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Swansea Bay University
Health Board



Meeting Date	23rd November 2021	Agenda Item	3.2
Report Title	Primary Care Contracted Services – Performance Metric Scorecard		
Report Author	Sam Page Head of Primary Care		
Report Sponsor	Brian Owens, Service Group Director, PCTSG		
Presented by	Darren Griffiths, Director of Finance		
Freedom of Information	Open		
Purpose of the Report	This report presents the first performance metric scorecard developed for primary care contracted services as agreed with the Health Board Performance and Finance Committee in April 2021. This scorecard is intended to provide the Performance and Finance Committee with assurance on contracted services.		
Key Issues	<p>At the FPC meeting in April it was agreed that the focus of the first set of measures for primary care contracted services will be on access and will include:</p> <ul style="list-style-type: none"> • General Medical Services Access Standards • GP Sustainability • GP and Community Pharmacy Escalation Levels • Access to General Dental Services <p>It was agreed that a scorecard would be developed to reflect regular reporting of these metrics.</p> <p>The scorecard presented at Appendix 1 includes these agreed metrics. Some of the existing reported metrics have been retained and a number have been replaced by the new agreed metrics</p> <p>Committee members are also asked to note that this scorecard will be further developed to strengthen the baseline data and trajectory and to provide assurance on actions for recovery where this is appropriate.</p> <p>Metrics already included and reported and will continue:</p> <ul style="list-style-type: none"> • Number of patients receiving care from Eye Health Examination Wales (EHEW) • Common Ailment Scheme - Number of consultations provided <p>Metrics to be replaced by new measures:</p>		

	<ul style="list-style-type: none"> • Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months. • Fluoride Varnish Rate per 100 FP17s • Population regularly accessing NHS Dental Service 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	The Performance and Finance Committee are asked to consider the presentation of the performance scorecard and support the ongoing reporting in this format and note the planned developed to strengthen the baseline and trajectory reporting.			

Primary Care Contracted Services – Performance Metric Scorecard

1. INTRODUCTION

This report is intended to present the performance metric scorecard developed for primary care contracted services as agreed with the Health Board Performance and Finance Committee in April 2021.

The scorecard is intended to provide the Performance and Finance Committee with assurance on contracted services and will be updated and reported regularly.

2. BACKGROUND

Swansea Bay University Health Board (SBUHB) is responsible for the commissioning of primary care services for the local population. Over 90% of patient contacts take place in General Medical Practices which are responsible for providing General Medical Services [GMS] from 0800 to 1830, Monday to Friday with urgent cover outside these hours provided by SBUHB Urgent Primary Care Service. There are 49 GP Practices across the SBUHB footprint of which one is a directly managed practice. The Health Board also contracts with 93 Community Pharmacies, 72 Dental practitioners (including two Orthodontic and two oral surgery specialists) and engages with 31 Optometry practices who provide on behalf of NHS Wales enhanced eye care services, there is currently no national contract for optometry.

In April the Primary Community and Therapies Service Group (PCTSG) presented to the Committee a report, which provided an explanation on the available information to the Health Board that provides an indication on the quality and performance of access to primary care contracted services. This information is reviewed and monitored by the primary care team within the PCTSG.

The Performance and Finance Committee were asked to consider the information presented on access to primary care contracted services and discuss the level of assurance that it provides to the Committee and the ongoing reporting requirements. The Committee agreed that the focus of the first set of measures will be on access to primary care contracted services and will include:

- General Medical Services Access Standards
- GP Sustainability
- GP and Community Pharmacy Escalation Levels
- Access to General Dental Services

It was agreed that a scorecard would be developed to reflect regular reporting of these metrics as set out in the table below.

The scorecard presented at **Appendix 1** includes these agreed metrics. Some of the existing reported metrics have been retained, including the national Minimum Dataset (MDS) metrics and a number have been replaced by the new agreed metrics.

Committee members are also asked to note that this scorecard will be further developed to strengthen the baseline data and trajectory and to provide assurance on actions for recovery where this is appropriate.

The following metrics are existing and will continue

- Number of patients receiving care from Eye Health Examination Wales (EHEW)
- Common Ailment Scheme - Number of consultations provided

The following metrics are the nationally reported Minimum Dataset (MDS) metrics:

- No. of GMS practices reporting escalation Level 3 or above
- No. of AGPs performed in general dental services
- No of courses of treatment in general dental services
- No. of Optometry practices open 75% of pre-covid hours
- No. of patients receiving care from Eye Health Examination Wales (EHEW)
- No. of community pharmacies reporting escalation Level 3 or above

The following metrics will be replaced by new metrics outlined in the table below:

- Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months.
- Fluoride Varnish Rate per 100 FP17s
- Population regularly accessing NHS Dental Service

Primary Care Contracted Services – New Performance Metrics			
	Area	Measure	Information Note
1	General Medical Services Access Standards	<p>Report the year end position by cluster of achievement against the national GMS Access Standards and provide a quarterly position report. Due to the sensitivities around achievement and income, it is proposed to report practice level data at in-committee only should this information be requested.</p> <p>This position will not be included on the performance scorecard due to the complexity of the information but will be presented as a separate quarterly report. Quarter 1 attached at Appendix 2.</p>	<p>In September 2019 Access to In-Hours GMS Service Standards guidance was released. The access standards strive to improve access to services, which is a key strategic priority for Welsh Government and is central to the Primary Care Model for Wales. The standards aim to provide practices with clear expectations to work towards, with a need to better understand the barriers people face in accessing GP services.</p> <p>It should be noted by the Committee that achievement of the Access standards are not contractual and GP practices are required to self-report quarterly to Health Boards using the agreed digital access reporting tool developed by NHS Wales</p>

			<p>Informatics Service (NWIS). This tool has the provision for the uploading of evidence to support validation of year-end achievement to enable authorisation of funding linked to achievement. The deadline for practices to report year-end achievement using the tool is the 23rd April 2021; at this stage evidence will be used by Health Boards for verification purpose.</p>
2	GP Sustainability;	Report the sustainability risk position i.e. number of practices reporting red, amber, green, alongside the number of sustainability panels held.	<p>In common with other parts of the UK / Wales sustainability issues are being experienced in general medical practices within SBUHB. The National GP Sustainability Framework is a mechanism for assessing the sustainability of GP practices and has been in place since April 2015. The sustainability assessment criteria identify the potential for practices at risk of closure within 12 months and / or those at risk of a reduction in the range of services provided through external factors which may impinge on the sustainability of the practice. The Primary Care Team work closely with practices experiencing sustainability issues and this Framework also provides a mechanism for formal support.</p>
3	GP and Community Pharmacy Escalation Levels;	Present GP practice and Community Pharmacy escalation levels.	<p>The use by all 49 GP practices of the national escalation tool also enables regular assessment of GP practice risk and sustainability. We have seen a broadening scope of threats to the sustainability of General Practice, including stability of the wider practice workforce. Action cards have been developed to guide the contact and support discussions with practices at various levels of escalation. Significant work has also been undertaken to review and support practices with the strengthening of their Business Continuity</p>

			<p>Plans. The PCTSG play an integral role in ensuring relevant support, advice and guidance is provided to these services to limit further escalation and avoid unnecessary pressure across the wider system. .</p> <p>Levels 1 and 2 indicated the practice position is sufficient to maintain practices services, Level 2 noting that contacts are higher than expected.</p> <p>Level 3 represents increased demand, coupled with workforce issues or business continuing issues impacting on service delivery, patient safety and / or practices processes.</p> <p>Level 4 represents further escalation of the Level 3 position with significant impact on service delivery, patient safety and / or practices processes.</p> <p>Level 5 indicates a closed practice.</p> <p>Community pharmacies across Wales also engaged in business continuity planning and to ensure Health Boards were cognisant of pressures within the system; an online Escalation Tool and a supportive planning resource was developed. The tool is designed to support operational planning at times of pressure and wider engagement in terms of business continuity planning. Information is used locally as an effective escalation process.</p>
4	Access to General Dental Services	<p>Aerosol Generated Procedures (AGPs) – total number of AGPS performed</p> <p>ACORN (Assessment of Clinical Oral Risks & Needs) – Total number of ACORNS completed</p>	<p>Practices must be carrying out AGPs in accordance with the national Standard Operating Procedure (SOP) requirements. The health board would expect to see a reasonable amount of AGPs being delivered to reflect the needs of the local population and the practice contract size.</p>

		<p>New Patients –. Total number of new patients treated at GDS practice</p> <p>Fluoride Varnish - % of FV application in all children and those adult patients with risk of (amber), or active decay (red).</p>	<p>Mandatory use of ACORN, which should be completed for every patient (including urgent cases) once a year, with the 8 data points reported on FP17s (Dental providers submit forms (FP17) detailing dental activity data. The data recorded on the FP17 shows the patient charge collected, the number of units of activity performed and treatment banding information)</p> <p>Accepting a level of new patients defined by contract size. New patients being defined as an adult patient who has not been seen in the practice in the previous 24 months or 12 months for children</p> <p>Fluoride Varnish should be delivered in at least 80% of all children and those adult patients with risk of (amber), or active decay (red).</p>
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3. GOVERNANCE AND RISK ISSUES

Governance is an integral part of the PCTSG contractual monitoring processes. The metrics and data outlined within this report highlight the existing key areas for measuring and reviewing quality and performance specific to Contractors, which has provided a level of assurance to the PCTSG either through review of available data and information or through practices visits.

There are no significant risks or governance issues to highlight to the Committee within this report. All Primary Care related risks are reflected on the Service Group risk register and discussed at the Service Group Quality and Safety Forum.

4. FINANCIAL IMPLICATIONS

The monitoring and production of primary care data is undertaken from within the resource of the PCTSG primary care team.

All performance related payments are made within the underspent primary care contract ring-fenced budgets.

5. RECOMMENDATION

The Performance and Finance Committee are asked to consider the presentation of the performance scorecard and support the ongoing reporting in this format and note the planned developed to strengthen the baseline and trajectory reporting.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>Governance is an integral part of the PCTSG contractual monitoring processes. The measures and data outlined within this report highlight the existing key areas for measuring and reviewing quality and performance specific to Contractors, which has provided a level of assurance to the PCTSG either through review of available data and information or through practices visits.</p> <p>There are no significant risks or governance issues to highlight to the Committee within this report.</p>		
Financial Implications		
<p>The monitoring and production of primary care data is undertaken from within resource of the PCTSG primary care team.</p> <p>All performance related payments are made within the underspent primary care contract ring-fenced budgets.</p>		
Legal Implications (including equality and diversity assessment)		
None		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.		

- **Long Term** - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
- **Prevention** - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
- **Integration** - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
- **Collaboration** - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
- **Involvement** - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

Report History	Appendix 3 - Primary Care Contracted Services – Measures and Data (Report April 2021)
Appendices	Appendix 1 – Primary Care Contracted Services – Performance Scorecard Appendix 2 – GMS Access Standards Quarter 2 Report