



**AGENDA ITEM**

6.2.4

**QUALITY & SAFETY COMMITTEE**

**PRIMARY CARE – QUALITY SAFETY & EXPERIENCE UPDATE REPORT**

<b>Date of meeting</b>	18 May 2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Sarah Bradley, Assistant Director of Primary Care
<b>Presented by</b>	Julie Denley, Director of Primary, Community & Mental Health
<b>Approving Executive Sponsor</b>	Director of Primary Community and Mental Health
<b>Report purpose</b>	FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

**ACRONYMS**

GMS	General Medical Services
GDS	General Dental Services
GOS	General Optometry Services
DTU	Dental Teaching Unit
CDS	Community Dental Services
D2S	Design 2 Smile
PCSU	Primary Care Support Unit
PCRC	Primary Care Resource Centre
CHW	Community Health & Wellbeing Team
CVD	Cardiovascular Health Check
DES	Directly Enhanced Services
LES	Locally Enhanced Services



NES	Nationally Enhanced Services
CVC	Community Vaccination Centre
CHC	Community Health Council
ED	Emergency Department
YCR	Ysbyty Cwm Rhondda
LMC	Local Medical Committee
PPE	Personal Protective Equipment
GA	General Anaesthesia
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
LACS	Long acting contraceptive services
SBUHB	Swansea Bay University Health Board
GCA	Giant Cell Arteritis
NWSSP	NHS Wales Shared Services Partnership
PPV	Post Payment Verification Visits

## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Quality & Safety Committee with an update on Primary Care patient quality, safety, risk and experience as reported to the primary care quality and safety group.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### *General Medical Services*

- 2.1 After completing 1<sup>st</sup> doses for priority groups 1-6 GP Practices are now focusing on the delivery of 2<sup>nd</sup> doses. The 'mop up' of 1<sup>st</sup> doses for those who have not come forward has transferred to CVCs. GP Practices have made a significant contribution to the delivery of vaccines and as of 22 April over 116,253 1<sup>st</sup> doses and 40,009 2<sup>nd</sup> doses were administered to just over 30% of the population.
- 2.2 Practices have recently raised concerns in respect of the change in syringes issued to practices by NWSSP, reporting that they are leaking and less doses can be drawn up from a vial.

*Mitigation:* For planning purposes doses per vial are assumed to be 80 per vial and not the original 90 per vial. Concerns fed back to the Strategic Vaccine Board, NWSSP and the National Covid Vaccination Board and a request has been made to replace the original syringes. The

limiting factor with regard to delivery within primary care remains the supply of the Astra Zeneca vaccine. Both these issues are not local ones but Wales wide.

- 2.3 Escalation levels across practices remain low. Few reporting level 3 and none are reporting level 4 and above. Will continue to be monitored on a daily basis.
- 2.4 The transfer of Bridgend GP Out of Hours service from Swansea Bay UHB to CTM Out of Hours Service remains problematic and no date yet agreed with Welsh Ambulance Services NHS Trust (WAST) and 111 team. Both are reporting that they have little time to support the testing due to giving priority to the roll out of 111 across Betsi Cadwaldr UHB.

*Mitigation:* Discussions continue with Welsh Ambulance Services NHS Trust (WAST) and 111 impressing the desire to harmonise the service across the CTM footprint and the need to do this to enable 'Contact First' will be implemented across the CTM footprint.

### *General Dental Services*

- 2.3 Escalation levels for GDS and the Health Board Salaried Services remain low.
- 2.4 Access to emergency dental services continues to be a challenge due to the reduction in activity in GDS contractor services as a result of them following the Standing Operating Procedures around infection control, distancing measures and ventilation. The triage hub has been established since December 2020 and patients are booked into either a General Dental Practice (GDP) access appointment, DTU or the CDS service.

*Mitigation:* Actions being undertaken are:

- The establishment of a dental triage hub in December, located in Ynyshir using redeployed oral health educators from the D2S team. Calls are taken from patients who phone 111 looking for urgent dental care but do not have a regular dentist.
  - Patients are directed to one of three routes, the DTU, the GDS practices above or CDS whichever is more appropriate.
  - Additional daily 'access' appointments have been commissioned from GDS practices to help support growing demand.
- 2.5 Long waiting list for *Paediatric GA* is still an issue. 459 patients were waiting for CDS assessment (compared to 438 patients in March) and 26 patients waiting for GA treatment (compared to 38 in March). This

was 16 on the primary care risk register and has been reduced from 16 to 6 in view of the following actions.

*Mitigation:* Rhondda Taf Ely (RTE) Integrated Locality Group (ILG) have resumed the theatre session one day (Monday) a week, treating 6 patients each session. A further regular weekly theatre session has just been agreed. Giving two sessions per week. This will be sufficient to clear the backlog but this will continue to be reviewed.

- 2.6 Orthodontic provision is a growing issue across the CTM footprint and this has been highlighted for a number of reasons. Covid has led to a suspension of Orthodontic activity during the red stage and recent guidance from Welsh Government will lead to patients having to wait longer for treatment and to prioritise based on need. Historically Orthodontic treatment was not be provided within former Cwm Taf Localities but activity was referred to Cardiff and Vale. A small amount of activity was undertaken in Prince Charles Hospital referred from CDS. For Bridgend few Dental practices wished to provide the service and therefore referrals were distributed across one practice in Bridgend and others in Swansea depending on waiting lists and also whether parents were content to wait. Due to increasing demand as a result of reduced capacity the waiting list for CTM patients is likely to increase and is currently 5 years for some patients. This is a new high risk for the Corporate and Primary Care risk register.

*Mitigation:* A meeting has taken place with Welsh Government to discuss historic funding. Welsh Government is helping to obtaining the necessary information from neighbouring Health Board's to ascertain the total number of patients waiting for treatment. Separate discussions are taking place with Cardiff and Vale and Swansea Bay University Health Boards in respect of existing SLA's. This is being done with the support of colleagues in the Planning and Performance team.

- 2.7 Bariatric dental provision. – Bariatric Dental provision has historically been provided in Cardiff and Vale Dental Hospital but the Primary Care team is working on developing a service locally for CTM patients. A bariatric dental suite has been incorporated into the Dewi Sant Health Park refurbishment and the service will commence by the middle of June 2021. Work is progressing to develop an additional bariatric dental suite in Treharris Primary Care Centre. Specialist advice has been sought and a statement of need for equipment has been developed and is being submitted. Due to the local provision the risk on the Primary Care Risk Register has been reviewed and is now low. In the interim adhoc requests for bariatric



provision will be sourced on a case by case basis from a Dentist in Merthyr Tydfil.

### *General Optometry Services*

- 2.8 *The Shared Care Glaucoma Scheme* – Progress has been made with the pilot scheme and one practice is now up and running. The ambition is to get more practices on board as soon as possible. The scheme has also been prioritized and is supported as part of the planned care recovery programme. This scheme was recorded on the primary care risk register at level 16 but has been reviewed and is now a low risk as the service provision has commenced and will gain momentum for further roll out.

### *Specialist Nursing Services –*

- 2.9 The aural care clinics (which includes wax management) have resumed in the community sites and the waiting list is currently 24 weeks. A plan is in place to reduce the waiting list. Audiology clinics are now running in parallel to the aural care clinics with a clear pathway and they have increased from 4 to 12 sessions per month. Additional weekend aural care clinics are taking place and Healthcare Assistant (HCA) resource has been brought in to create efficiencies in the running of the clinics. A full review of aural care and audiology is also taking place. The risk was 12 on the register but it has been reviewed and reduced to low risk in view of the resumption and mitigating actions.

### Quality and Safety Governance Framework & Quality Assurance (QA)

#### 2.10 Incidents/Concerns

An improved pathway for managing concerns has been put in place. QA assurance panels (Concerns Oversight Group) to review independent contractor incidents/concerns has continued to take place and is picking up the learning for sharing across the health board and other primary care services.

- 2.11 NWSSP has undertaken on behalf of the Health Board an annual visit to practices to validate the claims made for enhanced services. Due to Covid the validation was undertaken remotely and this will continue for the foreseeable future. The calendar of visits has been agreed with NWSSP and the programme of quarterly meetings with the Primary Care Team to review PPV outcomes for contractors has been reinstated. Historically financial recoveries have been very small and are usually

associated with a change in administrative staff not fully understanding processes and further training is recommended.

- 2.12 PCNS Clinical Practice Educators received an EQA visit from Agoreg Cymru (an education accreditation body) in October 2020. Feedback was received and it was positive with no issues reported. Rebecca Gill is a mindfulness ambassador for primary care – implementing strategies for staff well-being and signposting.

### *Complaints*

- 2.13 There were 23 Formal Complaints reported between 1 February 2021 and 31 March 2021 for the Specialties Primary Care, Independent GP Contractors and Dental and Optometry. Top three themes for types of concerns either informally, formally or enquiry continue to be, 'communications'; 'Delays' and 'Treatment Errors'. Learning continues to be picked up via the Quality Assurance meetings (Concerns Oversight Group) and will be shared via independent contractor newsletters and other regular forums/meetings.

### Significant Incidents (SIs)

- 2.14 There is 1 ongoing Serious Incident which relates to a delay in the diagnosis of GCA. It is a multi-professional incident spanning Urgent Primary Care Out of Hours (OOHs) and services within secondary care at RGH. Learning from this incident will be shared in due course and is appropriate.

### Ombudsman:-

- 2.15 There are 2 ombudsman cases which are open relating to Primary Care and Independent GP contractors. Information has been provided to the ombudsman and the Health Board is currently awaiting their decision.

### Claims

There are currently 3 open claims which relate to Primary Care.

### Management of Risk

- 2.16 At the time of the last report there were 3 high risks on the primary care register, due to mitigating actions taken these have been reviewed and the risks have been reduced. One new key risk is identified for Orthodontics provision locally.



## KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

2.17 There is one key risks which needs to be escalated and this is:

- Provision of Orthodontic Services locally within CTM

The committee are asked to note the actions being taken to mitigate and remove these risks.

## 3 IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Safe Care
<b>Equality impact assessment completed</b>	No (Include further detail below)
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

## 4 RECOMMENDATION

5.1 Members are asked to **NOTE** the update outlined in this report and **DISCUSS** the risks detailed in the report.