

Primary Care Consultation Feedback

- **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).**

GP Clusters are ideally placed to develop local networks aimed at meeting the needs of their local population. GPs remain highly trusted within the community and GP practices are familiar and trusted settings. Signposting to local services such as Community pharmacies, optometrists, dentists and third sector organisations are more likely to be accepted from GP practices. Co-location of services within GP practices is a further advantage and this has been possible through collaborative working between practices within Clusters. The emergence of social prescribing is an exciting development which will help to embed the integration between health and social care within the cluster system. The use of signposting to the full range of support services available within the community will encourage resilience in the population and improve access to GPs.

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

The Cardiff SW cluster involves an increasing number of health care professionals as well as those involved in social care and third sector organisations. These include two cluster pharmacists who support practices in performing holistic medication reviews, sharing good practice and liaising with community pharmacists. Outcome measures include GP appointments saved, interventions to improve patient care, patient feedback and the use of audit as a quality improvement tool. A collaborative project with community pharmacies and supported by Cardiff University aims to reduce waste and improve patient safety through improved repeat prescription ordering systems. Information screens in all cluster practices help to promote healthy lifestyle and provide information about local support for a range of local health and wellbeing services. The information is co-ordinated through collaboration with Public Health and uses the GP one website as a central repository. Social prescribing is a focus in Cardiff SW given significant areas of social deprivation within the cluster. This is in the development stage and aims to place a well being co-ordinator within each GP practice for at least one day a week. The cluster is also setting up community gardening projects in two GP surgeries through a collaboration with a local charity and part funded by a neighbourhood grant. The success of these schemes will be measured through reduction in GP appointments, changes in prescribing patterns and self reported well being measures. The overall aim is to promote an ethos of a welcoming environment in GP surgeries which promote health and well being.

- **The current and future workforce challenges.**

There are current challenges in recruitment and retention of GPs leading to increased workload for existing GPs, and making the profession less attractive for doctors in training. The current preferred model for newly qualified GPs appears to be locum work, which is financially attractive to them. However this is not sustainable in the long term and collaborative work between cluster practices may help alleviate the financial burden of covering leave with locums.

An emphasis on cluster working during GP training would help to emphasise the benefits of integrated working and attract new recruits. Integrated working with all cluster partners will also help to alleviate work related stress for GPs and provide a better working environment for all team members.

- **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.**

Funding in SW cluster has been used to employ two cluster pharmacists and to engage an IT consultant. IT support enables practices to maximise income through data management thereby improving sustainability. IT training for practice staff improves the overall skill mix and the development of cluster based templates has allowed sharing of good practice in a range of clinical areas including palliative care, prescribing, safeguarding and advanced care planning for care home residents. Funding has allowed a pilot Integrated paediatrics clinic to be set up where consultant paediatricians attend clinics based in GP surgeries. This has proved very successful in referral management, and in patient and carer satisfaction through bringing care closer to home. Future spending is planned to adopt integrated IT systems to allow integrated between GP surgeries and with secondary care. A health and well being group for patients is being set up in collaboration with the third sector.

Barriers to further cluster development have been the lack of project management support for clusters and also the lack of ongoing funding to establish successful projects. Cardiff SW cluster are using cluster funds to employ a project administrator to support ongoing and future projects. Access to funds to develop successful and innovative projects would allow cluster funds to be used to develop new ideas.

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

GPs are best placed to deal with complex clinical problems in a holistic way. The development of integrated partnership working will allow others to focus on health promotion and ensuring unmet needs within the population are met. The role of wellbeing coordinators helps vulnerable groups to access support especially those who are socially isolated or lack the confidence or motivation to access support themselves. Projects in Cardiff SW cluster aim to improve uptake of bowel and cervical screening among BME populations through collaboration with local community groups. These have been very well received but further development has been limited by lack of time and project management support.

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

Clusters have developed at very different rates and in different ways. Each cluster needs to develop in a way that best supports its local population and ensures engagement of GP practices and partners within the local cluster area. However, it would be useful to allow more sharing of good practice at a cluster level and on a personal level rather than relying solely on IT solutions. Funding and protected time to allow cross cluster visits and possibly a buddy system would allow sharing of ideas and help to maintain motivation.

- **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](#)[Opens in a new browser window].**

Future leadership training is essential to ensure sustainability of Clusters in the future. Funding for schemes such as the Welsh Clinical Leadership Fellows Programme and the Bevan Fellowship programme would allow the development of skills for leaders of the future.

The emerging cluster infrastructure complements the themes outlined in Setting the Direction, through the emphasis on empowerment of citizens to manage their own health through information about self care. The close collaborative working between health and social care as well as the voluntary sector allows flexibility and maximises use of skills, while the collaboration with secondary care allows a more patient focussed experience. Use of advanced communication systems allows a more efficient system with governance systems embedded within them.

- **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.**

Uncertainty over the future of clusters and their funding leads to a lack of engagement within primary care teams.

There are many challenges in cluster working, in particular regarding the model for cluster development. More support in terms of HR issues relating to employees who work within the cluster but are employed by the health board is needed. Greater clarity over HR policies and responsibilities would be very useful and free up time for Community Directors to focus on facilitating the development of the cluster. Information governance has also proved to be a barrier in terms of developing models for integrated working and greater support in this area would allow projects to develop at pace.

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