PACESETTER SCHEMES 2018-19

Health Board	POWYS
Pacesetter Title	DEVELOPMENT OF THE EMERGING MODEL ACROSS SEVERAL SMALL PRACTICES IN RURAL POWYS
Context: what is the current evidence and how does this project add value?	The Presteigne Medical Practice terminated their contract wef from 30/9/17 and the practice was through a tendering process awarded to Red Kite Solutions (RKS). This is the social enterprise operated by GPs in the South Powys cluster. Presteigne was a low sustainability risk practice operating in a very rural part of Powys alongside other small practices that have emerging sustainability concerns. RKS has developed a track record of delivering innovative primary care solutions that improve access and reduce sustainability risk. This however has not been tested outside of South Powys and not in small geographically disparate practices whose operating models have a very high dependence upon traditional GP work and workload. This pacesetter aims to use emerging evidence to test the South Powys model and use a whole system approach and geography approach to validate its application across the whole of Powys regardless of size , location or current operating model
Aims of project	1. To deliver a sustainable and transformational primary care service for Presteigne and environs based upon the emerging model 2. To deliver such as a independent contractor model by year three 3. To ensure the robust sustainability of the three small practices within the Mid Locality over a three year period 4. To ensure that patients influence and use the new model in an effective manner 5. To have a stable primary care platform which allows Presteigne and surrounding practice to reduce emergency admissions through better alignment of GP time to complex cases 6. To demonstrate the a transformed model of primary care can operate in Powys regardless of location , demographic or scale 7. To deliver 15 minute GP appointments and no greater than 48 hours for routine appointments
Allocation	£172,000

Start date of project	1st October 2018
Alignment with Emerging Model	This pacesetter is using a number of the emerging model elements, including the delivery of " telephone first " remotely, establishing a practice based MDT, developing cluster / partial cluster solutions, strengthening the Virtual Ward, involvement of the third sector directly and re education / involvement and consultation with the local population on access to the right care and treatment at the right time. This will test issues of remote sustainability and
Potential to demonstrate financial redesign / resource shift	High potential for delivering new model of care in a resource neutral manner over a three year period with resource shift from secondary to primary care through reduced emergency admissions and through improved use of community and primary care MDT resources.
Dates for submission of Business Plan and Delivery agreements	Submitted in effect via APMS contract
Status within: **HB strategy** **IMTP process** **Cluster Action Plans**	It is part of the HB Strategy , included in the IMTP and high on the agenda of the Mid Cluster
Timescales for each stage of project, with rationale	Initial change to model of care (remote triage) by 31 December 2017 Full MDT established by 31 March 2018 Clear alignment and shared cluster resources in place and active by 30 June 2018 Requires 2 years thereafter to demonstrate the aims and objectives above
	Under consideration, although both quantitative measures on GP versus other HCP time , appointment lengths , access for routine appointments ,

Evaluation methodology and measures to be used	prescribing costs , reduction in Emergency Admissions and changes in the overall sustainability of primary care in the cluster
Project support available	Currently supported by PTHB Primary Care Dept, looking for some central assistance re evaluation. Business management and dedicated clinical leadership in place through RKS
Describe anticipated impact on health inequalities	
Potential for rollout at scale, with indication of costs and workforce implications	

NATIONALLY AGREED CRITERIA FOR PACESETTER PROGRAMME – 2018/19

1. The schemes should be aligned to the work of the Implementing the Emerging Model Group in terms of building on:

    - Outcomes of previous Pacesetter projects
    - The whole system emerging model for primary care
    - Outcomes of the Pacesetter Critical Appraisal
    - Outcomes of the Parliamentary Review into Health and Social Care

2. Projects should actively explore the potential for whole system financial redesign and resource shift between sectors

3. Each project to be underpinned by a clear business plan and delivery agreement that has been agreed by the Health Board executive team, PC Directorate, cluster leads, the relevant cluster and the professionals responsible for delivering project outcomes.

4. A clear and realistic approach to timescales for project outcomes that takes account of bedding in, transforming care and reporting arrangements.

5. Robust measures for evaluation to be defined at the outset and using an appropriate range of methodologies to give a clear understanding of outcomes and benefits, including costing

6. The programme of work to be an integral part of the relevant cluster action plan, the health board strategy and the IMTP process

7. Evidence that the project team will be supported through appropriate backfill arrangements; dedicated project management; access to expertise in research analysis, IT systems usage and data analysis.

8. Consideration should be made of the specific challenges faced by professionals working with deprived communities in relation to innovation and redesign. Primary care teams in these areas often need more support and/or resource to initiate new ways of working and a proactive approach is required to promote innovation.