

## **General Practice Inspection (announced)**

Betsi Cadwaladr University  
Health Board, Meddygon y  
Blaenau, Blaenau  
Ffestiniog Health Services  
Centre

11 November 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	6
	Quality of patient experience .....	6
	Delivery of safe and effective care .....	9
	Quality of management and leadership.....	16
5.	Methodology.....	19
6.	Next steps .....	21
	Appendix A .....	22
	Appendix B .....	28

## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Meddygon y Blaenau, Blaenau Ffestiniog Health Services Centre, Wynne Road, Blaenau Ffestiniog, LL41 3DW on 11<sup>th</sup> November 2015. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP and practice manager peer reviewers and two representatives from North Wales Community Health Council.

HIW explored how Meddygon y Blaenau met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

## 2. Context

Meddygon y Blaenau currently provides services to approximately 5,000 patients in the Blaenau Ffestiniog and surrounding villages of Gwynedd Council. The practice forms part of GP services provided within the geographical area known as Betsi Cadwaladr University Health Board (BCUHB). The health board took over the management of the practice during February 2015, following the resignation of the previous GP partners.

The health board employs a staff team which currently includes one GP, a group of locum GPs, one advanced nurse practitioner, three practice nurses, five receptionists and a practice manager.

The practice provides a range of services, including:

- General health and lifestyle advice and treatments
- Annual and/or routine checks and tests
- Chronic disease management, including diabetes, asthma, coronary prevention, child health
- Immunisations and vaccinations
- Physiotherapy advice and treatment

The health centre building also consists of a dental practice and a family planning clinic which run independently to the GP practice.

We were accompanied by two local members of the Community Health Council (CHC) at this inspection. Their role was to seek patients' views with regard to the service provided at Meddygon y Blaenau through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

### 3. Summary

HIW explored how Meddygon y Blaenau met standards of care as set out in the Health and Care Standards (April 2015).

The North Wales Community Health Council (CHC) members obtained 17 patient questionnaires during the inspection. The majority of patients rated their experience of the GP practice between good or excellent. However, there were indications that the patient experience was affected by GP shortages and the use of GP locums. Further details about this matter have been included in the 'Delivery of safe and effective care' theme of this report, under the heading 'Timely Care' (pages 12-13).

We saw that there were only limited opportunities for patients to provide feedback about the service. Therefore processes need to be put in place by the health board for this purpose.

The services at the practice were recently enhanced through the provision of additional clinical support, including an advanced nurse practitioner, a pharmacist and a physiotherapist. However, we found that further work needs to be done by the health board, in collaboration with the practice staff, to identify and develop other key services for patients living in an area where high deprivation levels are prevalent.

The quality of record keeping between clinicians was, overall, very good. However, we have advised the health board to implement clinical audits and peer review systems to monitor and maintain standards. HIW has also requested information regarding medication audits taking place or being planned.

It was positive to note that most of the written information was available in Welsh and English. We observed that most staff members spoke fluently in Welsh, which was of great significance in an area where Welsh is the predominant spoken language. Patients' privacy and dignity could be compromised in one area as conversations between them and staff could be heard from the disabled toilet. We have advised the health board to take action to address this problem.

From patients' feedback and our conversations with staff we found that sourcing adequate GP cover remained a challenge for the practice. There was evidence that this was having an impact on the overall GP service provided to patients. Therefore we have asked BCUHB to consider how patients' experience can be improved and to provide us with a business continuity plan regarding GP coverage and sustainability.

Overall there was evidence that the practice was not being effectively managed. Management roles had not been re-defined since BCUHB took over; practice staff were unclear and had different perceptions about the health board's management roles; and some of the permanent staff members were working well beyond their contracted hours. Whereas we would have expected increased support during these times of transition and instability, we found that no formal practice team meetings had been held.

We raised concerns regarding the practice sustainability under its current climate and about the impact on patients. We have advised BCUHB to undertake an urgent review of governance, management and leadership. BCUHB should review the overall staffing levels to ensure that adequate support staff cover is available to sustain this busy practice.

## 4. Findings

### *Quality of patient experience*

The North Wales Community Health Council (CHC) members obtained 17 patient questionnaires during the inspection. A copy of their findings is included in Appendix B of this report<sup>1</sup>. The majority of patients rated their experience of the GP practice between good or excellent. However, there were indications that the patient experience was affected by GP shortages and the use of GP locums. Further details about this matter have been included in the 'Delivery of safe and effective care' theme of this report, under the heading 'Timely Care' (pages 12-13).

We saw that there were only limited opportunities for patients to provide feedback about the service. Therefore processes need to be put in place by the health board for this purpose.

*People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)*

We observed that patients were spoken with in a respectful and polite manner by staff. We also observed a high proportion of Welsh speaking people at the health centre during the day and it was positive to note that many of the staff were fluent Welsh speakers. Patients who responded to CHC's questionnaire were, overall, satisfied with the helpfulness of reception staff and greeting received by their GP and/or nurse.

*People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive*

---

<sup>1</sup> Further information about North Wales Community Health Council can be obtained via <http://www.wales.nhs.uk/sitesplus/900/home>



*and open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)*

We did not see any information about how patients could feedback their views about the service, for example through patient participation opportunities, suggestion box and surveys. However, a recent patient survey had been completed as part of the practice involvement within the Meirionnydd Cluster<sup>2</sup>. The survey results (undated) were very brief and therefore insufficient to demonstrate that patient feedback had been effectively acted upon.

During our conversations with staff we found that they received frequent comments from patients, for example about the long wait before telephone calls were answered or about the number of locums working at the practice. We advised that staff maintained a log of these types of comments, including any compliments they receive. This should assist the health board in monitoring the situation and to consider how some of these areas could be alleviated or addressed.

### ***Improvement needed***

***The health board should have processes in place to regularly assess and evaluate patients' experience and to act upon feedback in a way that demonstrates learning and improvement.***

***We advised the practice manager and health board to maintain a log of informal concerns or compliments raised by patients. This will enable the health board to monitor common themes and to consider what actions could be taken to alleviate or address these.***

We looked at the practice complaints procedures and saw that they were consistent with the NHS Putting Things Right arrangements, which provides the legal framework for dealing with complaints about NHS services in Wales. NHS Putting Things Right notices were displayed in the waiting area and we recommended that a summary of the practice procedures be displayed

---

<sup>2</sup> A Practice Cluster is a grouping of GPs and practices, locally determined by an individual NHS Wales Local Health Board (LHB). GPs in the clusters play a key role in supporting the ongoing work of a locality network. Further information can be obtained via <http://www.gpone.wales.nhs.uk/clusters>

alongside these, so that patients are informed of to whom in the practice or health board they should direct their concerns/complaints (as was already stated in the practice leaflet we saw).

## ***Delivery of safe and effective care***

The services at the practice were recently enhanced through the provision of additional clinical support, including an advanced nurse practitioner, a pharmacist and a physiotherapist. However, we found that further work needs to be done by the health board, in collaboration with the practice, to identify and develop other key services for patients living in an area where high deprivation levels are prevalent.

The quality of record keeping between clinicians was, overall, good. However, we have advised the health board to implement clinical audits and peer review systems to monitor and maintain standards. HIW has also requested information regarding medication audits taking place or being planned.

It was positive to note that most of the written information was available in Welsh and English. We observed that most staff members spoke fluently in Welsh, which was of great significance in an area where Welsh is the predominant spoken language. Patients' privacy and dignity could be compromised in one area as conversations between them and staff could be heard from the disabled toilet. We have advised the health board to take action to address this problem.

From patients' feedback and our conversations with staff we found that sourcing adequate GP cover remained a challenge for the practice. There was evidence that this was having an impact on the overall GP service provided to patients. Therefore we have asked BCUHB to consider how patients' experience can be improved and to provide us with a business continuity plan regarding GP coverage and sustainability.

### **Staying healthy**

*People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)*

We found that since BCUHB took over the practice in February 2015, the clinical team has been extended to include an advanced nurse practitioner, a pharmacist and a physiotherapist. Staff informed us that these arrangements have been effective as the services that can now be offered have been

enhanced. This meant that patients benefit from a wider range of health services at the practice than previously.

Patients had access to numerous written health information and leaflets, which were displayed in various areas of the practice.

### **Safe care**

*People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)*

Meddygon y Blaenau is a member of the Meirionnydd GP cluster. We looked at the practice development plan and saw that Meddygon y Blaenau had not participated in identifying some of the key health issues or national clinical priorities pertinent to patients registered at their practice during 2014/15 due to other work constraints. These areas included smoking cessation, falls prevention and cancer care. However, we saw that data had been collected about Meddygon y Blaenau's population profile, which should assist the health board to develop services for those within the highest areas of need.

The health board's Head of Primary Care (West) informed us that plans have been outlined for a new development plan. However, this work was in its infancy as the Head of Primary Care role only commenced in September 2015.

### ***Improvement needed***

***The health board should work in collaboration with the practice manager to review the practice development plan. Services need to be developed with consideration to patient needs in an area where high levels of deprivation are prevalent (as identified on the plan).***

We noticed that the fire procedures, dated 2006, displayed on entry to the building and in the practice reception office, included the disbanded North West Wales NHS Trust logo. We were informed that the procedures had in fact been updated since this date. However the practice manager agreed to ensure that these were reviewed again to reflect the BCUHB procedures.

*Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections. (Standard 2.4-Infection Prevention and Control (IPC) and*

*Decontamination))*

All the areas we saw during the inspection looked visibly clean. We observed that staff and patient toilets contained liquid hand soap, disposable paper towels and a hand washing technique notice. A hand sanitizer was available to patients on entry to the practice. All these measures helped to prevent cross contamination.

All healthcare professionals who may come to direct contact with patients' blood or blood-stained body fluids, for example from sharps, should be up to date with Hepatitis B vaccination. We were shown a record to demonstrate that relevant staff members' Hepatitis B status were being monitored and maintained.

*People receive the right medicines for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6)*

Part of the pharmacist's role is to respond to medication related enquiries and to review patients' prescribed medication. This enables the practice to monitor that patients do not continue to receive medication unnecessarily and that they receive the right medicines and dose suitable for them.

According to the practice development plan, some audit work had already begun regarding antibiotic prescribing. However, there was no evidence of any other medication audits recently being undertaken or planned.

***Improvement needed***

***The health board is to advise HIW of the systems in place to regularly review and audit medication.***

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)*

We found that staff had access to safeguarding children and adults policies and procedures. From our conversations with staff and the review of training records we found that all staff had received protection of vulnerable adults (POVA) training and child protection training during October 2015. The type of training received was valid for the next three years.

## **Effective care**

*Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)*

We looked at a sample of up to three patient records per clinician. Overall the quality of record keeping was good and provided a clear audit trail of appointments, clinical findings and treatments. We found that the records kept by the advanced nurse practitioner and physiotherapist were exceptionally well documented.

At the time of our inspection there was no system to monitor the effectiveness and consistency of record keeping. This would be particularly pertinent given the number of GP locums working at the practice to ensure that satisfactory standards are maintained.

### ***Improvement needed***

***The health board is advised to introduce a clinical peer review system to ensure adequacy and consistency in areas such as record keeping.***

We spoke with the practice manager about the process for dealing with any patient safety incidents or significant events. There were effective systems in place to record and respond to these and, where necessary, to share any learning between staff and clinicians.

*In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)*

Generally, we found that patients' communication needs and language needs were being taken into account. For example, we observed that a high proportion of patients' first language was Welsh and that they were greeted by Welsh speaking staff.

We saw way-finding signs, displayed in large print and/or illustrated by relevant symbols, in various areas of the building. We also saw that a loop system was available in the reception area to assist people who have a hearing impairment.

Systems were in place to effectively process pathology results, incoming mail and correspondence.

## **Dignified care**

*People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner (Standard 4.2- Patient Information)*

We saw that patients had access to various health promotion information, notices and leaflets throughout the practice. Most of the written information we saw was available in English and Welsh, thus suitable for the needs of patients living in a predominantly Welsh speaking area.

We saw a notice advising patients to ask if they would like a chaperone present during medical examination.

During the course of inspecting the environment, we noticed that conversations taking place in the treatment room could be heard from the disabled toilet. There was a small hatch between these rooms, which could be opened from both sides, although this opening was partially restricted by the boxes/items being stored on top of a cabinet in the treatment room. However, this was compromising patients' privacy and dignity.

## **Improvement needed**

**The health board must take action to prevent the likelihood of conversations in one of the treatment rooms being heard by people using the disabled toilet. The hatch between these two rooms should be permanently blocked off.**

## **Timely care**

*All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right time, in the right place and with the right staff. (Standard 5.1-Timely Access)*

We were informed that BCUHB took over the practice due to being unable to attract GP partners to the area. At the time of our inspection, there were six regular GP locums and one salaried GP. BCUHB were aiming to recruit an additional salaried GP, who was due to move back to the area, in early 2016.

Whilst patients rated the greeting received by GPs and nurses as excellent or very good, there were significant differences between the rates between the clinical services received by nurses (100% good or excellent), whereas the GPs

understanding of concerns was noted as very poor by 18% of the 17 patients surveyed by the CHC, treatment explanations rated as very poor by 27% and awareness of their medical history noted as very poor by 36% of patients. These figures show that the lack of a stable GP team was having a direct impact on some of the patients who completed the CHC survey.

Eight of the patients provided additional comments about GP shortages or over dependency on locum GP cover. We fed patients' comments back to the practice and a health board manager at the end of our inspection.

### ***Improvement needed***

***BCUHB must consider how patients' overall experience of the GPs can be improved through better understanding, knowledge and awareness about their individual treatment and medical history by GPs.***

The last two week staff rota identified that all the surgery periods had been covered. However, we were informed that had been regular gaps and that, on some occasions, patient appointments had to be cancelled. When we spoke with staff members, it was unclear as to whose responsibility it was to arrange locum GP cover. We were informed that one of the receptionists, in consultation with the practice manager, had taken over this role, which could sometimes be time consuming and challenging.

BCUHB currently manages two other GP practices and we were informed that the health board was about to take over a fourth practice. We were concerned as there appeared to be no resilience in ensuring adequate cover for Meddygon y Blaenau. Not being able to access GP appointments could be detrimental in ensuring patients' best health outcomes. The business continuity arrangements did not cover unforeseen events such as GP annual or sickness leave or poor wintry weather conditions (which is a common occurrence in this practice area).

### ***Improvement needed***

***The health board is to provide HIW with an updated business continuity, taking into consideration the sustainability of the service to ensure adequate GP cover and the provision of timely access for patients who need care and treatment. This plan should include contingency arrangements for unforeseen events.***

### **Individual care**

*Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the*



Overall, we saw that the practice environment was accessible for patients. There were automatic doors to enter the single storey building. However, the reception desk did not have an area of suitable height for wheelchair users. This had already been identified in a revised (January 2014) Disability Discrimination Act (subsequently superseded by the Equality Act 2010) practice checklist that we saw. Therefore, as part of future refurbishment, we would advise the health board to consider bringing the reception area in line with the Equality Act.

The chairs in the waiting area were all of the same type and height, with no arm rests. Therefore we advised the health board to consider obtaining different chairs to suit people who may have restricted mobility or who find it difficult to transfer to/from chairs.

In addition to the issue regarding patient privacy and confidentiality between the treatment room and disabled toilet (which has been mentioned previously in this report), we saw that the disabled toilet was generally below standard. There was no call bell and this room needed redecorating as the paint was flaking and the flooring was stained from wear and tear. There was rust around the pedal bin and the fixed hand rails were showing signs of wear.

***Improvement needed***

***The disabled toilet needs to be refurbished and redecorated. Additional adjustments should be taken to ensure compliance with the Equality Act 2010.***

## *Quality of management and leadership*

Overall there was evidence that the practice was not being effectively managed. Management roles had not been re-defined since BCUHB took over; practice staff were unclear and had different perceptions about the health board's management roles; and some of the permanent staff members were working well beyond their contracted hours. Whereas we would have expected increased support during these times of transition and instability, we found that no formal practice team meetings had been held.

We raised concerns regarding the practice sustainability under its current climate and about the impact on patients. Therefore, we have advised BCUHB to undertake an urgent review of governance, management and leadership. BCUHB should review the overall staffing levels to ensure that adequate support staff cover is available to sustain this busy practice.

### **Governance, leadership and accountability**

*Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.*

During conversations with staff, we found that management roles, since being taken over by BCUHB in February 2015, remained undefined or unclear. As a result, there were inconsistencies in how staff perceived their roles and in their expectation of the local health board responsibilities. Combined with the health board's dependence on the availability of locum GPs, we were concerned regarding the sustainability for safe and effective care.

We were informed that the health board had agreed temporary arrangements for a clinical lead. However during our conversations with some of the staff, it became clear that this information had not been shared with all of the practice team. Some of the team members we spoke with did not know the full name or role of the Head of Primary Care or had not been formally introduced, despite him being present during the inspection.

### ***Improvement needed***

***The health board need to urgently review governance, management and leadership within Meddygon y Blaenau. HIW has requested an updated business continuity plan, which should also address the management and leadership concerns identified in this report.***

We observed that the practice was extremely full and busy at times during the day, but there were only one or two receptionists on the reception desk. We learnt that the receptionists' workload had increased significantly since the GP partners left and the migration to a health board managed practice. Reasons varied from the previous GP partners having clear systems in place and each locum GP working slightly differently. Therefore a high proportion of the administrative work that the GP partners used to undertake had been unofficially transferred to reception staff. One staff member in particular described some of the additional roles she had acquired, which was regarded by staff as a deputy practice manager's role.

***Improvement needed***

***As part of the health board's governance, management and leadership review above, this should also involve reviewing and clarifying individual staff members' roles, responsibilities and job descriptions.***

We were informed that the practice clinical audit, peer review and quality assurance systems had fallen behind. We were informed that clinicians met on a regular basis, although there did not appear to be a formal structure for these. Whereas we would have expected to find more support mechanisms in place following the transfer to a health care practice and in times of continued instability, we found that no formal practice team meetings had been held in the last few months.

***Improvement needed***

***Systems should be in place to improve communication between the health board, clinicians and the practice team. Regular team meetings should be introduced as soon as possible to ensure staff receive updated information and that collaborative team working improves.***

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))*

We were provided with a training log for 2015 which confirmed that staff received moving and handling, fire safety and safeguarding training during October 2015. Staff had also received Domestic Abuse and Equality and Diversity training.

From our conversations with the practice team, there was evidence that they were very supportive of each other and had experienced challenging and pressurised times. We commended them for their loyalty and resilience during this time. However, we were concerned about the long term sustainability of the

service, given the increased workload. We learnt that part-time staff, including receptionists and the salaried GP, regularly worked over their contracted hours to ensure that patient care was given priority.

***Improvement needed***

***BCUHB should review the overall staffing levels at the practice and ensure that the number of support staff is sufficient to sustain the service.***

At the time of our inspections the health board's plans for a newly built health care centre, to replace the current Health Centre, were being considered by the Welsh Government.

## 5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures
- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within GP practices.

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

## 6. Next steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Meddygon y Blaenau will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

## Appendix A

**General Medical Practice:** Improvement Plan

**Practice:** Meddygon y Blaenau, Health Services Centre, Wynne Road, Blaenau Ffestiniog

**Date of Inspection:** 11 November 2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
7	<p><i>The health board should have processes in place to regularly assess and evaluate patients' experience and to act upon feedback in a way that demonstrates learning and improvement.</i></p> <p><i>We advised the practice manager</i></p>	6.3	<p>The practice will undertake a patient satisfaction survey by September 2016.</p> <p>The practice will undertake an initial 3 month trial of a patient suggestion and comment card system. If successful it will be made permanent.</p> <p>The reception staff will establish and</p>	Michael Parker (Practice Manager)	<p>September 2016</p> <p>April –June 2016</p>



Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<b><i>and health board to maintain a log of informal concerns or compliments raised by patients. This will enable the health board to monitor common themes and to consider what actions could be taken to alleviate or address these.</i></b>		maintain a log of informal concerns and compliments.		January 2016
<b>Delivery of safe and effective care</b>					
10	<b><i>The health board should work in collaboration with the practice manager to review the practice development plan. Services need to be developed with consideration to patient needs in an area where high levels of deprivation are prevalent (as identified on the plan).</i></b>	Governance , Leadership & Accountability. Standards 1.1, through to 7.1	The Area Head of Primary Care and the Practice Manager will review the current practice development plan in the context of local demographic information and the Meirionnydd Cluster plan and identify priority service developments to commission.	Wyn Thomas (Area Head of PC) Michael Parker (Practice Manager)	March 2016
11	<b><i>The health board is to advise HIW of the systems in place to regularly review and audit medication.</i></b>	2.6, 3.3	Rolling plan in place to audit and review medication use within the practice, looking at; Patient safety reviews – high risk medication, National prescribing indicators –	Susan Murphy Head of Medicines Mgmt	February 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			<p>focusing on areas the practice is an outlier</p> <p>Health board specific targets.</p> <p>Individual patient reviews – by phone, screen review or face to face. Target of 80% to have had a review annually</p>		March 2017
12	<i><b>The health board is advised to introduce a clinical peer review system to ensure adequacy and consistency in areas such as record keeping.</b></i>	3.1, 3.3, 3.5, 6.3, 7.1	In conjunction with the Area Medical Director we will review the procedures and systems to enable peer review audits to take place and will develop a schedule of audit plans to be undertaken annually.	Dr S Macvicar (AMD) Wyn Thomas (Head of PC)	
13	<b><u>The health board must take action to prevent the likelihood of conversations in one of the treatment rooms being heard by people using the disabled toilet. The interconnecting doors between these two rooms should be permanently blocked off.</u></b>	3.2, 4.1	The work required to block the interconnecting hatch will be undertaken by the end of March 2016	Michael Parker (Practice Manager)	March 2016
14	<i><b>BCUHB must consider how</b></i>	Standards 1.1 through	The Health Board will advertise to recruit additional Salaried GPs.	Wyn Thomas (H of PC).	February 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<i>patients' overall experience of the GPs can be improved through better understanding, knowledge and awareness about their individual treatment and medical history by GPs.</i>	to 6.3	The Health Board will secure a core number of locums for the practice and ensure they are integrated into the training and peer review processes so as to ensure continuity of care.	Michael Parker (Practice Manager)	June 2016
14	<i>The health board is to provide HIW with an updated business continuity plan, taking into consideration the sustainability of the service to ensure adequate GP cover and the provision of timely access for patients who need care and treatment. This plan should include contingency arrangements for unforeseen events.</i>	Governance, Leadership & Accountability. Standards 1.1, through to 7.1	The current continuity plan will be reviewed and updated and a copy forwarded to HIW.	Michael Parker (Practice Manager)	September 2016
15	<i>The disabled toilet needs to be refurbished and redecorated. Additional adjustments should be</i>	2.1, 6.2	The disabled toilet will be refurbished and re-decorated to ensure compliance with Equality Act.	Michael Parker (Practice Manager)	March 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<i>taken to ensure compliance with the Equality Act 2010.</i>				
<b>Quality of management and leadership</b>					
16	<i>The health board need to urgently review governance, management and leadership within Meddygon y Blaenau. HIW has requested a business continuity plan, which should also address the management and leadership concerns identified in this report.</i>	Governance , Leadership & Accountability. Standards 1.1, through to 7.1	A review of governance, management and leadership of the practice will be undertaken by March 31 <sup>st</sup> 2016	Wyn Thomas (Head of PC) Chris Lube (Head of Clinical Governance) Michael Parker (Practice Manager)	31 <sup>st</sup> March 2016
17	<i>As part of the health board's governance, management and leadership review above, this should also involve reviewing and clarifying individual staff members' roles, responsibilities and job descriptions.</i>	Governance , Leadership & Accountability. 7.1	A review of the staffing structure, roles and responsibility structure and updated job descriptions will be undertaken by the end of March 2016.	Wyn Thomas (Head of PC)  Michael Parker (Practice Manager)	31 <sup>st</sup> March 2016
17	<i>Systems should be in place to improve communication between</i>	7.1	Regular team meetings will be	Michael Parker	

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<i>the health board, clinicians and the practice team. Regular team meetings should be introduced as soon as possible to ensure staff receive updated information and that collaborative team working improves.</i>		established from January 2016	(Practice Manager)	
18	<b><i>BCUHB should review the overall staffing levels at the practice and ensure that the number of support staff is sufficient to sustain the service.</i></b>	7.1	A review of the staffing structure, roles and responsibility structure and updated job descriptions will be undertaken by the end of March 2016.	Wyn Thomas (Head of PC)  Michael Parker (Practice Manager)	31 <sup>st</sup> March 2016

**Practice representative:**

**Name (print): Wyn Thomas**

**Title: Assistant Area Director Primary Care**

**Date: 15.1.2016**

## Appendix B

### Community Health Council Report

*[Where a report is available from the CHC include in Appendix B – make sure it clear that it is a CHC report – not HIW. Include hyperlink to the relevant CHC website as a footnote]*

**COPY AND PASTE INTO THE BOX BELOW**

**Report from North Wales Community Health Council**



#### Visit Summary

Practice:	Blaenau Ffestiniog Medical Centre
Date / Time:	11 <sup>th</sup> November 2015
CHC Team:	North Wales Community Health Council Mr J Gwyn Williams – Member (Lead) Cllr E Jones-Williams – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

#### Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with, 17 patients during this joint visit.

The main issues expressed were:

- Turnover of locum doctors who were often not familiar with patient history.
- Having to travel to Ysbyty Gwynedd for hearing clinics

- Lack of progress with proposed developments on site of former Blaenau Hospital and deterioration of the listed building.

General agreement that the patient appointment system had improved since the practice had been transferred to Health Board management.

### **Observations**

#### *Environment - External*

Small crack in window panel by front entrance.

Building appears to be in good condition with no other apparent matters requiring repair or replacement.

#### *Environment - Internal*

Building layout is an issue. GP reception is at the rear of the building and not obvious to new visitors. The entrance to the building looks very “depressed”. Better use could be put to small side room by front door e.g. for health advice materials.

#### *Communication & Information on Display*

Please see above. There appeared to be a lack of information as to how patients could raise matters of concern, with no information on Community Health Council.

Staff members had good rapport with patients and were very pleasant.