

## PACESETTER SCHEMES 2018-19

<b>Health Board</b>	<b>Abertawe Bro Morgannwg University Health Board</b>
<b>Pacesetter Title</b>	<b>Primary Care HUB &amp; Spoke Model</b> <i>(12 months pacesetter funding)</i>
<b>Context: what is the current evidence and how does this project add value?</b>	<p>The Primary Care Hub is a multidisciplinary approach to practice sustainability and patient access in the Neath area. Through the engagement of a number of clinical disciplines – such as pharmacists, physiotherapists, mental health practitioners and audiologists – GPs gain swift and easy access to a range of disciplines that historically have required patient referral to access. The hub model is support through a standardised access model (Telephone First) across all practices in the cluster area and operationalised via interconnected intelligent communication equipment and common pathways. The Neath Hub way of working is being embedded in the Health Board, Cluster and practice core funding streams and ways of working. There is still significant scope to extend and scale up the range of services that can be delivered from the hub service will is being taken forward through the cluster.</p> <p>The Primary Care HUB is currently restricted to the Neath Cluster. By up-scaling the model to include the Afan and Upper Valleys cluster communities (as Hub Spokes) this offer greater economies of scale but also offers a more bespoke and easily accessed level of Primary Care Services to a much greater level of the local population. The spokes would see an increased range of services that can be offered in a community setting, such as the inclusion of community treatment clinics, additional treatment approaches such as the delivery of injectables for depot contraception and cortico-steroid administration. In addition, the emerging information around the Bridgend repeat prescribing POD shows a positive impact on prescribing patterns and a rollout into the spokes of the model would allow for greater practice / patient coverage.</p> <p>The value of the Spoke in addition to the basic HUB model is fourfold:</p> <ul style="list-style-type: none"> <li>• Improved economy of scale, leading to a more sustainable model that over time can be scaled up across the whole health board area</li> <li>• An increased range of services can be offered, that will further enhance patient access to</li> </ul>

	<p>a greater range of services closer to home and further support GP sustainability</p> <ul style="list-style-type: none"> <li>• Greater access to services that are traditionally provided in a secondary care environment without the need for formal referral and pre-assessment processes; patients are triaged to ensure suitability before referral to the spoke</li> <li>• A shift of workload away from general practice, that will improve the sustainability of general practice and also allow GPs to focus on patients with the highest health care needs that only GPs are equipped to care for.</li> </ul> <p>In addition, the spoke pacesetter will align with the Health Board mobilisation agenda testing out new and innovative IT and software solutions to support remote and agile working in our community MDTs and will provide the platform to test out telehealth and remote skype consultations in our rural and valley communities.</p>
<p><b>Aims of project</b></p>	<p>The aim is further test wayup-scale the current Primary Care HUB model at pace to enable a wider range of GP Practices and their patients to access a variance of core and enhanced services in the community. By shifting resources and personnel into the community, the HUB model has demonstrated this provides more accessible care that is highly valued by patients and also helps address both primary and secondary care needs in terms of sustainability.</p> <p>The Spoke Pacesetter, supported with cluster funding and core health board staffing, will take the learning from the Neath Hub and further test extended and remote ways of working at scale through the development of hub spokes to the other two clusters in the Neath Port Talbot Local Authority area (Upper Valleys Cluster and Afan Cluster) with the added interface of delivery hub type services / emerging model MDT at a distance in rural and valley communities. The hub and spoke concept will then be further rolled out across Swansea and Bridgend Clusters in line with the current and emerging access and MDT solutions being tested in those cluster areas to address sustainability, access and out of hospital provision.</p> <p>The Spoke Pacesetter will interface with the ABM digital mobilisation project and pilot the application of new technology within the community teams, further linking the GP practice, Community Team, Care Homes and Secondary Care via ipad connectivity, skype remote consultation, telemedicine approaches, and virtual clinical advice and consultation, within a clear governance framework. The spokes will also be designed to interface at a distance with the prescribing POD pacesetter, to explore the potential to remotely extend the coverage of the</p>

	centralised repeat prescribing telephone service if the evaluation of the POD proves financially beneficial.
<b>Allocation</b>	£250,000 for 12 months
<b>Start date of project</b>	April 2018
<b>Alignment with Emerging Model</b>	By widening the range of services – as well as the geographic footprint for the services currently delivered – this accords with the ambitions set out in the emerging model /National Framework for Primary Care. The Hub provides a multi-disciplinary approach in the community to assist in the sustainability of Primary Care as well as a focus on prevention through early intervention to assist with reducing pressures on Secondary Care Services. The proposed project embraces the recommendations made from the review of the Hub implementation but extends the project to a new level of innovation and learning to test out the interface with remote working, mobilisation and the challenges of rural delivery. It focusses on up-scaling the hub services at pace, to ensure benefits can be drawn at the earliest possible time from a wider range of service provision.
<b>Potential to demonstrate financial redesign / resource shift</b>	The initial HUB model has already successfully linked with MCAS and Audiology services to reposition their services closer in the community with positive results shown. This model offers an increase in scale with a greater focus on redefining how Primary Care services are delivered in the community. By including community treatment centres – which will be primarily concerned with care for patients with complex vascular issues, wound care needs etc – this will reduce demand in general practice, and also redesign the pathway for care for patients. With one of the highest levels of amputations of any Welsh Health Board, specialist care for patients with wounds will shorten the time between referral and assessment as well as lead to reduced demands for surgical intervention. By also including injectable services such as corticosteroids and depot contraception there will be a significant addition shift from GP workload to the spokes, as well as reduced referrals to secondary care. The mobilisation element and interface of the spoke will rest remote working and drive efficiency in work flow which again will increase capacity with the teams.

<b>Dates for submission of Business Plan and Delivery agreements</b>	<p>Incremental over the next 12 months as the spokes in the NPT area are developed and the Hub/spoke working across the 8 other clusters is mapped out and coproduced through the cluster networks.</p>
<b>Status within:</b>  <b>HB strategy</b>  <b>IMTP process</b>  <b>Cluster Action Plans</b>	<p>The provision of the HUB &amp; Spoke model sits clearly within the Primary and Community Services Strategy adopted by the Health Board. The model also features in the Unit and Health Board IMTP plan for 2018/19.</p> <p>The initial, model for Neath featured heavily within the cluster's plans and financial distribution and remains so moving forward. With the planned growth and up-scaling of the model to encompass other clusters, incorporating the model into their respective cluster plans will be imperative for the model's success. Many of the clusters have invested in mobilisation to support interspace and remote working, the inclusion of the mobilisation arm of the spoke will further align to the cluster plans to support new technology driven ways of working and work flow.</p>
<b>Timescales for each stage of project, with rationale</b>	<p>Hub model is already in place and being mainstreamed, so spokes can follow with effect 1 April subject to agreements over suitable premises. Services to be transferred in to spokes will be agreed at same pace – discussions already concluded with respect to MCAS service, podiatry, increased physiotherapy etc and realignment of existing cluster funded posts in the spoke areas. There are still issues to resolve prior to committing to a repeat prescribing POD for Neath, anticipated start date of 1 July. The mobilisation element of the spoke will be supported through the corporate Health Board programme and the NWIS roll out of skype for Business across general practice.</p>
<b>Evaluation methodology and measures to be used</b>	<p>An evaluation of the initial Primary Care HUB model indicated positive results. However, the lack of scale ensured the impact of the HUB's services were somewhat restricted. By increasing the scale of the services offered to the wider community, it is anticipated a further evaluation following its introduction will show a significant improvement in the following measures:</p> <ul style="list-style-type: none"> <li>- GP workload Removal</li> <li>- Level of referrals sent to Secondary Care</li> <li>- Patient Satisfaction</li> </ul>

	<ul style="list-style-type: none"> <li>- Utilisation rates of the services offered</li> <li>- Impact of workforce mobilisation on capacity, work flow, and operability</li> </ul> <p>Further work is being completed on specific outcome measure management. However, by removing workload from GP's the model assists in the objective of tackling issues of sustainability.</p>
<p><b>Project support available</b></p>	<p>The initial model benefited from Operational Management for the sole HUB in Neath. With the planned expansion, a Project Manager will be appointed to oversee the development of the spoke project across the remaining 10 clusters.</p>
<p><b>Describe anticipated impact on health inequalities</b></p>	<p>The model focusses heavily on improving access to services throughout the county. This includes densely populated areas with high demand and a variance of needs as well as the more remote areas where ease of access to services has historically been an issue. By up-scaling the service to encompass other clusters there will be equitable access, particularly to more rural communities for whom transport may present a barrier to current access. The introduction of the mobilisation elements (skype consultation, digital working) will also address some of the rural access issues.</p>
<p><b>Potential for rollout at scale, with indication of costs and workforce implications</b></p>	<p>Scale is the main ambition of the project. We have seen success on a smaller, more localised level at the Primary Care HUB in Neath, where a common triage access model supported by multi-disciplinary working has gone hand in hand with workload removal from GP's as well as a shift in resource of secondary care services to improve access for the local community. The newly proposed HUB &amp; Spoke Model intends to build on this by increasing its scale to accommodate surgeries and services ABMU wide within a 3 year period. A reliance on proven services such as Physiotherapy, Wellbeing Teams, Pharmacy Teams and Audiology can help pave the way for other enhanced services to be integrated into the community healthcare programme at scale and pace. Sustainability issues are far reaching within the County and as such the up-scaling of the Primary Care HUB and ensuring enhanced services are offered in the community to as many of its patient population as possible is of paramount importance to the sustainability of GP's and an easing of pressure on secondary care services. The funding model of the hubs and spokes across the 11 clusters is being worked through in terms of a shared benefits realisation approach with expected contributions from general practice, clusters and the Health Board.</p>

