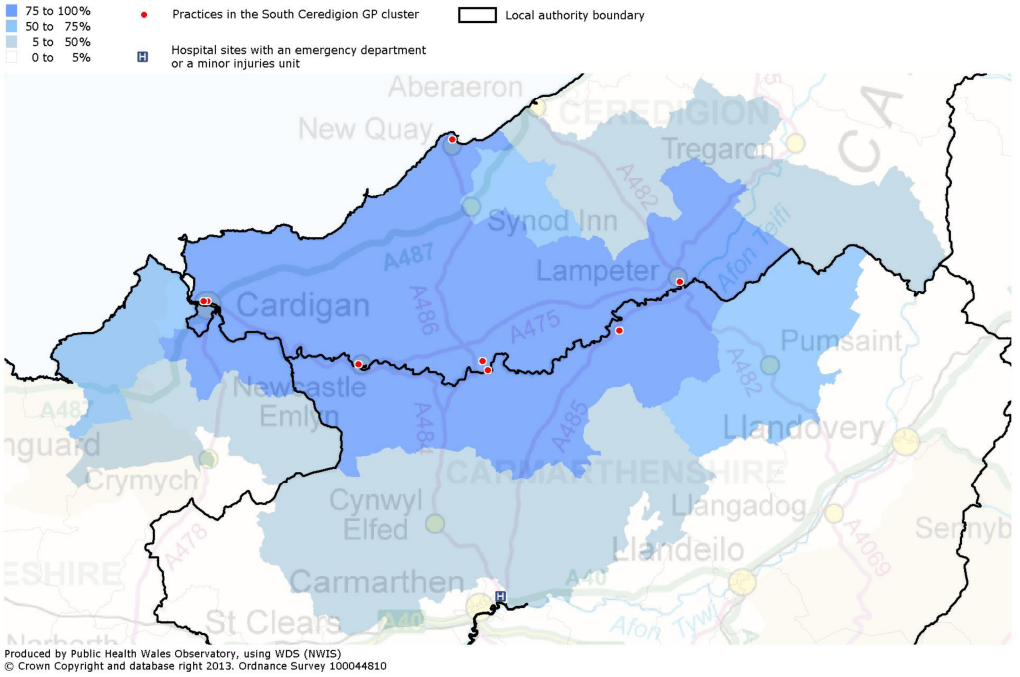
Annex 3

Cluster Network Action Plan 2016-17

South Ceredigion and Teifi Valley Cluster Plan



The Cluster Network[1] Development Domain supports GP Practices to work to collaborate to:

- Understand local health needs and priorities.
- Develop an agreed Cluster Network Action Plan linked to elements of the individual Practice Development Plans.
- Work with partners to improve the coordination of care and the integration of health and social care.
- Work with local communities and networks to reduce health inequalities.

The Cluster Network Action Plan should be a simple, dynamic document.

The Cluster Network Action Plan should include: -

- Objectives that can be delivered independently by the network to improve patient care and to ensure the sustainability and modernisation of services.
- Objectives for delivery through partnership working.
- Issues for discussion with the Health Board.

For each objective there should be specific, measureable actions with a clear timescale for delivery.

Cluster Action Plans should compliment individual Practice Development Plans, tackling issues that cannot be managed at an individual practice level or challenges that can be more effectively and efficiently delivered through collaborative action.
This approach should support greater consistency of service provision and improved quality of care, whilst more effectively managing the impact of increasing demand set against financial and workforce challenges.

The action plan may be grouped according to a number of strategic aims.

Please see previous Cluster plans for 2014 – 2015 and 2015 – 2016 for further information

[1] A GP cluster network is defined as a cluster or group of GP practices within the Local Health Board's area of operation as previously designated for QOF QP purposes

Strategic Aim 1: to understand the needs of the population served by the Cluster Network

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to date	RAG Rating
1	To review and identify the needs of the population using available data	Local Public Health Team Public Health Observatory Hywel Dda Informatics QoF Data	June 2016	To ensure that services are developed according to local need	South Ceredigion has the greatest percentage of its practice population aged 65+ and 85+ of all the clusters in Hywel Dda. Above average percentage of patients aged over 65 requiring regular age and disease related monitoring. with limited Nursing Home and Residential Home facilities. Hypertension & Diabetes increase observed in the cluster. Hypertension is possibly due to greater age of cluster population compared to the other areas. Mental Health increase and dementia. Tourist trade - high numbers of temporary patients treated difficult to match to manpower resources. High numbers of the population first language is Welsh. Large Polish community with evidence of poor health education and poor command of the English language creating communication difficulties.	
2	Effectively	GPs	Ongoing	To ensure	Patients aged over 65 requiring regular age and disease	

	manage patients aged over 65 requiring regular age and disease related monitoring	Cluster Nurse Cluster Pharmacist	April 2016 March 2017	that services are developed according to local need	related monitoring to be targeted. Appoint a second Frailty and Chronic Conditions Cluster Pharmacist and a second Frailty and Chronic Conditions Cluster Nurse to support the existing team from cluster funding to carry out elements of this work. Continue undertaking MDT meetings within the cluster following last year's successful pilot. 2 remaining practices will commence their pilot in April as they were unable to do so last year due to recruitment and capacity issues. Both fully signed up and identified patients for 2016 17.	
3	Discuss opportunities for improvements in Diabetes and Hypertension Management	GPs/Practice Nurses District/ Specialist Nurses/Cluster Pharmacist/ Cluster Nurse	Ongoing March 2017	To ensure that services are developed according to local need	To be discussed and considered when monitoring National Priority areas, polypharmacy and pilot MDT working.	
4.	Mental Health and Dementia	Mental Health Services Social Services Third Sector Broker	Ongoing March 2017	To ensure that services are developed according to local need	Increasing mental health problems and dementia within the cluster population Consider increasing the frailty teams' role in Dementia Management. Cluster have agreed to undertake Psychological intervention training to commence 2016 17	 
5	Opportunities for	GPs	Ongoing	To ensure	To be discussed at practice meetings and cluster	

	addressing/ managing/ improving tourist demand and expectation on GMS contractors.	Public Health Community Pharmacy Health Board	March 2017	that services are developed according to local need	meetings. Service Improvement Team to proactively engage with the Ceredigion coastal resorts and specifically caravan sites to promote Chose Well 2016 17. Training for reception staff in signposting patients:- Temporary patient emergency prescriptions from pharmacist. Patient education Choose Well Triage and Treat Community Pharmacies	
6	**Increase flu uptake**. Hywel Dda is the lowest Health Board achiever in Wales and Ceredigion is the lowest within the group.	Cluster	March 2017	Improve health outcomes	2016 17 review uptake and compare best practice. Consider frailty team's availability to assist with flu immunisation dependent upon resources. Cluster to cost up early advertising campaign and radio advertising.	
7	To consider learning from previous analyses to identify any outstanding service development needs e.g. Pulmonary	County Community and Third Sector Broker	Ongoing and by March 2017	Equity of service	Outstanding service developments to be discussed at practice meetings and future cluster meetings. Pulmonary rehab service still unavailable in Ceredigion.	

	Rehab Services					

Strategic Aim 2: To ensure the sustainability of core GP services and access arrangements that meet the reasonable needs of local patients

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	**Agree the health needs and priorities** for the population served by the network cluster as described in the PDPS	Cluster	June 2016 Sept 2016 March 2017	Improve health outcomes	PDPs completed by 30 June 2016 Cluster Network Action Plan to be agreed at the Cluster meeting 29th September 2016 Cluster Annual Report to be completed before 31st March 2017.	
2	**Additional Cluster Funding** Appoint Cluster Pharmacist & Cluster Nurse Psychological	GP Lead & LDM County Team Medicine Management Team Head of Hospital Pharmacy	March 2017 December		Job Descriptions approved last year for Cluster Nurse and Pharmacist. Appoint additional Frailty and Chronic Disease Cluster Pharmacist and Frailty and Chronic Disease Cluster Nurse to support the existing team Finance to sign off funding. Advertise and arrange interview dates. Laptop to be ordered.	

	interventions training Develop practice comparison	MSDI	2016 March 2018		Review benefits of MSDi in identifying at risk patients	
3	**Access** Addressing the demand management workload	Doctor First Cluster	Ongoing	Improve health outcomes	. The Cluster is following closely the outcomes for Cardigan Health Centre with this new model of working and it will continue to be an agenda item for 2016 17 to monitor progress. The cluster where possible will support Ashleigh Surgery to ensure viability of all surrounding practices	
4	**Welsh Language and other language provision** Following the success of Teifi Surgery winning the award in Innovative practice in primary care responding to patients' need for a bilingual service'	Practice Managers to liaise with Teifi Surgery Health Board	March 2017	Improve patient experience and health outcomes	Agreement to improve the availability of services in the Welsh language. Address other language needs such as Polish. Some work already undertaken taken there are some gaps in provision. Practices to liaise with Teifi Surgery for advice/assistance on how to raise and improve the standard across the cluster of the Welsh Language and best practice. Translation services now available for Welsh language patients as well as other languages should practices need this additional service.	  

Strategic Aim 3: Planned Care- to ensure that patients' needs are met through prudent care pathways, facilitating rapid, accurate diagnosis and management and minimising waste and harms

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Agree the service developments priorities for the population served by the network cluster as described in the Practice Development Plans	GPs Cluster Pharmacist and Cluster Nurse County Team	March 2017	Proactive management of minimising waste and harm	Continue MDT working for the most vulnerable patients. The work of both the Cluster Pharmacists and Cluster Nurses to minimise harm and improve patient safety and wellbeing.	
2	Consider how resources can be used more effectively e.g. non funded services Audit tonsillectomy Procedures and referrals	Primary and Secondary Care colleagues	September 2015 to be repeated September 2016	Un-necessary operations	Agreement to undertake audit and to repeat in 1 year to confirm reduction in referrals	

3	Mapping of local services e.g. Optometry, community pharmacy, local transport – Bwcabus	Optometry Service Wales Community Pharmacy Bwcabus	Before March 2017	Improve health outcomes Improve access to appropriate timely services	Invite and Optometrist and Community Pharmacist to become members of the Cluster. Bwcabus - working closely with Teifi Valley Practices to ensure transport availability and especially during the flu clinics.	 
4	New approaches to the delivery of primary care and sustainability cross referral and skill mix e.g. Share good practice Welsh Language e.g. practices working together reception, back office protocols polices together	Practices	Before March 2017 were practicable and other approaches will take longer to achieve but before March 2018	Improve health outcomes Improve access to appropriate timely services	Practices to liaise/consider how they can provide support to others to prevent domino effect. Work with Health Board to achieve sustainability.	
5	National Priorities.			Improve health outcomes	To be formally discussed on the 26th January at the Cluster meeting.	

	Implementation of new Value of the urgent suspected cancer information from HDUHB.			Improve access to appropriate timely services	Cluster meeting 29th September	

Strategic Aim 4: To provide high quality, consistent care for patients presenting with urgent care needs and to support the continuous development of services to improve patient experience, coordination of care and the effectiveness of risk management

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Greater integration of health and social care. e.g. accessing emergency beds in the county health/social	County Social Services Job Centre Plus Third Sector Broker/ Voluntary	Ongoing by March 2017	Improve health outcomes Improve access to appropriate timely services	Practices to continue undertaking MDT working to build up strong relationships of trust.	

	procedures	Organisations				
2	Third sector post	Third Sector Broker County	Ongoing by March 2017	Improve health outcomes	To be discussed at future practice and cluster meetings.	
3	Review and share learning from Significant Events & Ombudsman Reports,,	Cluster Ombudsman	Ongoing by March 2017	Improve health outcomes	Develop new way of working with the hospital pharmacy to ensure practice can obtain stock of urgent medications, following evening surgery appointments, as community pharmacies do not stay open for commercial reasons	
4	Educational meetings PT4L	South and North Clusters	Ongoing by March 2017	Improve health outcomes	Detail to be discussed at future practice and cluster meetings for popular topics and speakers.	
5	Good Practice Research and development	Pharmacy research collaboration. With Mid & West Wales Regional Co-ordinator Wales Centre for Pharmacy Professional Education		Improve health outcomes	Practices to assist Cluster Pharmacists to gather data for collaboration with the Mid & West Wales Regional Co-ordinator Wales Centre for Pharmacy Professional Education to produce a paper on the work undertaken.	

Strategic Aim 5: Improving the delivery of end of life care

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Implementation of new form. Hywel Dda Health Board - GP Out Of Hours Service *"Special Notes" Referral Form for Palliative Care Patients*	GPs Secondary Care OOH Community Care	Ongoing	Seamless care for patients.	Circulate and practices to implement	

Strategic Aim 6: Targeting the prevention and early detection of cancers

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Feedback on inappropriate referrals from the cluster which are causing concern in a themed way. E.g. urgent suspected cancer downgrading	GPs Hywel Dda Consultants Informatics Dept	Ongoing by March 2017	Quality and Safety Assurance	To be discussed at cluster meetings but in greater depth in February when the National Priority Areas will be discussed. Delayed diagnosis was the theme - practices would continue to get more examples and invite radiology to a cluster meeting.	
2	Share issues e.g. false negative X-rays if appropriate. Datix	GPs Datix Team Quality Manager Primary Care Assistant Director Assurance Safety and Improvement	Ongoing by March 2017	Quality and Safety Assurance	Datix team attend February Cluster meeting 2016 Llynyfran agreed to work on a pilot and New Quay still in discussion with Datix team to follow through the process of a specific Datix incident. Issues to be discussed at cluster meetings 2016 17	

Strategic Aim 7: Minimising the risk of poly-pharmacy

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Build on	GPs	Ongoing by	Quality and	To be discussed at practice meetings and cluster	

	previous CND work and share learning	Cluster Pharmacist Medicine Management Cluster Nurse Community Nurses	March 2017	Safety Assurance Improvement in health outcomes	meetings. Frailty and Chronic Conditions Cluster Pharmacist to assist with prudent prescribing, medicines optimisation, problematic polypharmacy, and developing new ways of working within the cluster.	

Strategic Aim 8: Deliver consistent, effective systems of Clinical Governance

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Review prescribing habits	GP Cluster Leads	Ongoing by March 2017	Quality and Safety Assurance	To be discussed at prescribing/practice and cluster meetings. Prescribing Advisor excellent relationships with all practices e.g. GMS actions respiratory review, updates antibiotic prescribing, hypnotic and angiolytic reviews	
2	Review Significant Events- share and learn underlying issues	Cluster	Ongoing by March 2016	Quality and Safety Assurance	Please see page 13	
3	Discuss Clinical Governance Tool	PMs	Ongoing by March 2016	Quality and Safety Assurance	To be discussed with Quality Manager Primary Care for guidance for implementation. Cluster agreed for Practice Manager to meet with Laura Jones for further advice and guidance.	

Strategic Aim 9: Other Locality issues

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Improve geographic working for practices.	Cluster County	March 2018	Improved access to service	Appointment of additional Frailty and Chronic Conditions Nurse and a full time Frailty and Chronic Conditions and to ensure improved geographic working for the existing staff. Ensuring cross cover of posts during staff absence for advice and support and additional support for practices on a more regular basis.	
2	Maximise the potential of the 3rd sector.	Third Sector Broker Third Sector Organisations	March 2017	Reduce isolation and improve health and wellbeing	To be discussed at ongoing practice, MDT and cluster meetings.