Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

General Practice Inspection (Announced)

University Health Centre; Abertawe Bro Morgannwg University Health Board

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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 to the University Health Centre at Penmaen Residence, Singleton Park, Swansea, SA2 8PG on 14 February 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Abertawe Bro Morgannwg Community Health Council (CHC).

HIW explored how the University Health Centre 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.

More details about our methodology can be found in section 6 of this report.

2. Context

The University Health Centre currently provides services to approximately 10123 patients within a two mile radius of the University of Wales campus, Swansea. The practice forms part of GP services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice employs a staff team which includes four GPs, two practice nurses, a practice manager and a team of administration and receptionist staff. There is also a mental health liaison nurse, counsellors and pharmacists attached to (but not directly employed by) the practice

The practice provides a range of services, including:

- A full range of general medical services (except child health surveillance and childhood vaccines)
- Counselling service
- Smear clinic
- Immunisations clinic
- Sexual health screening clinic
- Contraception advice
- Travel immunisations.

3. Summary

Overall, we found evidence that the University Health Centre provided safe and effective care to patients.

This is what we found the practice did well:

- Patients told the CHC that they were happy with the service provided
- We found staff to be polite and courteous to patients
- There were good arrangements in place to promote and encourage first year university students to receive the Men ACWY vaccination[1]
- The practice manager had developed guidelines for staff with a view to promoting accurate and complete recording keeping
- We saw a good standard of record keeping by GPs and nurses

This is what we recommend the practice could improve:

- Conduct regular patient surveys
- Review the practice's complaints procedure so that it is fully compliant with *Putting Things Right*, the current arrangements for handling concerns (complaints) about NHS care and treatment in Wales
- Develop and implement a written policy for the summarising of patients' records
- Make arrangements to carry out staff appraisals.

[1] The Men ACWY vaccine is given by a single injection into the upper arm and protects against four different causes of meningitis and septicaemia. Older teenagers and university students are at high risk of infection because many of them mix closely with lots of new people, some of whom may unknowingly carry the meningococcal bacteria

4. Findings

Quality of patient experience

Patients' views about the service provided by the University Health Centre were obtained by members of the local Community Health Council (CHC). Overall, patients told the CHC that they were satisfied with the service provided.

We found staff treating patients with respect and arrangements were in place to ensure patients' privacy and dignity was maintained. The practice made efforts to meet the communication needs of patients. Information for carers was available and the practice should develop this further so that it is also relevant to young carers.

The practice had a means for patients to provide feedback. We identified that the practice's written concerns (complaints) procedure needed revising to fully comply with Putting Things Right.

Two members of the Abertawe Bro Morgannwg Community Health Council (CHC)[2] were present at the practice on the day of our inspection. Their role was to seek patients' views with regard to services provided by the University Health Centre through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

Overall, patients were positive about the care and treatment they had received from the practice. The CHC have produced a report which provides a summary of the information gathered. That report can be found at Appendix B.

[2] Abertawe Bro Morgannwg Community Health Council is a statutory organisation and monitors the quality of the NHS services provided within the Abertawe Bro Morgannwg area. http://www.wales.nhs.uk/sitesplus/902/home/

Staying healthy

Standard 1.1 Health promotion, protection and improvement

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.

Information was available to patients to help them take responsibility for their own health and well being. Information for carers was readily available. The practice should consider developing this information so that it is also relevant for young carers.

A range of health promotion material was available within the waiting areas of the practice together with information on local and national support groups. Health promotion information available at the practice was relevant to its patient population. Senior staff told us that the practice worked closely with the university's student services and a system was in place for GPs to refer patients (who were also students) to use the university's gym with a view to promoting a healthy lifestyle.

Senior staff confirmed that staff had attended training on the needs of carers. Information for carers was prominently displayed in the waiting room. This was aimed at older carers and included details of a local support group that carers could contact for advice and support in respect of their day to day responsibilities. A large proportion of the practice's patient population was made up of young people. The practice should, therefore, further develop the information made available so that it is also relevant to young carers.

Improvement needed

The practice should develop the information available to carers so that it is also relevant for young persons who are also carers.

Senior staff confirmed that there were no carers on its register at the time of our inspection. We were told that a revised patient questionnaire was to be introduced and that this asked if the patient was a carer. This would help the practice staff to identify carers with a view to providing them with help and advice on their day to day caring responsibilities.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare 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.

People visiting the practice were treated with kindness and respect and arrangements were in place to protect patients' privacy.

We observed staff greeting patients in a friendly manner and treating them with dignity and respect.

The reception area was located within the main waiting room and was separated by window screen. This provided a degree of privacy when reception staff needed to answer the telephone. We also found that staff were mindful of the need to protect patients' personal information. Staff also told us that a separate room could be used should patients wish to speak to reception/practice staff privately.

We saw doors to consulting and treatment rooms were closed at all times when practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity. Privacy curtains were also in the treatment rooms to provide additional privacy for patients during examinations.

The practice had a written policy on the use of chaperones. This aimed to protect patients and clinical staff when intimate examinations of patients were performed. Senior staff confirmed that practice staff had received training on the role and responsibility of a chaperone. Information advising patients of the availability of a chaperone was clearly displayed and available within the waiting room.

Standard 4.2 Patient information

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 make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

The practice gave consideration to the communication needs of patients.

Information about the practice's services was available within an information leaflet and via the practice's website. Copies of the information leaflet were readily available in both Welsh and English, which meant that Welsh speakers living in the area could choose to have information in their preferred language if they expressed a wish to do so. One of the nurses was a Welsh speaker. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so.

We were told that the practice had access to a language translation service. This could be used by practice staff to help them communicate with patients whose first language was not English. Written information was displayed at the reception desk to help patients show staff what their preferred language was. The practice had also translated some key information around vaccinations to assist patients during the registration process. A hearing loop was available at the reception to help those patients who use hearing aids to hear staff more clearly.

Information for patients and their carers was displayed on notice boards within the practice waiting room. These provided information about the services offered by the practice and the availability of both local and national support groups. Some of the information was routinely available in Welsh and English. Health promotion material was generally aimed at younger patients, who made up a large percentage of the practice's patient population.

The practice's website provided information for patients about the services offered and links to other resources. We found, however, that some of the links were not working and arrangements should be made to update these.

Improvement needed

The practice should review the practice's website to update links that are not working.

The practice had systems in place for the management of external correspondence/information and internal communication between members of the practice team. Arrangements were in place to ensure clinical information received at the practice was reviewed by a GP and follow up action taken as appropriate. The practice manager had developed guidelines for use by administration staff. This was with a view to promoting accurate and complete recording keeping. We identified this as noteworthy practice.

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

The practice made efforts to provide patients with timely care through a mixture of open access, booked and emergency appointments.

The practice operated a system of open access appointments during the mornings. This meant that patients could attend the surgery and wait to be seen by a doctor. The nature of these appointments meant that patients may have to wait for a long time to be seen by a doctor or a nurse. On the day of our inspection, we saw reception staff advising patients on arrival that there would be a long wait to be seen. The practice may wish to explore other ways of keeping patients informed of the wait time on an ongoing basis during surgery times.

Booked appointments were available during the afternoons, together with a later emergency surgery. The practice also offered home visits and the arrangements for these were described in the practice information booklet.

Overall, comments made by patients to CHC members were positive regarding their experiences of the appointment system. A small number of patients told the CHC they had found it difficult to book an appointment. Most patients confirmed, however, that they were able to see a doctor within 24 hours.

Clinics were available that were run by the practice nurses. This meant that, where appropriate, patients did not have to wait to be seen by a doctor.

We found that referrals to other healthcare professionals were managed appropriately.

Individual care

Standard 6.2 Peoples rights

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.

The practice building was accessible to patients who had difficulties with their mobility.

There was level access to the main entrance of the building and the waiting area, reception and consulting rooms were all on the ground floor. This enabled patients with mobility difficulties (and those patients who use wheelchairs) to enter the premises safely. Whilst there was a power assisted door to the main entrance, a fully automatic door may help to improve access for people who use wheelchairs.

Staff explained that patients' notes could include a flag to identify patients with additional needs e.g. particular mobility or communication needs.

Standard 6.3 Listening and learning from feedback

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.

The practice had means for patients to provide feedback about their experiences. The practice's (concerns) complaints procedure needed to be reviewed so that it was compliant with *Putting Things Right* arrangements. .

Patients could provide feedback via a suggestion box, which was prominently located in the waiting room. Patients could also submit feedback via the practice's website. We were told that no patient satisfaction survey had been conducted recently. The practice should look to do this as part of its quality improvement activity.

Improvement needed

The practice should conduct a patient satisfaction survey and make arrangements to repeat surveys at regular intervals as part of the practice's quality improvement activity.

The practice had a procedure in place for patients and their carers to raise concerns (complaints). This required updating to correctly reflect *Putting Things Right*, as it incorrectly referred to patients being able to ask for a review by the Independent Review Secretariat. This is out of date, and no longer forms part of the current arrangements associated with complaints handling.

Improvement needed

The practice's complaints procedure must be reviewed so that it is compliant with Putting Things Right.

General information on how patients could raise concerns was displayed in the waiting room and was also included in the practice information booklet and on the website.

We saw that records had been maintained of complaints received by the practice. The records demonstrated that the practice had dealt with the complaints in a timely manner

Delivery of safe and effective care

Overall, we found the practice had arrangements in place to ensure patients received safe and effective care.

We identified that improvement could be made to the system for replacing used medicines and this was addressed by practice staff before the end of the inspection. The practice also needed to develop an agreed policy for the summarising of patients' records and should make arrangements to regularly audit patient records as part of its quality assurance activity.

Safe care

Standard 2.1 Managing risk and promoting health and safety *People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.*

We found arrangements were in place to promote the safety of patients and staff working at the practice.

We were provided with a tour of the practice building and all areas used by staff and patients appeared clean, were tidy and uncluttered, which reduced the risk of trips and falls. The practice building appeared to be maintained to a satisfactory standard both internally and externally. Security measures were in place to prevent unauthorised access to non patient areas within the building.

Senior staff confirmed that the practice's policies were available electronically and that all staff could access these via a shared computer drive from their computers within the practice.

Senior staff told us that arrangements had been made via the GP cluster[3] group for an external service to provide advice on health and safety matters. This service would provide expert advice and cover all the practices within the cluster group.

We saw that the practice had good arrangements in place to promote and encourage first year university students to receive the Men ACWY vaccination

[3] A GP practice '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.

to protect against meningitis. This aims to protect individuals and the wider community from meningococcal disease.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

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.

Measures were in place to protect people from preventable healthcare associated infections.

The clinical treatment areas we saw appeared visibly clean. Hand washing and drying facilities were provided in consulting rooms, treatment rooms and toilet facilities. We saw that waste, including medical sharps had been segregated into different coloured bags/containers to ensure it was stored safely whilst waiting to be disposed of.

Staff had access to policies and procedures on infection control. We saw that personal protective equipment such as gloves and disposable aprons were available to staff to reduce cross infection.

Discussion with nursing staff confirmed that all instruments used during the course of procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment and helped to reduce cross infection.

We saw that a central register had been maintained, which demonstrated staff had received their Hepatitis B vaccinations.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

Overall, we found systems were in place for safe management of medicines.

Arrangements were described for the safe prescribing and review of patients' medicines. The practice used an agreed formulary and we were told this was updated regularly to take account of local and national guidance. The practice had access to the health board's prescribing adviser who could provide advice and help on medication prescribing matters.

We saw that prescribing audits had been conducted. These audits helped identify whether medication had been prescribed appropriately and indicated where improvements should be made, if required.

There were a number of ways for patients to order repeat prescriptions and these were described in the practice information leaflet. We found good systems were in place for monitoring repeat prescribing.

The practice had medication and equipment to respond to a patient emergency (collapse) within the practice. This appeared comprehensive and senior staff confirmed that this was in accordance with guidelines issued by the Resuscitation Council (UK)[4]. Systems were in place to regularly check equipment and replace medicines that had expired.

We did find, however, that the system to replace medicines within GP's emergency bags needed to be improved. This system relied on the GP leaving the empty box within the treatment room to show that a replacement was required. This had potential for the box being disposed of without a replacement medicine being ordered. Practice staff agreed to review this arrangement and had put a different system in place before the end of the inspection.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

Senior staff confirmed that staff were aware of adult safeguarding procedures. The practice did not provide services for children.

Staff we spoke to confirmed that should they have any concerns around a patient's welfare, they would report this to senior practice staff. Staff were aware of the practice's safeguarding lead GP who they could go to for advice about safeguarding issues.

We looked at a sample of training records and saw that staff had completed training around the protection of vulnerable adults.

[4] Resuscitation Council (UK), quality standards for cardiopulmonary resuscitation practice and training - https://www.resus.org.uk/quality-standards/introduction-and-overview/

Effective care

Standard 3.1 Safe and clinically 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.

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

We saw detailed records had been made and senior staff explained that any incidents were discussed at practice meetings and learning shared with the wider practice team.

Senior staff confirmed that the GPs had access to and used the GP One website. This website aims to provide GPs with a range of up to date resources relevant to General Practice in Wales.

Record keeping

Standard 3.5: Record keeping

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.

We looked at a sample of electronic patient records. This sample included notes that had been made by the GPs, locum GPs and nurses. We saw a good standard of record keeping. The practice needed to implement a policy on summarising patient records.

From the records we saw, it was possible to determine the outcome of the consultation between the GP or nurse and the patient. This meant that healthcare professionals seeing patients would be able to identify what had happened at previous consultations to ensure care was followed up as necessary. We found that Read coding[5] was used.

[5] Read codes are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.

Senior staff explained that patients' medical records were not routinely summarised. A large proportion of the practice's population were university students and senior staff explained that the volume of patients (students) that register with the practice each year made summarising notes impossible. Not summarising patients' records may result in important information not being readily available to clinical staff. This may then result in decision making that does not promote safe and effective care to patients. Senior practice staff had considered the risk associated with not summarising records and asked all new patients to complete a *New Patient Medical Questionnaire*. Patients were asked to disclose any current medical conditions and if significant, the notes would be obtained and summarised with a view to assisting the clinical team to make decisions about ongoing care. Whilst we were told this system was in place, it was not supported by an up to date and agreed written policy.

Improvement needed

The practice is required to develop and implement a written policy for the summarising of patients' records. This policy is to be reviewed regularly.

Senior staff described that the patient records completed by locum GPs were regularly reviewed by one senior GP. This system of audit should be extended to all GPs working at the practice as part of the overall quality improvement activity.

Improvement needed

The practice should implement a system of regular audit of patients' records completed by all GPs as part of its quality improvement activity.

Quality of management and leadership

A management structure was in place with agreed lines of accountability and reporting. Good team working was described and demonstrated.

Staff were able to describe their individual roles and responsibilities and told us they had opportunities to attend training to help them do their jobs. The practice needed to make arrangements to ensure staff received an up to date appraisal of their work.

Governance, leadership and accountability

Health and Care Standards, Part 2 - 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.

A management structure with agreed lines of accountability and communication was in place. The day to day management of the practice was the responsibility of a practice manager who worked closely with the senior GP partner. We found effective leadership and good team working was described by those staff we spoke with.

The practice had an up to date practice development plan. This identified aims and objectives, together with actions and timescales for completion. The practice had previously completed the Clinical Governance Practice Self Assessment Tool (CGPSAT)[6] as part of its governance arrangements and was repeating this for 2016/17. Senior staff described examples of audit activity as part of its quality assurance activity. We were told that the practice engaged with other practices within the local cluster group to identify and agree areas for service improvement.

Senior staff confirmed that relevant policies were available and that all staff had access to these. Staff confirmed that communication within the team was good. We were told that regular meetings were held between the GP partners. The

[6] The All Wales Clinical Governance Practice Self Assessment Tool (CGPSAT) encourages practices to bridge the gap between understanding and thinking about their governance systems and completing the actions needed to improve them

practice should give consideration, however, to holding wider practice meetings with a view to strengthening existing communication systems.

As described earlier, the practice should conduct a patient satisfaction survey and make arrangements to repeat surveys at regular intervals to support its quality assurance activity.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

Staff demonstrated that they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff we spoke with were able to describe their particular roles and responsibilities, which contributed to the overall operation of the practice. All staff we spoke with confirmed they felt supported by the practice manager and other senior staff. Staff also told us that they had opportunities to attend training to support them in carrying out their roles. We looked at the training records and saw evidence of training attended. Not all staff had attended equality and diversity training and the practice should make arrangements to support staff to complete this.

Improvement needed

The practice should make arrangements to support staff to attend equality and diversity training.

Senior staff described the process for recruiting staff and this included requesting checks, including a Disclosure and Barring Service (DBS) check where necessary, to assess a person's suitability to work with patients.

We found that not all staff had an up to date appraisal of their work. We discussed this with senior staff who explained that due to operational reasons over the previous year, the process of formal staff appraisals had lapsed. They demonstrated a commitment to make efforts to conduct appraisals.

Improvement needed

The practice should make arrangements to carry out staff appraisals.

Conversations with individual staff confirmed that they felt able to raise any work related concerns with senior staff and were confident these would be dealt with appropriately.

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 the University Health Centre 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: The University Health Centre, Swansea

Date of Inspection: 14 February 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
7	The practice should develop the information available to carers so that it is also relevant for young persons who are also carers.	1.1	Notice Board updated within 1 week of visit. Carer tab to be created on Website with active links to national & local support groups for young carers.	Practice Mgr. Practice Mgr.	 Sept 17
9	The practice should review the practice's website to update links that are not working.	4.2 and 3.2	Website reviewed annually in preparation for new student intake. All links to be checked & reviewed. Additional input into design to be sought to make it more user friendly (to involve users in development).	Practice Mgr. Senior receptionist. SU patient group.	Sept 17

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
11	The practice should conduct a patient satisfaction survey and make arrangements to repeat surveys at regular intervals as part of the practice's quality improvement activity.	6.3	Practice to develop patient satisfaction survey to be carried out twice yearly to reflect the turnover of patient base.	Practice Mgr. Senior receptionist.	June 2017 & January 2018
11	The practice's complaints procedure must be reviewed so that it is compliant with Putting Things Right.	6.3	Procedure & literature updated within 1 week of inspection to be compliant with "Putting things Right" (referenced in leaflet). Leaflet translated into Welsh by ABMU translation service.	Practice Mgr.	Completed Feb 2017
Delivery of safe and effective care					
17	The practice is required to develop and implement a written policy for the summarising of patients' records. This policy is to be reviewed regularly.	3.5	Practice to develop protocol for Summarising patient notes. **Short term targets:** Practice will ensure all patients over 65 notes are fully summarised according to protocol. Any new registrations of over 65's will be fully summarised within 6 weeks of receipt.	Practice Mgr. & Lead GP Practice Nurse team Nurses (until admin staff can be fully trained)	June 2017 End Sept 2017 End of Sept 17

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			All new registrations of those patients not previously registered within UK to be summarised.	As above	End of Sept 17
			Continue current approach to identify patients with complicated of significant medical history and aim to summarise within 6 weeks of receipt of records.	As above	Dec 2017
			Medium term:		
			Review systems are in place to evaluate effectiveness of the process & impact on financial and staff resources at the practice in view of the annual turnover of notes.	Practice Mgr. & Lead GP	January 2018
			Assess quality of GP2GP electronic transfer of notes .	As above	January 2018
			Long term:		
			Aspire to have a system in place to demonstrate all patient notes are summarised within a reasonable period of receipt by practice.	As above	January 2020

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
17	The practice should implement a system of regular audit of patients' records completed by all GPs as part of its quality improvement activity.	3.5	Audit criteria to be agreed by clinicians and audits created for implementation. Carry out audits on regular basis & report back to partner meetings. (New partnership change due in September 2017 so first audit due post partnership changes).	Input from all partners in criteria setting. Practice Mgr. & Lead GP	September 2017 January 2018 & 6 monthly after that.
Quality of management and leadership					
19	The practice should make arrangements to support staff to attend equality and diversity training.	7.1	All GPs have already completed Equality & Diversity training. Admin & Reception staff to undertake on line module & groups discussions. (PLTS session) Nurses to undertake online training module in protected time over Summer vacation .	Practice Mgr. & Senior receptionist Senior Practice Nurse	June 2017 By end September 2017.

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
19	The practice should make arrangements to carry out staff appraisals.	7.1	Annual programme staff appraisals for all staff to be reinstated. To be carried out by appropriate peer personnel.	Practice Manager – admin & reception staff. GP (GP appraiser trained)for clinical staff. 2 GP Partners for Practice Mgr.	August 2017 and annually thereafter.

Practice representative:

Name (print): **.....Dr Julia Ann Harris.....**

Title: **.....GP Partner.....**

Date: **.....26 April 2017.....**