

PC 45

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Bwrdd Iechyd Prifysgol Cwm Taf

Response from: Cwm Taf University Health Board



Cwm Taf Response

National inquiry aims to provide a better understanding of how the cluster model is working in Wales and is giving consideration to the following issues:

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).

Clusters working as MDT groups to develop initiatives to ensure Health, Social Care and Community sectors work together to deliver the right services in the right place at the right time so that patients can access services and support differently rather than taking up a GP appointment. This includes signposting patients appropriately through use of technology, websites, on line booking systems, joint working with community co-ordinators and voluntary sector organisations.

- **General Practice Support Officer (GPSO).**

This project is piloting the use of GPSOs by jointly working with Local Authority within GP practices to become part of the community multi-disciplinary team (MDT). The overarching objective is to influence cultural and behavioural change – providing a front line resource that identifies and resolves social issues whilst educating service users that frequently attend the GP practice for non medical intervention.

- **MIND Active Monitoring Intervention.**

Cluster commitment to commissioning a service from third sector partner MIND. This will involve therapists providing sessions from the practice base offering brief interventions for early presentations of anxiety and depression. Expected outcomes are a reduction in demand on GP appointments, reduced

referral to secondary care and a promotion of multi skilled multi agency working. As an existing contract holder within the Health Board MIND has established integration with the Primary Care Mental Health Team.

- **Web GP/Econsult**
This is the only online consultation tool created by GPs that catches clinical symptoms early and offers effective, time-saving, remote triage and consultation. The eConsult platform delivers better patient access and is embedded onto each GP practice website. This speeds up access to safe, efficient care, whilst at the same time reducing practices workload.
- **Practice based Lifestyle Champions**
The Clusters are working in partnership with Public Health where in house Champions will be trained to take the role of patient advocate and link to the third sector and statutory partner agencies. The Public Health team will lead in the evaluation of this pilot. This will facilitate smooth referral pathways.
- **Making Every Contact Count**
Third sector linkage cluster public health educational event to improve services with brief intervention and MECC training.

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

The Clusters have been exploring systems and mixed skills workforce models to increase capacity and deliver appropriate services to meet patient need.

- **Cluster Pharmacists**
Cluster Pharmacists are now embedded in Practices and actively engaged in face to face patient consultations and medication reviews. The Pharmacy department is evaluating the scheme in terms of cost/benefit analysis and anecdotally from practice feedback the Pharmacists are increasing capacity for the GP's and promoting a mixed skills model. The Clusters have recently recruited additional Cluster Pharmacist.
- **Social Care roles**
As previously described in the GPSO model.
- **Acute Access Physiotherapist**
Working from pilot Practices the Physio can be accessed directly without the need for GP referral thus reducing demand on GP appointments whilst providing the most appropriate intervention. Solid links with the Primary and Secondary Care Physiotherapy Services provides an accessible pathway.
- **Virtual Ward model**
The Multi Disciplinary Multi Agency Team includes Advanced Nurse Practitioners, Advanced Emergency Paramedics and Occupational Therapists. Expected outcomes include:
 - The facilitation of advanced care planning and raised standards of patient care.
 - A reduction in the disruption of home visits to GP surgery schedules and an increase GP

- capacity.
- Reduction in the number of A&E attendances/unplanned admissions.
- Promotion of new models of care and multi skill mixed teams.
- **Primary Care Dieticians**
Dieticians working across the Clusters to provide support to Community Clinics as individual Practices.
- **Primary Care Practitioners.**
Developing enhanced integration between Dentistry, Optometry and Community Pharmacy colleagues.

Data is being collected across the various schemes to allow KPI, reporting on the benefits being realised through a MDT approach and individual health professionals contribution to practice and how this impacts on releasing GP appointments to improve access for patients.

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

Within Cwm Taf it has been identified that to meet the demand of the population whilst dealing with workload challenges there are changes needed as to how we not only deliver services but how the GP practices are supported by its workforce and back office function.

Third sector support for clusters and social prescribing models.

- **Healthy lifestyle groups**
In partnership with 'Communities First' a pilot with nominated practices in the Cluster to deliver solution focused brief intervention groups is being developed. The cluster objective of tackling obesity has informed the focus of the groups which will be preventative in nature.
- **Care & Repair**
'Managing better' project: a nominated practice will host a pilot to test an approach to engaging the hard to reach into a service to access a variety of practical interventions such as benefits advice, home safety checks, falls assessments. The practice has been identified for its rurality and aging population, project literature has been produced and patient engagement is due to commence. Funding for the 'Warm Homes by Prescription' scheme has just been secured and will be delivered from a Cynon practice.
- **Community Co-ordinators:** community co-ordinators now attend all Cluster meetings and regularly deliver 'clinics' from practices to engage with patients to assist in health promotion initiatives and signposting. Community Co-ordinators are being commissioned on a Cluster basis for social prescribing purposes.

Workforce development

The implementation of the ethos of prudent healthcare develops the workforce to 'only do the work that only they can do'. The workplace should then become

more rewarding and less pressured thus improving staff recruitment and retention rates. Desired outcome is to create more cost effective and sustainable primary care services:

- Practice Educator support from UHB to provide a training package for practice nurses and HCSW to ensure regular training and update sessions and a formally accredited process to allow development and supports re-validation.
- Workflow Optimisation training for administrative staff.
- IT training and support for allow more efficient back office function and support for GPs.
- Make Every Contact Count training for Primary Care.

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

Clusters have now developed into Primary Care (rather than just GP) Clusters with the membership being expanded to include other health professionals and sectors. Actively engaging across all contractors – Dental, Optometry, Pharmacy services as well as social care and Third Sector.

There are 4 Cluster areas within Cwm Taf UHB and through Cluster Lead meetings and joint events Clusters are able to share good practice and learn lessons. With some initiatives already being rolled out across the other Clusters.

Workforce planning events being held to allow Clusters to work together in identifying resources to ensure sustainability and consideration of future models of Primary Care on a Cluster basis and across Cwm Taf e.g. Federated models, buddying, central triage.

Cluster governance arrangements

Terms of office and election procedures have been agreed. The Cluster terms of reference to include the decision making process have been ratified..

5. 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.

- One of the priorities agreed with all GP's across Cwm Taf was the need to focus some of this resource on chronic conditions. It was agreed that each Cluster would address one area as a pilot and then if this was successful we would look to role that out across the four clusters. Intermediate Care Clinics delivering care from Community Hubs which are providing an integrated

model for patients to access within the community setting through GPwSI, CNS and secondary care consultants working together. The identified clinics for chronic conditions are for COPD, Cardiology, Muscular Skeletal and Diabetes. A wound clinic and a memory clinic are also being delivered from the Hubs. All of these new initiatives support the shift of services out of hospital closer to the patient's home, further develop the mutual support, respect and collaboration between primary, community and secondary care professionals. Support the shared understanding of the demands and challenges across the whole system. They also provide the opportunity for skills enhancement, role enrichment and portfolio careers within Primary Care.

- Public health principals and needs assessments inform Cluster priorities and support the evaluation of initiatives.
- Public health community education delivered in partnership with Community Co-Ordinators delivered from GP and Community premises.

6. 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.

Each of the clusters has been assigned a dedicated Cluster Development Managers (employed by the Health Board) whose responsibility is to support each Cluster with identifying and progress the priorities but also to help support the evaluations. In addition to this support is available from the local Public Health Wales teams who are members of the cluster groups. Cwm Taf have also appointed a dedicated full time Data Analyst whose role is to support all the Primary Care Initiatives and this includes the Cluster programme. Going forward greater involvement of the public and communities will be sought as part of the evaluations.

Organisational development.

Cluster delegates are engaged in Leadership programmes and local and national networking where ever possible.

Carers Champion network.

Dementia third sector/carers/primary care events to facilitate development of a dementia locality resources roadmap.