Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection (Announced)

Pen y Maes Health Centre,

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 Pen y Maes Health Centre, Beech Street, Summerhill, Wrexham, LL11 4UF within Betsi Cadwaladr University Health Board, on 19 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:

- Patients 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.

This is what we recommend the service could improve:

- The practice website and patients' leaflet should be reviewed
- Clinical governance and auditing processes need 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

Pen y Maes Health Centre currently provides services to approximately 9,000 patients within the Summerhill area of Wrexham. The practice has been managed by Betsi Cadwaladr University Health Board since 1 October 2016.

There were three whole time equivalent locum GPs working at the practice, (two of whom work at the practice on a regular basis), together with two acting practice managers, one full time practice nurse, one part time practice nurse, part time advanced nurse practitioner, two part time health care assistants and six administration/reception staff.

The practice provides a range of services, including:

- Chronic disease clinics (diabetes/ respiratory/ heart disease, etc.)
- Immunisations/travel advice
- Well Woman/Man clinics
- Hearing tests
- Joint injections
- Medication reviews
- Phlebotomy.

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.

Patients 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 website and within the practice's information leaflet. There was also a television screen within the waiting area displaying health promotion information.

Reception staff were undertaking training in order for them to be able to direct patients to services best placed to deal with their ailments.

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 Wrexham. One of the practice staff took a lead role in supporting people with caring responsibilities and was regarded as the designated Carers' Champion.

We considered the physical environment and found that patient confidentiality and privacy had been considered and the physical environment had been adapted, as much as would allow. Reception staff told us that they could 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. The right to request a chaperone was advertised through posters in patient areas and in consulting/treatment rooms. The practice nurses acted as chaperones where needed and appointments would be arranged in order to ensure that a chaperone was available. The practice had identified the need to train more staff to act as chaperones and were keen to take advantage of any available training courses.

There was a 'self service' check-in screen located in the waiting area so that people could enter their details without having to speak to a receptionist. The screen was located in a position whereby patients inputting information could not be overlooked thus ensuring privacy and confidentiality.

The practice was part of a local 'Cluster[1]' group of six practices. The engagement with the Cluster group was reported as being very good with one of the regular locum GPs nominated as the Cluster lead and both acting practice managers attending Cluster meetings on a regular basis. The services of a physiotherapist and a diabetic nurse specialist had been secured through the Cluster on a weekly and monthly basis respectively.

Dignified care

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

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.

As previously mentioned, information for patients about the practice's services were available in leaflet form. The practice leaflet provided some basic information, including contact details, opening hours, out of hours service and a brief overview of services provided. The practice did not have a website at the time of this inspection.

A range of information was displayed and readily available within the 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 should develop a website and the patients' leaflet should be reviewed in order to include more health promotion information.

Communicating effectively

We were told that there were a small number of Welsh speaking patients registered with the surgery and that one member of staff 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 use 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. People with hearing problems were also given a mobile telephone number so that they could contact the practice by text message.

We found that there were robust processes in place to manage incoming correspondence and information was appropriately entered onto the electronic records management system.

Timely care

Patients were able to pre book appointments up to two weeks in advance, Monday to Friday, or ring the surgery, or call in from 8:30am, to be given an appointment for that day.

An advanced nurse practitioner was employed three days a week and was responsible for the triage[2] of patients so as to ensure that they were being attended to by the most appropriate professional. Reception staff took on responsibility for the triage process on the remaining two days.

An online booking facility was not available. We suggest that the practice should actively encourage patients to register and use My Health Online[3], identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines.

The nursing team see 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.

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 purpose built building which was shared with the community nurses, health visitor and pharmacy. There was adequate disabled access to the back of building with a number of designated disabled parking spaces.

All the GP consulting rooms were located on the ground floor.

2 Triage is the process of determining the priority of patients' treatments and who is best placed to deal with them based on the nature and severity of their condition.

3 https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp

People's rights

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

Staff attended the health board's mandatory equality and diversity training.

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[4]'. 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 one of the acting practice managers who would 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 had an active and supportive patient participation group, with a presence on a social media site, as an additional means of gathering feedback about the service provided. However, not all the patients that we spoke with were aware of the group and how to contact them.

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4 **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. However, we found that there had been delays in processing some queries. The sample of patient records we reviewed were generally of a good standard.

There was an internal communication system in place. However, this needed monitoring in order to ensure that there are no unnecessary delays in responding to medication queries 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. One of the acting practice managers checks the building on a daily basis, both internally and externally, to identify any risks to patients and to highlight any repairs or refurbishment that may be required.

General and more specific risk assessments had been undertaken in October 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 and responsibility for this needs to be clarified.

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 sanitisers 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 at present.

There was a clear and detailed infection control policy in place. Staff told us they are 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.

Medicines management

We found that medication management systems were generally robust and safe and adhered to in line with the health board's prescribing formulary and guidance. However, we found that there had been delays in processing some queries.

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 locum 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 and regular meetings were taking place with relevant other professionals such as health visitors and social workers who are based in the practice building.

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 incidents were being managed, with little evidence of formal meetings and how learning from such incidents were being communicated to staff.

We found that there was some good practice around cancer screening. However, there was a need to formalise and clarify clinical leadership responsibilities with regards to chronic illness monitoring and palliative care as arrangements had become somewhat unclear since the health board took over management of the practice.

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.

Improvement needed

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

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

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 October 2016. However, we found that there had been continuity in the provision of service by virtue of the fact that one of the GP partners and the majority of nursing and administrative/reception staff had remained at the surgery following the health board taking over management responsibilities.

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

We found that the leadership at practice level was continuing to develop and improve. However, some work is required to formalise arrangements.

We found a patient-centred staff team who were committed to providing the best services they could. 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.

The practice was heavily reliant on locum GPs. Two of the locum GPs worked at the practice on a regular basis which provided a degree of clinical overview and consistency. However, we found that there was a need to formalise the locum induction, support and clinical peer review process in order to ensure consistency across the provision of medical care.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues. However, staff told us that they did not always feel fully engaged in the health board decision making process.

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. We also found that the practice worked closely with other health board managed practices to provide staff cover where needed.

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 and the reliance on locum GPs.

One of the GPs was the Cluster lead and attended Cluster meetings on a regular basis 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 prior to the health board taking over management of the practice. Consequently, the practice development plan needs 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 must take steps to ensure that staff at the practice are fully engaged in the decision making process.

The health board must formalise the locum induction, support and clinical peer review process in order to ensure consistency across the provision of medical care.

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.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment. Some concerns were expressed regarding the delays encountered in recruiting staff through the health board process.

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.

6. 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.			

7. Appendix B – Immediate improvement plan

Service: **Pen y Maes Health Centre, Wrexham**

Date of inspection: **19/04/17**

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:

Name (print): JANET ELLIS

Job role: ASSISTANT AREA DIRECTOR PRIMARY CARE EAST

Date: 28TH JUNE 2017

8. Appendix C – Improvement plan

Service: **Pen y Maes Health Centre, Wrexham**

Date of inspection: **19 April 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
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	Area Team are looking to produce a website for all Managed Practices in the East with sub-pages for the individual practices. Responsible officer will link with Practice Managers to ensure information included is accurate and up-to-date with details of staff team and links to health promotion information.	Andrea Rogers, Primary Care Project Manager in Area Team	By end September 2017
Delivery of safe and effective care				
All clinical staff must complete safeguarding training at level 3.	2.7 Safeguarding children and	Practice Managers are already making steps to address training gaps for	Joint Practice Managers	By end August 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	adults at risk	clinical staff with regards safeguarding level 3		all clinical staff to be trained
The health board must ensure that there are clear policies and procedures in place for the management of significant events and incidents and to ensure that learning from such incidents is communicated to staff.	3.1 Safe and Clinically Effective care	Significant events and incidents policy has been put in place and Practice Managers have added it as a standing agenda item on the monthly practice team meetings. As this is a managed practice Health Board policies and procedures will be followed and incidents reported via DATIX. The Primary Care Support Unit will provide initial support in relation to generating reports and discussing actions and lessons learnt at team meetings	Gwen Esp & Simon Mullen, Joint Practice Managers	31st July 2017
The health board must formalise and clarify clinical leadership responsibilities with regards chronic illnesses monitoring and palliative care.	3.1 Safe and Clinically Effective care	An audit plan will be established in relation to the key groups identified and monitored through quarterly meetings between the Assistant Area Medical Director Primary Care East and the	Dr Caroline Lorenz, Assistant Area Medical Director Primary care East	31st July 2017 for audit plan

Improvement needed	Standard	Service action	Responsible officer	Timescale
		clinicians in the practice. Any locums working in the practice have a route of escalation for concerns about any patients at any time. This is through the Assistant Area Medical Director Primary Care East in the first instance and otherwise to the Area Medical Director East. They will report any concerns to the East Area Assurance Group. A BCUHB 'Clinical Lead GP' job description has been approved with detailed responsibilities listed for the role. This is currently going through the Health Board process to gain approval to advertise and recruit staff on a permanent basis.		30th September for start of quarterly meetings
Quality of management and leadership				
The health board must formalise clinical governance and auditing processes to make it	Governance, Leadership and	The Clinical Governance Self Assessment Toolkit remains in use by the practice and provides the structure	Dr Caroline Lorenz, Assistant Area Medical	30th September

Improvement needed	Standard	Service action	Responsible officer	Timescale
clear whether certain responsibilities lie with the staff working in the practice or within the health board management team.	Accountability	and framework around which they operate. The practice can gain support from the Primary Care Support Unit at any point in relation to this toolkit. The North Wales group for Governance and Accountability for Managed Practices is currently developing policies and procedures in relation to all managed practice systems and processes. When in post the Clinical Lead GP will be responsible for provision of clinical governance leadership and advice within the practice; for promotion of quality care within the practice; facilitating the review of significant events; initiating and reviewing clinical audits; and keeping up to date with research and governance recommendations which will be communicated accordingly with the rest of the team. The Clinical Lead GP and the Assistant Area Medical Director Primary Care	Director Primary Care East	2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		East will take advice from the clinical governance team within the Primary Care Support Unit on any relevant issues and how they should be escalated and actioned.		
The health board must take steps to ensure that staff at the practice are fully engaged in the decision making process.	Governance, Leadership and Accountability	At the time of this response Practice Managers and the acting clinical lead GP are members of the Health Board's East Area Managed Practices Group and attend monthly meetings. Following feedback from other managed practices this will be built on to start regular presence at the practice to include decision making meetings of the whole team.	Janet Ellis, Assistant Area Director Primary care East	31st July 2017
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	The Area Team is currently preparing a strategy for Managed Practices which will be supported by the appointment of a Business Manager. The Assistant Area Medical Director and Assistant Area Director Primary Care will work together with the Business Manager to support the Health Board in	Assistant Area Director Primary Care Assistant Area Medical Director Primary Care East	December 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		its role as both Provider and Commissioner. The Health Board recognises it is now also a provider of primary care services and as such the performance management and accountability for these services will be undertaken via the internal and external accountability structures already in place for all provided services. In addition a North Wales Governance and Accountability Group has been established as part of internal arrangements. This will continue to be reviewed to ensure that there is a fair and equitable distribution of resources	Business Manager for Managed Practices when in post	
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	Governance, Leadership and Accountability	In accordance with Health Board procedures, agreed proformas for minutes and note taking will be shared with the Practice Managers for use in GP meetings. Notes to be shared with Assistant Area	Andrea Rogers, project manager Gwen Esp/Simon	31st July 2017 30th

Improvement needed	Standard	Service action	Responsible officer	Timescale
management of the practice.		Director Primary Care. Key issues for discussion to be taken to the practice meetings. Admin support to be available for each meeting. GP clinical lead will facilitate peer reviews and GP meetings. In the absence of a Clinical Lead this function will be performed by the Assistant Area Medical Director Primary Care East.	Mullen, Practice managers Dr Caroline Lorenz, Assistant Area Medical Director Primary Care East	September 2017
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.	Governance, Leadership and Accountability	Practice Development Plan will be reviewed between the Senior Cluster Coordinator and designated practice staff member.	Janet Ellis, Assistant Area Director Primary Care East	31st July 2017
The health board should establish a programme of annual appraisals for staff.	7.1 Workforce	Arrangements have been put in place to complete annual appraisals for all staff within the next six months Asst Area Dir. For Primary Care (to complete Practice Manager appraisals) Joint Practice Managers (to complete	Assistant Area Director Primary Care East	30th September 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		remainder of staff appraisals).		

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): **JANET ELLIS**

Job role: **ASSISTANT AREA DIRECTOR PRIMARY CARE EAST**

Date: **28th JUNE 2017**