



General Practice Inspection (Announced)

LLys Meddyg Surgery,

Betsi Cadwaladr University Health
Board

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Contents

1.	What we did	6
2.	Summary of our inspection	7
3.	What we found	9
	Quality of patient experience	10
	Delivery of safe and effective care	15
	Quality of management and leadership	19
4.	What next?	23
5.	How we inspect GP practices.....	24
	Date: 2 nd June 2017	32

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 Llys Meddyg Surgery, 23 Castle Street, Conwy LL32 8AY, within Betsi Cadwaladr University Health Board, on 10th April 2017.

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

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:

- People told us that they were treated with dignity and respect by staff
- There were arrangements in place to promote safe and effective patient care
- The staff team were patient centred and committed to delivering a high quality service to their patients
- There were safe medication prescribing processes in place
- There was a robust internal communication system in place to ensure that there were no unnecessary delays in processing referrals, correspondence and test results.

This is what we recommend the service could improve:

- The practice web-site and patients' leaflet should be reviewed
- A patient participation group should be set up
- Clinical governance and auditing processes needed formalising
- The health board should review arrangements in respect of managed practices and consider whether there needs to be a separation of its role as commissioner and provider of primary care services, whilst at the same time ensuring that equitable resources are secured for both functions
- GP meetings and peer reviews should be formalised and recorded
- The health board should consider reviewing the practice development plan

- The health board should establish a programme of annual appraisals for staff

3. What we found

Background of the service

Llys Meddyg provided services to approximately 3,700 patients within the Conwy area. The practice has been managed by Betsi Cadwaladr University Health Board since November 2016.

The practice employed a staff team which includes three GPs, a practice manager, two practice nurses, a health care assistant and six reception staff. The practice manager had been recently recruited and commenced her employment at the practice on the day of the inspection.

The practice provided a range of services, including:

- Minor ailments and accidents
- Wound care and dressings
- Blood pressure checks
- Cervical smear tests
- Family planning
- Chronic Disease clinics (diabetes/ respiratory/ heart disease, etc.)
- Smoking Cessation
- Ear syringing
- HRT & Menopause
- Immunisations/travel advice
- Cryosurgery (liquid nitrogen)
- Annual checks for people over the age of 75

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.

Staying healthy

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

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.

People with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support such as the Association of Voluntary Organisations in Conwy. There was no designated carers' champion at the time of the inspection. However, we were informed that the newly appointed practice manager would be taking on responsibility for this.

The physical environment had been adapted, as much as would allow, to maintain patient confidentiality and privacy. The reception area was separated from the waiting area. 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, if available, to discuss any sensitive issues with patients, should the need arise.

There was a written policy on the use of chaperones and staff had received appropriate training. The right to request a chaperone was displayed through posters in patient areas and in consulting/treatment rooms.

The practice was part of a local 'Cluster'¹ group of nine practices. However, the engagement with the Cluster group had been sporadic of late due to the changes in the management responsibilities within the practice. It was anticipated that Cluster engagement would improve now that a practice manager had been appointed. The services of a physiotherapist and a diabetic nurse specialist had been secured through the Cluster on a weekly and monthly basis respectively. The Cluster was also funding a prescribing course for practice staff and a therapy service designed to provide short term support for people facing mental health issues or challenging life events.

Dignified care

Patients told us that staff treated them with dignity and respect. 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.

Patient information

Information for patients about the practice's services were available in leaflet form and on the practice's web-site. This provided useful information, including details of the practice team, opening hours, out of hours arrangements, appointment system and the procedure for obtaining repeat prescriptions. We were told that there were plans to review and update both the web-site and

1 A practice cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector.

practice leaflet in order to include more health promotion information and to reflect the changes in the staff team.

A range of information was displayed and readily available within waiting area. This included information on local support groups, health promotion advice and self care management of health related conditions. There was a designated board displaying information specifically for carers.

Improvement needed

The practice web-site and patients' leaflet should be reviewed in order to include more health promotion information and to reflect the changes in the staff team.

Communicating effectively

We were told that there were a number of Welsh speaking patients registered with the surgery and that two of the current staff members spoke Welsh. We found that information (posters and leaflets) was available in both Welsh and English and that translation services could be accessed for those people who required information or services in other languages.

The practice had a hearing loop which they used to aid communication with those patients with hearing difficulties and identification cards were available for patients to complete indicating that they required additional assistance due to hearing problems.

Timely care

Patients were able to pre book appointments up to four weeks in advance, Monday to Friday, or ring the surgery, or call in from 08:30, to be given an appointment for that day.

An online booking facility was not available. We suggest that the practice should actively encourage patients to register and use My Health Online²,

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

identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines.

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.

We found that referrals to other specialists were made in a timely fashion.

Improvement needed

The practice should actively encourage patients to register and use My Health Online, identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines.

Individual care

Planning care to promote independence

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

The practice was located within a converted town house. Disabled access to the building was limited. Portable ramps would be made available so that wheelchair users could access the building. We were told that it would be difficult to make improvements to the access due to the building being Grade 2 listed.

There was no parking area linked to the practice. However, there were a number of public parking areas nearby and a disabled parking bay on the street opposite the surgery.

The GP consulting rooms were located on the first floor. However, arrangements could be made for patients to be seen within the nurse's or health care assistant's consulting room on the ground floor if required.

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 it was rare that patients required a language other than English. However, if patients did present as non English speaking then staff had access

to translation services. Staff also stated that non English speaking patients usually attend in the company of relatives who are able to translate conversations.

Listening and learning from feedback

There was a formal complaints procedure in place which was compliant with 'Putting Things Right'³. 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.

Emphasis is 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 are recorded whether received verbally or in writing. All complaints are brought to the attention of the practice manager who will deal with them in line with the practice's policy.

There was a box located in the main entrance hall way for people to post comments or concerns about the service.

The practice 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.

Improvement needed

The practice 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.

³ 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.

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.

Suitable arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were of a good standard.

There was a robust internal communication system in place to ensure that there are 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

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

General and more specific risk assessments had been undertaken in November 2016, when the health board took over the management of the practice. It was unclear as to who would be undertaking future risk assessments i.e. staff based at the practice or staff based within the health board.

We found that floor coverings and examination couches in some of the consulting rooms to be unsuitable and were informed that these had already been highlighted as areas for improvement by the health board and that measures were being taken to provide new flooring and more appropriate examination couches.

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 no minor surgery procedures were taking place at the practice.

There was a clear and detailed infection control policy in place. Staff told us that they were responsible for carrying out assessment of their own working environment for infection control risks. In addition, we were informed that the health board had undertaken an infection control audit recently and that areas for improvement had been identified and measures already set in place to address the issues highlighted.

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.

Medicines management

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

Patients could access repeat prescriptions by calling into the surgery in person, online or through other agencies such as the local pharmacy.

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

A pharmacist and a pharmacy technician employed by the health board visit the surgery on a weekly basis to assist staff with queries and audits.

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.

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. We highlighted the need for all clinical staff to complete safeguarding training at level 3.

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

Improvement needed

All clinical staff to complete 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, it was unclear as to how significant events and incidences were being managed, with little evidence of how learning from such incidents were being communicated to staff. We were informed that this matter would be addressed by the practice manager as a matter of urgency.

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 found that there was a need to formalise and clarify clinical leadership responsibilities with regards chronic illness monitoring as arrangements had become somewhat unclear since the health board took over management of the practice.

Improvement needed

The health board must ensure that there are clear policies and procedures in place for the management of significant events and incidences and to ensure that learning from such incidents is communication to staff.

The health board must formalise and clarify clinical leadership responsibilities with regards chronic illnesses monitoring.

Information governance and communications technology

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

Record keeping

We looked at a random sample of patient records and found a good standard of record keeping.

Notes contained sufficient detail of consultations between clinical staff and patients and it was possible to determine the outcome of consultations and the plan of care for the patient.

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.

The practice was in the process of adjusting to changes in the management structure, having come under health board control in November 2016. However, we found that there had been continuity in the provision of service by virtue of the fact that some of the GP partners had remained at the practice and that the health care assistant had taken on the role of acting practice manager until the appointment of a permanent replacement.

It was positive to note that the changes in the management of the practice had not adversely affected the quality of the services provided.

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. However, we found that some elements of the clinical governance and auditing processes required formalising to make it clear whether certain responsibilities lie with the staff working in the practice or with the health board. Furthermore, the health board should review arrangements in respect of managed practices and consider whether there needs to be a separation of its role as commissioner and provider of primary care services, whilst at the same time ensuring that equitable resources are secured for both functions.

Governance, leadership and accountability

Overall, we found good leadership at practice level and a stable, patient-centred staff team who were committed to providing the best services they

could to their patients. We found that there was good support from the health board's Primary Care and Commissioning management team and Area Medical Director. However, we found that some elements of the clinical governance and auditing processes required formalising to make it clear whether certain responsibilities lie with the staff working in the practice or within the health board management team.

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

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

Staff had access to the health board intranet site which contained all relevant policies and procedures to guide staff 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 services for patients.

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 in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken. This is particularly important given the recent changes in the management of the practice.

We were informed that one of the GPs and the acting practice manager had attended a recent Cluster meeting and used this forum as a way to generate quality improvement activities and to share good practice.

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 drawn up in June 2016, prior to the health board taking over management of the practice. Consequently, the practice development plan may now need reviewing.

Improvement needed

The health board must formalise clinical governance and auditing processes to make it clear whether certain responsibilities lie with the staff working in the practice or within the health board management team.

The health board should review arrangements in respect of managed practices and consider whether there needs to be a separation of its role as commissioner and provider of primary care services, whilst at the same time ensuring that equitable resources are secured for both functions.

GP meetings and peer reviews should be formalised in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken. This is particularly important given the recent changes in the management of the practice.

The health board should consider reviewing the practice development plan to ensure that it reflects the health board's aims and objectives regarding the future 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 happy in their roles. All staff we spoke with confirmed they had opportunities to attend relevant training. We found that annual appraisals had not been conducted on a regular basis and were informed that a formal programme of staff appraisals would now be drawn up by the newly appointed practice manager.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment.

All staff we spoke with confirmed they had opportunities to attend relevant training. The practice nurse was in the process of completing an advanced nurse practitioner course.

Improvement needed

The health board should establish a programme of annual appraisals for staff.

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 identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Llys Meddyg Surgery, Conwy

Date of inspection: 10/04/17

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 identified 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: Clare Darlington

Name (print): Clare Darlington

Job role: Assistant Director for Primary Care and Commissioning

Date: 2nd June 2017

Appendix C – Improvement plan

Service: Llys Meddyg Surgery, Conwy

Date of inspection: 10/04/17

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
Quality of the patient experience				
The practice web-site and patients' leaflet should be reviewed in order to include more health promotion information and to reflect the changes in the staff team.	4.2 Patient Information	A full review of the content of the website and patient information leaflet to be reflective of the changes in staffing and services available within the Practice.	Practice Manager	30 th September 2017
The practice should actively encourage patients to register and use My Health Online, identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines.	5.1 Timely access	MHOL leaflets will be given to all new patients registering with the practice and are included with the registration forms MHOL will be actively promoted through the use of dedicated patient notice board, this notice board will be used to provide specific patient information and will be changed on a regular basis to provide patients with relevant	Practice Manager	31 st August 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>information on a rotational basis.</p> <p>MHOL leaflets will be available at reception and within the waiting rooms in the surgery.</p> <p>We will use the right hand side of the patient prescription to promote MHOL and also update the website and patient information leaflet to actively promote MHOL</p>		
<p>The practice 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.</p>	<p>6.3 Listening and Learning from feedback</p>	<p>The Health Board will actively engage with patients through the annual patient questionnaire which will be conducted during the Autumn. This will ask for patients views on how best gain feedback from patients through a tick box set of options within the questionnaire which will include the option to participate in a patient participation group or alternative mechanisms</p>	<p>Practice Manager Area Team Engagement Officer</p>	<p>31st October 2017</p>
<p>Delivery of safe and effective care</p>				

Improvement needed	Standard	Service action	Responsible officer	Timescale
All clinical staff must complete safeguarding training at level 3.	2.7 Safeguarding children and adults at risk	The Health Board will identify appropriate training for all clinical staff and ensure cover is in place to release staff to attend. Due to the nature of the service this will have to be staggered across a number of dates to ensure service continuity	Practice Manager Clinicians	31 st December 2017
The health board must ensure that there are clear policies and procedures in place for the management of significant events and incidences and to ensure that learning from such incidents is communicated to staff.	3.1 Safe and Clinically Effective care	The Health Board will use Datix to record significant events and incidences. A regular report will be produced to identify and themes and these will be discussed at Practice Meetings. The report will be submitted to the Clinical Director for Managed Practices and to the Business Manager for Managed Practices and reported via the Managed Practices Operational Management Board.	Practice Manager Clinical Director Managed Practices Business Manager for Managed Practices All Staff	Ongoing
The health board must formalise and clarify clinical leadership responsibilities	3.1 Safe and Clinically Effective care	The Health Board has recently appointed a Clinical Director for Managed Practices and is currently	Area Medical Director,	31 st December 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
with regards chronic illnesses monitoring.		<p>recruiting a Business Manager for Managed Practices.</p> <p>A governance reporting structure for Nursing staff within Managed Practices has been agreed at a regional level through the Health Board Governance and Accountability for Managed Practices Group and this is waiting for further approval within the Health Boards formal Governance structure</p> <p>Governance reporting structures for other professional groups will be developed and presented via the formal governance structure for approval</p>	<p>Chief Pharmacist</p> <p>Lead Nurse for Primary Care Central Area</p> <p>Business Manager for Managed Practices</p>	
Quality of management and leadership				
The health board must formalise clinical governance and auditing processes to make it clear whether certain responsibilities lie with the staff working in the practice or within the health board management team.	Governance, Leadership and Accountability	A clinical governance and audit process will be developed in line with the Governance Reporting Structures which will be developed (as above)	Clinical Director Managed Practices	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board should review arrangements in respect of managed practices and consider whether there needs to be a separation of its role as commissioner and provider of primary care services, whilst at the same time ensuring that equitable resources are secured for both functions.</p>	<p>Governance, Leadership and Accountability</p>	<p>The appointment of the Clinical Director and Business Manager for Managed Practices will support the Health Board in its role as both Provider and Commissioner.</p> <p>This will continue to be reviewed to ensure that there is a fair and equitable distribution of resources</p>	<p>Area Team Clinical Director for Managed Practices Business Manager for Managed Practices</p>	<p>Ongoing</p>
<p>GP meetings and peer reviews should be formalised in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken. This is particularly important given the recent changes in the management of the practice.</p>	<p>Governance, Leadership and Accountability</p>	<p>The Clinical Director and Lead Nurse will implement a programme of audit and review across the professional groups within the practice.</p> <p>Regular supervision will be put in place with both the clinical and operational lead for Managed Practices</p>	<p>Practice Manager Lead Nurse for Primary Care Clinical Director for Managed Practices Business Manager for Managed Practices</p>	<p>Ongoing</p>
<p>The health board should consider reviewing the practice development plan</p>	<p>Governance, Leadership and</p>	<p>A three year practice development plan will be submitted for approval by the end of June and implemented as per QOF</p>	<p>Practice Manager</p>	<p>30th June 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
to ensure that it reflects the health board's aims and objectives regarding the future of the service.	Accountability	requirements		
The health board should establish a programme of annual appraisals for staff.	7.1 Workforce	The majority of annual appraisals were conducted during October 2016. A programme of appraisals will be drawn up for all members of staff	Practice Manager Clinical Director for Managed Practices Lead Nurse for Primary Care	31 st October 207

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: Clare Darlington

Name (print): Clare Darlington

Job role: Assistant Director for Primary Care and Commissioning

Date: 2nd June 2017