



## Strategic Programme for Primary Care

# Implementation Plan

## Enhanced Services Review

A Framework for Design and Delivery of Enhanced Services in Wales

## A Framework for Design and Delivery of Enhanced Services in Wales

### Introduction:

In July 2020, the Strategic Programme for Primary Care published a [\*Framework for Design and Delivery of Enhanced Services in Wales\*](#).

The framework offers a suite of 11 recommendations intended for adoption and implementation by Welsh Government, Local Health Boards and primary care contractors during the COVID-19 pandemic and beyond.

To support stakeholders with meeting the recommendations, this paper sets out an implementation plan that consists of actions to be taken forward by the different stakeholders; along with suggested timelines.

### Implementation plan

The full implementation plan is set out in Table 1 (page 3).

For stakeholder convenience, an overview of the actions (in order of timescales) is also provided (page 7).

To understand how the framework and implementation plan is taken forward locally; the Strategic Programme team, over the next few months will be in dialogue with Welsh Government and the Director Primary and Community Care network.

Recommendation	Actions	Lead	Timeline	Expected output / outcome
<b>1: LHBs/WG should first adopt system wide clinical pathways, and then identify the highest value contractual models (which may include enhanced services) to deliver care along the pathways.</b>	<b>1.a</b> Welsh Government (WG)/Chief Medical Officer (CMO) to consider and endorse the National Clinical Framework.	Chief Medical Officer (CMO)	September 2020	Endorsement and publication of National Clinical Framework.
	<b>1.b</b> Amendments to contractual legislation (e.g. APMS, PMS) and/or defined processes.	WG	March 2021	Revised / new legislation and/or defined processes.
	<b>1.c</b> Adoption of Contractual choice algorithm. Head of Primary Care (HoPC) to produce and adopt a ' <i>once for Wales</i> ' standard operating process for reviewing new and existing services.	Health Boards (HBs), suggest via HoPCs.	October 2020	Standard Operating Process.
	<b>1.d</b> Health Board (HB) adoption of Contractual Choice Standard operating procedure.	HBs, suggest via: Directors of Primary Care & Community (DoPCCs), Chief Operating Officers (COOs) and Directors of Finance (DoFs).	December 2020	Written agreement to use the SOP in determine best model of delivery in primary care/ community when considering costings of pathways.
<b>2: National Clinical Pathways, and standards, must be developed and managed before any national or directed enhanced service is considered.</b>	<b>2.a</b> Partial Pathway/Process adoption - Where a full national pathway is not yet available for a specific condition/patient group, Assistant Medical Directors (AMDs) will agree an interim process for a time-limited period.	HBs, suggest via AMDs.	From December 2020 onwards	Commissioning of revised enhanced services.

Recommendation	Actions	Lead	Timeline	Expected output / outcome
<b>3: Local Health Boards will localise national pathways to reflect the needs of its population and characteristics of its workforce, including in response to the COVID-19 pandemic.</b>	<b>3</b> Localising Pathways - Health Boards to confirm the approach/process they have in place to action and localise national pathways based on an established methodology (e.g. Canterbury).	HBs, suggest via Directors of Planning (DoPs).	January 2021	Written standard operating procedure.
<b>4: Local Health Boards will use an evidence-based pathway development methodology when localising pathways that includes specialists, primary care generalists, nursing and allied health professionals, as well as the patients and carers.</b>				
<b>5: Local Health Boards will allocate resources across the whole lifespan and whole system clinical pathways using value based healthcare principles</b>	<b>5</b> Value based health care – Productions of a statement as to how each LHB will determine technical, personal and allocative value in any pathway.	Health Boards, suggest via DoFs, COOs & DoPs	February 2021	Standard Operating Procedure
<b>6: All organisations will adopt a quality improvement methodology when planning, delivering and implementing local versions of national pathways</b>	<b>6</b> Quality Improvement Methodology - Description as to how each LHB will monitor technical, personal and allocative value in any pathway and make changes to the local pathway in response to data.	Health Boards, suggest via DoFs, COOs & DoPs	February 2021	Standard operating procedure

Recommendation	Actions	Lead	Timeline	Expected output / outcome
<b>7: All organisations will ensure data is collected, including patient reported outcomes and experiences, as part of everyday contacts with clinicians and patients</b>	<b>7</b> Frontline data collection - Description as to how each LHB will collect data to monitor pathway performance (technical, personal and allocative value) using data routinely collected as part of existing frontline contacts where possible.	LHB Directors of Digital  NHS Wales Informatics Service	March 2021	Standard operating procedure. 1) For Secondary Care. 2) For Primary care.
<b>8: All organisations will share data for specific purposes, and learning nationally, to support national pathway development and research and innovation.</b>	<b>8.a</b> Sharing learning, how will each LHB share data on performance routinely for any pathway.	Executive Medical Directors (EMDs) and Executive Nurse Directors (ENDs)	March 2021	Standard operation procedure.
	<b>8.b</b> Creation of a single repository for data for Wales.	Directors of Digital	March 2021	Creation of Data Hub.
	<b>8.c</b> Creation of a specialist analysis unit to analyse and publish data from each LHB on pathways.	NHS Delivery Unit	March 2021	Creation of analysis unit.
<b>9: LHBs should consider and implement the contractual models most likely to deliver the highest value outcomes for patients/in a clinical pathway.</b>	Covered by Actions 1 to 3.			
<b>10: All LHBs should adopt a new national Framework for Enhanced services where all enhanced services fit into one of four categories - The Enabling DES, a Bundled DES, a</b>	<b>10.a</b> Reconfiguration of Enhanced Services.			
	<b>10.b</b> Establish timeline for review.		October 20	Timetable.

Recommendation	Actions	Lead	Timeline	Expected output / outcome
<b>Chronic Conditions in Clusters DES, a Population DES, or a Generic ES.</b>	<b>10.c</b> Establish risk register for reconfiguration.	HBs, suggest via HoPC and AMDs	October 20	Risk Register.
	<b>10.d</b> Devise standard methodology for taking down any existing enhanced services.		November 20	Standard methodology.
	<b>10.e</b> Devise generic enhanced services group contract text.		December 20	Generic ES group contract text.
<b>11: All LHBs should first rationalise the existing enhanced services, using the principles of this document, and establish the new categories of enhanced service before devising enhanced services for <i>de novo</i> pathways, unless there is significant clinical need.</b>	Covered by Actions 1 to 4			



## The Strategic Programme for Primary Care

Endorsement and publication of National Clinical Framework (WG & CMO)

September 2020

- SOP for reviewing new and existing services (HoPC).
- Timetable established for review of enhanced services (HoPC).
- Risk register established for reconfiguration of enhanced services (HoPC).

October 2020

- Written agreement from DoPs, COOs and DoFs to use the SOP (produced by the HoPCs) in determining the best model of delivery in primary care/ community when considering costings of pathways.
- Devise standard methodology for taking down any existing ES (HoPC)

November 2020

December 2020

- Written agreement to use the SOP in determine best model of delivery in primary care/ community when considering costings of pathways (DoPCC, COO and DoF).
- Commissioning of revised enhanced services (AMDs).
- Devise generic ES group contract text (HoPCs and AMDs).

January 2021

- SOP in place as a mechanism for Health Boards to confirm the approach/process they have in place to action & localise national pathways based on an established methodology (e.g. Canterbury).

February 2021

- Value Based Healthcare Standard operation procedure - how will each LHB determine technical, personal and allocative value in any pathway (DoF, COO & DoP).
- QI Methodology SOP agreed as to how each LHB will monitor technical, personal and allocative value in any pathway and make changes to the local pathway in response to data (DoF, COO & DoP).

March 2021

- Revised / new contractual legislation and/or defined processes (WG).
- Standard operating procedure (one for Secondary Care and one for Primary Care) on how each LHB will collect data to monitor pathway performance (LHB Directors of Digital & NWIS).
- Sharing learning SOP on how each LHB will share data on performance routinely for any pathway (EMDs & ENDs).
- Creation of Data Hub (Directors of Digital)
- Creation of Analysis Unit to analyse and publish data from each LHB on pathways (NHS Delivery Unit).

## ES review Implementation plan timeline