



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Project Plan to develop a Primary and Community Services Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of 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

Following an extraordinary Board meeting in February 2023 it was agreed that work would be undertaken to develop a Primary Care Strategy. In March 2023, the Board approved the establishment the Clinical Services Plan Programme as a response to the challenges facing a number of fragile services. The programme is based on the Health Board's principles of care that is safe, sustainable, accessible, and kind, and provides part of the response to meet the Targeted Intervention requirements of Welsh Government. Primary Care's identification as a fragile service, means it is one of a suite of pathways that fall under the CSP governance structure and methodology. Both the decisions, for the development of a Primary Care Strategy, and the decision to instigate the CSP demonstrate the importance of primary care for our population health and the challenges it faces both in the immediate future, and in its long-term sustainability. Through discussion with the Executive team at a meeting in June 2023 it was discussed and proposed that due to the scale and breadth of the work required that the strategy should be inclusive of Community services.

The Health Board has already consulted on A Healthier Mid and West Wales Strategy. Currently the Business Case is being developed with a focus on a new urgent and emergency Care hospital. However, the new site is but one part of the vision to deliver a new hospital network. The system wide vision spans the entire Health Board footprint and includes the redevelopment of both Withybush Hospital and Glangwili Hospital alongside the various Integrated Care Centre developments. Primary Care and Community services will provide the foundation for the future model of health and care delivery, and the Primary Care and Community Strategy will play a significant role in helping to shape and articulate the health outcomes we should expect to see for our population.

Primary Care and Community services are dependent upon one another, and as such have been the focus of work taken forward previously in the Integrated Localities programme planning objective, as well as a number of other programmes of work. The latest iteration of the project has been reframed through the growing challenge of service sustainability.

Cefndir / Background

Primary Care Services (General Medical Services, General Dental Services, Community Pharmacy and Optometric services) are commissioned against a set of national requirements that are set in legislation and/or are subject to Regulations. Contracts are negotiated on a national basis, and in more recent years these have been undertaken on a tripartite arrangement with Welsh Government, the NHS and the relevant professional body agreeing a joint mandate which sets the tone and direction for the negotiations. Following completion of the negotiations further work is undertaken, again on a tripartite basis, to support effective contract implementation and commissioning of services against a national standard.

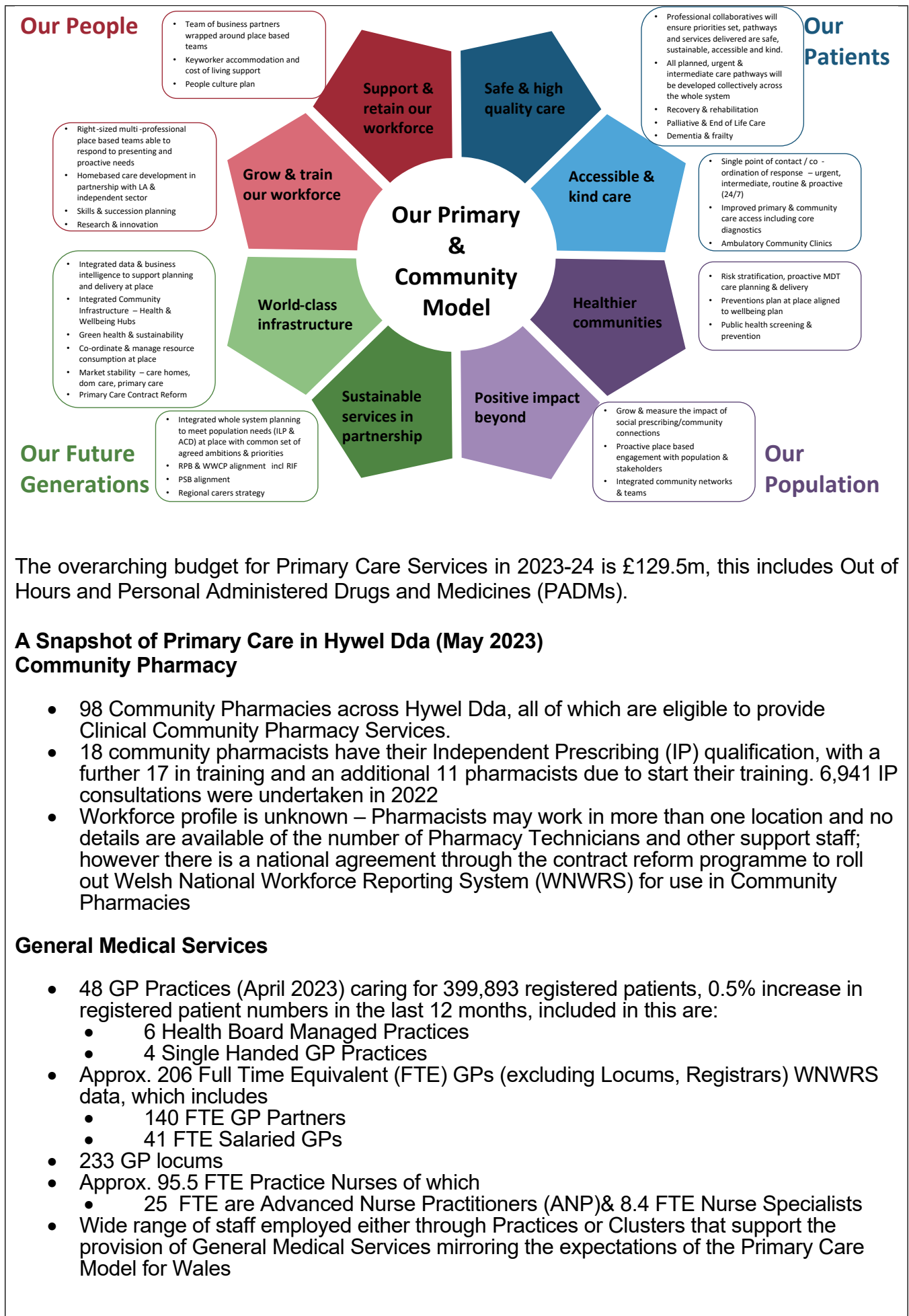
Alongside the contracting framework, the development of Primary Care services is being driven through seven key workstreams led by the Strategic Programme for Primary Care. Of particular note is the progress against the Accelerated Cluster Development (ACD) Programme, the Community Infrastructure Programme, the Urgent Primary Care Programme and the development of the Strategic Workforce Plan for Primary Care, which is being led jointly with Health Education and Improvement Wales (HEIW).

All of the above work underpins the local ambition to develop a robust Primary and Community Services Strategy which will set out Hywel Dda's intent on supporting and developing sustainable Primary Care services, which deliver timely and appropriate care and which align to the vision set out in Transforming Clinical Services (TCS). The development of a Primary and Community Services Strategy will need to use an evidence base for Primary Care systems, recognising that high quality Primary Care systems around the world are associated with improved outcomes, reduced costs, higher patient satisfaction and tackling or reducing inequalities. Through the establishment of the Primary and Community Services Academy (funded by Health Education and Innovation Wales (HEIW)) there is an aspiration to adopt an approach which has four key features in reviewing and assessing the current workforce – of contact, co-ordination, continuity and comprehensive care; all of which will be used to develop and influence training and educational programmes and workforce planning. The Academy has an agreed work programme with HEIW which is part of the agreement on which it was established across each of the seven Health Boards, however the work programme, scope and remit of the Academy has been designed by individual Health Boards.

The Integrated Locality Programme posed a model for Primary and Community services based on four key audiences:

1. Our people
2. Our Patients
3. Our Population
4. Our Future Generations

The parameters of the model outlined below illustrates the key areas of mutual focus both for Primary Care and Community partners, internal to the health board and through our statutory partnerships.



The overarching budget for Primary Care Services in 2023-24 is £129.5m, this includes Out of Hours and Personal Administered Drugs and Medicines (PADMs).

A Snapshot of Primary Care in Hywel Dda (May 2023) Community Pharmacy

- 98 Community Pharmacies across Hywel Dda, all of which are eligible to provide Clinical Community Pharmacy Services.
- 18 community pharmacists have their Independent Prescribing (IP) qualification, with a further 17 in training and an additional 11 pharmacists due to start their training. 6,941 IP consultations were undertaken in 2022
- Workforce profile is unknown – Pharmacists may work in more than one location and no details are available of the number of Pharmacy Technicians and other support staff; however there is a national agreement through the contract reform programme to roll out Welsh National Workforce Reporting System (WNWRS) for use in Community Pharmacies

General Medical Services

- 48 GP Practices (April 2023) caring for 399,893 registered patients, 0.5% increase in registered patient numbers in the last 12 months, included in this are:
 - 6 Health Board Managed Practices
 - 4 Single Handed GP Practices
- Approx. 206 Full Time Equivalent (FTE) GPs (excluding Locums, Registrars) WNWRS data, which includes
 - 140 FTE GP Partners
 - 41 FTE Salaried GPs
- 233 GP locums
- Approx. 95.5 FTE Practice Nurses of which
 - 25 FTE are Advanced Nurse Practitioners (ANP) & 8.4 FTE Nurse Specialists
- Wide range of staff employed either through Practices or Clusters that support the provision of General Medical Services mirroring the expectations of the Primary Care Model for Wales

General Dental Services

- 46 General Dental Practices across Hywel Dda, who provided treatment to around 75,221 historic patients and around 17,921 new patients during 2022/23.
- Of the new patients around 10,500 were adults (18yrs+) with around 7,400 being children.
- Contracts with 3 Orthodontic Practices
- Paediatric General Anaesthetic services are commissioned from Parkway Clinic
- There is significant system reform taking place in dentistry; however it appears that Contract reform is not currently viewed as an attractive proposition for new graduates and existing experienced dental workforce.
- The Urgent Dental service mobile unit is managed via the Community Dental service through salaried clinical staff and is open Monday - Friday

Optometry Practices

- 47 community optometry practices across Hywel Dda who provide a range of services including Eye Health Examination Wales (EHEW), Independent Prescribing Optometrist Service (IPOS), Wet AMD as well as General Optometric Services (GOS)
- >25,000 GOS appointments took place in 2022
- >21,000 EHEW appointments took place in 2022
- 10 Optometrists have their Independent Prescribing (IP) qualification and a further 22 are in training
- New Optometry contract will be implemented during 2023/24 which will enhance the delivery of clinical services and optometrists involved in the provision of care.

Community Nursing

- There are 21 Community Nursing teams across the Health Board
- Acute Response Teams (ART) are based in each County
- Respiratory Lead Nurse appointed on a Health Board wide basis
- As at 31 March 2021 there were 359 registered nurses in posts across the three Counties and 205 Health Care Assistants

Community Nursing will form part of the Primary and Community services strategy. The Hywel Dda University Health Board's Community Nursing Annual Report 2021/22 set out their vision, objectives and values:

"Our community nursing vision is to improve the health and well-being of our population by empowering and supporting people to live well and remain in their own communities. Our objectives align to the principles and strategic direction of the Healthier Mid and West Wales Strategy, our local integrated county and locality plans as well as national strategies and include:

- ◆ Prioritising equitable and accessible person-centred care, treatment or support
- ◆ Ensuring a preventative, proactive and population health centred approach
- ◆ Delivering a system wide approach to providing high quality care closer to home
- ◆ Promoting self-care and well-being – 'help to help yourself,' encouraging an approach to care which values reablement and independence
- ◆ Delivering safe, effective and value-based health care
- ◆ Promoting ageing and dying well
- ◆ Ensuring there is a skilled, strong, flexible and sustainable workforce with clear career and development opportunities to meet the changing needs of the population
- ◆ Promoting and embedding Technology Enabled Care into all aspects of community nursing services

The 2022/23 report should be available in the coming months.

Asesiad / Assessment

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

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

- Primary Care contracted services: General Medical Service, Optometry, Community Pharmacy and General Dental Services
- HDUHB 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

A set of overarching principles for the development of the Strategy have been developed in discussion with the Assistant Director of Primary Care and Director of Primary Care, Community and Long Term Care and considered by the Executives in June 2023 to ensure that:

- Independent contractor status is recognised as the preferred mechanism for the commissioning and delivery of Primary Care services, however there is an acknowledgement that there is the potential that a mixed model of delivery with some level of salaried services required
- There is a need to define the level and range of service provision that can and should be provided within Primary Care and community services which in turn will support the requirements for workforce planning, training and development
- The need to define "the offer" to Contractors that is outside of the contractual scope to support sustainable service provision (including recruitment and retention, estates, training, education and development, professional leadership and mentorship)
- That future estates developments (integrated hubs etc) are developed taking into account sustainable Primary Care service provision
- Determinations on minimum/maximum GP Practice size, future of branch surgeries, mergers when more than one Practice moves into new premises etc
- Alignment to national strategic direction via the Strategic Programme for Primary Care and Health Education and Innovation Wales (HEIW) for key pieces of work e.g. Community Infrastructure Programme and the national Primary Care workforce strategy.

Further work needs to be done in conjunction with County Directors to scope the overarching principles that would apply to Community Services.

Format of the Strategy

It is proposed that the development of the strategy is set out in the following format:

- Individual chapters at Cluster level (based on the current content of the Cluster Integrated Medium Term Plans) including:

- Primary Care contractor provision
 - Community Services provision
 - population health data
 - social model for health
 - health inequalities, etc
- Specific overarching chapters on:
 - **premises**, (considering the “offer” to Primary Care contractors that supports sustainable and energy efficient ways of working, how we align the service need with capital planning requirements etc)
 - **workforce** (including workforce planning and contractor and Cluster level, setting out “principles” for how the Health Board will undertake workforce planning, supporting the development of training, education and development plans and supporting training on a multi professional basis as well as looking to new roles and scopes of practice as well as testing new ways of working e.g. micro teams)
 - **building system capacity** (including community services and multi-professional working; links to workforce and sustainability. The opportunity to consider the development of hybrid roles that can work across a number of service areas that offers professional flexibility and interest whilst supporting the wider system to work together as a whole)
 - **empowering patients and increased directed self-care** (including signposting to the most appropriate service through Care Navigation etc, public facing education videos on access to services, testing new models of care that allow the patient to take responsibility for their own care e.g. Patients Knows Best.
 - **sustainability**, (linking to workforce and premises, sustainable service provision is an issue across the four contractor professions and further work to scope and understand service and system pressures is essential in ensuring equitable and timely access to care)
 - **quality and safety** (robust models of governance underpin each Primary Care contractual framework, and underpins the successful delivery of services)
 - **finance and investment** (understanding how we can deliver the most efficient and cost-effective services to patients, whilst aligning to Value Based Health and Care principles and ensuring that the opportunity for service development and modernisation is at the forefront of the strategy)
 - **digital** (taking the learning through online tools such as E-Consult, Ask My GP etc, as well as providing more digital information for patients on self-care including the potential for self-administration of medication, as well as considering the potential for AI and tele health, the roll out of E-Prescribing in Primary Care and the NHS app) and;
 - **provision of services closer to home** (understanding the model that we need to deliver the best care possible to our patients whilst recognising that not all services can be delivered at an individual Practice basis and therefore the potential for cross GP Practice or contractor working to widen the availability of service provision.

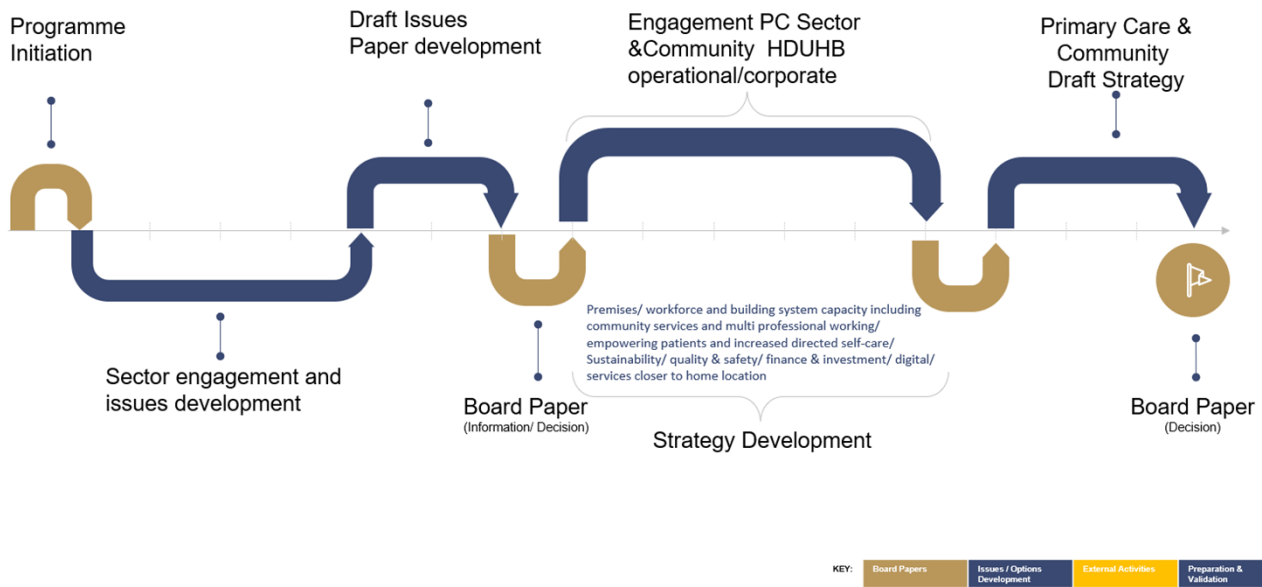
It is proposed that a draft document is developed, following the issues paper development, to inform the stakeholder and patient engagement sessions. It is anticipated that these will be undertaken at Cluster level, and that the focus of the engagement will be on “how we deliver” rather than what we need to provide to ensure that we remain aligned with the Clinical Services Strategy and Transforming Clinical Services.

Support to the programme is being provided by the Health Board’s Transformation Programme Office and, in line with an earlier agreement with the Board, a recent appointment to the Head of

Primary Care Transformation has been made to support the development and drive of the strategy and more latterly in supporting its successful implementation.

Timescale for Delivery

Due to the fact that Primary Care is part of the Clinical Services Plan, the programme mirrors much of the process being used by other pathways. The diagram below provides the milestones required to achieve the strategy. Alongside other CSP pathways, the timeline for delivery is at risk of extending due to a number of factors, most notably the in-year work for the WG recovery planning programme and the resource within health board required to meet the requirements.



Issues Paper

In developing the Issues Paper, a scoping exercise of the data that is currently available, and where there are gaps in available data has been undertaken (*Appendix 1*). A session with the wider Primary Care and Community Services team has been arranged for 19 September 2023 to further explore any issues not already identified, or any data sources which need to be included. A full report will be brought to the November 2023 Board meeting for consideration and sign off, in line with the timescale set out above. Following this, work will be undertaken to engage with key stakeholders, professional representatives and members of the public. It is anticipated that this will be undertaken on a Cluster footprint and that through the work to develop an Issues paper that information will be used to pull together a data set that can be used to inform and shape the discussion.

Argymhelliad / Recommendation

The Board is asked to:

- **AGREE** the scope, as set out in this report, for the Primary and Community Services Strategy
- **NOTE** the timeline for development of the Strategy.
- **NOTE** the requirement for adequate resources to support the development of a Primary and Community Services Strategy which follows the Transforming Clinical Services methodology, to ensure that the proposed timeline is achieved.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient 5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 4. Learning, improvement and research 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7a Population Health 7b Integrated Localities 6a Clinical services plan 2b Employer of choice
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Will be scoped as part of the Issues Paper
Ansawdd / Gofal Claf: Quality / Patient Care:	Will be identified through the engagement process
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A

Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Not identified at this stage
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	<p>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</p> <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason)

Area	Available Information	Source
Patient Journey	GMS Access QI data (currently restricted use) GMS Access information PROMS/PREMS (when in use)	Primary Care Information Portal (PCIP) Contractor professionals/service areas Community teams
Workforce	GMS workforce data Key pieces of research on new models of working e.g. Micro Teams Community workforce models	Welsh National Workforce Reporting System (WNWRS) Health Board
Quality including patient experience	GMS national patient questionnaire as part of Access requirements Dental access questionnaire Review of incidents across Primary and Community Services RCGP Continuity of Care toolkit/guidance	PCIP Business Services Authority (BSA) Datix Royal College of General Practitioners
Estates	Five Facet Survey ARCHUS report Improvement Grants Approvals for increase in GMS space utilisation	Health Board commissioned report Welsh Government Health Board Health Board/NHS Wales Shared Services Partnership (SSP)
Published Documents Analysis	Accelerated Cluster Development Transforming Urgent and Emergency Care Community Infrastructure Peer Review of Out of Hours Service Strategic Workforce Plan for Primary Care Ministerial Milestones Contract guidance and associated Regulations/Legislation	Strategic Programme for Primary Care (SPPC) SPPC SPPC 111/Welsh Government Health Education and Innovation Wales (HEIW) Welsh Government