

**PWYLLGOR STRATEGAETH A CHYNLLUNIO  
STRATEGY AND PLANNING COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	01 July 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Primary Care and Community Services Strategic Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director Primary Care, Community Strategy and Long-Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Bond, Assistant Director of Primary Care

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of the report is to provide and update on the development of the Strategic Plan for Primary Care and Community Services.

Cefndir / Background

**National Context**

The Kings Fund in 2024 recognised that 90% of daily NHS activity happens either in General Practice or the community.

Nationally, Primary Care sees an investment of over £1b each year across the four contractor professions (General Practice, General Dentistry, Community Pharmacy and Optometric services), for a population of circa 3.11m.

In June 2024 across Wales, GP Practices received 2.4m telephone calls, issued 5.9m prescriptions and saw 411k patients, whilst Community Pharmacies saw 40k Common Ailment consultations and there were 202k District Nurse visits. For the same time period there were 143k referrals to Secondary Care, 14.5k admissions, 95k Accident and Emergency attendances and 35k calls to the Welsh Ambulance Service NHS Trust (WAST).

The Strategic Programme for Primary Care has been leading on a review of the Primary Care Model for Wales, which was initially developed 15 years ago, and the National Association of Primary Care are engaged in discussions around the future model for Primary Care in Wales.

The NHS in Wales is a key member of developing the tripartite (NHS, Welsh Government and the professional body) mandate discussions across the contractor professions, which are undertaken as part of a national framework on an annual basis. Therefore, there are contextual and contractual issues that need to be considered on a local basis when considering the scope and breadth of a Primary Care and Community services strategic plan.

## **Local Context**

Throughout the period of time that the Strategic Plan has been in development, local solutions have continued to be identified enhancing the scope and range of services provided in Primary Care. Three Cluster projects (First Contact Physiotherapy, Children and Younger Persons Mental Health (Tier 0/Tier1) and multi-disciplinary pain management) (referenced in Appendix 1) have been identified for consideration of scale up and roll out across the Health Board, which support timely access to services for patients and bringing more services into Primary Care and the community.

In the latter part of 2024, an Adult Attention Deficit Hyperactivity Disorder (ADHD) Local Supplementary Services was commissioned from GP Practices in recognition of the number of adults needing support with monitoring and prescribing of their medication.

Through the Strategic Programme for Primary Care Fund, work has progressed on a number of initiatives that support the implementation of the Health Education and Improvement Wales (HEIW) Strategic Plan for Primary Care Workforce which aligns to the Primary Care Model for Wales; these include:

- Urgent Care Practitioner pilot in Pembrokeshire working across in-hours and out-of-hours with a focus on palliative care
- Workforce Planner for GP Practices
- Independent Prescriber (IP) Pharmacist support to qualified and in training IP Pharmacists
- GP mentorship supporting newly qualified or locum GPs to consider salaried roles or partnership
- GP mentorship to advanced practitioners supporting multi professional and peer support and development
- Piloting health hubs in General Practice

## **Asesiad / Assessment**

The scope of the Strategic Plan has been agreed by Board as including:

- Primary Care contracted services: General Medical Service, Optometry, Community Pharmacy and General Dental Services
- Hywel Dda University Health Board (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 e.g., 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

Work began on developing a Primary and Community Services Strategic Plan in May 2024. Since that time work has been undertaken to:

- Develop issues papers for both Primary Care contractor professions (including the Community Dental Service and Out of Hours) and Community Services.
- Undertake Workforce and Public engagement throughout September 2024 when seven events aligned to each Cluster were facilitated alongside two online engagement events.

- Develop a set of themes to align the development of the Strategic Plan to the national work led by the Strategic Programme for Primary Care in reviewing the Primary Care Model for Wales.

Whilst attendance and therefore feedback was limited at the public engagement events the feedback told us:

- Patients want to be able to see a GP in a timely manner
- Patients want the approach and time that GPs have to listen to patient needs to change
- Patients want access to NHS Dental services with respondents indicating that they either saw a Dentist privately or had no access to Dental services
- Patients told us that they still like to have information in paper format e.g., leaflets as many reported not having digital access to be able to access relevant information
- Patients wanted to know more about community service availability such as mental health and wellbeing, weight management support, walking groups etc
- Patients wanted to know how to access services outside of daytime provision and wanted to see greater flexibility
- Patients wanted to better understand referral pathways and know when they are able to self-refer without needing to see a GP
- Staff want to see a greater offering of mental health services within the community
- Staff wanted to see adequate funding for Primary Care that invests in the estate, future infrastructure and training
- Staff wanted less duplication of IT systems and the integration of Artificial Intelligence (AI) to support more effective communication between Primary Care and Community services
- Staff wanted to see a continuum of care across all services and greater public health support in the prevention agenda
- Staff wanted help to overcome recruitment issues for clinical and administrative staff that was reported to be impacting on services that are already being delivered

A Board Seminar was held in February 2025 where the proposed model for future delivery was articulated as being:

*The commissioning and delivery of Primary and Community Services will deliver timely, safe and effective clinical care which addresses population health needs. Care, where possible, will be delivered closer to home (through the shift of services traditionally delivered in Secondary Care). However, to ensure sustainable service provision there will be occasions where patients will be required to travel for some services. Where possible, more specialist services will be commissioned and delivered at a Cluster level, with oversight at a Regional Integrated Management Board. Community staff employment will be coterminous with GP Practice staff to ensure that there is a system wide approach to delivering care to the most vulnerable in our communities.*

It was noted that to achieve this, the organisation needs to protect, stabilise and develop current contractual and community service capacity.

Members of the Board Seminar were also asked to consider the future delivery model which was set out as being organised to enable:

- Oversight and monitoring at Regional Commissioning Board, with delivery at Pan Cluster Planning Group level

- Potential to commission a range of services at a local level
- A set of performance metrics for monitoring of delivery
- Responsibility of Pan Cluster (Healthier) Planning Group for governance, quality, delivery and patient outcomes
- HDdUHB to deliver against agreed design principles e.g., percentage reduction in the number of people attending at Accident and Emergency (A&E) departments, percentage increase in the number of people able to die at home, reduction in the Amyotrophic Lateral Sclerosis (ALS), increase in the number of patients who have their chronic disease management optimised in line with national guidelines

A session with the Locality Leads was held in April 2025 where the options that had previously been presented at a Board Seminar in February 2025 were worked through. The report summarising the discussion is attached at *Appendix 2*. The session provided the opportunity for the Locality Leads understand the options to date and provide feedback; however not all options could be discussed in depth due to lack of representation from the wider profession.

A programme of engagement across the professional groups has been established to run throughout June to August 2025 with a focus on further review of options and the proposed model, with a large engagement session arranged for September 2025. In the meantime, it has been agreed that a mid-point review of the project should be undertaken to ensure that any areas of risk or challenges to completion are discussed and identified to enable further progress to be made on the development of the strategic plan.

#### Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the work undertaken to date in developing a Primary Care and Community Services strategic plan.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.15. Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Agendas and minutes of meetings 2024-25
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	AMWWG Locality Leads

### Effaith: (rhaid cwblhau) Impact: (must be completed)

<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Not Applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable

<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

# Primary Care and Community Services Strategic Plan

## Engagement workshop 3 April 2025: Summary Report

This is a summary report of the engagement exercise undertaken with Locality Leads, Primary Care Service Managers (PCSMs), and representatives from Out of Hours and Chronic Conditions Services. The purpose of the discussion was to review all the ideas and options that have been presented to the Executive team and/or the Board from November 2024 until the present day and the collective outputs from the public and workforce engagement exercise and Issues Papers.

Whilst members of the group (above) had been involved in the production of both Issues Papers and the public and workforce engagement exercises, this was the first opportunity for all the data presented to various audiences, to be discussed and reviewed from a clinical perspective.

This report will:

- Outline broad themes that arose from the discussion
- Identify the ideas and options that are strategic content versus those that are thought to be business as usual (BAU)
- Identify duplication with the 2025/26 Annual Plan
- Identify the ideas and options that require additional specific clinical representation
- Suggest the next steps in terms of clinical engagement and methodology for delivery of a strategic plan

This report contains summaries of each option/ idea that was discussed, including verbatim feedback. The source data for the discussion included:

1. Themes and Ideas presentation October 2024
2. Public Board SBAR November 2024
3. Executive Team Presentation December 2024
4. Board Seminar Presentation February 2025
5. Urgent and Emergency Care (UEC) Primary Care presentation April 2025

### Broad Themes

The following areas of focus have been identified as broad themes of agreement:

- Digital Services: There was a consensus on the need for integrated digital systems for both data and access to services, both for patients and between health care professionals. The need for integrated systems with Social Care was identified also. There was consensus on the need to build upon systems and apps already available, most notably the NHS App. The notable exception was the option to allow external providers to pre-book General Medical Services (GMS) appointments without the agreement of GPs.
- Estate: There was consensus on the need to improve the estate, but not solely GMS estate. There was agreement with the idea of the Health Board holding the Lease on GMS properties.
- Fund holding: There was consensus on the idea of locality-based fund holding, and service design. There was broad agreement that this was

possible already, but that the current systems were not enabling the clusters to meet this aim.

- Providing 'holistic services:' There was a consensus view that patient care should be provided holistically rather than targeted at specific contractors eg, Community Pharmacy for Chronic Conditions Managements, or confining the supplementary service offer to target Secondary Care services only.
- Whole system place-based model: Broad consensus for seamless services across Primary Care and Community services, whilst challenging the need for 24/7 access; due to business viability for Community Pharmacy and workforce capacity. There was qualified agreement on the community hub model, with caveats to site/ service offer and with the proviso that the offer should be population need led, not simply as a response to a shift left from Secondary Care.
- Urgent Emergency Care and Urgent Primary Care: Consensus reached that the current system could deliver Urgent Primary Care (UPC) through Out of Hours (OOH), Acute Response Team (ART), Intermediate Teams, District Nurses (DNs) etc, but there was a need to properly determine the connections and specifics of both the UEC model and the UPC model. The options and ideas appear to speak to both without being clear that the UPC model is fundamentally different from UEC and will require investment.

### Community Pharmacy

The group highlighted the lack of representation for an in-depth, clinically led discussion. However, interdependencies between GMS and Community Pharmacy were highlighted and the following points were raised:

- Lack of evidence for the involvement with Community Pharmacy in the options and ideas. Does the profession want to expand its offer as per the options and ideas outlined?
- Does the Community Pharmacy estate allow for the additional consultations and services suggested in extending their remit to Chronic Conditions management?
- There is a risk that professional qualifications and oversight are breached.
- The requirement to dispense remains the duty of Pharmacists – additional pharmacists will be required to maintain dispensing as well as carry out additional patient care. Is this viable?

### Optometry

The group highlighted the lack of representation for an in-depth, clinically led discussion. In addition, there is overlap with BAU and Integrated Medium Term Plan (IMTP) projects that require decisions.

### Dental

The group highlighted the lack of representation for an in-depth, clinically led discussion. In addition, there is overlap with BAU and IMTP projects that require decisions.

### Business as usual

Some of the ideas and options previously presented had been given notional labels of strategic or operational. As a strategic plan, it is important to be clear what should be taken forward as a strategic aim, and feature in future engagement, and what is

BAU and therefore sits outside of the plan. The group were asked to identify BAU ideas and options.

The following ideas and options were identified as BAU, this was due to them being identified as part and parcel of normal service improvement, a regulatory or legislative requirement, or ongoing business:

<b>Themes and Ideas October 2024</b>
<ul style="list-style-type: none"> <li>Review the current strategic plans and governance structures in place ensuring consistency and correct representation with a facility to share amongst the workforce.</li> </ul>
<ul style="list-style-type: none"> <li>Review and revise patient access against the requirements for protected characteristics, to ensure the Health Board and Contractor Services are meeting their statutory duties.</li> </ul>
<ul style="list-style-type: none"> <li>Map the current appointment system across contractual professions to identify disparity and explore potential opportunities to align and improve.</li> </ul>
<ul style="list-style-type: none"> <li>Explore the opportunities for preventative health and Point of Care Testing in non-GMS settings.</li> </ul>
<ul style="list-style-type: none"> <li>Develop contingency plan to mitigate posts within community services that are RIF funded. This ends on 31 March 2027 with no current plans to offset the budget (taken from Community issues paper).</li> </ul>
<ul style="list-style-type: none"> <li>Develop a market strategy to identify and reduce Health Board spend in areas of service exposed to external market forces and inflationary cost pressures (taken from Primary Care and Community issues paper)</li> </ul>
<ul style="list-style-type: none"> <li>Review all service information for accessible use, and ensure all non-compliant information is revised to ensure the equality duty is met promoting existing Primary Care and Community services.</li> </ul>
<ul style="list-style-type: none"> <li>Review Primary Care pocket medic videos and produce as necessary additional resources for community services in line with Public Health messages and in partnership with Public Service Boards and Regional Partnership Board.</li> </ul>
<ul style="list-style-type: none"> <li>Revise cluster plans to identify and amplify the opportunities available to patients and the public that support their health and wellbeing at a local level, across contractual and community services.</li> </ul>
<ul style="list-style-type: none"> <li>Work with the Health Pathways Programme to maximise the information available for Hywel Dda Health Board (HDdUHB) workforce to steer patients to 'non-referral' advice, information, and services.</li> </ul>
<ul style="list-style-type: none"> <li>Formalise a governance structure between Health and Social Care to share intelligence eg, populations needs assessment and wellbeing plans to guide service redesign where required.</li> </ul>
<ul style="list-style-type: none"> <li>Establish annual Primary Care and Community networking events.</li> </ul>
<ul style="list-style-type: none"> <li>Build trusting inter-organisational, professional relationships and create a culture of learning from each other that improves workforce resilience and morale.</li> </ul>
<b>Public Board Nov 2024</b>
<ul style="list-style-type: none"> <li>Working with the Primary and Community Services Academy to support workforce planning as well as the development of training and educational learning plans. People will be encouraged to work at the top of their license ensuring that care is high quality and effective.</li> </ul>

<ul style="list-style-type: none"> <li>• Health services are organised and delivered and costed across Primary Care and Community Services</li> </ul>
<ul style="list-style-type: none"> <li>• Governance and leadership of Primary and Community services.</li> </ul>
<ul style="list-style-type: none"> <li>• Development of an investment plan to ensure the scale up and roll out of training to support the development of the Primary and Community services workforce to deliver a wider range of services and to be confident in delivering care that is at the top of their scope of professional practice.</li> </ul>
<ul style="list-style-type: none"> <li>• Undertaking contractual management and compliance in line with the GMS Regulations.</li> </ul>
<ul style="list-style-type: none"> <li>• Identification of Cluster projects to scale up and roll out for Health Board wide implementation (to be undertaken as part of an annual rolling programme).</li> </ul>
<ul style="list-style-type: none"> <li>• Review of the Pharmaceutical Needs Assessment.</li> </ul>
<ul style="list-style-type: none"> <li>• Implementation of Wales General Ophthalmic Services (WGOS) 4 in line with Welsh Government approved transition and transformation plans shifting care for patients from Ophthalmology to Optometry.</li> </ul>
<ul style="list-style-type: none"> <li>• Development of an Eye Health Needs Assessment.</li> </ul>
<ul style="list-style-type: none"> <li>• Support to ensure that there is an Independent Prescriber (IP) Optometrist working in every Optometric Practice.</li> </ul>
<ul style="list-style-type: none"> <li>• Develop a business case to look at Optometry led YAG laser clinics.</li> </ul>
<ul style="list-style-type: none"> <li>• Review of activity and productivity with regular service audits to drive up quality and service effectiveness.</li> </ul>
<p><b>Radical December 2024</b></p>
<ul style="list-style-type: none"> <li>• Single management and operational team for Health Board Managed Practices.</li> </ul>
<ul style="list-style-type: none"> <li>• Delivery of WGOS services on behalf of other Health Boards with cross commissioning arrangements.</li> </ul>
<p><b>Board Seminar February 2025</b></p>
<ul style="list-style-type: none"> <li>• Review current Cluster and Pan Cluster arrangements to ensure that the right governance is in place to enable service development and commissioning.</li> </ul>

In addition, the ideas and options have been reviewed in comparison with the Annual Plan 2025/26. The following ideas are duplicated in the options that have been presented as part of the Strategic Plan but have already been agreed to be taken forward in this financial year.

The Annual Plan states: By the end of 2025/26 for Primary Care we will have:

1. Implemented a new NHS Dental Commissioning Plan to improve access to routine care and reduce dependence on urgent services
2. Fully implemented the Welsh General Ophthalmic Services (WGOS) framework, supporting the shift of glaucoma filtering/monitoring and other services into Primary Care
3. Reviewed the Pharmaceutical Needs Assessment to guide community pharmacy's expanded role
- 4.

Service and Clinical Representation Gaps

Whilst all of the options and ideas for the Strategic Plan were considered, there was recognition from the group that there remain further options to be developed around particular areas. The table below reflects further feedback from the group:

<ul style="list-style-type: none"> <li>• Radical Execs are nearly as important as radical clinicians and must not be faint hearted</li> </ul>
<ul style="list-style-type: none"> <li>• All services a based in community – funding and services only move to hospital where absolutely necessary</li> </ul>
<ul style="list-style-type: none"> <li>• Needs to be more of a focus on Education, Prevention and Self Care in this Strategic Plan</li> </ul>
<ul style="list-style-type: none"> <li>• Allow GP referrals direct to services eg, Accident and Emergency (A&amp;E) departments/ Minor Injuries Units (MIU) – why are they triaged again?</li> </ul>
<ul style="list-style-type: none"> <li>• GP consultants? Recognise them as consultants</li> </ul>
<ul style="list-style-type: none"> <li>• Options are chronic conditions – are not focusing on holistic care</li> </ul>
<ul style="list-style-type: none"> <li>• County Directors (missing from discussion)</li> </ul>
<ul style="list-style-type: none"> <li>• Community Pharmacy (missing from discussion)</li> </ul>
<ul style="list-style-type: none"> <li>• Secondary Care are missing from any discussion about the Strategic Plan</li> </ul>
<ul style="list-style-type: none"> <li>• Allied Health Professionals (AHPs) – missing from discussions</li> </ul>
<ul style="list-style-type: none"> <li>• A focus on business and usual – needs more new ideas</li> </ul>

#### Primary Care and Community Services Strategic Plan: Proposed Next Steps

The session identified gaps in clinical and service involvement in the discussion to date, especially with Community Pharmacy, Dental and Optometry. The options and ideas did not reflect fully the Community Services that were in scope and nor was there evidence of Secondary Care or Allied Health Professional involvement in the proposed options and ideas. The underlying themes around the interface between UEC and UPC was a clear area of required focus.

The next steps must include:

1. Reviewing the options and ideas proposed with the following target groups:
  - UEC
  - Nursing Collaboratives/ Specialist Nursing teams
  - Optometry Collaborative
  - Community Pharmacy Collaborative
  - Dental Collaborative
  - Allied Health Professionals (including Mental Health and Learning Disabilities (MH&LD))
  - Chronic Conditions Services
  - Secondary Care Services
2. Seek options and ideas from wider Health Board services. To do this we will engage with:
  - County System Leads
  - Secondary Care Services
  - Allied Health Professionals
  - Urgent and Emergency Care
  - Community Mental Health and Learning Disabilities

3. Non-health Board partners review and the options and ideas and input ideas and options. To do this we will engage with:
  - Regional Partnership Board (RPB) groups
  - Healthier Carmarthenshire
  - Healthier Ceredigion
  - Healthier Pembrokeshire
  - Public Service Boards
  
4. The development of an integrated assessment process that aligns the Primary Care Model for Wales (PCMW), the Social Model for Health and Wellbeing (SMfHW) Principles and Standards, the Duty of Quality and the Equality Impact Assessment (EqIA) duties. To do this we will:
  - Review and identify commonalities between the PCMW and the SMfHW and Quality Impact Assessment (QIA).
  - Continue the development of EqIA assessments.
  
5. The development of a communication and engagement plan that identifies the key messages and forms of communication required, using the ideas and options delivered through the engagement process. To do this we will:
  - Identify what ideas and options require:
    - Consultation
    - Engagement
    - For information
  - Design a communication plan based on:
    - “What does this mean for the public?”
    - “What does this mean for our workforce?”
    - “What does this mean for our organisation?”
  - Identify the resource requirements for the communication and engagement work, in tandem with other Health Board engagement requirements.