

**General Practice
Inspection (Announced)**
Andrews Medical Practice;
Hywel Dda University
Health Board

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Andrews Medical Practice at The Old Dental Suite, Llwynhendy, Llanelli SA14 9BN on 29 November 2016. Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Carmarthenshire Community Health Council. There were also two supernumerary HIW Inspectors observing the processes.

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

Andrews Medical Practice currently provides services to approximately 3100 patients in the Llanelli area. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice is one of four, within the Rosedale Medical Group. Andrews Medical practice employs a staff team which includes; one General Practitioner, two part time practice nurses and six receptionists. There is no practice manager on site but there is a practice manager and management assistant who remotely manage the practice from the Rosedale Medical Centre in Port Talbot.

The practice has experienced significant change and disruption in the last few years. The current premises are temporary, the practice having moved from the original premises approximately two years ago.

The practice provides a range of services, including:

- Patient health checks
- Asthma, antenatal, baby, diabetes clinics
- Blood pressure tests
- Smoking cessation
- Minor illness
- Chronic diseases
- Medication reviews
- Cytology
- Joint injections

We were accompanied by two local members of the Community Health Council (CHC) at this inspection and some of their observations have been included within the text of this report. The CHC had delivered patient questionnaires prior to the inspection visit but unfortunately there were no responses to this survey as it appeared that the practice did not consistently highlight it's availability to patients. It should be noted that patients have been surveyed fairly extensively in recent months due to changes occurring at the practice, so this could have been a factor in the poor take up

3. Summary

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

Overall, (where current information was available) we found that Andrews Medical Practice provided a basic but adequate standard of clinical care, with no proposed enhancing of any services. It was the smallest of all the group's practices and was facing difficulties with premises and recruitment to GP posts. The location isolated the practice from the main group, which was causing communication problems between staff and management. Accepting the difficulties faced, the findings seem acceptable; nevertheless, the practice must deliver improvements to ensure current patients receive optimum care rather than adequate care whilst the practice is operating at these premises.

During the inspection it was brought to our attention by the health board that the practice had returned the contract and were planning to cease offering health care at Andrews Medical Practice.

HIW decided to continue with the inspection to offer an independent review of the service being offered at the time.

This is what we found the practice did well:

- Staff knew patients well and there was some continuity of care
- Suitable arrangements were in place to reduce the risk of the spread of infections
- Patient records were of an acceptable standard
- There was a cohesive staff team at the practice site who worked diligently with very little senior leadership

This is what we recommend the practice could improve:

- Patients were not fully satisfied with the service provided
- Staff we spoke with were unhappy in their roles and did not feel well supported
- Lack of clear leadership and experienced management.

Findings

Quality of patient experience

Members of the local Community Health Council (CHC) accompanied HIW on the inspection. Very few patients' views were obtained because there had been no response from the questionnaires and only a small number of patients attended the practice on the day of inspection.

Staff knew patients and their family/carers well and we found people were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and to provide feedback on services.

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 people were treated with dignity and respect by staff.

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. It was clear that staff knew patients and their families extremely well and they placed an emphasis on meeting patients' individual needs with respect and kindness.

The practice was on the first floor, which was accessible by stairs and passenger lift. The reception area was small and therefore maintaining confidentiality when conversing was difficult. There was an area behind the reception desk where staff could make and answer telephone calls. This gave some privacy to staff speaking on the telephone and enabled documents to be shielded from view. Staff also told us that they could use private rooms to discuss any sensitive issues with patients, to maintain confidentiality.

We saw that doors to individual consultation and treatment rooms were kept closed at all times when staff were attending to patients. This meant 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, the use of chaperones and full details of the advice offered to patients.

Although we saw there was a written policy on the use of chaperones and staff told us that the practice nurses acted as chaperones; there were no notices advising patients of the service. This meant that, although there was a procedure and working practice in place to protect patients and practice staff, patients were not aware of it.

The waiting room had a number of self help notices and leaflet information for patients to take away. This meant that the practice was promoting a healthier lifestyle for its patients.

Improvement needed

The practice needs to ensure that patients are aware that a chaperone service is available.

There was a mediocre website available with minimal information for patients.

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 were told that the telephone systems were not fully functioning; therefore calls could not be transferred to the GP room. Receptionists would take details from the caller and pass the message to the GP. This means that the interpretation of information is the responsibility of non-clinicians.

Improvement needed

The practice needs to ensure that there are appropriately working facilities available.

The practice did not permit pre booking of appointments. When patients required an appointment they were required to telephone in the morning between 8 am and 11 am and give details of their illness to the receptionist. This produced a list of patients which the doctor triage (assigning how urgent the patients need). Staff told us the majority of calls are either dealt with by return phone call which can be via the receptionist, alternatively a small number are offered face to face appointments with the doctor. There were no appointments after 4:30 pm. Some patients told us that they could be waiting all day for a call back from a receptionist or doctor.

The nursing team were able to see patients presenting with minor general illnesses (described as non urgent) if needed. The nursing team also ran a number of clinics for patients with chronic health conditions so that they could access the care and treatment they needed without having to see a doctor.

Referrals for further investigations or to see consultants are dictated into an electronic virtual storing system such as icloud and rotatacloud, which is then downloaded by the medical secretary elsewhere within the Rosedale group for typing and sending.

Individual care

Standard 6.2 Peoples Rights

Services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

The team knew patients well and made adjustments according to people's individual needs based on this knowledge.

The practice building was temporary and was not suitable as long term premises. Access was by stair or passenger lift to the first floor. The lift had been out of order for some time (was in working order on the day of inspection) making accessibility difficult for patients with mobility issues and those patients who used wheelchairs. Staff told us that, during this period, doctors would make home calls to patients who required face to face appointments.

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.

There was a complaints process for the company, although it took some time for the management assistant to retrieve it on the internet. The information we saw did not contain an address to send any complaints nor did it have HIW or CHC addresses. There were no visible notices advising people about the complaints process nor did we see the "Putting Things Right" leaflets, which is the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. We were told by the management assistant that any informal concerns would be dealt with verbally in the waiting room. It is

clear that the practice does not meet any of the requirements set out in the NHS guidance.

Improvement needed

The practice needs to ensure that the complaints policy and procedure meets with the requirements of the “Putting Things Right” (2014) NHS guidance.

We were told, In relation to staff being able to access practice policies, that information was kept on another computer in another branch. The management assistant stated she could not access the information remotely via the hosted network connection. This meant that staff in Andrews medical practice could not immediately access current guidance required to undertake the work asked of them.

Improvement needed

The main practice needs to ensure that all staff can access the electronic policies and procedures required to undertake the work expected of them.

The practice did not have a process for gathering patient feedback through patient questionnaires, although we did see a suggestion box in the waiting room. The practice should consider developing a process for gathering patient feedback so that they can demonstrate that patients are supported to comment on the quality of the service on an ongoing basis.

Staff told us there was no patient participation groups as a means to provide feedback on service provision.

Improvement needed

The practice needs to develop a system to gather patient/carer/relatives views on the service provided and action improvements from these findings.

Delivery of safe and effective care

Overall, (where current information was available), we found that Andrews Medical Practice provided a basic but adequate standard of clinical care, with no proposed enhancing of any services. It was the smallest of all the group's practices and was facing difficulties with premises and recruitment to GP posts. The location isolated the practice from the main group, which was causing communication problems between staff and management. Accepting the difficulties faced, the findings seem acceptable; nevertheless, the practice must deliver improvements to ensure current patients receive optimum care rather than adequate care whilst the practice is operating at these premises.

We found a staff team who were patient centred and committed to delivering as good a service as possible to their patients, whom they knew well and who received good continuity of care.

Information was available to patients to help them take responsibility for their own health and well being and to signpost carers to help and support available to them. There was a practice leaflet available for patients with a small amount of information regarding appointments, the staff, home visits and repeat prescriptions. There was no information regarding how to raise a concern or HIW and CHC addresses.

Suitable clinical procedures were in place to reduce the risk of the spread of infections.

The internal communication systems were in place which aimed to avoid unnecessary delays in referrals, correspondence and test results.

We were unable to access the policies and procedures to ensure that they were suitable and current.

The sample of patient records we reviewed were of an acceptable standard. We found that improvements could be made to the use of the electronic system to ensure consistent recording of home visits and categorisation of patients' conditions.

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.

During a tour of the practice building, we found all areas occupied by patients to be clean, tidy and uncluttered which reduced the risk of trips and falls. Although the premises were temporary and not ideal for use as a general practice, we found that the building was suitably maintained, both internally and externally.

There was a reasonable amount of self help notices and leaflets in the waiting room. This meant that patients/carers/relatives could access help from appropriate agencies if required.

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.

We were not able to review the infection control policy. Staff had received training in infection control. The nursing team carried out infection control checks and audits which enabled them to monitor compliance with infection control procedures.

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 appeared clean and cleaning records were kept. Hand washing and drying facilities were provided in clinical areas and toilet facilities. We saw waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste and sharps were securely stored until they could be safely collected.

Discussion with nursing staff confirmed that all instruments used during procedures were purchased as sterile, single use packs which avoided the need for the use of sterilisation/decontamination equipment.

Standard 2.6 Medicines management

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

There was some evidence to show that the practice undertook annual medicine reviews.

The practice did not have a prescribing policy, although we were told that it followed the health board formulary guidelines and did audit some of the

prescribing practice. There was no regular prescribing audit undertaken other than the health board audit.

We found that the repeat prescribing arrangements were acceptable and staff had a good awareness of situations which prompted discussion with the doctor or practice nurse before issuing medication, to ensure safety in these processes.

Patients could access repeat prescriptions by calling into the surgery in person or by telephone. The practice used the health board's formulary¹.

Medication reviews took place in a number of ways, either opportunistically when patients attended appointments, via chronic disease clinics.

Improvement needed

The practice should undertake audits of drugs prescribed in line with best practice.

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.

We saw that there were policies regarding the protection of vulnerable children and adults in place. However, we did not see a flow chart for the process of dealing with any potential incidents. This was not in line with the All Wales Protection guidance.

Improvement needed

The practice needs to develop a flowchart to ensure staff are aware of local organisational contact details in line with the All Wales Protection guidance.

¹ The **formulary** lists all medicines approved for use in primary and secondary care in Hywel Dda University Health Board

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 saw that the practice followed NICE² and health board guidelines for best practice. However, there was no regular or structured analysis to ensure compliance.

There was no evidence of practice audits, but we were told that audits were organised by the Rosedale group.

We did not see any evidence, in the form of minutes, to confirm that there are regular clinical meetings at the practice.

Improvement needed

The practice should undertake regular audits to ensure compliance with best practice guidance.

The practice should hold formal, minuted meetings to discuss clinical 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.

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. Notes contained the minimum detail of consultation between

² The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

clinical staff and patients and it was possible to determine the outcome of consultations and the plan of care for the patient. However, there were insufficient recordings of negative findings. These are important to record, in the event of a patient deteriorating following a consultation.

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Quality of management and leadership

We were not assured that there was a supportive management structure in place. We found a patient-centred staff team who, despite the lack of visible management, were striving to maintain a service which was clearly in difficulties. Policies and procedures were difficult to locate and there was no staff handbook and no emergency contingency plan available. Important documents were not saved to the main computer system. Although senior management were positive about the training opportunities available, when we looked at individual staff files, we found that there was very little evidence of any current training. Annual appraisal had been undertaken.

There was no evidence of systems in place which allowed staff to reflect and make changes and improvements to practice. The management assistant told us that clinical meetings were held as and when required but confirmed that there had only been one at the practice site in the last twelve months.

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.

During the inspection, significant issues regarding the future of the practice were highlighted. This raised questions about leadership and how sensitive and legally complex issues should be handled with staff. The practice did not seem to be functioning as part of the wider Rosedale group. Because of these findings, we could not be assured that there was effective management and leadership in place.

Despite this, there was a stable, patient-centred staff team who were committed to providing the best services they could to their patients. Staff morale was low and the working environment was not conducive to the effective running of a medical practice. There was no evidence of regular meetings attended by senior management and no evidence of regular visits from senior management to support and guide the practice. We were told that the doctors met in the other practices within the group but the depth of clinical review that was undertaken specifically for Andrews Medical Practice was difficult to confirm.

Improvement needed

The Rosedale group needs to ensure that each practice within the group has an independent management structure and efficient systems in place to provide leadership required to ensure the delivery of safe and effective care

The management assistant had difficulty accessing the policies and procedures for HIW to review and therefore we could not confirm that there was a range of relevant written policy or procedures in place to guide staff in their day to day work.

Improvement needed

The practice must ensure that all staff are able to access all policies and procedures at all times.

Practice meetings were ad hoc and there had only been a few since the practice had been taken over and moved site. Any meetings that had occurred had not been minuted. Overall communication tended to be more informal. 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 was no Practice Development Plan in place. If the practice is to continue, it would be advisable to ensure this document is created as soon as possible.

Improvement needed

The practice needs to develop a Practiced Development Plan.

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 a sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice. However, this had been obtained prior to the new owners taking over the practice. We looked at staff files and found very little evidence of any training since the new owners were in place.

Staff were able to describe their roles and responsibilities and indicated that they felt confident in their roles. Staff told us they had annual appraisals but that training had not been readily available over the past two years.

Improvement needed

The practice needs to ensure staff receive the training required to maintain proficiency in their roles.

We looked at the recruitment paperwork in a small sample of staff files and found that appropriate checks were carried out prior to employment.

There was no training matrix to evidence which member of staff had received what training and when.

Improvement needed

The practice should ensure they can demonstrate how staff are supported to stay up to date with ongoing training requirements.

4. 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 Andrews Medical Practice will be addressed, including timescales.

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

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

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

5. 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: Andrews Medical Practice

Date of Inspection: 29 November 2016

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
IMMEDIATE ASSURANCE ACTIONS					
	<p>HIW were not assured that the triage system described to us reflected best practice to ensure that patients always received the right information to meet their individual needs. This is because;</p> <p><i>There were no formal protocols to minimise risk within the triage process. Reception staff who had no formal training were communicating clinical decisions.</i></p> <p>HIW were not assured that there was evidence of effective leadership or development of staff</p>	Standard 3.1	<p>We follow the same process which are implemented by a number of surgeries in the Neath Network pacesetter which had been audited by the 1000 lives campaign.</p> <p>Fins supporting evidence in initial response.</p> <p>Training was given in January 2016 by partner Dr K Mellin.</p> <ul style="list-style-type: none"> Alison Jones attended IG Toolkit training 9/11/2016 	<p>Dr P Williams Dr K Mellin</p> <p>Katie Harris / Roisin Jones</p>	

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<p>because;</p> <ul style="list-style-type: none"> We saw no evidence of staff training during the last year (with the exception of Fire training) We saw no evidence of staff appraisals We saw no evidence of staff meetings We saw no evidence of the weekly visits <p>which the assistant practice manager referred to</p> <ul style="list-style-type: none"> We saw no evidence of the twice a month visits by the practice manager that the assistant practice manager referred to. <p>HIW were not assured that the practice fostered a culture of professional integrity and communicated in an open and honest manner because;</p> <p><i>There was clear intent to conceal the decision to cease providing services at the practice.</i></p>	Part 2: Standard 3.2	<ul style="list-style-type: none"> Team attended LHB run PT4L – this had not happened under previous contractor Staff are now due mid –year reviews – find template in initial response Minuted included in response These visits are not documented – they are informal. We adhered to time line given to RMG by Hywel Dda We believed it was the responsibility of the LHB to inform HIW if they felt it was necessary –Team informed 23/11/16 	RMG	
Quality of the patient experience					
Page 7	The practice needs to ensure that	Standard			

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	there are appropriately working facilities available.	3.2			
Page 7	The practice needs to ensure that patients are aware that a chaperone service is available.	Standard 4.1			
Page 8	The practice needs to ensure that the complaints policy and procedure meets with the requirements of the "Putting Things Right" (2014) NHS guidance.	Standard 6.3			
Page 9	The main practice needs to ensure that all staff can access the policies and procedures required to undertake the work expected of them.	Standard 7.1			
Page 9	The practice needs to develop a system to gather patient/carer/relatives views on the service provided and action improvements from these findings.	Standard 6.3			
Delivery of safe and effective care					
Page 12	The practice should undertake audits	Standard			

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	of drugs prescribed in line with best practice.	2.6			
Page 12	The practice needs to develop a flowchart to ensure staff are aware of local organisational contact details in line with the All Wales Protection guidance.	Standard 2.7			
Page 13	The practice should undertake regular audits to ensure compliance with best practice guidance.	Standard 3.1			
Page 13	The practice should hold formal, minuted meetings to discuss clinical issues.	Standard 3.1			
Quality of management and leadership					
Page 16	The Rosedale group needs to ensure that each practice within the group has an independent management structure and efficient systems in place to provide leadership required to ensure the delivery of safe and effective care	Part 2			

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Page 16	The practice must ensure that all staff are able to access all policies and procedures at all times.	Part 2			
Page 16	The practice needs to develop a Practiced Development Plan.	Part 2			
Page 17	The practice needs to ensure staff receive the training required to maintain proficiency in their roles.	Standard 7.1			
Page 17	The practice should ensure they can demonstrate how staff are supported to stay up to date with ongoing training requirements.	Standard 7.1			

Practice representative:

Name (print): **Katie Harris**

Title: **Practice Manager**

Appendix B



HIW – CHC Joint GP Inspection

(CHC Report)

Visit Summary	
Practice:	Andrew Medical Practice
Date / Time:	29 th November 2016
CHC Team:	Hywel Dda Community Health Council Pat Neil– Member (Lead) Barry Williams – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

CHC Involvement in visits

The CHC has worked with HIW providing a lay member perspective relating to patient experience to support the joint approach to these GP Practice Inspections. The visits were carried out on an announced basis and before they took place the CHC ensured a patient survey asking questions around experience and access was made available in the Practice for patients to complete. Unfortunately there were no responses to this survey as it appeared that the practice did not consistently highlight it's availability to patients. It should be noted that patients have been surveyed fairly extensively in recent months due to changes occurring at the practice so this could have been a factor in the poor take up. 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.

During our visit members were able to speak to some patients during the visit who were largely positive about the care and treatment. However not all of the patients were aware of the planned surgery move to Prince Philip Hospital, despite the Practice Manager confirming each patient had been sent details of this*.

Patient Comments and Feedback

Members spoke with patients during the visit and they reported that:

- the practice telephone lines are very busy in the morning and it takes time to get through and speak to the receptionist.
- they did not like having to explain why they wanted an appointment to the receptionist.
- it was sometimes difficult to get an appointment with the Doctor as they were often directed to the nurse for an appointment.
- patients that drop-in to the surgery are seen.
- the receptionist and staff are very helpful, polite and friendly.
- they were happy with the time they had to wait to see a doctor.

Observations

The surgery is located in the old dental suite, Llwynhendy Rd, in the town of Llanelli. Patients noted that parking can be difficult to get to and sometimes require taxi transport.

Not all patients are aware the current facilities are temporary.

Environment - Internal

Patients noted that the new facilities were much nicer than the previous surgery.

Patients noted that the lift had been broken for two months and only recently repaired.

Concern that patients are overheard speaking to the receptionist and there are no private facilities to discuss personal issues.

Our members noted the reception desk was rather high, with no dropped section allowing wheelchair users or children easier access.

Communication & Information on Display

During the visit members noted there were no display stands for leaflets or any CHC leaflets. (A batch of CHC leaflets will be posted to the surgery) Members did note there were posters displayed about the flu injection.

During our visit members did not see any hearing loop signs displayed

The Practice Manager confirmed the practice is looking to implement a Patient Participation Group to encourage patient feedback and input.

***Note**

Since this visit, the Rosedale Medical Group has given notice on its GMS contract for Andrews St surgery. A vacant practice panel has been held and a dispersal of the patient list to other neighbouring practices is the likely option taken by the Health Board. Although this practice will cease to function it is hoped that the findings can be relayed to Rosedale, as they may wish to reflect on issues which may be relevant to their other practices.