to redial. One patient praised the online appointment facility and there is a text reminder service for nurse clinic appointments.
- A majority of patients (70%) felt that having contacted the surgery, they could expect to see the GP of their choice within 24 hours, and 23% felt they would have to wait 24-48 hours. When asked how long it would take to see any GP, 81% felt they would get an appointment within 24 hours with 16% believing this would take between 24-48 hours.
- 60% of patients confirmed they were seen at their allocated appointment time. However 68% patients who did have to wait for their appointment waited between 10 – 20 minutes, 31% patients confirmed they waited over 20 minutes. A patient noted that it would be nice to be informed when the GP or nurse is running late.
- The majority (75%) of patients who completed the survey rated the practice 10 out of 10 for physical access to the building (ramps/steps front door), although one highlighted that the external ramp and main entrance door could be improved for patients with poor mobility.
- Similarly, patients tended to be very positive about cleanliness, seating, information and toilet facilities.

Observations

Coalbrook Surgery is located in Llanelli town. The visiting members noted the practice was well run and the staff were very friendly and co-operative.

There is a car park for patients but space was limited. There is additional car parking across the road at the Civic Hall. Not all patients are aware of the pharmacy service available at 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. It was noted that the waiting room would benefit from decorating.

During our visit the disabled toilets were clean and easily accessible.

The seating area in reception provided a range of seating to accommodate patient's mobility needs. However during our visit members noted a seat that smelt of urine, staff were informed.

Communication & Information on Display

The surgery displays the "opening" and "out of hours" details on the main door for the public to access.

Members noted there is no clock in the waiting area.

The surgery provides a good display of leaflets in the reception area, and the practice leaflet had the CHC advocacy service listed.

The surgery does not have a Patient Participation Group any more as the surgery felt the suggestion box in the waiting room works better.

A copy of the survey report is attached.

Pat Neil & Abi Thomas
CHC Members