

National Primary Fund 2017-18

Template for Reporting the Results from Delivery Agreement



Llywodraeth Cymru
Welsh Government

Organisation:	Hywel Dda University Health Board
Delivery Agreement Name:	Pacesetter – Primary Care Support Team
Welsh Government Delivery Agreement Reference:	PC2
Organisation Lead Contact:	Elaine Lorton, Assistant Director of Primary Care
Period Covered in this Report:	Annual Report Apr 2017 – Mar 2018

1. Introduction

This report aims to briefly summarise the key benefits of the Primary Care Support Team Pacesetter work during the period April 2017 through March 2018, provide some greater detail on the areas found to be most fruitful and summarises the future role of the Primary Care Support Team.

2. Summary of benefits

Diversification of the primary care workforce:

- 4.4 WTE Pharmacists providing 30 sessions per week over 4 sites, now seeking to second into 1.0 WTE lower grade pharmacy technician role.
- 0.25 WTE (7 days per month, with some flexibility based on WAST rota availability).
- During 2017- 2018 Llanelli cluster Occupational Therapy service with a Mental Health Focus operated across 2 sites, Ty Elli and Avenue Villa, with 1.0 WTE Occupational Therapist taking direct referrals and making house visits. Feedback from both practices positive with Ty Elli seeking to directly appoint this role.

Recruitment:

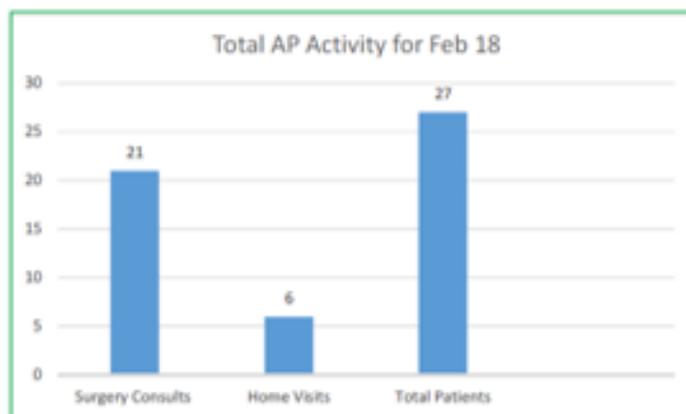
- 1.0 WTE overseas GP working across 3 sites.
- Approached by 2 paramedics and 1 practice nurse keen to develop their roles within primary care, indicating the Primary Care Support Team as an increasingly preferred and viable route into the primary care multidisciplinary team.

3. Advanced Paramedic Practitioner (APP) role, in partnership with WAST

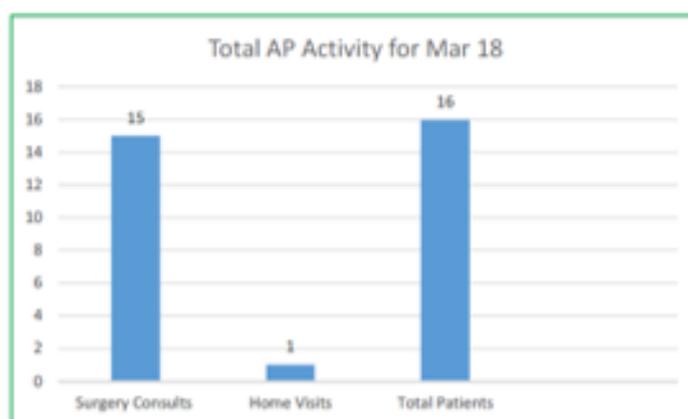
WAST APP provision into the team has experienced some changes with two APPs leaving and one newly qualified APP joining the team. The latter offers the Primary Care Support Team the opportunity to support and develop the skills and competences most suitable to meet the needs of our local population.

Summary of WAST APP activity:

A. WAST AP / PCST Activity for February 2018 (nil admissions)



A1. WAST AP / PCST Activity for March 2018 (nil admissions)



4. Occupational Therapy pilot

18th Dec 2017- 27th March 2018 123 referrals made into pilot service:

- 62 from Ty Elli
- 58 from Avenue Villa

Referrals from:

GP	65
Practice nurses	17
Palliative care nurse	3
Social worker	1
Family / self	4
Admin / reception staff / practice manager	13 (All at Avenue Villa)
Frequent Attenders list	14

CMHT OT	1
Pharmacist	1
Practice Healthcare assistant	2

Waiting times

Contacted within	Number of patients
Same day as referral received	51
Next day	16
Within 3 working days	14 Timeliness dependant re investigations / appointments and their availability
Longer than 3 working days	18 Timeliness dependant re investigations / appointments and their availability

Reasons for referrals

1 Falls trigger – anticipatory approach re functional decline	26
2 Frailty– anticipatory approach re functional decline	46
3 Mental health – ‘worried well’ & don’t meet threshold for secondary care mental health services	23
4 Repeated presentation at practice & anticipatory re general functional deterioration	27
5 Proactive approach re change in long term condition	11
6 Isolation / loneliness – increased presentation at general practice	7
7 Cognitive Impairment – older adults, changes in memory	15
8 Risk of Care Breakdown – unsure of actions available other than admission	4
9 Holistic Assessment Following GP Triage – medically stable but reduced function	3
10 Other	4

Outcome of assessments

A Self management prescription inc sign posting	8
B Referral to LT OT / specialist OT	1
C Enabling short term rehab / self management programme	7
D Provision of strategies inc equipment / minor adapts to support self management	28
E Assessment and self management information & advice provision	21
F Referral to social services re telecare and enablement	16
G Other – i.e. declined or referred onto core occupational therapy service	14 7 had no needs

Place of assessment

Location seen	Number of patients
At home	61
In surgery	25
t/call	6

Number of contacts

Number of contacts	Number of patients
1 home visit	36
2 home visits	12
3 home visits	4
1 surgery appointment	8
2 surgery appointments	3
3 surgery appointments	2
1 t/call	1
2 t/call	1

Clinic appointments v home visits in each surgery

Avenue Villa

Seen in surgery	11 (+1 DNA)
Seen at home	28

Ty Elli

Seen in surgery	2
Seen at home*	33

Mental health referrals

Ty Elli	Avenue Villa
6	13

*3 cases in Ty Elli where OT was able to go out instead of GP and address the issue.

5. Recruitment

Overseas GP commenced in February 2018 and a fast track Medical Performers List inclusion process is being trialled. They are operating clinics HDUHB managed practices and is being supported by a neighbouring training practice, helping to forge links within this practice network.

There will be ongoing advertisement of GP roles (salaried and zero hours contracts) for the Primary Care Support Team.

Practice-based paramedic being appointed into the team to ensure continuity of service provision in a practice currently undergoing some partnership and ownership changes resulting in only short term contract being offered; and to develop this individual into an advanced practitioner status.

Practice based pharmacists are in role and supporting practices with re-authorising repeat medications and ensuring the appropriate clinical checks and tests take place in a timely manner, thereby greatly improving the safety of our primary care services. More detailed work on medication and prescribing practice policies and procedures are also being undertaken as and when needed. Secondment opportunity for 1.0 WTE pharmacy technician being created to support this work in practices, thereby freeing up the higher grade pharmacists to develop patient-facing clinics, as well as developing a pool of primary care skilled staff.

6. Conclusion

This Pacesetter work has been invaluable in creating opportunities to test and prove the value of diversified roles in primary care. This has delivered the benefit of supporting the sustainability of practices and developing the staff involved along the journey. A GP Consultant event is taking place this Summer, where Dr Gail Allsopp will speak about how this model of service can be developed in practice. This supports the focus of the Primary Care Support Team on developing diverse and increasingly upstream roles; and the Primary Care Support Team as a conduit to developing these in primary care settings with a view to attrition into primary care (whether that be cluster, practices or the wider system) thereby creating a more sustainable workforce.

