



HYWEL DDA

# **Neyland Surgery**

Visit report

**September 2019**

## About Hywel Dda Community Health Council (CHC)

We represent independently and without bias the interests of patients and the public in the way that NHS services are planned and provided across the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Our volunteer members who live in the communities we serve are supported by a small team of staff who work together to:

- Carry out regular visits to health services, talking to the people using the service and the people providing the care to influence the changes that can make a big difference;
- Get involved with health service managers when they are planning service developments and larger scale service change to emphasise the patients view right from the start;
- Provide free and confidential support through complaints advocacy if things go wrong and if the health service complaints process isn't working;
- Reach out more widely to patients and their families across communities to provide information, and to gather views and experiences so that we can represent your interests to health service managers and to policy makers.

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## Background

Neyland Surgery is in St Clement's Road in the small town of Neyland in South Pembrokeshire. The practice also has one branch surgery in Church Road, Johnston, Haverfordwest.

There are 6,400 patients registered at the practice. There are currently 3 GPs covering both the main surgery and the branch surgery. Employed at the main surgery there is a nurse practitioner, 2 practice nurses and a health care assistant. A chronic conditions nurse practitioner and a palliative care nurse specialist work across both the main surgery and the branch surgery. The midwifery team and a health visitor also work from the main surgery site.

The doctors and nurses at the main and branch surgery are often called the 'clinical team' or clinicians. They are supported in their work, to deliver care by a Practice Manager and a range of reception and administrative staff.

As well as seeing a GP, registered patients can also access a range of specialist clinics and other services. These include flu and chronic conditions, e.g. diabetes and asthma, as well as blood testing (phlebotomy) services, baby immunisation clinics, women's health and ear clinics (audiology).

The opening hours of Neyland Surgery are 8:00 am until 6:30pm on Monday, Tuesday and Friday. On Wednesday, the main surgery is open from 8:00 am until 1:30 pm and on Thursday 8:00 am until 1:00 pm. The half days that the surgery is not open patients, people can be seen at the Johnston branch surgery. The practice offers daily emergency appointments.

## Introduction

Neyland Surgery faced some changes in autumn 2018 when another nearby surgery made some changes to the way it operated. Previously, Argyle Medical Group had been responsible for Neyland Surgery, using it as one of their branch surgeries. This meant that all the patients using Neyland Surgery were registered as patients of the Argyle Medical Group.

Argyle Medical Group decided that running a branch surgery in Neyland was no longer a practical option for them. They told Hywel Dda University Health Board (the Health Board) that they would no longer be able to take responsibility for Neyland Surgery. This meant that they handed back their General Medical Service (GMS) contract to the Health Board.

The Health Board knew that people who had traditionally used Neyland Surgery needed to have an on-going service and that new arrangements needed to be put in place. The GPs in Johnston Surgery decided that they wanted to take on the GMS contract for Neyland Surgery in November 2018. This meant that the GPs in Johnston surgery would provide the medical care that the people of Neyland needed.

When changes like this take place, it can create concerns for people using these surgeries. People may have to deal with new systems, different ways of getting appointments as well as having less familiar staff, who don't know them so well.

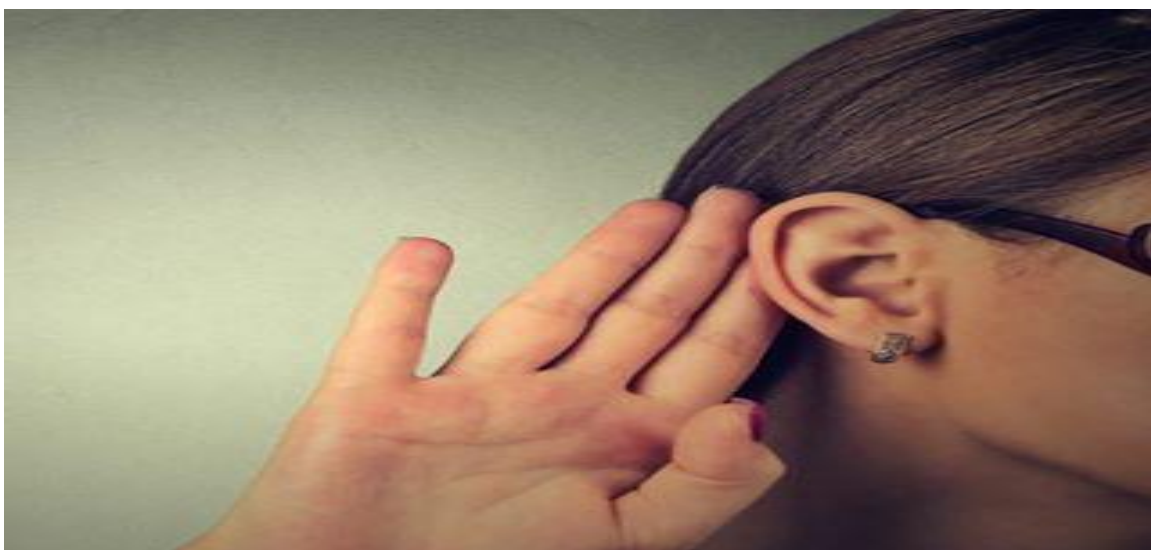
These changes can also be a challenge for the surgery staff. They have to deliver health care and sometimes use different procedures for appointments and this can also mean that they have to deal with lots of questions from people who want to understand what has changed.

## CHC involvement at the time of change

When changes in health care systems are taking place, the CHC has a right to be involved in these kinds of 'service changes'. When we knew that Neyland surgery was going to be owned and managed by different people, we knew that this could be unsettling. As a result, the CHC was closely involved in the actions taken by Hywel Dda Health Board (the Health Board) around this time.

The Health Board had a duty to speak to local people about what was happening and working with the CHC was part of this process. We made sure that the Health Board spoke to people in 'engagement events' and we also went along to these to hear what concerns and themes were covered in these discussions. We wanted to make sure that the Health Board considered people's views and opinions.

Local concerns that arose during this time were mostly about getting used to different doctors, nurses and appointment systems.



## What we did

As the CHC had been involved in discussions and engagement events about these changes back in 2018, we decided that we needed to see what people's experience is like at Neyland surgery now. The changes have taken place and some time has passed and so things should now have settled down after this period of change.

We visited Neyland Surgery on 3 September 2019 to talk to patients about their experiences there. We also used a patient survey that people could complete, in their own time, to tell us their views. This survey was available in the surgery for patients to take away and a linked survey was also available on-line on our website.



We did not visit the surgery because we thought that there were problems or that things were going wrong. Instead, we wanted to understand what patients had to say, several months after the changes had taken place.

We asked the GP surgery to encourage people to complete our patient survey (shown at Appendix 1). For a three week period, paper copies were left in the surgery for people to

take away with them. 40 people completed the survey and a total of 20 people completed an online survey.

We also visited the practice to hear directly from patients, family members and carers. On the day of our visit, we heard from 17 people. Most people had an appointment to see a GP. Most of these were emergency appointments. Some patients had appointments with the nurse. We also heard from the practice manager about the services provided at the surgery.

We wanted to chat to people to see what their experience was like. We wanted to understand how easy it was to get an appointment and what it was like to be a patient at the surgery now that it was under different ownership. We asked people what they thought was good and what could be better.

## **What people told us**

### **Change and upheaval**

Most people felt that if there had been any changes, they had not been affected them. A few people stated that the appointment system had changed but they did not all share the same views:

**“It’s much easier to get an appointment”**

**“Appointment system changed but it seems to be working”**

**“The Surgery seems very understaffed and doctors appointments routinely run late because of this. The staff on reception as well as Doctor's/nurses are always very**



**friendly and helpful. You cannot get an appointment if you don't phone as soon as the surgery opens”.**

Some people felt that there had been benefits since the new arrangements had been put in place:

**“A lot better since we changed to this Surgery. All members of staff are very nice and helpful. We are very lucky to have such a well-run surgery”.**

**“Since Neyland Surgery was set up as a separate entity, it has been great in all aspects. A vast difference in attitude and efficiency”.**

**“Change from other Neyland Surgery - better waiting room - easier to make an appointment.”**

### **Access to the surgery**

We asked people about getting to the surgery. Everyone stated that access was good. A number of people said that parking could be difficult although there was street parking available, there were mixed views:

**“Parking is ok”**

**“Parking area gets busy and you have to park on the street”**

People said there were not enough disabled bays:

**“My mother’s disabled and there is not enough disabled bays”**

### **Learning from what people told us**

The surgery may wish to review their parking area to see if there is capacity for more disabled spaces.

## **Opening times**

Everyone we spoke to said that they thought the opening times of the surgery was good.

**“Very happy with the opening times ”**

**“Opening times are good ”**

**“Yes happy with the opening times”**

## **Telephone system**

Often, when we speak with people about GP matters in general, we hear that getting through to the GP surgery can be a problem. Often this is because lots of people are trying to phone to get a ‘same day’ appointment all at the same time.

In Neyland surgery we asked people to give us their views on the phone system and what it was like when they were trying to make an appointment.

There were mixed views on the phone system. Most people said that the phone was answered between 2-5 minutes. Some people stated that in the morning they could wait 10 minutes for the phone to be answered.

**“Sometimes can be quite difficult to get through”**

**“The lines can get busy sometimes”**

**“The phone system is ok”**

**“When I phone the staff are polite and always want to help”**

**“Rang this morning at 8am and got through straight away and was given an appointment for 9:30 excellent”**

People also told us that the phone system does not tell you what number you are in the queue. This means that you cannot always work out if your call is going to be answered soon:

**“It’s hard to get through in the morning and it does not identify where I am in the queue”**

### **Learning from what people told us**

- The surgery may wish to consider a more sophisticated telephone system that gives people an indication of how much longer they will have to wait for their call to be answered.

## **The appointment system**

Once people have got through on the telephone, a common concern is getting an appointment. We wanted to see if Neyland patients could get appointments easily.

**“Appointment system is ok. I can always get an appointment”**

**“Happy with the appointment system”**

**“Appointment system ok”**

**“Appointment system good if you can’t be seen here you can be seen in Johnston”**

There were some mixed views. Some people wanted pre bookable appointments or an on-line appointment system to make it easier for them:

**“There needs to be pre-bookable appointments where I can book up to 3 weeks in advance”**

**“We could do with online appointments save us ringing up and trying to get through”**

**“Not happy, need more pre bookable appointments ”**

We were told that people didn't want to use emergency appointments unnecessarily:

**“No pre-bookable I don't always like to take an emergency but I need to be seen, an emergency appointment should be for emergencies only”**

### **Learning from what people told us**

- The surgery may wish to consider using “My Health Online” so that people can book appointments without having to phone up.
- Lack of routine or pre-bookable appointments also seems to be a concern for some people and the surgery may want to find ways of making these available.

### **Waiting to be seen**

Most people stated that the reception area was far too small and that you could hear the conversations that the reception staff were having on the phones.

We noticed that the nurses and GPs were coming into the reception area to call patients because there was no intercom or call system in place.

There was only one toilet available to the public which meant that men and women had to use the same room. It also meant that if the toilet was in use for some time, this could mean that patients had to wait.

There was no obvious private area, or rooms available if patients wanted to discuss confidential matters with the receptionist, or if patients were in crisis.

Patients could not self-book into the surgery using any kind of booking in screen. This meant that everyone had to speak to a receptionist when they arrived.

### **Learning from what people told us**

- The surgery should review the waiting area to see if any changes can be made what will enable staff to deal with telephone calls confidentially.
- The surgery should consider some kind of call system for clinical staff to use.
- The surgery should look into a self- booking system that patients can use when they enter the surgery. Not all patients will use this but it may help avoid people waiting to speak to a member of staff.
- Toilet facilities may need to be reviewed to see if better facilities can be made available.

### **Staff at the surgery including doctors and nurses**

We asked people to tell us about the staff at the surgery which included reception staff, doctors and nurses.

Nearly all people told us that the staff were helpful and polite and they were very happy with the staff working at Neyland:

**“The staff are very helpful”**

**“Staff are always polite and friendly”**

**“Staff are good and helpful”**

**“Very happy with the staff. Nurses are brilliant”**

**“All Lovely and helpful”**

## **The Environment**

The environment was clean and tidy. The waiting area was small and some patients did not have room to sit and we do not know if this is something that happens often.

The practice did have a loop system in place for people with suitable hearing aids to use.

## **Learning from what people told us**

The surgery needs to look at how it uses the space available or look at whether any building adaptations might make things better for patients.

## **Information and involvement**

Most people we heard from told us the information on display at the practice was good or excellent.

We did not see any posters/leaflets or other information letting people know how they could provide feedback or raise a concern about their NHS experience.

There is no Patient Participation Group (PPG) at the practice. PPG Groups are a group of patients and GP practice staff who meet regularly and work together to try to improve things for the benefit of patients using the surgery.

### **Learning from what people told us**

- The surgery needs to have a suggestion box on display at the reception area so that people can bring ideas to the surgery.
- It should be clear to patients that there is a private area available if people want to discuss confidential matters.
- The surgery needs to consider introducing a Patient Participation Group

### **Summing up**

We'd like to thank everyone who took the time to share their experiences with us.

We are also grateful to the surgery and their staff that made us feel welcome and helped us on the day we visited their busy place of work.

The people who shared their views and experiences with us were positive about the care and treatment provided by the healthcare staff in their GP practice.

The people who shared their views and experiences with us clearly appreciated the services provided in their GP surgery and valued the staff that care for them.

When we visit a surgery to speak to people, we hope that our findings are representative of the all people who use the surgery.

Nevertheless, we realise that this is only a snapshot of what we found on the day and other people may have different views and experiences. If patients have more to add to our findings we always pleased to hear from them. Our contact details are included at the end of this report.

**Hywel Dda Community Health Council**

**September 2019**





## PATIENT INTERVIEWS

### NEYLAND GP PRACTICE

Hywel Dda Community Health Council is talking to patients to find out what it is like to access services at your surgery. We are entirely independent of your surgery and do not need your name or contact details.

How happy are you with the following:	Very happy	Happy	It's ok	Unhappy	Very unhappy
Surgery opening times					
The waiting area					
Reception staff					
Access to the building					
Parking					

If you want to make any comments on any of the above, what are they?

How long have you been registered with the surgery and if you have only recently registered here, in the past 2 years, why did you change?

Tell us what it is like when you phone your surgery for any reason.

Tell us about the appointment system in the surgery

Tell us about the staff in the surgery – this can include doctors, nurses, receptionists or any other staff that you have seen here?

Have you noticed any changes in your GP surgery in the past year and if so how has this affected you? This may involve things which are good or bad from your viewpoint

Have you got any comments that you want to share with us about your local NHS in general eg hospitals, dentists, community care etc?



**GP SURGERY  
PATIENT SURVEY**

**Hywel Dda Community Health Council is using a survey to find out what it is like to access services at your surgery. We are entirely independent of your surgery and do not need your name or contact details.**

<b>How happy are you with the following:</b>	<b>Very happy</b>	<b>Happy</b>	<b>It's ok</b>	<b>Unhappy</b>	<b>Very unhappy</b>
<b>Surgery opening times</b>					
<b>The waiting area</b>					
<b>Reception staff</b>					
<b>Access to the building</b>					
<b>Parking</b>					

**1. How long have you been registered with the surgery**

- Less than 3 months   
  3 - 12 months   
  1-2 years   
  2-5 years   
  5 years +

**If you have been registered less than 2 years, where were you registered before and why did you change?**

.....  
.....

**2. When you phone your surgery for any reason, how long do you have to wait before you get through to a person?**

- Less than 2 mins       2-5 mins       5-10 mins       10 mins +

**3. If you phone for an appointment, do you go through a telephone triage system before getting an appointment? (*Telephone triage is a system where someone asks you for your reason for calling before giving you an appointment or arranges for someone to call you back?*)**

- Yes       No       I'm unsure

**4. How easy is it to make a routine appointment?**

- Very easy       Easy       It's ok       Difficult       Very difficult       I don't know

**5. How long do you have to wait to see a doctor for a routine appointment?**

- Less than 48 hours       Under a week       1-2 weeks       2-3 weeks       More than 3 weeks

**6. When booking a routine appointment have you been offered an appointment with someone instead of a doctor?**

- Yes, this often happens       Yes this sometimes happens       No this has not happened       I would like to be given this option when booking

**7. When you book a routine appointment how easy is it to get an appointment on a particular day of the week/time of the day e.g. mornings/evenings?**

- Very easy       Easy       It's ok       Difficult       Very difficult       I don't know

**8. How easy is it to access an emergency/same day appointment?**

- Very easy       Easy       It's ok       Difficult       Very difficult       I don't know

**9. Have you ever failed to get an emergency/same day appointment?**

- Yes       No

**If Yes what did you do instead?**

- Tried again the next day       Went to the A&E instead       Saw a pharmacist       Other

**10. How easy is it to speak to a health care professional (doctor or nurse) by telephone?**

- Very easy     Easy     It's ok     Difficult     Very difficult     I don't know

**11. How easy is it to have a home visit if you needed one?**

- Very easy     Easy     It's ok     Difficult     Very difficult     I don't know

**12. How easy is it to order a repeat prescription?**

- Very easy     Easy     It's ok     Difficult     Very difficult     I don't know

**13. Do you have any difficulties with getting to the surgery?**

- Yes     No

**14. Do you use My Health Online? (tick all that apply)**

- Yes, to make appointments     Yes, to order prescriptions     I don't know what this is     I've heard of it but don't use it     I don't think my surgery has it



**Dr Rhodri Phillips, Dr Frank Tobin & Dr Sian Gealy**

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27<sup>th</sup> December 2019

Community Health Council  
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SA73 3LS

Dear Sir/Madam

Thank you furnishing us with the Community Health Council report following your visit to Neyland Surgery on the 3<sup>rd</sup> September 2019. We were pleased to welcome members of the CHC to the Practice and read with interest your experiences. We are always grateful to receive any feedback, be it negative or positive, and this invaluable information gives us the opportunity to make changes, if at all possible, and put things right.

Please may we make comment on the following points?

**Page 3** – Employed at the Main Surgery are two Advance Nurse Practitioners, one ANP having a special interest in Cardiology. We have two Practice Nurses, one Practice Nurse qualified in Asthma surveillance and the other Practice Nurse qualified in Diabetes. We have two Health Care Assistants.

We have a range of Specialist Clinics, Ear Clinics for ear syringing but not Audiology.



Patients also have access to a Healthy Living Advisor, Specialist Asthma Practitioner and Specialist MSK Physiotherapist, whom consults with our patients from the Argyle Medical Group (AMG) as we have no consultation room available on a Tuesday afternoon at either Neyland or Johnston. The opening hours on a Wednesday and Thursday are until 1.30pm on both days.

**Page 8** – The premises are leased from Argyle Medical Group (AMG) via the UHB and we have no authority to extend the car park. We agree the parking facilities are inadequate, we have eight parking bays, and only two bays marked for disabled parking only.

**Page 10** – The phone system, we are in the process of investigating with the telephone supplier, to ensure that our phone system complies with the new legislation being introduced, this will require the phone system to have call holding an indication of the callers place in the queue.

**Page 11** – During the transition of 2000 patients joining the practice we have at present only book on the day appointments, however we are waiting to hear from the UHB the decision regarding whether computer systems are changing from Emis to Vision, this decision hopefully to be disseminated late January, which will give us the opportunity to overhaul our appointment system to include, urgent book on the day, 24/48 hours appointments, in accordance with the National Appointment Navigation Protocol and routine appointments bookable in advance. We also hope to introduce HMOL in due course.

**Page 12** – The premises at Neyland had previously been designed as a Branch Surgery to accommodate 1500 patients. Our practice list size is currently 6400 and increasing. As the premises is leased from the AMG, we have no influence to redesign or extend and there is little scope to do this.

We agree that the waiting area is too small. We have glass partitions to mask the telephone conversations to ensure confidentiality and should a patient want to speak confidentiality to a receptionist, if a consulting room is available, then a patient can be taken to a private room.

We are in the process of looking into a Call System and Self-Check In.

We have one unisex toilet in the foyer and also a disabled toilet in the main corridor, but agree that the toilet facilities are inadequate for the amount of patients registered.

**Page 13** – Your suggestion that “The surgery needs to look at how it uses the space available or look whether any building adaptations might make things better for patients.” We totally agree, we are in need of a building which is fit for purpose to enable us to deliver the general medical services we are employed to do. We have an aspiration that the UHB will be able to provide, in the future, a purpose build premises to enable us to provide the services to the patients of Neyland and accommodate our every increasing list size.

We have a suggestion box in our Johnston Surgery, but will also place a box in Neyland for patients to post any suggestions for the Partnership’s attention.

**Page 13** – We did have, at the time of your visit, a noticeboard in the foyer which has Practice information on it which includes our Practice Complaint protocol and also the NHS “Putting it right” literature. We are sorry this was overlooked.

We thank you again for your visit and feedback, and we welcome any further visits or guidance that the CHC can provide. We will forward a copy of the CHC report and our reply to Anna Swinfield, Assistant Head of GMS at the UHB for her perusal, transparency and completeness.

Kind regards  
Yours faithfully

**Marcia Kidney**  
**Practice Manager**

CC Anna Swinfield, Assistant Head of GMS

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