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	Primary Care Academy
What is the problem the scheme will try to address?	1. MDT working is becoming embedded across Primary, Community and Intermediate Care (PCIC) Services but some of the professional groups being recruited have limited prior exposure to working within a primary care/GP setting. The Primary Care Academy will put in place the foundations that support MDT professionals from a variety of disciplines, who have no or limited primary care experience, to be recruited and placed in GMS practices in a supernumerary capacity under a mentorship and training programme to obtain the skills, competencies and knowledge required to work within this field. This will support the transition and flow of trained senior professional staff into primary care and support the Primary Care Model for Wales. 2. The proposal is to develop posts that enable GPs to work across the healthcare setting, combining GP Partnership with hospital specialism. This will help support GMS sustainability and allow GPs to retain expertise in hospital speciality, developing as a portfolio GP.
Short description of the scheme. *(no more than half a page - embed 'Plan on a Page' if available or add simple template as annex 2)*	1. The scheme aims to support qualified MDT professionals to transition to a primary care setting, through the transfer of existing knowledge, experience and skills (gained in a non-primary care setting) through a robust training and mentorship programme for a period of a year within a GMS practice. MDT professionals from a variety of disciplines without primary care experience and expertise (but with sound clinical skills within their field) will be recruited and placed in GMS practices in a supernumerary capacity under a fully developed mentorship and training programme. Practices will be supported with a training grant to host the placement that facilitates the attainment of skills, competencies and knowledge required to transition in to primary care to support the 'Primary Care Model'.

<table>
<tr><td></td><td>It is anticipated that the following professions, and potentially others, will be recruited by the UHB on a 12month fixed term contract basis to participate in the scheme with the opportunity to apply for and accept a role within General Practice at the end of the contract.
· Advanced Nurse Practitioners
· Advanced Paramedic Practitioner
· Physicians Associate
· Clinical Pharmacist
· Physiotherapist
· Mental Health Practitioner
· Occupational Therapist

2. The proposal would be to take an existing practice vacancy and combine the role with a speciality, including dermatology, A&E, Orthopaedics, etc. This model is different to the other similar roles where UHB employ salaried GPs who then spend time in practices. This model aims to promote the GP Partnership/salaried post as the substantial role, with the opportunity to combine with a hospital speciality rather than a UHB salaried GP role that spends time in a practice. The role would consist of 5-6 GP Sessions and 2-3 Secondary Care Specialist sessions.</td></tr>
<tr><td>Allocation requested (£)</td><td>
<table>
<tr><th>Year 1</th><th>£</th><th>Year 2</th><th>£</th></tr>
<tr><td>3x 8a posts</td><td>202,000</td><td>3 x 8a posts</td><td>202,000</td></tr>
<tr><td>Training Grant x 3</td><td>36,000</td><td>Training Grant x 3</td><td>36,000</td></tr>
<tr><td>1 WTE Salaried GP</td><td>110,000</td><td>1 WTE Salaried GP</td><td>110,000</td></tr>
<tr><td>Support & Evaluation</td><td>40,000</td><td>Support & Evaluation</td><td>30,000</td></tr>
<tr><td>Total Year 1</td><td>388,000</td><td>Total Year 2</td><td>388,000</td></tr>
</table>
</td></tr>
<tr><td>Start date of the scheme.</td><td>April 2020</td></tr>
<tr><td>Duration of the scheme.
(maximum 2 years)</td><td>2 Years</td></tr>
</table>

Overarching aim of scheme. *(What are you hoping to achieve?)*	'A development programme to support the growing number of multi-disciplinary professionals to work in Primary Care with the required skills and competencies to do so, utilising expertise from secondary care and supporting staff to transition or work across primary and secondary care boundaries'.
Objectives of the scheme. *(The steps you to achieve the aim)*	1 • 3 MDT professionals recruited and placed in GMS practices each year. • MDT professionals to be supported to achieve competencies and develop additional skills as needed to fully transition into a primary care role. • MDT professionals remain working within a primary care setting at the end of the scheme. • GMS sustainability is supported through the availability of experienced/trained professionals and increased MDT working. 2 • Supporting general practice workforce development and GP sustainability • Supports specialty workforce development and resilience • Develops joined up working between GP and Secondary care • Improves skills in primary care • Improves relationships between primary and secondary care • Supports GP resilience by offering more professionals variety.
Describe here how the scheme aligns to the wider strategic agenda and indicate which components of the *Primary Care Model for Wales, Strategic Programme for Primary Care, A Healthier Wales the scheme addresses.* *(refer to annex 1)*	1. This model will support the further development of MDT working within primary care settings, ensuring that patients can access the most appropriate healthcare professional in their local community in a timely manner. This will support GMS sustainability as patients will be able to gain an appointment with a range of professionals based on their individual health needs rather than requiring a GP referral. Patient experience will be improved as services will be accessed locally. Healthcare professionals will be supported in transitioning from secondary to primary care, and development opportunities and mentoring will be in place to successfully manage this transition. Professionals will also be encouraged to use their expertise from secondary care to affect service improvement within primary care.

	The learning from this scheme will be used to influence further change within GP practices and on a Cluster level, dependent on local requirements. It may also be shared with other services/ expanded to include other services which have expanded their MDT approach, such as Urgent Primary Care OOHs. 2. The role will support GMS sustainability by attracting/retaining experienced GPs who want to practice across primary and secondary care and retain expertise within their specialist area. This will also provide the GMS Workforce support and development and increase engagement between primary and secondary care professionals. It will provide an opportunity for expertise to be shared across traditional healthcare boundaries and may help identify new ways of working. The learning from the scheme will be used to influence workforce development within GP practices. It will also be shared with other services throughout the UHB to promote the use of dual/portfolio roles.
Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.	1. The Primary Care Workforce & Organisational Development Team will lead in planning, delivering and reviewing the scheme. Clusters and GP practices will be involved to identify key professionals they would like to attract as part of this scheme. GP practices will be encouraged to host a placement and will receive a training grant to support them in this. The PCIC Primary Care Team will work closely with the hosting practices throughout the scheme to monitor progress and review the impact of the placements. Other Clinical Boards within Cardiff and Vale UHB, such as Clinical Diagnostics and Therapeutics, will also be engaged in discussing proposed models and training delivery. 2. The Primary Care Workforce & Organisational Development Team will lead in planning, delivering and reviewing the scheme. GP Practices and other Clinical Boards within the UHB will be involved in identifying suitable vacancies and supporting post-holders during the scheme. CAVGP will be utilised the advertise the role. The PCIC Primary Care Team will work closely with the hosting practice throughout the scheme to monitor progress and review the impact of the placement.
Describe expected outcomes.	1. • Number of MDT professionals placed in GMS practices through this scheme

(How will you know when you have achieved your aim - embed draft logic model if available – annex 2)	• Number of practices involved in the scheme • Number of patients seen / services offered through the MDT professional • Formal training provided to MDT professional • Number of MDT professionals who have completed the Academy and remain working within primary care. 2. • Suitable professional appointed to dual/portfolio role. • Improved working between primary and secondary care. • Improved GMS Sustainability • GP workforce development/planning
Has this idea been tested previously, locally, nationally or elsewhere in UK and if so how does this proposed scheme offer new learning?	1. A GP Nurse trainee scheme has been implemented within Cardiff and Vale UHB and has been very successful. This has focused on supporting experienced nurses to transition into primary care/general practice roles . The Academy aims to build on this and extend the scheme to wider MDT professionals. 2. We are not aware of any areas testing the principle of recruiting into a dedicated portfolio GP role, although individual doctors may retain an interest in both primary and secondary care and so may have a dual role via an informal arrangement (i.e. primary and secondary care roles on separate contracts via separate recruitment processes at different times, rather than a packaged role).
Describe how this scheme is different to what is already in place locally or what has been tested elsewhere.	1. MDT working within primary care locally has not been within an academy framework so training and mentorship opportunities have varied. The existing model has not specifically targeted professionals with experience from outside of primary care to transition into a primary care setting. 2. Locally there may be individuals working across primary and secondary care but there is no formal, dedicated role covering these areas with an emphasis on the primary care setting.
DETAILS OF THE SCHEME	
Describe the key stages of the scheme and timescales for each stage. *(quarterly or relevant intervals)*	1. • Competency frameworks developed for each profession • Role profiles agreed, including scope of practice • Communication and engagement with primary care • Appointment to roles

	• 1yr Funded placement • Evaluation 2. • Engagement with secondary care and GMS practices to identify suitable vacancies • Utilise existing speciality and GMS practice job description/role profiles to pull together a recruitment package to combine two vacancies into one. • Appointment to role • 1yr Funded placement • Evaluation
Describe the governance and project management arrangements for the scheme including lead roles. *(project support, clinical and non-clinical lead(s)*	The scheme will be led and project managed by the PCIC Workforce & Organisational Development Manager, with strong input from the Primary Care team and MDT. A project team will be established and will report o the PCIC Service Delivery Group. The Logic model of evaluation will be used to evaluate impact.
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)*	1. • Interest from practices in hosting a placement • Number of applications for the roles • Impact of the roles on GP capacity • Patient satisfaction • Individual and practice satisfaction 2. • Interest from practices and secondary care specialism's in filling a vacancy via a portfolio GP • Number of applications for this scheme compared to standard GP vacancies • Retention of GP at participating practice at the end of the scheme • GP experience i.e. staff experience survey
Describe what resources (expertise and financial) has been allocated for evaluation.	£40,000 has been allocated each year for project support and evaluation.

Outline the ways you plan to share the learning locally and nationally.	Learning to be shared between practices and at cluster level using existing mechanisms such as CD forum and practice manager meetings. Additionally learning will be shared with Urgent Primary Care Out of Hours. There is the potential for toolkits to be developed from this learning which could be shared with GP practices to support them in employing other professionals as part of their practice MDT which could include aspects such as; scope of practice, supervisory and professionals development requirements, caseload management and guidance, and competency frameworks. An article of he scheme could be developed following evaluation and posted on CAVGP. Learning regarding portfolio GP roles to be shared with other clinical boards within Cardiff & Vale UHB.

Annex 1

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)	X
5. Seamless working	X
6. Effective telephone systems	
7. Quality out of hours care	
8. Directly accessed services	
9. Integrated care for people with multiple care needs	X
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	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 – news 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	
2. 24/7 Model	
3. Data & Digital Technology	
4. Workforce & Organisational Development	X
5. Communication & Engagement	
6. Transformation & the Vision for Clusters	X