PC 23
Ymchwiliad i ofal sylfaenol
Inquiry into primary care
Ymateb gan: Cymorth Cymru
Response from: Cymorth Cymru

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Cymorth Cymru consultation response

National Assembly for Wales Health, Social Care and Sport Committee

Inquiry into Primary Care

The Committee's inquiry will focus on the role of clusters (groups of GPs working with other health and care professionals to plan and provide services locally) as a means of transforming primary care. There are 64 cluster networks across Wales, serving populations of between 30 and 50 thousand patients. Clusters are determined by individual local health boards in each area.

About Cymorth Cymru:
Cymorth Cymru is the umbrella body for providers of homelessness, housing related support and social care services in Wales. Cymorth Cymru acts as the 'voice of the sector', influencing the development and implementation of policy that affects our members and the people they support. We work in partnership with members and other stakeholders to prevent and reduce homelessness and improve the quality of life for people who are marginalised or at risk of housing crisis across Wales.

Cymorth has around 120 members across Wales, made up of third sector organisations, housing associations and local authorities. Our members work with a wide range of people, including people who are homeless, or at risk of homelessness; families fleeing domestic abuse; people dealing with mental or physical health problems; people with learning disabilities; people with alcohol or drug problems; refugees and people seeking asylum; care leavers and other vulnerable young people; and older people in need of support.

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Cymorth Cymru welcomes this opportunity to respond to this consultation on primary care, and will be focusing on specific points of interest from the Committee to form our response. We will highlight current challenges and positive models of working and make recommendations we believe could reduce current demands on the NHS (particularly GPs, but other areas too) and develop on current good practice. Our response will mainly look at how these models of working will benefit those with complex needs and the most vulnerable in our society.

These individuals often require support that is outside the remit of expertise of most GPs (putting further pressure on GP surgeries). As it stands the current primary care system is not adequately sufficient to meet the needs of these individuals and a lot of the complex issues in their lives are not being addressed as a result. Even when their needs are addressed, it can mean a journey through bureaucratic systems rather than with streamlined, specific support.

Primary care has a duty to address a variety of health issues. This vast array of issues comes with their own complexities, requiring individualised approaches and a wealth of knowledge. Also, often the root causes of health issues are social in nature (linked to poverty, debt, homelessness, abuse, for example). We recognise providing high quality primary care can strain NHS services – but there is a better way.

The first step is to acknowledge that primary care (as traditionally constituted) does not have all of the answers, but is often relied upon to provide those answers as a first port of call. GPs generally do not have the resources to hand or are necessarily the best equipped to deal with this plethora of complex issues. A survey of primary care professionals in 2014, conducted by Wales Mental Health in Primary Care Network (a special interest working group within the Royal College of GPs in Wales), found lower levels of confidence in relation to understanding, promoting and signposting for the social and economic factors relating to mental health and wellbeing. It recommended better integration with local authority and third sector services that support people to deal with social and economic issues such as housing and welfare reform. We believe the cluster model can meet many of these needs, whilst also reducing pressure on GPs.

Full response

How GP cluster networks in Wales can assist in reducing demand on GPs and the extent to which clusters can provide a more accessible route to care (including mental health support in primary care).

It's clear from case studies that cluster networks reduce the strain on GPs. Places across Wales such as Monmouthshire are implementing cluster-style GP 'hubs' that follow the principles of the Social Services and Well-being (Wales) Act 2014.

The Act requires a way of working that is focused on the needs of the individual. It requires a combination of services that fit a person's needs, rather than trying to shoehorn patients into existing services, care plans or diagnosis. People with complex needs often have more than one 'lead need' that requires support. In their annual report for 2015/16, Monmouthshire North and South hubs have shown that they are meeting all their current objectives with positive outcomes. GPs have access to a broad range of specialist services from dementia to housing, ensuring the patient is receiving bespoke treatment and that GPs are not overreaching in their levels of expertise and knowledge.

We believe cluster networks provide more holistic care for the individual seeking support. If an individual has access to several professionals, specialising in the different aspects of treatment or care required, it means access to expert support is made much easier. To put it simply, initial early support is no longer the sole responsibility of the GP. A robust and fully functional cluster, with good social and local organisational links allows people to find the help they need, without necessarily waiting for long periods of time or navigating bureaucracy. This particularly applies to those in crisis who are most ill-equipped to handle being jostled between services.

However, though Cymorth and our members advocate localised GP cluster networks we also recognise the potential issues that come with one person being referred to multiple services. People with complex needs, at high risk of homeless or receiving high levels support for mental health issues for example, may find having to liaise with multiple services or specialists overwhelming or distressing. In the cases of people with complex needs, a central point of contact will be necessary.

The Gofal *Journeys* project is a positive example of how the support of a case worker paired with peer support can help individuals who ae feeling overwhelmed by their healthcare plans, take control of their own health, with support. Participants of the *Journeys* group *Smile* described the programme as 'non-judgmental' and 'better than medication'.

One way in which cluster networks can work is through social prescription, a model we also advocate. Social prescription is the act of GPs 'prescribing' other initiatives alongside or in place of medication. An affective example of social prescription is alternative methods of coping with symptoms of depression. An individual coming to their GP with symptoms of depression may be

experiencing this due to issues in their life such as debt, risk of homelessness or loneliness. If this is the case the GP can then refer the individual to housing options, debt counselling or a befriending scheme (as basic examples) instead of, or in addition to, anti-depressants.

Through social prescription, patients of GPs are referred to community groups as well as medical professionals and support provider organisations. This could be anything from referring a patient who is worried about their weight to a local specialised sports team or weight loss group or recommending a befriending service or community centre activity an elderly person at risk of loneliness and isolation. By taking the time to 'socially prescribe' these community groups and services, GPs are actively taking preventative steps that can reduce the risk of larger problems developing, thus reducing further demand on NHS services in the future. This type of preventative action falls in line with the core aim of all main acts of the last Assembly, being the Social Services and Well-being (Wales) Act 2014, Housing (Wales) Act 2014, Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and Wellbeing of Future Generations (Wales) Act 2015. All these Acts strive towards a more collaborative way of working which puts the individual at the centre of all decisions made, moving towards a way of working that promotes long-term health and well-being of the individual rather than short-term temporary solutions.

Also in line with these Acts is the synergy between social prescription, Prudent Healthcare and the "Can and Can Only" model. Prudent Healthcare is healthcare that fits the needs and circumstances of patients and avoids wasteful care. It is the difference between GPs offering prescribed medication to deal with the immediate symptoms of a problem and in looking for the appropriate solution. We believe in the preventative power of Prudent Healthcare so long as it offers the most *appropriate* (and then cost-effective) care, not the cheapest.

Prudent Healthcare as an idea will stand or fall by the way in which public services work well together and which is why we feel it would be most effective when used in conjunction with GP cluster networks.

Also alongside this the "Can and Can Only" principle has the potential to reduce the number of people on care and support plans by creating more opportunities for accessing preventative services. By seeing what care the family and the individual can provide for themselves and then offering support for the gaps which cannot be met, we believe the value of the model is that it enables the individual to live within a more person-focused and fulfilling network of care as opposed to being fit into a pre-structured care package. This meshes closely with the aims of Prudent Healthcare and it will work best when services are working together to deliver services and new approaches.

Integrating all these ways of working in a broad and flexible way, will maximise the potential positive impact and success of GP cluster networks.

The emerging multi-disciplinary team (how health and care professionals fit into the new cluster model and how their contribution can be measured).

Many of Cymorth's members provide a much needed service within health and social care funded by the Supporting People grant. In March 2016 the Welsh Government published the *Supporting People Data Linking Feasibility study,* which measured the positive impact of Supporting People funded services. Of particular relevance is that a significant proportion of those who use SP services reduce their accessing of local NHS services. The overall aim of the study was to assess the feasibility of using the method of data linking to deliver a quantitative component to the evaluation of Supporting People. Specifically, to determine the feasibility of using linked administrative data to demonstrate the impact of the Supporting People programme on the use of health services.

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A trend in the study showed that individuals' use of the NHS rose temporarily 2-3 months after accessing a Supporting People funded service. This was either due to people addressing their health needs after being homeless for a prolonged period of time, or because they were accessing more preventative services, such as mental health services. After this period the trend showed that overall participants use of NHS services steadily decreased as their health need were being met and future health problems were being prevented. Not only does this demonstrate the importance of the role Supporting People funded programmes have in implementing this new primary care delivery strategy, highlighted in the Social Services and Well-being (Wales) Act 2014, but it also shows how data linking may be applied to measuring the contribution and positive impact of cluster models.

The current and future workforce challenges.

Currently, challenges facing the health and social care workforce are systemic. We wrote a response to the Health and Social Care Committee's *Inquiry into the sustainability of the health and social care workforce* consultation, a lot of which has high relevance to GP Cluster groups.

The Social Services and Wellbeing (Wales) Act recently came into force in April 2016 outlining the vision for the delivery of social care. As mentioned previously, prevention is at the centre of this, encouraging a different way of working. However we believe more work needs to be done with organisations and employers to ensure they are fully informed about what that Act means for their organisation and any changes that will need to be made to comply with the Act. GPs and clusters should be at the centre of this.

Our concern is that, with what must feel like an overwhelming amount of individuals needing support with complex needs passing through the surgery each day, a new way of working may feel like a step too far. However we do strongly recommend that GP's are supported in becoming part of a local cluster network and in turn using this as a gateway to social prescription. We believe making the extra effort in the short-term will have large long-term benefits to the amount of pressure being relieved from GP surgeries.

The funding allocated directly to clusters to enable GP practices to try out new ways of working; how monies are being used to reduce the pressure on GP practices, improve services and access available to patients.

As addressed throughout our response, we advocate the adoption of a prevention principle with funding. Following this approach sets GPs on a path that locks in prevention, looking at the numbers of patients whose longer-term needs are addressed (whether medically or socially), rather than total numbers of patients treated medically.

Workload challenges and the shift to primary prevention in general practice to improve population health outcomes and target health inequalities.

As clarified throughout this response, Cymorth are focused on how these models can reduce pressure on primary care. In addition, we are deeply interested in how they benefit the sometimes overlooked healthcare needs of the most vulnerable people in our society. A shift towards primary prevention can be seen in the major acts of the last Assembly, particularly the Social Services and Well-being (Wales) Act 2014. Two large part of the act are *Assessing the Needs of the Individual* and *Cooperation and Partnership*, GP cluster networks and social prescription are in line with these vital principles of the Act. The results of cluster networks and social prescription are wholly preventative, and the improved access to specialist expertise heightens the likelihood of more complex needs being met, doing a huge amount to target and improve upon health inequalities. This is also absolutely in line with the *Prudent Healthcare* approach outlined in the last Assembly.

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The maturity of clusters and the progress of cluster working in different Local Health Boards, identifying examples of best practice.

This is an area which Cymorth would be interested in exploring further in the future. With our large membership base, spanning across local authorities and providers, there are many organisations that we could approach for evidence in order to paint a comprehensive picture of the progress of cluster working.

Conclusion

In conclusion, we feel vulnerable people in our society will benefit hugely from a shift towards a preventative way of working that includes the use of GP cluster networks and social prescription through the lens of Prudent Healthcare. The right combination of these models can ensure the effective tackling of healthcare inequalities that currently exist among those who have complex needs that are not being met. As well as this, these preventative models, in line with the Acts championed by the previous Government, show a commitment to investing in the longevity of our NHS healthcare services, taking steps to introduce long-term healthcare will reduce reliance of individuals on their local GP surgery.

We have also highlighted the importance of the role of the Supporting People Programme when implementing this way of working. Services funded by SP are already aiding GP surgeries in this transitional phase by supporting individuals in accessing preventative services and community led initiatives in the style of GP cluster networks.

ENDS
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