

**General Practice
Inspection (Announced)**
The Vale of Neath Practice:
Abertawe Bro Morgannwg
University Health Board

Inspection Date: 27 March 2017

Publication Date: 28 June 2017

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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 The Vale of Neath Practice, 102 High Street, Glynneath SA11 5AL on 27 March 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.

HIW explored how The Vale of Neath Practice 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 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 Vale of Neath Practice currently provides services to approximately 9536 patients in Glynneath. The practice forms part of GP services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The Vale of Neath Practice also provides care, treatment and advice to patients from a second site which is located in Resolven. Services at that branch surgery were not inspected during the course of our one day visit.

The practice employs a staff team which includes six GPs, a Practice Manager and Deputy, a nurse practitioner, four practice nurses (two of whom were also able to prescribe medication), a health care support worker and a very well established team of administrative/reception staff.

Health visitors, community based nurses, midwives, phlebotomists (who take blood samples from patients) and counsellors, who are employed by the health board, work closely with the staff team at the practice.

The Vale of Neath Practice is an accredited teaching practice. This means that GP's employed at the practice offer further training to fully qualified Doctors in General Practice and also undergraduate training to Medical Students.

The practice provides a comprehensive range of primary care services which includes:

- Management of long term health conditions
- Joint injections
- Anticoagulation-level 3
- Cervical smear screening
- Contraceptive services
- Vaccinations and immunisations (adults and children)
- Child health surveillance
- Counselling
- Maternity services (The midwife sees patients at an alternative premises in Resolven)
- Travel vaccinations and advice
- Care of patients who are terminally ill
- Smoking cessation clinics

For ease of reading, The Vale of Neath Practice will be referred to as the 'practice' throughout this report.

3. Summary

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

We found that staff made every effort to get to know patients and their family/carers and we found people were treated with dignity and respect by the practice team. There was also considerable emphasis placed on the provision of safe and effective care.

We found that there were innovative ways of recording patients' consultations and making information available to patients to help them take responsibility for their own health and well being. There was also a detailed practice leaflet and website available to assist patients to understand the primary healthcare services provided.

This is what we found the practice did well:

- Patients who spoke with members of the local Community Health Council indicated that they were very satisfied with the services they received at this practice
- A large number of templates/guidelines had been developed by the clinical members of the practice team, to record patient consultations which helped to ensure consistent and detailed recording of patients' medical histories, their current problems and plans for care. In addition, the practice had created very useful direct links with credible health information sources, to enable doctors and nurses to print off relevant information for patients to take away with them
- Staff were clear about their roles and day to day responsibilities and they also told us that they felt supported and valued in the workplace

This is what we recommended the practice could improve:

- Aspects of the system in place with regard to concerns/complaints and Putting Things Right arrangements
- Staff training with regard to child and adult safeguarding
- Recording of staff appraisals

4. Findings

Quality of the patient experience

Staff made every effort to get to know patients and their family/carers and we found people were treated with dignity and respect by the team.

We found that there were innovative ways of recording patients' consultations and making information available to patients to help them take responsibility for their own health and well being. There was also a detailed practice leaflet and website available to assist patients to understand the primary healthcare services provided.

Two members of the local Abertawe Bro Morgannwg Community Health Council (CHC) 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 practice through the distribution of questionnaires and via face to face conversations with patients and/or their carers. The CHC had also provided the practice with patient questionnaires for completion prior to the inspection; additional questionnaires being completed on the day of the inspection. Patient responses to questions about whether they were happy with the services they received at the practice resulted in very positive comments.

The CHC have produced a report which provides an analysis of the information they have gathered. That report can be found at Appendix B.

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.

We reviewed the content of 20 electronic patient records and found that clinical staff had provided patients with sufficient information about their health condition, investigations needed and options for managing their health and wellbeing.

We were also provided with a practical demonstration of some of the recording templates/guidelines developed and used by the clinical members of the

practice team, to record patient consultations. As a result, we found that a large number of 'in-house' templates were used to ensure consistent and detailed recording of patients' medical histories, their current problems and plans for care. In addition, the practice had created very useful direct links with credible health information sources, to enable doctors and nurses to print off relevant information for patients to take away with them. This was to help patients understand their health care conditions and to provide them with useful information about what they could do to help themselves. We were also made aware that a nominated GP would update such templates in response to changes in national and professional guidelines. The practice was commended for this approach to health promotion and improvement.

We saw a variety of health promotion/lifestyle information on display in the patient waiting area for people to take away with them for future reference. The practice leaflet was also readily available to people, together with information about support services and organisations. All such information was found to be relevant and current.

The practice's website further provided patients with detailed information about the appointments system and services offered.

Discussion with the practice team revealed that they did not have a nominated 'Carer's Champion' to personally assist patients who were carers, or family members who had a caring role. However, staff indicated that they were aware of a number of carers from within their practice population and were able to signpost them to various services and sources of help in their area, as and when required. There was also information on display in the waiting area for them to take away, to help them in their role as a carer.

We found that the GPs and Practice Manager adopted a positive approach to the work and development of the GP cluster¹ in the area, as a means of improving services and support to patients in the future. However, they faced particular logistical challenges in working together as closely as they would wish, because the other practices involved in their cluster were a significant distance away from Glynneath. This meant that patients could not reasonably be expected to travel such long distances to use some services.

¹ 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.

Despite the above challenges though, the practice, together with members of the GP cluster, had commissioned a direct access physiotherapy service to provide patients with advice, support and treatment with muscular and joint problems. This was designed to ensure that patients received prompt advice over a four week period which released more time for GPs to assist people with complex health conditions. Patients were able to make a direct telephone booking with the physiotherapy service and we were told that the use and effectiveness of the service would be evaluated some time during 2017. This initiative was considered to be good practice.

We were also made aware of the benefit to patients which had occurred, as a result of the cluster approach to pre-diabetic screening.

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.

We were able to confirm that the practice had well established systems in place to ensure patients' confidentiality.

Observation of the way which staff at reception spoke with patients on their arrival, confirmed that efforts were made to speak in soft tones to prevent other people from overhearing the conversation taking place. We also found that all telephone conversations with patients (incoming and out-going calls), were made within the confines of the office at the rear of the enclosed reception area to ensure that patient's information was discussed in a confidential manner at all times.

Discussions with staff revealed that all outgoing telephone calls made, were recorded. This wasn't however made clear to patients. We therefore recommended that the practice develop a process/policy to support staff in this regard and to ensure that members of the public were fully informed.

We saw that there was a lower area at the reception desk which would allow reception staff to easily speak with patients who used a wheelchair.

We discussed the use of chaperones in relation to patient examinations and found that the practice tried to ensure that clinical staff were used in this role wherever possible. We saw evidence of the (Medical Defence Union) training completed by non clinical staff regarding chaperone duties, as there were

occasions when clinical staff were not able to be present. Patient consultations also contained reference to times when chaperones were offered and used.

There were signs in the patient waiting area which alerted patients to their right to request a chaperone be present during their consultation and there was a chaperone policy in place to guide practice staff.

Conversations with members of the team revealed that a room adjacent to reception or a vacant consultation room would be used should patients wish to speak to reception/practice staff privately.

We saw that doors to consulting/treatment rooms were closed at times when practice staff were consulting with patients. This meant that appropriate steps were being taken to maintain patients' privacy and dignity.

We found that there were appropriate arrangements in place to obtain consent from patients prior to joint injection/other procedures. The practice also had an up to date policy regarding consent.

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.

We found that internal communication systems at the practice appeared to work well. For example, we considered the process in place for patients and/or parents of children to receive results from blood tests and other investigations and were able to determine that each GP received the results of any investigations they requested; contacting patients as needed. We were also told that when a GP was on holiday, test results were reviewed by other GPs. In addition, we were informed that patients were advised to contact the practice to obtain their results.

We were informed that staff rarely needed to use an interpreting service to assist patients whose first language was not English, to discuss their health related problems with doctors and nurses.

A hearing loop system was available to patients with hearing difficulties. There was no tannoy system in place to call patients to consultation rooms. Patients were therefore mostly alerted to find their way to a consultation room by means

of large print information which appeared on the TV screens in the waiting area. At other times, clinical staff personally escorted patients from the waiting area.

There were no bilingual (Welsh) patient practice leaflets on display at the time of our inspection and staff told us that they had never been requested for information in any language other than English. The practice may however still wish to consider displaying some information in Welsh.

GPs informed us that the content of discharge summaries was better than it had been in the past. This assisted with providing continuity of care to patients.

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 was open Monday to Friday between the core hours of 8:00am to 6:30pm and didn't close at lunchtime. The first available appointment was 8:30am each day.

The practice's appointments policy was '*to do this morning's work this morning and this afternoon's work this afternoon*'. As a result, patients were provided with an appointment on the day of their request, although it was acknowledged that there were times of the day when the volume of telephone calls were particularly high. Staff also described that when all morning appointments were filled, subsequent patients who contacted the practice were told to ring back in during the afternoon to make an afternoon appointment. We found that house calls were triaged to ensure the best outcome for patients and the most effective use of GP time.

Where follow-up appointments were required, some GPs would provide the patient with a time and date at the end of their consultation, other GPs advising patients of the date when they needed to contact the practice to be seen again. There was however, no system in place to prompt those patients who may forget to contact the practice to book a follow-up appointment, or to quickly check/audit how many patients failed to do this.

Improvement needed

The practice is required to provide HIW with a description of the system to be put in place to ensure that patients book a follow-up appointment,

as requested by a GP. This is in order that a follow-up consultation takes place in a timely way.

Conversations with clinical staff and face to face conversations between patients and members of the local CHC on the day of the inspection indicated that being able to get a 'same day' appointment worked very well for the registered patient population; professional trust and understanding having developed between patients and the practice team over a period of time.

We were able to confirm that the practice team were flexible in their approach to assisting patients with hearing difficulties, or other sensory problems, to make appointments in person. For example, there was access to Royal National Institute for the Deaf interpreters as and when required, to assist patients during their consultations. We did however; suggest that the patient electronic records system be used to identify people with additional needs in general, more clearly. We also advised that the practice may wish to use telephone texting to communicate with patients who have difficulties with hearing.

There was a daily telephone consultation system in place which enabled patients to receive advice about their healthcare concern. This was to try to provide patients with support and advice in a timely way. We also found telephone consultations were followed up with a face to face appointment or home visit as and when appropriate.

The practice team were proactive in offering access to My Health Online (MHOL) appointment booking and for ordering repeat prescriptions. We were informed however, that there was currently less than a 10 per cent take up of this by practice patients. Discussion with members of the staff team about this issue resulted in a willingness to consider amending information on the practice website to include a direct link to the MHOL website as a means of increasing the uptake. We also advised the practice to display posters about the MHOL service, in the patient waiting area.

Patient referrals to hospital services were all made via the Welsh Clinical Communications Gateway (WCCG)². All referrals were checked each day by nominated members of the administrative staff to ensure that they had reached

² The Welsh Clinical Communications Gateway (**WCCG**) is a national system in Wales for the electronic exchange of clinical information such as referral letters.

the relevant hospital destination. This reduced the risk of any referrals being delayed, or mislaid.

Individual care

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

The practice premises were generally accessed directly from the main street; all consultation rooms being located on the ground floor with the exception of one. We saw that there was a stair lift to assist patients to access the consultation room on the first floor, which we were told, was used by the counsellor and occasionally, by one of the GPs.

Patients with mobility difficulties were able to access the practice via a ramp at the rear of the building. However, some patients would need to be accompanied to use the intercom, as this was placed high up on the wall and may therefore not be within their reach. In addition, the practice premises were cramped; doorways barely being wide enough to allow safe passage through to the consultation rooms.

We saw lots of health promotion leaflets and relevant information on view in the waiting room to help patients improve their quality of life and emotional well-being. We were able to confirm that the practice's answerphone message was detailed in its advice to patients regarding how to deal with emergency and non emergency healthcare situations.

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.

Discussions held with members of the team, demonstrated that the practice made every effort to work closely with other health and social care professionals and groups to support patients in the community wherever possible.

We also found that the practice completed 'in-house' reviews of patients with learning disabilities and mental ill-health. We were also informed that GPs would complete such reviews at the practice-avoiding the busiest times, or at

patients' own homes, if considered appropriate. This was in response to their presenting needs.

The above meant that the practice had suitable systems in place to meet the additional needs of vulnerable patients registered.

We saw that the practice's development plan took account of the needs and presentation of its registered population. For example, the practice had arranged for representatives from the local Citizen's Advice Bureau to visit the practice once every two weeks as a means of providing them with support and advice. We were also informed that Carer's UK visited the practice once or twice every year, to provide additional support to those individuals with caring responsibilities.

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.

We found that the practice had a system in place for responding to formal concerns and handling complaints. The practice manager also described how they would attempt to address any concerns raised, in a prompt way.

However, the practice was not following Putting Things Right³ (PTR) arrangements as follows:

- The concerns/complaints process needed to include reference to the local community health council and the Public Services Ombudsman for Wales as a means of informing patients of their rights to support and advice
- The practice needed to ensure that the revised complaints/concerns procedure was displayed in prominent areas of the practice to assist patients with understanding their rights

³ Putting Things Right refers to the current arrangements in Wales for raising concerns about NHS treatment.

- To assist with identifying improvements needed, the practice was required to develop a mechanism for recording informal/verbal complaints and to monitor their nature and number
- The practice needed to ensure that all staff are aware of the PTR timescales for acknowledging and resolving patients' concerns/complaints about services provided at the practice

Improvement needed

The practice is required to provide a description of the action taken to ensure that it manages concerns/complaints in accordance with Putting Things Right arrangements.

The practice was also advised of the need to develop a system which would enable the team to easily identify and analyse complaints themes and trends as a means of making improvements to services provided.

The practice had a longstanding Patient Participation Group (PPG) who met with members of the practice team, on a quarterly basis. We were also informed that the PPG were able to control how money within the Patient Fund, was spent for the benefit of patients.

We saw there was a suggestions box at reception; however we were told that this had been rarely used by patients to offer their views on service provision. The practice information leaflet though, reminded patients that they could make suggestions for improving services. In addition, the practice website had a contact form which patients regularly used to provide direct feedback and suggestions.

Delivery of safe and effective care

We found that the staff team at the practice placed considerable emphasis on ensuring the provision of high quality and safe services to patients in accordance with the Health and Care Standards.

Services were planned and delivered to take account of the needs of patients and to help provide flexibility, choice and continuity of care.

The sample of patient records we reviewed was of a very good standard.

We did however; identify the need for further staff training in respect of child and adult safeguarding.

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.

A brief tour of the building revealed that the integral reception/waiting area was clean and tidy. However, the waiting area was very cramped; patients and young families being unable to find somewhere to sit at various times during our inspection. In addition, there were no automatic doors to assist people with mobility difficulties to enter the building.

The building (having been adapted as a GP premises many years ago), was very dated, cramped and did not provide sufficient space to enable visiting social or healthcare professionals to work with the practice team in an efficient way.

HIW understood however, that negotiations were on-going, to enable the practice to move to purpose built premises which would result in the delivery of a wider range of much needed services in response to patients' complex, changing needs and improve physical access to primary care. This was particularly important as the Vale of Neath Practice was the only source of primary care medical services in the area.

The practice had a range of relevant policies and procedures in place to guide staff in their day to day work. Staff also had access to a handbook which provided additional information about what was expected of them and their terms of employment. Policies included a business continuity plan which provided staff with advice about what to do in the event of problems such as computer failure, loss of electricity and flooding.

The practice team confirmed that every new employee was provided with a range of relevant policies and procedures to help them understand what was expected of them in the workplace. We were also informed that employees needed to sign (new and revised) policies at such time when they had been read and understood; signed copies being kept in their personal files.

We were also able to confirm that there were appropriate systems and processes in place to protect patients and staff in accordance with health and safety legislation.

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.

We saw that hand washing facilities and paper hand towels were available in all clinical areas and toilet facilities to reduce the risk of cross infection and protect both patients and staff.

All relevant members of the practice team had received Hepatitis B vaccinations and we were able to confirm their subsequent level of immunity by looking at the information held. This meant that there was an appropriate system in place to ensure that staff and patients were protected from this blood borne virus.

Standard 2.6 Medicines management

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

We discussed the local policy in place for effective prescribing with a senior GP and looked at a sample of patient records. As a result, we were satisfied that the practice was compliant with legislation, regulatory and professional guidance.

Overall, we saw that medication reviews were being completed at required intervals. Discussions with GPs further indicated that the practice may seek to review patients taking medication for psycho-social reasons, on a more frequent basis (that is, every three months) to ensure that their needs were being met.

We were also made aware of the savings that had been made by the practice team as a result of their stringent approach to prescribing. Such savings had been used to purchase more counselling time at the practice, to support patients.

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.

The practice had nominated two GPs to lead on adult and child protection matters and each of the GPs had completed protection of vulnerable adults training at level 3, as currently required. We were also able to confirm that the majority of staff had received training with regard to All Wales child and adult protection arrangements. They also had access to a current policy and contact details for the local safeguarding team to guide them about what to do in the event of the identification of a potential/actual safeguarding issue

However, the practice was honest in declaring that a small number of staff had not received such training. We therefore advised that this issue be addressed either via the NHS learning portal, or some other means.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that all members of the practice team receive training on the topics of adult and child safeguarding respectively, at a level relevant to their roles and responsibilities.

Discussions with a senior GP demonstrated that there were good multi-professional arrangements in place which assisted in ensuring that the practice held appropriate information about child protection matters.

All staff wore identity badges to assist patients when speaking with the practice team.

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.

We spoke with various members of the staff at the practice who were able to describe the effective system in place for the sharing and dissemination of patient safety incidents or significant events. We were also assured that any patient significant events were analysed and discussed during weekly GP meetings which were attended by other members of the staff team as and when required, so that lessons could be learned and improvements made to the services provided. We were further informed that an annual significant events analysis meeting took place every November.

We spoke with members of the practice team on the day of our inspection and were able to confirm that staff were encouraged to raise any concerns they may have about patients' and/or their own, safety. More specifically, staff confirmed that there were daily opportunities to address and discuss any patient service issues with the practice manager and/or one of the GPs.

Discussions with the senior GP partner and management staff revealed that the practice was currently in the process of considering alternative ways of meeting the needs of their patients more effectively. We were also made aware that in-house counselling and smoking cessation sessions were generally effective in terms of supporting patients.

The practice manager described how Information about national and professional guidance was cascaded to clinical staff, items for discussion being added to the weekly GP/staff meeting as required.

We saw how the practice kept up to date with patient deaths and hospital admissions, making sure that such information was retained behind a roller blind in the staff common room to maintain confidentiality. This was because the area was a busy thoroughfare and used by professional visitors to the practice. We were also made aware that the practice sent a sympathy card to families as a mark of respect. The practice was commended for the above approach.

Conversations with GPs indicated that hospital discharge information was much better than it had been in the past and was dealt with promptly on receipt at the practice. This meant that patients benefitted from planned continuity of care on their return home from hospital, in accordance with their needs.

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 the content of 20 patients' electronic records and found that members of the practice team would have no difficulty deciding what needed to be done next. Overall, patients' records reviewed were accurate, up to date, and understandable in accordance with professional standards and guidelines. The content of some exceeded the required standard and we were assured that the recording of house visits was recorded on the same day, a matter for which the practice was commended.

We did however advise the practice to consider documenting a full update of patients' psycho-social needs on an annual basis. This was as a means of providing easy reference to patient's history and current presentation, in this regard.

We found that there were robust processes in place with regard to the use, sharing of, and protection of patient information at such times when house calls were made. The same robust processes applied to times when information needed to be shared between the practice and GP out of hour's service. We further found that there was a well established system in place to alert the practice team about patient deaths.

We found evidence of the appropriate use of guidance published by the National Institute for Health and Care Excellence (NICE) in terms of assessing and treating patients. In addition, discussions with the senior GP revealed planned audit activity to be undertaken by a member of the clinical team at the practice, in respect of NICE hypertension guidelines.

The practice had nominated a full-time member of the administrative staff to summarise the notes of new patients who joined the practice. This was as a means of ensuring that clinical staff had all the relevant information required about patients' medical histories to help them plan patients' care safely and effectively.

We were able to confirm that patients' records were stored securely, updated and were able to be retrieved in a timely way.

Quality of management and leadership

We found that the leadership provided by the GPs and the Practice and Deputy Manager respectively, resulted in a positive working culture.

Staff were clear about their roles and day to day responsibilities and they also told us that they felt supported by all members of the practice team.

We found there was a training/orientation programme in place to ensure the effective induction of new members of the practice team. This meant that patients were supported by individuals who had received sufficient training to become familiar with their role and practice processes. Similarly, established members of the team were provided with the opportunity to undertake regular training, relevant to their work and development.

However, whilst staff appraisals had generally been completed, they had not been recorded for some time. We therefore advised the practice of the need to address that issue to provide evidence of discussions with employees about aspects of their work and training needs.

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.

We found that the leadership provided by the GPs and the Practice and Deputy Manager respectively, resulted in a positive culture, and an organisation that placed an emphasis on continuous improvements and the delivery of high quality patient centred care.

Specifically, there were good governance arrangements in place in the form of regular audits (for example, those required by the health board and others completed by registrars, practice nurses and a pharmacist). There were up to date and relevant protocols, procedures and policies in place which underpinned the day to day work of the practice. Conversations with the lead GP highlighted that one of their GP colleagues had a particular interest in conducting research. Such data collection was outlined in the practice's information leaflet.

Staff were clear about their roles and day to day responsibilities and they also told us that they felt supported and valued in the workplace.

GP partners met together weekly for planning and discussion purposes and staff confirmed that they were consulted on any changes made to the way the practice worked. Members of the inspection team were present at the meeting on the day of inspection and found it to be very well organised and relevant.

We were told that multidisciplinary meetings were held weekly and palliative care meetings were held every six weeks. This was to ensure that key issues with regard to patients' needs could be discussed and addressed by the wider primary healthcare team.

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.

Conversations with the practice manager revealed that staff sickness levels were low. We also found that a number of staff had been working at the practice for many years. This meant that patients were provided support overall, from a consistent, known team of staff.

One of the GPs was nominated as the recruitment lead. We were informed that a GP vacancy which had arisen as a result of the recent retirement of a practice partner had already been filled and the imminent departure of one of the practice nurses had resulted in a positive advertising campaign, with interviews already taking place.

We were provided with details of the induction training in place which clearly set out the key skills that staff were helped to acquire. We were also provided with details of the nature and frequency of training that staff were expected to complete on an ongoing basis.

We found that there was a system in place to provide staff with an annual appraisal. However, appraisals regarding some clinical staff had been conducted, but had not been recorded for some time. We therefore advised the practice of the need to address that issue to provide evidence of discussions with employees about aspects of their work and training needs.

Improvement needed

The practice is required to provide HIW with details of the action taken/to be taken to ensure that all staff annual appraisals are recorded.

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 Vale of Neath 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: The Vale of Neath Practice

Date of Inspection: 27 March 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
12	The practice is required to provide HIW with a description of the system to be put in place to ensure that patients book a follow-up appointment, as requested by a GP. This is in order that a follow-up consultation takes place in a timely way.	5.1	Following discussion at a practice meeting, it was decided that where a GP has specified an action "contact patient to make an appointment" following a test result, our Admin team will populate a follow up list to routinely check that the patient: <ol style="list-style-type: none">1. Received the notification letter in the post.2. Followed the instruction to make an appointment.3. Attended the appointment.	Mr Alex Davies	2-4 Weeks

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
15	The practice is required to provide a description of the action taken to ensure that it manages concerns/complaints in accordance with Putting Things Right arrangements.	6.3	We have printed and displayed in our waiting area the latest patient information leaflet released 30/03/2017 on "Putting Things Right". Our Practice Manager will ensure a practice response to any complaint is provided within two working days, with a more detailed response provided (following discussion, investigation, significant event audit, and medical defence consultation) within the 30 working day guideline where possible.	Mr Alex Davies	Completed
Delivery of safe and effective care					
19	The practice is required to inform HIW of the action taken/to be taken to ensure that all members of the practice team receive training on the topics of adult and child safeguarding respectively, at a level relevant to their roles and responsibilities.	2.7	Many of our staff already have valid adult and child safeguarding certificates, at a level relevant to their roles and responsibilities. Our Practice Manager has already undertaken an exercise to identify any new/existing staff without current certificates, and is arranging for these staff members to complete the training modules online within the NHS Wales eLearning portal.	Mr Alex Davies	4 – 6 Weeks

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of management and leadership					
23	The practice is required to provide HIW with details of the action taken/to be taken to ensure that all staff annual appraisals are recorded.	7.1	The Practice Manager peer reviewer was provided with document evidence of annual appraisals completed for all admin, reception and clerical staff. Unfortunately there was limited evidence for some of the clinical staff annual appraisals, as such our GP lead for personnel matters will ensure that annual appraisals are documented in the future.	Dr S Burrow	6-12 Months

Practice representative:

Name (print): Dr Hugh Gripper.....

Title: GP Principal Partner.....

Date: 26/04/2017.....



HIW – ABM CHC Joint GP Inspection

Visit Summary	
Practice:	The Vale of Neath Practice, Glynneath
Date/Time:	27 March 2017
CHC Team:	ABM CHC Member (Lead) – Farida Patel Member – John Dyer
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

Patient Experience questionnaires were left at The Vale of Neath Practice for up to two weeks prior to the inspection and Abertawe Bro Morgannwg Community Health Council (ABM CHC) members spoke to patients on the day of the inspection. This led to the completion of 59 questionnaires. The majority of these patients had been registered with the surgery for over ten years and rated their overall experience of this surgery as very good or good.

The majority of patients we spoke to were positive about their care and treatment. Patients told us that their GP and nurse greeted them well, had a good awareness of their medical history, understood their concerns and provided good explanations of their treatment.

88% of patients surveyed considered the practice's opening times to be very good or good. However, 22% of patients spoken to reported difficulties relating to the appointment system. Patients reported that the queuing system made it

difficult to get through on the phone and when they did get through the appointments had been taken. The majority of patients (97%) confirmed that, having contacted the surgery, they can expect to see a GP within 24 hours with fewer (77%) securing an appointment with a GP of their choosing within the same period.

Just over half of patients spoken to (58%) were seen at their allocated appointment time; of those who had to wait, 46% reported being seen within 10 minutes but 36% told us they waited over 20 minutes.

Observations

Environment – External

Patients raised concerns around poor parking at the practice, emphasising the lack of parking for patients with a disability. Members also noted parking concerns.

Members noted the back entrance to the practice was used for wheelchair access, but the doorbell was situated too high up for a patient in a wheelchair. Members noted that the practice was accommodated in an old building but was well kept.

Environment – Internal

Overall, patients were extremely satisfied with the environment within the surgery, and in particular the cleanliness and seating arrangements of the waiting area and the helpfulness of reception staff.

During the visit members noted that there was adequate space for wheelchairs, prams etc within the waiting area.

Members noted that the emergency chord in the disability toilet had been tied up. This needed to be longer to be accessible from the floor should a patient fall.

Communication & Information on Display

Members noted the following:

- ◌ The TV screens were up to date
- ◌ The display boards were tidy and relevant

- The calling system worked well
- Reception staff communicated with patients if there was a delay in seeing their healthcare professional.

A copy of the patient survey report is attached.