

4.2 WAO Review of Primary Care (including Local Update)

*Presenter: WAO/Jill Paterson*

SBAR WAO Review of Primary Care ARAC December 2019

Appendix 1 - HDdUHB Management Response Primary Care ARAC December 2019

Primary Care Services in Wales

Gwasanaethau Gofal Sylfaenol yng Nghymru

**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 December 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	WAO Review of Primary Care
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Bond, Assistant Director of Primary Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This paper provides an update on the Management Response to the Welsh Audit Office (WAO) report on Primary Care services in Hywel Dda which was issued in September 2018.

**Cefndir / Background**

The Welsh Audit Office (WAO) issued its report on Primary Care services in Hywel Dda in September 2018; the report was subject to discussion around certain of the recommendations, which were revised and agreed in December 2018.

**Asesiad / Assessment**

Of the 14 recommendations, 9 have been completed. Of the outstanding actions, work is either in train or is subject to national discussions.

**Recommendation 3a: Calculate a baseline position for its current investment and resource use in primary and community care.**

This issue has been referred to the All Wales Technical Finance Group and Welsh Government for further discussion and consideration.

**Recommendation 3b: Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care.**

Work is ongoing through the Integrated Medium Term Plan (IMTP) process to identify key service areas where the shift of resource can be made to support service change. The action is with the Senior Finance Business Partner to advise when the 2019/20 accounts have been audited.

**Recommendation 5b: Revisit its primary care workforce plans to ensure they take account of the issues arising from the Transforming Clinical Services programme.**

Through the Strategic Programme for Primary Care, the Workforce and Organisational Development Work stream had committed to develop and launch the Wales National Workforce Reporting System (WNWRS); whilst there was an initial data collection in July/August 2019, the

formal roll out to enable Practices to capture their live workforce data has yet to happen. The baseline data collection also identified a number of errors within the reporting system which needed to be revised to ensure that Health Boards were able to access an accurate picture of workforce within General Practice. There has been no further communication on a revised launch date for this tool.

**Recommendation 7b: Subject to positive evaluation, begin to fund new models from mainstream funding rather than the Primary Care Development Fund**

Work has commenced to review Cluster initiatives to consider the potential to scale up and roll out new models of working which are aligned to the Primary Care Model for Wales. Through the Associate Medical Directors (AMDs) and Heads of Primary Care (HOPC) groups, a standardised tool to undertake this piece of work has been shared and agreed. Evaluations will be shared through the Transforming Communities Group and are aligned to the Primary Care section of the IMTP.

**Recommendation 7c: Work with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care that have the potential to reduce demand for GP appointments.**

Work is ongoing to develop and implement a public engagement plan for Primary Care; informally a number of promotional videos have been made around accessing Community Pharmacies for an enhanced range of services and plans are in place for more videos to be made regarding access to Optometric services, including Eye Health Examination Wales (EHEW). At a national level, work is ongoing as part of the Communications work stream under the Strategic Programme. There has been a delay in the launch of the national communications tool, to which Health Boards will need to align their plans, ensuring that there is a consistency of approach and messaging whilst being aware of the need for ultra local communications.

Hywel Dda’s Management response is attached as Appendix 1.

**Argymhelliad / Recommendation**

Members are asked to note the work that has been undertaken to date to achieve a number of the recommendations within the report and to note the update on the work that continues to ensure that all recommendations are met, whilst ensuring that they are aligned to the national Strategic Programme work streams.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

<p>Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor</p>	<p>5.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>N/A</p>

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	WAO Report: Review of Primary Care Services – Hywel Dda University Health Board, November 2018
Rhestr Termiau: Glossary of Terms:	Contained in body of report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within allocation.
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A



## Management response

**Report title:** Primary care services – Hywel Dda University Health Board

**Completion date:**

**Document reference:** 946A2018-19

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	Develop the necessary consultation and communications plans to ensure meaningful public and stakeholder engagement in any further development / refinement of its primary care plans.	To encourage public support for the primary care plans.	Yes	Yes	Public engagement plans already in place for General Medical Services (GMS) contract changes and will be used and adapted to enable further development/refinement of public and stakeholder engagement	Completed	Assistant Director Primary Care
R2	Develop a clear financial cost analysis to support its primary care plans to ensure its plans are affordable and to set out how it will fund any planned changes.	To understand funding requirements to support primary care plans.	Yes	Yes	Primary care reports are produced on a monthly basis that monitor the achievement of primary care budgets and report on any over or underspends.  Longer term plans for primary and community care will be developed through the Integrated Medium Term Plan (IMTP) and Transforming	Completed	Assistant Director Primary Care

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					Communities Services (TCS) process.		
R3a	Calculate a baseline position for its current investment and resource use in primary and community care.	To establish a baseline from which to measure the resource shift towards primary care.	Yes	Yes	The Health Board needs to set the baseline for expenditure in primary and community care based on the information used to produce its audited annual accounts. A plan for implementation of the baseline needs to be compiled and implemented to reflect services at 31 <sup>st</sup> March 2019.  Changes will then be measured relative to this baseline annually.	<del>April 2019 and ongoing</del>  31/05/19  TBC	Senior Business Partner  This issue has been referred to the All Wales Technical Finance Group for further discussion and consideration.
R3b	Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care.	To understand progress made in moving resources from secondary to primary care.	Yes	Yes	The shift of resources into primary and community care can be monitored on an annual basis using the information that forms the basis of the Health Board's audited accounts.  The shift of resources needs to be measured in accordance with the national paper dealing with the transfer of services and resources to primary care.	<del>April 2019 and ongoing</del>  31/05/20	Senior Business Partner  The Primary Care Annual Report as part of the IMTP cycle will identify any areas where a shift of resources can be facilitated. This action will be subject to the annual accounts being audited.

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
							Action to be completed when the 2019/20 annual accounts have been audited
R4a	Ensure the contents of its Board and committee performance reports adequately cover primary care.	To increase the Board's understanding of primary care performance	Yes	Yes	Regular reports are already being considered by the Board and its associated committees (e.g. Integrated Performance Assurance Report).	Completed and in place.	Assistant Director Primary Care
R4b	Increase the frequency with which Board and committees receive performance reports regarding primary care	To increase the Board's understanding of primary care performance	Yes	Yes	Regular reports are already being considered by the Board and its associated committees (e.g. Integrated Performance Assurance Report).	Completed and in place.	Assistant Director Primary Care
R4c	Ensure that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in improved experiences and outcomes for patients	To raise Board awareness of the impact of primary care transformation on patients.	Yes	Yes	Regular reports are already being considered by the Board and its associated committees.	Completed and in place.	Assistant Director Primary Care
R5a	Develop and implement an action plan to obtain regular, comprehensive, standardised information on the number and skills of staff, from all professions working in all primary care settings.	To have a clear understanding of the whole primary care workforce, which will be the basis for current	Yes	Yes	Annual census data collated for WG and used to inform discussions on future workforce. Included within the IMTP.	Completed. Process in place for annual review of data which is requested locally and	Assistant Director Primary Care Head of Workforce

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
		and future workforce planning.				nationally.	
R5b	Revisit its primary care workforce plans to ensure they take account of the issues arising from the Transforming Clinical Services programme.	To ensure that the workforce plans are aligned.	Yes	Yes	Work is ongoing to understand the current staffing within primary care across the contractor professions to ensure that the Primary Care Model for Wales is implemented.	October 2019 Timescale currently unknown	Assistant Director Primary Care Head of Workforce  Waiting on the full roll out of the national tool. Wales National Workforce and Reporting System (WNWRS) tool launched. Data to be validated. Formal roll out not yet complete nationally.
R6a	Review the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups.	To ensure clusters have the right representation.	Yes	Yes	A review of cluster membership etc to be undertaken in line with the Primary Care Hub report on Cluster Governance	Completed	Assistant Director of Primary Care

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R6b	Encourage all cluster leads attend the Confident Primary Care Leaders course.	To strengthen cluster leadership.	No	No	The Confident Leaders programme is due to change focus to Aspiring Practice Managers therefore this will not be possible. The Health Board will however look to support the development of its cluster leads locally.	<del>October 2019</del> Complete-reviewed annually through review of cluster leads objectives	Director of Primary Care
R7a	Work with the clusters to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models.	To establish a robust evidence base of benefits to help inform decision making	Yes	Yes	This will be undertaken in line with the Primary Care Hub report on Cluster Governance.  Evaluation workshop arranged with Swansea University for Locality Leads and Locality Development Managers.	<del>April 2019</del> <del>June 2019</del> Completed	Assistant Director of Primary Care
R7b	Subject to positive evaluation, begin to fund new models from mainstream funding rather than the Primary Care Development Fund.	To help ensure a long term future for new models of care	Yes	Yes	To be considered in line with the Primary Care Model for Wales, the IMTP and the shift of funding within the system to support service change and remodelling.	<del>October 2019</del> <del>plus ongoing review.</del> - Part of the Transforming Communities workstream so ongoing. Timescale unknown.	Assistant Director of Primary Care

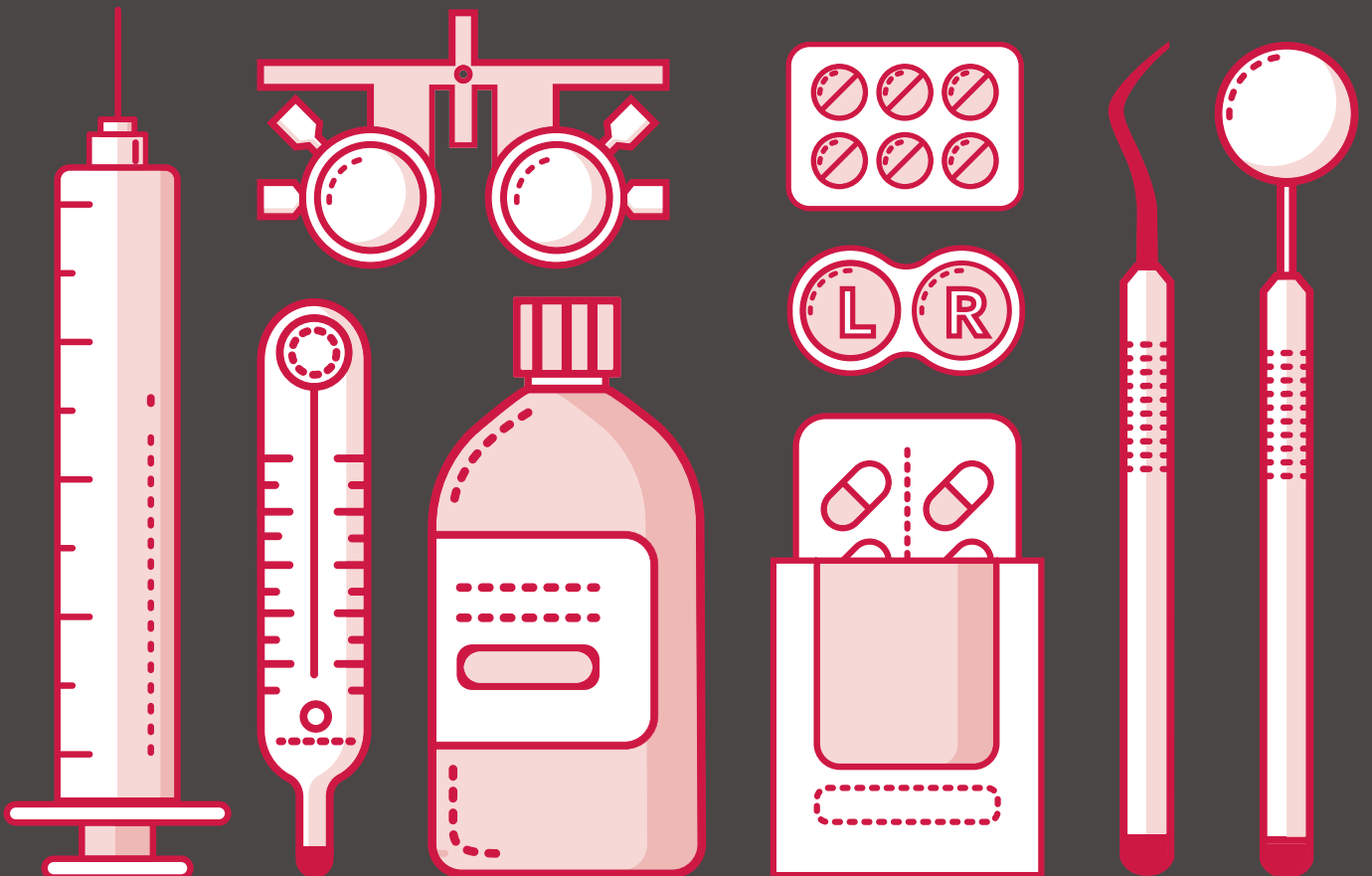
Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R7c	Work with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care that have the potential to reduce demand for GP appointments.	To educate the public about alternative first points of contact available.	Yes	Yes	Public engagement plan regarding access to all primary care services to be developed and implemented.	<del>October 2019</del> March 2020- Draft plan in place. Links to transforming Communities so finalised plan likely to be in place by March 2020	Assistant Director of Primary Care

Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Primary care services in Wales



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU





I have prepared and published this report in accordance with the Government of Wales Act 1998.

The Wales Audit Office study team comprised Nigel Blewitt, Emily Howell, Philip Jones, Stephen Lisle, Elaine Matthews, Urvisa Perez and David Poland under the direction of Dave Thomas.

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**Mae'r ddogfen hon hefyd ar gael yn Gymraeg.**

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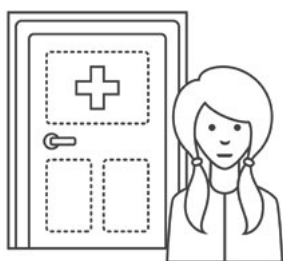
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# Summary report

## Background

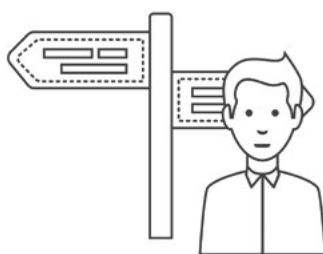
- 1 Primary care encompasses a wide range of services, delivered in the community by GPs, pharmacists, dentists, optometrists, as well as other professionals from the health, social care and voluntary sectors. Primary care services play a vital role in the system of health and care, as shown in [Exhibit 1](#).

### Exhibit 1 – why is primary care important?



#### First point of contact

Primary care is the first port of call for the majority of people who use health services.



#### Coordinating care

Primary care has an important role in coordinating people's care. Primary care is the gateway to many other services.



#### Prevention and early intervention

Primary care is also important because of its focus on promoting well-being, early intervention and preventing people's conditions from getting worse.

Source: [Wales Audit Office report, A picture of primary care in Wales](#), which provides more background and summary statistics about primary care services.

- 2 For many years Wales has had plans that aim to rebalance the system of care by moving resources towards primary and community care. The national primary care plan<sup>1</sup>, which ran until March 2018 set out a 'social model' of care to promote physical, mental and social well-being. The core principles in the plan were: planning care locally; improving access and quality; equitable access; a skilled local workforce; and strong leadership. Delivery of that plan was supported by the following developments:
- a **National workforce plan**<sup>2</sup>: expected health boards to build multi-professional teams for patients to access as a first port of call (see [Exhibit 2](#)).
  - b **Primary care clusters**: these are groups of neighbouring GP practices, other primary care services and partner organisations. There are 64 clusters and their role is to ensure planning and provision of services that are locally-led by people who understand local needs. In October 2017, the Assembly's Health, Social Care and Sport Committee published a report and made 16 recommendations following an inquiry into clusters<sup>3</sup>.
  - c **National Primary Care Fund**: introduced by the Welsh Government in 2015-16, the fund supports implementation of the national primary care plan. Between 2015-16 and 2017-18, the fund allocated around £120 million to health boards towards their integrated medium-term plans and workforce development plans for primary care, and pacesetter projects. Clusters were also allocated funding that they could decide how to invest. Some of the fund is retained centrally to support national action. Since 2018-19, the Welsh Government has continued to distribute around £43 million across the health boards' annual allocations.

1 Welsh Government, **Our Plan for a Primary Care Service for Wales up to March 2018**, February 2015

2 Welsh Government, **A Planned Primary Care Workforce for Wales**, 2015

3 National Assembly for Wales, Health, Social Care and Sport Committee, **Inquiry into Primary Care: Clusters**, October 2017

**Exhibit 2 – the future model for primary care relies on building multi-professional teams**

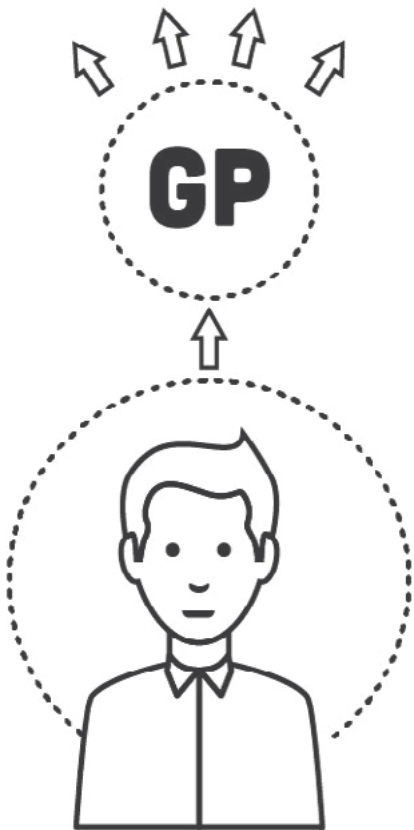
**In the past**

Patient goes to the GP as first port of call. The GP acts as a gateway to other services

**In the future**

The GP will continue to provide the first port of call for some patients. Patients will also be able to directly access many other services, thus freeing up GP time to see the sickest patients and those with complex chronic conditions.

**OTHER SERVICES**



Source: Wales Audit Office

- 3 Recent years have seen well-documented risks to the sustainability of primary care services, in particular GP practices. There are problems recruiting and retaining GPs, practice closures and perceptions of increased workload and poor work-life balance. There have been particular challenges with primary care out-of-hours services with our **July 2018 report showing that out-of-hours services were strained and not meeting targets.**
- 4 In June 2018, the Welsh Government published a plan for health and social care called **A Healthier Wales**. The plan builds on previous ambitions to shift care closer to people's homes and to bring health and social care closer together. The Welsh Government has set up a £100 million transformation fund (£50 million a year over the two years 2018-19 and 2019-20) to support projects that aim for closer working between health and social care.
- 5 In response to A Healthier Wales, the NHS, working with Welsh Government, has developed a **Strategic Programme for Primary Care** building on the work done to implement the national primary care plan since its publication in 2014. The programme consists of a strategic document, workstreams and action plans aimed at 'shifting the focus to a social model of care, ensuring timely access to primary care services when required and working seamlessly across the whole system'.
- 6 The Strategic Programme for Primary Care was launched in November 2018 and supports the implementation of the Primary Care Model for Wales. The model aims to ensure a whole systems approach to service redesign by setting out the key components that a good primary care system should contain. These key components include informed and empowered citizens, self-care, stronger community services, new first points of contact for patients including triage to ensure they are seen by the appropriate healthcare professional, better urgent care arrangements and stronger multi-disciplinary working. **Paragraph 1.6** provides more detail on the model.
- 7 During 2018, the Wales Audit Office reviewed primary care services in all health boards in Wales<sup>4</sup>. We focused on strategic planning, investment, workforce, oversight and leadership, and performance. In early 2019, we carried out interviews and document reviews to assess the national leadership and governance arrangements for improving primary care. This report describes the main issues and areas of progress we found.

4 Reports on primary care in each health board can be found on our website at [www.audit.wales](http://www.audit.wales).

## Main findings

- 8 While the NHS and Welsh Government are taking a range of steps to strengthen primary care, change needs to happen at greater pace and scale to tackle longstanding challenges and ensure sustainability of these vital services.

### The NHS and Welsh Government are taking a range of steps to strengthen primary care

- 9 While there have been plans to change primary care for many years, progress in implementing these has been limited and primary care has not always had a high enough profile within the NHS in Wales. Recent developments would suggest that the profile of primary care is increasing at both the national and local level, bringing with it, fresh opportunities and impetus for transformation.
- 10 A National Primary Care Board was established in March 2017 and the Primary Care Model for Wales has evolved during the past three to four years, before being formally endorsed by the National Primary Care Board in March 2018. An underpinning strategic programme was launched in November 2018. National lead roles have also been created to drive implementation of the model and the strategic programme. However, the model and the strategic programme are in their infancy so need to be kept under review.
- 11 Provision of innovation funding, to pump-prime change, has been a positive step. Health boards are using Welsh Government national primary care funding to test new ways of working. More work now needs to be done to spread good practice, improve evaluation of new approaches and ensure that once schemes prove themselves to be successful, they begin to receive sustainable, ongoing funding.

## Change needs to happen at greater pace and scale to address longstanding challenges and ensure strained primary care services are made fit for the future

- 12 Despite considerable investment and many plans for primary care transformation over the years, change has not happened as quickly or as widely as intended. There remains growing pressure on the traditional model of primary care and patients are experiencing continued difficulties in accessing appointments at GP practices.
- 13 The Primary Care Model for Wales promotes the development of multi-professional primary care teams, to reduce the current pressures on GPs and to improve access and services for patients. However, progress on implementing the model is patchy and the pace of change needs to be increased. There is also not yet a clear approach to quantifying the extent of progress in implementing the model, and there is only limited data on the numbers and roles of staff employed in primary care.
- 14 The NHS in Wales aims to shift resources towards primary care. While there is evidence of some resource shifting in this way, change has not been at pace and scale. We also found that, for many reasons, it is difficult to measure exactly how much money is spent on primary care, which complicates efforts to measure progress.
- 15 Faster progress is needed to improve the way that performance and activity is measured. The available data suggests mixed performance across Wales. But the data are limited and the current performance measures do not provide a clear picture of how well primary care services are performing and how much activity is happening within services. Activity monitoring and planning is complicated by difficulties standardising data from independent primary care contractors.
- 16 Health boards have created clusters to drive local leadership and planning of primary care. An inquiry by the Health, Social Care and Sport Committee made 16 recommendations to improve clusters. Public Health Wales subsequently developed a framework to improve cluster governance<sup>5</sup>. We found that much work remains to be done to ensure clusters have a clear remit, sufficiently broad membership and can drive change at pace and scale.
- 17 More needs to be done to involve the public in changes to primary care. While some elements of the Primary Care Model for Wales have been consulted upon with the public at a local level, there has not been formal consultation or public involvement in the overall model at a national level. Now that the model is beginning to be implemented, there is also a risk that the public will not understand or agree with the new ways of working.

5 Public Health Wales, **Cluster Governance Framework: A Good Practice Guide**, October 2018

## Recommendations

- 18 The table below sets out our national-level recommendations. We have already made local level recommendations through our reports at each health board.

### Recommendations

#### Improving primary care data

Monitoring of primary care performance and activity is limited. Current performance measures do not give an effective overview of whether patient outcomes are improved by primary care. Activity monitoring and planning is complicated by difficulties obtaining standardised data from independent contractors.

- R1** The Welsh Government should work with the National Primary Care Board to agree robust measures of patient outcomes in their suite of performance measures for primary care, and in doing so, they should look to collaborate with experts in measuring whole-systems outcomes.
- R2** The Welsh Government should work with independent primary care contractors to ensure the NHS in Wales has ongoing access to standardised information about their activity, to contribute to better planning and design of services.

#### Implementing the Primary Care Model for Wales

The Primary Care Model for Wales and the Strategic Programme for Primary Care provide a direction of travel but there is not yet a clear approach to quantifying the extent of progress in implementing these changes, and data on the numbers and roles of staff employed in primary care is limited. The Welsh Government should:

- R3** Strengthen its performance management of primary care within health boards by developing a method for quantifying each health board's progress in implementing the Primary Care Model for Wales.
- R4** Collect and regularly publish data on the number and type of staff working as part of multi-disciplinary primary care practice teams, with a view to monitoring the implementation of the multi-professional model.

## Recommendations

### Keeping the strategy under review

The Strategic Programme for Primary Care is in its infancy and partnership with social care and the third sector, through Regional Partnership Boards, will be crucial to transformation. The National Primary Care Board should:

- R5** Publish a review of progress in delivering the strategic programme in 2020-21. The review should seek opinions on progress from all key partners, including the Regional Partnership Boards.

### Strengthening clusters

The Health, Social Care and Sport Committee's cluster inquiry made 16 recommendations. Public Health Wales subsequently led the development of a good practice guide for cluster governance. Much work remains to be done to ensure clusters have a clear remit, broad membership and are able to drive change at pace and scale. The Welsh Government should:

- R6** Undertake and publish a stocktake of progress against the recommendations from the cluster inquiry and in implementing the cluster governance framework, with a view to supporting further development and maturity of clusters.

## Recommendations

### Shifting resources to primary care

From the existing data, it is difficult to quantify exactly how much the NHS in Wales is spending on primary care, and to assess whether health boards are succeeding in shifting resources towards primary and community care. A Welsh Health Circular<sup>6</sup> from July 2018 set out a new financial framework for supporting such shifts.

- R7** The Welsh Government should consult with health boards, to agree an approach to clarifying and standardising the way that primary care expenditure is recorded and reported.
- R8** The Welsh Government should work with health boards to evaluate, and if necessary, improve the effectiveness of the financial framework in supporting a shift in resources towards primary and community care.
- R9** As part of the Joint Executive Team process, the Welsh Government should require health boards to report annually on their progress in shifting resources towards primary care. The coverage of these reports should not be limited to financial resources and should include other resources such as staff and services. Through this process, the Welsh Government should hold to account the entire executive team of health boards, not just the executive directors for primary care.

### Involving the public

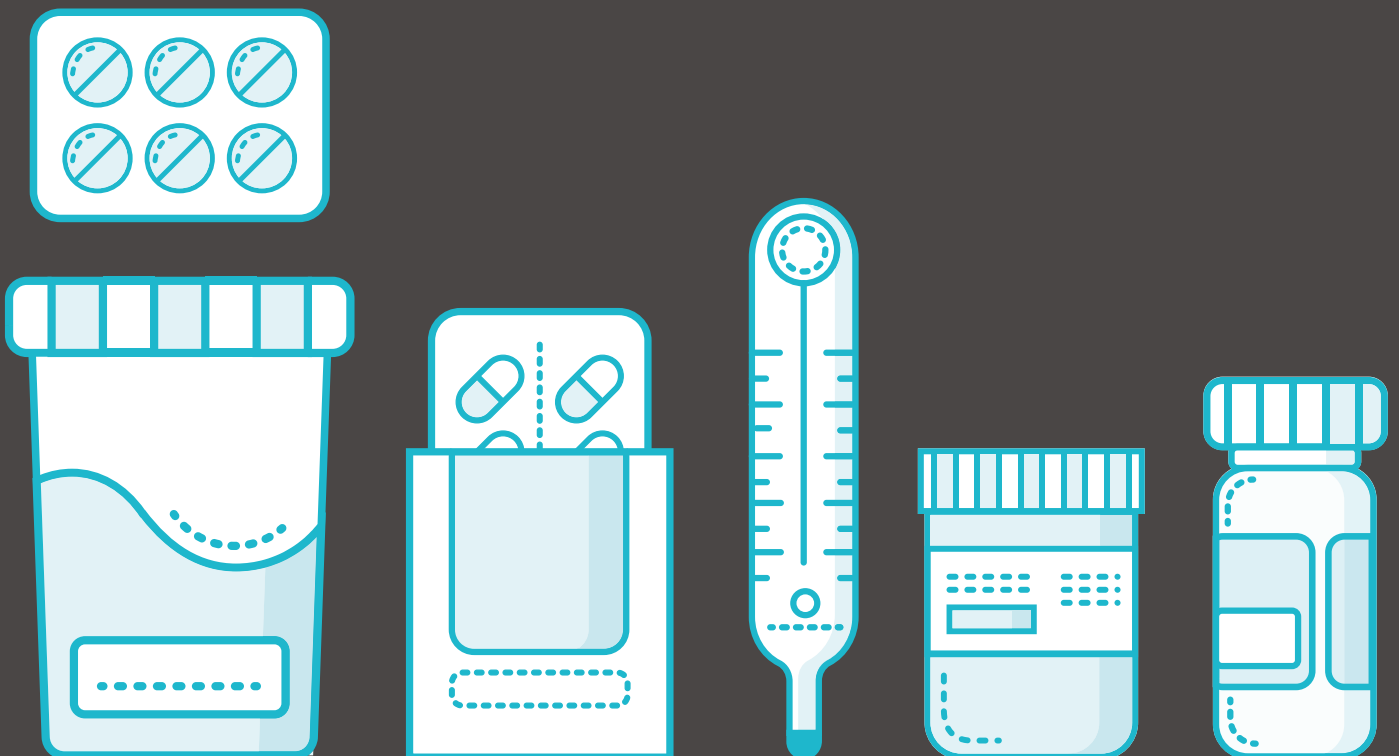
More needs to be done to involve the public in primary care changes. There is a risk that people will not understand or agree with the new ways of working. A centrally funded and led communication strategy is now in development and the Welsh Government has allocated each health board £20,000 a year since 2018-19 to improve public messaging about the model. The National Primary Care Board should:

- R10** Involve the public and/or bodies that represent the public in evaluating the approaches taken by health boards to improve their public messaging on primary care, with a view to sharing learning to inform the forthcoming communication strategy.

**6** Welsh Government, **Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/ Primary Service Delivery, Welsh Health Circular WHC (2018) 025**, July 2018

## Part 1

The NHS and Welsh Government are taking a range of steps to strengthen primary care



## Primary care is becoming a greater priority for the NHS in Wales, which provides an important opportunity for transformation

- 1.1 Previous national plans for primary care acknowledged that primary care does not always have a high-enough profile. The 2010 document, **Setting the Direction**, talked about an agenda 'dominated by the acute hospital'.
- 1.2 Despite health boards being integrated primary and secondary care organisations since 2009, there is still some way to go until primary care has an equal profile to secondary care. However, we found evidence that primary care is becoming a greater priority. For example, two health boards have recently strengthened their leadership arrangements, meaning five health boards now have a dedicated, Board-level director for primary care<sup>7</sup>. Whilst this is a positive step, there is also a risk that health boards will rely too much on these directors to deliver change in primary care. If health boards are to successfully transform primary care, this will require joined-up action from all members of their executive teams.
- 1.3 The introduction of the National Primary Care Board, alongside the more established boards for planned care and unscheduled care, has been a positive development in raising the profile of primary care. The primary care board was set up in March 2017, has representation from many stakeholders and is providing positive, collaborative leadership of change. The board reports to the NHS Wales Executive Board and oversees the work of the Directors of Primary and Community Care Group<sup>8</sup>.
- 1.4 The Welsh Government and other national bodies have taken a number of steps to raise the profile of primary care and to strengthen services. **Box 1** summarises some of these steps.

<sup>7</sup> Aneurin Bevan, Betsi Cadwaladr, Cwm Taf Morgannwg, Powys and Hywel Dda have Board-level directors responsible for primary care. Chief operating officers have responsibilities that include primary care in Cardiff and Vale and Swansea Bay.

<sup>8</sup> The Directors of Primary and Community Care Group is a peer group of primary care directors. It has a role in implementing national primary care priorities and providing leadership for transformation in primary care.

## Box 1 – Summary of national steps to address the challenges facing primary care

**Pacesetter programme** – The Primary Care Pacesetter Programme began in April 2015, aiming to stimulate innovation and promote primary care redesign. Twenty-four pacesetter projects were initially set up by health boards using £3.8 million a year from the National Primary Care Fund. Many of the projects employed different practitioners, like pharmacists and physiotherapists, to work in GP practices and tried out different ways for patients to contact their local practice. Fifteen additional pacesetter projects started in 2018-19 and are expected to run for two years. Further projects are being considered for pacesetter funding for 2020-2022.

**Ministerial Taskforce on Primary Care Workforce** – was established in 2016 to address problems with recruitment of GPs and other primary care professionals. The Minister for Health and Social Services brought together members from across all professions and took action regarding GP pay/ conditions and training and recruitment across primary care. It recently stood down as the work programme is being taken forward as part of the Strategic Programme for Primary Care.

**Indemnity scheme** – the Welsh Government introduced a Future Liabilities Scheme in April 2019 to try to address GP concerns about the cost of professional indemnity. The scheme covers clinical negligence liabilities that could occur due to actions of GPs and any other staff who provide primary medical services.

**GP contract increase** – in September 2018, GP partners received a 4% increase backdated to April 2018. Salaried GPs and dental practitioners received a 2% pay rise. Other benefits included more support for mentoring and coaching and a commitment to explore access to health board employment benefits.

## Box 1 – Summary of national steps to address the challenges facing primary care

**Train/Work/Live Wales campaign** – launched in May 2017 to attract and train more GPs, nurses and other professionals. In addition to showcasing Wales as a great place to live, incentives of £20,000 are offered to GP trainees accepting places to train and work in hard-to-recruit areas. All trainees receive around £2,000 towards exam costs. The number of GP training places remained static at 136 for many years and until recently there were problems filling places. Almost all places were filled in 2018 and Health Education and Improvement Wales will increase the number of trainee places to 160 from 2019<sup>9</sup>.

**Primary and Community Care Development and Innovation Hub** – the Hub was set up by the Primary Care Division, Public Health Wales, to coordinate support for health boards and clusters in delivering national primary care priorities. The Hub has played a major role in developing the Primary Care Model for Wales and hosts the Primary Care One website, a single point of access to important information for clusters.

**Standards on access to general medical services** – a set of national standards that all GP practices are expected to comply with, to develop innovative solutions and learn lessons from other practices in their cluster, to drive improvements to access<sup>10</sup>. The Welsh Government launched the standards on 20 March 2019 and expects GP practices to meet these standards by 31 March 2021<sup>11</sup>.

Source: Wales Audit Office

9 Welsh Government, **Plans to increase GP training places in Wales**, June 2019

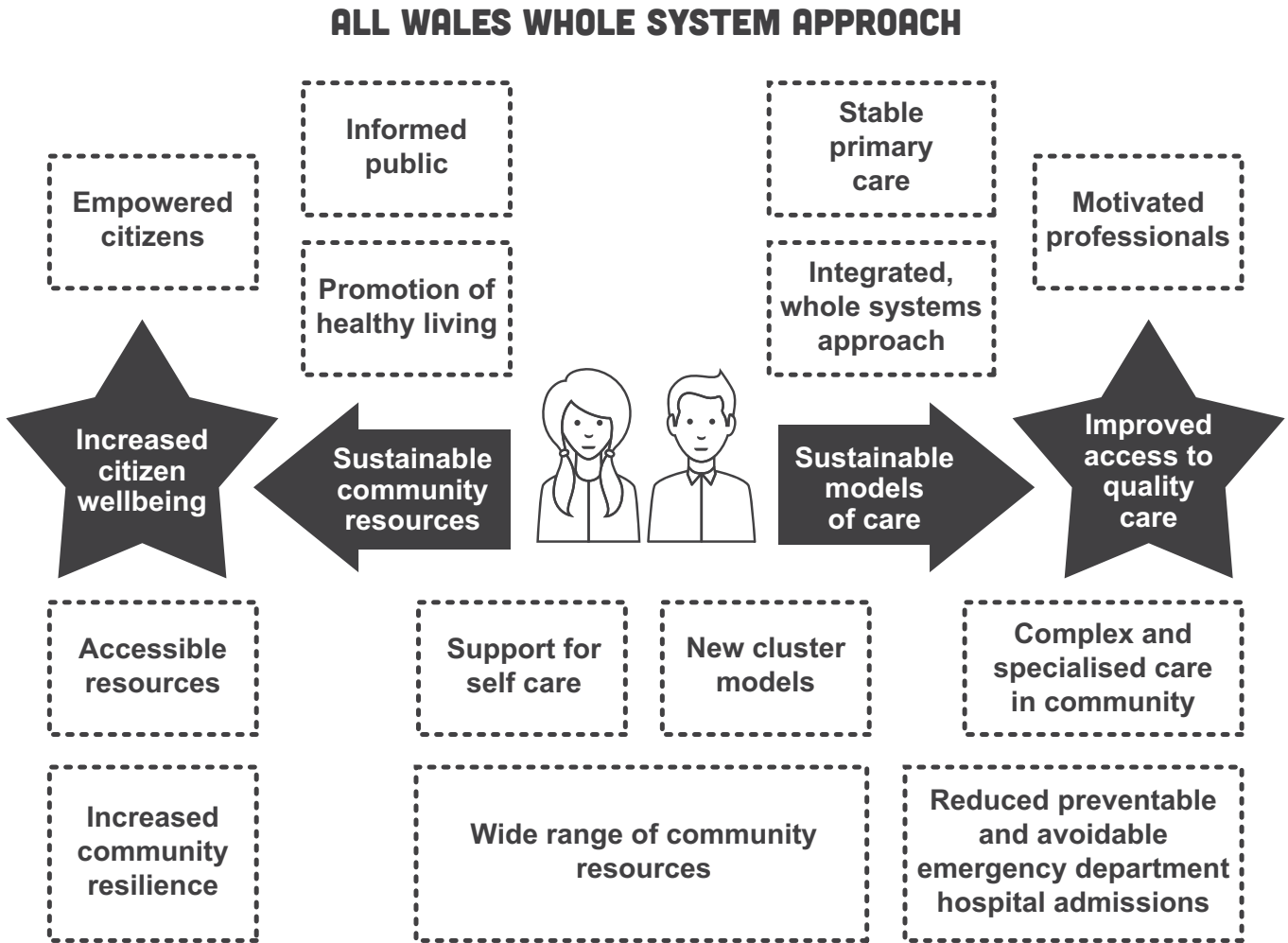
10 Vaughan Gething, Minister for Health and Social Services, **Written Statement: Access to General Medical Services**, March 2019

11 Welsh Government, **New standards for GP practices to raise and improve level of service for patients in Wales**, March 2019

## The NHS is strengthening primary care planning through a specific model, a national strategic programme and dedicated national leadership roles

- 1.5 The NHS in Wales is taking steps to strengthen the planning and delivery of strategic change in primary care. The NHS has introduced a tiered approach where primary care planning is happening at a national level, health board level and cluster level.
- 1.6 At a national level, the Primary Care Model for Wales aims to ensure a whole systems approach to service redesign. As summarised in [Exhibit 3](#), key components of the model include informed and empowered citizens, self-care, stronger community services, new first points of contact for patients and stronger multi-disciplinary working. The model has emerged from the new ways of working that have been successful in the pacesetter programme. The model has evolved over the last three to four years, with its name changing at least twice.
- 1.7 During 2019-20, the Welsh Government is funding the development of a national evaluation framework to be used locally to report on the impact of the Primary Care Model for Wales. The evaluation is intended to provide interim assurance of progress in implementing the model. The Primary and Community Care Development and Innovation Hub will share learning across Wales from 2020.

Exhibit 3 – the Primary Care Model for Wales



Source: Wales Audit Office adaptation of a diagram from the **Strategic Programme for Primary Care**, November 2018

- 1.8 The Strategic Programme for Primary Care<sup>12</sup> has been established to provide key workstreams to support the implementation of the primary care model. The National Primary Care Board recognises that the model needs to evolve again to focus more on prevention and wellness, and to move towards the social model of care described in A Healthier Wales. To improve coordination and delivery of change, the strategic programme has six workstreams<sup>13</sup>, each jointly led by a director of primary and community care and a professional lead who has specific expertise in the area of work. Each workstream is developing an action plan focused on critical areas that need further development in order to deliver the vision.
- 1.9 The Welsh Government has strengthened senior leadership arrangements to drive change. The chief executive of Aneurin Bevan University Health Board has lead responsibility for primary care, including primary care out-of-hours services and the 111 service<sup>14</sup>. There is a National Director and Strategic Programme Lead for Primary Care and a programme manager was appointed in March 2019 to drive the strategic programme. There is also a national professional lead for primary care. These arrangements are a positive step as they increase the capacity and skills dedicated to driving change in primary care.
- 1.10 The Welsh Government provides direction to the health boards through its guidance on the health board integrated medium-term plans. Our local work found that health board primary care plans aligned with the key aspects of the national priorities. We also found that all clusters had plans setting out priorities for improving primary care in their local area, and all health boards had primary care plans that were, to some extent, fed by the cluster plans.
- 1.11 Analysis by the Primary and Community Care Development and Innovation Hub, on behalf of the Directors of Primary and Community Care Group, was undertaken to review the focus on the Primary Care Model for Wales by health board executive teams and boards. The findings indicate that primary care and community services have greater prominence within health boards' integrated medium-term plans for 2018-19 than in previous years<sup>15</sup>.

12 National Primary Care Board, **Strategic Programme for Primary Care**, November 2018

13 1. Prevention and well-being, 2. 24/7 Model, 3. Data and Digital Technology, 4. Workforce and Organisational Development, 5. Communication and Engagement, 6. Transformation and the Vision for Clusters.

14 The Welsh Ambulance Services NHS Trust has responsibility for the service delivery and provision of 111 call handling and triage.

15 Public Health Wales, **Review of Health Board IMTPs (2018-19): Primary Care Transformation Perspective**, November 2018

## New ways of working are emerging but there is a need to spread good practice, improve evaluation and ensure sustainable funding for successful schemes

1.12 The Primary Care Pacesetter Programme began in April 2015, aiming to stimulate innovation. In 2015-16, as part of the £43 million National Primary Care Fund<sup>16</sup>, the Welsh Government allocated £3.8 million to health boards, on a recurring basis, for the projects which make up the national pacesetter programme. Twenty-four projects were initially set up to test out new ways of working in primary care. Many of the projects employed different practitioners, like pharmacists and physiotherapists, to work in GP practices and tried out different ways for patients to contact their local practice. Fifteen new projects were started in 2018-19 and are expected to run for two years<sup>17</sup>. Further project are being considered for pacesetter funding for 2020-2022.

1.13 Our work in health boards highlighted three main issues with pacesetters:

- **Slow spread of good practice** – we found that health boards and clusters were piloting new ways of working but in many cases, good practice had not spread far beyond the original pilot.
- **Limited evaluation of new ways of working** – we found limitations in approaches to evaluating new ways of working, such as a lack of a standardised methodology to provide evidence of positive outcomes and to inform decisions on whether to expand these ways of working.
- **Difficulties in mainstreaming funding** – we found that health boards can struggle to sustain and mainstream successful schemes once the pacesetter programme funding ends.

<sup>16</sup> The main items within the £43 million fund included £26 million to support the delivery of health board plans for primary and community care, £10 million for the clusters, and £3.8 million for the pacesetters. There was also funding to encourage specific services, such as anticoagulation services and services for wet age-related macular degeneration, to shift from hospitals to community settings.

<sup>17</sup> The list of all projects can be found at the following links:  
[www.primarycareone.wales.nhs.uk/projects](http://www.primarycareone.wales.nhs.uk/projects) and  
[www.primarycareone.wales.nhs.uk/page/95999](http://www.primarycareone.wales.nhs.uk/page/95999)

- 1.14 In June 2018, the **University of Birmingham published an independent appraisal** of the pacesetter programme, commissioned by the Primary and Community Care Development and Innovation Hub on behalf of the Directors of Primary and Community Care Group. It concluded that the programme had been a 'valuable experience' for those leading individual projects, and for health boards. The appraisal also found a need for:
- greater clarity about the objectives and sustainability plans for each project;
  - better governance for the programme, involving a wider range of stakeholders;
  - more time for health boards to develop their project proposals;
  - more patient and community input when designing the projects;
  - project management and evaluation support for those leading projects;
  - a better evaluation framework for the projects; and
  - more structured opportunities for sharing learning between health boards.
- 1.15 The appraisal led to an all-Wales learning event and a workshop, where key messages were explored with various stakeholders at the Regional Partnership Board level. Building on the findings of the appraisal, and at the request of Welsh Government, the Directors of Primary and Community Care Group undertook its own evaluation of pacesetters, specifically to support the roll out of the 2019-20 pacesetter programme. The group assessed whether the pacesetters covered all of the themes in the Primary Care Model for Wales and aligned with the three aims of the National Primary Care Fund, namely sustainability, improved access and increasing the availability of care in the community. The evaluation concluded that all components of the model have been covered by the pacesetters although some elements have had greater emphasis, such as multi-disciplinary working.
- 1.16 The evaluation also reported that health boards are working on how successful schemes can be adapted and adopted across Wales through the integrated medium-term planning process. Further work is now planned to strengthen evaluation and facilitate the roll out of successful programmes into other areas<sup>18</sup>.

**18 Directors of Primary and Community Care Group, Review of 2018/19 Pacesetter Programme and Proposals for 2019/2020 Programme, January 2019**

## Part 2

Change needs to happen at greater pace and scale to address longstanding challenges and ensure strained primary care services are made fit for the future



## There are increased pressures on the traditional model of primary care and continued difficulties in accessing appointments

- 2.1 There are a number of trends that suggest growing pressure on the traditional GP practice model. **Appendix 1** describes these trends in detail and the bullet points below summarise the key points:
- a the number of GP partnerships<sup>19</sup> in Wales has reduced. In 2014 there were 462 partnerships but in 2018 this had reduced to 420. This is partly due to mergers of partnerships to create larger practices but is also due to closures when practice lists are dispersed to other practices.
  - b the number of GP practitioners in Wales has fluctuated but in 2018, there were 42 fewer GPs than in 2014. The number of GP locums increased by 144 between September 2015 and September 2018, suggesting a shift of service provision that relies more on temporary staff.
  - c the number of GPs per 100,000 population in Wales has fallen slightly from 63.2 in 2014 to 62.6 in 2018. This is higher than England (58) but much lower than Scotland (76)<sup>20</sup>.
  - d the age profile of GPs has been raised as a concern for the sustainability of services because older GPs are more likely to retire in the near future. The data show that between 2014 and 2018, the proportion of GPs aged over 55 has actually reduced slightly while the proportion of GPs in the 30-44 age group has increased.
- 2.2 There are limitations in the current data relating to numbers of GPs, for example there is no recording of how many hours each GP works, with many working part-time. Whole time equivalent data has not been available since 2013. The Welsh Government has launched the Wales National Workforce Reporting System to secure better data which should in future create a clearer picture of the GP workforce, and the pressures it is facing.
- 2.3 The General Practitioners Committee Wales has highlighted some of the increasing pressures on GP workload. The committee says these include changes to the Personal Independence Payment scheme requiring additional letters from GPs; local authorities increasingly requiring a mobility assessment for disabled people to support applications for a Blue Badge; and patients on hospital waiting lists being re-referred back to the GP in order to expedite appointments.

<sup>19</sup> Welsh Government, **General medical practitioners: as at 30 September 2018**, March 2019

<sup>20</sup> Nuffield Trust, **Is the Number of GPs Falling Across the UK?** May 2019

- 2.4 There are also some financial issues that threaten the sustainability of the traditional GP practice model because they could potentially persuade GPs to retire early. These issues are summarised below:
- **NHS Pension Scheme changes** – the amount of pension that GPs can accrue over their career and the annual amount of pension they can accrue without being taxed have both reduced. This is reported to be contributing to doctors retiring at a younger age and is persuading some doctors to cut back on the number of sessions they work. The UK Government is considering how to respond to these challenges.
  - **Last person standing** – GP partnerships share financial liabilities (and any benefits) across all partners. If several partners retire or leave for other reasons, one partner may be left with outstanding liabilities<sup>21</sup> of the practice. If the remaining partner cannot find other doctors to take on the partnership, they may decide to close the practice. The Welsh Government is now considering steps to address this.
- 2.5 Ongoing changes to national IT systems are also adding to the pressure on some GP practices. Around half of the practices in Wales have had to change the supplier of their practice IT system after the original supplier's contract ended. There have been delays in implementing the new systems and some affected GPs have expressed concerns at the significant disruption involved in these changes
- 2.6 When a GP practice is at risk of closure, the health board follows a formal process to decide whether or not to maintain that practice's services by taking over the direct management of the practice. The number of directly managed practices in Wales fluctuates but at the time of our fieldwork in 2018, there were 24 practices managed directly by five health boards. While some health boards have used primary care support units for many years to provide short-term support to prevent GP practices from failing, we found that health boards are increasingly using these units to take over the management of practices.
- 2.7 In many areas in Wales people are experiencing difficulties getting an appointment with a GP. The proportion of people finding it difficult to get an appointment decreased slightly from 42% in 2017-18 to 40% in 2018-19 although this level remains of concern and varies around Wales (**Exhibit 13**)<sup>22</sup>. **Exhibit 14** and **Exhibit 15** suggest a small improvement in GP practice opening hours. There has also been an increase in the overall rate of satisfaction with care received at GP appointments, from 86% in 2017-18 to 93% in 2018-19<sup>23</sup>.

21 Such liabilities could include leases on rented buildings, outstanding mortgage, negative equity on buildings and redundancy payments.

22 Welsh Government, **National Survey for Wales 2018-19: Hospital and GP Services**, June 2019

23 Welsh Government, **National Survey for Wales 2018-19: Hospital and GP Services**, June 2019

## Progress is patchy in delivering a multi-professional primary care model

- 2.8 The NHS in Wales is working on long-term solutions to sustainability in primary care by increasing the number and range of other professionals working in primary care settings. This is partly about relieving the pressures on the current GP-centric model of care, but it is also about creating a better model of care where patients have improved access to a wider range of professionals. **Box 2** summarises some of the new roles that are supporting the move towards implementing the multi-professional model.

### Box 2 – Examples of steps taken towards implementing the multi-professional model

**Physiotherapists** – direct access to physiotherapy aims to reduce the need for GP appointments and provide more timely assessment and treatment for musculoskeletal conditions. The Chartered Society of Physiotherapy has guidance<sup>24</sup> including costings to support clusters considering employing physiotherapists.

**Pharmacists** – pharmacists are undertaking wider roles in practices, such as providing prescribing advice, undertaking annual reviews of patients' medication and independent prescribing. These pharmacists can be employed by the practice, or the health board and may work in an individual practice or across several practices or clusters.

**Advanced nurse practitioners** – have had additional training to allow them to diagnose, prescribe medications and treat a wide range of acute illnesses and chronic conditions within their scope of practice.

**Physician associates** – clinically trained healthcare professionals who work with a dedicated medical supervisor but can work autonomously with appropriate support.

**Lifestyle support, social prescribers and community connectors** – because health is influenced by social, economic and environmental factors, social prescribing aims to help people access different activities. These professionals go by different names but are being piloted in a number of clusters.

Source: Wales Audit Office

24 Chartered Society of Physiotherapy, **General Practice Physiotherapy Posts: A Guide for Implementation and Evaluation in Wales**, July 2017

2.9 Despite these positive steps, we found that progress in implementing the multi-professional model has been patchy. Our local work found a number of barriers<sup>25</sup> to expanding the model, as summarised below:

- filling vacancies can create gaps elsewhere as professionals are recruited from other parts of the health and care system.
- many of the new roles require supervision, training and mentoring. This can mean the new roles are not immediately autonomous, and there can be a significant time commitment from those providing the oversight, which can make it more difficult to meet patient demand.
- more needs to be done to share and spread good practice to ensure these extended roles are implemented at pace and scale.
- there needs to be more strategic thinking about the development of these new roles. For example, there could be benefits from introducing more standardised training, job descriptions and specific career paths for these professionals.

2.10 The NHS in Wales is now taking steps that attempt to address some of the issues listed above. The Welsh Government recognises that implementation of the Primary Care Model for Wales is inconsistent and expected health boards to respond to this in their integrated medium-term plans<sup>26</sup> covering 2019-20 to 2021-22. In addition, a national compendium of role descriptors has been developed. Clusters considering employing staff can now use the descriptors to prevent unhelpful variation in the roles and remits of these professionals across Wales<sup>27</sup>.

2.11 The Strategic Programme for Primary Care workstream on workforce is pulling together learning from the pacesetters to address issues related to pay and employment and to make primary care a more attractive place to work. The workstream is also developing a cluster workforce planning tool and important work is ongoing between Health Education and Improvement Wales and Social Care Wales to develop a workforce strategy to cover all of health and care by November 2019.

<sup>25</sup> The August 2018 report by the Primary and Community Care Reference Group entitled *Multi-Professional Roles within the Transforming Primary Care Model in Wales*, provides more detailed evidence about these barriers and issues.

<sup>26</sup> Welsh Government requires all health boards and NHS trusts to submit an integrated medium-term plan setting out how resources will be used over a three-year period. The plan must: address areas of population health need; improve health outcomes and quality of care; and ensure best value from resources.

<sup>27</sup> NHS Wales Shared Services Partnership, *Workforce, Education and Development Services, Emerging Roles and Models in Primary Care*

## Progress has been slow in shifting resources towards primary care although it is difficult to quantify exactly how much is spent on primary care

2.12 Exhibit 4 provides basic analysis from the NHS accounts of expenditure on contracted primary care services. When inflation is accounted for, the figures suggest a small (0.4%) real terms increase in primary care spending by health boards between 2014-15 and 2018-19<sup>28</sup>. Within this overall figure are large increases in general medical services and ophthalmic services.

Exhibit 4 – the NHS accounts suggest a small increase in primary care spending in Wales but limitations in these data make robust trend analysis difficult

	£ millions				
	2014-15	2015-16	2016-17	2017-18	2018-19
Prescribed drugs and appliances	511.8	522.3	519.6	523.9	507.7
General Medical Services	476.1	486.7	487.2	517.6	550.1
General Dental Services	172.5	173.0	173.9	178.2	185.2
Pharmaceutical Services	151.7	148.7	150.1	150.5	151.4
General Ophthalmic Services	32.0	32.6	39.0	41.6	42.0
Other Primary Health Care expenditure	25.7	31.4	29.6	34.7	36.3
<b>Total</b>	<b>1,369.7</b>	<b>1,394.6</b>	<b>1,399.3</b>	<b>1,446.4</b>	<b>1,472.7</b>

Source: Wales Audit Office analysis of the health boards' annual accounts.

<sup>28</sup> For an explanation of the categories of spending see the Wales Audit Office report, **A picture of primary care in Wales.**

- 2.13 However, [Exhibit 4](#) does not provide a particularly robust picture of primary care spending because it does not include spending in relation to the National Primary Care Fund (see [paragraph 2c](#)), nor does it include spending in relation to other central funds that are indirectly relevant to primary care. These funds include the £100 million transformation fund (see [paragraph 4](#)), the Integrated Care Fund and the Efficiency Through Technology Fund.
- 2.14 A key finding from our work is that it is difficult to quantify exactly how much the NHS in Wales is spending on primary care, and how much this is changing over time. We reached this conclusion because:
- a spending on some aspects of primary care is not consistently categorised across health boards, making comparisons difficult across organisations.
  - b accounting changes over time make trend analysis difficult, and complicate efforts to monitor whether the NHS is achieving its ambition of shifting resources toward primary care.
  - c primary care services and primary care transformation can be funded from multiple sources, making it difficult to track and compare the totality of investment in primary care.
  - d some health board primary care activities are not included in the primary care section of their accounts, meaning the accounts do not represent the totality of spending on primary care. Examples include contracts with voluntary organisations and spending on health board staff that support primary care services.
  - e in some services and specialties, elements of service provision are provided in primary care, whilst other elements are provided in hospital. The cost of the primary care elements is often difficult to define.

2.15 We assessed whether health boards are taking specific actions to achieve a shift in resources towards primary and community care. The bullet points below suggest health boards are taking some actions but faster progress is required:

- all health boards have examples of some secondary care services now being delivered in primary or community settings (ie shifting certain audiology services into GP practices, employment of diabetes nurses in primary care, and shifts in physiotherapy and occupational therapy services). However, these are fairly isolated examples rather than examples of a wholesale shift at pace and scale.
- no health boards have set targets for moving resources towards primary care.
- no health boards have quantified the total amount of resource moved towards primary care since the inception of the national primary care plan in 2014.
- health boards' plans for transforming primary care have limited detail about how changes will be afforded.
- overall financial deficits can complicate efforts to shift funding and silo working within health boards can result in departments protecting their budgets.

2.16 In July 2018, Welsh Government issued a financial framework to help support the shift of secondary acute services to primary and community delivery<sup>29</sup>. The framework provides detailed guidance for health boards on developing a business case approach to service change and financial savings without jeopardising the quality of care. This report includes a recommendation for the Welsh Government to work with health boards to evaluate, and if necessary, improve the effectiveness of the financial framework.

**29 Welsh Government, *Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery, Welsh Health Circular WHC (2018) 025*, July 2018**

## Monitoring of primary care performance and activity is limited and the available data suggest mixed success

- 2.17 We found that performance monitoring in health boards was being hampered by difficulties in obtaining and standardising important primary care data. For example, activity data, such as numbers of appointments and time taken during appointments, could be helpful in planning and monitoring the workload of primary care services. However, GPs, community pharmacists, dentists and optometrists are independent contractors, so the NHS does not have automatic rights to their data. There are also difficulties in ensuring the data collected by independent contractors is standardised and comparable.
- 2.18 We found weaknesses in the national targets, which can have an influence on where health boards invest their time and resources. Current targets<sup>30</sup> for primary care cover things that are easily measurable, such as numbers of immunisations, quantities of prescribed medicines, and opening times of GP surgeries. **Appendix 2** sets out the performance achieved by the health boards against these national targets and shows a mixed picture of performance. A report<sup>31</sup> on attainment of quality improvement measures by Primary and Community Care Development and Innovation Hub in December 2018 found similar variation across health boards and at cluster level. However, the current suite of targets does not provide an effective overview of whether patient outcomes are being improved by primary care.
- 2.19 The Welsh Government reviews the overall performance of health boards through twice-yearly Joint Executive Team meetings with NHS bodies. Primary care is only a small part of these arrangements. The Welsh Government is looking to strengthen the oversight of primary care through the development of delivery milestones for the Primary Care Model for Wales and by increasing the number of primary care measures considered as part of monitoring arrangements. The Welsh Government is also planning to improve scrutiny of primary care performance by publishing an annual, national report on primary care performance.

<sup>30</sup> As described in the NHS Wales Delivery Framework and Reporting Guidance 2018-2019.

<sup>31</sup> Public Health Wales, Primary Care Division, **Primary Care Measures: National Variation Report**, December 2018

- 2.20 In addressing a national primary care conference in November 2018, the Minister for Health and Social Services acknowledged weaknesses in how primary care is monitored. He urged consideration about what is measured and proposed an indicator based on the time that people spend at home, as opposed to measuring the time they spend in hospital.
- 2.21 Work is underway to introduce more meaningful primary care measures. The Primary and Community Care Development and Innovation Hub developed a set of revised measures for which information is readily accessible<sup>32</sup>. These measures were made available to health boards on the Primary Care Information Portal in March 2018 and as a report in December 2018<sup>33</sup>. From 2018-19, the Welsh Government required health boards, through clusters, to use the measures to inform their primary care plans. The data and digital technology workstream of the strategic programme is developing additional measures.

**Much work remains to be done to ensure primary care clusters have a clear remit, broad membership and are able to drive change at pace and scale**

- 2.22 Primary care clusters (described in [paragraph 2b](#)) were established in 2010 but as shown in [Exhibit 5](#), very few cluster leads considered their clusters to be 'mature'.

32 These measures include GP practice indicators such as measuring alcohol consumption and medication reviews; public health indicators around screening and circulatory disease mortality rates; and dental indicators such as access to dental care for children and adults.

33 Public Health Wales, **Primary Care Division, Primary Care Measures: National Variation Report**, December 2018

34 Welsh Government, **Phase 2 – primary care quality and delivery measures, Welsh Health Circular WHC (2018) 026**, July 2018

## Exhibit 5 – only nine cluster leads thought their cluster was at a mature stage of development

The table shows how cluster leads rated the maturity<sup>35</sup> of their cluster.

	Developmental	Stable and starting to deliver	Mature	No response
Abertawe Bro Morgannwg	1	4	2	4
Aneurin Bevan	1	6	0	5
Betsi Cadwaladr	2	5	1	6
Cardiff and Vale	0	5	2	2
Cwm Taf	1	5	2	4
Hywel Dda	0	4	1	2
Powys	1	1	1	2
<b>Wales</b>	<b>6</b>	<b>30</b>	<b>9</b>	<b>25</b>

Note: We sent an online survey to leads at all 64 clusters in Wales in April 2018. The overall response rate was 64% (45/70). A total of 70 responses were received reflecting returns from both cluster and GP network leads in Powys, and more than one lead for each cluster replying in Cwm Taf.

Source: Wales Audit Office survey of cluster leads

<sup>35</sup> 'Developmental' was defined as 'Still at early stages of development with significant support required: not all cluster members fully engaged'. 'Stable and starting to deliver' was defined as 'Starting to deliver some benefits but still early days, ongoing support required and full potential yet to be reached'. 'Mature' was defined as 'All cluster members fully engaged; delivering across a number of areas in line with the cluster plan'.

- 2.23 Some confusion remains about the role and remit of clusters. During our fieldwork, we heard how the work of some clusters remains too focused on GP practices rather than the wider primary care system. And we heard how the membership of some clusters needs to broaden. Our cluster lead survey revealed that while the majority of clusters had third sector representation, approximately half had local authority representation, and very few had a lay member.
- 2.24 Our fieldwork also revealed some concerns about the effectiveness of clusters in driving change at pace and scale. Some interviewees told us that clusters can struggle to take timely decisions, particularly around spending and procurement, which can delay service changes. We also heard mixed views about whether or not clusters should have more or less financial autonomy from their health boards.
- 2.25 In October 2017, the Health, Social Care and Sport Committee reported on its inquiry into primary care clusters. The report concluded that clusters had achieved many positive developments but highlighted issues with the pace and nature of clusters, including the need for a broader membership base. Funding arrangements, ICT, workforce and premises were also highlighted as areas where faster change was required. The committee also suggested work should be undertaken to raise public awareness of the benefits of changes to service models. The committee made 16 recommendations although the Welsh Government rejected five, saying that they did not want to limit the autonomy of clusters to develop based on their local circumstances by being too prescriptive.
- 2.26 In October 2018, the Primary and Community Care Development and Innovation Hub coordinated production of a **governance framework** for primary care clusters. The framework was developed with the aim of addressing some of the recommendations from the cluster inquiry and covers key areas such as employing staff, financial arrangements and quality assurance. This is a positive development, although it is too soon to know whether the framework is being used effectively.

2.27 Clusters remain an important aspect of the future of primary care although transformation will require effective joint working between many organisations and groups. A Healthier Wales sets out a vision for seamless health and social care, building on foundations of local innovation, 'including through clusters of primary and community care providers'. A Healthier Wales says that Regional Partnership Boards<sup>36</sup> will 'occupy a strong oversight and coordinating role' and are at the heart of driving change. The Regional Partnership Boards have been allocated monies from the £100 million transformation fund. The National Director & Strategic Programme Lead for Primary Care has a schedule of attendance at Regional Partnership Boards and health boards to provide primary care representation. The NHS in Wales will need to keep in view its engagement with Regional Partnership Boards, to ensure primary care transformation is driven by all relevant stakeholders.

### More needs to be done to involve the public in changes to primary care to ensure that people understand how the model will work

2.28 Our local work found variation in the extent to which health boards engaged with the public when developing their plans for primary care. For some health boards we found little or no evidence of public engagement. The approach taken by the rest of the health boards ranged from consulting the public when developing their plan, to engagement on specific projects or service changes.

2.29 The development of the Primary Care Model for Wales has been a gradual evolution that has incorporated good ideas and successful new ways of working as they have arisen. While some elements of the model have been consulted upon with the public at a local level, there has not been formal consultation or public involvement in the overall model at a national level.

2.30 At the national primary care conference in November 2018, the Board of Community Health Councils talked about the importance of public involvement. They stressed that the public care deeply about primary care, although they do not always fully understand what their local services are. The presentation also stated that people fear change they do not understand.

<sup>36</sup> In April 2016, seven statutory regional partnerships came into being through the Social Services and Well-being (Wales) Act 2014. Their purpose is to drive the strategic regional delivery of social services in close collaboration with health.

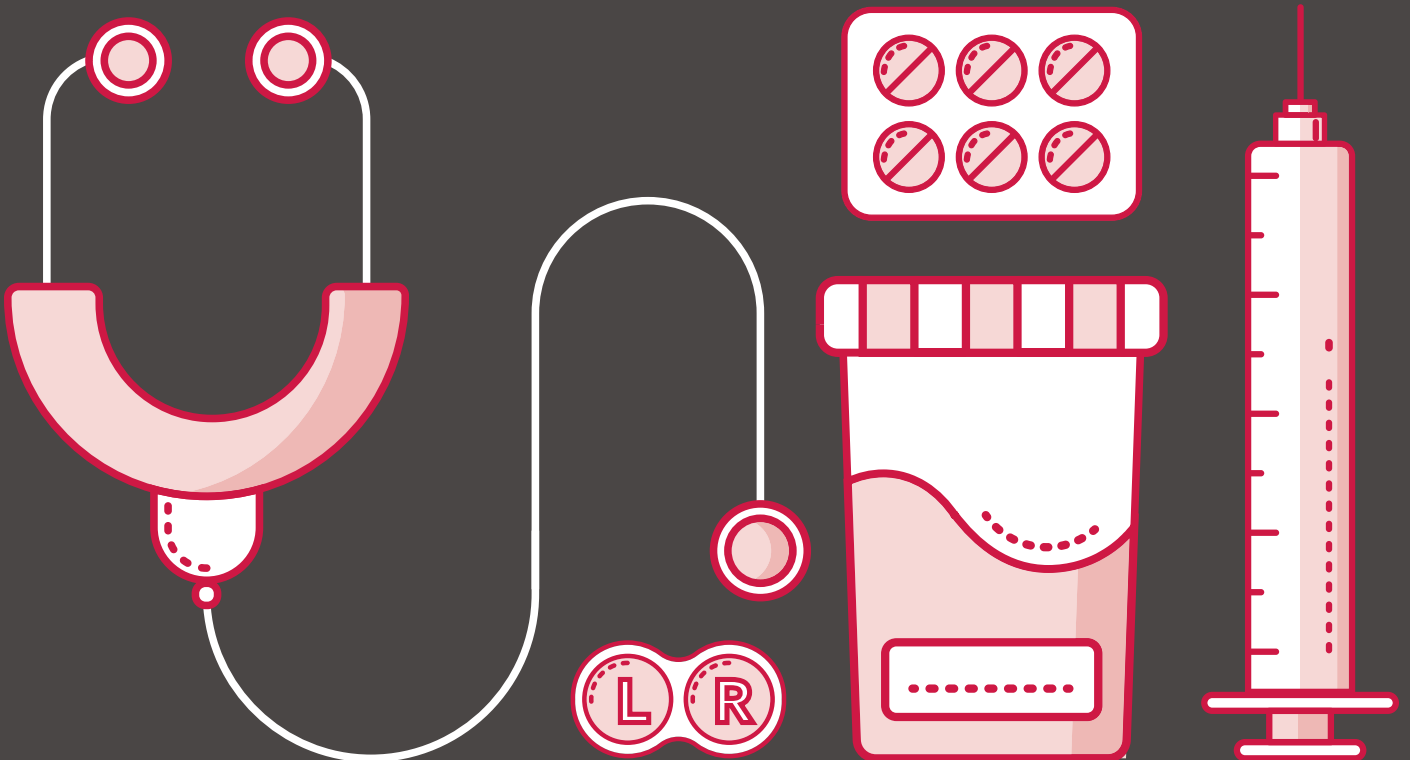
- 2.31 The findings of our work suggest that given the lack of involvement of the public, there is the potential for confusion and disagreement with the proposed new ways of working in the model. There is also a need to increase awareness, understanding and support for the model amongst NHS staff, who can guide patients to the right service and can act as advocates for the new ways of working.
- 2.32 The Welsh Government has allocated each health board £20,000 a year since 2018-19 to support local activities that improve communication and public messaging about the model. The local activities are based on a national-agreed set of messages. The strategic programme for primary care includes a specific workstream for communication and engagement. This workstream has produced a national communications strategy and a national campaign in 2019.

# Appendices

Appendix 1 – Workforce data

Appendix 2 – Performance data

Appendix 3 – Our methods



## Appendix 1 – Workforce data

This appendix shows trends in some key data related to the primary care workforce.

There are limitations in the current data relating to numbers of GPs, such as not recording how many hours each GP works, with many working part-time. Whole time equivalent data has not been available since 2013. Welsh Government has launched the Wales National Workforce Reporting System to secure better data which will create a clearer picture of the GP workforce, and the pressures it is facing, in future.

### Exhibit 6 – trends in the number of GP partnerships in Wales

There were 420 GP partnerships in 2018, a drop of 42 since 2014. This is an overall decrease of 10% although rates vary from no change in Powys to a fall of 18% in Cwm Taf.

Health Board	2014	2015	2016	2017	2018	Change 2014-2018 (Number)	Change 2014-2018 (%)
Abertawe Bro Morgannwg	76	75	73	71	67	-9	-13%
Aneurin Bevan	88	86	81	79	78	-10	-13%
Betsi Cadwaladr	114	111	109	107	105	-9	-9%
Cardiff and Vale	66	66	66	66	63	-3	-5%
Cwm Taf	46	45	42	42	39	-7	-18%
Hywel Dda	55	54	53	50	51	-4	-8%
Powys	17	17	17	17	17	0	0%
<b>Wales</b>	<b>462</b>	<b>454</b>	<b>441</b>	<b>432</b>	<b>420</b>	<b>-42</b>	<b>-10%</b>

Note: The table does not distinguish between resolved partnerships, ie practice lists which have been dispersed to other practices, or practice mergers ie where a new/larger partnership was formed.

Source: Welsh Government, **General medical practitioners: as at 30 September 2018**, March 2019

## Exhibit 7 – trends in the number of GPs working in Wales

There has been a decrease of 42 GP practitioners since 2014 while there has been an increase in GP locums of 144.

	2014	2015	2016	2017	2018	Change 2014-2018 (Number)
All practitioners (excluding GP Registrars, GP Retainers & locums)	2,006	1,997	2,009	1,926	1,964	-42
GP Registrars (1)	220	231	232	239	230	10
GP Retainers (2)	23	25	19	17	14	-9
GP Locums (3)	---	634	684	754	778	144 (2015-2018)
Other practice staff (4)	7,192	7,379	7,341	7,299	7,505	313
Registered patients (millions)	3.17	3.19	3.2	3.2	3.14	-0.03

Note: Welsh Government obtains this data every 30 September from NHS Digital generated from the Exeter (GP payments) system. Welsh Government has concerns about the quality of the data and has undertaken validation work in 2018. In future, data will be collected through Wales National Workforce Reporting System.

Source: Welsh Government, **General medical practitioners: as at 30 September 2018**, March 2019

- (1) A practitioner employed for the purpose of training in general practice and in respect of whom a training grant is paid. A GP registrar is either in their second or third year so the GP registrars are not all in the same cohort.
- (2) A practitioner who provides service sessions in general practice. They undertake the sessions as an assistant employed by the practice and are allowed to work a maximum of 4 sessions each week.
- (3) A GP who deputises temporarily at a GP Practice, usually to cover for an absent GP Practitioner. Such cover should last for no more than 6 months. The GP locums data includes the number of locums registered to work on the Medical Performers List, not the number who were working at that point in time, or who had completed any work during the year.
- (4) Includes qualified nurses providing a wide range of services, other staff providing direct patient care who are not nurses, administrators including practice managers and other staff such as cleaners.

### Exhibit 8 – trends in the age ranges of general practitioners

The number of GPs aged over 55 has decreased since 2014 but there has been an increase in GPs aged 30-44

	2014	2015	2016	2017	2018	change 2014-18 (Number)
Under 30	22	16	30	17	16	-6
30-44	830	828	879	878	886	56
45-54	686	649	655	595	625	-61
55-64	392	396	381	374	378	-14
65 and over	70	64	64	62	59	-11
Total number	2,006	1,997	2,009	1,926	1,964	-42

Note: This table does not include age data for locums, registrars or retainers listed in **Exhibit 7**.

Source: Welsh Government, **General medical practitioners: as at 30 September 2018**, March 2019

### Exhibit 9 – trends in the average list size for GP practices

The average list size varies from 1,366 patients for each GP partner in Powys to 1,668 in Betsi Cadwaladr. List sizes have increased slightly on average across Wales since 2014 but there are big differences between areas with large increases in Betsi Cadwaladr and large decreases in Cwm Taf.

	2014	2015	2016	2017	2018	change 2014-18 (Number)
Abertawe Bro Morgannwg	1,563	1,580	1,595	1,665	1,545	-18
Aneurin Bevan	1,570	1,575	1,538	1,605	1,622	52
Betsi Cadwaladr	1,581	1,600	1,595	1,733	1,668	88
Cardiff and Vale	1,620	1,621	1,649	1,651	1,612	-8
Cwm Taf	1,785	1,707	1,730	1,777	1,661	-124
Hywel Dda	1,510	1,606	1,607	1,707	1,548	38
Powys	1,411	1,414	1,330	1,365	1,366	-46
<b>Wales</b>	<b>1,582</b>	<b>1,596</b>	<b>1,592</b>	<b>1,664</b>	<b>1,599</b>	<b>17</b>

Note: Average list size is calculated by dividing the total number of patients on lists by the number of 'All practitioners (excluding GP registrars, GP retainers and locums)'.

Source: Welsh Government, **General medical practitioners: as at 30 September 2018**, March 2019

## Appendix 2 – Performance data

This appendix summarises some of the key performance data included in the NHS Wales Delivery Framework and Reporting Guidance 2018-2019.

### Exhibit 10 – child immunisation rates as at 31 March 2019

The exhibit shows performance in relation to two delivery measures within the guidance:

- Delivery measure 2: Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1. Five health boards met the target of 95%; and
- Delivery measure 3: Percentage of children who received 2 doses of the MMR vaccine by age 5. No health board met the target of 95%.

	% of children who received 3 doses of '6 in 1' vaccine by age 1	% of children who have received 2 doses of MMR by age 5
Abertawe Bro Morgannwg	95.9	91.8
Aneurin Bevan	95.6	92.3
Betsi Cadwaladr	95.4	94.3
Cardiff and Vale	94.3	90.6
Cwm Taf	97.5	93.1
Hywel Dda	93.9	90.3
Powys	96.3	91.3
<b>Wales</b>	<b>95.4</b>	<b>92.2</b>

Note: 6 in 1' DTaP/IPV/Hib vaccine protects against Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Hib infection and Hepatitis B.

Source: Public Health Wales, **Vaccine Preventable Disease Programme. Vaccine uptake in children in Wales; Annual report 2018-19**, June 2019

**Exhibit 11 – trends in uptake of flu vaccination 2014-15 to 2018-19: Patients aged 65 years and older**

Delivery measure 5i: Uptake of the flu vaccination among: 65 year olds and over. Target 75%. No health board has met the target for this measure.

	Uptake in patients aged 65 and older				
	2014-15	2015-16	2016-17	2017-18	2018-19
Abertawe Bro Morgannwg	65	64.6	65	68.2	68.1
Aneurin Bevan	70.4	70	67.7	68.1	69.7
Betsi Cadwaladr	70.1	68.7	68.7	70.6	71.0
Cardiff and Vale	70	68.9	69	71	69.1
Cwm Taf	67.5	65	64.9	67.7	67.1
Hywel Dda	64.9	63.9	63.4	65	62.9
Powys	66.5	64.3	63.9	66.3	65.5
<b>Wales</b>	<b>68</b>	<b>66.6</b>	<b>66.7</b>	<b>68.8</b>	<b>68.3</b>

Source: Public Health Wales, **Seasonal influenza in Wales 2018/19**, June 2019

**Exhibit 12 – trends in uptake of flu vaccination 2014-15 to 2018-19: Patients younger than 65 who are at risk**

Delivery measure 5ii: Uptake of the flu vaccination among: Under 65s in risk groups. Target 75%. No health board has met the target for this measure.

	Uptake in patients younger than 65 at risk				
	2014-15	2015-16	2016-17	2017-18	2018-19
Abertawe Bro Morgannwg	44	43.4	43.7	46.7	43.0
Aneurin Bevan	55.3	52.9	49.4	49.7	46.9
Betsi Cadwaladr	51.4	49.3	49.3	51.6	47.9
Cardiff and Vale	50.4	48.3	48.3	49	44.0
Cwm Taf	49.8	45.9	45.2	46.8	40.0
Hywel Dda	46.2	43.2	42.3	42.9	38.1
Powys	47.8	44.2	46	47.9	43.1
<b>Wales</b>	<b>49.3</b>	<b>46.9</b>	<b>46.9</b>	<b>48.5</b>	<b>44.1</b>

Source: Public Health Wales, **Seasonal influenza in Wales 2018/19**, June 2019

### Exhibit 13 – percentage of people who found it difficult to make a convenient GP appointment

Delivery measure 47: Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment. The target is to achieve an annual reduction. Three health boards achieved this measure in 2018-19.

In 2018-19, on average 40% of respondents across Wales who had seen their GP in the last 12 months found it fairly difficult or very difficult to get an appointment.

	2017-18 %	2018-19 %
Abertawe Bro Morgannwg	48	37
Aneurin Bevan	48	41
Betsi Cadwaladr	37	37
Cardiff and Vale	42	45
Cwm Taf	48	46
Hywel Dda	35	36
Powys	33	37
<b>Wales</b>	<b>42</b>	<b>40</b>

Source: Welsh Government, **National Survey of Wales. April 2018 to March 2019**, June 2019

## Exhibit 14 – daily opening hours - Percentage of GP practices open during daily core hours or within 1 hour of daily core hours

Delivery measure 53: Percentage of GP practices open during daily core hours or within 1 hour of daily core hours.

Opened for daily core hours is defined as:

- practices which were open Monday to Friday from 08:00 to 18:30 each day, with no lunch time closure<sup>37</sup> (as set under the General Medical Services contract).

Opened within one hour of daily core hours is defined as:

- practices which were open Monday to Friday from 08:00 to 18:30 each day, but closed for one hour or less for lunch on one or more days, or
- practices which opened between 08:00 to 08:30 and closed between 18:00 to 18:30 with no lunch time closure.

	2016	2017	2018
Abertawe Bro Morgannwg	85	90	95
Aneurin Bevan	99	99	99
Betsi Cadwaladr	74	78	81
Cardiff and Vale	88	88	87
Cwm Taf	90	90	90
Hywel Dda	74	73	80
Powys	100	100	100
<b>Wales</b>	<b>85</b>	<b>87</b>	<b>89</b>

Note: GP practices returned data collection forms to Welsh Government in January 2019 and refer to December 2018.

Source: Welsh Government, **GP Access 2018**, March 2019 and Welsh Government, **GP Access 2017**, March 2018

<sup>37</sup> Where practices close their premises for lunch, they often remain open to respond to phone calls.

### Exhibit 15 – weekly opening hours – percentage of GP practices open for 100% of core hours or longer

While [Exhibit 14](#) considers daily opening hours of practices, [Exhibit 15](#) considers the total opening hours across a week. It shows that on average, 53% of GP practices are open for at least 52.5 hours a week which has increased from 51% in 2016.

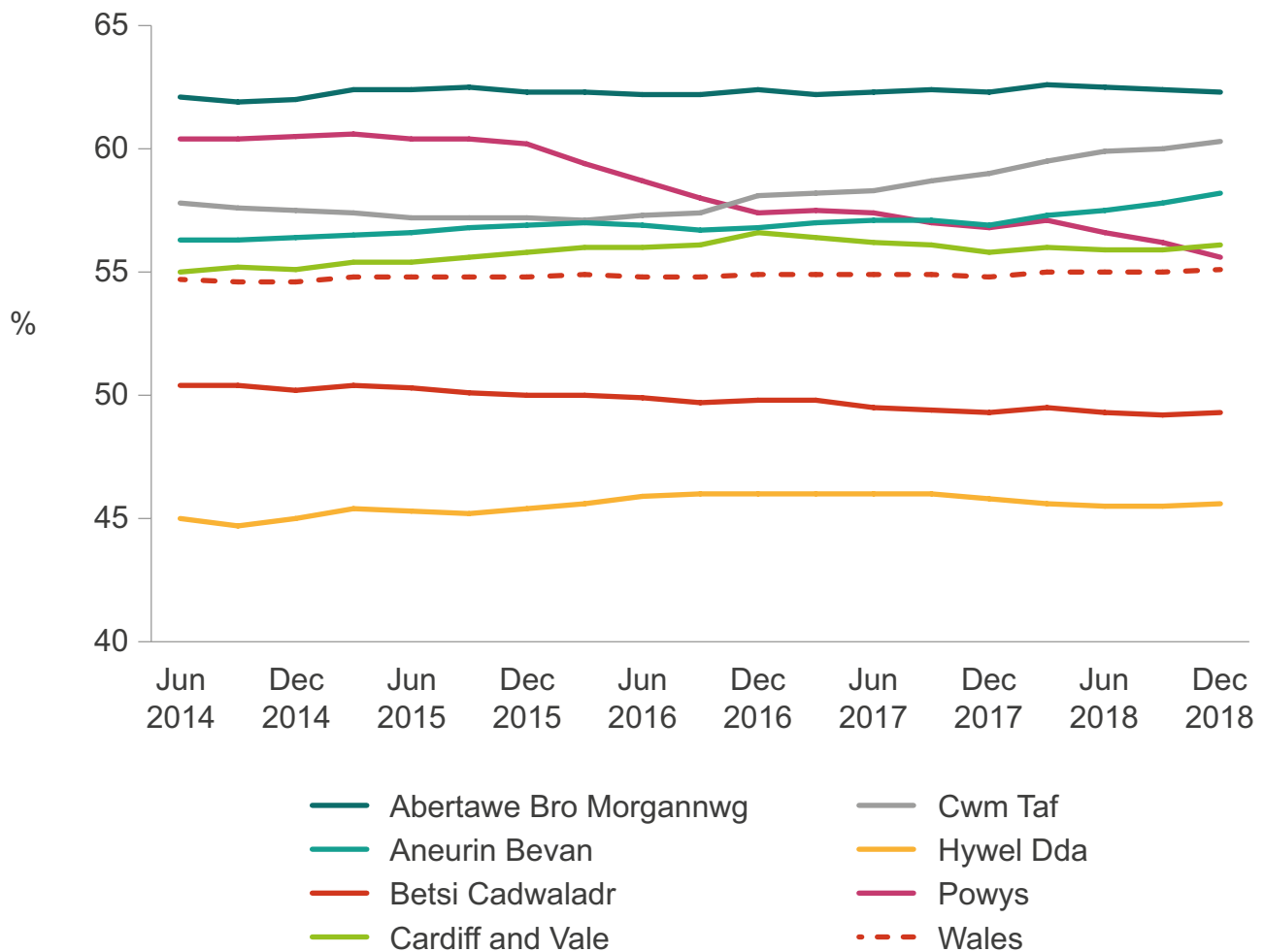
	2016	2017	2018
Abertawe Bro Morgannwg	41	49	51
Aneurin Bevan	83	84	86
Betsi Cadwaladr	34	38	40
Cardiff and Vale	44	44	45
Cwm Taf	67	59	56
Hywel Dda	43	41	41
Powys	53	53	50
<b>Wales</b>	<b>51</b>	<b>52</b>	<b>53</b>

Note: GP practices returned data collection forms to Welsh Government in January 2019 and refer to December 2018.

Source: Welsh Government, [GP Access 2018](#), March 2019

**Exhibit 16 – percentage of residents treated at an NHS dental practice in the previous 24 months, between 2014 and 2018**

Delivery measure 57: Percentage of the health board population regularly accessing NHS primary dental care. Target is for annual improvement but the data shows little improvement in access rates since 2014.



Note: Data are shown for patients seen over 2 years each quarter ending 31 December 2018. The data is derived from dental activity forms submitted for payment and processed by NHS Business Services Authority Dental Services.

Source: Welsh Government, **NHS Patients Treated for Adults and Children by Local Health Board**, December 2018

## Appendix 3 – Our methods

We reported on primary care services in each health board during 2018. Our local fieldwork took place between February and May 2018. We carried out our national-level fieldwork in late 2018 and mid 2019. Details of our approach are set out below.

### Exhibit 17 – our methods

Method	Detail
Health board self-assessment	We used a self-assessment questionnaire to gather corporate-level data from each health board.
Document review	We reviewed key documents relating to primary care at each health board. We also reviewed documents from the National Primary Care Board and other national groups.
Interviews	We interviewed: <ul style="list-style-type: none"> <li>• a range of staff at each health board including executives, senior managers, operational managers and clinical leaders;</li> <li>• representatives from community health councils;</li> <li>• representatives from the British Medical Association’s General Practitioners Committee and the Royal College of General Practitioners;</li> <li>• staff from Welsh Government; and</li> <li>• a range of other people involved in planning and delivering primary care in Wales.</li> </ul>
Cluster lead survey	We sent an online survey to all cluster leads in Wales in April 2018. The overall response rate was 64% (45/70).
Review of health boards’ integrated medium-term plans	We reviewed the health boards’ medium-term plans to assess the extent to which primary care is included.
Use of existing data	We used existing sources of data wherever possible such as Welsh Government and Public Health Wales statistics.



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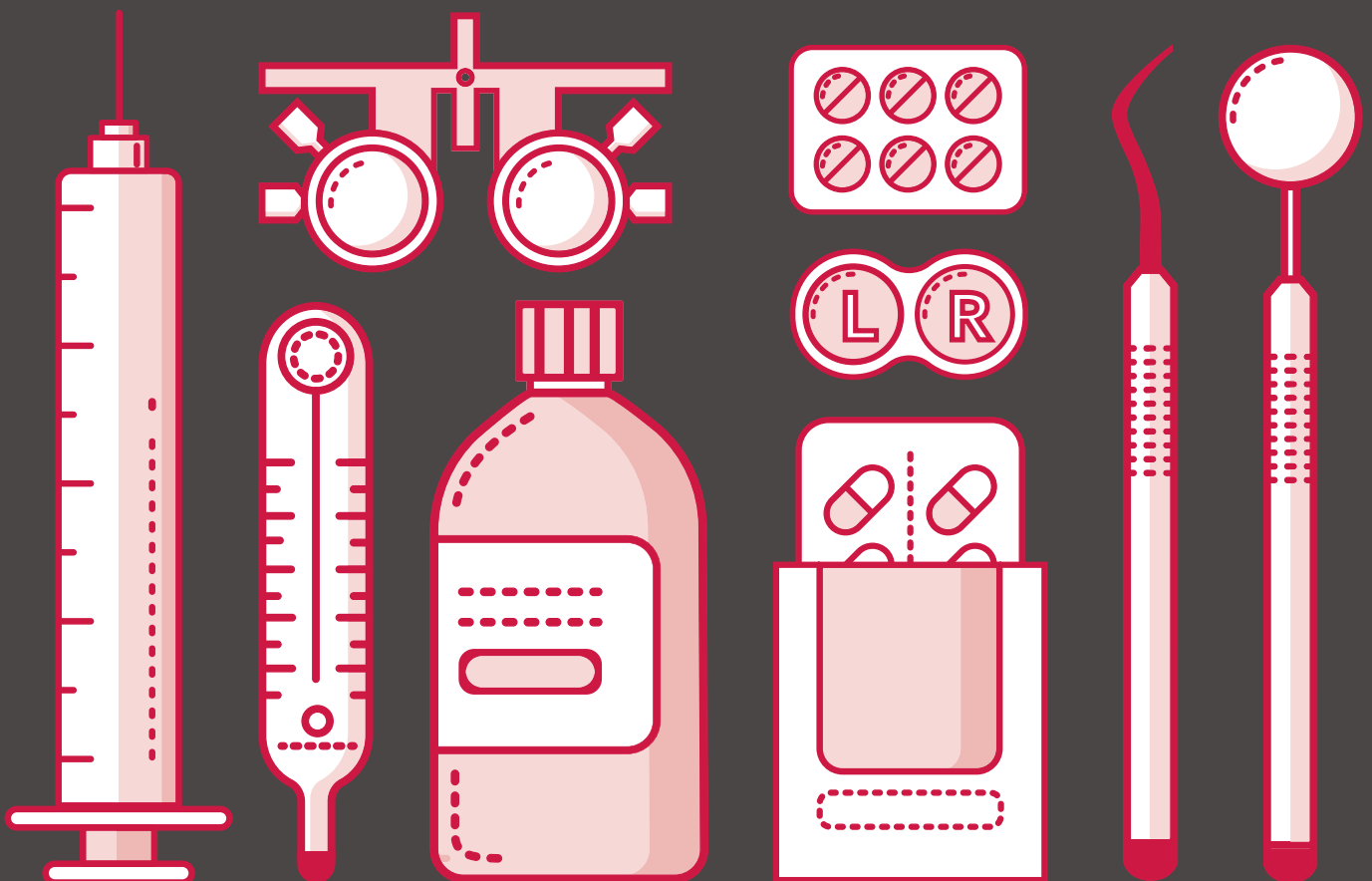
Gwefan: [www.wao.gov.uk](http://www.wao.gov.uk)

Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Gwasanaethau gofal sylfaenol yng Nghymru



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU





Rwyf wedi paratoi a chyhoeddi'r adroddiad hwn yn unol  
â Deddfau Llywodraeth Cymru 1998.

Roedd tîm astudio Swyddfa Archwilio Cymru yn cynnwys Nigel  
Blewitt, Emily Howell, Philip Jones, Stephen Lisle, Elaine Matthews,  
Urvisha Perez a David Poland dan gyfarwyddyd Dave Thomas.

**Swyddfa Archwilio Cymru**  
**24 Heol y Gadeirlan**  
**Caerdydd**  
**CF11 9LJ**

Mae'r Archwilydd Cyffredinol yn annibynol o'r Cynulliad Cenedlaethol ac o lywodraeth. Mae'n archwilio ac yn ardystio cyfrifon Llywodraeth Cymru a'r cyrff cyhoeddus sy'n gysylltiedig â hi ac a noddir ganddi, gan gynnwys cyrff y GIG. Mae ganddo'r pŵer i gyflwyno adroddiadau i'r Cynulliad Cenedlaethol ar ddarbodaeth, effeithlonrwydd ac effeithiolrwydd y defnydd a wna'r sefydliadau hynny o'u hadnoddau wrth gyflawni eu swyddogaethau, a sut y gallent wella'r defnydd hwnnw.

Mae'r Archwilydd Cyffredinol hefyd yn archwilio cyrff llywodraeth leol yng Nghymru, mae'n cynnal astudiaethau gwerth am arian mewn llywodraeth leol ac yn arolygu cydymffurfiaeth gydag anghenion Mesur Llywodraeth Leol (Cymru) 2009.

Mae'r Archwilydd Cyffredinol yn ymgymryd â'i waith gan ddefnyddio staff ac adnoddau eraill a ddarperir gan Swyddfa Archwilio Cymru, sydd yn fwrdd statudol wedi'i sefydlu ar gyfer y nod hwnnw ac i fonitro a chynghori'r Archwilydd Cyffredinol.

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**This document is also available in English.**

# Cynnwys

Er bod y GIG a Llywodraeth Cymru yn cymryd ystod o gamau i gryfhau gofal sylfaenol, mae angen i newid ddigwydd yn gyflymach ac ar raddfa fwy i fynd i'r afael â heriau hirsefydlog a sicrhau cynaliadwyedd y gwasanaethau hanfodol hyn.

<b>Adroddiad cryno</b>	<b>6</b>
Cefndir	6
Y prif ganfyddiadau	10
Argymhellion	12
<b>1 Mae'r GIG a Llywodraeth Cymru yn cymryd ystod o gamau i gryfhau gofal sylfaenol</b>	<b>15</b>
Mae gofal sylfaenol yn dod yn fwy o flaenoriaeth i'r GIG yng Nghymru, sy'n darparu cyfle pwysig ar gyfer trawsnewid	16
Mae'r GIG yn cryfhau prosesau cynllunio gofal sylfaenol trwy fodel penodol, rhaglen strategol genedlaethol a rolau arweinyddiaeth genedlaethol pwrpasol	19
Mae ffyrdd newydd o weithio'n dod i'r amlwg ond mae angen lledaenu arfer da, gwella dulliau gwerthuso a sicrhau cyllid cynaliadwy ar gyfer cynlluniau llwyddiannus	22

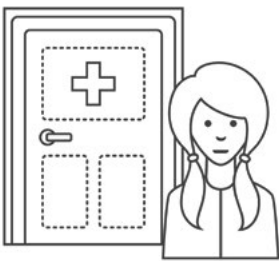
2 Mae angen i newid ddigwydd yn gyflymach ac ar raddfa fwy i fynd i'r afael â heriau hirsefydlog a sicrhau bod gwasanaethau gofal sylfaenol sydd dan straen yn cael eu gwneud yn addas ar gyfer y dyfodol	24
Ceir mwy o bwysau ar y model gofal sylfaenol traddodiadol ac anawsterau parhaus o ran cael mynediad at apwyntiadau	25
Mae'r cynnydd yn fratiog o ran cyflawni model gofal sylfaenol amlbroffesiwn	27
Araf fu'r cynnydd o ran symud adnoddau tuag at ofal sylfaenol er ei bod yn anodd meintioli yn union faint sy'n cael ei wario ar ofal sylfaenol	29
Mae gwaith i fonitro perfformiad a gweithgarwch gofal sylfaenol yn gyfyngedig ac mae'r data sydd ar gael yn awgrymu llwyddiant cymysg	32
Mae cryn dipyn o waith i'w wneud o hyd i sicrhau bod gan glystyrau gofal sylfaenol gylch gorchwyl eglur, aelodaeth eang a'u bod yn gallu llywio newid sy'n digwydd yn gyflym ac ar raddfa fawr	33
Mae angen gwneud mwy i gynnwys y cyhoedd mewn newidiadau i ofal sylfaenol i sicrhau bod pobl yn deall sut y bydd y model yn gweithio	36
<b>Atodiadau</b>	
Atodiad 1 – Data'r gweithlu	39
Atodiad 2 – Data ar berfformiad	43
Atodiad 3 – Ein dulliau	50

# Adroddiad cryno

## Cefndir

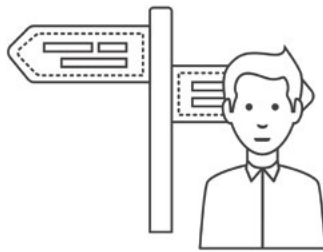
- 1 Mae gofal sylfaenol yn cwmpasu ystod eang o wasanaethau, a ddarperir yn y gymuned gan feddygon teulu, fferyllwyr, deintyddion, optometryddion, yn ogystal â gweithwyr proffesiynol eraill o'r sectorau iechyd, gofal cymdeithasol a gwirfoddol. Mae gan wasanaethau gofal sylfaenol rôl hanfodol yn y system iechyd a gofal, fel a ddangosir yn **Arddangosyn 1**.

### Arddangosyn 1 – pam fod gofal sylfaenol yn bwysig?



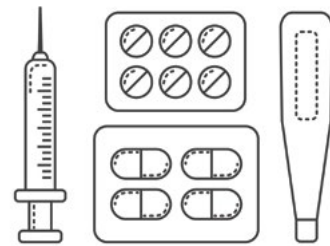
#### Pwynt cyswllt cyntaf

Gofal sylfaenol yw'r man galw cyntaf i'r rhan fwyaf o bobl sy'n defnyddio gwasanaethau iechyd.



#### Cydgysylltu gofal

Mae gan ofal sylfaenol swyddogaeth bwysig yn cydgysylltu gwahanol fathau o ofal. Gofal sylfaenol yw'r porth i nifer fawr o wasanaethau eraill.



#### Atal ac ymyrryd yn gynnar

Mae gofal sylfaenol hefyd yn bwysig gan ei fod yn canolbwyntio ar hyrwyddo lles, ymyrraeth gynnar ac atal pobl rhag mynd yn waeth.

Ffynhonnell: **Adroddiad Swyddfa Archwilio Cymru, Darlun o ofal sylfaenol yng Nghymru**, sy'n rhoi rhagor o ystadegau cefndir a chryno ynglŷn â gwasanaethau gofal sylfaenol.

- 2 Am nifer o flynyddoedd bu gan Gymru gynlluniau sydd wedi'u bwriadu i ailbennu cydbwysedd y system ofal trwy symud adnoddau tuag at ofal sylfaenol a chymunedol. Roedd y cynllun gofal sylfaenol cenedlaethol<sup>1</sup> ar gyfer y cyfnod rhwng mis Chwefror 2015 a mis Mawrth 2018 yn nodi 'model cymdeithasol' o ofal i hybu llesiant corfforol, meddyliol a chymdeithasol. Yr egwyddorion craidd yn y cynllun oedd: cynllunio gofal yn lleol; gwella mynediad ac ansawdd; mynediad teg; gweithlu lleol medrus; ac arweinyddiaeth gadarn. Cafodd y broses o gyflawni'r cynllun ei hategu gan y datblygiadau canlynol:
- a **Cynllun gweithlu cenedlaethol**<sup>2</sup>: roedd hwn yn disgwyl i fyrddau iechyd greu timau amlbroffesiwn i gleifion gael mynediad atynt fel man galw cyntaf (gweler [Arddangosyn 2](#)).
  - b **Clystyrau gofal sylfaenol**: grwpiau o bractisiau meddygon teulu cyfagos, gwasanaethau gofal sylfaenol eraill a sefydliadau partner yw'r rhain. Mae 64 o glystyrau a'u rôl yw sicrhau yr eir ati i gynllunio a darparu gwasanaethau a arweinir yn lleol gan bobl sy'n deall anghenion lleol. Ym mis Hydref 2017, fe gyhoeddodd Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon y Cynulliad adroddiad ac fe wnaeth 16 o argymhellion yn dilyn ymchwiliad i glystyrau<sup>3</sup>.
  - c **Y Gronfa Genedlaethol Gofal Sylfaenol**: mae'r gronfa hon, a gyflwynwyd gan Lywodraeth Cymru yn 2015-16, yn rhoi cymorth i roi'r cynllun gofal sylfaenol cenedlaethol ar waith. Rhwng 2015-16 a 2017-18, dyrannodd y gronfa tua £120 miliwn i fyrddau iechyd tuag at eu cynlluniau tymor canolig integredig a chynlluniau datblygu'r gweithlu ar gyfer gofal sylfaenol, a phrosiectau pennu cyfeiriad. Dyrannwyd cyllid i glystyrau hefyd, gan roi rhwydd hynt iddynt benderfynu sut i'w fuddsoddi. Mae peth o'r gronfa'n cael ei gadw'n ganolog i gefnogi camau gweithredu cenedlaethol. Ers 2018-19, mae Llywodraeth Cymru wedi parhau i ddsbarthu tua £43 miliwn ar draws dyraniadau blynyddol y byrddau iechyd.

1 Llywodraeth Cymru, **Ein Cynllun ar gyfer Gwasanaeth Gofal Sylfaenol i Gymru hyd at fis Mawrth 2018**, Tachwedd 2014

2 Llywodraeth Cymru, **Gweithlu Gofal Sylfaenol wedi'i Gynllunio i Gymru, 2015**

3 Cynulliad Cenedlaethol Cymru, Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon, **Ymchwiliad i Ofal Sylfaenol: Clystyrau**, Hydref 2017

Arddangosyn 2 – mae'r model ar gyfer gofal sylfaenol yn y dyfodol yn dibynnu ar greu timau amlbroffesiwn

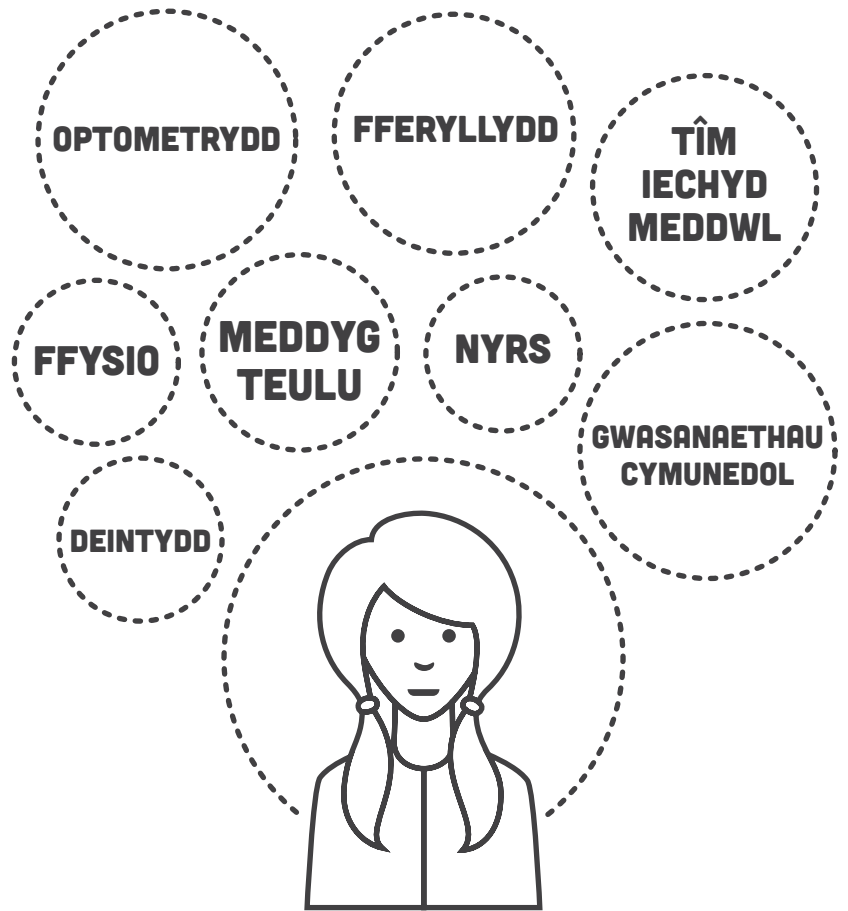
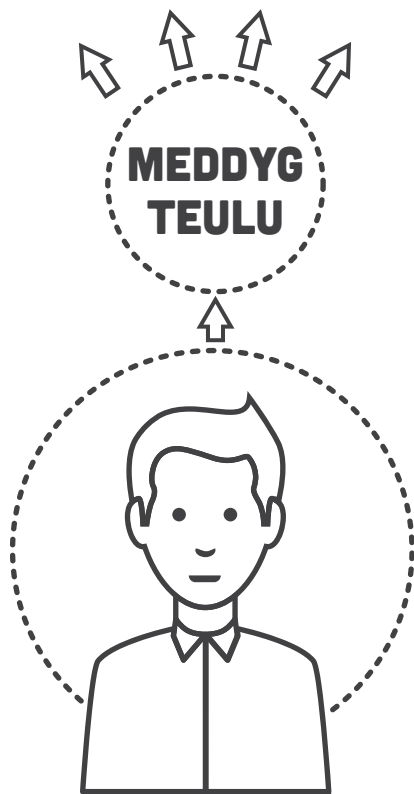
**Yn y gorffennol**

Mae'r claf yn mynd at y meddyg teulu fel y porth galw cyntaf. Y meddyg teulu yw'r porthgeidwad i wasanaethau eraill.

**Yn y dyfodol**

Bydd meddyg teulu yn parhau i ddarparu'r porthladd cyntaf ar gyfer rhai cleifion. Bydd cleifion hefyd yn gallu cael mynediad uniongyrchol at lawer o wasanaethau eraill, gan ryddhau amser meddygon teulu i weld y cleifion salaf a'r rhai sydd â chyflyrau cronig cymhleth.

**GWASANAETHAU ERAILL**



Ffynhonnell: Swyddfa Archwilio Cymru

- 3 Dros y blynyddoedd diwethaf gwelwyd risgiau tra hysbys i gynaliadwyedd gwasanaethau gofal sylfaenol, yn enwedig practisiau meddygon teulu. Ceir problemau o ran recriwtio a chadw meddygon teulu, practisiau'n cau a chanfyddiadau am lwyth gwaith mwy a chydbwysedd gwael rhwng bywyd a gwaith. Bu heriau penodol gyda gwasanaethau gofal sylfaenol y tu allan i oriau, gyda'n hadroddiad **ym mis Gorffennaf 2018 yn dangos bod gwasanaethau y tu allan i oriau dan straen ac yn peidio â chyrraedd targedau.**
- 4 Ym mis Mehefin 2018, cyhoeddodd Llywodraeth Cymru gynllun ar gyfer iechyd a gofal cymdeithasol a oedd yn dwyn y teitl **Cymru Iachach**. Mae'r cynllun yn adeiladu ar uchelgeisiau blaenorol i symud gofal yn nes at gartrefi pobl a dod ag iechyd a gofal cymdeithasol yn nes at ei gilydd. Mae Llywodraeth Cymru wedi sefydlu cronfa drawsnewid werth £100 miliwn (£50 miliwn y flwyddyn dros y ddwy flynedd 2018-19 a 2019-20) i gefnogi cynigion sy'n amcanu at gydweithio agosach rhwng iechyd a gofal cymdeithasol.
- 5 Mewn ymateb i Cymru Iachach, mae'r GIG, gan weithio gyda Llywodraeth Cymru, wedi datblygu **Rhaglen Strategol ar gyfer Gofal Sylfaenol** sy'n adeiladu ar y gwaith a wnaed i roi'r cynllun gofal sylfaenol cenedlaethol ar waith ers ei gyhoeddi yn 2014. Mae'r rhaglen yn cynnwys dogfen strategol, ffrydiau gwaith a chynlluniau gweithredu sydd wedi'u bwriadu i 'newid y ffocws i fodel gofal cymdeithasol, sicrhau mynediad amserol i wasanaethau gofal sylfaenol pan fydd eu hangen a gweithio mewn modd cydlynol ar draws yr holl system'.
- 6 Lanswyd y Rhaglen Strategol ar gyfer Gofal Sylfaenol ym mis Tachwedd 2018 ac mae'n cefnogi'r broses o roi'r Model Gofal Sylfaenol ar gyfer Cymru ar waith. Nod y model yw sicrhau dull systemau cyfan o aiddylunio gwasanaethau trwy nodi'r elfennau allweddol y dylai system gofal sylfaenol dda eu cynnwys. Mae'r elfennau allweddol hyn yn cynnwys dinasyddion gwybodus sydd wedi'u grymuso, hunanofal, gwasanaethau cymunedol cryfach, pwyntiau cyswllt cyntaf newydd ar gyfer cleifion gan gynnwys brysbennu i sicrhau eu bod yn cael eu gweld gan y gweithiwr gofal iechyd proffesiynol priodol, trefniadau gwella ar gyfer gofal ar frys a threfniadau gweithio amlddisgyblaethol cryfach. Mae **Paragraff 1.6** yn darparu mwy o fanylion ynglŷn â'r model.
- 7 Yn ystod 2018, fe wnaeth Swyddfa Archwilio Cymru adolygu gwasanaethau gofal sylfaenol yn yr holl fyrddau iechyd yng Nghymru<sup>4</sup>. Fe ganolbwyntiom ni ar gynllunio strategol, buddsoddi, y gweithlu, trosolwg ac arweinyddiaeth, a pherfformiad. Yn gynnar yn 2019 fe gynhaliom ni gyfweiliadau ac adolygiadau o ddogfennau i asesu'r trefniadau arweinyddiaeth a llywodraethu cenedlaethol ar gyfer gwella gofal sylfaenol. Mae'r adroddiad hwn yn disgrifio'r prif faterion a meysydd cynnydd a ganfuom.

4 Ceir adroddiadau ar ofal sylfaenol ym mhob bwrdd iechyd ar ein gwefan yn [www.archwilio.cymru](http://www.archwilio.cymru).

## Y prif ganfyddiadau

- 8 Er bod y GIG a Llywodraeth Cymru yn cymryd ystod o gamau i gryfhau gofal sylfaenol, mae angen i newid ddigwydd yn gyflymach ac ar raddfa fwy i fynd i'r afael â heriau hirsefydlog a sicrhau cynaliadwyedd y gwasanaethau hanfodol hyn.

## Mae'r GIG a Llywodraeth Cymru yn cymryd ystod o gamau i gryfhau gofal sylfaenol

- 9 Er y bu cynlluniau i newid gofal sylfaenol am nifer o flynyddoedd, cyfyngedig fu'r cynnydd o ran rhoi'r rhain ar waith ac nid yw gofal sylfaenol wastad wedi cael proffil digon uchel o fewn y GIG yng Nghymru. Byddai datblygiadau diweddar yn awgrymu bod proffil gofal sylfaenol yn cynyddu ar y lefel genedlaethol a'r lefel leol, gan ddod â chyfleoedd newydd ac ysgogiad newydd i drawsnewid yn ei sgîl.
- 10 Sefydlwyd Bwrdd Gofal Sylfaenol Cenedlaethol ym mis Mawrth 2017 ac mae'r Model Gofal Sylfaenol ar gyfer Cymru wedi esblygu yn ystod y tair i bedair blynedd ddiwethaf, cyn cael ei gymeradwyo'n ffurfiol gan y Bwrdd Gofal Sylfaenol Cenedlaethol ym mis Mawrth 2018. Lanswyd rhaglen strategol danategol ym mis Tachwedd 2018. Mae rolau arweiniol cenedlaethol wedi cael eu creu hefyd i lywio'r broses o roi'r model a'r rhaglen strategol ar waith. Fodd bynnag, mae'r model a'r rhaglen strategol yn eu dyddiau cynnar felly mae angen eu hadolygu'n gyson.
- 11 Mae darparu cyllid arloesi, i ysgogi newid, wedi bod yn gam cadarnhaol. Mae byrddau iechyd yn defnyddio cyllid gofal sylfaenol cenedlaethol Llywodraeth Cymru i brofi ffyrdd newydd o weithio. Yn awr mae angen gwneud rhagor o waith i ledaenu arfer da, gwella'r drefn o werthuso dulliau newydd a sicrhau, unwaith y mae cynlluniau'n profi'n llwyddiannus, eu bod yn dechrau cael cyllid cynaliadwy, parhaus.

## Mae angen i newid ddigwydd yn gyflymach ac ar raddfa fwy i fynd i'r afael â heriau hirsefydlog a sicrhau bod gwasanaethau gofal sylfaenol sydd dan straen yn cael eu gwneud yn addas ar gyfer y dyfodol

- 12 Er gwaethaf buddsoddiad sylweddol a llawer o gynlluniau ar gyfer trawsnewid gofal sylfaenol dros y blynyddoedd, nid yw newid wedi digwydd mor gyflym nac mor eang ag a fwriadwyd. Mae pwysau cynyddol o hyd ar y model gofal sylfaenol traddodiadol ac mae cleifion yn profi anawsterau parhaus wrth geisio cael mynediad at apwyntiadau ym mhreactisiau meddygon teulu.

- 13 Mae'r Model Gofal Sylfaenol ar gyfer Cymru yn hybu datblygiad timau gofal sylfaenol amlbroffesiwn, i leihau'r pwysau presennol ar feddygon teulu ac i wella mynediad a gwasanaethau ar gyfer cleifion. Fodd bynnag, mae cynnydd o ran rhoi'r model ar waith yn fratiog ac mae angen i newid ddigwydd yn gyflymach. Hefyd, nid oes dull eglur eto o feintioli maint y cynnydd o ran rhoi'r model ar waith, a dim ond data cyfyngedig sydd ar niferoedd a rolau'r staff a gyflogir mewn gofal sylfaenol.
- 14 Mae'r GIG yng Nghymru'n amcanu at symud adnoddau tuag at ofal sylfaenol. Er bod tystiolaeth o rywfaint o symud adnoddau yn y ffordd hon, nid yw newid wedi digwydd yn gyflym nac ar raddfa fawr. Canfuom hefyd, am nifer o resymau, ei bod yn anodd mesur union faint o arian sy'n cael ei wario ar ofal sylfaenol, sy'n cymhleth ymdrechion i fesur cynnydd.
- 15 Mae angen cynnydd cyflymach i wella'r ffordd y mae perfformiad a gweithgarwch yn cael eu mesur. Mae'r data sydd ar gael yn awgrymu perfformiad cymysglyd ledled Cymru. Ond mae'r data'n gyfyngedig ac nid yw'r mesurau perfformiad cyfredol yn darparu darlun eglur o berfformiad gwasanaethau gofal sylfaenol a faint o weithgarwch sy'n digwydd mewn gwasanaethau. Mae gwaith i fonitro a chynllunio gweithgarwch yn cael ei gymhlethu gan anawsterau o ran safoni data gan gontractwyr annibynnol ym maes gofal sylfaenol.
- 16 Mae byrddau iechyd wedi creu clystyrau i lywio arweinyddiaeth a gwaith cynllunio lleol lle mae gofal sylfaenol yn y cwestiwn. Fe wnaeth ymchwiliad gan y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon 16 o argymhellion i wella clystyrau. Wedi hynny datblygodd Iechyd Cyhoeddus Cymru fframwaith ar gyfer y gwasanaeth i wella trefniadau llywodraethu clystyrau<sup>5</sup>. Canfuom fod cryn dipyn o waith i'w wneud o hyd i sicrhau bod gan glystyrau gylch gorchwyl eglur, aelodaeth ddigon eang a'u bod yn gallu ysgogi newid sy'n digwydd yn gyflym ac ar raddfa eang.
- 17 Mae angen gwneud mwy i gynnwys y cyhoedd mewn newidiadau i ofal sylfaenol. Er yr ymgynghorwyr â'r cyhoedd ar lefel leol ynghylch rhai elfennau o'r Model Gofal Sylfaenol ar gyfer Cymru, ni fu proses ffurfiol i ymgynghori na chynnwys y cyhoedd yn y model cyffredinol ar lefel genedlaethol. Nawr bod y model yn dechrau cael ei roi ar waith, mae risg hefyd na fydd y cyhoedd yn deall neu'n cytuno â'r ffyrdd newydd o weithio.

5 Iechyd Cyhoeddus Cymru, **Fframwaith Llywodraethu Clystyrau: Canllaw Arfer Da**, Hydref 2018

## Argymhellion

- 18 Mae'r tabl isod yn nodi ein hargymhellion ar lefel genedlaethol. Rydym eisoes wedi gwneud argymhellion ar lefel leol trwy ein hadroddiadau ar gyfer pob bwrdd iechyd.

### Argymhellion

#### Gwella data ynghylch gofal sylfaenol

Mae gwaith i fonitro perfformiad a gweithgarwch gofal sylfaenol yn gyfyngedig. Nid yw mesurau perfformiad cyfredol yn rhoi trosolwg effeithiol i ddangos a yw deilliannau cleifion yn cael eu gwella gan ofal sylfaenol. Mae gwaith i fonitro a chynllunio gweithgarwch yn cael ei gymhlethu gan anawsterau o ran cael data safonedig gan gontractwyr annibynnol.

- A1** Dylai Llywodraeth Cymru weithio gyda'r Bwrdd Gofal Sylfaenol Cenedlaethol i gytuno ar fesurau cadarn o ddeilliannau cleifion yn eu casgliad o fesurau perfformiad ar gyfer gofal sylfaenol, ac wrth wneud hynny, dylent geisio cydweithio gydag arbenigwyr i fesur deilliannau systemau cyfan.
- A2** Dylai Llywodraeth Cymru weithio gyda chontractwyr gofal sylfaenol annibynnol i sicrhau bod gan y GIG yng Nghymru fynediad parhaus at wybodaeth safonedig am eu gweithgarwch, i gyfrannu at gynllunio a dylunio gwasanaethau'n well.

#### Rhoi'r Model Gofal Sylfaenol ar gyfer Cymru ar waith

Mae'r Model Gofal Sylfaenol ar gyfer Cymru a'r Rhaglen Strategol ar gyfer Gofal Sylfaenol yn darparu cyfeiriad teithio ond nid oes dull eglur eto i feintoli maint y cynnydd o ran rhoi'r newidiadau hyn ar waith, a chyfyngedig yw'r data ynghylch niferoedd a rolau staff a gyflogir ym maes gofal sylfaenol. Dylai Llywodraeth Cymru wneud y canlynol:

- A3** Cryfhau ei threfniadau rheoli perfformiad ar gyfer gofal sylfaenol mewn byrddau iechyd trwy ddatblygu dull ar gyfer meintoli cynnydd pob bwrdd iechyd o ran rhoi'r Model Gofal Sylfaenol ar gyfer Cymru ar waith.
- A4** Casglu data a chyhoeddi data'n rheolaidd ar nifer y staff a'r math o staff sy'n gweithio fel rhan o dimau practisiau gofal sylfaenol amlddisgyblaethol, gyda golwg ar fonitro'r broses o roi'r model amlbroffesiwn ar waith.

## Argymhellion

### Adolygu'r strategaeth yn gyson

Mae'r Rhaglen Strategol ar gyfer Gofal Sylfaenol yn ei dyddiau cynnar a bydd partneriaeth gyda gofal cymdeithasol a'r trydydd sector, trwy Fyrddau Partneriaeth Rhanbarthol, yn hollbwysig i drawsnewid. Dylai'r Bwrdd Gofal Sylfaenol Cenedlaethol wneud y canlynol:

- A5** Cyhoeddi adolygiad o'r cynnydd o ran cyflawni'r rhaglen strategol yn 2020-21. Dylai'r adolygiad geisio barn ynglŷn â chynnydd gan yr holl bartneriaid allweddol, gan gynnwys y Byrddau Partneriaeth Rhanbarthol.

### Cryfhau clystyrau

Fe wnaeth ymchwiliad y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon i glystyrau 16 o argymhellion. Wedi hynny fe arweiniodd Iechyd Cyhoeddus Cymru waith i ddatblygu canllaw arfer da ar gyfer llywodraethu clystyrau. Mae cryn dipyn o waith i'w wneud o hyd i sicrhau bod gan glystyrau gylch gorchwyl eglur, aelodaeth eang a'u bod yn gallu llywio newid sy'n digwydd yn gyflym ac ar raddfa eang. Dylai Llywodraeth Cymru wneud y canlynol:

- A6** Cynnal a chyhoeddi gwerthusiad o'r cynnydd yn erbyn argymhellion yr ymchwiliad i glystyrau ac o ran rhoi'r fframwaith llywodraethu clystyrau ar waith, gyda golwg ar gefnogi datblygiad pellach ac aeddfedrwydd clystyrau.

## Argymhellion

### Symud adnoddau i ofal sylfaenol

O'r data presennol, mae'n anodd meintioli yn union faint y mae'r GIG yng Nghymru'n ei wario ar ofal sylfaenol, ac asesu a yw byrddau iechyd yn llwyddo i symud adnoddau tuag at ofal sylfaenol a chymunedol. Fe wnaeth rhifyn o Gylchlythyr Iechyd Cymru<sup>6</sup> a gyhoeddwyd ym mis Gorffennaf 2018 nodi fframwaith ariannol newydd ar gyfer cefnogi symudiadau o'r fath.

- A7** Dylai Llywodraeth Cymru ymgynghori â byrddau iechyd, i gytuno ar ddull o egluro a safoni'r ffordd y cofnodir gwariant ym maes gofal sylfaenol ac yr adroddir arno.
- A8** Dylai Llywodraeth Cymru weithio gyda byrddau iechyd i werthuso ac, os oes angen, i wella effeithiolrwydd y fframwaith ariannol o ran cefnogi'r arfer o symud adnoddau tuag at ofal sylfaenol a chymunedol.
- A9** Fel rhan o broses y Cyd-dîm Gweithredol, dylai Llywodraeth Cymru ei gwneud yn ofynnol i fyrddau iechyd adrodd yn flynyddol ar eu cynnydd o ran symud adnoddau tuag at ofal sylfaenol. Ni ddylai cwmpas yr adroddiadau hyn fod yn gyfyngedig i adnoddau ariannol a dylent gynnwys adnoddau eraill megis staff a gwasanaethau. Trwy'r broses hon, dylai Llywodraeth Cymru ddwyn holl dîm gweithredol pob bwrdd iechyd i gyfrif, nid dim ond y cyfarwyddwyr gweithredol ar gyfer gofal sylfaenol.

### Cynnwys y cyhoedd

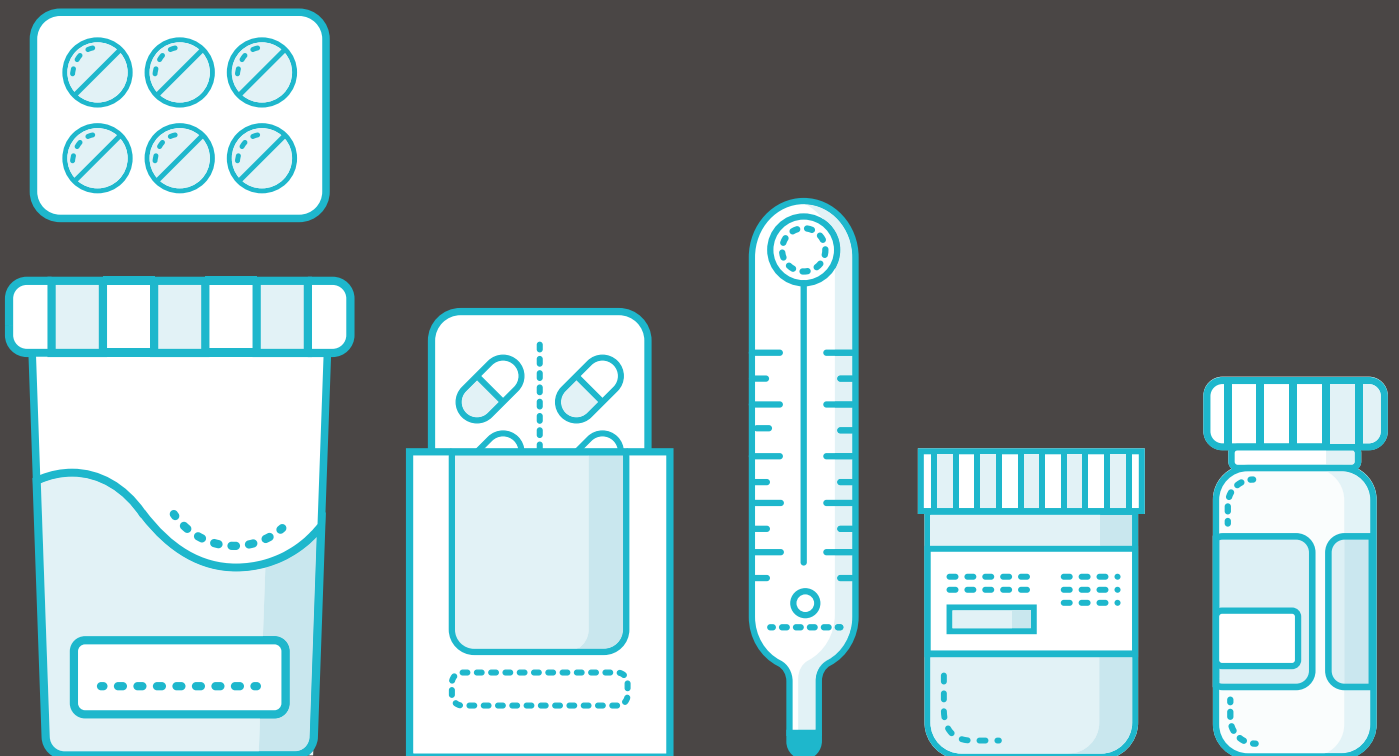
Mae angen gwneud mwy i gynnwys y cyhoedd mewn newidiadau i ofal sylfaenol. Ceir risg na fydd pobl yn deall neu'n cytuno â'r ffordd newydd o weithio. Mae strategaeth gyfathrebu a gyllidir ac a arweinir yn ganolog wrthi'n cael ei datblygu ac mae Llywodraeth Cymru wedi dyrannu £20,000 y flwyddyn i bob bwrdd iechyd ers 2018-19 i wella negeseuon cyhoeddus am y model. Dylai'r Bwrdd Gofal Sylfaenol Cenedlaethol wneud y canlynol:

- A10** Cynnwys y cyhoedd a/neu gyrff sy'n cynrychioli'r cyhoedd mewn gwaith i werthuso'r dulliau a ddefnyddir gan fyrddau iechyd i wella'u negeseuon cyhoeddus ynglŷn â gofal sylfaenol, gyda golwg ar rannu gwersi i oleuo'r strategaeth gyfathrebu sydd ar ddod.

6 Llywodraeth Cymru, **Gwella Gwerth drwy Effeithiolrwydd Dyriannol a Thechnegol: Fframwaith Ariannol i Gefnogi Shifft Gwasanaethau Eilaidd Acíwt i Ddarparu Gwasanaeth Cymunedol/Sylfaenol, Cylchlythyr Iechyd Cymru WHC (2018) 025, Gorffennaf 2018**

## Rhan 1

Mae'r GIG a Llywodraeth Cymru yn cymryd ystod o gamau i gryfhau gofal sylfaenol



## Mae gofal sylfaenol yn dod yn fwy o flaenoriaeth i'r GIG yng Nghymru, sy'n darparu cyfle pwysig ar gyfer trawsnewid

- 1.1 Roedd cynlluniau cenedlaethol blaenorol ar gyfer gofal sylfaenol yn cydnabod nad yw gofal sylfaenol wastad yn cael proffil digon uchel. Roedd y ddogfen a gyhoeddwyd yn 2010, **Gosod y Cyfeiriad**, yn sôn am agenda sy'n 'cael ei reoli gan yr ysbyty aciwt'.
- 1.2 Er bod byrddau iechyd yn sefydliadau gofal sylfaenol ac eilaidd integredig ers 2009, mae cryn dipyn o ffordd i fynd o hyd nes bod gan ofal sylfaenol yr un proffil â gofal eilaidd. Fodd bynnag, canfuom dystiolaeth bod gofal sylfaenol yn dod yn fwy o flaenoriaeth. Er enghraifft, mae dau fwrdd iechyd wedi cryfhau eu trefniadau arwain yn ddiweddar, gan olygu bod gan bum bwrdd iechyd bellach gyfarwyddwr ar lefel y Bwrdd sydd wedi'i neilltuo i ofal sylfaenol<sup>7</sup>. Er bod hwn yn gam cadarnhaol, ceir risg hefyd y bydd byrddau iechyd yn dibynnu'n ormodol ar y cyfarwyddwyr hyn i gyflawni newid mewn gofal sylfaenol. Er mwyn i fyrddau iechyd drawsnewid gofal sylfaenol yn llwyddiannus, bydd yn rhaid wrth weithredu cydgysylltiedig sy'n cynnwys yr holl aelodau o'u timau gweithredol.
- 1.3 Mae cyflwyno'r Bwrdd Gofal Sylfaenol Cenedlaethol, ochr yn ochr â'r byrddau mwy sefydledig ar gyfer gofal wedi'i gynllunio a gofal heb ei drefnu, wedi bod yn ddatblygiad cadarnhaol o ran codi proffil gofal sylfaenol. Sefydlwyd y bwrdd gofal sylfaenol ym mis Mawrth 2017, mae'n cynnwys cynrychiolaeth o blith nifer o randdeiliaid ac mae'n darparu arweinyddiaeth gadarnhaol, gydweithredol ar gyfer newid. Mae'r bwrdd yn atebol i Fwrdd Gweithredol GIG Cymru ac yn goruchwyllo gwaith y Grŵp Cyfarwyddwyr Gofal Sylfaenol a Chymunedol<sup>8</sup>.
- 1.4 Mae Llywodraeth Cymru a chyrrff cenedlaethol eraill wedi cymryd nifer o gamau i godi proffil gofal sylfaenol ac i gryfhau gwasanaethau. Mae **Blwch 1** yn crynhoi rhai o'r camau hyn.

<sup>7</sup> Mae gan Aneurin Bevan, Betsi Cadwaladr, Cwm Taf Morgannwg, Powys a Hywel Dda gyfarwyddwyr ar lefel y Bwrdd sy'n gyfrifol am ofal sylfaenol. Mae gan brif swyddogion gweithredu gyfrifoldebau sy'n cynnwys gofal sylfaenol yng Nghaerdydd a'r Fro a Bae Abertawe.

<sup>8</sup> Mae'r Grŵp Cyfarwyddwyr Gofal Sylfaenol a Chymunedol yn grŵp cymheiriaid o gyfarwyddwyr gofal sylfaenol. Mae ganddo rôl o ran rhoi blaenoriaethau cenedlaethol ar gyfer gofal sylfaenol ar waith a darparu arweinyddiaeth ar gyfer trawsnewid gofal sylfaenol.

## Blwch 1 – Crynodeb o gamau cenedlaethol i fynd i'r afael â'r heriau sy'n wynebu gofal sylfaenol

**Rhaglen pennu cyfeiriad** – dechreuodd y Rhaglen Pennu Cyfeiriad Gofal Sylfaenol ym mis Ebrill 2015, gan amcanu at ysgogi arloesi a hybu camau i ailddylunio gofal sylfaenol. Sefydlwyd pedwar ar hugain o brosiectau pennu cyfeiriad gan fyrddau iechyd i ddechrau â £3.8 miliwn y flwyddyn o'r Gronfa Genedlaethol Gofal Sylfaenol. Roedd nifer o'r prosiectau'n cyflogi gwahanol ymarferwyr, fel fferyllwyr a ffisiotherapyddion, i weithio ym mhRACTISIAU meddygon teulu ac yn rhoi cynnig ar wahanol ffyrdd i gleifion gysylltu â'u practis lleol. Dechreuodd pymtheg o brosiectau pennu cyfeiriad ychwanegol yn 2018-19 ac mae disgwyl iddynt redeg am ddwy flynedd. Mae prosiectau pellach ar gyfer cyllid pennu cyfeiriad yn 2020-2022 yn cael eu hystyried.

**Y Gweithdy Gweinidogol ar y Gweithlu Gofal Sylfaenol** – fe'i sefydlwyd yn 2016 i fynd i'r afael â phroblemau o ran recriwtio meddygon teulu a gweithwyr proffesiynol eraill ym maes gofal sylfaenol. Daeth y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ag aelodau ynghyd o'r holl broffesiynau ac fe ymgwymerodd â chamau gweithredu mewn perthynas â thâl/amodau a hyfforddi a recriwtio meddygon teulu ar draws gofal sylfaenol. Fe beidiodd â bod yn ddiweddar gan bod y rhaglen waith yn cael ei datblygu fel rhan o'r Rhaglen Strategol ar gyfer Gofal Sylfaenol.

**Cynllun Indemniad** – fe gyflwynodd Llywodraeth Cymru Gynllun Rhwymedigaethau'r Dyfodol ym mis Ebrill 2019 i geisio mynd i'r afael â phryderon meddygon teulu ynghylch cost indemniad proffesiynol. Mae'r cynllun yn cynnwys rhwymedigaethau esgeulustod clinigol a allai ddigwydd oherwydd gweithredoedd meddygon teulu ac unrhyw aelodau eraill o staff sy'n darparu gwasanaethau meddygol sylfaenol.

**Cynnydd yng nghontract meddygon teulu** – ym mis Medi 2018, cafodd partneriaid meddygon teulu gynnydd o 4% wedi'i ôl-ddyddio i fis Ebrill 2018. Cafodd meddygon teulu ac ymarferwyr deintyddol ar gyflog godiad cyflog o 2%. Roedd buddion eraill yn cynnwys mwy o gymorth ar gyfer mentora a hyfforddi ac ymrwymiad i archwilio mynediad at fuddion cyflogaeth byrddau iechyd.

## Blwch 1 – Crynodeb o gamau cenedlaethol i fynd i'r afael â'r heriau sy'n wynebu gofal sylfaenol

**Ymgyrch Hyfforddi/Gweithio/Byw** – fe'i lanswyd ym mis Mai 2017 i ddenu a hyfforddi mwy o feddygon teulu, nyrsys a gweithwyr proffesiynol eraill. Yn ogystal ag arddangos Cymru fel lle gwych i fyw, cynigir cymhellion o £20,000 i feddygon teulu dan hyfforddiant sy'n derbyn lleoedd i hyfforddi a gweithio mewn ardaloedd y mae'n anodd recriwtio iddynt. Mae'r holl hyfforddeion yn cael tua £2,000 tuag at gostau arholiadau. Fe arhosodd nifer y lleoedd hyfforddi ar gyfer meddygon teulu'n ddigyfnewid ar 136 am nifer o flynyddoedd a than yn ddiweddar roedd problemau o ran llenwi lleoedd. Cafodd bron pob lle ei lenwi yn 2018 a bydd Addysg a Gwella Iechyd Cymru yn cynyddu nifer y lleoedd ar gyfer hyfforddeion i 160 o 2019<sup>9</sup>.

**Hwb Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol** – sefydlwyd yr Hwb gan yr Isadran Gofal Sylfaenol, Iechyd Cyhoeddus Cymru, i gydgyssylltu cymorth i fyrdau iechyd a chlystyrau o ran cyflawni blaenoriaethau gofal sylfaenol cenedlaethol. Bu gan yr Hwb rôl bwysig o ran datblygu'r Model Gofal Sylfaenol ar gyfer Cymru ac mae'n lletya'r wefan **Gofal Sylfaenol Un**, pwynt unigol ar gyfer mynediad at wybodaeth bwysig i glystyrau.

**Safonau mynediad at wasanaethau meddygol cyffredinol** – set o safonau cenedlaethol y mae disgwyl i'r holl bractisiau meddygon teulu gydymffurfio â hwy, i ddatblygu datrysiadau arloesol a dysgu gwersi o bractisiau eraill yn eu clwstwr, i lywio gwelliannau i fynediad<sup>10</sup>. Fe lansiodd Llywodraeth Cymru y safonau ar 20 Mawrth 2019 ac mae'n disgwyl i bractisiau meddygon teulu gyrraedd y safonau hyn erbyn 31 Mawrth 2021<sup>11</sup>.

Ffynhonnell: Swyddfa Archwilio Cymru

9 Llywodraeth Cymru, **Cynlluniau i gynyddu lleoedd hyfforddi meddygon teulu yng Nghymru**, Mehefin 2019

10 Llywodraeth Cymru, **Safonau newydd ar gyfer practisiau meddygon teulu i godi a gwella'r lefel gwasanaeth ar gyfer cleifion yng Nghymru**, Mawrth 2019

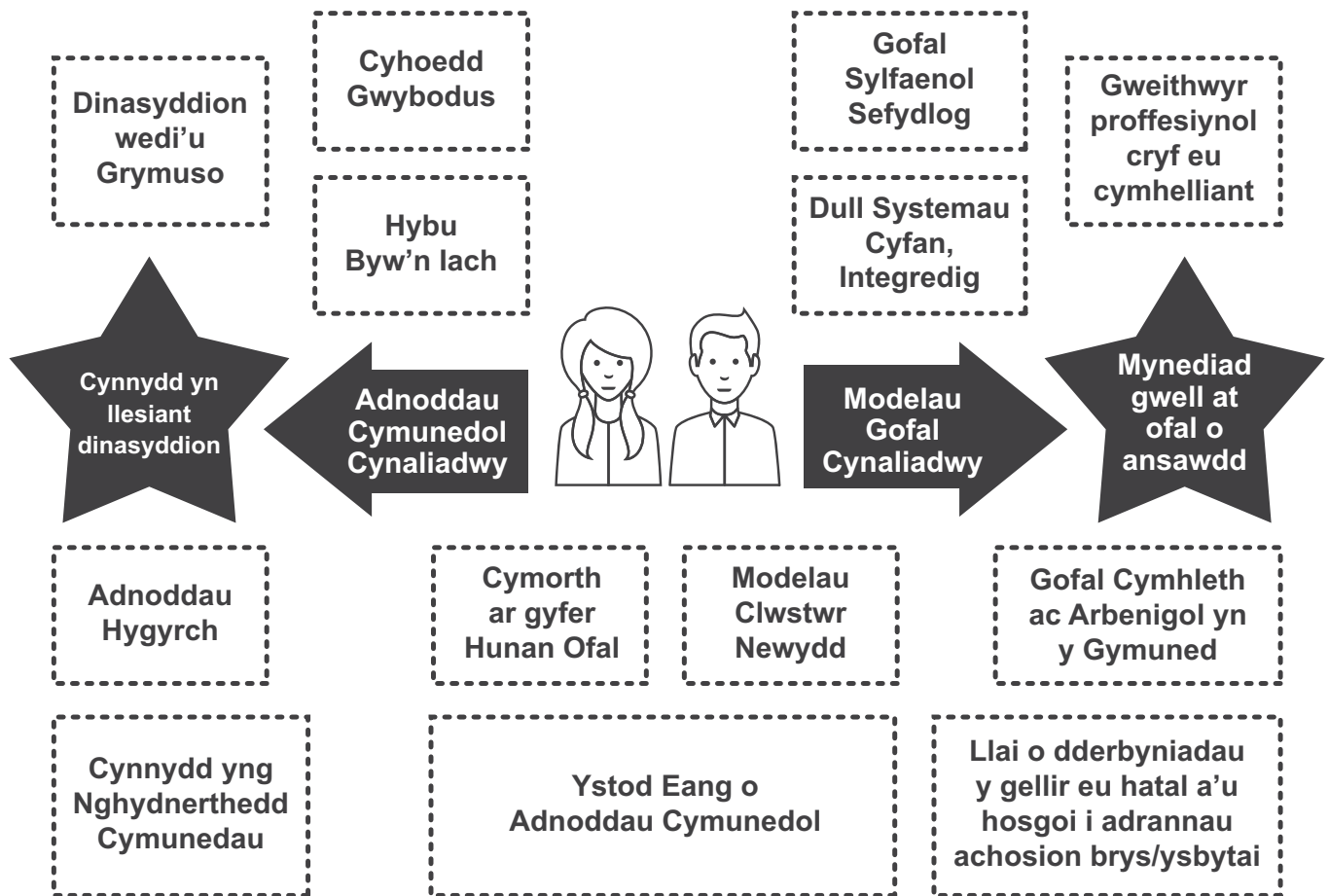
11 Llywodraeth Cymru, **Safonau newydd ar gyfer practisiau meddygon teulu i godi a gwella'r lefel gwasanaeth ar gyfer cleifion yng Nghymru**, Mawrth 2019

## Mae'r GIG yn cryfhau prosesau cynllunio gofal sylfaenol trwy fodel penodol, rhaglen strategol genedlaethol a rolau arweinyddiaeth genedlaethol pwrpasol

- 1.5 Mae'r GIG yng Nghymru yn cymryd camau i gryfhau'r modd y cynllunnir ac y cyflawnir newid strategol ym maes gofal sylfaenol. Mae'r GIG wedi cyflwyno dull haenog lle mae'r gwaith o gynllunio gofal sylfaenol yn digwydd ar lefel genedlaethol, ar lefel byrddau iechyd ac ar lefel clystyrau.
- 1.6 Ar lefel genedlaethol, nod y Model Gofal Sylfaenol ar gyfer Cymru yw sicrhau dull systemau cyfan o ailddylunio gwasanaethau. Fel a grynhoir yn **Arddangosyn 3**, mae elfennau allweddol o'r model yn cynnwys dinasyddion gwybodus sydd wedi'u grymuso, hunanofal, gwasanaethau cymunedol cryfach, pwyntiau cyswllt cyntaf newydd ar gyfer cleifion a threfniadau gweithio amlddisgyblaethol cryfach. Mae'r model hwn wedi dod i'r amlwg o'r ffyrdd newydd o weithio sydd wedi bod yn llwyddiannus yn y rhaglen pennu cyfeiriad. Mae'r model wedi esblygu dros y tair i bedair blynedd ddiwethaf, gyda'i enw'n newid o leiaf ddwywaith.
- 1.7 Yn ystod 2019-20, mae Llywodraeth Cymru yn cyllido datblygiad fframwaith gwerthuso cenedlaethol i'w ddefnyddio'n lleol i adrodd ar effaith y Model Gofal Sylfaenol ar gyfer Cymru. Mae'r gwerthusiad wedi'i fwriadu i ddarparu sicrwydd interim o gynnydd o ran gweithredu'r model. Bydd yr Hwb Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol yn rhannu gwersi ledled Cymru o 2020.

Arddangosyn 3 – y Model Gofal Sylfaenol ar gyfer Cymru

**DULL CYMRU GYFAN CYNHWYSFAWR**



Ffynhonnell: Addasiad Swyddfa Archwilio Cymru o ddiagram o'r rhaglen **Strategol ar gyfer gofal sylfaenol**, Tachwedd 2018

- 1.8 Mae'r Rhaglen Strategol ar gyfer Gofal Sylfaenol<sup>12</sup> wedi cael ei sefydlu i ddarparu ffrydiau gwaith allweddol i roi cymorth i weithredu'r model gofal sylfaenol. Mae'r Bwrdd Gofal Sylfaenol Cenedlaethol yn cydnabod bod angen i'r model esblygu eto i ganolbwyntio'n fwy ar atal a lles, ac i symud tuag at y model cymdeithasol o ofal a ddisgrifir yn Cymru lachach. I wella cydgysylltu a'r modd y cyflawnir newid, mae'r rhaglen strategol yn cynnwys chwe ffrwd gwaith<sup>13</sup>, y mae pob un ohonynt yn cael ei harwain ar y cyd gan gyfarwyddwr gofal sylfaenol ac eilaidd ac arweinydd proffesiynol sydd ag arbenigedd penodol yn y maes gwaith. Mae pob ffrwd gwaith yn datblygu cynllun gweithredu sy'n canolbwyntio ar feysydd hollbwysig y mae angen eu datblygu ymhellach i wireddu'r weledigaeth.
- 1.9 Mae Llywodraeth Cymru wedi cryfhau trefniadau uwch arweinyddiaeth i lywio newid. Mae gan brif weithredwr Bwrdd Iechyd Prifysgol Aneurin Bevan gyfrifoldeb arweiniol am ofal sylfaenol, gan gynnwys gwasanaethau gofal sylfaenol y tu allan i oriau a'r gwasanaeth 111<sup>14</sup>. Ceir Cyfarwyddwr Cenedlaethol ac Arweinydd Rhaglen Strategol ar gyfer Gofal Sylfaenol ac fe benodwyd rheolwr rhaglen ym mis Mawrth 2019 i lywio'r rhaglen strategol. Ceir arweinydd proffesiynol cenedlaethol ar gyfer gofal sylfaenol hefyd. Mae'r trefniadau hyn yn gam cadarnhaol gan eu bod yn cynyddu'r capasiti a'r sgiliau a neilltuir i lywio newid mewn gofal sylfaenol.
- 1.10 Mae Llywodraeth Cymru yn darparu cyfarwyddyd ar gyfer y byrddau iechyd trwy ei harweiniad ynghylch cynlluniau tymor canolig integredig y byrddau iechyd. Canfu ein gwaith lleol fod cynlluniau gofal sylfaenol y byrddau iechyd yn gyson ag agweddau allweddol ar y blaenoriaethau cenedlaethol. Canfuom hefyd fod gan yr holl glystyrau gynlluniau sy'n nodi blaenoriaethau ar gyfer gwella gofal sylfaenol yn eu hardal leol, a bod gan yr holl fyrddau iechyd gynlluniau gofal sylfaenol a oedd, i ryw raddau, yn cael eu bwydo gan gynlluniau'r clystyrau.
- 1.11 Cynhaliwyd dadansoddiad gan yr Hwb Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol, ar ran y Grŵp Cyfarwyddwyr Gofal Sylfaenol a Chymunedol, i adolygu ffocws y Model Gofal Cymdeithasol ar gyfer Cymru gan fyrddau a thimau y byrddau iechyd. Mae'r canfyddiadau'n dynodi bod gan wasanaethau gofal sylfaenol a chymunedol le mwy amlwg yng nghynlluniau tymor canolig integredig byrddau iechyd ar gyfer 2018-19 nag mewn blynyddoedd blaenorol<sup>15</sup>.

12 Y Bwrdd Gofal Sylfaenol Cenedlaethol, **Y Rhaglen Strategol ar gyfer Gofal Sylfaenol**, Tachwedd 2018

13 1. Atal a llesiant, 2. Model 24/7, 3. Data a Thechnoleg Ddigidol, 4. Y Gweithlu a Datblygu Sefydliadol, 5. Cyfathrebu ac Ymgysylltu, 6. Trawsnewid a'r Weledigaeth ar gyfer Clystyrau.

14 Mae gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru gyfrifoldeb am y drefn darparu gwasanaethau a'r ddarpariaeth trin galwadau 111 a brysbennu.

15 Iechyd Cyhoeddus Cymru, **Adolygiad o Gynlluniau Tymor Canolig Integredig Byrddau Iechyd (2018-19): Safbwynt Trawsnewid Gofal Sylfaenol**, Tachwedd 2018

## Mae ffyrdd newydd o weithio'n dod i'r amlwg ond mae angen lledaenu arfer da, gwella dulliau gwerthuso a sicrhau cyllid cynaliadwy ar gyfer cynlluniau llwyddiannus

- 1.12 Dechreuodd y Rhaglen Pennu Cyfeiriad Gofal Sylfaenol ym mis Ebrill 2015, gyda'r nod o ysgogi arloesi. Yn 2015-16, fel rhan o'r Gronfa Genedlaethol Gofal Sylfaenol werth £43 miliwn<sup>16</sup>, dyrannodd Llywodraeth Cymru £3.8 miliwn i fyrdau iechyd, ar sail gylchol, ar gyfer prosiectau sy'n rhan o'r rhaglen pennu cyfeiriad genedlaethol. Sefydlwyd pedwar prosiect ar hugain i ddechrau er mwyn profi gwahanol ffyrdd i gleifion gysylltu â'u practis lleol. Cychwynwyd pymtheg o brosiectau newydd yn 2018-19 ac roedd disgwyl iddynt redeg am ddwy flynedd<sup>17</sup>. Mae prosiectau pellach ar gyfer cyllid pennu cyfeiriad yn 2020-2022 yn cael eu hystyried.
- 1.13 Fe amlygodd ein gwaith mewn byrddau iechyd dri phrif fater lle'r oedd prosiectau pennu cyfeiriad yn y cwestiwn:
- **Arafwch o ran lledaenu arfer da** – canfuom fod byrddau iechyd a chlystyrau'n treialu ffyrdd newydd o weithio ond mewn nifer o achosion, nid oedd arfer da wedi cael ei ledaenu'n bell y tu hwnt i'r cynllun peilot gwreiddiol.
  - **Gwerthusiad cyfyngedig o ffyrdd newydd o weithio** – canfuom gyfyngiadau o ran dulliau o werthuso ffyrdd newydd o weithio, megis diffyg methodoleg safonedig i ddarparu tystiolaeth o ddeilliannau cadarnhaol ac i oleuo penderfyniadau ynglŷn ag ehangu'r ffyrdd hyn o weithio neu beidio.
  - **Anawsterau gyda chyllid prif ffrwd** – canfuom fod byrddau iechyd yn gallu ei chael yn anodd cynnal cynlluniau llwyddiannus unwaith y mae cyllid y rhaglen pennu cyfeiriad yn dod i ben.

16 Roedd y prif eitemau yn y gronfa £43 miliwn yn cynnwys £26 miliwn i roi cymorth i gyflawni cynlluniau byrddau iechyd ar gyfer gofal sylfaenol a chymunedol, £10 miliwn ar gyfer y clystyrau, a £3.8 miliwn ar gyfer y prosiectau pennu cyfeiriad. Roedd cyllid hefyd i annog gwasanaethau penodol, megis gwasanaethau gwrthgeulo a gwasanaethau ar gyfer dirywiad macwlaidd gwlyb sy'n gysylltiedig â henaint i symud o ysbytai i leoliadau cymunedol.

17 Mae'r rhestr o'r holl brosiectau i'w chael yn y dolenni canlynol  
[www.gofalsylfaenolun.cymru.nhs.uk/prosiectau-pennu-cyfeiriad](http://www.gofalsylfaenolun.cymru.nhs.uk/prosiectau-pennu-cyfeiriad) a  
[www.gofalsylfaenolun.cymru.nhs.uk/prosiectau-pennu-cyfeiriad-2018-19](http://www.gofalsylfaenolun.cymru.nhs.uk/prosiectau-pennu-cyfeiriad-2018-19)

- 1.14 Ym mis Mehefin 2018, **cyhoeddodd Prifysgol Birmingham arfarniad annibynnol o'r rhaglen** pennu cyfeiriad, a gomisiynwyd gan yr Hwb Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol ar ran y Grŵp Cyfarwyddwyr Gofal Sylfaenol a Chymunedol. Daeth i'r casgliad bod y rhaglen wedi bod yn 'brofiad gwerthfawr' i'r rhai a oedd yn arwain prosiectau unigol, ac i fyrddau iechyd. Canfu'r arfarniad angen am y canlynol hefyd:
- mwy o eglurder ynghylch yr amcanion a'r cynlluniau cynaliadwyedd ar gyfer pob prosiect;
  - trefniadau llywodraethu gwell ar gyfer y rhaglen, a'r rheiny'n cynnwys ystod ehangach o randdeiliaid;
  - mwy o amser i fyrddau iechyd ddatblygu eu cynigion ar gyfer prosiectau;
  - mwy o fewnbwn gan gleifion a'r gymuned wrth ddylunio'r prosiectau;
  - cymorth rheoli prosiect a gwerthuso ar gyfer y rhai sy'n arwain prosiectau;
  - fframwaith gwerthuso gwell ar gyfer y prosiectau; a hefyd
  - cyfleoedd mwy strwythuredig ar gyfer rhannu gwersi a ddysgwyd rhwng byrddau iechyd.
- 1.15 Fe arweiniodd yr arfarniad at ddigwyddiad dysgu Cymru gyfan a gweithdy, lle cafodd negeseuon allweddol eu harchwilio gydag amryw randdeiliaid ar lefel Byrddau Partneriaeth Rhanbarthol. Gan adeiladu ar ganfyddiadau'r arfarniad, ac ar gais Llywodraeth Cymru, fe gynhaliodd y Grŵp Cyfarwyddwyr Gofal Sylfaenol a Chymunedol ei werthusiad ei hun o brosiectau pennu cyfeiriad, yn benodol i roi cymorth i gyflwyno'r rhaglen pennu cyfeiriad yn 2019-20. Fe wnaeth y grŵp asesu pa un a oedd y prosiectau pennu cyfeiriad yn cwmpasu pob thema yn y Model Gofal Sylfaenol ar gyfer Cymru ac yn gyson â thri nod y Gronfa Genedlaethol Gofal Sylfaenol, sef cynaliadwyedd, mynediad gwell a chynyddu argaeledd gofal yn y gymuned. Daeth y gwerthusiad i'r casgliad bod holl elfennau'r model wedi'u cwmpasu gan y prosiectau pennu cyfeiriad er bod rhai elfennau wedi cael mwy o bwyslais, megis gweithio amlddisgyblaethol.
- 1.16 Canfu'r gwerthusiad hefyd fod byrddau iechyd yn gweithio i ganfod sut y gall cynlluniau llwyddiannus gael eu haddasu a'u mabwysiadu ledled Cymru trwy'r broses cynlluniau tymor canolig integredig. Mae gwaith pellach yn yr arfaeth yn awr i gryfhau'r dulliau gwerthuso a hwyluso'r broses o gyflwyno rhaglenni llwyddiannus mewn ardaloedd eraill<sup>18</sup>.

18 Y Grŵp Cyfarwyddwyr Gofal Sylfaenol a Chymunedol, **Adolygiad o Raglen Pennu Cyfeiriad 2018/19 a Chynigion ar gyfer Rhaglen 2019/2020**, Ionawr 2019

## Rhan 2

Mae angen i newid ddigwydd yn gyflymach ac ar raddfa fwy i fynd i'r afael â heriau hirsefydlog a sicrhau bod gwasanaethau gofal sylfaenol sydd dan straen yn cael eu gwneud yn addas ar gyfer y dyfodol



## Ceir mwy o bwysau ar y model gofal sylfaenol traddodiadol ac anawsterau parhaus o ran cael mynediad at apwyntiadau

- 2.1 Ceir nifer o dueddiadau sy'n awgrymu pwysau cynyddol ar y model practisiau meddygon teulu traddodiadol. Mae **Atodiad 1** yn disgrifio'r tueddiadau hyn yn fanwl ac mae'r pwyntiau bwled isod yn crynhoi'r pwyntiau allweddol:
- a mae nifer y partneriaethau meddygon teulu yng Nghymru wedi gostwng. Yn 2014 roedd 462 o bartneriaethau ond yn 2018 roedd y nifer wedi gostwng i 420. Mae hyn i'w briodoli'n rhannol i uno partneriaethau i greu practisiau mwy ond mae hefyd i'w briodoli i gau practisiau pan fo'u rhestrau'n cael eu gwasgaru ymhlith practisiau eraill.
  - b mae nifer y meddygon teulu yng Nghymru wedi amrywio ond yn 2018, roedd 42 yn llai o feddygon teulu nag yn 2014. Bu cynnydd o 144 yn nifer y meddygon teulu locwm rhwng mis Medi 2015 a mis Medi 2018, sy'n awgrymu newid o ran darparu gwasanaethau i drefn sy'n dibynnu'n fwy ar staff dros dro.
  - c mae nifer y meddygon teulu am bob 100,000 o'r boblogaeth yng Nghymru wedi gostwng ychydig o 63.2 yn 2014 i 62.6 yn 2018. Mae hyn yn uwch na Lloegr (58) ond lawer yn is na'r Alban (76)<sup>20</sup>.
  - ch mae proffil oedran meddygon teulu wedi cael ei godi fel pryder ar gyfer cynaliadwyedd gwasanaethau gan bod meddygon teulu hŷn yn fwy tebygol o ymddeol yn y dyfodol agos. Dengys y data fod cyfran y meddygon teulu dros 55 oed wedi gostwng ychydig mewn gwirionedd rhwng 2014 a 2018, tra bo cyfran y meddygon teulu yn y grŵp oedran 30-44 wedi cynyddu.
- 2.2 Ceir cyfyngiadau yn y data cyfredol mewn perthynas â niferoedd y meddygon teulu, er enghraifft ni chofnodir faint o oriau y mae pob meddyg teulu'n eu gweithio, gyda llawer yn gweithio'n rhan-amser. Nid yw data cyfwerth ag amser llawn wedi bod ar gael ers 2013. Mae Llywodraeth Cymru wedi lansio System Genedlaethol Cymru i Adrodd ar y Gweithlu er mwyn sicrhau data gwell a ddylai greu darlun cliriach yn y dyfodol o'r gweithlu meddygon teulu, a'r pwysau y mae'n eu hwynebu.
- 2.3 Mae Pwyllgor Meddygon Teulu Cymru wedi amlygu rhai o'r pwysau cynyddol ar lwyth gwaith meddygon teulu. Dywed y pwyllgor fod y rhain yn cynnwys newidiadau i'r cynllun Taliad Annibyniaeth Personol sy'n ei gwneud yn ofynnol cyflwyno llythyrau ychwanegol gan feddygon teulu; awdurdodau lleol yn gynyddol yn ei gwneud yn ofynnol cynnal asesiad symudedd ar gyfer pobl anabl i ategu ceisiadau am Fathodyn Glas; a chleifion ar restrau aros ysbytai'n cael eu hatgyfeirio'n ôl at y meddyg teulu er mwyn hwyluso apwyntiadau.

19 Llywodraeth Cymru, **Meddygon teulu: ar 30 Medi 2018**, Mawrth 2019

20 Ymddiriedolaeth Nuffield, **Is the Number of GPs Falling Across the UK?** Mai 2019

- 2.4 Ceir rhai materion ariannol sy'n bygwth cynaliadwyedd y model practisiau meddygon teulu traddodiadol hefyd gan y gallent berswadio meddygon teulu i ymddeol yn gynnar. Caiff y materion hyn eu crynhoi isod:
- **Newidiadau i Gynllun Pensiwn y GIG** – mae swm y pensiwn y gall meddygon teulu ei gronni dros eu gyrfa a swm gwirioneddol y pensiwn y gallant ei gronni heb gael eu trethu ill dau wedi gostwng. Dywedir bod hyn yn cyfrannu at yr arfer bod meddygon yn ymddeol yn gynharach ac yn perswadio rhai meddygon i gwtogi ar nifer y sesiynau y maent yn eu gweithio. Mae Llywodraeth y DU yn ystyried sut i ymateb i'r heriau hyn.
  - **Yr unig un sydd ar ôl** – mae partneriaethau meddygon teulu'n rhannu rhwymedigaethau ariannol (ac unrhyw fuddion) ar draws yr holl bartneriaid. Os yw nifer o bartneriaid yn ymddeol neu'n gadael am resymau eraill, gall un partner gael ei adael â'r rhwymedigaethau sydd gan y practis o hyd. Os nad yw'r partner sy'n weddill yn gallu dod o hyd i feddygon eraill i ddod yn rhan o'r bartneriaeth, gall benderfynu cau'r practis. Mae Llywodraeth Cymru wrthi'n ystyried camau i fynd i'r afael â hyn.
- 2.5 Mae newidiadau parhaus i systemau TG cenedlaethol yn ychwanegu at y pwysau ar rai practisiau meddygon teulu hefyd. Mae tua hanner y practisiau yng Nghymru wedi gorfod newid cyflenwr system TG eu practis ar ôl i gontract y cyflenwr gwreiddiol ddod i ben. Bu oedi o ran rhoi'r systemau newydd ar waith ac mae rhai meddygon teulu yr effeithiwyd arnynt wedi mynegi pryderon am yr amhariad sylweddol sydd ynghlwm â'r newidiadau hyn.
- 2.6 Pan fo practis meddygon teulu mewn perygl o gau, mae'r bwrdd iechyd yn dilyn proses ffurfiol i benderfynu a ddylid cynnal gwasanaethau'r practis hwnnw ai peidio trwy ysgwyddo'r cyfrifoldeb am reoli'r practis. Mae nifer y practisiau a reolir yn uniongyrchol yng Nghymru'n amrywio ond ar adeg ein gwaith maes yn 2018, roedd 24 o bractisiau'n cael eu rheoli'n uniongyrchol gan bum bwrdd iechyd. Er bod rhai byrddau iechyd wedi defnyddio unedau cymorth gofal sylfaenol am nifer o flynyddoedd i roi cymorth byrdymor i atal practisiau meddygon teulu rhag methu, canfuom fod byrddau iechyd yn gynyddol yn defnyddio'r unedau hyn i ysgwyddo'r cyfrifoldeb am reoli practisiau.
- 2.7 Mewn nifer o ardaloedd yng Nghymru mae pobl yn profi anawsterau cael apwyntiad gyda meddyg teulu. Fe ostyngodd cyfran y bobl sy'n ei chael yn anodd cael apwyntiad ychydig o 42% yn 2017-18 i 40% yn 2018-19 er bod y lefel hon yn dal i fod yn achos pryder ac yn amrywio ledled Cymru (**Arddangosyn 13**)<sup>22</sup>. Mae **Arddangosyn 14** ac **Arddangosyn 15** yn awgrymu gwelliant bach yn oriau agor practisiau meddygon teulu. Bu cynnydd hefyd yng nghyfradd gyffredinol bodlonrwydd cleifion ar y gofal a geir yn ystod apwyntiadau gyda meddygon teulu, o 86% yn 2017-18 i 93% yn 2018-19<sup>23</sup>.

21 Gallai rhwymedigaethau o'r fath gynnwys prydles i ar adeiladau sy'n cael eu rhentu, morgais sy'n dal yn ddyledus, ecwiti negyddol ar adeiladau a thaliadau colli swydd.

22 Llywodraeth Cymru, **Arolwg Cenedlaethol Cymru 2018-19: Gwasanaethau Ysbytai a Meddygon Teulu**, Mehefin 2019

23 Llywodraeth Cymru, **Arolwg Cenedlaethol Cymru 2018-19: Gwasanaethau Ysbytai a Meddygon Teulu**, Mehefin 2019

## Mae'r cynnydd yn fratiog o ran cyflawni model gofal sylfaenol amlbroffesiwn

- 2.8 Mae'r GIG yng Nghymru'n gweithio ar ddatrysiadau hirdymor i gynaliadwyedd mewn gofal sylfaenol trwy gynyddu nifer ac ystod y gweithwyr proffesiynol eraill sy'n gweithio mewn lleoliadau gofal sylfaenol. Mae a wnelo hyn yn rhannol â lleihau'r pwysau ar y model gofal presennol sy'n canolbwyntio ar feddygon teulu, ond mae a wnelo hefyd â chreu model gofal gwell lle mae gan gleifion fynediad gwell at ystod ehangach o weithwyr proffesiynol. Mae **Blwch 2** yn crynhoi rhai o'r rolau newydd sy'n cefnogi'r newid tuag at roi'r model amlbroffesiwn newydd ar waith.

### Blwch 2 – Enghreifftiau o gamau a gymerwyd tuag at roi'r model amlbroffesiwn ar waith

**Ffisiotherapyddion** – y nod gyda mynediad uniongyrchol at ffisiotherapi yw lleihau'r angen am apwyntiadau gyda meddygon teulu a darparu asesiad a thriniaeth yn fwy prydlon ar gyfer cyflyrau cyhyrysgerbydol. Mae gan y Gymdeithas Ffisiotherapi Siartredig ganllawiau<sup>24</sup> gan gynnwys costiau i gefnogi clystyrau sy'n ystyried cyflogi ffisiotherapyddion.

**Fferyllwyr** – mae fferyllwyr yn cyflawni rolau ehangach mewn practisiau, megis rhoi cyngor ynghylch presgripsiynu, cynnal adolygiadau blynyddol o feddyginiaeth cleifion a phresgripsiynu annibynnol. Gall y fferyllwyr hyn gael eu cyflogi gan y practis, neu'r bwrdd iechyd a gallant weithio mewn practis unigol neu ar draws nifer o bractisiau neu glystyrau.

**Uwch-ymarferydd nyrso** – mae'r rhain wedi cael hyfforddiant ychwanegol i'w galluogi i roi diagnosis, rhoi meddyginiaeth ar bresgripsiwn a thrin ystod eang o afiechydon aciwt a chyflyrau cronig o fewn eu cwmpas ymarfer.

**Cymdeithion meddygol** – gweithwyr gofal iechyd proffesiynol sydd wedi cael hyfforddiant clinigol ac sy'n gweithio gyda goruchwylydd meddygol dynodedig ond a all weithio'n annibynnol gyda chymorth priodol.

**Cymorth gyda ffordd o fyw, presgripsiynu cymdeithasol a chysylltwyr cymunedol** – gan bod ffactorau cymdeithasol, economaidd ac amgylcheddol yn effeithio ar iechyd, nod presgripsiynu cymdeithasol yw helpu pobl i gael mynediad at wahanol weithgareddau. Defnyddir gwahanol enwau ar gyfer y gweithwyr proffesiynol hyn ond maent yn cael eu treialu mewn nifer o glystyrau.

Ffynhonnell: Swyddfa Archwilio Cymru

24 Y Sefydliad Ffisiotherapi Siartredig, **General Practice Physiotherapy Posts: A Guide for Implementation and Evaluation in Wales**, Gorffennaf 2017

- 2.9 Er gwaethaf y camau cadarnhaol hyn, canfuom fod cynnydd o ran rhoi'r model amlbroffesiwn ar waith wedi bod yn fratiog. Canfu ein gwaith lleol nifer o rwystrau<sup>25</sup> i ehangu'r model, a grynhoir isod:
- gall llenwi swyddi gwag greu bylchau mewn mannau eraill wrth i weithwyr proffesiynol gael eu recriwtio o rannau eraill o'r system iechyd a gofal.
  - mae goruchwyliaeth, hyfforddiant a mentora'n ofynnol ar gyfer llawer o'r rolau newydd. Gall hyn olygu nad yw'r rolau newydd yn annibynnol ar unwaith, a gall fod ymrwymiad amser sylweddol gan y rhai sy'n darparu goruchwyliaeth, a all ei gwneud yn anos ateb y galw ymhlith cleifion.
  - mae angen gwneud mwy i rannu a lledaenu arfer da i sicrhau bod y rolau estynedig hyn yn cael eu rhoi ar waith yn gyflym ac ar raddfa fawr.
  - mae angen meddwl yn fwy strategol am ddatblygiad y rolau newydd hyn. Er enghraifft, gallai fod manteision sy'n deillio o gyflwyno hyfforddiant a swydd-ddisgrifiadau mwy safonedig a llwybrau gyrfa penodol ar gyfer y gweithwyr proffesiynol hyn.
- 2.10 Mae'r GIG yng Nghymru bellach yn cymryd camau i geisio mynd i'r afael â rhai o'r materion a restrir uchod. Mae Llywodraeth Cymru yn cydnabod bod y broses o roi'r Model Gofal Sylfaenol ar gyfer Cymru ar waith yn anghyson ac roedd yn disgwyl i fyrddau iechyd ymateb i hyn yn eu cynlluniau tymor canolig integredig<sup>26</sup> ar gyfer y cyfnod rhwng 2019-20 a 2021-22. Hefyd, mae compendiwm cenedlaethol i ddisgrifiadau rôl wedi cael ei ddatblygu. Erbyn hyn gall clystyrau sy'n ystyried cyflogi staff ddefnyddio'r disgrifiadau i atal amrywiad di-fudd rhwng rolau a chylchoedd gorchwyl y gweithwyr proffesiynol hyn ledled Cymru<sup>27</sup>.
- 2.11 Mae'r ffrwd waith o fewn y Rhaglen Strategol ar gyfer Gofal Sylfaenol sy'n ymwneud â'r gweithlu'n dwyn gwersi ynghyd o'r prosiectau pennu cyfeiriad i fynd i'r afael â materion sy'n gysylltiedig â chyflogau a chyflogaeth ac i wneud gofal sylfaenol yn faes mwy deniadol i weithio ynddo. Mae'r ffrwd waith hefyd yn datblygu offeryn cynllunio'r gweithlu ar gyfer clystyrau ac mae gwaith pwysig yn mynd rhagddo rhwng Addysg a Gwella Iechyd Cymru a Gofal Cymdeithasol Cymru i ddatblygu strategaeth y gweithlu i ymdrin ag iechyd a gofal yn eu cyfanrwydd erbyn mis Tachwedd 2019.

25 Mae'r adroddiad a gyhoeddwyd ym mis Awst 2018 gan y Grŵp Cyfeirio Gofal Sylfaenol a Chymunedol ac a oedd yn dwyn y teitl Rolau Amlbroffesiwn o fewn y Model Trawsnewid Gofal Sylfaenol yng Nghymru, yn darparu tystiolaeth fanylach am y rwystrau a'r materion hyn.

26 Mae Llywodraeth Cymru yn ei gwneud yn ofynnol i'r holl fyrddau iechyd ac ymddiriedolaethau'r GIG gyflwyno cynllun tymor canolig integredig sy'n nodi sut y bydd adnoddau'n cael eu defnyddio dros gyfnod o dair blynedd. Rhaid i'r cynllun wneud y canlynol: mynd i'r afael ag anghenion y boblogaeth; gwella deilliannau iechyd ac ansawdd gofal; a sicrhau'r gwerth gorau o adnoddau.

27 Partneriaeth Cydwasanaethau GIG Cymru, Gwasanaethau'r Gweithlu, Addysg a Datblygu, **Rolau a Modelau sy'n Dod i'r Amlwg mewn Gofal Sylfaenol**

## Araf fu'r cynnydd o ran symud adnoddau tuag at ofal sylfaenol er ei bod yn anodd meintioli yn union faint sy'n cael ei wario ar ofal sylfaenol

2.12 Mae **Arddangosyn 4** yn darparu dadansoddiad sylfaenol o gyfrifon y GIG o wariant ar wasanaethau gofal sylfaenol wedi'u contractio. Pan roddir cyfrif am chwyddiant, mae'r ffigyrau'n awgrymu cynnydd bach (0.4%) mewn termau real yn y gwariant ar ofal sylfaenol gan fyrddau iechyd rhwng 2014-15 a 2018-19<sup>28</sup>. O fewn y ffigwr cyffredinol hwn ceir codiadau mawr mewn gwasanaethau meddygol cyffredinol a gwasanaethau offthalmig.

**Arddangosyn 4** – mae cyfrifon y GIG yn awgrymu cynnydd bach mewn gwariant ar ofal sylfaenol yng Nghymru ond mae cyfyngiadau yn y data yma'n ei gwneud yn anodd cwblhau dadansoddiad cadarn o dueddiadau

	£ miliynau				
	2014-15	2015-16	2016-17	2017-18	2018-19
Cyffuriau a dyfeisiau ar bresgripsiwn	511.8	522.3	519.6	523.9	507.7
Gwasanaethau Meddygol Cyffredinol	476.1	486.7	487.2	517.6	550.1
Gwasanaethau Deintyddol Cyffredinol	172.5	173.0	173.9	178.2	185.2
Gwasanaethau Fferyllol	151.7	148.7	150.1	150.5	151.4
Gwasanaethau Offthalmig Cyffredinol	32.0	32.6	39.0	41.6	42.0
Gwariant arall ar Ofal Iechyd Sylfaenol	25.7	31.4	29.6	34.7	36.3
<b>Cyfanswm</b>	<b>1,369.7</b>	<b>1,394.6</b>	<b>1,399.3</b>	<b>1,446.4</b>	<b>1,472.7</b>

Ffynhonnell: Dadansoddiad Swyddfa Archwilio Cymru o gyfrifon blynyddol y byrddau iechyd.

<sup>28</sup> I gael eglurhad o'r categorïau gwariant gweler yr adroddiad gan Swyddfa Archwilio Cymru, **Darlun o ofal sylfaenol yng Nghymru.**

- 2.13 Fodd bynnag, nid yw **Arddangosyn 4** yn rhoi darlun arbennig o gadarn o wariant ar ofal sylfaenol am nad yw'n cynnwys gwariant mewn perthynas â'r Gronfa Genedlaethol Gofal Sylfaenol (gweler **paragraff 2c**), nac yn cynnwys gwariant mewn perthynas â chronfeydd canolog eraill sy'n anuniongyrchol berthnasol i ofal sylfaenol. Mae'r cronfeydd hyn yn cynnwys y gronfa drawsnewid £100 miliwn (gweler **paragraff 4**), y Gronfa Gofal Integredig a'r Gronfa Effeithlonrwydd Trwy Dechnoleg.
- 2.14 Un o ganfyddiadau allweddol ein gwaith yw ei bod yn anodd meintioli yn union faint y mae'r GIG yng Nghymru'n ei wario ar ofal sylfaenol, a faint y mae hyn yn newid dros amser. Daethom i'r casgliad hwn am y rhesymau canlynol:
- a nid yw gwariant ar rai agweddau ar ofal sylfaenol yn cael ei gategoreiddio'n gyson ar draws byrddau iechyd, gan ei gwneud yn anodd dwyn cymariaethau rhwng sefydliadau.
  - b mae newidiadau cyfrifyddu dros amser yn ei gwneud yn anodd dadansoddi tueddiadau, ac yn cymhlethu ymdrechion i fonitro pa un a yw'r GIG yn gwireddu ei uchelgais i symud adnoddau tuag at ofal sylfaenol.
  - c gall gwasanaethau gofal sylfaenol a'r rhaglen i drawsnewid gofal sylfaenol gael eu cyllido o ffynonellau lluosog, gan ei gwneud yn anodd olrhain a chymharu'r holl fuddsoddiadau mewn gofal sylfaenol.
  - ch nid yw gweithgareddau gofal sylfaenol rhai byrddau iechyd yn cael eu cynnwys yn yr adran o'u cyfrifon sy'n ymwneud â gofal sylfaenol, gan olygu nad yw'r cyfrifon yn cynrychioli'r holl wariant ar ofal sylfaenol. Mae enghreifftiau'n cynnwys contractau gyda mudiadau gwirfoddol a gwariant ar staff byrddau iechyd sy'n cefnogi gwasanaethau gofal sylfaenol.
  - d mewn rhai gwasanaethau ac arbenigeddau, mae elfennau o wasanaethau yn cael eu darparu mewn gofal sylfaenol, tra bo elfennau eraill yn cael eu darparu mewn ysbyty. Mae cost yr elfennau o ofal sylfaenol yn aml yn anodd i'w diffinio.

2.15 Fe wnaethom asesu pa un a yw byrddau iechyd yn cymryd camau gweithredu penodol i symud adnoddau tuag at ofal sylfaenol a chymunedol. Mae'r pwyntiau bwled isod yn awgrymu bod byrddau iechyd yn cymryd rhai camau gweithredu ond mae angen cynnydd cyflymach:

- mae gan yr holl fyrddau iechyd enghreifftiau o rai gwasanaethau gofal eilaidd sydd bellach yn cael eu darparu mewn lleoliadau sylfaenol neu gymunedol (hy symud rhai gwasanaethau awdioleg i mewn i bractisiau meddygon teulu, cyflogi nyrsys diabetes mewn gofal sylfaenol, a symudiadau mewn gwasanaethau ffisiotherapi a therapi galwedigaethol). Fodd bynnag, enghreifftiau cymharol ynysig yw'r rhain yn hytrach nag enghreifftiau o symudiadau cyffredinol yn gyflym ac ar raddfa fawr.
- nid yw unrhyw fyrddau iechyd wedi gosod targedau ar gyfer symud adnoddau tuag at ofal sylfaenol.
- nid yw unrhyw fyrddau iechyd wedi meintioli cyfanswm yr adnoddau a symudwyd tuag at ofal sylfaenol ers cyflwyno'r cynllun gofal sylfaenol cenedlaethol yn 2014.
- mae cynlluniau byrddau iechyd ar gyfer trawsnewid gofal sylfaenol yn cynnwys manylion cyfyngedig ynglŷn â sut y bydd newidiadau'n cael eu fforddio.
- gall diffygion ariannol ar y cyfan gymhlethu ymdrechion i symud cyllid a gall yr arfer o weithio mewn seilos o fewn byrddau iechyd beri i adrannau warchod eu cyllidebau.

2.16 Ym mis Gorffennaf 2018, fe gyhoeddodd Llywodraeth Cymru fframwaith ariannol i helpu i gefnogi'r broses o symud gwasanaethau aciwt eilaidd fel eu bod yn cael eu darparu mewn lleoliadau gofal sylfaenol a chymunedol<sup>29</sup>. Mae'r fframwaith yn darparu canllawiau manwl ar gyfer byrddau iechyd ynghylch datblygu dull achos busnes o newid gwasanaethau a chyflawni arbedion ariannol heb beryglu ansawdd y gofal. Mae'r adroddiad hwn yn cynnwys argymhelliad y dylai Llywodraeth Cymru weithio gyda byrddau iechyd i werthuso ac, os oes angen, gwella effeithiolrwydd y fframwaith ariannol.

<sup>29</sup> Llywodraeth Cymru, **Gwella Gwerth drwy Effeithiolrwydd Dyrianiannol a Thechnegol: Fframwaith Ariannol i Gefnogi Shifft Gwasanaethau Eilaidd Acíwt i Ddarparu Gwasanaeth Cymunedol/Sylfaenol, Cylchlythyr Iechyd Cymru WHC (2018) 025**, Gorffennaf 2018

## Mae gwaith i fonitro perfformiad a gweithgarwch gofal sylfaenol yn gyfyngedig ac mae'r data sydd ar gael yn awgrymu llwyddiant cymysg

- 2.17 Canfuom fod gwaith i fonitro perfformiad mewn byrddau iechyd yn cael ei rwystro gan anawsterau o ran cael a safoni data pwysig ynghylch gofal sylfaenol. Er enghraifft, gallai data ar weithgarwch, megis niferoedd yr apwyntiadau a'r amser a gymerir yn ystod apwyntiadau, fod o gymorth i gynllunio a monitro llwyth gwaith gwasanaethau gofal sylfaenol. Fodd bynnag, contractwyr annibynnol yw meddygon teulu, fferyllwyr cymunedol, deintyddion ac optometryddion, felly nid oes hawliau awtomatig gan y GIG i'w data. Ceir anawsterau hefyd o ran sicrhau bod y data a gesglir gan contractwyr annibynnol yn safonedig ac yn gymaradwy.
- 2.18 Canfuom wendidau yn y targedau cenedlaethol, sy'n gallu cael dylanwad o ran ble y mae byrddau iechyd yn buddsoddi eu hamser a'u hadnoddau. Mae'r targedau cyfredol<sup>30</sup> ar gyfer gofal sylfaenol yn cwmpasu pethau sy'n hawdd i'w mesur, megis niferoedd yr imiwneiddiadau, faint o feddyginiaethau a roddwyd ar bresgripsiwn, ac oriau agor meddygfeydd teulu. Mae **Atodiad 2** yn nodi perfformiad byrddau iechyd yn erbyn y targedau cenedlaethol hyn ac yn dangos darlun cymysg o ran perfformiad. Canfu adroddiad<sup>31</sup> ar gyrraedd mesurau gwella ansawdd gan yr Hwb Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol ym mis Rhagfyr 2018 amrywiad tebyg ar draws byrddau iechyd ac ar lefel clystyrau. Fodd bynnag, nid yw'r casgliad presennol o dargedau'n darparu trosolwg effeithiol i ddangos a yw deilliannau cleifion yn cael eu gwella gan ofal sylfaenol.
- 2.19 Mae Llywodraeth Cymru yn adolygu perfformiad cyffredinol byrddau iechyd trwy gyfarfodydd Cyd-dîm Gweithredol a gynhelir ddwywaith y flwyddyn rhwng Llywodraeth Cymru a chyrff y GIG. Dim ond rhan fach o'r trefniadau hyn yw gofal sylfaenol. Mae Llywodraeth Cymru yn amcanu at gryfhau'r oruchwyliaeth ar ofal sylfaenol trwy ddatblygu cerrig milltir cyflawni ar gyfer y Model Gofal Sylfaenol ar gyfer Cymru a thrwy gynyddu nifer y mesurau gofal sylfaenol a gaiff eu hystyried fel rhan o drefniadau monitro. Mae Llywodraeth Cymru hefyd yn bwriadu gwella'r trefniadau ar gyfer craffu ar berfformiad gofal sylfaenol trwy gyhoeddi adroddiad blynyddol, cenedlaethol ar berfformiad gofal sylfaenol.

30 Fel a ddisgrifir yn Fframwaith Cyflawni a Chanllawiau Adrodd GIG Cymru 2018-2019.

31 Iechyd Cyhoeddus Cymru, Isadran Gofal Sylfaenol, **Mesurau Gofal Sylfaenol: Adroddiad Cenedlaethol ar Amrywiadau, Rhagfyr 2018**

- 2.20 Wrth annerch cynhadledd genedlaethol ar ofal sylfaenol ym mis Tachwedd 2018, fe wnaeth y Gweinidog Iechyd a Gwasanaethau Cymdeithasol gydnabod gwendidau o ran sut y caiff gofal sylfaenol ei fonitro. Erfyniodd am ystyriaeth i'r hyn a gaiff ei fesur ac fe gynigiodd ddangosydd sy'n seiliedig ar yr amser y mae pobl yn ei dreulio gartref, yn hytrach na mesur yr amser y maent yn ei dreulio yn yr ysbyty.
- 2.21 Mae gwaith ar y gweill i gyflwyno mesurau mwy ystyrion ar gyfer gofal sylfaenol. Fe ddatblygodd yr Hwb Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol set o fesurau diwygiedig y mae gwybodaeth ar gael yn rhwydd ar eu cyfer<sup>32</sup>. Trefnwyd fod y mesurau hyn ar gael i fyrddau iechyd ar y Porth Gwybodaeth Gofal Sylfaenol ym mis Mawrth 2018 ac fel adroddiad ym mis Rhagfyr<sup>33</sup>. O 2018-19, fe wnaeth Llywodraeth Cymru hi'n ofynnol i fyrddau iechyd, trwy glystyrau, ddefnyddio'r mesurau i oleuo'u cynlluniau gofal sylfaenol. Mae ffrwd waith data a thechnoleg ddigidol y rhaglen strategol yn datblygu mesurau ychwanegol.

**Mae cryn dipyn o waith i'w wneud o hyd i sicrhau bod gan glystyrau gofal sylfaenol gylch gorchwyl eglur, aelodaeth eang a'u bod yn gallu llywio newid sy'n digwydd yn gyflym ac ar raddfa fawr**

- 2.22 Sefydlwyd clystyrau gofal sylfaenol (a ddisgrifir ym **mharagraff 2b**) yn 2010 ond fel a ddangosir yn **Arddangosyn 5**, ychydig iawn o arweinwyr clystyrau oedd yn ystyried bod eu clystyrau'n 'aeddfe'd'.

<sup>32</sup> Mae'r mesurau hyn yn cynnwys dangosyddion practisiau meddygon teulu megis mesur cymeriant alcohol ac adolygiadau o feddyginiaethau; dangosyddion iechyd y cyhoedd sy'n ymwneud â sgrinio a chyfraddau marwolaethau o glefydau cylchredol; a dangosyddion deintyddol megis mynediad at ofal deintyddol ar gyfer plant ac oedolion.

<sup>33</sup> Iechyd Cyhoeddus Cymru, Isadran Gofal Sylfaenol, **Mesurau Gofal Sylfaenol: Adroddiad Cenedlaethol ar Amrywiadau**, Rhagfyr 2018

<sup>34</sup> Llywodraeth Cymru, **Cam 2 – mesurau ansawdd a chyflawni gofal sylfaenol, Cylchlythyr Iechyd Cymru (2018) 026**, Gorffennaf 2018

Arddangosyn 5 – dim ond naw arweinydd clwstwr oedd yn meddwl bod eu clwstwr ar gam aeddfed o ran ei ddatblygiad

Dengys y tabl isod beth oedd barn arweinwyr clystyrau am aeddfedrwydd<sup>35</sup> eu clwstwr.

	Datblygiadol	Sefydlog ac yn dechrau cyflawni	Aeddfed	Dim ymateb
Abertawe Bro Morgannwg	1	4	2	4
Aneurin Bevan	1	6	0	5
Betsi Cadwaladr	2	5	1	6
Caerdydd a'r Fro	0	5	2	2
Cwm Taf	1	5	2	4
Hywel Dda	0	4	1	2
Powys	1	1	1	2
<b>Cymru</b>	<b>6</b>	<b>30</b>	<b>9</b>	<b>25</b>

Sylwer: Fe anfonom ni arolwg ar-lein at arweinwyr pob un o'r 64 o glystyrau yng Nghymru ym mis Ebrill 2018. 64% (45/70) oedd y gyfradd ymateb ar y cyfan. Anfonwyd cyfanswm o 70 o arolygon am bod Cwm Taf wedi darparu manylion mwy nag un arweinydd ym mhob clwstwr a Phowys wedi darparu manylion cysylltu ar gyfer arweinwyr clystyrau a rhwydweithiau meddygon teulu.

Ffynhonnell: Arolwg Swyddfa Archwilio Cymru o arweinwyr clystyrau

35 Y diffiniad o 'Datblygiadol' oedd: 'Yn dal yn y cyfnod cynnar o ran ei ddatblygiad ac angen cymorth sylweddol: nid yw holl aelodau'r clwstwr yn ymgysylltu'n llawn'. Y diffiniad o 'Sefydlog ac yn dechrau cyflawni' oedd 'Yn dechrau cyflawni rhai manteision ond yn dal yn ei ddyddiau cynnar, angen cymorth parhaus a'r potensial llawn heb ei gyrraedd eto'. Y diffiniad o 'Aeddfed' oedd 'Mae holl aelodau'r clwstwr yn ymgysylltu'n llawn; mae'n cyflawni ar draws nifer o feysydd yn unol â chynllun y clwstwr'.

- 2.23 Mae peth dryswch o hyd ynglŷn â rôl a chylch gorchwyl clystyrau. Yn ystod ein gwaith maes, clywsom sut y mae gwaith rhai clystyrau yn dal i fod â gormod o ffocws ar bractisiau meddygon teulu yn hytrach na'r system gofal sylfaenol ehangach. Ac fe glywsom sut y mae angen i aelodaeth rhai clystyrau ehangu. Datgelodd ein harolwg o arweinwyr clystyrau, er bod gan y mwyafrif o glystyrau gynrychiolaeth o'r trydydd sector, bod gan tua hanner gynrychiolaeth o blith awdurdodau lleol ac mai ychydig iawn oedd ag aelod lleyg.
- 2.24 Datgelodd ein gwaith maes hefyd rai pryderon ynghylch effeithiolrwydd clystyrau o ran llywio newid sy'n digwydd yn gyflym ac ar raddfa fawr. Dywedodd rhai cyfweleion wrthym fod clystyrau'n gallu ei chael yn anodd gwneud penderfyniadau amserol, yn enwedig ynglŷn â gwariant a chaffael, sy'n gallu achosi oedi cyn bod gwasanaethau'n newid. Clywsom farn gymysg hefyd ynglŷn â pha un a ddylai fod gan glystyrau fwy neu lai o annibyniaeth ariannol ar eu byrddau iechyd.
- 2.25 Ym mis Hydref 2017, fe adroddodd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon ar ei ymchwiliad i glystyrau gofal sylfaenol. Daeth yr adroddiad i'r casgliad bod clystyrau wedi cyflawni nifer o ddatblygiadau cadarnhaol ond amlygodd faterion gyda chyflymder a natur clystyrau, gan gynnwys yr angen am aelodaeth ehangach. Cafodd trefniadau cyllido, TGCh, y gweithlu ac adeiladau eu hamlygu fel meysydd lle'r oedd angen i newid ddigwydd yn gyflymach hefyd. Awgrymodd y Pwyllgor hefyd y dylid gwneud gwaith i godi ymwybyddiaeth y cyhoedd o fanteision newidiadau i fodolau gwasanaethau. Fe wnaeth y Pwyllgor 16 o argymhellion er bod Llywodraeth Cymru wedi gwrthod pump, gan ddweud nad oeddent am gyfyngu ar annibyniaeth clystyrau i ddatblygu yn seiliedig ar eu hamgylchiadau lleol trwy fod yn rhy gyfarwyddol.
- 2.26 Ym mis Hydref 2018, fe gydgysylltodd yr Hwb Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol waith i lunio **fframwaith llywodraethu** ar gyfer clystyrau gofal sylfaenol. Datblygwyd y fframwaith gyda'r nod o fynd i'r afael â rhai o'r argymhellion o'r ymchwiliad i glystyrau ac mae'n ymdrin â meysydd allweddol megis cyflogi staff, trefniadau ariannol a sicrhau ansawdd. Mae hwn yn ddatblygiad cadarnhaol, er ei bod yn rhy gynnar i wybod a yw'r fframwaith yn cael ei ddefnyddio'n effeithiol.

2.27 Mae clystyrau'n dal i fod yn agwedd bwysig ar ddyfodol gofal sylfaenol er y bydd trawsnewid yn golygu bod angen cydweithio effeithiol rhwng nifer o sefydliadau a grwpiau. Mae Cymru lachach yn nodi gweledigaeth ar gyfer iechyd a gofal cymdeithasol di-dor, gan adeiladu ar sylfeini arloesi lleol, 'gan gynnwys drwy Glystyrau o ddarparwyr gofal sylfaenol a chymunedol'. Dywed Cymru lachach y bydd Byrddau Partneriaeth Rhanbarthol<sup>36</sup> 'yn chwarae rhan gref yn goruchwyllo ac yn cydlynu' a'u bod yn ganolog i gyflawni newid. Dyrannwyd arian i'r Byrddau Partneriaeth Rhanbarthol o'r gronfa drawsnewid £100 miliwn. Mae gan y Cyfarwyddwr Cenedlaethol ac Arweinydd y Rhaglen Strategol ar gyfer Gofal Sylfaenol amserlen presenoldeb mewn Byrddau Partneriaeth Rhanbarthol a byrddau iechyd i gynrychioli gofal sylfaenol. Bydd angen i'r GIG yng Nghymru gadw golwg ar ei ymgysylltiad â Byrddau Partneriaeth Rhanbarthol, i sicrhau bod y broses o drawsnewid gofal sylfaenol yn cael ei llywio gan yr holl randdeiliaid perthnasol.

## Mae angen gwneud mwy i gynnwys y cyhoedd mewn newidiadau i ofal sylfaenol i sicrhau bod pobl yn deall sut y bydd y model yn gweithio

2.28 Canfu ein gwaith lleol amrywiad o ran i ba raddau yr oedd byrddau iechyd yn ymgysylltu â'r cyhoedd wrth ddatblygu eu cynlluniau ar gyfer gofal sylfaenol. I rai byrddau iechyd, ni chanfuom rhyw lawer o dystiolaeth neu unrhyw dystiolaeth o gwbl o ymgysylltu â'r cyhoedd. Roedd y dull a ddefnyddid gan weddill y byrddau iechyd yn amrywio o ymgynghori â'r cyhoedd wrth ddatblygu eu cynllun, i ymgysylltu ynghylch prosiectau penodol neu newidiadau penodol i wasanaethau.

2.29 Mae datblygiad y Model Gofal Sylfaenol ar gyfer Cymru wedi bod yn esblygiad graddol sydd wedi ymgorffori syniadau da a ffyrdd newydd llwyddiannus o weithio wrth iddynt godi. Er yr ymgynghorwyr â'r cyhoedd ar lefel leol ynghylch rhai elfennau o'r model, ni fu ymgynghori ffurfiol ac nid yw'r cyhoedd wedi cael eu cynnwys yn ffurfiol wrth ddatblygu'r model cyffredinol ar lefel genedlaethol.

2.30 Yn y gynhadledd genedlaethol ar ofal sylfaenol ym mis Tachwedd 2018, siaradodd Bwrdd y Cynghorau Iechyd Cymuned am bwysigrwydd cynnwys y cyhoedd. Fe bwysleision nhw bod gofal sylfaenol o bwys mawr iawn i'r cyhoedd, er nad ydynt wastad yn deall beth yw eu gwasanaethau lleol. Roedd y cyflwyniad hefyd yn nodi bod ar bobl ofn newid nad ydynt yn ei ddeall.

36 Ym mis Ebrill 2016, daeth saith partneriaeth ranbarthol statudol i fodolaeth trwy Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014. Eu diben yw llywio'r drefn ranbarthol strategol lo ddarparu gwasanaethau cymdeithasol mewn cydweithrediad agos gyda byd iechyd.

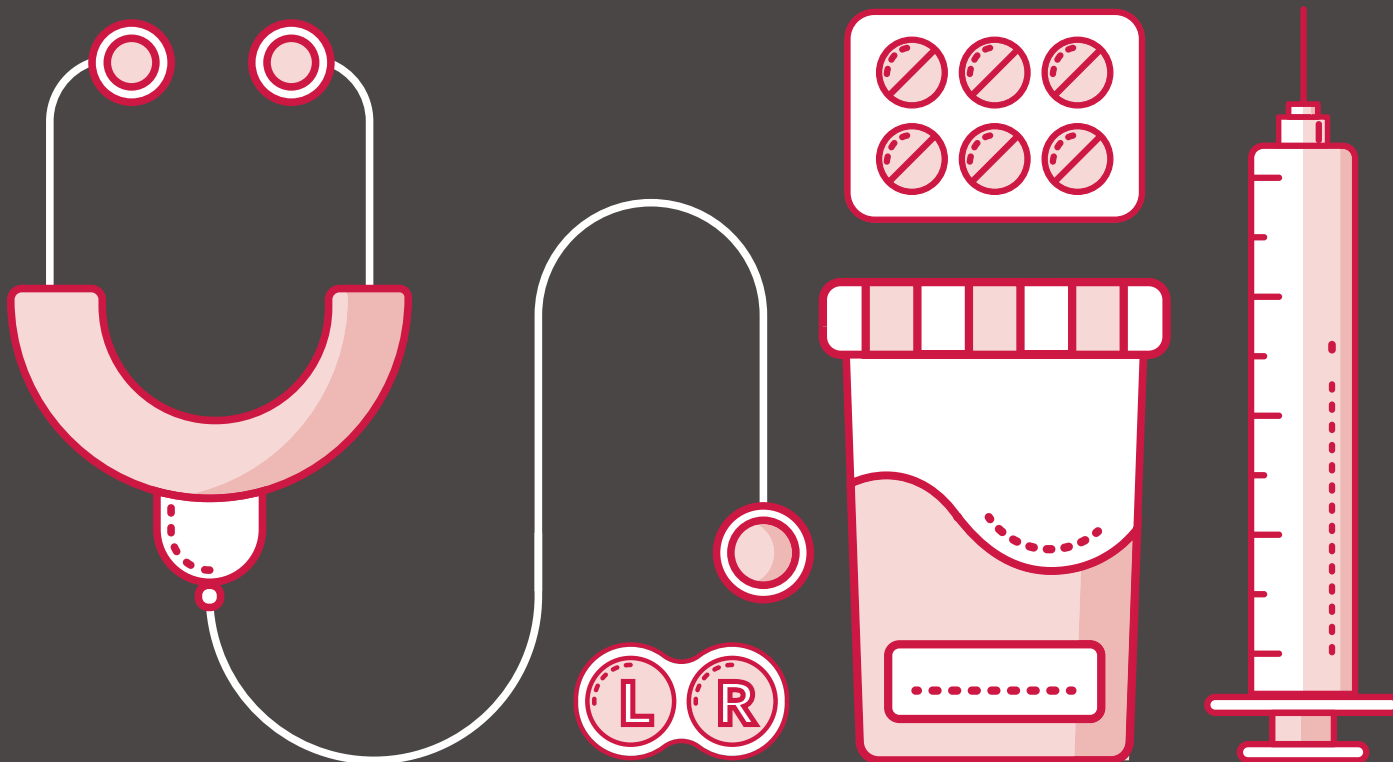
- 2.31 Mae canfyddiadau ein gwaith yn awgrymu, o ystyried y diffyg o ran cynnwys y cyhoedd, bod potensial ar gyfer dryswch ac anghytundeb gyda'r ffyrdd newydd arfaethedig o weithio yn y model. Hefyd, mae angen cynyddu ymwybyddiaeth a dealltwriaeth am y model a chefnogaeth iddo ymhlith staff y GIG, a all dywys cleifion at y gwasanaeth cywir ac a all weithredu fel eiriolwyr ar gyfer y ffyrdd newydd o weithio.
- 2.32 Mae Llywodraeth Cymru wedi dyrannu £20,000 y flwyddyn i bob bwrdd iechyd ers 2018-19 i gefnogi gweithgareddau lleol sy'n gwella cyfathrebu a negeseuon ar gyfer y cyhoedd ynglŷn â'r model. Mae'r gweithgareddau lleol yn seiliedig ar set o negeseuon y cytunwyd arni'n genedlaethol. Mae'r rhaglen strategol ar gyfer gofal sylfaenol yn cynnwys ffrwd waith benodol ar gyfer cyfathrebu ac ymgysylltu. Mae'r ffrwd waith hon wedi cynhyrchu strategaeth gyfathrebu genedlaethol ac ymgyrch cenedlaethol yn 2019.

# Atodiadau

Atodiad 1 – Data ar y gweithlu

Atodiad 2 – Data ar berfformiad

Atodiad 3 – Ein dulliau



## Atodiad 1 – Data ar y gweithlu

Mae'r atodiad hwn yn dangos tueddiadau mewn peth data allweddol sy'n gysylltiedig â'r gweithlu gofal sylfaenol.

Ceir cyfyngiadau yn y data cyfredol mewn perthynas â niferoedd y meddygon teulu, megis peidio â chofnodi faint o oriau y mae pob meddyg teulu yn eu gweithio, gyda llawer yn gweithio'n rhan-amser. Nid yw data cyfwerth ag amser llawn wedi bod ar gael ers 2013. Mae Llywodraeth Cymru wedi lansio System Genedlaethol Cymru i Adrodd ar y Gweithlu er mwyn sicrhau data gwell a fydd yn creu darlun mwy eglur o'r gweithlu meddygon teulu, a'r pwysau a wynebir ganddo, yn y dyfodol.

### Arddangosyn 6 – tueddiadau yn nifer y partneriaethau meddygon teulu yng Nghymru

Roedd 420 o bartneriaethau meddygon teulu yn 2018, a oedd yn ostyngiad o 42 ers 2014. Mae hwn yn ostyngiad o 10% ar y cyfan er bod cyfraddau'n amrywio o ddim newid ym Mhowys i ostyngiad o 18% yng Nghwm Taf.

Bwrdd Iechyd	2014	2015	2016	2017	2018	Newid 2014-2018 (Nifer)	Newid 2014-2018 (%)
Abertawe Bro Morgannwg	76	75	73	71	67	-9	-13%
Aneurin Bevan	88	86	81	79	78	-10	-13%
Betsi Cadwaladr	114	111	109	107	105	-9	-9%
Caerdydd a'r Fro	66	66	66	66	63	-3	-5%
Cwm Taf	46	45	42	42	39	-7	-18%
Hywel Dda	55	54	53	50	51	-4	-8%
Powys	17	17	17	17	17	0	0%
<b>Cymru</b>	<b>462</b>	<b>454</b>	<b>441</b>	<b>432</b>	<b>420</b>	<b>-42</b>	<b>-10%</b>

Sylwer: Nid yw'r tabl yn gwahaniaethu rhwng partneriaethau wedi'u diddymu, h.y. rhestrau practisiau a wasgarwyd ymhlith practisiau eraill, na phractisiau sydd wedi uno, h.y. lle ffurfiwyd practis newydd/mwy.

Ffynhonnell: Llywodraeth Cymru, **Meddygon teulu: ar 30 Medi 2018**, Mawrth 2019

## Arddangosyn 7 – tueddiadau yn nifer y meddygon teulu sy'n gweithio yng Nghymru

Bu gostyngiad o 42 o feddygon teulu ers 2014 ac ar yr un pryd bu cynnydd mewn meddygon teulu locwm o 169.

	2014	2015	2016	2017	2018	Newid 2014-2018 (Nifer)
Yr holl ymarferwyr (heb gynnwys Cofrestryddion mewn Practis Cyffredinol, Meddygon Teulu wrth Gefn a locymau)	2,006	1,997	2,009	1,926	1,964	-42
Cofrestryddion mewn Practis Cyffredinol (1)	220	231	232	239	230	10
Meddygon Teulu wrth Gefn (2)	23	25	19	17	14	-9
Meddygon Teulu Locwm (3)	---	634	684	754	778	144 (2015-2018)
Staff arall mewn practisiau (4)	7,192	7,379	7,341	7,299	7,505	313
Cleifion cofrestredig (miliynau)	3.17	3.19	3.2	3.2	3.14	-0.03

**Sylwer:** Mae Llywodraeth Cymru yn cael y data hwn ar 30 Medi bob blwyddyn gan NHS Digital a chaiff y data ei gynhyrchu gan system (taliadau meddygon teulu) Exeter. Mae gan Lywodraeth Cymru bryderon ynghylch ansawdd y data ac mae wedi gwneud gwaith dilysu yn 2018. Yn y dyfodol, bydd data'n cael ei gasglu trwy System Genedlaethol Cymru i Adrodd ar y Gweithlu.

**Ffynhonnell:** Llywodraeth Cymru, **Meddygon cyffredinol: ar 30 Medi 2018**, Mawrth 2019

- (1) Ymarferydd a gyflogir at ddiben hyfforddi mewn ymarfer cyffredinol ac y telir grant hyfforddi mewn perthynas â hwy. Mae cofrestrydd mewn practis cyffredinol naill ai yn ei ail flwyddyn neu ei drydedd flwyddyn felly nid yw'r cofrestryddion mewn practis cyffredinol i gyd yn yr un cohort.
- (2) Ymarferydd sy'n darparu sesiynau gwasanaeth mewn practis cyffredinol. Maent yn cynnal y sesiynau gyda chynorthwydd a gyflogir gan y practis a chaniateir iddynt weithio uchafswm o 4 sesiwn yr wythnos.
- (3) Meddyg teulu sy'n dirprwyo dros dro mewn Practis Cyffredinol, fel arfer i gyflenwi pan fo meddyg teulu yn absennol. Dylai trefniant cyflenwi o'r fath bara am 6 mis ar y mwyaf. Mae'r data meddygon teulu locwm yn cynnwys nifer y locymau sydd wedi'u cofrestru i weithio ar y Rhestr Perfformwyr Meddygol, nid y nifer a oedd yn gweithio ar yr adeg benodol honno, neu a oedd wedi cwblhau unrhyw waith yn ystod y flwyddyn.
- (4) Mae'n cynnwys nyrsys cymwysedig sy'n darparu ystod eang o wasanaethau, aelodau eraill o staff nad ydynt yn nyrsys sy'n rhoi gofal uniongyrchol i gleifion, gweinyddwyr gan gynnwys rheolwyr practisiau ac aelodau eraill o staff megis glanhawyr.

### Arddangosyn 8 – tueddiadau yn ystodau oedran meddygon teulu

Mae nifer y meddygon teulu dros 55 oed wedi gostwng ers 2014 ond bu cynnydd yn y meddygon teulu 30-44 oed

	2014	2015	2016	2017	2018	Newid 2014-18 (Nifer)
O dan 30	22	16	30	17	16	-6
30-44	830	828	879	878	886	56
45-54	686	649	655	595	625	-61
55-64	392	396	381	374	378	-14
65 a throsodd	70	64	64	62	59	-11
Cyfanswm nifer	2,006	1,997	2,009	1,926	1,964	-42

Sylwer: Nid yw'r tabl hwn yn cynnwys data oedran ar gyfer locymau, cofrestryddion na meddygon teulu wrth gefn a restrir yn **Arddangosyn 7**.

Ffynhonnell: Llywodraeth Cymru, **Meddygon cyffredinol: ar 30 Medi 2018**, Mawrth 2019

## Arddangosyn 9 – tueddiadau ym maint cyfartalog rhestrau practisiau meddygon teulu

Mae maint cyfartalog y rhestrau'n amrywio o 1,366 o gleifion ar gyfer pob partner meddyg teulu ym Mhowys i 1,668 yn ardal Betsi Cadwaladr. Mae meintiau rhestrau wedi cynyddu ychydig ar gyfartaledd ledled Cymru ers 2014 ond ceir gwahaniaethau mawr rhwng ardaloedd gyda chynnydd mawr yn ardal Betsi Cadwaladr a gostyngiadau mawr yng Nghwm Taf.

	2014	2015	2016	2017	2018	Newid 2014-18 (nifer)
Abertawe Bro Morgannwg	1,563	1,580	1,595	1,665	1,545	-18
Aneurin Bevan	1,570	1,575	1,538	1,605	1,622	52
Betsi Cadwaladr	1,581	1,600	1,595	1,733	1,668	88
Caerdydd a'r Fro	1,620	1,621	1,649	1,651	1,612	-8
Cwm Taf	1,785	1,707	1,730	1,777	1,661	-124
Hywel Dda	1,510	1,606	1,607	1,707	1,548	38
Powys	1,411	1,414	1,330	1,365	1,366	-46
<b>Cymru</b>	<b>1,582</b>	<b>1,596</b>	<b>1,592</b>	<b>1,664</b>	<b>1,599</b>	<b>17</b>

Sylwer: Cyfrifir maint cyfartalog rhestrau trwy rannu cyfanswm nifer y cleifion ar restrau â nifer yr 'Holl ymarferwyr (heb gynnwys Cofrestryddion mewn Practis Cyffredinol, Meddygon Teulu wrth Gefn a locymau)'.

Ffynhonnell: Llywodraeth Cymru, **Meddygon cyffredinol: ar 30 Medi 2018**, Mawrth 2019

## Atodiad 2 – Data ar berfformiad

Mae'r atodiad hwn yn crynhoi peth o'r data allweddol ar berfformiad sydd wedi'i gynnwys yn Fframwaith Cyflawni a Chanllawiau Adrodd GIG Cymru 2018-2019.

### Arddangosyn 10 – cyfraddau imiwneiddiadau plant ar 31 Mawrth 2019

Mae'r arddangosyn yn dangos perfformiad mewn perthynas â dau fesur cyflawni yn y canllawiau:

- Mesur cyflawni 2: Canran y plant a gafodd 3 dos o'r brechlyn chwefalent '6 yn 1' erbyn eu bod yn 1 oed. Fe wnaeth pum bwrdd iechyd gyrraedd y targed o 95%; a
- Mesur cyflawni 3: Canran y plant a gafodd 2 ddos o'r brechlyn MMR erbyn eu bod yn 5 oed. Ni wnaeth yr un bwrdd iechyd gyrraedd y targed o 95%.

	% y plant a gafodd 3 dos o'r brechlyn '6 yn 1' erbyn eu bod yn 1 oed	% y plant a gafodd 2 ddos o'r brechlyn MMR erbyn eu bod yn 5 oed
Abertawe Bro Morgannwg	95.9	91.8
Aneurin Bevan	95.6	92.3
Betsi Cadwaladr	95.4	94.3
Caerdydd a'r Fro	94.3	90.6
Cwm Taf	97.5	93.1
Hywel Dda	93.9	90.3
Powys	96.3	91.3
<b>Cymru</b>	<b>95.4</b>	<b>92.2</b>

Sylwer: Mae'r brechlyn 6 yn 1' DTaP/IPV/Hib yn amddiffyn rhag Difftheria, Tetanws, Pertwsis (Y Pas), Polio, haint hib a Hepatitis B.

Ffynhonnell: Iechyd Cyhoeddus Cymru, Rhaglen Clefydau y Gellir Eu Hatal â Brechlyn. **Cyfradd frechu ymhlith plant yng Nghymru; Adroddiad blynyddol 2018-19**, Mehefin 2019

**Arddangosyn 11 – tueddiadau mewn cyfraddau brechu rhag y ffliw rhwng 2014-15 a 2018-19. Cleifion 65 oed a throsodd**

Mesur cyflawni 5i: Cyfradd brechu rhag y ffliw ymhlith: Pobl 65 oed a throsodd. Targed 75%. Nid yw'r un bwrdd iechyd wedi cyrraedd y targed ar gyfer y mesur hwn.

	Cyfradd frechu ymhlith cleifion 65 oed a throsodd				
	2014-15	2015-16	2016-17	2017-18	2018-19
Abertawe Bro Morgannwg	65	64.6	65	68.2	68.1
Aneurin Bevan	70.4	70	67.7	68.1	69.7
Betsi Cadwaladr	70.1	68.7	68.7	70.6	71.0
Caerdydd a'r Fro	70	68.9	69	71	69.1
Cwm Taf	67.5	65	64.9	67.7	67.1
Hywel Dda	64.9	63.9	63.4	65	62.9
Powys	66.5	64.3	63.9	66.3	65.5
<b>Cymru</b>	<b>68</b>	<b>66.6</b>	<b>66.7</b>	<b>68.8</b>	<b>68.3</b>

Ffynhonnell: Iechyd Cyhoeddus Cymru, **Y ffliw tymhorol yng Nghymru 2018/19**, Mehefin 2019

**Arddangosyn 12 – tueddiadau mewn cyfraddau brechu rhag y ffliw rhwng 2014-15 a 2018-19: Cleifion o dan 65 oed sy'n wynebu risg**

Mesur cyflawni 5ii: Cyfradd brechu rhag y ffliw ymhlith: Pobl o dan 65 oed mewn grwpiau risg. Targed 75%. Nid yw'r un bwrdd iechyd wedi cyrraedd y targed ar gyfer y mesur hwn.

	Cyfradd frechu ymhlith cleifion o dan 65 oed sy'n wynebu risg				
	2014-15	2015-16	2016-17	2017-18	2018-19
Abertawe Bro Morgannwg	44	43.4	43.7	46.7	43.0
Aneurin Bevan	55.3	52.9	49.4	49.7	46.9
Betsi Cadwaladr	51.4	49.3	49.3	51.6	47.9
Caerdydd a'r Fro	50.4	48.3	48.3	49	44.0
Cwm Taf	49.8	45.9	45.2	46.8	40.0
Hywel Dda	46.2	43.2	42.3	42.9	38.1
Powys	47.8	44.2	46	47.9	43.1
<b>Cymru</b>	<b>49.3</b>	<b>46.9</b>	<b>46.9</b>	<b>48.5</b>	<b>44.1</b>

Ffynhonnell: Iechyd Cyhoeddus Cymru, **Y ffliw tymhorol yng Nghymru 2018/19**, Mehefin 2019

### Arddangosyn 13 – canran y bobl a oedd yn ei chael yn anodd gwneud apwyntiad cyfleus gyda meddyg teulu

Mesur cyflawni 47: Canran y bobl (16+ oed) a oedd yn ei chael yn anodd gwneud apwyntiad cyfleus gyda meddyg teulu. Gostyngiad blynyddol. Fe gyflawnodd tri bwrdd iechyd y mesur hwn yn 2018-19.

Yn 2018-19, ar gyfartaledd roedd 40% o'r ymatebwyr ledled Cymru a oedd wedi gweld eu meddyg teulu yn y 12 mis diwethaf wedi'i chael yn weddol anodd neu'n anodd iawn cael apwyntiad.

	2017-18 %	2018-19 %
Abertawe Bro Morgannwg	48	37
Aneurin Bevan	48	41
Betsi Cadwaladr	37	37
Caerdydd a'r Fro	42	45
Cwm Taf	48	46
Hywel Dda	35	36
Powys	33	37
<b>Cymru</b>	<b>42</b>	<b>40</b>

Ffynhonnell: Llywodraeth Cymru, **Arolwg Cenedlaethol Cymru. Ebrill 2018 - Mawrth 2019**, Mehefin 2019

## Arddangosyn 14 – oriau agor beunyddiol – Canran y practisiau meddygon teulu sydd ar agor yn ystod oriau craidd beunyddiol neu o fewn 1 awr i'r oriau craidd beunyddiol

Mesur cyflawni 53: Canran y practisiau meddygon teulu sydd ar agor yn ystod oriau craidd beunyddiol neu o fewn 1 awr i'r oriau craidd beunyddiol.

Y diffiniad o fod ar agor am yr oriau craidd beunyddiol yw:

- practisiau a oedd ar agor o ddydd Llun i ddydd Gwener o 08:00 tan 18:30 bob dydd, heb iddynt gau o gwbl yn ystod amser cinio<sup>37</sup> (fel a nodir dan y contract Gwasanaethau Meddygol Cyffredinol).

Y diffiniad o fod ar agor o fewn un awr i'r oriau craidd beunyddiol yw:

- practisiau a oedd ar agor o ddydd Llun i ddydd Gwener o 08:00 tan 18:30 bob dydd, ond a oedd ar gau am awr neu lai dros ginio ar un diwrnod neu fwy, neu
- practisiau a oedd yn agor rhwng 08:00 a 08:30 ac yn cau rhwng 18:00 ac 18:30 heb iddynt gau o gwbl yn ystod amser cinio.

	2016	2017	2018
Abertawe Bro Morgannwg	85	90	95
Aneurin Bevan	99	99	99
Betsi Cadwaladr	74	78	81
Caerdydd a'r Fro	88	88	87
Cwm Taf	90	90	90
Hywel Dda	74	73	80
Powys	100	100	100
<b>Cymru</b>	<b>85</b>	<b>87</b>	<b>89</b>

Sylwer: Dychwelodd practisiau meddygon teulu ffurflenni casglu data i Lywodraeth Cymru ym mis Ionawr 2019 ac maent yn cyfeirio at fis Rhagfyr 2018.

Ffynhonnell: Llywodraeth Cymru, **Mynediad at Feddygon Teulu 2018**, Mawrth 2019 a Llywodraeth Cymru, **Mynediad at Feddygon Teulu 2017**, Mawrth 2018

<sup>37</sup> Os yw practisau'n cau eu safleoedd ar gyfer cinio, maent yn aml yn aros yn agored i ymateb i alwadau ffôn.

### Arddangosyn 15 – oriau agor wythnosol – canran y practisiau meddygon teulu a oedd ar agor am 100% o'r oriau craidd neu am yn hwy

Tra bo **Arddangosyn 14** yn ystyried oriau agor beunyddiol practisiau, mae **Arddangosyn 15** yn ystyried cyfanswm yr oriau agor ar draws wythnos. Mae'n dangos, ar gyfartaledd, bod 53% o bractisiau meddygon teulu ar agor am o leiaf 52.5 awr yr wythnos sydd wedi cynyddu o 51% yn 2016.

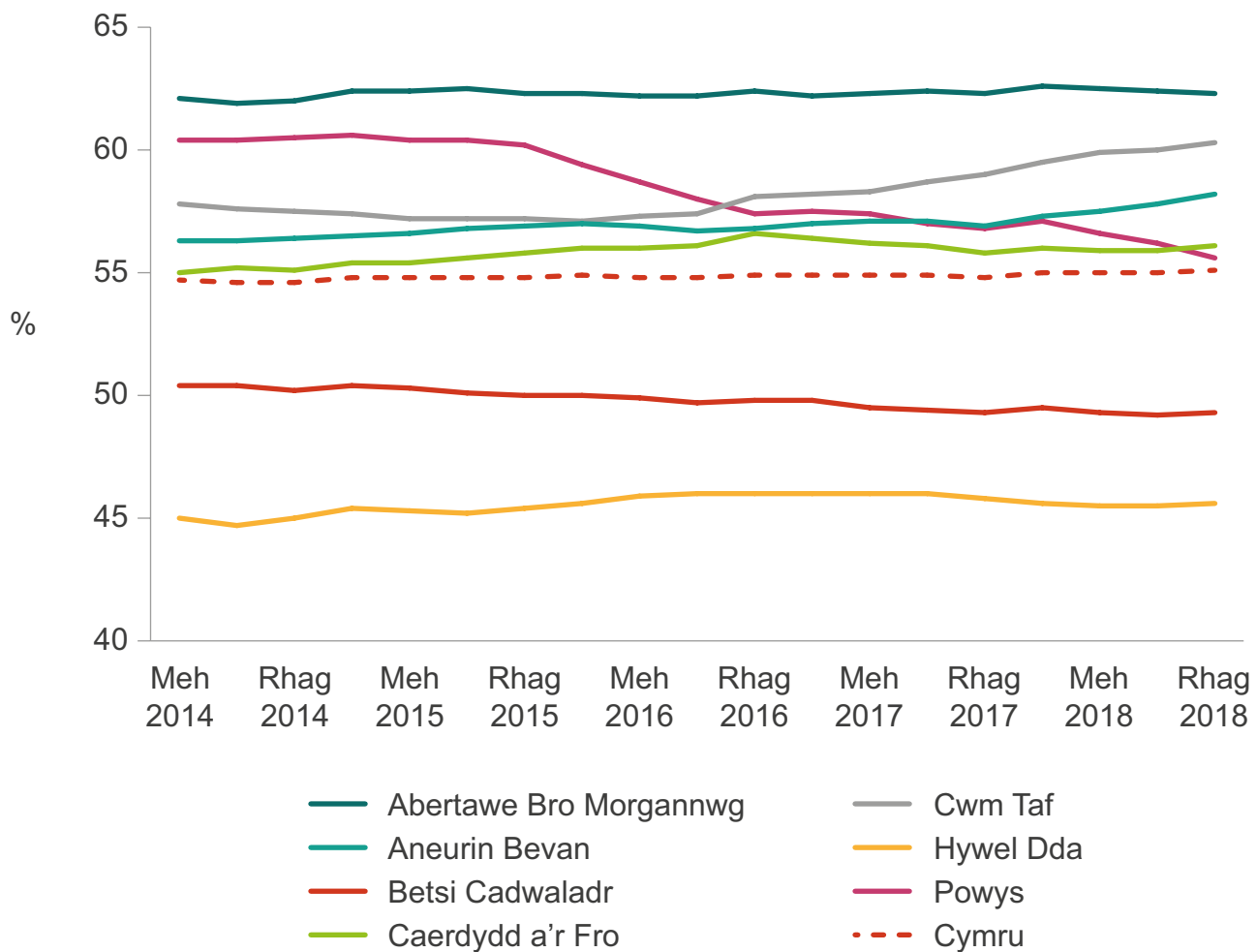
	2016	2017	2018
Abertawe Bro Morgannwg	41	49	51
Aneurin Bevan	83	84	86
Betsi Cadwaladr	34	38	40
Caerdydd a'r Fro	44	44	45
Cwm Taf	67	59	56
Hywel Dda	43	41	41
Powys	53	53	50
<b>Cymru</b>	<b>51</b>	<b>52</b>	<b>53</b>

Sylwer: Dychwelodd practisiau meddygon teulu ffurflenni casglu data i Lywodraeth Cymru ym mis Ionawr 2019 ac maent yn cyfeirio at fis Rhagfyr 2018.

Ffynhonnell: Llywodraeth Cymru, **Mynediad at Feddygon Teulu 2018**, Mawrth 2019

## Arddangosyn 16 – canran y trigolion a gafodd eu trin yn un o bractisiau deintyddol y GIG yn y 24 mis blaenorol, rhwng 2014 a 2018

Mesur cyflawni 57: Canran poblogaeth y bwrdd iechyd sy'n cael mynediad at ofal deintyddol sylfaenol y GIG. Mae'r targed ar gyfer gwelliant blynyddol ond nid yw'r data'n dangos rhyw lawer o welliant mewn cyfraddau mynediad ers 2014.



Sylwer: Dangosir data ar gyfer cleifion a welwyd dros 2 flynedd ym mhob chwarter hyd at 31 Rhagfyr 2018. Mae'r data'n deillio o ffurflenni gweithgarwch deintyddol a gyflwynwyd ar gyfer taliadau ac a broseswyd gan Wasanaethau Deintyddol Awdurdod Gwasanaethau Busnes y GIG.

Ffynhonnell: Llywodraeth Cymru, **Cleifion y GIG a Gafodd eu Trin ar gyfer Oedolion a Phlant fesul Bwrdd Iechyd Lleol**, Rhagfyr 2018

## Atodiad 3 – Ein dulliau

Fe adroddom ni ar wasanaethau gofal sylfaenol ym mhob bwrdd iechyd yn ystod 2018. Fe wnaethom ein gwaith maes lleol rhwng mis Chwefror a mis Mai 2018. Fe wnaethom ein gwaith maes ar lefel genedlaethol tuag at ddiwedd 2018 ac ar ganol 2019. Caiff manylion ein dull eu nodi isod.

### Arddangosyn 17 – ein dulliau

Dull	Manylion
Hunanasesiad byrddau iechyd	Fe ddefnyddiom ni holiadur hunanasesu i gael data ar lefel gorfforaethol gan bob bwrdd iechyd.
Adolygu dogfennau	Fe adolygom ni ddogfennau allweddol sy'n ymwneud â gofal sylfaenol ym mhob bwrdd iechyd. Fe wnaethom hefyd adolygu dogfennau gan y Bwrdd Gofal Sylfaenol Cenedlaethol a grwpiau cenedlaethol eraill
Cyfweliadau	Fe gynhaliom ni gyfweliadau gyda'r canlynol: <ul style="list-style-type: none"> <li>• amrywiaeth o staff ym mhob bwrdd iechyd gan gynnwys swyddogion gweithredol, uwch reolwyr, rheolwyr gweithredol ac arweinwyr clinigol;</li> <li>• cynrychiolwyr o gynghorau iechyd cymuned;</li> <li>• cynrychiolwyr o Bwyllgor Meddygon Teulu, Colege Brenhinol Meddygon Teulu a Chymdeithas Feddygol Prydain;</li> <li>• staff o Lywodraeth Cymru; ac</li> <li>• amrywiaeth o bobl eraill sy'n rhan o gynllunio a darparu gofal sylfaenol yng Nghymru.</li> </ul>
Arolwg arweinwyr clystyrau	Fe anfonom ni arolwg ar-lein at arweinwyr yr holl glystyrau yng Nghymru ym mis Ebrill 2018. 64% oedd y gyfradd ymateb ar y cyfan (45/70).
Adolygiad o gynlluniau tymor canolig integredig byrddau iechyd	Fe adolygom ni gynlluniau tymor canolig y byrddau iechyd i asesu i ba raddau mae gofal sylfaenol wedi'i gynnwys.
Defnyddio data presennol	Fe ddefnyddiom ni ffynonellau data presennol lle bynnag yr oedd yn bosibl megis ystadegau Llywodraeth Cymru ac Iechyd Cyhoeddus Cymru.



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