



AGENDA ITEM

6.6.4

QUALITY & SAFETY COMMITTEE

PRIMARY CARE QUALITY & SAFETY REPORT

Date of meeting	19/07/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Sarah Bradley, Assistant Director for Primary Care
Presented by	Jane Armstrong, Clinical Director of Primary Care
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

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

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
DPA	Dental Practice Advisor
UDA	Units of Dental Activity

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 15th June 2022.

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 shown a small improvement over the last couple of weeks. At the time of reporting there were 8 practices at level 3 and 2 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 continues to be 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. 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.
- 2.2 The GP OOH service is experiencing stable shift fill at the PCH Primary Care Centre but is but experiencing challenges at the POW and more latterly RGH sites over weekends. Options are being explored to ensure a single CTM model and continued equity of access. Currently cover over the weekend and bank holiday period in PCH is provided by a commissioned consortium and this secures 100% shift fill. At the RGH and POW sites, when there is reduced shift fill, services are sometimes required to consolidate to one site, which can increase travel times for some patients. To mitigate this an options appraisal for access and delivery of base cover for GP OOH is being developed and will be submitted to the next Primary Care Board and Quality and Safety Group in September 2022.



DENTAL AND OPTOMETRY

- 2.3 Two Healthcare Inspectorate Wales (HIW) visits have been undertaken to Dental Practices throughout CTM. The first, involves a practice in Bridgend subject to an immediate assurance notice by HIW has completed and submitted an action plan and this has been approved. A follow up visit by a member of the Primary Care Team and the DPA will take place in August 2022 to confirm all actions have been implemented and completed.
- 2.4 The second HIW visit is follow up to a practice in the Rhondda Locality, to monitor compliance with a previous action plan. This is a practice that the Health Board has issued a remedial notice to for failure to complete actions on a previous HIW action plan. The primary care team is waiting for the formal report from HIW (due in a couple of weeks) which will be fed into the Dental Quality Group and the Primary Care Quality and Safety Group to agree appropriate action to be taken where necessary.
- 2.5 The Health Board has issued a Bridgend practice with a remedial notice as a result of low performance against contracted activity. The practice and the Primary Care Team are in discussions with regard to appropriate action. The Primary Care Team will visit to obtain agreement for a permanent reduction in contract value, so the funding can be released and redistributed to neighbouring dental practices who are able and willing to increase the numbers of patients they can see. A further update will be provided at the next meeting.
- 2.6 Following the implementation of the contract reform changes for General Dental Services, where Dental Practices had to choose if they wished to participate in the Dental Contract reform programme or if they wished to return to the historical contract based on set activity, two Dental Practices have given contract resignations. The first practice, involves a large practice in Bridgend, for approximately 15,000 patients. As part of the mitigation a short term and long term action plan has been agreed. In the short term an offer has been made to neighbouring practices to see if they will agree to pick up the patients and this will be supplemented by additional CDS clinics. A robust communications plan focused on providing assurance and advice for patients is being implemented. The second practice, is much smaller and effects up to 1,000 patients, and neighbouring practices have agreed to pick up this activity on a recurrent basis. Communications have been sent to patients impacted and also gain the support of local politicians. Additional social medial assurance messages will also be undertaken.

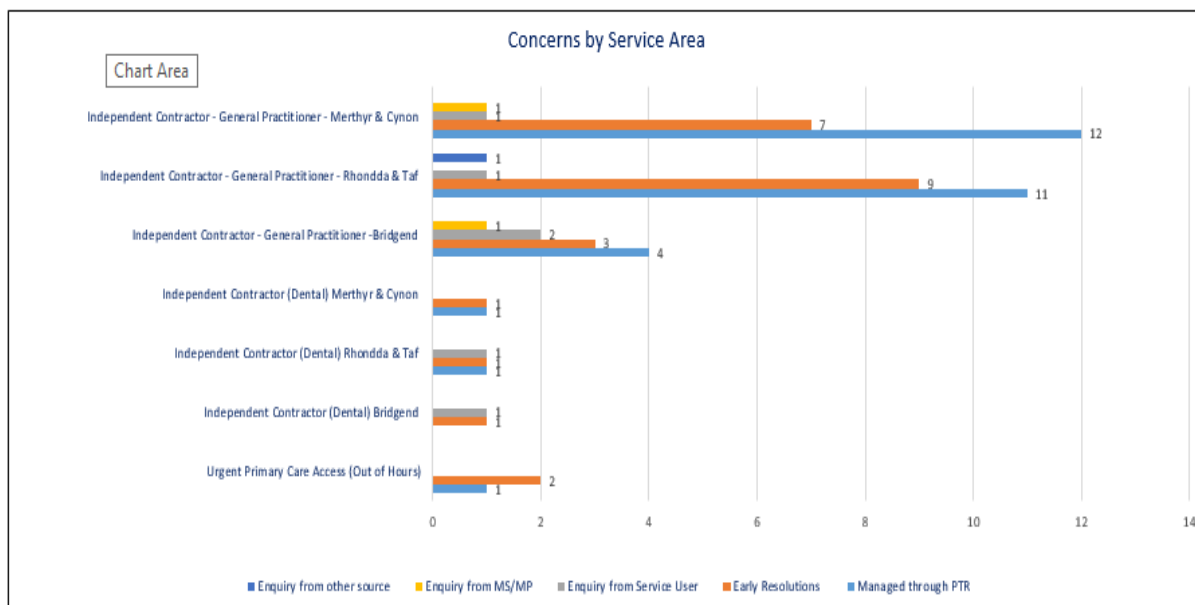
- 2.7 The Specialist Care Dentist (adults and children) post has been re-advertised and an interview is due to be held on the 9th August. There continues to be no interest for the Specialist Consultant Post for Paediatrics. This currently affects 40 patients across the CTM LHB. The role has been advertised numerous times, and the lack of interest is a known all Wales issue and not just unique to this Health Board. To mitigate risk of waiting for the patient, all patients/ families on the waiting list have been contacted via phone then followed up by letter. This is to check if there any acute issues/ or in need of advice, safety netting and providing contact details for the dental team if there are any problems. Arrangements have also been made to reassess if care is appropriate and if it could be delivered under local dental provision. An arrangement has been made that if acute episodes occur which can't be dealt with under local anaesthetic or involve severe pain/ swelling - then these patients can receive urgent treatment under the max fax team but only for extraction only care (using CPOD lists). Arrangements have been made with ABMU LHB for them to see one of our patients on their SCD list - this is an adhoc arrangement. Action is now being taken to explore opportunities and support is there to recruit from abroad as is the case for other medical/professional roles or the establishment of a regional specialist service.
- 2.8 Confirmation of funding for the Primary Care Glaucoma service through the planned care recovery programme has been given. However, due to staffing pressures within the Ophthalmology Department in POW, the numbers of patients being identified and passed on to the Dental Contractors falls well below the anticipated planned levels. The risk attached to this is that patients will remain on the waiting list unnecessarily; secondly, the dental contractors are frustrated and they may decide to disengage and withdraw from the programme; and thirdly the service will not utilise all of the funds allocated from the planned care programme. Discussions are taking place with secondary care to try and find solutions, such as independent Dentists (who hold the higher skills qualification) working sessions in POW to specifically identify the patients suitable, as an interim.

Concerns

- 2.9 In respect of concerns, between 01/04/2022 and 31/05/2022 there have been 63 made to the Health Board in relation to Primary Care Services: 30 Formal Complaints; 24 Early Resolutions; 9 Enquiries (3 from service user; 6 from MS/MP; 2 from other source & 1 from

family/carer). There were currently 6 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.

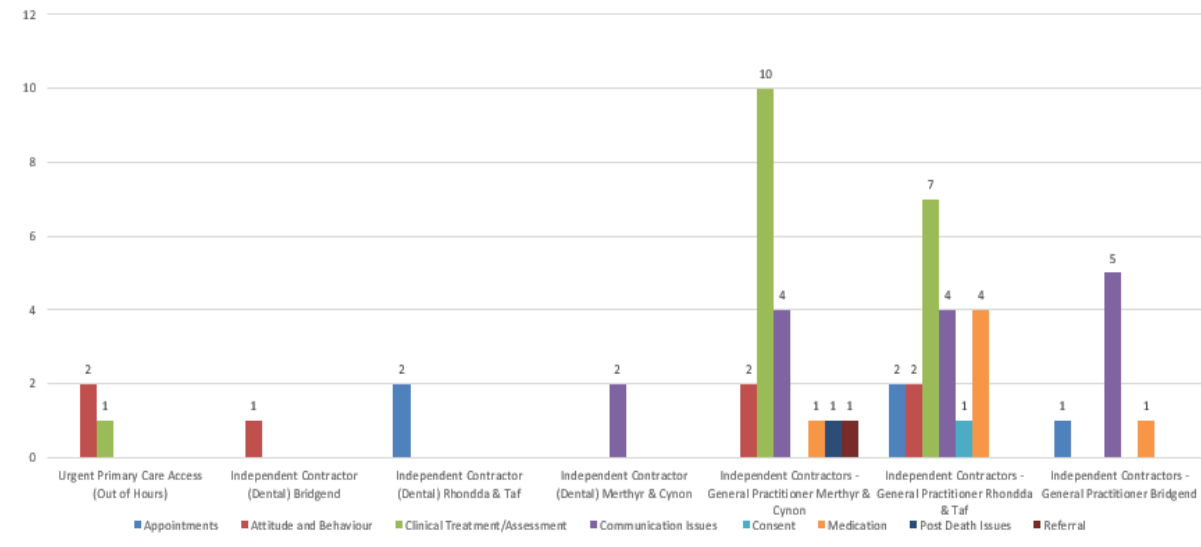


2.11 The next graph, graph 2, shows number of formal and early resolution concerns by category and service area. The greatest number received are for GP Practices with the majority falling within Rhondda & Taf ILG. The greatest category of concern across Primary Care relating to communication issues. Support is being provided to be offered to the Rhondda practices, to try and understand if there 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



Formal & Early Resolution Concerns by Category & Service Area



2.12 The number of complaints has decreased since the last report (table one) but compliance has decreased slightly. Compliance can be difficult to reach. This can be for a number of reasons, including; complexity of the claim; availability of the clinician/manager to provide a response; requirement for consent to be able to disclose the complaint to the practice, when complaint is initially received via the health board. The clock for compliance starts ticking as soon as the complaint is received by the health board. The Primary Care Clinical Governance Manager and/or Clinical Director has oversight over the concerns and they make direct contact with the practice to encourage and provide support. For assurance there is weekly team meetings for monitoring and proactive chasing of responses to meet compliance in line with the plan for completion of those over-due concerns. The target for concerns over 6 months has remained static, with the aim to hit target on the over 30 working days in the next 3 months.

Table 1 Number of complaints open and compliance

Formal Complaints	Number		% of Total		Trend	Target	Against Target
	Previous Month	Current Month	Previous Month	Current Month	(% Point)		
Total Open Complaints	27.0	23.0				<30	
Within 30 working days	20.0	16.0	74%	70%	↓ -5%	85%	✗ -15%
Over 30 working days	7.0	7.0	26%	30%	↑ 5%	15%	✗ -15%
Over 6 months	0.0	0.0	0%	0%	→ 0%	0	✓ 0%

2.13 Primary Care has 8 ongoing Ombudsman cases (same as last period of reporting). 3 high risk, 5 moderate risks and 1 low risk.

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

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

- HIW improvement reports for a dental practices
- Dental contract resignations and commissioning of alternative provision of services
- Staff vacancies within the specialised dental services
- Low numbers of glaucoma patients identified by secondary care for the pathway into the Primary Care Glaucoma programme.

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** the key issues and mitigations highlighted in the report.