



## Strategic Programme for Primary Care

# Primary & Community Care 2021-22 Annual Planning Framework

## 1. Introduction

Primary and community care continues to be one of the five Ministerial priorities in the 2021-22 NHS Annual Planning Framework. The purpose of this document is to supplement the 2021-22 Annual Planning Framework by setting out further detail on the planning requirements for primary and community care, both for COVID-19 and non COVID-19 activity, building on the approach taken for quarters 3 and 4 of 2020-21.

## 2. Background

During the pandemic, change has occurred in primary and community care at pace and through the application of both workforce and digital enablers, consistent with the Primary Care Model for Wales. All services (contractor service through to community and integrated service) have put in place measures to support business continuity and whilst these have been a necessity it has also brought innovation. Key areas to note include:

- Separation of COVID-19 (at practice or cluster level) and non COVID-19 patient flows
- Establishment of hubs for urgent and emergency care
- Establishment of field hospitals led, in most cases, by primary and community services
- Community staff involved in test and trace, COVID-19 vaccination programme
- [Rehabilitation: A Framework for Continuity and Recovery 2020-21 \(Welsh Government\)](#)
- Rapid roll-out of remote consultation working

The [Strategic Programme for Primary Care](#) has produced the following resources to support local action:

- COVID-19 Toolkits for [general practice](#), [community pharmacy](#), [dentistry](#) and [optometry](#)
- Review of the effectiveness and safety profile of remote triage in primary care
- Rapid review of governance, quality & safety in primary care in Wales
- [Care home framework](#) for primary and community care services
- Rehabilitation: [Primary & Community Care Guidance for Vulnerable Groups identified as having higher risks of the impacts of COVID-19](#)
- Toolkit step-up/down bedded community services
- Urgent primary/same day care pathfinders on a cluster or multi cluster footprint.

As the health system recovers, there are valuable lessons from the rapid transformation that has occurred that should shape the recovery. Many of these are aligned to the care closer to home principle as set out by *A Healthier Wales*, particularly the digital solutions and the field hospitals. Now is the time to adopt the principles as set out in *A Healthier Wales* of care closer to home across the whole health and care system (and with partners). Without this as a stated direction of travel, there is a risk that we re-instate pre-COVID-19 ways of working whilst maintaining the aspiration of *A Healthier Wales*.

Primary and community care also needs to respond to and keep a strong focus on the four harms:

- Harm from COVID itself
- Harms from an overwhelmed NHS and social care system
- Harm from a reduction in non COVID activity
- Harm from wider societal actions/ lockdown

### 3. Priorities for 2021/22

The Primary Care Model for Wales and the cluster approach focuses on health and wellbeing. Moving into 2021/22 the following principles need to underpin service planning and delivery at cluster and health board level:

- Aligned as part of whole system continuum of placed based seamless provision
- About the whole person encompassing mental well-being and physical health

Building on the priorities identified in quarter 3 and 4 of 2020/21, the following **four priorities** have been identified by the Health Board Directors of Primary Care:

- I. Management of COVID-19
- II. Delivery of essential services
- III. Development of integrated and community care  
*Discharge to Recover & Assess*  
*Rehabilitation support (to include impact of COVID-19 and post COVID-19 syndrome)*  
*Step-up and step down bedded community services*  
*Provision for care homes*
- IV. Improved access to primary care  
*- Into all primary care contractor services*  
*- The model for urgent primary care services*

In addition, reconciling with the 2021-22 NHS Annual Planning Framework, the other four Ministerial priorities and the enablers require consideration.

Ministerial Priorities

- Prevention – of particular note, the Obesity Strategy [Healthy Weight Healthy Wales](#); Screening and Vaccination programmes
- Reducing health inequalities including the variation in service provision
- Timely access to care
- Mental health

Enablers and other areas for consideration

- Workforce
- New technologies and ways of working
- Revenue and capital
- Governance

Given the continually evolving context, it is recognised that the priorities identified for 2021/22 need to be balanced based upon the demands on the service at any particular time and that reduction in harm remains paramount.

Further detail on each of the four identified priorities follows.

### **3.1 Management of COVID-19**

The [All Wales COVID-19 community pathway](#) sets out the most appropriate and effective way of providing care to suspected and proven COVID-19 patients and those experiencing long term effects, defined by NICE as post COVID syndrome. Primary and community care staff should be familiar with the pathway and its delivery, and have undertaken the required training.

For those patients with suspected COVID-19 symptoms or who have tested positive and present with another problem, management of their non-COVID-19 condition will need to be conducted after a full risk assessment. Use of remote consultation models and appropriate PPE as necessary will be fundamental, telephone and video consultation availability, and practice / cluster urgent care hubs.

HomeWatch schemes to support time-limited patient directed pulse oximetry monitoring at home to detect and act against COVID-19 related hypoxia will be rolled out across Wales, supported by a national service improvement based evaluation.

Running alongside the delivery of services to patients with suspected or proven COVID-19 is the COVID-19 vaccination programme. The impact of the delivery of this programme needs to be fully assessed both in terms of the delivery of the vaccination programme and the wider impact on primary and community care services.

### **3.2 Delivery of Essential Services**

The World Health Organisation sets out five categories of essential healthcare which is a useful framework for recovery for NHS Wales and aligns with the Welsh Government document '[Maintaining Essential Health Services during the COVID-19 pandemic – summary of services deemed essential](#)'.

The five categories are as follows:

- Essential prevention of adverse outcomes
- Responsive urgent care
- Essential management of chronic conditions
- Timely diagnosis of new problems
- Proactive management of vulnerable groups

These categories have been considered through the lens of primary and community care services.

It should be noted that given this spans the whole health system, it is clear that some of this work would be led by primary care whilst others would be more aligned to hospital services. Seamless working across the system is key on opening up access to care in order to support safe management in the community where appropriate and, where necessary, onward referral routes for patients from primary care. Interdependent services need to be open such as diagnostic services with discussions at national and health board level required. A monitoring approach has been developed by the Strategic Programme for Primary Care and provides the necessary data to support the discussions across the system on opening up services. In turn this supports the use of web-based clinical pathways to support standardisation of whole system care.

Moving into 2021-22, the role of primary care within an integrated system will become increasing important as the system seeks to recover. Joint working is required with the Planned Care Programme to develop a whole health system response to key pressure areas such as cancer services and long waits for elective outpatients and treatment.

It is recognised that there will be a balance, particularly in quarter 1, between the drive to deliver essential services with the management of COVID-19 and the implementation of the vaccination programme.

### **3.3 Development of Integrated and Community Care**

To achieve the aim of more preventative care closer to home, the 24/7 work stream of the Strategic Programme for Primary Care had identified the development of community services as a priority area of work, building on the work undertaken by the Delivery Unit. Moving into 2021/22, the following areas require focus by Health Boards, supported by resources developed by the Delivery Unit and the Strategic Programme for Primary Care:

- Discharge to Recover & Assess
- Intermediate care encompassing rehabilitation support
- Step-up and step down bedded community services
- Provision for care homes

#### **3.3.1 Discharge to Recover & Assess**

In October 2020, Welsh Government funding was allocated for the winter period to support the four discharge to recover and assess pathways to prevent unnecessary admission and enable a home first approach. This formed one of the four priorities as part of the new integrated Welsh access model for urgent and emergency care. Health Boards should consider the learning from what they have put in place in response to this and consider how this becomes an integral part of the community service offer alongside the other components of community services.

#### **3.3.2 Rehabilitation Support**

Rehabilitation planning aligns with the national approach and Rehabilitation Framework and Guidance, to deliver person centred collaborative care as close to home as possible, with access via existing local primary and community care professionals and onward referral to specialist services or secondary care as needed. This is the most appropriate response given the widely variable impact people experience because of the pandemic across the four population groups:

- a) People post-COVID-19: those recovering from acute COVID symptoms and those with Post COVID syndrome recovering in the community;
- b) People awaiting paused urgent and routine interventions and who have further deterioration in their function;
- c) People who avoided accessing services who are now at greater risk of disability and ill-health;
- d) Socially isolated/shielded/vulnerable groups where the pandemic restrictions have led to the loss of physical and mental wellbeing and thus increased health risk.

In support of the National Rehabilitation Framework and population specific planning guidance, the 24/7 work stream of the Strategic Programme for Primary Care is developing guidance for targeted 7 day rehabilitation.

#### **3.3.3 Step-up and step down bedded community services**

The infrastructure of community services is an essential component of the Primary Care Model for Wales and the 24/7 work stream of the Strategic Programme for Primary Care, working with the Delivery Unit has developed a Bedded Community Services Toolkit as web-based resource, which will also include supporting resources, such as the literature review and links to relevant training. The toolkit includes the following bundles:

- Core bundle for all bedded community services
- Additional bundles for
  - sub-acute care
  - rehabilitation
  - discharge to recover and assess, pathway 3
  - palliative care and end of life
  - step-up care

The core bundle will apply to all bedded community services, and the additional bundles form 'pick & mix' options for regional partnerships to draw on, in response to their local needs analysis.

### **3.3.4 Care Homes**

Recognising the fragility of the care home sector, the Strategic Programme for Primary Care developed a [Care Home Framework](#) through a co-production approach that took account of the following:

- ✓ A better understanding of the requirements of care home residents
- ✓ Ensuring a more consistent approach to delivering primary and community care services across Wales, allowing providers to have a clear understanding of the services that are available and how and when to access them.
- ✓ Supported by evidence based practice.

The scope of the Framework is access to primary and community health care services and to appropriate and relevant clinical expertise when required. As part of the Welsh Government Delivery Milestones for 2020/21, Health Boards were expected to consider this Framework and adopt, adapt or justify. For 2021/22, this needs to be built on further.

## **3.4 Improved Access to primary care**

The principles of the Primary Care Model for Wales (maximising the health and wellbeing of the individual as part of the whole system continuum of provision) and the learning from the pandemic should underpin health board planning and delivery in terms of the access to and from primary care.

### **3.4.1 Access to primary care services**

The contract reform programme covers all primary care contracts including dentistry, general medical services (GMS), optometry and community pharmacy. One of the common priorities identified is improving access to and from primary care services. New ways of working were implemented swiftly in response to the pandemic, notably a telephone first response, remote/virtual consultations with the right member of more multi professional teams, and collaboration between services on a cluster footprint. Moving into 2021/22, these models need to be embedded as routine to enable both good access and service sustainability. Key to this is proactive action to work with primary care services and the public to ensure there is clarity on the primary care offer.

### **3.4.2 Urgent primary care**

Primary care delivers urgent care at high volume however a clear urgent primary care model for Wales remains undefined. As part of the work programme for the 24/7 work stream of the Strategic Programme for Primary Care for 2020/21, urgent primary care pathfinders were implemented for the winter period in order to increase capacity and test different models. The learning from this will inform a definition of urgent primary care and proposed models for urgent primary / same day access across Wales. This will align with developments such as 'Phone First' and the Transforming Urgent and Emergency Care Programme and the national rollout of the 111 programme and the Winter Protection Plan. The national work on governance across the urgent pathway will further support this. Health Boards need to consider what this means in terms of delivery at a local level.

In response to the pandemic, dental and optometry established urgent care centres. Moving into 2021/22, the different ways of working and learning from the pandemic should inform the urgent primary care delivery model for all contractor services.

The delivery of urgent care is inextricably linked to 3.4.1 and the delivery model and capacity for the wider primary care model.

#### 4. Further Considerations

Reconciling with the 2021-22 NHS Annual Planning Framework, five Ministerial priorities are referenced including primary and community care. Central to the Primary Care Model for Wales is cluster working. Based on the learning to date (including the COVID-19 pandemic), the Strategic Programme for Primary Care started a 'big conversation' in December 2020 with a short survey on where we are with cluster development, what we have learnt and what the next steps should be. Open for four weeks, there were almost 500 survey responses in the first two weeks. This engagement exercise will continue throughout January and February as the key actions and next steps are identified. This is important context for planning of primary and community care services in 2021-22 and detail will be shared in the last quarter of 2020/21 as it emerges.

To consider the four other Ministerial priorities:

- Prevention – of particular note, the Obesity Strategy. With the support of the Prevention and Wellbeing work stream of the Strategic Programme for Primary Care, Health Boards need to consider the contribution primary and community services can make to delivering this strategy.
- Reducing health inequalities – with the support of the Prevention and Wellbeing work stream, consideration of the learning from the inverse care law projects and the risk stratification work led by Aneurin Bevan and Cwm Taf Morgannwg Health Boards.
- Timely access to care – picked up through the previously identified priorities of 'essential services' and 'access to primary care' for Health Boards and nationally through joint work of the Strategic Programme for Primary Care with the Planned Care and Unscheduled Care Programmes.
- Mental health – particularly noting the impact of the pandemic, Health Boards should ensure primary and community care services take a holistic approach encompassing the mental health and emotional wellbeing of the individual.

Enablers and other areas for consideration:

- ❖ Workforce – workforce data (thus informing demand and capacity and workforce planning), work place health (picked up under prevention) and the requirements of [Workforce Strategy for Health and Social Care in Wales](#).
- ❖ New technologies and ways of working – recognising the digital opportunities, this should be built into Health Boards planning across all four of the identified priorities.
- ❖ Revenue and capital – the primary care premises review should build in the learning from the pandemic and new ways of working (digital opportunities) and consider the needs to the wider primary care/cluster team.
- ❖ Governance – in December 2020, the Strategic Programme Board for Primary Care agreed the principles as set out in A Rapid Review of Clinical Governance, Quality & Safety in Primary Care in Wales. Health Boards should consider their clinical governance arrangements against these principles with a view to adopt, adapt or justify.

#### 5. Summary

This document is to supplement the 2021-22 Annual Planning Framework by setting out further detail on the planning requirements for primary and community care, both for COVID-19 and non COVID-19 activity, building on the approach taken for quarters 3 and 4 of 2020-21. It identifies four key priorities as well as key enablers and other considerations.