Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/ Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Dai Lloyd AM
Chair,
Health,
Social Care and Sport Committee

Our Ref: AG/SOT

25 April 2019

Dear Dr Lloyd,

Transformation Fund Proposals – Community Nursing

Following request at the Health, Social Care and Sport Committee meeting of 21 March, I am writing to share further information relating to community nursing elements referenced in approved Transformation Fund proposals.

Community nursing is reflected in almost all proposals though mainly in the shape of integrated services and integrated community themes. The following extracts and key points from proposals highlight the role of community and district nursing services more explicitly:

Cardiff and Vale – Me, My Home, My Community - £6.9m

- Identifying people who are at risk and actively supporting them to remain as independent as possible – This project will provide support for identifying and managing people in need of support. An administrator will be recruited and based in one of the Cluster Practices. A Discharge Liaison Nurse will access clinical records via the Vision 360 system linking the Cluster. A link worker in each practice to coordinate work of discharge liaison nurse with practices. Cluster pharmacists will facilitate medicines reconciliation post discharge.

- Multi Disciplinary Team – A Lead GP will be recruited with locum backfill for protected time. A Multi-disciplinary team will be set up with community based health and social services and secondary care. Meetings will be held on rotational basis in Cluster Practices. Outcomes will be recorded using IT guidelines set up in Vision system.

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Ffôn • Tel 0300 0251182
Andrew.Goodall@gov.wales

Gwefan • website: www.wales.gov.uk

Gwent – Implementing a seamless system of health, care and wellbeing - £13.4m

- Integrated Community Teams: "The service presented in this offer will be a remodelled, integrated service- it will be multi-agency, delivered on a local authority footprint, will include specially trained domiciliary care staff, nurses, and consultant geriatricians, managed through a single access point (SAP) and single management structure. It will take the key learning from the 'My Care My Home' model and bring together the added value and synergy that is afforded by working through local authority partners."

- Compassionate Communities (Burtzorg model) and Single Point of Access.

- Dental services for children under five including "the appointment of a dedicated Oral Health Improvement Practitioner (OHIP), a Designed 2 Smile Therapist and a Dental Nurse to expand the child access pathway, supporting children to access to local dental services, identifying children absent from school with toothache as a priority."

- Refocus the work of School Health Nurses to enhance emotional wellbeing support for children (whilst continuing core tasks such as immunisation)

North Wales

Together for Mental Health - £2.2m
Seamless Services for People with Learning Disabilities - £1.6m
Community Services Transformation- £6m
Children, Young People and Families - £3m

- Community Resource Teams: navigation, co-ordination, managed care and support, crisis response

- Integrated teams as part of establishing a fully integrated cluster model, based on the Compassionate Communities model

- Collaboration with specialist Care of the Elderly clinicians to enable enhanced support for older people in the communities (at home or care home)

West Wales – A Healthier West Wales - £11.9m

- Multi-disciplinary Fast Access Community Team: will integrate care pathways by existing and new multidisciplinary professionals providing capacity to look after many more patients in the locality, avoid hospital admissions and facilitate early discharges. GP home visits will be reduced by employing advanced practitioners as part of this team. They will then be able to use their skills more appropriately in managing patients with complex medical issues in the community.

- This service will reconfigure and enhance existing services and will be organically linked to community resource team, GP practices. It will be flexible, adaptable and responsive, based upon the longitudinal care of GMS. The aim is to free GPs from providing unscheduled care that could be provided by others (advanced practitioners,

pharmacists etc.). This will allow time to develop the multidisciplinary working needed to enable more complex cases to be cared for successfully in the community.

- Depending on the locality model in a given area, the service could also be used to incorporate the Dr First/Triage/Signposting Service to co-ordinate the workload to relevant professionals and agencies, to manage many requests for unscheduled care in primary care, signpost to the most appropriate professional, thus contributing to the sustainability of General Practice in the locality. We will also be able to offer Skype consultations and face to face appointments with a variety of healthcare professionals which will allow the triage of patients from A+E into primary care therefore reducing the pressures on unscheduled care.

- "The pathway will be a truly integrated approach with access to medical ART (Acute Response Team) and rapid response domiciliary care as well as support and assessment by appropriate health and social care professionals including community nursing, physiotherapy, OT and Social Work."

Western Bay

Cwmtawe Cluster, Whole System Approach - £1.7m
7 Cluster roll out, Whole System Approach - £8.8m
Our Neighbourhood Approach - £5.9m

- A cohesive set of proposals based on the 'What matters to me' approach and aiming to co-ordinate and connect community-based services, including intermediate care services, and strongly cluster-led; this means PC practice nurses will be involved in an integral way.

I trust my response gives you and the Committee members some insight into the transformation of community based medicine.

Yours sincerely

Dr Andrew Goodall CBE