Merthyr Tydfil Primary Care Cluster

**2** **Listing activity/ projects**: List activities or projects planned to commence during 2024-25, as well as those planned/ initiated in 2023-24 (or earlier, if ongoing).

| Activity/ project title | New or existing activity | **Brief** activity/ project description | Results/ benefits expected by end March 2025 | **Strategic alignment**: Ministerial priorities | **Strategic alignment**: SPPC key programme priorities | Activity/ project budget (enter number only) | Funding source(s) | Current status | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Care Navigation | Existing (pre-dates 2023-24 plan) | Training is provided to receptionists to ensure service users are offered the most appropriate professional to meet their medical or non medical needs | First contact resolution | *A Healthier Wales* | *Community Infrastructure* | | Mainstream (core LHB) funding | Started & on track | |
| Childhood Obesity/PIPYN | Existing (ongoing from 2023-24 plan) | Engage with PIPYN Programme and promote available interventions | Reduction in childhood obesity | *Population health* | *Mental Wellbeing* | | Mainstream (core LHB) funding | Started & on track | |
| Community Health and Wellbeing Team (CHWT) | Existing (pre-dates 2023-24 plan) | The CHWT is a wrap around MDT to support Merthyr (Anticipatory care and complex service users) | Reduction in the number of frequent attenders/releasing capacity in Primary/Secondary Care | *Supporting the health and care workforce* | *Accelerated Cluster Development* | | Transformation Fund | Started but delayed or paused | |
| Digital Interface | Existing (pre-dates 2023-24 plan) | Introduction of a website and regular health/third sector/local information promoted across social media | Improve care and services received by patients. Improved communication | *A Healthier Wales* | *Accelerated Cluster Development* | | Cluster funding | Started & on track | |
| E Consult | Existing (pre-dates 2023-24 plan) | Increase practice efficiency with shorter waiting times and saved appointments | Meeting Access Standards. Improved working relations and communication. | *A Healthier Wales* | *Accelerated Cluster Development* | | Cluster funding | Started & on track | |
| First Contact MSK service | Existing (pre-dates 2023-24 plan) | Provide 22 weekly sessions to support MSK conditions. Early assessment, diagnosis, advice and management of MSK conditions. | Improved longer term outcomes. Reduction of onward referrals. Continuity of care. | *A Healthier Wales* | *Community Infrastructure* | | Cluster funding | Started & on track | |
| General Practice Support Officers | Existing (pre-dates 2023-24 plan) | GPSOs are an integral part of each GP team. They are managing all non medical/low level mental health consultations. This supports sustainability. | Behavioural change, thus reducing dependence on GPs | *A Healthier Wales* | *Accelerated Cluster Development* | | Cluster funding | Completed but unsuccessful | |
| Increase screening and vaccination uptake rates | Existing (ongoing from 2023-24 plan) | Continue to work with Public Health Wales to develop a system for evidence based recall. Increase the uptake of childhood immunisation rates and shingles and flu/Covid | Review screening and vaccination rates and implement any cluster/UHB recommended changes whre practicable. | *Population health* | *Community Infrastructure* | | Other specified source | Started & on track | |
| Young People Mental Health Provision (Stephens and George) | Existing (pre-dates 2023-24 plan) | Collaborate with Third Sector/Provide a bespoke counselling service | Early assessment, diagnosis and advice. | *A Healthier Wales* | *Mental Wellbeing* | | Cluster funding | Started & on track | |
| Population Segmentation | Existing (pre-dates 2023-24 plan) | Segmentation data will be produced to look at how it could support the population as opposed to asking practices to undertake more work for unmet need | Greater understanding of population/planning support | *Population health* | *Accelerated Cluster Development* | | Other specified source | Started & on track | |
| Pre Diabetes Project | Existing (pre-dates 2023-24 plan) | Public Health Wales are leading the development and implementation of an All Wales Diabetes Prevention Programme with plans to roll it out across Wales over the next 3 years. Initial roll out in March 2022, with two clusters per health board being recurited for the first wave of implementation. Merthyr and the West Cluster were chosen for CTM UHB. | Reduction in Type 2 diabetes | *Population health* | *Community Infrastructure* | | Mainstream (core LHB) funding | Started & on track | |
| Strategic Programme for Primary Care/ACD | Existing (ongoing from 2023-24 plan) | In 2022 the Strategic Programme for Primary Care introduced the Accelerated Cluster Development (ACD) Programme. This has meant a change to the GP Cluster domain within QIF. The ACD programme proposes the development of Professional Collaboratives (PCs) for each of the independent contractor groups. A lead from each collaborative will engage and work with other collaborative leads to form the core membership of the cluster. | The cluster is committed to engaging in the ACD model. Cluster Planning Group meetings scheduled for 6 times a year. Terms of Reference have also been agreed in principle. Aim to have majority of Collaborative Leads in place with Planning Group fully functioning. | *A Healthier Wales* | *Accelerated Cluster Development* | | Mixed sources | Started & on track | |
| Vision Support | Existing (pre-dates 2023-24 plan) | To provide an interface and allow integrated working across each practice in the cluster | Improved utilisation of professional resources | *NHS Recovery* | *Accelerated Cluster Development* | | Cluster funding | Started & on track | This investment has allowed the integration of appointments across each GP practice in the cluster - however there are technical |
| Wellness Improvement Service | Existing (ongoing from 2023-24 plan) | Wellness Coaches are supporting patients on waiting lists and providing lifestyle medicine. The service is focusing on 4 waiting lists ( Cardiology, Chronic Pain, Gastroenterology and Mental Health Psychology) | It is anticipated 3000 patients will be enrolled and quality of life will be improved, behavioural change will be enlisted, whilst reducing duplicate visits/contacts to Primary | *NHS Recovery* | *Mental Wellbeing* | | Other specified source | Started & on track | Cluster leads have no evidence of patients that have been managed through this service. |

**3** **Looking back**: Brief reflections on delivering the 2024-25 cluster plan.

| What has gone well since April 2024? | What has gone less well since April 2024? |
|---|---|
| Since incorporating care navigation as a core skill to each practice, it has suppored to improve patient experience through the efficencies of non clinical triage and has streamlined access to the most appropriate professional. | |
| There is now increased awareness of what services are available for this cohort. There has been great collaboration between key stakeholders. The community now has a greater understanding of the consequences of obesity and understand how early interventions can have a | |
| | There are various unfilled vacancies. It is very hard to demonstrate a reduction of numbers and the suggestion is to remove this objective from the IMTP as the Collaborative are unable to influence.Practices are continuing to increase workforce capacity each year and it is felt this is no/very little impact from the CHWTIt is very hard to demonstrate a reduction of numbers and the suggestion is to remove this objective from the IMTP as the Collaborative are unable to influence |
| This project is imperative to the cluster and Merthyr population. Until this becomes mainstreamed, the cluster cannot re-invest in new innovative projects. Increased engagement and advanced targeting capabilities. Improved analytical and measurement - sessions have increased by 109% from the previous year. More interactive video content has been included and this has raised awareness/educated the | |
| This project could be at significant risk due to the ACD. The project is imperative to the collaborative and Merthyr population. Until this becomes mainstreamed, the collaborative cannot re-invest in new innovative projects. E consult has supported access standards and provides new ways of contacting and conulting for GPs. Service users are causing a new demand as the service was originally 24/7. Many have now chosen to offer this service for limited hours. | |
| The service offers enhanced diagnostic accuracy. Access is timely and prevents people waiting a long time for assessments and interventions. The triage system identified those that need to be referred onto Primary Care. GP time is utilised efficently, thus allowing them to focus on other aspects of primary care. As MSK specialists take a holistic approach, this can lead to more effective management. | |
| The GPSO role has been instrumental in delivering the fundamentals as desribed in 'A Healthier Wales' (Integration of Health and Social Care). GPSOs have continued to reduce patient access for non medical support, thus removing the burden of 'clinicians' having to address social needs. The GPSO has capacity to provide holistic care to directly reduce health inequalities. | This project will end in March 2025. The health and social care model is imperative to the collaborative and Merthyr population and will provide a significant resource gap, thus increasing patient delays |
| | 24/25 vaccination programme is likely to be problematic. The differential expectations on cohorts of patients will add extra pressures on practice resource. Concerns around the Primary Care Mop up plans |
| Due to the large cohort of young people that require counselling, this service has improved the access for mental health.Between March and November 2023, the service supported 94 young people and families and delivered 668 counselling sessions. S&G provide early intervention and preventative support. Counselling is provided at Dowlais Community Centre and this allows a multi disciplinary approach, through the use of jolisitc | |
| | A positive programme to work towards 'A Healthier Wales' strategy |
| | Project started but delayed due to governance and technical queries - continuing until March 2025 |
| Engagement between most professional collaboratives continues | Maturity is limited as not all collaboratives are represented |
| | Due to the migration to EMIS - Vision is no longer available to allow networking of resources |
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**4** **Looking forward**: Potential challenges in delivering the 2025-26 cluster plan.

| Are there any particular challenges or issues the cluster would flag to the LHB, SPPC or Welsh Government? |
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| Lack of fully integrated care and medical leadership. |
| This project is imperative to the cluster and Merthyr population. Until this becomes mainstreamed, the cluster cannot re-invest in new innovative projects. |
| This project could be at significant risk due to the ACD. The project is imperative to the collaborative and Merthyr population. Until this becomes mainstreamed, the collaborative cannot re-invest in new innovative projects. Due to lack of clinical resource the use of E-Consult will be limited. |
| This project could be at significant risk due to the ACD. The project is imperative to the collaborative and Merthyr population. Until this becomes mainstreamed, the collaborative cannot re-invest in new innovative projects. |
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| 24/25 vaccination programme is likely to be problematic. The differential expectations on cohorts of patients will add extra pressures on practice resource. |
| This project could be at significant risk due to the ACD. The project is imperative to the collaborative and Merthyr population. Until this becomes mainstreamed, the collaborative cannot re-invest in new innovative projects. |
| Lack of resource |
| There are still core representatives (MH and Social Services) not appointed and these are delaying the maturity of the Cluster |
| This project could be at significant risk due to the ACD. The project is imperative to the collaborative and Merthyr population. Until this becomes mainstreamed, the collaborative cannot re-invest in new innovative projects. |
| Looking forward to impact this programme shows during evaluation. |

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