



AGENDA ITEM
7.3.4

QUALITY & SAFETY COMMITTEE

PRIMARY CARE QUALITY & SAFETY REPORT

Date of meeting	18/01/2022
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Sarah Bradley
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Presented by	Jane Armstrong
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Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

GMS	General Medical Services
GDS	General Dental Services
GOS	General Optometry Services
DTU	Dental Teaching Unit
EDS	Emergency Dental Services
CHC	Community Health Council
ED	Emergency Department
LMC	Local Medical Committee
GA	General Anaesthesia
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital



OOH PCC	Out of Hours Primary Care Centre
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1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Quality & Safety Committee with an update on the key issues facing Primary Care patient quality, safety, risk and experience as reported to the primary care quality and safety group meeting on 22nd December 2021.

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

GMS

- 2.1 The number of practices reporting level 3 and 4 via the national escalation tool has continued to increase. At the time of reporting there were 10 practices at level 3 and 6 at level 4 (where the practice is at risk of maintaining service delivery and has had to make significant changes to the way in which services are delivered). The increased escalation is a result of high levels of workforce absence for both clinical and non-clinical staff. This position is challenged further by the continuing increased demand from patients and the fact that they expect primary care to deliver in the same way, and at the same level, as pre-pandemic times. To mitigate this issue a number of actions are being taken, which includes;
- practises regularly flexing between standard access/appointments systems and urgent access only;
 - primary care team contact all practices reporting in levels 3 and 4 on a daily basis to assess the position and to see what support can be offered;
 - practices are encouraged to clearly communicate to their patients any changes in access systems; the primary care team is also working with the communications team to produce regular messaging for patients;
 - practice development visits to assess existing issues and compliance with contract requirements are underway and will be completed by the end of January 2022.
- 2.2 The Primary Care Access Forum was held to consider the results of the national access standards. The national access standards are aimed at improving access for patients and was introduced as part of the 2019 contract changes. It is promising to note that 42 out of 49 practice have achieved all standards. The standard commonly not achieved was standard 2 which requires practices to answer the

phone within 2 minutes. This standard is difficult to achieve in view of the significant increase in telephone contacts being made since the start of the pandemic, in some cases practices are reporting an increase of over 20%. The Access Forum also considered the CHC mystery shopper telephone access survey results. The survey was conducted over a couple of days in October and aimed at assessing the ease at which practices could telephone a GP surgery. The outcome of the exercise was good with 86% of calls answered, however, it was noted that the 'significant variation' wording used by CHC was disappointing. One practice failed as the longest time taken to answer a telephone call was 1 hr 23 minutes. This is being investigated by the Primary Care team and to assess if this was a result of a fault with the telephone system on the day of the survey.

90% of calls are answered within 2 minutes and this was at a time when there is a high volume of calls coming into practice. This reflects the similar position as recorded by the national access standards. It is worth noting for members that Welsh Government have decided to relax this Standard going forward and it will not be used as a monitoring indicator from April 2022. Revised access standards will continue to be monitored on a quarterly basis at the Access Forum, and oversight and reporting will be via GMS Operational Group and through to Primary Care Board and Performance Board and Quality Safety and Risk.

- 2.3 Enhanced service Audits have been sent for practices to complete and return, and include Warfarin (due end of Jan). DOAC (due end of Feb). Minor Surgery (due end of April). The results, learning to inform quality improvement from the audits will be reported through the GMS Operational Group, Quality, Safety and Risk Group and through Audit Committee.

- 2.4 The Primary Care team have established a community spirometry service, operating in central locations, to attempt to address the backlog of patients who are in need of assessments for the diagnosis of respiratory conditions. To date uptake into the clinics has been lower than expected but this may be a result of the festive period. This is being funded and reported through the planned care programme.

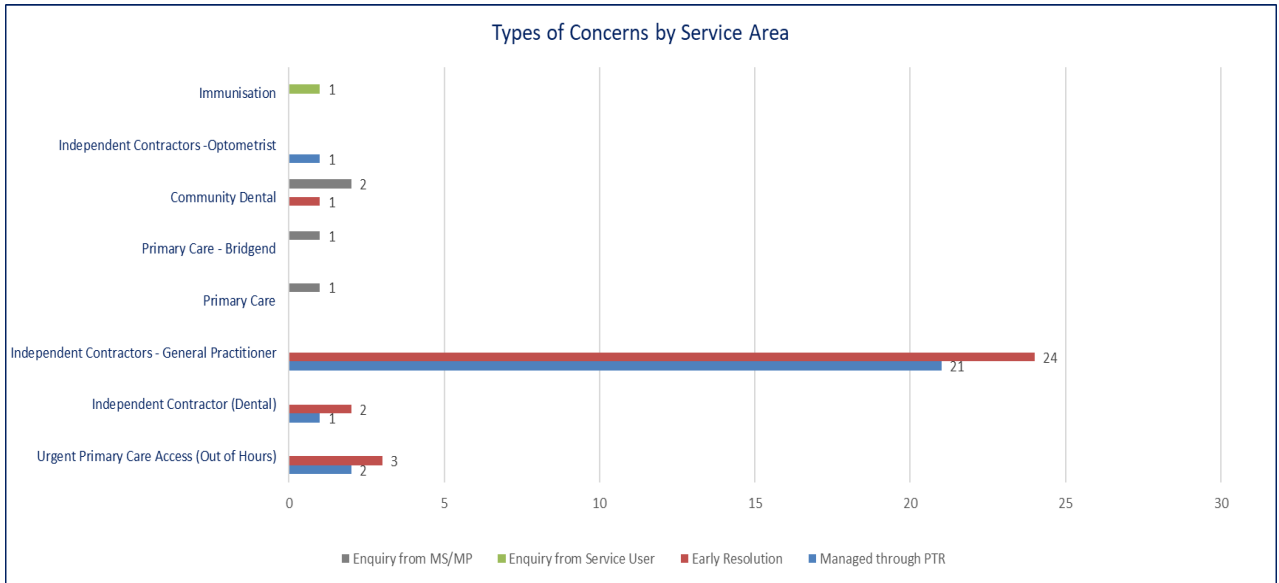
Dental

- 2.5 The general dental services are not reporting the same levels of escalation as can be seen in General Practice. Much smaller levels of workforce absence is being reported.
- 2.6 In order to mitigate the reduced activity within General Dental Practices as a result of the IPC measures in place, further improvement grant funding is being offered to those who have not yet taken up the opportunity with previous offers of funding. A capital funding bid is being explored to support improved ventilation in the Dental Teaching Unit in an attempt to increase activity for our salaried service. During the pandemic HIW inspections were suspended but to mitigate this the primary care team together with the Health Boards Dental Practice Advisors are undertaking visits and any specific issues/concerns will be captured and shared at the Dental Quality Group and reported through to future Primary Care Quality, Safety and Risk Meetings.
- 2.7 The CDS service is still carrying a large number of vacancies both in terms of dentists and nursing but recruitment campaigns being implemented. Central decontamination for Dewi Sant is provided by Princess of Wales Hospital and is working well, however the long term option is Royal Glamorgan Hospital is still to be secured. This will be done in the New Year. The Health Board is now, for the first time, providing bariatric dental services locally in Dewi Sant CDS service and patients no longer have to travel to Cardiff.
- 2.8 The general optometry services are also not reporting the same levels of escalation as can be seen in General Practice. Much smaller levels of workforce absence is being reported.

Concerns

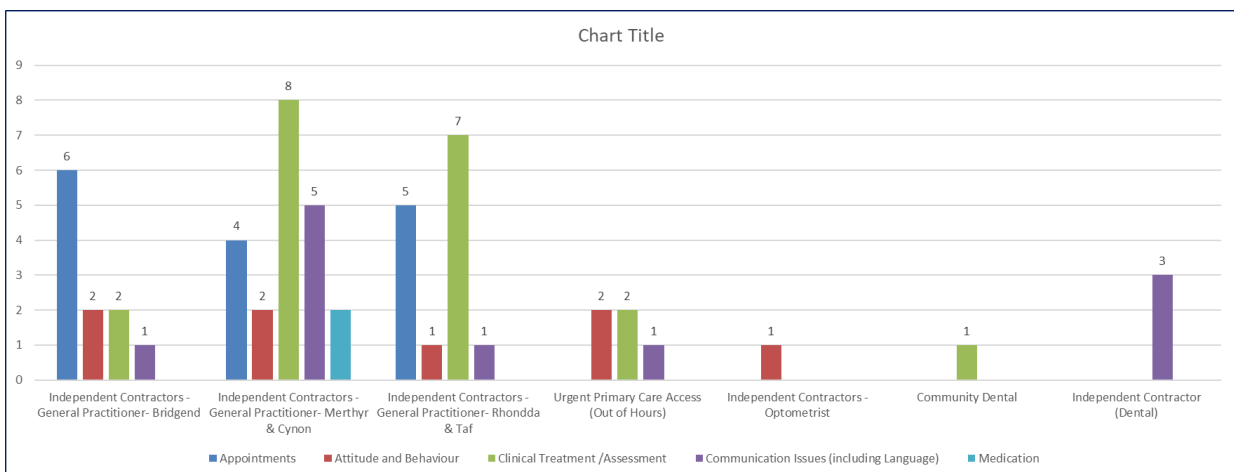
- 2.9 In respect of concerns, between 01/10/2021/2021 and 30/11/2021 there have been 61 made to the Health Board in relation to Primary Care Services: 26 Formal Complaints; 30 Early Resolutions; 5 Enquiries (1 from service user; 4 from MS/MP). There are currently 10 complaints over 30 working days.
- 2.10 Graph 1 below shows the number of concerns received as split by service area. The greatest proportion of concerns relate to GMS and access.

Graph 1 Types of Concerns by Service Area



2.11 The next graph, graph 2, shows number of formal and early resolution concerns by category and service area. The greatest number received are for GP Practices and the majority of these fall within Merthyr and Cynon ILG and access to appointments. Contact is being made with the practices in Merthyr to offer support to practices, to try and understand if there are any particular trends and to help improve the content and quality of concern responses.

Graph 2, showing Formal and Early Resolution Concerns by Category and Service Area



2.11 As can be seen in the table 1 below, the number of overdue complaints has increased and compliance has decreased. Compliance is difficult to reach because the Health Board is reliant on the practices responding in a timely manner. There can be a number of

reasons why this does not happen, which includes complexity of the claim, availability of the clinician/manager to provide a response, workforce absence etc. In all cases the Primary Care Clinical Governance Manager and/or Clinical Director makes direct contact with the practice to encourage and provide support. For assurance a plan for completion of those overdue concerns is being progressed and monitored in weekly team meetings. There is a target for complaints over 30 working days and 6 months to hit target over the next 3 months.

Table 1 Number of complaints open and compliance

	Previous Month	Current Month	Previous Month	Current Month	(% Point)		
Total Open Complaints	15.0	26.0				<30	
Within 30 working days	13.0	15.0	87%	58%	↓ -29%	85%	✗ -27%
Over 30 working days	1.0	10.0	7%	38%	↑ 32%	15%	✗ -23%
Over 6 months	1.0	1.0	7%	4%	↓ -3%	0	✗ -4%

2.13 Primary Care has 5 ongoing Ombudsman cases which have yet to be concluded but once the outcome reports are available these will be discussed and oversight will be given at future Quality, Safety and Risk Meetings.

2.14 In respect of risks there is 1 high risk and 5 moderate risks as detailed in the table below.

ID	Sub Specialty	Title	Rating (current)
3267	Urgent Primary Care Access (Out of Hours)	Contingency Plan for Business Continuity Communications Hub Ty Elai	16
3801	Independent Contractor - GP Surgery	Potential failure of Health Board to meet Lease Obligations	12
4030	Urgent Primary Care Access (Out of Hours)	Contracting Processes for OOHs GPs	12
4747	Urgent Primary Care Access (Out of Hours)	Failure to provide Overnight DN within Merthyr & Cynon and Rhondda & Taff Ely Areas	12
4606	Independent Contractor - Dental Practices	Resumption of Orthodontic Services	9
4099	Urgent Primary Care Access (Out of Hours)	Failure to provide sufficient shift cover to deliver the GP Urgent Primary Care Service	8

The red risk relates to the difficulties in having robust contingency plans for the delivery of services in the GP OOH call center in Ty Elai which is a Local Authority building, especially in times of inclement weather. The OOH telephone and IT facilities are not part of the Health Board’s infrastructure and therefore when the either system has a fault or ‘goes down’ we are reliant on the Local Authority to resolve in a timely manner. The service is also faced with other logistical issues around the management of vehicles and access to controlled medicines. Discussions are taking place to explore the options, which will ensure that the OOH services is supported with more robust contingency plans.

Action plans are also currently in place for the moderate risks and they are being reported through via the Primary Care Operational Groups and where appropriate Quality Safety and Risk Group.

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

3.1 The key issues and mitigations have been described above and include:

- Increasing escalation levels for GP Surgeries
- Staff vacancies within the CDS service
- Reduction in the compliance rate for managing concerns.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.



Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** key issues and mitigations highlighted in the report.