

Health Centre Blaenau Ffestiniog - Improvement Action Plan					Nov-16
Action Number	Ref	Improvement Recommendation	Planned Action	Progress	Status
HIW Improvement Actions					
1	7	The Health Board should have processes in place to regularly assess and evaluate patients' experience and to act upon feedback in a way that demonstrates learning and improvement. Maintain a log of informal concerns or compliments raised by patients, to monitor common themes and to consider what actions could be taken to alleviate or address these.	The practice will undertake a Patient Satisfaction Survey by Sept 2016	Planning on establishing patient participation group for the area. Engagement officer attending practice on November and December to encourage participation. WT in discussions with the CHC to conduct patient satisfaction survey about access	
			The practice will undertake an initial 3 month trial of a patient suggestion and comment card system. If successful it will be made permanent.	Patient suggestion box in reception area. Limited interest to date.	
			The reception staff will establish and maintain a log of informal concerns and compliments	The reception staff are maintaining a log at reception and these are considered at staff meetings.	
2	10	Review the Practice Development Plan. Services need to be developed with consideration to patient needs in an area where high levels of deprivation are prevalent.	The Area Head of Primary Care and the Practice Manager will review the current Practice Development Plan in the context of local demographic information and the Meirionnydd	Practice Development Plan completed August 2016 and submitted. Plan has updated demographic information and responds to identified local needs.	
3	11	Advise HIW of the systems in place to regularly review and audit medication	Rolling plan in place to audit and review medication use within the practice, looking at: Patient Safety Reviews - High risk medication National Prescribing Indicators - Focusing on areas where the practice is an outlier. Health Board specific targets	The practice has taken numerous steps to improve its medication review processes within the practice. 1. More pharmacy input:- a. Pharmacist 24 hrs/week i. Face to face medication review clinics – 2 morning clinics a week (increased in September to 3 morning clinics a week) – 8 hrs/week previously ii. Project work - 1. PPI step down – health board target 2. Review of antibiotic prescribing – health board target 3. Review of 7 day prescriptions 4. Reduction of anxiolytic and hypnotic prescribing (as currently an outlier) – PET session used in September to develop action plan iii. Screen medication reviews iv. Admin work - discharge letters,	

				medication changes etc v. Medication reviews for patient in care homes planned from September vi. Targeted 'face to face' medication reviews with patients aged over 85 yrs	
			Individual patient reviews - by phone, screen review or face to face. Target of 80% to have had a review annually	Medication review of patients on four or more medication currently at 81%	
4	12	Introduce a clinical peer review system to ensure adequacy and consistency in areas such as record keeping	In conjunction with the Area Medical Director we will review the procedures and systems to enable peer review audits to take place and will develop a schedule of audit plans to be undertaken annually.	Former HB AMD commissioned to review GP record keeping and produce action plan - November 2016	
5	13	Take action to prevent the likelihood of conversations in one of the treatment rooms being heard by people using the disabled toilet. The interconnecting doors between these two rooms should be permanently blocked off.	The work required to block the interconnecting will be undertaken by the end of March 2016	Work completed	
6	14	Consider how patients' overall experience of the GPs can be improved through better understanding, knowledge and awareness about their individual treatment and medical history by GPs	The Health Board will advertise to recruit additional salaried GPs.	Adverts placed, 1 GP offered position - awaiting acceptance. Advert remains open for any future interest.	
			The Health Board will secure a core number of locums for the practice and ensure they are integrated into the training and peer review processes so as to ensure the continuity of care	Practice currently has 1 Salaried GP (T Parry) and 5 regular Locums (SPierce/RDavies/RKeating/IWilliams/P Smith). Locums participate in PET and clinical meetings when they are available.	
7	14	Provide HIW with a business continuity plan, taking into consideration the sustainability of the service to ensure adequate GP cover and the provision of timely access for patients who need care and treatment. This plan should include contingency arrangements for unforeseen events.	The current continuity plan will be reviewed and updated and a copy forwarded to HIW	BCP submitted annually as part of ISMS submission to be reviewed. Revised Business Continuity Plan produced.	
8	15	Disabled toilet needs to be refurbished and redecorated. Additional adjustments should be taken to ensure compliance with the Equality Act 2010.	The disabled toilet will be refurbished and redecorated to ensure compliance with the Equality Act 2010	Disabled toilet has been re-decorated.	
9	16	Urgently review governance, management and leadership of practice. HIW has requested a business continuity plan, which should also address the management and leadership concerns identified in this report.	A review of governance, management and leadership of the practice will be undertaken by 31 March 2016	Review completed July 2016, recommendations built into improvement action plan for monitoring with HIW actions	
10	17	Review and clarify individual staff members' roles, responsibilities and job descriptions.	A review of the staffing structure, roles and responsibilities structure and updated job descriptions will be undertaken by the end of March 2016	All staff Job Descriptions have been reviewed and updated. All staff apart from PM transferred to A4C with effect from April 1st 2016.	

				Updated JDs issued to staff	
11	17	System should be in place to improve communication between the health board, clinicians and the practice team. Regular team meetings should be introduced as soon as possible to ensure staff receive updated information and that collaborative team working improves.	Regular team meetings will be established from January 2016	Team meetings held in April, June, August, September and November 2016. Dates for next 12 months agreed and circulated. PET sessions being utilised to train and update clinical and administrative staff.	
12	18	Review the overall staffing levels and ensure that the number of support staff is sufficient to sustain the service.	A review of the staffing structure roles and responsibilities structure and updated job descriptions will be undertaken by the end of March 2016	Review undertaken, 25 extra hours for reception cover approved and advertised, interviews planned early December. Automatic checking system approved and in process of being ordered, to release reception activity. Additional responsibilities role identified and advertised to current reception staff. Appointment made.	