



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 April 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Primary Care Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Bond, Assistant Director of Primary Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This paper provides an update on current issues in Primary Care as well as providing an assurance on the process around the HIW visiting process and the proposed plan to pilot the use of CIVICA in Primary Care.

**Cefndir / Background**

Quality, Safety and Experience meetings are established across the range of contractor and operational services within the Primary Care management structure. Since the transfer of the Out of Hours service into Primary Care Management as part of the Operational Services Organisational Change Process, an Out of Hours QSE meeting has been established. Therefore, under the Primary Care Quality Safety and Experience (QSE) group the following subgroups are constituted:

- General Medical Services (GMS) and Community Pharmacy QSE
- Dental and Optometry QSE
- Managed Practices QSE
- Community Dental Services QSE
- Out of Hours QSE

This report provides a summary of issues across the four contractor professions as well as the direct operational service management.

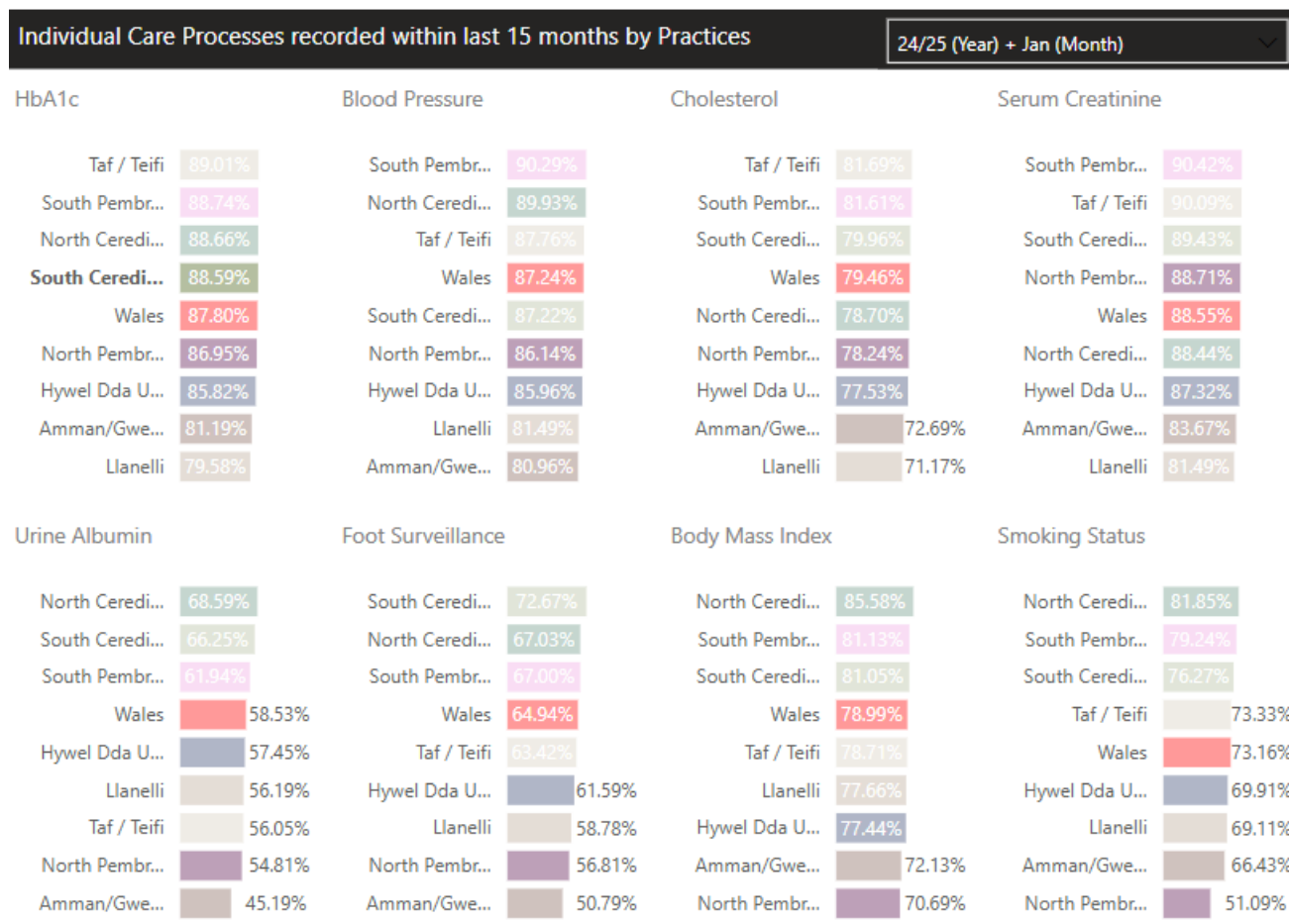
**Asesiad / Assessment**

**General Medical Services**

**Diabetes 8 Care Processes**

Meetings have been held with each of the seven GP Collaboratives to discuss the low rates of the eight care processes being recorded. Two out of the seven Clusters (North Pembrokeshire and Amman Gwendraeth) have the lowest rates recorded and the Clusters have been asked to

develop improvement plans. Access to training has been discussed at the Locality Leads meeting in March 2025. Potentially there are issues with coding and/or data that is providing a perception that limited activity is being recorded against the 8 care processes for the national audit.



### Contract Assurance Framework

The Welsh Unified General Medical Services (GMS) Contract came into force in October 2023. Under the new contracting arrangements an updated process for quality assurance has been developed.

Under previous contracting arrangements the HDUHB had a robust rolling clinical governance visiting program in place to assure compliance with the Quality and Improvement Framework (QIF), as well as addressing any contractual areas of non-compliance.

A new Contract Assurance Framework (CAF) has been developed nationally to provide assurance of delivery of the GMS Unified Contract. The framework takes into account the context of the Health and Care Quality Standards for Wales (2023). All of the data is available on the Primary Care Information Portal (PCIP).

There are three main components:

- A nationally agreed data set for quality, safety, governance and contract management. This comprises of a national set of indicators, a practice assurance return, CGPSAT and IG toolkit.
- A nationally agreed process for assessing contractors' compliance against contractual requirements.
- A nationally agreed escalation ladder for managing concerns, including an appeals procedure.

The key purpose of the nationally agreed data set is to standardise the information the Health Board Primary Care Management Teams consider through the Assurance Framework. This will give a fair and equitable basis for application of a consistent process in assessment of prioritisation of the level of review a contractor will receive across Wales.

The system was originally developed with a ranking system to show individual Practices how they had scored in comparison with other Practices across Wales. It has subsequently been agreed with General Practitioners Committee (GPC) Wales that whilst Health Boards will continue to be able to view the ranking, that this will not be shared with any Practices.

In order to assess compliance with CAF a standardised process has been agreed with Health Boards across Wales.

This will involve a desktop review of all Practice submissions against the Framework which will result in one of three outcomes:

- Desktop review only
- Focused Visit
- Full Visit

Oversight of the CAF process is managed through the Primary Care Contract Review Group. Ahead of commencing the process for 2025/26 there is an opportunity to reflect and review the process and to make any necessary adjustments to the annual return process, that is aligned to the CAF visiting programme.

### **Managed Practices**

#### **Meddygfa Penrhyn**

Following the managed list dispersal of St Davids Practice in November 2024 and with the majority of patients moving across into the former Solva Surgery, the clinical team at Meddygfa Penrhyn have identified a cohort of patients where routine monitoring of higher-risk medications and chronic diseases is overdue. As a result, a higher than usual number of patients are being asked to attend which has necessitated an increase in the appropriate tests. This has impacted on the availability of appointments at Meddygfa Penrhyn as the team try to ensure that clinical care for all patients is optimised; additional support from a Medicines Management Pharmacist is in place one day per week.

Neyland and Johnston Surgery has moved to the Electronic Prescription Service (EPS). The schedule for EPS is on-hold for the remainder of the Managed Practices whilst an Information Governance issue is resolved with DHCW. It is anticipated that the introduction of EPS will mean that there is an improvement in the accuracy of repeat prescribing for patients as well as reduced workload for GP Practices and Community Pharmacies.

### **Out of Hours**

#### **Action Plan**

Work has been undertaken to bring together the outstanding actions from the two external Peer Reviews as well as actions identified from a local service review in 2022; in the main the actions relate to the structure and management of the service to ensure that it is as efficient and effective as possible. The actions are being monitored through a newly established Quality, Safety and Experience Committee which met for the first time in February 2025.

### **Community Pharmacy**

#### **Closures and Breaches**

During the period 1 January 2025 to 28 February 2025 there were 22 reported closures, of these, there were five instances which were considered contract breaches with a further three instances from December 2024 which were considered in the January 2025 Breaches Panel. Formal breach notices are in the process of being issued with both breaches resulting in the withholding of funds in line with the Health Board's Pharmacy Breach Process. Seven out of the eight breaches relate to one Pharmacy Contractor. A meeting has been arranged with this Contractor's Superintendent Pharmacist to understand the reason why locum cover has not been put in place and agree a way forward to avoid further breaches.

## **General Dental Services**

### Dental Service Challenges and impact on access

- Access to services: the all-Wales average access rate to NHS Dental Services as at quarter 3 in 2024/25 is 30% compared to Hywel Dda achievement of 20%.
- Use of urgent dental care services: 17,260 of appointments currently provided are in relation to urgent care which accounts for 20% of all appointments. Pre COVID-19 urgent care in Hywel Dda accounted for 5% of all appointments. Due to annual contract changes the current urgent appointments will be reduced by 25% from April 2025/26.
- Urgent Care 6 Goals Project: calls to access urgent care are managed through the 111 system. Through the 6 Goals project two categories for urgent care have been introduced with patient calls being triaged via a clinical algorithm categorising patients that need to be seen within 24 and 72 hours. There are challenges in meeting the 72-hour demand and these patients are being contacted by a Dental Nurse for clinical triage when capacity allows. The approved investment plan into Dental services includes the appointment of 1.4 FTE Dental nurses to support this work.
- Workforce: 40% of Dental Practices report Dentist vacancies; with a reported trend of Dentists opting to work privately impacting on successful recruitment to NHS Dental Services.
- High need patients: 28% (13,000) of patients attending appointments are presenting with a high need e.g. they require more than four treatment interventions to achieve improvements in their oral health.
- Sustainable NHS Dental provision: 22% of the Dental Practices in Hywel Dda are not currently participating in the Contract Reform programme
- The Oral Health Intelligence, Public Health Wales (PHW) report into the oral health of 5-year-old children in Wales 2022-23 (January 2024) shows that the number and severity of dental caries in school age year 1 children has not changed in Hywel Dda since 2015/16. Dental caries is reported as impacting on 18.4% of children across Wales (approaching 1 in 5 children).

### Dental Commissioning Plan

The Dental commissioning plan has been prepared and is aligned to the developing Primary Care and Community Services Strategic Plan and the HEIW Dental Workforce Plan. The Dental plan includes an investment of £1.672m in 2025/26 and £2.775m in 2026/27. The plan was approved by the Executive Team on the 18 March 2025, recognising that the investment is coming from within the Dental allocation.

In addition to the plan seeking to improve access to General Dental Services (GDS), it also includes elements that support additional training, recruitment and retention through implementing additional training opportunities and succession planning for key clinical roles, building on known models for oral health improvement, and to increase capacity in the Community Dental Service (CDS) to improve access and move towards an integrated dental service model.

Investment of the General Dental Services budget allocation is key in ensuring timely access is available to NHS Dental services for the population. However, in recognising the current commissioning challenges for GDS contracts there is the potential that the role and scope of the Community Dental Services will need to be considered with the move to salaried dental services delivering routine as well as specialised care. Improving service resilience through in house training, recruiting to key clinical posts and improving professional leadership for staff with enhanced skills to deliver service transformation is required.

### Dental Access Portal (DAP)

The Dental Access Portal was piloted in November 2024 however due to technical issues the service was withdrawn whilst Digital Healthcare Wales (DHCW) undertook further work to refine the system. The digital system was re-implemented in February 2025 and whilst the initial issues of concern have been resolved, system access issues continue to impact on patient use. The system currently has circa 12,000 patient names on the system.

### Case Assessment Reports

Case Assessment Reports include reviews of patient records and clinical data provided by the Practice at the request of the Clinical Adviser, NHS Business Services Authority Dental Services. These reports have been requested by the Health Board.

Contract Number	CAS Number	Outcome
My Dentist, Mill Lane	201636	A meeting was held with representatives of My Dentist on 6 November 2024 to discuss the report. It was noted that there has been a significant change to the NHS Performers working at Mill Lane since the report was produced. The report demonstrated some improvement in record keeping standards since the previous report. Dr S Aly, Clinical Development Adviser, My Dentist, confirmed that a documented meeting was held on 27 September 2024 with all NHS Performers and the Practice Manager to discuss the learnings from the report. On 25 November 2024, Dr Aly submitted audits undertaken at the Practice since the meeting to demonstrate that learning had been implemented.
My Dentist, North Parade	201190	A meeting was held with representatives of My Dentist on 6 November 2024 to discuss the report. J Lucke, Clinical Development Adviser, My Dentist confirmed that the three Performers named on the report no longer provide NHS under this contract as they have all opted to provide private dental services only. The contract has now terminated and therefore no further action will be taken.
Eastgate	202105	A response was received from the Practice who acknowledged that the report had identified some issues with their processes which may have led to the issues highlighted in this report. DH forwarded the latest ACORN guidance and advised that a further BSA report may be requested to ensure that the Practice are treating patients and claiming in line with the requirements of the NHS contract. It is noted that the performer who was undertaking the majority of NHS work in the Practice has now left, and the Practice are currently seeking a replacement dentist to undertake the NHS contract.

My Dentist, Robert Street	201625	This was a follow up report to CRR CAS 200260 dated 31 January 2023 and CAS 201191 dated 26 April 2024. A meeting was held with representatives of the clinical team of My Dentist on 5 March 2025. As there are still some outstanding issues being identified, My Dentist have been asked to submit the audits which were undertaken in February and subsequent audits are to be submitted as they are completed. It was agreed that a further CRR report will be requested in July 2025 relating to the period February – June 2025 which must demonstrate that learning has been embedded.
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### Dental Quality Assurance Self-Assessment (QAS) 2024

The annual Dental QAS has been completed. Of the 37 eligible Practices, 36 completed the QAS. (1 Practice has had issues with their QAS account and this is currently being reviewed). Initial areas of concern included:

1 Red	The Practice has now confirmed that the wrong box had been ticked and that a Wrong Tooth Extraction LocSSip is used in clinical settings.
4 Amber	1 Practice has confirmed that the wrong box was ticked and provided evidence of Pressure Vessel Insurance. 3 Practices are required to confirm when relevant outstanding training has been completed.

### Community Dental Services

Access to Community Dental Service: Current waiting times for CDS are on average two years. The service Did Not Attend (DNA) rate is circa 10% with 16% of patients cancelling appointments at short notice. The current sickness rates in the service of 12.7% has resulted in appointment cancellations at approximately 7 to 8% which is impacting on CDS waiting times.

Urgent Care: Patients inherent within the CDS are presenting with urgent dental care needs and all urgent referrals are appointed based on clinical need. This impacts on the services being able to provide timely recalls for care and to see routine new patients.

Hospital referrals: there has been an increase in referrals from Hywel Dda acute services for patients requiring a dental assessment prior to commencing treatment. The referrals are mainly received from Cancer, Cardiac and Rheumatology services. These referrals are given priority appointments.

Clinical Vacancies: the service has two Specialist Dental posts vacant for Paediatric and Special Care Dentists; they have failed to recruit into these posts historically but will be looking to re-advertise in the next month.

Ceredigion: There has been no CDS service in North Ceredigion since the 20 January 2025 due to a vacant Dentist post. The service has received one application to fill the post, and an interview is scheduled for 14 April 2025. An urgent dental service has continued with patients directed to Cardigan Integrated Care Centre if they are able to travel or for limited appointments in North Road from Dentists working in other clinics across the CDS once a month.

### Optometric Practices

Quality for Optometry (QfO)

The Quality for Optometry process has been introduced as part of a wide Quality Framework as part of the new contractual arrangements for Optometric Practices. As this was the first year that the process has been introduced the QfO has acted as a benchmark for capturing information and it is anticipated that this work will develop in subsequent years. The Quality payment also included participation in three “insight” audits and a workforce data submission.

### Optometric Practice Visits

During the period of October 2024 and February 2025, a total of 46 informal introductory visits were carried out. Where a Contractor holds an agreement with the Health Board for more than one Practice, the Contractor was given the option to include the smaller Practice in the same meeting as the larger Practice, or to conduct the smaller Practice meeting via MS Teams. In addition, Contractors who provide domiciliary services only were given the option to conduct their meeting in person, at an agreed location, or via MS Teams.

- Number of Practices Visited: 35
- Number of Practice meetings on Teams: 2
- Number of Domiciliary meetings in person: 5
- Number of Domiciliary meetings on Teams: 2

The discussions held during these visits provided the Health Board with a meaningful understanding of the implementation of Welsh General Ophthalmic Services (WGOS) from the Contractor’s perspective. It also allowed the Health Board the opportunity to provide guidance and advice on an individual level regarding the expectation from the Health Board for the delivery of Services. The Formal Optometry Practice Visiting Programme will commence from April 2025. This will involve the Health Board undertaking a formal visit with each Contractor on a three-yearly basis.

### Health Inspectorate Wales (HIW) Inspections

HIW Visit Reports Received January-March 2025

The Health Board does not receive a scheduled programme of visits for the year but does receive notifications of planned visits prior to the visit date. We have been notified of the following forthcoming visits:

Date	Practice	Comments
08.04.25	Borth Surgery	The Practice have been contacted to discuss the forthcoming visit
23.04.25	Bro Pedr, Lampeter	The Practice have been contacted to discuss the forthcoming visit
21.05.25	Quayside Orthodontics, Neyland	Practice have been notified of the visit.
22.05.25	Argyle Surgery	Meeting being arranged with the Practice to discuss the forthcoming visit

### Outstanding Actions from Visits

Date	Practice	Comments
14.11.24	Coalbrook Surgery	Immediate Assurance required. Practice action plan complete
02.10.24	Coach & Horses Surgery	Action plan developed for review in April 2025
26.11.24	Robert Street Surgery	Awaiting report

17.12.24	Capel Dental	Improvement plan to be completed by August 2025.
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### **Patient Experience**

The Health Board is participating in a pilot to extend the use of CIVICA into Primary Care as part of the national work being led by the Primary Care Strategic Programme to establish key performance indicators for the Primary Care Model for Wales.

Initially CIVICA will be tested in the Carmarthenshire Managed Practices (Ash Grove Surgery, Meddygfa Minafon and Meddygfa'r Sarn) from April 2025 for a minimum period of three months. Practices are required contractually to undertake a patient engagement exercise using the standard questions that are also used in CIVICA during February/March each year. Discussions have been taken place to ensure that the information to patients on how to participate in the survey is maximised e.g. information on digital screens, QR codes on repeat prescriptions etc.

As part of the national work, staff at the participating Practices will be required to complete a survey at the end of three month to understand their perceptions of the use of continued patient engagement.

Discussions are ongoing to consider the pilot of CIVICA in the Out of Hours Service and the Community Dental Service.

Reports from the pilot will be considered through the relevant Quality, Safety and Experience Groups.

For General Dental Services patient level outcomes and experience data that is needed to evidence quality of care is not currently included in the extant dental Regulations. National work is currently ongoing to consider this.

To date 1,122 patients have failed to attend urgent access appointments. These patients are contacted to ascertain why they didn't attend their appointment. Reasons for failing to attend as stated by patients include:

- Levels of pain reduced and no longer wanted to attend appointment
- Level of pain did not warrant the distance required to travel
- No longer needed the appointment
- Accessed private care

To reduce the number of failed appointments, a telephone call reminder on the day before the appointment has been implemented and has had some impact on improving the situation.

### **Argymhelliad / Recommendation**

Members are asked to:

- **NOTE** the content of the report for **ASSURANCE** on governance systems and processes in Primary Care

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: 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:	Primary Care QSE governance structure

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not Applicable (N/A)

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	N/A
<b>Gweithlu: Workforce:</b>	N/A
<b>Risg: Risk:</b>	N/A
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	N/A