

PACESETTER SCHEME 2020-2022 APPLICATION FORM

<p>Health Board</p>	<p>Aneurin Bevan University Health Board</p>
<p>Pacesetter Scheme Title</p>	<p>The Academy – a joint primary care initiative working with Nursing and Pharmacy</p>
<p>What is the problem the scheme will try to address?</p>	<p>Recruitment , Retention and Sustainability in Primary Care</p> <p>The scheme will provide the opportunity to employ nursing / pharmacy graduates to develop a career in Primary Care. The investment in education of staff undertaking New Extended Roles will release 4/5 GP sessions each week in practices that employ these staff – the academy will increase the pool of available staff to undertake this role.</p>
<p>Short description of the scheme. <i>(no more than half a page - embed 'Plan on a Page' if available or add simple template as annex 2)</i></p>	<p>The academy has two parts; nursing and pharmacy that work collectively to address the resource issues across primary care.</p> <p>Pharmacy</p> <p>A cohort of 4-6 qualified pharmacists will be recruited at band six, these staff will undertake a two year programme when they will rotate between three practices and undertake a Post Graduate Clinical diploma at university and also complete the Independent Prescribers qualification. This programme will provide suitably qualified and experienced staff at the end of the two years, who can immediately work in practice and are able to undertake roles that releases general practitioners to work prudently. The staff are provided with a mentor in practice who provides ongoing support and education opportunities to undertake a competency based programme. The 'students' are also supported by academy staff who provide training for mentors and support the student to be signed off whilst in practice against a skills matrix</p> <p>Nursing</p> <p>The nursing academy will have three stages</p> <p>Stage one – This programme supports staff who are new to primary care. 6 staff will be employed by the health board for six months in a supernumerary capacity and seconded out to a GP training practice where they will work as a practice nurse for 30 hours a week with suitable mentorship. During this time the nurses undertake a 24 week training programme which has been designed to cover key essential</p>

FINAL PACESETTER SUBMISSION 20TH DECEMBER 2019

knowledge and skills required to be a practice nurse. This includes cytology, child hood immunisations, infection control, Doppler, wound management, travel vaccination, women's health, contraception, dementia, mental health, medicines management, diabetes, respiratory, cardiovascular, sexual health, men's health, safeguarding. The candidates are also released from practice to undertake a level six module, Foundation in Primary Care Nursing at a university of choice.

At the end of the training programme staff are supported to seek employment in a practice environment. Stage two – Post Graduate level 6 and 7 clinical practice modules which provide a standardised programme of development/accreditation to offer the organisation and service users an assurance of the quality and standard of that education.

Aneurin Bevan University Health Board will arrange a Service Level Agreement training grant (SLA) to be paid to General Practice when their existing practice nurses undertake Post Graduate level 6 and 7 clinical practice modules. The SLA will provide backfill monies to the practice to enable release of staff to undertake existing funded education streams and necessary mentorship.

An example of these modules would be:

- Clinical Patient Assessment/Diagnostics
- Minor illness/injuries
- Independent prescribing

The academy will also support the development and delivery of a portfolio of study sessions that enable practice nurses to develop and further enhance their skills such as ad hoc one day training days provided by experts within the health board and also 'bought in' provision.

For those nurse who wish to further develop there will also be the option of stage three;

Stage three – MSc Advance Clinical Practice which provides a standardised programme of development/accreditation to offer the organisation and service users an assurance of the quality and standard of that education.

Aneurin Bevan University Health Board will arrange a Service Level Agreement training grant (SLA) to be paid to General Practice when their existing practice nurses undertake MSc Advanced Clinical Practice. The SLA will provide backfill monies to the practice to enable release of staff to undertake existing funded education streams and necessary mentorship.

FINAL PACESETTER SUBMISSION 20TH DECEMBER 2019

	The 3 nursing options will provide a range of opportunities for practice nurses to develop their knowledge and skills, encouraging prudent working, improving patient experience by providing additional services and improving access and providing care closer to home.
Allocation requested (£)	£805,921 per annum for two years
Start date of the scheme.	April 2020
Duration of the scheme. <i>(maximum 2 years)</i>	2 years
Overarching aim of scheme. <i>(What are you hoping to achieve?)</i>	To highlight career options within primary care To provide opportunities for GP surgeries to develop their own staff in order to provide additional access for clients to a range of practitioners in a timely and prudent manner, improving sustainability and choice for citizens To provide additional choice to individuals when needing medical support To provide a sustainable infrastructure within primary care that recognises the skills of a number of professional groups To increase delivery of care closer to home
Objectives of the scheme. <i>(The steps you to achieve the aim)</i>	<ol style="list-style-type: none"> 1. Develop education programmes at all levels 2. Engage with key stakeholders 3. Recruit cohorts of trainees across all levels 4. Run training programmes and ensure full evaluation at all points, including candidates, staff and citizens
Describe here how the scheme aligns to the wider strategic agenda and indicate which components of the <i>Primary Care Model for Wales, Strategic Programme for Primary Care, A Healthier Wales</i> the scheme addresses. <i>(refer to annex 1)</i>	The scheme supports many aspects of the primary care model for Wales and A healthier Wales in it's aim to improve the sustainability of GP practice and to provide choice to service users. By increasing the availability of support from nursing and pharmacy professions, closer to home, citizens will be enabled to seek support, advice and clarification from these professionals, without recourse to a GP. This promotes health promotion and self-care, providing a service in the community and prevent deterioration in both physical and emotional wellbeing. It is recognised, however, that input is still required to help the general public recognise and understand the new roles that are available and the benefits of these.
Describe how stakeholders, including patients and	The programme has been developed as a pilot and a wide range of stakeholders have been involved in the process of co-designing the educational input, sessions have been evaluated and changes made as appropriate and this will continue to be tested as this rolls out further. A programme of qualitative research is being undertaken

FINAL PACESETTER SUBMISSION 20TH DECEMBER 2019

<p>communities, will be involved in the design, delivery and review of the scheme.</p>	<p>as a part of the ongoing Transformation funded work and this is reviewing patient and staff experience of New Extended Roles which includes both nursing and pharmacy colleagues</p>
<p>Describe expected outcomes. <i>(How will you know when you have achieved your aim – embed draft logic model if available – annex 2)</i></p>	<ul style="list-style-type: none"> • Staff employed by the HB to undertake the education programme will be successfully recruited into general practice. • Additional choice and reduced waiting time for individuals will be enabled by staff with extended clinical skills and knowledge • Releasing both GP, ANP and advanced pharmacist time for more complex consultations
<p>Has this idea been tested previously, locally, nationally or elsewhere in UK and if so how does this proposed scheme offer new learning?</p>	<p>A pilot has been undertaken in ABUHB and has evaluated positively, the HB has liaised with other HB within Wales to understand their academy models and the evaluation of these. The scheme will be new in that it provides additional education opportunities at post registration diploma and masters level. The educational grant enables release of trainees and supports mentorship costs.</p>
<p>Describe how this scheme is different to what is already in place locally or what has been tested elsewhere.</p>	<p>The academy will develop to include a formal support process for staff accessing post registration diploma and masters education and provide an education grant to allow for backfill and mentorship which has been recognised as a limiting factor in the past</p>
<p>DETAILS OF THE SCHEME</p>	
<p>Describe the key stages of the scheme and timescales for each stage. <i>(quarterly or relevant intervals)</i></p>	<p>April 20 – commence training programme at level one for nursing and develop level two and three programmes in line with academic year Dec 19 – recruit to programme for pharmacy commencing April 20</p>
<p>Describe the governance and project management arrangements for the scheme including lead roles. <i>(project support, clinical and non-clinical lead(s))</i></p>	<p>Project will have leads in both pharmacy and nursing and support given by the Transformation team. The project will report to Transformation Delivery Group (TDG) monthly when process and outcome measures will be monitored and evaluated and then reported via TDG to other committees in the organisation. Reports are compiled as part of this process</p>

FINAL PACESETTER SUBMISSION 20TH DECEMBER 2019

<p>Describe the plans and key milestones for monitoring progress and evaluation. (attach an outline logic model and evaluation plan, if available- see annex for template)</p>	<p>Process measures will be monitored in monthly sessions, outcome measures monitored at the end of cohorts Vision document will run data to show impact of New Extended Roles on practice and this process will be utilised as part of the feedback loop</p> <p>Number of staff recruited to programme Number of staff recruited and retained in practice Hours released to provide additional sessions in practice</p>
<p>Describe what resources (expertise and financial) has been allocated for evaluation.</p>	<p>Allocation via Transformation fund for quantitative and qualitative evaluation</p>
<p>Outline the ways you plan to share the learning locally and nationally.</p>	<p>Process and outcome measures will be evaluated and opportunities taken to share locally and nationally. Consideration will be given to publication when sufficient data is collated</p>

Annex 1

COMPONENTS OF NATIONAL STRATEGIC POLICIES AND WAYS OF WORKING – Tick one or more of the relevant component which the scheme addresses	
<p>Primary Care Model for Wales</p>	<p>TICK</p>
<p>1. An informed public</p>	<p>x</p>
<p>2. Empowered communities</p>	<p>X</p>
<p>3. Support for well-being, prevention and self-care</p>	<p>X</p>
<p>4. Local services (inc more services in the community)</p>	<p>X</p>
<p>5. Seamless working</p>	<p></p>
<p>6. Effective telephone systems</p>	<p></p>
<p>7. Quality out of hours care</p>	<p>x</p>
<p>8. Directly accessed services</p>	<p>x</p>
<p>9. Integrated care for people with multiple care needs</p>	<p></p>
<p>10. Estates and facilities support MDT working</p>	<p></p>
<p>11. IT systems enable cluster communications and data sharing</p>	<p></p>
<p>12. Ease of access to community diagnostics supporting high-quality care</p>	<p></p>
<p>13. Finance systems designed to drive whole-system transformative change</p>	<p></p>
<p>A Healthier Wales - The Ten Design Principles (page 17)</p>	<p>TICK</p>
<p>1. Prevention and early intervention – enabling and encouraging good health and wellbeing</p>	<p>X</p>
<p>2. Safety – healthcare does no harm, enabling people to live safely in families and communities</p>	<p>X</p>

FINAL PACESETTER SUBMISSION 20TH DECEMBER 2019

3. Independence – supporting people to manage their own health and wellbeing and remain in their own homes	X
4. Voice – Empowering people to understand, manage and make decisions about their health, wellbeing and care	X
5. Personalised – services tailored to individual needs and preferences	x
6. Seamless – services and information which is not complex and co-ordinated	x
7. Higher value – better outcomes and patient experiences	x
8. Evidence driven – understand what works, evaluating innovative work and learning from others	x
9. Scalable – Ensuring that good practice scales up	x
10. Transformative – new ways of working are affordable and sustainable and change or replace approaches	x
Aims of the primary care pacesetter fund	TICK
1. Sustainability – contracting general medical services at cluster level	x
2. Use of digital technology to improve access	
3. Delivering more care in the community	x
The Strategic Programme for Primary Care	TICK
1. Prevention and wellbeing	x
2. 24/7 Model	
3. Data & Digital Technology	
4. Workforce & Organisational Development	x
5. Communication & Engagement	x
6. Transformation & the Vision for Clusters	x