

# Duty of Quality

## Quality-driven decision-making tool



### Part 1 - Quality Impact Assessment Toolkit

#### Overview & Guidance

This initial assessment should be completed to quantify potential impacts on quality or safety aspects (either positive, negative, or neutral/no impact), from any strategic decisions e.g. policy decisions, business cases, service improvements and changes, or efficiency savings projects that will affect operational services.

When completing the checklist consider the impact that the change will bring about in the long term. Also consider any impacts that might occur whilst the change is being implemented. For example, the project may be to introduce a new clinical pathway into an existing team, this will reduce waiting times for patients and result in smaller caseloads which are both long-term positive impacts. However, to introduce the new pathway staff working arrangement will need to change which may increase staff turnover resulting in patient waiting times for treatment increasing both are short term negative impacts. The QIA should reflect both the short-term and long-term impacts.

<b>Strategic Decision / Organisational Activity / Project Title:</b>	<b>St David's Surgery</b>
<b>Name and role of lead:</b>	<b>Rhian Bond, Assistant Director of Primary Care</b>
<b>Executive sponsor:</b>	<b>Jill Paterson, Director of Primary Care, Long Term Care and Community</b>

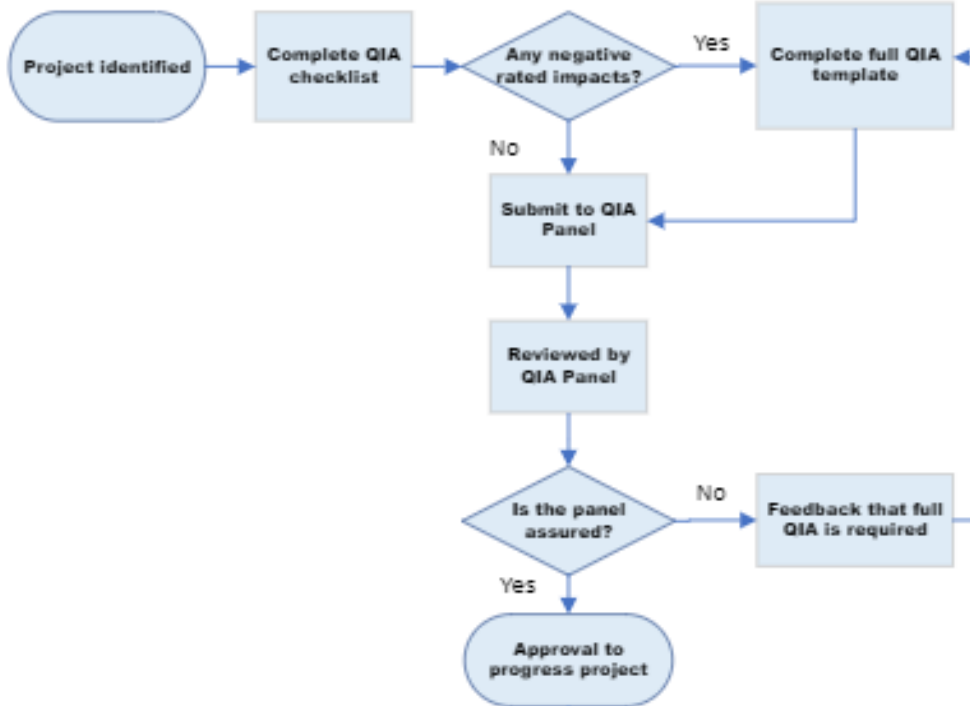
<b>Description of Strategic Decision / Project:</b>	
Broadly outline what is being proposed and the decision that needs to be made	<p>St David's Surgery has served notice to the Health Board on their General Medical Services contract giving the required six calendar months' notice. The Practice serves a population of approx 2700 patients and will cease providing General Medical Services within the North Pembrokeshire Cluster on 31 October 2024.</p> <p>In line with our process a Vacant Practice Panel has met to assess the options available to continue to provide services to the registered patients. The Panel met on 7 May 2024 and made a recommendation that the practice list be dispersed based on minimum travel time to another practice from each patient's home address. This affects 4 neighbouring practices in the North Pembrokeshire Cluster. Based on this principle, the vast majority of patients would be allocated to nearby Solva Surgery (Health Board Managed Practice, 3.6 miles away). This recommendation will be revisited by the second Vacant Practice Panel on 1 July in the context of the public engagement feedback.</p> <p>The decision on how primary medical services will be delivered to this population after October sits with Board and will be decided at the public Board meeting of 25 July 2024. This QIA will form part of the information for the second Vacant Practice Panel of 1 July 2024 and Board to support their consideration.</p>
Why is the proposal / decision needed	<p><i>Local Health Boards have a statutory duty to ensure the sustained delivery of primary medical services to their resident population. When a practice becomes vacant for whatever reasons the LHB must ensure that primary medical services continue to be provided to those patients by the most effective and efficient means possible having regard to local needs and circumstances' - Welsh Health Circular (2006) 063.</i></p> <p>The Independent Contractor Practice has served notice and will cease providing services on 31 October 2024. The Health Board has a responsibility to ensure primary medical services will continue to be delivered to the population from 1 November 2024. The decision on how this should be done within the fixed timeframe of the contractual notice period is needed.</p>
What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities, quality standards, incidents etc)	<p>The Health Board has a statutory responsibility to ensure that all patients continue to have access to primary medical services. The Panel first met on 7 May 2024 and agreed a Recommendation for a managed dispersal of the practice list as the only viable and deliverable option identified and the public engagement that has followed has been on this basis. The second panel of 1 July 2024 is asked to consider the feedback received from the public engagement exercise undertaken on the basis of the Recommendation.</p> <p>There is a long history of instability related to smaller practices in this area and challenges with recruitment and retention of GPs (and Partners in particular) which has left the area and population vulnerable to unstable services. Drivers for the decision include the need to enable a more sustainable foundation for the safe and effective delivery of services in the longer-term.</p> <p>A Primary Care Strategy is under development.</p>
Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected	<p>The registered patients of St David's Surgery are directly affected by the termination of the GMS Contract and the proposed managed dispersal of the patient list. The patients of the four practices affected by the managed dispersal could be indirectly affected but this would be proportionate to the scale of the numbers: Solva Surgery is the only practice where the numbers would be significant.</p>
How have you engaged with the people affected? If you have not yet engaged, what are your plans?	<p>A public engagement plan was devised in conjunction with Llais to engage with patients on the Panel recommendation to disperse the patient list. The engagement period (13th May-19th June 2024) included the opportunity to attend a public drop-in event in St David's on 14th June, an online and paper-copy questionnaire, and signposting for other means to feedback.</p>
How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?	<p>The Health Board has a statutory responsibility to provide its population with access to primary care services and the recommendation addresses how to do this on a sustained, safe, timely and efficient basis for this population.</p>
Is the proposal / decision planned to be temporary or permanent?	<p>If Board agreed to the recommendation for a managed dispersal, this would be a permanent change in where these patients were registered, notwithstanding any future changes that the Board may need to implement at some future juncture. Solva Surgery where the vast majority of patients would be allocated, is a Health Board Managed Practice and this allows the scope for the Health Board to shape the model going forward for this wider population.</p>

<b>Has this Quality Impact Assessment been completed in collaboration with the clinical team(s) that the project will affect?</b>	<p>Representatives from the four Practices affected by the proposed managed dispersal have been</p> <p>Rhian Bond, Assistant Director of Primary Care</p>
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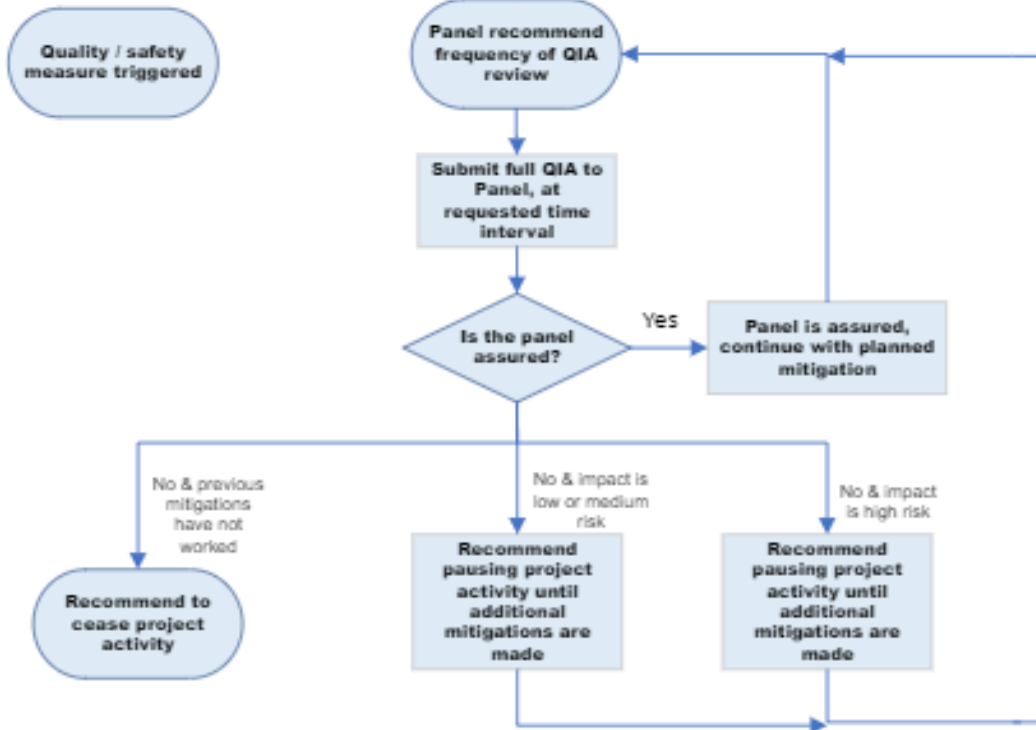
This tool was developed by the Quality Assurance and Safety Team using ideas from Rotherham, Doncaster and Humberside NHS Trust QSIA tool and the NHS (Wales) Executive beta tool  
<https://www.rdash.nhs.uk/wp-content/uploads/2022/10/QSIA-Policy-v1.pdf>

For advice and guidance using this tool, please contact Cathie Steele, Head of Quality and Governance or Caroline Burgin, Patient Safety and Assurance Manager.

### Approval Process



### Review Process



Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, which enabler? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1-5	Impact 1-5	Overall score	Positive	Neutral	Negative		Likelihood 1-5	Impact 1-5	Overall score	
Safe	Does this decision have a positive, neutral or negative impact on ensuring that: a) our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again? b) people's health, safety and welfare are actively promoted and protected?  Do the risks that have been identified have a positive, neutral or negative impact on safety?	1	1	1	✓			Whole-system perspective	1	1	1	Services at St David's Surgery are fragile and not sustainable.  It is expected that the affect of the proposed managed dispersal on patient safety for these patients would be neutral because the four receiving practices would be expected to deliver against the same contractual and patient safety requirements as is the case currently. These contractual requirements and the performance monitoring that accompanies them underpin safety and provide the assurance framework for the Health Board. It is the location at which the services would be delivered that would change only.  A robust transition plan would be put in place well in advance of the transfer to support the managed transfer of patients and the migration of clinical data into the new practice's systems. It is anticipated that staffing at Solva Surgery would be significantly increased to reflect the increase in list size.
Timely	Does this decision have a positive, neutral or negative impact on ensuring that: a) people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time? b) we care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority?	1	1	1	✓			Whole-system perspective	1	1	1	It is anticipated that the affect of the proposed managed dispersal on the GMS contractual requirements for these patients would be neutral because the four receiving practices would be expected to deliver against the same national contractual requirements as is the case currently. These would include the Access Standards embedded in the GMS Contract. These contractual requirements and the associated performance monitoring provide the assurance framework.
Effective	Does this decision have a positive, neutral or negative impact on ensuring that: a) care and treatment reflects evidence-based best practice, and b) people receive the right care to achieve the optimal outcomes possible for them and that matter to them?	1	1	1	✓			Whole-system perspective	1	1	1	It is anticipated that the affect of the proposed managed dispersal on the GMS contractual requirements for these patients would be neutral because the four receiving practices would be expected to deliver against the same national contractual requirements as is the case currently. These would include the Access Standards embedded in the GMS Contract. These contractual requirements and the associated performance monitoring provide the assurance framework.
Efficient	Does this decision have a positive, neutral or negative impact on ensuring that: a) we take a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste? b) the most effective use of resources to achieve best value in an efficient way?	3	3	9		✓		Whole-system perspective	1	1	1	The proposed managed dispersal would provide a more efficient foundation for the sustainable provision of services to the population of the peninsula area due greater stability, sustainability and opportunities relating to scale, such as a more diverse workforce and multi-disciplinary team working. The larger Solva Surgery covering the area would allow for the more effective use of available staffing resources in the longer term for the larger population, and provide a basis for specialisms. This would further enhance the sustainability of services for this wider population.  Arrangements for close working and MDTs with Community Nursing and other community teams would be simplified and consolidated by working with one practice for the peninsula area rather than two ensuring a VBHC approach of Co-Production in decisions relating to a patients health, timely access to services and a treatment plan given to a patient delivered by an MDT on one site addressing why they presented and no less or excessively more than required. Other Health Board community teams such as Health Visiting, Medicines Management, Mental Health and practice-based Cluster services would similarly have a single practice to work with. Secondary care and intermediate services would interface with a single practice. Some of these services already offer services to patients registered with St Davids from the Solva Surgery site. Solva Sugery has also supported St Davids previously in administering Covid Vaccinations to it's patients at clinics held at the Solva Surgery site.
Equitable	Does this decision have a positive, neutral or negative impact on ensuring that: a) everyone is provided with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered?	1	1	1	✓			Whole-system perspective	2	2	4	An Equality Impact Assessment has been completed to capture the estimated impacts of the proposed change on different groups. This EqIA is included in papers for the Vacant Practice Panel of 1 July and Board of 25 July 2024. The principle negative impact identified is related to travel and transport, both increased travel times and the inconvenience for those patients who would be required to change their mode of travel because of the extra distance. These changes would negatively affect some but not all patients with the personal characteristics of age, disability and socio-economic status as shown in the patient feedback. Evidenced in the patient feedback received that this will affect some but not all patients currently registered at St Davids Surgery.  Members of the GMS Sustainability team attended two residential L&D homes in St Davids to visit patients currently registered at St Davids Surgery. The home staff advised that if support with grouping appointments could be catered for then travelling to Solva wouldn't be an issue as they have a mini-bus to transport residents. An offer was also made to the residents to visit Solva Surgery should the decision be made in favour of the recommendation to panel.  Under the national contract the same core services are provided in the receiving practices as are by St David's Surgery currently. The Supplementary Services provided by the four practices are broadly very similar to that of St David's.
Person-centred	Does this decision have a positive, neutral or negative impact on ensuring that: a) people's needs are met and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce? b) people and their families are at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience?	1	1	1	✓			Whole-system perspective	1	1	1	It is anticipated that the affect of the proposed managed dispersal on patient-centred care would be neutral. The model of care and functioning of the new practices will remain patient-centred and co-productive, it is the location at which services are delivered that will change.

# Full Assessment

Strategic Decision / Organisational Activity / Project Title:		St David's Surgery GMS Contract termination					Name and role of lead:				Rhian Bond, Assistant Director of Primary Care	Driver for change	Statutory duty to provide primary medical services for patients following the resignation by the GMS Contractor						
Health & Care Quality Standard	Health & Care Quality Enabler (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective). Please list all applicable	Description of Risk	Inherent RISK Score			Current Mitigation (ie. St David's Surgery)	Current RISK Score			Monitoring Arrangements				Target RISK score			Escalation Arrangements		
			Likelihood 1-5	Impact 1-5	Overall score		Likelihood 1-5	Impact 1-5	Overall score	Owner	Metrics / measure to monitor deterioration or improvement in risk	Monitoring Committee (we will usually be local governance arrangements and GTS)	Frequency	Likelihood 1-5	Impact 1-5	Overall score	Date Escalated	Where Escalated	Action to be taken
Equitable		Age: Risk that some but not all older patients will be negatively affected because some older patients would need to travel further to access General Medical Services.	3	2	6	Housebound patients are eligible for home visits based on a clinical assessment.	3	2	6	RB	<ul style="list-style-type: none"> <li>Housebound patients are eligible for home visits based on a clinical assessment.</li> <li>Flagging of vulnerable patients in the clinical system of the new practice to identify where home visits or telephone consultations may be more appropriate to meet the needs of the patient and carers.</li> <li>Identification of vulnerable patients likely to be affected and joint MDT meeting with new practices to ensure careful and patient-centred individual handover of most vulnerable patients.</li> <li>Careful communication with vulnerable patients and their carers to ensure they feel supported and understand access arrangements.</li> <li>Appointment times to be made as convenient as possible around travel times for those using public transport.</li> <li>Support for patients and carers to use NHS App where this is appropriate.</li> </ul>	Managed Practices Quality & Safety Group	Bi-monthly	3	2	6	25.07.2024	QIA Panel	Dependant on decision by Board on 25.07.2024
Equitable		Disability: Risk that some but not all patients with a disability will be negatively affected because these patients would need to travel further to access General Medical Services.	3	2	6	Housebound patients are eligible for home visits based on a clinical assessment.	3	2	6	RB	<ul style="list-style-type: none"> <li>Housebound patients are eligible for home visits based on a clinical assessment.</li> <li>Flagging of vulnerable patients in the clinical system of the new practice to identify where home visits or telephone consultations may be more appropriate to meet the needs of the patient and carers.</li> <li>Identification of vulnerable patients likely to be affected and joint MDT meeting with new practices to ensure careful and patient-centred individual handover of most vulnerable patients.</li> <li>Careful communication with vulnerable patients and their carers to ensure they feel supported and understand access arrangements.</li> <li>Audit of staff mandatory training to ensure that all staff have undertaken relevant training. Handover for Care in the Community learning disability patients, offer of familiarisation session at Solva Surgery ahead of the transition so patients are familiar with the travel arrangements, building and the staff they may not know.</li> <li>Support for patients and carers to use NHS App where this is appropriate.</li> </ul>	GMS Sustainability Team, Out-going Practice and New Practice	Weekly in the Lead up to Transferring.	3	2	6	25.07.2024	QIA Panel	Dependant on decision by Board on 25.07.2024
Equitable		Socio-economic status: Risk that some but not all patients of limited means (lower socio-economic status) will be negatively affected because these patients would need to fund travel at a greater cost to access General Medical Services.	1	1	1	Housebound patients are eligible for home visits based on a clinical assessment. Some of the patients registered at St David's Surgery walk to access services.	3	2	6	RB	<ul style="list-style-type: none"> <li>Housebound patients are eligible for home visits based on a clinical assessment.</li> <li>Support for patients to use the NHS App where this is appropriate.</li> <li>Remote consultations to avoid travel where this is clinically appropriate</li> <li>Block bookings of appointments if more than one member of a household is attending where appropriate.</li> <li>Sharing information regarding with patients regarding Community Pharmacy Collection and Delivery Services to minimise a patients need to travel for repeat medication.</li> <li>Ensure that patients with comorbidities are seen effectively and holistically reducing the need to travel for multiple reviews or Chronic Disease Management appointments.</li> </ul>	GMS Sustainability Team, Out-going Practice, New Practice and Community Pharmacy Team.	Weekly in the Lead up to Transferring. Regular MDT meetings in New Practice Following Transfer.	3	2	6	25.07.2024	QIA Panel	Dependant on decision by Board on 25.07.2024

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**QIA Panel Use Only**

**Audit Trail of Comments**

Date	Name	Comments

Has the QIA been considered and approved by:	Yes/No	Date
Director of Nursing, Quality and Patient Experience		
Medical Director		
Director of Therapies and Health Science		

Date presented to panel	
Panel decision	
Chair of Panel	