

Stakeholder Insights and Feedback

This document outlines the feedback gathered during engagement sessions with the following groups:

- General Practice Collaboratives & Practice Managers
- Community Dental Service
- Optometry Collaborative
- Community Pharmacy Collaborative
- Mental Health, Allied Health Professions and Health Science

While the document reflects feedback on any specific ideas that have been reported, it also captures wider views and emerging proposals aimed at supporting the delivery of intended priorities. These insights highlight potential approaches to ensure the transformation of primary care and community services.

General Medical Services – GPs and Practice Managers
1. Moving to a minimum and maximum practice list size to ensure future sustainability of general medical service provision
What was suggested: The Health Board sets a minimum and maximum number of patients for each GP practice to help make sure services are sustainable.
What people said: GPs and Practice Managers wanted to know what the exact numbers would be and how they would work. <ul style="list-style-type: none">• Some worry that small practices might have to close or join with others, which could make it harder for some patients to get care, especially in rural areas.• There are concerns about whether just counting patients is the best way to measure if a practice is working well.• GPs and Practice Managers said that funding and staff numbers are also important measurements, not just patient numbers.
Risks: <ul style="list-style-type: none">• Some patients might have to travel further if their local practice closes.• Rural areas could lose services.• There might not be enough money or staff to support bigger practices.• The current contract does not provide regulations that would support these changes.
Overall: Most GPs did not support this idea.

General Medical Services – GPs and Practice Managers

2. Seek an external provider to contract with for the delivery of Managed Practices and Out of Hours services. Managed Practices are GP practices that are run by the Health Board, rather than run by an independent contractor.

What was suggested:

Seek an external provider to contract with for the delivery of Managed Practices and Out of Hours

What people said:

- Many worry this could make things worse for patients and staff.
- Local GPs might leave, and patients could lose their regular doctor.
- It could cost more money and not improve care.
- There is not enough evidence that this would work better.

Risks:

- GPs might leave or not want to join.
- Rural areas might not get the care they need.
- Patients could lose the close relationship with their GP.
- It could be more expensive and harder to manage.

Overall:

Most GPs did not support this idea.

General Medical Services – GPs and Practice Managers

3. Making all future GP Practices run by the Health Board

What was suggested:

Agreeing that all future GP contract terminations become a salaried service via Health Board Managed Practice

What people said:

- This could cost a lot more money.
- GPs might not want to work as salaried staff.
- Patients might not get the same level of care or continuity.
- It could be hard for the Health Board to manage many practices.

Risks:

- Higher costs.
- GPs might not feel as committed.
- Patients might not see the same doctor.
- Too much work for the Health Board.

Overall:

GPs and Practice Managers think support should be given to practices that are struggling, but not all should be run by the Health Board.

General Medical Services – GPs and Practice Managers

4. Pump priming small GP practices (Netherlands model)

What was suggested:

Give extra support, including funding to small GP practices, like in the Netherlands model of pump priming small providers. Pump priming means to provide additional resources, most often financial support to help support and grow a project, organisation or idea.

What people said:

- Most people support the idea of helping small or single-handed practices, especially in rural areas.
- There are questions about what counts as a “small” practice and how to make it fair for all.
- Larger practices also need support, as size is not the only factor in fragile service provision

Risks:

- Larger practices may not feel equity in outcome.
- It could be hard to decide who gets help, as the parameters are not clear
- The support could generate additional administration work and could slow things down.

Overall:

GPs and Practice Managers want more information about how this would work and want it to be fair for everyone

General Medical Services – GPs and Practice Managers

5. Health Board lease holding for all GP Practices with an investment programme into the estate (match funding of Improvement Grants). Work with GP sector to improve GP practice estate in line with stock conditions survey

What was suggested:

The Health Board would take over the leases for all GP practice buildings and invest in improvements.

What people said:

- Many like the idea of improving buildings.
- There are worries about costs and if this was possible and affordable
- Many questioned who would be responsible for the building
- Many questioned if this would mean that GPs would lose control of their business

Risks:

- High costs for the Health Board.
- GPs might not want to join if they don't own the building.
- More paperwork and slower repairs.

Overall:

GPs and Practice Managers want clear rules and fair access to improvements for all practices, rather than one way of dealing with improving the GP estate.

General Medical Services – GPs and Practice Managers

6. Move to delivering urgent, on the day care through a salaried GMS / alternative commissioned model.

What was suggested:

Move urgent, same-day GP care to a salaried or specially commissioned service.

What people said:

- People want to know what counts as “urgent” care.
- There are worries about breaking up care and making it harder for patients to see the same doctor.
- People had concerns about costs.
- People had concerns about staff burnout.
- People had concerns about rural access.

Risks:

- Confusion about what is urgent.
- Patients might not get continuous care.
- Staff could be overworked.
- Rural areas might lose out.

Overall:

GPs and Practice Managers want more details and careful planning before making changes.

General Medical Services – GPs and Practice Managers

7. Develop a GP fundholding approach to commissioning of secondary care services for certain specialities. Fund holding would mean that GPs are in charge of commissioning some services for their patients.

What was suggested:

Enable GPs to manage / provide some hospital services, like dermatology or rheumatology.

What people said:

- This could help tailor services to local needs and save money.
- GPs worry about having too much extra work and not enough support.
- There needs to be clear rules and enough resources.

Risks:

- GPs could be overworked.
- Not enough support staff.
- Services could become fragmented.

Overall:

GPs and Practice Managers support trying this with clear plans and support

Conclusion:

The feedback from GPs and Practice Managers shows that people want changes to be fair, clear, and well-planned. They want to make sure that all patients, especially those in rural areas, can get good care. Any changes should be carefully thought out, with enough funding, support, and clear rules to help everyone.

Optometry, Community Pharmacy and Community Dental Services

The following feedback was provided following on from group discussions on some specific ideas that had been suggested as well as the feedback from general discussions on new ideas that the group members put forward.

Optometry

Main ideas and feedback

1. Enabling optometrists to diagnose Glaucoma. - Enable optometrists (eye care specialists) confirm if someone has glaucoma, a serious eye condition.

- People said that, according to current rules (NICE guidelines), only consultant eye doctors can confirm this diagnosis.
- Some thought that optometrists could help more if they had extra training and if consultants could check their work remotely.
- There are not enough highly trained optometrists right now, so more training would be needed.

2. Optometry-Led Yttrium Aluminium Garnet (YA) Laser Clinics - Enable optometrists to run clinics for a special laser treatment after cataract surgery.

- People liked this idea and said it is already starting to be rolled out.
- They suggested adding more types of laser treatments to these clinics.

Additional group suggestions

Members of the Optometrist Collaborative suggested the following additional ideas:

- Make it easier for patients to know when to see an optometrist instead of going to A&E or the pharmacy, through a communication and signposting plan.
- Join up digital patient records to allow optometrists to see patient records to give better care.
- Improve the NHS app so patients can see all their medical history and test results.
- Include optometry practices in building improvement grants, like GPs and dentists.

Community Pharmacy

1. Expanding Community Pharmacy Services with more Patient Group Directions (PGDs) – to let pharmacists give certain medicines without extra training.

- Pharmacy Collaborative members said using PGDs is a quick way to offer more services to patients.
- It would help patients get treatments faster
- It would reduce demand on GPs

2. All Community Pharmacists Become Independent Prescribers (IPs)

- Pharmacy Collaborative members highlighted a number of challenges to becoming an IP, including:
 - cost for the course
 - Finding and funding replacement staff to cover business needs,
 - finding a university
 - getting mentors with the experience and time.
- Pharmacy Collaborative members said that more support and funding are needed to help pharmacists become IPs.

3. Increase the number of dispensing machines

- Some pharmacies use machines to give out medicines when the pharmacy is closed.
- These machines can be helpful but can have problems, like technical issues and high costs for maintenance.
- Staff need to check the machines every day to make sure they work properly.

4. Community Pharmacy to managing Long-Term (Chronic) Diseases.

- Pharmacy Collaborative members said this could work, but pharmacies would need:
 - more money,
 - More staff,

- Additional room/s
- clear rules for referring patients to other health services.
- Shared patient records

5. Additional Group Suggestions

- Invest more in community pharmacy training.
- Make it easier for pharmacies to get funding for new services and building improvements.
- Improve digital systems so community pharmacies and GPs can share information easily.

Community Dental Services

Recruitment Challenges

- Community Dental Services staff said that it is hard to hire enough dental staff quickly and this is a barrier to service provision.
- The process for hiring new people takes a long time and can slow down improvements.

Community Dental Services Ideas

1. Commissioning Dental Services - Enable community dental teams provide more routine dental care.

- To make this work Community Dental Services staff said this would need:

- more staff,
- better equipment
- allocated space.

- The Health Board would need to invest money to make this happen.

2. Develop a Dental Training Unit (DTU) – Create a special training centre for dentists.

- This would help train more staff and enable more treatments to be done locally.
- The DTU would need new buildings and equipment.

3. Extended Hours in Carmarthen Hub

- There is a plan to offer dental services for longer hours in Carmarthen.
- This would need more staff and changes to job roles.

4. Social Enterprise Model - To work with a social enterprise (a business that helps the community) to provide dental services.

- This could help with hiring staff and running services more smoothly.
- There are examples of this model that we could learn from
- This would mean that the health board would need to build a partnership with another organisation.

Conclusion – themes from the Optometry, Community Pharmacy and Community Dental Services engagement

The feedback from optometry, community pharmacy, and dental teams shows that people want to improve services for patients, but there are challenges. These include:

- needing more staff
- better training
- improved buildings
- easier ways to share information.

Everyone agrees that changes should be fair, well-planned, and make it easier for patients to get the care they need.

Mental Health, Allied Health Professionals, and Health Science

Mental Health Services Feedback

1. Local Primary Mental Health Support Service (LPMHSS)

- The law for mental health services in Wales has not changed recently.
- The main jobs of the service are to assess people's mental health, give treatment, refer people to other helpful services, and provide advice to patients and their carers.
- The Health Board has updated its agreement with local councils to make sure everyone knows their roles.

2. Working Together

- Future meetings will include more people, like those from neurodevelopmental services, to make sure all voices are heard.

Allied Health Professionals (AHPs) and Health Science

Allied Health Professionals (AHPs) and Health Science

The draft priorities were presented to the AHP and HS teams. People were asked their opinion on the draft priorities and for their ideas of how to deliver the priorities for their services. The following ideas were provided by the teams.

Occupational Therapy (OT)

1. Integration in Primary Care

- Occupational Therapists (Ots) are already working more closely with GP surgeries to help patients earlier.
- There are pilot projects where OTs work part-time with GP clusters, and these are being extended.
- Pembrokeshire has a model where OTs are available in all GP surgeries, helping build strong relationships.

2. Open Access and Referrals

- Patients can be referred to OTs by GPs or other health teams, and sometimes directly.
- OTs have concerns about having enough resources if more people start using OT services through GPs

3. Barriers and Education

- There is evidence that some people – public and other professionals - don't fully understand what OTs do and think they only provide equipment.
- Better communication and education about what OTs can do is needed so OTs can help more people

4. Digital Systems

- OTs use digital systems to share patient information, but there are big challenges in the system.
- Whilst there are some projects to improve how data is shared and used; there needs to be more integrated and accessible patient information

5. Using Technology and AI

- AI (artificial intelligence) can help find patients who need help early, preventing hospital stays.
- Some clusters are testing ways to use data to spot patients at risk. This should be scaled up

6. Fit Notes and Vocational Rehabilitation

- OTs want to help with fit notes (documents for work) as part of their therapy work. This would meet the Social Model for Health and Wellbeing Principles that have been agreed by the Health Board as well as freeing up GP appointments.
- There is a need for clear rules and training for this.

7. Funding and Service Expansion

- Funding for OT services is often short-term, making it hard to plan for the future.
- People want the Health Board to provide more stable funding

8. Facilities and Group Programmes

- There are challenges finding space for group sessions and community programmes, and the budget to use community spaces for patient sessions.
- Partnerships with local organisations could help, but funding and planning are needed.

9. Involvement in Continuing Healthcare (CHC) Teams

- OTs want to play a bigger role in teams that help people with complex health needs.
- Right now, these teams are mostly led by nurses.

Multi-Model Rehabilitation

Main Priorities:

1. Empowering Communities: Help people manage their own health through support groups and early help.
2. Holistic Care: Work together across services to provide complete care, including long-term conditions and mental health.
3. Simplifying Access: Make it easier for people to get the help they need, especially urgent care.
4. Improving Digital and IT: Use technology to help patients and staff, making information easy to find and share.
5. Reviewing Estate Needs: Make sure there are enough spaces and facilities for services to work well.

Audiology (Hearing Services)

1. Advanced Practice Audiologists

- There is a plan to have expert audiologists in community settings to help people with hearing, balance, or tinnitus problems.
- This would mean people don't always need to see a GP first.
- The service needs investment in buildings and staff.

Community Psychology Services

1. Empowering Communities

- People need better IT support is needed to help people find psychological advice and self-help online.

2. Holistic Care

- Psychology services help people with both mental and physical health problems.
- Pilots have shown that early help can reduce hospital visits and improve health.

3. Simplifying Access

- Waiting lists for psychological help are long, which affects patient health.
- Digital resources and support are needed to help more people.

4. Improving Digital and IT

- Many psychology services are delivered remotely, which works well for patients.
- IT experts help make data easier to understand and use.

5. Estate Needs

- There is not enough office space for staff, and some leases are ending soon.
- Remote appointments are popular, but staff need confidential spaces to work.

Podiatry

1. Provide Holistic Care

- Podiatrists want to review how and who does diabetic foot checks, which are sometimes repeated because GPs lack training or equipment.
- Better training and communication with GPs could help.

2. Simplifying Access

- New pathways have reduced waiting times for surgery, but there are now more referrals, creating new challenges.
- Education for GPs could help make sure only the right cases are referred.

3. Group Education

- Group sessions for patients help prevent serious foot problems.
- Keeping good records is important for patient safety and legal reasons.

Speech and Language Therapy

1. Holistic Care

- The team find it hard to arrange meetings with GPs for patients' best interests.
- Most referrals are for swallowing problems, especially in care homes.
- Staff shortages mean long waits for help, which can lead to greater health problems for patients.

2. Simplifying Access

- Providing outside organisations with training and education could help staff spot problems earlier.
- Putting in place and working with dementia coaches could improve care and service demand

3. Improving Digital and IT

- Services still use paper records, which makes things harder. IT records and links are required right now.

Physiotherapy

1. Funding and service models

- Many services are funded short-term, which is not sustainable.
- More data is needed to plan for the future and keep people healthy.

2. Scope of NHS Services

- Physiotherapists can help people of all ages and with many conditions.
- Clear decisions are needed about what the NHS should provide and what could be done by other organisations.

Dietetics

1. Food systems and community support

- The team have clear ideas to help tackle food poverty, like community kitchens and gardens.
- Programmes and apps are already helping people learn about healthy eating and cooking. These can be scaled.

Conclusion – themes from mental health allied health professionals and health science engagement

The feedback from mental health, allied health, and health science teams shows that people want:

- services to be joined up and better understood in terms of what each are capable of doing for patients.
- Services must be easier to access
- Services must be well-funded, including long term/ permanent funding
- Teams want to use technology including AI to help patients and staff
- Enough spaces and resources.

Current projects and future operational action plan

During the development of the Strategic Plan innovative projects in Primary Care and Community settings have already started to work towards the achievement of the identified priorities and supporting a reduction in hospital stays. [Hywel Dda Community and Primary Care Briefing 2.pdf](#).

The following operational and strategic actions have been identified by Primary Care senior leaders to be taken forward in 2026- 2027.

Priority	• Actions
Priority 1 - Prevention	<ul style="list-style-type: none"> • Map the current Social Prescribing commitment across the Primary Care Clusters and ensuring that signposting information is readily available for patients

	<ul style="list-style-type: none"> • Explore commissioning Health Coaching at Cluster level across the Primary Care professions to ensure that consistent and appropriate messages are given to patients • Consider the use of group consultations for relevant patient groups to ensure that health literacy is improved and patients are confident in articulating their needs which leads to co-produced care plans, taking account of best practice. • Review falls prevention, linking to polypharmacy and Low Vision Services as well as Third Sector agencies; patient identification via a risk stratification tool linking to and expanding on the Directed Supplementary Service for Frailty based on the top 0.5% of the population • Explore Commissioning Local Supplementary Services for patients with Heart Failure and Atrial Fibrillation, both of which have been tested as Cluster initiatives that have identified a benefit both in terms of patient outcomes and the health system. • Progress with the Women's Health Local Supplementary Service specification for commissioning • Optometrist led YAG laser clinics with PROMS data to measure patient outcomes
<p>Priority 2 – Partnership Working</p>	<ul style="list-style-type: none"> • Agree a number of appointment slots based on Practice list size at both ends of the working day to allow for the pre-booking of patients into in hours GMS or Out of Hours services for patients who present early or late in either service that need to be seen on the day but not urgently. This will stop patients being redirected back through 111 and will ensure that patients are booked in to see the most appropriate clinician. If clinical systems allow (Odyssey Patient), this could be expanded to booking into a Community Pharmacy or Optometrists. • Implement Optometrist led YAG laser clinics delivered in acute sites but improving the timeliness of care to patients • Seek to commission services at Cluster level across a range of professional groups to ensure that every opportunity to engage with patients is taken e.g. a weight management service might be led by a GP Practice but a Community Pharmacy could have a role in identifying patients who are seeking Over The Counter (OTC) weight management products, NHS Dentists will undertake a risk assessment of patients using the ACORN tool which allows them to educate the patients on their diet and Optometrists will see patients who are part of the Diabetic pathway and could take the opportunity to provide signposting and advice.

	<ul style="list-style-type: none"> • Review key Cluster projects where a new approach to delivering care on a multi-agency basis to patients meets Value Based Healthcare principles e.g. the Amman Gwendraeth Cluster MDT approach to pain management. Opioid prescribing continues to be a risk for the Health Board. • Community Pharmacies can deliver chronic disease management services. The model is supported by the OECD Patient Reported Indicator Surveys (PaRIS) Does Healthcare Deliver (February 2025)¹. Scope whether this model could be commissioned across Community Pharmacies to improve patient outcomes and compliance with medication.
Priority 3 - Access	<ul style="list-style-type: none"> • Further explore providing chronic disease management based on the patients' needs rather than being disease specific. Pilots in both Ash Grove and Tenby Surgeries for pharmacist-led chronic disease management has seen patients with multiple chronic conditions have single reviews where all necessary tests were requested in advance, allowing for medicine optimisation and considering polypharmacy. • Develop a Women's Health Supplementary Service that can be provided across Community Pharmacy and GP Practices that improves the scope and range of services that can be delivered within Primary Care including more specialist menopause and osteoporosis care at Cluster level. • Consider the investment to support the purchase of automated dispensing machines at Community Pharmacies to improve accessibility to prescribed medication outside of normal working hours. • Review the potential to shift some Outpatient services into Primary Care as part of a Local Supplementary Services agreement. • Move to the four C's approach for continuity of care should provide patients with improved clinical management and outcomes reducing the need for multiple attendances and improving overall service accessibility • Share the learning from the Pharmacist led chronic disease management in Managed Practices with recommendations on the future model of care
Priority 4 – Digital Offer	<ul style="list-style-type: none"> • Commission Odyssey Patient for use in Out of Hours / In Hours Primary Care as a system that enables remote triage and booking of patients and can be used across Accident

¹ [Full Report: Does Healthcare Deliver? | OECD](#)

	<p>and Emergency Departments, the Out of Hours Service and in hours Primary Care e.g. Community Pharmacy. The system will assist with patient flow and provide an assurance that care is being managed in a timely way.</p> <ul style="list-style-type: none"> • Consider the purchase of EMIS Community, in line with any national procurement programmes to ensure consistent recording of patient information across GP Practices and Community Services; this could include Intermediate Care Services and Cluster projects where access to clinical records is needed • Review the use of digital triage tools in General Practice that support the appropriate signposting of patients and enabling the provision of more timely care • Support the improved use of the NHS App supporting the booking of GP Practice appointments and ordering repeat prescriptions. • Maximise the benefits of having one single GP clinical system alongside the introduction of electronic prescribing considering the impact that both of these have on patient care and the wider system • Progress with the development of the GP Practice dashboard bringing together available data across GP Practices and Secondary Care which will bring greater insight into demand and capacity management as well as clinical management of patients. • Trial the In Hours / Out of Hours cross booking system, with the aim of securing the agreement to move forward with system procurement • Trialling the GP Practice dashboard with the six Health Board Managed Practices and those IC Practices that have expressed an interest in being part of the trial.
<p>Priority 5 – Estates and Infrastructure</p>	<ul style="list-style-type: none"> • The Welsh Government Improvement Grant (IG) fund for GMS has been suspended for a number of years whilst the Premises Cost Directions have been reviewed subject to changes in England. Historically, the better organised Practices have been successful at securing funding to develop their own premises, whilst those which we might consider to be in greater need do not come forward. Further incentivising the scheme either to support 100% rather than 66% reimbursement or match funding the scheme to allow for greater levels of development to be undertaken could support future sustainable service delivery without major redevelopment of the estate. • During the last two years Welsh Government has supported a Community Pharmacy Improvement Grant programme to

	<p>support the expansion and development of existing premises, enabling contractors to support the shift from dispensing items to wider service delivery. This is a programme that again could be match funded on a Health Board basis with consideration given to supporting the purchase of automated dispensing machines to allow for ease of access to patients who have not been able to access the Pharmacy during normal working hours.</p>
<p>Priority 6 – Workforce and Sustainability</p>	<ul style="list-style-type: none"> • Look at different GP Practice operating models (e.g. micro teams) to better manage patient demand and ensure that care is provided to the patient and not condition specific. This would see multi-professional teams working together in joint consultations • Whilst the Health Board has a GMS Practice Merger package in place it has not been used for several years. Whilst workforce issues appear to have resolved for many Practices, mentorship for newly qualified clinicians to ensure that they are supported to undertake their due diligence when joining a Partnership has proved to be a useful tool to support the continuation of the partnership model. Alternative solutions to sustainability measures across the professional groups needs to be considered. • Consider the use of group consultations for relevant patient groups to ensure that health literacy is improved and patients are able to co-produce their care plans and take responsibility for their own health and wellbeing • Primary Care workforce planning that includes operational services (Managed Practices, Community Dental Services, Out of Hours) to ensure future workforce plans articulate the future service delivery model. Through the Primary and Community Services Academy training, education and development plans are produced that support multi professional education and learning