

Primary Care Clusters 2019



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FOREWORD



Vaughan Gething

I am pleased to present this Yearbook, which has been prepared for the 4th National Primary Care Conference, 'Clusters Past Present and Future'. This synopsis showcases the wide range of good work being undertaken locally by clusters; delivering a positive impact to patients across Wales.

Providing and connecting people to a wide range of care and support in local communities is essential in meeting the health and wellbeing needs of the people of Wales. Collaborating at community level through the clusters to plan and deliver this care and support is vital to transforming our health and care system and achieve the vision set out in A Healthier Wales.

Taken together, the submissions from each cluster demonstrates how clusters have developed since the National Plan for a Primary Care Services for Wales was published in 2014 and the collective and ongoing commitment to the Primary Care Model for Wales. The impressive examples of work in specific clusters across Wales, together with the enthusiasm and commitment of staff working with and within clusters, is clear in reading this synopsis.

We must now reflect on the progress to date and continue to make further improvements. For my part, I will continue to encourage clusters to evolve and mature to respond to local challenges to improve the health and wellbeing of the population they serve.

Vaughan Gething AM
Minister for Health and Social Services

Cardiff & Vale University Health Board

Foreword

by **Len Richards, Chief Executive & Dr Anna Kuczynska, Clinical Board Director for Primary, Community & Intermediate Care Clinical Board**



Len Richards



Dr Anna Kuczynska

There are nine clusters (within three locality areas) in Cardiff and the Vale of Glamorgan. These are shown in the map below.

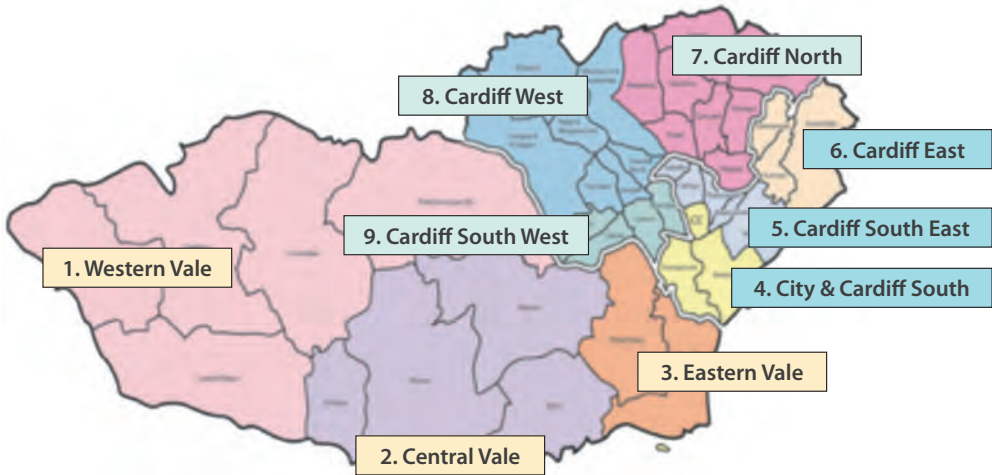
North-West Locality	South-East Locality	Vale Locality
Cardiff North	Cardiff East	Western Vale
Cardiff West	Cardiff South East	Central Vale
Cardiff South West	Cardiff City and South	Eastern Vale

Clusters support the delivery of primary care services to over 500,000 registered patients within Cardiff and the Vale of Glamorgan. Clusters play a key role in supporting our “Shaping Our Future Wellbeing Strategy” which has a strong focus on the ‘home first’ principle. Our clusters have been at the fore-front of some of the innovative work taking place within Cardiff and Vale University Health Board and are involved in many key programmes and projects, which include:

- The development and roll-out of first contact Musculoskeletal Services and Mental Health Liaison Services within primary care.
- The progression of the Welsh Government transformation schemes contained within “Me, My Home, My Community” to deliver A Healthier Wales.

There has been an increased focus on working closely with cluster leads to develop a local cluster maturity matrix and more recently the cluster integrated medium-term plans (IMTP) for 2020-2023. These are important plans in their own right but will also inform the Health Board’s IMTP plan.

Primary Care Clusters play a pivotal role in delivering healthcare services across Cardiff and the Vale of Glamorgan, and Cardiff and Vale University Health Board is proud to present some of the key achievements from our clusters.



WHO WE ARE

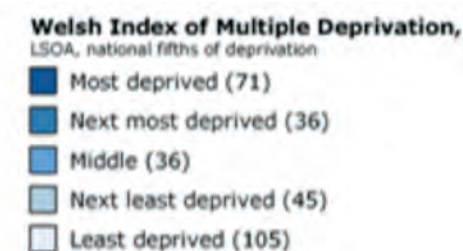
The City and South Cluster consists of seven practices, varying in size from a single handed practice to a practice with five partners.

Our population is spread across the social strata from working class to white-collar workers who have recently taken residence in the fashionable accommodation in Cardiff Bay. Together with this, the area exudes a cultural and ethnic vibrancy, which makes it a challenging, demanding and indeed satisfying area in which to practice. We are faced with unique challenges, different to the other areas of Cardiff. We have used Cluster working to identify the patterns of morbidity in our area and use tools to address specific inequalities and needs and target available resources accordingly.

There are seven practices that operate in the Cardiff City and South Cluster area:

- Cardiff Bay Surgery
- Butetown Health Centre
- Grangetown Health Centre
- Saltmead Practice
- Grange Medical Practice
- Clare Road Medical Centre
- Dr Anwar's Surgery

A diverse cluster population of 63,414 (April 2019) with over 25 languages spoken



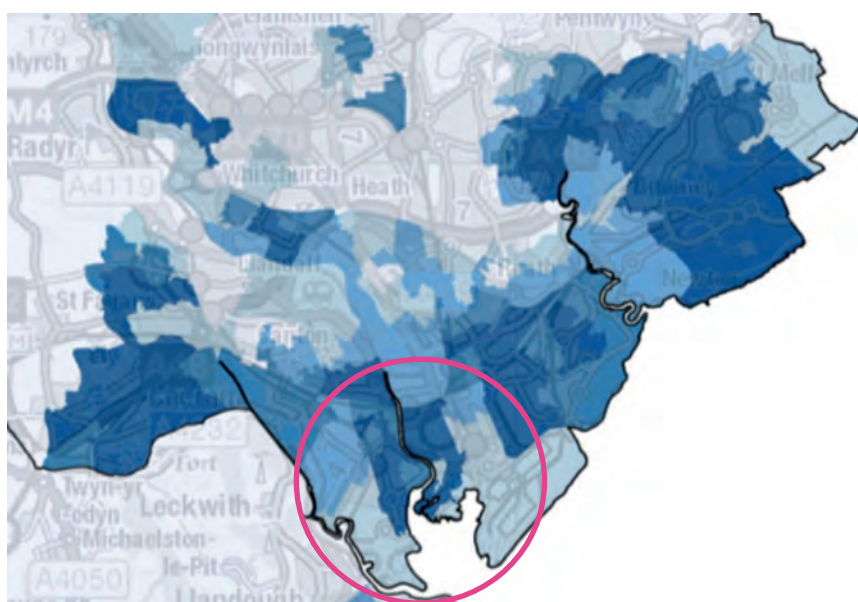
WHAT WE HAVE DONE

The Cluster Fair was born out of the **Annual Minority Ethnic Communities Health Fair**. We decided to deliver this concept locally and initiate the event at Cluster level, taking into account the barriers to accessing health care and obstacles to promoting health that were evident in our patient group. The idea behind this was to bridge the gap between the health care providers and the local community by promoting healthy living and presenting it in a fun, family-friendly, accessible and achievable manner.

We have been able to **employ a cluster pharmacist, frailty nurse and the Wellbeing 4U team** to work across the cluster. The cluster pharmacist has provided our patients with an enhanced level of care which has improved the number of poly pharmacy reviews being done at practice level; this has included a significant demonstration of cost saving and improved safety with a robust approach to medication reconciliation. Our frailty nurse has demonstrated improved continuity of care, the availability of professional home assessment for our housebound patient group and a holistic approach to care for vulnerable patients with appropriate sign posting. There is anecdotal outcome of reduced hospital admission.

To target specific health needs in our cluster we have worked with Public Health Wales to **improve our childhood immunisation uptake** by providing literature for patients in a variety of languages that are spoken across the cluster. This has been well received by patients and we have tried to embed innovative forms of health promotion communication with specific patient groups taking into consideration the ethnic, social and sometimes transient nature of our cluster population.

The provision of a **community blood borne virus screening facility** within the cluster has been pivotal in addressing the health needs of our population. This has



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taken services directly into the heart of the community by delivering specific education and advice in mosques and community centres where patients experience a different approach to health promotion delivery thus diffusing any potential stigma that may exist due to conventional health seeking behaviour. More patients have been screened for BBVs in our community, as a result the burden of liver disease in the cluster has been lessened meaning that vulnerable groups in the community have been protected.

We have worked closely with the UHB project management team to bring **first contact physiotherapy clinics** to the cluster. This has set a bench mark for the potential provision of other allied services to the front door of our cluster practices. The current roll out has shown impressive uptake and this has contributed to releasing GP capacity allowing the traditional components of primary care to concentrate on other complex medical issues. The **Wellbeing 4U services** have worked across the cluster. This has provided our patient group with specific signposting, encouraged healthy living and lifestyle measures and reinforced the benefits of social prescribing; this can be seen as a long term investment in the mental and physical health of our cluster population.

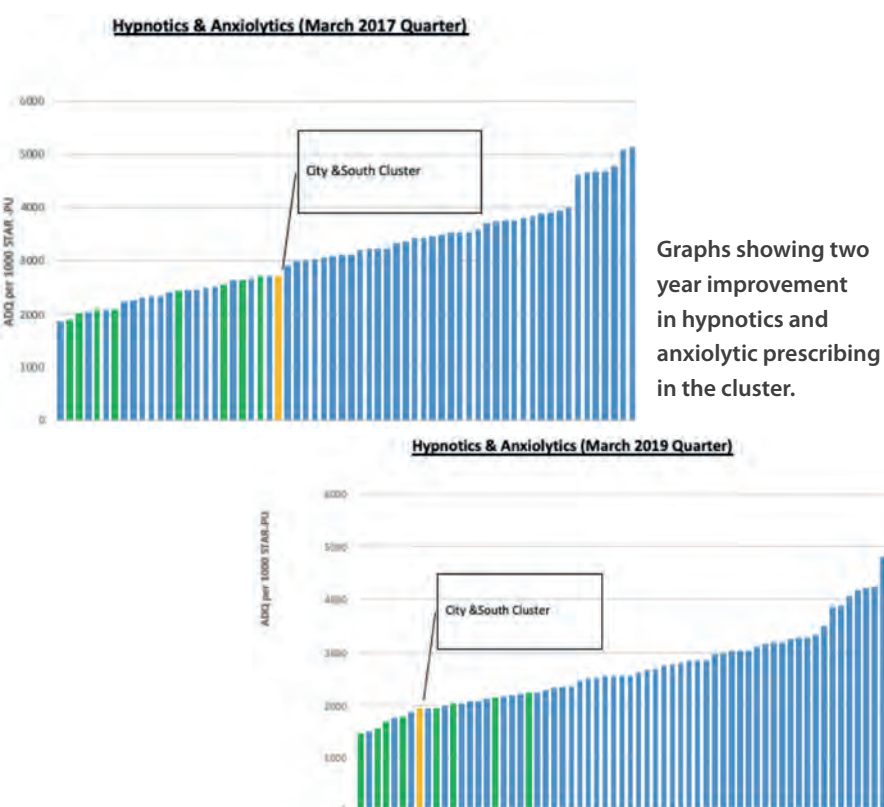
The employment of a **cluster project support officer** has helped coordinate cluster working, given momentum to projects and has been a channel of communication between other clusters so that lessons can be learnt and appropriate measures can be instituted at an early stage to ensure the smooth running of cluster projects.

WHAT'S NEXT?

In 2019/20 we have split our cluster funding between employing staff and population health needs through projects such as:

- Cluster investment to supplement the physiotherapy roll out
- Sharing good practice within the cluster – e.g. bereavement pack
- Consider small cluster projects targeting specific patient groups – Non alcohol fatty liver patients and pre diabetic patients managed in primary care to reduce overall disease burden in the long term.
- Improve inter cluster agreements – e.g. contraceptive implants, enhanced service for warfarin, minor surgery, etc.
- Work with Public Health Wales to improve screening and immunisation rates.
- Collaborative working with the UHB pharmacy team to continue to build on reducing benzodiazepine/opioid and antibiotic prescribing in the cluster. Impressive cluster statistics that demonstrate significant improvements have empowered practices to achieve even better outcomes, taking account of lessons that can be learnt from each other which have been disseminated in the cluster environment.

We are also reviewing how we conduct our business. We want to increase the number of times the cluster meets in a year and encourage formal decision making using the decision matrix which was developed locally. In addition to formal cluster meetings, we are looking to establish business meetings to further support cluster working.



Graphs showing two year improvement in hypnotics and anxiolytic prescribing in the cluster.

WHO WE ARE

Cardiff East cluster serves the patients of St. Mellons, Llanrumney, Rumney, Trowbridge, Llanedeyrn and Pentwyn (and surrounding areas). The population is approximately 57,000 and is fairly stable. The population is one of the most deprived in Wales (Wales index of multiple deprivation). The average age of the population is lower than the Cardiff average but we have pockets of elderly patients in Llanrumney and Rumney.

There are five practices which operate in the Cardiff East Cluster area:

- Brynderwen (and Minster Road) Surgery
- Llanedeyrn Health Centre
- Llanrumney Health Centre
- Rumney Primary Care Centre
- Willowbrook Surgery

WHAT WE HAVE DONE

The key achievements of the cluster have been split between employing staff and investing in population health projects. As a result of investing in staff, we have:

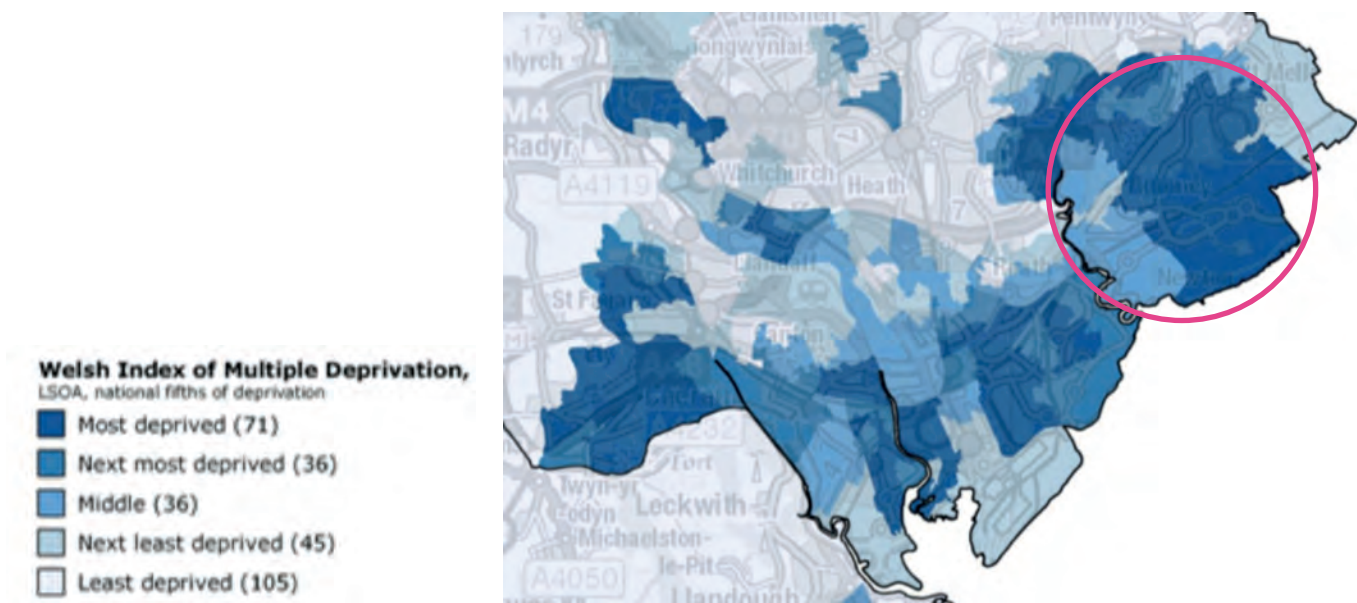
- Mental Health Practitioners who run clinics in every practice
 - See patients with mental health issues in a practice setting
 - Based on the success of the Cardiff East model the Mental Health Liaison service was rolled out to all CAV clusters.
- First Contact Physiotherapy commenced in July 2019, delivered via a hub model.
- A Cluster Pharmacist available to every practice, who conducts polypharmacy and hypertension reviews. Data shows that Hypnotics and Anxiolytic prescribing saw a significant reduction in over 2 years, from 2622 to 2147 ADQs per 1000 star-PUs.
- Carer champions in every practice
- Sustainability – practical help for practices struggling with sick leave, winter pressures etc.

As a result of investing in projects/services, we have:

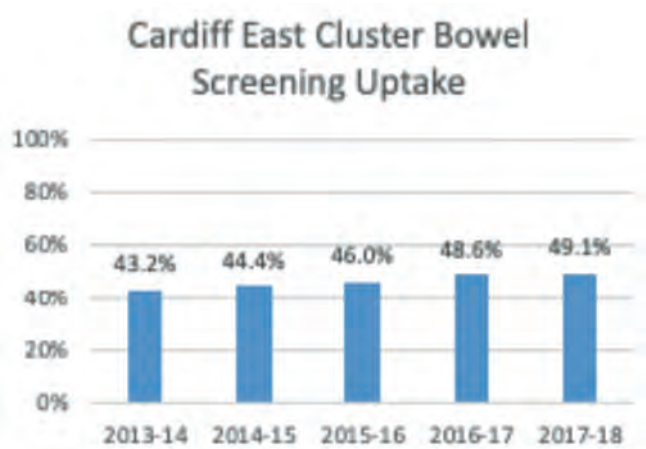
- COPD community pulmonary rehabilitation course running 4 times a year from the leisure centre based within the cluster.
- We have made a concerted effort to ensure that as a Cluster through a variety of patient engagement and clinical audit that we follow a number of clinical pathways in the same way, including:
 - Heart failure pathway
 - Dementia care pathway
 - Atrial fibrillation.
- We have spent time networking with our local church and other community organisations and through collaboration have developed social prescribing opportunities for our patients e.g. walking, gardening.
- We have focused on Advance Care Planning and now all practices encourage patients to consider Advanced Care Planning and for decisions to be recorded appropriately.
- We introduced QR codes in every practice. This generates 600-800 hits a month and signposts patients to a variety of information resources e.g. Practice website, Public Health, Pharmacies and other key partner organisations.
- We have rolled out IRIS+ training to identify patients suffering from Domestic Abuse – delivered a CPET agenda focussed around IRIS for practices across the cluster.
- Hepatitis C – identify patients with hepatitis C who have not been treated; and referral.
- Drug misuse – inter-practice referral, shared care.
- Screening – increased uptake of Bowel screening and Abdominal Aortic Aneurysm screening, as shown by the charts below.

WHAT'S NEXT?

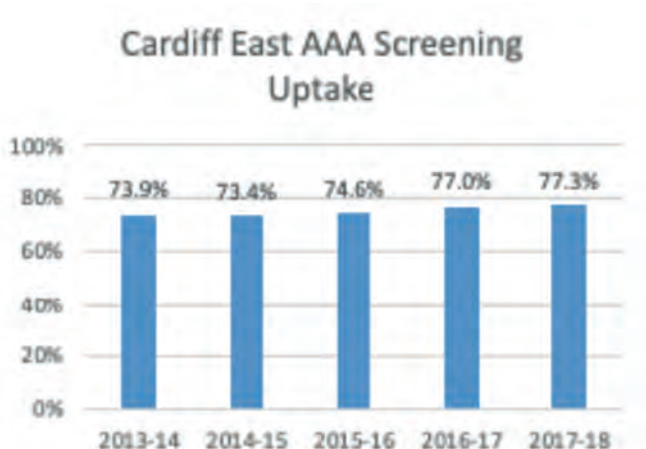
- We are planning to pilot a cluster immunisation nurse to improve immunisation rates across all patient groups. Our aim is to trial a post working across the cluster with a view to roll out if successful.
- Adolescent Mental Health – Learning from the success of our adult mental health scheme, we are focussing on developing a similar pilot for adolescents.
- We are already good at working together but going forward we are focussing on advancing sharing good management and administration protocols across the practices.
- We have invested in CRP machines and will be running a point of care testing pilot across the Cluster to diagnose bacterial chest infection and reduce antibiotic prescribing.



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Source: Primary Care Information Portal



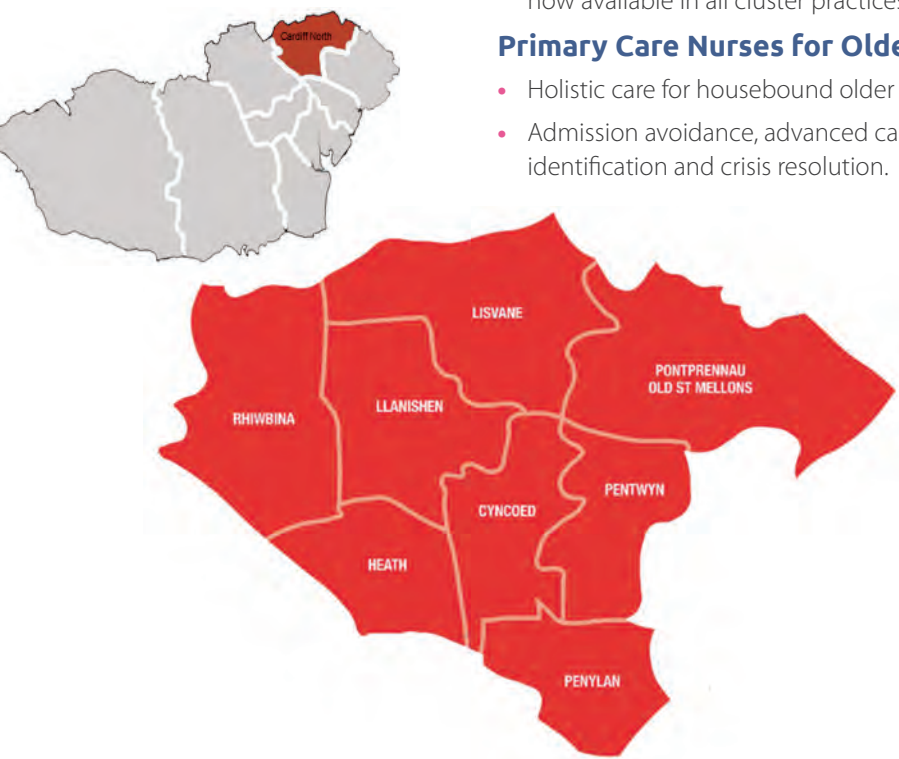
WHO WE ARE & WHERE WE CAME FROM?

POPULATION 102,687
the biggest cluster in Wales!

The cluster incorporates 14 Dental Practices, 14 Optometrists, 19 Pharmacies, 3 District Nursing Teams and Health Centres in Rhiwbina, Pentwyn and Llanishen.

There are eleven practices which operate in the Cardiff North Cluster area

- Birchgrove Surgery
- Crwys Medical Centre
- Cyncoed Medical Practice
- Llanishen Court Surgery
- North Cardiff Medical Centre
- Roath House Surgery
- St Isan Road Surgery
- St. Davids Medical Centre
- The Penylan Surgery
- Whitchurch Road Surgery



WHAT WE HAVE DONE

Practice Based Pharmacists

- 100% cluster funded, patient facing pharmacists, available to all medication reviews, anticoagulation reviews, deprescribing, vaccinations, hypertensive monitoring, searches and devising protocols, polypharmacy care home reviews.
- Development and dissemination of repeat prescribing protocols.

First Contact Physiotherapists

- Every practice can now offer physiotherapy appointments for acute presentations of musculoskeletal issues.
- Based in three “hubs” geographically distributed around cluster.

Stay Steady Clinics

- Pacesetter Funded.
- Established in Llanishen Leisure Centre.
- Falls prevention for higher risk patients.

LDP planning

- The cluster has been actively involved in planning for a projected population growth of 13,000.

Bevan Exemplar

- One of our cluster pharmacists has been awarded a Bevan Exemplar to test Alive Cor technology to help in the early detection of atrial fibrillation, which is now available in all cluster practices.

Primary Care Nurses for Older People

- Holistic care for housebound older people with complex needs.
- Admission avoidance, advanced care planning, multi-agency liaison, early identification and crisis resolution.

Tier 0 mental health support

- 1 to 1 guided self help now available in all practices.

Information sharing

- Established “shared drive” for policies, procedures, letters and minutes amongst all cluster practices.

WHAT’S NEXT?

The cluster has carefully created a development plan emphasising local priorities and has allocated a “cluster champion” to ensure each plan is implemented, according to latest GMS contract.

Social prescribing

- Develop relationships with local authority and third sector agencies.
- Identification of community partners
- Cluster based event, including the provision of flu vaccinations to at risk groups.

Dementia

- All practices to become “dementia friendly”
- Introduction of dementia link workers
- Dementia GPwSI to be employed within cluster to facilitate early diagnosis
- Support Dementia Awareness Events

Choose Well

- Improve relationships between GMS and non GMS professionals (e.g. optometry, dentistry) to ensure that patients see the right person in the right place at the right time

Advanced Care Planning

- Improve provision and quality by training care home staff and by utilising the expertise of PCNOPs

Care Home MDT

- A pilot project will be run in a nursing home to establish the effectiveness of an MDT team including COTE and MHSOP consultants, as well as GPs and therapists from the Community Resource Team. Outcome measures will be collected on whether MDT working reduces demand on primary and secondary care.

Evaluation of Cluster Pharmacist and Primary Care Nurse for Older People Roles

- In conjunction with CEDAR and ACCELERATE
- What is working well?
- How could we improve on this service to support patients and practices?

Asthma

- Improve accuracy of asthma diagnosis by introducing exhaled nitric oxide measurements in a cluster based diagnostic hub
- Pacesetter bid has been submitted.

LDP / Acute Care Hub?

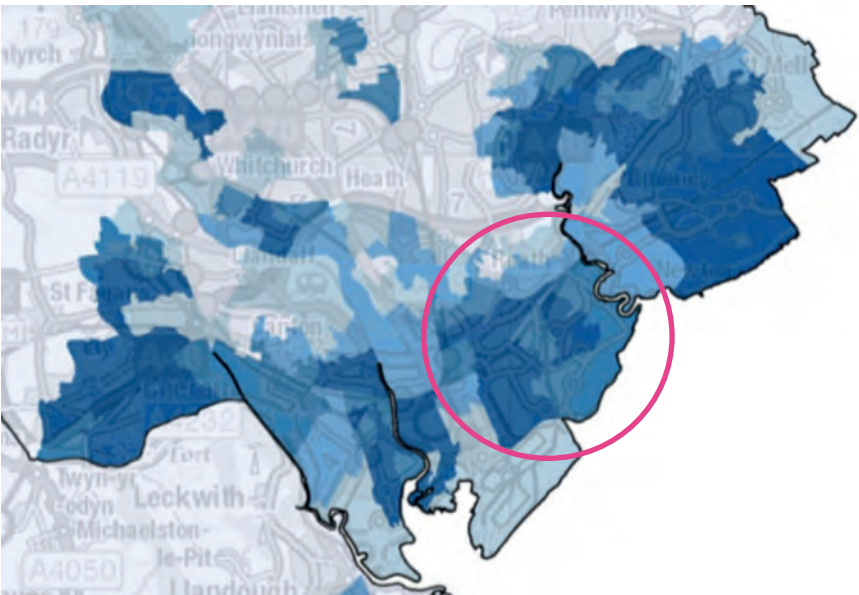
- One proposed solution to managing population growth in Cardiff North is via a multidisciplinary acute care hub. This will be further explored with cluster and planning department

WHO WE ARE & WHERE WE CAME FROM

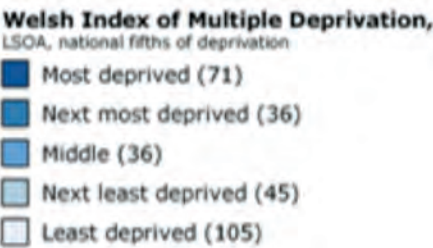
- The cluster began as eight isolated practices who had never formally worked together, brought together for the first time through cluster working
- Half are predominantly student practices
- Half include highly diverse populations of varying ethnicity and language, in addition to homeless, asylum seeker and prison populations

There are eight practices that operate in the Cardiff South East Cluster area:

- Cathays Surgery
- Clifton Surgery
- Cloughmore Surgery
- Four Elms Medical Centre
- Meddygfa Albany Surgery
- North Road Medical Practice
- Roathwell Surgery
- The City Surgery



A diverse cluster population of 63,414 (April 2019) with over 25 languages spoken



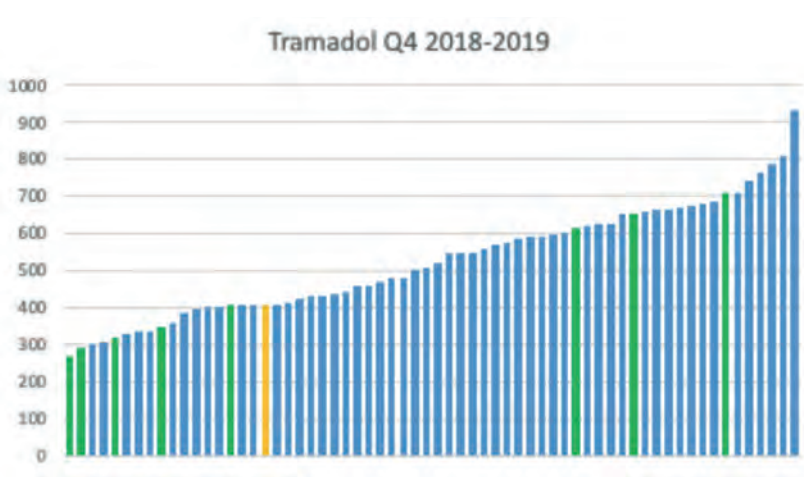
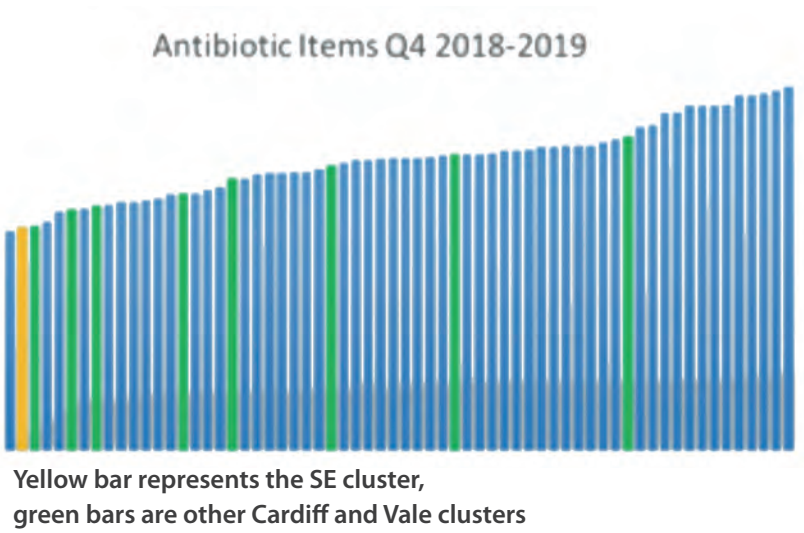
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WHAT WE HAVE DONE?

- Polypharmacy and Medication Reviews –focussed on prudent prescribing. Four indicators are in the top 5 out of 64 clusters:
 - 2nd lowest cluster in Wales for antibiotic prescribing in Q4 2019
 - Currently 12th lowest cluster for hypnotic prescribing, a 25% total reduction in two years (C&V had a 20% reduction)
 - NSAIDs -12th lowest prescribing cluster in Wales with a 33% reduction over two years.
- Beneficial learning from working with Cardiff Mind contributed to their successful bid to provide Tier 0 mental health interventions to the cluster
- Hepatitis C project found good practice already in place among cluster Practices. Telephone audit showed all patients with a previous diagnosis had been offered an appointment and no new cases were uncovered by the audit
- The Cluster frailty service has helped improve the care of patients
- Improved patient information and communication using digital screens and iPads.
- Inter practice agreements have improved patient access across the cluster, e.g. for INR and contraception
- Smoking Cessation and Flu campaigns implemented through brief intervention champions and working together with local pharmacies
- Involving community pharmacists in cluster work, including cluster meetings
- The success of the Wellbeing 4U social prescribing scheme

WHAT'S NEXT?

- Change of direction – keep the momentum – improved meeting structure, communication and decision making within the Cluster
- Members continue to meet regularly at an informal monthly meeting
- The Cluster actively seeks 'disruptive innovation'
- Involvement of Third Sector – develop joint projects for the benefit of the cluster population – social prescribing
- Focus on improving screening rates by working closely with Public Health Wales to improve the health outcomes of the cluster population
- Build on inter practice agreements across the cluster to continue to improve access locally for patients
- Drive forward improvements and capture all opportunities for development within the cluster for the benefit of patients
- Focus on tramadol prescribing – currently 18th lowest prescribing cluster in Wales, a lot of work has been done to achieve a 19.4% total reduction over two years but the cluster wants to explore ways to improve the position.



Graph showing current position for tramadol prescribing, to be the subject of focussed improvement. Yellow bar indicates SE Cluster.

OUR CORE VALUES

Our Vision

Health and Wellbeing for all who live and work on our community

Caring

We respect and value everyone for their contribution and we aim to show compassion to our patients at all times.

Positivity

We strive to be positive about primary care and its future and rise to the challenges facing us.

Fairness

We are consistent and fair in the way that we deal with people.

Innovation

Bringing innovation approaches to our services and ways of working for the benefit of our patients.

Cooperation

We work together for the mutual benefit of all members of the cluster.

WHO WE ARE & WHERE WE CAME FROM

The Cardiff South West cluster has a population of approximately 66,410 which includes areas of high deprivation and also areas of ethnic diversity. The rich cultural and strong community links within the cluster have formed the foundations for our vibrant and innovative Cluster.

The Core membership of the South West Cardiff Primary Care Cluster Group currently includes 11 GP Practices, Locality Manager, cluster pharmacists, representatives from local third sector organisations, community pharmacies, representation from local community health services (District Nurses, Community Resource Team, Palliative Care), social care (independent living services) and Public Health Wales. This group is chaired by the Cluster Community Director with support from the Locality Manager.

The Cluster has a strong ethos for collaborative working and has developed wide ranging projects which span from third sector community organisations through to secondary care.



WHAT WE HAVE DONE

Working with our community

We have listened to the priorities of our community members through our Cluster patient group and Wellbeing Network

Promoting health for all

Collaborative work with Public Health Wales has focused on:

Health promotion events in local Mosques to improve uptake of Bowel screening

Promotion of physical exercise including Next Bike on prescription.



Research and innovation

Members of our cluster have been proactive in participating in research and developments aimed at improving patient care:

Welsh clinical leadership training fellows: the cluster has supported two fellows who have developed innovative models of care working with Child Health and Social Prescribing.

Bevan Exemplar: Our Bevan Exemplar investigated new communication tools to support recruitment and retention in Primary Care.

Innovate to save: Pilot studies investigating the impact of two social prescribing models were presented at the First international Social Prescribing Research Conference.

Social care research fund. The RESPECT research study will further investigate the impact of social prescribing using time credits.



WHAT'S NEXT?

Cluster Transformation: me, my home and my community

Cardiff SW cluster are proud to be at the forefront of Cluster Development in Cardiff and Vale. We will develop the optimal Cluster, using asset based community development approaches to understand and facilitate connections between the many strengths within people, groups and communities in our Cluster area. This project is a progressive approach to improving population health through a joined up system of communities, third and independent sector partners, primary and community services. All partners will work together to support individual, family and community resilience and, in so doing, enhance health and well-being, reducing the need for statutory services to meet well-being outcomes and combatting the health consequences of loneliness, isolation and disconnection.

We will aim to provide seamless care for people in our community through strong working relationships within a multidisciplinary team involving health and social care and also third sector and community organisations.

OUR KEY ACHIEVEMENTS

Social Prescribing Established wellbeing network and signposting via wellbeing connectors.

Interface with secondary care Integrated Child Health Clinics Diabetes-Evidence in Practice.

Collaboration with community pharmacy reducing waste and improving patient safety.

Reducing variation

Cluster pharmacists. Evidence in practice Diabetes project.

Partnership with patients

Cluster patient wellbeing group.

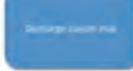
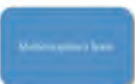
Recruitment and retention

Cluster recruitment fair.

Interpractice collaboration

Cluster sexual health services.

IT systems introduced to improve efficiency.



WHO WE ARE & WHERE WE CAME FROM

POPULATION: 55,488

There are eight practices in the Cardiff West Cluster area:

- Whitchurch Village Practice
- Llwyncelyn Practice
- Bishops Road Medical Centre
- Llandaff North Medical Centre
- Danescourt Surgery
- Radyr Medical Centre
- Llandaff & Pentyrch Surgery
- Fairwater Health Centre

WHAT WE HAVE DONE

Cluster Partnership Working

- Standardising protocols and learning across the 8 practices
- Aim to do something once and share this with all teams
- Full engagement at Practice Manager and Cluster Meetings

Community Flu Event

- Award winning event
- 2000 patients receiving flu vaccinations over 2 events 2018

NEXT Bikes

- Pacesetter funding
- Collaboration with Cardiff South and Wellbeing Co-ordinators
- Bikes on prescription to promote healthier lifestyles



Staff Training

- Standardised training and equitable access for all practice staff
- GP update sessions promoted

MSK and MHLP

- MHLP – live July 2019
- ACE Tier 0 mental health support – live July 2019
- MSK – going live October/November 2019

WHAT WE NEED TO OVERCOME

- LDP – largest number of new houses planned to fall within the Cardiff West Cluster area
- Regular MDT events to highlight issues and to plan for future growth and demand
- Neighbour practices closures – adding pressures of patient migration into the Cardiff West practices
- Practice premises – working closely with PCIC Capital and Planning Teams to improve access for all patients

WHAT'S NEXT?

Cluster and Practice Pharmacist Evaluation

- Complete LHB Evaluation project for Primary Care Pharmacist working - CEDAR and ACCELATE support
- What is working well?
- How could we improve on this service to support patients and practices?

Cluster Prescribing Hub

- Standardisation of prescription services across all 8 practices
- MDT working with Community Pharmacists and Medicine Management Team
- Links with similar model showcased by Dudley Primary Care Teams
- Aspiration to pilot Electronic Prescribing in Wales

Cysgu – Help Me Sleep

- Bevan Exemplar
- Working with Dreem wearable sleep technology company
- Designing and piloting a CBT sleep service

Social Prescribing Event

- Pacesetter funding
- Advertising of Cluster priorities to patients not currently accessing services
- Promoting community/Third Sector Teams as first point of access



WHO WE ARE & WHERE WE CAME FROM

POPULATION: 64,175

Mixed urban & Rural demographic with some areas of deprivation

There are seven practices which operate in the Central Vale Cluster area:

6 in Barry & 1 in Sully

- Court Road Surgery
- Vale Group Practice
- The Practice of Health
- The Waterfront Medical Centre
- Highlight Park Medical Practice
- Sully Surgery
- West Quay Medical Centre

WHAT HAVE WE DONE?

Mental Health

- Pioneered the Tier 0 service with Mind in the Vale to support patients with mild to moderate MH issues
- 205 patients seen between April & June 2019
- Primary Mental Health Liaison Service went live April 2019
- Cluster funded backfill to support GPs to embed staff and enable robust clinical reviews

Wellbeing

- Wellbeing 4 U saw 111 patients between April & June 2019 (immunisation/ screening support, smoking cessation)

MSK First Contact Physiotherapists

- Pioneered the MSK service to direct acute patient to physio
- Between Sept 2016 – April 2019 4,113 patients seen

Medicines Management

- Funded cluster pharmacists to improve medicines safety
- Accelerated move towards batch prescriptions in practice
- Met local pharmacists to enhance collaborative working

Other Projects completed

- Improved IT -HERE workflow software implemented in practices to streamline letter processing
- Cluster Lead completed Academi Wales leadership course

ACCOLADES & INNOVATIONS

- The Tier 0 service that the cluster developed with Mind in the Vale has now been commissioned centrally by the UHB and rolled out to all clusters using local contractors
- MSK has also been commissioned centrally by the UHB and rolled out to all clusters
- All practices achieved Bronze status for Carers Champion

WHAT'S NEXT?

Paramedic

Employ a paramedic to support house calls

Pain Clinic

Establish a cluster Pain Clinic to help patients live more successfully with chronic pain and to reduce opiates

Engagement with local pharmacies

Work continues to tackle medicines waste, stock shortages, promotion of 'Choose Pharmacy' and the minor ailments scheme

Antibiotics

Cluster focus on reduction in antibiotic prescriptions

Barry Hospital

Work to enhance services on site to meet the needs of the local population

Wellbeing

Realign Wellbeing 4 U service to cluster priorities around Fibromyalgia Support Group, Mindfulness for Pain

MISSION STATEMENT

'Our goal is to work together to develop innovative models of care that improve patient wellbeing and promote primary care sustainability'



WHO WE ARE & WHERE WE CAME FROM

POPULATION 36,783

Key urban areas Penarth, Dinas Powys, Llandough, Sully

- Second highest percentage of elderly patients
- (65+) for any cluster in Cardiff & Vale
- Growing population is central to cluster planning

Originally 5 GP practices, recent merger now 4:

- Penarth Healthcare Partnership 13,341
- Dinas Powys Medical Centre 9,692
- Redlands Surgery 7,550
- Albert Road Surgery 6,783

Strengthened inter-practice relationships, Cluster Lead supported to complete Academi Wales Cluster Lead Programme 2018

WHAT WE HAVE DONE

Sustainability

- Loss of partners and premises issues resulted in a merger of 2 practices
- Recent retirement of 2 GPs from one practice highlights vulnerability
- Sharing staff resources
- Buddying up, shared learning cluster WhatsApp
- Practice managers working collaboratively, shared G:drive

Focus on Elderly Demographics

Care home working: 9 care homes (3 nursing, 6 residential)

Cluster pharmacist: comprehensive medication reviews, stop/start meds, suitable preparations, support and educate care home staff, reconciliation meds post discharge

Cluster nurse: comprehensive reviews, falls assessments, future care planning, admission avoidance

Dementia Friendly: awareness and training for all staff, increased uptake carer services and champions, dementia friendly reading service via library

Winter Pressures: improving access during busier months, improved planning to reduce hospital admissions

Flu

- Cluster employed Flu Nurse
- Aid immunisation uptake of frail elderly at home

Medicines Management

- Collaborative working with Community Pharmacists
- Improve communication
- Aid patient safety and compliance
- Reduce wastage
- Safety audits
- Quality improvement
- Antibiotic prescribing
- Supported by Pharmacy Advisors

Primary Care Navigation

- Educational afternoon 'cluster fayre' for all staff
- Contributors included third sector, armed forces, families first, FACT, community pharmacists, opticians
- Focused on interagency working and strengthening partnerships
- QR pods in all practices to aid navigation, awareness of screening and local services

IT

- Investment in Vision 360 to aid cluster working
- Improves data collection
- Purchased 2 laptops for Pharmacist and Nurse
- Employ IT specialist now rolled out across C&V

Mental Health

- Practice-based services
- Mental Health Practitioner July 2019
- MIND, Tier 0 May 2019
- Navigate to Social Prescribing
- IT and Support Manager key to success

MSK

- Hub based in 2 practices
- One of the first clusters to 'Go Live' Feb 2019
- New IT and Project Manager key to success
- 94% appointment utilisation



WHAT'S NEXT?

SUSTAINABILITY

- Continue work around frailty, Cluster Enhanced Service (care at home)
- Future care planning
- Focus on wellbeing
- Planning for growth in line with LDP
- Improve bilingual service, collaborate with schools
- Antibiotic stewardship

#weareprimarycare

WHO WE ARE & WHERE WE CAME FROM

POPULATION 28,289

Western Vale Family Practice

3 practice bases: Cowbridge, Llantwit Major, St Athan

Cowbridge and Vale Medical Practice

1 practice base: Cowbridge

Llantwit Major & Costal Vale Medical Practice:

Llantwit Major, Rhoose, St Athan

There are three practices which operate in the Western Vale Cluster area:

- Cowbridge & Vale Medical Practice
- Western Vale Family Practice
- Eryl Group Practice

WHAT WE HAVE DONE

The Madeline Project

- £147,000 funding secured for this project
- Western Vale working towards Dementia Friendly Status
- Ongoing successful MDT events encompassing Primary and Community Care Teams supporting Dementia care
- Increased dementia diagnosis – Dementia Wellbeing Health Checks, Dementia Co-ordinators, Memory Clinics
- POCT – CRP testing for specific groups of patients

Improved Cluster Partnership Working

- All practices contributing to cluster planning
- Improved communications between senior management teams
- Cluster projects run and learning points shared between practices for a more standardised service at cluster meetings and CPETs

Mental Health & MSK

- Tier 0 (Mind in the Vale) – went live April 2019
- MHLS – went live July 2019
- MSK – going live October 2019

Influenza

Highest childhood and adult influenza vaccination uptake in C&V UHB

WHAT WE NEED TO OVERCOME

- Covering the largest geographical area in C&V – 13 miles long by 8 miles wide
- Issues with WAST call times and time for House Calls by clinicians
- Higher number of patients remaining at home with complex care needs
- Longest palliative care and District Nurse visiting time in C&V UHB
- Fastest increase in patient numbers for those over the age of 65 years – 33.5% in 10 years
- Cross Boundary – partnership working needed with Swansea Bay UHB and Cwm Taf Morgannwg UHB

WHAT’S NEXT?

Care @ Home First Project

- **Aim:** improving MDT working for patients with complex care needs not living in residential or nursing care homes
- Western Vale Data Collection – Practice Demographics, Public Health Data, OOHs contacts, WAST calls, A&E attendance, Admissions – routine and emergency
- MDT working – District and Palliative Care nurses, Social Services, WAST, Primary Care Practices

Advance Care Planning

- Update training for all staff at November CPET

Collaboration with schools

- Welsh Baccalaureate
- Duke of Edinburgh Scheme
- Improve bilingual service : posters and waiting room screens

LDP Growth

- Working with Planning Teams, PCIC and Local Council Services to ensure continued Primary Care Services despite the pressures of LDP growth in the area





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GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Public Health Wales
2 Capital Quarter, Tyndall Street,
Cardiff, CF10 4BZ
Telephone: 029 2022 7744
Email: general.enquiries@wales.nhs.uk