



AGENDA ITEM

6.4.1

QUALITY & SAFETY COMMITTEE

PRIMARY CARE QUALITY & SAFETY REPORT

Date of meeting	24/05/2022
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



POW	Princess of Wales Hospital
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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 13th April 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 not shown any improvement. At the time of reporting there were 11 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. 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 Following a two-year absence due to the pandemic, the GP Practice Development Visits (PDV) Programme commenced in October 2021 with regular visits scheduled in subsequent. Visits are undertaken with GP to ensure appropriate governance and legislative processes are in place to deliver safe and effective healthcare within GP Practices. So far 46/49 practices are complete. There have been no serious immediate concerns raised. Where evidence of improvement is required, practices are supported with an action plan. The updates are monitored through weekly PC meetings. Once all visits are completed the action plan will be submitted to the next PC Q&S meeting for review. Healthcare Inspectorate Wales (HIW) inspections were also suspended during this time however we have recently received confirmation that HIW inspections will recommence from 1.4.22.

- 2.3 The GP Out of Hours (OOH) service is experiencing stable shift fill across sites currently. Options are being explored to ensure continued equity of access across the whole CTM footprint. Currently cover over the weekend and bank holiday period in PCH is provided by a commissioned consortium. In circumstances of reduced shift fill services are sometimes required to consolidate to one site, which can increase travel times for some patients. An options appraisal for access and delivery of base cover for GP OOH is being submitted with a completion date of July 2022.

DENTAL & OPTOMETRY

- 2.4 In house dental practice development visits have restarted. One practice so far has been identified as having concerns in a number of areas. Subsequently HIW visited a week later and found similar concerns, which have been submitted to the health board. An improvement action plan has been submitted for the practice, and the health board is supporting the practice. It is expected that the practice will achieve all improvements recommended by HIW in the specified period. A further update and assurance around implementation of the actions will be provided at the next meeting. Key improvements were needed to the environment and furnishings as well as infection prevention and control.
- 2.5 Consultant/Specialist Adult SCD posts are still not appointed into, no applications have been received and the posts have been re-advertised after a review and changes to the role. This currently affects 40 patients across the CTM UHB. 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 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. All but seven of the patients on the list have been seen in clinic (face to face) to check on their clinical situation. An arrangement has been made that if an acute episode occurs which can't be dealt with under local anesthetic or involve severe pain/ swelling - then these patients can receive urgent treatment under the max fax team but for extraction only care (using CPOD lists). Arrangements have been made with ABMU UHB for them to see one of our patients on their SCD list - this is an adhoc arrangement. Action is now being taken to explore if opportunities and support is there to recruit from abroad as is the case for other medical/professional roles.

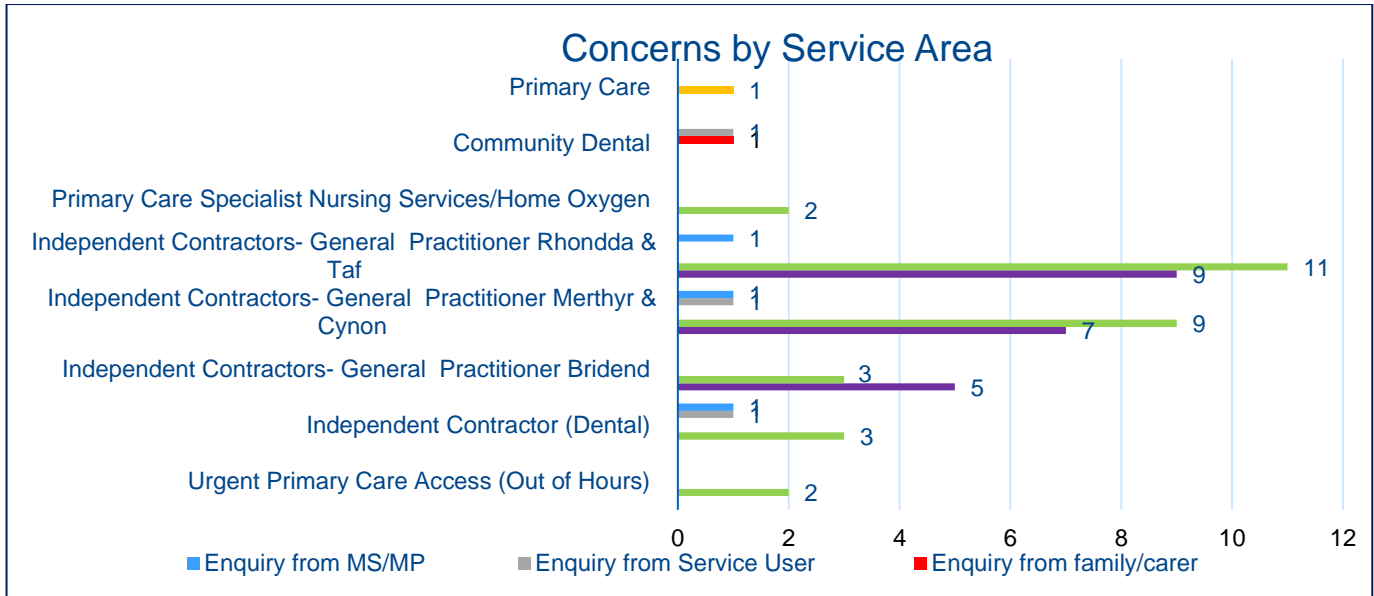
- 2.6 Welsh Government has confirmed the dental recovery year has ended and the contract reform Programme will re-start on 1st April 2022. All NHS Dental Practices have been given the choice of either:
- Option A - participating in the dental contract reform Programme
 - Option B - return to previous GDS contracted arrangements, based wholly on the delivery of UDAs.

Practices are now being asked to prioritise patients in need and not regular routine appointments. There was concern that in this transition period there would be a negative impact on the availability of urgent appointments as demand continues to be very high. To mitigate this the Primary Care Team have established a central number for patients to phone if they do not have a regular dentist and these patients are then signposted into additional appointments in dental practices. As the contract reform is embedded and the level activity in dental practices resumes (based on need) it is envisaged that the numbers of patients looking for an appointment will reduce.

- 2.7 The new PC Glaucoma service is still suspended due to staffing gaps within secondary care and awaiting final confirmation that the planned care monies have been secured to fund the programme. PC have been given notification that the service should go live again in June 2022.

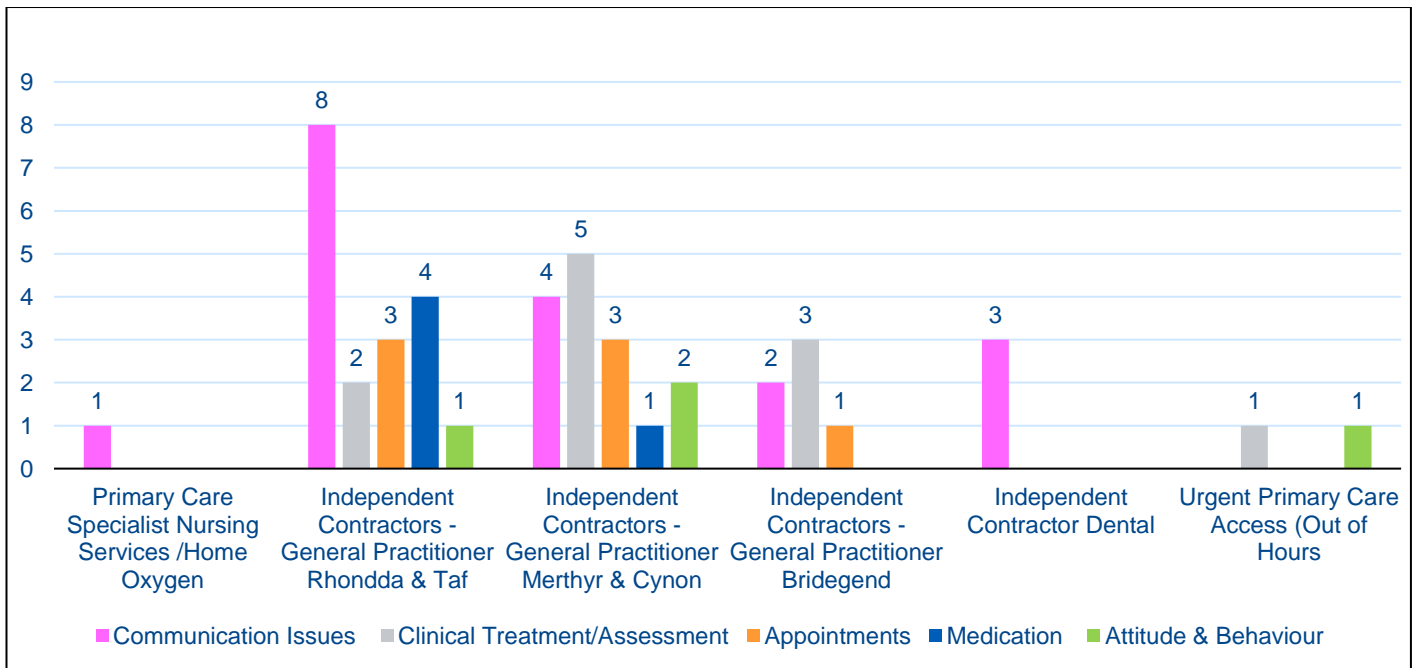
Concerns

- 2.8 In respect of concerns, between 01/02/2022 and 31/03/2022 there have been 59 made to the Health Board in relation to Primary Care Services: 21 Formal Complaints; 30 Early Resolutions; 8 Enquiries (3 from service user; 3 from MS/MP; 1 from other source & 1 from family/carer). There are currently 10 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.



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 Rhondda & Taf ILG. The greatest category of concern across Primary Care relating to communication issues. Support is being provided 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



2.12 The number of overdue complaints has decreased since the last report (table one) but compliance has increased along with the number of concerns received. Compliance can be difficult to reach 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. There is weekly team meeting 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	21.0	29.0				<30	
Within 30 working days	11.0	19.0	52%	66%	↑ 13%	85%	✗ -19%
Over 30 working days	10.0	10.0	48%	34%	↓ -13%	15%	✗ -19%
Over 6 months	0.0	0.0	0%	0%	→ 0%	0	✓ 0%

2.13 Primary Care has 8 ongoing Ombudsman cases. 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 report for a dental practice
- Staff vacancies within the specialised dental services
- National Dental contract changes



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.