

General Practice Inspection Report (Announced)

Newtown Medical Practice, Powys
Teaching 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 healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Newtown Medical Practice, Powys Teaching Health Board on 13 March 2024.

Our team for the inspection comprised of two HIW Healthcare Inspectors and four clinical peer reviewers, the team was led by a HIW Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total 36 questionnaires were completed by patients or their carers and one was completed by a staff member. Feedback and some of the comments we received from patients appear throughout the report. The feedback from the individual staff member has been considered but not included within this report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Most patients rated the service as 'good' or 'very good'. We observed staff speaking with patients politely and professionally.

Information was readily available in formats which were accessible for all patients, on site and online. We saw a robust triaging system to ensure the right patient saw the right clinician at the right time. Appointments and consultations could be made over the telephone, online or in-person.

We saw a robust process for the management of incoming and outgoing patient referrals. All the referrals we reviewed were dealt with within 24 hours. We also saw robust procedures to support patients with difficulties reading and writing as well as vulnerable adults.

This is what we recommend the service can improve:

- The practice should improve the information available to patients regarding the option of private discussions
- The practice must ensure chaperone records are complete and the presence of a parent or guardian should be noted in the patient records at all times.

This is what the service did well:

- Staff were delivering services courteously and professionally
- Patients were given multiple ways to access the service they needed, which included tailored services for those with specific requirements.

Delivery of Safe and Effective Care

Overall summary:

We found all areas of the practice were appropriately sized and clean. Patients also indicated they felt the practice was clean and that staff followed relevant infection control procedures. We saw robust business continuity procedures in place but there needed to be improvements in the frequency of some staff meetings.

The practice dispensary was a good example of delivering a high level of service to patients and was well-organised.

Safeguarding arrangements were suitable and the monitoring of emergency equipment was routine.

This is what we recommend the service can improve:

- The practice must ensure that the actions to take in the event of a needlestick injury are clearly displayed in all clinical and treatment rooms.

This is what the service did well:

- The work and operation of the dispensary was noteworthy
- The practice was very clean and in a good state of repair.

Quality of Management and Leadership

Overall summary:

We found a supportive and committed management team working within the best interests of staff and patients. We saw an appropriate skills mix across all areas of the practice. However, we did find areas for improvement in the management of training, including the time allocated to staff to undertake learning and development activities.

Staff told us they felt able to raise concerns and would be supported if they did. We also saw patient feedback was routinely collected and the response publicised this in the waiting area.

This is what we recommend the service can improve:

- The practice must introduce a more regular set of meetings for all staff to be kept up to date, especially regarding patient safety information and incidents
- The practice must improve the management of, and time allocated to, staff training
- The practice should increase the frequency of their non-clinical audits to continually improve services for patients.

This is what the service did well:

- Staff were friendly and engaging with patients and one another
- Clear management structures were in place.

3. What we found

Quality of Patient Experience

Patient Feedback

HIW issued a questionnaire to obtain patient views on the care at Newtown Medical Practice for the inspection in March 2024. In total, we received 36 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 36 responses.

Overall, 79% of patients rated the service as either ‘very good’ or ‘good’. Patient comments included the following:

“I called on going issue and was able to have face to face with my nurse as requested, she’s excellent.”

“Excellent service.”

“The service I have received recently has been of exemplary service. The three nurses that have supported me have been thoughtful, patient, respectful and kind. They have all been supportive and informative with my needs.”

We asked what could be done to improve the service. Comments included the following:

“Not enough GP’s not enough appointments”

“It very much feels you have to ‘get past’ a receptionist for an appointment. Phone lines always have at least a 3 deep queue when you ring. Between 9-9.30 and 5-5.30 it feels as though they no longer answer the phones - engaged tone on numerous occasions.”

Person centred

Health Promotion

We saw a wide range of written health promotion information available for patients. Two newly installed digital screens promoted information on health

conditions and options available. An external organisation also attended the practice weekly to promote support services which were available to patients.

Health promotion advice and guidance was also readily available on the regularly updated practice social media and website. Extensive information on mental health was evident at the practice, alongside the trial of a mental health service currently being run from the practice. Staff informed us good feedback had been received from patients on this trial.

We asked patients whether health promotion information was on display at the practice and 87% of respondents agreed. The majority of respondents also agreed that their GP explained things well to them and answered their questions (89%), that they felt listened to (93%) and that they were involved as much as they wanted to be in decisions about their healthcare (77%).

Patients had access to numerous services from the practice including a Public Health Wales run weekly smoking cessation access session, clinical physiotherapy sessions, a MacMillian Cancer Support nurse and a local Minor Injuries Unit.

Signposting was also routine, through to NHS 111 mental health support, as well as self-referral processes for physiotherapy and for drugs and alcohol support. The practice operated a comprehensive 'did not attend' policy, which was supported by the work of their dispensary and agency pharmacist regarding medication reviews. All missed paediatric appointments were followed up by a member of practice staff.

Preparations for winter vaccination programmes were suitable. Weekly clinics usually attracted around 1,000 patients, all of whom had been contacted via letter or text message.

Dignified and respectful care

We found patients were treated with dignity and respect during their patient journey. Clinical rooms provided patients with an appropriate level of privacy, with frosted glass windows and doors kept closed during consultations. Privacy curtains were also available in all treatment and consulting rooms.

Phone calls were directed through to a rear office to ensure they were not overheard at reception. There were two practice reception desks which were kept separate from the waiting areas, to allow patients an appropriate level of privacy. However, 46% of patients who responded to the HIW questionnaire indicated they were not able to talk to reception staff without being overheard. During our inspection, we observed patient discussions with reception and saw signs located near to the reception call bells indicating patients could speak privately if they

wished. The practice was advised on the day of inspection to make these signs clearer and in a more prominent position to assist patients.

The practice should improve the information available to patients regarding the option of private discussions.

Clinicians were trained to chaperone in appropriate circumstances and in line with the appropriate policy the practice had in place. Patients were made aware that chaperones were available if required. However, we did find two areas to improve in the records kept regarding chaperones:

- One record didn't detail a full explanation of the chaperone offer given to a patient prior to an intimate examination
- Two paediatric records did not detail the presence of a parent or guardian.

One respondent to the HIW questionnaire strongly disagreed they were offered a chaperone for an intimate examination.

The practice must ensure chaperone records are complete and the presence of a parents or guardian noted in patient records at all times.

Of the patients who responded to the question, 94% felt they were treated with dignity and respect. All of the respondents said measures were taken to protect their privacy.

Timely

Timely Care

There were appropriate processes in place to ensure patients could access care with the right service in a timely manner. However, we did note this was a busy practice with a high number of patients with complex medical care needs, which ultimately impacted the day-to-day service provided to patients. We saw appointments could be made via telephone, email, online booking and in-person. Urgent appointments were appropriately triaged over the telephone by reception staff in consultation with a clinician, with some less urgent consultations taking place through an e-consultation form or video call.

The digital options open for patients to access information at a suitable time to them included the My Surgery App, the practice website and their social media channels. Non-digital options included the practice leaflet and other paperwork was also available to patients.

We saw practice telephone lines were busy on the day of inspection, which we were informed was not unusual. A screen recording the number of phone calls and wait times was used by the operations manager to track the response rate to telephone calls and make any adjustments to meet demand at peak times. Due to high demand on the service, not all telephone calls were answered within the recommended two-minute timeframe.

In response to the HIW questionnaire, patients told us:

- Their appointment was on time - 69%
- They were given enough time to explain their health needs - 81%
- They were able to have a same-day appointment when they need to see a GP urgently - 74%
- They were able to obtain routine appointments when they need them - 60%
- They were offered the option to choose the type of appointment they preferred - 58%.

Some of the patient comments included:

“The care is good once you get an appointment but getting an appointment is extremely difficult.”

“Tried to get an appointment to see doctor but was told none available call back sometime.”

“Phone lines always have at least a 3 deep queue when you ring. Between 9-9.30 and 5-5.30 it feels as though they no longer answer the phones - engaged tone on numerous occasions.”

The comments and feedback from the HIW patient survey regarding the timely access to care for routine appointments match the feedback we received from staff. As detailed elsewhere in this report, this is a busy GP practice with an increasing number of patients with complex medical needs. We found staff were delivering as best a service they could in challenging circumstances.

All reception staff were trained in triage and in clear navigation pathways, a process which had been in use for many years at the practice. Reception staff signposted patients to other services wherever possible and appropriate, including the NHS 111 ‘Option 2’ service, for mental health, and their own website for advice and sources of support.

Patients in need of urgent mental health support or who are in crisis were triaged over the telephone and transferred to the on-duty doctor. On arrival, a note would

be placed on their record to provide a seamless journey to see a clinician face-to-face.

Equitable

Communication and language

We saw patients were proactively offered different methods of accessing services, in alternate languages and formats. A suitable mix of digital and in-person communication was used, including regular updates on the practice social media pages and website. Both the website and patient check-in screens were able to be translated into different languages and font sizes. Staff informed us that any specific needs would be met upon request, and we saw evidence of multiple options for patient communications routinely in place. We also noted staff wearing 'Iaith Gwaith' badges and the 'Iaith Gwaith' logo was displayed around the practice.

We noted a comprehensive patient consent policy, which included the procedures for those who lacked capacity and those under the age of 16. Vulnerable patients or those with specific needs were appropriately recorded on the patient records management system, using information tags. The tags informed staff of any particular needs or support a patient may need. Examples were given by staff where patients who could not read or write were given enhanced support to help them understand and make informed decisions over their care.

Examples of how changes were appropriately communicated to both patients and staff were noted. An online system was used to communicate all information to staff, although most communication occurred verbally.

We found a robust process for the management of incoming and outgoing referrals. Satisfactory notes were kept within the 10 patient records we reviewed, showing referrals being actioned within 24 hours and a good audit trail was noted for all team members to understand the needs of patients. Patient notes we reviewed were detailed to assist other practitioners with patients that had not been previously seen by them or out of hours cover.

Rights and Equality

The practice had a positive approach to equality and diversity with staff showing a commitment to, and understanding of, the need to support all patients. Patient areas in the practice were all on the ground floor allowing good accessibility access. We noted disabled access toilets and button-operated doors set to lower heights to support wheelchair users.

We confirmed the equality and diversity policy was recently updated and reviewed regularly. We also confirmed staff had completed equality and diversity training. Reasonable adjustments for staff had also been made, including new chairs and screening in-between desks to support staff with vulnerabilities.

The rights of transgender patients were also upheld, staff confirmed that preferred pronouns and names were used. The electronic record for transgender patients or those in transition was kept confidential from the outset.

Delivery of Safe and Effective Care

Safe

Risk Management

We found a tidy and organised practice with suitable processes in place to protect the health and safety of both staff and patients. All patients told us they thought the building was accessible and child friendly. All bar one patient said there were enough seats in the waiting area and almost all said the toilets were suitable for their needs.

We saw appropriate signage throughout the practice which was available bilingually in most cases. Pictograms were also used to assist patients. Hand hygiene posters were on display in patient and staff toilets. We also noted suitable safety and security signage on display. Sharps containers were securely fixed and were not overfilled, with a suitable waste disposal contract in place for regular disposal.

Business continuity was overseen by the practice manager, in consultation with the senior general practitioner (GP) partner. There was a satisfactory business continuity plan which had been tested by the practice and updated to reflect changes since the COVID-19 pandemic. Staff explained to us that recruitment was a difficulty and attempting to recruit clinicians or administrative staff was challenging. Although, the evidence we saw assured us these risks were appropriately managed.

Patient safety alerts were appropriately managed using an online system to communicate copies of alert messages to staff. A clear pathway for information distribution was in place for safety alerts to be actioned in a timely manner. We saw the learning outcomes from patient safety incidents were routinely shared.

The practice home visiting policy appropriately outlined the process and procedures for patients who required that support. Information for staff visiting nursing homes was also suitable and communicated to staff by the homes in question prior to any visit. We noted consideration had been given to patients requiring transportation by an ambulance and plans were in place to provide safe care to patients if a wait was required.

Within the practice we saw suitable mechanisms for calling for help urgently, which were tested regularly.

Infection, Prevention, Control (IPC) and Decontamination

All areas of the practice were clean and we saw robust procedures in place to prevent and control the spread of infection. Staff were aware of the named IPC lead and where to locate the policy. The staff we spoke with also outlined a sound understanding of IPC and decontamination. We saw a well-maintained and suitable infrastructure to maintain good IPC, including elbow operated taps in clinical spaces, wipeable surfaces and pedal operated bins. Items requiring sterilisation were sent away for safe and effective cleaning.

All of the patients who responded to the HIW questionnaire said they felt the practice was either 'clean' or 'very clean'. All respondents also noted that signage was displayed with what to do if they were contagious and 77% of patients indicated staff washed their hands before treating them.

Of those patients who indicated they had received an invasive procedure at the practice, all of them noted staff used gloves during the procedure. All respondents also indicated antibacterial wipes were used to clean the skin prior to the procedure and any equipment used was individually packaged or sanitised.

We noted three cleaners were employed by the practice to maintain an adequate cleaning schedule and the good level of hygiene. Staff told us nurses were responsible for the checking and cleanliness of clinical equipment and some clinical areas. We noted personal protective equipment was available for all staff and was used appropriately.

We saw evidence infection control audits were routinely completed and the last audit was dated February 2024.

Hepatitis B immunisations were undertaken for all relevant staff and the vaccination status of staff was centrally recorded and overseen by the practice manager. We found suitable procedures in place to reduce the risks of healthcare associated infections, including staff training. We also noted a comprehensive policy for needlestick injuries stored within an online system. However, the procedure in the event of a needlestick injury had not been clearly communicated to staff. We did not see the procedure on display in any of the clinical areas where needles were handled. In the event of an injury, this information should be readily available to allow rapid access to assess the risk and manage the incident.

The practice must ensure that the actions to take in the event of a needlestick injury are clearly displayed in all clinical and treatment rooms.

Medicines Management

We found robust processes in place to ensure the safe and effective management of medicines at Newtown Medical Practice. The dispensary was well-organised and

an example of good practice. The dispensary was run by appropriately trained staff delivering services in line with comprehensive operating procedures and robust near-miss reporting. One patient said:

“Dispensary staff are excellent”

The ordering and management of medicine stocks was appropriate. Procedures were in place to maintain and dispose of out of date stock and contingency plans were in place when stocks were low or difficult to obtain. All stock, including controlled drugs, was stored correctly and securely behind locked doors. The checks of medicines in place, prior to dispensing, were well-thought out, with medicines processed and checked in different areas of the dispensary to prevent mistakes. Stocks and dispensed medicines were routinely audited.

Patients could order prescriptions via a surgery mobile phone application, on the surgery website or in person. We saw appropriate management processes in place to support the timely prescription of medicines. Vaccinations were managed by dispensary staff and we saw all protocols in place were robust for the safe storage and administration of vaccinations. Controlled drugs were kept in the dispensary, where we saw evidence of correct management and storage.

Prescriptions were mainly written using a secure computer portal. We saw the paper-based prescription pads were managed, stored and destroyed correctly. We also saw comprehensive arrangements in place to manage prescription pads which were used during home visits.

Safeguarding of Children and Adults

The procedures and policies in place for the safeguarding of children and adults were satisfactory. The staff we spoke with could name the practice safeguarding lead and we saw their details on display and within practice policies.

On review of patient records we saw examples where records were appropriately flagged with any safeguarding concerns and followed a suitable safeguarding pathway, including checks being undertaken on the Child Protection Register.

We saw all staff were trained to an appropriate level in the safeguarding of children and adults.

Management of Medical Devices and Equipment

We found an appropriate schedule in place for the maintenance of medical devices by contractors. We also saw checks were undertaken regularly by clinicians. However, we did hear from staff an example where a patient who required an electrocardiogram (ECG) had to be transferred to a hospital 30 miles away because

an ECG device was not available on site. Staff explained their servicing provider had removed the device but not provided an alternative, meaning the practice was without this machine for a week. This led to a delay in the ECG testing of a patient.

The practice should assess the risk of having medical devices that are not always available for use when required.

Equipment for off-site use was checked by dispensary staff and the clinician attending the off-site location. The practice emergency equipment was in good condition and readily available in the event of an emergency. Staff confirmed the location of the equipment was known by all and all new starters or locum staff were shown the location on induction. Records showed checks on emergency equipment and medicines were undertaken weekly by nurses.

Effective

Effective Care

We saw suitable processes in place to support the safe, effective treatment and care for patients. This was supported by a dedicated team of staff striving to provide the best care possible for patients. Although, staff stated that it was challenging to continue to provide the high level of care they would like to, because of a growing number of patients and an increase in more complex care needs.

The practice used an online system to communicate changes to policies or procedures following changes to national and professional guidance. These changes were also discussed at monthly nursing team meetings. Referrals were dealt with efficiently and checks were made on outstanding or overdue responses, where necessary.

Patients in need of urgent medical help or those in a mental health crisis were provided with suitable information and we saw evidence this was followed up.

Patient records

We reviewed a total of 10 patient records during our inspection. We found these records overall to be clear, written to a good standard and complete with appropriate information. The records we reviewed were contemporaneous and would be understandable for other clinicians reviewing the records.

Read coding to assist practitioners collating patient information were used routinely and the records of chronic disease management and medicines were comprehensive.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a supportive and committed management team working in the best interests of staff and patients. A clear chain of management and clinical oversight was evident in the practice and the dispensary, with all the staff we spoke with knowing who to report any issues to. We saw policies were in the process of transition to a new online system and the evidence we saw indicated policies and procedures were designed to support staff and managers to run the practice effectively.

Management meetings were routine and recorded appropriately but it was acknowledged by staff that information sharing meetings could be more frequent. Nursing meetings had recently moved to be monthly, however, other clinical and administrative meetings were less frequent.

The practice must introduce a more regular set of meetings for all staff to be kept up to date, especially regarding patient safety information and incidents.

We saw feedback and complaints were discussed at these meetings and any lessons learned were agreed and communicated from these meetings. We also saw information and policy changes were communicated via an online system to staff. Emails were also used in addition to communicate changes, updates or responses to patient feedback.

Support was in place to promote the wellbeing of staff who were working hard to support patients in challenging circumstances. Practice management told us they found it difficult to find time within the working day to run wellbeing-specific activity, though after work activities were commonplace.

We found appropriate pre-employment checks in place, including suitable levels of vetting through the Disclosure and Barring Service.

The practice worked closely within the Health Board cluster and their collaborative to share learning and jointly manage initiatives.

Workforce

Skilled and enabled workforce

We found supportive arrangements in place for staff and the induction of new team members. A tailored programme of induction was in place for new starters in each of the practice areas. We saw appropriate arrangements in place for workforce planning. However, staff told us it was difficult to recruit in their rural locality which sometimes had an impact on their ability to attract the talent they required.

The staff we spoke with confirmed they worked within the scope of their qualifications, skills and experience and there was no expectation to work outside of that scope. We saw an appropriate skill mix across the teams within the practice to deliver the services required but at a lower number than practice management would ideally wish to see.

Training was overseen by the practice manager using a new online system for compliance. This new system was running alongside an existing system that was also partially in use. We saw evidence to indicate mandatory training by staff was taking place, however, the transition to the new system was having a temporary impact on staff training and made records difficult to review.

The practice must provide evidence to HIW that all mandatory training has been completed and can be easily reviewed by managers.

Staff training records showed Basic Life Support (BLS) training expired at the end of February 2024. Immediate patient safety was assured by confirmation of complementary online courses having been completed for an introduction to BLS. Assurance was also gained from staff training for the Automated External Defibrillator (AED) and Anaphylaxis also being in date. The practice manager confirmed in-person training had been difficult to arrange with staff and an external agent though, prior to our departure, a course had been booked for April 2024.

The practice must improve the monitoring and planning of BLS training for all staff.

Some staff told us they found it difficult to find time to fit in training due to their workload and the implementation of a new system for training. Some staff also informed us they had to undertake training courses outside of work time.

The practice must work with the Health Board to ensure suitable time is allocated for staff to complete training.

A Welsh language training session was undertaken by all staff in February 2024, run by the Health Board. Welsh language abilities also formed a part of the recruitment process.

Culture

People engagement, feedback and learning

Visible and approachable leadership was evident from what we saw and what staff told us. The practice vision and values were displayed and all staff were informed of them upon induction. Staff told us they were happy and proud to work for the practice and the National Health Service. We saw the overall culture of the practice was to support staff to deliver the best service they could for their patients.

Patient and staff feedback was routinely collected and reviewed by the practice manager, which included a patient comments box at reception, online feedback and staff questionnaires. Any verbal feedback from patients was noted in an email and sent to the practice manager for review. The results of, and responses to, patient feedback were communicated to patients through a notice board in the waiting area.

Complaints were overseen by the practice manager and followed a suitable procedure which was aligned to Putting Things Right. Posters were displayed around the practice to advertise the process along with a named staff member for patients to contact. We saw onward referrals to the Public Service Ombudsman for Wales but we did not see reference to the newly established patient support and advocacy service, Llais. This was resolved during the inspection.

We reviewed a sample of five patient complaints and saw no common themes emerging. All of the complaints we reviewed were dealt with in line with practice procedures and Putting Things Right.

The staff we spoke with felt confident and were encouraged to raise a concern. Staff told us they would feel supported if they were to raise any concern. The practice whistleblowing policy was comprehensive and supportive of staff.

The responsibilities of staff regarding the Duty of Candour were outlined in a suitable policy and procedure which had been recently reviewed. Whilst there were no Duty of Candour incidents for us to review, the procedure in place was satisfactory. We saw all staff completed a Duty of Candour training course in May 2023.

Information

Information governance and digital technology

We saw appropriate systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high-quality data and information. An Operations Manager was responsible for the information and digital technology systems at the practice. Suitable quality improvement activities were present to ensure all information was accurate, relevant and complete. The process for notification to external bodies was effective, with clear service performance measures reported to the Health Board and published online monthly.

Learning, improvement and research

Quality improvement activities

We saw continuous improvement being driven as a result of staff and patient feedback. This included reflections in practice management meetings and discussions with staff. However, we did find non-clinical quality improvement audits were less routine than the practice clinical and safety critical audits. With some examples of audits last being completed in 2019.

The practice should increase the frequency of their non-clinical audits to continually improve services for patients.

Whole system approach

Partnership working and development

We saw constructive relationships between the local Health Board cluster and collaborative which were formed through regular meetings. Staff worked with other service partners to improve their service for the benefit of patients.

4. Next steps

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 how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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
Basic Life Support (BLS) training for the majority of staff was out of date.	In the event of a medical emergency, patients could come to harm if staff were unfamiliar with what basic life support actions to take.	This was raised with the practice manager on the day.	<ul style="list-style-type: none"> - A majority of staff had completed complementary online training for BLS - AED and Anaphylaxis training was in date - The practice manager arranged BLS training with an external provider to take place in April 2024 on the day of inspection.

Appendix B - Immediate improvement plan

Service: Newtown Medical Practice

Date of inspection: 13 March 2024

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No further immediate concerns were identified on this inspection.				

Appendix C - Improvement plan

Service: Newtown Medical Practice

Date of inspection: 13 March 2024

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
46% of patients who responded to the HIW questionnaire indicated they were not able to talk to reception staff without being overheard. During our inspection, we observed patient discussions with reception and saw signs located near to the reception call bells indicating patients could speak privately if they wished. The practice was advised on the day of inspection to make these signs clearer and in a more prominent position to assist patients.	The practice should improve the information available to patients regarding the option of private discussions.	The practice has enlarged the signage informing patients that they can ask to speak in private and put more notices up. We will put this information on our website and apps.	Operations Manager	Completed 7th May 2024

<p>We found two areas to improve in the records kept regarding chaperones:</p> <ul style="list-style-type: none"> • One record didn't detail a full explanation of the chaperone offer given to a patient prior to an intimate examination • Two paediatric records did not detail the presence of a parent or guardian. <p>One respondent to the HIW questionnaire strongly disagreed they were offered a chaperone for an intimate examination.</p>	<p>The practice must ensure chaperone records are complete and the presence of a parents or guardian noted in the patient records at all times.</p>	<p>All clinical staff have been reminded of the requirements of recording of offering a chaperone and explanation and the presence of a parent and guardian.</p> <p>Reception staff do routinely offer the option of a chaperone when booking an intimate exam and organising someone to chaperone prior to the appointment.</p> <p>A spot check audit will be undertaken to check clinician compliance.</p>	<p>Practice Manager</p>	<p>July 2024</p>
<p>We also noted a comprehensive policy for needlestick injuries stored within an online system. However, the procedure in the event of a needlestick injury had not been clearly</p>	<p>The practice must ensure that the actions to take in the event of a needlestick injury are clearly displayed in all clinical and treatment rooms.</p>	<p>A newly developed easy to follow flow chart has been written and put in all clinical rooms.</p> <p>The needlestick policy has been recirculated on our</p>	<p>Lead Nurse</p>	<p>Completed 3rd May 2024</p>

<p>communicated to staff. We did not see the procedure on display in any of the clinical areas where needles were handled. In the event of an injury, this information should be readily available to allow rapid access to assess the risk and manage the incident.</p>		<p>internal electronic library of policies and procedures for staff to remind themselves, or use, for a more comprehensive point of reference.</p>		
<p>We heard from staff an example where a patient who required an electrocardiogram (ECG) had to be transferred to a hospital 30 miles away because an ECG device was not available on site. Staff explained their servicing provider had removed the device but not provided an alternative, meaning the practice was without this machine for a week. This led to a delay in the ECG testing of a patient.</p>	<p>The practice should assess the risk of having medical devices that are not always available for use when required.</p>	<p>Newtown medical practice is not contractually obliged under general medical services to own an ECG machine or to perform ECG's.</p> <p>Newtown medical practice opted to purchase an ECG machine to augment the service we provide. Its use is mostly intended for routine and chronic disease management. Acute cardiorespiratory presentations to primary care are assessed by our clinical staff. An ECG is performed at times for these acute presentations however this does not alter the need for</p>	<p>GP Partner</p>	<p>Completed May 7th 2024</p>

		<p>onward referral for assessment in a district general hospital. If the presentation is deemed urgent and/or serious then onward medical assessment in a district general hospital is needed and would require a 999 ambulance.</p> <p>If a patients presentation requires an urgent ECG then this same presentation would also need admission to a district general hospital. If it is not deemed urgent then waiting for an ECG would not impact their care.</p> <p>A risk assessment has been carried out.</p>		
<p>Management meetings were routine and recorded appropriately but it was acknowledged by staff that information sharing meetings could be more frequent. Nursing meetings had recently</p>	<p>The practice must introduce a more regular set of meetings for all staff to be kept up to date, especially patient safety information and incidents.</p>	<p>The practice has endeavoured to hold more staff meetings for some time but due to high patient demand, a shortage of staff and the maternity leave of a staff member who held</p>	<p>Operations Manager</p>	<p>Ongoing</p>

<p>moved to be monthly, however, other clinical and administrative meetings were less frequent.</p>		<p>admin meetings, we have struggled to achieve this.</p> <p>More regular nurse and staff management meetings are now scheduled. We will now schedule a monthly admin team meeting as best we can whilst trying to ensure this does not impact on patient demand, customer service and complying with the access requirements.</p> <p>It is to be noted that staff are kept constantly informed of any patient safety information and incidents via our electronic library and verbally as appropriate.</p> <p>The GP's and Management Team do have an "open door policy" which allows internal and external staff to raise any queries/discussions. The practice provides an informal</p>		
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		approach which has always worked very well.		
Training was overseen by the practice manager using a new online system for compliance. This new system was running alongside an existing system that was also partially in use. We saw evidence to indicate mandatory training by staff was taking place, however, the transition to the new system was having a temporary impact on staff training and made records difficult to review.	The practice must provide evidence to HIW that all mandatory training has been completed and can be easily reviewed by managers.	The matrix spreadsheet is in the process of being updated and scrutiny of the mandatory training updates will be monitored more closely going forward.	Practice Manager	Completed and ongoing review
Staff training records showed Basic Life Support (BLS) training expired at the end of February 2024. Immediate patient safety was assured by confirmation of online courses having been completed for introductions to BLS. Training for the Automated External Defibrillator (AED) and	The practice must improve the monitoring and planning of BLS training for all staff.	The practice will now ensure that face to face BLS training will be undertaken within the 12-month period for clinicians and 36 months for admin staff. All employed staff to also undertake the online learning for BLS annually.	Practice Manager	Completed

<p>Anaphylaxis were also in date. The practice manager confirmed in-person training had been difficult to arrange with staff and an external agent, though prior to our departure, a course had been booked for April 2024.</p>				
<p>Some staff told us they found it difficult to find time to fit in training due to their workload and the implementation of a new system for training. Some staff also informed us they had to undertake training courses outside of work time.</p>	<p>The practice must work with the Health Board to ensure suitable time is allocated for staff to complete training.</p>	<p>The practice does work with the Health Board currently within the 6 PLT supported afternoons but must follow the Health Board training requirements for 4 of those sessions.</p> <p>Internal inhouse sessions for the 2 remaining sessions are used for some mandatory training for Health & Safety are online learning, however this is not always enough.</p> <p>This has been flagged to the Health Board's Primary Care Academy, who will feed back to the Health Board.</p>	<p>Practice Manager</p>	<p>Completed and Ongoing</p>

Staff are not asked to undertake mandatory training outside of work time but sometimes choose to do so. Part timers also struggle to change their days off to attend mandatory face to face training.

The comments made have been reflected on and the practice is committed to ensuring that all staff are able to attend required training going forward.

However, if working on high level training such as MSC/Independent Prescriber, to date there has been no back fill to support this training for over 12 months or more. In order for staff to achieve and in order to not impact patient services staff would be required to undertake some of this training in their own time, but

		<p>this would have been agreed prior to starting such education.</p> <p>Improvements in this area are being made with the installations of Primary Care Academies and funding from HEIW to support higher level education.</p>		
<p>We saw onward referrals to the Public Service Ombudsman for Wales in the complaints procedure but we did not see reference to the newly established patient support and advocacy service, Llais.</p>	<p>The practice should include further sources of support and advocacy within the complaints procedure and communicate this to patients.</p>	<p>Relevant posters promoting Llais services were up in the practice but have now been made much more visible.</p> <p>The website and patient leaflet have been checked and updated to remove references to CHC and are now referencing Llais and in more of the web pages.</p>	<p>Operations Manager</p>	<p>Completed</p>
<p>We saw continuous improvement being driven as a result of staff and patient feedback. This included reflections in practice</p>	<p>The practice should increase the frequency of their non-clinical audits to continually improve services for patients.</p>	<p>The practice has undertaken non-clinical audit in respect of data activity over the last year and will continue to do so under the QIF</p>	<p>Practice Manager</p>	<p>Completed</p>

management meetings and discussions with staff. However, we did find non-clinical quality improvement audits were less routine than the practice clinical and safety critical audits. With some examples of audits last being completed in 2019.

requirements. Whilst collecting and monitoring this data we analyse monthly to monitor patient demand and patterns of use in order to continually improve patient services. As are our phone calls.

WNWRS is monitored regularly to audit staffing levels and significant changes that could impact patient services.

Any suitable non-clinical audits identified that can improve the patient services will be undertaken going forward.

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): Sue Rogers

Job role: Practice Manager

Date: 20/05/2024