Contract and Governance Visit Report

Situation

The Unified Contract for General Medical Services was agreed through a tripartite approach with Welsh Government, NHS Wales and the General Practitioners Committee (Wales). The NHS (General medical Services Contracts) (Wales) Regulations 2023 underpinning the Unified Contract came into effect 1 October 2023.

The Contract Assurance Framework is a governance process for the evaluation of assurance on services delivered through the Unified Contract, in the context of the Duty of Quality legislation. A national approach will allow a fair and equitable basis for a consistent prioritisation of the level of assessment a practice will receive across Wales.

The Contract and Governance Visit forms part of the Contract Assurance Framework process of evaluation for prioritised practices.
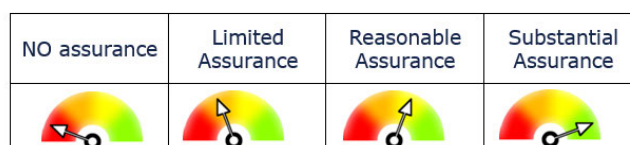
Background

Review of the practice reported position was utilised alongside:

- Your declarations on the Primary Care Information Portal (PCIP) Contract Assurance Tile
- Your practice data used for the Assurance Indicators found on the Primary Care Information Portal (PCIP)
- Your responses to the Clinical Governance Practice Self-Assessment Toolkit (CGPSAT)
- Your submission of the Information Governance Toolkit (IG Toolkit)
- Your Annual Contract Assurance Return
- Other data sources available to Health Boards, such as Datix RL, Post Payment Verification reports, Supplementary Service reports and audits, prescribing data, vaccination data, referrals & diagnostic rates, admissions & out of hours data etc.

Following this review, it was determined the Practice was required to participate in a Contract and Governance Visit for further assessment. This Report forms the formal response to that visit.

Assessment

Outcomes from the Contract and Governance Visit assessment have been determined in line with the following assurance levels:

NO assurance	Limited Assurance	Reasonable Assurance	Substantial Assurance

Contract and Governance Visit Assessment

Description	Details
Practice name	Brynmawr Medical Practice
Practice W code	W93068
Date of assessment visit	14 November 2024
Assessment type	☑ First visit ☐ Second visit ☐ Third visit
Health Board Representative(s)	▮▮▮▮▮▮▮▮▮▮▮▮ ▮▮▮
Practice Representative(s)	Dr Jalil Ahmed, ▮▮▮▮▮▮▮ ▮▮▮▮▮▮

Assessment Format *(a template to be completed for each standard to be discussed)*

☐ **Full Visit**

☑ **Focused Visit**

Health & Care Quality Standards assessed

Domains:	Enablers:
☑ Safe	☐ Leadership
☑ Timely	☐ Workforce
☐ Effective	☐ Culture
☐ Efficient	☐ Information
☐ Equitable	☐ Learning, improvement & research
☑ Person-centred	☐ Whole-system approach

Contract and Governance Visit Assurance

Following discussion of the above Health & Care Quality Standards, the Health Board determined the following levels of assurance were demonstrated:

Health & Care Quality Standard		No assurance	Limited Assurance	Reasonable Assurance	Substantial Assurance
1	Safe	☐	☑	☐	☐
2	Timely	☐	☑	☐	☐
3	Effective	☐	☐	☐	☐
4	Efficient	☐	☐	☐	☐
5	Equitable	☐	☐	☐	☐
6	Person-Centred	☐	☐	☑	☐
7	Leadership	☐	☐	☐	☐
8	Workforce	☐	☑	☐	☐
9	Culture	☐	☐	☐	☐
10	Information	☐	☐	☐	☐
11	Learning, Improvement & Research	☐	☐	☐	☐
12	Whole-System Approach	☐	☐	☐	☐

Please refer to Appendix I for a description of the assurance levels.

Contract and Governance Visit Summary of Assessment and Actions for Improvement

1	Assessment summary	**_Chronic Disease Management_**
		  • **_Call/recall systems_**
		  • **_Monitoring_**
		  • **_Annual Review Processes_**
		  • **_NPT & High Risk drug monitoring_**
		  • **_Clinical Triage/appointments_**
		
		  • Both the Partnership and the Practice Manager have a vision for a safe and efficient recall system for CDM and high right drug monitoring, based upon birth month recall.
		  • Could not produce evidence of written SOP.
		  • PM acknowledged that the vision was not fully implemented and instead their approach to CDM is reactive rather than proactive, based upon the patient requiring reauthorisation of medication.
		  • Diabetic reviews: patient sees HCA or P/Nurse who collects and codes all appropriate data using a template and takes blood/urine sample. Then sees diabetic nurse for review at later date. Sample of records confirmed this.
		  • Concern re: in-house BP protocol/procedure. Sample of patient records demonstrated P/Nurse measuring patient's BP at 170/100, no documented discussion with GP, "repeat BP next week" – this was done, and BP was normal. Clinical lead confirmed usual procedure would be for nurse to d/w GP however could not provide written SOP regarding BP escalation within practice.
		  • Clinical lead / Clinical pharmacist reported monitoring system for DOACs and high-risk drugs requiring monitoring feels safe. No incidents reported upon direct questioning. Again attempts to improve the system to a more proactive practice-led system have begun but aren't applied consistently. Backup patient-led system or triggered by patient running out of medication. Upon exploration, barriers identified included insufficient administrative staff time to complete call/recall tasks.
		  • Lead clinician explained GPs commence DOACs utilising CHA2DS2-Vasc and ORBIT scores, and Cockroft-Gault calculations built into INPS Vision. There did not appear to be a standardised coding system or template for LES claims. This was not explored further with PM but potential for unclaimed work.
		  • Appointment system in place to provide a mix of face to face, remote, urgent and pre-bookable

		appointments – all pre-bookable appointments are available to book online.
		• Process for call handling in place.
		• Staff awareness of safeguarding lead – ███████ (if unavailable escalate to PM).
	Quality Standard (s)	Safe, Timely
	Action (s)	• *Written evidence of SOP for recall system required.* • *Written evidence of SOP for DMARD monitoring.* • *Written procedure for BP escalation required.* • *Consistent approach required for recall tasks including follow up.* • *Standardised coding system for Supplementary Service claims.*
	Target date for improvement	**One month within receipt of report**
	Other Comments	Suggested review of appointment system to include the reduction of pre-bookable appointments for online booking which will provide more available slots for on the day/urgent appointments and reduce DNAs.

		Workflow / pathology result processing
2	Assessment summary	• Regular salaried GPs have time allocated for path result processing every morning before clinic. It is expected that they will complete simple patient tasks within that time (e.g. generating template letter +/- prescription for low vitamin D level).
		• Clinical Lead GP ████████ reported all medication changes/commencing new medications and DAL reconciliations undertaken by GPs.
		• Partner Dr Ahmed explained the organisation-wide system where each PM reports three times per day the status of path results and documents – read/unread/filed etc. They use a system built using Monday.com for workflow management. Centrally they will then use remote teams to help clear results if they have built up. This is not fully operational in Wales due to technical difficulties (e.g. INPS Vision using "the link" to download results so they only come in once per day, whereas with EMIS results trickle through all day).
		• The system for Wales is using a regular locum GP (████████ ████████) to undertake remote path result processing when he is not doing clinical sessions; Partner and Clinical Lead satisfied with this interim system.

		• ▓▓▓▓ had 10 unread documents in his workflow, all less than 48 hours old. • Vaccinations – low uptake of flu vaccines.
	Quality Standard (s)	Safe
	Action (s)	• *To increase uptake of flu vaccine for 65yrs and over and <65yrs at risk.*
	Target date for improvement	**Invite & Recall of patient cohort by 31 Dec 2024, ongoing until Spring 2025.**
	Other Comments	

3	Assessment summary	**Stock & IPAC** • Difficulties in ordering stock of medical supplies – example showed deterioration of wound due to supply of Viscopaste. • Patient specific orders have been completed via prescription so stock could be obtained. • Lack of speculums available, have had to cancel upcoming appointments for cervical smears. • Very small supply of yellow blood bottles available on site. • Waste Management – low score on CGPSAT. • CGPSAT – Level 1 Planning Future Services. • All clinical rooms clean, IPAC supplies available. • Concerns – MS-MPs relating to Brynmawr Medical Practice.
	Quality Standard (s)	Safe, Person-Centred
	Action (s)	*Partnership to share concerns matrix with common themes.*
	Target date for improvement	**Within one month of receipt of report.**
	Other Comments	Overall cleanliness of public areas, office areas and consultation areas was good. Review Waste Management for improvement on CGPSAT. Planning Future Services - update for 24/25 CGPSAT.

4	Assessment summary	**Resus Equipment** • Resus equipment servicing in date. • Resus trolley medications & equipment all in date. Odd days missed but generally once a day checked. • Policies within the resus trolley out of date (2002, 2018). • Oxygen available with good supply present.
	Quality Standard (s)	Safe

	Action (s)	*Update policies within the resus trolley.*
	Target date for improvement	**Within one month of receipt of report.**
	Other Comments	

5	Assessment summary	**Workforce** • Shortage of Clinical staff/GPs/locums reported. • ███████████████████████ ████████████████████████████ █████████████ • Band 7 nurse , ██████████████████ ████████████ . Holding minor illness clinics, general nurses clinics same as ANP. Informed by ██ that they don't require an MSC for her to run the clinics. • No training compliance monitoring held centrally – plan to create this. • Nurses taking on admin responsibilities as described as 'overstaffed with nurses'. • Shortage of admin/reception staff. • X 2 cleaners currently on sick leave. 1 temporary employed to cover 3/4hrs per day. Cleaning supplies used from HB. • Management meetings held every 2 weeks.
	Quality Standard (s)	Safe
	Action (s)	• *Ensure WNWRS reflects accurate workforce.* • *Ensure staff are aware of ANP competencies when booking patients in for clinics.* • *Plan for training compliance register/ skills matrix to be held centrally.* • *Recruitment of additional admin staff.*
	Target date for improvement	**WNWRS – continuous update to reflect current workforce.** **Staff awareness of competencies for booking clinics – immediate effect.**
	Other Comments	Dr Ahmed re-iterated that at the time the business case was submitted it was agreed that 1:225 ratio was acceptable. Confirmed reception staff completing HEIW training within 3 months of start date – register and evidence of completion required for Access Standards.

Contract and Governance Visit Reflections and Findings

Positive reflections

Health Boards to reflect on the discussion, and describe here the positive aspects of the discussions – what went well?

Positive findings

- It was observed that there is plenty of nursing and phlebotomy capacity.
- Process in place for Diabetic Reviews.
- Appointment system in place providing face to face, remote, urgent and pre-bookable.
- Reception staff organised and equipped with personalised care navigation resource folder.
- Admin Supervisor has developed and implemented robust recall system for chronic disease management.

Negative reflections

Health Boards to reflect on the discussion, and describe here the negative aspects of the discussions – what didn't go so well?

Negative findings

- There were multiple un-booked morning appointments; 3 with GP locum, 1 with salaried GP and 7 with ANP.
- Interrogation of the appointment screen demonstrated P/Nurses undertaking tasks usually performed by HCAs. It was confirmed by Partner and PM that excess capacity within nursing team. PM explained she sometimes utilises P/Nurses to help her with administrative tasks/recall.
- GP Locum was on-call. During our debrief meeting (approx. 15:30) it was reported by receptionist that the GP had refused to see any further patients. The on-call GP had processed approximately 20 patients thus far in the PM session and all were complete. Dr Jalil asked ██████ to cover the remainder of the on-call.
- Ordering of stock on other patients names to able to obtain it quickly by prescription.

Next Steps

Please return the Practice Contract and Governance Framework Response Plan (PCGFRP) to the Health Board at ABB.PrimaryCareDeptartment@wales.nhs.uk by **31 December 2024**. A copy of the plan is available and included with this report.

The Practice will be advised if the Health Board accepts the plan, or requires further clarification.

The Health Board will work with the Practice should the plan not be agreed. However, please note, there is a nationally agreed escalation plan should a Practice either not submit a plan, continue to submit a plan which cannot be agreed, or not comply with agreed actions held within the plan.

Should you have any questions regarding this report, or the Practice Contract and Governance Framework Plan, please contact the Health Board at Abb.PrimaryCareDepartment@wales.nhs.uk

Appendix I

Description of Assurance Ratings from NHS Wales Internal Audit

 Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 Reasonable Assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 Limited Assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved

Prioritisation of Actions

The following prioritisation levels have been used in this report:

Priority Level	Explanation	Practice Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate *unless a more appropriate timescale is identified/agreed at assignment*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month *unless a more appropriate timescale is identified/agreed at assignment*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months *unless a more appropriate timescale is identified/agreed at assignment*