



**AGENDA ITEM**

6.9

**QUALITY & SAFETY COMMITTEE**

**PEER REVIEW OF URGENT PRIMARY CARE (OUT OF HOURS AND UPCC) IN CWM TAF MORGANNWG**

<b>Date of meeting</b>	15/11/2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Martine Randall – Head of Urgent Primary Care
<b>Presented by</b>	Julie Denley, Deputy Chief Operating Officer for PCMH
<b>Approving Executive Sponsor</b>	Chief Operating Officer (COO, DPCMH)
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Quality & Safety Committee	(DD/MM/YYYY)	Choose an item.

**ACRONYMS**

CTMUHB	Cwm Taf Morgannwg University Health Board
OOH	Out of Hours
UPC	Urgent Primary Care
UPCC	Urgent Primary Care Centre
PRT	Peer Review Team
MDT	Multi-Disciplinary Team
IPC	Infection Prevention Control
IP	Independent Prescriber
POW	Princess of Wales Hospital
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital



## **1. SITUATION/BACKGROUND**

1.1 The purpose of this paper is to report the outcome of the May 2022 Peer Review of CTMUHBs Urgent Primary Care Services and to update on the progress against the associated local action plan.

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

2.1 In May 2022 the Cwm Taf's Urgent Primary Care Services were subject to a national Peer Review from members of the National Primary Care Strategy Team. The purpose of the Peer Reviews is to act as a 'critical friend' to provide direct support and advice for staff and the executive team as the Health Board continues its re-organisation and stabilisation post COVID19.

2.2 The feedback from the Peer Review Team was extremely positive acknowledging the following key points:-

- Good work had taken place during the Covid 19 pandemic in re-designing the service and developing a cluster based Urgent Primary Care Centre.
- There was very good representation from both clinical and operational staff who constructively participated in the review and the various breakout sessions.
- The positive leadership shown both by clinical and operational managers.
- Praise for the strengthening clinical leadership in the OOH services and at the UPCC
- Of particular note, was the obvious mutual respect that staff show towards each other and the clinical and operational leadership team and the real sense of a truly multidisciplinary team, working together to provide the best care for patients.
- The development of a clear MDT workforce plan, increasing the GP workforce and engagement with other teams.
- The utilisation of data to assess demand and capacity inform further improvements leading to more responsive and better outcomes for patients. This was recognised as exemplar practice and the Panel recommended that this be shared with the National OOH Forum and other OOH clinical teams across Wales.
- The commitment shown by staff to delivering a high quality services.

- How OOH and UPC services have increasingly gaining visibility at board.

2.3 In the feedback report the Peer Review Panel made 13 recommendations and these are included in the attached action plan in Appendix 1. Good progress has been made to date to address the recommendations and only 4 recommendations remain amber as work continues to make progress. The amber actions include:

#### 2.3.1 **Demand and Capacity**

*Action: 111 Programme Team and OOH to jointly collaborate on data outcomes to assist with future model.*

*Action: OOH to calculate capacity requirements based on demand data extracted.*

CTM was commended by the Peer Review Panel for making the most progress across Wales in assessing demand and then capacity planning. This has been down to the knowledge, skill and enthusiasm from the current Interim Clinical Director for Urgent Primary Care (GP OOH). Unfortunately further progress of this work has been hindered by the National Cyber attack which took place in August 2022, which resulted in an outage of the services main OOHs data call handling and clinical software system, named Adastra.

The revised anticipated delivery date is December 2022, but this is dependent on full resumption of the functionality of the Adastra system.

#### 2.3.2 **System Governance (Patient Experience)**

*Action: Undertake a survey in 2022/23 to cover all aspects of service in a subset patients.*

Paper surveys were suspended during the pandemic based on the IPC guidance. Work is taking place to put in place a revised process to collect patient experience data via the new electronic Civica system and this will include the use of a simple QR code for patients to access the patient feedback questionnaires. Traditional methods of feedback will also remain for use by those patients who are not able to use the electronic versions. The action completion date is December 2022.

### 2.3.3 Urgent Primary Care and Integration of Services

*Action: review service model and operating hours as part of the wider evaluation of UPCC, Review interface with MIU (and access criteria into MiU), Option to consider direct booking slots and links with ED.*

A remodeling of the Urgent Primary Care is currently underway as part of Workstream 1 of the 6 Goals for Urgent and Emergency Care Programme and it will incorporate appropriate navigation to a comprehensive range of integrated services based on patient need. Recent work sees phased implementation by March 2023.

### 2.3.4 Workforce Developments

*Action: Review baseline of IPs within the HB and the utilisation of the qualification and individual clinicians prior to requesting further funding.*

A mapping exercise has commenced for all staff holding IP qualifications to assess if they are utilising their specialist skills and knowledge and working at the top of their competency levels.

*Action: Executives need to challenge the historical resistance to development of such staff (HCSW) particularly for the OOH and UPCC given the difficulty in delivering sustainable services.*

This work is an essential part of the Workstream 1 for the 6 Goals Urgent and Emergency Programme and the development of the navigation centre. Further opportunities are being explored as part of the development of new roles and enhanced skills as part of CTMs Training Academy for Primary Care. These include HCSWs, Advanced Practitioners and Associate Physicians. March 2023

## **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- 3.1 Whilst the feedback report was extremely positive it noted the ongoing challenges for CTMUHB and these included:-
- 3.1.1 Workforce sustainability: This is a constant focus for the Urgent Primary Care service and is not unique to CTMUHB. A recent drive to recruit GPs has also been successful with 17 being taken on in past three months. Minor illness nurses are also being recruited to support service delivery in readiness for winter period.
- 3.1.2 Boundary Changes: The integration of the POW OOH into CTM brought with it historical low GP shift fill rates. A new cohort of

GPs have been recruited in the past couple of months and further opportunities are being explored with the consortium of GPs who provide the service in PCH OOHs Primary Care Centre.

- 3.1.3 Accommodation/Shared Space: It was noted by the Peer Review Panel that there are operational issues caused by the shared utilization of space in the GP OOHs Primary Care Centre sites (all are hosted in Out-patient Departments in the three DGHs). The issues relate to physical capacity, security and infection control due Covid pathways and associated limitations/restrictions. Since the report was issued improvements have been made with allocation of more storage space at two of the bases. Storage space at POW remains a challenge. However the service are currently looking at reducing stock levels held at the site and increasing replenishment on a more frequent basis to achieve further improvement.
- 3.1.4 Finance: The Peer Review Panel understood the current financial position of the Health Board but were keen that consideration be given to what could be achieved in terms of reducing pressure on the wider system if there were increased resources within OOH and the UPC.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Timely Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	Service Review
<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 Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 The committee are asked to **NOTE** the contents of this report.

Cwm Taf Morgannwg Peer Review Visit – 24<sup>th</sup> May 2022

Out of Hours/UPCC Peer Review Action Plan:

<b>Present:</b>	
<b>Panel</b>	<b>Cwm Taf Morgannwg University Health Board</b>
Individual Panel Names have been removed	Individual Names have been removed.

Key Issues to Address	Actions:	Lead	Timeframe	Progress /Issues
<b>1 Escalation</b>	<p>When considering levels of escalation there appeared to be no visibility on 'system' escalation levels across in ED, 999 and 111 /OOHs – noting the intention to build a 6 goals dashboard.</p> <p>There are separate primary &amp; secondary escalation policies and daily levels of escalation reported but unclear where detailed activity is co-ordinated at each level.</p> <p>DHCW data warehouse is not an option for improving system visibility as 111 data doesn't appear to be included.</p> <p><b>Action: review escalation policies and reporting mechanisms and inclusion of detailed actions required at each level.</b></p>	MR	<b>Completed</b>	<p>James Moore, Head of Performance &amp; Information, is currently compiling all the KPIs across unscheduled care for the 6 Goals Board. The template of WG standards for GP Out of Hours services has been fed into this process.</p> <p>There is a visible dashboard on the CTM intranet home page but the updating of this can be variable by individual services.</p> <p>Escalation levels for GP OOHs are reported across the organisation regularly throughout the week via sit-reps.</p>
<b>2 Recruitment and Retention</b>	Recruitment of GPs to cover hard to fill shifts needs to continue- (see point below).		<b>Completed</b>	Recruitment of GPs continues well with 11 recruited in past three months and 6 currently undergoing recruitment processes (checks & induction)



Key Issues to Address	Actions:	Lead	Timeframe	Progress /Issues
	<p>Retention and development of HCA is a key priority for wider MDT working and sustainability particularly as majority of HCA engaged on a bank basis.</p> <p><b>Action: Recruitment and effective deployment for APP, ANP and PAs all need to be considered as part of the wider workforce strategy</b></p> <p><b>Action: Urgent review of contracts for HCA now required to ensure workforce retention</b></p>			<p>Currently introducing minor illness nurses into service delivery. Andrea Dorrington linking with HEIW programme for development of urgent care practitioners.</p> <p>ANPS are already a key component of the OOHs workforce particularly at weekends. An APP has also recently been recruited resulting in two APPS on the roster.</p> <p>Recruitment of HCAs is currently being evaluated and costed.</p>
<b>3 Sustainability of service</b>	<p>Overnight medical cover is still an outstanding issue from the previous review as the current system is heavily reliant on a single individual GP.</p> <p>Base shifts in POW are equally difficult to fill, especially at weekends and need further assessment /review.</p> <p>Base cover in PCH on weekends has been stabilised by procurement of a third party however sometimes cover on weekday (evenings) is challenging.</p> <p>Both RGH and PCH bases close at 12pm and it is known patients in Merthyr will not travel so potentially will have an impact on ED attendances in PCH.</p> <p><b>Action: Timely review of cover against peak demand ahead of August /winter pressures.</b></p> <p><b>Action: Expand cover for overnight shift for longer term resilience plus use of wider MDT support.</b></p>	<p>Clinical Lead Operational Manager Executive Lead</p>	<p>Completed</p>	<p>There are three GPs overnight covering the service and this has been in place for around 12 months.</p> <p>Shift fill for the Bridgend locality remains problematic particularly on weekends. Consideration is being given to replicating contracted out model similar to the offering for weekends at PCH. PCH contract due to be renewed as due to expire in January 2023.</p> <p>It is not technically correct to say both PCH and RGH bases are closed at midnight as these are opened up based on patient demand by the overnight doctor/mobile doctor.</p> <p>In the event patients from Merthyr need to travel for an appointment a taxi is offered. There have been no complaints or issues raised by ED colleagues.</p>



Key Issues to Address	Actions:	Lead	Timeframe	Progress /Issues
	<p><b>Action: Consider the opportunities that re-procurement of third party may offer</b></p> <p><b>Action: Consider opportunity from wider MDT to improve overnight resilience</b></p>			<p>Conversely ED colleagues have been positive regarding the 8Medical model and the regular/stabilised GP input.</p> <p>There is wider MDT support during the overnight period as the overnight district nursing team is now integrated with the OOHs overnight service.</p>
<b>4 Demand and Capacity</b>	<p>Data extraction on understanding workflow is now illustrating where demand is within the system, how the capacity is organised and whether this is fit for purpose (or not). Wider issues on flow between 111 &amp; OOHs also need to be utilised in real time and linked to wider national forums. Calculations regarding demand and capacity differs between UPCC and OOH</p> <p>In UPCC the demand is managed by the capacity that is available in the service.</p> <p>In OOH the demand coming across from 111 cannot be “turned off” based on the capacity available in the service at any given time.</p> <p><b>Action: 111 Programme team and OOH to jointly collaborate on data outcomes to assist future model</b></p> <p><b>Action: OOH to calculate capacity requirements based on demand data extracted.</b></p>		<b>December 2022</b>	<p>This is an ongoing piece of work which is now in work flow due to the Cyber attack in August 2022 which resulted in an outage of the services main data system, Adastra.</p>
<b>5</b>	<p>Good data analysis has now enabled visibility of performance against agreed targets on a regular basis.</p>	<b>Clinical Lead</b>	<b>Completed</b>	<p>Allocation of P1 to both home visits and base visits is very low.</p>



Key Issues to Address	Actions:	Lead	Timeframe	Progress /Issues
<b>Performance Standards</b>	<p>Performance on P1 home visits and P1 PCC appointments is below agreed thresholds however it is postulated that geography of the CTM footprint contributes to this and whether the targets are applicable.</p> <p><b>Action: Review P1 HV and P2 PCC to determine source of sub threshold performance and applicability of thresholds to CTM.</b></p>	<b>Operational Lead Head of Primary Care</b>		<p>Geography and incorrect prioritisation are the main contributing factors to P1 for home visits and PCCs falling outside of agreed thresholds.</p> <p>Communications have been sent to triaging GPs advising that if prioritising a P1 the reason for the prioritisation should be stated within the triage notes.</p>
<b>6 System Governance (Patient Experience)</b>	<p>Patient Survey in 2019 focused on PCCs, there was a recommendation from the last peer review to conduct surveys for all aspects of the service and undertake yearly reviews on specific groups.</p> <p><b>Action: Undertake a survey in 2022/23 to cover all aspects of service in a subset of patients.</b></p>	<b>Clinical Lead/Operational Lead/Quality and Safety Lead</b>	Jan	<p>During Covid we were unable to issue the usual paper surveys due to IPC guidance. This year the UHB introduced the new electronic Civica system for patient feedback purposes. We have been working with the Governance/Concerns team to adapt Civica to include the GP Out of Hours service so that there is a standardised approach to the collection of patient feedback. Once this work is complete patients will be issued a QR code to complete the survey.</p>
<b>7 DATIX Reporting</b>	<p>Similar to other organisations, DATIX reporting remains extremely low to the number of cases seen on a monthly &amp; yearly basis. Does this reflect what is happening within the organisation?</p> <p><b>Action: Methodology and approach should be reviewed to assess how improved data gathering can be supported.</b></p>	<b>Clinical Director</b>	Completed	<p>Datix reporting is embedded within service delivery. We have provided a “datix-light” form to make the process easier. A new version of datix has recently been rolled out. Training session have also been offered to all staff via Teams.</p>
<b>8 Urgent Primary Care and Integration of services</b>	<p><b>UPCC</b> – timely opportunity to review the scope and function of the UPCC given the priority and funding under 6 Goals Programme. Key opportunities should be considered around the interface between in-hours and OOHs and interface with MIU /ED.</p> <p><b>Action: review service model and operating hours as part of the wider evaluation of UPCC</b></p>		March 2023	<p>Notice has been served on the current UPCC model and remodelling of the UPC and integrated services is taking place under workstream 1 of the 6 Goals Programme.</p>



Key Issues to Address	Actions:	Lead	Timeframe	Progress /Issues
	<p><b>Review interface with MIU (and access criteria into MiU)</b>  <b>Option to consider direct booking slots and links with ED</b></p>			
<p><b>9</b>  <b>Workforce developments</b></p>	<p>There is clear development of an MDT approach in both OOH and UPCC. There is support to develop IP clinicians however there is no baseline or consideration of what is already in the system.</p> <p><b>Action: Review baseline of IPs within the HB to review utilisation of the qualification and individual clinicians prior to requesting further funding.</b></p> <p>There is a desire to develop roles for non-clinical staff such as HCA however there is resistance from areas of the Health Board to this.</p> <p><b>Action: Executives need to challenge the historical resistance to development of such staff particularly for the OOH and UPCC given the difficulty in delivering sustainable services.</b></p>	<p><b>AMD/Clinical Leads</b>  <b>Operational Leads</b></p>	<p><b>Dec</b></p>	<p>Contacting Andrew Davies to establish list of those with IP qualification. Will canvass them to see if any are interested in Urgent Primary Care working.</p> <p>There is already a career pathway for HCAs ranging from Band 2 – Band 4 – dependent upon their skills.</p> <p>There are limitations to what an HCA can undertake in an UPC setting due to their training and qualification. However, CTMs OOHs service has already introduced the role of the Band 3 HCA as they were trained to undertake additional tasks during Covid, e.g. point of care testing Lumiridx. Many of the HCA also undertake reception duties.</p> <p>Andrea Dorrington Lead Nurse is meeting with Esther Lomas, HEIW, to explore the role of the PA further (skills/competencies, etc) and to assess the potential fit for Urgent Primary Care</p>



Key Issues to Address	Actions:	Lead	Timeframe	Progress /Issues
<b>10 Service Sustainability</b>	<p>Both OOH and UPCC have developed their MDTs and are offering training to clinical and non-clinical staff as well as supporting the wider community development e.g. IP community Pharmacists. There are 3 PAs in the health board but these have not been deployed into UPCC or OOH and also other re-deployed staff have not been offered to support the OOH services.</p> <p><b>Action: Pas to be offered to rotate into OOH/UPPC as a pathfinder.</b></p>	<b>Clinical Director Operational Leads</b>	Completed	There are currently three PAs within the UHB. Due to their individual circumstances none are currently available to work during the OOHS period. The service may look to recruit PAs as part of the wider MDT development. Andrea Dorrington Lead Nurse linking with Esther Lomas HEIW to take this forward
<b>11 Mental Health Practitioner model</b>	<p><b>Action: MH practitioners support OOH at weekends although this has been sporadic due to staffing levels. In order to provide a consistent service consideration expressions of interest should be placed for existing staff to work at weekends and midweek eves.</b></p> <p><b>Action: The Mental Health Team are working towards introducing the 111 P2 model although progress has been slow and there needs to be some urgency to ensure a Quarter 3 "Go Live" is achieved</b></p>	<b>Clinical Director Clinical Nurse Lead</b>	Completed	The Mental Health "111 Press 2" service model is about the launch in CTM. The team will be hosted in the Ty Elai call centre. The plan is on track for the service to be 24/7 by end of financial year with the team being introduced in phases commencing mid-January 2023
<b>12 Physical Clinical Environment</b>	<p>Environments for both UPCC and OOH need to be reviewed in terms of numbers of rooms available to carry out /expand the services and provide safe working environments.</p> <p><b>Action: Estates need to be aware that cleaning services to maintain infection control in RGH toilet in green area should be in place and staff need to be reminded of infection control procedures.</b></p>	<b>CD and Exec team</b>	Completed	<p>The OOHS service is hosted in the OPDs of the three DGHs – there are currently sufficient rooms for service delivery at all sites.</p> <p>Cleaning services are in place at all OOHS bases as they are hosted in OPD departments. Additional cleaning has also been put in place to ensure IPC at weekends.</p>



Key Issues to Address	Actions:	Lead	Timeframe	Progress /Issues
	<p><b>Action: Security of receptionist in PCH Rhymney Ward to be reviewed as door to reception cannot be secured and receptionist is isolated.</b></p> <p><b>Action: UPCC co-location with MIU in YCR needs to be reviewed.</b></p>			<p>IPS have reviewed our operational environment, procedures and protocols at regular intervals and have advised that our IPC standards were extremely high.</p> <p>Security of receptionist in Rhymney block has been addressed as the cage around the reception area is now lockable.</p>
<b>13 Operational Issues</b>	<p>Printers in a number of bases not working so prescriptions being handwritten which is a potential patient safety risk. POW, RGH Drugs cupboard in POW not big enough</p> <p><b>Action: work with IT to troubleshoot issue of printers not working or order new printers</b></p> <p><b>Action: source new drugs cupboard for POW and stick as per the other bases</b></p> <p>Technical issues within Ty Elai (local authority site) prevent use of any remote consultation. video consultations</p> <p><b>Action: Review options for improving ability to undertake video consultations with IT? installation of HB IT into an LA building</b></p>	Operational leads	Completed	<p>A new drug cupboard has been introduced at POW and stock medication is being reviewed for all bases. GPs at POW are now able to dispense a wider variety of drugs directly to patients – this is beneficial to patients particularly at those times when pharmacies are closed.</p> <p>This has been looked at by IT colleagues on numerous occasions. The prescription printers issue arises due to a nomenclature convention within the Adastral schema which cannot be changed.</p>