

**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Cluster Integrated Medium Term Plan (IMTP) Monitoring Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Laura Lloyd Davies, Cluster Development Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT
<u>Sefyllfa / Situation</u>
<p>Historically there was a contractual requirement for GP Practices to participate in the development of Cluster level Integrated Medium-Term Plans (IMTPs).</p> <p>With the introduction of The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 in October 2023 the contractual requirement has changed.</p>
<u>Cefndir / Background</u>
<p>There are seven Primary Care Clusters in Hywel Dda University Health Board (HDdUHB) working across the three Counties, namely Amman Gwendraeth Cluster (AG), Llanelli Cluster (LL) and Tywi/Taf Cluster (2Ts) in Carmarthenshire, South Ceredigion Cluster (SC) and North Ceredigion Cluster (NC) in Ceredigion and South Pembrokeshire Cluster (SP) and North Pembrokeshire Cluster (NP) in Pembrokeshire.</p> <p>Each Cluster has historically had an IMTP, however as these were due for refresh in 2023/24 and the revised General Medical Services Regulations were issued to support the implementation of the Unified Contract, Plans on a Page (POP) were developed as a high-level summary of the population health needs of each Cluster alongside their priorities and a summary of key projects.</p> <p>Across the seven Clusters, there were fifty-three projects identified for quarterly monitoring. Progress on Cluster projects is discussed at each quarterly Cluster meeting and through the monthly Locality Leads meeting.</p> <p>Part 7, Schedule 3, Paragraphs 17 -19 of The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 sees the inclusion of GP Collaborative membership and the contribution to Clusters and Collaboratives being included within the core General Medical Services contract.</p>
<u>Asesiad / Assessment</u>

Cluster IMTP

For the period 2021 to 2023 each Cluster produced a detailed three-year IMTP. The Locality Lead and Primary Care Service Manager (PCSM) worked with the Cluster members to assess the local population health need data (provided by Public Health Wales), determined any gap in service and identified Cluster priorities. The IMTP reported on all Cluster projects over that time and were incorporated into the County Plans via the County Locality Managers and County leadership meetings.

In recognising the need to refresh the data whilst considering the revised contractual requirements (for delivery by March 2025) the current Cluster Plan is displayed as a Plan on a Page (*Appendix A*). Each Cluster has worked in conjunction with their respective GP, Optometry and Community Pharmacy Collaborative Leads alongside members of the Primary Care Cluster to establish three priority areas that will inform and guide the Cluster in determining future projects and opportunities.

The Plan on a Page is currently being reviewed for 2024/25. Clusters have also been invited to participate in the development of a Cluster Yearbook which is being produced by the Strategic Programme for Primary Care.

GP Collaborative IMTP

The introduction of the Unified Contract has meant that the contractual requirements, as set out above have changed the required reporting from GP Practices. Each GP Practice (contractor) is required to identify one health care professional who is required to attend at least four meetings of the Collaborative in each financial year. They need to demonstrate how they have engaged in planning and delivery of local services and contribute to delivering specific Cluster determined outcomes. Specifically, the GP Collaborative is required to undertake a population needs assessment of its patients, by analysing current service provision to identify any gaps, analysing the current numbers and skills of the workforce and their development needs and provide evidence of a demand and capacity assessment.

Cluster Projects

In looking at the current Cluster projects the Cluster data pack is central to the monitoring of Cluster project progression and is therefore key to future planning and service design (*Appendix B*). The Cluster data pack is presented quarterly at Locality Leads and is available to all Cluster Leads to support discussions on projects at Cluster meetings. The data is presented to offer assurance and to demonstrate project success as well as highlighting areas of concern.

All seven Clusters have engaged in a Trial Without Catheter (TWOC) project, six of the seven Clusters have one or more Mental Health projects ongoing and five of the Clusters have purchased more specialised Optometry equipment and have a First Contact Practitioner Physiotherapy Service (FCP). Other projects to note are Women's Health Clinics, Persistent Pain, Spirometry and Frailty.

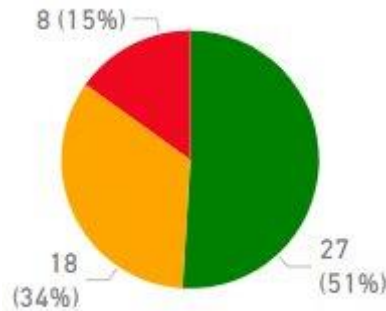
The following information summarises these fifty-three projects initiated and managed by Clusters and is the current position in Quarter 3 for 2024/25.

Three projects First Contact Physiotherapy, Children and Younger Persons Mental Health and Persistent Pain are being developed into business cases for consideration of scale up and roll out and will be considered by IQFPD in March 2025. There is a risk that without a commitment to continue to progress with this work outside of the Cluster funding then notice could be served by the Clusters to allow them to test other models of care and service innovation.

Target

Across the seven Clusters, 53 Cluster projects are being monitored. A significant proportion of these (51%, 27 projects) are reporting on target (green) to achieve the outcomes identified.

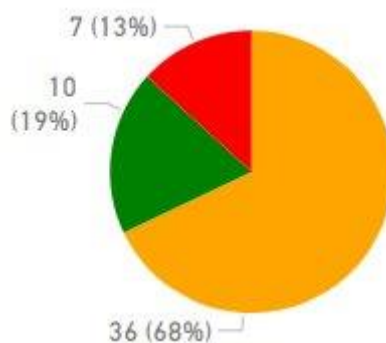
34% of projects (18) are of concern (amber) and 15% of projects (8) are of significant concern (red).



RAG Status	Status Indicates
Red	<p>A red indicator usually means one or more of the following:</p> <ul style="list-style-type: none"> -Significantly off target -A significant forecast overspend against budget of more than 5% -Delays against critical milestones of more than 4 weeks. -Significant problems with quality and expected benefits won't be realised -Significant lack of resources which cannot be resolved by the lead / service -Dissatisfaction or resistance from stakeholders
Amber	<p>An amber indicator usually means one or more of the following:</p> <ul style="list-style-type: none"> -Within 5% of target -A forecast overspend against the budget of no more than 5% -Delays against critical milestones of more than 2 weeks -Problems with quality, but in the main expected benefits will be realised -Lack of resources which can be resolved by the lead / service -Dissatisfaction or resistance from stakeholders, but this can be addressed by the lead /
Green	<p>A green indicator usually means one or more of the following:</p> <ul style="list-style-type: none"> -On or above target -Forecast expenditure is on budget -Project on plan to complete on time -Quality at expected levels, the vast majority of expected benefits will be realised -No resource problems -Stakeholders engaged and satisfied

Trend

19% of projects (10) have an improving trend (green). 68% of projects (36) are stable (amber). Only 13% of projects (seven) are deteriorating / worsening (red).



The trend and target (RAG) information will be used to plot objectives on a risk grid (see below). This is used to identify where focused performance conversations are needed. For example, those falling within the green areas are progressing well and no attention is needed. However, those that fall within the red areas should be discussed and assessed to identify what resources / interventions are needed, or indeed if projects should continue if there is no feasibility of achieving their outcomes.

		RAG		
		Green	Amber	Red
Trend	Worsening	-	3	4
	Stable	22	10	4
	Improving	5	5	-

The following have been flagged for attention:

Red – of concern

Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty (AG) – project started in 2019. Project continues without Service Level Agreement (SLA) or robust data collection (AG slide 8).

Optom Equipment (LL slide 32, NC slide 69, SC slide 88) – data not provided.

Physician Associate (NC slide 64-66) – Cluster has advised project will cease from November 2025.

Grey – projects finished

No projects have completed this quarter. However, the Trial without Catheter service is due to finalise in February 2025 for AG, LL, NC, SC, NP and SP (TT does not finalise until May 2025).

Yellow – projects to be reviewed at Integrated Quality, Finance and Performance Delivery (IQFPD) Group

Children & Young People Mental Health Service including Jac Lewis Foundation (AG slide 9), Mind Llanelli (LL slide 22), Connecting Youth, Children & Adults (LL slide 23), PAPHYRUS (TT slide 38, NC slide 70), Area 43 (NC slide 54, SC slide 75).

Generic Community Occupational Therapy / Physiotherapy Technician (AG slide 10, TT slide 51) and First Contact Practitioner Physiotherapy (LL slide 20-21, NC slide 55-56, SC slide 73-74, NC slide 97-98, SC slide 116-117).

Persistent Pain Service (AG slide 12-15, NC slide 58).

Blue – projects ongoing

Projects which are ongoing and not identified for discussion at IQFPD are listed below. These projects are being routinely funded from Cluster budget. The group is asked to determine if this extension is appropriate.

Cluster Pharmacist (AG slide 11, TT slide 50, NP slide 92).

Community Catheter Clinics (NC slide 57) – project started in February 2022.

Frailty Team (SC slide 76-77) – project started in 2019.

Integrated Community Network (SP slide 113-115) – project started in August 2022.

2024/25 Cluster Financial Position

Each Cluster is allocated an annual budget based on the population size to be utilised on local population needs and service provision. The Primary Care Service Managers (PCSMs) routinely monitor the cluster budget position and meet monthly with their allocated Finance Business Partner. The table below sets out the annual budget allocated, and the predicted end of year spend as at Month 9. Both the Llanelli and South Pembrokeshire Cluster have since progressed work to ensure that they are not overspent at year end.

Cluster	2024/25 Budget	Predicted EoY Spend
Amman Gwendraeth	£435,999	£418,741
Llanelli	£469,377	£479,943
Tywi/ Taf	£449,333	£422,668
North Pembrokeshire	£531,475	£522,429
South Pembrokeshire	£430,716	£449,769
North Ceredigion	£336,230	£329,767
South Ceredigion	£363,051	£356,927

Finance Data

This is the second quarter where finance data has been integrated with Cluster project reporting and as such, reporting is still being finessed. Several Clusters have monies that are unallocated to specific projects, which are therefore recorded as 'Spend Unknown'. These should be reviewed and updated with the Finance Business Partner.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the former process for developing the Cluster IMTPs
- **RECEIVE ASSURANCE** regarding the process being taken to ensure progress of Cluster projects through the monitoring and evaluation process
- **NOTE** the new process of reporting finance data

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering, and scrutinising the plans and

	programmes that are developed and implemented, supporting and endorsing these as appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Cluster Meetings Locality Leads

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Please refer to paper

Ansawdd / Gofal Claf: Quality / Patient Care:	Please refer to paper
Gweithlu: Workforce:	Please refer to paper
Risg: Risk:	Risks will be assessed as part of the ongoing monitoring of the cluster IMTPs.
Cyfreithiol: Legal:	As Above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Cluster Plans 2024/25



Amman Gwendraeth

Our goal within the Amman Gwendraeth Cluster is to identify local population needs and innovate to link extant and de novo projects we believe will meet those needs. Providing social prescribers, additional services from third sector agencies and connecting people to Local Authority social care and leisure services will improve the availability and visibility of health and social care infrastructure on our doorstep, leading to acceptable and popular wellbeing opportunities available to all. We aim to connect all four primary care statutory services and integrate and co-ordinate community-based service provision by working with community partners, utilising Welsh Senedd money wisely.

About our Population

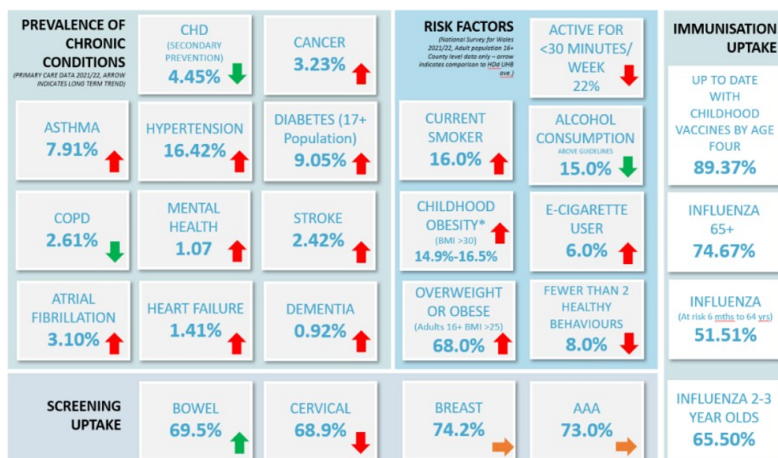


Males – **48.9%**
Females – **51.1%**

Aged 65+ – **23.9%**
Aged 85+ – **2.8%**



44.3% of people are in very good general health



About our Services



- 8 GP Practices with 7 Branch Surgeries
- 4 Dental Practices and 0 Orthodontic Practice
- 16 Community Pharmacies
- 5 Optometry Practices
- 1 Community Hospital
- 12 Nursing and Residential Homes
- 1 Community Resource Team

Between 1st April 2022 and 31st March 2023:

- There were **425,370** GP appointments of which **45%** were face to face
- **39%** of the appointments were urgent
- There were **3,240** consultations in the PIPs service for common ailments
- **1,752,978** items were dispensed by Pharmacies
- **587** people were seen by the Independent Prescribing Optometry Service



Cluster Budget (Recurrent)

- Spend for 2023/24 is **£537k**
- Budget for 2024/25 is **£444k**



Cluster Priorities 2023/24

- 1) Improved access to **low level – medium Mental Health services** for the population that includes CBT, Counselling, EMDR & other psychotherapeutic approaches for adults and younger people.
- 2) **Chronic Pain** is a common but extremely complex issue the development of a pathway in primary care to support the biopsychosocial management of persistent pain through pain education and management interventions, working in a multidisciplinary way.
- 3) **Dermatology Service** - GPwSI practitioners are able to contribute positively by managing the workload and reduce the burden on mainstream dermatology services through timely access to specialist diagnostic skills and minor surgery for patients presenting with dermatological disease, such as non-pigmented lesions.

Cluster Priorities 2024/25

- 1) To continue to improve access to **mental health services** for those with low – medium mental health issues, who would otherwise not meet the criteria.
- 2) The continuation of the **Chronic Pain service** through an MDT approach and , empowering patients to make better lifestyle choices by getting to the root of their pain.
- 3) Develop the **integration of the optometry and pharmacy collaboratives** and ensuring they are being supported at a cluster level. The Cluster would like to support the Optometry collaboratives in funding for new equipment in 2024/25, in particular mobile slit lamps to improve access for patients in the community, which will help to reduce the number of referrals made to Ophthalmology within secondary care, through providing care in Optometric practices.

Llanelli Cluster's priorities are steered towards helping the population become more resilient and concentrate on improving people's health and wellbeing. The ultimate aim will be to have a population needs. The wide varying range of professionals engaged with Cluster projects, able and integrated model. Our aim in the Llanelli Cluster is one of partnership, supporting people to have better health and wellbeing throughout their whole lives.

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About our Population



Males – 48.5%
Females – 51.5%

Aged 65+ – 21.8%
Aged 85+ – 3.0%



44.1% of people are in very good general health

PREVALENCE OF CHRONIC CONDITIONS <small>(PRIMARY CARE DATA: PREVALENCE, ANNUAL INCIDENCE, LONG TERM PREVALENCE)</small>	CHD (SECONDARY PREVENTION)	CANCER	RISK FACTORS <small>(National Strategy for Wales 2022/23, Adult population 20+ Quality Health Index only - current incidence comparison to HSE LIME 2018)</small>	ACTIVE FOR <30 MINUTES/WEEK	IMMUNISATION UPTAKE
ASTHMA 7.73% ↑	HYPERTENSION 16.31% ↑	DIABETES (17+ Population) 8.62% ↑	CURRENT SMOKER 16.0% ↑	ALCOHOL CONSUMPTION (HARM REDUCED) 15.0% ↓	UP TO DATE WITH CHILDHOOD VACCINES BY AGE FOUR 93.01%
COPD 2.22% ↓	MENTAL HEALTH 1.04 ↑	STROKE 2.39% ↑	CHILDHOOD OBESITY * 16.5%-18.1% ↑	E-CIGARETTE USER 6.0% ↑	INFLUENZA 65+ 79.61%
ATRIAL FIBRILLATION 2.82% ↑	HEART FAILURE 2.82% ↑	DEMENTIA 0.84% ↑	OVERWEIGHT OR OBESE (BMI >25) 68.0% ↑	FEWER THAN 2 HEALTHY BEHAVIOURS 8.0% ↓	INFLUENZA (At risk 6 months to 64 yrs) 45.43%
SCREENING UPTAKE	BOWEL 66.4% ↑	CERVICAL 64.5% ↓	BREAST 70.5% ↓	AAA 75.6% →	INFLUENZA 2-3 YEAR OLDS 37.76%

About our Services



- 7 GP Practices with 1 Branch Surgery
- 7 Dental Practices and 1 Orthodontic Practice
- 13 Community Pharmacies
- 5 Optometry Practices
- 1 Hospital (Prince Phillip)
- 1 Community Clinic (Elizabeth Williams)
- 14 Nursing and Residential Homes
- 1 Community Resource Team

Between 1st April 2022 and 31st March 2023:

- There were 401,776 GP appointments of which 53% were face to face
- 26% of the appointments were urgent
- There were 798 consultations in the PIPs service for common ailments
- 1,953,510 items were dispensed by Pharmacies
- 567 people were seen by the Independent Prescribing Optometry Service



Cluster Budget (Recurrent)

- Spend for 2023/24 is £446k
- Budget for 2024/25 is £454k



Cluster Priorities 2023/24

- **Mental Health services** commissioned for adults and children and young people to have timely access to services for low to medium mental health concerns.
- **Dementia** mapping of available services to look to streamline pathways through working with the Memory Assessment Team with the view to exploring what services could be delivered by GP Practices.
- **Domestic Violence and Abuse Training** through working with IRISI to provide education and training to GP Practices that would support the identification of patients and supporting appropriate referral and support to the individuals affected by DVA.

Cluster Priorities 2024/25

- **Mental Health** services continues to be a priority for the Cluster however due to services being recommissioned 2024/25 will be an opportunity to take stock of what has previously been commissioned and map this across with other Mental Health services to ensure we are commissioning the right services for our patients.
- **Spirometry** testing and reporting through locally accessible clinics with the aim of clearing the current backlog and having no waiting list for future testing.
- **Improving signposting** for patients to support them to take control of their own health and wellbeing using the Cluster websites, improving accessibility to exercise etc. The Cluster aim is to have all care providers working together as an inclusive team to promote self-care and well-being.

Tywi Taf works to develop an integrated system of primary, community and social care where patients are able to flow through the sectors as needed during their journey based on pathways for different conditions. We aim to support our local population to remain in their own home; with an emphasis on population wellbeing and community connection by establishing greater links with partner services. We aim for a fully integrated Locality with a greater emphasis on joining up services and focussing on anticipatory and preventative care to improve the support provided for people who use services, their carers and their families to manage their own health and well-being in line with “A Healthier Wales: our Plan for Health and Social Care”

About our Population

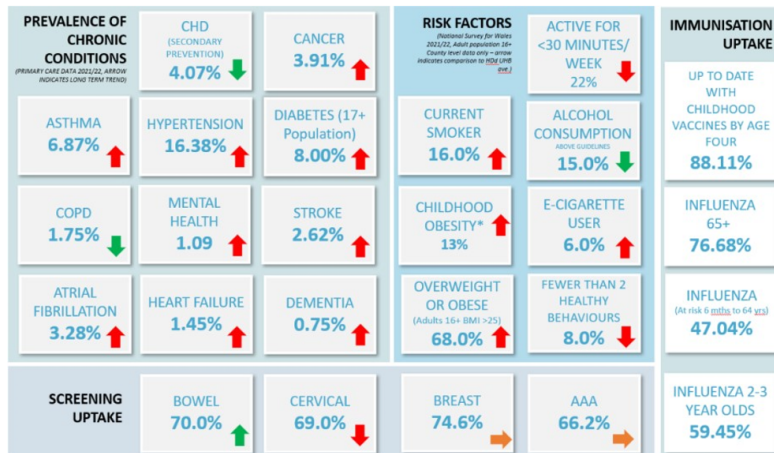


Males – 49.0%
Females – 51.0%

Aged 65+ – 26.4%
Aged 85+ – 3.2%



46.7% of people are in very good general health



About our Services



- 8 GP Practices with 2 Branch Surgeries
- 7 Dental Practices and 1 Orthodontic Practice
- 13 Community Pharmacies
- 11 Optometry Practices
- 1 Hospital (Glangwili)
- 1 Community Hospital (Llandoverly)
- 11 Nursing and Residential Homes
- 1 Community Resource Team

Between 1st April 2022 and 31st March 2023:

- There were 475,372 GP appointments of which 59% were face to face
- 38% of the appointments were urgent
- There were 408 consultations in the PIPs service for common ailments
- 1,360,389 items were dispensed by Pharmacies
- 400 people were seen by the Independent Prescribing Optometry Service



Cluster Budget (Recurrent)

- Spend for 2023/24 is £475k
- Budget for 2024/25 is £435k



Cluster Priorities 2023/24

- Frailty** is the most significant area of increase in patient need within the Health Board and was identified as one of the main challenges for 2Ts. These are the patients most likely to be admitted and re-admitted to hospital. Managing these patients effectively and pro-actively in their own home will enhance their experience of care, improve their outcomes and reduce acute care costs and bed days.
- Improved access to low level, medium **Mental Health** services for the population.
- Enhance and continue to develop **MDT working** within GP Practices. The Locality MDT model is supporting close collaborative working between community and primary care. It is expected that this will have a positive impact on proactive case management for the frailer population within the community.

Cluster Priorities 2024/25

- Frailty** is an ongoing priority, and our aim is to reduce emergency admissions and average length of stay in hospital.
- The Cluster are currently enrolled in an EQUIP project to identify, co-ordinate, plan and support for people at greater risk of needing **urgent or emergency care**
- The Cluster have recently re-tendered and awarded a contract to MIND for their active monitoring services for low to medium **mental health** symptoms.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



DIOGEL | CYNALIADWY | HYGGRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Cluster Projects Q3 2024/25



Purpose

The purpose of this document is to provide a quarterly update on progress of cluster projects in Primary Care. This report will be shared with Locality Leads and 6-monthly with the Strategic Development and Operational Delivery Committee (SDODC).

There are 2 reporting styles. The first (which is for older projects) provides an overall assessment of progress and details performance measures and actions. The second (for newer projects) provides an overall assessment and presents data in the form of a dashboard, in addition for the newer projects there is a LOGIC Model Assessment which provides a list of the measures identified from the original proposal, and an assessment based on actual provision of data to fulfil these.

Primary Care Service Managers (PCSMs) should be contacted for further information relating to individual projects. PCSM contact details are:

Amman Gwendraeth	- Gemma Evans
Llanelli	- Kristy Williams
Tywi / Taf	- Eleri Davies
North Ceredigion	- Geraint Scales
South Ceredigion	- Jackson Reynolds
North Pembrokeshire	- Bethan Merriman
South Pembrokeshire	- Lucie-Jane Whelan

Pages shaded as follows indicate:

Red	- Management attention is needed
Grey	- Project has ended this quarter
Blue	- Project has been extended

Key

RAG Status	Status Indicates
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Green	<p>A green indicator usually means one or more of the following:</p> <ul style="list-style-type: none"> -On or above target -Forecast expenditure is on budget -Project on plan to complete on time -Quality at expected levels, the vast majority of expected benefits will be realised -No resource problems -Stakeholders engaged and satisfied

Trend Status	Status Indicates
Improving	Objective / Action / Measure has developed / improved since the last update
Stable	Objective / Action / Measure progress is stable
Worsening	Objective / Action / Measure is in a deteriorating / worsening position since the last update

PROMS – Patient related outcome measures

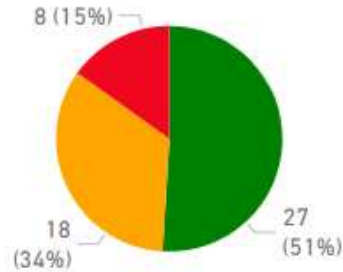
PREMS – Patient related experience measures

Overview



Target

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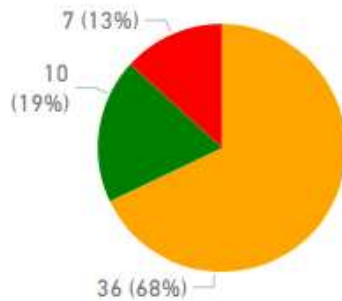


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Risk Grid

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Red – of concern

- Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty (AG) – project started in 2019. Project continues without SLA or robust data collection (**AG slide 8**)
- Optom Equipment (**LL slide 32, NC slide 69, SC slide 88**) – data not provided
- Physician Associate (**NC slide 64-66**) – cluster has advised project, and funding will cease from November 2025

Grey – projects finished

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Yellow – projects to be reviewed at Integrated Quality, Finance and Performance Delivery (IQFPD) Group

- Children & Young People Mental Health Service including Jac Lewis Foundation (**AG slide 9**), Mind Llanelli (**LL slide 22**), Connecting Youth, Children & Adults (**LL slide 23**), PAPHYRUS (**TT slide 38, NC slide 70**), Area 43 (**NC slide 54, SC slide 75**)
- Generic Community Occupational Therapy / Physiotherapy Technician (**AG slide 10, TT slide 51**) and First Contact Practitioner Physiotherapy (**LL slide 20-21, NC slide 55-56, SC slide 73-74, NC slide 97-98, SC slide 116-117**)
- Persistent Pain Service (**AG slide 12-15, NC slide 58**)

Blue – projects ongoing

Projects which are ongoing and not identified for discussion at IQFPD are listed below. These projects are being routinely funded from cluster budget. The group is asked to determine if this extension is appropriate.

- Cluster Pharmacist (**AG slide 11, TT slide 50, NP slide 92**).
- Community Catheter Clinics (**NC slide 57**) – project started in Feb 2022.
- Frailty Team (**SC slide 76-77**) – project started in 2019.
- Integrated Community Network (**SP slide 113-115**) – project started in Aug 2022

New Projects

The following projects have been approved and dashboards will begin development in preparation for ongoing reporting:

All Clusters

Amman Gwendraeth

- Jac Lewis – new style dashboard required due to recent project extension

Llanelli

No additional projects approved

Tywi / Taf

- PAPYRUS – new style dashboard required due to recent project extension

North Ceredigion

No additional projects approved

South Ceredigion

- Occupational Therapist relating to frailty

North Pembrokeshire

- ASD Family Help
- Community Pharmacy Health Pods
- Spirometry

South Pembrokeshire

- Spirometry

Amman Gwendraeth

Finance

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
AG0007	Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty	Q3 24/25	◆	↓	£27,444	£37,441		£37,441
AG0009	Jac Lewis Foundation	Q3 24/25	▲	↓	£56,250	£75,000		£75,000
AG0013	Generic Community Occupational Therapy / Physiotherapy Technician -	Q3 24/25	▲	→	£28,229	£37,535		£37,535
AG0014	Cluster Pharmacist	Q3 24/25	▲	→	£84,018	£112,068		£112,068
AG0015	Persistent Pain Service	Q3 24/25	▲	→	£113,794	£146,730		£146,730
Total					£309,734	£408,774		£408,774

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
AG Ad Hoc	Ad hoc spend	£817	£967		£967
AG????	Spend Unknown	£0		£9,300	£9,300
Total		£817	£967	£9,300	£10,267

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£310,551	£409,741	£9,300	£419,041	£435,999	-£16,958

Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650 - Primary Care Projects

£27.4K

£37K
(100%)



Code	Name
AG0007	Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty

Baseline	Aim	Update as at	Commentary	RAG	Trend
Skin problems are common and Dermatology clinic waiting lists are long	To improve timely access to specialist diagnostic skills and minor surgery for patients presenting with dermatological disease	Jan 2025	This project is out of SLA. Although the Cluster have expressed in interest in extending, the lead GP Dr Scourfield has enquired about resigning as partner from Coalbrook. This would also mean stepping down from the Dermatology service. Although it is an enquiry at this stage and Dr Scourfield had provided assurance that the service can continue with another partner; he is less experienced and doesn't work within Dermatology in SC. We did consider utilising Dr Scourfield to train and mentor other GP's in HD, those who held the diploma, however this will now need to be reconsidered in the next Cluster meeting.	🔴	↓

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00048	% of skin cancers detected and referred.		Mar 2023	Jan 2025	Not all histology results are yet confirmed, so far out of 58 patients, 6 cancers have been confirmed. Out of 58 patients, 57 of them DID NOT need a referral to SC and therefore were treated in the community and prevented from being referred to SC.	100.0%	🟢	↑
M00047	Number of treatments offered & undertaken.		Mar 2023	Jan 2025	58 referrals to the service in quarter 3. Quality of referrals have improved. Main referrers are still Coalbrook & Crosshands.	58	🟢	↑

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00053	This will service the Cluster population and reduce the burden on mainstream dermatology services	March 2022	Jan 2025	This quarter the service saw ?? patients who would have otherwise been referred to SC. We know from colleagues in Derm that BCC's are waiting upto 18 months for their minor op to have the lesion(s) removed. Dr Scourfield is able to remove the lesion within the community, which is closer to home for the patient and prevent that referral.	🟢	↑

- Project Start Date: 2019
- Project End Date: Ongoing
- Narrative updated 27/01/2025

Jac Lewis Foundation

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650 - Primary Care Projects £56.3K



Code	Name
AG0009	Jac Lewis Foundation

Baseline	Aim	Update as at	Commentary	RAG	Trend
We recognise that there is enormous unmet need in patients with low level mental health issues, often presenting as a medical request for help. Children and the sequelae from psychological/emotional trauma are poorly provided for with slow statutory responses to help requests	We want to provide patients and their families with a real and constructive opportunity to receive appropriate mental health help in a helpful timeframe. We wanted more help for children and their families	Jan 2025	The contract award has now been issued and the service will continue. There have been some changes to the spec, including an increase in the amount of referrals seen per month, with no charge for DNA's. Due to the sporadic nature of the referrals, the team, in the past have found it difficult to control their waiting lists versus their finances, often seeing all of the patients in one month. After a discussion, they realise that they will need to traige the patient more carefully and better utilise external services. The the service will be closely managed for the first few months to ensure they remain on track.	▲	▼

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00052	Number of referrals to JLF		Mar 2023	Jan 2025	44 referrals received this months with anxiety, depression and trauma being the three main reason for referral. The drop in numbers could be contributed to the project nearing the end of its term. The team were unsure of the future of the service and had to stop seeing patients to allow them to catch up with the backlog. On discussion, the referrals have still been accepted and the team have triaged and signposted where appropriate and possible. We expect to see this figure improve in the next quarter, although we do run the risk of a small waiting list which we are keen to avoid. Mobilisation meetings / contract management monthly meetings will be in place for approximately 6 months to ensure smooth transition and will hopefully be reduced to quarterly.	44	▲	▼
M00317	Annual Patient Feedback		Mar 2023	Jan 2025	Patient feedback questionnaires are completed throughout the various therapy programmes provided and are readily available.	100.0%	●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00056	We have successfully commissioned JLF to provide low level and step-up mental health support, psychological interventions, family and play therapy plus EMDR	April 2022	Jan 2025	JLF is now very well established within the Cluster with really good feedback to the point the Collaborative have voted for it to remain. This is complete and can be removed.	●	↑
AC00057	We plan to expand access to this initiative to support the growing need which is not successfully met within NHS mental health provision	April 2022	Jan 2025	This is complete and can be removed.	●	↑

- Project Start Date: 2020
- Project End Date: December 2023, however extended for 6 months until August / September 2024 for a procurement process. This is now complete and Jac Lewis have been awarded an additional three years.
- **Requested Action:** PCSM to provide business case (Logic model) to enable dashboard build for ongoing monitoring.
- Narrative updated 27/01/2025

Generic Community Occupational Therapy / Physiotherapy Technician

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

2C541-Physiotherapy Support Ba... £27.6K

33610-Travel & Subsistence

£38K
(100%)



Code	Name
AG0013	Generic Community Occupational Therapy / Physiotherapy Technician -

Baseline	Aim	Update as at	Commentary	RAG	Trend
Improved community access to therapies and a desire to prolong safe and independent living matters to patients in our growing older population	To bring basic generic tech skills into primary care to help patients to maintain independent living	Jan 2025	Cluster have provisionally agreed to extend this for a further three years, however after a discussion with the lead, one more year should be adequate while they source permanent funding for the role. This will be communicated to the lead and will provide an update in the next Pan Meeting.	▲	→

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00319	Reduction of waiting list for patients to be seen by the Generic Tech		Mar 2023	Jan 2025	7 /39 patient were discharged from leuan without the need for a qualified's opinion. They were also prevented from accessing SC. 21 /39 are awaiting leuan's services.	7	▲	→
M00318	Number of referrals received		Mar 2023	Jan 2025	The referrals have improved this quarter. The team have been asked to prepare a final evaluation of the service which will be presented to PCPG for a decision on whether or not it can be extended for a one year period to allow enough time for them to source permanent funding.	39	▲	↑

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00068	Work with our colleagues in Local Authority social services to integrate generic OT/physio tech within the community resource team for direct intervention and signposting to agencies interested in promoting well-being of the older adult	April 2023	Jan 2025	Generic tech continues to be proactive and work with the CRT and actively takes patients from their waiting list when his referrals are low. New referral triage system implemented with OT and physio triaging together, re-directing to Tech. leuan works closely with other services such as the social prescribers and the pain service and signposts patients in need.	●	↑

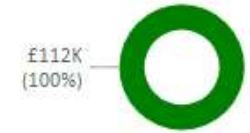
- Project Start Date: March 2022
- Project End Date: March 2025
- Narrative updated 27/01/2025

Cluster Pharmacist

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

2E481-Pharmacist Band 8A £84.0K



Code	Name
AG0014	Cluster Pharmacist

Baseline	Aim	Update as at	Commentary	RAG	Trend
Cluster Pharmacist in post, evaluation of change in project focus due to Covid ongoing	Rapid clinically safe reconciliation of discharge medication. Improved governance for repeat prescribing for those patients as seen under the project. Fast access to pharmaceutical advice for General Practitioners. Improved cross sector working	Jan 2025	There remains some ambiguity around the role and some stakeholder dissatisfaction. During the last GP Collab, the group were asked if they agreed with Cluster funding the role, but felt they couldn't reach that decision without knowing which tasks the pharmacists could be assigned. They asked for a HB approved list and would then decide. RB was to speak to MM to draft this for future discussion. There may be a future project in which the cluster pharmacist could support and this will be discussed with the lead and Rhian John.	▲	→

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
-----	---------------------	--------	-------------	--------------	------------	-------	-----	-------

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
-----	--------------------	----------	--------------	------------	-----	-------

- Project Start Date: 2017
- Project End Date: Ongoing
- Measurement data not routinely reported. Matt McGivern undertook an evaluation of activity and long-term use. This report has been shared with cluster leads at the September Locality Leads meeting.
- Cluster Lead and PCSM to confirm ongoing pharmacist requirements and then dashboard monitoring to be put in place.
- Narrative updated 27/01/2025

Persistent Pain Service

[Page 1 of 4]

Year to date spend



Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Persistent Pain Service (AG0015)	January 2025	The project has been extended for a further 6 month period while the HB agrees to transfer the service from the Scheduled care budget within SC to PC. The service has lost the assistant psychologist and there have been a few instances of sick leave from the physiotherapist which has affected wait times. The service did start to reduce the amount of referrals it accepted to allow the backlog to be seen, but now that the service has been extended, this should improve. IQFPD is being held in February and an SBAR will need to be completed ahead of this in order for a decision to be made.	▲	➔

Financial Year, Quarter, Month: All

Pathway at Triage: All

Referred by

Top 10 Reasons for Referral

Reason	Count
Fibromyalgia/Widespread pain	213
Back pain	202
Persistent pain NOS	104
Pain management/poor coping skills	55
(SC) Request for PMP	35
Arthritis	35
Neck pain	31
Medication reduction/high use	30
Abdominal pain	18
Leg pain	17

Referrals: 864

Referrals Accepted: 814

Of the referrals accepted:

Re-referrals / referred to SC: 135

Assigned to Service Pathway: 580

Waiting List: 84

Referrals Accepted over Time

Patient Information

Age Groups

Gender

Patients' GP Surgery

- Project Start Date: March 2022
- Project End Date: September 2025
- Narrative updated 27/01/2025

Persistent Pain Service

[Page 2 of 4]

Financial Year, Quarter, Month: **All**

Pathway at Triage: **All**

Service & Assessments	Pathway at Triage	Count
	Assessment - Any	372
	Assessment - Joint	61
	Assessment - Physio	78
	Assessment - Psychology	11
	Assessment Pharmacist	23
	Casediscussion	2
	re-referral for 1:1	4
	re-referral straight to F/U Any	5
	re-referral straight to F/U Pharmacy	1
	SC - Straight to 1:1 Any	12
	SC - Straight to 1:1 Pharmacist	16
	SC - Straight to 1:1 Physio	7
	SC - Straight to 1:1 Psych	11
	SC - Straight to PMP	71

814
Triaged

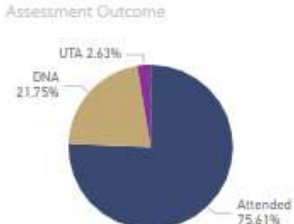
580
Assigned to Service Pathway

84
Waiting List

14
Average Waiting Time (Weeks)

563
Discharged from Service

Triage date to first appointment offered date



Assessment Outcome	Percentage
Attended	75.61%
DNA	21.75%
UTA	2.63%

Interventions, Contacts & Outcomes

Plan / Intervention at Assessment	Count
1:1 Work	205
PMP	149
Discharged after initial assessment	105
Discharged DNA NP	82
Multiprofessional 1:1	55
1:1 and PMP	46
Multiprofessional 1:1 and PMP	16
Discharged - Opted out	15
Not accepted	1

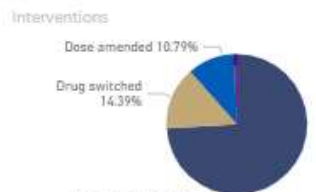
1488 Contacts

576 PMP Sessions Attended

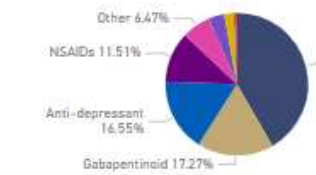
422 Total DNA's (excluding PMP)

1910 Total (Contacts & DNA's)

Pharmaceutical Interventions & Outcomes



Intervention	Percentage
Drug stopped	74.1%
Drug switched	14.39%
Dose amended	10.79%



Drug Category	Percentage
Opioid	41.73%
Gabapentinoid	17.27%
Anti-depressant	14.55%
NSAIDs	11.51%
Other	6.47%

£13.8K
12 month Drug Savings

£8.7K
Hospital Admission Savings

£22.6K
Overall 12 month Savings

Discharge reason

Discharge reason	Count
Discharged after initial assessment	107
Discharge DNA PMP	82
Discharge DNA NP	81
D/C after 1:1 Pain plan	39
D/C after 1:1 Physio	39
D/C after PMP	39
Discharge DNA FU	36
Discharged - Opted out of service	35
D/C after Multiprofessional intervention	32
D/C after 1:1 Pharmacy	25
D/C after 1:1 Psychology	14
D/C after PMP & 1:1 multiprofessional input	10
D/C after PMP & 1:1 Psychology	8
D/C after PMP & 1:1 Physio	6
D/C after PMP & 1:1 Pharmacy	5
D/C after PMP & 1:1 Pain plan	3
Not accepted	1

Persistent Pain Service

[Page 3 of 4]

PROMS

*Please note that the figures below only include those with completed pre & post outcome questionnaires.

Patient Health Questionnaire (PHQ)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as '0' (not at all) to '3' (nearly every day). It has been validated for use in primary care.

Average of PHQ9



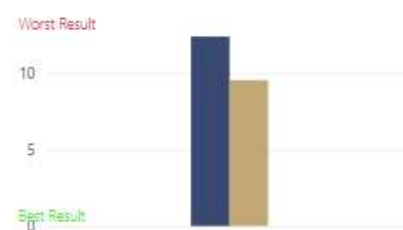
Depression severity scale:

0-4:	No depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-27:	Severe depression

Generalised Anxiety Disorder (GAD)

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).

Average of GAD7



Anxiety severity scale:

0-4:	No anxiety
5-9:	Mild anxiety
10-14:	Moderate anxiety
15-21:	Severe anxiety

Pain Self-Efficacy Questionnaire (PSEQ)

The Pain Self-Efficacy Questionnaire (PSEQ) is a 10-item questionnaire developed to assess the confidence people with ongoing pain have in performing activities while in pain, 0 being 'not at all confident' & 6 being 'completely confident'.

Average of PSEQ



Tampa Scale of Kinesiophobia (TSK)

TSK is a self-reported questionnaire that quantifies fear of movement, or (re)injury. The 17 item TSK total scores range from 17 to 68 where the lowest 17 means no or negligible kinesiophobia, and the higher scores indicate an increasing degree of kinesiophobia.

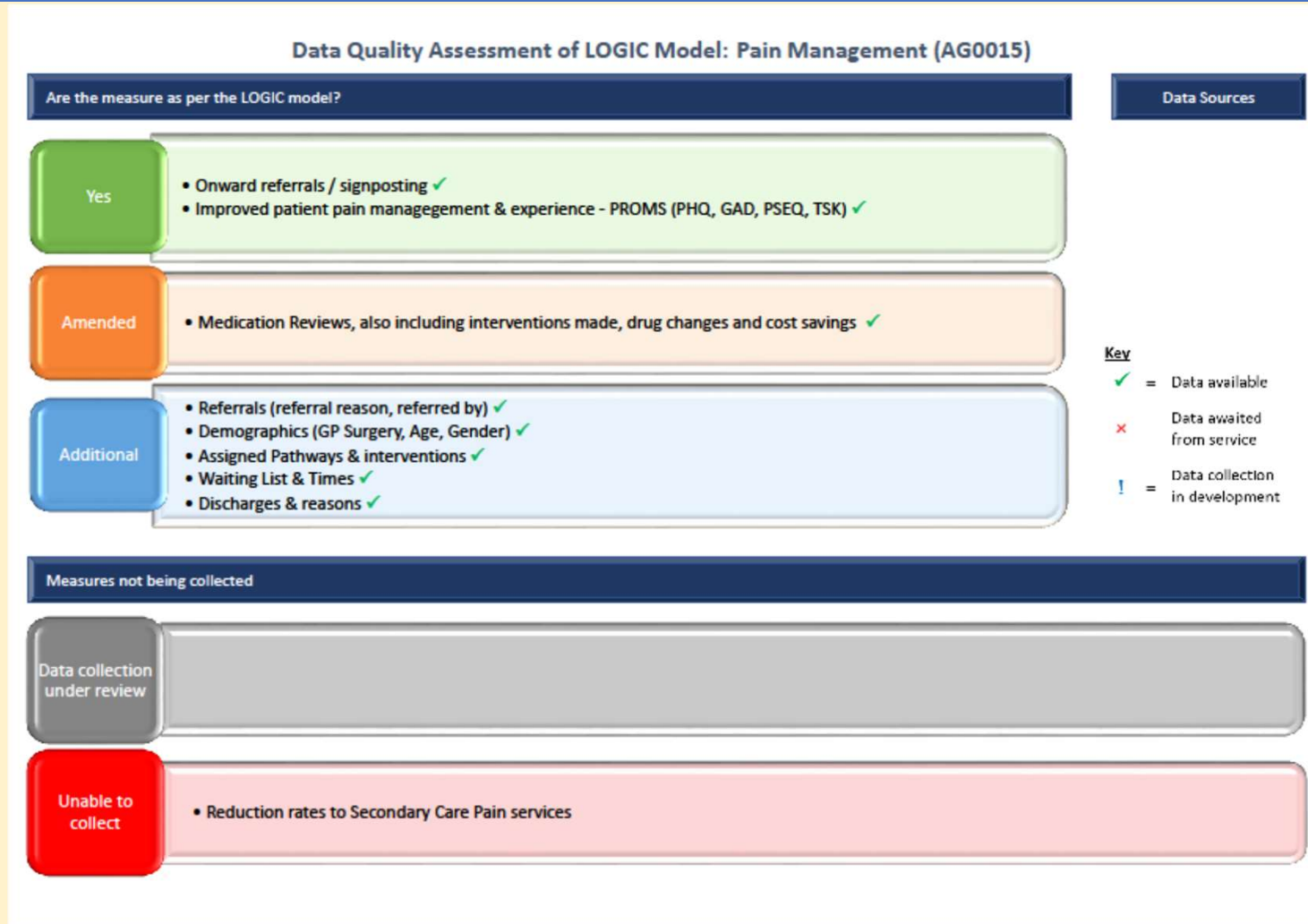
Average of TSK



● Baseline ● Outcome

Persistent Pain Services: Logic Model

[Page 4 of 4]



Trial without Catheter [Page 1 of 2]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (AG0017)	January 2025	The funding for this is due to end in February and the lead has been asked to prepare a final evaluation of the service for future decision of the service.	▲	➔

Referral & Triage

58

Referrals

55

Patients Triage

16

Appropriate Referrals

Appropriate Referrals Over Time



Reason not suitable for service	Count
Under Urology consultant care	13
Longterm Catheter placement	12
Inappropriate referral	13
Housebound	5
Total	43

Cluster

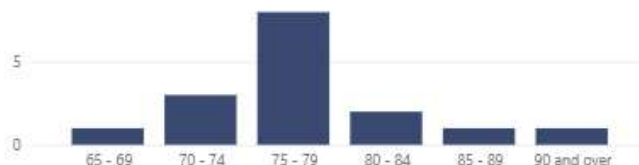
Amman Gwendraeth

Patient Details

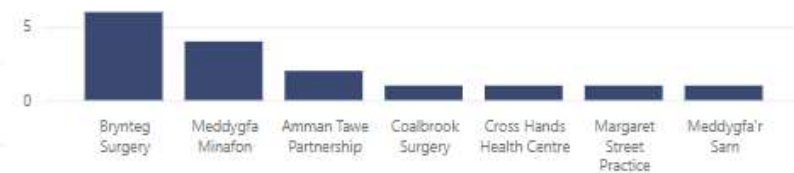
Gender



Age Groups



Patients GP Surgery



Outcomes

Successful Removal Count

First Clinic 11

17

Average Wait Time (Days)
From referral to first clinic

103

Wait Time Difference (Days)

1

CAUTI's & HCAI's up to
assessment date

0

A&E / OOH Catheter related
contacts up to assessment date

Catheter related Abx prescribed due to CAUTI / HCAI? Count

Other	1
Total	1

PROMS / PREMS

Awaiting data.

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

20

ology Average
he (Days)

by the service lead as the average time
the beginning of the project in June 2024.

Data Quality Assessment of LOGIC Model: TWOC (All Clusters)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - EQ5D / VAS ✗ PREMS - Patient feedback ✗ Referral date ✓ Catheter related abx prescribed ✓ Number of A&E / OOH catheter related contacts ✓ 	
Amended	<ul style="list-style-type: none"> To also include triage date, initial insertion date & removal date to formulate time saved vs SC ✓ Quantity of CAUTI's & HCAI's leading up to assessment ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number ✓ Demographic data - Date of birth / Gender ✓ Cluster, GP Practice & Clinic location ✓ Successful & unsuccessful removals ✓ Reason unsuitable for community care ✓ 	
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Reduce length of stay / gp practice appointments / secondary care admissions Frequency of passing urine & leaks 	

Key
 ✓ = Data available
 ✗ = Data awaited from service
 ! = Data collection in development



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Llanelli

Finance

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
LL0005	Physiotherapy MSK project	Q3 24/25	🔴	➔	£89,538	£118,974		£118,974
LL0006	Mind Llanelli	Q3 24/25	🟡	➔	£89,449	£119,266		£119,266
LL0007	Family Wellbeing Service provided by Connecting Youth, Children and Adults (CYCA)	Q3 24/25	🟢	⬆️	£34,950	£46,650		£46,650
LL0018	Spirometry	Q3 24/25	🟡	➔	£38,724	£50,777		£50,777
LL0019	Diabetes HCSW	Q3 24/25	🟢	➔	£24,669	£32,764	£2,263	£35,027
LL0020	Frailty HCSW	Q3 24/25	🟢	➔	£26,134	£35,421	£2,263	£37,684
LL0021	Trial without Catheter (TWOC)	Q3 24/25	🟢	➔	£5,783	£6,724		£6,724
LL0022	Optom Equipment	Q3 24/25	🟡	➔	£2,664	£2,664		£2,664
Total					£311,913	£413,239	£4,526	£417,765

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
LL Ad Hoc	Ad hoc spend	£788	£1,088	£540	£1,628
LL????	Spend Unknown	£46,107	£57,601		£57,601
LL0004	IRISi Pilot Domestic Violence and Abuse Training	£2,950	£2,950		£2,950
Total		£49,844	£61,638	£540	£62,178

Cluster Overview

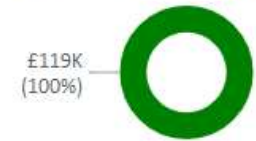
Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£361,757	£474,877	£5,066	£479,943	£469,377	£10,566

First Contact Practitioner Physiotherapy Service [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay



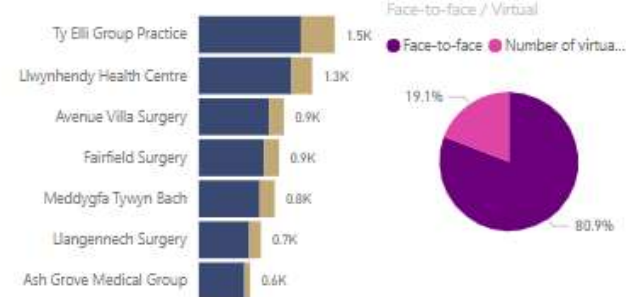
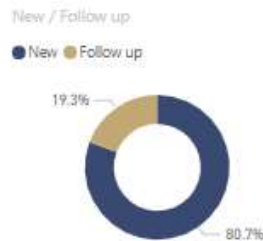
Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Physiotherapy MSK project (LL0005)	January 2025	As per previous quarter reporting, a future plan is needed but there remains no update from the HoS since the Locality Leads meeting in March.	⬇	➔

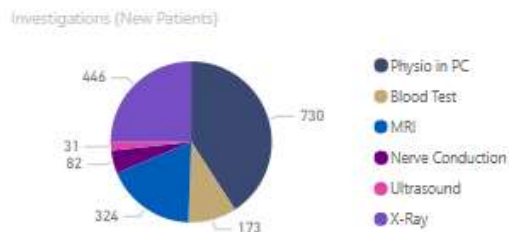
Appointments

7008 Available
7632 Booked
109% Fill %
885 DNA's

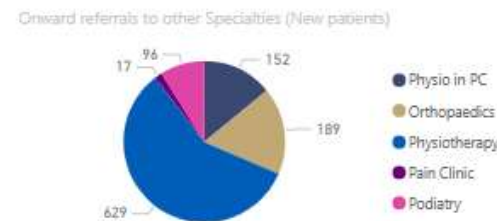


Process

How many investigations were undertaken for new patients?



How many patients have been referred?



- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 22/01/2025

Data Quality Risk

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]

LOGIC Model Assessment and Data Source: FCP Physiotherapy Service (NP0017, SP0014, NC0005, SC0003, LL0005)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> • Patient pathways (New/Follow ups) ✓ • Referrals to Orthopaedics in secondary care ✓ 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Static Link - FCP Form </div> <div style="text-align: center;">  SharePoint Link - FCP Spreadsheet </div> </div>
Amended	<ul style="list-style-type: none"> • Patient pathways - Now recording: Onward referrals, investigations ✓ • Individualised & auditable data through EMIS & Vision clinical systems ! 	<p>Key</p> <ul style="list-style-type: none"> ✓ Data available ✗ = Data awaited from service ! Data collection in development
Additional	<ul style="list-style-type: none"> • Clinic fill rates - Clinic appointments available / Clinic appointments booked / DNA's ✓ • Face-to-face vs virtual appointments ✓ • Referrals to other specialities in secondary care - such as; Pain Clinic, Physiotherapy, Podiatry ✓ 	
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> • Patients receiving same day assessment and advice / demand for GP appointments through re-directing • Waiting times for patients accessing community Physiotherapy services • PROMS / PREMS 	
Unable to collect	<ul style="list-style-type: none"> • Social Prescribing to local voluntary and community sector organisations • Physical activity of local population • Access to local services (carbon footprint) 	

Mind Llanelli

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650-Primary Care Projects £89K

£119K
(100%)



Code	Name
LL0006	Mind Llanelli

Baseline	Aim	Update as at	Commentary	RAG	Trend
- Mind Llanelli provide appropriate and timely support for those with mental ill health to all 7 General Practices in the Cluster - Due to the pandemic there is a significant population demand for mental health support and counselling identified in the cluster - 136 referrals received April to June 2021 with 84 patients receiving direct counselling with the service.	Continued to provide an equitable service throughout the cluster Keep access and waiting times to a minimum	Jan 2025	Referrals have remained stable from last quarter, with the self-referral pilot having a positive impact. Procurement is due to start the tender process imminently.	▲	➔

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00012	Number of referrals to Mind Llanelli		Mar 2023	Jan 2025	67 referrals from GP's, 66 self referrals and 19 from social prescribers. One practice again made zero referrals but 7 self-referrals have been received this quarter from patients at this practice.	152	●	➔

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00019	Liaise with Health Board's Primary Care Mental Health team on the significant increase in patient referrals following on from Covid-19.		Jan 2025	TriTech completed their review and feedback at Locality Leads was that the purpose was possibly lost when the project manager role was taken over by Billy Woods. The review did not give the information requested around MH data. The implementation of 111 option 2 has improved access to MHS across the cluster though.	●	➔

- Project Start Date: November 2018
- Project End Date: March 2024. However, a 12-month extension has been agreed pending the Mental Health service review
- Narrative updated 22/01/2025

Family Wellbeing Service provided by Connecting Youth, Children & Adults

Year to date spend ● Non-Pay ● Pay

55650-Primary Care Projects £35K

Projected spend (current year)



Code	Name
LL0007	Family Wellbeing Service provided by Connecting Youth, Children and Adults (CYCA)

Baseline	Aim	Update as at	Commentary	RAG	Trend
This service is available to children aged 4 to 17 years and works alongside the child's parents/guardians and family offering mentorship and resilience strategies to combat emotional distress.	Continued to provide an equitable service throughout the cluster Keep access and waiting times to a minimum	Jan 2025	CYCA were successful at tender and are now contracted for a further 2 years (with an option to extend a further 3 years).	●	↑

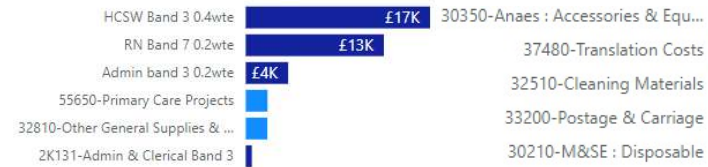
Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00014	Number of referrals to CYCA		Mar 2023	Jan 2025	Referral numbers have increased slightly since Q2, but remain relatively stable and all GP practices report positively on the service when discussed at collaborative meetings.	24	●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00022	Liaise with Health Board's Primary Care Mental Health team on the significant increase in patient referrals following on from Covid-19.		Jan 2025	Although the review produced by TriTech did not provide the MH data requested, Childrens MHS is currently being looked at for potential upscaling. PCSM has requested data from the HB, core MHS and PC to look more closely at the data around referrals into SCAMHS and the childrens MH projects commissioned at cluster level.	▲	→

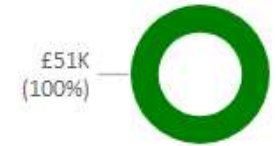
- Project Start Date: April 2019
- Project End Date: March 2024. However, a 12-month extension has been agreed pending the Mental Health service review.
- Narrative updated 22/01/2025

Spirometry [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

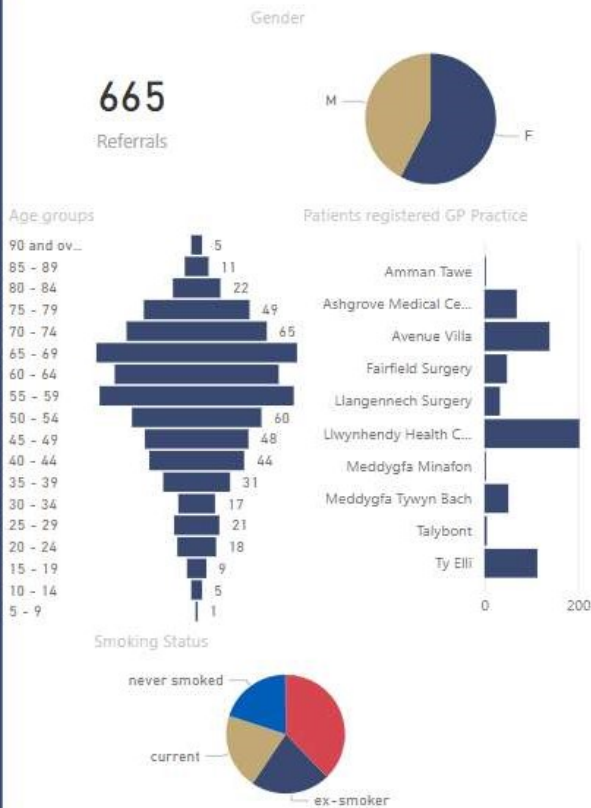


Projected spend (current year)

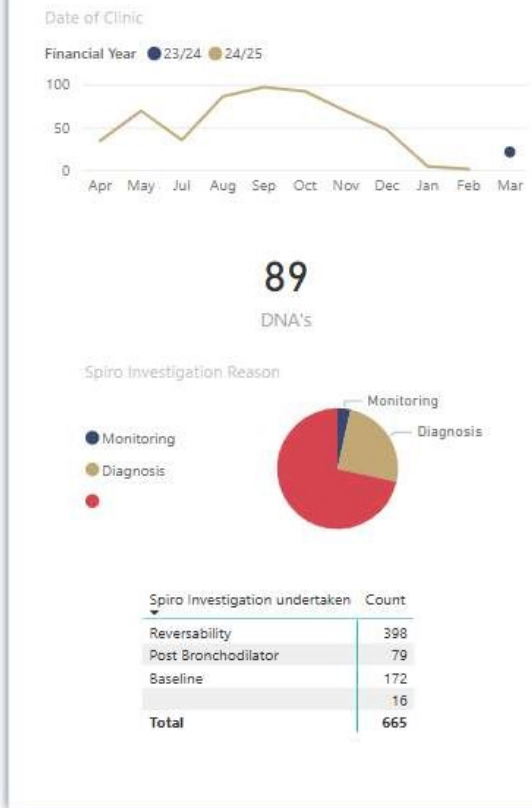


Project	Update as at	Commentary	RAG	Trend
Spirometry (LL0018)	January 2025	The service continues to run well from the respiratory hub in PPH, but due to an issue with the admin there is a significant data backlog. A new member of staff has now taken over the admin for this project and a plan is in place to resolve and improve the position.	▲	➔

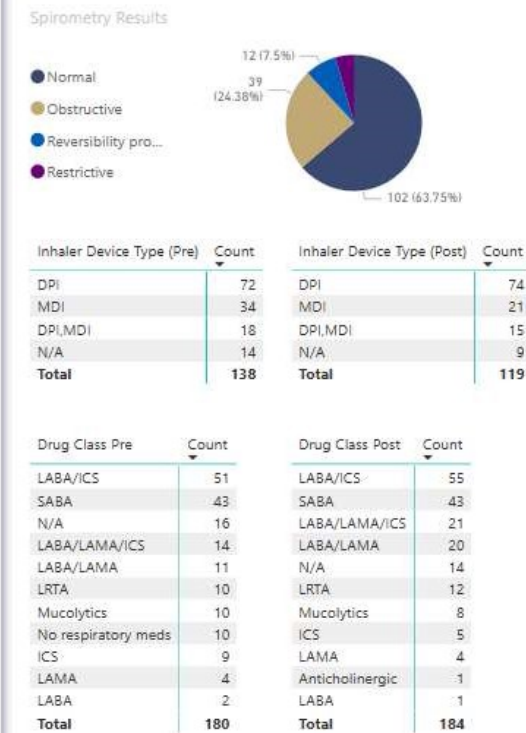
Referrals



Process



Outcomes



- Project Start Date: March 2024
- Project End Date: March 2026
- Narrative updated 22/01/2025

Data Quality Assessment of LOGIC Model: Spirometry (LL0018)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> • Patient outcomes (GP Respiratory Appointments - Before / After) × • Numbers seen - referrals ✓ • Spirometry results ✓ • Inhaler devices before & after ✓ • Investigatio undertaken & reason ✓ 	
Amended	<ul style="list-style-type: none"> • Cleared waiting list also now including new patients ✓ 	
Additional	<ul style="list-style-type: none"> • NHS Number ✓ • DNA's ✓ • Respiratory Medication ✓ • Smoking status ✓ • Pathway following Spirometry × • Demographics (Gender, Age, GP Surgery) ✓ • Appointment deferred + reason × 	Key ✓ = Data available × = Data awaited from service ! = Data collection in development
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> • Qualified staff undertaing spirometry & FeNO testing producing accurate results? 	

Diabetes HCSW [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

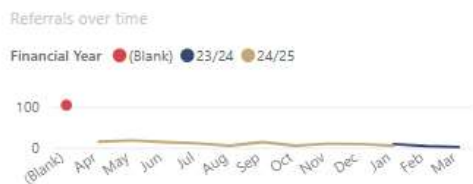


Project	Update as at	Commentary	RAG	Trend
Diabetes HCSW (LL0019)	January 2025	Data collection is now in hand and the project is running well.	●	→

Referrals

225

Referrals

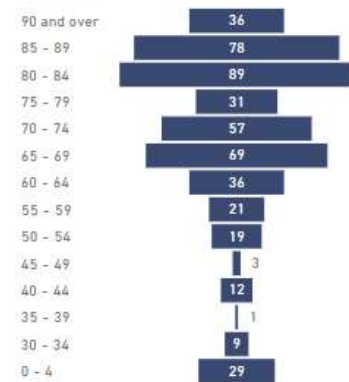


Referred by	Count
District Nurse	47
DSN	40
GP	42
Hospital	15
MDT	22
Nurse	1
Self referral	55
Social Worker	1
Total	225

Patient Demographics



Age Groups



Work Undertaken

Work undertaken by	Count
HCSW	21
Specialist Nurse	203
Total	225

Work undertaken	Count
Monitor blood glucose	157
Libra download	60
Apply sensor	44
Telephone call	34
Full set of observations	29
Education advice	27
Foot Surveillance	27
Change sensor	26
Insulin Titration	23
Intervention Libre change	22
Monitor Ketone	12
Blood Pressure	3
Diabetic review	3
HbA1c (Blood Test)	3
Medication review	1
Total	490

Outcomes

75

Hospital admission avoided

- Project Start Date: March 2024
- Project End Date: February 2026
- Action: PCSM to review dashboard and current data collection and decide whether it is sufficient.
- Narrative updated 22/01/2025

Data Quality Assessment of LOGIC Model: Diabetes HCSW (LL0019)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> Annual reviews (including the 8 care processes?) ✗ Work delivered by HCSW & Diabetes specialist nurse ✓ Record of training delivered by specialist nurse due to additional availability ✗ Reduction in waiting list (those waiting for review) ✗ GP contacts ✗ Reviews using new technology - Libre downloads ✓ 	
Amended	<ul style="list-style-type: none"> Short term complications - plans put in place to resolve / stabilise ! Specific work undertaken ✓ Hospital admissions avoided ✓ 	
Additional	<ul style="list-style-type: none"> PROMS - Quality of life questionnaire ! PREMS - F&F questionnaire ! Patient details - NHS No, Gender, DOB ✓ 	
<p>Key</p> <ul style="list-style-type: none"> ✓ = Data available ✗ = Data awaited from service ! = Data collection in development 		
Measures not being collected		
Data collection under review		
Unable to collect		

Frailty HCSW [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay



Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Frailty HCSW (LL0020)	January 2025	Project is running well.	●	→

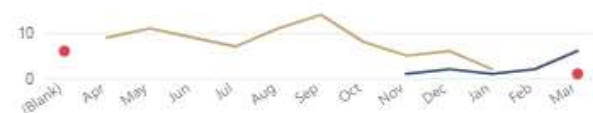
Referrals

101 Referrals

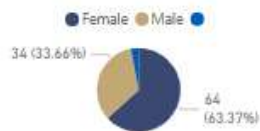
96 Appropriate Referrals

Referrals over time

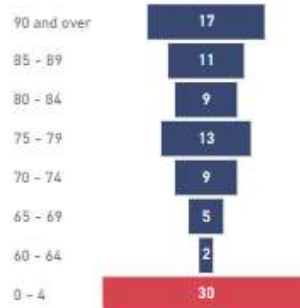
Financial Year ● (Blank) ● 22/23 ● 23/24 ● 24/25



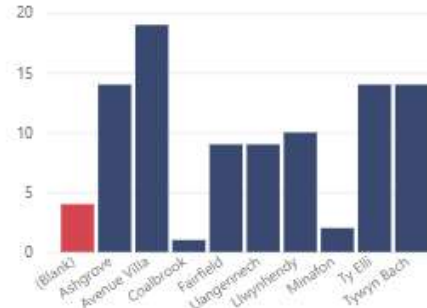
Gender



Age Groups



Patients GP Surgery



Presenting Problems

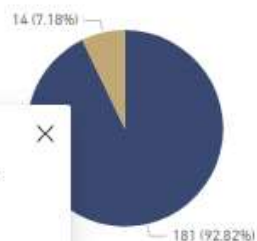
Presenting Problems	Count
Falls Risk	88
Frailty	53
Weight Loss	24
Total	165

Assessments & Outcomes

195 Assessments

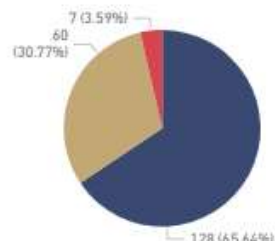
Place of Assessment

● Patient Home ● Care Home



Conducted by

● HCSW ● Frailty Nurse



Identified Problems	Count	Clinical Tasks	Count	Referred to	Count
Falls Risk	83	OBS	145	Community Occupational Therapist	44
Frailty	60	ECG	74	Community Physiotherapist	40
Declining Function	53	Weight	34	Community Pharmacist	30
Medication Changes	24	FRAX	21	District Nurse	22
Memory	20	VP / Bloods	16	Dietician	19
Weight Loss	16	Height	15	NERS	19
Continence	15	Clinical Frailty Scale	13	General Practitioner	18
Osteoporosis	15	Fes-i	9	Social Worker	16
Dementia	8	GAIT Time	6	Telecare	13
Syncope	6	AMTS Score	5	Other	12
Back Pain	5	MOCA	5	Specialist Nurse	8
Peripheral Oedema	5	Bladder Scan	3	Signposting	5
Diabetes	4	Medication Review	2	Third Sector	5
Total	314	Q.TUG	2	Partnership	3
		Well Check	2	Visual Impairment Officer	1
		Foot Check	1	Total	255
		Swabs	1		
		Total	354		

- Project Start Date: March 2024
- Project End Date: March 2026
- Narrative updated 22/01/2025

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

Data Quality Assessment of LOGIC Model: Frailty HCSW (LL0020)

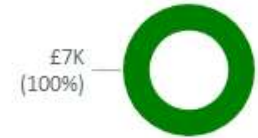
Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> Improved access to the Specialist nurse and increase number of patient sreceiving frailty assessments ✓ Medication & annual reviews ✗ Robust advance care planning ✓ Access to new technology ✓ Medication cost savings ✗ 	
Amended	<ul style="list-style-type: none"> Number of admissions avoided ✓ 	
Additional	<ul style="list-style-type: none"> Demographics ✓ Referrals ✓ Onward referrals ✓ Place of assessment ✓ 	
Key ✓ = Data available ✗ = Data awaited from service ! = Data collection in development		
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> Reduce waiting list More frequent and additional support Patient satisfaction 	
Unable to collect	<ul style="list-style-type: none"> Reduce admissions 	

Trial without Catheter [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

RN Band 6 £5.8K



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (LL0021)	January 2025	Clinics are running with no concerns raised. Cluster funding for this project stops 17/02/25.	●	→

Referral & Triage

50 Referrals

50 Patients Triaged

24 Appropriate Referrals

Appropriate Referrals Over Time

Month	Count
May	2
Jun	3
Jul	2
Aug	3
Sep	1
Oct	4
Nov	4
Dec	4
Jan	1

Reason not suitable for service

Reason	Count
Under Urology consultant care	7
Longterm Catheter placement	10
Inappropriate referral	10
Housebound	1
Total	28

Patient Details

Gender

Age Groups

Age Group	Count
30 - 34	1
55 - 59	3
60 - 64	1
65 - 69	1
70 - 74	4
75 - 79	7
80 - 84	4
85 - 89	2
90 and over	1

Patients GP Surgery

GP Surgery	Count
Ty Elli Group Practice	9
Meddygfa Tywyn Bach	6
Avenue Villa Surgery	4
Ashgrove Medical Centre	2
Llwynhendy Health Centre	2
Llangennech Surgery	1

Outcomes

Successful Removal Count

First Clinic: 8

Average Wait Time (Days) From referral to first clinic

15

Wait Time Difference (Days)

105

CAUTI's & HCAI's up to assessment date

0

A&E / OOH Catheter related contacts up to assessment date

2

Catheter related Abx prescribed due to CAUTI / HCAI?

Count
Total

PROMS / PREMS

Awaiting data.

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 22/01/2025

Data Quality Assessment of LOGIC Model: TWOC (All Clusters)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - EQ5D / VAS ✗ PREMS - Patient feedback ✗ Referral date ✓ Catheter related abx prescribed ✓ Number of A&E / OOH catheter related contacts ✓ 	
Amended	<ul style="list-style-type: none"> To also include triage date, initial insertion date & removal date to formulate time saved vs SC ✓ Quantity of CAUTI's & HCAI's leading up to assessment ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number ✓ Demographic data - Date of birth / Gender ✓ Cluster, GP Practice & Clinic location ✓ Successful & unsuccessful removals ✓ Reason unsuitable for community care ✓ 	Key ✓ = Data available ✗ = Data awaited from service ! = Data collection in development
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Reduce length of stay / gp practice appointments / secondary care admissions Frequency of passing urine & leaks 	

Optom Equipment [Page 1 of 1]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

32810-Other General Supplies & ... £2.7K



Project	Update as at	Commentary	RAG	Trend
Optom Equipment (LL0022)	January 2025	Due to a change in Optom lead for the cluster the MS Form was not shared with practicies, PCSM has spoken with the new lead and asked that this be resolved urgently, PCSM attended Optom collab meeting and advised that this MS Form needs to be completed each time the equipment is used in order to facilitate data collection and monitor the project.	▲	→

Approved due to begin: March 2024

Project duration: 2 Years

Project Status: **No Data**

Data quality comments: No data yet collected

- Project Start Date: March 2024
- Project End Date: March 2026
- Data **has not been provided.**
- Narrative updated 22/01/2025

Tywi Taf

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
TT0001	Support Mental Health needs of our population	Q3 24/25	●	➔	£36,720	£50,220		£50,220
TT0002	Delivery of Mental Health services for young people's mental health across the cluster area with focus on young suicide prevention	Q3 24/25	●	➔	£32,233	£43,483		£43,483
TT0019	Advanced Care Planning (ACP) and Support in Care Homes/Communities	Q3 24/25	●	➔	£46,500	£62,625		£62,625
TT0020	Women's Health Psychological Service	Q3 24/25	●	➔	£32,809	£47,494		£47,494
TT0021	Trial without Catheter (TWOC)	Q3 24/25	●	➔	£5,783	£6,762		£6,762
TT0023	Pharmacist	Q3 24/25	▲	⬇	£112,389	£142,789		£142,789
TT0024	Generic tech (Physiotherapy)	Q3 24/25	●	➔	£26,768	£36,701		£36,701
Total					£293,203	£390,074		£390,074

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
TT????	Spend Unknown	£12,730	£22,636	£9,366	£32,001
Total		£12,730	£22,636	£9,366	£32,001

Cluster Overview

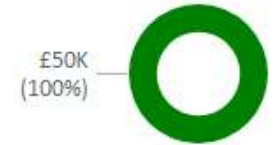
Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£305,934	£413,303	£9,366	£422,669	£449,333	-£26,665.4

MIND [Page 1 of 3]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650-Primary Care Projects £37K



Project	Update as at	Commentary	RAG	Trend
Support Mental Health needs of our population (TT0001)	January 2025	One Mental Health support project commissioned through Cluster. MIND active monitoring for Adults, well established within the cluster.	●	➔

Referrals

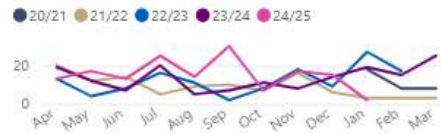
601

Referrals

594

Appropriate Referrals

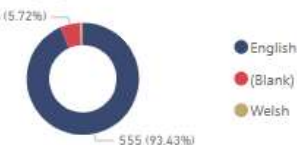
Referrals Over Time



Referred by



Preferred Language



Service

575

Attended Initial Meeting

3.73

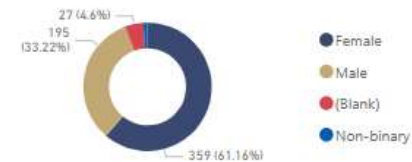
Average of Total Number of Sessions

Service users by Mental health experience

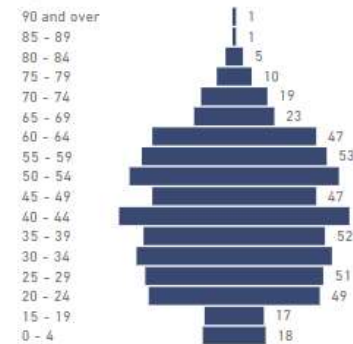


Demographics

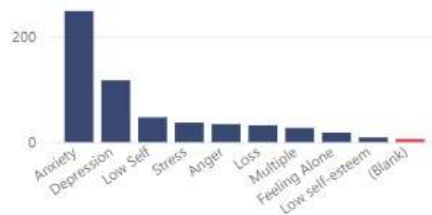
Gender



Age



Service users by Pathway



Service users by Disability

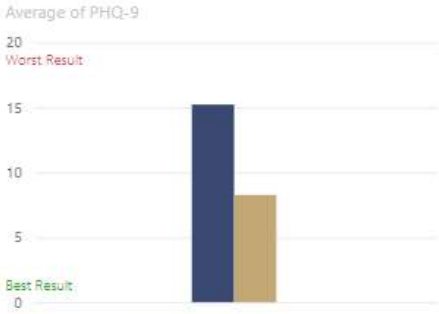


- Project Start Date: December 2023
- Project End Date: December 2025
- The service has provided additional data backdating to 20/21 to provide more in-depth analysis outside the cluster project period.
- Narrative updated 22/01/2025

PROMs & PREMs

Patient Health Questionnaire (PHQ)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in primary care.

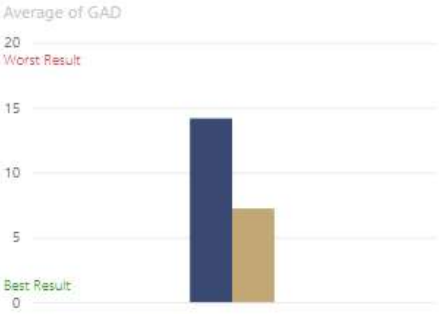


Depression severity scale:

0-4:	No depression
5-9:	Mild depression
10-14:	Moderate depression
15-18:	Moderately severe depression
20-27:	Severe depression

Generalised Anxiety Disorder (GAD)

This easy to use patient questionnaire is a self-administered questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD)

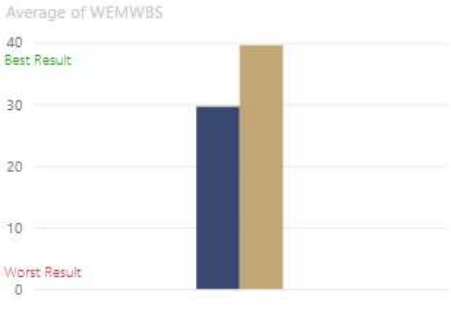


Anxiety severity scale:

0-4:	No anxiety
5-9:	Mild anxiety
10-14:	Moderate anxiety
15-21:	Severe anxiety

Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scales were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The 14-item scale WEMWBS has 5 response categories, summed to provide a single score.



9.57
Average of Service Rating

99.56%
Would recommend

● Baseline ● Outcome

Data Quality Assessment of LOGIC Model: MIND (TT0001)

Are the measure as per the LOGIC model?

Data Sources

Yes	<ul style="list-style-type: none"> • Number of referrals / number accepted / number of individuals supported by the service ✓ • Referred by ✓ • PROMS - WEMWBS, GAD 7, PHQ 9 ✓ • Onward referrals & Signposting ✗
Amended	<ul style="list-style-type: none"> • Satisfaction with service provision & feedback from service users also include F&F recommendation ✓
Additional	<ul style="list-style-type: none"> • Unique ID number (patient identifiable?) ✓ • Pathway ✓ • Number of sessions ✓ • Demographic data (Age, gender, ethnicity, sexuality, trans) ✓ • Disability ✓ • Language + language preference and service language delivery ✓ • Mental health experience ✓

Key

- ✓ = Data available
- ✗ = Data awaited from service
- ! = Data collection in development

Measures not being collected

Data collection under review	
Unable to collect	

PAPYRUS – Delivery of Mental Health Services for Young People

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650-Primary Care Projects

£32K

£43K
(100%)



Code	Name
TT0002	Delivery of Mental Health services for young people's mental health across the cluster area with focus on young suicide prevention

Baseline	Aim	Update as at	Commentary	RAG	Trend
Rates of presentation to CAMHS have increased during the COVID pandemic and there have been increased numbers of suicides of young people within our cluster area	<p>Improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come into contact with people at risk of suicide and self-harm and professionals in Wales.</p> <p>Deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm.</p> <p>Provide information and support for those bereaved or affected by suicide and self-harm.</p> <p>Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action</p>	Jan 2025	Procurement exercise undertaken and contract issued from 1/11/24 to 31/03/26 with an option to extend a further 1 year with no commitment.	●	→

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00083	Feedback from Training of Staff		Mar 2023	Jan 2025	ALL practices have reported an improved understanding and knowledge about how to recognise the signs that someone may be struggling with suicidal ideations, more confidence in being able to ask the question about suicidal thoughts and also to keep someone safe, should they need to.	100.0 %	●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00083	Provision of Helpline service and distribution of resources and information	April 2023	Jan 2025	Helpline operates 24/7 - community officers distribute to various organisational teams.	●	→
AC00079	Delivery of suicide awareness sessions and suicide prevention training to all staff based at the 8 GP practices.	April 2023	Jan 2025	Practices have attended 2 PT4L Sessions to delivery this training. The profile of PAPYRUS continues to grow and the awareness of the services that we provide is now becoming more targeted, with a focus on preventative training being accessible to those who support or live with someone who has disclosed suicidal ideations or is a self-harmer. This is achieved through a programme that we have called 'Direct Links', which enables 'concerned others' to be linked to the PAPYRUS information and training programme, notably by GPs but also through other professionals.	●	→
AC00078	Commission 3rd sector service for the employment of full time Community Development Officer	April 2023	Jan 2025	Tender process complete and contract issued from 1/11/24 until 31/03/26 with an option to extend for 1 year with no commitment.	●	→
AC00081	Hosting of 2 focus groups with young people to gather their thoughts on mental health e.g. existing resources and help identify any gaps etc.	April 2023	Jan 2025	The focus groups have been developed with the help of one volunteers who is studying a Youth and Communities degree at UWTSU. It is a mixture of activities and discussion around what positive mental health looks like and who to turn to if they recognise either a decline in their own mental health, or a friend's mental health.	▲	→

- Project Start Date: project originally started in Apr-22. Project has been extended in Nov 2024
- Project End Date: Apr 2026
- **Requested Action: PCSI to provide business case (Logic model) to enable dashboard build for ongoing monitoring.**
- Narrative updated 22/01/2025

ACP & Support in Care Homes: Assessments [Page 1 of 4]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650-Primary Care Projects £47K



Project	Update as at	Commentary	RAG	Trend
Advanced Care Planning (ACP) and Support in Care Homes (TT0019)	Jan 2025	To provide additional support in care homes to upskill staff and provide care to prevent admissions to hospital or support discharge from an acute setting. Actively engaging with carehomes and community Hospitals. Extended for ty to now work within the communities and with practices.	●	→

Assessment Details

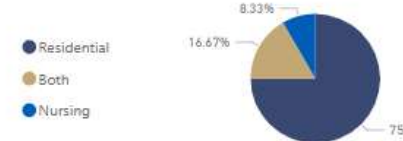
12
No. of Care Homes Assessed

11
No. of Care Homes Reassessed

Assessment by Date



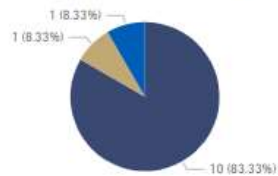
Care Home Type



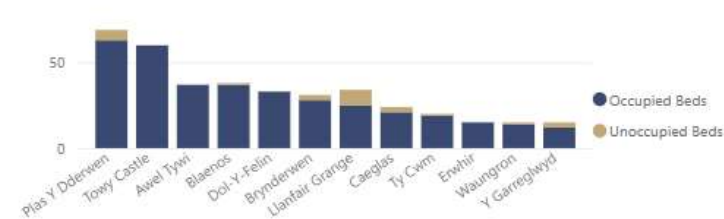
Care Plan Type

Day to day living Day to day living & end of life preferences End of life & last wishes care plan

364
No. of residents on initial...

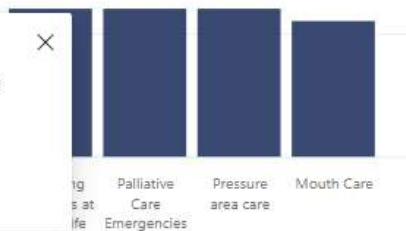


Care Home / Capacity

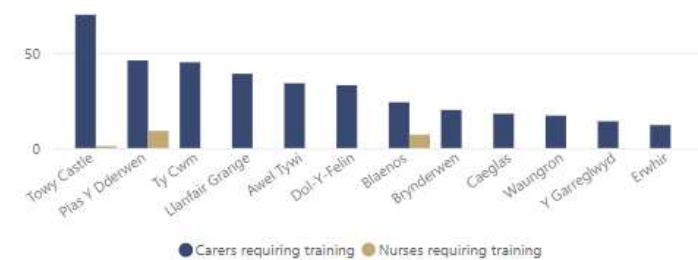


Assessment Outcome

Support Areas Identified



Staff Training Requirements



The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

- Project Start Date: June 2023
- Project End Date: May 2024
- There are 3 stages to this project, the 1st being assessment of Care Home needs, which completed in August '23. The 2nd being support sessions provided to staff, which are still taking place (see page 2 of 4), and the 3rd being the outcome (i.e. increase in number of ACP's). Additionally with visits to residents provided directly by the service itself.
- Narrative updated 22/01/2025

ACP & Support in Care Homes: Support & ACPs Completed [Page 2 of 4]

Project	Update as at	Commentary	RAG	Trend
Advanced Care Planning (ACP) and Support in Care Homes (TT0019)	Jan 2025	To provide additional support in care homes to upskill staff and provide care to prevent admissions to hospital or support discharge from an acute setting. Actively engaging with carehomes and community Hospitals. Extended for 1y to now work within the communities and with practices.	●	➔

Session Details

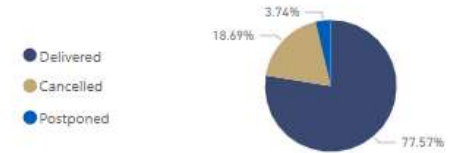
107
 Possible Sessions

83
 Sessions Delivered

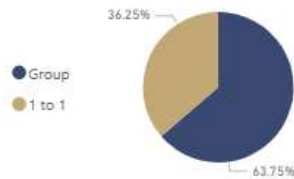
Sessions Delivered Over Time



Sessions Status



Session Delivery Method



Sessions Types Delivered to Care Homes



Sessions Delivered by Care Home



79 Staff Attended

2.43 Average Session (Hours)

247 ACP's completed following training

Number of Residents with ACP's completed following training



The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

ACP & Support in Care Homes: Service Visits [Page 3 of 4]

Project	Update as at	Commentary	RAG	Trend
Advanced Care Planning (ACP) and Support in Care Homes (TT0019)	Jan 2025	To provide additional support in care homes to upskill staff and provide care to prevent admissions to hospital or support discharge from an acute setting. Actively engaging with carehomes and community Hospitals. Extended for ty to now work within the communities and with practices.	●	➔

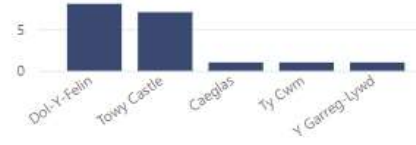
Service Visit Details

18
Visits to residents

Visits Over Time



Care Homes Visited

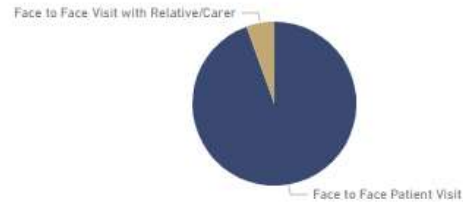


Top 10 Clinical Activities

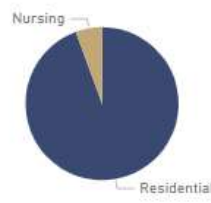
Clinical Activity	Count
Advice/Support - Death and Dying Care Plans	5
Assessment - Initial Assessment	5
Care - Advance Care Plan completed	3
Care - Death and Dying Care Plans completed	2
Assessment - Reassessment	1
Care - Advance Care Plan updated	1
Care - Oral	1
Signposting - External - SALT	1
Signposting - External - Dietician	1
Signposting - External- SALT	1
Total	21

70
Average Visit Duration (mins)

Visit Type



Care Home Type

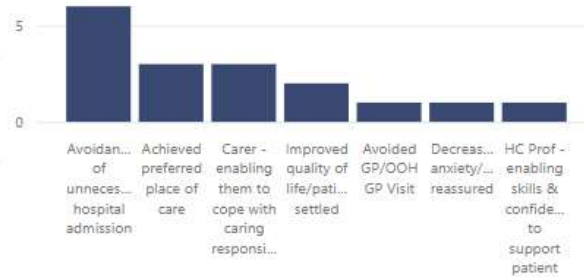


56
Total Count of Clinical Activities

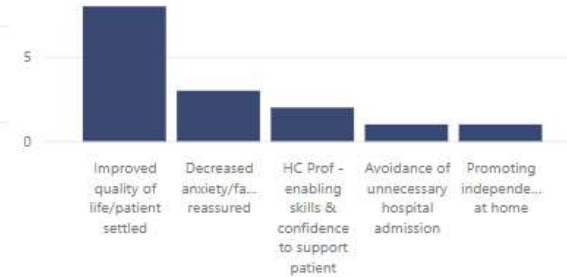
Primary Impact Outcome



Secondary Impact Outcome



Tertiary Impact Outcome




The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

ACP and Support in Care Homes: Logic Model [Page 4 of 4]

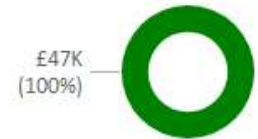
LOGIC Model Assessment and Data Source: Advanced Care Planning and Support in Care Homes (TT0019)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> Support sessions delivered ✓ Number of residents supported / number of visits to residents through direct visits ✓ Primary/Secondary/Tertiary impacts i.e. HC Professionals - enabling skills & confidence to support, decreased anxiety/family reassured, crisis prevented, avoidance of hospital admissions, avoidance of GP/OOH visit ✓ Hours of care/support delivered ✓ Number / Percentage of ACP's put in place for care home residents following training (Static quantity rather than monthly figures to demonstrate increase over time) ✓ Direct visits supporting residents delivered directly by the service ✓ 	 SharePoint Link - ACP Spreadsheet
Amended	<ul style="list-style-type: none"> Care home assessments & reassessments undertaken ✓ 	Key ✓ = Data available ✗ = Data awaited from service ! = Data collection in development
Additional	<ul style="list-style-type: none"> Care Homes with Care Plans currently in place ✓ Bilingual sessions required / bilingual sessions delivered ✓ Visit type (face-to-face, virtual, telephone) ✓ Care home capacity ✓ Nurses/Carers requiring training ✓ Training session attendee types (job role) ✓ 	
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> Number of families supported 	
Unable to collect	<ul style="list-style-type: none"> Care home admission avoidance Impacts - avoidance of ambulance call-outs 	

Women's Health Psychological Service [Page 1 of 5]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Women's Health Psychological Service (TT0020)	January 2025	Fully running. The project went live for referrals in November 2023 and we have been collecting the data accordingly across the three funding clusters (SC, NC, 2T's).	●	➔

Referrals / Demographics

43 Referrals

25 Referrals Accepted

Referrals Accepted Over Time

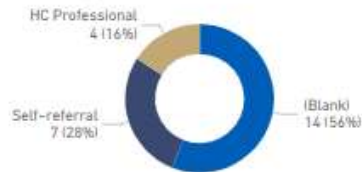


8.7 Average Waiting Time (Weeks)

Cluster

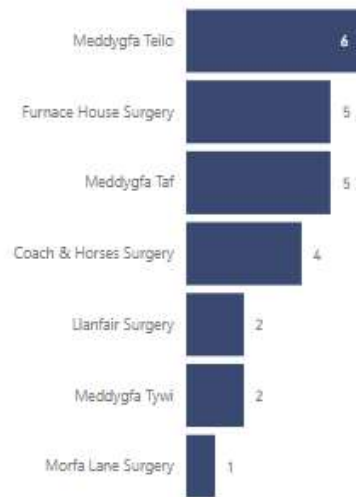
- North Ceredigion
- South Ceredigion
- Tywi / Taf

Referral Type

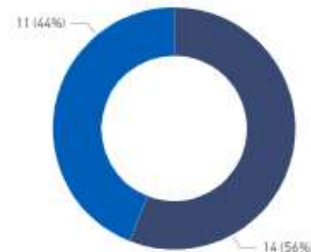


Referrals by Profession Group	Count
GP	2
Pelvic Health Physiotherapist	1
Urogynae Specialist Nurse	1
Total	4

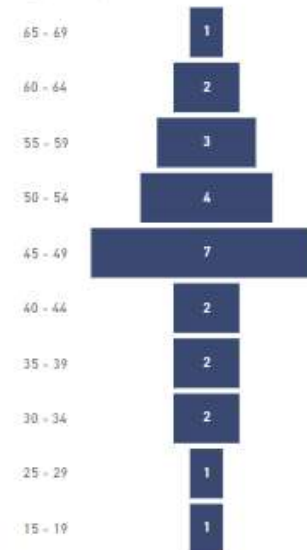
Patients' Practice



Preferred Language



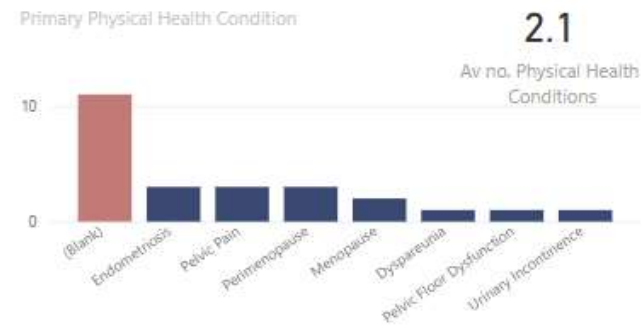
Age Groups



- Project Start Date: November 2023
- Project End Date: September 2025
- Narrative updated 22/01/2025

Women's Health Psychological Service [Page 2 of 5]

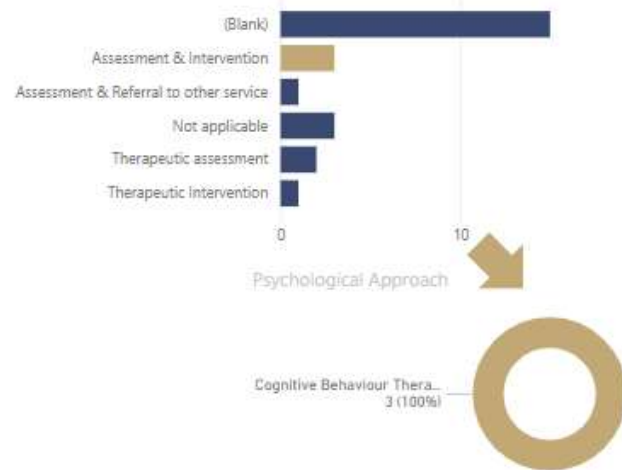
Assessment / Service Activity



Cluster

- North Ceredigion
- South Ceredigion
- Tywi / Taf

Work Undertaken



36
Appointments Offered

27
Appointments Attended

Appointment Type



Appointment Method



8
Discharges

Women's Health Psychological Service: PROMs (General) [Page 3 of 5]

Referral Form ID:
 Cluster:
 Age Group:

PROMs / PREMs - Page 1

2

Baseline Responses

2

Outcome Responses

Patient Health Questionnaire (PHQ)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as '0' (not at all) to '3' (nearly every day). It has been validated for use in primary care.

Average of PHQ-9



Depression severity scale:

0-4:	No depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-27:	Severe depression

Generalised Anxiety Disorder (GAD)

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).

Average of GAD-7



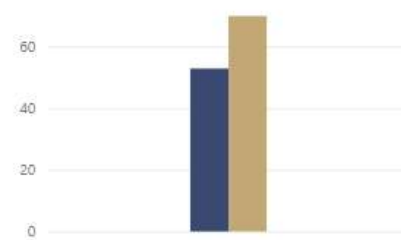
Anxiety severity scale:

0-4:	No anxiety
5-9:	Mild anxiety
10-14:	Moderate anxiety
15-21:	Severe anxiety

EuroQol Visual Analogue Scale (EQ VAS)

The EQ VAS records the patient's self-rated health on a vertical visual analogue scale where the endpoints are labelled 'The best health you can image' (100) and 'The worst health you can image' (0). The VAS can be used as a quantitative measure of health outcome that reflects the patient's own judgement.

Average of EQ VAS



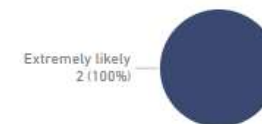
Pain Self-Efficacy Questionnaire (PSEQ)

The Pain Self-Efficacy Questionnaire (PSEQ) is a 10-item questionnaire developed to assess the confidence people with ongoing pain have in performing activities while in pain, 0 being 'not at all confident' & 6 being 'completely confident'.

Average of PSEQ



How likely are you to recommend our service to friends and family if they needed similar care or treatment?



● Baseline ● Outcome

Women's Health Psychological Service: PROMs (EQ-5D-L) [Page 4 of 5]

Referral Form ID:
 Cluster:
 Age Group:

PROMs / PREMs - Page 2

2

2

Baseline Responses Outcome Responses

EuroQol 5 Level Dimensions (EQ-5D-L)

The descriptive system comprises five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 5 levels: no problems, slight problems, moderate problems, severe problems and extreme problems. The patient is asked to indicate his/her health state by ticking the box next to the most appropriate statement in each of the five dimensions. This decision results in a 1-digit number that expresses the level selected for that dimension. The digits for the five dimensions can be combined into a 5-digit number that describes the patient's health state.

Mobility



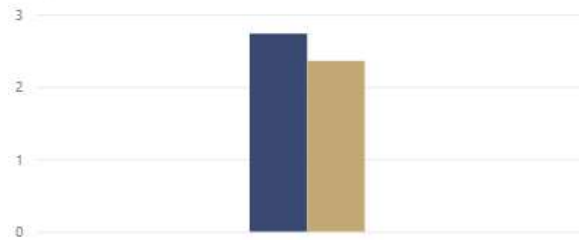
Self-care



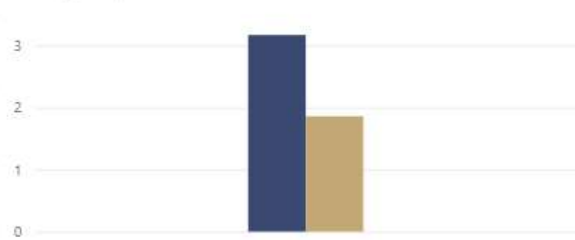
Usual Activities



Pain / Discomfort



Anxiety / Depression



Average of EQ-5D-L



● Baseline ● Outcome

Women's Health Psychological Service: Logic Model [Page 5 of 5]

LOGIC Model Assessment and Data Source: Women's Health Psychological Service (TT0020, NC0016, SC0014)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> Type of delivery (Face-to-face & remote) ✓ Type of sessions (Group & individual) ✓ Psychological & Physical health concern/conditions & severity/quantity ✓ Referrals, referral type & associated general practice ✓ Effectiveness of a psychology service for women's health - PROMS ✓ Patient feedback - PREMS ✓ 	
Amended		
Additional	<ul style="list-style-type: none"> DNA's / Cancellations / # Appointments ✓ Demographics (age groups) ✓ Waiting time (time between referral/first assessment & first appointment) ✓ Preferred language ✓ 	
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Comparison between new tailored pain management programme vs general pain management programme currently available via secondary care Degree of mental health/emotional distress within this pelvic health population 	

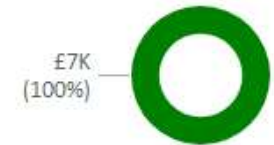
Key
 ✓ = Data available
 ✗ = Data awaited from service
 ! = Data collection in development

Trial without Catheter [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

RN Band 7 £5.8K



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (TT0021)	January 2025	Clinics are running with no concerns raised. Cluster funding for this project stops 17/02/25.	●	➔

Referral & Triage

Referrals: **58**

Patients Triaged: **58**

Appropriate Referrals: **32**

Appropriate Referrals Over Time

Reason	Count
Under Urology consultant care	11
Longterm Catheter placement	4
Inappropriate referral	7
Housebound	4
Total	26

Cluster: Tywi / Taf

Patient Details

Gender

Age Groups

Patients GP Surgery

Outcomes

Successful Removal	Count
First Clinic	13

Average Wait Time (Days) From referral to first clinic: **18**

Wait Time Difference (Days): **102**

CAUTI's & HCAI's up to assessment date: **1**

A&E / OOH Catheter related contacts up to assessment date: **2**

PROMS / PREMS: Awaiting data.

Catheter related Abx prescribed due to CAUTI / HCAI?	Count
Nitrofurantoin	1
Total	1

- Project Start Date: May 2024
- Project End Date: May 2025
- PROMS / PREMS data not provided.
- Narrative updated 22/01/2025

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

20
ology Average he (Days)
by the service lead as the average time
the beginning of the project in June 2024.

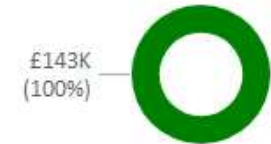
Data Quality Assessment of LOGIC Model: TWOC (All Clusters)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - EQ5D / VAS ✗ PREMS - Patient feedback ✗ Referral date ✓ Catheter related abx prescribed ✓ Number of A&E / OOH catheter related contacts ✓ 	
Amended	<ul style="list-style-type: none"> To also include triage date, initial insertion date & removal date to formulate time saved vs SC ✓ Quantity of CAUTI's & HCAI's leading up to assessment ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number ✓ Demographic data - Date of birth / Gender ✓ Cluster, GP Practice & Clinic location ✓ Successful & unsuccessful removals ✓ Reason unsuitable for community care ✓ 	Key ✓ = Data available ✗ = Data awaited from service ! = Data collection in development
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Reduce length of stay / gp practice appointments / secondary care admissions Frequency of passing urine & leaks 	

Cluster Pharmacist

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)



Code	Name
TT0023	Pharmacist

Baseline	Aim	Update as at	Commentary	RAG	Trend
		Jan 2025	1 of the cluster pharmacists has resigned from the position, leaving 2 pharmacists and 1 vacant post within the cluster.	▲	▼

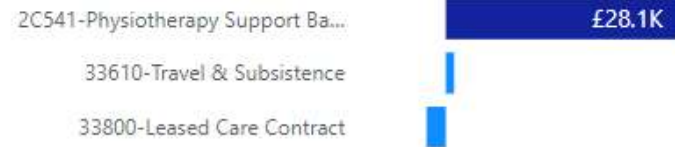
Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
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Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
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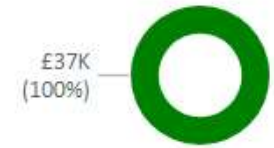
- Project Start Date: TBA
- Project End Date: Ongoing
- Measurement data not routinely reported. Matt McGivern undertook an evaluation of activity and long-term use. This report has been shared with cluster leads at the September Locality Leads meeting.
- Cluster Lead and PCSM to confirm ongoing pharmacist requirements and then dashboard monitoring to be put in place.
- Narrative updated 22/01/2025

Generic Tech (Physiotherapy)

Year to date spend ● Non-Pay ● Pay



Projected spend (current year)



Code	Name
TT0024	Generic tech (Physiotherapy)

Baseline	Aim	Update as at	Commentary	RAG	Trend
		Jan 2025	The generic tech deals with referrals from MDTs for patients with mobility issues, and is embeded within the physiotherapy team.	●	→

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
-----	---------------------	--------	-------------	--------------	------------	-------	-----	-------

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
-----	--------------------	----------	--------------	------------	-----	-------

- Project Start Date: TBA
- Project End Date: Ongoing
- Narrative updated 22/01/2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

North Ceredigion

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
NC0001	To provide counselling services for children ages 13-17 & 18-30yrs	Q3 24/25			£26,250	£35,000		£35,000
NC0005	Continue to deliver Physiotherapy in General Practice	Q3 24/25			£45,794	£58,272		£58,272
NC0006	Set up and deliver Community Catheter Clinics	Q3 24/25			£2,433	£2,433		£2,433
NC0015	Psychology in Primary Care - Chronic pain management	Q3 24/25			£30,600	£44,301		£44,301
NC0016	Women's Health Psychological Service	Q3 24/25			£32,584	£44,175		£44,175
NC0017	Physician Associate	Q3 24/25			£56,560	£96,914		£96,914
NC0018	Trial without Catheter (TWOC)	Q3 24/25			£5,783	£6,736		£6,736
NC0020	PAPYRUS	Q3 24/25			£32,679	£39,941		£39,941
Total					£232,684	£327,771		£327,771

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
NC Ad Hoc	Ad hoc spend (cluster meetings, phones)	£205	£455		£455
NC????	Spend Unknown	£708	£708		£708
NC0014	Singing for lung health (Skylarks)	£833	£833		£833
Total		£1,745	£1,995		£1,995

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£234,429	£329,767		£329,767	£336,230	-£6,463

Area 43: Counselling services for children

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650-Primary Care Projects

£26.3K



Code	Name
NC0001	To provide counselling services for children ages 13-17 & 18-30yrs

Baseline	Aim	Update as at	Commentary	RAG	Trend
-Patients experiencing mental health and wellbeing issues are referred into existing NHS mental health services'	To provide counselling services for children and adults when they need it.	Jan 2025	The service is operating well across the county of Ceredigion, supported by both South and North Clusters. There are monthly reports and meetings in the diaries to discuss progress and evaluate the data reported. There is a current concern that due to the withdrawal of funding from HEFCU to support the University's contract with Area 43, that the organisation will experience an influx of patients that will need to be evaluated and treated under the much smaller element that is funded by Cluster funds; the PCSMs continue to work with the CEO of Area 43 to monitor this weekly and to mitigate any crushing demand as soon as possible. This has not materialised as expected, and so the Service is operating in a very stable manner currently, while the Service continues to become more widely known across the County. The PCSMs are helping to develop more granular data collection to understand the impact, the referral pathways, and the geographical sources of referrals so that the supporting efforts of the Health Board can be better tailored to avoid focusing on resources that don't return a great benefit.	▲	↑

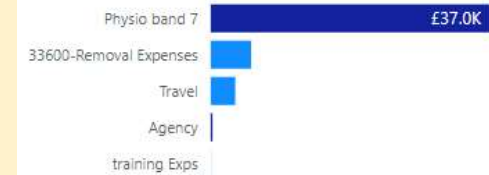
Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00135	Reduction in the number of people needing secondary care intervention for deteriorating mental health and well-being		Mar 2023	Jan 2025	Not capturing this data, but we are redesigning the data capture to provide granular insights.		▲	↑
M00136	Numbers of people referred into the service		Mar 2023	Jan 2025	Granular data capture is being developed to better understand the cohort of patients using the Service.	208	▲	↑
M00137	Patient feedback		Mar 2023	Jan 2025	Told that additional positive feedback has been received by the Service, but is yet to be shared with the PCSMs.		●	↑

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00118	Service to commence	April 2023	Jan 2025	The project went live for referrals on Dec 1st via a self-referral model.	●	→
AC00119	Practices and cluster to advertise start of service	April 2023	Jan 2025	Start date highlighted to practices and bilingual promotional materials have been supplied by Area43 and circulated.	●	→
AC00117	Contract awarded	April 2023	Jan 2025	Contract awarded and the project went live for referrals from Dec 1st 2023.	●	→

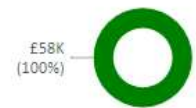
- Project Start Date: November 2023
- Project End Date: November 2025
- Narrative updated 27/01/2025

First Contact Practitioner Physiotherapy Service [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay



Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Continue to deliver Physiotherapy in General Practice (NC0005)	January 2025	Rajeev is progressing well in the North Ceredigion cluster, and will be undertaking non-medical imaging training in order to progress along his developmental pathway. This will also ensure that no GPs will be required to authorise his imaging requests, further streamlining the Cluster's ability to deliver treatment to patients in a timely manner. Despite being a stable service, this project has now long overrun a typical Cluster-funded project lifecycle. The expectation seems to be that Clusters will fund this service indefinitely, which contradicts the scrutiny applied to all other Cluster projects. We have other very successful, very stable projects that are struggling to secure recurrent funding. This arrangement is currently being reviewed and will be taken to the Health Board for further advice and guidance.	🔴	➔

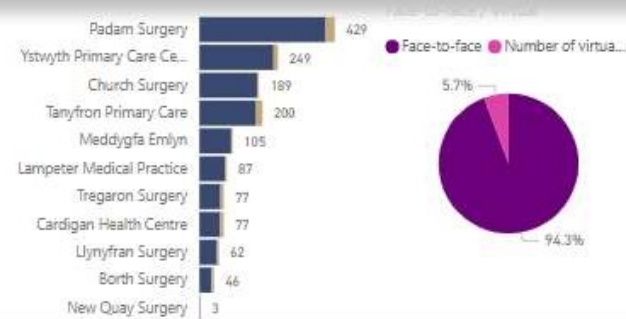
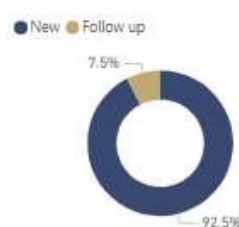
Appointments

2277 Available
1722 Booked
76% Fill %
165 DNA's

Clinics Over time



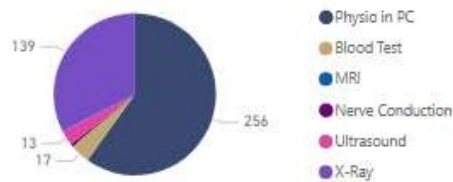
New / Follow up



Process

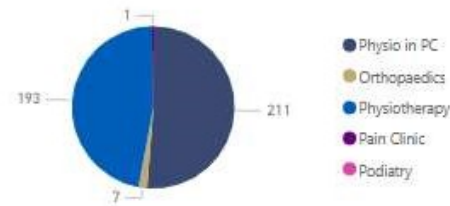
Investigations (New Patients)

How many investigations were undertaken for new patients?



How many patients have been referred?

Onward referrals to other Specialities (New patients)



- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 27/01/2025

Data Quality Risk

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]

LOGIC Model Assessment and Data Source: FCP Physiotherapy Service (NP0017, SP0014, NC0005, SC0003, LL0005)

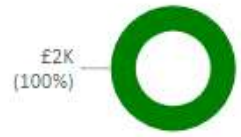
Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> • Patient pathways (New/Follow ups) ✓ • Referrals to Orthopaedics in secondary care ✓ 	 Static Link - FCP Form  SharePoint Link - FCP Spreadsheet
Amended	<ul style="list-style-type: none"> • Patient pathways - Now recording: Onward referrals, investigations ✓ • Individualised & auditable data through EMIS & Vision clinical systems ! 	<p>Key</p> <ul style="list-style-type: none"> ✓ Data available ✗ = Data awaited from service ! Data collection in development
Additional	<ul style="list-style-type: none"> • Clinic fill rates - Clinic appointments available / Clinic appointments booked / DNA's ✓ • Face-to-face vs virtual appointments ✓ • Referrals to other specialities in secondary care - such as; Pain Clinic, Physiotherapy, Podiatry ✓ 	
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> • Patients receiving same day assessment and advice / demand for GP appointments through re-directing • Waiting times for patients accessing community Physiotherapy services • PROMS / PREMS 	
Unable to collect	<ul style="list-style-type: none"> • Social Prescribing to local voluntary and community sector organisations • Physical activity of local population • Access to local services (carbon footprint) 	

Set up and deliver Community Catheter Clinics

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

2A451- Registered Nurse Band 5 £2.4K



Code	Name
NC0006	Set up and deliver Community Catheter Clinics

Baseline	Aim	Update as at	Commentary	RAG	Trend
-Project proposal approved. -SLA written. -Patients are not being seen post discharge from hospital in a timely manner	To set up the clinics in Aberaeron and Aberystwyth to serve the whole cluster population. To provide timely checks and intervention	Jan 2025	Catheter clinics continue to work well with the dedicated nurse that we employ for one day per week. The Health Board wide TWOC project should ensure that fewer patients will need to progress to Catheter Clinics if they are able to avoid long-term catheter use by appropriate and timely intervention.	▲	➔

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00150	Number of patients receiving care in the community		Mar 2023	Jan 2025	The Catheter Nurse is employed on a bank basis, and data capture is difficult due to her part-time employment, and transfer of information. I have asked the Practice to provide the patient numbers, as the new Clinical Lead for the Cluster wants to evaluate the Service with a view to possibly redesigning the delivery model.		●	⬆
M00151	Number of patients attending catheter clinics		Mar 2023	Jan 2025	Number of patients varies due to demand at any given time.		●	➔
M00152	Current average waiting time between hospital discharge and accessing service		Mar 2023	Jan 2025	Not gathered.		●	➔
M00153	Patient satisfaction (percentage terms) from service		Mar 2023	Jan 2025	Not capturing this data.		●	➔

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00133	Ensure competencies are signed off	April 2023	Jan 2025	Yes - Ystwyth signs off service/HCSW	●	➔
AC00134	Ensure supplies are available for service continuity	April 2023	Jan 2025	Supplies provided by Ystwyth as required.	●	➔
AC00132	Appoint nurse	April 2023	Jan 2025	Practice nurse appointed.	●	➔
AC00137	Obtain patient feedback	April 2023	Jan 2025	Patient feedback being collected - awaiting data set.	▲	⬆
AC00135	Identify patients	April 2023	Jan 2025	Ongoing.	●	➔
AC00136	Schedule clinics	April 2023	Jan 2025	Office manager scheduling clinics.	●	➔

- Project Start Date: Feb 2022
- Project End Date: Ongoing
- **Data Quality - Measurement data is technically available, but difficult to extract and not routinely collected.**
- Narrative updated 27/01/2025

Early Intervention Pain Services

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

2E351-Assistant Psychologist Ban... £30.6K



Code	Name
NC0015	Psychology in Primary Care - Chronic pain management

Baseline	Aim	Update as at	Commentary	RAG	Trend
Cluster has funded a psychology assistant to work within the pain management team	To support individuals with chronic pain to manage their pain through a bio-psycho-social model	Jan 2025	This Service continues to work extremely well. Following presentations at Locality Leads and GP and Cluster Collaborative groups in 2024, the possibility of mainstreaming this project has now accelerated and will be taken to the Health Board for consideration. The North Ceredigion and Amman Gwendraeth Clusters have agreed to temporarily extend the funding for the project to ensure no disruption to the Service is felt by patients or staff while this is being undertaken.	●	➔

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00183	patients identified use of pain medication before & after participation on course		Mar 2023	Jan 2025	This data isn't captured - quantified feedback has been collected regarding the patients' moods before and after treatment via EIPS, as well as perceived levels of intervention. All positive.		●	➔
M00184	Patient satisfaction (percentage terms) from service		Mar 2023	Jan 2025	Excellent reported feedback from patients/referred individuals.	97.0%	●	➔
M00182	Numbers of patients referred to chronic pain management clinic		Mar 2023	Jan 2025	Entire Service Data Pack is currently being prepared for presentation to the Health Board.		●	➔

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00156	Cluster to engage with the psychology assistant	April 2023	Jan 2025	The Cluster engages extremely well with the psychology assistant, and has commented several times on how invaluable she is to our GMS Services.	●	➔
AC00155	Cluster to identify suitable individuals to attend sessions	April 2023	Jan 2025	Service continues to receive referrals, but currently ensuring that the cluster has adequate exposure to the project and to its benefits. Team attended collaborative meeting in September to present data and was very well received, fuelling discussions for extended funding beyond March 2025.	●	➔

- Project Start Date: 2020
- Project End Date: Ongoing
- Narrative updated 27/01/2025

Women's Health Psychological Service [Page 1 of 5]

Year to date spend ● Non-Pay ● Pay

2E351-Assistant Psychologist Ban... **£16.5K**

2E382-Psychologist Band 8B **£16.0K**

Travel

Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Women's Health Psychological Service (NC0016)	January 2025	The service went live for referrals from mid November 2023, with approximately 30 patients having been referred through to date. The three funding clusters: South Ceredigion, North Ceredigion and 2T's have agreed to finance the backfill of maternity leave for the lead clinician to ensure the continuation of the project in Y2. Data will be reviewed at 18-month mark to evaluate possibility of a year's extension to strengthen possibility of mainstreaming. Maternity leave has commenced as of August 2024, and so the replacement Clinical Psychologist has begun to pick up this work now, and is extremely driven and enthusiastic about developing this Service as well and as much as possible. Considerable scrutiny and data reviews will be undertaken this year in the hope that this project will also be mainstreamed by the Health Board.	●	➔

Referrals / Demographics

39 Referrals

30 Referrals Accepted

Referrals Accepted Over Time

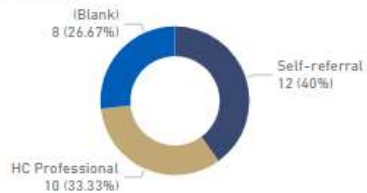


8.5 Average Waiting Time (Weeks)

Cluster

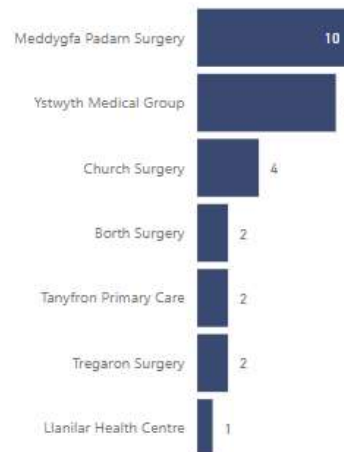
- North Ceredigion
- South Ceredigion
- Tywi / Taf

Referral Type

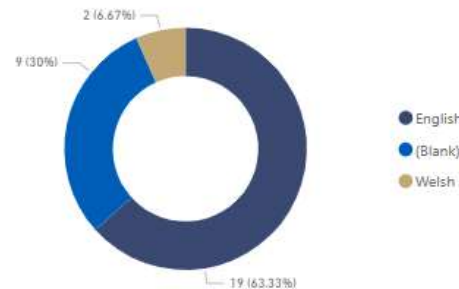


Referrals by Profession Group	Count
GP	3
Assistant Psychologist	2
ANP	1
Clinical Psychologist	1
Doctor	1
Pelvic Health Physiotherapist	1
Psychosexual Therapist	1
Total	10

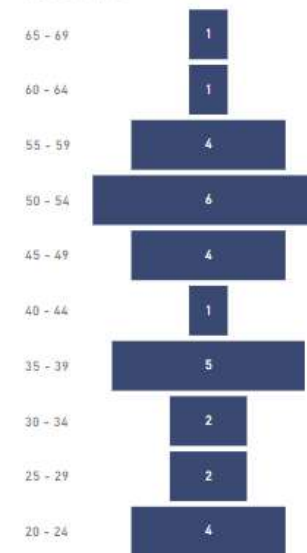
Patients' Practice



Preferred Language



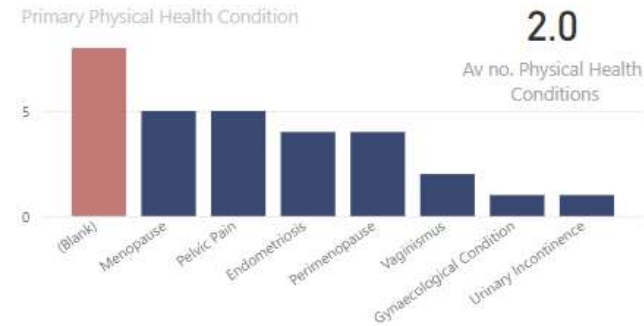
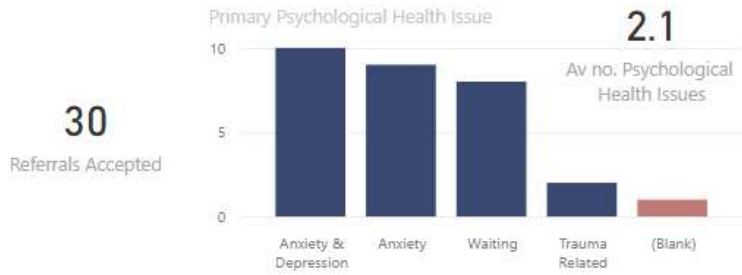
Age Groups



- Project Start Date: November 2023
- Project End Date: September 2025
- Narrative updated 27/01/2025

Women's Health Psychological Service [Page 2 of 5]

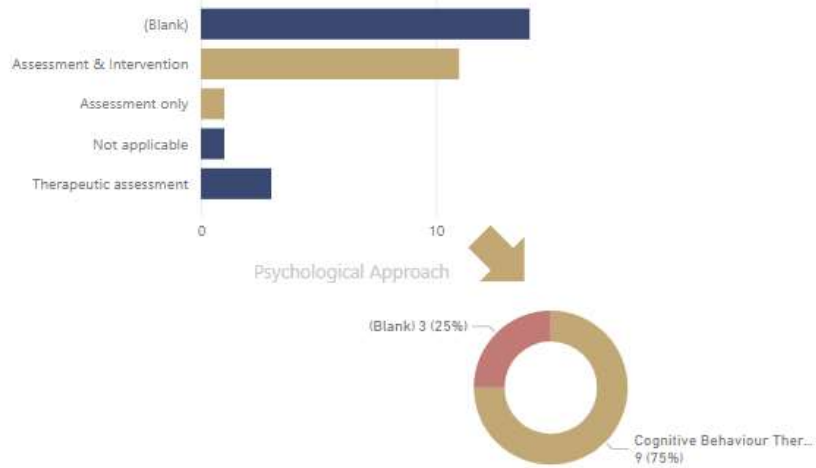
Assessment / Service Activity



Cluster

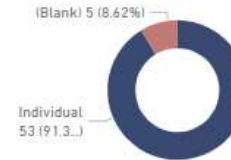
- North Ceredigion
- South Ceredigion
- Tywi / Taf

Work Undertaken



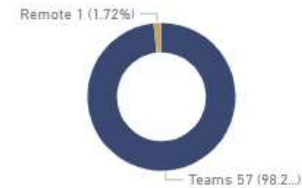
71
Appointments Offered

Appointment Type



58
Appointments Attended

Appointment Method



17
Discharges

Women's Health Psychological Service: PROMs (General) [Page 3 of 5]

Referral Form ID:
 Cluster:
 Age Group:

PROMs / PREMs - Page 1

6

Baseline Responses

7

Outcome Responses

Patient Health Questionnaire (PHQ)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as '0' (not at all) to '3' (nearly every day). It has been validated for use in primary care.

Average of PHQ-9



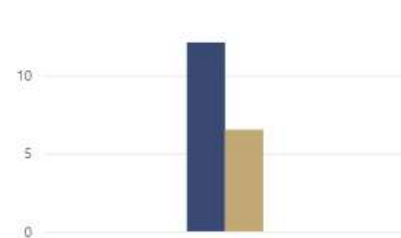
Depression severity scale:

0-4:	No depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-27:	Severe depression

Generalised Anxiety Disorder (GAD)

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).

Average of GAD-7



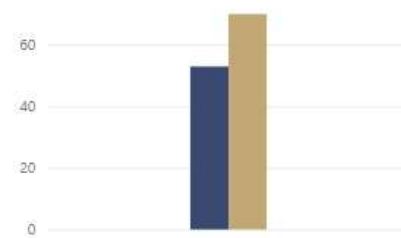
Anxiety severity scale:

0-4:	No anxiety
5-9:	Mild anxiety
10-14:	Moderate anxiety
15-21:	Severe anxiety

EuroQol Visual Analogue Scale (EQ VAS)

The EQ VAS records the patient's self-rated health on a vertical visual analogue scale where the endpoints are labelled 'The best health you can image' (100) and 'The worst health you can image' (0). The VAS can be used as a quantitative measure of health outcome that reflects the patient's own judgement.

Average of EQ VAS



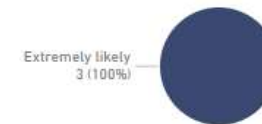
Pain Self-Efficacy Questionnaire (PSEQ)

The Pain Self-Efficacy Questionnaire (PSEQ) is a 10-item questionnaire developed to assess the confidence people with ongoing pain have in performing activities while in pain, 0 being 'not at all confident' & 6 being 'completely confident'.

Average of PSEQ



How likely are you to recommend our service to friends and family if they needed similar care or treatment?



● Baseline ● Outcome

Women's Health Psychological Service: PROMs (EQ-5D-L) [Page 4 of 5]

PROMs / PREMs - Page 2

6

7

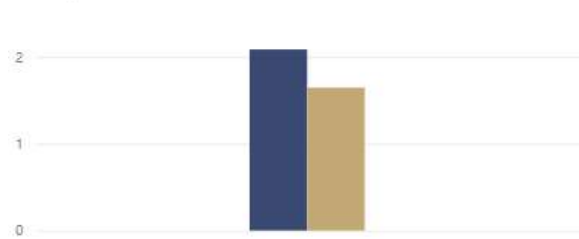
Baseline Responses Outcome Responses

Referral Form ID:
 Cluster:
 Age Group:

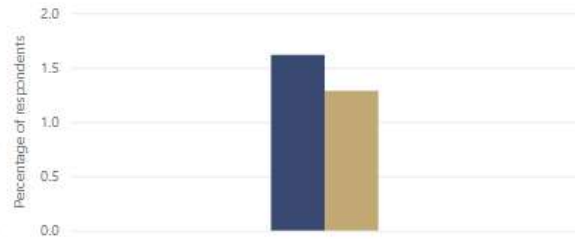
EuroQol 5 Level Dimensions (EQ-5D-L)

The descriptive system comprises five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 5 levels: no problems, slight problems, moderate problems, severe problems and extreme problems. The patient is asked to indicate his/her health state by ticking the box next to the most appropriate statement in each of the five dimensions. This decision results in a 1-digit number that expresses the level selected for that dimension. The digits for the five dimensions can be combined into a 5-digit number that describes the patient's health state.

Mobility



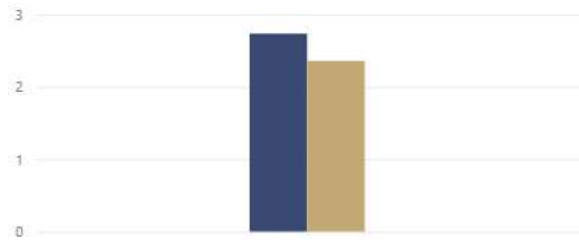
Self-care



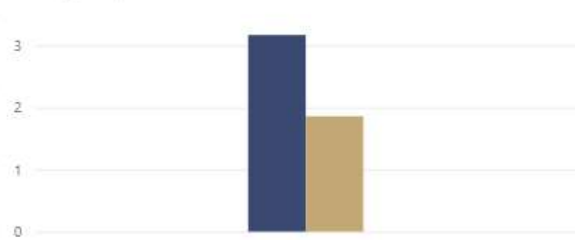
Usual Activities



Pain / Discomfort



Anxiety / Depression



Average of EQ-5D-L



● Baseline ● Outcome

Women's Health Psychological Service: Logic Model [Page 4 of 4]

LOGIC Model Assessment and Data Source: Women's Health Psychological Service (TT0020, NC0016, SC0014)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> Type of delivery (Face-to-face & remote) ✓ Type of sessions (Group & individual) ✓ Psychological & Physical health concern/conditions & severity/quantity ✓ Referrals, referral type & associated general practice ✓ Effectiveness of a psychology service for women's health - PROMS ✓ Patient feedback - PREMS ✓ 	
Amended		
Additional	<ul style="list-style-type: none"> DNA's / Cancellations / # Appointments ✓ Demographics (age groups) ✓ Waiting time (time between referral/first assessment & first appointment) ✓ Preferred language ✓ 	
Key ✓ = Data available ✗ = Data awaited from service ! = Data collection in development		
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Comparison between new tailored pain management programme vs general pain management programme currently available via secondary care Degree of mental health/emotional distress within this pelvic health population 	

Physician Associate [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

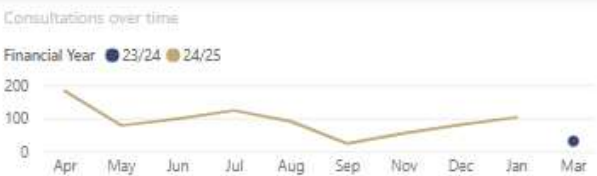
PA Band 7 £56.6K



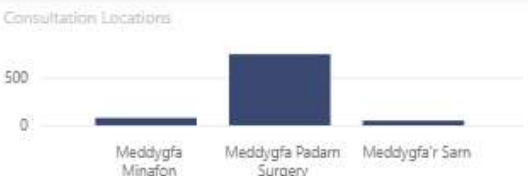
Project	Update as at	Commentary	RAG	Trend
Physician Associate (INC0017)	January 2025	The PA Development Manager has been working with the PC Academy staff, as well as Cluster clinicians in order to provide a retrospective analysis of the PAs working within the Health Board. There is currently one PA who is on rotation until November 2025, and the scrutiny of their performance will be more robust once an evaluation plan has been confirmed between the Senior Clinical Team members. This has nearly been finalised, among concerning guidance published by the RCGP this month regarding the viability of PAs as a long-term solution in General Practice. Necessary data inputs have been requested of the project from January 2025 in order that a full and proper evaluation can be undertaken for the Service. This project and subsequent Cluster funding will cease in November 2025.	⬮	⬇

Consultations

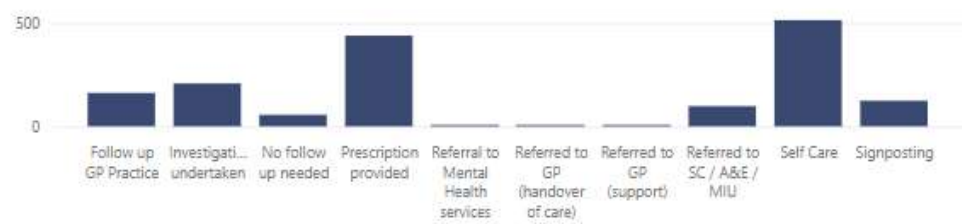
870
Consultations recorded



19.51
Average Consultation Time (mins)



Consultation Outcomes



Top 20 Cons Reasons by READ code

READ Code	Count
1N..00	135
6A..00	131
171..00	90
8H9..00	60
9N7..11	54
9n31.00 telephone	47
16..13	38
1J4..00	36
H27z.11	36
1C9..00	29
H05z.00	25
9N31.00	23
1B1G.00	17
H03..00	17
N142.11	16
1969.00	15
16C5.00 C/O Low back pain	12
1C..12	11
F501.00	11
H06z000 Chest infection	11
Total	814

Hot Reviews



- Project Start Date: Apr 2022
- Project End Date: Ongoing
- Data input is ongoing but project still being developed - no data yet obtained regarding patient experience outcome measures.
- Narrative updated 27/01/2025

Physician Associate [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
Physician Associate (INC0017)	January 2025	The PA Development Manager has been working with the PC Academy staff, as well as Cluster clinicians in order to provide a retrospective analysis of the PAs working within the Health Board. There is currently one PA who is on rotation until November 2025, and the scrutiny of their performance will be more robust once an evaluation plan has been confirmed between the Senior Clinical Team members. This has nearly been finalised, among concerning guidance published by the RCGP this month regarding the viability of PAs as a long-term solution in General Practice. Necessary data inputs have been re-requested of the project from January 2025 in order that a full and proper evaluation can be undertaken for the Service. This project and subsequent Cluster funding will cease in November 2025.	⬇	⬇

No feedback has been collected.

Data Quality Assessment of LOGIC Model: Physician Associate (NC0017)		Data Sources
Are the measure as per the LOGIC model?		
Yes	<ul style="list-style-type: none"> Improving the quality of PA's clinical knowledge and confidence over time (quantity & variation of READ codes) ✓ 	
Amended		
Additional	<ul style="list-style-type: none"> PA Work Log to record work flow, including - location, NHS No, Consult date & duration, appropriate patient, READ codes, consult outcome, happy to be contacted for follow up PREMS ✓ PREMS ✗ PA Hot Reviews ✗ 	
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Increasing numbers of patient contact by employing PA's 	

Key

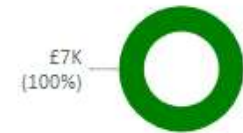
- ✓ = Data available
- ✗ = Data awaited from service
- ! = Data collection in development

Trial without Catheter [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

RN Band 7 £5.8K



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (NC0018)	January 2025	This service has endured a few changing tides within its first few months of operation. Replacement staff have needed to be recruited, which has now been done. No regular Service data is provided by TWOC, and it's Cluster funding will cease in February 2025 bringing the project to an end.	▲	▼

Referral & Triage

32 Referrals
32 Patients Triaged
13 Appropriate Referrals

Appropriate Referrals Over Time



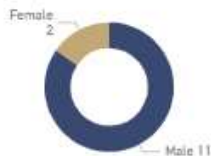
Reason not suitable for service	Count
Under Urology consultant care	5
Longterm Catheter placement	5
Inappropriate referral	7
Housebound	2
Total	19

Cluster

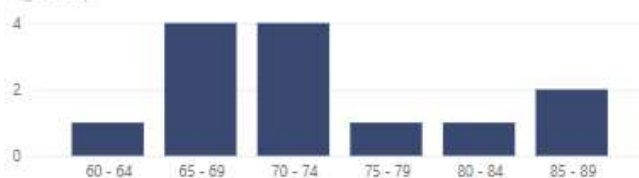
North Ceredigion

Patient Details

Gender



Age Groups



Patients GP Surgery



Outcomes

Successful Removal Count

First Clinic 7

14

Average Wait Time (Days)
From referral to first clinic

106

Wait Time Difference (Days)

1

CAUTI's & HCAI's up to assessment date

3

A&E / OOH Catheter related contacts up to assessment date

PROMS / PREMS

Awaiting data.

Catheter related Abx prescribed due to CAUTI / HCAI? Count

Other	1
Total	1

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

20

Urology Average Wait Time (Days)

by the service lead as the average time from the beginning of the project in June 2024.

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

Data Quality Assessment of LOGIC Model: TWOC (All Clusters)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - EQ5D / VAS ✗ PREMS - Patient feedback ✗ Referral date ✓ Catheter related abx prescribed ✓ Number of A&E / OOH catheter related contacts ✓ 	
Amended	<ul style="list-style-type: none"> To also include triage date, initial insertion date & removal date to formulate time saved vs SC ✓ Quantity of CAUTI's & HCAI's leading up to assessment ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number ✓ Demographic data - Date of birth / Gender ✓ Cluster, GP Practice & Clinic location ✓ Successful & unsuccessful removals ✓ Reason unsuitable for community care ✓ 	
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Reduce length of stay / gp practice appointments / secondary care admissions Frequency of passing urine & leaks 	

Key

- ✓ = Data available
- ✗ = Data awaited from service
- ! = Data collection in development

Optom Equipment [Page 1 of 1]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (NC0019)	January 2025	Equipment has been delivered this year to all Optometry Practices, and feedback forms have been developed for introduction to the practices. This will allow us to evaluate the efficiency of the funded equipment, and what number of admission avoidances the equipment provides.	▲	↑

Approved due to begin: March 2024

Project duration: 2 Years

Project Status: **No Data**

Data quality comments: No data yet collected

- Project Start Date: March 2024
- Project End Date: March 2026
- Data **has not been provided.**
- Narrative updated 27/01/2025

PAPYRUS

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650-Primary Care Projects £32.7K

£40K
(100%)



Code	Name
------	------

NC0020 PAPYRUS

Baseline	Aim	Update as at	Commentary	RAG	Trend
		Jan 2025	Papyrus was commissioned in February 2023 to provide suicide prevention training to all GP practice staff in North Ceredigion. To date only 1 training session has gone ahead and this didn't deliver the expected outcomes. Other training sessions have been delivered to community organisations. Concerns have been escalated to the Chief Exec of Papyrus and we continue to wait for a meeting to discuss these.	◆	↓

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
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Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
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- Project Start Date: Feb-23
- Project End Date: Feb-25
- Narrative updated 27/01/2025

South Ceredigion

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
SC0003	Physiotherapy in General Practice	Q3 24/25	🔴	➔	£47,426	£62,272		£62,272
SC0009	Area 43 Online Counselling Service for 13 – 30 year olds	Q3 24/25		➔	£26,250	£35,000		£35,000
SC0010	Frailty Team	Q3 24/25	🟢	➔	£111,894	£150,635	£2,268	£152,903
SC0012	National Exercise Referral Scheme (NERS)	Q3 24/25	🟢	➔	£24,000	£32,000		£32,000
SC0014	Women's Health Psychological Service	Q3 24/25	🟢	➔	£33,211	£46,201		£46,201
SC0015	Trial without Catheter (TWOC)	Q3 24/25	🟢	⬆️	£5,783	£6,736		£6,736
SC0017	Occupational Therapist relating to Frailty	Q3 24/25				£20,504		£20,504
Total					£248,565	£353,349	£2,268	£355,617

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
SC Ad Hoc	Ad hoc spend (cluster meetings, phones)	£310	£310		£310
SC????	Spend Unknown	£1,001	£1,001		£1,001
Total		£1,311	£1,311		£1,311

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£249,876	£354,659	£2,268	£356,927	£363,051	-£6,124

First Contact Practitioner Physiotherapy Service [Page 1 of 2]

Year to date spend



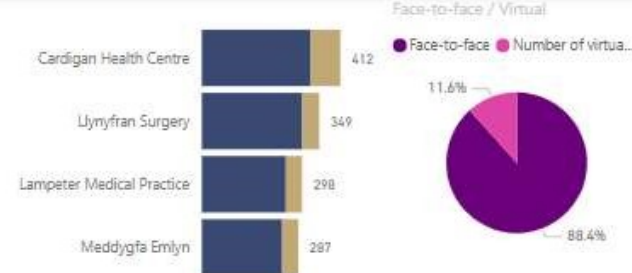
Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Physiotherapy in General Practice (SC0003)	January 2025	This project has been RAG rated as red due to continuing issues around the data quality that is being collected, although there is a plan to rectify this in the immediate future. The cluster has four months left of the SLA unless the project is extended for a further term.	Red	Stable

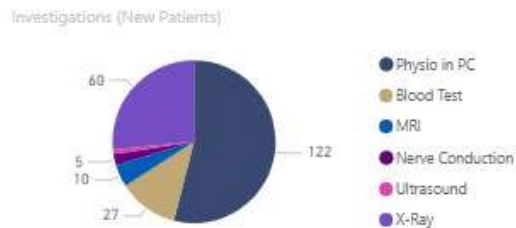
Appointments

1550 Available
1498 Booked
97% Fill %
154 DNA's

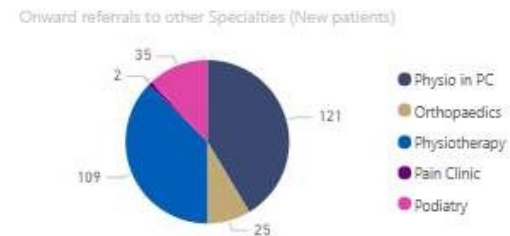


Process

How many investigations were undertaken for new patients?



How many patients have been referred?



- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 27/01/2025

Data Quality Risk

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]

LOGIC Model Assessment and Data Source: FCP Physiotherapy Service (NP0017, SP0014, NC0005, SC0003, LL0005)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> • Patient pathways (New/Follow ups) ✓ • Referrals to Orthopaedics in secondary care ✓ 	 Static Link - FCP Form  SharePoint Link - FCP Spreadsheet
Amended	<ul style="list-style-type: none"> • Patient pathways - Now recording: Onward referrals, investigations ✓ • Individualised & auditable data through EMIS & Vision clinical systems ! 	<p>Key</p> <ul style="list-style-type: none"> ✓ Data available ✗ = Data awaited from service ! Data collection in development
Additional	<ul style="list-style-type: none"> • Clinic fill rates - Clinic appointments available / Clinic appointments booked / DNA's ✓ • Face-to-face vs virtual appointments ✓ • Referrals to other specialities in secondary care - such as; Pain Clinic, Physiotherapy, Podiatry ✓ 	
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> • Patients receiving same day assessment and advice / demand for GP appointments through re-directing • Waiting times for patients accessing community Physiotherapy services • PROMS / PREMS 	
Unable to collect	<ul style="list-style-type: none"> • Social Prescribing to local voluntary and community sector organisations • Physical activity of local population • Access to local services (carbon footprint) 	

Area 43 Online Counselling Service

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

32810-Other General Supplies & ... £26.3K



Code	Name
SC0009	Area 43 Online Counselling Service for 16 – 25 year olds

Baseline	Aim	Update as at	Commentary	RAG	Trend
To provide short term, online remote access to professional counselling services for young people aged 16 – 30 years old in the South Ceredigion GP cluster area.	Area 43 provide an ongoing service which is supported by all five practices.	Jan 2025	The slots are all being filled by Area43 who recruited more counsellors to cope with the above concern. PROMS / PREMS are positive for both clusters. A43 have been given an action plan to boost referrals in South Ceredigion which includes forming partnerships with Ceredigion College and UWTSO.	▲	→

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00323	No. of referrals to Area 43 Online Counselling Service		Mar 2023	Jan 2025	Referral rates have picked up as students have come back from the summer break.	40	●	→
M00324	Patient feedback		Mar 2023	Jan 2025	Feedback is positive, patients generally would like more sessions (after the 6) and also longer sessions were mentioned, which would not be feasible. Patients can in some cases, have two additional sessions if the counsellors feel it would be appropriate.	25	●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
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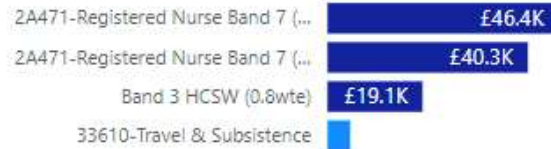
- Project Start Date: November 2023
- Project End Date: November 2025
- Narrative updated 27/01/2025

Frailty Team

[Page 1 of 2]

Year to date spend

● Non-Pay ● Pay



Category	Amount
Misc	
30210-M&SE : Disposable	
Project	
33010-Stationery	

Projected spend (current year)



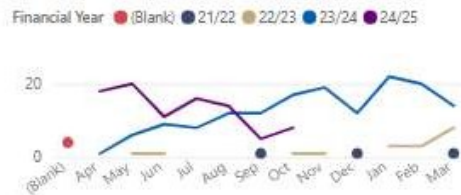
Project	Update as at	Commentary	RAG	Trend
Frailty Team (SC0010)	January 2025	Two new HCSW's have been recruited after lengthy delays in the process. One will begin in the team in Feb 2025 and the other in March 2025. The team have also had support from Heads of Community Nursing in Ceredigion to run a caseload audit, which has led to a reduction in their list and provided insight into how to better manage the caseload going forward.	Green	Right Arrow

Referrals & Assessments

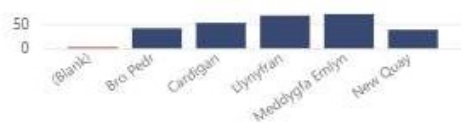
284 Referrals 269 Appropriate Referrals

Referred by	Count
GP	156
Practice Nurse	40
MDT	36
ANP	9
ners	3
NOK	2
PHYSIO	2
PN	2
WAST	2
Zts	1
DN	1
ESDEC	1
Heart Failure Nurse	1
HF Nurse	1
Hospital	1
MIU	1
Practice Manager	1
SDEC	1
SW	1
Total	262

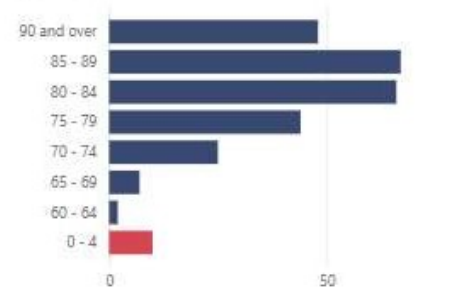
Appropriate Referrals over time



Patient Surgery



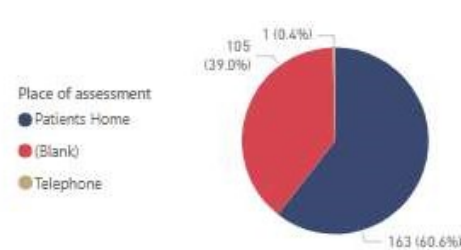
Age Groups



Presenting problem

Presenting problem	Count
Functional independence	55
Functional performance	55
General Health Status	38
Cognition	8
Cognitive decline	3
Mood	2
Medication use	1
Unable to stand, needs urgent interim care bed to prevent hospital admission	1
Total	163

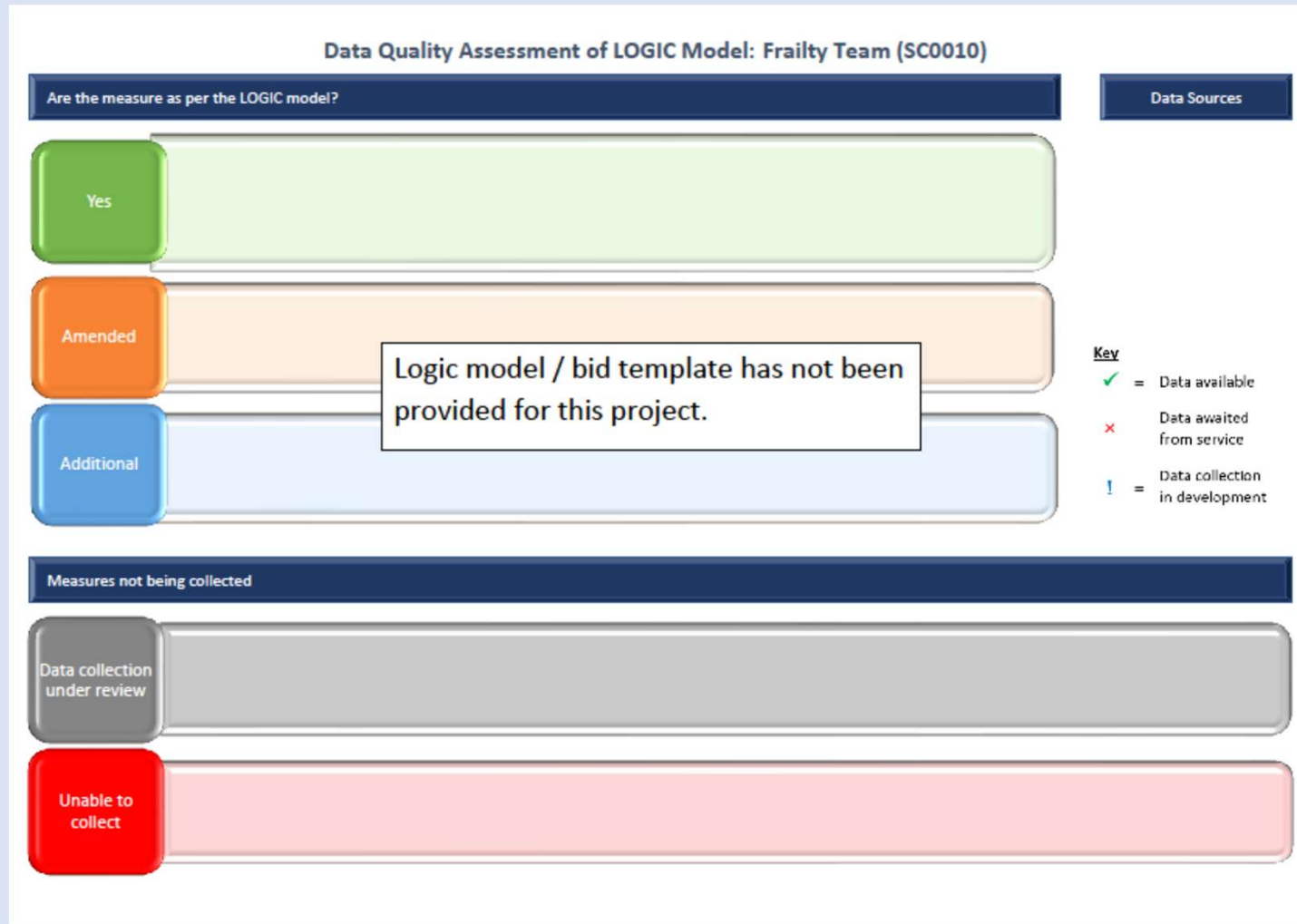
Place of Assessment



- Project Start Date: November 2019, however, data analytical support commenced November 2023
- Project End Date: Ongoing
- No project bid has been supplied and therefore no logic model assessment.
- New data collection method has been introduced to capture more robust data – this dashboard will be available for next quarter.
- Narrative updated 27/01/2025

Frailty Team

[Page 2 of 2]



National Exercise Referral Scheme [Page 1 of 3]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

Project £24.0K

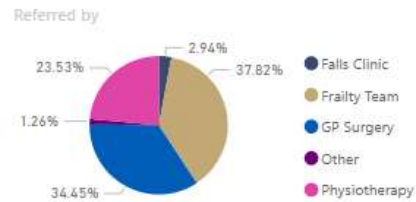


Project	Update as at	Commentary	RAG	Trend
National Exercise Referral Scheme (NERS) (SC0012)	January 2025	All NERS classes are running at near full capacity and referrals are continuing at a steady rate from all collaborators plus the frailty team. Data reports are sent monthly and are fed into powerBI.	●	→

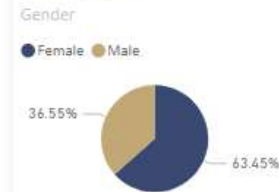
Referrals

238

Referrals



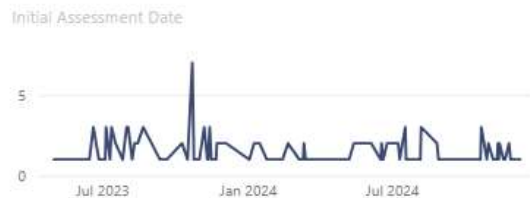
Demographics



Assessment

140

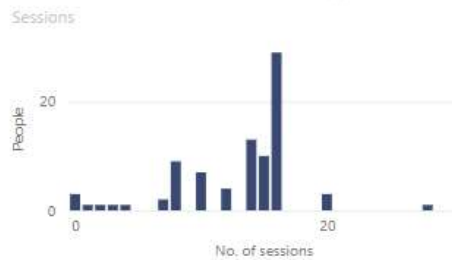
Initial Assessments



Session Figures (Initial Assessment to 16-week Review)

85

People



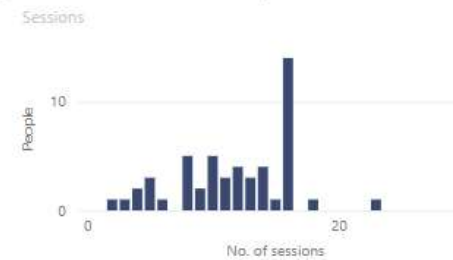
13

Average Sessions

Session Figures (16-week to 32-week Review)

51

People



11.7

Average Sessions

- Project Start Date: April 2022, but delayed to April 2023
- Project End Date: April 2025
- Narrative updated 27/01/2025

National Exercise Referral Scheme: PROMS & PREMS [Page 2 of 3]

Project	Update as at	Commentary	RAG	Trend
National Exercise Referral Scheme (NERS) (SC0012)	January 2025	All NERS classes are running at near full capacity and referrals are continuing at a steady rate from all collaboratives plus the frailty team. Data reports are sent monthly and are fed into powerBI.	●	➔

PROMs / PREMs

140
Initial Assessments

78
16 Week Reviews

50
32 Week Reviews

Total Sessions
10 32

Age Categories
All

Gender
All

FRAT

High Risk

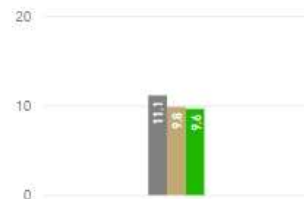


Low Risk

The Falls Risk Assessment Tool (FRAT) is a short questionnaire to determine an individual's falls risk. Low score = low risk // High score = high risk.

EQ5-D Assessment

Low Quality

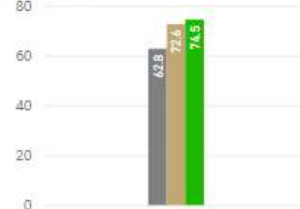


High Quality

The EQ5-D is a self-assessment questionnaire to measure an individual's general quality of life. Low score = high quality // High score = low quality.

EQ5-D VAS Assessment

Best Result

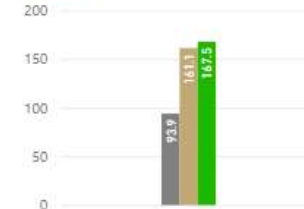


Worst Result

The EQ5-D Visual Analogue Scale (VAS) is a self-assessment tool to measure an individual's perceived health. 100 being best imaginable health // 0 being worst imaginable health.

SPAQ

High Activity



Low Activity

The Scottish Physical Activity questionnaire (SPAQ) is a tool to investigate how active a person is, day to day. Low score = low activity // High score = high activity.

Sit2Stand Assessment

Best Result



Worst Result

The Sit2Stand tool is a basic physical assessment of the number of times a patient can sit to stand within 30 seconds.

Key

- Baseline
- 16 Week Review
- 32 Week Review

Would you recommend this class to friends or family?



National Exercise Referral Scheme: Logic Model [Page 3 of 3]

LOGIC Model Assessment and Data Source: National Exercise Referral Scheme (SC0012)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> Physical assessment - Sit to stand measure ✓ PROMS (EQ5D, EQ VAS, SPAQ) ✓ Gender ✓ PREMS ('Recommend to Friends or family?') ✓ 	 SharePoint Link - NERS Spreadsheet
Amended	<ul style="list-style-type: none"> Engagement in falls prevention initiatives - Now recording: Falls Risk Assessment scores ✓ 	Key ✓ = Data available ✗ = Data awaited from service ! = Data collection in development
Additional	<ul style="list-style-type: none"> Referral numbers & referral Team ✓ Age range ✓ Assessment location & date ✓ Attendance ✓ 	
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> Engaging hard to reach patients (Geographically) 	
Unable to collect	<ul style="list-style-type: none"> Unplanned hospital admissions due to falls & Associated injuries Reduction of pressure on physiotherapy services BMI / Blood Pressure 	

Women's Health Psychological Service [Page 1 of 5]

Year to date spend ● Non-Pay ● Pay

2E351-Assistant Psychologist Ban...	£17.2K
2E382-Psychologist Band 8B	£16.0K
33610-Travel & Subsistence	

Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Women's Health Psychological Service (SC0014)	January 2025	The project continues to see referrals from GP practices in the cluster. Rachel Herrick (clinical psychologist) has attended practice meetings at all practices in SC and cluster meetings to discuss referral criteria and raise the profile of the project. The project is currently on the Bevan Commission for 24/25.	●	➔

Referrals / Demographics

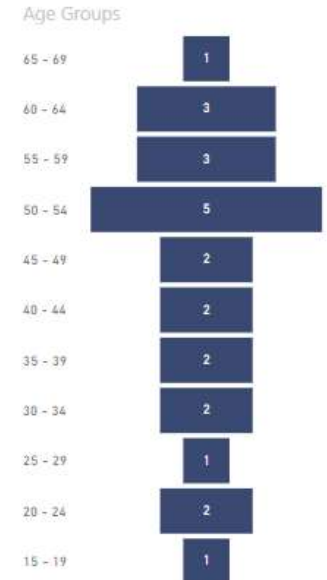
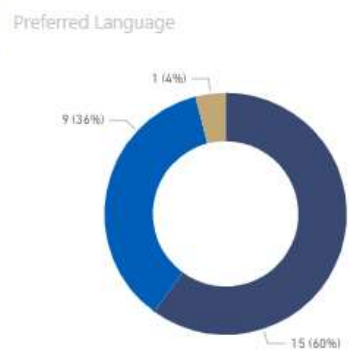
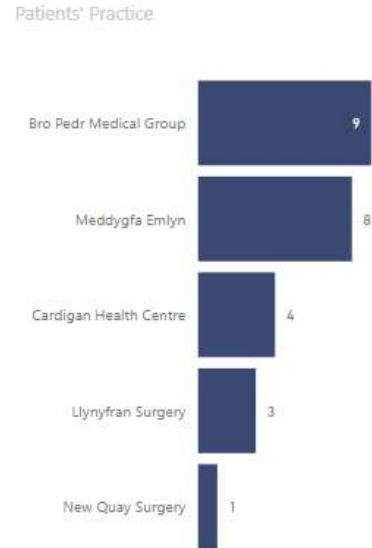
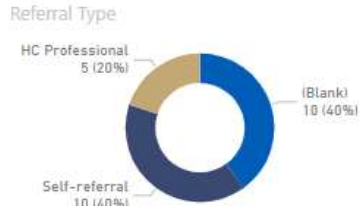
36
Referrals

25
Referrals Accepted



10.5
Average Waiting Time (Weeks)

- Cluster
- North Ceredigion
 - South Ceredigion
 - Tywi / Taf

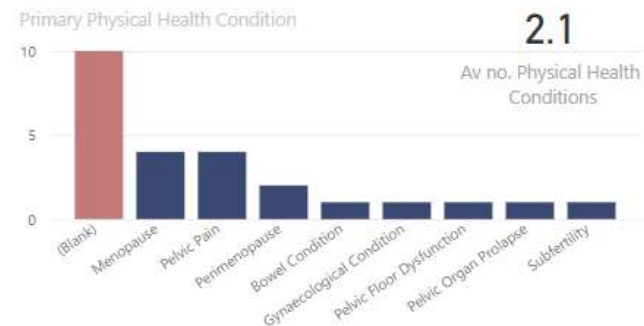
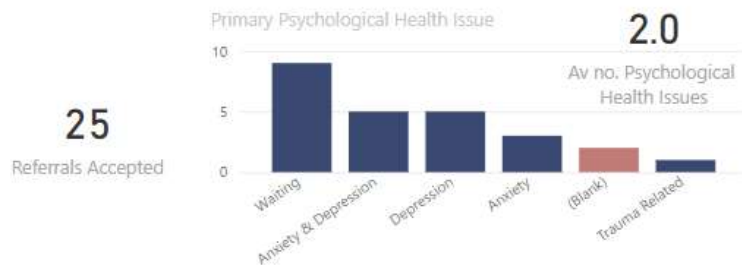


Profession Group	Count
Enhanced Gynaecology Nurse	1
Medical Secretary	1
Pelvic Health Physiotherapist	1
Senior mental health practitioner	1
Total	5

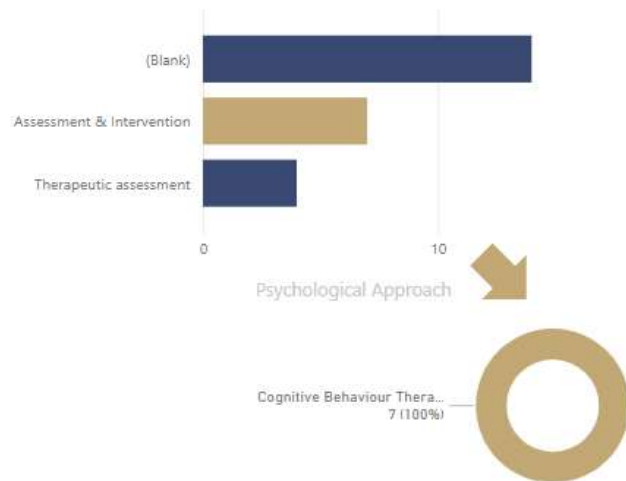
- Project Start Date: November 2023
- Project End Date: September 2025
- Narrative updated 27/01/2025

Women's Health Psychological Service [Page 2 of 5]

Assessment / Service Activity



Work Undertaken



Cluster

- North Ceredigion
- South Ceredigion
- Tywi / Taf

10 Discharges

Women's Health Psychological Service: PROMs / PREMs (General) [Page 3 of 5]

Referral Form ID:
 Cluster:
 Age Group:

PROMs / PREMs - Page 1

3

Baseline Responses

3

Outcome Responses

Patient Health Questionnaire (PHQ)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as '0' (not at all) to '3' (nearly every day). It has been validated for use in primary care.

Average of PHQ-9



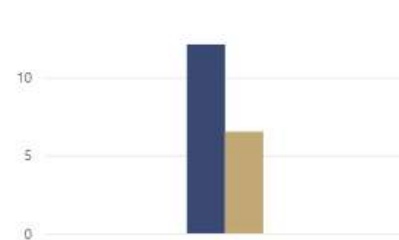
Depression severity scale:

0-4:	No depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-27:	Severe depression

Generalised Anxiety Disorder (GAD)

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).

Average of GAD-7



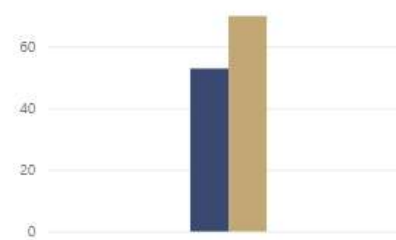
Anxiety severity scale:

0-4:	No anxiety
5-9:	Mild anxiety
10-14:	Moderate anxiety
15-21:	Severe anxiety

EuroQol Visual Analogue Scale (EQ VAS)

The EQ VAS records the patient's self-rated health on a vertical visual analogue scale where the endpoints are labelled 'The best health you can image' (100) and 'The worst health you can image' (0). The VAS can be used as a quantitative measure of health outcome that reflects the patient's own judgement.

Average of EQ VAS



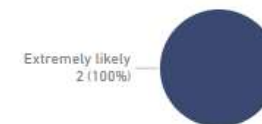
Pain Self-Efficacy Questionnaire (PSEQ)

The Pain Self-Efficacy Questionnaire (PSEQ) is a 10-item questionnaire developed to assess the confidence people with ongoing pain have in performing activities while in pain, 0 being 'not at all confident' & 6 being 'completely confident'.

Average of PSEQ



How likely are you to recommend our service to friends and family if they needed similar care or treatment?



● Baseline ● Outcome

Women's Health Psychological Service: PROMs (EQ-5D-L) [Page 4 of 5]

PROMs / PREMs - Page 2

3

3

Baseline Responses Outcome Responses

Referral Form ID: All
 Cluster: South Ceredigi...
 Age Group: All

EuroQol 5 Level Dimensions (EQ-5D-L)

The descriptive system comprises five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 5 levels: no problems, slight problems, moderate problems, severe problems and extreme problems. The patient is asked to indicate his/her health state by ticking the box next to the most appropriate statement in each of the five dimensions. This decision results in a 1-digit number that expresses the level selected for that dimension. The digits for the five dimensions can be combined into a 5-digit number that describes the patient's health state.

Mobility



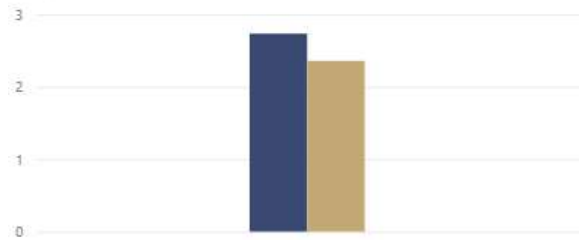
Self-care



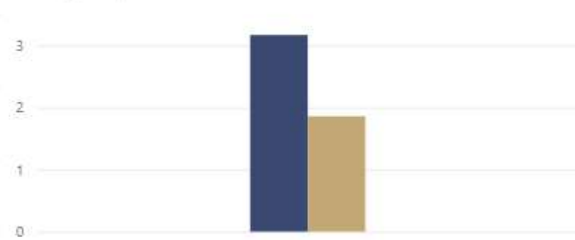
Usual Activities



Pain / Discomfort



Anxiety / Depression



Average of EQ-5D-L



● Baseline ● Outcome

Women's Health Psychological Service: Logic Model [Page 5 of 5]

LOGIC Model Assessment and Data Source: Women's Health Psychological Service (TT0020, NC0016, SC0014)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> Type of delivery (Face-to-face & remote) ✓ Type of sessions (Group & individual) ✓ Psychological & Physical health concern/conditions & severity/quantity ✓ Referrals, referral type & associated general practice ✓ Effectiveness of a psychology service for women's health - PROMS ✓ Patient feedback - PREMS ✓ 	
Amended		
Additional	<ul style="list-style-type: none"> DNA's / Cancellations / # Appointments ✓ Demographics (age groups) ✓ Waiting time (time between referral/first assessment & first appointment) ✓ Preferred language ✓ 	
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Comparison between new tailored pain management programme vs general pain management programme currently available via secondary care Degree of mental health/emotional distress within this pelvic health population 	

Key
 ✓ = Data available
 ✗ = Data awaited from service
 ! = Data collection in development

Trial without Catheter [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

Band 7 RN £5.8K



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (SC0015)	January 2025	TWOC clinics remain up and running but the project will be ending in Feb 2025.	●	↑

Referral & Triage

Referrals: **48**

Patients Triage: **48**

Appropriate Referrals: **23**

Appropriate Referrals Over Time

Month	Count
May	1
Jun	2
Jul	5
Aug	2
Sep	3
Oct	3
Nov	2
Dec	4

Reason not suitable for service

Reason	Count
Under Urology consultant care	5
Longterm Catheter placement	8
Inappropriate referral	8
Housebound	4
Total	25

Patient Details

Gender

Age Groups

Patients GP Surgery

Outcomes

Metric	Count
Successful Removal	12
Average Wait Time (Days) From referral to first clinic	12
Wait Time Difference (Days)	108
CAUTI's & HCAI's up to assessment date	0
A&E / OOH Catheter related contacts up to assessment date	1
Catheter related Abx prescribed due to CAUTI / HCAI?	0
Total	0

PROMS / PREMS Awaiting data.

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

12
Average Wait Time (Days)
From referral to first clinic

20
Urology Average Wait Time (Days)
by the service lead as the average time from the beginning of the project in June 2024.

Data Quality Assessment of LOGIC Model: TWOC (All Clusters)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - EQ5D / VAS ✗ PREMS - Patient feedback ✗ Referral date ✓ Catheter related abx prescribed ✓ Number of A&E / OOH catheter related contacts ✓ 	
Amended	<ul style="list-style-type: none"> To also include triage date, initial insertion date & removal date to formulate time saved vs SC ✓ Quantity of CAUTI's & HCAI's leading up to assessment ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number ✓ Demographic data - Date of birth / Gender ✓ Cluster, GP Practice & Clinic location ✓ Successful & unsuccessful removals ✓ Reason unsuitable for community care ✓ 	
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Reduce length of stay / gp practice appointments / secondary care admissions Frequency of passing urine & leaks 	

Key
 ✓ = Data available
 ✗ = Data awaited from service
 ! = Data collection in development

Optom Equipment [Page 1 of 1]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (SC0016)	January 2025	Equipment being used by all practices, no issues reported and MS form developed to capture the impact across all clusters.	●	➔

Approved due to begin: March 2024

Project duration: 2 Years

Project Status: **No Data**

Data quality comments: No data yet collected

- Project Start Date: March 2024
- Project End Date: March 2026
- Data **has not been provided.**
- Narrative updated 27/01/2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
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University Health Board



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North Pembrokeshire

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
NP0001	Cluster Pharmacist	Q3 24/25	●	↑	£46,264	£61,715		£61,715
NP0003	Improved Multi Disciplinary Team working through employment of Care Co-ordinators	Q3 24/25	●	↑	£68,074	£89,556		£89,556
NP0017	First Contact Practitioner Physiotherapy Service (FCP)	Q3 24/25	●	→	£117,961	£155,946		£155,946
NP0018	Pembrokeshire Primary School Asthma Review / Respiratory Asthma Pharmacist	Q3 24/25	●	→	£43,201	£67,357		£67,357
NP0019	Trial without Catheter (TWOC)	Q3 24/25	▲	→	£5,783	£6,736		£6,736
NP0020	Diabetic Foot health	Q3 24/25	▲	↑	£0	£41,676	£4,000	£45,676
NP0021	Optom Equipment	Q3 24/25				£7,777		£7,777
PX0017	Partners for the journey	Q3 24/25	●	→	£30,000	£40,000		£40,000
SP0004	Cluster Youth Resilience Project Children aged 8 to 18 years of age	Q3 24/25	●	↑	£2,887	£11,550		£11,550
Total					£314,171	£482,312	£4,000	£486,312

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
NP????	Spend Unknown	£2,387	£9,687	£26,430	£36,117
Total		£2,387	£9,687	£26,430	£36,117

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£316,558	£491,999	£30,430	£522,429	£531,475	-£9,046

Partners for the Journey (Mind and CAB)

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

55650-Primary Care Projects £30.0K



Code	Name	Update as at	Commentary	RAG	Trend
PX0017	Partners for the journey	Jan 2025	Project supported by both Pembrokeshire Clusters and RIF Funding continues to deliver support from both Mind and CAB. We are having monthly meetings with the team as working group. The North and South Pembrokeshire Clusters will not be matching funding this project from April 25. The match funding has been source via another funding stream and the project will continue to be RIF funding for another year April 25 to March 26 with the ambition to be mainstreamed.	●	→

Ref	Measure Description	Update as at	Commentary	Value	RAG	Trend
M00336	Total number of clients helped	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	175	●	→
M00337	Clients seen by Citizens Advice	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	145	●	→
M00338	Clients seen by Mind	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	86	●	→
M00339	Number of clients worked with collaboratively	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	32	●	→
M00340	Total number of clients whose issues were resolved (Citizens Advice)	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	69	●	→
M00341	% of clients whose issues were resolved (Citizens Advice)	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis.	89.0%	●	→
M00342	Total number of clients with Benefit & Tax Credit Queries	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	82	●	→
M00343	Total number of Benefit and tax queries resolved	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	75	●	→
M00344	% of cases benefit and tax cases resolved	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	100.0%	●	→
M00345	Total number of clients with Debt Queries	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	41	●	→
M00346	Total number of Debt queries resolved	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	18	●	→
M00347	% of cases Debt cases resolved	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	96.0%	●	→
M00348	Value of income gained	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	£220,569	●	→
M00349	Value of Debt written off	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	£3,000	●	→
M00350	Total number of clients MIND referred to Active Monitoring	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	22	●	→
M00351	% number of Mind clients seeing an improvement in their well being measures (comprising of SWEMWBS, PHQ9 & GAD7)	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	100.0%	●	→

- Project Start Date: 2020
- Project End Date: Apr 2025
- Narrative updated 27/01/2025

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00256	Case Studies and Evaluation of the project May 2022	May 2023	Jan 2025	These case studies will continue and the evaluation will be provided in April 2025	●	→
AC00254	Commission Partners for the Journey to extend the joint project between MIND Pembrokeshire & Citizen's Advice Bureau including access to Active Monitoring	May 2023	Jan 2025	Completed. This is now main part of the project service delivery	●	→
AC00255	Liaise with Health Board's Primary Care Mental Health team on the significant increase in patient referrals following on from Covid-19	May 2023	Jan 2025	Completed. The team are now doing outreach work in the Pembrokeshire Clusters.	●	→

Cluster Pharmacist

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

Band 8a Pharmacist £46.3K



Code	Name
NP0001	Cluster Pharmacist

Baseline	Aim	Update as at	Commentary	RAG	Trend
Cluster Pharmacist in post, evaluation of change in project focus due to Covid ongoing	Rapid clinically safe reconciliation of discharge medication. -Improved governance for repeat prescribing for those patients as seen under the project. Fast access to pharmaceutical advice for General Practitioners. Improved cross sector working	Jan 2025	Band 8a Cluster Pharmacist continues to discharge high priority patients.	●	↑

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00361	Patient discharge summary reviews undertaken			Jan 2025	Cluster Pharmacist has delivered 29 (10 home visits) discharge summary reviews this quarter.	29	●	→
M00362	Number of Intermediate Care MDT meetings supported			Jan 2025	Cluster Pharmacist has supported 64 Intermediate Care MDT meetings as part of an integrated approach to working across the cluster.	64	●	→
M00363	Clinical upskilling activity undertaken to increase capacity in Community Pharmacy			Jan 2025	Re-enrolled with Cardiff Uni, University induction and Module introduction completed (15 hours), meetings with OOH to support examination skills experience – sessions to be arranged.	2	●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00173	Presentation to the Cluster on findings	April 2023	Jan 2025	Presentation to the cluster on findings as not yet been completed.	◆	↓
AC00174	Evaluation of project to date	April 2023	Jan 2025	No further update following last quarter.	●	↑
AC00175	Consider development of the current project to increase Pharmacist support and capacity.	April 2023	Jan 2025	Cluster Pharmacist has continued to support new and existing cluster project proposal.	●	↑
AC00176	Explore the potential to develop additional support for targeted patients identified as high risk during the discharge process	April 2023	Jan 2025	No further update following last quarter.	●	↑

- Project Start Date: 2017
- Project End Date: Ongoing (Permanent employment)
- Measurement data not routinely reported. Matt McGivern undertook an evaluation of activity and long-term use. This report has been shared with cluster leads at the September Locality Leads meeting.
- Cluster Lead and PCSM to confirm ongoing pharmacist requirements and then dashboard monitoring to be put in place.

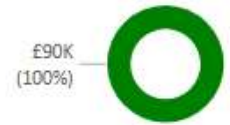
• Narrative updated 27/01/2025

Improved Multi-disciplinary Team working through employment of Care Co-ordinators

Year to date spend ● Non-Pay ● Pay



Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Improved Multi Disciplinary Team working through employment of Care Co-ordinators (NP0003)	January 2025	The Care Coordinators continue to work across the 8 practices across the Cluster and monthly MDT meetings are operating sufficiently. The Risk Stratification toolkit roll out has begun with EMIS Practices.	●	↑

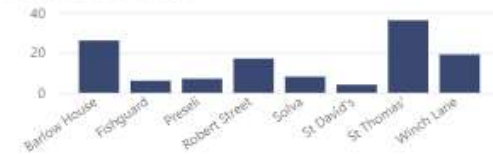
MDT Meetings

MDT's meetings per Month

Financial Year ● 24/25



MDT meetings per Surgery



MDT Attendance

Role	Count
Admiral Nurse	2
Advanced Nurse Practitioner	10
Care Co-ordinator	59
Clinical Nurse Specialist Community Long Term Conditions	15
Community Connector	55
Community Policing	2
District Nursing	40
Falls Team	19
GP	42
HDLHB Occupational Therapist	57
HDLHB Physiotherapist	5
Mental Health Support Team	19
N/A	220
Other	23
Practice Manager/ Practice Admin	13
Social Care Team	50
Total	631

Patients

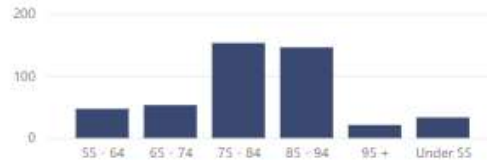
Patients discussed per Month

Financial Year ● 24/25

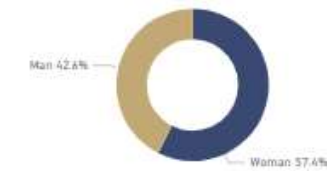


453 Patients discussed

Patient Age

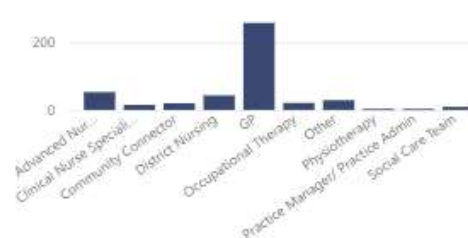


Gender



Referrals

Referred by



Reason for Referral	Count
Advice/ Information sharing	39
Anxiety	12
Behavioural Changes	31
Bereavement	1
Carer - help needed with caring/ respite	44
Chronic Condition	155
Dementia/Parkinsons	50
Fire Service	1
Frailty/Falls/Mobility	157
Frequent attendance A&E/ Hospital	5
Incontinence	6
Mental Health	39
Occupational Therapy	10
Other	54
Physiotherapy	3
Safeguarding	11
Social / Housing	35
Social / Nursing / Care Home	5
Social Isolation / Lives alone	56
Social/Equipment	12
Struggling with Care - Family	109
Total	835

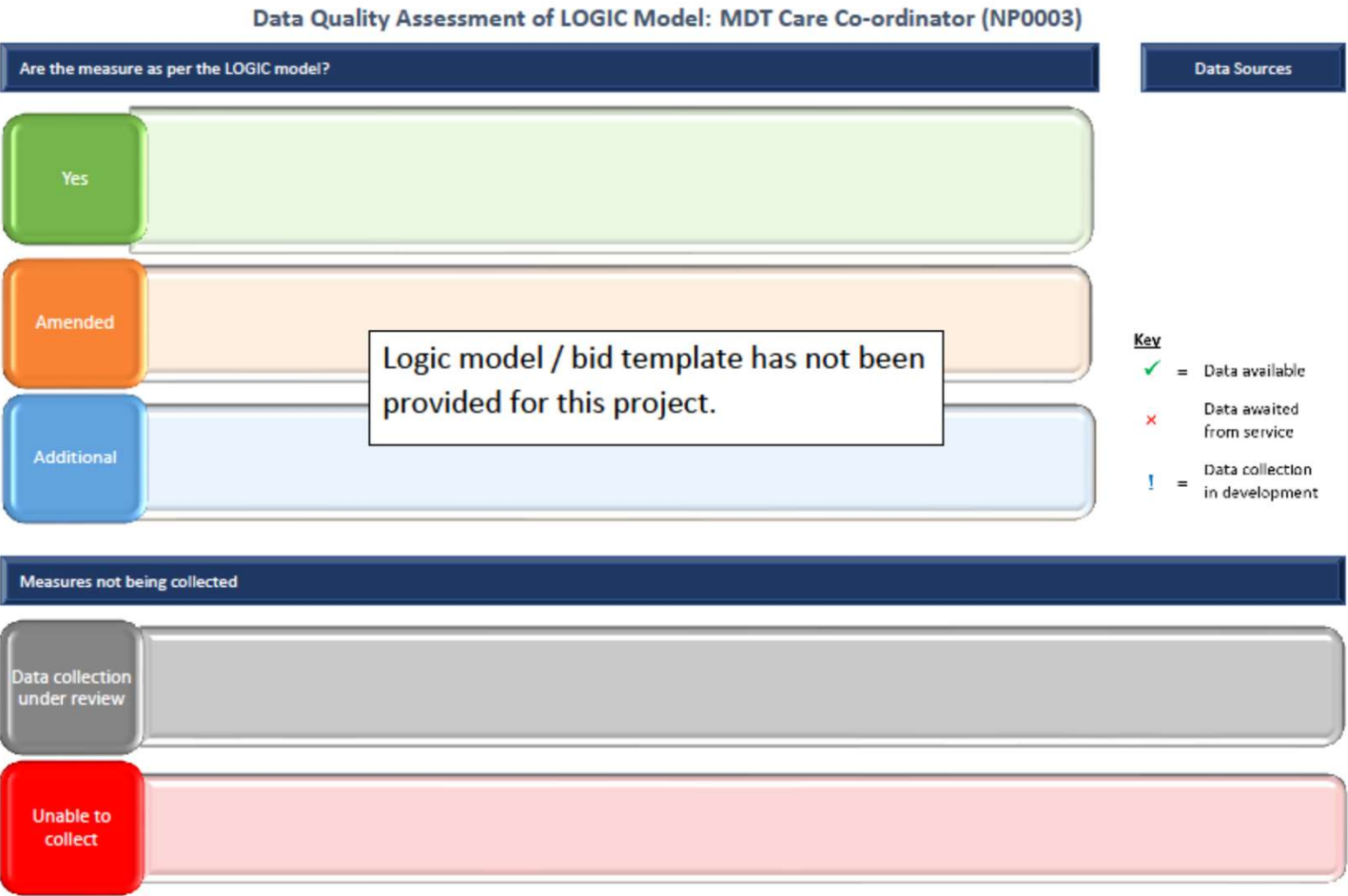
- Project Start Date: 2022/23
- Project End Date: August 25
- Narrative updated 27/01/2025

Improved Multi-disciplinary Team working through employment of Care Co-ordinators

Project	Update as at	Commentary	RAG	Trend
Improved Multi Disciplinary Team working through employment of Care Co-ordinators (NP0003)	January 2025	The Care Coordinators continue to work across the 8 practices across the Cluster and monthly MDT meetings are operating sufficiently. The Risk Stratification toolkit roll out has begun with EMIS Practices.	●	↑

Problems Identified	Count	Follow up actions	Count	Outcomes	Count
Carer/ Patient is a Carer	1	Admiral Nurse	4	Discharged from MDT	1
Dementia/Alzheimers	1	Advanced care planning (ACP)	21	Onward Referral to Therapies	1
Loneliness/Isolation	1	Comm Long Term Conditions Nurse	24	Other	2
Self Neglect	1	Community Connector	96	Admission to Care Home/Sheltered Housing	8
Carer/ Patient is a Carer	68	Community Heart Failure CNS	3	Admission to Hospital	27
Carer/Patient is a Carer	1	Community Hub	5	Admission to Hospital	1
Chronic Condition Management	147	Community Psychiatric Nurse/MHS	18	Advanced Care Planning discussion	37
Dementia/Alzheimers	46	District Nursing Team	66	Awaiting allocation within Social Services	1
Environment	35	Falls Team	22	awaiting MRI	1
EnvironmentSelf Neglect	1	Fire Service	1	Awaiting MRI for diagnosis	1
Frailty	137	GP	62	BIM due	1
Loneliness/Isolation	44	Occupational Therapy	149	Care call request going to Panel	1
Mental Health/Low Mood	71	Other	81	Deceased	4
Other	77	Paul Sartori	7	Discharge from MDT	152
Patient declined intervention	14	Physiotherapy	18	Discharged from MDT	12
Self Neglect	38	PIVOT	2	Due to be seen by OT	1
Total	683	Shalom	1	GP appointment	1
		Social/ Housing/Care	209	GP to review	1
		Total	789	Issue resolved	1
				Limited input able to be provided due to housing conditions	1
				Memory Assessment to be completed	1
				Microenterprise started	1
				Moving out of area	1
				MRI due for diagnosis	1
				Neuro physiotherapist to revisit	1
				Neuro Team	1
				OAMH	14
				Onward Referral for Carers to relevant organisation	27
				Onward Referral to Therapies	123
				Other	25
				Palliative Care Team	1
				Patient declined intervention	25
				Reduce Carers burden with ongoing support and options	38
				Total	759

Improved Multi-disciplinary Team working through employment of Care Co-ordinators



Increase access to defibrillators within the Community

No financial reporting

Code	Name
NP0011	Increase access to defibrillators within the Community

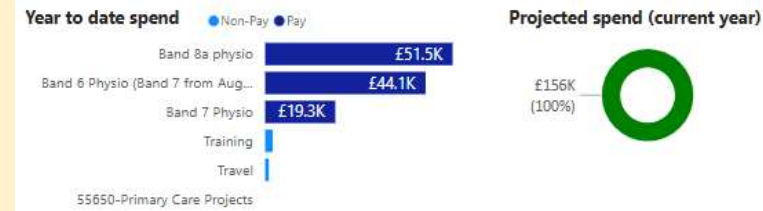
Baseline	Aim	Update as at	Commentary	RAG	Trend
Cluster proposal approved to purchase defibrillators to be held in Community Optometry Practices	Each Primary Care Optometry Practice within the North Pembrokeshire Cluster will be equipped with an Automated External Defibrillator with up to 4 people from each practice attending hands-on basic life support / CPR training event which includes use of AED's.	Jan 2025	Order has been placed for 7 defibrillators.	▲	↑

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00240	Purchase of Defibrillators for Primary Care Optometry Practices via Procurement		Mar 2023	Jan 2025	An order has been placed for 7 defibrillators.	7	▲	↑
M00241	Training for staff		Mar 2023	Jan 2025	Training will be delivered once the defibrillators have been received.	0	▲	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00202	Purchase of Defibrillators for Primary Care Optometry Practices via Procurement	April 2022	Jan 2025	Order has been placed for 7 defibrillators.	▲	↑
AC00203	Training for staff	April 2022	Jan 2025	Unable to deliver training until the equipment has been delivered.	▲	↑
AC00204	Communication to the public on the availability of the defibrillators	April 2022	Jan 2025	Awaiting the delivery of the equipment.	◆	↓

- Project Start Date: Apr 2024
- Project End Date: Sep 2024. Project extended to Sep 2025 due to issues
- Narrative updated 27/01/2025

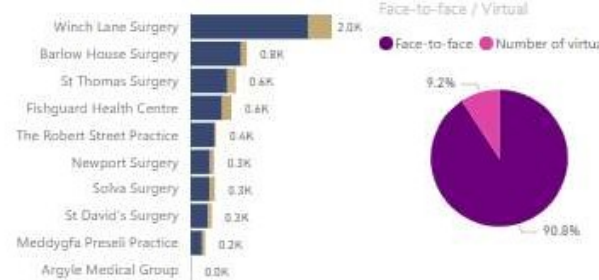
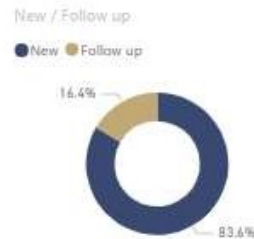
First Contact Practitioner Physiotherapy Service [Page 1 of 2]



Project	Update as at	Commentary	RAG	Trend
First Contact Practitioner Physiotherapy Service (FCP) (NP0017)	January 2025	Full team of Physiotherapists working across the 8 practices. Service feedback questionnaires have been collated and the data reviewed.	●	→

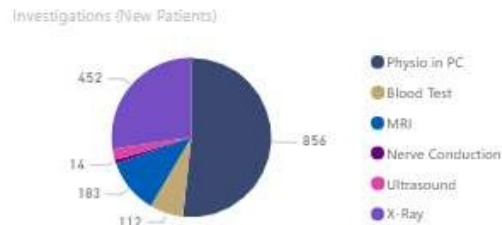
Appointments

6616 Available
5918 Booked
89% Fill %
472 DNA's

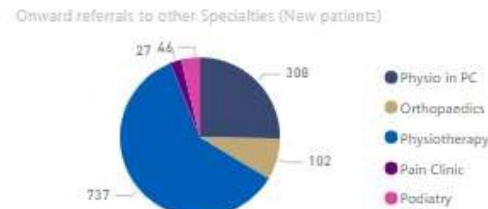


Process

How many investigations were undertaken for new patients?



How many patients have been referred?



Data Quality Risk

- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 27/01/2025

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]

LOGIC Model Assessment and Data Source: FCP Physiotherapy Service (NP0017, SP0014, NC0005, SC0003, LL0005)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> Patient pathways (New/Follow ups) ✓ Referrals to Orthopaedics in secondary care ✓ 	 Static Link - FCP Form  SharePoint Link - FCP Spreadsheet
Amended	<ul style="list-style-type: none"> Patient pathways - Now recording: Onward referrals, investigations ✓ Individualised & auditable data through EMIS & Vision clinical systems ! 	<p>Key</p> <p>✓ Data available</p> <p>✗ = Data awaited from service</p> <p>! Data collection in development</p>
Additional	<ul style="list-style-type: none"> Clinic fill rates - Clinic appointments available / Clinic appointments booked / DNA's ✓ Face-to-face vs virtual appointments ✓ Referrals to other specialities in secondary care - such as; Pain Clinic, Physiotherapy, Podiatry ✓ 	
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> Patients receiving same day assessment and advice / demand for GP appointments through re-directing Waiting times for patients accessing community Physiotherapy services PROMS / PREMS 	
Unable to collect	<ul style="list-style-type: none"> Social Prescribing to local voluntary and community sector organisations Physical activity of local population Access to local services (carbon footprint) 	

Primary School Respiratory Review: Assessment Details [Page 1 of 4]

Year to date spend ● Non-Pay ● Pay

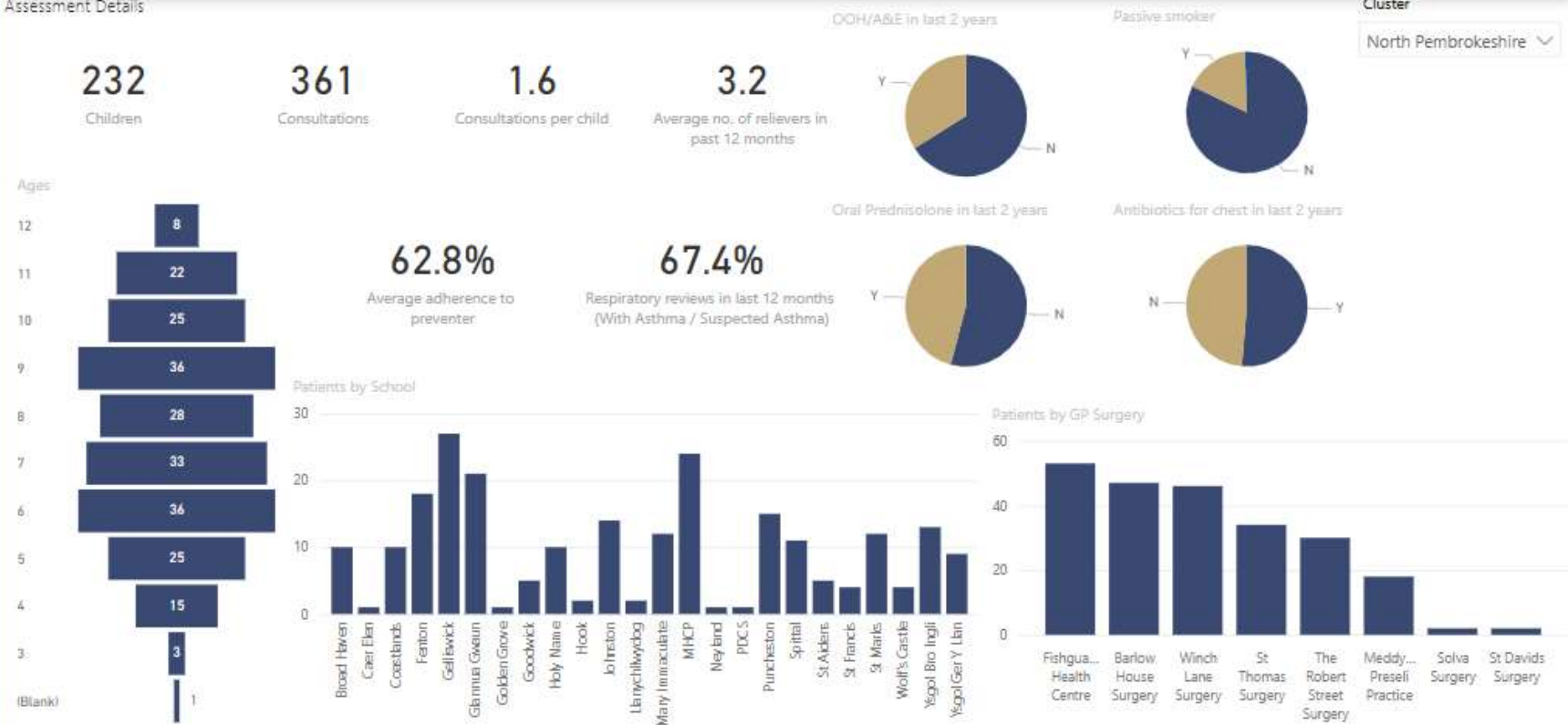
Projected spend (current year)

55650-Primary Care Projects £43.2K



Project	Update as at	Commentary	RAG	Trend
Pembrokeshire Primary School Asthma Review / Respiratory Asthma Pharmacist (NP0018)	January 2025	The Project is in second year of delivery across the Pembrokeshire Clusters. We have won two awards for person centred approach with children with the project and service. We are seeing some very impactful outcomes for children and the green agenda. We are currently linking in with GGH consultants around the drop of children being admitted with respiratory conditions over the last 6mths from Pembrokeshire. The project will continue until Dec 25 to allow the Service provider to run the project in the previous schools who were not engaging. We are engaging with Respiratory Wales and Public Health to support the project with research regarding the economic value of the project.	●	→

Assessment Details



- Project Start Date: September 2023
- Project End Date: August 2025
- Data is being collected consistently – awaiting service to complete further respiratory assessments
- Termly timetable for school visits:
 - Autumn 23: Milford Haven
 - Spring 24: Fishguard / Bro Gwaun
 - Summer 24: Pembroke
 - Autumn 24: Haverfordwest
 - Spring 25: Preseli
 - Summer 25: Tenby
- Narrative updated 27/01/2025

Primary School Respiratory Review: Outcome Details [Page 2 of 4]

Outcome Details

Cluster

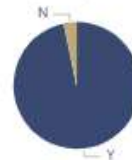
55.1%

Change to treatment in line with guidelines

36.2%

Change from MDI to PDI (Age 6+)

NHS Wales app info given



175

Inhaler technique critical errors pre demo

0

Inhaler technique critical errors post demo

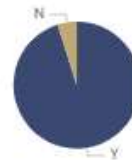
4

Adult referrals to smoking cessation

20

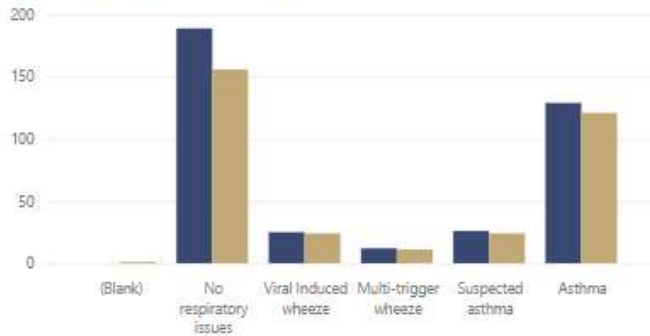
Referrals to secondary care

Action plan issued



Existing Diagnosis vs Diagnosis after second consultation

● Existing Diagnosis ● Diagnosis after second consultation



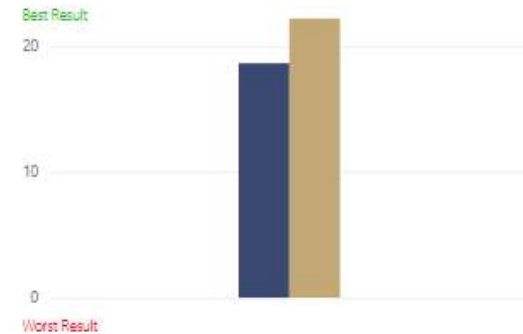
117

Changes to diagnosis

The Childhood Asthma Control Test (C-ACT) is a widely used questionnaire to measure asthma severity in young children aged 4 to 11 years. It helps assess how well a child's asthma symptoms are controlled.

The Childhood Asthma Control Test (C-ACT)

● Average C-ACT initial consultation ● Average C-ACT follow up consultation



Primary School Respiratory Review: Case Study [Page 3 of 4]



LESSONS IN ASTHMA

Dave Edwards; dave.edwardspharmacist@gmail.com

PATIENT CASE STUDY – LIAISING WITH PAEDIATRIC LONG TERM CONDITIONS CNS

1. Patient Details

I 8-year-old boy, seen in Holy Name Catholic Primary School with dad in February. Dad gave history of repeated A&E and hospital admission since he was 18 months old. Admitted to GGH in April 2021. Discharged with no secondary care follow up documented on the system.
 He has been issued with two courses of oral prednisolone since October 2023. His adherence with his preventer inhaler is less than 70%.
 With this history, he should have been followed up by secondary care following his admission.
 The two courses of oral prednisolone should have triggered a referral by primary care.

2. Details of the Intervention/Service/Treatment Received

I In my consultation, I changed his inhaler in line with All Wales Guidelines and stressed the importance of adherence. Patient lives in two homes, I arranged the follow up appointment with mum so I could have the same conversations with her. I contacted Ingrid Phillips, Paediatric Long Term Conditions Nurse, by email. She agreed that he should have been seen in secondary care and saw him in clinic within a month.
 Ingrid did not change my regime, but she did say that she would be looking at their pathways to ensure that the system ensures that all high-risk patients especially post HDU/ITU are followed up by the consultant.



3. Comparison to usual/old pathway

I Two opportunities for this high-risk patient to be seen or referred to secondary care were not taken.
 I referred him and he was seen within a month.
 Ingrid is looking at their pathways to stop a repeat.

4. Patient Outcomes

I The high-risk patient was seen by secondary care within a month. His condition can now be monitored and managed in an appropriate setting.

5. Impact

I This patient is high risk, he should be managed by experts in secondary care.
 One of the main risk factors for a life-threatening asthma attack is having had one previously, this patient is in that category. Being managed in secondary care will reduce his risk of another attack.

6. Stakeholder Feedback

I I had an email from Ingrid thanking me for the referral and highlighting the missed opportunities for this patient to be seen in secondary care. In it she also said she would be looking at their pathways to stop a repeat.

Primary School Respiratory Review: Logic Model [Page 4 of 4]

Data Quality Assessment of LOGIC Model: Pembrokeshire Primary School Respiratory (NP0018, SP0015)

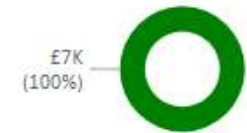
Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - Childhood Asthma Control Test (CACT) ✓ Improved inhaler technique post demo ✓ Changing from MDI to DPI (Switch 6) ✓ Smoking adults quantities with children with respiratory complications & smoking cessation referrals ✓ Action plan issued ✓ NHS Wales App information provided ✓ 	
Amended	<ul style="list-style-type: none"> Early diagnosis & also including change in diagnosis post consultations ✓ Adherence to preventer medication ✓ Reduction in A&E attendances, school days lost & GP appointments for acute exacerbations potentially reflected in Patient / Parent feedback and Case studies ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number & Date of Birth ✓ Number of consultations ✓ GP Practice & School ✓ Referrals to secondary care ✓ OOH / A&E visits, antibiotics & oral prednisolone for chest in past 2 years ✓ Respiratory Reviews in past 12 months ✓ 	Key ✓ = Data available ✗ = Data awaited from service ! = Data collection in development
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> Reduction in A&E attendances & bed days in hospital overnight stays 	
Unable to collect	<ul style="list-style-type: none"> Reduction in premature death 	

Trial without Catheter [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

Band 6 RN £5.8K



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (NP0019)	January 2025	Clinics are working well with a 64% success rate on referrals.	▲	➔

Referral & Triage
51
Referrals

49
Patients Triage

28
Appropriate Referrals

Appropriate Referrals Over Time

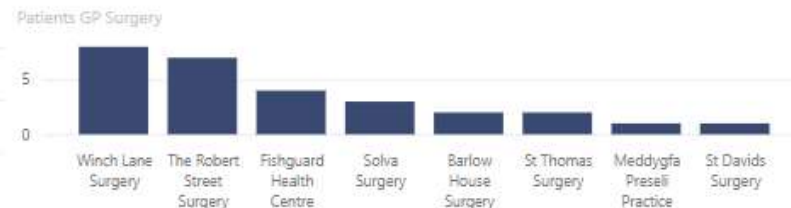
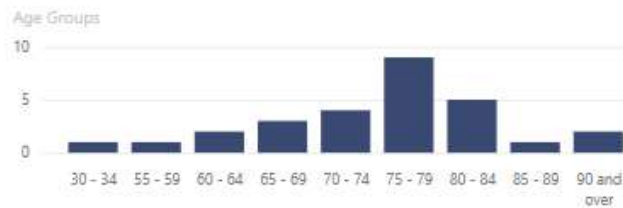


Reason not suitable for service	Count
Under Urology consultant care	11
Longterm Catheter placement	10
Inappropriate referral	2
Housebound	1
Total	24

Cluster

North Pembrokeshire

Patient Details



Outcomes

Successful Removal : Count
First Clinic : **11**

21
Average Wait Time (Days)
From referral to first clinic

99

Wait Time Difference (Days)

1
CAUTI's & HCAI's up to assessment date

1
A&E / OOH Catheter related contacts up to assessment date

PROMS / PREMS

Awaiting data.

Catheter related Abx prescribed due to CAUTI / HCAI?	Count
Trimethoprim	1
Total	1

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

20

ology Average
he (Days)

by the service lead as the average time
the beginning of the project in June 2024.

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

Data Quality Assessment of LOGIC Model: TWOC (All Clusters)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - EQ5D / VAS ✗ PREMS - Patient feedback ✗ Referral date ✓ Catheter related abx prescribed ✓ Number of A&E / OOH catheter related contacts ✓ 	
Amended	<ul style="list-style-type: none"> To also include triage date, initial insertion date & removal date to formulate time saved vs SC ✓ Quantity of CAUTI's & HCAI's leading up to assessment ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number ✓ Demographic data - Date of birth / Gender ✓ Cluster, GP Practice & Clinic location ✓ Successful & unsuccessful removals ✓ Reason unsuitable for community care ✓ 	
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Reduce length of stay / gp practice appointments / secondary care admissions Frequency of passing urine & leaks 	

Key

- ✓ = Data available
- ✗ = Data awaited from service
- ! = Data collection in development

Diabetic Foot Health

Year to date spend ● Non-Pay ● Pay

55650-Primary Care Projects

Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Diabetic Foot health (NP0020)	January 2025	Staff are in post and the project has begun accepting referrals.	▲	↑

Approved due to begin: TBC

Project duration: 2 years

Project Status: Recruitment now successful and data collection discussions to begin.

Data quality comments: No data collected

- Project Start Date: Oct-24
- Project End Date: Sep-26
- Recruitment now successful & plans in place to discuss project actions.
- Narrative updated 13/01/2025

Optom Equipment [Page 1 of 1]

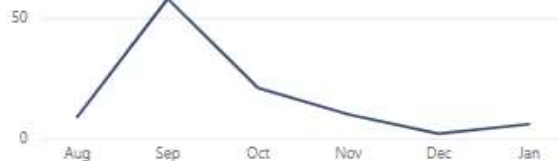
No financial reporting

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (NP0021)	January 2025	Equipment is being used and the data is highlighting that there is a reduction in Secondary Care referrals as a result.	●	➔

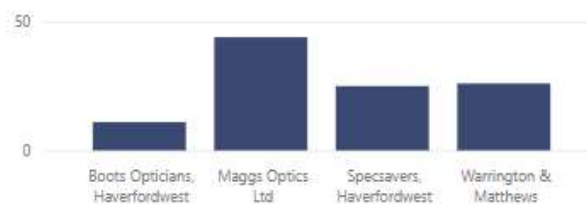
106
Consultations

Consultations over time

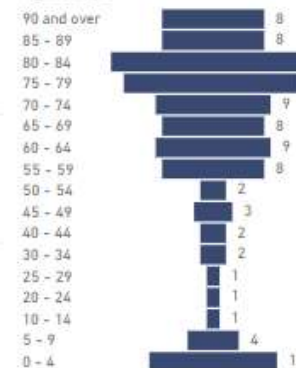
Financial Year ● 24/25



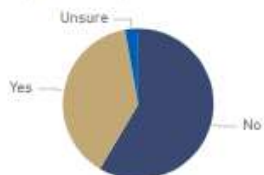
Optom Practice



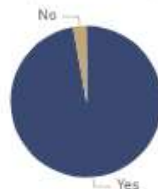
Age Groups



Did your patient have problems with mobility?



Were you able to provide better quality of care?



Equipment Used	Count
VOLK Bio Lens	56
Headset BIO	43
Perkins Tonometer	36
Handheld slit lamps	26
Gonioscopy Lens	13
Total	174

Consultation Outcome

Consultation Outcome	Count
Managed in-practice	78
Referred to secondary care (ophthalmology - planned care)	15
Referred to secondary care (ophthalmology)	10
Referred to GP	2
Referred to secondary care (ophthalmology - urgent care)	1
Total	106

59
Avoided SC referrals

- Project Start Date: March 2024
- Project End Date: March 2026
- Narrative updated 27/01/2025

Youth Resilience Project [Page 1 of 1]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Cluster Youth Resilience Project Children aged 8 to 18 years of age (NP0023)	January 2025	Project has commenced following approval at HPSG on the 19th November 2024.	●	→

Approved due to begin: January 2025

Project duration: 2 years

Project Status: Newly added project as extension to South Pembrokeshire project.

Data quality comments: No data currently collected

- Project Start Date: Jan 2025
- Project End Date: July 2025
- Narrative updated 27/01/2025



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



DIOGEL | CYNALIADWY | HYGRYCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

South Pembrokeshire

Finance

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
SP0004	Cluster Youth Resilience Project Children aged 8 to 18 years of age	Q3 24/25	●	↑	£48,178	£57,125		£57,125
SP0009	Cluster South Pembrokeshire Integrated Community Team Building Capacity	Q3 24/25	●	→	£173,548	£223,048		£223,048
SP0014	First Contact Practitioner Physiotherapy Service (FCP)	Q3 24/25	◆	→	£106,376	£148,157		£148,157
SP0015	Pembrokeshire Primary School Asthma Review / Respiratory Asthma Pharmacist	Q3 24/25	●	→	£0	£0		£0
SP0018	Trial without Catheter (TWOC)	Q3 24/25	●	→	£6,313	£7,527		£7,527
Total					£334,414	£435,857		£435,857

Completed Projects / Other Spend

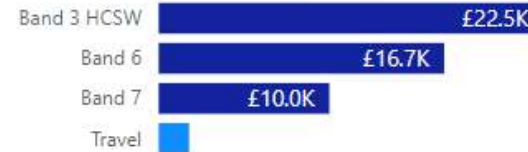
Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
SP????	Spend Unknown	£9,315	£17,221	£2,680	£19,901
Total		£9,315	£17,221	£2,680	£19,901

Cluster Overview

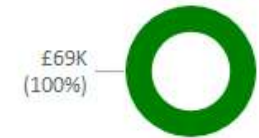
Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£343,729	£453,078	£2,680	£455,758	£430,716	£25,041 ₀₉

Youth Resilience Project [Page 1 of 3]

Year to date spend ● Non-Pay ● Pay



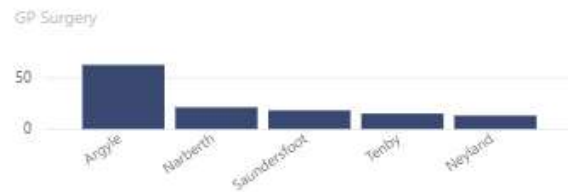
Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Cluster Youth Resilience Project Children aged 8 to 18 years of age (SP0004)	January 2025	Project is fully supported by the 5 GP practices in South Pembrokeshire Cluster and the project is working in a collaborative approach of Mental Health, Childrens Services and Education and School Services within Pembrokeshire County Council. The 6mths proposal was approved at HPSG in November 24 for the funding from North Pembrokeshire Cluster to support a whole pembrokeshire cluster approach for the Youth Project. We are currently having RIF conversations around the model of children and youth services across Pembrokeshire Locality. The aged range for the project is now covering age 5 to 18 years of age.	●	↑

Health Board Data

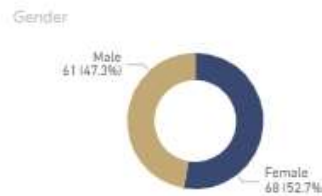
Referrals



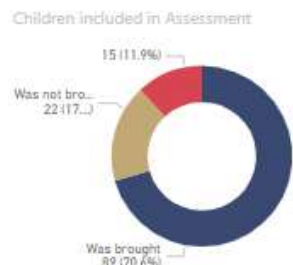
Top Presenting Difficulties / Referral Reasons

Difficulty / Reason	Count
Anxiety	51
Low mood	23
Anger	21
Behaviour	21
School based anxiety	19
Family dynamics	12
Bullying	10
Bereavement	9
ASD	7
Meltdown	7
Self-harm	7
Social communication difficulties	7
Poor sleep	6
Total	217

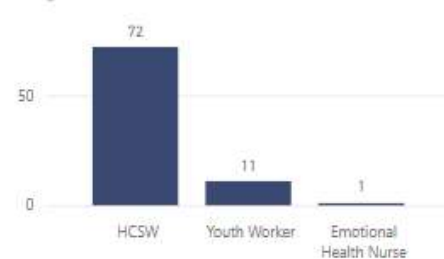
Referrals Accepted Over Time



Assessments



Assigned to in Team



Referred on / Signposted to

Area	Count
CAMHS	14
EHWT	6
KOOTH	5
Neurodevelopment Team	3
School / College Counsellor	3
TAF	3
YOTS	1
Youth Services	1
Total	36

Top Assessment Difficulties

Difficulty	Count
Anxiety	58
Anger	30
Family Dynamics	28
Low mood	28
Social communication difficulties	25
Behaviour	24
School based anxiety	24
Self Esteem	23
Poor sleep	21
ASD	19
Bullying	13
Bereavement	8
Meltdown	8
Total	355

- Project Start Date: July 2023
- Project End Date: July 2025
- Three pages provided – Pages 1 & 2 include data provided by the Health Board regarding referrals, assessment and outcomes. Page 3 includes data provided by Pembrokeshire County Council regarding the work undertaken from Youth workers.
- Action: BST to provide Logic model assessment to be provided to PCSM mid-November.
- Narrative updated 27/01/2025

Youth Resilience Project [Page 2 of 3]

Project	Update as at	Commentary	RAG	Trend
Cluster Youth Resilience Project Children aged 8 to 18 years of age (SP0004)	January 2025	Project is fully supported by the 5 GP practices in South Pembrokeshire Cluster and the project is working in a collaborative approach of Mental Health, Childrens Services and Education and School Services within Pembrokeshire County Council. The 6mths proposal was approved at HPSG in November 24 for the funding from North Pembrokeshire Cluster to support a whole pembrokeshire cluster approach for the Youth Project. We are currently having RIF conversations around the model of children and youth services across Pembrokeshire Locality. The aged range for the project is now covering age 5 to 18 years of age.	●	↑

Health Board Data

Outcomes

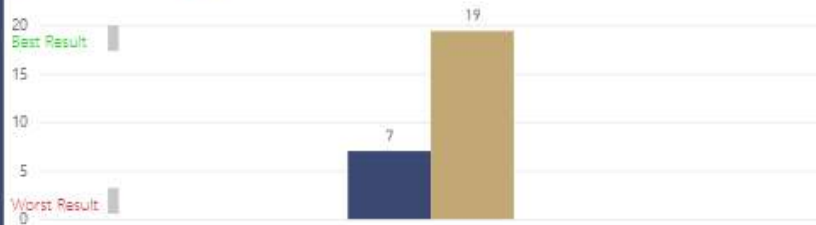
Goal Based Outcomes (GBO's)

The GBO tool is a way of evaluating progress towards goals in clinical work with children, young people, and their families and carers. The GBO compares how far a child or young person feels they have moved towards reaching a goal that they have set for themselves at the beginning of an intervention, on a scale between 0 and 10.

Recording the rating on a scale from zero to ten where 'zero' means the goal is not met in any way, 'ten' means the goal is met completely and a rating of 'five' means they are half way to reaching the goal.

GBO Start vs End Comparisons:

● Average of GBO Beginning ● Average of GBO End

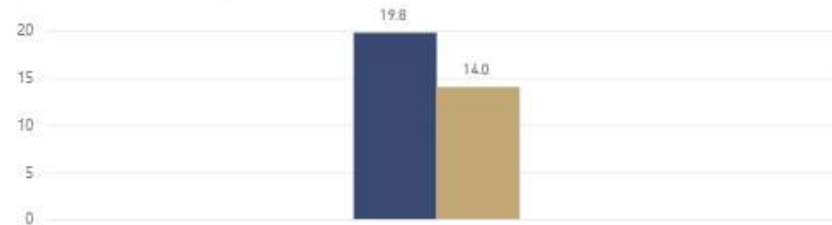


Strength & Difficulties Questionnaire (SDQ's)

The Strengths and Difficulties Questionnaire (SDQ) is a brief emotional and behavioural screening questionnaire for children and young people. The tool can capture the perspective of children and young people, their parents and teachers.

SDQ Start vs End Comparisons:

● Average of SDQ Score Start ● Average of SDQ Score End



Youth Resilience Project [Page 3 of 3]

Project	Update as at	Commentary	RAG	Trend
Cluster Youth Resilience Project Children aged 8 to 18 years of age (SP0004)	January 2025	Project is fully supported by the 5 GP practices in South Pembrokeshire Cluster and the project is working in a collaborative approach of Mental Health, Childrens Services and Education and School Services within Pembrokeshire County Council. The 6mths proposal was approved at HPSG in November 24 for the funding from North Pembrokeshire Cluster to support a whole pembrokeshire cluster approach for the Youth Project. We are currently having RIF conversations around the model of children and youth services across Pembrokeshire Locality. The aged range for the project is now covering age 5 to 18 years of age.	●	↑

Pembrokeshire County Council Data

Service & Demographics

25.25

Average of Total Contacts

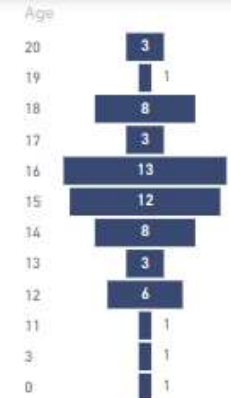
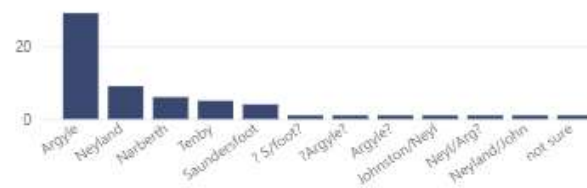
60

Referrals

Work Start Date over time

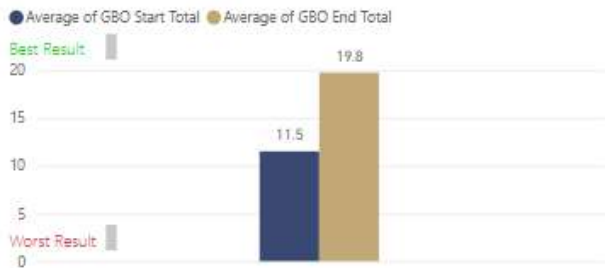


Childs' GP Surgery

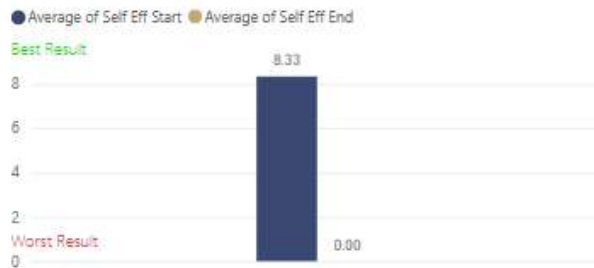


Outcomes

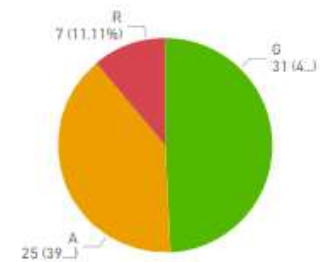
GBO Start vs. End Comparisons



Self Efficacy Start vs End Comparisons

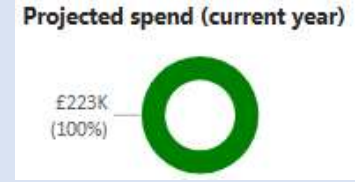
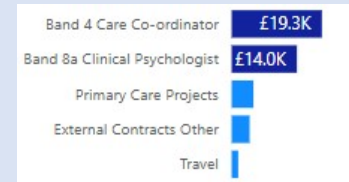


RAG Outcomes

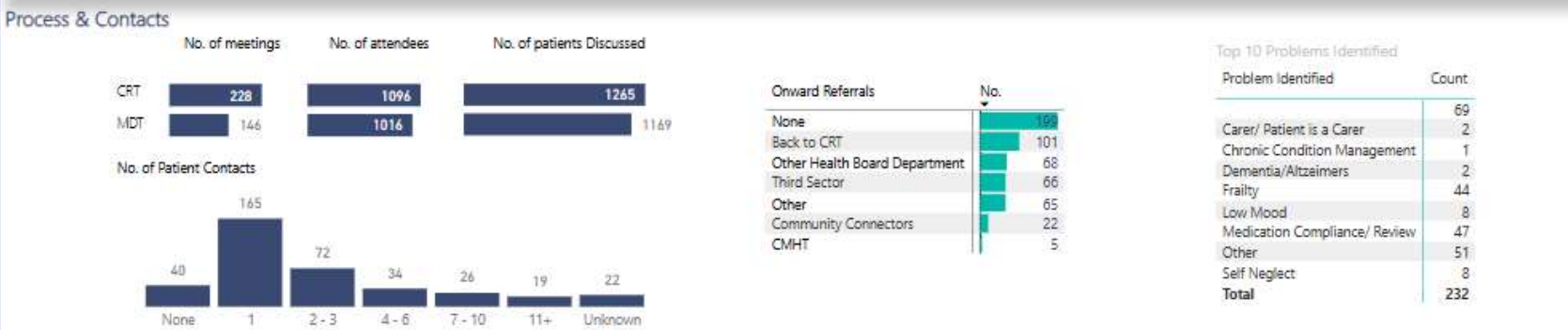
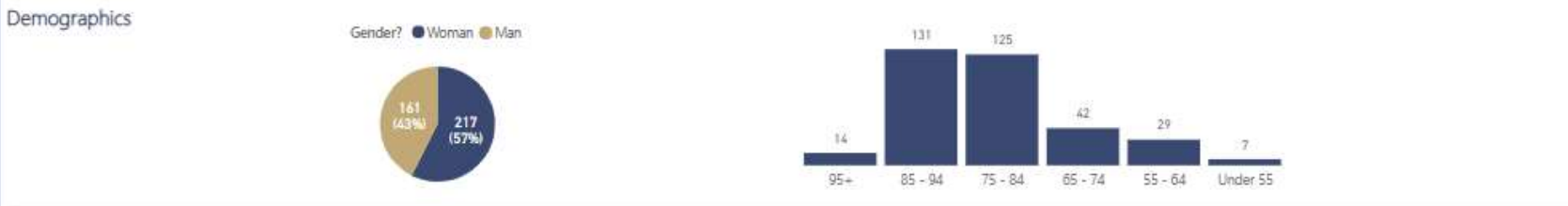
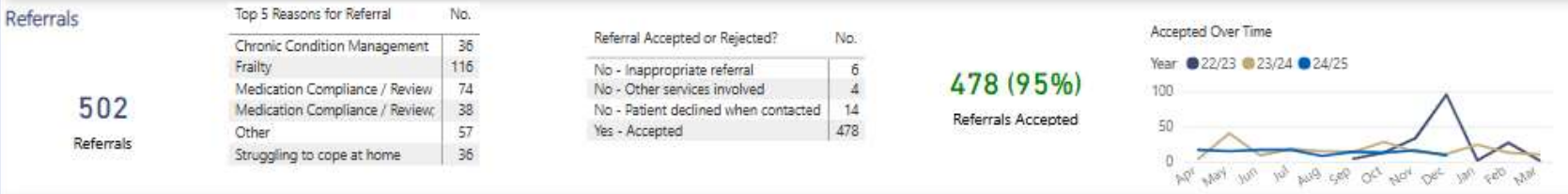


Integrated Community Network

[Page 1 of 3]



Project	Update as at	Commentary	RAG	Trend
Cluster South Pembrokeshire Integrated Community Team Building Capacity (SP0009)	January 2025	A well establish team with a mix of clinical and non-clinical staff groups. All 5 GP practices have CRT and MDTs in place and linking in with e proactive Care Planning and linking in with Frequent Attenders meetings within Pembrokeshire the whole seamless approach to supporting the patient.	Green	→



- Project Start Date: August 2022
- Project End Date: Ongoing
- Psychology data provided, but not to standard required to include within dashboard – clinical psychologist has since left post.
- Risk Stratification Toolkit purchased to support ICN and CRT working. Currently no data provided supporting patient identification through Toolkit.
- Narrative updated 27/01/2025

Integrated Community Network

[Page 2 of 3]

Project	Update as at	Commentary	RAG	Trend
Cluster South Pembrokeshire Integrated Community Team Building Capacity (SP0009)	January 2025	A well establish team with a mix of clinical and non-clinical staff groups. All 5 GP practices have CRT and MDTs in place and linking in with e proactive Care Planning and linking in with Frequent Attenders meetings within Pembrokeshire the whole seamless approach to supporting the patient.	●	➔

Med Optimise



355
Interventions

Intervention Type	Count
Administrative	125
Drug monitoring	92
Drug stopped	54
Waste identified	32
Drug switched	18
Drug added	12
Dose amended	9
Drugs not issued as patient has excess	6
Drug quantities aligned	5
Drug quantities aligned	2
Total	355

Med Optimise Outcomes

£2.04K
12 month Drug Savings

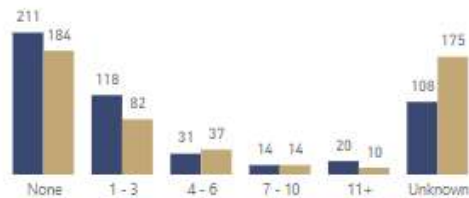
£9.25K
Hospital Admission Savings

£11.28K
Overall 12 month Savings

Service Outcomes

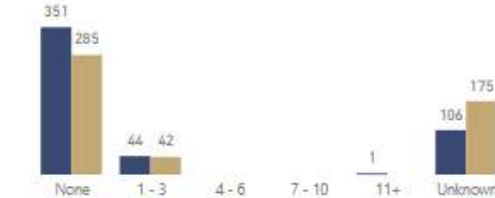
No. of GP Contacts

● During ICN Intervention ● Post ICN Intervention



No. of Unplanned Hospital Admissions

● During ICN Intervention ● Post ICN Intervention



Top 10 Outcomes

Outcome	Count
Other	78
Medication Compliance Completed	37
Medication Change GP request	15
Referral Social Services/Third Sector	12
Advanced Care Planning discussion	5
EQ5	4
Reduce Carers burden with ongoing support and options	3
Self Neglect - Education	3
Self Neglect - Family dynamics/Social	3
Medication Compliance not resolved onward referral	2
Total	162

Integrated Community Network: Logic Model [Page 3 of 3]

LOGIC Model Assessment and Data Source: Integrated Community Network (SP0009)

Are the measure as per the LOGIC model?

Yes	<ul style="list-style-type: none"> • Case Stories - Number of referrals / reason for referral / onward referrals ✓ • PROMS (Psychology & Pharmacy) ✓ • PREMS !
Amended	<ul style="list-style-type: none"> • Cluster maturity through enhanced system working, co-ordination & collaboration - Now recording: quantity of CRT & MDT meetings, attendees and patients discussed ✓ • Unscheduled care admission from care homes - Now recording: unplanned hospital admissions ✓
Additional	<ul style="list-style-type: none"> • Number of patient contacts / number of GP contacts ✓ • Gender & Age ✓

Data Sources



[SharePoint Link – ICN Spreadsheet](#)



[SharePoint Link – IMTP Spreadsheet](#)

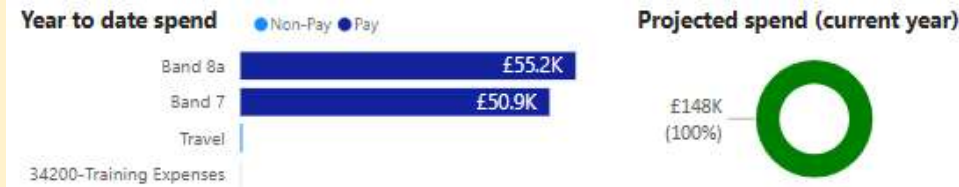
Key

- ✓ = Data available
- ✗ = Data awaited from service
- ! = Data collection in development

Measures not being collected

Data collection under review	<ul style="list-style-type: none"> • Immunisations & vaccination rates (further discussions need to be had to understand whether it will be part of core GMS service vs cluster funded implementation)
Unable to collect	<ul style="list-style-type: none"> • Number of people with a Stay Well plan • WAST attendances to Care Homes

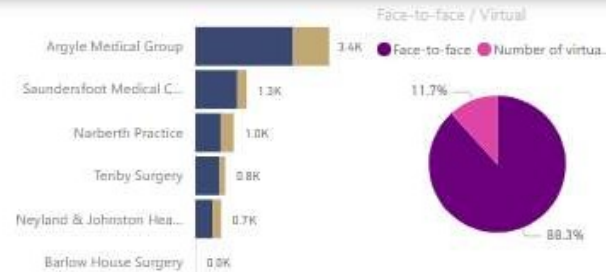
First Contact Practitioner Physiotherapy Service [Page 1 of 2]



Project	Update as at	Commentary	RAG	Trend
First Contact Practitioner Physiotherapy Service (FCP) (SP0014)	January 2025	A future plan is needed but there remains no update from the HoS since the Locality Leads meeting in March. SLA is currently out of date but the FCP service continues to run smoothly across South Pembrokeshire.	🔴	➔

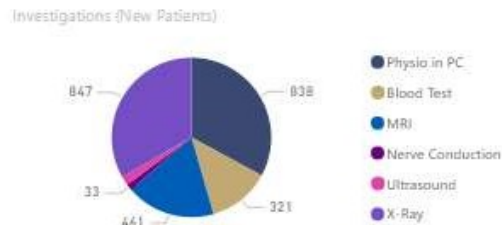
Appointments

7605 Available
7380 Booked
97% Fill %
527 DNA's

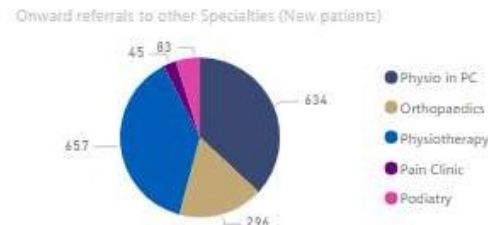


Process

How many investigations were undertaken for new patients?



How many patients have been referred?



Data Quality Risk

- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 27/01/2025

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]

LOGIC Model Assessment and Data Source: FCP Physiotherapy Service (NP0017, SP0014, NC0005, SC0003, LL0005)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> • Patient pathways (New/Follow ups) ✓ • Referrals to Orthopaedics in secondary care ✓ 	 Static Link - FCP Form  SharePoint Link - FCP Spreadsheet
Amended	<ul style="list-style-type: none"> • Patient pathways - Now recording: Onward referrals, investigations ✓ • Individualised & auditable data through EMIS & Vision clinical systems ! 	<p>Key</p> <p>✓ = Data available</p> <p>✗ = Data awaited from service</p> <p>! = Data collection in development</p>
Additional	<ul style="list-style-type: none"> • Clinic fill rates - Clinic appointments available / Clinic appointments booked / DNA's ✓ • Face-to-face vs virtual appointments ✓ • Referrals to other specialities in secondary care - such as; Pain Clinic, Physiotherapy, Podiatry ✓ 	
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> • Patients receiving same day assessment and advice / demand for GP appointments through re-directing • Waiting times for patients accessing community Physiotherapy services • PROMS / PREMS 	
Unable to collect	<ul style="list-style-type: none"> • Social Prescribing to local voluntary and community sector organisations • Physical activity of local population • Access to local services (carbon footprint) 	

Primary School Respiratory Review: Assessment Details [Page 1 of 4]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Pembrokeshire Primary School Asthma Review / Respiratory Asthma Pharmacist (SP0015)	January 2025	The Project is in second year of delivery across the Pembrokeshire Clusters. We have won two awards for person centred approach with children with the project and service. We are seeing some very impactful outcomes for children and the green agenda. We are currently linking in with GGH consultants around the drop of children being admitted with respiratory conditions over the last 6mths from Pembrokeshire. The project will continue until Dec 25 to allow the Service provider to run the project in the previous schools who were not engaging. We are engaging with Respiratory Wales and Public Health to support the project with research regarding the economic value of the project.	Green	→

Assessment Details



- Project Start Date: September 2023
- Project End Date: August 2025
- Data is being collected consistently – awaiting service to complete further respiratory assessments and send through updated data in December 24.
- Termly timetable for school visits:
 - Autumn 23: Milford Haven
 - Spring 24: Fishguard / Bro Gwaun
 - Summer 24: Pembroke
 - Autumn 24: Haverfordwest
 - Spring 25: Preseli
 - Summer 25: Tenby
- Narrative updated 27/01/2025

Primary School Respiratory Review: Outcome Details [Page 2 of 4]

Outcome Details

Cluster

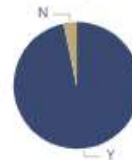
55.1%

Change to treatment in line with guidelines

36.2%

Change from MDI to PDI (Age 6+)

NHS Wales app info given



175

Inhaler technique critical errors pre demo

0

Inhaler technique critical errors post demo

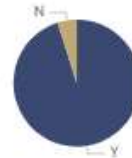
4

Adult referrals to smoking cessation

20

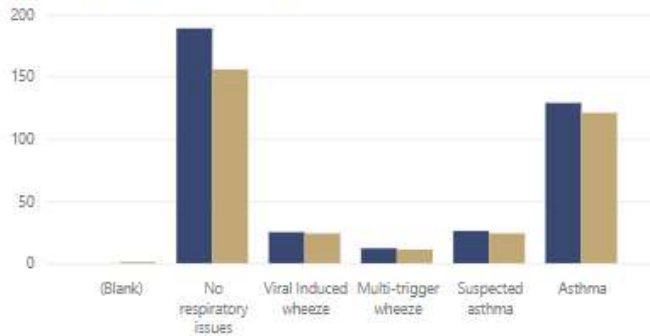
Referrals to secondary care

Action plan issued



Existing Diagnosis vs Diagnosis after second consultation

● Existing Diagnosis ● Diagnosis after second consultation



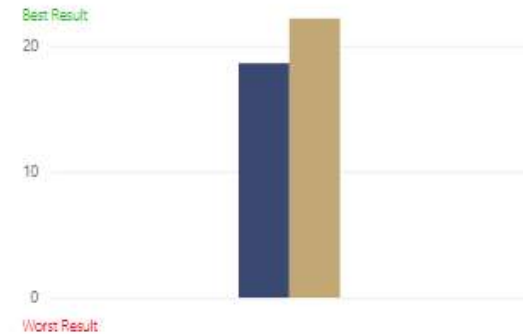
117

Changes to diagnosis

The Childhood Asthma Control Test (C-ACT) is a widely used questionnaire to measure asthma severity in young children aged 4 to 11 years. It helps assess how well a child's asthma symptoms are controlled.

The Childhood Asthma Control Test (C-ACT)

● Average C-ACT initial consultation ● Average C-ACT follow up consultation



Primary School Respiratory Review: Case Study [Page 3 of 4]



LESSONS IN ASTHMA

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PATIENT CASE STUDY – LIAISING WITH PAEDIATRIC LONG TERM CONDITIONS CNS

1. Patient Details

I 8-year-old boy, seen in Holy Name Catholic Primary School with dad in February. Dad gave history of repeated A&E and hospital admission since he was 18 months old. Admitted to GGH in April 2021. Discharged with no secondary care follow up documented on the system.
 He has been issued with two courses of oral prednisolone since October 2023. His adherence with his preventer inhaler is less than 70%.
 With this history, he should have been followed up by secondary care following his admission.
 The two courses of oral prednisolone should have triggered a referral by primary care.

2. Details of the Intervention/Service/Treatment Received

I In my consultation, I changed his inhaler in line with All Wales Guidelines and stressed the importance of adherence. Patient lives in two homes, I arranged the follow up appointment with mum so I could have the same conversations with her. I contacted Ingrid Phillips, Paediatric Long Term Conditions Nurse, by email. She agreed that he should have been seen in secondary care and saw him in clinic within a month.
 Ingrid did not change my regime, but she did say that she would be looking at their pathways to ensure that the system ensures that all high-risk patients especially post HDU/ITU are followed up by the consultant.



3. Comparison to usual/old pathway

I Two opportunities for this high-risk patient to be seen or referred to secondary care were not taken.
 I referred him and he was seen within a month.
 Ingrid is looking at their pathways to stop a repeat.

4. Patient Outcomes

I The high-risk patient was seen by secondary care within a month. His condition can now be monitored and managed in an appropriate setting.

5. Impact

I This patient is high risk, he should be managed by experts in secondary care.
 One of the main risk factors for a life-threatening asthma attack is having had one previously, this patient is in that category. Being managed in secondary care will reduce his risk of another attack.

6. Stakeholder Feedback

I I had an email from Ingrid thanking me for the referral and highlighting the missed opportunities for this patient to be seen in secondary care. In it she also said she would be looking at their pathways to stop a repeat.

Primary School Respiratory Review: Logic Model [Page 4 of 4]

Data Quality Assessment of LOGIC Model: Pembrokeshire Primary School Respiratory (NP0018, SP0015)

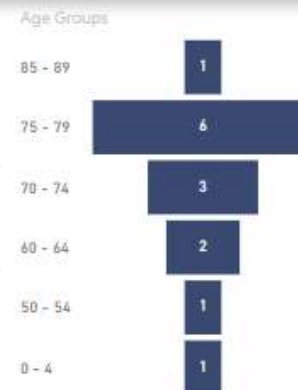
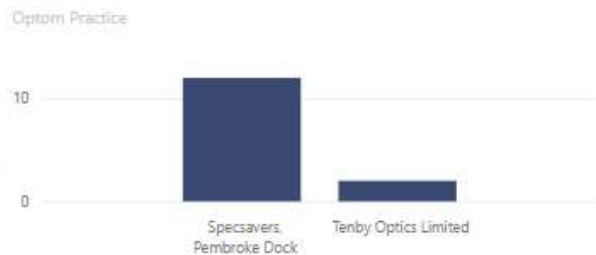
Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - Childhood Asthma Control Test (CACT) ✓ Improved inhaler technique post demo ✓ Changing from MDI to DPI (Switch 6) ✓ Smoking adults quantities with children with respiratory complications & smoking cessation referrals ✓ Action plan issued ✓ NHS Wales App information provided ✓ 	
Amended	<ul style="list-style-type: none"> Early diagnosis & also including change in diagnosis post consultations ✓ Adherence to preventer medication ✓ Reduction in A&E attendances, school days lost & GP appointments for acute exacerbations potentially reflected in Patient / Parent feedback and Case studies ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number & Date of Birth ✓ Number of consultations ✓ GP Practice & School ✓ Referrals to secondary care ✓ OOH / A&E visits, antibiotics & oral prednisolone for chest in past 2 years ✓ Respiratory Reviews in past 12 months ✓ 	Key ✓ = Data available ✗ = Data awaited from service ! = Data collection in development
Measures not being collected		
Data collection under review	<ul style="list-style-type: none"> Reduction in A&E attendances & bed days in hospital overnight stays 	
Unable to collect	<ul style="list-style-type: none"> Reduction in premature death 	

Optom Equipment [Page 1 of 1]

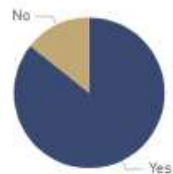
No financial reporting

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (SP0017)	January 2025	Equipment is being used and the data is highlighting that there is a reduction in Secondary Care referrals as a result.	●	➔

14
Consultations



Did your patient have problems with mobility?



Were you able to provide better quality of care?



Equipment Used	Count
Handheld slit lamps	14
Total	14

Consultation Outcome	Count
Managed in-practice	13
Referred to secondary care (ophthalmology - urgent care)	1
Total	14

10
Avoided SC referrals

- Project Start Date: March 2024
- Project End Date: March 2026
- Limited data collected.
- Narrative updated 27/01/2025

Trial without Catheter [Page 1 of 2]

Year to date spend ● Non-Pay ● Pay

Projected spend (current year)

Band 6 RN £6.3K



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (SP0018)	January 2025	Clinics are working well with a 64% success rate on referrals. The project is due to end in Feb 25 and the service has secured funding to continue the project moving forward ..	●	→

Referral & Triage

64 Referrals

64 Patients Triage

33 Appropriate Referrals

Appropriate Referrals Over Time

Reason not suitable for service

Reason	Count
Under Urology consultant care	15
Longterm Catheter placement	9
Inappropriate referral	5
Housebound	4
Total	33

Patient Details

Gender

Age Groups

Patients GP Surgery

Outcomes

Metric	Count
Successful Removal	17
Average Wait Time (Days) From referral to first clinic	17
Wait Time Difference (Days)	103
CAITI's & HCAI's up to assessment date	2
A&E / OOH Catheter related contacts up to assessment date	5

PROMS / PREMS

Awaiting data.

Catheter related Abx prescribed due to CAITI / HCAI?

Antibiotic	Count
Trimethoprim	2
Total	2

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

20

logy Average he (Days)

by the service lead as the average time the beginning of the project in June 2024.

Data Quality Assessment of LOGIC Model: TWOC (All Clusters)

Are the measure as per the LOGIC model?		Data Sources
Yes	<ul style="list-style-type: none"> PROMS - EQ5D / VAS ✗ PREMS - Patient feedback ✗ Referral date ✓ Catheter related abx prescribed ✓ Number of A&E / OOH catheter related contacts ✓ 	
Amended	<ul style="list-style-type: none"> To also include triage date, initial insertion date & removal date to formulate time saved vs SC ✓ Quantity of CAUTI's & HCAI's leading up to assessment ✓ 	
Additional	<ul style="list-style-type: none"> NHS Number ✓ Demographic data - Date of birth / Gender ✓ Cluster, GP Practice & Clinic location ✓ Successful & unsuccessful removals ✓ Reason unsuitable for community care ✓ 	
Measures not being collected		
Data collection under review		
Unable to collect	<ul style="list-style-type: none"> Reduce length of stay / gp practice appointments / secondary care admissions Frequency of passing urine & leaks 	

Key
 ✓ = Data available
 ✗ = Data awaited from service
 ! = Data collection in development