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Primary Care Operational Support Team (PCOST)

Aneurin Bevan University Health
Board

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Bond

Summary of the Project

- *Primary Care Support Team*
 - *Multi-disciplinary team to provide clinical support and leadership to practices who are facing sustainability issues*

Why was it chosen

What problem are you trying to solve?

- *improving patient access to GP services*
- *supporting sustainability*
- *enabling practices to become resilient*

What would **Success** look like?

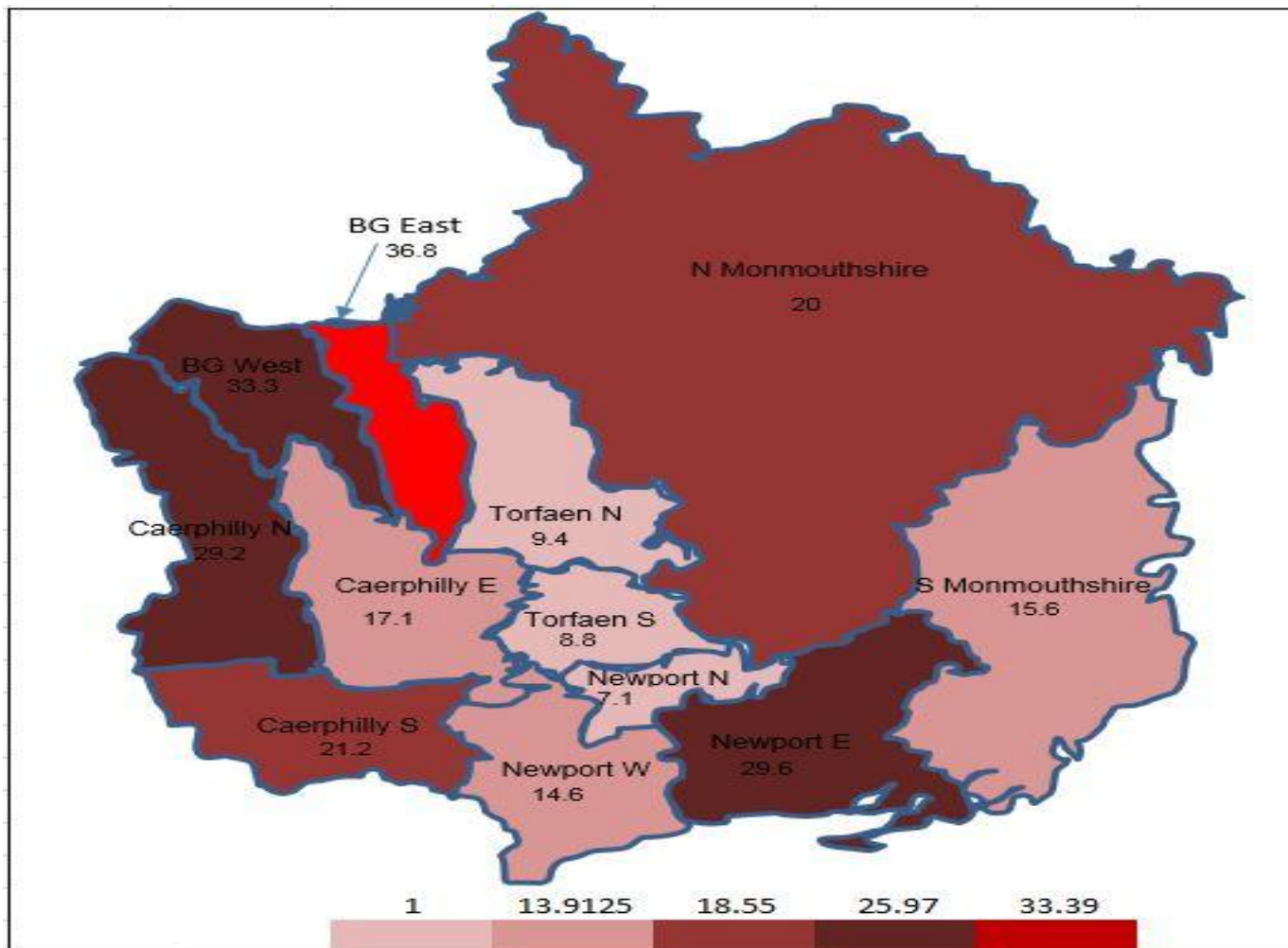
- *Improved Patient experience of access*
- *More Sustainable Practices*
 - *revised skill mixes*
 - *improved recruitment/retention of GPs and nurses*
 - *Increased uptake of Enhanced Services*
 - *ABUHB/Primary care Recruitment website launched*
 - *Broader remit of training and development*
- *Practices work co-operatively through new structures or processes*
 - *Greater local leadership & ownership of problems/ solutions*
 - *Development of Hubs, Federations, Mergers*



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A Map of Gwent showing GPs retirement vulnerability



What are your **Process** Measures?

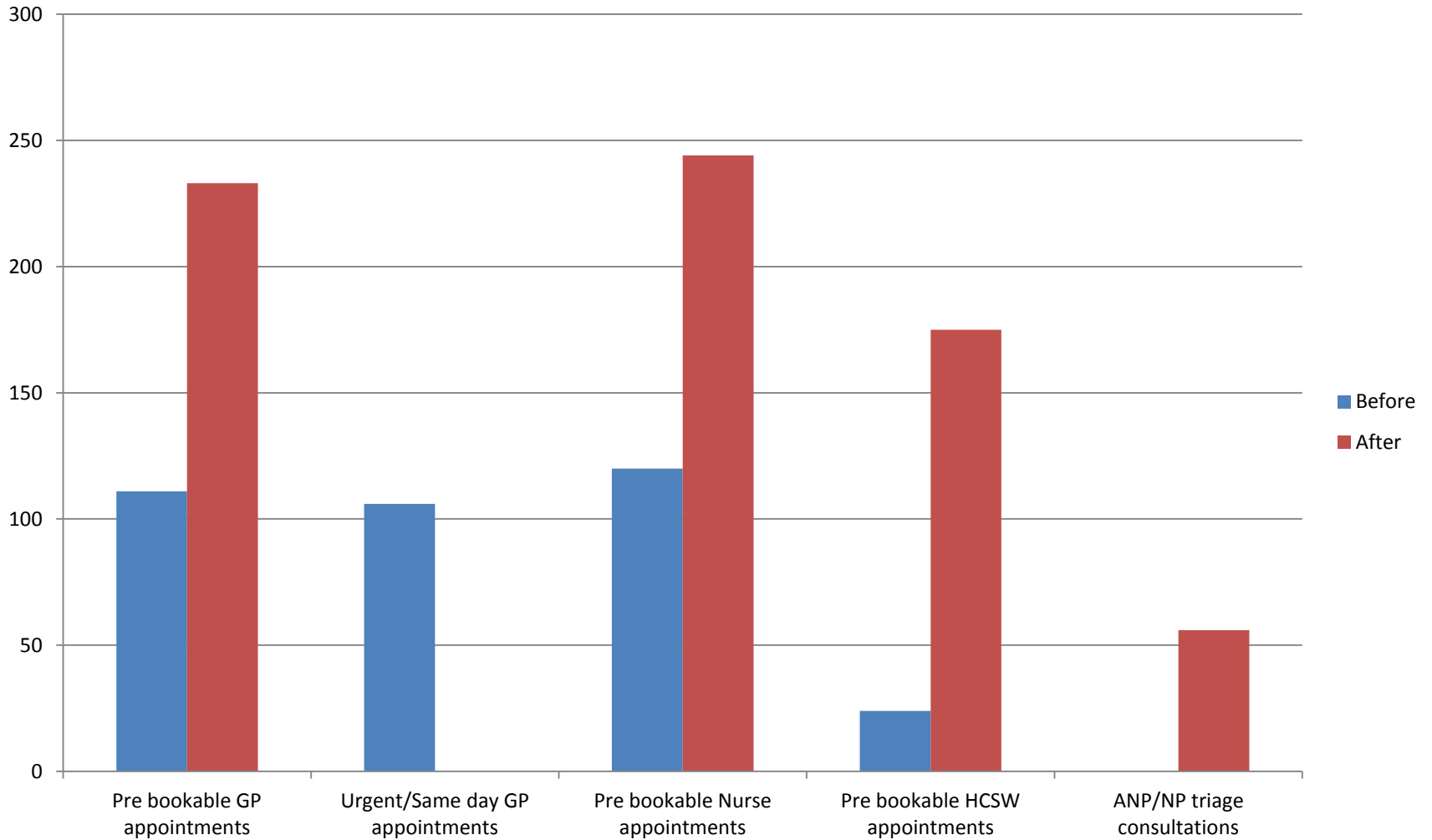
PCOST

- *Service Level Agreement setting out terms of intervention/support with agreed review dates and a clear timescale for exit*
- *Merger support available*

What will be your **Outcome** Measures?

- *Practices successfully working through their agreed exit strategy*
- *Practices becoming sustainable through recruitment or merging with a neighbouring practice*
- *Improvement in patient access to clinical services*
- *Practices embedding new ways of working introduced through the process e.g. Nurse triage*
- *Improvement in CGPSAT scores*
- *Participation in Access QI scheme*

Appointment availability



What will be your **Outcome** Measures?

- Multi-professional support to 4 GP practices
 - GPs
 - Advanced Nurse Practitioner
 - Nurse Practitioner
 - Band 5 Practice Nurses
 - Pharmacist
 - Pharmacy Technician
 - Health Care Support Workers
 - Receptionist/Repeat Prescribing Clerk
 - Service Manager
 - Support Manager
 - Administrative support

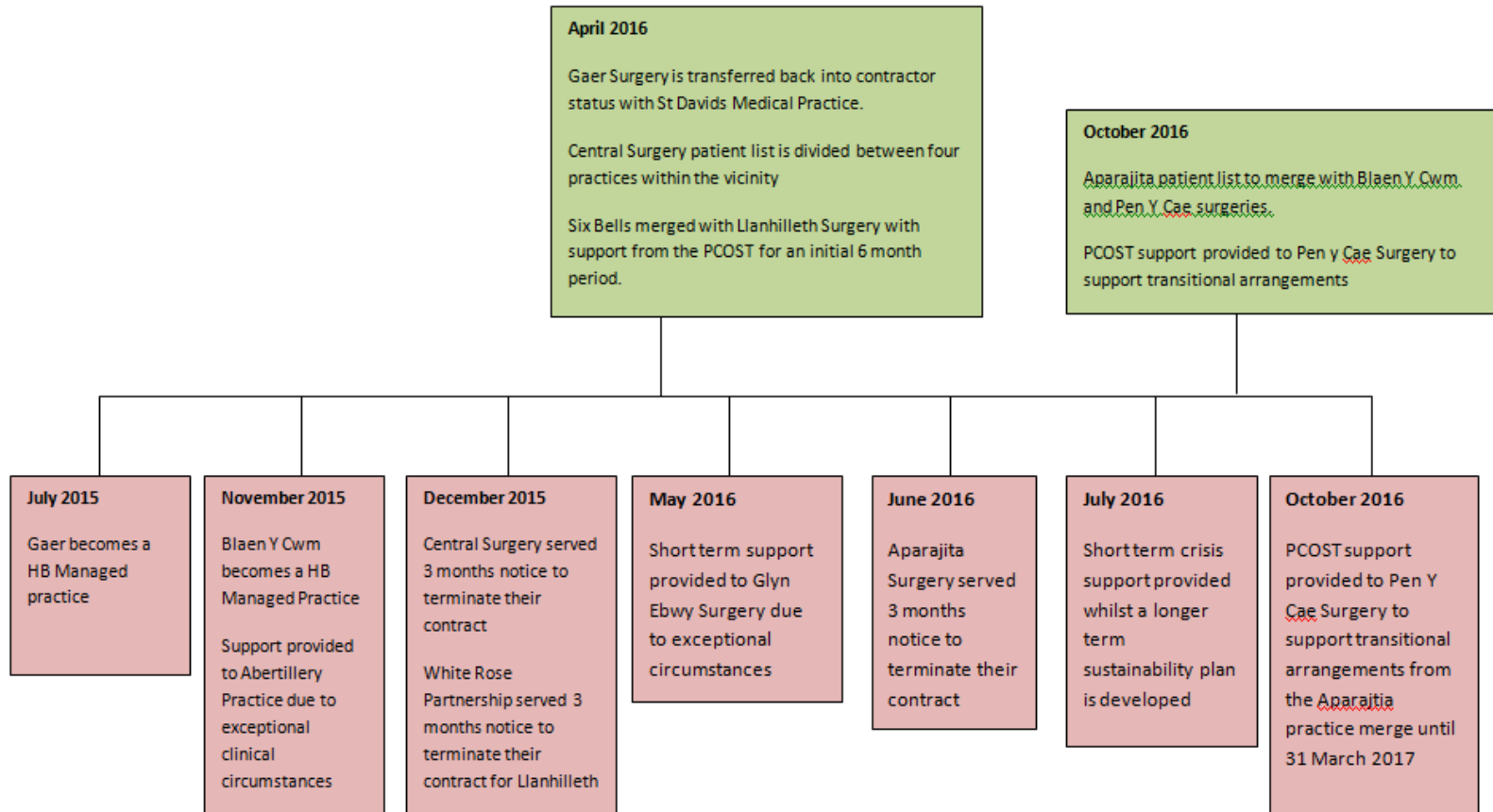
What will be your **Outcome Measures?**

- Two practice mergers supported to date, with ongoing discussions with other practices
- 1 Health Board managed practice back to independent contractor status
- 2 GP practices supported to surrender their contracts through the Vacant Practice Process
- Support to practices through the Sustainability Framework

Will you have any **Balancing** measures?

- *Number of Neighbouring Practices that apply for Sustainability Framework during PCOST intervention (↑ = wrong support)*
- *Number of Practices that end up in HB control (↑ = possibly wrong support)*
- *Rate of GP-OOH contacts and ED attendances during intervention (↑ = wrong support)*
- *Cost of PCOST team (↑ = wrong relationship)*

Timeline of support to practices



What did you **Learn** ?

- *Access and sustainability are intrinsically linked*
- *PCOST could work in any Health Board*
- *Able to share PCOST Service Level Agreement*
- *Recruitment is key – development of Health Board website*

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- *Model underpins ministerial priorities for sustainable primary care*
- *Whatever resource you have available it's never enough!*

Ministerial Priorities

- *Improved sustainability and service provision in practices*
- *Greater (timely) access to services for patients*
- *Prudent healthcare principles adhered to*
- *Efficient systems that eliminate waste*
- *Professionals working to the top of their license*

Next Steps

- Need to be clear on remit and purpose – proactive versus reactive
- Ongoing support to practices where PCOST is already working ; work with those practices towards the exit strategy
- Continue to consider recruitment and retention of the team; “branding”
- Funding is essential to be able to continue to provide support to practices and to enable continued learning and development (co-investment)

Discussion – 21st Sept 2016

- Part of long-term evaluation of sustainability in area – overview of all 80 practices, practice by practice, forward planning for each
- Terms and conditions of GMS contract for salaried doctors not fit for purpose for the new environment ie independent working
- Need for balance between support and accountability of practices; agreement on source of payments for PCSDT;
- More national collaborative learning would be useful - potential for All Wales model for Support and Development Units
- Support Units also effective in facilitating recruitment of professionals
- Shared professional skills between pharmacists and Nurse practitioners
- Fragility of practices can arise from range of underlying causes
- Consider risks of destabilising other practices through resource movement
- Importance of:
 - Clearly defined agreement with practices at the outset
 - Incorporating skills of pharmacy technicians, experienced receptionists, paramedics, nurse practitioners
- Potential training vehicle for Nurse Practitioners and nurses from 2ry care – support CPD, etc
- Need for candid conversations with public re sustainability of small practices