

**General Practice  
Inspection (Announced)**  
Newpark Surgery (Talbot  
Green Group Practice);  
Cwm Taf University Health  
Board

Inspection Date: 8 March 2016

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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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 Newpark Surgery (part of Talbot Green Group Practice) at Heol y Gyfraith, Talbot Green, Pontyclun, CF72 8AJ on 8 March 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Cwm Taf Community Health Council.

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

Talbot Green Group Practice currently provides services to approximately 12,000 patients in Talbot Green, Beddau and the surrounding areas nearby. The practice forms part of GP services provided within the area served by Cwm Taf University Health Board.

The practice operates from two sites, Newpark Surgery in Talbot Green and Gwaunmiskin Road Surgery in Beddau. Services and facilities at Gwaunmiskin Road Surgery were not inspected during the course of our one day visit.

The practice employs a staff team which includes four GP partners, 3 salaried GPs, practice nurses, healthcare support workers, a practice manager, a deputy manager, a team of receptionists and administration staff. There are also community nurses, midwives and health visitors attached to the practice. Talbot Green Group Practice is also a training practice, providing placements for qualified doctors who are gaining experience in general practice.

The practice provides a range of services, including:

- Antenatal care
- Family planning
- Cervical smear screening
- Child vaccinations
- Minor operations
- Travel vaccinations and advice

### 3. Summary

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

Overall, we found evidence that the practice provided safe and effective care to its patients.

This is what we found the practice did well:

- Overall, patients told the CHC that they had a positive experience when using the practice
- The Patient Participation Group had been involved in developing a Braille version of the practice information leaflet
- An in house pharmacist worked at the practice and this helped provide patients with timely care
- Arrangements were in place for the effective management of the practice.

This is what we recommend the practice could improve:

- Develop a written policy to guide healthcare staff on when consent to treatment may be given by a child
- Implement systems to demonstrate that written policies and procedures have been regularly reviewed, to audit patient records and for GP peer review
- Provide more details to locum GPs on local safeguarding procedures.

## 4. Findings

### *Quality of patient experience*

**Patients' views about the service provided by Newpark Surgery were obtained by members of the local Community Health Council (CHC). Overall, patients indicated to the CHC that they were very satisfied with the service provided.**

**We found that practice made efforts to provide patients with sufficient information about their care and treatment. Arrangements were in place to promote the privacy and dignity of patients.**

**Patients could provide feedback about their experiences and this was considered by the practice to make improvements as appropriate.**

**We identified that the practice should provide more information to healthcare staff around patient consent to treatment. The practice's written complaints policy also needed to include more information so that it fully complied with *Putting Things Right*<sup>1</sup>.**

Members of the Cwm Taf Community Health Council<sup>2</sup> (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 Newpark Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

Overall, patients told the CHC that they were satisfied with the service they had received. The CHC has produced a report which provides a summary of the information gathered from 19 patients. That report can be found at Appendix B.

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<sup>1</sup> *Putting Things Right* are the arrangements for handling concerns (complaints) about NHS care and treatment in Wales. <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

<sup>2</sup> Cwm Taf Community Health Council is a statutory organisation and monitors the quality of the NHS services provided within the Cwm Taf area. <http://www.wales.nhs.uk/sitesplus/903/home>

## **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.*

Information was made available to patients to help them take responsibility for their own health and well being. Help and advice for patients who were carers was also available.

Staff told us that health promotion advice was provided to patients during consultations/clinics with GPs and nurses. Patient information leaflets covering a range of health conditions could be printed out and given to patients. Efforts to help patients stop smoking through *Stop Smoking Wales* were described.

Information for carers was displayed in the waiting room and a staff member had been identified as a Carer's Champion. This meant there was a designated person who carers could access for help and advice on their day to day carer responsibilities.

## **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 found that efforts were made to protect and promote patients' privacy and dignity.

There was a confidentiality area at reception and a room could be made available should patients wish to speak privately with a member of staff. We saw doors to consultation rooms were closed when patients were being seen by practice staff. The use of privacy curtains within these rooms helped to promote privacy and dignity for patients during examinations.

The practice had a policy for the use of chaperones. This aimed to protect patients and clinical staff when intimate examinations of patients were performed.



Those patients who provided comments to the CHC indicated they were happy with the approach and information provided by the GP and/or nurse who they saw on the day and the helpfulness of the reception staff.

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.*

The practice gave consideration to the communication needs of its patients and efforts were made to provide patients with sufficient information about their care.

A patient information leaflet was available and we were told this could be provided in alternative formats, including large print and Braille. We were told that the Patient Participation Group (PPG) was involved in designing the patient information leaflet and we identified this as noteworthy practice.

We were told that practice staff had access to a language translation service. This could be used by staff to help them communicate with patients whose first language was not English. Some staff were Welsh speaking. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so. A hearing loop was available at the reception to help those patients who use hearing aids to hear staff more clearly.

Staff also told us that patients were provided with verbal and written information about their conditions at consultations with GPs.

We found that arrangements were in place for obtaining patient consent to receive minor surgery. We saw evidence of this process within the sample of patient records we considered. A written policy on consent was in place; however, this did not include information to guide healthcare staff on when consent to treatment may be given by a child. Arrangements should therefore be made to develop a suitable written policy in this regard. GPs were aware of the relevant principles to follow to determine when consent can be given by a child and when consent is required by a person with parental responsibility.

### ***Improvement needed***

***The practice should develop a suitable policy to guide healthcare staff on when consent to treatment may be given by a child and when consent is required by a person with parental responsibility.***

### **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 made efforts to provide patients with timely care. Comments provided to the CHC indicated that patients did not find it easy to book an appointment.

The practice offered both on the day appointments and those that could be booked in advance. Appointments could be made in person or over the telephone. The practice was also looking to implement the booking of appointments on line later in the year.

The majority of patients who provided comments to the CHC members indicated they were satisfied with the opening times of the practice. Comments on how easy it was to book an appointment indicated that this was a source of frustration for patients. The majority of patients told CHC members that when they contacted the practice they were able to see a GP (not necessarily a GP of their choice) within 24 hours. On the day of our inspection the majority of patients who provided comments told us that they had not been seen at their allocated appointment time. Most, however, confirmed they had been seen within 10 minutes of their allocated time. (See Appendix B for the CHC's full summary report).

Patients could contact the surgery for advice over the telephone rather than attending in person. Home visits could be requested by patients who were too ill to attend the surgery. Information on the appointment system was available to patients.

A number of regular clinics were run by the practice nurses and healthcare support workers. This meant that, where appropriate, patients did not have to wait to be seen by a doctor.

We found that referrals to other healthcare professionals were managed appropriately.

## **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 practice building was accessible to patients who had difficulties with their mobility. Arrangements were in place to identify and support patients with particular needs.

There was level access to the main entrance of the building. This enabled patients with mobility difficulties (and those patients who use wheelchairs) to enter the premises safely. We saw that the reception desk would benefit from having a lower section to facilitate better communication between receptionists and persons who use wheelchairs. The practice should explore what reasonable adjustments can be made in this regard.

We were told patients' notes could include a flag to identify vulnerable patients and those with additional needs. This alerted staff so that arrangements could be made to best support these patients when contacting or visiting 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.*

Patients could provide feedback about their experiences. The practice's (concerns) complaints procedure needed to be reviewed so that it fully reflected *Putting Things Right*.

A suggestion box was provided so that patients could provide ongoing comments about the service they had received. There was also an active Patient Participation Group that provided a forum for patients to provide comments about the service.

The practice had a written complaints procedure that was available to patients on request. To fully comply with *Putting Things Right*, the procedure needed to include that patients could seek help and advice from the local Community Health Council. It also needed to include that patients could refer their

complaints to the Public Services Ombudsman for Wales. We were told that any complaints received were reviewed regularly and shared with staff at team meetings. This was with a view to learn from complaints and make improvements as appropriate.

***Improvement needed***

***The practice's complaints procedure must be reviewed so that it is fully compliant with Putting Things Right.***

***Details of the complaints procedure should be displayed for patients and their carers to see.***

## ***Delivery of safe and effective care***

**We found the practice had arrangements in place with the aim of providing safe and effective care to patients.**

**We identified that some improvements could be made to demonstrate that the practice policies and procedures are regularly reviewed, to provide information on safeguarding procedures to locum GPs and to implement audits of records completed by healthcare staff.**

### **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.*

We did not identify any obvious hazards to the safety of patients or staff.

During the course of our inspection we saw that areas occupied by patients and staff appeared clean, were tidy and uncluttered. This would help to reduce the risk of trips and falls. The practice building appeared to be maintained to a satisfactory standard both internally and externally. Security measures were in place to prevent unauthorised access within the building.

We looked at a sample of written policies and procedures. Policies relevant to the safe operation of the practice were in place. It was not always clear whether these had been reviewed and were up to date. A suitable system should be implemented to demonstrate that these are regularly reviewed and updated as appropriate.

### ***Improvement needed***

***The practice should make arrangements to demonstrate that written policies and procedures have been reviewed regularly and updated as appropriate.***

Standard 2.6 Medicines management

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

We found systems were in place for safe management of medicines.

The practice had a written prescribing policy and arrangements were described for the safe prescribing and review of patients' medicines. The practice used an

agreed formulary and we were told this was updated regularly to take account of local and national guidance. A pharmacist worked at the practice part time and was able to conduct medication reviews and authorise repeat prescriptions (for some medicines). This meant that patients did not necessarily have to wait to be reviewed by a GP.

We saw that prescribing audits had been conducted. These audits helped identify whether medication had been prescribed appropriately and indicated where improvements should be made, if required.

Arrangements were described for learning from significant patient safety incidents, including medication related incidents. We found, however, that prescribing clerks working at the practice were not always involved in incident review meetings. Given the role of these staff, the practice may wish to review the arrangements for involving prescribing clerks in such meetings.

**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.*

Arrangements were in place to promote and protect the welfare and safety of children and vulnerable adults.

The practice had written policies to guide staff on the procedures to follow in relation to safeguarding children and safeguarding adults at risk. As described earlier, we recommend that a suitable system be implemented to demonstrate that written policies and procedures are reviewed regularly. A GP had been identified as a safeguarding lead and we were told that all staff were aware of this.

We were told that all staff had attended training at a suitable level on child protection matters. Staff had not attended training around safeguarding adults and we were told that this was to take place soon.

Locum GPs worked at the practice and were provided with pertinent information about the practice (via a locum GP information pack). This did not include the practice's written procedures on safeguarding. Arrangements should therefore be made to provide this information to all locum GPs.

***Improvement needed***

***The practice should make arrangements to make details of the local safeguarding procedures available to locum GPs.***

## **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 arrangements in place to report and learn from patient safety incidents and significant events.

We were told that all staff were aware of the procedure to follow to report patient safety incidents. Senior staff explained that these were discussed at regular multi disciplinary team meetings and GP partners meetings and learning shared with the wider practice team. We found little evidence, however, to demonstrate that a root cause analysis (RCA) into incidents and events had been conducted. Arrangements should, therefore, be made to demonstrate that a RCA has been completed to strengthen the existing arrangements.

Senior staff confirmed that GPs kept up to date with current practice issues.

## **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.*

Overall, we found that detailed patient records had been completed by GPs. We did, however, identify some improvements could be made.

We looked at a sample of patients' electronic records. We considered notes that had been made by the GPs in respect of face to face consultations at the surgery and home visits. Overall, records were detailed and it was possible to determine the outcome of patient consultations.

We did identify that some improvements could be made. These included:

- Recording more comprehensive information in relation to the assessment and examination of unwell children
- Demonstrating patient consent had been obtained for minor surgery procedures
- Read coding newly diagnosed conditions

- Demonstrating that patients had been informed of possible side effects of newly prescribed medication
- Recording the name of the GP responsible for dealing with correspondence to facilitate Read coding and instructions given to administrative staff.

We saw no evidence to demonstrate that records were audited regularly as part of the practice's quality improvement activity. This would help identify any issues and show where improvements should be made, if required.

***Improvement needed***

***The practice should make arrangements to improve record keeping and implement a system of regular audit.***



## *Quality of management and leadership*

**We found arrangements were in place for the effective management and leadership of the practice. Audit and review took place as part of the practice's quality improvement activity and we recommend that a system of peer review for GPs also be implemented to strengthen current the arrangements.**

**The practice employed a team of staff who worked together and whose roles contributed to the overall operation of the 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.*

Arrangements were in place for the effective management of the practice.

Leadership of the practice team was provided by the GPs, a practice manager, and a deputy. Effective working relationships, facilitated through regular team meetings, were described.

The practice had a Practice Development Plan and senior staff confirmed that this was kept under review. Senior staff described a system of audit and review as part of the practice's quality improvement activity and we saw examples of these. Whilst a system of clinical review for trainees was described, this had not been extended to GPs working at the practice. Arrangements should, therefore, be made to implement a system of peer review for GPs.

### ***Improvement needed***

***The practice should make arrangements to implement a system of peer review for GPs.***

The practice was part of the local GP cluster<sup>3</sup> group and we were told that both the practice manager and lead GP attended cluster meetings. The in house

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<sup>3</sup> 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.

pharmacy service was an example of how the cluster group had worked together to improve the service provided to patients.

A range of relevant written policies and procedures was in place, with the aim of providing safe and effective care. As described earlier, it was not always clear whether these had been reviewed and were up to date.

### **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.*

The practice employed clinical and non clinical staff whose roles and responsibilities contributed to the overall operation of the service.

A system was described for staff to receive an annual appraisal of their work. We were told that each member of the team had a professional development plan that identified training and development needs. Staff confirmed that they found the system of appraisal worthwhile.

We were told that whilst training opportunities were available, it was sometimes difficult to release staff to attend this. Staff had opportunities, however, to complete on-line training relevant to their role.

## 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 Newpark Surgery will be addressed, including timescales.

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

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

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures
- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within GP practices.

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

## Appendix A

**General Medical Practice:** Improvement Plan

**Practice:** Newpark Surgery (part of Talbot Green Group Practice)

**Date of Inspection:** 8 March 2016

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
<b>Quality of the patient experience</b>					
8	The practice should develop a suitable policy to guide healthcare staff on when consent to treatment may be given by a child and when consent is required by a person with parental responsibility	4.2	Practice has a new policy for consent to treatment for children and when consent is required by a person with parental responsibility. We have a fact sheet of who has parental responsibility.	Practice Manager	Completed
10	The practice's complaints procedure must be reviewed so that it is fully compliant with <i>Putting Things Right</i> .  Details of the complaints procedure should be displayed for patients and their carers to see.	6.3	Complaints procedure to be reviewed.  New posters advising the practices complaints procedure are planned for the waiting room.	Practice Manager	3 months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>					
11	The practice should make arrangements to demonstrate that written policies and procedures have been reviewed regularly and updated as appropriate.	2.1	Policies and procedures had been centralised on a computer data base with dates for review.	Practice Manager	Completed
12	The practice should make arrangements to make details of the local safeguarding procedures available to locum GPs.	2.7	File for locum GPS updated with local safeguarding procedures	V Parker	Completed
14	The practice should make arrangements to improve record keeping and implement a system of regular audit.	3.5 Governance, leadership and accountability	Practice will undertake regular audits of read codes.  Dragon software for dictation has been purchased so notes can be dictated.	P Beynon  Practice manager	3 months  Completed
<b>Quality of management and leadership</b>					
15	The practice should make arrangements to implement a system of peer review for GPs.	Governance, leadership and accountability	This was in place at the time of the visit. Doctors undergo annual appraisal and 5 yearly revalidation. We have regular SEA meetings/ complaint meetings / compliments.	V Parker	Completed

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			<p>Salaried doctors have an annual review.</p> <p>Annual review of each doctors prescribing.</p>		

**Practice representative:**

**Name (print):** Ian Dodd.....

**Title:** Practice Manager.....

**Date:** 17.08.17.....



## Appendix B

### Community Health Council Report

#### **Report from Cwm Taf Community Health Council**



#### **Talbot Green Group Practice 8 March 2016 Analysis of Survey Forms**

19 persons surveyed 9 male 10 female (1 in Welsh)

##### **Q1 How long have you been registered with the practice**

Less than a year	1
1 – 5 years	4
5- 10 years	6
Over 10 years	8

Comments:

- person who had been registered for less than 1 year had been registered previously and had moved back

##### **Q2 How would rate the opening times at your GP Practice?**

Very good	1
Good	10
Satisfactory	6
Unsatisfactory	2

Comments:

- Would like earlier or later to accommodate work (Satisfactory)
- Difficult for grandparents (Unsatisfactory)

##### **Q3 How would you rate booking an appointment at your GP practice?**

Very easy	2
Easy	4
Difficult	6
Very Difficult	6

Comments:

- not rated as first time made appointment phone easy

##### **Q4 If difficult please comment:**

Difficult:

- Appointments only available on same day
- Cannot get through and when put through appointments usually gone
- Cannot get through on phone
- Difficult getting through on phone
- Difficult in just getting a spot (person said this is wife's comment as she usually rings)
- Cannot get through on phone usually appointments gone when finally get through

Very Difficult:

- Cannot get through & when I get through no appointments left. Only allowed to discuss 1 matter

- Almost impossible to get through on phone, usually appointments gone when I get through
- Can't get through on phone when I get through no appointments (usually)
- Wait a long time on phone by the time you get through no appointments left
- Problem at Gwaun Miskin – have to come and wait and if you miss in morning have to come back
- Took 80+ calls to get through – has happened before. Have to ring at 8:30 but always get appointment

**Q5 How long do you usually have to wait for an appointment with a GP of your choice?**

Within 24 hours	4
24 hours to 48 hours	1
48 hours or more	9

4 people said that they don't ask for a particular GP

1 person said it depends

Comments:

Within 24 hours:

- Can't pre-book

48 hours or more:

- Don't normally ask
- Told to ring on the day

**Q6 How long do you usually have to wait for an appointment with any GP?**

Within 24 hours	11
24 hours to 48 hours	3
48 hours or more	4

Comments: 1 person didn't answer but commented "can't make appointments"

Within 24 hours:

- If prepared to wait in person
- normally

48 hours or more:

- Depends on when you get through

**Q7 Today, were you seen at your allocated appointment time?**

Yes	6
No	9

4 no answer 1 commented emergency appointment

**Q8 If no, how long after your appointment time were you seen?**

Within 10 minutes	5
Within 20 minutes	2
After 20 minutes	1

1 - no time noted

**Q9 How would you rate the following:**

	Excellent	Good	Poor	Very Poor
Access	11	8		
Helpfulness of reception staff	13	6		
Cleanliness of waiting area	13	6		
Seating arrangements	10	9		
Information on display	11	8		
Toilet Facilities	8	4		

Comments:

Access:

- Parking
- Park especially afternoons

Helpfulness of reception staff:

- Depends who you see

Cleanliness of waiting area:

- no books for children

Toilet Facilities:

- 6 said they have not used / did not know

**Q10 Who did you see today**

GP	12
Nurse	7
Both	
Other	

**Q11 If other, which healthcare professional did you see?**

n/a

**Q12 How would you rate the following about your GP?**

	Excellent	Good	Poor	Very Poor
Greeting	8	4		
Understanding of concerns	8	3	1	
Treatment explanations	8	3	1	
Awareness of your medical history	8	3		1*

\* first time seen

Comments:

- If doctor of choice seen
- depends on doctor seen
- depends on doctor seen
- change of doctors recently

**Q13 How would you rate the following about your nurse?**

	Excellent	Good	Poor	Very Poor
Greeting	6	1		
Understanding of concerns	6	1		
Treatment explanations	6	1		
Awareness of your medical history	6	1		

**Q14 How would you rate your experience of this GP practice?**

Excellent	4
Very good	7
Good	6
Fair	
Poor	
Very Poor	

Comments:

- depending on doctor seen

**Q15 Do you have any additional comments you wish to make regarding your GP practice or other healthcare professional?**

- Not a lot of bi-lingual signs / leaflets
- doctor understood my needs and told me to come back if problems
- Depends on doctor how treated
  - o 10 mins allowed per patient
  - o only 1 ailment can be discussed at time
  - o feel over conscious of budget particularly [named person]
  - o above depends on Dr
- Do very good job considering constraints
- Very helpful and friendly
- Good service / very professional