



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary Care Quality, Safety and Experience update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Quality, Safety and Experience Groups have been established for the four contractor professional groups, as well as the Community Dental Services and Managed Practices all of which report into the overarching Primary Care Quality and Safety Group. This report summarises the current issues and risks within Primary Care and the operational sections of the Directorate.

Cefndir / Background

The Primary Care Quality, Safety and Experience meeting was held on 18 June 2024 and received reports from the Quality, Safety and Experience meetings that are held at contractor and Managed Practice level.

General Medical Practice (GMS)

GMS Quality Improvement Framework (QIF) 23/24 Year-End Position

The 'QIF year-end' view within the Primary Care Information Portal has been updated to reflect all final Local Health Board (LHB) adjustments and hence the year-end position for each Practice. This final position has now been confirmed with NWSSP (Contractor Services) to finalise QIF 23/24 payments to Practices. Three Practices were not awarded the full points based on the lack or paucity of evidence provided.

GMS Access Standards 23/24 Year-End Position

The finalised year-end position for GMS Access Standards (points and payment) has been updated and is available in the Primary Care Information Portal. This final position has now been confirmed with NWSSP (Contractor Services) to finalise Access 23/24 payments to Practices. Two Practices were not awarded any points for Phase Two based on the lack of evidence provided.

Dispensing Doctors

The Post Payment Verification Team complete a quarterly exercise to identify patients who do not have a “dispensing flag” on their record but have had prescriptions dispensed to them by a dispensing Practice.

The table below shows the position for Quarter 1 2023/24.

Practice Code	Number of Items	Price
W92002	19	£497.37
W92033	91	£355.97
W92055	13	£122.63
W92056	104	£1,028.53
W92063	10	£35.41
Grand Total	237	£2,039.91

As per the currently agreed process, they payments will be recovered by the Post Payment Verification (PPV) Team. To be noted that the details are always shared with the Practices who have the option to demonstrate exceptionality in each case before recovery is made.

Welsh Health Circulars

Welsh Government have now issued guidance via WHC/2024/005 *Private obesity surgery and the Welsh NHS*. Patients undergoing NHS care are monitored by the Welsh Institute for Metabolic and Obesity Surgery (WIMOS). The Health Board are aware of the ongoing lack of clarity around the responsibility for the monitoring and follow up of patients who have undergone surgery privately and are awaiting a further update from Welsh Government around the pathway for these patients. Guidance around monitoring requirements has been issued to contractors whilst awaiting formal guidance.

Welsh Health Circular (2024) 028: *The National Influenza Immunisation Programme 2024-25 & Influenza Vaccines and Eligible Cohorts for the 2024/25 season* (Revised June 2024). To note that contractors (GP Practices and Community Pharmacies) are not permitted to commence their National Influenza Vaccination programmes until 1 October 2024 unless they do not have the confidence that they get vaccinate their entire cohort between October 2024 and March 2025 in which case they need to seek the consent of the Health Board for discretion commence the programme earlier.

Welsh Government have issued Welsh Health Circular (2024) 032 *Introduction of new NHS Wales vaccination programmes against respiratory syncytial virus (RSV)*. The older adult programmes and maternal programmes to commence on 1 September 2024. Funding has been agreed to support the deployment of an RSV vaccination programme, the details of which will be sent to Health Board Finance Directors in due course, and the commissioning of the service will be via a nationally issued Primary Care Contracted Services: Immunisations Directions.

Community Pharmacy

Uncollected prescriptions

Following questions raised regarding the process for uncollected prescriptions in Community Pharmacy the following definition of what “dispensed” means (this being when the activity becomes claimable for payment) has been discussed and shared:

The Medicines and Healthcare Products Regulatory Agency (MHRA) defines dispensing as: *“To label from stock and supply a clinically appropriate medicine to a patient/client/carer, usually against a written prescription, for self-administration or administration by another professional, and to advise on safe and effective use.”* (MHRA, 2006)

The critical word in the above is “supply” which means the patient must have been supplied with the medication (collected from the Pharmacy) for it to be considered “dispensed” and therefore “claimable”. Community Pharmacy Wales have agreed with the MHRA definition and has written to contractors to remind them of this.

Breaches & Closures

Between 1 January to 30 April 2024, there have been 84 closures across Community Pharmacies in Hywel Dda. This is significantly higher than the same time last year therefore an analysis of the closures was undertaken and determined that reporting of number of closed hours moving forward as opposed to number of individual closures would provide a more accurate reflection.

Breakdown of closures by Contractor:

- Boots – 40
- Well – 35
- Jhoots - 1
- Independents – 8

Of the 84 closures, 15 were breaches due to the reason for the closure being known in advance or notification not being received by the Health Board within one working day of the closure occurring.

Managed Practices

Primary Care Information Portal (PCIP)

There was a verbal report with infographics shared on clinical data held in the PCIP for Diabetes and Atrial Fibrillation (AF) with comparison data between the individual Managed Practices and Cluster benchmarks. The discussion concluded with agreement that each Managed Practice should develop its own action plan for chronic disease management to help identify areas for improvement and drive this forward. The group acknowledged the need to provide assurance on clinical management and that this needs to be driven at Practice level with monthly reporting and support. The Carmarthenshire Managed Practices are undertaking reviews of their chronic disease management to ensure systems and processes are in place and that roles and responsibilities within the respective teams are understood.

Access Submissions

Each practice gave a verbal presentation on their 2023/24 Access submissions and reflective reports. Common themes included the use of call backs to ease pressure on the telephone systems and the managers collectively felt that the Remote Patient Monitoring (RPM) data and support in this area was useful.

Serious Concerns

A discussion took place regarding the vaccination of ineligible patients with the COVID-19 Spring booster, particularly in Tenby Surgery, although the investigation showed that this was a wider problem amongst Practices in general. Lessons learned included the need for scrutiny and validation of patient lists and the importance of the vaccinator taking final responsibility for establishing eligibility.

General Dental Services (GDS)

NHS Contracts

Four new contracts have been awarded to replace contracts previously held by Celtic Dental Practice, Tywi Dental Practice, Charsfield Dental Practice, Rhos Cottage Dental Practice and Crosshand Dental Practice. All four contracts commence on 1 June 2024:

Haven Dental Practice – additional contract.

Amman Dental Practice – additional contract.

Cardigan Dental Practice – additional contract.

Llandeilo Dental Practice – new contract (new premises).

Community Dental Services (CDS)

R4 Clinical Information System

Work on the second phase of installing Patient Bridge across all sites commenced in January 2024. The Patient Bridge is an electronic communication system with patients. It provides a variety of features including text messaging of appointment reminders to patients. It also enables patients to complete their medical history information prior to attending assessment appointments. Patient Bridge also enables patients to provide feedback regarding their experience of the CDS. A draft Data Protection Impact Assessment has been submitted to Information Governance for approval.

Urgent Access Service – Mobile Dental Unit (MDU)

The MDU was swapped for a trailer unit at the beginning of February 2024. Whilst the required 'water testing' process was completed on the new trailer unit; the urgent access service was provided from alternative CDS premises resulting in no clinical capacity being lost. The chlorination process has now been completed and the new unit is 'up and running'. The current contract for leasing the unit has been extended to December 2024.

Controlled Drugs Licensing

In 2023, the Home Office issued guidance about licencing requirements for controlled drugs ("CD") which will have an impact on the CDS. Work is ongoing with the Medicines Management team to identify the needs of the licencing requirements within Community Dental clinics.

Midazolam is the controlled drug which is currently used in the CDS for intravenous sedation at two sites. Buccal Midazolam is stored with other emergency drugs at all CDS clinic sites.

At present, Buccal Midazolam is stored in the emergency drugs cupboard at all sites for the treatment of seizures and it has been confirmed that this is acceptable until further guidance is received.

Press Referral System

From the 3 June 2024, the CDS started to pilot the use of Press System which will replace the FDS Referral System for Paediatric and Special Care Dentistry referrals. This is a joint project with Public Health Wales and enables referrals to be made electronically both into and out of the CDS service. Parkway Clinic is also involved in the pilot and this will allow full reporting on General Anaesthetic activity along with Failure to Attends and patient discharges.

Optometry

Post Payment Verification

Post Payment Verification is used to provide the Health Board with financial assurances regarding the accuracy of GOS and Eye Health Examination Wales (EHEW) claims submitted by Optometric Providers.

The process in PPV in Optometry involves the Primary Care Services (PCS) team within NWSSP attending and accessing patient records held within Ophthalmic Practices, to ensure claims have been correctly and appropriately submitted. PPV visits operate on a 3-year cycle. The PCS team proposed a visit PPV visit programme, which included visits for 34 Practices throughout 2023/24.

An overview of the PPV visits conducted throughout 2023/24 is detailed in the table below:

Visit Data - GOS						
#	Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
1	Aug-23	Routine	103	1	0.97%	£63.68
2	Aug-23	Routine	103	2	1.94%	£81.56
3	Aug-23	Routine	103	2	1.94%	£28.57
4	Aug-23	Routine	103	0	0.00%	£0.00
5	Aug-23	Routine	103	12	11.65%	£453.08
6	Jan-24	Routine	103	5	4.85%	£272.60
7	Feb-24	Routine	103	1	0.97%	£59.98

Optometry Contractor Declarations Update

Following the introduction of the National Health Service (Ophthalmic Services) (Wales) Regulations 2023, Contractors are obliged to submit declarations to the Health Board, via NHS Wales Shared Services Partnership (NWSSP), for approval to provide Wales General Optometric Service (WGOS) to their patients.

The National Health Service (Ophthalmic Services) (Wales) Regulations 2023 were introduced on 20 October 2023. As part of the Regulations, Contractors are required to agree to the Terms of Service set out under Schedule 4. On behalf of Health Boards, NWSSP developed a tool to capture specific information required under Schedule 4, allowing contractors to submit information to Health Board's for consideration.

Following the review process, 30 declarations were approved: 25 for static premises and 5 for mobile only Providers. The two declarations for WGOS 3 providers are in addition to this total, as they did not need the Health Board's approval.

A total of 18 declarations were not able to be approved initially, and following consideration at Primary Care Contract Review Group (PCCRG) a process was agreed to seek assurance/further information around gaps in the declarations.

The response rate to the agreed correspondence was 100%, with many of the Contractors asking to discuss their submissions and to ask for support in completing them. Many cited misinterpretations of the requirements and resubmitted immediately following the receipt of guidance from the Health Board.

Following the rapid response from the Contractors, the agreed review process was applied to the resubmissions, which resulted in all 18 remaining Contractor Declarations being approved.

Asesiad / Assessment

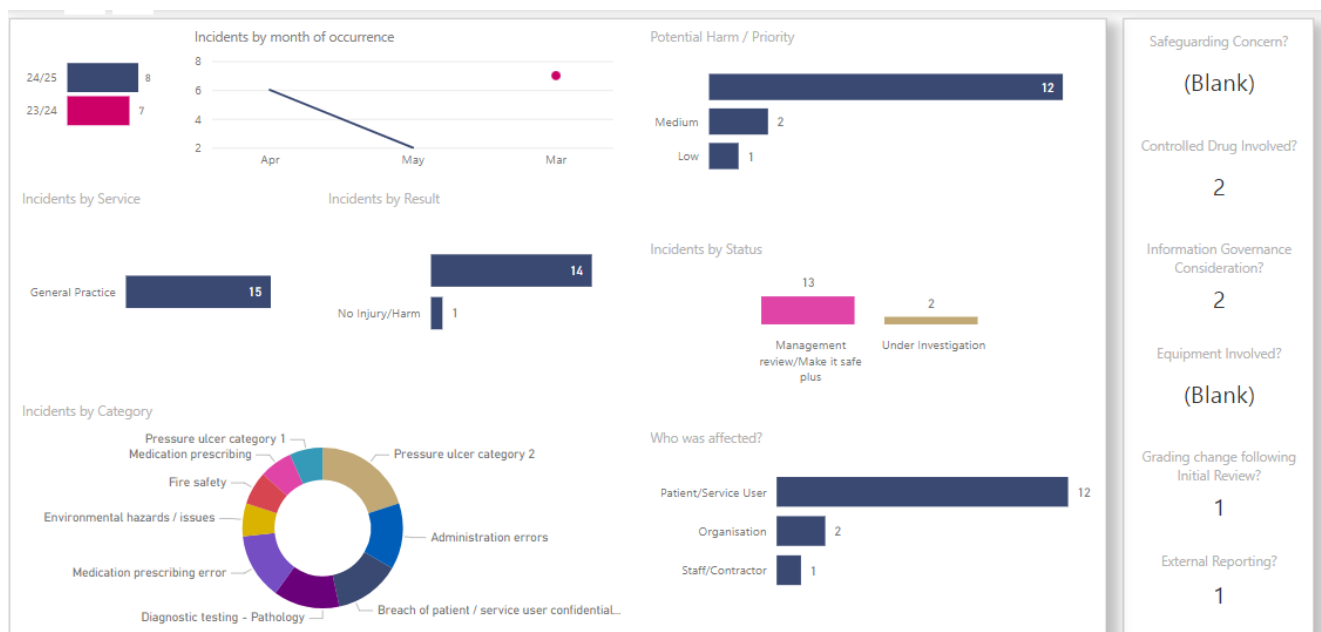
General Medical Services Visiting Programme

The table below summarises the visits undertaken to date in 2024:

Practice	County	Date of Visit	Key Findings/Areas of Good Practice
Brynteg Surgery	Carms	24.01.24	<p>Excellent cluster engagement.</p> <p>Concerns raised about compliance with Access Standards particularly the management of Ask my GP Requests. Practice has committed to review Access and demand paying particular attention to the Ask my GP queue which currently stands at over 700 actions. It was agreed that a follow up visit would be undertaken to specifically look at Access.</p> <p>DBS checks for some new staff were still outstanding for older staff – PM has committed to follow up.</p> <p>Summarising highlighted as a concern due to a two-year backlog. Some of the staff are being trained up to this as there is only one person currently doing this. 591 notes waiting for summarisation.</p>
Margaret Street	Carms	23.02.24	<p>The Practice has a Carers Lead and Carers Board. Good teamwork to overcome some recent issues.</p> <p>A significant delay in note summarising was identified and the PM has committed to an action plan to address this.</p> <p>An issue was highlighted through the PPV report that practice were incorrectly claiming for treatment provided in Care Homes by other Health Care Professionals. The PM has now amended their process to prevent this in future.</p>

Borth Surgery		21.03.24	<p>The Practice is fully up to date with summarising their notes, and they also have a process for completing other Practices' notes. They are signed up to the Learning Disability Service.</p> <p>Only one member of the practice team has undertaken the Datix training but does not have access to the system due to log-in issues which are being investigated. Head of GMS made the Practice aware of support that is available for any Datix issues.</p> <p>It was highlighted that the Practice is going through a period of change and that there is currently no partnership agreement in place. The practice agreed this needs to be done to protect all parties.</p>
Penygroes	Carms	25.04.24	<p>The Practice has a Carers Champion; Patient suggestion box; robust Safeguarding procedures in place; signed up to secondary care Phlebotomy service; practice has made good reductions in opioid usage.</p> <p>It was suggested to the practice that they check the indemnity arrangements of their Practice Nurses if they were undertaking any private work particularly Travel Clinics as GMPI only indemnifies NHS activity.</p> <p>The practice were unaware that OOH special notes could be updated using a digital workaround – they will now implement this.</p>

General Medical Services Incidents 1 March 2024 to 31 May 2024



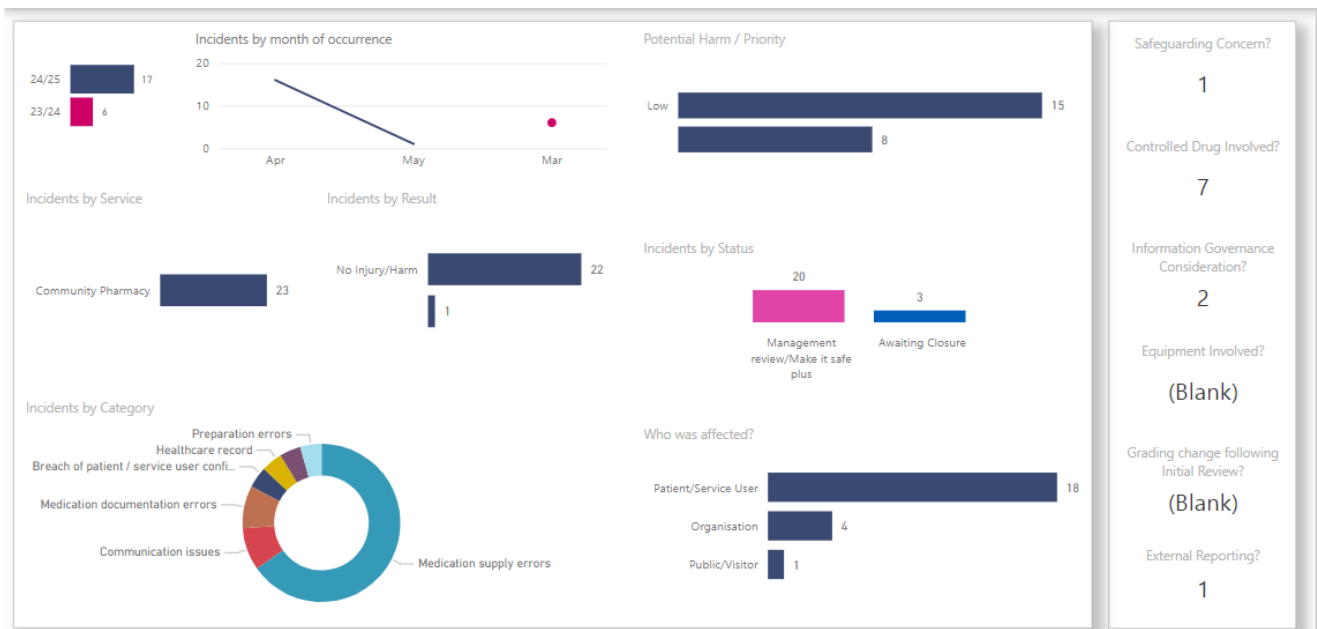
The above table shows that there have been 15 new incidents during this period, including 2

Controlled Drug incidents and 2 Information Governance considerations. The main themes arising from the incidents include pressure ulcers, administration errors, confidentiality, diagnostic testing and medication prescribing errors.

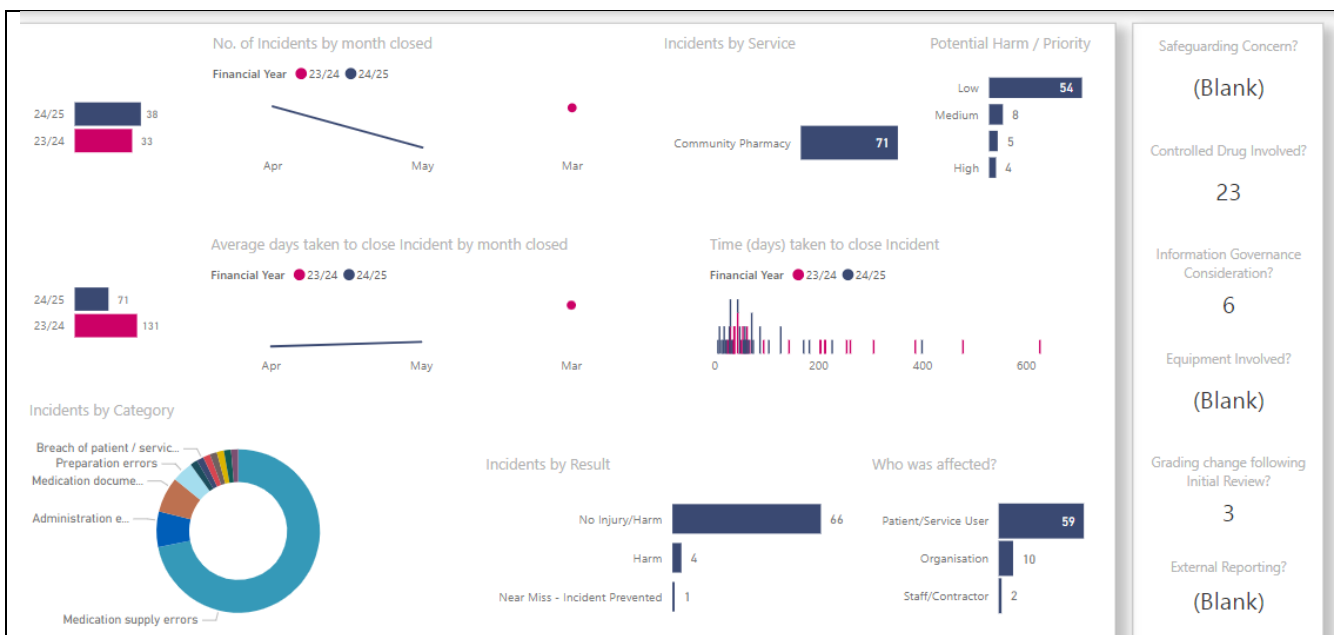


This table shows the number and type of incidents that have been closed during this period.

Community Pharmacy Incidents 1 March 2024 to 31 May 2024



This table shows the number of Community Pharmacy incidents opened during this period as well as the category of incidents; the highest number of incidents falls into the category of medication supply errors.



This table shows the number of Community Pharmacy incidents that have been closed during this period as well as the number of incidents by result.

GMS Concerns/Enquiries/Early Resolutions 1 March 2024 to 31 May 2024

There were seven new Primary Care concerns/Enquiries/Early Resolutions opened during this period with the main issue being delays with or dissatisfaction with care provided. All lessons learnt are shared in the Deputy Medical Director's newsletter.

Health Inspectorate Wales (HIW) Visits/Reports GP Practices January 2024 to May 2024

Full Reports were received for the following Practices during this timeframe.

Date	Practice	Outcome
16.10.23	New Quay Surgery	Immediate Improvement Plan – Completion of Fire Safety Training course for all staff and Safeguarding Level. All actions completed. See link to inspection report below: 16102023 - NewQuaySurgery, EN.pdf (hiw.org.uk)
14.11.23	Morfa Lane	No Immediate Assurances - Improvement Plan completed. See link to inspection report below: 14112023- MorfalaneSurgery, EN.pdf (hiw.org.uk)

Ombudsman Reports

Reference Number	Date Received from PSOW	Complaint Details	Progress	Actions/Recommendations
PSOW 202302967 Datix 6363	06/09/2023	Concerns about an alleged delay in diagnosing the patient with spinal issues and kidney cancer from October 2021.	Deadline for the GP Surgery to respond was 02/10/2023	PSOW in direct correspondence with the GP Practice.

PSOW 202300406 Datix 3384	11/09/2023	The investigation will consider whether the Health Board ordered and took blood tests in a timely manner while patient was in the community in October 2021. It will also consider whether, during the admission to hospital from 11/11/21 & 09/12/21 the HB failed to manage her immunosuppressant medication appropriately. Including administration of the medication and monitoring of her tacrolimus levels.	Deadline for the Health Board to respond by was 09/10/2023	Final report and action plan available on request
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Safeguarding Update:

New Professional Concerns in Quarter (January 2024 to March 2024)

There are two ongoing professional concerns linked to safeguarding in GMS and Community Pharmacy.

Number of open Safeguarding referrals related to the service

During January 2024 to March 2024, there were two adult safeguarding referrals made; one regarding a Care Home and one related to a Nursing Home.

Procedural Response to Unexpected Deaths in Childhood (PRUDIc)

There have been two PRUDIc meetings during this period.

Channel Panel Requests

There have been 10 Channel Panel requests to Practices for any relevant information during this period.

Ongoing Domestic Homicide Review (DHR) / Domestic Death Review (DDR) cases include:

- Pembs DHR (1) 2021 – report is awaiting quality assurance.
- Pembs DHR (2) 2021 – report is awaiting quality assurance.
- Carms DDR 2019 – awaiting draft report.

Child Safeguarding & Adult Practice Reviews

CYSUR is the Mid and West Wales Regional Safeguarding Children Board. Three reviews are currently ongoing, being:

- A Child Practice Review (CPR) is *ongoing*.
- A multi-agency Review is ongoing (Ref: CYSUR1 2021)
- A multi-agency review is ongoing (Ref: CYSUR 4 2020)

Adult Practice Review (APR) ongoing:

- An APR is ongoing (Ref: CWMPAS 2 2020)

Training

GPs continue to engage in safeguarding training, and opportunities are taken to discuss safeguarding in various fora, including Practice visits, Cluster meetings and Journal Clubs.

Lessons learned from PRUDIcs / Child and Adult Practice Reviews (CPR and APR) / Multi-agency Practitioner Forum (MAPF) / Domestic Homicide Reviews (DHR) and action taken in Primary Care

PRUDiCs:

There is Primary Care representation at PRUDiC meetings, and any relevant lessons learned are shared (when made available) via a Primary Care Briefing with clinicians across the Health Board. There have been two PRUDiC reviews during this period.

Child Practice Reviews:

The publication of Lessons Learned from one Child Practice Review, is awaited.

Multi-Agency Practitioner Forum (MAPF)s:

Primary Care is informed of such cases; a regular update on outcomes is shared across the Health Board via the aforementioned Primary Care Briefings. Clinicians are regularly reminded of their statutory duty to complete forms in a timely manner. There was one MAPF request (14 February 2024), for which clinical notes have been requested from the patient’s GP Practice.

Domestic Homicide Reviews (DHRs):

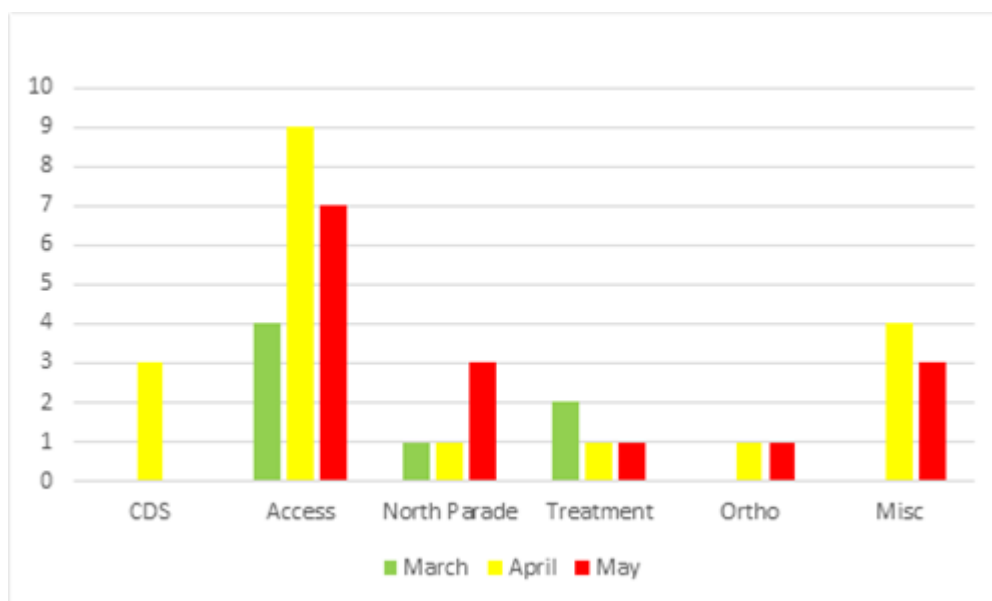
There are three DHRs underway (see above); there has not been a new DHR opened in this quarter.

Dental Concerns

The table below shows the number of concerns raised in the reporting period:-

Concerns / Enquiries / Early Resolutions	Received	Closed	Open
March 2024	7	7	0
April 2024	19	18	1
May 2024	15	13	2
Open as at 31/05/24			3

The graph below illustrates that the highest number of concerns raised relate to access to NHS dental care. My Dentist, North Parade is currently generating the most patient concerns relating to an individual NHS Dental Practice.



Dental Incidents

Datix Reference	Date of Incident	Description	Current Status
56977	19/04/24	Raised by Orthodontic Consultant in Morriston Hospital for investigation by HB. Patient had been referred by GDP to Parkway for treatment as needle phobic. Patient seen by CDS and referred onward to Parkway whether treatment was undertaken. However, was seen by consultant subsequently and there are still carious teeth present and the impacted tooth that they identified during their initial assessment is still present and now needs addressing.	Under Review Awaiting Notes
56979	07/05/24	Patient referred to CDS for restoration, deciduous teeth extractions and one permanent tooth extraction for interceptive orthodontic treatment. Patient was then referred to Parkway for treatment under GA as they could not tolerate treatment with CDS. However the carious tooth was not treatment planned and this still needs restoring. The patient has unerupted permanent teeth and will require further extractions and therefore will require another GA.	Under Review Awaiting Notes

Optometry Concerns

There were no optometry concerns raised during the reporting period.

Optometry Incidents

Datix Reference	Date of Incident	Description	Current Status
55500	13/04/24	Patient presented at an Aberystwyth Optometry Practice on a Saturday morning with a red, swollen left eye and was advised that there was no one there to see her – her condition was not triaged. Patient was seen by another Practice and diagnosed with pre-septal cellulitis and was referred to the GP out of hours service. She awoke the following morning with a high temperature and presented at A&E where she was treated with intravenous antibiotics and further investigations were undertaken. Ophthalmology advised optometry assessment and patient was reviewed under the Independent Prescribing Ophthalmic Services where viral conjunctivitis was diagnosed and treated within the community.	Under Review Awaiting response from initial service provider.

The Primary Care Risk Register is split by:

1. Corporate Level Risks
2. Directorate Level Risks
3. Service or Department Level Risks

Below is a summary of the Primary Care Risk Register:

	Corporate level	Directorate level	Service level	Total

EXTREME (RED) RISKS (based on 'Current Risk Score')	2	1	-	3
HIGH (AMBER) RISKS (based on 'Current Risk Score')	-	1	9	10
MODERATE (YELLOW) RISKS (based on 'Current Risk Score')	-	1	5	6
LOW (GREEN) RISKS (based on 'Current Risk Score')	-	-	1	1
TOTAL NUMBER OF RISKS	2	3	15	20

Below is a summary of **additions, changes and closures**:

	Corporate level	Directorate level	Service level
RISKS PASSED REVIEW DATE	1	-	-
1198 - Ability to shift care in the community – as this is a corporate level risk, the Corporate Risk Team has responsibility for updating this risk. The Head of Assurance and Risk advised on the 29 th May that all principal risks are currently being reviewed by the Executive Team and will be updated ahead of Board in July.			
NEW RISKS ENTERED ON DATIX	-	-	7
1834 - Community Dental Service - Age of Dental Chairs 1835 - Community Dental Service - North Road Clinic Access 1849 - temporary service disruption in GMS practices due to downtime with clinical system migrations 1850 - inadequate cleaning in the Managed Practices leading to IP&C measures 1851 - clinical error in the Managed Practices owing to electronic notes not being summarised to the required standard 1852 - Partial compliance with national premises guidance in Managed Practices 1853 - OOH service unable to confirm receipt of prescriptions sent to Community Pharmacies			
RISK ESCALATED	-	-	-
RISK DE-ESCALATED	-	-	-
INCREASE IN RISK SCORE	-	-	-
REDUCTION IN RISK SCORE	-	-	-
CLOSED RISKS	-	-	1
1682 - Dental Chairs, Community Dental Services, Winch Lane, Haverfordwest – A new chair has been installed in Winch Lane.			

Upcoming reviews in June / July 2024: All risks have been scheduled for review with the Directorate Lead and those with responsibility for associated actions.

Argymhelliad / Recommendation

Members are asked to NOTE the update from the June 2024 Primary Care Quality, Safety and Experience meeting.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6	Develop a work plan which sets clear priorities for improving quality, safety and experience each year, together with intended outcomes, and monitor delivery throughout the year.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:		

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Included within the body of the report.
Rhestr Termiau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the body of the report

Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Contained within the body of the report
Enw Da: Reputational:	Contained within the body of the report
Gyfrinachedd: Privacy:	Contained within the body of the report
Cydraddoldeb: Equality:	Contained within the body of the report