



**CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 October 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary and Community Services Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Bolton, Head of Primary Care Transformation

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The paper provides an update on the work undertaken in developing the Primary and Community Services Strategic Plan.

Cefndir / Background

The development of a Primary and Community Services strategy for Hywel Dda University Health Board (HDdUHB) needs to articulate the principles and standards which will identify key actions to ensure provision of sustainable Primary Care and Community services across the four contractor professions, whilst aligning to the delivery of the overarching Health Board's strategic vision.

Agreed as being in scope, following a discussion with the Health Board's Executive Team are the following components:

- Primary Care contracted services: General Medical Service, Optometry, Community Pharmacy and General Dental Services
- HDdUHB Managed Practices (current and future vision)
- Community provision of services to bring care closer to home, including social prescribing, working with the Third Sector, multi-disciplinary working, Community Resource Teams, outreach service provision eg leg ulcer clinics etc
- Health Board wide framework for the design and development of services at Pan Cluster Planning Groups at County level (Integrated Locality Planning)
- The provision of Out of Hours services, 24/7 and Urgent Primary Care
- Community Dental Services

The Primary and Community Services Strategy Development Group meets monthly and has oversight of the work required to deliver on the Strategic Plan. The group reports into the A Healthier Mid and West Wales Group (AHMWW). In addition, there was the opportunity to participate in a Board Seminar session on 22 August 2024.

The session was divided into two working groups; the first to consider the national review of the Primary Care Model for Wales, and whether it remains fit for purpose; and the second focussing on available data for each of the four contractor professional groups and considering the opportunities for future service delivery based on a series of principles.

Feedback from the Primary Care Model for Wales session included:

- Primary Care Model is still valid
- Maximising population engagement, education and citizen responsibility
- Exploring technological solutions
- Communication across and between services
- Recognising the importance of data
- Wouldn't start from here if we were now creating a 24/7 service
- Being firmer around parameters of access

And feedback from the individual contractor groups included:

Group 1: General Medical Services (GMS)

The principle:

Sustainable General Practice is essential to the delivery of Transforming Clinical Services:

- Any GP Practice with a list size of 5,000 patients or less should be automatically dispersed on contract termination
 - The average practice list size in Wales is 8,300 patients
 - 25 practices in HDdUHB are smaller than the average practice
 - 75% of GP practices in HDdUHB have a list of <10,000 patients
 - 10 practices have a list of between 10,000 and 15,000 patients
 - There is one practice with a list size of >16,000
- Community Nursing teams are devolved to general practices to provide sustainable and effective patient care
- In hours and out of hours service provision is provided seamlessly

The feedback included:

- Recognising the economies of scale in bigger list size but need to explore further
- Need to understand the workforce, Multi-Disciplinary Team (MDT) model

Group 2: Community Pharmacy

The principle:

Supporting the shift of work from GMS to Community Pharmacy to enable multi professional working, allowing professions to work at the top of their licence, and release capacity in General Practice to support the shift left:

- 25 out of 48 GP practices provide coil fitting; does a Community Pharmacy service improve access?
- £5.9m spent on commissioning GP practices to deliver Supplementary Services (formerly known as Enhanced Services); does some of this resource need to move
- Spirometry core GMS: subject to national debate
- Blood Pressure (BP) monitoring core GMS but backlog of hypertensive patients in Practice without BP monitoring?
- In 2023-24 20,300 Common Ailments consultations and 13,700 Pharmacy Independent Prescribing (PIPs) consultations; how can this be increased?
- How do premises and workforce need to be developed to support this change?

The feedback included:

- Start professional nurse advocate (PNA) review now to future plan
- Improve communication
- Opportunities to expand service provision

Group 3: Optometry

The principle:

Increasing access to services outside of Hospital and maximising the more specialised eye care pathways through high street Optometrists:

- Significant waits in Secondary Care with increasing capacity in Primary Care through WGOS4 (Glaucoma, Medical Retina and Hydroxychloroquine) and WGOS5 (Independent Prescribing Optometrist (IPOS))
- (R1 performance has a WG target of 95%: HDdUHB only achieved 38% in July 2024)
- Glaucoma new patients' (Stage 1) over 1,200 patients waiting (June 2024)
- Glaucoma delayed follow up patients over 3,200 waiting (June 2024)
- Value for money (VFM) opportunity as not paying for service twice
- Is there a conflict with A Regional Collaboration for Health (ARCH)? How will this be managed professionally and politically?

The feedback included:

- Glaucoma pathway new and follow up opportunities for service shift
- Development of hubs
- Appetite to move away from consultant diagnosis: need to consider risk and clinical guidelines

Group 4: General Dental Services

The principle:

Improving access to General Dental Services to support proactive not reactive care and improving oral hygiene and health, by reconfiguring the dental budget:

- In 2023/24 11,500 patients had appointments for urgent dental pain
- In 2023-24 of 2,597 patients who attended a HDdUHB Accident and Emergency (A&E) department for dental problems, 1867 had a dental abscess.
- In 2023- 24,852 referrals were made for children who needed a dental extraction via sedation or general anesthesia, 466 of those were aged between five and nine years old.
- In 2023-24 189 adults were referred for specialist care dentistry
- 25% (circa £2.8m) of the General Dental Services budget should be spent on a salaried dental model to improve accessibility to preventative and routine care for patients with high needs.
- The Health Board has relied on contractual recoveries to support the overall financial position.

Feedback included:

- Need to move to proactive model but also need to deal with demand in the system
- Role of partners in improving oral health, considering impact on nutrition etc

These principles and the feedback have started to form the development of the options appraisal subject to public engagement:

The development of the strategy will adhere to the following overarching principles:

Independent contractor status is recognised as the preferred mechanism for the commissioning and delivery of Primary Care services where possible

The strategy will define the level and range of service provision that can and should be provided within Primary Care and Community services, and will inform workforce planning, training development

The strategy will define "the offer" to Contractors that is outside of the contractual scope to support sustainable service provision

That future estates developments (integrated hubs etc) are developed considering sustainable Primary Care and Community provision, recognising that service growth will need to be considered regardless of the revenue tail

Determinations on minimum/maximum GP Practice size, future of branch surgeries, Practice mergers when more than one Practice moves into new premises etc

The strategy will align with the national strategic direction via the Strategic Programme for Primary Care and Health Education and Innovation Wales (HEIW) for key pieces of work e.g. Community Infrastructure Programme and the national Primary Care workforce strategy

Independent contractor status is recognised as the preferred mechanism for the commissioning and delivery of Primary Care services where possible. The strategy will define "the offer" to Contractors that is outside of the contractual scope to support sustainable service provision

An agreed minimum GP Practice list size (as well as a maximum Practice list size); this would mean that any GP Practice terminations under an agreed size (proposed at 5,000) would need to be actioned as a managed list dispersal

Where more than one GP Practice is moving into a new building a commitment is given for a merged business entity to be entered into to maximise efficiencies and improved working relationships.

Applications for Branch Surgery closures are automatically accepted where failure to support their closure will have a detrimental effect on the Practices longer term sustainability.

Identify the opportunities for the transfer of traditional GMS services into Community Pharmacy; or expand access to services to improve accessibility

The strategy will define the level and range of service provision that can and should be provided within Primary Care and Community services, and will inform workforce planning, training development

Care Closer to Home is considered as being on a Cluster or sub-Cluster footprint, not as a village/town

Where patient care is delivered mainly in Primary and or Community Services that there is a deep dive review of that service and that resources are aligned accordingly e.g., Diabetes and that this is actioned within an agreed timescale.

Transfer of specific Ophthalmology pathways to Optometric Practices

The development of a Dental Training Unit to support post graduate training and specialism to support the ability to deliver a wider range of specialist dental services e.g., endodontics, extended minor oral surgery, paediatric sedation/ anaesthetic, special care adult dentistry etc is available within the Health Board and not commissioned from neighbouring Health Boards

That future estates developments (integrated hubs etc) are developed considering sustainable Primary Care and Community provision, recognising that service growth will need to be considered regardless of the revenue tail

Match funding to any Welsh Government Improvement Grant funding, recognising that improving existing GP Premises allows for more local service provision.

Improvement Grant funding for other Primary Care Contractors, recognising that the Issues paper identified that Estates is "poor" in general; to enable the expansion of service provision premises need to be fit for purpose to accommodate patient flow.

The strategy will align with the national strategic direction via the Strategic Programme for Primary Care and Health Education and Innovation Wales (HEIW) for key pieces of work e.g. Community Infrastructure Programme and the national Primary Care workforce strategy

Developing the Community/GP Practice MDT model to put the focus on delivering care around the patient and reducing the risk of hospital admission (North Ceredigion and 2Ts Bevan Exemplar/Cluster work)

Move away from GP Out of Hours model to a 24/7 model that is clinically (but not necessarily GP led).

Care Closer to Home is considered as being on a Cluster or sub-Cluster footprint, not as a village/town.

Where there are Health Board Managed Practices that there is the opportunity to support them to become centres of excellence and enables them to be test beds for new models/ways of working where the outcomes can be shared with other Practices.

Expansion of the Community Dental Service estate and workforce to provide more specialised services for the most vulnerable patients in our communities

Recognise economies of scale in bigger list size but need to explore further (potential loss of care continuity) Understanding the workforce, MDT model and savings in secondary care
Start PNA review now to future plan
Improve communication
Opportunities to expand service provision

Glaucoma pathway new and follow up opportunities for service shift
Appetite to move away from consultant diagnosis: need to consider risk and clinical guidelines
Role of partners in improving oral health, considering impact on nutrition, etc

Communication across and between services
Exploring technological solutions

Primary Care Model for Wales
Maximising population engagement, education & citizen responsibility
Need to move to proactive model but also need to deal with demand in the system and improve outcomes
The importance of data and international evidence
A clearly defined 24 hour model or primary care delivery
Being firmer around parameters of access

Asesiad / Assessment

Task and Finish Groups

The five Task and Finish Groups concluded their work on identifying the baseline data for use at public engagement and following discussion at the Primary and Community Strategy Development Group held on 3 October 2024 it was noted that there will be a reconfiguration of the groups and the membership to take forward the development of the options appraisal.

Community Issues Paper

The Issues paper has been drafted and has been shared with members of the Primary and Community Strategy Development Group.

Public Engagement

Public engagement events have been held in each of the seven Clusters throughout September 2024 with two online events (daytime and evening) also being available. Attendance at events was limited (approximately 200 people) and the number of completed questionnaires has also shown a limited response with 70 completed to date. Initial findings have included:

- **Accessibility:** seeing a GP in a timely way
- The approach and time available for GPs to listen to patient needs
- Having access to an NHS dentist is a problem for the majority of respondents with many reporting that they access a private dentist or not be seen at all
- Accessing service information in alternative format to online, many of the respondents reported not being technology equipped and requiring service information in alternative ways eg leaflets.
- Community services available to support mental health and wellbeing in Clusters, access to weight management support (that doesn't incur a fee) and walking groups
- Accessing services outside of usual working hours with a request for more flexibility
- Understanding referral pathways, and how or where patients can self-refer without visiting a GP

A small number of focus groups are planned over the coming weeks to maximise a response from hard-to-reach groups e.g. Sign and Share, children and young people and parent/carers.

Workforce Engagement

Engagement has included the creation of a workforce questionnaire designed to capture the views and experience of all staff in HDdUHB to understand what opportunities and ideas they might have to contribute towards a sustainable Primary Care and Community Service fit for the future. The questionnaire was promoted using the Viva engage platform, circulated with members of the Primary Care and Community Strategy Development group and Clinical Services Plan (CSP) membership. The questionnaire remained open for two weeks and closed on Friday 11 October 2024, with 51 staff members provided feedback.

Initial findings have included:

- Greater offer of Mental Health services within communities
- Adequate funding for Primary Care that is invested in better estate, training and improved infrastructure
- Less duplication of electronic IT systems
- Integration of Artificial Intelligence (AI) technology, allowing Primary Care and Secondary Care to communicate more effectively
- Create a continuum of care across all services
- Greater Public Health support towards prevention
- Overcome recruitment issues, to enable further recruitment of clinical and administrative staff to deliver services already established.

Options Appraisal

Following the conclusion of the public engagement events, work is ongoing to develop the options appraisal in the next stage of the development of the Strategic Plan. Whilst this had been planned to be undertaken during October 2024, due to the limited level of public engagement consideration has been given to taking a pause in the process to ensure that the right level of engagement is undertaken to ensure that the correct conclusions are drawn from the process. There also needs to be recognition of the work that is ongoing at a national level through the Strategic Programme for Primary Care alongside contract negotiations and therefore there needs to be an alignment with thinking to ensure that locally agreed actions are deliverable against the national context.

Costs to support the delivery of the options appraisal have been provided by the Engagement team and are estimated at circa £300k and a funding stream to support this has yet to be identified.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the Primary and Community Services Strategic Plan update report for information

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all

	staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
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)	3. Data to knowledge 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
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Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable