

**PACESETTER SCHEME 2020-2022 APPLICATION FORM**

<b>Health Board</b>	<b>BCUHB</b>
<b>Pacesetter Scheme Title</b>	<b>Primary &amp; Community Care Academy</b>
<b>What is the problem the scheme will try to address?</b>	<p>Creating a skilled workforce to meet the needs of the population</p> <p>The scheme aims to address the following 2 areas detailed within the Strategic Programme for Primary Care:</p> <ol style="list-style-type: none"> <li>1. Primary Care Key Work streams - Workforce and Organisational Development and will focus on the following key themes:             <ol style="list-style-type: none"> <li>a. Workforce planning and modelling</li> <li>b. A Good Place to Work</li> <li>c. Specific Role Development</li> <li>d. Education, Training and Skills</li> <li>e. Sharing Best Practice</li> </ol> </li> <li>2. Seamless Working             <ol style="list-style-type: none"> <li>a. Evaluation Frameworks supported by skilled support are in place to evidence impact</li> </ol> </li> </ol>
<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>The scheme will develop, commission, coordinate and deliver a range of education and training programmes, it will develop a Local Enhanced Service for Education and Training within Primary Care and will develop a range of tariffs to support the mentoring and supervision of the MDT Professionals.</p> <p>The Academy will be responsible for managing, coordinating, commissioning and delivering a range of services to support the ongoing development and sustainability of Primary and Community Services. These services will include but will not be limited to:</p> <p>Education, Training and Mentorship</p>


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	<ul style="list-style-type: none"> <li>• Development and commissioning of educational and training frameworks focusing not only on the medical model but on the social model of care</li> <li>• Development of the mentorship roles with Primary and Community settings ensuring professionals are being trained across the continuum of care</li> <li>• Development of multi skilled professionals that are able to work across this continuum</li> <li>• Recruitment of Trainers, Mentors and DSMPs</li> <li>• Support and arrange placements including Pre-Reg practice based training and mentorship placements</li> <li>• Develop an evaluation framework to evidence impact and contribute to the planning of services</li> </ul>
<b>Allocation requested (£)</b>	£440,107 per annum for 2 years (total £880,214)
<b>Start date of the scheme.</b>	01/04/2020
<b>Duration of the scheme.</b> <i>(maximum 2 years)</i>	2 YEARS
<b>Overarching aim of scheme.</b> <i>(What are you hoping to achieve?)</i>	<ul style="list-style-type: none"> <li>• The overarching aim of the scheme is to: Support the sustainability of primary care services</li> <li>• Deliver more care in the community</li> </ul>
<b>Objectives of the scheme.</b> <i>(The steps you to achieve the aim)</i>	<p>To develop a range of educational / training frameworks and mechanisms to deliver education, training, supported funded placements, evaluation of schemes and credentialing where appropriate to complement the formal education pathways already in place and delivered via HE/FE</p> <ul style="list-style-type: none"> <li>• Develop a range of education/training frameworks for the MDT professions across the A4C banding</li> <li>• Develop a range of in courses delivered in house by Academy Faculty Members to support professional development and delivered by professionals directly delivering services locally</li> <li>• Commission a range of courses delivered by external providers to support professional development across the whole system including OOH</li> </ul>


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	<ul style="list-style-type: none"> <li>• Develop a range of fees &amp; service level agreements to support the development of individuals within Primary Care i.e. DSMP for non medical prescribers</li> <li>• Develop an agreed set of role descriptions for supporting placements i.e. clinical supervision, educational supervisor and supporting documentation</li> <li>• Develop the syllabus for a number of schemes</li> <li>• Develop a faculty committee for each of the professions to ensure broad engagement and collaboration across professions and delivery of in house education / training programmes</li> <li>•</li> </ul>
<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 Scheme has been designed to address the following elements of the <b>Strategic Programme for Primary Care</b>:</p> <ul style="list-style-type: none"> <li>• <b>Workforce and Organisational Development –</b> <ul style="list-style-type: none"> <li>○ <b>Workforce Planning and Modelling</b></li> <li>○ <b>A Good Place to Work</b></li> <li>○ <b>Education, Training and Skills</b></li> <li>○ <b>Sharing Best Practice</b></li> </ul> </li> </ul> <p>This will be achieved through the development of a programme of education and training to support all professional groups within Primary care and the development and testing of Education and Training LES which will incorporate the recommendations of the <i>multi professional roles within the Transforming Primary Care Model in Wales</i> e.g. High quality mentoring and supervision for all MDT professionals are key to the development of the MDT and the need to be developed further as the transformational model progresses and increase the opportunities for education and training within Primary care settings including the mentoring and supervision requirements and career pathways.</p> <p>The Academy will build on the compendium of models and roles produced to date to support the development and evaluation of new models as these are developed and implemented.</p> <p>In addition,</p> <ul style="list-style-type: none"> <li>• <b>Seamless Working</b> – Ensuring Evaluation frameworks supported by skilled support are in place to evidence impact and inform business case development and investment decisions through the development of our Research and Evaluation function</li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>24/7 Model</b> – the scheme will be accessible to all members of the workforce both in and out of hours and contractor profession</li> </ul> <p>The <b>Principles of the Primary Care Model for Wales</b> will also be addressed</p> <ul style="list-style-type: none"> <li>• A more preventative, pro active and coordinated care system which includes general practice and a range of services for communities</li> <li>• A whole system approach that integrates health, local authority and voluntary sector services and is facilitated by collaboration and consultation</li> <li>• Care for people that incorporates physical, mental and emotional well being which is linked to healthy lifestyle choices</li> <li>• Integrated and effective care on a 24/7 basis, with priority for eh sickest people during the Out of Hours period</li> <li>• Seamless Working</li> <li>• Supporting Transformation</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>	<p>It is anticipated that stakeholders will be involved through the development of the Faculty Committee and broader stakeholder engagement, a communication plan will be developed which will include stakeholder engagement</p>
<p><b>Describe expected outcomes.</b> <i>(How will you know when you have achieved your aim - embed draft logic model if available – annex 2)</i></p>	 <p>Academy Pacesetter Logic Model</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>This has been identified as a national scheme and included in the proposal we plan to explore new ways of learning in relation to post MSc education for non primary care trained staff e.g. those transferring to primary care from an alternative setting for example secondary care. It will bring together multi-disciplinary learning with a view to broadening the learning opportunity for all across the professions. It aims to formalise the mentoring role to ensure consistency.</p>

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<p><b>Describe how this scheme is different to what is already in place locally or what has been tested elsewhere.</b></p>	<p>As detailed above.</p>
<p><b>DETAILS OF THE SCHEME</b></p>	
<p><b>Describe the key stages of the scheme and timescales for each stage. (quarterly or relevant intervals)</b></p>	<p>Qtr 1 – Pre- implementation Sept 2019 – Dec 2019 – develop job descriptions, establish Project Board and agree governance arrangements, sign of PID, action plan and detailed timeline          Qtr 2 – Pre-implementation Jan 2019 –March 2019 – Recruitment to posts and establishment of team, develop logic model and agree priority of tasks, engage with stakeholders via local forums          Qtr1 2020/21 – Develop Faculty Committee and establish work plan and priorities, literature review and consideration, development of frameworks and LES          Qtr2 &amp; 3 2020/21 – Peer review of frameworks and discussion across professions          Qtr4 2020/21 - Test</p>
<p><b>Describe the governance and project management arrangements for the scheme including lead roles. (project support, clinical and non-clinical lead(s))</b></p>	<p>A Pacesetter Project Board will be established with a dedicated part time programme manager and administrator.          It will be sponsored by the Executive Director for Primary and Community and hosted by the Central Area Team overseen operationally by the Asst Area Director for Primary Care, it will provide progress reports to the HB’s Primary Care Funds group which has representation from all 3 local health board areas.</p>
<p><b>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)</b></p>	<p>          Academy Pacesetter          Logic Model</p>
<p><b>Describe what resources (expertise and financial) has been allocated for evaluation.</b></p>	<p>It is proposed that the project will:</p>

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	<ul style="list-style-type: none"> <li>• employ a part time research / evaluation officer, we will work with our Health Board Research and Development team to appoint to this post</li> <li>• 10% of the overall requested allocation will be utilised for independent evaluation</li> <li>• we will work closely with colleagues within the local public health teams to ensure that we are developing robust measures based on the logic model</li> <li>• A project manager will be appointed to ensure pace and expertise</li> <li>• A Chief Finance Officer is allocated to ensure financial governance and assurance</li> </ul>
<p><b>Outline the ways you plan to share the learning locally and nationally.</b></p>	<p>Through conference attendance, abstracts, word of mouth, invitation to attend sessions, Directors of Primary Care meetings. A detailed communications plan will support the development of the scheme. In addition we will have a social media presence following the progress</p>

### 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>	
<ul style="list-style-type: none"> <li>• <a href="#">Primary Care Model for Wales</a></li> </ul>	<b>TICK</b>
1. An informed public	√
2. Empowered communities	
3. Support for well-being, prevention and self-care	√
4. Local services (inc more services in the community)	√
5. Seamless working	√
6. Effective telephone systems	
7. Quality out of hours care	√
8. Directly accessed services	
9. Integrated care for people with multiple care needs	√
10. Estates and facilities support MDT working	
11. IT systems enable cluster communications and data sharing	
12. Ease of access to community diagnostics supporting high-quality care	
13. Finance systems designed to drive whole-system transformative change	
<a href="#">A Healthier Wales - The Ten Design Principles</a> (page 17)	<b>TICK</b>
1. Prevention and early intervention – enabling and encouraging good health and wellbeing	√
2. Safety – healthcare does no harm, enabling people to live safely in families and communities	√
3. Independence – supporting people to manage their own health and wellbeing and remain in their own homes	√

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