Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary Care Recovery Funding
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

As part of the reset and recovery of Primary Care, funding was secured to assist in clearing the backlog to enable a smoother transition into resetting of contracted services. This report sets out how the investment received was used.

The Committee is requested to note and discuss the content of this report.

Cefndir / Background

At the point in time that the recovery funding was made available, Primary Care contractors were still experiencing difficulties with staffing, particularly in General Practice and Community Pharmacy, which impacted on their ability to participate in the programme in the way that had been anticipated.

Similarly for outsourced specialist dental services, we were restricted by the ability of the Provider's capacity to deliver against the aspiration of the Health Board due to workforce and restrictions in place due to the risk of Aerosol Generating Procedures (APGs).

It was acknowledged through the monthly Director's meeting with Welsh Government (WG) that Hywel Dda University Health Board (HDdUHB) had sought to deliver a reset programme across all contractor professions, which was commended.

A significant number of schemes were identified at the outset of the programme. Planning outlines were developed, which identified a management and clinical lead. Unfortunately, due to timing or workforce issues, it was not possible to take all of the schemes through to fruition. However, it should be noted that one of the schemes identified, Vulnerable Adults requiring General Anaesthesia for Dental Treatment, did not progress as part of the reset programme, as there was no requirement to commission an additional service to clear the backlog, due to an

assessment pathway established in the Community Dental Service.. An overarching Reset and Recovery Group was established and met weekly to ensure that those schemes identified as having potential for success were on track to deliver as anticipated and to enable any adjustments in the required investment to be communicated to the Finance Business Partner.

The following schemes were progressed. Scheme templates for each of the programmes are attached for information at Appendix 1.

General Dental Services

- Oral Surgery Service to reduce backlog
- Walk in centre for urgent dental access
- Orthodontics to reduce backlog

Optometry

- Glaucoma Follow ups not booked
- Independent Prescribing Optometry Service (IPOS) including Domiciliary Emergency Eye Care (DEEC) services.

Community Pharmacy

- Respiratory inhaler review service

General Medical Services

- Anticoagulation Reviews
- Annual Health checks for patients with a Learning Disability
- Supporting secondary care requests for Phlebotomy

Contractually, all of the individual contracts have now been reset and work is in progress through the national contract reform programme to deliver on service change and accessibility.

Asesiad / Assessment

All of the Primary Care schemes have been operating on a time limited basis and therefore, with the exception of the Eye Care schemes that form part of the wider pathway, the resource to support any further development of these programmes has ceased. It is proposed that further work to transition the service provision of some Eye Care pathways from Secondary Care to Primary Care needs to be considered, that the further development of the Respiratory Inhaler Review service in Community Pharmacy be scaled up and rolled out, and that consideration is given on a Health Board wide basis regarding the provision of phlebotomy services to improve accessibility and equity for patients.

General Dental Services

Oral Surgery Service

Aim: To increase the number of clinical sessions being delivered by clinicians with appropriate enhanced or specialist skills to successfully treat these cases. This increased capacity will reduce waiting times for oral surgery procedures, thereby decreasing the risks associated with lengthy waits for treatment.

Delivery: Opportunity to remove patients from the Swansea Bay University Health Board (SBUHB) routine waiting list, providing it is clinically appropriate to do so.

Urgent Dental Access
Aim: This project aims to provide additional dental resources to reduce the backlog of existing referrals of special care patients needing dental assessment and treatment. The project will initially address the highest priority cases, which currently represents over 12% of the backlog, and address a significant proportion of the patients whose referrals have been outstanding for over a year. The additional dental resources can utilise spare dental surgery capacity across Community dental clinics although Carmarthenshire will be constrained by limited surgery availability. Based on the funding requested, it is anticipated that around 33% of the back log will be addressed.

Delivery: Due to the challenges of recruitment, the current workforce undertook additional hours both in hours and out of hours with the aim of addressing the backlog. A total of 24 additional clinics were held across Ceredigion and Carmarthenshire, which resulted in:

- 132 patient appointments offered
- 107 appointments attended
- There were 20 Failure to Attend (FTA) appointments and 5 cancelled appointments (this included two clinics running on the weekend of a storm which resulted in 6 Did Not Attends)
- 25 courses of treatment were completed.

Orthodontics
Aim: To clear patients waiting for Orthodontic treatment referred prior to 2018 with a score of 4d on the index of Orthodontic Treatment need. There are 454 referrals falling into this category. There are 659 referrals where the patients will be aged 17+ by 31st March 2022. Additionally, there are 215 referrals since 2018 where the patients will be aged 17+ by 31st March 2022.

Delivery: Clearance of 1,328 referrals from the waiting list will reinstate the capacity lost due to COVID-19 in 2020/21. In 2021/22 the Health Board will lose a further 300 treatment starts if providers work to the minimum target set by WG of 82.5% contract achievement with a 5% tolerance.

Through provision of a monthly clinic to provide Specialist Orthodontic advice to General Practitioners concerning extraction of teeth and other orthodontic clinical concerns pertaining to future or current treatment. Advice to be provided either via referral or attend anywhere.

Optometry
Glaucoma
Aim: To increase the numbers of patients with glaucoma, ocular hypertension (OHT), or suspect disease being seen closer to home, in a timely manner within the primary care optometric setting. This will decrease secondary care waiting lists and free up capacity within the secondary care setting, allowing patients that can only be seen within secondary care to access the most appropriate Hospital Eye Service (HES) clinic in a timely manner. The plan to deliver on this was:

- Stratification the new and Follow Up Not Booked (FUNB) glaucoma waiting list
- Set up of 4 Optometric Diagnostic Treatment Centres (ODTC) across HDdUHB

- Training to enable future additional ODTCs.

Delivery: 5 Optometrists have been involved in the stratification of glaucoma patients. Patients to be grouped into the following categories:

- Group A – Patients suitable for data capture in Primary Care
- Group B – Patients requiring an appointment in a Primary Care ODTC
- Group C – Patients need to be seen in a General Ophthalmic clinic in the hospital eye service
- Group D – Patients need to be seen in a Glaucoma Consultant led face to face clinic
- Group E – Patients to be reviewed in a Glaucoma Consultant led virtual review clinic
- Group F – Further information needed to determine group

The stratification of 7,600 patients has been completed and the patients have been grouped appropriately. Patients in group F will need further stratification once additional information has been received by HES.

A procurement exercise is currently underway for the establishment of 4 ODTC's in Primary Care, which is due to commence mid-late July 2022.

The existing glaucoma data capture service has been decommissioned and the new service is in development. A procurement exercise is due to commence in the coming weeks and the service expected to start in September 2022.

IPOS/DEECS

Aim: WG requested that acute eye care hubs are for independent prescribing optometrists (and those training towards the qualification) to manage acute eye care problems, which would usually require referral to the HES or GP, were established during the COVID-19 pandemic. The patients were seen mainly in practice with a cohort needing an urgent domiciliary visit. Through the HDdUHB COVID-19 budget, funding was initially secured from 8th April to 30th June 2020, however through agreement in Tactical this was extended. Work was undertaken to try to secure a permanent transition of resource recognising the impact that this service being managed in Primary Care had on both patient care and lessening demand on hospital services. However, this was not successful.

Patients presenting to IPOS practices were managed within the skill set of the IPOS practitioner. Over the six month review period, 1,147 patients were seen who would otherwise have required a hospital attendance.

These findings support that an increased provision of the IPOS service, with non-IP Practices referring urgent cases to an IPOS practice rather than the hospital, could lessen the need for rapid access eye care clinics based within secondary care, therefore freeing up capacity within the secondary care HES. This would enable HES staff, who previously would have seen these patients, to address the needs of patients who can only be seen within the HES setting, therefore decreasing waiting times, lessening the risk of irreversible sight loss and related health economic burden.

Delivery: In December 2021, IPOS was expanded, and the pathway amended to allow IPOS practices to accept referrals from non-IP practices. This ensured that the service was as widely

available as possible, further reducing the number of patients presenting in the rapid access eye care clinics.

The original source of funding was due to end on 31st March 2022; however, the importance of this service was acknowledged by secondary care, and the funding for the service was provided by secondary care from 1st April 2022 as an interim measure until the Optometric contract (currently subject to national negotiation) is introduced.

The service continues to run efficiently, and the inter-practice referral has become more embedded within the Optometric profession since its expansion, further increasing the number of patients being retained in Primary Care. The number of IPOS practices will continue to increase as and when more Optometrists obtain their IP qualification.

Community Pharmacy

Respiratory Inhaler Service

Aim: A Local Pharmacy Enhanced Service called Respiratory Medicines Use Review (MUR) Plus was commissioned in HDdUHB from April 2016. The service was an "add-on" to the MUR Service for those patients who were prescribed inhalers. There are two parts to the service;

- Part 1 – patient demonstrates their inhaler technique using an In-check device and is given instruction to improve use. An Asthma Contact Test (ACT) or Chronic obstructive pulmonary disease (COPD) score is taken as a baseline of symptom control.
- Part 2 - within 6 weeks, the patient is invited to return to repeat Part 1. The intended outcome is that there should be an improvement in inhaler technique and in the ACT/COPD Score. The service set a maximum of 60 reviews per pharmacy per year. Fees were set at £4 for Part 1 and £6 for Part 2.

There was only limited uptake in the service and further promotion of the local service was paused as a National Inhaler Service was being developed.

The new National Inhaler Enhanced service was due to commence in early 2020 but was put on hold due to the COVID-19 pandemic. Whilst following a similar format to the local service, the fees and service detail differed. The maximum activity for the national service was 100 reviews. Fees were set at £7.47 for Level 1 and £20.21 for Level 2.

Delivery: Due to the COVID-19 pandemic and the risks involved with aerosol generating procedures the service was amended to an Asthma Review service. Community Pharmacies engage with patients who were in receipt of asthma medication and presented at the pharmacy.

Community Pharmacies were asked to;

- Complete an Asthma Control Tool questionnaire as the basis for the review
- Provide "green" messages to patients around inhaler use and disposal
- Ask patients if they had a Personal Asthma Plan (PAP) in place
- Follow the All Wales Adult Asthma Management and Prescribing Guidance
- Use the template to record each asthma review undertaken and send to the registered GP Practice within 24 hours of the review taking place.

The service was provided in Community Pharmacy between January and March 2022.
8 pharmacies delivered the service, and 224 patients were reviewed.

General Medical Services

Anticoagulation Reviews

Aim: The number of patients requiring anticoagulation monitoring is increasing due to an ageing population and the increasing clinical use of warfarin, primarily for atrial fibrillation and coronary heart disease. The aim of this project is to accelerate the number of missed reviews of patients who are anticoagulated. It is anticipated that Primary Care will provide 10-20 minute appointments which will offer good quality holistic care. It is important to note that an extant Enhanced Service for anticoagulation monitoring has historically and continues to be commissioned.

Delivery: The International Normalised Ratio (INR) Accelerated Annual Review Scheme was offered to all GP Practices and was commissioned between 1 December 2021 and 31 March 2022. 26 GP Practices signed up to deliver the service with 19 practices claiming for delivering the service. A total of 523 Annual Reviews were undertaken at a total cost of £15,690.

Annual Health Checks for patients with a Learning Disability

Aim: People with a Learning Disability often have poorer physical and mental health that other people – this can be improved by regular holistic Annual Health Checks. Annual Health checks help patients to stay well and healthy and to diagnose problems early so that the right care can be provided, resulting in a better outcome for both the patient and health services. Improved READ coding will assist in data collection and identification of the appropriate individuals to ensure that they receive the appropriate care packages. It is important to note that an extant Enhanced Service for Learning Disabilities has historically and continues to be commissioned.

Delivery: The Learning Disabilities Review Accelerated Bonus Scheme was commissioned from GP Practices between 1 December 2021 and 31 March 2022. A total of 32 GP Practices signed up to deliver the service with 21 practices submitting claims for delivery. A total of 440 Learning Disability Annual Reviews were completed for a total cost of £42,000.

Supporting Secondary Care requests for Phlebotomy

Aim: Increase capacity to enable GP Practices to take secondary and tertiary care requested bloods within Practice or a community setting to support the demand across the whole Health Board. It was anticipated that there would be a reduction in the waiting times for secondary care initiated blood tests to be undertaken as well as clearing the backlog and/or waiting list for routine blood tests across the whole system, enabling the service to continue to the demand. It is important to note that an extant Enhanced Service is in place for the delivery of this service, however the level of funding attributed to this is considered to be insufficient to fund the ongoing delivery of the service in Primary Care. The Local Medical Committee is seeking a commitment to continue the delivery of this service at an enhanced rate and believe that, as this is a transfer of work from secondary care to primary care, the resource to enable that to happen needs to be seen to transact.

Delivery: A time limited enhanced remuneration scheme was commissioned from GP Practices between December 2021 and 31 March 2022. 39 GP Practices signed up to deliver the service and 35 GP Practices claimed for activity against this service. A total of 7,393 secondary care initiated episodes of phlebotomy were undertaken for a total cost of £51,751. It is important to note that this will not be the totality of the demand.

Argymhelliad / Recommendation

The Committee is requested to:

- Note the outcome of the Primary Care reset programme.
- Note the schemes within the programme that require further work to enable them to continue delivering appropriate and timely care to patients in a Primary Care setting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	3I Primary Care Contract Reform
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not Applicable
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

Scheme:	**Oral Surgery Service to address backlog (GDS1)**		
Clinical Lead:	Catherine Nelson	Managerial Lead:	Rhian Bond/Mary Owens
Estimated funding required:	£400k	Additional funding secured:	No
Scheme Description:		Anticipated Impact/Benefit:	
There are currently waits of 12months+ for patients to be able to access specialist services for minor oral surgery procedures. Around 1,600 patients are waiting for treatment. COVID has resulted in an increase in complex extractions, outside the scope of mandatory general dental services, being referred into our specialist providers in primary care. Despite waiting lists being clinically prioritised by specialist oral surgeons and more stringent referral criteria being introduced, there remains significant delays in the system. Delaying this kind of treatments can pose significant risks from spreading infections, recurrent attendance at services and multiple prescriptions for antibiotics.		This project aims to increase the number of clinical sessions being delivered by clinicians with appropriate enhanced or specialist skills to successfully treat these cases. This increased capacity will reduce waiting times for oral surgery procedures, thereby decreasing the risks associated with lengthy waits for treatment. Opportunity to remove patients from the SBU routine waiting list providing it is clinically appropriate to do so.	
Resources required and Deployment Plan:		Delivery Update:	
There are currently 3 potential sites in primary care settings within HDUHB that could be considered for providing these additional sessions. Use the updated Oral Surgery Pathway and stratify the patients on the waiting list in accordance with this guidance. There are 2 current providers situated in Swansea Bay. Procurement Services required to manage contract award process. The costs have been derived on a cost per case basis of a maximum cost £250 per patient			
Delivery Status:			

Scheme:	**Walk-in model for urgent dental appointments – All Patient Groups (GDS2)**		
Clinical Lead:	Catherine Nelson – Associate Medical Director- Dental Services	Managerial Lead:	Rhian Bond/Mary Owens
Estimated funding required:	£477K in Total £246 recurrent and £231K non recurrent	Additional funding secured:	

Scheme Description:	Anticipated Impact/Benefit:
To provide Walk-in Centre for urgent dental appointments, one off courses of treatment and repair and provision of dentures. Located in the longer term in new premises but until these premises are available the service could rent a mobile unit to deliver services as soon as funding a staffing were made available. The Health Board has the lowest access in Wales for NHS Dental Services which impacts on the demand for urgent dental services. There is also a cohort of patients who do not want routine dental care on regular basis and only want care if they have an urgent problem. We have an issue with patients who do not currently have a dentist but have been issued with dentures in past who have problems but there is no service to direct them to. The service would be provided in accordance with the strategy for a Healthier Wales focusing on prevention and delivery of services under a multi skilled approach.	Service will operate on shift basis to open access earlier and later and provide a weekend clinic. Potential to see 80 patients per week for 46 weeks per annum. Co-location with CDS provides the opportunity to provide sustainability and support to both service and share clinical and managerial leadership. Provides employment for 5.5 WTE posts under a salaried model which may attract more Dentists into the area. Urgent and vulnerable patients will have access to timely care with the Dental Therapist providing oral health advise and sig post patients to wider support with diet, smoking cessation, and alcohol intake. An assessment of risk and need for each patient will provide the HB with a picture of the dental needs of the population who do not regularly attend a dental Practice.
Resources required and Deployment Plan:	Delivery Update:
Medical & Dental recruitment services for 2 dentists Procurement Services capacity required to manage procurement of surgical trays and rental of mobile dental unit.	Mobile dental unit procured and delivered February 2022. Due to covid restrictions only one surgery has been able to be utilised to date. Procurement of surgical trays completed. 0.2wte Dentist recruited and commenced in March 2022 0.8wte Dentist recruited, will commence in August 2022 1 wte Dental Nurse recruited, will commence in July 2022 Delay in commencing the service due to infection control issues within mobile dental unit (ventilation and water control) and electricity supply meant the first session was held in April 2022. Current service held one day

	per week and has been fully booked on each session. The service will expand to five days per week in August 2022.
Delivery Status:	

Scheme:	**Orthodontic care for children/young people (GDS4)**		
Clinical Lead:	Catherine Nelson – Associate Medical Director- Dental Services	Managerial Lead:	Rhian Bond/Mary Owens
Estimated funding required:	£1.967m	Additional funding secured:	
Scheme Description:		Anticipated Impact/Benefit:	
To clear patients waiting for Orthodontic treatment referred prior to 2018 with a score of 4d on the index of Orthodontic Treatment need. There are 454 referrals falling into this category. There are 659 referrals where the patients will be aged 17+ by the 31 March 2022. In addition to this there are 215 referrals since 2018 for where the patients will be aged 17+ by the 31 March 2022. Clearance of 1,328 referrals from the waiting list will reinstate the capacity lost due to COVID in 2020/21. In 2021/22 the HB will lose a further 300 treatment starts if our providers work to the minimum target set by WG of 82.5% contract achievement with a 5% tolerance. Provide a monthly clinic to provide Specialist Orthodontic advice to General Practitioners concerning extraction of teeth and other orthodontic clinical concerns pertaining to future or current treatment. Advice to be provided either via referral or attend anywhere.		Reduced risk of potential harm to patients having to wait longer for orthodontic treatment due to the impact of COVID. Would place HB back on waiting time trajectory prior to COVID to hold the average waiting time of 4.5 years. Reduce the concerns from young adults, parents and guardians, AMs, MPs and the CHC.	
Resources required and Deployment Plan:		Delivery Update:	
There are currently 3 potential providers within HDUHB that could be considered for providing a waiting list initiative. Procurement Services required to manage PDS contract award process. The costs have been derived on a cost per treatment start.			
Delivery Status:			

Scheme:	**Glaucoma Follow Ups not Booked (OPTOM1)**		
Clinical Lead:	Rebecca Bartlett	Managerial Lead:	Rhian Bond/Mary Owens
Estimated funding required:	£139k per annum	Additional funding secured:	No
Scheme Description:		Anticipated Impact/Benefit:	
Currently, in HDUHB there are around 7500 patients (new and follow ups not booked) waiting for glaucoma appointments within secondary care. Covid has resulted in increase in those on the waiting list and decreased secondary care capacity. However, there is a geographically spread primary care optometric workforce, many with required qualifications and specialist equipment required to act as ODTCs.		The aim of this project is to increase the numbers of patients with glaucoma, OHT, or suspect disease being seen closer to home, in a timely manner within the primary care optometric setting. This will decrease secondary care waiting lists and free up capacity within the secondary care setting, allowing patients that can only be seen within secondary care to access the most appropriate HES clinic in a timely manner. 1. Stratification the new and FUNB glaucoma waiting list 2. Set up of 4 ODTCs across HDUHB 3. Training to enable future additional ODTCs.	
Resources required and Deployment Plan:		Delivery Update:	
		5 Optometrists have been involved in the stratification of glaucoma patients. Patients to be grouped into the following categories: • Group A – Patients suitable for data capture in Primary Care • Group B – Patients requiring an appointment in a Primary Care ODTC • Group C – Patients need to be seen in a General Ophthalmic clinic in the hospital eye service • Group D – Patients need to be seen in a Glaucoma Consultant led face to face clinic • Group E – Patients to be reviewed in a Glaucoma Consultant led virtual review clinic • Group F – Further information needed to determine group	

	The stratification of 7,600 patients has been completed and the patients have been grouped appropriately. Patients in group F will need further stratification once additional information has been received by HES. Current procurement exercise underway for the establishment of 4 ODTC's in Primary Care. Due to commence mid-late July 2022. The existing glaucoma data capture service has been decommissioned and the new service is in development. A procurement exercise is due to commence in the coming weeks and the service expected to start in September 2022.
Delivery Status:	

Scheme:	**Independent Prescribing Optometric Services (IPOS) including Domiciliary Emergency Eye Care Service (DEECS) (OPTOM2)**		
Clinical Lead:	Rebecca Bartlett	Managerial Lead:	Rhian Bond/Mary Owens
Estimated funding required:	£815k per annum	Additional funding secured:	No
Scheme Description:		Anticipated Impact/Benefit:	
The aim of the acute eye care hubs is for Independent prescribing optometrists (and those training towards the qualification) to manage acute eye care problems which would usually require referral to the Hospital Eye Service (HES) or GP. The Patients were seen mainly in Practice with a cohort needing an urgent domiciliary visit. Through the HDUHB Covid-19 budget, funding was secured from the 8th April- 30th June 2020. Patients presenting to IPOS practices were managed within the skill set of the IPOS practitioner. Over the 6 month review period, 1, 147 hospital attendances were prevented. These findings support that an Increased provision of the IPOS service, with non IP Practices referring urgent cases to an IPOS Practice rather than the hospital, could lessen the need for rapid access eye care clinics based within secondary care, therefore freeing up capacity within the secondary care HES. This would enable HES staff, who previously would have seen these patients, to address the needs of patients who can only be seen within the HES setting, therefore decreasing waiting times, lessening the risk of irreversible sight loss and related health economic burden.		Over a 6 month review period, 1201 patients were seen within IPOS in total, with 54 referred to the HES. Based on this if we assume 6 patients seen per HES clinic this has the potential to release a potential 191 hospital based clinics either make saving or release hospital clinicians to review other patients. These findings support that an Increased provision of the IPOS service, with regards to continued funding, and a pathway change to accept referrals from non-IP optometrists, would could lessen the need for rapid access eye care clinics based within secondary care, therefore freeing up capacity within the secondary care HES. This would enable HES staff, who previously would have seen these patients, to address the needs of patients who can only be seen within the HES setting, therefore decreasing waiting times, lessening the risk of irreversible sight loss and related health economic burden. There would be less patient footfall on hospital sites with patients being able to access care nearer to home.	
Resources required and Deployment Plan:		Delivery Update:	

Sustainable training plan to increase the numbers of IP Practitioners. Documented pathway and development of procedures and systems. Procurement exercise to deploy funds. Development of data base to capture activity and patient outcomes.	In December 2021, IPOS was expanded, and the pathway amended to allow IPOS practices to accept referrals from non-IP Practices. This ensured that the service was as widely available as possible, further reducing the number of patients presenting in the rapid access eye care clinics. The original source of funding was due to end on the 31st March 2022, however the importance of this service was acknowledged by secondary care, and the funding for the service was provided by secondary care from 1st April 2022 as an interim measure until the Optometric contract is introduced. The service continues to run well, and the inter-practice referral has become more embedded within the Optometric profession since its expansion, further increasing the number of patients being retained in Primary Care. The number of IPOS practices will continue to increase as and when more Optometrists obtain their IP qualification.
Delivery Status:	

Scheme:	**Respiratory Inhaler Review Service (PHARM2)**		
Clinical Lead:	Jenny Pugh-Jones	Managerial Lead:	Rhian Bond /Angela Evans
Estimated funding required:	To re-establish the Local Enhanced Service the full year cost estimate is : 98 pharmacies x £10 x 60 (max) = £58,800* *if all pharmacies were commissioned and completed both Part 1 & 2 and reached maximum activity allowed. To introduce the National Enhanced Service the full year cost estimate is: 98 pharmacies x £27.68 x 100 (max) = £271,264^ ^ if all pharmacies were commissioned and completed both Level 1 & 2 for the maximum number of patient reviews.	Additional funding secured:	No. The introduction of this service would be cost pressure on the current Community Pharmacy Enhanced service allocation. Bid submitted as part of Primary Care Reset.
Scheme Description:		Anticipated Impact/Benefit:	
A Local Pharmacy Enhanced service called Respiratory MUR Plus was commissioned in Hywel Dda UHB from April 2016. The service was an "add-on" to the Medicines Use Review Service for those patients that were prescribed inhalers. There are two parts to the service; Part 1 – patient demonstrates their inhaler technique using an In-check device and is given instruction to improve use. An Asthma Contact Test (ACT) or COPD score is taken as a baseline of symptom control. Part 2 - within 6 weeks, the patient is invited to return to repeat Part 1. The intended outcome is that there should be an improvement in inhaler technique and in the ACT/COPD Score. The service set a maximum of 60 reviews per pharmacy per year. Fees were set at £4 for Part 1 and £6 for Part 2.		The impact of an inhaler review service is that the control of a patients Asthma or CPOD could be improved by some simple instruction. A major factor in these conditions being poorly controlled is incorrect use of the prescribed inhaler device. There are different types of devices which require specific respiratory techniques to obtain maximum delivery of the medication. Data on the local enhanced service which operated in Hywel Dda shows that of the 51 patients that had a review, only 30 returned for Part 2. However, of these 30 patients, 23 of them (77%) reported an improvement in their ACT or COPD score, due to their condition being better controlled as a result of a more effective inhaler technique.	

<table>
<tr><td colspan="2">There was only limited uptake in the service and further promotion of the local service was paused as a National Inhaler Service was being developed.

The new National Inhaler Enhanced service was due to commence in early 2020, but was put on hold due to the COVID-19 pandemic. Whilst following a similar format to the local service, the fees and service detail differed. The maximum activity for the national service was 100 reviews. Fees were set at £7.47 for Level 1 and £20.21 for Level 2.</td><td></td></tr>
<tr><td colspan="2">Resources required and Deployment Plan:</td><td>Delivery Update:</td></tr>
<tr><td colspan="2">Assess position across Wales on a timescale for launch of national inhaler review service.
Review service requirements and the impact on PPE need for pharmacies.</td><td>The roll-out of the national enhanced service was stopped due to the COVID-19 pandemic as it specifically requires a patient to blow into an in-check device. Advice is required on whether a vigorous, extended exhalation breath, which is required for the device would be an Aerosol Generating Procedure and the level of PPE that would be needed for this service.</td></tr>
<tr><td>Delivery Status:</td><td colspan="2">Following advice the service was amended to an asthma review service.
Community Pharmacies were asked to;
• Complete an Asthma Control Tool questionnaire as the basis for the review
• Provide “green” messages to patients around inhaler use and disposal
• Ask patients if they had a Personal Asthma Plan (PAP) in place
• Follow the All Wales Adult Asthma Management and Prescribing Guidance
• Use the template to record each asthma review undertaken and send to the registered GP Practice within 24 hours of the review taking place.
The service was provided in Community Pharmacy between January and March 22.
8 pharmacies delivered the service and 224 patients were reviewed.</td></tr>
</table>

Scheme:	**Anticoagulation in Primary Care (GMS1)**		
Clinical Lead:	Dr Sion James	Managerial Lead:	Rhian Bond/Tracey Huggins
Estimated funding required:	£57,000 (1 session x £300 per 2,000 registered patients)	Additional funding secured:	No
Scheme Description:		Anticipated Impact/Benefit:	
To increase capacity in GMS to accelerate reviews of anticoagulated patients. Whilst there has been a requirement to provide essential services throughout the Covid Pandemic, there may be a number of patients who required anticoagulation monitoring who have not been reviewed.		The number of patients requiring anticoagulation monitoring is increasing due to an ageing population and the increasing clinical use of warfarin, primarily for atrial fibrillation and coronary heart disease. The aim of this project is to accelerate the number of missed reviews of patients who are anticoagulated. It is anticipated that Primary Care will provide 10-20 minute appointments which will offer good quality holistic care.	
Resources required and Deployment Plan:		Delivery Update:	
Each GP practice will need to identify any anticoagulated patients who have a review outstanding and undertake an appropriate assessment. This funding would provide £300 per additional clinical session per 2,000 registered patients.		The INR Accelerated Annual Review Scheme was offered to all GP Practices and ran between 1st December 2021 and 31st March 2022. 26 GP practices signed up to deliver the service. 19 practices claimed for delivering the service. A total of 523 Annual Reviews were undertaken at a total cost of £15,690	
Delivery Status:	COMPLETED		

Scheme:	**Annual Health Checks for people with Learning Disabilities – Including Coding (GMS13)**		
Clinical Lead:	Dr Sion James	Managerial Lead:	Rhian Bond/Tracey Huggins
Estimated funding required:	£87,400 (1 x Sessions x £160 (HCA/PN) and 1 x Sessions x £300 (GP) per 2,000 registered patients) to include additional searches and coding	Additional funding secured:	No
Scheme Description:		Anticipated Impact/Benefit:	
Additional Clinics to be funded for practices to undertake additional Annual Health Checks for people with Learning Disabilities. Learning Disability registers are known to be too low due to clinical coding. GP practices to be asked to search for a range of diagnosis to increase their Learning Disability prevalence		People with a Learning Disability often have poorer physical and mental health that other people – this can be improved by regular holistic Annual Health Checks. Annual Health checks help patients to stay well and healthy and finding problems early so the right care can be provided is a better outcome for both the patient and health services. Improved READ coding will assist in data collection and identification of the appropriate individuals to ensure that they receive the appropriate care packages	
Resources required and Deployment Plan:		Delivery Update:	
Practice Nurses ' HCA's and GP's to jointly deliver clinics to offer additional opportunity for Patients with Learning Disabilities to attend for an Annual Review.		The Learning Disabilities Review Accelerated Bonus Scheme was offered to all practices between 1st December 2021 and 31st March 2022. A total of 32 GP practices signed up to deliver the service. 21 practices submitted a claim for accelerated delivery A total of 440 Learning Disability Annual Reviews were completed for a total cost of £42,000 (£95 per review)	

Delivery Status:	COMPLETED

<table>
<tr><td>Scheme:</td><td colspan="3">Supporting secondary care generated phlebotomy in GMS (GMS16)</td></tr>
<tr><td>Clinical Lead:</td><td>Sion James</td><td>Managerial Lead:</td><td>Rhian Bond / Tracey Huggins</td></tr>
<tr><td>Estimated funding required:</td><td>Annual recurring

ES in place – but payment deemed too low with current cleaning regimes needed due to COVID and reduced footfall

£7.00 for every “bleed” procedure requested by secondary or tertiary care.

Going off the table below and estimating the number of slots filled per week at each secondary care facility 2,080 x7 = £14,560 per week</td><td>Additional funding secured:</td><td></td></tr>
<tr><td colspan="2">Scheme Description:</td><td colspan="2">Anticipated Impact/Benefit:</td></tr>
<tr><td colspan="2">Increase capacity to enable the PC team to take secondary and tertiary care requested bloods within Practice or a community setting, to support the demand across the whole HB.</td><td colspan="2">Reduce waiting times for secondary care initiated blood tests to be undertaken.
Clear the backlog / waiting list for routine blood tests across the whole system.
Continue with meeting the demand.</td></tr>
<tr><td colspan="2">Resources required and Deployment Plan:</td><td colspan="2">Delivery Update:</td></tr>
<tr><td colspan="2">Requester needs to complete the blood form for the patient.
Blood results go back directly to the requester.
Practices continue to use READ code 9N7D</td><td colspan="2">A time limited enhanced remuneration scheme was offered to GP Practices between 1/12/2021 and 31/03/2022.

39 GP Practices signed up to deliver the service

35 GP Practices claimed for activity against this service

A total of 7,393 secondary care initiated episodes of phlebotomy were undertaken for a total cost of £51,751 (£7 per bleed)</td></tr>
</table>

Delivery Status: COMPLETED

Site/ priority	Number of slots/day	Number of Wk	Next available	Next full day availability	Comment
Antioch/ Routine	130	650	22-Jun	16-Jul	Handful of slots on Tues, Wed and Friday next week due to cancellations
Antioch/ Priority	28	140	22-Jun	24-Jun	Approx 10 slots per day available next week
Glangwili	184	920	21-Jun	22-Jun	No waiting list
Amman Valley	70 (Wed Only)	70	07-Jul	07-Jul	Service restarting on 7th July
Bronglais OPD	30	150	21-Jun	22-Jun	No waiting list
Withybush OPD	?? 30	?? 150	??	??	Don't have data, run by WGH OPD

These figures were sent through from Dylan Jones. I've estimated Withybush as the same as BGH.

Going off the available slots per day 402 per day / 2,080 per week (inclusive of AVH once weekly clinic).

If PC bled all these individuals 2,080 x 7 = £14,560 per week (52 weeks = £757,120 PA).