

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol • Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General • Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff. CF99 1NA

Our Ref: DS/TLT

14 January 2014

Dear Darren,

PUBLIC ACCOUNTS COMMITTEE - WAO REPORT - UNSCHEDULED CARE: AN UPDATE ON PROGRESS – 3 DECEMBER 2013

At the Public Accounts Committee on 3 December I agreed to provide you with the following:

- i. The checklist used when auditing primary care;
- ii. The percentage of GP practices offering appointments after 5pm and their frequency;
- iii. Clarification of the definition of 'did not attend';
- iv. A timeline on the implementation of the 111 service and agreement to provide regular updates on the service; and
- v. Deanery figures for GP training.

i. Checklist used when auditing primary care

a. NHS Wales Shared Services Partnership (NWSSP)

NWSSP is an organisation that supports the statutory bodies of NHS Wales through the provision of a comprehensive range of high quality functions and services. NWSSP has a dedicated Primary Care Service Directorate which provides a range of specialist services to Local Health Boards.

Post Payment Verification (PPV) Audits

NWSSP has three regional based post payment verification teams which carry out audits on behalf of the Health Boards. The verification process checks the submission

of claims for reimbursement made by GPs and ophthalmic contractors are correct and have complied with relevant protocol requirements. A programme of post payment verification visits are agreed with the Local Health Board each year.

The Post Payment Verification audits cover GP enhanced services (£36m for 2012/13) and General Ophthalmic Services (£34m for 2012/13) across each Health Board. The PPV team also audit ophthalmic enhanced services (£4.5m for 2012/13). NWSSP provides a detailed Post Payment Verification Report to Audit Committees which enables Boards to take any necessary responsive action. The PPV report also highlights any financial recoveries which have been made. The results of the programme of PPV audits are summarised by Health Boards in their Annual Governance Statement.

Medical Performers' Lists

NWSSP ensures the inclusion and removal of Doctors, Dentists and Opticians onto / from the all Wales Primary Care Performers Lists.

Patient Records

NWSSP ensures the secure, timely and accurate transfer of medical records between GP practices, across Wales and the other home nations.

b. Counter Fraud Services (CFS)

NHS Counter Fraud Services Wales provide specialist criminal investigation, surveillance capability and financial investigation services to all health bodies in Wales. The CFS Wales team consists of experienced investigators who deal with large scale, complex frauds and all corruption issues in NHS Wales. The team work closely with other investigative bodies including the police and provide support and guidance to the network of Local Counter Fraud Specialists (LCFS) who are based at health bodies in Wales.

c. Local Health Boards

LHBs undertake audit work in relation to the achievement of annual Quality and Outcomes Framework (QOF) indicators and also provide annual primary care reports to their management boards.

Annual QOF Assessment

Health Boards carry out visits to GP practices to validate QOF achievement (£71m for 2012/13). Health Boards are supported in this work through statistical analysis undertaken by Welsh Government in relation to any "outlier" results. Health Boards also draw on work undertaken by NWIS in relation to QOF coding validation controls.

Primary Care Annual Reports

Health Boards publish annual Primary Care Reports. The annual Primary Care Reports:-

- Inform the Board of the processes in place to review and improve primary care services;
- Provide relevant assurance to the Board in relation to the safety, quality, effectiveness, timeliness, efficiency and equity of primary care services;
- Provide a degree of assurance to the Board in relation to patient experience; and
- Satisfy the requirement for LHBs to produce a service improvement and performance report for GMS.

ii. The percentage of GP practices offering appointments between 5.00pm and 6.30pm and on two or more days per week in 2012 in half hour time slots

I indicated to Committee that 94% of GP practices in Wales offer appointments between 5.00pm and 6.30pm. This published statistic for 2012 [Statistical Release: SDR 31/2013. Source: GP access returns from Health Boards] includes practices which offer appointments not only for the full half hour period but also for part of the half hour period. Consequently, the data relating to practices offering appointments during each whole half hour must be added to the practices offering appointments for part of the half hour period.

Summary of appointments offered 5pm to 6.30pm by half hour period, 2012

Number of practices offering appointments between 17:00 and 17:30, 2 or more days per week, 2012							
	Offering appointments for part of the period		Offering appointments for the whole period		Offering appointments at some time during the period		Total Practices
	Number	%	Number	%	Number	%	Number
LHB Name							
Betsi Cadwaladr	11	9%	99	83%	109	92%	119
Powys	1	6%	14	82%	15	88%	17
Hywel Dda	4	7%	46	84%	49	89%	55
Abertawe Bro Morgannwg	14	18%	55	71%	67	87%	77
Cwm Taf	10	21%	39	81%	48	100%	48
Aneurin Bevan	1	1%	87	97%	88	98%	90
Cardiff and Vale	4	6%	64	96%	67	100%	67
Wales	45	10%	404	85%	443	94%	473

Number of practices offering appointments between 17:30 and 18:00, 2 or more days per week, 2012							
	Offering appointments for part of the period		Offering appointments for the whole period		Offering appointments at some time during the period		Total Practices
	Number	%	Number	%	Number	%	Number
LHB Name							
Betsi Cadwaladr	24	20%	37	31%	60	50%	119
Powys	4	24%	7	41%	11	65%	17
Hywel Dda	14	25%	18	33%	32	58%	55
Abertawe Bro Morgannwg	20	26%	14	18%	34	44%	77
Cwm Taf	8	17%	27	56%	35	73%	48
Aneurin Bevan	42	47%	34	38%	76	84%	90
Cardiff and Vale	3	4%	45	67%	48	72%	67
Wales	115	24%	182	38%	296	63%	473

Number of practices offering appointments between 18:00 and 18:30, 2 or more days per week, 2012							
	Offering appointments for part of the period		Offering appointments for the whole period		Offering appointments at some time during the period		Total Practices
	Number	%	Number	%	Number	%	Number
LHB Name							
Betsi Cadwaladr	8	7%	6	5%	14	12%	119
Powys	0	0%	0	0%	0	0%	17
Hywel Dda	1	2%	3	5%	4	7%	55
Abertawe Bro Morgannwg	2	3%	1	1%	3	4%	77
Cwm Taf	2	4%	10	21%	12	25%	48
Aneurin Bevan	6	7%	3	3%	9	10%	90
Cardiff and Vale	5	7%	5	7%	10	15%	67
Wales	24	5%	28	6%	52	11%	473

Source: GP Access returns from Health Boards

Note : 1. the total number of practices shown in the column "offering appointments at some time during the period" is not always the number indicated by adding the first two columns. This is because a small number of practices appear in both the whole and partial period columns eg a practice may offer appointments for 3 days between 5 and 5.30 and the other 2 days between 5 and 5.20pm. (See Statistical release SDR 31/2013 for further detail and background).
2. The number of practices offering appointments in the later time period (6.00pm – 6.30pm) was published in the Statistical release SDR 31/2013.

Points to note in the interpretation of the data

- The published statistical data reflects only routine appointment slots and will therefore not include patients who present at surgery as an emergency.

- Where patients have complex clinical needs, it is likely that the allocated routine 10 minute slot will be exceeded and this will impact the timing of routine appointments.
- Where rates of patients who “do not attend “ are assessed by some practices as problematic, practices may over book routine appointment slots in order to mitigate the impact of patients who subsequently do not attend.
- The practical effect of the above is that where the last appointment is set within the half hour period, there is a strong possibility the surgery will overrun into the next half hour time slot.
- Practices will also need to deal with patient correspondence, including test results, patient records together with the normal range of office administrative tasks.
- The data does not take into account other clinical activity within GP practices such as nurse consultations.

This information will be shared with Local Health Boards to ensure there is added attention to matching availability to the needs of the practice population.

iii. Clarify the definition of “did not attend”

A patient who has booked an appointment but subsequently did not attend the surgery would be counted as a “did not attend”. Although practice policies vary, most practices will see a patient if only a few minutes late. Under these circumstances this would not be counted as a “did not attend”.

However, if significant lateness occurs, say over 20 minutes, and the patients has not contacted the practice to warn of late attendance, it is possible that practices would not be able to see the patient if they did subsequently attend. Under such circumstances, this would be counted as a “did not attend”.

iv. Timeline on the implementation of the 111 service and to provide regular updates on the service

This work is being taken forward as part of the wider unscheduled care work programme and is being led by Judith Paget, Chief Operating Officer, Aneurin Bevan Health Board. The proposed timeline below shows the key phases and estimated duration for each stage and is subject to agreement by the Improving Unscheduled Care Programme Steering Board.



The intention is to implement the 111 service through a phased approach, with phase 1 going live in the latter half of 2015, subject to business case approval. Phase 2 would seek to introduce additional functionality as services develop. I have instructed the Improving Unscheduled Care Programme Steering Board to provide you with updates during the course of this work.

v. **Deanery figures for GP Training**

The GP training posts available for August 2013 were as follows:-

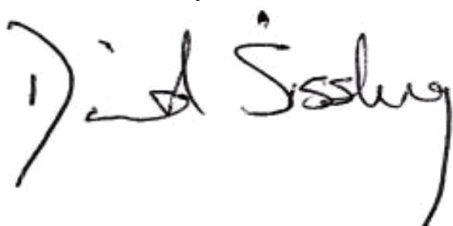
Health Board	Scheme	Number of Vacancies
Abertawe Bro Morgannwg	Bridgend	16
	Neath Port Talbot	6
	Swansea	18
Aneurin Bevan	Gwent	17
	Bangor	8
Betsi Cadwaladr	Dyffryn Clwyd	4
	Wrexham	8
	Cardiff	16
Cardiff & Vale	Cardiff	16
Cwm Taf	Glamorgan Valleys	15
Hywel Dda	Aberystwyth	6
	Carmarthen	10
	Pembrokeshire	6

Following the recruitment process, 4 posts in Aberystwyth remained unfilled and these posts were subsequently released to the Health Board. The Health Board is then able to recruit GPs to cover the posts. The Wales Deanery reported the vacancy fill rate for 2013 as 97%. This compares to 81% in 2012 and 80% in 2011. Between 2008 and 2012, 544 Certificates of Completion of Training (CCT) were awarded by the Wales Deanery with an additional 86 in 2013. These are GP trainees who have completed training and obtained entry onto the specialist register.

You wrote to me on 17 December 2013 after hearing evidence from Dr Mark Poulden. You have requested further information on the types of data being collected at emergency departments and how this data is being used. In response I can confirm a record is created for every patient who attends an Emergency Department. This records a range of demographic information, the time the patient spends in A&E, their diagnosis (if any) and all other clinical interventions. The use of the information collected in Emergency Departments is a matter for each Health Board. Welsh Government would expect this information to be used by clinicians and other staff within the Health Board for a variety of reasons including the clinical management of patients, the assessment of quality and safety of services and planning purposes.

As part of the All Wales Improving Unscheduled Care Programme, there is a project looking at information across the unscheduled care pathway. This will include information which relates to the Emergency Department.

Yours sincerely



David Sissling

Cc. Kevin Flynn, Director of Delivery, Welsh Government
Ruth Hussey, Chief Medical Officer, Welsh Government