

PACESETTER SCHEMES 2020-22

NATIONALLY AGREED CRITERIA FOR PACESETTER PROGRAMME 2020-2022

1. Consideration should be given to schemes that:
 - a. provide a systemic approach to **testing new and innovative ways** of working,
 - b. reflect on the **outcomes of previous pacesetter schemes** and previous and ongoing innovative schemes supported via other funding streams e.g. transformation funding,
 - c. consist of **several connected or joint pacesetter schemes**,
 - d. test **parts of the system that has had little exploration** through pacesetter or other funding initiatives, and
 - e. actively explore the potential for **whole system financial redesign and resource shift** between sectors.

2. Each scheme to be underpinned by a:
 - a. **business plan and delivery agreement** that has been agreed by the Health Board Executive team, PC Directorate, the relevant cluster and those professionals responsible for delivering the outcomes,
 - b. clear and realistic **timescales** for project implementation that taking into account bedding in, transforming care and reporting arrangements, evaluation and reporting of outcomes should be provided,
 - c. agreed **framework / method of evaluation** with robust measures and outcomes defined at the outset which is adequately resourced, and
 - d. clear **plan for communicating the scheme** to relevant stakeholders and service users.

3. Evidence that:
 - a. **the project team will be supported** to deliver the scheme including appropriate backfill arrangements; dedicated project management; access to expertise in research analysis, IT systems usage and data analysis,
 - b. **patients and communities involved** in the design, delivery and review of the scheme, and
 - c. the programme of work to be an integral part of the **relevant cluster IMTP plan, the health board strategy and the IMTP process**.

4. The schemes should be aligned to:
 - a. national **priorities set out for the Pacesetter programme** namely components of the **Primary Care Model for Wales**, sustainability of general medical services at cluster level, services delivering in the community, use of digital technology to improve access and urgent primary care 24/7 ,and
 - b. the ten **design principles of a Healthier Wales**

Criteria based on recommendations and strategic fit of the following:

1. Miller et al. Critical appraisal of the Pacesetter Programme. University of Birmingham, June 2018
2. Bebb H and Bryer N. Rapid Review of supported and approved Transformation Fund proposals – Final report. Ob3 research, January 2018
3. Primary Care Model for Wales – Changes to Local Health and Wellbeing Services in Wales – April 2019
4. National Primary Care Pacesetter Programme. Letter correspondence to Health Board Directors of Primary and Community Care from Deputy Director, Primary Care Division, Welsh Government. 28 September 2018.
5. A Healthier Wales. 10 Design principles
6. The Strategic Programme for Primary Care, November 2018

PACESETTER SCHEME 2020-2022 APPLICATION FORM

Health Board	Cardiff and Vale University Health Board
Pacesetter Scheme Title	Embedding Quality Improvement in Primary Care
What is the problem the scheme will try to address?	Quality improvement is recognised as a key area for primary care providers to focus on, however, there is a level of variance in terms of training needs and capacity to progress quality improvement schemes with primary and community care.
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>The scheme will provide operational support to the GP CD Lead for Quality Improvement (currently being recruited to in Cardiff and Vale) to further embed quality improvement within Primary Care settings across Cardiff and Vale UHB. The sessions will also provide opportunities for the GP CD Lead for Quality Improvement to attend additional training, conferences and networking opportunities. The scheme will also provide operational/administrative support to the GP CD Lead for Quality Improvement.</p> <p>The scheme will look at engaging and training members of the practice team and provide active facilitation to take forward and embed QI in practice. It is anticipated that following training, further targeted support will be provided if needed, with the likely-hood of embedding QI as normal practice to support a sustainable, safe and effective primary care transformation.</p> <p>This proposal will significantly accelerate the plans to embed QI within Primary Care in Cardiff and Vale, supporting QI to become core business within primary care. A number of actions already agreed and working in partnership with 1000Lives will be taken forward with the additional support of the Primary Care QI team, this includes:</p> <p>Silver Foundation training (2 days) – continuing to work with Nick Tyson to deliver this training, targeting practices who have not attended any training to date to ensure that all practices have at least one team member with the skills to lead QI in practice. This 2 day course provides oversight and practical examples and the skills, tools and techniques in QI.</p> <p>Silver Practitioner (6 Day) – In addition to the above, support approximately 20 candidates through the Silver Practitioner Course. We anticipate supporting the Primary Care Team Band 7 staff in</p>

	<p>attending this training as well as targeting individual practices to include Practice Managers, GP's, and wider MDT practice team members who are keen to develop QI Skills and empower their teams to embed QI in practice.</p> <p>1000 Lives Proof of Concept Additional Facilitation support / QI Directed Facilitation Support in Primary Care – In addition to the core training, the Primary Care Team has engaged the 1000 Lives Team to test a 'proof of concept' approach to support and facilitation of QI skills in primary care with a small group of practices. The scheme will look at engaging a small cluster of practices (where at least one member of the practice team has attended the silver foundation 2 day course) to provide active facilitation to take forward and embed QI in practice. It is anticipated that following training, further targeted support will be provided by a member of the 1000 Lives Team.</p>																				
<p>Allocation requested (£)</p>	<p>Indicative Costs 2 year programme: (Staff costs inc on-costs)</p> <table border="1" data-bbox="674 715 1919 911"> <thead> <tr> <th>Year 1</th> <th>£</th> <th>Year 2</th> <th>£</th> </tr> </thead> <tbody> <tr> <td>5 Sessions</td> <td>60,000</td> <td>5 Sessions</td> <td>60,000</td> </tr> <tr> <td>1 x band 7 posts</td> <td>58,000</td> <td>1 x band 7 posts</td> <td>58,000</td> </tr> <tr> <td>Support & Evaluation</td> <td>30,000</td> <td>Support & Evaluation</td> <td>30,000</td> </tr> <tr> <td>Total Year 1</td> <td>148,000</td> <td>Total Year 2</td> <td>148,000</td> </tr> </tbody> </table>	Year 1	£	Year 2	£	5 Sessions	60,000	5 Sessions	60,000	1 x band 7 posts	58,000	1 x band 7 posts	58,000	Support & Evaluation	30,000	Support & Evaluation	30,000	Total Year 1	148,000	Total Year 2	148,000
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<p>Start date of the scheme.</p>	<p>April 2020</p>																				
<p>Duration of the scheme. <i>(maximum 2 years)</i></p>	<p>2 Years</p>																				
<p>Overarching aim of scheme. <i>(What are you hoping to achieve?)</i></p>	<p>'A programme to support and embed quality improvement methodology and practice across primary care contractor professions and clusters to deliver sustainable, safe and effective primary care', reducing waste, harm and variation.</p>																				
<p>Objectives of the scheme. <i>(The steps you to achieve the aim)</i></p>	<ul style="list-style-type: none"> Primary care contractor team members, clusters and community staff will receive appropriate Quality Improvement training 																				

	<ul style="list-style-type: none"> • Primary care contractor team members, clusters and community staff will be supported to take forward Quality Improvement programmes. • Sharing outcomes from QI projects and how to embed QI in primary care settings.
<p>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)</p>	<p>The scheme will support primary care contractors in progressing Quality Improvement work, which will create an evidence base to drive forward service change at both a practice and Cluster level. New ways of working will be tested through local Quality Improvement projects and shared to ensure that good practice is scaled up. Service change driven by Quality Improvement schemes will improve patient outcomes and/or experience and will support GMS sustainability.</p>
<p>Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.</p>	<p>The design, delivery and review stages will all include Primary Care Contractors working with the GP CD Lead for Quality Improvement, the PCIC Workforce & Organisational development Team and the Primary Care team.</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"> • Number of primary care contractor staff trained in quality improvement methodology • Number of Quality Improvement projects implemented by/involving staff who have completed quality improvement training. • Outcomes achieved by QI projects undertaken within primary care. • Projects and outcomes showcased and promoted across Wales via website, twitter, etc.
<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>Not aware of anything similar at this scale focusing on Quality Improvement within Primary Care</p>
<p>Describe how this scheme is different to what is already in place</p>	<p>The Primary Care Team have encouraged GMS practices to undertake Quality Improvement training but this has not been part of a formal process of then using the training to implement local projects. The CD Lead for Quality Improvement, and this role will help ensure consistency of approach to QI.</p>

<p>locally or what has been tested elsewhere.</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>	<ul style="list-style-type: none"> • Recruit Lead CD for Quality Improvement • Recruit operational/admin support • Promote new function • Support roll out of Quality Improvement projects • Promote Quality Improvement outcomes nationally
<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>The Head of Primary Care will lead on this scheme in partnership with the new Lead CD for Quality Improvement. A project team will be established reporting to the Service Delivery Group/Quality, Safety and Experience Group.</p>
<p>Describe the plans and key milestones for monitoring progress and evaluation. <i>(attach an outline logic model and evaluation plan, if available- see annex for template)</i></p>	<ul style="list-style-type: none"> • Maintain list of all ongoing QI projects within primary care. • Ensure all QI projects have appropriate evaluation carried out. • Promote outcomes achieved via QI projects • Support spread and scale where beneficial
<p>Describe what resources (expertise and financial) has been allocated for evaluation.</p>	<p>£30,000 p.a. included for support and evaluation</p>
<p>Outline the ways you plan to share the learning locally and nationally.</p>	<p>Learning will be shared within and between Clusters through Cluster meetings, CD Forum, and Practice Manager meetings. There may also be opportunities to share the learning more widely within Cardiff and Vale UHB, particularly in sharing the evaluations of the Quality Improvement work undertaken within practices.</p>

COMPONENTS OF NATIONAL STRATEGIC POLICIES AND WAYS OF WORKING – Tick one or more of the relevant component which the scheme addresses	
Primary Care Model for Wales	TICK
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 Healthier Wales - The Ten Design Principles (page 17)	TICK
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	
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	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	
The Strategic Programme for Primary Care	TICK
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	X

