Appendix A

GeneralMedicalPractice: Improvement Plan

Practice: PlasMenai Surgery

Date of Inspection: 03 September 2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
7	We advised the practice managers to develop a regular system for obtaining patient feedback. The practice should demonstrate that patient feedback has been used to shape and/or improve standards.	6.3	The practice will use a patient satisfaction questionnaire annually. This last questionnaire was undertaken in October 2014 and its feedback has been used to inform our current appointment system.	Practice Manager	Annual Next Questionnaire to be completed by September 2016

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Delivery of safe and effective care					
9	We advised the practice to consider a method for capturing information about carers. This should assist staff to consider the needs of carers and to signpost them to relevant information and services that may be of benefit to them.	4.1, 6.1	The practice already has a computerised carers register in place which was explained to the reviewers on the visit. Keeping this up to date and current is proves to be problematic. Information and signposting to Carers Outreach and other organisations is readily available both in the waiting room and during GP consultations. The practice has included a section in the New Patient Questionnaire where patients can add information regarding their carer status. This information will then be coded onto the patient records so that all health professionals will be aware of it and will be able to signpost resources specific to carers to the patient. All staff informed that carer's status will be checked on a regular basis during consultations with GP's and nursing staff.	Practice Manager	**Completed November 2015** **Completed December 2015**

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9	The practice should consider how they can progress with their personal development plan in a way which will promote the health and wellbeing of patients and in planning for future services.	Governance Leadership & Accountability	During Staff personal development reviews and in staff meetings the area of promotion of health and wellbeing of patient will be discussed and where appropriate linked to personal objectives. The practice is currently closely involved with the Cluster. In conjunction with our local QP GP Locality Cluster there is a dynamic document reacting to changes within the practice and Clusterin relation to service planning. The practice meets regularly with the Cluster to discuss the provision of services to patients and future improvements.	Practice Manager / All Staff	31st March 2016 Ongoing
11	The practice should identify and arrange suitable training for staff members who are involved in the repeat prescribing process.	7.1	Reception staff only arranges repeat prescribing from what is already available from the patient record. If a repeat is not available to print, this request is passed to a GP.The	Practice Manager	Ongoing procedures

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			repeat medications are supervised/monitored/altered by the GPs only. Staff are trained to use the Betsi Cadwaladr University Health Board Repeat Prescribing Standard Operating Procedure. Twice yearly training by BCUHB is attended by the practice.		Ongoing Procedures Bi-annual
11	The practice should ensure that they have robust systems in place for the completion of medication audits, including analysing the information and implementing actions as a result.	2.6, 3.1, 3.3	This is an ongoing process with both the BCUHB Medicines management Team and the QP Locality Cluster. These reviews are brought to GP practice meetings for peer review.	Practice Manager	Ongoing process
12	HIW is to be advised of the actions taken by the practice to ensure that all staff are aware of the procedures to follow in the event of child and/or adult abuse being alleged or	2.7, 3.5	Comments from this report will be discussed at a full practice meeting. All staff have completed their Safeguarding Children training and procedures and contact numbers	Practice Safeguarding Lead GP	**Completed at time of**

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	suspected. Staff members should ensure that patient records contain sufficient information regarding any allegations and/or information received about child or adult protection/safeguarding matters.		are fully available to all staff, which was outlined to the visit reviewers. This has been discussed following the inspection and all clinical staff made aware of this fact. All staff have been informed to ensure that all pertinent Safeguarding information needs to be added to the clinical patient records by the relevant clinical staff at an appropriate time required.		**inspection** **Completed** **December 2015**
12-13	Adult safeguarding/POVA training should be sourced and made available to staff as soon as possible. An adult safeguarding/POVA policy should be urgently developed (with consideration to the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (2013) and the local authority's safeguarding processes) and made	2.7, 3.5	The practice is developing an in-house policy for staff which has set procedures to follow should staff have any concerns regarding a patient. To ensure that there is no gap in policy or procedures whilst the in-house policy is in development, the practice staff have access to the All Wales Interim Policy and	Practice Safeguarding Lead GP	31st March 2016 In place at time of inspection

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	accessible to staff.		Procedures for the Protection of Vulnerable Adults from Abuse (2013) and the local authority's safeguarding processes) which are available to all in the reception office. POVA training on-line via BCUHB has been accessed and staff will complete this via a schedule within the practice with individual log-ins. A training schedule is in place to prioritise frontline and clinical facing staff first and progress through to the remaining staff. All new staff receives an induction which involves POVA and will automatically be enrolled for on-line training.		All staff by June 2016 Ongoing
13	The practice is advised to formalise their system of sharing information regarding serious incidents and significant events amongst the whole practice team.	2.1, 3.3, 7.1	Any clinical incidents or significant events are shared with clinical staff as and when they occur. Minutes are available. Non clinical incidents are shared with non-clinical staff by means of written information as and when	Practice Manager	Ongoing Ongoing

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			incidents occur. The practice reports incidents to BCUHB via the Datix system which are used for learning across all North Wales.		Ongoing
14	The loop system should be regularly checked to ensure that it remains in working order. Staff members should be reminded to consider the assistance/aids that could be utilised to meet people's individual communication needs.	3.2, 4.2	The Practice have contacted the supplier of the Loop system who has been able to check the Loop system and arrange for new parts to be delivered. Once re-set the loop system will be back in use. In the interim period, staff have access to the British Sign Language service. Your report has noted how helpful staff are with patients. All staff are updated with any new resources or changes to assist patients with communication needs that the practice receives. This is in-house training.	Practice Manager	31st March 2016

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			Equality & Diversity training – access has been arranged for practice staff with front-line staff being prioritised as part of a schedule, but all staff will complete the training within 3 months.		30th April 2016
14	Consideration should be given to improving collaborative and team working/learning opportunities amongst practice staff.	3.3, 7.1	Consideration is given to this point. The practice is not able to use Protected Time and does not have any "down" time during the day that can be utilised without curtailing availability for patients. The GP and Management team have an "open door" policy for practice meetings. Clinical meetings are open to Practice Nurses, District Nurses, Pharmacy and other outside agencies. The practice feels this more informal and approachable system works well. It has been agreed to have an extended meeting on the 1st Monday of every months with an invitation to all clinical and non-clinical staff who	Senior Practice Partners	**Completed December 2015**

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			wish to attend. This will be an opportunity for collaborative discussion, for staff to raise any issues and concerns. The practice can also disseminate NICE guidance, Significant Events, learning and development issues. Staff Appraisals for 2015 had to be put on hold due to limited GP time. Appraisals are scheduled to be completed by the end of the staff year (March 2016). 2014 was the only year missed.		31st March 2016
15	Whereas the provision of information was good, we advised that the notices on display were re-grouped into relevant categories and that duplications were generally avoided. This should enable patients to locate information pertinent to their particular area of need only.	3.2, 4.2	Following further discussion it has been agreed that the practice will conduct a spot survey with patients in the waiting room regarding ease and provision of information and act upon the results. Approximately 20-30 Patients will be questioned over 1 week period to ensure a breadth of patients are included.	Practice Manager	1st March 2016

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16	We advised the practice to consider how the appointment system could be improved, in view of the expressions of dissatisfaction by 8 out 20 patients.	6.3	The practice has tried every style of appointment system. In a climate with chronic GP shortages, unfortunately there will always be patients who are not satisfied. Some of the comments show that the patients concerned had not contacted the practice for some time as all telephone calls are taken at the main Llanfairfechanpractice and have been for the past 2 years. Therefore patients have been mistaken in saying that they are constantly asked to telephone Penmaenmawr to make an appointment. It would have been interesting to ask those surveyed when they had made the appointment they were attending that morning. Our DNA rate due to having all appointments available to book is a problem but we are taking steps to improve. We do not have an “open” surgery, but we ensure provision for	Practice Manager / Senior GP Partners	Minimum annual review of appointment system as part of CGPSAT submission

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			urgent cases to be seen on the same day is available especially for children. An extra GP would make a difference to appointment availability, but recruitment at the moment is proving difficult. All the GP's are all currently seeing approximately 40 patients per day- and with the current all wales and UK situation in Primary Care we cannot see this situation as improving in the near future. This is one of the issues that we are discussing in our GP cluster group. If you are able to share any new appointment system that you have seen as exemplary practice during your inspections we would be grateful if you could share the information with us as it would help us, we would be pleased to listen.		

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17	The automatic doors to access the surgery should be repaired as soon as possible.	2.1	The main door to the practice is not an automatic door as was explained to the reviewers. There is a button to open at the door to open the door rather than a patient pull the door itself but this has proved impractical. The practice is currently reviewing alternatives to support disabled access through the main door. Due to the current position of the door and layout of reception there are a number of technical issues to be reviewed.	Practice Manager	1st June 2016
17	The practice is advised to source and provide training in equality and diversity for staff.	4.1, 6.2, 7.1	The practice has decided to source the training via BCUHB e-learning site. The Practice Manager has contacted BCUHB to arrange for staff log in to be provided. A training schedule will identify key frontline staff that will be prioritised to complete the training first, followed by the remaining practice staff.	Practice Manager	1st June 2016 (all staff completed)
Quality of management and leadership					

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18	The practice should ensure that all staff members are familiar with the type of events that need to be formally recorded as significant events.	2.1, 7.1	The type of significant events which staff need to report has been reiterated to staff as a reminder of previous communications.	Practice Manager	**Completed** **December 2016**
19	Consideration should be given to implementing regular internal clinical audits and peer reviews for the purpose of improving service delivery and to assist towards overall resource planning and future development.	3.1, 3.3, 3.4	This is an ongoing process and has been for many years. It is done in conjunction with the BCUHB Medicines Management Team and the practice BCUHB pharmacist. Results are discussed and any changes necessary completed. The completed audits are monitored by BCUHB. Resource planning and future developments are a consistent item on the Agenda at both internal and external meetings, including GP cluster group. The Practice has taken part in national audits for Diabetes and CKD during 2015.	Practice Manager and Senior GP Partners	Ongoing

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			Consideration will be given to the possibility of undertaking further internal audits during the next practice meeting.		
19	Ensure that staff receive an annual appraisal and a personal development plan. Maintain a log of individual staff members' training needs, the dates attended and due dates. This should assist managers in identifying knowledge gaps and to source suitable learning opportunities for staff.	7.1	Staff Appraisals for 2015 had to be put on hold due to limited GP time but are scheduled to be completed by the end of the staff year (March 2016). 2014 was the only year missed. Certificates of training were available for viewing. Learning opportunities are regularly, if informally, discussed and formalised at appraisal. Al current information already held on training for clinical and non-clinical staff has been brought together onto a spreadsheet which shows what is necessary, what has been completed and when training is next due. When training/updates etcare due, staff will be reminded.	Practice Manager / Senior GP Partners	31st March 2016 **Completed November 2015**

Practice representative:

Name (print): **JAYNE WESTMORELAND, DR CATHERINE HUGHES, DR LOUISE LOMAX**

Title: **Practice Manager** **Senior GP Partner** **GP Partner**

Date: **18th December 2015**