

**Wylcwm Street Surgery**

April 2019

**About Community Health Councils**

Community Health Councils (CHCs) are the independent voice of people in Wales who use NHS services. We are made up of local volunteers who act as the eyes and ears of patients and the public.

There are seven CHCs covering different parts of Wales.

We encourage and support people to have a voice in the design and delivery of NHS services.

We provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

One of our functions is to visit local services to hear from patients and those who care for and about them about their experiences. During these visits we speak to people about their views and experiences of the NHS services.



**Cyngor Iechyd Cymuned Powys**

**Powys Community Health Council**

**Monitoring Visit to**

**Wylcwm Street Surgery on the 23rd April 2019**

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| **Visit Summary** | |
| Place of Visit: | Wylcwm Street Surgery |
| Date / Time: | Tuesday 23rd April 2019  10am to 12 noon |
| CHC Team: | Anthea Wilson  Rex Shayler |
| Purpose of Visit: | Announced visit to obtain a view as to how the Practice is operating and to gain patients’ comments |

**Practice Overview**

Wylcwm Street Surgery has 4,786 registered patients. There are four GPs, three Practice Nurses, and two Health Care Assistants.

The practice administrative team consists of a Practice Manager and a team of receptionists.

The practice provides a range of services, including the following clinics:

Minor Surgery

Antenatal Care

Contraception

Child Health Surveillance

Immunisations

Yellow Fever

Diabetic Clinic

Asthma

Women’s Health

Minor Injuries

*Not all services are included in the above list. A full list can be viewed online at* [*www.wylcwmstreetsurgery.co.uk*](http://www.wylcwmstreetsurgery.co.uk) *or in the practice leaflet.*

**Patient Experience**

Prior to the visit, the CHC provided Wylcwm Street Surgery with patient surveys (100 English and 10 Welsh) to be handed out/available for patients to complete. Patients were given the option of returning the survey in reply paid envelopes direct to the CHC or of placing completed surveys in a box provided by the CHC. The surveys were available in the Medical Centre for two weeks. In total, 46 completed surveys were returned to the CHC (all in English).

A full analysis of the surveys is attached at Appendix A and some of the results are included within this report. This analysis report was provided to the CHC team prior to the visit taking place.

**Observations**

***Environment - External***

The surgery is located in a quiet street in the centre of Knighton. It has a car park with a reasonable number of spaces, although at busy times some patients have to park across the road. There is space for disabled patients, albeit limited and unmarked, near the top of the drive. A transit wheelchair is available on request.

The entrance porch has a door wide enough for pushchairs and wheelchairs, although it does need to be pulled open. A second door opens into the reception area. At the time of the visit, an external notice regarding Easter opening times was temporarily displayed. This had replaced the usual information about the 111 out of hours service.

***Environment - Internal***

At the time of our visit, the interior appeared clean and tidy. A wide and low reception desk was equipped with a hearing loop, which staff reported to be functioning.

The entrance area housed a water cooler and patients could request a cup if needed. Plastic drinking cups were no longer provided because of the amount of waste they created.

The waiting room was clean and bright with natural light. A decorated children’s corner was partially partitioned off, containing a small selection of toys. Seating comprised padded seats at two different heights, some with armrests.

The patients were called to their appointments via two large TV monitors and were able to sign in via a digital unit. This digital registration was offered in three languages: English, Welsh and Polish.

On the whole, internal signage was clear and helpful, an exception being lack of signage to the patient/disabled toilet from the reception and waiting room direction. The patient toilet was spacious and equipped with wall-mounted baby changing unit. There was no alarm pull cord or button within the toilet.

***Communication & Information on Display***

There were several noticeboards in the waiting room, with themed headings. They appeared reasonably up to date.

Leaflets were kept to a minimum. There was a small prominent display of bottles for the ‘message in a bottle’ scheme. A suggestions box was available in the waiting room, along with corresponding information leaflets.

Some patients reported receiving text reminders about their appointments, which they thought was very useful.

Information about the Minor Injuries Service was displayed on a poster at the entrance to the building. This information is also available in the patient leaflet and on the website. It is noted that the Knighton Hospital web page states that the nearest Minor Injuries Unit is in Llandrindod Wells Hospital <http://www.powysthb.wales.nhs.uk/knighton-hospital> .

General information about the CHC was lacking, although there were posters and a notification on the practice website inviting people to consider joining the CHC. The information in the new patient leaflet refers to the old Radnor CHC, although at the time of writing this report, the leaflet has now been updated.

***Dignity & Respect for Patients***

The practice has a clear chaperone policy, which is explained in the practice leaflet and on the website. All nursing and administration staff are trained in chaperoning.

The practice runs an active patient participation group, which can raise patient issues. Access is the biggest issue discussed by the group, mainly concerning the parking arrangements and the lack of automated doors.

***Discussion with Patients***

CHC members spoke with 8 patients who were waiting to see a doctor or nurse. Some had made urgent same-day appointments; others were attending pre-booked appointments.

Despite the fact that only one GP rather than the normal two were on duty, all those who had booked urgent appointments had no trouble ‘getting in’. One patient would have preferred to see a female doctor and was disappointed that this option was not available.

Another patient had arrived to find their appointment was not booked, and needed to wait for a slot.

One patient reported previously trying to get through for an urgent appointment, only to find that all appointments had been filled and that he needed to call again the next day to make an appointment. He would have preferred to be able to make the appointment at the time of calling, rather than go through the process again the next morning.

The overall impression gained by speaking with patients was that they were very satisfied with the service and had confidence in the doctors and other staff.

***Discussion with Practice Staff***

There are two male GP partners and two female salaried GPs. One of the partners is planning to retire fully in the next year, and a replacement has been recruited. The new partner will be mentored by the outgoing partner before he leaves.

There are three practice nurses. The lead nurse is in charge of infection control and oversees the cleaning schedule including the toys in the waiting room. The nurses support patients to manage some long-term conditions, as well as offering immunisations, cervical screening and wound care.

The Meadows surgery in Knighton closed two years ago, with the transfer of some 500 patients to Wylcwm Street Surgery. The total was now 4786 patients.

The most significant impact reported has been an increased wait for repeat prescriptions from 48 hours to 72 hours. Repeat prescriptions can be ordered by return of the paper prescription form or via My Health Online. Prescription orders are not taken by telephone.

12 slots are embargoed for on-the-day appointments. When a patient telephones for an urgent appointment, the receptionist carries out an initial assessment before referring for triage. Triage is carried out by the GPs and the patient will be contacted with a suitable time for them to attend. Sometimes patients do not answer these calls. On occasions where a patient cannot get a slot, there is the option of speaking to a doctor or nurse by telephone. Patients can also make advance appointments by using My Health Online.

On the day of the CHC visit, the Practice Manager had been unable to recruit a locum to cover GP sickness because it was the first day after the Easter weekend. This had been partly mitigated by asking the pharmacy technician to run some of the medication management appointments.

The surgery has been working closely with the nearby Boots pharmacy to provide services. When there is a pharmacist with the necessary skills, they can take some of the load with, e.g., smoking cessation, asthma reviews, and flu jabs. At the time of our visit, there was insufficient capacity to cover all these services, although a new pharmacist was being recruited.

With regard to the wider NHS services, Wylcwm Street Surgery offers a counselling service. Knighton Community Hospital, being nearby, offers convenient access to services such as podiatry, physiotherapy, occupational therapy, health visiting and community psychiatry.

The issues around disabled access were under constant review.

Challenges were also identified around communication with healthcare facilities in England. The computer systems would not allow electronic transfer of patient notes from England to Wales. Therefore, notes needed to be posted in hard copy and scanned by practice staff to enable electronic storage at the surgery.

**Overall Patient Experience – Survey Results**

Please see the full analysis of the results of the patient survey attached at Appendix A. The following points are highlights from the survey:

1. Wylcwm Street Surgery overall received a very high rate of satisfaction in regards to overall experience of the GP Practice, with 95.8% of respondents rating the Practice as Good or better. 80.9% of respondents rated it as Excellent or Very Good. 4.3% of respondents rated their overall experience as Fair.

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1. The patients’ satisfaction with regards to their experience in booking appointments, showed a varied response;

80.4% of respondents felt that it was Very Easy or Easy to book an appointment. The other 19.6% of respondents felt this service proved to be Difficult or Very Difficult in getting an appointment.

When asked to comment on this, 7 respondents gave feedback:

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| --- | --- |
| If difficult or very difficult please comment:  |  | | --- | |  | |
| *Appointments go so fast. Phoned for my child once, got through at 8.20am - no appts left.* |
| *Its seems more difficult recently. Longer to wait.* |
| *Dr Duffin is very popular.* |
| *Nightmare!* |
| *Hard to get through sometimes.* |
| *Can't just come in and book, have to ring at 8 in the morning.* |
| *Very often can't get through on the phone.* |

1. When patients were asked to rate how long they have to wait for an appointment with a GP of their choice, the results showed that a substantial percentage (46%) had to wait 48 hours or longer.



1. Helpfulness of staff, cleanliness, seating, information and toilet facilities were mostly given a rating of excellent or good, however 2% felt the access was poor.
2. All patients expressed high satisfaction in relation to the GPs within the practice, all rating the service as excellent or good ratings. The nurses again, were rated as excellent or good by all respondents.
3. The additional comments section resulted in high praise for the practice and comments of criticism received were constructive.

**Comments were as follows:**

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| *Question 12 only applies to my chosen GP, not so good with the others.* |
| *Every previous appointments, i have never been seen on time. The average time after appointment time is around 45 mins late. I have never complained about this however i feel its not right or fair.* |
| *Excellent, friendly accommodating.* |
| *Being in full time employment it's very difficult to get an appointment without losing a days pay. later appointments would be good.* |
| *I have only been with this centre for 1.5 years but they are very good.* |
| *My family have been with Wylcwm since 1973 and have never been anything but amazing.* |
| *The practice always try and help find an appointment as required. Doctors are very often extremely caring and professional.* |
| *Could do with new flooring. The reception girls are great and i am very happy with them and the Doctors and Nurses. I do think they are all under pressure and need help. I think the patients should show more respect for the reception girls.* |
| *I am pleased Dr King is working at this practice. He is very understanding and helpful.* |
| *Think we are very lucky to have this practice.* |

Our observations and the survey results provide only snapshots of the patient experience but the feedback is consistent with a well-run practice. The practice is on the whole rated highly by patients and the patient experience is usually good (with only a few minor areas where improvement can be made).

**Good Practice Identified**

* It was pleasing to discover that the practice had been able to recruit a new GP partner, arising out of a registrar training placement.
* Helpful text reminders regarding appointments
* Willingness to engage with patients via the Patient Participation Group

**Recommendations**

1. Install a sign to the patient toilet in the entrance area.
2. Install an emergency call bell in the disabled patient toilet.
3. Powys Health Board to amend the information on their Knighton Hospital page to include a mention of the minor injuries service at Wylcwm Street surgery.
4. Update the information about Powys CHC in the surgery leaflet. At the moment it refers to Radnor Community Health Council.
5. Display up-to-date posters and leaflets about Powys CHC.
6. Continue to work towards improving disabled access.
7. A number of people reported difficulty obtaining an appointment. The Practice should consider ways to improve access to appointments.

Anthea Wilson

Rex Shayler

**CHC Member**