



Optometry Wales

Welsh Government Primary Care Clusters – Optometry Wales Response

Optometry Wales (OW) is the professional, umbrella organisation for all optometrists, dispensing opticians and optometric practices across Wales. OW welcome the opportunity to input into the review of the work of the clusters in Wales. We support the view that more services and care, where appropriate should be delivered in a primary care setting. We acknowledge the need to adequately prepare for the demands that this will bring. Our responses to individual questions are outlined below.

We agree that, whilst there will always be a need to recruit directly in to the NHS, it is not sustainable to look to a continued growth of the overall workforce based on the needs of existing models of service provision. And that instead, we must look at working differently and this will require service redesign, across the integrated system, from models of care based on single condition, hospital based services, to a population approach with much greater emphasis on managing co-morbidity and enabling self-management.

- 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).

We believe that via multi disciplinary team working and collaboration a significant aspect of GP work can be re-routed to other primary care health professionals. We acknowledge that this could be achieved via interaction, engagement and active involvement with the primary care clusters. As a professional organisation representing all community optometrists, dispensing opticians and optometric practices we believe that we can help alleviate some of the burdens faced by GPs. Please see attached briefing that we have shared with all 64 clusters.

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

See attached briefing

- The current and future workforce challenges.

Optometrists are a fully trained, regulated and under utilised profession who can help see patients who would normally take up a GP appointment. See attached briefing

- 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.

Whilst we know that the Wales Eye Care Service (WECS) is already showing that significant savings are being made in secondary care (see attached statistics) we have not been able to input into the budgets of the clusters (this is due to not having been able to send our representatives to all of the cluster meetings although in some health boards they have actively funded the appointment of optometrists who can work across the cluster). It would be helpful if clusters could be encouraged to be more pro-active in communicating – for example we have been advised that we are only allowed to attend the two multi disciplinary meetings that are held each year and that we are not required to have any other input.

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

See attached briefing

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

We have experienced most success with cluster engagement in health boards such as Hywel Dda and Aneurin Bevan where optometrist are formally appointed by the HB to attend cluster meetings and actively work with the clusters

- 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

We believe that not enough is being done to engage the multi disciplinary teams to contribute and 'own' the cluster plans. We believe that the cluster leads in some health boards have been reluctant to embrace other professional groups and this is, we feel not helpful or supportive of the ethos contained in the 2010 'setting the direction' agenda.

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Primary Care Clusters

Background

For nearly 10 years the new GMS contract had required GPs working in Wales to organise themselves into 64 clusters across Wales. The aim of this being to ensure that there was a support network for GPs who could discuss local service arrangements and agree surgery opening hours and cover etc.

Under the new Minister for Health and Social Services, Mark Drakeford AM the GP clusters will now become Primary Care Clusters with the aim of increasing the contributions and support from multi-disciplinary professions (including pharmacy and dentistry). This new edict from Welsh Government is outlined in the following documents from Welsh Government: Our Plan for a primary care service for Wales up to 2015 and A Planned Primary Care Workforce for Wales.

Within the plans it advises the primary care clusters that the GP Cluster Leads must engage with other primary care colleagues – such as optometry to:

- Plan local care pathways
- Deliver local health boards plans (including what is discussed and agreed at Eye Care Group level)
- Mirror local health board delivery plans (including what is discussed and agreed at Eye Care Group level)
- Ensure those who refer in to any hospital services receive communication about their patient back
- Map all of the workforce in their local areas and report back to the HBs

Summary

So a very significant increase in their role and expectations which is reflected in the increased funding they have been allocated. As we know some HBs have seized this opportunity to use that funding to employ an optometric ambassador who is paid to attend cluster meetings and advise on matters optometric, some are reluctant still to engage but we must as ROCs ensure that we are constantly seated at these cluster meeting tables so that we can contribute to how healthcare is delivered within that cluster. The cluster numbers will stay the same and the level of attendance at each meeting will not be expected to be

more than twice a year in reality but we must both be seen to be engaging and be seen to be pushing the Health Boards to make sure that those clusters who do not welcome our involvement are made to. Worryingly third sector organisations like RNIB Cymru will want to and are entitled to be active within the cluster so we must watch out for this too.

OW has made contact with all 64 clusters and is slowly attending each meeting to see where and how we can get involved. ROC Chairs, once an appointment has been made or a meeting time offered will be contacted so that they can select someone from the ROC to attend or to attend themselves so as not to impact on time and resources from within the ROC. We can review and assess how we approach future cluster meetings and although we have drafted an 'off the shelf' presentation to use it has been better received to just have an informal chat at the meetings about what optometrists can now deliver, the Eye Care Plan, the Eye Care Groups and future horizon scanning for the profession rather than a formal presentation.

Next Steps

OW to continue to involve the ROCs with feedback about the cluster work and to liaise with Welsh Government in areas of specific lack of engagement. We have formally, via consultation supported the concept of the primary care clusters but also acknowledged that there must be two way support from this.

At cluster meetings we can flag opportunities for joint working.

Examples might include:

- Offering local practices the opportunity to 'rent out' spare rooms for community based health and social care services such as 'blood pressure checks, BMI checks, podiatry services' etc
- Looking at local GP led pathways and identifying opportunities for optometrists to input – e.g. TIA/Stroke Pathways and Falls Pathways
- Regular CPET sessions for GPs about updates to EHEW services