





Meeting Date	22 August 2019 Agenda Item 4.3			
Report Title	Progress to implement changes to Primary and Community Service (PCS) Monthly Performance Statement			
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Report Sponsor		Director Primary		
Presented by	Helen Kemp, PC&CS Unit	Clinical Director	for Quality and	Safety,
Freedom of Information	Open			
Purpose of the Report	•	date on progres rmance stateme	-	PCS
Key Issues	Enhancements to the Monthly Performance Statement have been made following liaison with Chair of Performance and Finance Committee and the Associate Director of Performance. A 3 phase programme of introduction is in place. Phase one of the new measures was implemented from July 2019, with baseline information being introduced (on an SBU footprint) basis where possible. Phase two measures will be required for reporting by the end of Quarter 2 (October 2019). The timeline for phase three measures roll out is still to be agreed. PCS will be attending the SBUHB Performance and Finance Committee to further discuss and agree the			
Specific Action	measures (as Information	Discussion	Assurance	Approval
Required (please choose one only)				
Recommendations	Members are asked to:			
	Note the ongoing progress to report and improve on the PCS monthly performance statement Consider other data (qualitative and/or quantitative) that may be useful to roll out in future.			

Progress to implement changes to Primary and Community Service (PCS) Monthly Performance Statement

1. INTRODUCTION

This report outlines progress made to implement the agreed additions to the PCS Monthly Performance Statement.

2. BACKGROUND

Background to this paper is as follows:-

Process	Date	Summary
PCS Board paper	January 2019	Agreed to progress changes to
		statement
Workshop	February 2019	PCS HoS and Directors reviewed
		existing measures and suggested
		additional measures
PCS Forum	April 2019	'Tested out' additional measures and
		further enhancements made.
PCS, Vice Chair and	June 2019	Agreed final list of measures on phased
Associate Director of		basis
Performance		
meeting		

Based on discussions during the PCS Forum and following invitation to colleagues for any further comments to be made, a 'final draft' version of additional measures was developed. Work to establish data availability and reliability was undertaken and a phased approach to implementation was recommended as outlined in the table below:-

Service	Measure	Outcome	Phase	Frequency
Area				
Dentistry	Fluoride Varnish Rates	Reduction in	1	Quarterly
		dental caries		
Dentistry	Adult patients re-attending	Effective and	1	Monthly
	NHS Primary Dental Care	efficient use of		
	between 6-9 months	resources.		
Restorative	% of patients with a RTT	Access and	1	Monthly
Dentistry	(referral to stage 1) of 26	timeliness quality		
	weeks or less	measure		
Community	Common Ailment Scheme (No	Increased access	1	Monthly
Pharmacy	of consultations provided)	to Cluster		
		services (prudent		
		healthcare)		
Eye Care	Provision of numbers of	Improved	1	Quarterly
	patients receiving care from	access/quality for		
	Low Vision Services	eye health		

Eye Care	Provision of numbers of	Improved	1	Quarterly
	patients receiving care from EHEW	access/quality for eye health		
Staying Healthy – Children and Young People	HPV Vaccine Rates Number and %	Proportion of population immunised – link to reduction in cervical and oral cancer rates	1	Annual
Children and Young People	Health Visitor compliance data with key phases of Healthy Child Wales programme – number and %	Staying Healthy	1	Monthly
GP OOH	Number and % of OOH/111 patients prioritised as P1CT/P2CT/P3CT that started their definitive clinical assessment within 1, 2 or 4 hours of their initial call being answered	Access and timeliness quality measure	1	Monthly
GP OOH	Number and % of OOH/111 patients prioritised as P1F2F /P2F2F/P3F2F requiring a Primary Care Centre (PCC) based appointment seen within 1, 2 or 6 hours following completion of their definitive clinical assessment	Access and timeliness quality measure	1	Monthly
GP OOH	List of common outcome disposition by Health Board Number and %	Access and timeliness quality measure	1	Monthly
Community Resource Team	Hospital admissions or USC admissions avoided	SBU service impact measure = Hospital bed days saved	1	Monthly
Workforce	Bank and Agency Usage	Workforce sustainability	1	Monthly
Restorative Dentistry	Special Care Dentistry and Restorative Dentistry to be separated	Access and timeliness quality measure	2	ТВА
Community Nursing and Clusters	End of Life Care measures – This should align to DN Principles	Quality measure regarding dignity and dying in place of choice	2	TBA
GP	GP sustainability score above 52	Service Sustainability	2	TBA
GP	GMS access targets for Wales (MDT)	Access and timeliness quality measure	2	TBA
GP	Telephone First	Access and timeliness quality measure	2	ТВА

	% and number - impact data of F2F appointments made after Telephone First			
Primary Care Measures	3 priority measures 1. Smoking Cessation 2. Compliance with the 8 key care processes for Diabetes (Cluster level reporting) 3. Antimicrobial Prescribing in Primary Care	Outcome measures agreed via PCM Task and Finish Group.	2	TBA
All Areas	Service area waiting lists This measure is to be inclusive of all therapies and separate community and hospital work and report them side by side	Access quality measure	2	TBA
TBA	FUNB lists (not currently included) – as above to separate community and hospital	Access quality measure	2	TBA

Service	Measure	Outcome	Phase	Comment
Area	0 11 0 11	5		N
Community	Smoking Cessation	Reduced smoking	TBA	Need to
Pharmacy	Number and %	rates and		ensure that
		improved		all Smoking
		population health.		cessation
		Access and		reporting is
		timeliness quality		aligned.
		measure		
Community	Flu programme data	Improved	TBA	To be aligned
Pharmacy		protection		with wider flu
				data.
Community	UTI Interventions	Access and	TBA	Clarity
Pharmacy		timeliness quality		required over
		measure		impact.
Children and	Breast Feeding Data	Use national	TBA	Unclear if
Young		evidence		measure can
People		regarding		be
		improvements for		successfully
		infant health		reported
Clusters	Cluster Maturity Framework	Service	TBA	Ongoing
	•	sustainability		work to
				clarify which
				measures to
				use.

Reporting Timelines

Phase one measures have been reported within the monthly performance statement as of July 2019.

PCS members will be attending the SBUHB Performance and Finance Committee (P&F) to present and discuss the additional measures in September 2019. This will be the first opportunity to do this. PCS will work with P&F Committee to further refine the measures throughout 2019/20.

Phase two measures are being reviewed further with regard to data availability and validity with the aim of reporting these measures on the Performance Statement by the end of October 2019. Exceptions will require further discussion and escalation to the P&F committee.

A further set of measures remain 'to be agreed' (TBA) in terms of roll out. These are measures that PCS aspire to implement, however, further work is required to ensure the data availability, validity and quality would be sufficiently robust to allow PCS to report.

3. GOVERNANCE AND RISK ISSUES

The recommended additions to the monthly performance statement will allow the PCS Unit to report relevant data regarding PCS services which in turn will provide the Health Board with a broader and more accurate picture of the impact that PCS are having. The measures can provide an assurance framework across a wide range of Primary Care services, as well as offering a tool to measure and evaluate quality improvement initiatives.

It is recognised that the measures as they stand cannot offer a comprehensive view of Primary Care and Community Services, but will allow for monitoring and evaluation within certain priority areas.

4. FINANCIAL IMPLICATIONS

There are no financial implications.

5. RECOMMENDATION

PCS Board are asked to:-

1. Note the progress made to date regarding the reporting for the PCS monthly performance statement and the ongoing programme of work required to complete this task.

- 2. Consider the development of qualitative measures to complement quantitative data for example thematic analysis of complaints and incidents, patient feedback and empowering the patient voice
- 3. Ensure that adequate resource is available in developing, measuring and evaluating the measures

O			
Governance and Assurance			
Link to			promoting and
Enabling		wering people to live well in resilient communities	
Objectives		erships for Improving Health and Wellbeing	
(please choose)	Co-Production and Health Literacy		
		lly Enabled Health and Wellbeing	
		er better care through excellent health and care service mes that matter most to people	es achieving the
	Best \	/alue Outcomes and High Quality Care	
	Partne	erships for Care	\boxtimes
	Excell	ent Staff	
	Digita	lly Enabled Care	
	Outsta	anding Research, Innovation, Education and Learning	
Health and Car			
(please choose)	Stayin	g Healthy	\boxtimes
	Safe (Care	\boxtimes
	Effective Care		\boxtimes
	Dignified Care		
	Timely		
	Individ	dual Care	
	Staff a	and Resources	
Quality, Safety	and F	Patient Experience	
		d performance measures will provide opportunity	for targeted
scrutiny and imp	-	•	9
Financial Impli	cation	ıs .	
No direct financial implications.			
	ons (i	ncluding equality and diversity assessment)	
None specific			
Staffing Implications			
Improved performance in managing and support staff via PADR, sickness and			
mandatory training			
Long Term Implications (including the impact of the Well-being of Future			
Generations (V	Vales)	Act 2015)	
Report History		February 2019 – PCS Board paper	
		April 2019 – PCS Forum paper	
		' '	

Appendices	