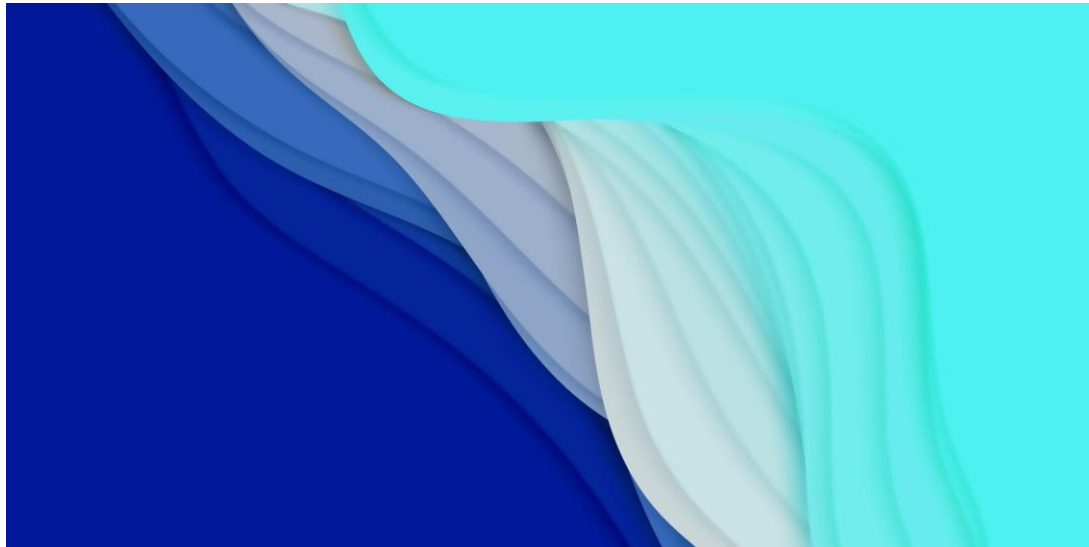


Quality Concerns in Primary Care

Spring Symposium 2024



Overview

Quality concerns arise from many sources

Co-ordinated approach between the PCS, CQT and training hub quality leads

Majority of concerns are closed early and returned to BAU

Those considered higher risk are escalated to the CQT and discussed at REQIP

Follow the National Quality Framework processes

Risk Assessment

Score	Likelihood	Impact
1	Rare: <ul style="list-style-type: none"> Will probably never happen Could only imagine it happening in rare circumstances 	Negligible: <ul style="list-style-type: none"> Very low effect on service/project/ business area No impact on patients/trainees/public/staff No reputational impact, i.e. no press interest No financial loss
2	Unlikely: <ul style="list-style-type: none"> Do not expect it to happen It is possible that it may occur 	Minor: <ul style="list-style-type: none"> Minimal disruption to service/project/business area Limited impact on patients/trainees/public/staff Minimal reputational impact Limited financial loss
3	Possible: <ul style="list-style-type: none"> Might occur Could happen occasionally 	Moderate: <ul style="list-style-type: none"> Moderate impact on service/project/business area Moderate level of impact on patients/trainees/public/staff Medium level of reputational impact Medium financial loss
4	Likely: <ul style="list-style-type: none"> Will probably happen in most circumstances Not a continuing occurrence 	Major: <ul style="list-style-type: none"> Major effect to service/project/business area Major level of impact to patients/trainees/public/staff Major impact on reputation, i.e. Major press interest Major financial loss
5	Almost certain: <ul style="list-style-type: none"> Expected to happen Likely to occur in most circumstances 	Significant: <ul style="list-style-type: none"> Loss of service/project/business area Detrimental effect on patients/trainees/public/staff National press coverage Significant financial loss

Likelihood	5	G	A	A/R	R	R
	4	G	A	A/R	R	R
	3	G	G/A	A	A/R	R
	2	G	G/A	A	A	A/R
	1	G	G	G/A	G/A	A
		1	2	3	4	5
		Impact				

Intensive Support Framework

ISF 0

No Concerns
The education and training delivered by the provider meets all the NHS England standards.

ISF 1

Minor Concerns
One or more areas where the provider does not meet NHS England standards. Active plans in place to meet these standards, which are consistently delivered against.

ISF 2

Significant Concerns
Significant number of areas where the provider does not meet NHS England standards and / or plans in place are not delivering sustainable improvement at the pace required.

ISF 3

Major Concerns
Provider has fallen, or is at risk of falling, well below the standards expected by NHS England. Provider has not delivered on the improvement trajectory agreed with NHS England and there is a significant risk/significant impact on the quality of education and training.

ISF 4

Training Suspended
NHS England has taken the decision to suspend training / remove trainees within the affected clinical learning environment due to concerns regarding the quality of education and training and / or the safety of that learning environment.

Scenario 1

A learning organisation receives a CQC rating of inadequate in 4/5 domains

The team is aware that they host FY2 and GPSTs

Scenario 1 (cont)



ISSUES RELATE TO SAFE PRESCRIBING AND MONITORING OF HIGH-RISK DRUGS, UNDERSTAFFING (CLINICAL AND ADMIN), GAPS IN HR RECORDS, AND LACK OF EVIDENCE OF MANDATORY TRAINING FOR MANY STAFF



NO PATIENT SAFETY INCIDENTS BUT HIGH RISK OF SOME HAPPENING



CQC HAVE ADVISED IF NO SIGNIFICANT IMPROVEMENTS RISK OF LOSING CONTRACT

Scenario 1 (cont)

- Potential Risks
 - Stress and morale of all staff and how as a wider team this may impact upon learners
 - Time and space for educators to support learners fully
 - Ability of the learning organisation to support the development of educators
 - Modelling of unsafe practices within the system
 - Exposing learners to unnecessary patient-safety incidents
 - Disproportionate workload for learners interfering with opportunities for learning
- Potential Benefits
 - Learning opportunity to develop organisation, management and leadership capabilities
 - QIA
 - Understanding of wider systems in primary care

Scenario 1 (cont)

Risk Score = Likelihood vs
Impact

Likelihood	5	G	A	A/R	R	R
	4	G	A	A/R	R	R
	3	G	G/A	A	A/R	R
	2	G	G/A	A	A	A/R
	1	G	G	G/A	G/A	A
		1	2	3	4	5
		Impact				

Scenario 1 (cont)



Feedback

Learners
TPDs
Educators



Triangulation with other sources

NHSE
ICB Quality Team

Scenario 1 (cont)



TPDs including Foundation TPDs supportive to the organisation and no concerns raised from learners



Learner feedback mixed

Some doctors supportive and provide good debriefs

Others less approachable/available and not always debriefing

Workload perceived to be high with disproportionate number of home visits for learners

Tutorials happen

Joint surgeries hit and miss, sometimes being cancelled at short notice



Educators

Good insight of difficulties and try to protect learners as much as possible

Decided themselves to pause having learners for at least 6 months

Scenario 1 (cont)

Risk Score = Likelihood vs
Impact

Likelihood	5	G	A	A/R	R	R
	4	G	A	A/R	R	R
	3	G	G/A	A	A/R	R
	2	G	G/A	A	A	A/R
	1	G	G	G/A	G/A	A
		1	2	3	4	5
		Impact				

Scenario 1 (cont)

- Action Plan
 - Training hub/local TPDs/Deanery to support educators
 - Review meeting in a few months to check progress towards CQC action plan and readiness to start training again
 - Debrief with learners following moving to new placement
 - Seek feedback from any new learners in practice once practice ready to have them back

Scenario 1 (cont)



6 Months later taken out of special measures



Robust educational policies introduced within the practice supporting both learners and educators



TPDs fully supportive of returning to training



Feedback from new learners also positive



Returned to BAU for quality monitoring

Scenario 2

NHS WTE made aware of allegations of bullying culture within the organisation and concerns raised to ICB

Learning organisation currently hosts medical students, nursing students and GPSTs

One educator off sick and another self-referred to GMC regarding a complaint

Scenario 2 (cont)

- Background
 - Previous concerns regarding using learners for service provision
 - High ratio of learners to qualified doctors
 - Poor supervision of learners
 - High workloads for learners - Difficulty getting to half-day release
 - Action plan put in place to limit number of learners and to ensure fully supported

Scenario 2 (cont)

- Current Issues
 - Ongoing partnership dispute with bullying and harassment claims both sides
 - Educator on sick leave and one currently being investigated by GMC
 - Division in the organisation between those supporting education and those viewing learners as cheap labour
 - Not known whether learners are being taken from other regions in addition to EoE
 - The organisation does not want to relinquish any learners

Scenario 2 (cont)

Risk Score = Likelihood vs
Impact

Likelihood	5	G	A	A/R	R	R
	4	G	A	A/R	R	R
	3	G	G/A	A	A/R	R
	2	G	G/A	A	A	A/R
	1	G	G	G/A	G/A	A
		1	2	3	4	5
		Impact				

Scenario 2 (cont)

CQC - Good in all areas

Learner Feedback

- High workload
- Awareness of partnership problems and negative atmosphere in the building making it stressful
- Educators very supportive, but non-training doctors much less so
- Getting regular teaching, assessments being completed on a timely basis
- Do not want to be moved at this time

Educator Feedback

- Struggling a bit now the other educator off sick but remains enthusiastic about education and wishes to continue to support learners
- No learners other than from HEI/EoE

TPD Feedback

- Aware of situation and supporting appropriately.
- Learners not raised any significant concerns to them

Scenario 2 (cont)

- Escalation to Central Quality Team for discussion at REQIP (Regional Education Quality Improvement Panel)
- REQIP makes a recommendation to the PGD on risk rating and ISF status

Scenario 2 (cont)

- BUT
 - Whilst awaiting this NHS WTE made aware by nursing HEI that allegations of improper conduct had been made by a former nursing student against one of the senior doctors
 - HEI suspended all placements for nursing whilst being investigated
 - Nature of the allegation was very specific as to what had happened
 - Medical school made aware and suspended their learner placements

Scenario 2 (cont)

Risk Score = Likelihood vs
Impact

Likelihood	5	G	A	A/R	R	R
	4	G	A	A/R	R	R
	3	G	G/A	A	A/R	R
	2	G	G/A	A	A	A/R
	1	G	G	G/A	G/A	A
		1	2	3	4	5
		Impact				

Scenario 2 (cont)

- Discussed at REQIP and ISF 4 rating recommended (Training Suspended)
- Once approved by the PGD learners moved with immediate effect
- Organisation placed on National Risk Register
- Action plan agreed co-ordinating different stakeholders to reduce the number of meetings taking place
- Regularly reviewed at REQIP
- When organisation has made sufficient progress against the action plan the RR and ISF rating may be downgraded and they can return to training

Scenario 3

Workforce AD becomes aware through a slightly circuitous route that an educator within their patch has been supported by the ICB Quality Team for health issues

They have been unable to work for several weeks and are the sole educator for a practice

Scenario 3 (cont)

CQC - Good across all areas

TPD Feedback

- Some concerns re lack of insight into issues
- Concerned that one of the GPSTs is in ST3 and has differing needs, also lacking some insight
- Other GPST has raised some informal concerns re induction

Learner Feedback

- Poor support from other doctors in the practice for clinical supervision/half a day where no cover at all
- Lack of debriefs
- Minimal induction
- No opportunity to complete any WPBA
- Wider support staff have been very helpful
- ST3 is very happy, and the other trainee would like to remain at present

Scenario 3 (cont)

- Meeting with Educator
 - Has been cleared to work but only in an educational capacity
 - Has met with trainees to see how can be supported
 - Will only be in 1.5 days per week
 - Will be speaking to locums about clinical supervision
 - Looking to recruit other trainers to join the practice
 - Has advised trainees to bring back patients for CEPS
 - Not concerned if ST3 moved but really keen for the other trainee to remain as they are a good trainee

Scenario 3 (cont)

Risk Score = Likelihood vs
Impact

Likelihood	5	G	A	A/R	R	R
	4	G	A	A/R	R	R
	3	G	G/A	A	A/R	R
	2	G	G/A	A	A	A/R
	1	G	G	G/A	G/A	A
		1	2	3	4	5
		Impact				

Scenario 3 (cont)

- Action Plan
 - Educator increasing time spent in practice to support
 - Reassurance that at no time trainees not having access to clinical supervision
 - Evidence of regular debriefing and appropriate opportunities to undertake WPBA
 - Regular validation of clinical case reviews
 - Evidence of a EWTD compliant timetable with protected learning time
 - Support recruitment/upskilling of further educators in the practice
 - Support from PSW for educator
 - Continue with one learner at present - TPDs/AD to support learner and seek regular feedback

Scenario 3 (cont)

Call received from educator shortly afterwards

Unable to manage training currently due to other pressures

Asking for immediate removal of all learners from the practice

Learners able to be placed at short notice in alternate organisations with the help of the local teams

Plan to meet educator in a few months to discuss readiness to host learners again

Scenario 4

- An anonymised statement from the GMC NTS cites bullying by the practice manager

Scenario 4 (cont)

Deanery needs to report on any specific concerns re bullying and harassment and actions taken to the GMC

Deanery policy is that a two-week response is required by the relevant organisation

Scenario 4 (cont)

- Issues for Primary Care
 - Anonymity cannot be assured
 - Can be challenging for organisations wanting to address a specific concern with a learner still in post
 - Learners not aware of this - Should this be highlighted to them?
 - Response needs to be proportionate
 - Primary care learning organisations potentially more sensitive to feedback than larger Hospital Trusts
 - Depends on nature of comments

Scenario 4 (cont)

- From the comments the practice and the AD/TPDs knew who had made them
- Learner already receiving lots of support and had expressed a wish to remain at that learning organisation on extension
- Training hub quality leads met with the practice to speak to different members of staff admin/clinical
- Central Quality Team advised following this
- GPSTs have the right to raise a bullying and harassment case with the Lead Employer if they feel they wish to do so

Summary



Given the large number of learning organisations the number of concerns raised is small



Most concerns are dealt with locally and returned to BAU quickly



More serious concerns are escalated centrally



It is rare that learners are removed from organisations



Primary care organisations small and so can rapidly progress from being fine to being in crisis - How do we build resilience ? PCN models of training.



Aims are to support educators and learners and to drive quality improvement