

**General Practice
Inspection (announced)**
Aneurin Bevan University
Health Board,
Bellevue Group Practice

23 February 2016

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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 Bellevue Group Practice, Bellevue Terrace, Newport, NP20 2WQ on 23 February 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer and two representatives from Aneurin Bevan Community Health Council (CHC).

The role of the CHC was to seek patients' views with regard to services provided by Bellevue Group Practice through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

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

Bellevue Group Practice currently provides services to approximately 15,000 patients in the Newport area of Gwent. The practice forms part of GP services provided within the geographical area known as Aneurin Bevan University Health Board.

The practice employs a staff team which includes 13 doctors (including seven GP partners), eight nurses, three treatment room technicians, one practice manager and deputy practice manager and a number of secretarial, administration and reception staff.

The practice provides a range of services (as cited on the website), including:

- Diabetes clinics
- Asthma clinics
- Chronic heart disease clinics
- Hypertension clinics
- Minor surgery
- Ante-natal care
- Post-natal care
- Child health
- Child immunisations
- Counselling
- Smoking cessation
- Foreign travel immunisations including yellow fever
- Near patient testing
- Influenza and pneumococcal vaccinations.

3. Summary

HIW explored how Bellevue Group Practice met standards of care as set out in the Health and Care Standards (April 2015).

Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. Overall, patients told the CHC that they were satisfied with the service provided.

Overall we found people were treated with dignity and respect and staff knowledge around confidentiality, the physical layout of the environment and well thought through working practices, helped to protect people's privacy and dignity.

The practice had an effective complaints system in place and a number of ways to enable patients and their carers to provide feedback. The practice focussed on gathering feedback in a meaningful and representative way and we could clearly see how changes had been made to improve patient experiences, based on feedback provided.

Overall, we found the practice had arrangements in place to promote safe and effective patient care.

The practice ran a number of health promotional programmes and had excellent links with external agencies to support patients and carers with their health and wellbeing. We saw that overall patients were able to access appointments in a timely way and staff made adjustments to arrangements and information to assist communication and meet patients' individual needs.

The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients.

Suitable arrangements were in place to ensure the safe prescribing and review of medicines and to learn from any patient safety incidents.

Overall, environmental risks in the practice had been considered and managed to make it safe. However, we identified that two fire extinguishers needed checking in line with fire safety regulations.

Suitable procedures were in place to reduce the risk of the spread of infections. However, we identified that improvements needed to be made to the system of ensuring staff were up to date with hepatitis B vaccinations.

Suitable arrangements were in place regarding safeguarding children and adults at risk. However, we identified that further detail was needed in the

vulnerable adults policy to make non-clinical staff responsibilities clear and to ensure this was supported by staff training.

The practice had a clear management structure in place and we found effective governance and leadership arrangements.

We found a patient-centred staff team who were professional, knowledgeable and confident in their roles. The practice should ensure training records are kept up to date so that they can be assured of staff compliance with ongoing training requirements and recently cancelled cardiopulmonary resuscitation (CPR) training should be re-arranged as soon as possible for all staff.

4. Findings

Quality of patient experience

Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. Overall, patients told the CHC that they were satisfied with the service provided.

Overall we found people were treated with dignity and respect and staff knowledge around confidentiality, the physical layout of the environment and well thought through working practices, helped to protect people's privacy and dignity.

The practice had an effective complaints system in place and a number of ways to enable patients and their carers to provide feedback. The practice focussed on gathering feedback in a meaningful and representative way and we could clearly see how changes had been made to improve patient experiences, based on feedback provided.

The CHC have produced a report which provides an analysis of the information gathered. That report can be found in Appendix B. Overall, patient satisfaction was high.

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 found that people were treated with dignity, respect, compassion and kindness. We observed staff greeting patients both in person and by telephone in a polite, friendly and welcoming manner.

The practice had recently undergone an extension and the reception and waiting area had been made larger and modernised. The reception desk was wide and allowed two reception staff to attend to two separate patients at the same time. Staff told us however, that they could use private rooms to discuss any sensitive issues with patients to maintain confidentiality and that they knew their patients well in terms of offering to talk to anxious patients in a separate room or discreet area. The enlarged waiting area provided small discreet areas and patients waiting to see the nurse team could also sit in a separate waiting area within the building. There was a separate room to the main reception, where staff answered most calls to the practice. This meant that staff could use

the well thought out layout to ensure people's privacy and confidentiality were maintained.

We saw that doors to individual consultation and treatment rooms were kept closed at all times when staff were attending to patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

We saw there was a written policy on the use of chaperones and staff told us that only nurses, who were clearly trained in this area, acted as chaperones. This meant there was a procedure and working practices in place to protect patients and practice staff.

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 an 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)

There were systems in place to empower people and their families to provide feedback on their experiences of using the practice.

The practice had a written procedure in place for patients to raise concerns and complaints. Complaints information was available on the practice website, in the patient information leaflet and displayed in easily visible areas within the waiting area. This meant patients were readily able to access this information should they require it. The written procedure was fully compliant with 'Putting Things Right', the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. This included information about how to access CHC as an advocacy service with making complaints.

We saw that staff recorded both verbal and non verbal complaints. Staff described how they managed complaints and there was an open manner to receiving and learning from patients' experiences and complaints.

The practice also had a number of other ways to gather patient feedback with a view to making improvements. We saw that there was a suggestion box, regular patient satisfaction surveys and feedback was also gathered around specific educational programmes run at the practice, for example, the recent six week educational course for patients with fibromyalgia (a long term condition that causes pain all over the body).

There was a focus on gathering patient feedback in a meaningful and representative way and staff told us about links they were making with the Newport Public Health Team¹ to engage with, and obtain feedback from, ethnic communities. We could also clearly see how changes had been made as a direct result of patient feedback. For example, staff had made significant changes to the appointment system to make it easier for patients to access same day appointments.

¹ **Newport Public Health Team** is part of Public Health Wales. The work programme is mainly concerned with Newport and supporting the work of Aneurin Bevan Health Board. The service provides information, professional advice, support and consultation on a range of public health related issues

Delivery of safe and effective care

Overall, we found the practice had arrangements in place to promote safe and effective patient care.

The practice ran a number of health promotional programmes and had excellent links with external agencies to support patients and carers with their health and wellbeing. We saw that overall patients were able to access appointments in a timely way and staff made adjustments to arrangements and information to assist communication and meet patients' individual needs.

The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients.

Suitable arrangements were in place to ensure the safe prescribing and review of medicines and to learn from any patient safety incidents.

Overall environmental risks in the practice had been considered and managed to make it safe. However, we identified that two fire extinguishers needed checking in line with fire safety regulations.

Suitable procedures were in place to reduce the risk of the spread of infections. However, we identified that improvements needed to be made to the system of ensuring staff were up to date with hepatitis B vaccinations.

Suitable arrangements were in place regarding safeguarding children and adults at risk. However, we identified that further detail was needed in the vulnerable adults policy to make non-clinical staff responsibilities clear and to ensure this was supported by staff training.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage 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 the practice was very actively involved in encouraging patients to take responsibility for their own health, and supporting carers.

We saw a variety of health promotional materials on display in waiting areas which were easily accessible to patients, for example, around mental health needs, support groups and child health screening. The practice had strong links with a number of external agencies and were involved in a variety of projects, through these links, to promote patients' health and wellbeing as a whole. For example, the Jobcentre plus scheme to support any patients who may benefit from employment and the Stay Well Project with the health board, council and third sector which aimed to support older people in a more effective, joined up way. Staff also told us about various public health self management programmes they ran from the practice to support patients with chronic diseases, e.g. fibromyalgia. This was an area of noteworthy practice in terms of the number and variety of ways the practice gave patients' opportunities to engage in health promotion activities.

Information for carers was displayed on the Carers Board in the waiting area and the practice had two carers' champions to promote awareness of carers needs. The practice had links with the local Carers Trust and once a month, a representative from the Trust was available for carers who wished to access them. This meant that the practice had systems in place to support carers who may be unable to manage their own health and wellbeing or who may require support in terms of their caring role.

The sample of patient records we reviewed demonstrated that individual discussions had taken place between doctors and patients on health promotion issues, for example, when a smear test was due.

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)

We found that overall, the practice actively promoted and protected people's health, safety and welfare.

During a tour of the practice building, we found all areas occupied by patients were clean, tidy and uncluttered which reduced the risk of trips and falls. Overall the practice building was visually well maintained both internally and externally. However, members of the CHC reported that patients felt the ladies' toilet needed some attention. We saw that one of the doors had been damaged and we also saw some paper towels spilling onto the floor later in the day, possibly because of the small size of the bin. Practice staff agreed to look into this with a view to making improvements.

The practice had a health and safety policy in place which had recently been updated and we saw that environmental health and safety risk assessments were regularly carried out. Due to the recent extension staff told us a new fire risk assessment had been done and the architect was updating details regarding lighting and smoke alarms, to ensure all fire risks within the new environment had been considered. On inspection, we found that two fire extinguishers had not been checked for a number of years and we brought this to the attention of staff. Staff told us fire extinguishers were checked annually, were unsure why these had been missed and told us they would ensure the fire company came to check these as soon as possible.

Improvement needed

The practice must ensure that all fire extinguishers are checked annually and that paperwork is available to demonstrate this process.

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))

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw appeared visibly clean. Hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were also readily available around the practice. We saw waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste and sharps were securely stored until they could be safely collected.

Discussion with nursing staff confirmed that all instruments used during the course of minor surgery procedures were purchased as sterile, single use packs which avoided the need for the use of sterilisation/decontamination equipment.

Nursing staff told us they had recently carried out an infection control audit and planned to do this on a regular basis to help them to monitor and improve infection control procedures, where needed.

Senior staff described that that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required to protect themselves and patients in this regard, with prompting from management staff. We found one

staff member had required a booster within the last few months and the practice was unable to confirm whether this had happened.

Improvement needed

The practice must ensure that clinical staff are protected from exposures to infections and that they can assure themselves that staff's hepatitis B vaccinations are kept up to date.

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

We found suitable arrangements were in place for the safe prescribing and review of medicines prescribed to patients.

Staff told us the practice formulary (a list of medicines that may be prescribed) was regularly updated in response to local and national guidance. We reviewed a random sample of patients' records. These demonstrated that patients had reviews of their medication mainly in person, with a minority by telephone consultation. Staff told us they had a system in place to review patient's medicines in the month of their birthday to help ensure they covered every patient regularly. Arrangements were in place to remove medication no longer needed by patients from repeat prescribing lists.

Staff told us a health board pharmacist was on site two days each week and there was also a lead pharmacist available for advice and support. Staff told us they faced challenges in terms of errors with medication on patient's discharge letters from hospital. However they had systems in place to raise these issues, through Monday clinical meetings within the team and through building up relationships with health professionals in secondary care. Administrative staff involved in prescribing told us about ways in which they had also worked to improve ways of working, such as promoting the use of an online system. This meant that staff at all levels of medicines management worked to promote and continually improve systems for safe prescribing.

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)

There was a policy in place around child protection which was full and detailed about staff responsibilities. Staff told us they completed child protection training

annually and we saw from training records that clinical staff had completed a higher level of training, where their role required it.

There was a policy in place around safeguarding vulnerable adults but this was less detailed and less well developed than the child protection policy. We advised the practice to update the policy to ensure that all staff (and not only clinical staff) have clear responsibilities for reporting, should they witness or have any adult protection concerns. Staff told us they completed vulnerable adults training annually and we saw some training records confirming this. However, training records were not fully up to date so we could not be assured that all staff had completed up to date vulnerable adults training at a level that was appropriate to their role.

The practice had designated leads for both child protection and vulnerable adults issues and they took the lead in giving updates and ensuring procedures were implemented. Staff talked us through some cases and we could see that multi-professional working took place. Staff flagged child protection and vulnerable adults cases on the electronic system so that staff were alerted to this. Staff also told us vulnerable adults cases were discussed at clinical meetings. This meant there were systems in place to raise awareness and manage child and adult safeguarding cases.

Improvement needed

The practice must ensure that all staff are up to date with vulnerable adults training at a level appropriate to their role and that the vulnerable adults policy clarifies responsibilities for both clinical and non clinical staff.

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)

The practice had suitable arrangements in place to report and learn from patient safety incidents and significant events.

Senior staff at the practice explained that patient safety incidents and significant events were reviewed and discussed at weekly meetings. We also heard that improvements had been made as a result of incidents, for example staff had designed a new protocol to use when nursing homes requested house calls, ensuring the correct priority was assigned to each call. This protocol enabled

non-clinical staff to gain the important information required to allow clinicians to triage calls in an appropriate order.

Staff told us that regular educational meetings took place at the practice and gave examples of various relevant speakers who had attended to inform staff knowledge. The nurse team also told us that the GP registrar and medical students also provided training sessions for them on topics they chose. This meant there were in-house systems in place to promote staff learning.

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

The practice was situated in a multicultural area where a number of languages were spoken within communities. The registrar at the practice was a Welsh speaker and the practice used interpreting services when needed.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner.

Out of hours consultations were conveyed to one named doctor each day for clinical overview and follow up where needed. All other incoming correspondence was initially seen by administrative staff and scanned onto the system and passed onto GPs within 48hours. On speaking with administrative staff they explained that in certain cases, correspondence was passed onto the GP sooner, for example, where a patient had an urgent mental health need. GPs had a buddy system in place to ensure issues were followed up in their absence. This meant that internal communication systems supported effective patient care.

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. (Standard 3.5-Record Keeping)

We looked at a random sample of electronic patient records for each GP working at the practice and overall found a good standard of record keeping.

Overall, notes contained sufficient detail of consultations between doctors and patients and it was possible to determine the outcome of consultation and the plan of care for the patient.

We saw that obtaining patients' consent, where required, was fully documented, along with the use of chaperones. We saw that doctors updated notes from home visits in a timely way, onto the electronic system, to avoid delay.

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 found that the practice provided relevant information for patients in a variety of ways.

At the reception desk there was an art display which said 'welcome' in a variety of languages, which the practice had created to be the first visual welcome for patients, due to the multicultural area in which the practice was based. The practice used interpreters and told us that they tried to request the specific interpreters that patients preferred, so that patients had a choice in this. Through looking at records we confirmed that staff booked longer appointments for patients when interpreters were used.

Information for patients about the practice's services was available within a practice leaflet. This provided useful information, including details of the practice team, opening hours, appointment system, the procedure for obtaining repeat prescriptions and how patients could make a complaint. We were told the practice leaflet was available in other formats and languages on request. The practice also had a hearing loop which they used to aid communication with those patients with hearing difficulties.

A range of information was also displayed and readily available within the waiting area of the practice. This included information on local support groups, health promotion advice and self care management of health related conditions. Further information on the practice's services and links to health advice and information was also available on the practice's website.

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)

The practice had put considerable thought into improving access to services and had made changes to the appointments system as a result of patient feedback to improve patient access to the practice.

Patients were able to book appointments in person at the practice, by telephone and on-line (following registration for this service). The administrative team as a whole answered telephone calls in the morning so that the team could speak with patients as quickly as possible to book appointments. Patients could book appointments on the same day where there was an urgent need and routine appointments were available 7-10 days in advance. Staff told us that they would always try to accommodate anyone who had an urgent need for an appointment on the same day. There was an allocated duty doctor in the afternoons and an allocated house call doctor all day to try to meet patient's access needs in this way.

The nursing team ran a number of clinics for patients with chronic health conditions. The nursing team were also able to see patients presenting with minor general illnesses (described as non urgent) with clinics in the morning and afternoon, with a doctor always available if needed. This meant that patients did not have to wait unnecessarily to see a doctor.

Individual care

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2-Peoples Rights)

The practice had made arrangements to make services accessible to patients with different needs, as described above.

The practice building was purpose built as a general practice health care facility and had recently been extended to further improve the space and facilities available. There were no external steps making it accessible to patients with mobility difficulties and those patients who use wheelchairs.

Arrangements were in place to protect the privacy of patients.

Quality of management and leadership

The practice had a clear management structure in place and we found effective governance and leadership arrangements.

We found a patient-centred staff team who were professional, knowledgeable and confident in their roles. The practice should ensure training records are kept up to date so that they can be assured of staff compliance with ongoing training requirements and recently cancelled cardiopulmonary resuscitation (CPR) training should be re-arranged as soon as possible for all staff.

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.

We found effective leadership within the practice. Staff told us they felt able to approach management staff to raise concerns or to give their opinions and had confidence that these would be received and managed appropriately. Staff told us that the recent extension meant that the whole administrative team sat together and that this helped a great deal in team working and managing any patient queries. The practice had a range of relevant written policies and procedures to guide staff in their day to day work.

Staff working within the practice were organised into a number of teams, each with particular roles and responsibilities, which contributed to the overall operation of the practice. There were clear lines of reporting and accountability and staff told us that meetings happened within individual teams. At meetings, staff considered a range of topics relevant to ensuring the safe and effective provision of care services offered by the practice. Administrative staff told us their team meetings had happened less frequently recently due to the time they had to put into organisational work following the practice extension. Although administrative staff still felt communication channels were open, the team could benefit from these meetings being reinstated. Administrative staff were able to cover each other's roles which meant that there was less risk of services being disrupted if there was staff sickness.

The practice had a Practice Development Plan which they actively used to monitor their improvements and we could see that progress had been made in line with the plan, for example, by the completion of the recent extension.

Senior staff told us about internal governance systems in place, including a variety of audits, and told us that staff shared responsibility for governance so that they felt involved and engaged, for example, over the clinical governance toolkit that the practice used to monitor their performance. There were also designated staff leads who monitored each enhanced service² and QOF (Quality and Outcomes Framework to monitor the practice's performance). Senior staff told us they worked within the primary care cluster³ (Neighbourhood Care Network), which met quarterly in the area to improve services for patients. This meant there was a clear focus on monitoring performance and continually trying to improve services for patients.

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))

Discussions with staff and a review of a sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff were able to describe their roles and responsibilities within the wider practice team and indicated they were happy in their roles. All staff we spoke with confirmed they felt supported by senior staff and had opportunities to attend relevant training. Staff told us they had annual appraisals and a sample of staff records supported this. This gave staff the opportunity to receive feedback on their performance, to discuss training needs and indicate if any additional support was needed.

We looked at the recruitment paperwork in a small sample of staff files and found that appropriate employment checks were carried out prior to employment. Staff told us they had received good induction into working at the practice and felt well supported when learning their roles.

² **Enhanced services** are elements of essential or additional services delivered to a higher specification, or medical services outside the normal scope of primary medical services, which are designed around the needs of the local population

³ A **primary care cluster** is a grouping of GPs and practices locally determined by an individual NHS Wales Local Health Board. GPs in the clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

We looked at the training log and found that this had not been recently updated and records of training for salaried GPs were not fully complete. We could therefore not be assured that all training that staff had completed was recorded. Senior staff also told us that their annual cardiopulmonary resuscitation (CPR) had recently been cancelled due to issues with the training company, outside of the practice's control. We saw email correspondence indicating that CPR training was being arranged for staff as soon as possible.

Improvement needed

The practice should ensure training records are kept up to date so that they can be assured of staff compliance with ongoing training requirements.

Following cancellation of CPR training outside of the practice's control, annual CPR training must be re-arranged and confirmed for all staff as soon as possible.

5. 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 Bellevue Group Practice 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, measureable, 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.

6. 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.

Appendix A

General Medical Practice: Improvement Plan

Practice: Bellevue Group Practice

Date of Inspection: 23 February 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
-	None identified				
Delivery of safe and effective care					
12	The practice must ensure that all fire extinguishers are checked annually and that paperwork is available to demonstrate this process. [British Standards Specification – Fire Safety]	2.1	Fire extinguishers checked on 21 st March 2016 by Safelincs Limited – New file set up with list of each extinguisher in the building and checker now asked to sign off against each one to ensure all extinguishers are covered during the annual checks	Diane Wells	31.3.2016
13	The practice must ensure that clinical staff are protected from exposures to	2.4	System set up on the Pay Roll to record when checks are needed this	Diane Wells	31.3.2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	infections and that they can assure themselves that staff's hepatitis B vaccinations are kept up to date.		will prompt Practice a few weeks prior to being needed to ensure it is kept up to date. All outstanding issues have been actioned and brought up to date.		
14	The practice must ensure that all staff are up to date with vulnerable adults training at a level appropriate to their role and that the vulnerable adults policy clarifies responsibilities for both clinical and non clinical staff.	2.7	Level 1 and 2 training to be recorded annually for all relevant staff on the new spreadsheet to ensure not gaps. Policy to be reviewed and updated by lead GP	Diane Wells For Training Records Dr Pamela Cribb for Policy	30.4.2016
Quality of management and leadership					
20	The practice should ensure training records are kept up to date so that they can be assured of staff compliance with ongoing training requirements.	7.1	New spreadsheet to be updated and reviewed quarterly to ensure that all training is recorded in a timely manner and accurate records are maintained	Diane Wells	30.4.2016
20	Following cancellation of CPR training outside of the practice's control, annual CPR training must be re-arranged and confirmed for all staff as soon as possible. [Resuscitation Council UK]	7.1	Training date has been rearranged for 25 th April and 27 th April 2016.	Diane Wells	30.4.2016

Practice representative:

Name (print): Diane Wells

Title: Practice Manager

Date: 4th April 2016

Appendix B

Community Health Council Report

ANEURIN BEVAN COMMUNITY HEALTH COUNCIL REPORT



SUBJECT:	PATIENT SURVEY REPORT FOR JOINT HIW INSPECTION OF BELLEVUE SURGERY (NEWPORT)
REPORT OF:	DEPUTY CHIEF OFFICER
STATUS:	FOR INFORMATION
CONTACT:	JEMMA MCHALE
DATE:	FEBRUARY 2016

PURPOSE

To inform Committee of the outcome of a survey undertaken during the joint HIW inspection of Bellevue GP Surgery in Newport

BACKGROUND

The Aneurin Bevan Community Health Council conducted a joint inspection with HIW of Bellevue Surgery in Newport, Gwent. Patients of the Surgery were asked 11 questions to inform the inspection on their experiences with their GP surgery, from the environment to the care provided to them.

22 patients took part the survey and their feedback has been reported on below:

FINDINGS

- 1) Patients were asked how long they had been registered at this practice – 14% had been registered there for less than a year, 9% between 1 & 5 years, 23% between 6 & 10 years and 54% over 10 years.

- 2) The Surgery is open Monday to Friday between 8am and 6:30pm with extended clinics on Monday mornings from 7:30am and Wednesday evenings up until 7pm. There are same day appointments available with a qualified minor illnesses Nurse and same day access to the GP service every morning (information taken from the Surgery's website). Patients were asked for their feedback on the Surgery's opening times to which, 41% felt they were "very good", 45% felt they were "good" and 14% felt the opening times were "satisfactory". None of the patients surveyed felt the opening times were unsatisfactory.
- 3) When asked how the patients rated the appointments booking system at the Surgery; 23% felt it was "very easy" to get an appointment, 59% felt it was "easy", 9% (2 patients) felt it was "difficult" and 9% felt it was "very difficult" to access an appointment. When asked to provide comments on this, 3 patients responded; the first stated that they were "not always able to get an appointment when I can attend", the second patient stated it was "difficult to make appointments on the day I'm ill" and the third patient stated the "telephone is always busy & no appointment available when I do get through".
- 4) Patients were asked how long they usually have to wait to make an appointment with a GP of their choice; 25% of patients stated that they could see a GP of their choice within 24 hours, 10% said between 24 and 48 hours and 65% of patients said they would wait more than 48 hours to see a GP of their choosing.
- 5) Similarly, patients were asked how long they usually had to wait for an appointment with any doctor. 74% of the respondents stated they could access an appointment with any doctor within 24 hours, 13% stated they could get an appointment within 48 hours and 13% stated it would be more than 48 hours before they could get an appointment with any doctor.
- 6) Patients were asked if they were seen at their allotted appointment time on the day of the inspection. 95% of patients stated they had not been seen on time that day. Patients were asked to comment on their waiting time that day, 25% stated they were seen within 10 minutes of their appointment time, 25% stated they were seen within 20 minutes and 50% stated they waited more 20 minutes since their original appointment time.
- 7) Within regards to the environment of the GP surgery, patients were asked to rate their opinion on the following:

<u>Environment</u>	Excellent	Good	Poor	Very Poor
Access i.e. ramps, steps etc.	100%	0%	0%	0%
Helpfulness of reception staff	95%	5%	0%	0%

Cleanliness of waiting area	95%	5%	0%	0%
Seating arrangements	95%	5%	0%	0%
Information display	95%	0%	0%	5%
Toilet facilities	77%	18%	0%	5%

8) When asked which professional they were visiting today; 59% of patients were there to see their GP and 32% were there to see the Nurse, 5% (1 patient) to see the GP and Nurse, plus 1 patient to see the "Health Clinic".

9) Patients were asked how they rated the service the GP provided to them, their feedback is as follows:

<u>GP</u>	Excellent	Good	Poor	Very Poor
Greeting	71%	29%	0%	0%
Understanding of concerns	57%	43%	0%	0%
Treatment explanations	76%	24%	0%	0%
Awareness of your medical history	38%	52%	5%	5%

10) The same was asked the patients' experience of visiting the Practice Nurse:

<u>Nurse</u>	Excellent	Good	Poor	Very Poor
Greeting	86%	14%	0%	0%
Understanding of concerns	73%	27%	0%	0%
Treatment explanations	82%	18%	0%	0%
Awareness of your medical history	55%	41%	5%	0%

11) Finally, patients were asked for their overall opinion of the GP surgery:

Excellent	9%
Very Good	27%
Good	50%
Fair	14%
Poor	0%
Very Poor	0%

Following the survey, the patients were asked for any additional general feedback they felt they wished to express about the Surgery that the survey may not have covered.

My child gets bored when I come for an appointment. Toys? Having a nurse appointment prior to seeing a doctor is time consuming.
Would like to be able to see a doctor <u>first</u> rather than a nurse.
My notes are not available so staff don't know about my medical history
Too much info on display - not easy to find the important data. Boards need a tidy. We are new patients and our medical history is not available. Queuing system needs to be installed/set up at reception.
Can wait a long time for open surgery
Easier to now have access
Drop in appointment waiting over an hour so far
Aware of complaint policy
Waiting time! & not aware of early & late surgeries.
Clinic times are confusing
Toilets broken and not very clean - door damaged.
Waiting times.

Felt that doctor did not have much time and did not want to discuss another ailment.

CONCLUSION

Overall, patient satisfaction with the Surgery and its staff appears to be good with 90% of patients stating that the GPs were “excellent” or “good” (two patients had concerns around the GPs awareness of their medical history) and 95% of patients rated their experience with the Nurse as “excellent” or “good”. 95% of the patients rated the environment as “excellent” or “good”. Feedback indicates that some patients were not fully aware of the Surgery’ opening times and extended appointment times and some patients felt there can be long waits for drop in appointments. One patient stated that their Doctor “did not have much time and did not want to discuss another ailment”.

RECOMMENDATIONS

1. Some attention is required to repair the damage in the patient toilets as identified by the patient feedback.
2. With regards to the one patient who stated that their Doctor “did not have much time and did not want to discuss another ailment”. The Aneurin Bevan University Health Board has set clear guidance to all Gwent GPs that they are not to deter patients from raising more than one medical issue in appointments. It is not considered “good clinical practice” to limit appointments to one medical issue as different symptoms may indicate a linked medical problem. If it is found that there is not enough time during the standard 10 minute appointment, patients should be encouraged to list their medical issues for the GP to ease review or advise the patient to book a double appointment to give additional time in the future.
3. 50% of the patients surveyed stated they waited more than 20 minutes after their anticipate appointment slot. The surgery should consider reviewing its appointment system or explore the options for updating patients on any delays.
4. The Surgery should review their patient information board and organise the literature available as necessary.

BACKGROUND PAPERS:	NONE
APPENDIX:	NONE

