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# QUALITY & SAFETY COMMITTEE

# PRIMARY CARE QUALITY & SAFETY REPORT

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| **Date of meeting** | 22/03/2022 |
| **FOI Status** | Open/Public |
| **If closed please indicate reason** | Not Applicable - Public Report |
| **Prepared by** | Jane Armstrong, Clinical Director of 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 |

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|---|---|
| POW | Princess of Wales Hospital |

## 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 the 9th February 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 increased over recent weeks. At the time of reporting there were 10 practices at level 3 and 7 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. There is little sympathy from patients as to the challenges facing general practice and there is an increase in aggressive behaviour being reported. 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 has worked with the communications team and a number of social media posts with key messages have now been produced.

2.2 Long term sustainability of independent GP practices has been a concern across Wales. There are 8 practices across CTM where there are some concerns about sustainability. Reasons for the concern may be retiring partners, staff resignation and single-handed partners. The Primary Care team have set up ongoing sustainability workshops to oversee and forecast further changes. The third meeting is due to take place in March 2022. Early informal conversations have begun with the independent contractors concerned to look at options to mitigate risks and increase long-term sustainability, and continue to provide GMS services to the population.

2.2 Historically the primary care team performed annual practice visits for all practices within the health board. Following a break due to the pandemic, these have restarted virtually. Practice development visits have now been booked for all practices in CTM. These visits are conducted between a primary care manager and the practice manager, and help provide valuable insight into the practice. A final report on the visits will be going to PC board in March 2022.

2.3 The community spirometry service is now 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, 700 referrals have been received. 241 patients have been offered an appointment and 151 patients seen to date. To further help accessibility, a mobile unit has been commissioned. Life Science Hub and Respiratory Innovation Wales are funding the mobile unit (similar to a Tenovus lorry) to trial the delivery of mobile respiratory diagnostics. The unit will initially be providing spirometry and is being shared between Hywel Dda and Cwm Taf Morgannwg. This project is being reported through the planned care programme.

2.4 High levels of sickness and reduced shift fill has been reported by the OOH team. Options are being explored to mitigate this long term. This includes a possible expansion of a commissioned service from a private consortium (which currently provides weekend cover for PCH) and the appointment of a salaried GP role which would work in both Emergency Departments and GP OOH. It is felt that both approaches will provide more assurance of shift fill and OOH cover.

2.5 Out of Hours have not been able to provide face to face appointments within the PCH Primary Care Centre. This has been due to a lack of appropriate clinical space since the new pathway was introduced following the HIW report. The OOH team have been working closely with PCH to find a solution and alternative space has now been secured in the new Outpatient Department in Rhymney Block. Minor remedial work is being undertaken to accommodate storage and the service plans to deliver services in PCH in the next 3 weeks.

Dental

2.6 The CDS service is still carrying a large number of vacancies both in terms of dentists and nursing despite ongoing recruitment campaigns being implemented. Two additional dentists have now been appointed in a new hybrid role to work across CDS and the DTU which is positive. Adverts for the remaining posts continue to be advertised.

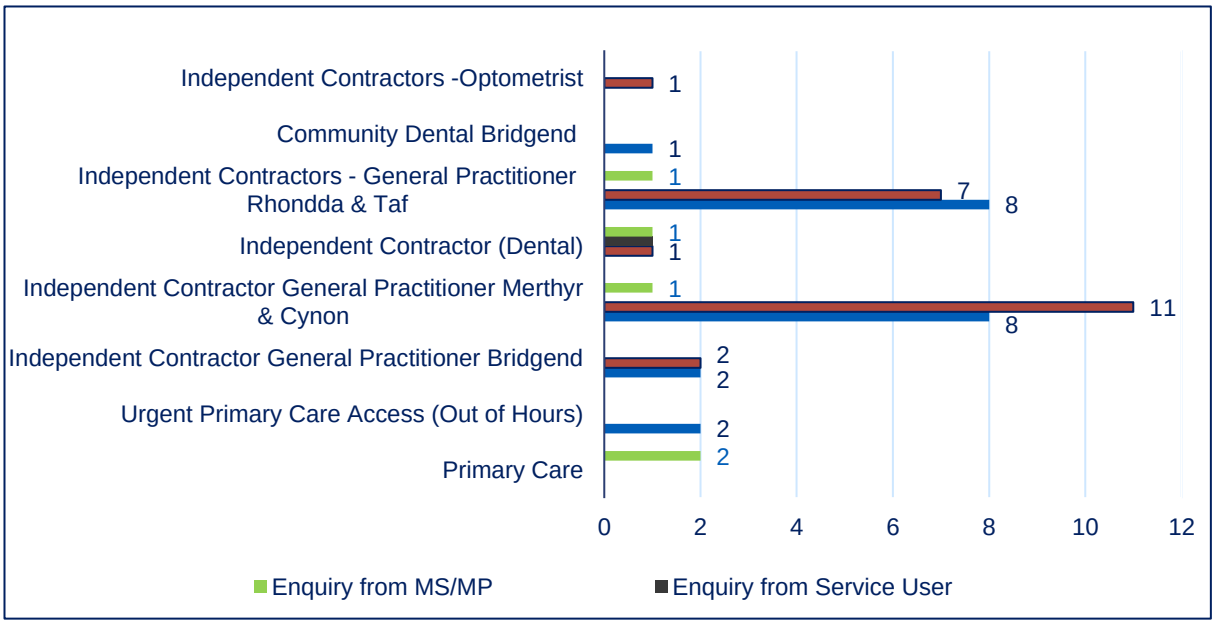
2.7 In respect of progress being made for the new optometry pathways, 2 independent optometrists have completed the necessary training to commence the Diabetic retinopathy scheme. There are further optometrists due to start training. The 4 community optometrists practices are now up and running for the Glaucoma scheme and are receiving referrals from secondary care. Further progress will now be dependent on the appropriate patients being identified by secondary care and this information is being passed to the waiting optometrists.

Concerns

2.8 In respect of concerns, between 01/12/2021/2021 and 31/01/2022 there have been 49 made to the Health Board in relation to Primary Care Services: 21 Formal Complaints; 22 Early Resolutions; 6 Enquiries (1 from service user; 5 from MS/MP). There are currently 13 complaints over 30 working days.

2.9 Graph 1 below shows the number of concerns received as split by service area. The greatest proportion of concerns relate to GMS.

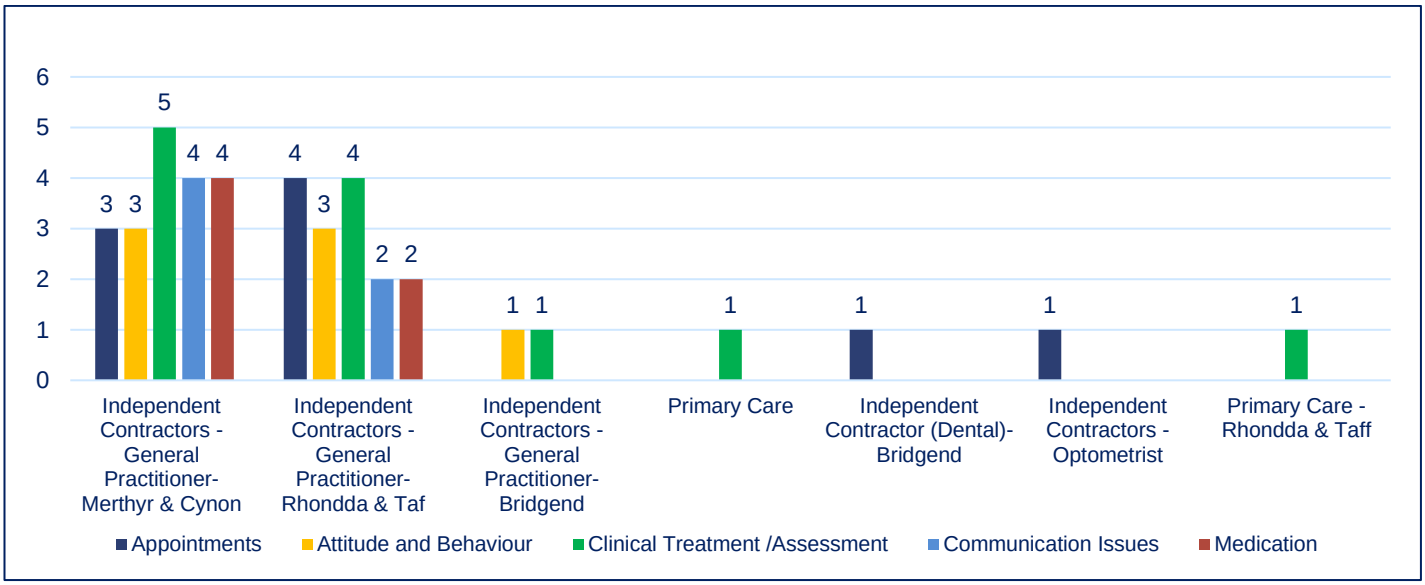
Graph 1 Types of Concerns by Service Area




2.10 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 Merthyr and Cynon ILG. The greatest category of concern across Primary Care relating to clinical treatment/assessment. 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




2.12 As can be seen in the table 1 below, the number of overdue complaints has increased but compliance has increased. 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 been met, 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 | 20.0 | 27.0 | | | | <30 | |
| Within 30 working days | 10.0 | 14.0 | 50% | 52% | ↑2% | 85% | ✗-33% |
| Over 30 working days | 9.0 | 13.0 | 45% | 48% | ↑3% | 15% | ✗-33% |
| Over 6 months | 1.0 | 0.0 | 5% | 0% | ↓-5% | 0 | ✓0% |

2.13 Primary Care has 8 ongoing Ombudsman cases. 1 high risk, 5 moderate risks.

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

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

- The challenge of shift fill for the GP Out of Hours.
- Staff vacancies within the CDS service
- GP sustainability

## 4. IMPACT ASSESSMENT

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| **Quality/Safety/Patient Experience implications** | There are no specific quality and safety implications related to the activity outined 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)<br><br>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. |

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| | 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.