



## **General Practice Inspection (Announced)**

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

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Meddygon y Blaenau, Health services Centre, Wynne Road, Blaenau Ffestiniog, Gwynedd LL41 3DW within Betsi Cadwaladr University Health Board, on 26 July 2017.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), and GP and practice manager peer reviewers.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patients told us that staff treated them with dignity and respect
- There were generally good information recording systems and good referral processes in place
- We found good continuity of care with every effort made so that patients could see the same GP at each consultation where possible
- Good internal communication systems
- Open and inclusive culture with good staff engagement
- Responsive service with staff keen to further enhance the quality of the provision
- Generally good management systems and good management overview of the service.

This is what we recommend the service could improve:

- Provide more information on how to raise a concern or make a complaint
- Set up a patient participation group and appoint a carers' champion
- Arrange training in Safeguarding Children, Young People and Adults to Level 3 for all relevant clinical staff
- Update the locum induction pack
- Audit record keeping processes and ensure that the summarising and prescribing guidance is applied consistently and arrange further training for staff involved in these processes
- Maintain a record of team meetings and GP meetings

- Formalise medication discontinuation process
- Staff recruitment.

## 3. What we found

### Background of the service

Meddygon y Blaenau currently provides services to approximately 4,700 patients in Blaenau Ffestiniog and the surrounding area. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board. The practice has been managed by the health board since February 2015, following the resignation of the previous GP partners.

The practice employs a staff team which includes an acting Practice Manager, (who was also the Primary Care Development Manager for the health board), one salaried GP, locum GPs, an Advanced Nurse Practitioner, a Practice Nurse, one Health Care Assistant and reception/administrative staff. The Practice Manager and Practice Nurse posts were being advertised at the time of the inspection. We were also informed that the Advanced Nurse Practitioner had handed in her notice and would be leaving in the near future. It was expected that this post would also be advertised once vacant.

The practice provides a range of services, including:

- Chronic Disease Management
- Advice on smoking, weight, exercise, diet and alcohol
- Minor Surgery
- Child, Adult, Flu and Travel Vaccination Clinics
- Cervical Smears
- Physiotherapy
- Pharmacy Advice and Support
- Private Medical Services

A dental practice, dementia day care centre, family planning clinic and district nursing service shared the same building as the GP practice.

The practice was due to re-locate into the refurbished Blaenau Ffestiniog Memorial Hospital in three months, together with a number of other local health services.



HIW last inspected the service in November 2015, when a number of areas for improvement were identified. During this latest inspection, we checked on the progress made in addressing those service areas. It was positive to note that the majority of the areas for improvement highlighted during the last inspection of the service had been actioned or were in the process of being addressed.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

People told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and the practice was able to demonstrate that they considered patient feedback to improve services.

Patients made positive comments, particularly about the relationships they had with staff.

During our inspection, we distributed HIW questionnaires to patients to obtain their views on the services provided at the practice.

In total, we received 18 completed questionnaires. The majority of completed questionnaires were from patients who had been registered with the practice for more than two years.

Overall, patient feedback was fairly positive. Patients were asked in the questionnaires how the GP practice could improve the service it provided. As a result patients felt that more GP's were needed, including permanent GP's, although there was recognition that locum doctors working at the practice were very good.

### **Staying healthy**

We found that patients were being encouraged to take responsibility for managing their own health through the provision of health promotion advice from staff and written information within the waiting areas, on the web-site and within the practice's information leaflet. However, we found that more could be done to 'signpost' patients to other services such as pharmacy and optometry. This should be supported by suitable staff training in this area.

Patients told us that staff talked to them and helped them understand their medical conditions.

The physical environment supported the maintenance of patient confidentiality and privacy. The reception area was separated from the waiting area by a desk and glass screen. This meant that reception staff were able to talk with patients and make telephone calls without being overheard, thus maintaining a degree of privacy and confidentiality. In addition, reception staff told us that they could also use one of the consulting rooms or a quiet area within reception to discuss any sensitive issues with patients, should the need arise.

A self-service check-in machine had recently been installed and this was located in convenient position within the waiting area which afforded a degree of privacy for the user.

The practice was part of a local 'Cluster'<sup>1</sup> group of five surgeries. We were told that one GP and Practice Manager attended Cluster meetings and used this forum as a way to generate quality improvement activities and to share good practice.

#### Improvement needed

The health board should ensure that staff do more to signpost patients to other services such as pharmacy and optometry. This should be supported by suitable staff training in this area.

### Dignified care

All but one of the patients who completed a HIW questionnaire felt that they had been treated with respect when visiting the practice.

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<sup>1</sup> A locality cluster is a group of GP Practices determined around a population of about 60,000 patients. Supported by a NHS Wales Local Health Board, the cluster brings together GP practices, Community Nursing, Frailty services, Public Health Wales, community mental health and the voluntary sector to improve patient care through a united approach.

We saw that staff greeted people in a professional yet friendly manner at the reception desk and during telephone conversations.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Screens were also provided around examination couches. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

The right to request a chaperone was displayed through posters in patient areas and in consulting/treatment rooms. Training had recently been provided to all staff who undertook chaperone duties and the chaperone policy was in the process of being reviewed.

### **Patient information**

Information for patients about the practice's services was available in leaflet form and on the health board web-site. This provided information about the practice team, opening hours, out of hours arrangements, appointment system and the procedure for obtaining repeat prescriptions. We were also told that the website was to be developed further in order to make it more informative and reflective of the changes that will take place in the near future (once the practice has been relocated into new premises).

Despite out of hours arrangements being noted on the website and within the patient information leaflet, 10 out of the 18 patients who completed a HIW questionnaire told us that they would not know how to access the out of hours GP service. The health board should therefore consider additional ways of ensuring that patients are clear about such arrangements.

A range of information in both English and Welsh was displayed and readily available within the patient waiting area. This included information about local support groups, health promotion advice and self management of health related conditions. The practice should however, consider providing a designated board displaying information specifically for carers. We were informed that this would be done once the service had moved into the new premises. In addition, there was no designated carers' champion at the surgery and we recommended that such a role be set up.

We also suggested that more use be made of printed health advice during consultations and that the sharing of such information be recorded on patient care notes.

We suggested that the practice considered installing a television monitor within the waiting area in order to display health promotion and other information

which patients may find useful. We were told that such screens were to be installed in the waiting area within the new building.

### Improvement needed

The health board should take additional steps to ensure that patients know how to access the out of hours GP service.

The health board should consider developing a carers' champion role at the practice.

More use should be made of printed health advice during consultations and that the sharing of such information be recorded on patient care notes.

### Communicating effectively

Half of the patients that completed a questionnaire identified themselves as Welsh speakers, with the majority of those saying that they could always speak to staff in Welsh when they wanted to. All non-Welsh speaking patients told us that they could always speak to staff in their preferred language.

Nearly all the staff employed at the practice were bilingual.

We asked patients (within HIW questionnaires) whether the GP practice operated a telephone triage system, where questions are asked about their medical problem when they try to make an appointment. There was a split in opinion on this point, with half of the patients saying that they were asked questions about their medical problem when making an appointment, and the other half of patients saying that they were not. The provision of advanced information can be helpful in directing patients to the most appropriate service.

There was a 'loop' system available to assist people with hearing difficulties. However, we were informed that this was rarely used.

A newsletter had been developed in order to inform patients of the progress of the building and refurbishment work being undertaken in preparation for the move into the new premises.

## **Timely care**

Patients were able to book appointments in advance Monday to Friday, telephone the surgery, or call in from 08:30 am to be given an appointment for that day.

It is envisaged that patients will also be able to book appointments online using My Health Online<sup>2</sup> service following the move to the new premises.

The nursing team saw patients presenting with minor, general illnesses. The nursing team also ran a number of clinics for patients with chronic health conditions so that they could access the care and treatment they needed without having to see a doctor.

All the patients who completed a questionnaire told us that their experience of making an appointment was either 'very good' or 'good'.

The majority of patients who completed a HIW questionnaire told us that they were fairly satisfied with the hours that the practice was open, with only one patient stating their dissatisfaction with the opening hours. Over two thirds of patients that completed a questionnaire also told us that they found it fairly easy to get an appointment when they needed one.

We found that referrals to other specialist healthcare professionals were made in a timely fashion.

## **Individual care**

### **Planning care to promote independence**

The practice team knew patients well and made adjustments to service provision according to people's individual needs based on this knowledge.

The practice was located within a purpose built building. Disabled access to the building was good. All consulting rooms were all located on the ground floor.

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<sup>2</sup> <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

There was a free of charge car park located next to the practice with good access to the practice's main entrance.

### People's rights

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

Staff stated that there was a high number of Welsh speaking patients registered with the practice and that the majority of the staff were bilingual. In addition, if patients did present as non Welsh or English speaking then staff had access to translation services.

### Listening and learning from feedback

There was a formal complaints procedure in place which was compliant with 'Putting Things Right'<sup>3</sup> arrangements. Information about how to make a complaint was posted in the reception/waiting area and also included in the patient information leaflet. Putting Things Right information leaflets and posters were also available within the reception/patient waiting areas.

There was an emphasis placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints were recorded whether received verbally or in writing. All complaints were brought to the attention of the Practice Manager who dealt with them in line with the practice's policy.

More than half of patients who completed a HIW questionnaire told us that they would not know how to raise a concern or complaint about the services they received at the practice and we found that the practice leaflet and website lacked detail about on how to complain. The health board should therefore consider providing additional information about the complaints process within

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<sup>3</sup> Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

the practice leaflet and website and also include contact details for the Community Health Council and HIW.

The health board should also consider setting up a patient participation group as an additional means of gathering feedback about the service provided. This could also serve as an additional mechanism for sharing information about the future plans for the service.

#### Improvement needed

The health board should consider providing additional information about the complaints process within the practice leaflet and website and also include contact details for the Community Health Council and HIW.

The health board should consider setting up a patient participation group as an additional means of gathering feedback about the service provided. This could also serve as a mechanism for sharing information about the future plans for the service.



## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found that the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

Information was available to patients to help them take responsibility for their own health and well being.

Generally, we found that there were suitable arrangements in place to ensure the safe prescribing and dispensing of medicines and to learn from any patient safety incidents. However, we found that aspects of these processes needed formalising.

The content of a sample of patient records we reviewed was, generally, of a good standard.

Overall, there were good internal communication system in place to ensure that there were no unnecessary delays in processing referrals, correspondence and test results.

There was a safeguarding of children and vulnerable adults policy in place and staff had completed training in this subject.

General and more specific risk assessments are undertaken and any areas identified as requiring attention were actioned.

## Safe care

### Managing risk and promoting health and safety

Almost all of the patients who completed a questionnaire felt that it was very easy to get into the practice building.

During a tour of the building, we found all areas where patients had access, to be clean and uncluttered which reduced the risk of trips and falls. The practice building was also suitably maintained both externally and internally.

General and more specific health and safety and environmental risk assessments were being undertaken on a regular basis by the practice manager.

We found examination couches in the consulting rooms to be of a suitable design. More specifically, they were free standing, height adjustable and easily cleaned.

### **Infection prevention and control**

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 were visibly clean.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitizers were also readily available around the practice.

We saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected. There was a formal waste collection and disposal contract in place.

We were informed that some minor surgery procedures were taking place at the practice and that all instruments/equipment were single use.

There was a clear and detailed infection control policy in place. Staff told us that they were responsible for carrying out an assessment of their own working environment.

The Practice Manager maintained a register of staff Hepatitis B immunisation status. This demonstrated that there was an appropriate system in place to ensure that staff and patients were protected from this blood borne virus.

There were no concerns expressed by patients over the cleanliness of the practice; with over three quarters of the patients that completed a HIW questionnaire stating that, in their opinion, the GP practice was very clean.

### **Medicines management**

We found that medication management systems were, in the main, good and safe, and in line with the health board's prescribing formulary and guidance.

We found that the practice was well supported by the health board pharmacist who attended twice a week to review medication and assist staff with queries and audits.

Patients could access repeat prescriptions by calling into the surgery in person, online or via the local pharmacy.

Any queries relating to medication were logged on the computer system and reviewed by one of the doctors.

We found that one of the locum GPs regularly discontinued medication abruptly without communicating the decision with patients and without accurately recording the reasoning behind the discontinuation.

#### Improvement needed

The health board should ensure that patients are fully consulted when medication is discontinued and a record of the discussion and the reasons for discontinuation noted in the patient's notes.

#### Safeguarding children and adults at risk

We found that there were child protection and adult safeguarding policies in place and flowcharts which included local contact numbers for reporting purposes.

One of the GPs assumed a lead role in the safeguarding of adults and children within the practice and had received training at an appropriate level on the subject. We also found that all other staff had received training, up to level 2, in the safeguarding of adults and children. However, we highlighted the need for all clinical staff to complete safeguarding training at level 3.

Adult and child safeguarding cases were flagged up on the electronic records system so that staff were aware of such issues.

#### Improvement needed

All clinical staff to complete adult and children safeguarding training at level 3.

## **Effective care**

### **Safe and clinically effective care**

The practice had suitable arrangements in place to report patient safety incidents and significant events. However, there was little evidence of how learning from such incidents were being communication to staff.

We spoke with members of the practice team on the day of our inspection and were able to confirm that staff were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety.

We looked at the practice's emergency resuscitation equipment and found that these were regularly checked and generally well equipped with both adult and child resuscitation equipment.

#### **Improvement needed**

The health board should set formal systems in place to ensure that learning from patient safety incidents and significant events are communicated to all staff.

### **Information governance and communications technology**

We found that there were clear information governance policies and procedures in place.

#### **Record keeping**

We looked at a chosen sample of patient records and found the standard of record keeping to be generally good. However, we found that some patients' notes required updating so that it was possible to link each long-term medication with the chronic condition it was being used to treat.

There was written guidance in place to assist staff when summarising patient records. However, we recommended that summarised records be audited on a regular basis in order to ensure consistency and adherence to the guidance. Consideration should also be given to arranging further training for staff involved in the summarising process.

We also found that some improvement was required in the way that tasks were being linked to the electronic patient records and the way in which home visits requests were being recorded on the system.

Staff were verbally informed of any patient deaths and although the system worked well in practice, we highlighted the need for deaths to be formally recorded on the electronic system.

We highlighted the need for blood results to be reviewed daily so as to minimise any delay in taking further action.

#### Improvement needed

Patients' notes require updating so that it is possible to link each long-term medication with the chronic condition it is being used to treat.

Summarised records should be audited on a regular basis in order to ensure consistency and adherence to the guidance. Consideration should also be given to arranging further training for staff involved in the summarising process.

The health board should ensure that tasks are linked to the electronic patient records and home visits recorded on the system.

Patient deaths should be formally recorded on the electronic system.

Blood results should be reviewed daily so as to minimise any delay in taking further action.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found a patient-centred staff team who told us they were well supported by colleagues within the practice. Staff were also positive about the training opportunities available.

We found that there was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

There were clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice.

## Governance, leadership and accountability

Overall, we found good leadership at practice level with a staff team who were committed to providing the best services they could to their patients.

It is positive to note that the majority of the areas for improvement highlighted during the last inspection of the service had been actioned or were in the process of being addressed.

There had been some instability within the service over the past four years. This has had a negative effect on morale and on staff retention and recruitment. However, it was felt that the service had now stabilized and that the imminent move to new premises had enthused staff.

There remained significant issues in relation to the recruitment of GPs with considerable reliance on locum doctors to provide cover. However, every effort was being made to secure the services of regular locum doctors to ensure a level of continuity in the provision of care to patients.

The practice had an induction pack for locum GPs. However, we found that this pack required reviewing and updating to include information about the ethos of

the practice, safeguarding process, signposting to other services and protocols for dealing with patients with additional care needs.

Staff were generally positive about the working environment and told us that they felt well respected and supported by their colleagues.

Staff also told us that there had been improvement in the collective decision making process which had led to feeling more appreciated and having more involvement in the development of the service.

There was an open and inclusive culture within the practice with evidence of informal communication taking place on a regular basis between staff members. We highlighted that a more formal approach was needed in respect of the GP meetings and peer reviews, particularly around prescribing and referral patterns, in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken.

There was a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff.

Staff had access to policies and procedures to guide them in their day to day work.

Staff working within the practice often took on dual roles and worked flexibly. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to patient services.

We found that there was a robust 'disaster recovery' plan in place which covered events such as pandemic/epidemic outbreaks, fire, flood and IT issues.

We also found that there was a practice development plan in place. This had been reviewed in June 2017.

The Community Health Council had undertaken a patient survey in June 2017, with generally positive responses. We suggested that the practice conduct their own patient satisfaction survey, possibly on completion of the move to the new premises, to assist in the further development of the service. Every effort should be made to engage housebound and other hard to reach patients in such surveys so as to ensure that their views are also taken into consideration and that they are fully involved in the development of the service.

### Improvement needed

The health board must continue with their efforts to recruit permanent GPs to enhance the continuity in the provision of care.

The health board should review and update the locum induction pack.

A more formal approach is needed in respect of the GP meetings and peer reviews, particularly around prescribing and referral patterns, in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken.

The health board should consider conducting a patient satisfaction survey, possibly on completion of the move to the new premises, to assist in the further development of the service. Every effort should be made to engage house bound and other hard to reach patients in such surveys so as to ensure that their views are also taken into consideration and that they are fully involved in the development of the service.

## Staff and resources

### 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 and indicated they were generally happy in their roles. All staff we spoke with confirmed they had opportunities to attend relevant training. We found that annual appraisals had been conducted on a regular basis.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment. However, we were told that the health board recruitment process could be time consuming and protracted and that this made it difficult to fill vacancies in a timely fashion.



## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

## 5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

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

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were highlighted during this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Meddygon y Blaenau

**Date of inspection:** 26 July 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**



## Appendix C – Improvement plan

**Service:** Meddygon y Blaenau

**Date of inspection:** 26 July 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The health board should ensure that staff do more to signpost patients to other services such as pharmacy and optometry. This should be supported by suitable staff training in this area.	1.1 Health promotion, protection and improvement	1- Training will be provided to all staff in the Health Centre who will be responsible for the signposting of patients through the triaging process.	Practice Manager	30 December 2017
		2- Clinicians will be made aware of the services that will be available in the new Health Centre when the move takes place which should help as part of the referral process and also the patient journey whilst at the Health Centre	Practice Manager	30 December 2017
		3- The Practice website will be reviewed in light of new software being made	Primary Care	30 December

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>available and will coincide with the move to the new premises. This will include information about the other services available.</p> <p>4- The opportunity will be taken to enhance the Practice leaflet to be more inclusive of the wider range of services available both at the Centre and within the vicinity of Bleanau Ffestiniog such as Pharmacies and Opticians</p> <p>5- Explore the option to further train staff in the 'Navigator' training for reception teams</p> <p>6- Staff will be encouraged to promote the use of Choose Pharmacy and Welsh Eye Care Initiative which will also be considered for displaying via the new Jayex system</p>	<p>Development Manager and Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager/Primary Care Development Manager</p> <p>Practice Manager</p>	<p>2017</p> <p>31 January 2018</p> <p>31 January 2018</p> <p>31 December 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>More use should be made of printed health advice during consultations and the sharing of such information be recorded within patient care notes.</p>	<p>4.2 Patient Information</p>	<p>1- Training some of our more long term GP's in the use of printed literature is planned to ensure that more appropriate and consistent guidance is provided to patients – this is particularly relevant with some of the clinical pathways currently in progress within the cluster domain – e.g. individual asthma management plans for each of the patients on the register with asthma.</p>	<p>Practice Manager</p>	<p>30 November 2017</p>
<p>The health board should consider developing a carers' champion role at the practice.</p>		<p>1- We are currently reviewing staff roles and we are actively looking for an appropriate team member to undertake the role of Carers champion.</p> <p>2- Links have been made with Carers Support team at Gwynedd Council and we are exploring how this can be adopted within the Centre.</p> <p>3- We have started to work with other services within the Centre and other agencies such as Alzheimer's Society and the Carers Outreach team to</p>	<p>Assistant Area Director Primary Care and Primary Care</p> <p>Development Manager</p> <p>Practice Manager</p>	<p>30 November 2017</p> <p>31 October 2017</p> <p>30 November 2017</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should take additional steps to ensure that patients know how to access the out of hours GP service.		<p>identify and support Carers responsibilities within Bleanau Ffestiniog</p> <p>1- The out of hours service is currently advertised throughout the practice; however we will Improve the publication of the OOH service and how it is accessed utilising the website, patient leaflet and also the new Jayex infotainment system to be installed at the end of October. In addition our new telephone numbers will also automatically divert customers to OOH outside normal working hours.</p>	Primary Care Development Manager	31 October 2017
The health board should consider providing additional information about the complaints process within the practice leaflet and website and also include contact details for the Community Health Council and HIW.	6.3 Listening and Learning from feedback	1- We will provide additional information in our practice leaflet and on our revised website	Practice Manager	30 November 2017
The health board should consider setting up a patient participation group as an additional means of gathering feedback about the service		1- We will ask patients for their interest in the establishing of a patient satisfaction group	Practice Manager	30 November 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
provided. This could also serve as a mechanism for sharing information about the future plans for the service.		2-Plans are already under way with the recruitment of patients and service users to form a participation group including voluntary organisations who are interested in establishing a sensory garden at the new Health Centre	Practice Manager and Practice Team	31 January 2018
<b>Delivery of safe and effective care</b>				
The health board should ensure that patients are fully consulted when medication is discontinued and a record of the discussion and the reasons for discontinuation noted in the patient's notes.	2.6 Medicines Management	1- This issue has been examined by the Assistant Area Medical Director and a process has been developed and agreed with medical staff for medication discontinuation and will be documented and that a record of reason is kept	Practice Manager and GP's	31 October 2017
Arrange training in Safeguarding Children, Young People and Adults to Level 3 for all relevant clinical staff	2.7 Safeguarding children and adults at risk	1- The WP30 policy clarifies the levels all staff should obtain and this is currently being progressed in the Health Centre with all relevant staff. It is understood and acknowledged all GP's and Nurses are required to achieve Level 3 in Safeguarding as required by	Practice Manager and Primary Care Development Manager	30 November 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		their relevant professional registration.		
The health board should put formal systems in place to ensure that learning from patient safety incidents and significant events are communicated to staff.	3.1 Safe and Clinically Effective care	<p>1- The communication process for complaints, concerns and significant events is clarified through the BCU policy – the Centre Manager will ensure that this is followed through for all patient safety incidents and significant events</p> <p>2- Patient Safety Incidents will be a standard agenda item on all practice meetings to ensure that action from incidents are shared with the team. All the Centre’s incidents are logged on the Health Board’s Datix system – “Stories for Sharing” newsletter is circulated to all staff.</p>	<p>Practice Manager, Primary Care Development Manager and AAD Primary Care</p> <p>Practice Manage</p>	<p>30 November 2017</p> <p>30 November 2017</p>
Patients' notes require updating so that it is possible to link each long-term medication with the chronic condition it is being used to treat.	3.5 Record keeping	Review current state of medical records and read coding and then appropriate clinicians to ensure medication is linked to condition	Practice Manager and GP’s	31 December 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
Summarised records should be audited on a regular basis in order to ensure consistency and adherence to the guidance. Consideration should also be given to arranging further training for staff involved in the summarising process.		<p>1- Further Training will be commissioned to summarise patient notes, in addition further training will be made available on GP2GP to reduce the impact on the requirement for summarising</p> <p>2- GP's will undertake a sample review of notes to ensure accuracy and consistency</p> <p>3- Review Summarisation of Patient Records policy to strengthen audit process</p>	<p>Practice Manager</p> <p>Practice Manager and GP's</p> <p>Practice Manager</p>	<p>31 December 2017</p> <p>31 December 2017</p> <p>31 December 2017</p>
The health board should ensure that tasks are linked to the electronic patient records and home visits requests recorded on the system.		1-Additional EMIS training will be provided on general use of Tasks and messages available for use on EMIS	Practice Manager	30 November 2017
Patient deaths should be formally recorded on		1- Use of the Home Page on EMIS for notification of Deaths as we are made	Practice Manager	31 October 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
the electronic system.		aware of them		
Blood results should be reviewed daily to minimise any delay in taking further action.		1-Allocate dedicated time for GP's to review blood and other results  2-Increase the availability of salaried GP's through recruitment, to reduce the frequent change in staff/locums available to complete their own tasks	Practice Manager  AAD Primary Care and Primary Care Development Manager	30 November 2017  31 January 2018
Quality of management and leadership				
The health board must continue with their efforts to recruit permanent GPs to enhance the continuity in the provision of care.	Governance, Leadership and Accountability	1-Adverts will be regularly posted through NHS Jobs and other available channels to maximise recruitment opportunities  Interviews for second salaried GP in Blaenau Ffestiniog will take place on 18 October 2017	AAD Primary Care and Primary Care Development Manager	31 October 2017 and ongoing
The health board should review and update the locum induction pack.		1-In progress throughout BCU as part of an improvement programme being undertaken by Primary Care project	AAD Primary Care and Primary Care	31 October 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>A more formal approach is needed in respect of the GP meetings and peer reviews, particularly around prescribing and referral patterns, in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken.</p>		<p>managers</p> <p>1-A review of the working patterns of GP's, Pharmacists and Nursing team will be undertaken to achieve the best suitable opportunity to convene a weekly meeting to discuss all matters.</p> <p>2-These meetings will be documented and reviewed to ensure appropriateness</p> <p>3-Relevant learning will be shared in the Practice Staff team meetings</p>	<p>Development Manager</p> <p>Practice Manager</p> <p>Practice Manager and GP's</p> <p>Practice Manager</p>	<p></p> <p>31 January 2018</p> <p>31 January 2018</p> <p>31 January 2018</p>
<p>The health board should consider conducting a patient satisfaction survey, possibly on completion of the move to the new premises, to assist in the further development of the service. Every effort should be made to engage house bound and other hard to reach patients in such surveys so as to ensure that their views are also taken into consideration and that they are fully involved in the development of the service.</p>		<p>1- We will conduct a survey early into the new centre opening in order to get a baseline of people's experience in the Centre</p> <p>2-Regular surveys will be planned, some general and some specific on aspects of the service(s) being delivered and to identify any gaps in services</p>	<p>AAD Primary Care and Primary Care Development Manager and Practice Manager</p>	<p>31 March 2018</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Keith Amos**

**Job role: Primary Care Development Manager**

**Date: 2 October 2017**