



**AGENDA ITEM**

6.2

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**PRIMARY CARE STRATEGIC UPDATE**

<b>Date of meeting</b>	3 <sup>rd</sup> May 2023
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Sarah Bradley, Service Director for Primary Care & Community
<b>Presented by</b>	Julie Denley, Director of Primary Care, Mental Health and Community
<b>Approving Executive Sponsor</b>	Chief Operating Officer (COO, DPCMH)
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
(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 purpose of this paper is to update the Population Health and Partnerships Committee on the key priorities identified by Welsh Government and the National Strategic Programme for Primary Care, and the progress being made by this Health Board.

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

**2.1** *Strategic Programme for Primary Care Workstreams* - The Strategic Programme for Primary Care is an All-Wales Health Board led programme which works closely with Welsh Government. It aims to bring together and develop primary care strategies whilst addressing emerging priorities. The programme is made up of six workstreams, as listed below, and these inform the strategic direction for Primary Care across Wales.

- Prevention and Wellbeing
- Social Prescribing
- 24/7
- Data, digital and technology
- Workforce and Organisational Development



- Communications and engagement - This workstream is on hold.

The key areas of progress since the last report in October 2022 is outlined below.

- 2.2 *Multi Professional Education and Training* - HEIW in response to 'A Healthier Wales' and the 'Primary Care Model for Wales' have developed a Multi Professional Education and Training framework to encourage Health Boards to establish multi-professional academies. The aim of the framework is to improve 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.
- 2.3 It is worth noting that the origins of this Framework come from the work which was commenced in CTM though the Advanced Training Hub and Spoke model started in 2018 and as a result we have made good progress. This includes:
- The re-establishment of a Steering Group with representation from primary care nursing, pharmacy & GP practices, and extension to optometry and dental representation.
  - Signed delivery agreement between the Health Board and HEIW. This document sets out the delivery expectations between the health board and HEIW.
  - Progressing the recruitment of two new posts, 1 WTE Primary and Community Care Academy Manager Band 8a and 1 WTE Band 6 Primary and Community Care Academy Education & Training Development Officer. Funding for the posts has been made available from HEIW.
  - In progress is the appointment of a Multi-Professional Primary and Community Care Education Lead (Clinical Lead) post to ensure we do not lose any of the expertise that has driven the excellent progress made to date.
- 2.4 The next step is to consider for extending the opportunities presented out of the Training Academy to the community nursing teams.
- 2.5 *Primary Care Workforce Strategy* - HEIW and the Strategic Programme for Primary Care are working jointly to review the Primary Care Workforce Plan and they aim is to complete this in Autumn of 2023. The first phase of this plan is engagement which will run from March to June 2023, and involve a series of individual local Health Board and National events.



2.6 A CTM engagement event will take place at the University of South Wales on the 24<sup>th</sup> May 2023. A wide range of stakeholders (approximately 100-150 delegates) are invited. The purpose is to provide a local and regional view on the key issues & priorities for the development of a strategic workforce plan for primary care as well as secure buy in from stakeholders. The outputs will also help to inform our local workforce transformation plans and programmes.

2.7 *Community Infrastructure* - The 24/7 workstream has finalised and released the Community Nursing Specification. This specification outlines at a strategic level the overarching principles, characteristics and functions of Community Nursing in Wales for those 16 and over. There are two elements to the specification:

- District Nursing Principles – aligned to Nurse Staffing Act
- Community Nursing Specification

The specification aims to:

- recognise the value and contribution Community Nursing offers to individuals, local communities and health and social care professionals across primary, community and secondary care.
- creates a more resilient and sustainable co-dependent relationship between, generalist, specialist, advanced and consultant Nursing practitioners who provide episodes of care within the community setting
- reduce variations in the provision of care by community nurses and those services that interface with them

2.8 Each Health Board is required to complete a self-assessment tool by the 19<sup>th</sup> May 2023 to provide a baseline as to how their services currently meet the principles, characteristics and functions set out in this specification. Following completion of the toolkit it is evident that the greatest challenge for CTM Health Board will be the following areas:

- Record keeping & digital capabilities
- Demand and capacity intelligence
- Significant financial investment (£1 million) will be required at a CTM level to attain the standards (especially for weekend and overnight working).

The expectation is the delivery against Community Nursing Specification will be achieved within 3 years. An improvement plan will be developed to progress this work.



2.9 *Optometry Contract Reform* - The reform for General Optometry Service is progressing on a national basis. The aim of the reform is to transform the way in which eye care is delivered and facilitates a shift in service delivery from Hospital. It will also have a focus on prevention, well-being and quality improvement, facilitating improved patient outcomes including reducing eye sight loss. Optometrists will be required to hold higher level of skilled qualifications to undertake the work. To date the following enhanced eye care schemes are being progressed in primary care.

- Glaucoma
- Diabetic Retinopathy
- Independent Prescribing
- Wet AMD [Urgent]

2.10 *Dental Contract Reform* – As is the case for the optometry contract reform the dental contract reform is focused on facilitating the improved patient outcomes, prevention and wellbeing and access based on need. Dentists were given the choice as to whether to opt in to the dental reform or to remain on the existing contract which was largely based on contracted activity (known as Units of Dental Activity or UDAs). The changes for 2023/24 have been brought in by Welsh Government at relatively short notice and have therefore created a degree of anxiety within the dental professional community. The Health Board has 51 dental practices and 5 of these have decided to remain on UDA model contract, 38 chosen Contract Reform. The latter group are working with the Health Board to source urgent patients and 8 practices have choosing contract reform but are sourcing their own urgent patients.

2.11 *GMS Sustainability* - Sustainability for GMS services remain a key focus for the Strategic Programme and for the Health Board. It is a regular agenda item for the Directors of Primary Community and Mental Health and Heads of Primary Care national groups. Work continues in this Health Board to find ways to address sustainability.

2.12 Regular desktop exercise is undertaken to assess the risk for each of our 45 practices. Where practices are identified as being high risk and or where access is a concern for the Health Board as proactive approach is taken. The last assessment was undertaken in March 2023 and an update report will be submitted to the next Executive Leadership Group (ELG) for consideration. Since the last review undertaken last year, 3 of the 11 practices identified at high risk have had their risk rating reduced to low. This has been achieved through supporting the two practices to merging with their neighbouring

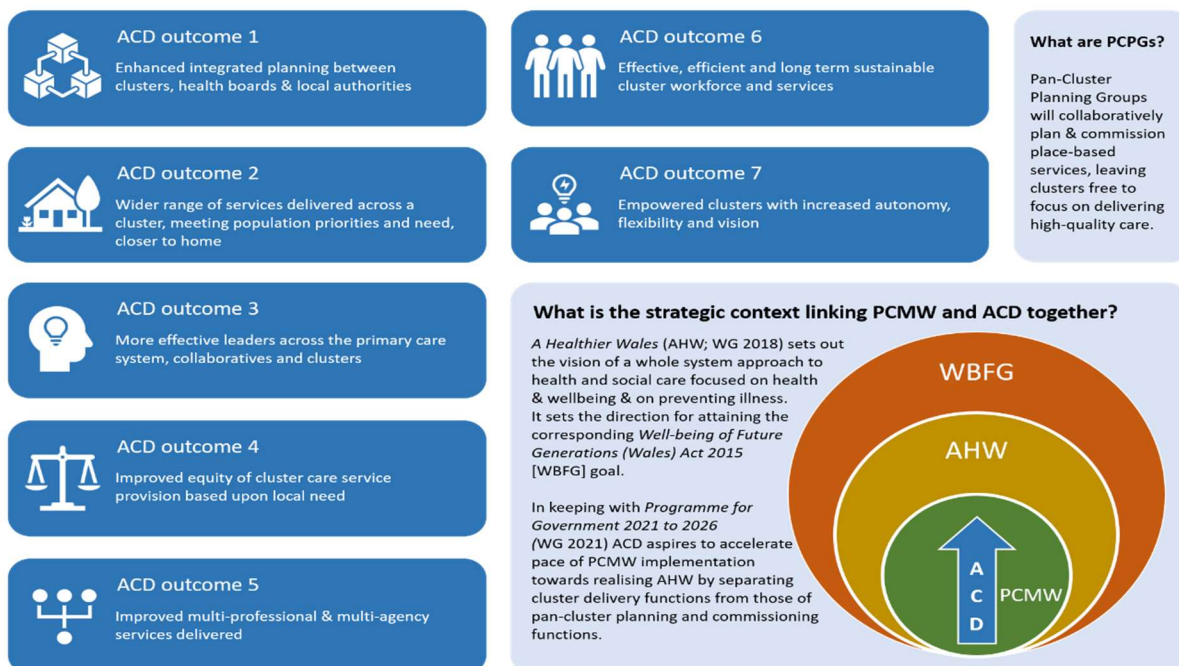
practices, and the third practice has recruited additional clinical workforce following clinical input and diagnostics from the team.

- 2.13 The Primary Care Team will continue to work with the remaining practices showing red on the risk rating, to develop plans to reverse the position. Development plans for practices include workforce and skill mix, financial sustainability, opportunities for mergers and partnership working, communications.
- 2.14 *Transformation of Clusters - Accelerated Cluster Development (ACD)* - **ACD** is seen by Welsh Government as being the next step in building on the achievements of GP clusters, recognising the importance of providing services informed by Population Health data on a place-based community. In CTMUHB there are 8 clusters currently across our 3 Localities Merthyr Tydfil, Rhonda Cynon Taf and Bridgend. The Clusters have been in place since 2011 in response to 'Setting the Direction' 2010 based on GP practices coming together to plan, design and deliver services for their cluster population. From a planning perspective though the 'pan cluster planning' work will be done on a Locality basis aligned to the 3 Local Authorities.

The intended outcomes of the ACD model are detailed in the graphic below.

## ACD | ACCELERATED CLUSTER DEVELOPMENT

ACD's overarching aim is to meet cluster population health need through effective & robust planning & service delivery



- 2.15 CTM Health Board has just submitted its third Readiness Checklist to the Strategic Programme, which reflects that it is on course to deliver

ACD in terms of structures in place by April 2023. Key achievements to date include:

- ACD Roadshows in each Locality with clusters, led by Deputy Medical Director for Professional Standards and Primary Care and CEO in each Locality with Clusters.
- 3 planning development sessions in each of the 3 Locality Planning Group has taken place from January through to March 2023. These events were led by external facilitators from the National Association for Primary Care (NAPC). The aim of the workshops was to bring together the extended membership to work through function and priorities and collective understanding of what the ACD programme can delivery.
- During 2022 professional collaboratives started to meet. These are professional specific groups who meet on a cluster footprint to represent the service they can provide for their community based on the health needs.
- The GP collaborative formed from the original clusters supported by Cluster Development Managers.
- Pharmacists have already been working very effectively with clusters in a clinical capacity and this has been within the Pharmacy contract since 2021.
- Eye Health Wales funded a pilot Optometry collaborative in Taff Ely during 2022/23 which is now seen as an exemplar of an Optometry Collaborative across Wales and is the model being rolled out across CTMUHB.

### **3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

Key risks for us in delivering against the Primary Care strategic ambitious include the following:

- 3.1 GP Practice Sustainability – This remains key risk and we will continue to explore the support we can offer practices; however more innovative ways need to be explored in making primary care in CTM an attractive place to work.



- 3.2 Community Nurse Infrastructure – In order to meet the District Nursing Principles and the Community Nursing Specification, investment will need to be made both in terms of finances but also training and development of our existing teams (both community and primary care nursing).
- 3.3 Workforce – recruitment and retention is a key risk for primary care workforce. However new models of care may actually help address this issue.
- 3.4 Availability of accessible data for the multi-disciplinary team to utilise at collaborative, cluster, Locality Cluster Planning and RPB levels to be able to robustly plan services is not timely enough.

#### 4 IMPACT ASSESSMENT

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

## 5 RECOMMENDATION

- 5.1** The Committee is asked **NOTE** the contents of the Primary Care Strategic Update and where relevant note CTM Health Board's delivery against strategic priorities.