Cardiff and Vale of Glamorgan CHC

General Practice Monitoring
September 2011 – December 2013

Report – July 2014
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1: Executive Summary

Cardiff and Vale of Glamorgan (CAVOG) Community Health Council (CHC) has completed a programme of monitoring visits, supported by patient satisfaction surveys, which incorporated every main GP Practice in Cardiff and the Vale of Glamorgan. This programme was undertaken between September 2011 and December 2013, surveying in excess of 8,000 patients on their experience of General Practice.

This report summarises the main findings and recommendations of the monitoring visits, the combined results of the patient satisfaction surveys and the CHC practice leaflet audits.

There are 67 main GP Practices in Cardiff and the Vale of Glamorgan, a small number of which are supplemented by branch surgeries. 15,000 patient questionnaires were distributed over the 28 month period, with 8,075 responses received. This represents a response rate of 54%. Of the 8,075 responses, 7,494, or 92.8%, rated their experience of their GP Practice as good, very good or excellent, with 46.5% offering a rating of excellent.

Although patients generally rated the overall experience of their GP Practice highly, a detailed analysis of the survey results and monitoring visit recommendations identified a number of areas where significant improvements should be made. As the ‘Gateways’ to the National Health Service, the CHC would wish to see the majority of Practices achieving a very good or excellent rating from its patients, as this would demonstrate improvements in patient experience which, in turn, should help alleviate pressures across other Services.

The CHC has noted that improvements have been made throughout the period of the programme. Each Practice has responded to their visit report, with many indicating works undertaken to comply with the recommendations, a number of issues having been addressed immediately. In addition, the Health Board has undertaken follow up visits to Practices to resolve issues identified in the reports.

To further address the issues identified in the programme, the CHC has initiated an Action Plan for the Health Board to complete. The main points are summarised below:

Accessing appointments - this proved to be the greatest concern and often related to not being able to get through when calling the Practice and then finding that no suitable appointments were available. There was a wide variation of patient experience across Practices. The CHC considers that a review of existing systems should be undertaken to identify examples of best practice and that each Practice reviews its systems against best practice approaches.
Disability Discrimination Act Compliance – a number of Practices lacked hearing induction loops and visual aids. Other access problems were identified such as restrictions for wheelchair users. These shortfalls need to be addressed.

Community Services – the most regular concern identified was the inadequacy of Counselling Services, citing long delays due to a high demand and insufficient provision. The Health Board should review this Service to address this issue.

Communication – concerns were identified such as delays in referrals to Secondary Care, discharge information and ‘shared care’ Services.

Patient Information and Engagement – patient engagement was patchy and could be improved in a number of Practices. 62 of the 67 Practices failed to meet the contractual requirements for the information that should be included in the Practice leaflet.

Estate Development and Maintenance – a number of concerns were raised about the condition of buildings and the environment surrounding Practices.

Shared Best Practice – there were significant variations across Practices and these were reflected in the responses to the questionnaires. Whilst each Practice is unique and serves different population needs, it was considered that more sharing of good practice would help to improve services and achieve greater excellence.

I would like to thank the Members of the CHC for undertaking the visits, the Practice Managers for their co-operation and the Health Board for following up many of the issues that have been raised. I would also wish to thank Cardiff and Vale of Glamorgan residents for expressing their views in the questionnaires and conversations during the visits. It is evident that we have some good GP services and hopefully they will be improved as a result of this programme.

Alan Brown
Chair, CHC Primary, Community and Intermediate Care Shadow Board

30th June 2014
2: Preparation & Planning

CAVOG CHC is an independent organisation with a statutory responsibility to monitor and scrutinise local health services. The organisation is composed of 24 voluntary Members who are supported by 8 paid members of staff.

The CHC has a Primary Care Group, whose principle aim is to monitor and scrutinise the Primary Care elements of local NHS services.

In March 2011 this group developed an updated version of a General Practice (GP) visiting model used previously by the Cardiff CHC prior to reorganisation in 2010. The CHC also sought and received approval from the British Medical Association (BMA) and Local Medical Committee (LMC) indicating that this model represented good practice.

The premise of the new visiting model was to base the visit reports around the views of the patients who use these Services and then aim to construct a set of recommendations that were designed to help each Practice improve the patients’ experience. In order to gather the views of patients, the CHC produced an interactive paper questionnaire with a representative sample of patients surveyed prior to the formal CHC visit.

In addition to the development of the visiting model and subsequent creation of a patient questionnaire, the CHC Primary Care Group also produced a guidance document containing questions Members could reference during visits. These include questions pertaining to the observations Members should make in addition to the questions that can be asked of Practice staff.

To inform the general public of the planned CHC visit to their Practice, the provisional dates were advertised on the CHC website, once agreed by the Primary Care Group. Locally, five weeks prior to the visit, the CHC provide the Practice with posters about the patient survey and highlighting the date of the proposed visit.

All CHC monitoring visits were undertaken by a minimum of 2 Members. It was agreed during the development of the visiting model that Members would allow at least 2 hours on site, to incorporate brief discussions with patients, making observations on the environment and operation of the Practice. This is followed by a meeting with representatives of the Practice to discuss the visit and findings of the survey.

Following the visits, the lead Member, in communication with other members of the visiting team, was tasked with producing a visit report. This report included recommendations to the Practice. Each Practice was asked to respond within 28 working days on any matters of accuracy and to propose actions to address the
issues raised in the recommendations. The report was then published in subsequent CHC Council papers with the letter-headed Practice response. Once agreed by Council, the visit report, Practice response and results of the patient survey were made available on the CHC website under the Primary Care sub-heading.

**Methodology**

1. A provisional schedule of visits was drafted at least 4 months in advance of the first planned visit date.
2. The CHC Officer wrote to the Practice Manager indicating the CHCs’ intended date of visit and requested briefing information which includes list status, list size and planned developments, at least 10 weeks ahead of the planned visit.
3. The questionnaires were delivered to the Practice, with a clear plastic box for completed questionnaires, along with Stamped Addressed Envelopes (SAE’s) for patients to return their questionnaire in a confidential manner, if they wish to do so. This was undertaken 5 weeks ahead of the planned visit, with the survey conducted over a full 2 week period.
4. The completed questionnaires were collected 3 weeks before the planned visit. This allowed the CHC time to manually enter the results and produce a brief analysis document to be included in the Members briefing packs, along with the guidance document, which were sent out a week before the visit.
5. The visit was undertaken by at least 2 Members and occurred between 10:00 and 12:00.
6. The lead Member produced a report, noting comments from other Members of the visiting team, and returned it to the CHC office within 2 weeks of the visit.
7. The CHC Officer formatted the report using a standardised template and added any analysis graphs/comments that related to the contents of the report. The completed report was then sent to the Practice Manager 4 weeks after the visit.
8. The Practice was required to respond to the completed report, addressing any matters of inaccuracy and the recommendations, 4 weeks after receipt of the completed report.
9. The report and subsequent response was then included in the next available CHC Council papers.
3: Practice Leaflet Analysis

As part of the briefing packs, Members were provided with a copy of the most up-to-date practice leaflet and informed of the information required to be included in, but missing from, the practice leaflet.

Under the General Medical Services (GMS) Contract, the GP Practice should; ‘compile a practice leaflet which shall include the information specified in Schedule 3 (a list of 30 particular details that must be included); review its practice leaflet at least once in every period of 12 months and make any amendments necessary to maintain its accuracy; and make available a copy of the leaflet, and any subsequent updates, to its patients and prospective patients’.

With the aim of encouraging Practices’ to keep their leaflet up-to-date and to continue providing members with current, relevant information, the CHC previously conducted an audit of all the Practice leaflets within Cardiff and the Vale of Glamorgan on a 3 year cycle. The last audit, at the time of writing, was undertaken in January 2014. In future, the CHC will undertake these audits on a biennial basis.

Methodology

1. The CHC Officer writes to the Practice Manager requesting a hard copy of their Practice leaflet.
2. On receipt of the leaflet, the CHC Officer reviews its content against the Schedule 3 list of information, populating a spreadsheet specifically designed for this task.
3. The spreadsheet is formatted to automatically calculate a performance score, displayed as a percentage.
4. The CHC is then able to report on the performance of each Practice and highlight the missing information, as well as reporting on the average performance within the Cardiff & Vale University Health Board area.

The CHC have undertaken 3 Practice Leaflet Audits since the introduction of the current GMS Contract in 2004, those being in 2008, 2011 and 2014. The following table demonstrates the comparative results of these audits:

- The audit undertaken in 2008 was conducted by the former Cardiff CHC and did not include the Vale of Glamorgan Practices.
<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2011</th>
<th>2014</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total no. of Practices</strong></td>
<td>50</td>
<td>67</td>
<td>67</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Average performance</strong></td>
<td>55%</td>
<td>74%</td>
<td>78%</td>
<td>+ 23%</td>
</tr>
<tr>
<td><strong>100% Performance attained</strong></td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>+ 5</td>
</tr>
<tr>
<td><strong>Performance under 50%</strong></td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>- 4</td>
</tr>
<tr>
<td><strong>Did not provide a leaflet</strong></td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>- 6</td>
</tr>
</tbody>
</table>

As demonstrated in the table above, the CHC has observed significant improvements in the standard of Practice leaflets being produced within General Practice in Cardiff and the Vale of Glamorgan.

The following Practices attained 100% compliance with Schedule 3 of the GMS Contract:

- Clare Road Medical Centre, Grangetown
- Eryl Surgery, Llantwit Major
- Grange Medical Practice, Grangetown
- Llanedeyrn Health Centre, Llanedeyrn
- Redlands Surgery, Penarth

The CHC were pleased that these improvements coincide with enhancements/changes made to the method in which monitoring visits were structured. The most noteworthy change being the introduction of the new visiting model that was implemented between the 2011 and 2014 audits; a part of which highlights the missing details of a Practice leaflet within a visit report, to which the Practice are requested to formally respond.

It is envisaged that further improvements will be evidenced in the next audit, currently planned for January 2016, where the expectation is that no Practice leaflet should fall below 50% performance compliance and every Practice participates in the audit.
4: Patient Survey

To enable a fair and representative return to the Patient Survey, the CHC Primary Care Group agreed that each Practice would receive a set number of questionnaires relative to the number of GPs’, excluding supernumerary locums, based upon 50 questionnaires per GP.

Example:-

- Single handed Practice = 50 questionnaires.
- 3 Partner Practice = 150 questionnaires.
- 4 Partner Practice with 2 Salaried GPs = 300 questionnaires.

The Practices were provided with the questionnaires, SAE’s and a plastic collection box, 5 weeks ahead of the visit. The Practices were then allocated a two week period in which to undertake the survey. Patients visiting the Practice during that period were asked to complete a questionnaire and either leave it in the collection box or post it to the CHC Office.

Since the first visit, undertaken in September 2011, the CHC has visited each main Practice within Cardiff and the Vale of Glamorgan. The last of these visits took place in December 2013.

In the 28 months it required to complete the programme of visits, the CHC distributed a total of 15,000 questionnaires to the 67 main Practices. 8,075 responses were received, representing a response rate of 54%. This represented the views of 1.7% of the 472,400 residents of Cardiff and the Vale of Glamorgan.

The response rates can be broken down by locality as follows:

<table>
<thead>
<tr>
<th></th>
<th>Provided</th>
<th>Returned</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiff</td>
<td>10,850</td>
<td>5,835</td>
<td>54%</td>
</tr>
<tr>
<td>Vale of Glamorgan</td>
<td>4,150</td>
<td>2,240</td>
<td>54%</td>
</tr>
</tbody>
</table>
5: Survey Results *(supported by additional information)*

**Question 1 - How long have you been registered with the Practice?**

![Pie chart showing registration duration](chart)

- Less than a year = 8.6%
- 1 – 5 Years = 18.8%
- 5 – 10 Years = 14.5%
- More than 10 years = 58.1%

The majority of patients appeared to be content to remain at their Practice, with many commenting that they had been registered since birth, or the early stages of childhood.

It was clear that some patients have changed their Practice, with 27% of patients indicating they had been registered for less than 5 years. This figure would most likely have included the sizeable, transient student population in Cardiff.

Comparatively, the Vale of Glamorgan responses indicated a lower figure of 19% of patients, who have been registered for less than 5 years at their current Practice.

**Vale of Glamorgan responses**

![Pie chart showing registration duration](chart)

- Less than a year = 6%
- 1 – 5 Years = 13%
- 5 – 10 Years = 12.7%
- More than 10 years = 68.3%

These results raised questions about the reasons for staying at, or moving from, a Practice. The discussions held with patients at the time of the visits indicated that some patients remained at a Practice out of loyalty rather than excellence of service, whilst others expressed that they had moved because of dissatisfaction. It was also noted that a number of patients were not aware that they could move to a Practice that better suited their health requirements.

The CHC, as part of the ongoing review of its own processes, will consider amending the questionnaire to determine the underlying reasons for patients remaining with, and moving from, their GP Practice.
The majority of patients responded that they were highly satisfied with the opening times of their GP surgeries, with the figures from both the Cardiff and Vale of Glamorgan localities reaffirming this view. However, CHC Members did indicate, within their formal visit reports, that they were made aware of concerns over opening times when speaking to patients on a one to one basis. In fact, patients seemed more concerned about the difficulties of arranging a suitable appointment than the specific opening hours, with a number of working patients particularly wanting an option of an evening or early morning appointment.

On 25th February 2014, Welsh Government publicised an Annual Statistical First Release on GP Access providing information on opening times and appointment times of GP practices for each of the seven Health Boards in Wales. For the purpose of this release, “opening times” were defined as times when the main surgery doors were physically and a patient could have face to face contact with a receptionist.

The following points summarised the Cardiff and Vale of Glamorgan practices performance:

- No Practice closed before 2pm on any day of the week, an achievement only matched by Practices located in the Powys Teaching Health Board area.

- Only 31% of Practices were open for the daily core hours (08:00 to 18:30, Monday to Friday) in 2013, compared with 45% in 2012 and significantly lower than the national average of 43%.

- No Practice opened for less than 80% of its weekly total hours (52 hours and 30 minutes, Mon-Fri 8am – 6:30pm), again only matched by Practices in Powys. However, only 54% of Practices opened for 95% or more of those hours, lower than the national average and significantly lower than Practices within Powys, Cwm Taf and Aneurin Bevan Health Board areas.

While it was pleasing to note that there were no Practices with half-day closures within Cardiff and the Vale of Glamorgan, it was concerning that a drop of 14% in Practices open for the daily core hours was highlighted. With public concern over the
capability of the GP Out-of-Hours Service to managing an ever-increasing demand, it was disappointing to note that 9 Practices had implemented a reduction to their opening times since 2012.

**Question 3 - How would you rate booking an appointment at your GP practice?**

![Pie chart showing percentage of responses]

- Very Easy = 31%
- Easy = 43.3%
- Difficult = 18.5%
- Very Difficult = 7.3%

Although the results suggested that the majority (74%) of patients find booking an appointment ‘easy’ or ‘very easy’, there was significant variation on a Practice by Practice basis, with no bearing on the locality in which the Practice was situated.

The highest combined score of ‘very easy’ and ‘easy’ was 97.1%, in comparison with the lowest combined score of 25%.

- Upper Quartile: 25% of practices were at/above this score = 87.8%
- Lower Quartile: 25% of practices were at/below this score = 63.6%

The following were a sample of the responses received when asked to comment further if the previous answer was difficult or very difficult:

- Unless it's an emergency or urgent appointment, you can easily wait up to 2 weeks and then it may not be with the GP of choice.
- You can never get through on the phone and I hate being asked by a receptionist what is the problem. That is why I want to see a doctor.
- Timeslots are problematic for those patients who work full time.
- One and a half weeks is too long to wait for a 91 year old.
- It is not easy to get an appointment that is not urgent / an emergency but still needs seeing quickly.
- You must phone at 8am and pray you get an answer before all appointments have gone.
- Normal wait is two weeks unless you say it is urgent!

The above sample of comments reflected the types of views being expressed and highlighted a number of patient concerns regarding the booking of an appointment.
There were concerns over:

- the difficulty of getting through to arrange an appointment on the telephone;
- the wait for a routine appointment;
- the availability of appointments for patients who work standard working hours of 09:00 to 17:00; and
- objections to receptionists querying their need to see a doctor.

The greatest concern that was most regularly expressed was the difficulty in arranging an appointment. This usually entailed repeated telephone calls from 8.00 to 8.30 am when the telephone lines were open.

A range of varying systems were encountered including bookable appointments, open access and GP triage. Different telephone systems were in use utilising a variety of recorded messages. Some required people to telephone after 8.00am or 8.30am resulting in a concentrated high volume of calls and subsequent inefficiencies, whereas others enabled contact over a wider period of time whilst still enabling suitable appointments to be made.

It was evident that different systems suited different client groups and the Practices that had carefully considered, and consulted their client groups provided the most appropriate arrangements.

In some circumstances problems with appointments appeared to relate to insufficient slots being made available.

An overview of appointment times was also provided in the Welsh Government Annual Statistical First Release on GP Access where ‘appointment times’ were defined as the times when the Practice regularly offers planned consultation sessions with a GP to patients.

The following points summarised the Cardiff and Vale of Glamorgan Practices performance:

- Only 21% of Practices offer appointments before 08:30 every week day. While this was a low percentage, this is recorded as the best in Wales with the average being 10%.

- 93% of practices offered appointments between 17:00 and 18:30 every week day, slightly lower than the percentage of Practices within Powys (100%) and Cwm Taf (94%) Health Board areas. However, this is 17% higher than the national average of 76%.
A number of written responses from the survey, identified issues with accessing appointments outside of the standard working hours of 09:00 to 17:00. This may suggest that, although some appointment slots may have been available, there were insufficient numbers to meet demand.

The CHC, as part of the ongoing review of its own processes, will consider amending the questionnaire to gather more detailed evidence about patient experience of accessing appointments before 08:30 and between 17:00 – 18:30.

**Question 5 & 6 - How long do you usually have to wait for an appointment with a GP of your choice?**

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

Key =  
- **Green** = Within 24hrs
- **Yellow** = 24 – 48 hours
- **Red** = 48hrs or more

<table>
<thead>
<tr>
<th>Choice</th>
<th>Percentage</th>
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<tbody>
<tr>
<td><strong>Green</strong></td>
<td>27.3%</td>
</tr>
<tr>
<td><strong>Yellow</strong></td>
<td>23.1%</td>
</tr>
<tr>
<td><strong>Red</strong></td>
<td>49.6%</td>
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<table>
<thead>
<tr>
<th>Any</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td><strong>Green</strong></td>
<td>55.6%</td>
</tr>
<tr>
<td><strong>Yellow</strong></td>
<td>22.9%</td>
</tr>
<tr>
<td><strong>Red</strong></td>
<td>21.5%</td>
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</tbody>
</table>

The above results supported the natural expectations of General Practice. If a patient has an urgent health issue they will need to be seen as quickly as possible, by the most appropriate health care professional.

For more routine matters, such as ongoing conditions, continuity of care is of more importance. Therefore patients were more likely to express a preference for the health care professional they wished to see. To this end, it was widely accepted that there may be a wait of approximately 1 - 2 weeks for this type of appointment.

**Question 7 & 8 - Were you seen at your allocated appointment time? If not, how long after your appointment were you seen?**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Green</strong></td>
<td>65.6%</td>
</tr>
<tr>
<td><strong>Red</strong></td>
<td>34.4%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Within 10 Mins</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Green</strong></td>
<td>37.8%</td>
</tr>
<tr>
<td><strong>Yellow</strong></td>
<td>31.4%</td>
</tr>
<tr>
<td><strong>Red</strong></td>
<td>30.8%</td>
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</table>
The results indicated that one third of patients were not seen at their allocated time. In the discussions in the visit feedback sessions, the majority of Practice Managers expressed awareness of this problem, highlighting the regularity of patients wishing to discuss multiple concerns with their GP as the principle factor in extending the consultation. Whilst this issue is acknowledged by the CHC, GPs have a responsibility for the holistic care of their patients and the ability to discuss key health issues with your GP is essential. The alternative is GP appointments only cover the symptoms present at that time or extend the consultation time. The CHC believes that Practices should establish mechanisms where patients can identify a need for an extended appointment during the initial request, should they feel it necessary.

**Question 9a - How would you rate: Access?**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>77.8%</td>
</tr>
<tr>
<td>Good</td>
<td>19.5%</td>
</tr>
<tr>
<td>Poor</td>
<td>1.9%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>0.8%</td>
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</tbody>
</table>

Based on the results to this question, there appeared to be little concern, from a patient perspective, in terms of access to most Practices. However, expressions of concern were noted, both in the free text at the end of the survey and during one-to-one discussions with Members, mainly relating to external issues including the location of bus stops and insufficient on-site parking.

A number of visit reports identified the lack of adequate access to upper floors within Practices housed in converted residential accommodation. Upon discussion with the Practice Managers concerned, the CHC were assured there were arrangements in place to ensure the availability of consultation rooms on the ground floor, as and when required.

In addition, the visit reports highlighted problems with heavy access doors in a small number of practices.

**Question 9b - How would you rate: Helpfulness of Reception Staff?**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>74.4%</td>
</tr>
<tr>
<td>Good</td>
<td>21.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>2.9%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
Although there was a considerably high rating for this area of General Practice, there were a number of comments identifying patients’ dissatisfaction at being required to explain to the receptionist their reasons to see a doctor. However, since the visiting programme began, the number of comments relating to receptionists, had reduced, possibly indicating that patients were becoming more aware of the role these members of staff play in ensuring timely access to the most appropriate health care professional for their health care needs.

Good practice had been identified in one practice leaflet, where the Practice inform patients of the importance of engaging with the receptionists to ensure GP, or Nurse, appointments are used appropriately and effectively.

**Question 9c - How would you rate: Cleanliness of Waiting Area?**

![Pie chart showing cleanliness ratings](chart.png)

- Excellent = 73.8%
- Good = 23.4%
- Poor = 2.3%
- Very Poor = 0.5%

There was a high level of satisfaction with the cleanliness of waiting areas, with the response to the surveys matched by members experience on their visits. The only exceptions were in Practices that provided toys for children, with these toys visibly not being cleaned.

**Question 9d - How would you rate: Seating Arrangements?**

![Pie chart showing seating arrangement ratings](chart.png)

- Excellent = 68.5%
- Good = 27%
- Poor = 3.8%
- Very Poor = 0.5%

Although there was a high level of satisfaction, in the majority of visit reports, CHC Members identified concerns over the lack of alternative forms of seating. It was acknowledged as good practice to provide seating of varying heights and a small number with arm supports.

It was pleasing to note that newly constructed Practice premises were providing a diverse range of seating, having planned accordingly throughout the development phase.
Question 9e - How would you rate: Information on Display?

![Pie chart showing the distribution of responses for Information on Display.](chart)

The high satisfaction with information on display was another focus of the survey confirmed by Members experience on their visits. Every Practice displayed information; however a minority of displays were unstructured, making it difficult to identify information of importance.

In addition to displaying information on notice boards and/or walls, good practice was deemed to include the use of digital screens, information leaflets on chairs and direct communication by receptionists, particularly to notify patients of any delays to their allocated appointment time.

Question 9f - How would you rate: Toilet facilities?

![Pie chart showing the distribution of responses for Toilet facilities.](chart)

Patients appear to be satisfied with the toilet facilities in general practice, although numerous respondents failed to answer this question, commenting they had never used them.

Question 10 - Who did you see today?

![Pie chart showing the distribution of responses for Who did you see today.](chart)
Question 11 - If other, which health care professional did you see?

The most common responses were to see the phlebotomist, midwife and to collect/drop off a (repeat) prescription. A large number also responded to this question with ‘receptionist’.

Other responses included:

- Health Visitor
- Counsellor
- Physiotherapy
- Blood test results
- ECG
- Dental
- To drop off a sample
- Health Care Assistant
- Podiatry
- Immunisations
- INR check.

Question 12 - How would you rate the following about your GP?

Key for the following graphs:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeting</td>
<td>81.9%</td>
<td>16.3%</td>
<td>1.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Understanding</td>
<td>77.5%</td>
<td>18.8%</td>
<td>2.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Treatment</td>
<td>74.9%</td>
<td>21.0%</td>
<td>3.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Awareness</td>
<td>70.5%</td>
<td>23.1%</td>
<td>4.7%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>
Patients expressed a high level of satisfaction with their GP, with the most prominent concern relating to the awareness of any patients medical history. The additional comments, provided at the end of the questionnaire, suggested that this concern mainly related to the use of locums.

These additional comments also indicated concerns regarding the status of registration with a Practice Partnership, as opposed to a single GP. To counter this concern, there is allowance under clause 185 of the GMS Contract enabling patients to “express a preference to receive services from a particular performer or class of performer either generally or in relation to any particular condition”. However, practices were not publicising this clause, with 24 out of 67 Practices, or 36%, not providing this information within their practice leaflets as required by Schedule 3 of the GMS Contract.

Question 13 - How would you rate the following about your nurse?

Key for the following graphs:
- Excellent
- Good
- Poor
- Very Poor

**Greeting**
- Excellent: 83.2%
- Good: 14.9%
- Poor: 1.2%
- Very Poor: 0.7%

**Understanding of Concerns**
- Excellent: 77.8%
- Good: 19.8%
- Poor: 1.8%
- Very Poor: 0.6%

**Treatment Explanations**
- Excellent: 77.7%
- Good: 19.7%
- Poor: 1.9%
- Very Poor: 0.8%

**Awareness of your medical history**
- Excellent: 70.3%
- Good: 24.2%
- Poor: 4.4%
- Very Poor: 1.0%

In correlation with the responses relating to GPs, there was equally high patient satisfaction with nurses, with awareness of any patients medical history again receiving the lowest score.

The CHC understood that Clause 185 of the GMS Contract, as detailed on the previous page, included nurses, as well as doctors, as they also provide General Medical Services under the contract. However, there seemed to be little public awareness of the full extent of this clause.
Question 14 - How would you rate your experience of this GP practice?

The highest combined score of ‘excellent’, ‘very good’ and ‘good’ was 100%, achieved by 6 Practices, compared with the lowest combined score of 48.2%.

- Upper Quartile: 25% of practices were at/above this score = 97.2%
- Lower Quartile: 25% of practices were at/below this score = 88.7%

Overall, 92.8% (7,494) of patients gave their Practice a rating of good or better, with 46.5% (3,755) of respondents giving a rating of ‘excellent’. It was pleasing to note that General Practice, from a patient perspective, received such a high level of satisfaction. As the ‘Gateways’ to the NHS, the CHC would wish to see more Practices achieving an excellent rating from their patients, as this would demonstrate improvements in patient experience which, in turn, should help alleviate pressures across other Services such as the GP Out-of-Hours Service, Minor Injury Units and/or Accident & Emergency.

Question 15 - Do you have any additional comments you wish to make regarding your GP Practice or healthcare professional seen?

Out of a possible 8,075 questionnaires returned, 2,172 respondents (27%) provided additional comments in the free text box at the end. The following comments are a small illustrative sample:

- Dr [Name] is the consummate professional and he has been very important to me throughout my illness and ongoing treatment. If only all were this good.
- The staff are among the best I have ever experienced. The doctors and nurses are brilliant! Caring and helpful, thoughtful and knowledgeable, and always happy to help if they can. All the staff are a positive credit to the NHS!
- Reception staff are always helpful and friendly. Very supportive at difficult times.
I have always been treated with the highest dignity and helpfulness. I think the staff are amazing.

I appreciate the system in the morning as many friends & colleagues don't have that option at their surgery. A very positive option.

Superb family practice, couldn't ask for better. Our family history is known and it makes a huge difference to understanding any relevant medical problems. There should be more family GP surgeries and less large clinics. I always get to see my family GP.

I think the new building and its supportive facilities (including parking) are excellent.

This is a great example of the best of the NHS at work.

The benefit of this surgery is that they have drop in surgery between 8.30 - 10.30 each morning which is great for those who work. The ability to email repeat prescription is also very helpful.

Having an 'open surgery' each morning is useful but the delays before seeing a doctor of choice through an appointment seem to have increased over recent years- sometime up to a fortnight.

More comfy seats when waiting a long time? Can give backache especially the elderly.

When ringing, you cannot get through and, when you can, all appointments are gone and you are advised to try again tomorrow!

GP was quite unhelpful & unengaging.

Quite rushed on visits and illness nor explained just treated.

Very difficult getting an appointment with a GP who knows your history. Finding different GP attending you each visit.

Could patients benefit from new technology by booking/cancelling appointments by text or email via a website login?

The Locums that I have seen at this practice have been very rude. I have had two bad experiences one other was very good. Overall this practice is run very well.

The time we have to wait for the appointment once you are at the surgery, most times they run late.

Female doctors needed to give patients choice, especially female patients.

I'm in the process of changing doctors. no appointments available for working people. 1 staff member is very rude and swears. Very long waits as appointments are never on time.

No appointments if you work 9-5. Few incidents re: rude reception manager. Long waits as surgery always runs late.
6: Summary of the Visit Recommendations

As part of the formal reports on monitoring visits, the visiting Members produced a set of constructive recommendations, with a focus on the patient experience of each GP Practice. The CHC visited 67 practices and made a total of 355 recommendations, averaging 5 recommendations per practice.

The recommendations arose from information derived from the survey, work undertaken prior to the visit, Members’ observations and/or discussions with patients on the day.

The following points summarise the visit recommendations and are listed in order of frequency of occurrence:

- The most common recommendation, appearing in 40 visit reports, was in relation to the items missing from practice leaflets as detailed in Schedule 3 of the GMS Contract. It was hoped that this continuing reminder has helped drive improvement in the production of practice leaflets.
- Recommendations relating to Disability Discrimination Act (DDA) and Health and Safety compliance also appeared in 40 visit reports. These covered issues such as the absence of hearing induction loops and/or visual aids, a lack of provision of information in braille and unsuitable access for wheelchair users.
- Issues that could be classified under ‘Practice maintenance’ were the basis of 35 recommendations. These included replacing dispensers within toilets, removing condemned notice boards and decorating the interior of a number of practices etc.
- Recommendations directly relating to the information on display, inclusive of information on the CHC and the ‘Putting Things Right’ concerns procedure, were included in 33 visit reports.
- 29 recommendations were made in relation to the appointments systems and the telephone arrangements in place. These recommendations were largely a result of the patient feedback from the surveys and discussions during the visits. The most prominent outcome from this programme has been the move towards eradication of 0870 and 0845 telephone numbers.
- Perhaps the more pressing concerns are included in the 23 recommendations that relate to services provided by the Cardiff and Vale University Health Board. This ‘theme’ also includes issues experienced by the Practice staff, such as communication with Secondary Care and maintenance on shared ‘community’ sites such as Health Centres. However, the most common issue raised by patients and Practice representatives was the inadequate provision of Counsellor Services and the method by which this provision is commissioned on a per Practice basis.
- There were 19 recommendations relating to the external environment of Practices, which included parking and signage, in addition to a build-up of waste materials and rubbish.
There were 18 recommendations relating to the arrangements in place for cleaning. The most common areas that required attention were the toilets and children’s play areas.

Recommendations relating to the lack of alternative seating were included in 18 visit reports. It is pleasing to note that newly constructed practice premises were providing a diverse range of seating from the time of opening, having planned accordingly throughout the development phase.

15 recommendations highlighted a need for Practices to submit applications for funding, in order to carry out significant changes such as expansions or to assess the possibility of acquiring a new build. In each case, the Practice acknowledged the need for these changes and had previously contacted the Health Board for support.

Recommendations requesting the provision of information on Practice opening times and contract details at the main point of entry, whether front door or front gates, were included in 14 visit reports. These recommendations also included the requirement for the provision of the contact details for the Out-of-Hours Service.

There were 13 recommendations relating to the lack of patient feedback mechanisms i.e. a Patient Participation Group or a suggestions/comments box at reception.

8 recommendations regarded delays to appointment times and the method of informing patients of these delays.

8 recommendations related to policies and issues requiring staff training.

6 recommendations related to privacy and confidentiality at reception.

There were 3 recommendations that suggested the CHC return within a set timeframe. Due to this programme reflecting a benchmark exercise, these 3 Practices have been identified for a return visit in the early stages of the next round of visits.

2 recommendations related to the mechanisms for requesting/obtaining repeat prescriptions.

2 recommendations related to the provision of signs and information in the medium of Welsh.

NB 1 There were 18 recommendations made relating to missing plug socket covers in locations accessible to young children. However, in the latter stages of the visiting programme, ROSPA guidance indicated that these covers were not mandatory and, therefore, this item was discontinued on the remaining visits and should be disregarded in future.

NB 2 There were 11 recommendations noting that the Practice in question provided ‘good practice’ and should be highlighted as an example to others.
7: Future Proposals

Nationally

Mr Stephen Allen, Chief Officer of the Cardiff and Vale of Glamorgan, in his position as Lead Chief Officer for Primary Care, recently addressed the Board of CHC’s in Wales. He outlined conclusions and recommendations following a review of the work currently undertaken by CHCs across Wales with regard to Primary Care Visiting. Mr Allen’s proposal was to implement an All Wales protocol for Primary Care visiting.

Members of the Board endorsed this proposal, and the recommendations to establish the aforementioned protocol, observing that the gathering of standardised data is essential for meaningful statistical analysis, utilising the survey software available to all CHC’s. It was agreed that Mr Allen would work with the Acting Director to produce an implementation plan.

In April 2014, a Project Initiation Document (PID) was produced to define the scope, resources required for completion and the project methodology. It also outlined how the project will be controlled to ensure that it is delivered on time and to the agreed standards. This PID is a working document which will be updated in line with the project duration.

In line with the timeframe indicated within the PID, it is envisaged implementation of the All Wales protocol for General Practice visiting, to include an All Wales pilot phase and all relevant training to enable this work, will be completed prior to 1st April 2016.

Locally

At a local level, the Cardiff and Vale of Glamorgan CHC has identified a number of Practices where a return visit has been deemed necessary. Along with undertaking these ‘follow-up’ visits, the CHC will also look to instigate visits to Branch Surgeries, as an enhancement to the now completed programme of initial visits.

There are a number of issues arising from the information contained within this report that will be factored into the revised visiting protocol. This includes amendments to the patient questionnaire that will also be adopted as part of the All Wales protocol.
8: Supporting Information

The supporting documents referenced within this report, including the individual Practice reports, responses and survey results, are readily available to view on the CAVOG CHC website. Alternatively, in the absence of internet access, these documents can be provided upon request from the CHC Office. Contact details are located at the rear of this report.

List of supporting documents:

- Protocol for General Practice Visiting.
- Patient satisfaction questionnaire – English & Welsh.
- Survey response rates.
- Individual practice visit reports, responses and complete survey results.
- Combined survey results for Cardiff and the Vale of Glamorgan.
- Visit Guidance Questions.
- Summary report of the visit recommendations.
- Report to Board of CHC’s in Wales on GP Visiting.

9: Report Recommendations

The Cardiff and Vale of Glamorgan CHC monitoring programme for General Practice has identified a number of areas for improvements to patient experience, which are to be conveyed to the Cardiff and Vale University Health Board, as the commissioners for General Medical Services in Cardiff and the Vale of Glamorgan.

To address the issues raised within this report, the CHC has produced the attached Action Plan for the Cardiff and Vale University Health Board (UHB) to populate and progress.

The Action Plan will be submitted to the Cardiff and Vale University Health Board for completion, with the CHC requesting regular updates on a bi-monthly basis to ensure progress is being made.

The ‘actions taken’ will also be tested during each follow-up monitoring visit to General Practice.

[Action Plan follows on the next page]

Daniel Price
Monitoring & Scrutiny Officer
Cardiff and Vale of Glamorgan CHC

30th June 2014
## Action Plan to address areas of concern in General Practice across Cardiff and the Vale of Glamorgan.

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Health Board Action Required</th>
<th>Target Date</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments and/or telephone services</td>
<td>A review of appointment systems across all practices, to identify examples of good practice for each of the main mechanisms of running such a system, is undertaken. The main mechanisms are: 1. Bookable appointments only. 2. Solely open access. 3. A mix of bookable appointments and open access. In addition, the review should also test difference types of telephone systems, telephone triage arrangements and other systems in operation, such as online and automated booking of appointments. Subsequently, each Practice should review its appointment system and advise the Health Board accordingly. Practices should also update the Health Board and patients at times of change, providing evidence to validate their reasons.</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; March 2015</td>
<td>30&lt;sup&gt;th&lt;/sup&gt; September 2015</td>
</tr>
<tr>
<td><strong>DDA Compliance</strong></td>
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<tr>
<td>A number of practices lack; hearing induction loops, visual aids, information in braille and suitable access for wheelchair users. In addition, a number of practices lacked a diverse range of seating.</td>
<td>An audit of all practices is undertaken and a report of the findings, inclusive of actions identified to address any shortfalls, is produced.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current legislation sets out the requirements for public services, which should be complied with across all practices. The Health Board has a statutory duty to commission NHS Services which comply with this legislation.</td>
<td></td>
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<tr>
<th><strong>Community Services</strong></th>
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<tbody>
<tr>
<td>A number of patients and practices raised concerns regarding the provision of Counselling Services and the method by which this provision is commissioned by the Health Board.</td>
<td>A review of the method by which Counselling Services are commissioned is undertaken and a report of the findings, inclusive of the current provision per Practice, is produced.</td>
<td></td>
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<tr>
<td></td>
<td>The Health Board should demonstrate how they intend to meet the inadequacy of provision, for a Service that appears to be in crisis.</td>
<td></td>
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<tr>
<td><strong>Community Sites</strong></td>
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<td>---------------------</td>
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</tr>
<tr>
<td>Concerns have been raised about the maintenance of shared sites such as Health Centres, with a ‘handful’ requiring significant improvements. Those that are deemed adequate require a number of minor issues to be addressed.</td>
<td>A report on the process for dealing with maintenance issues is produced and forwarded to the CHC, along with an up-to-date log of outstanding issues.</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; December 2014</td>
</tr>
</tbody>
</table>

| **Funding for Estates** |  |  |  |
|-------------------------|-----------------------|------------------------|
| A number of practices were highlighted as requiring significant changes such as expansion or change of premises. With the Welsh Government declaring that funding for such changes will need to be met out of the Health Boards budget, the CHC are becoming increasingly concerned that Primary Care Estate will be left to deteriorate. This view is echoed by GP’s and Practice Managers. | A plan to ‘absorb’ the additional financial demands, caused by this declaration, is to be developed. |  |

| **Communication** |  |  |  |
|-------------------|-----------------------|------------------------|
| Communication between Primary and Secondary Care needs to be reviewed and addressed as it became clear from the CHC monitoring visits that significant improvement was needed. | A review of these processes is undertaken to identify the reasons for any delays and/or missed correspondence. |  |
Concerns were raised over the processes in place for:
- Referrals in to Secondary Care and subsequent delays for the patients,
- Discharge notices, and
- Shared Care Services.

An action plan should be developed and implemented with the aim of enabling more stringent, efficient and reliable processes for communication between Primary and Secondary Care.

<table>
<thead>
<tr>
<th>Patient information</th>
</tr>
</thead>
<tbody>
<tr>
<td>A number of practices failed to publicise information on ‘how to make a complaint/raise a concern’ or the ‘Putting Things Right’ concerns procedure.</td>
</tr>
<tr>
<td>All practices should be provided with the relevant documentation on the ‘Putting Things Right’ process and ensure this information is clearly visible in patient areas.</td>
</tr>
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<table>
<thead>
<tr>
<th>Patient Engagement</th>
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<tbody>
<tr>
<td>A number of visit reports contained recommendations to improve patient engagement by introducing methods such as patient participation group.</td>
</tr>
<tr>
<td>Proposals on how the Health Board plans to meet these new targets are to be shared with the CHC.</td>
</tr>
</tbody>
</table>

In line with the introduction of the amended GP contract in 2014-17, Welsh Government and the British Medical Association refers to greater patient participation in the development of primary care services locally.
### Practice Leaflets

62 of 67 practices failed to meet all the contractual requirements of Schedule 3 of the GMS Contract.

<table>
<thead>
<tr>
<th>The Health Board puts measures in place to ensure <strong>100% compliance</strong> by the time of the next CHC audit in January 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>31st December 2015</td>
</tr>
</tbody>
</table>

### Shared ‘Best’ Practice

The visits indicated a range of quality of provision and identified some examples of good practice.

Whilst each Practice is unique and serves differing population needs, it was considered that more sharing of good practice would help to improve services across Cardiff and the Vale of Glamorgan.

<table>
<thead>
<tr>
<th>A mechanism to identify and share good practice is implemented.</th>
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<tbody>
<tr>
<td>31st October 2014</td>
</tr>
</tbody>
</table>
To view all of the results of the patient surveys, visit reports and/or practice responses, please visit the CHC website using the following address:

www.communityhealthcouncils.org.uk/cardiffandvale

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