

PC 17

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Pwyllgor Meddygol Lleol Bro Taf

Response from: Bro Taf Local Medical Committee

Primary Care Consultation by Welsh Government

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03/02/2017

Introduction

Bro Taf Local Medical Committee is pleased to provide a response to the consultation by the Welsh Government on Primary Care.

Bro Taf Local Medical Committee is the statutory representative organisation for GPs in Cardiff, Merthyr Tydfil, Rhondda Cynon Taff and Vale of Glamorgan.

GP Clusters

At Bro Taf LMC we hear that there is a great degree of variance between the effectiveness of Primary Care Clusters. There are certainly examples of outcomes arising from individual clusters which are thought to have a positive impact on demand in General Practice. Any investment in Primary Care is to be welcomed.

In reality, the relative immaturity of clusters and their reliance on existing Health Board processes to implement has stifled innovation. Within clusters there is not the organisational structure to employ staff, so if clusters want to try to assess the benefit of having allied health professionals such as physiotherapists, clinical pharmacists and community psychiatric nurses involved in the multidisciplinary team, they are reliant on the Health Board to employ/second staff. We have heard examples of funding coming through clusters being used to support failings in secondary care services. There have also been poorly conceived last minute attempts to spend allocated funds before year end, which does not provide value for the NHS in Wales.

As an LMC we have offered our expertise to clusters to help them get the most out of the investment opportunities available, but this help has been declined. Workload in primary care is rising exponentially, exacerbated by significant problems with recruitment, and one

of the reasons that clusters have largely failed to meet their true potential is the lack of “head space” for the GPs involved. As clusters were a newly conceived way of working and supporting primary care there was no “pump priming” with resources and expertise, so reliance on existing health boards was felt necessary. However, this same prop is now felt by many to be restricting the growth and development of clusters in a way that would have a true impact on primary care. In fact investment in clusters came at a time when direct investment into existing general practice is needed to aid sustainability, so it could be argued there has been a detrimental effect.

Therefore, it would be the recommendation of Bro Taf LMC that:

1. Validated examples of positive impact from Primary Care Clusters are disseminated to all clusters in Wales to help improve the effectiveness of clusters across the principality.
2. The necessity for Primary Care Clusters to be overseen/controlled by the Health Boards is reconsidered.
3. If Primary Care Clusters cannot be separated in this way, it may be helpful for Welsh Government to support and resource alternative models of care that will enable Primary Care to evolve further, in line with Setting the Direction.
4. Local Medical Committee involvement at cluster level to be supported by Welsh Government.