GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
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HEALTH, SOCIAL CARE AND SPORT COMMITTEE – INQUIRY INTO PRIMARY CARE

1. **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)**

Across North Wales, Clusters are working to address some of the key issues affecting primary care sustainability and patient need. In providing examples of how working at Cluster level can and is leading to improvements, it is important to set that into the context that scaling up such activity, so that the impact becomes greater (i.e. beyond Cluster boundaries), would require a significant shift in how core resources and planning within the Health Board and Welsh Government are directed and utilized; Cluster funding alone would not facilitate such a development at its current level , thus limiting potential for further improvement.

Notwithstanding this observation, Clusters in North Wales are working to improve access to care in a number of ways:

a. Developing the primary care workforce to better meet patient need and divert patients from GPs where an appropriate alternative can be provided:

This work is demonstrated through the recruitment of pharmacists, physiotherapists, mental health professionals and advanced or specialist nursing staff, with some examples being as follows:

- In November 2016, the BCUHB's Primary Care Counselling Service won the inaugural Award for the most outstanding contribution to improving physical and mental health. This was in response to the rapid expansion and development of the service following investment from Cluster Funding by two of Central Area Clusters, who each committed £40,000 per annum to increase capacity in the service.

- Recruitment of a Cluster Diabetes Nurse who supports the management of this condition across the Cluster. The Nurse works with patients in the community (including care homes settings) to provide additional support to improve self-management.

- Clusters have also funded Pharmacy posts to work with the practices to identify where they can support the GPs including medicines management for specific population groups and specialist pieces of work to address an identified need at practice level.

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b. Working with Community Services / bringing care closer to home

Clusters are working together with community colleagues to support GPs by bringing services out to practices. One Cluster has funded a Leg Ulcer service that is managed by the District Nursing team from a local community hospital. The Cluster refers patients into this tailored service, freeing up Practice Nurses to be able to see more patients attending the surgery with minor ailments.

The appointment of an Advanced Nurse Practitioner (ANP) to work specifically in care homes. Attached to the Community Nursing service, the ANP is working with homes to improve confidence in supporting patients in the home. This has reduced the number of GPs visits, reduced avoidable admissions to hospital and improved outcomes for frail patients and their families. . From July to October, the ANP saw 770 patients on behalf of the GPs. Whilst this supports the GPs in their capacity, the ANP is educating the care homes staff

The development of a cluster funded pain management service to support patients in group settings as well as on an individual basis through education on the management of their pain.

c. Providing options for patients who are accessing primary care where needs are best met outside of the NHS

GPs are increasingly presented with patients who have social problems and patients who require sign posting for more appropriate care. Clusters have recognized this is a priority and haves funded the use of social prescribing such as referral to a Third Sector organization for a holistic assessment of needs or the appointment of Community Navigators to support practices to navigate patients to the most appropriate setting to best help them with their needs.

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

Prior to the establishment of Clusters under the GMS contract, North Wales had established 14 multi-disciplinary locality teams. The development of Cluster working has resulted in a mixed response across North Wales, with some areas merging the two and others keeping the roles and functions separate at this stage.

As stated, some Clusters and localities have merged and are evolving a multi disciplinary approach with the involvement of community nurses, therapists, medicines management, third sector and social care representatives who input into meetings and influence action plans.

One of the issues that needs to be thought through is the requirement of the GMS contract for two representatives of each practice in a cluster to meet six times per annum. This can make an effective multi disciplinary meeting quite unwieldy in some clusters, and Area teams are working with their cluster leads to consider how contractual requirements and the development of multi-disciplinary and multi-agency working can progress at pace.

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3. The current and future workforce challenges

Across BCU there are 109 GP practices providing a service to a population of approximately 700,000 patients. The shortage of skilled staff in many specialities, ongoing developments in medicine, higher public expectation, increased demand for services and continuing austerity are just some of service challenges that will require innovative workforce solutions.

Over the past year a number of GPs have transferred from GMS practices to Health Board managed practices. GPs within the Health Board practices are now classed as Health Board employees and are engaged on different terms and conditions to colleagues who remain within GMS practices. Recently a further 3 practices have signalled their intention to move from GMS to managed practices.

The work required to manage this change is undertaken by the area Primary Care Assistant Directors supported by a newly created Workforce Team. This change is creating a significant challenge to the Health board in providing the resources to support this transfer. Evidence is also suggesting that the Health board managed practices are currently more expensive to run than GMS contracts in the short term due to the utilisation of locums and the cost of other clinical professionals such as physiotherapists and pharmacists being deployed to develop a multi-disciplinary team approach to the primary care model.

A new approach to meeting this challenge has been adopted in Prestatyn in response to the resignation of 3 practices at the same time. A decision was made to amalgamate the practices to provide 1 enhanced service for the 21,000 patients. The service model was changed and a multi disciplinary employment model implemented as an alternative to the traditional model of GP and nursing staff. Early indications are that the pilot appears to have been successful and the Health board envisages that this will provide the model for the future provision of primary care services.

The workforce challenges are also being addressed through complementary funding streams, Including Extended Scope Physiotherapists, Primary Care Pharmacy, Audiology, the development of the Practice Nurse Role in Primary Care, and the Outstanding GP Scheme.

- The Outstanding GP Scheme is a project to attract new General Practitioners from outside the area into North Wales, creating an attractive alternative career. The practitioners develop a specialty interest that can be practiced within the primary care, cluster and hospital settings. Each GP is placed with a practice for at least 12 months with a focus on supporting those practices, with particular workforce and recruitment challenges.

- Advanced Physiotherapy practitioners in primary care. This scheme is designed to improve patient access to muscoskeletal expertise, reducing the workload of GPs and transferring services from secondary care to primary care, , through reduction of hospital referrals and early intervention and treatment closer to the patients' homes. Indications to date are that these posts reduce the need for GP appointments by 30% and referrals to core services by 12%.

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To date 40 practices have at least 1 day a week of a physiotherapist in attendance.

- Advanced Pharmacists in Primary Care. Within North Wales we have twelve non-medical prescribers across the area working at Advanced Pharmacist Practitioner (APP) level. The pharmacists work within the GP surgery offering chronic disease clinics with clinical supervision provided by a GP mentor. The strategic plan is to develop the APP role to include:
    - Non-medical prescriber offering chronic disease clinics
    - New patient reviews
    - Support the repeat prescription process
    - Hold minor illness clinics
    - Provide expert advice for patients, health and social care staff around medicines.
    - Liaise with Community Pharmacy to ensure seamless care.
    - Support care home medication reviews

Advanced Pharmacists are embedded into the Healthy Prestatyn Practice, using their skills to review medication, support other professionals in relation to prudent prescribing and reduce medicines related GP workload.

There are a number of well documented and referenced challenges in relation to recruitment and retention of GPs and other clinical staff in primary care:

- Workforce information held by the Health Board indicates that there is a high proportion of the GP workforce in the region who are at or approaching pensionable age, a situation exacerbated by recent changes to pension legislation. There is also evidence to suggest that female GPs retire at an earlier age which will present future challenges as an increasing proportion of the GP workforce is female.

- Staff turnover is increasing

- Reduction in GPs seeking partner opportunities, opting for salaried positions as an alternative; one impact of this is that the costs associated with this type of employment to the Health Board are increased.

- Increased demand for part-time working, not least as a result of the increasing proportion of female GP Registrars who are more likely to seek part time hours

- Across the Health Board, 12% of our current nursing and midwifery staff are above retirement age and there is no evidence to suggest that this will not be the case within the primary care nursing group. As nurses are increasingly being identified as part of the multi-disciplinary workforce in primary care, a shortage of appropriately trained and experienced nursing staff will present a significant challenge to developing new models of care.

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4. **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**

   The Cluster funding enables GP practices to research new models of care and carry out small tests of change to be able to improve Primary Care as a whole and at local levels. Clusters can learn from each other when looking at new services and improving access for patients.

   Funding however is limited in relation to the overall resources available for use at community and primary care level. The larger gains are to be found in shifting how the overall resources are used and the ability for Clusters to influence that type of change is still to be tested and explored.

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

   The ability for primary care to impact on health inequalities in an area is limited by demand on individual practices and clusters to respond to threats to primary care sustainability. Cluster working is seeking to increase the dialogue and planning in this regard and some work is being undertaken.

   Clusters are increasingly working with Public Health Wales colleagues and use population health data to influence decisions and target health inequalities.

   Two of the Clusters in Central Area, identified Obesity as a priority, with Central and South Denbighshire focusing on childhood obesity, working with Public Health and Dietetic services to develop a service model and pathway for referral. In North Denbighshire an exploratory study, called Dietetic Support in the Community (DISCO) was delivered in one Primary Care practice, looking at attitudes towards, and perceptions of current Weight Management Services. This has been evaluated and a report is available.

6. **The maturity of Clusters and the progress of Cluster working in different Local Health Boards, identifying examples of best practice**

   A paper was presented to the BCUHB executive in July who agreed that, within the next 2 years all clusters will:

   - Have increased support and capacity for the cluster leads to develop and deliver cluster plans;
   - Have agreed a governance framework with the Health Board which clarifies their decision making processes, authority to act and accountability arrangements;
   - Have commissioned new services utilising the WG Cluster Funds and evaluated the impact. This will include improvements to procurement and recruitment processes across primary care and the Health Board;
   - Provide a key role in planning local services with a strong influence on the Area and Health Board planning processes e.g. the annual cluster plans will be fed into the Health Board's planning cycle;

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- Inform service delivery and management at a cluster level, with the potential for devolving budgets;
- Provide a cluster approach to support GP practice sustainability, which will include the development of federated models;
- Demonstrate improvements against agreed Performance Indicators and outcome measures relating to service provision and population health, supported by a primary care dashboard;
- Ensure a multi-disciplinary approach to cluster planning, service delivery and improvement.

The 14 clusters in the Health Board area are at different levels of maturity due to a number of factors. Some clusters have had continuity of leadership over a number of years and some have only recently been able to appoint leads. Local relationships and local issues impact on the strength and direction of clusters.

In 16-17 the Health Board has appointed a number of posts to support clusters and primary care in general. This additional capacity will enable clusters to progress priorities and develop effective structures to identify priorities and respond on a collective basis.

The Primary Care Transformation plan for 2017-18 sets out an objective to step up the working of clusters as multi-disciplinary and multi-agency groups and to support the development of the leads in the clusters.

In 16/17 a number of clusters held workshops to assess their current levels of maturity and agree their long term goals, one of the Clusters decided to trial 2 leads and this has so far proved a huge success. The cluster was not previously well developed but since the 2 new leads have come into post the cluster has gained strength and momentum. The clusters meet on a regular basis as do the leads with the cluster support team; this enables the quick facilitation of progress and improvements which is encouraging for the Cluster to see.

7. Local and National leadership supporting the development of the Cluster infrastructure; how the actions being taken complement those in the Welsh Government's primary care plan and 2010 vision, Setting the Direction

Principles set out in the Welsh Government vision range from GPs dealing with undifferentiated problems supported by an integrated community team to a focus on prevention, early intervention and improving public health not just treatment. This is being reflected in the work progressed by the Clusters; commissioning of Community Navigators and Cluster Diabetes Nurse as examples. The GPs can call on the expertise of the wider community team when required and early intervention work is ongoing with specialized health professionals.

Another principle focuses on health and social care working together across the entire patient journey ensuring that services are accessible and easily navigated. Clusters work closely with colleagues in Secondary Care to ensure the right treatment at the right time is provided and close links with Social Care colleagues such as SPOA facilitate discharge and bringing care closer to home.

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8. **Greater detail on the aspects being evaluated, the support being supplied centrally and the criteria in place to determine the success or otherwise of clusters, including how input from local communities is being incorporated into the development and testing being undertaken.**

The Clusters now have a wider support team with dedicated Cluster Co-ordinators and a Senior Cluster Co-ordinator. This ensures the progress of the development of the Clusters and provides the ability to facilitate the delivery of action plans. In North Wales a cycle plan has been developed to focus the Clusters on what is required during each quarter under the headings of when, what, how and deliverable.

The appointment of Cluster Co-ordinators has provided valuable capacity to the Clusters, to enable them to think more strategically about their role in setting local priorities and responding to the challenges and demands of primary care. The next steps for the Clusters will be to develop their maturity in planning, procuring and monitoring local services. As part of this maturity, the Clusters will be developing service models, taking account of how primary care fits with health, social care and third sector services, reducing duplication and ensuring efficient utilization of resources, including Cluster Funds, ICF, etc. In Central Area, Cluster Co-ordinators are meeting with the Local Authority, to look at seamless Community Navigator/Social Prescribing services, reducing duplication and developing clear referral pathways, by working with SPOA.

The Clusters are starting to quantify the impact of the initiatives funded by the Clusters, by understanding demand, activity, waiting lists, etc, including Community Navigator, Leg Ulcer, ANP and Counselling services, and feeding back to the Clusters, to enable learning and ongoing evaluation and support for services to evolve in response to changing demand. The Clusters are also looking at 'soft' outcomes, including quality of life and impact on sustainability of fragile primary care services. Future services will be 'commissioned' with clearer outcomes.

An audit of a sample of clusters was undertaken 18 months ago and will be repeated over the coming months, to review the governance, effectiveness and development needs of a sample of clusters now that they have more time to mature and have dedicated support in place to facilitate their working.

Yours sincerely

Ffion Johnstone
Cyfarwyddwr Ardal (Gorllewin) / Area Director (West)