



AGENDA ITEM

6.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

PRIMARY CARE STRATEGIC UPDATE

Date of meeting	02/11/2022
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Lesley Woakes, Deputy Director Planning (Primary Care)
Presented by	Julie Denley, Director of Primary Care, Mental Health and Community
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

ACD	Accelerated Cluster Development
CGPSAT	Clinical Governance Practice Self Assessment Tool
CTMUHB/LHB	Cwm Taf Morgannwg University Health Board/ Local Health Board



DHCW	Digital Health Care Wales
DOPC/HOPC	Directors of Primary Care/Heads of Primary Care
HEIW	Health Education and Improvement Wales
IMTP	Integrated Medium Term Plan
PCPG	Pan Cluster Planning Group
PMCAT	Primary Medical Care Advisory Team
RPB	Regional Partnership Board
SOP	Standard Operating Procedure
SPPC	Strategic Programme for Primary Care
ToR	Terms of Reference
AHP	Allied Health Professionals

1.SITUATION/BACKGROUND

- 1.1** This paper is to update the Population Health and Partnerships Committee on the key priorities for Welsh Government for Primary Care.
- 1.2** The paper will identify where there is an expectation for Local Health Boards and how CTMUHB is in meeting those.

2.SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Multi professional Education and Training in Primary Care

- 2.1** HEIW in response to 'A Healthier Wales' and the 'Primary Care Model for Wales' with engagement with stakeholders, have developed a Multi Professional Education and Training framework which comprises of two components:
 - A new function within HEIW that will work alongside existing Deaneries and Nursing and Health Professional Education colleagues to coordinate and oversee the development of multi-professional education and training programmes within primary and community care.

- Development of an operating model within Health Boards to support the creation or extension of seven Primary and Community Academies. HEIW is providing funding to support Health Boards establish structures for these Academies.

2.2 CTMUHB recognised the need to invest in training and development of the primary care workforce and developed its own Training Academy back in 2018. The initiative offers multi-professional training environments and training frameworks through the development of Advanced Training Practices (ATP). It includes:

- 6 week placements for pre-registration student nurses based on a hub and spoke model of delivery (Pont Newydd Medical Practice being the Hub) *
- Pre-registration pharmacy training placements *
- Funding for backfill for experienced primary care pharmacists to provide mentorship & GP sessions to support advanced pharmacists *
- 'GPN (GP Nurse) ready' programme to enable recently qualified nurses to consolidate learning *
- Recruitment and development programme for Advanced Nurse Practitioners
- Recruitment and development of Physician Associates

2.3 The programmes above marked with an * were commenced in CTMUHB and have now been adopted into the newly launched HEIW Training and Education Framework.

2.4 There are obvious benefits to working in this way including improved recruitment and retention for the primary care workforce, shared learning and development, quality and availability to improved training and clinical placements which is expected to improve patient experience and care.

2.5 Priorities identified through working with Directors and Heads of Primary Care where include:

- General Practice Nurse Foundation Programme
- Extending Pre Registration Nursing Placements
- Advanced Practice Competency Tool
- Primary and Community Care Compendium of New Roles
- Practice Management and Administration Tool Kit
- Supporting Educators
- Integrated Care GP Fellowships
- Accelerated Cluster Development – Leadership
- Other areas for development – including Pharmacy, Dentistry, Optometry and AHP
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Primary Care Workforce Strategy

2.6 HEIW presented to DOPC an options paper for consideration on the Primary Care Workforce Strategy.

The Primary Care Workforce Strategy needs refreshing as it is now out of date, the existing one covering the period 2015 – 2018 and now needs to take account of several factors:

- Sustainability of Primary Care
- Age profile of key professional groups
- Economic and financial context impacting on the delivery of care in specific areas (eg dental)
- Need for significant expansion in primary and community care capacity
- Changing expectations of the workforce and new roles
- Digital and technological advances
- Changes in education and training standards are changing the shape of future workforce (e.g. pharmacy)
- Contract reform of independent contractor models in Wales
- Immigration policy and the impact of Brexit which could have long-lasting implications on the supply of workforce in primary care

The timeline for the work to be undertaken:

- Plan to start work in October 2022 and complete within 12 months
- Steering group to be set up in November 2022
- This would align with IMTP planning cycle for 2024-25 and allow Pan Cluster Planning Groups to take account of national action as well as developing local action plans
- Implementation plan to be developed from October 2023 which would feature in HEIW IMTP for 2024/25 and inform next cycle of Education & Training plan for academic 2025-26

2.7 Community Infrastructure

2.7.1 Under the 24/7 workstream a Community Infrastructure and supportive frameworks are in development, including:

- Multi-professional Framework and Virtual Wards
- Care Home Immunisations programme
- AHP and Nursing professional Collaboratives
- Development of a District Nurse National Dashboard
- Community Nursing Specification
- Community Nursing Framework

2.7.2 CTMUHB's is about to review the design and delivery of integrated and collaborative community services now it falls within the remit of

the Primary Care and Community Care and Mental Health Care Group and this national piece of work will help to inform this going forward.

Contract Reform

2.8 Community Pharmacy Contract

2.8.1 The new Community Pharmacy Framework came into being on 1st April 2022. There is greater emphasis on delivery of clinical services which focus on encouraging self-care, promotion of health and wellbeing and improved access options for the population. The Framework introduces 2 Nationally Directed services:

- **Core Services:** Service which comprises the Emergency Medicines Service, Common Ailments Service, Emergency Contraception Services and the Seasonal Influenza Service. As from 1st November this will also include the Sore Throat Test and Treat service and the QuickStart and Bridging Contraception service
- **Advanced Services:** Independent Prescribing Service for acute conditions and contraception

2.8.2 CTMUHB has fully implemented the Community Pharmacy Framework and is currently working with contractors to maximize the opportunities available to them.

2.9 Optometry Contract Reform

2.9.1 A significant reform of General Optometry Service is in progress which will change the way eye care services are delivered. The current focus for Optometrists are eye sight tests and correcting defects through the provision of spectacles or contact lenses, and examination of eyes for signs of ocular disease and abnormality. The contract reform will change the focus of service deliver to prevention, well-being and quality improvement, facilitating improved patient outcomes and reduced demand on General Practice services as well as specialist hospital eye care services and above all to prevent eye care loss for the population.

2.9.2 The reform will build on services such Eye Health Examination Service (EHEW) where patients can receive a thorough eye examination and advice on prevention and wellbeing. The new service specification will offer a range of tiered services and by virtue of this it will provide Health Boards with a more flexible approach to commissioning specialist eye care services in the community. In the event ocular

disease and abnormality is detected, primary care optometrists will be able to directly offer patients the specialist assessment, treatment and ongoing monitoring or through shared care arrangements with secondary care. Optometrists will be required to hold higher skilled qualifications to do this.

2.9.3 The changes will be introduced in a phased approach starting in the summer of 2023. CTMUHB is in an ideal position to respond to the changes as it already commissions a range of more specialized services over, these include:

- 43 EHEW accredited optometrists – an urgent eye care service avoiding unnecessary GP and A&E appointments. Direct access to acute appointments where urgent need identified.
- 26 Optometrists delivering Low Vision Eye Wales Service
- 10 independent prescribing sites accepting referrals from other Optometrists and discharges from eye hospital
- Shared Care Glaucoma Assessment
- Diabetic Annual Review (in development)
- 9 practices providing Domiciliary Emergency Eye Care Service (DEECs) in homes and care settings.
- WetAMD (age related macular degeneration) – treatment and ongoing management (in development)
- Hydroxychloroquine retinopathy (HCQ) – monitoring of retinal toxicity to prevent eye loss (in development)

2.9.4 There is also an expectation that Optometry Primary Care contractors will engage and participate in Accelerated Cluster Development. Cwm Taf Morgannwg is piloting for the strategic programme an Optometrist Cluster Lead in Taff Ely Cluster. If this role proves successful in bringing more of a collaborative approach to cluster development it will be rolled out to other Health Boards. To date a Regional Optometry Collaborative meeting has taken place and further Local Optometry Collaborative meetings are planned for November. Cluster participation is not yet embedded or mandated in the current contract or reform changes and until this is available a local remuneration package (reflect the funding offered to other primary care contractors) is being made available to encourage participation.

GMS Sustainability

2.10 Heads of Primary Care have identified that one of their key risks in providing access to GP appointments is the continued sustainability of GP practices.

2.11 They have agreed to closely monitor the situation across all Health Boards. The action plan covers the following areas that will help identify GP practices at risk of, or find themselves with sustainability issues and provide potential management solutions:

- Support through the contract
- A toolbox for sustainability including contractual levers and financial support
- Workforce
- Service Redesign

CTMUHB now has 46 GP Practices and since April 2018 there have been 8 practice mergers, 1 directly managed practice, 1 Termination and no list dispersals. The Primary Care Team undertake a regular desktop sustainability risk assessment for practices, an action plan is developed identifying the practices ifor intervention and support.

Briefing Papers detailing the sustainability work, risks and actions have been submitted to through the executive reporting structure and onwards to Board as recently as August 2022. The sustainability plan is in constant review.

2.12 Outcomes Framework for Health and Social Care

Work started in 2018 but due to the Pandemic it has been delayed. This has allowed for further thinking and clarifying the focus of the Framework. It will contribute towards delivering the goals of: A Healthier Wales; the Well-being of Future Generations (Wales) Act 2015 and; Social Services and Wellbeing (Wales) Act 2014.

It will provide all integrated partners with a Framework that enables them to review and prioritise their programmes and activities so that they are progressing the things that matter. It will measure whole system progress so that we understand the effectiveness of everyone's actions.

Three core values to underpin the Outcomes Framework:

1. Better prevention
2. Improve the lives of all
3. Enable individual responsibility

The desired outcome is 'All People in Wales enjoy good health and wellbeing'. It is measured by 13 indicators, some are national indicators such as 'weight at birth', others developed through the working group.



Next Steps

- It will be embedded into Welsh Government's NHS Planning Framework for 2023-24.
- Develop NHS performance measures to monitor NHS' contribution towards improving the indicators.
- Review the Social Care National Outcomes Framework to ensure it aligns with the Health and Social Care Outcome Framework.
- Strengthen Welsh Government policy development to support integrated whole pathways to deliver the indicators in the Health and Social Care Outcomes Framework.
- The Framework will be continuously reviewed to ensure the right actions are being implemented to improve the indicators.

2.13 Transformation of Clusters

The Transformation and vision for clusters workstream are putting in place a Primary Care Governance Steering Group which has oversight of the Primary Care Governance project and its deliverables:

- ✓ Review of PMCAT and production of a report with recommendations
- ✓ Rapid update to the CGPSAT toolkit as end users report difficulties using the tool
- ✓ SOP to support application of the Optometry Performers list regulations. Respond to any concerns arising from current Medical Performers List regulations and facilitate action
- ✓ Report on models for effective learning systems in primary care National Governance Framework for contractual quality assurance for independent contractors
- ✓ Development of a specification for a national data analysis unit.
- ✓ Options appraisal for relationship between SPPC and academic researchers in quality and safety

The SPPC team, working in consultation with the WG RPB policy leads and the NHS planning policy team have drafted guidance and FAQ and a suggested cluster plan template to shape the development of the PCPG Plan and the Cluster Plan for 2023 onwards.

CTMUHB has just submitted its second Readiness Checklist to the SPPC which reflects that it is on course to deliver ACD in terms of structures in place by April 2023:

- GP Collaboratives have met and Clusters are convening.
- Optometry Collaborative is meeting in one cluster and engagement sessions are in the diary for early November.
- Dental engagement sessions are also in the diary for November.
- AHP and Nursing Collaboratives are forming.
- PCPG development sessions are planned for November/ January/ March



- Engagement with the RPB is beginning and will be progressed to include the PCPG representative.
- The governance structure has been put in place.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 GP Practice Sustainability – if we are not able to support practices to continue to provide services then we will not be able to implement the transformational change that is required to meet our population’s health needs.

3.2 Workforce – recruitment, retention and skilled to be able to deliver new models of care will be a barrier to transformation.

3.3 Accessible data for the multi-disciplinary team at collaborative, cluster, PCPG and RPB levels to be able to robustly plan services is not timely enough.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Where there is local delivery, EIA will be completed for each individual area.
Legal implications / impact	Yes (Include further detail below)
	There is potential within the specific areas covered in the report for there to be legal



	implications/impact and this will be assessed for each individual area.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	There is potential within the specific areas covered in the report for there to be a financial impact and this will be assessed for each individual area when that applies.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1** The Committee is asked to **NOTE** the contents of the Primary Care Strategic Update and where relevant note CTMUHB's delivery against strategic milestones.