

# **General Practice Inspection (Announced)**

Pontardawe Primary Care  
Centre; Abertawe Bro  
Morgannwg University  
Health Board.

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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 the GP practice based within the same building as the Pontardawe Primary Care Centre at Tawe Terrace, Pontardawe, Swansea SA8 4JU on 28 February 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Abertawe Bro Morgannwg Community Health Council.

HIW explored how Pontardawe Primary Care Centre 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

The GP practice within the Pontardawe Primary Care Centre currently provides services to approximately 12,800 patients in the Pontardawe area. The practice forms part of GP services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice employs a staff team which includes; 5 GP's, a nurse practitioner, 3 practice nurses, 3 healthcare support workers and a phlebotomist. Administratively there is a well established team which includes a practice manager, office staff and receptionists.

The practice provides a range of services, including:

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

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

It is important to note that HIW only inspected the GP practice within the Pontardawe Primary Care Centre building on this occasion. This report does not reflect any findings regarding the health board community services provided at the centre.

## Summary

HIW explored how the GP practice within Pontardawe Primary Care Centre met standards of care as set out in the Health and Care Standards (April 2015).

Overall, we found evidence that the practice provided a high standard of safe and effective care to the population of Pontardawe.

This is what we found the practice did well:

- Patients were treated with respect
- Patient records were of a very good standard
- There was a patient-centred approach to care
- Staff we spoke with were happy in their roles and felt well supported
- There were a number of areas of innovative and noteworthy practice
- There was clear and pro-active leadership and management and a cohesive, well supported staff team

This is what we recommend the practice could improve:

- Staff would benefit from training in the use of the loop system
- Telephony systems needs to be addressed

### 3. 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. 69 questionnaires were completed in total. Overall, patient satisfaction was extremely good.

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 which met with the "Putting Things Right" guidance; although the information was not easily available to patients at the practice.

There were very innovative ways of making information available to patients to help them take responsibility for their own health and well being. There was a full and detailed practice leaflet and website available for patients.

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

#### 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 take responsibility for their own health and wellbeing. Additionally the practice manager had developed a very innovative system for patients with smart

phones<sup>1</sup> to download from a poster (using a QR system)<sup>2</sup> information regarding health promotion, local services, practice information and general signposting to further sources of support such as counselling services. This was an original and modern way to reach patients and was seen as an example of noteworthy practice.

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

There were health care support worker employed by the practice and a part of their role was to offer healthy lifestyle advice to patients, i.e healthy eating, smoking cessation amongst many others. Information was reinforced in leaflet form from "my health on line". The service also offered blood pressure and weight checks.

A carer's register was in place and the practice offered carers packs with relevant information to provide support. The practice manager currently provided forms to apply for additional funding and signposted carers to supporting agencies, however this role was to be offered to support staff in the future.

We discussed future planning and closer working relationships within the health board and the local "cluster"<sup>3</sup> group. The practice manager explained that, for different reasons, local GP practices were facing many challenges. Subsequently patients with complex needs were moving to the surgery with a result which was placing a considerable strain on staff resources at the practice.

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<sup>1</sup> Smart phones are a type of mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, Internet access, and an operating system capable of running downloaded apps.

<sup>2</sup> QR or Quick Response Codes are a type of barcode that can be read using smartphones. These link directly to text, emails, websites and phone numbers.

<sup>3</sup> 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.

## **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 were maintained in most areas.

One exception was the reception area which was spacious and open. It included patients waiting to be seen in other areas of the centre. Although the built up desks and clear perspex screens gave privacy to staff answering the telephone and enabled documents to be shielded from view it did not maintain confidentiality from the patient's side of the desk. Discussion with the practice manager indicated that the practice were aware of this issue and when required staff would take patient to a quiet area for privacy. It would be beneficial if patients were aware of this option. Signage on the desk would resolve this.

There was a lowered area to the reception desk which would allow reception staff to speak with dignity and respect to patients using a wheelchair.

There was a loop system to assist patient with hearing difficulties, however when asked, some staff were not sure how the system worked.

### ***Improvement needed***

***The practice needs to ensure all staff are aware of the loop system and are trained in its use.***

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 designated 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.

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 established systems for the management of external and internal clinical communication. Arrangements were in place to ensure clinical information received and recorded electronically. Messages for clinical staff were all via the electronic system.

We were advised that discharge summaries from hospitals, out of hours information and managed referrals were also via the electronic system.

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.*

HIW raised a concern with the practice manager regarding the long waiting time for answering the telephone. We were told that the telephone system currently in place did not adequately meet the needs of the practice. However, the

practice was tied into a contractual agreement with the provider and there were difficulties in resolving the issues. At present four members of staff were designated to answer incoming calls but at busy times patients could still be waiting some time for a response. There was a separate line for GP's to make out going calls or in the case of emergencies.

### ***Improvement needed***

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

There was a range of different types of appointments available depending on the needs of the patient. On the day appointments were allocated through a variety of system which included; signposting to a particular health professional via a triage system by the receptionist or GP call back to patients for a clinical triage to ascertain whether there was a need for a further consultation.

Patients could also pre book appointments (up to 3 days in advance). Follow up appointments for longer periods were at the discretion of the health professional i.e. GP, nurse practitioner, nurse or healthcare support worker.

Despite this system being described in detail on the website, some patients remained confused about how to make an appointment. We discussed the need to reinforce the appointment system at every opportunity e.g the television screen in the waiting area, leaflets.

The nurse practitioner saw 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. These nurse appointments could be made directly or via the website.

#### **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 did not use a comments / suggestions box to collect patient's views on the practice. This was because they had previously used the system but it had become a health and safety risk when some patients attending any part of the building (not necessarily patients of the practice) had posted

unwanted debris in the box. The practice manager stated that they were considering setting up a patient participation group to gather patients' opinions on how to improve the patient experience at the practice.

The practice had a robust written procedure in place for patients to raise concerns. Information regarding 'Putting Things Right' the requirements, the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales, was on display to patients however, leaflets to take away were available.

***Improvement needed***

***The practice must ensure that the "Putting Things Right" leaflets are available to patients.***

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

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

The practice gathered patient feedback through an annual survey but this information was not currently made available for patients to read.

## ***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 partners and practice manager were confident that these were 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 was very spacious and had been very well set out.**

### **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. The building was part owned by the health board where community health teams were based and part by a private company where the GP practice was housed.

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.

All policies were produced for the practice by a private consulting company. This ensures that policies are current and amended regularly. Any changes to policies are communicated to staff via the electronic day note book. The practice manager requested that staff sign to confirm that they have received the updated information.

Health and safety policies and assessments were undertaken either by the health board or the private company who were both responsible for the maintenance and safe keeping of the building. Other policies covering aspects

of health and safety such as waste management and sharps injuries were dated, which ensured staff were working to current best practice guidelines and legislation.

The health board had the overall responsibility for fire safety throughout the whole building and we saw evidence of 2 yearly visits. We saw that fire safety equipment, emergency lighting and signage had been checked and serviced and a fire risk assessment was in place. Fire alarms were tested weekly by the health board.

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. One nursing clinical room had recently been refurbished to a high standard and another was planned for the near future.

Hand washing and drying facilities were provided in clinical areas and toilet facilities.

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.*

There were robust repeat prescription processes in place. Patients could access repeat prescriptions by calling into the surgery in person or via the website. Patients were discouraged to telephone for repeat prescriptions in line with guidance from the health board.

The practice used the health board's formulary<sup>4</sup> and followed NICE guidance<sup>5</sup> on prescribing.

Two members of staff had completed National Vocational Training level 3 and were responsible for issuing repeat prescriptions. Any repeat prescriptions which may have run out or new repeat prescription requests were passed on to the GP. All prescriptions were recorded and visible on the computer for oversight by the GP's. This released the GP's to deal with more urgent issues. The sample of patient records we reviewed demonstrated documented medication reviews. We felt that the management of medication at the practice was an example of safe and noteworthy practice. .

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.

The staff team had received training in child protection and vulnerable adults and through discussions we were assured that staff were sufficiently knowledgeable to identify and manage issues of child and adult protection.

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<sup>4</sup> The formulary lists all medicines approved for use in primary and secondary care in Hywel Dda University Health Board.

<sup>5</sup> The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

Child and adult protection cases were flagged on the electronic system so that all staff were alerted to these cases.

### **Effective care**

Standard 3.1 Safe and clinically effective care

*Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.*

The practice had previously been a GP training practice but due to retirement of key individuals this facility had discontinued. Discussion with the practice manager indicated that this area of staff and clinical development may be re-established. We saw a comfortable and resourced library/learning room which was conducive for trainee GP's.

There were formalised meetings to discuss new developments and new technologies in clinical 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 in the clinical meetings to ensure lessons were learned and improvements made.

The practice manager used the Datix system, to record incidents, complaints and near misses on the health board DATIX<sup>6</sup> system. This is noteworthy practice because it gives an overall view of themes and issues affecting community practices. Although the practice manager stated that the practice may discontinue recording on this system as there is limited feedback from the health board.

We saw evidence of regular audits undertaken to ensure safe and effective care was provided.

### **Record keeping**

Standard 3.5: Record keeping

*Good record keeping is essential to ensure that people receive effective and*

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<sup>6</sup> DATIX software is a tool used within the NHS used to record, investigate, analyse causes and actions taken to prevent recurrence of adverse events and near misses

*safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.*

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

We looked at a random sample of electronic patient records (between 4 and 6) for each member of clinical staff working at the practice (GP;s nurse practitioner, nurses, HCSW) and overall found a very good 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. We did however find some areas for consideration;

- There were some vague statements such as “patient reviewed”
- Not all consultations were dated with correct date. If needed, document “written up at first opportunity” if there’s a delay in writing the record
- Clinical observations should be separately coded i.e. blood pressure measurement, pulse oximetry.

***Improvement needed***

***The practice needs to ensure that the improvements highlighted for patient records are implemented.***

## *Quality of management and leadership*

**The practice delivered a very good standard of medical care. In terms of management systems, the practice was modern, effective and efficient.**

**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.

We were told that the practice had been divided into virtual teams with each GP working with a dedicated team of staff. This ensured that communication was clear and teams were familiar with individual ways of working. This again is evidence of noteworthy practice.

There was a whistleblowing policy in place which identified appropriate routes for staff to raise concerns.

Staff told us they met regularly to discuss practice issues. We saw minutes for fortnightly meetings between the practice manager and the GP's. We were told that the GP partners also met regularly with the practice manager and these meetings were again minuted and saved electronically. There were monthly multidisciplinary team meetings to discuss individual patient care such as, complex care, palliative care or children at risk. Nurses arranged their own meetings which were again minuted. Administration and reception staff also attended regular meetings.

## **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 manager had a robust system of registering all staff on a confidential data base which recorded all dates of training current and future. Annual appraisals with staff were also recorded and these highlighted individual training needs or updates. We saw that meaningful action had been taken as a result of discussions in appraisals.

Discussions with staff and a review of the data base 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.

We looked at the recruitment documentation in place and found that appropriate checks were carried out prior to employment. All staff gave us positive feedback about the induction process and on-going support. The practice again used the services of a private consultancy company to guide on human resource issues.

All staff we spoke with confirmed they had opportunities to attend relevant training and this was confirmed in the staff records. The practice nurses confirmed that there were no concerns regarding attending appropriate training to revalidate their professional registration.

#### 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 Pontardawe Primary Care Centre 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:** Pontardawe Primary Care Centre

**Date of Inspection:** 28 February 2017

| Page number                              | Improvement needed                                                                              | Standard | Practice action                                                                                                                                                                                     | Responsible officer | Timescale         |
|------------------------------------------|-------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|
| <b>Quality of the patient experience</b> |                                                                                                 |          |                                                                                                                                                                                                     |                     |                   |
| Page 8                                   | The practice needs to ensure all staff are aware of the loop system and are trained in its use. | 4.1      | Action On Hearing Loss have now been into service the Induction Loop System. Training has been arranged for all staff during next in house training session on 10.05.2017                           | Steffan Gimblett    | 1 month           |
| Page 10                                  | The practice should consider improving the telephony system during the busy morning times.      | 5.1      | The practice is now negotiating a new contract with BT to include call queuing, menu options and call assist. The practice already has 4 receptionists answering calls between 08.00 & 18.00 daily. | Steffan Gimblett    | 1 month           |
| Page 11                                  | The practice must ensure that the "Putting Things Right" guidance and                           | 6.3      | The practice already has a stand on reception with leaflets for complaints                                                                                                                          | Steffan Gimblett    | Already adhere to |

| Page number                                | Improvement needed                                                                                                                                                                                                                                                                                                                                                                                                                                              | Standard | Practice action                                                                                                                                                                                                        | Responsible officer | Timescale |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|
|                                            | leaflets are available to patients.                                                                                                                                                                                                                                                                                                                                                                                                                             |          | and compliments. There is also a 'Putting Thing Right' poster on the notice board and the leaflets are also available on the reception counter. (Leaflets will be updated on 03.04.2017 in line with new legislation). |                     | standard. |
| <b>Delivery of safe and effective care</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                        |                     |           |
| Page 16                                    | <p>The practice needs to ensure that the improvements highlighted for patient records are implemented.</p> <ul style="list-style-type: none"> <li>• There were some vague statements such as "patient reviewed"</li> <li>• Not all consultations were dated with correct date. If needed, document "written up at first opportunity" if there's a delay in writing the record</li> <li>• Clinical observations should be separately coded i.e. blood</li> </ul> | 3.5      | All standards have already been fed back to clinicians in the clinical meeting held on 30.03.2017                                                                                                                      | Dr. P Wong          | Complete  |

| Page number                                 | Improvement needed                    | Standard | Practice action | Responsible officer | Timescale |
|---------------------------------------------|---------------------------------------|----------|-----------------|---------------------|-----------|
|                                             | pressure measurement, pulse oximetry. |          |                 |                     |           |
| <b>Quality of management and leadership</b> |                                       |          |                 |                     |           |
|                                             | No Improvements needed                |          |                 |                     |           |

### Practice representative:

**Name (print):**        **Steffan Gimblett**

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

**Date:**                **29.03.2017**

## Appendix B

### Community Health Council Report

*Report from Abertawe Bro Morgannwg  
Community Health Council*



## **HIW – ABM CHC Joint GP Inspection**

| Visit Summary     |                                                                                                          |
|-------------------|----------------------------------------------------------------------------------------------------------|
| Practice:         | Pontardawe Primary Health Care Centre                                                                    |
| Date/Time:        | 28 February 2017                                                                                         |
| CHC Team:         | ABM CHC<br>Member (Lead) – Farida Patel<br>Member – Hugh Patrick                                         |
| Purpose of Visit: | To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team. |

### Patient Feedback

Patient Experience questionnaires were left at Pontardawe Primary Health Care Centre for up to two weeks prior to the inspection and Abertawe Bro Morgannwg Community Health Council (ABM CHC) members spoke to patients on the day of the inspection. This led to the completion of 69 questionnaires. The majority of these patients had been

registered with the surgery for over ten years and rated their overall experience of this surgery as very good, good or satisfactory.

The patients we spoke to were positive about their care and treatment. Patients told us that their GP and nurse greeted them well, had a good awareness of their medical history, understood their concerns and provided good explanations of their treatment.

The majority of patients surveyed considered the practice's opening times to be very good, good or satisfactory. However, 40% of patients spoken to reported difficulties relating to the appointment system. Patients reported that the triage system made it difficult to get an appointment. The majority of patients (72%) confirmed that, having contacted the surgery, they can expect to see a GP within 24 hours with fewer (44%) securing an appointment with a GP of their choosing within the same period.

Three quarters of patients spoken to (76%) were seen at their allocated appointment time; of those who had to wait, 59% reported being seen within 10 minutes.

## **Observations**

### *Environment – External*

Patients did not raise any concerns regarding the external environment. Members noted that the ramp access was good and that the car park appeared adequate and was free of litter.

### *Environment – Internal*

Overall, patients were extremely satisfied with the environment within the surgery, and in particular the cleanliness, size and seating area of the waiting area.

During the visit members noted that the toilets were clean with hand hygiene gels available for both doctors and patients to use.

### *Communication & Information on Display*

Members noted that the surgery has a "QR Scancode" information system. This system is in its infancy, being piloted for young/old persons views.

There were TV screens available; however members noted that notices required a larger font to be readable.

Members noted the booking in screen was useful as it stopped queues at the reception desk. However patients who didn't want to use the screen were able to speak to a receptionist.

A copy of the patient survey report is attached.