

### PACESETTER SCHEME 2020-2022 APPLICATION FORM

<b>Health Board</b>	<b>Betsi Cadwaladr University Health Board &amp; Welsh Ambulance Services NHS Trust</b>
<b>Pacesetter Scheme Title</b>	<b>Advanced Practice Paramedics: Developing the Primary Care Rotation</b>
<b>What is the problem the scheme will try to address?</b>	Does a rotational model utilising the skills and knowledge of Advanced Practice Paramedics support a sustainable model of Primary Care Services in North Wales?
<b>Short description of the scheme.</b> <i>(no more than half a page - embed 'Plan on a Page' if available or add simple template as annex 2)</i>	<p>Please find the completed Annex 2 embedded below</p> <div style="text-align: center;">  <p>Annex 2 WAST &amp; BCU Pacesetter Appl</p> </div>
<b>Allocation requested (£)</b>	£760k per year for each of two years 2020/21 & 2021/2022 (total £1.52m)
<b>Start date of the scheme.</b>	April 2020
<b>Duration of the scheme.</b> <i>(maximum 2 years)</i>	Two financial years – 2020-2022
<b>Overarching aim of scheme.</b> <i>(What are you hoping to achieve?)</i>	<p>The Project will look to address the viability of an extended rotational approach to the delivery of care using a WAST Advanced Paramedic Practitioner (APP) based within primary care. This builds on the North Wales pilot which successfully tested the deployment of a WAST APP in a community based response vehicle by a call centre APP clinician.</p> <p>It will test the assumption that there is a role for the WAST Advanced Paramedic Practitioner in the delivery of Primary Care services to compliment that of the emergency response model tested as part of the pilot. Benefits of a primary care rotation by WAST APPs have to be realised by both parties.</p>

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	<p>It will test the assumption that WAST APPs can create additional capacity within Primary Care settings by adding a new professional member to the Primary Care MDT</p>
<p><b>Objectives of the scheme.</b> <i>(The steps you to achieve the aim)</i></p>	<p>There are a number of objectives that the scheme aims to achieve and these include the following: Improved patient experience, Additional professional for the Primary Care MDT, Additional capacity within Primary Care (once embedded), Improved integration with WAST, Development of an Educational Framework post MSc for non-Primary Care Practitioners, Improved clinical skills, Better informed clinicians, APPs as Expert community navigators, Career Progression, Career Development / Specialism</p>
<p><b>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. (refer to annex 1)</b></p>	<p>The project aligns to the wider strategic agenda by ensuring process and mechanisms are in place that support the key themes described within the documents. The specific elements addressed through the project include:</p> <p><b>Prevention and early interventions</b> – through the education, training and placement in primary care offering WAST APPs to Primary Care systems, practice, staff and wide community settings that has not previously been accessible over a prolonged period of time it is anticipated that this will lead to the reduction in the number of ambulance conveyances, improved outcomes for patients who are treated by the Pacesetter APPs</p> <p><b>Patient Safety</b> – it is anticipated that again through the education, training and placement in primary care that the learning, development of new skills will improve patient safety</p> <p>Supporting health and wellbeing and independence – it is anticipated that the scheme will enable APPs to navigate primary and community systems will great ease based on an informed knowledge base, and the skill set held by the APPs enhanced through the scheme will enable broaden the option available for presenting patients</p>

**Patient voice** – the Project Board have welcomed the Community Health Council to the Project Board who have been an active participant. The CHC will be working with the externally commissioned provider undertaking the patient experience element of the Evaluation Framework, the CHC will be instrumental in developing the questions and approach to engaging with the patient  
 Seamless working – it is anticipating and is already showing an improved working relationship between WAST and Primary Care, through this approach it is anticipated that the scheme will be able to remove some of the barriers that have previously been in place between organisations

**Professional integration through joint working**– it is anticipated that the scheme will improve Professional integration through joint working, already as a result of the first year of the development of the scheme we are seeing the positive outcome of the project, with WAST APP attendance at the inaugural Community Resource Teams Conference in North Wales, delivery of the Educate Framework by local GP Educators ensuring that local knowledge is shared and education is based on the local area systems, better integration at a Cluster level too as some of the schemes are Cluster wide where some are offered on a small cluster footprint.

**Information sharing between services** – an Information Sharing Protocol is being developed to include all participating organisations and practices to ensure that there is robust governance in place and to support the sharing of information for the purposes of the evaluation of the project and for the management of the patient where required.

**Increased value demonstrated by:**

- **Right person, right time, right place**
- **Less variation (education framework)**

The Project Board are confident that the scheme can demonstrate that it will offer increased value and will be commissioning an external organisation to undertake an economic evaluation of the scheme  
 Evidence driven – there is a significant amount of evidence to support the deployment of Paramedics in Primary Care, this scheme aims to generate and contribute to this evidence in relation to the deployment of Advanced Practice Paramedics and the role that they can play in Primary Care, In addition the scheme will have one of only 2 Prescribing APPs in Wales participating which will offer the opportunity to test the role of prescribing paramedics in primary care – a first in Wales. The delivery of a bespoke post MSc Education Programme will ensure that there is a consistency to the education across the cohort

	<p><b>Scalable</b> – The Project Board is confident that this is a scalable scheme, evidence from England has shown that the rotational model if adopted can be scaled up to large geographical areas. Although in order to be successful all partners need to be signed up to the change.</p> <p><b>Transformative</b> (integration) – the role of the paramedic in primary care has already been tested and proven however whilst it has tested and proven it has not be adopted and implemented as the preferred model, rather it proves that paramedics can work in Primary Care and as a result Ambulance Services in England, some areas have seen their workforce depleted by over 50%. This model seeks to evidence that a rotational model across WAST and Primary Care can offer:</p> <ul style="list-style-type: none"> <li>• high level of staff satisfaction through career progression and variation,</li> <li>• exposure to other clinical professionals enhancing the working environment and learning opportunities,</li> <li>• improved clinical outcomes for patients,</li> <li>• far greater integrated working with Primary and Community Services and;</li> <li>• through the development and delivery of the Education Framework, a first in Wales, designed specifically for clinical practitioners that are non-primary care (i.e. those currently working in a primary care practice setting) MSc practitioners to ensure a robust, well support and educated professionals</li> </ul>
<p><b>Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.</b></p>	<ul style="list-style-type: none"> <li>• A Stakeholder workshop was undertaken during the autumn of 2018 to develop options for the deployment of APPs in Primary Care, this then led to the development of the Offer to Primary Care. Cluster Leads were invited to submit expressions of interest for inclusion in the scheme</li> <li>• Each of the successful Clusters were instrumental in developing their own scheme in partnership with the Project Team and the APPs</li> <li>• Educational Supervisors, Clinical Supervisors, Cluster Leads, APPs, and Cluster Coordinators and Area Assistant Directors for Primary Care have all actively participated in the development of the local schemes</li> <li>• CHC have been represented on the Project Board and will work with the Project Team and external agency to undertake the evaluation of the patient experience</li> <li>• The scheme has developed over time as a result of stakeholder engagement to include the commissioning and delivery of a bespoke educational programme</li> </ul>

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	<ul style="list-style-type: none"> <li>Following discussions with colleagues within both organisation regarding the development of the Evaluation Framework the idea of a full time research associate was developed and has been agreed by the project board as it recognises the importance of research and evaluation</li> </ul>
<p><b>Describe expected outcomes.</b> (How will you know when you have achieved your aim - embed draft logic model if available – annex 2)</p>	 <p>Annex 2 WAST &amp; BCU Pacesetter Appl</p>
<p><b>Has this idea been tested previously, locally, nationally or elsewhere in UK and if so how does this proposed scheme offer new learning?</b></p>	<p>A literature review identified that the role of the <i>Paramedic</i> in Primary Care has been tested and that there are rotational models in development. However, to date, the Project Team has not identified this particular rotational model of <i>Advanced Practice Paramedics</i> as having been tested elsewhere within the UK.</p> <p>As part of the ongoing development of the scheme the Project Team is linked into the national conference networks where we would expect to see this being showcased and, in addition, the Project is developing links with NHS England and NHS Improvement to ensure that they are taking the learning from other pilots / projects nationally.</p> <p>The Project Team is confident that this will offer new learning opportunities across the system nationally</p> <p>It should be noted that the project has applied the key principles defined by the learning outcomes from previous pacesetter projects as summarized in the 2018 Paper ‘Critical Appraisal of the Pacesetter Programme’ (Miller et al) that identified six common enablers for successful transformation programmes (facilitation/leading/learning/engaging/funding/evaluating)</p>
<p><b>Describe how this scheme is different to what is already in place locally or what has been tested elsewhere.</b></p>	<p>This scheme specifically utilises Advanced Paramedic Practitioners building on the evidence base of the successful deployment of paramedics in primary care across the UK.</p> <p>The unique skillset of an APP contributes and adds value to the current multidisciplinary teams that work in a primary care setting.</p>

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	<p>With the advent of paramedic prescribing for APPs, we are uniquely able to test the deployment of paramedic prescribers through the Pacesetter.          In addition the development and testing of the Education framework for ACPs in Primary Care hasn't to our knowledge been developed elsewhere within the UK and we aim to test its applications to other MSc Practitioners following its first year (2019/2020)</p>
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**DETAILS OF THE SCHEME**

<p><b>Describe the key stages of the scheme and timescales for each stage. (quarterly or relevant intervals)</b></p>	<p>September 2018 – Project Board established          October 2018- collaboration with PHW to develop driver diagrams and logic model approach          October 2018 – WAST Implementation Lead appointed          November 2018- Project collaborative workshop to scope solutions          January 2019 – WAST workforce planning exercise          February 2019 – begin recruitment of supportive clusters          February 2019 – commissioning of Education Framework          March 2019 – selection of Clusters following expressions of interest          April 2019 – recruitment of backfill APPs to cover core WAST workload          April 2019- Evaluation framework developed          April 2019 – Preferred provider identified for delivery of Education Framework          June 2019- launch of year one with APPs deployed into Primary Care Clusters          July 2019 – review of induction with APPs (evaluation begins)          July 2019 - circulate tender for external academic evaluation (Economic Evaluation, Qualitative Patient Perceptions of APPs in Primary Care space &amp; Project evaluation)          July 2019 – commence external Education Framework &amp; sessions for APPs          August &amp; September 2019 – develop the plan for 2020/21 &amp; 2021/22</p> <p>Production of quarterly progress reports to check activity against agreed milestones/ project implementation plans</p> <p>January 2020 – commence recruitment of research associate to co-ordinate evaluation</p> <p>2020/2022          To continue to test the role of the APP in Primary Care, often pilot projects are short term i.e. 12 months, this offers the opportunity to test the role over a longer period of time to be able to evaluate</p>
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the role and to evaluate the impact that a prescribing APP can offer in Primary Care as over the 2020/22 period a further 3 APPs will undertake the independent Prescribing course, these APPs will be deployed throughout the participating Cluster.

In addition, the Project Team will seek to employ a Research Officer and test the Education Framework by extending the offer to other MSc Advance Practitioners with the aim of developing a Framework which can be offer at post MSc to any clinical professional entering primary care.

2020/2021

Develop communications framework and produce relevant materials

**2020/2021 Quarter 1**

April 2020 – Receive report of Education Framework

April 2020 – Project evaluation report year 2019/20

April 2020 – Project team to review evaluation report

April 2020 – Research associate in position to commence

- Employ x9 0.5 WTE APPs and their WAST backfill
- Support with necessary equipment and consumables
- Pay for education framework
- Pay for Evaluation
- Pay for GP time (host)
- Pay for Clinical supervision
- Pay for research associate
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Share results at national/ international conferences and by publication

2021/2022

Agree pathway for sustainability and spread across Wales based on a robust evaluation of the data produced. (exit strategy).

- Employ x9 0.5 WTE APPs and their WAST backfill
- Support with necessary equipment and consumables
- Pay for education framework

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	<ul style="list-style-type: none"> <li>• Pay for Evaluation</li> <li>• Pay for GP time (host)</li> <li>• Pay for Clinical supervision</li> <li>• Pay for research associate</li> <li>• Share results at national/ international conferences and by publication</li> </ul>
<p><b>Describe the governance and project management arrangements for the scheme including lead roles.</b> <i>(project support, clinical and non-clinical lead(s))</i></p>	<p>The Project Board has been established since August 2018 (ToR embedded) and meets monthly, this Project Board is supported by a Project Team consisting of representation from WAST, BCUHB and Public Health which meets weekly to ensure timely action and resolution of any issues, in addition to meeting weekly. The Project Board is Co-Chaired by WAST &amp; BCUHB and membership is drawn from a number of partners – including WAST, Public Health Wales, Community Health Council, Primary Care and BCUHB.</p> <p>Reports are received by the Project Board from the Project Team and these are shared wider within the Partner organisations, to WAST via Medical and Clinical Services Directorate Business Meeting, BCUHB via Primary Care Investment Funds and the Joint Triumervate Meetings for Strategic Area level engagement. In addition, the Executive Director for Primary and Community Services maintains a watching brief on the Project.</p> <p>Project Management is provided by BCUHB with a dedicated Implementation Manager within WAST ensuring a coordinated partnership approach.</p> <p>A Project Initiation Document has been agreed by the Project Board</p> <p>With regards to Governance for the delivery of the Scheme, a Memorandum of Understanding has been developed in conjunction with Shared Services Legal and Risk team and this is in place in all hosting Cluster for the project. All participating practices have signed this document (template embedded)</p> <p>An Information Sharing Protocol has been developed and will be signed off with partners once approved through all partners, this is not currently required as no patient identifiable information is being shared, however, good practice and good governance has been applied throughout the project and a DPIA has been undertaken identifying the need for the information sharing protocol. All</p>

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	<p>Advanced Paramedic Practitioners have undertaken an induction period in the practices which has included Confidentiality and Information sharing.</p> <p>Cluster Leads were fully involved with the development of the scheme and members of the Project Team meet with them to ensure full engagement in the design of each of the cluster level schemes. Each Cluster has designed their scheme to meet the needs of the local population and practices.</p> <p>Chairs          Project Manager          Implementation Lead          PHW Lead          Cluster Leads          Area Directors          WAST Directors          CHC          NewMedEd          WAST &amp; BCUHB Finance          WAST HR          WAST Operations Leads          WAST APP reps</p>
<p><b>Describe the plans and key milestones for monitoring progress and evaluation.</b>  <i>(attach an outline logic model and evaluation plan, if available- see annex for template)</i></p>	<p>See logic models</p>
<p><b>Describe what resources (expertise and financial) has been allocated for evaluation.</b></p>	<p>The Project Board has allocated 12% of the annual budget for the commissioning of an external organisation to undertake element of the Project Evaluation (Tender Document embedded). In addition, a dashboard is being developed between BCUHB and WAST to capture the data detailed with the Evaluation Framework (embedded).</p>

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	<p>The Project Team has also recommended the appointment of a Research Associate to the Project for its duration. This post will be hosted by BCUHB Research and Development Team and seconded to the Project.</p>
<p><b>Outline the ways you plan to share the learning locally and nationally.</b></p>	<p>A communications plan has been developed to support the project, this will include but is not limited to the development of:</p> <ul style="list-style-type: none"> <li>• Internal reports</li> <li>• Academic papers</li> <li>• Conference presentations and poster</li> <li>• Youtube channel and podcasts</li> <li>• Facebook and Twitter Feed #APPinPrimaryCare</li> </ul>

**Annex 1**

<b>COMPONENTS OF NATIONAL STRATEGIC POLICIES AND WAYS OF WORKING – Tick one or more of the relevant component which the scheme addresses</b>	
<p><b>Primary Care Model for Wales</b></p>	<p><b>TICK</b></p>
<p>1. An informed public</p>	<p><input checked="" type="checkbox"/></p>
<p>2. Empowered communities</p>	<p><input checked="" type="checkbox"/></p>
<p>3. Support for well-being, prevention and self-care</p>	<p><input checked="" type="checkbox"/></p>
<p>4. Local services (inc more services in the community)</p>	<p><input checked="" type="checkbox"/></p>
<p>5. Seamless working</p>	<p><input checked="" type="checkbox"/></p>
<p>6. Effective telephone systems</p>	<p></p>
<p>7. Quality out of hours care</p>	<p></p>
<p>8. Directly accessed services</p>	<p></p>
<p>9. Integrated care for people with multiple care needs</p>	<p><input checked="" type="checkbox"/></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><b>A Healthier Wales - The Ten Design Principles (page 17)</b></p>	<p><b>TICK</b></p>
<p>1. Prevention and early intervention – enabling and encouraging good health and wellbeing</p>	<p><input checked="" type="checkbox"/></p>
<p>2. Safety – healthcare does no harm, enabling people to live safely in families and communities</p>	<p><input checked="" type="checkbox"/></p>

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