Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report (Announced)

Hay Medical Centre, Powys Teaching Health Board

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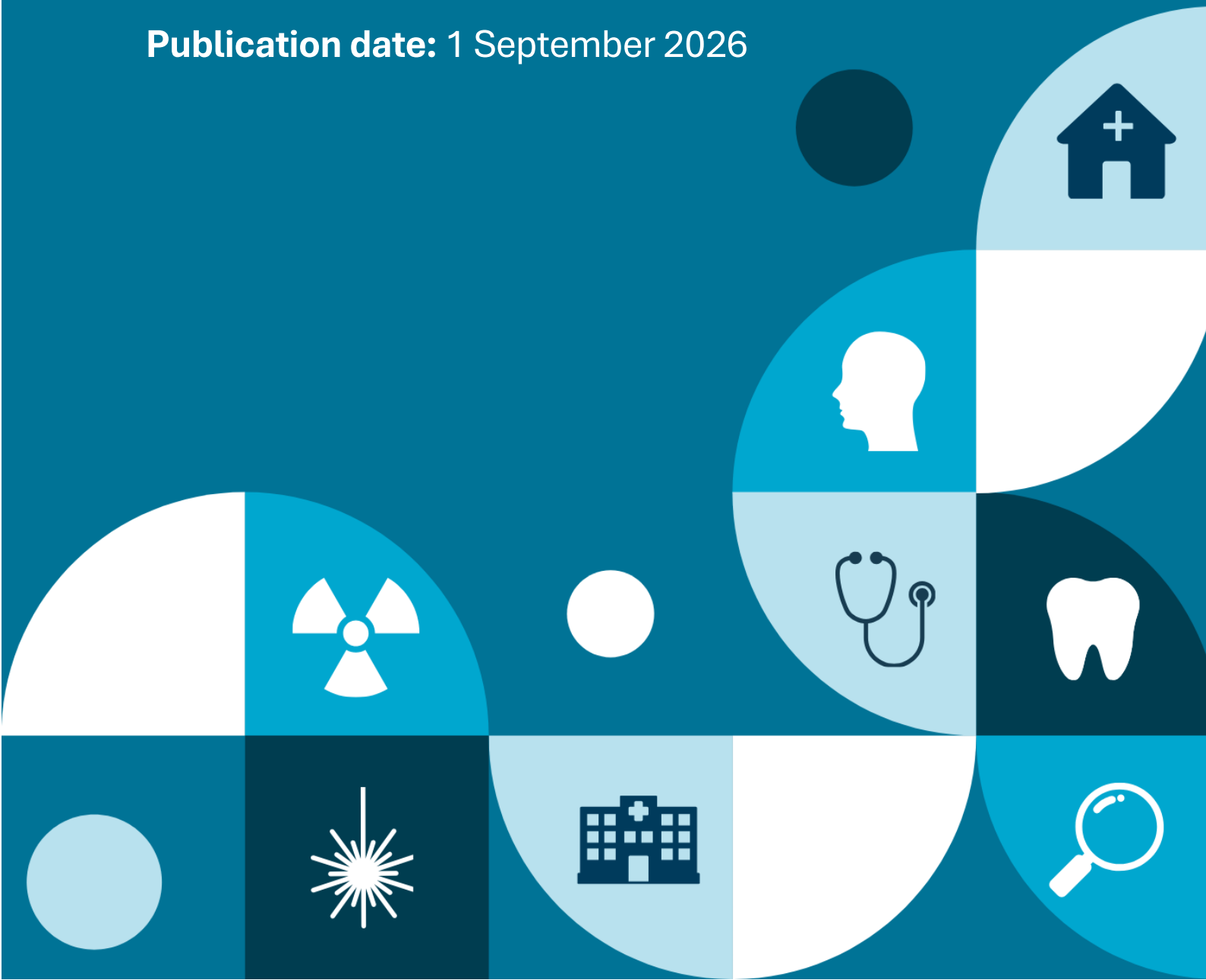

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Values

We place people at the heart of what we do.

We are:

Independent – we are impartial, deciding what work we do and where we do it.

Objective - we are reasoned, fair and evidence driven.

Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find.

Inclusive - we value and encourage equality and diversity through our work.

Proportionate - we are agile and we carry out our work where it matters most.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Hay Medical Centre, Powys Teaching Health Board on 1 June 2026.

Our team for the inspection comprised of a HIW healthcare inspector, two clinical peer reviewers, and a practice manager peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 10 questionnaires were completed by patients or their carers and 22 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients rated the service they received at Hay Medical Centre positively. Most patients told us they were treated with dignity and respect and felt listened to. However, we received some feedback regarding health passports from patients which the service should reflect and respond to.

We found staff were working hard to provide a caring and professional service for patients in a timely way. We found a range of information was available both within the practice and on the website to help patients improve their health and wellbeing.

Generally, we considered patients had good access to services. The appointment management and triage systems enabled effective clinical assessment and prioritisation of appointments. We found robust arrangements in place to provide chaperones to patients where they were needed, and all the records we reviewed contained comprehensive recording of the chaperone service.

Level access into the premises allowed patients with impaired mobility and wheelchair users easy access to facilities, including toilets. We found the patient waiting room was spacious and consulting rooms allowed treatments to be provided while protecting patient dignity.

This is what we recommend the service can improve:

- The practice should reflect the feedback provided by patients regarding health passports to ensure they are always considered.

This is what the service did well:

- The majority of patient feedback was positive
- Suitable processes were in place to ensure most patients could access care in a timely manner

Delivery of Safe and Effective Care

Overall summary:

We found the building was in a good state of repair internally and externally. All areas of the practice were kept clean, tidy and organised with a strong focus by staff on frequent and comprehensive infection prevention and control processes. Patients feedback aligned with our findings that the setting was kept clean and staff said there were effective arrangements in place for cleaning.

Suitable processes were in place for the management of medicines which included the ordering of stock and fridge temperature checks. Staff described good processes to effectively complete their medicine management duties and received good day-to-day support from the practice dispensary team.

There were appropriate arrangements in place for the management of medical emergencies, including a fully stocked resuscitation trolley containing routinely checked and in date equipment. We discussed some amendments to the practice business continuity plan on the day of the inspection with regards to cluster working which the practice agreed to reviewing.

We found comprehensive and effective safeguarding arrangements in place to help ensure vulnerable patients were kept safe. Safeguarding meetings were held at regular intervals, with all relevant staff involved in safeguarding arrangements. All staff had received a suitable level of safeguarding training in line with their roles and responsibilities, with respondents to the HIW staff questionnaire agreeing they had all received safeguarding training.

Staff praised the work of the practice to treat patients effectively and to learn from incidents when they occurred. While we noted staff were working to a high standard to deliver effective outcomes for patients, staff told us their geographical location created challenges when managing Wales / England border care due to delays in receiving clinical correspondence resulting from limitations in digital information-sharing systems. We confirmed these issues through our patient records review and patient feedback.

We reviewed a sample of ten patient medical records. Overall, we considered the patient records to be clear with a high standard of note keeping. All records were up to date, contained a comprehensive narrative and were easy to understand should other clinicians need to review the records.

This is what we recommend the service can improve:

- The health board must engage with the practice and wider to understand and reflect upon the issues impacting the timeliness of cross-border information sharing and overall patient care.

This is what the service did well:

- There was good oversight of IPC matters, medicines management and safeguarding arrangements
- All areas of the practice were clean and robust arrangements were in place to ensure they were maintained
- Patient records were comprehensive and maintained to a high standard.

Quality of Management and Leadership

Overall summary:

We found the governance and leadership arrangements at this practice to be effective in supporting staff to deliver high quality care for patients. We noted the management team were a key driver of these arrangements, which was supported by a number of positive comments from staff about their leadership team. All the respondents to the HIW staff questionnaire reflected positively on their experience of working at Hay Medical Centre. Several respondents left free text comments which praised the work of the practice and the management team.

We saw management and clinical meetings were routine, and daily breaks enabled informal peer to peer support and wellbeing discussions. Staff told us they had access to the digital tools they needed to provide good care and support to patients and we noted quality improvement activities were routine.

On review of a sample of staff files, we noted full compliance with all mandatory training and pre-employment checks. The majority of the respondents to the HIW staff questionnaire said they had received appropriate training for their role. We noted in the sample of records we reviewed that all staff had received an appraisal within the last 12 months.

We noted several routes for patients to submit feedback to the practice. These included verbal feedback, compliments, concerns and the formal complaints process. We reviewed a sample of formal complaints, which were acknowledged and responded to in a timely manner.

This is what the service did well:

- Clinical meetings were found to be well documented, with a good focus on building an open dialogue, reflection and strengthening of clinical practice
- Staff spoke positively of their work at the practice and of the openness of management.

3. What we found

Quality of Patient Experience

Patient feedback

The 10 respondents to the HIW patient questionnaire were generally positive regarding the care they received at Hay Medical Centre. Most patients (9/10) gave a positive rating of the service they received at the setting. Some patient comments included:

> *"We are very lucky to have such a good service in rural area. Very kind and helpful reception and doctors".*
>
> *"I have a good relationship with my GP and find the whole team to be helpful and caring".*
>
> *"It would be nice to have a bit of continuity with the GP you see and it would be fantastic if you could get quicker routine appts without having to wait anything from 2 weeks to a month for one".*

Two patients provided detailed observations regarding their care which included timely access to care, and incoming and outgoing referrals alongside suggestions for process improvements. These observations have been taken into consideration during the balanced review of responses, and while not published in this report, the feedback has been shared with the practice to improve services.

Person-Centred

Health promotion

Health promotion advice was displayed throughout the practice, including information on health screening, common illnesses, and the means for accessing local support services. The information provided was relevant for patients, up to date and available in different formats upon request. Most patients (8/9) responding to the HIW questionnaire said there was health promotion and patient information on display.

The practice provided a range of GP and nurse-led clinics for the management of chronic conditions, as well as additional services which included physiotherapy and respiratory illness support. The service functioned as a central hub for medical services for patients which included the midwifery team, district nurses, health visitors, and other health board services. Vaccinations were mainly conducted by a nearby vaccination centre, however, the practice continued to offer the flu jab for patients to meet local demand. In addition, GPs from this practice provided a daily GP-led service at the local community hospital.

Dignified and respectful care

Most respondents (8/9) to the HIW patient questionnaire said they were treated with dignity and respect and their GP explained things well while answering their questions. Most patients (8/9) also said they felt listened to and they were involved as much as they wanted to be in the decisions about their healthcare. One carer told us:

> *"My father is very elderly and he is visually impaired and deaf and the staff are very good with him".*

The practice environment supported the rights of patients to be treated with dignity and respect, including clinical rooms providing privacy. We observed staff discretion when speaking with patients, including speaking in a quiet and considerate manner. We noted telephone calls were taken away from the main reception desk, and the waiting area was away from the reception desk to avoid patients being overheard. Respondents to the HIW patient questionnaire generally agreed with the findings on the day of inspection, including telling us they were able to talk to reception without being overheard (6/7) and measures were taken to protect their privacy (8/8). The responses to the HIW staff questionnaire mirrored those of the patients, with all staff agreeing measures were taken to protect patient confidentiality, privacy and dignity.

We saw a suitable chaperone policy which was up to date and detailed the situations where chaperones would be offered and how this would be recorded. Chaperone posters were available around the practice advising patients of their right to be accompanied. On review of a sample of patient records, we saw every relevant examination requiring a chaperone was accurately recorded and any actions fully captured. All except one patient responding to the HIW questionnaire said they were offered a chaperone for an intimate examination where this was applicable.

Timely

Timely care

The practice telephone answer service directed callers with emergency symptoms to their nearest Emergency Department, while signage within the waiting rooms directed patients to alternative healthcare options where appropriate.

We saw suitable processes in place to ensure patients could generally access care through the most suitable channel, and with the most appropriate healthcare professional. A recorded telephone message and note on the practice website encouraged patients to utilise the online appointment request form. Practice staff informed us they had seen a rapid uptake of online appointment requests which had seen a significant reduction in the number of telephone calls to the practice. Clinicians triaged incoming submissions following a comprehensive care navigation and triage pathway.

Patients had access to a range of appointments with the most appropriate practitioner for their needs. These included same-day appointments, face to face assessments and telephone consultations, dependent on clinical need and urgency. All except one of the respondents to the HIW patient questionnaire said they were content with the appointment type they were offered.

Respondents also told us:

- They were satisfied with the opening hours of this practice (9/9)
- They were able to contact my GP practice when I need to (phone/ online booking system) (9/10)
- If they need to see a GP urgently, they can get a same-day appointment (9/9)
- They can get routine appointments when they need them (6/10)
- They were given enough time to explain their health needs (9/10)
- Their appointment was on time (8/10)

In addition, most patients told us it easy (7/10) to access regular support for an ongoing medical condition at this practice. All patients told us they would know how to access out of hours services if they needed them. Respondents to the HIW staff questionnaire matched the feedback provided by patients with all staff stating the practice provided services in a timely way for patients.

Equitable

Communicating and language

The practice informed patients about services and any changes primarily via the practice website and notices displayed in the patient waiting areas. The practice also wrote articles in a local magazine which was delivered to residents on a routine basis. We saw the practice was proactive in its communication with patients, especially those newly registered providing them with a detailed information pack. In addition, there was a suitable provision of information available for those patients without digital access and those with communication needs.

Patients were generally positive on the advice provided by their GP with most patients (6/7) telling us they were offered healthy lifestyle advice.

We saw the practice made efforts to communicate with patients in their preferred language and understood the importance of this when treating patients whose first language was not English. Suitable procedures were in place to support those patients and to communicate with them effectively, which included Language Line and the recording of patient language preferences to provide a proactive service. We saw a

limited number of Welsh speakers working at the practice, however, all of the staff we spoke with were aware of the 'Active Offer' and its importance when communicating with patients. The practice told us they received sufficient support from the health board to implement the 'Active Offer', including training for staff and documentation provided in Welsh.

Internal communications appeared robust and an appropriate audit trail kept of discussions or important messages for those absent. The practice consent policy was up to date and suitably outlined staff roles and responsibilities when working with all patient groups, especially those who were vulnerable.

Rights and equality

The practice offered good access for patients with reduced mobility. We noted the waiting areas were spacious, while corridors and doorways appeared wide enough for wheelchairs. There was an accessible toilet available which was properly equipped. All patients responding to the HIW questionnaire said the toilet facilities met their needs. All respondents said there were enough seats in the waiting area and all except one of the respondents told us the practice was accessible. One carer told us:

> *"[My father] is able to bring his Zimmer into the building. Access is excellent. The surgery is well lit which helps him. I am his main carer and find his visits are easy visiting the surgery*"

The practice was proactive in upholding the rights of transgender patients. We were told transgender patients were treated with sensitivity and it was confirmed preferred names and pronouns would always be used.

In response to the HIW patient questionnaire, one patient said they had faced discrimination when accessing this health service and on the grounds of their disability. That patient said:

> *"Ignoring disability passport"*.

The practice should reflect on the patient feedback provided and review their processes to ensure health passports are always fully considered.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice was fit for purpose and appeared to be in a good state of repair. All areas of the practice were organised, free of clutter and kept secure. Health and safety signage was in place and routine audits and checks took place on all safety systems and equipment. The processes in place for the management of patient safety alerts were robust and well communicated to all members of the practice team.

We reviewed the practice business continuity plan (BCP) which was up to date and available through multiple sources to relevant individuals. There were robust assessments of risk and significant health emergencies, while outlining good practice where clearly articulated lessons had been learned from the coronavirus pandemic and other significant events. Overall, the document was a robust plan in the event of a business continuity event, however, we noted the practice had not considered other practices within their cluster within their plan. Practice initiatives such as digital triage would favour BCP working within the cluster. We discussed this with the practice during the inspection, and they agreed to consider expanding and incorporating cluster arrangements into any future business continuity plan review.

Home visits by staff were safety and effectively managed and risk assessed by the practice. We noted good evidence of routine and robust information sharing between practitioners to the benefit of patients and the wider team.

Infection prevention and control (IPC) and decontamination

Clinical areas were visibly clean and effective decontamination procedures were evident. Respondents to the HIW patient questionnaire told us they thought the practice was ‘very clean’ (7/10) or ‘fairly clean’ (3/10). Robust cleaning schedules, including daily checks and additional spot checks, were maintained and implemented by an employed cleaner being overseen by practice management. We were informed deep cleans took place on weekends to prevent interruptions in patient care. A range of IPC-related audits were completed, and we noted a robust process in place to action any concerns.

Nursing staff had clear roles and responsibilities relating to infection prevention and control (IPC), which were well understood, and the IPC lead provided sound clinical oversight. IPC training had been completed to help maintain staff skills and knowledge.

Clinical waste was appropriately segregated and securely stored both within the building and in external areas. Staff were aware of how to respond to a needlestick injury, and a clear process was in place to support this.

All respondents to the HIW staff questionnaire said their organisation implemented an effective infection control policy and there was an effective cleaning schedule in place. In addition, respondents said the environment allowed for effective infection control and that appropriate PPE was supplied and used.

Medicines management

The practice operated a dispensary pharmacy on site which managed the routine checking of medicines. The service was led by a team of trained dispensers and overseen by GPs. The dispensary was not fully assessed as part of this inspection. However, we noted no obvious concerns during our discussions with staff, the review of the facilities nor any other physical areas relating to the dispensary.

We found appropriate processes in place for the management of vaccines and other medicines. This included the ordering of stock and fridge temperature checks, and an awareness of what to do in the event of any cold chain issues. Staff described good processes to effectively complete tasks associated with their role and duties. This included opportunities for learning and development, and good day-to-day support from the practice pharmacy team.

All medicines we inspected were within their expiry dates and appropriately stored. We noted suitable arrangements were in place for the reporting of adverse effects of any medicines.

The practice emergency trolley contained all the equipment necessary to meet the minimum primary care standards set by the Resus Council UK and was all within their expiry dates. All the staff we spoke with knew the location of emergency equipment. Oxygen cylinders were readily available, and staff had received training in their use. We noted weekly checks took place by the nursing team on all emergency equipment.

Safeguarding of children and adults

We found comprehensive and effective safeguarding arrangements in place to help ensure vulnerable patients were kept safe. The practice policy and procedures were supported by a clear flowchart to guide staff in responding to any immediate safeguarding concerns. Safeguarding meetings were held at regular intervals, with all relevant staff involved with safeguarding arrangements.

From the records reviewed, we found that accurate coding took place on children subject to the child protection register, with appropriate system alerts applied. All staff had received a suitable level of safeguarding training in line with their roles and responsibilities, with respondents to the HIW staff questionnaire agreeing they had all received safeguarding training.

All respondents to the HIW staff questionnaire also said they knew how to report any safeguarding concerns with all but one saying they knew who the practice safeguarding

lead was.

Management of medical devices and equipment

Medical devices and equipment were found to be in good working order. There was evidence of calibration through contracts with relevant manufacturers and suppliers. We confirmed that any failed equipment was immediately taken out of service and an engineer requested for servicing.

Effective

Effective care

We found the practice had a dedicated team who were working hard to provide patients with effective and safe care. This was reflected in the responses to the HIW staff survey with some staff comments including:

> *"I believe that this surgery tries it's best to provide excellent, innovative care"*.

> *"Patient care is priority and systems are in place to facilitate appropriate contact in a timely manner"*.

We noted appropriate systems in place for reporting incidents including Significant Event Analysis reviews and the Duty of Candour process. Shared learning from incidents was managed appropriately, including clear applications of learning which were delivered in meetings, in writing, through electronic system updates, and through updated patient advice. Respondents to the HIW staff questionnaire said their organisation encouraged them to report errors, near misses or incidents and the organisation takes action to ensure they do not reoccur. All respondents also told us they would be treated fairly if they raised a concern and they would be given feedback about any changes made in response to near misses or incidents. One respondent to the HIW staff questionnaire said:

> *"Our significant events meeting are an excellent opportunity for all departments to gather and look at solutions"*.

We noted a number of clinical meetings took place to ensure that suitable care and treatments were provided. These meetings were well documented and contained clear actions and outcomes. We noted annual reviews took place in the management of diseases with good utilisation of pharmacy expertise from within the practice dispensary.

The practice is located immediately on the Wales–England border, which staff told us can create challenges when managing cross-border care due to delays in receiving clinical correspondence resulting from limitations in digital information-sharing systems. We confirmed these issues through our patient records review and patient feedback.

Staff reported that the impact of these delays was particularly noticeable for patients with mental health needs. While we saw that the practice made every effort to support patients with mental health conditions, staff described local support services as limited. We were told that patients who contacted the practice in crisis would be referred to the NHS 111 option 2 service or the duty doctor, as appropriate.

Staff explained that the challenges associated with limited local support services were often compounded by cross-border information-sharing difficulties. This was reported to be especially evident for patients who had received crisis intervention services in England, where delays in the sharing of clinical information could affect timely follow-up and continuity of care.

The heath board must:

- **Engage with the practice and wider to understand and reflect upon the issues impacting the timeliness of cross-border information sharing and overall patient care**
- **Include consideration of high-risk patients, including those with acute mental health needs when reviewing cross-border information sharing.**

Respondents to the HIW staff questionnaire said care of patients is the practice's top priority and that, overall, they were content with the efforts of the practice to keep staff and patients safe. All staff told us they were satisfied with the quality of care and support they gave to patients.

Patient records

We reviewed a sample of ten patient medical records. These were stored securely and protected from unauthorised access, including those on paper. Overall, we considered the patient records to be maintained to a high standard, using a breadth of standardised templates. All records were up to date, contained a comprehensive narrative and were easy to understand should other clinicians need to review the records. Read codes were generally well used and clear summaries were available for clinicians. We discussed use of digital tools to support the ongoing management and audit of clinical coding which the practice confirmed they were reviewing.

Quality of Management and Leadership

Staff Feedback

All of the respondents to the HIW staff questionnaire reflected positively on their experience of working at Hay Medical Centre. It was encouraging to see the volume of positive comments provided, with many staff taking the opportunity to share their views. A sample of these comments is included below:

"This is an excellent surgery to work in. The partners and management are approachable and friendly. My colleagues are supportive and this makes working here enjoyable"

" Professional, efficient and caring practice to work in with an exceptional team throughout the practice".

"I feel very privileged to work at Haygarth. It is such a supportive place where everyone feels like family. Can be stressful at times but normally by working well as a team the stress goes. It's a happy and positive place to work".

Respondents to the questionnaire told us they would recommend the practice as a good place to work, and they would be happy with the standard of care provided by this practice for themselves or a family member. Respondents also said there were enough staff to do their jobs properly and their jobs were not detrimental to their health.

Leadership

Governance and leadership

Hay Medical Centre was operated by six GP partners and was an active member of their cluster within Powys Teaching Health Board. The practice is a training practice that supports medical students through their learning and has two salaried GPs. We found staff understood their roles and responsibilities and there were clear lines of accountability in place at the practice. Staff confirmed there was an open-door policy with partners being available and approachable to all. Practice managers at the setting were praised by all the staff we spoke with for their candour, professionalism and friendly manner. These findings were also reflected in the responses to the HIW staff questionnaire, with comments from staff including:

"The partners and management team are supportive and approachable, particularly when staff members experience difficulties or have concerns. Their willingness to provide assistance and guidance helps to create a positive and supportive working environment"

"[Practice Manager] is extremely supportive, GPs are always available to discuss patients/concerns/learning".

We were told that information, such as policies and procedural changes or safety notices were shared with staff via targeted emails to ensure that the right information went to the relevant people and to provide an audit trail. These were also communicated in routine staff meetings. It was positive to note how management encouraged daily shared breaks enabling informal peer to peer support and wellbeing discussions. Clinical meetings were found to be well documented, with a good focus on

building an open dialogue, reflection and strengthening of clinical practice. One respondent to the HIW staff questionnaire said:

> *"We are given the chance to express any concerns at regular meetings, and we have a culture of openness so that we all understand that there is no shame in getting something wrong, it is what you do about your mistakes that counts"*.

The practice had a wide range of policies and procedures held both on the practice IT system and as hard copy. We saw these were reviewed regularly by practice management and communicated to staff in a timely manner.

Overall, we found the governance and leadership arrangements at this practice to be effective in supporting staff. We noted the management team were a key driver of these arrangements, which was supported by a number of positive comments from staff about their leadership team.

Workforce

Skilled and enabled workforce

We reviewed a sample of six staff files which evidenced full compliance with pre-employment checks for all staff. The practice had a robust process in place for the self-certification of offences outside of the routine Disclosure and Barring Service checks which took place.

On review of a sample of staff training records, we noted staff had completed training in a broad range of areas, including resuscitation, infection control, fire safety and information governance. It was positive to note staff were undertaking additional training relevant to their role to continue their professional development which was supported by the practice. The majority (21/22) of the respondents to the HIW staff questionnaire said they had received appropriate training for their role, while one staff member indicated they had 'partially' completed their training. One staff member said:

> *"We have training at our clinical meetings at least monthly. We can choose topics, so I feel that my training needs are met"*.

We noted in the sample of records we reviewed that all staff had received an appraisal within the last 12 months. Each one was detailed and conducted by a senior manager at the practice. All except one of the respondents to the HIW staff questionnaire said they had received an appraisal within the last 12 months.

We noted a strong focus on staff wellbeing at the practice, with planned activities which all staff are invited to attend and a financial contribution made to each staff member every year for use to promote wellbeing. We heard how staff regularly undertook wellbeing activities together outside of work hours which had built a positive culture that prioritised team cohesion. Respondents to the HIW staff questionnaire said the practice takes positive action on health and wellbeing. All except one staff member

confirmed their current working pattern allowed for a good work-life balance and that they were aware of the occupational health and wellbeing support available to them. One staff member said:

> *"This is a very supportive practice, in which staff wellbeing is valued as well as providing an efficient and safe service for our patients"*.

Culture

People engagement, feedback and learning

We noted several routes for patients to submit feedback to the practice. These included verbal feedback, compliments, concerns and the formal complaints process. We reviewed a sample of formal complaints, which were acknowledged and responded to in a timely manner. We saw no common themes or cause for concern in the sample reviewed. Other routes for providing feedback well were advertised, including options to contact the local health board, Llais and the Public Services Ombudsman for Wales.

Information

Information governance and digital technology

All electronic and paper patient records were found to be securely stored, and the practice had an up-to-date information governance policy. All respondents to the HIW staff questionnaire said they were able to access ICT systems they needed to provide good care and support for patients.

Learning, improvement and research

Quality improvement activities

We noted the practice undertook routine clinical and non-clinical quality improvement activities to drive continuous improvement. These included annual clinical quality improvement initiatives, practice audits including learning from significant events, and application of learning from cluster projects and meetings.

Whole-systems approach

Partnership working and development

We were told the practice had an effective working relationship with the local health board to support the delivery of services. This included good working relationships with the local community hospital, where GPs provided a daily ward round.

We were informed of good working relationships with other practices within the local GP cluster to build a shared understanding of the challenges and the needs of the local population and to help integrate healthcare services for the wider area.

As mentioned elsewhere in the report there were some challenges with cross-border information sharing between NHS England systems and this practice but working relationships were generally positive.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: **Hay Medical Centre**

Date of inspection: **1 June 2026**

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Findings	No immediate concerns were identified on this inspection.

Appendix C – Improvement plan

Service: **Hay Medical Centre**

Date of inspection: **1 June 2026**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	In response to the HIW patient questionnaire, one patient said they had faced discrimination when accessing this health service and on the grounds of their disability. That patient said: *"Ignoring disability passport"*.	The practice should reflect on the patient feedback provided and review their processes to ensure health passports are always fully considered.	Health and Care Quality Standards (2023) – Equitable / Person-Centred	Haygarth Doctors takes this point seriously. The issue was discussed at a recent Partners' meeting and with the Reception Team. The Reception Team Leader has reminded the reception team of their responsibilities under the Equality Act 2010 and the practice's Equality, Diversity and Inclusion policies, ensuring that all patients are treated fairly, respectfully and without discrimination. We have included the code "has a health passport" to our	Practice Managers	As soon as possible

				policies to ensure that these patients will be flagged appropriately on our clinical system. This has been identified as a learning opportunity for the whole practice. We are committed to reviewing our processes and reinforcing good practice to ensure that all patients have equitable access to our services, regardless of disability.		
2.	The practice is located immediately on the Wales–England border, which staff told us can create challenges when managing cross-border care due to delays in receiving clinical correspondence resulting from limitations in digital information-sharing systems. We confirmed these issues through our patient records review and patient feedback.	The heath board must: • Engage with the practice and wider to understand and reflect upon the issues impacting the timeliness of cross-border information sharing and overall patient care • Include consideration of high-risk patients, including those with acute mental health needs when reviewing cross-border information sharing.	Health and Care Quality Standards (2023) – Timely / Effective		No response had been received by the health board at the time of publication. This will be updated in due course.	

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Gwyneth Gore and Dawn Price

Job role: Practice Managers

Date: 22nd July 2026