

**PACESETTER SCHEME 2020-2022 APPLICATION FORM**

<p><b>Health Board</b></p>	<p>Powys Teaching Health Board</p>
<p><b>Pacesetter Scheme Title</b></p>	<p>Physician Associate Primary Care Development Programme</p>
<p><b>What is the problem the scheme will try to address?</b></p>	<p>Ensuring the growing number of newly qualified Physician Associates available to work in Primary Care have the required skills and competencies to do so.</p>
<p><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>	<p>The intention is to establish a development programme to support Physician Associates wishing to work in a Primary Care setting. It will be a 2-year programme (with two intakes, each of 12 months in duration), based in rural general practice and led by a dedicated Physician Associate Development Manager, themselves an experienced Physician Associate. Those joining will be newly qualified Physician Associates, some are likely to come from the health board's unique Physician Associate Bursary Scheme that has been in place for 4 years. In joining the scheme they will be placed in a training practice. Each training practice will have either a GP or an experienced Physician Associate who will undertake the role of trainer. In supporting the Physician Associate, they will follow a pre-determined development programme. This will include elements not just relating to the provision of clinical services, but also to broader aspects of Primary Care delivery such as practice management, the use of new technology and the planning and delivery of health care services locally, such as those relating to community hospitals and community services. The programme will be governed by a steering group with representation from Primary Care, the health board and organisations representing the interests of the patient. The Physician Associate Development Manager will be the programme lead and oversee its delivery.</p> <p>The programme will involve the Physician Associate attached exclusively to their training practice, although provision will be made for out-reach attachments to hospital departments and specialities where their experience gained will be conducive to their developing role working in Primary Care.</p>

**FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019**

	Upon completion of the programme, the Physician Associate will be available to work in a Primary Care setting as a fully skilled and competent clinician.
<b>Allocation requested (£)</b>	£60,000 per year, for two years
<b>Start date of the scheme.</b>	The programme will commence from April 2020, but the immediate availability of Physician Associates will be dependent on the completion of their university education; this may be during the summer of 2020. Some Physician Associates may, however, be immediately available to commence the programme, having completed their university education previously.
<b>Duration of the scheme.</b> <i>(maximum 2 years)</i>	The programme will be 2 years in duration. This will involve two cohorts of 2 Physician Associates, with each cohort the subject of a 12 month development programme.
<b>Overarching aim of scheme.</b> <i>(What are you hoping to achieve?)</i>	The availability of a pipeline of appropriately skilled and competent Physician Associates to work in Primary Care in Powys and Wales as a whole. These skills will not be confined just to those required of a primary care clinician, but relate also to an appreciation of how general medical services are organised and delivery and how care in a locally is planned and funded. The aim is to develop Physician Associates that are competent both clinically and managerially.
<b>Objectives of the scheme.</b> <i>(The steps you to achieve the aim)</i>	<ol style="list-style-type: none"><li>1. Approval of the programme as a pathfinder scheme with a particular focus on rural primary care and led by a dedicated Physician Associate Development Manager</li><li>2. Establishment of a steering group</li><li>3. Appointment of a lead Physician Associate Development Manager</li><li>4. Development of the one-year development programme</li><li>5. Identification of the host training practices</li><li>6. Identification of the hospitals where out-reach components of the programme will be delivered</li><li>7. Recruitment of the Physician Associates joining the programme</li><li>8. Evaluation of the programme's success at the conclusion of year 1</li></ol>

**FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019**

<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>At the heart of the proposal is the delivery of high-quality care by skilled and competent clinicians as close as possible to where patients live. This is about out-of-hospital care in a very rural environment being delivered by Physician Associates who have been developed to be part of a well-resourced multi-disciplinary team available to deliver readily accessible services to patients in or near their homes.</p> <p>Annex 1 sets out the numerous ways in which the programme fits the strategic direction for the delivery of Primary Care services in Wales.</p>
<p><b>Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.</b></p>	<p>Key to meeting this requirement will be the steering group for the programme. This will be established to involve representation from the Physician Associate profession, General Practitioners, the voice of the patient, practice management, and the health board.</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>Please see Annex 2 below.</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>Over the last five years, Powys Teaching Health Board has led the introduction of the Physician Associate profession into Primary Care. With assistance from its own locally-developed bursary scheme, Physician Associates have been attracted to work in the county. This proposal takes this work to a whole new level and builds upon the success of what's been achieved in recent years.</p> <p>Attracting newly qualified Physician Associates into the county is, however, just part of the journey required to ensure the resource is used to maximum benefit. When arriving in the workplace, for many Physician Associates, further support and development is required to make the most of their potential. Working in a large rural county like Powys can sometimes feel isolated and attention is needed to support the Physician Associate from a point beyond that where they qualified.</p>

**FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019**

	<p>Given its experience in working with Physician Associates, Powys Teaching Health Board is well placed to lead on this further development work, hence the proposal to establish the development programme which is the subject of this application.</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>Acknowledging a scheme exists in the SBUHB area, the Powys proposal is unique in that it:</p> <ul style="list-style-type: none"> <li>• Has a strong focus on the challenges of delivering care in a very rural area;</li> <li>• Has an accommodation for DGH placements which compliment the delivery of primary care in a rural area; and</li> <li>• Aims to develop the Physician Associate in a way that is not only focussed on clinical skills.</li> </ul>																	
<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>This timetable assumes the outcome of the application will be known before the end of 2019.</p> <table border="1" data-bbox="674 715 2112 1315"> <tr> <td data-bbox="674 715 864 951">Q4 19/20</td> <td data-bbox="864 715 2112 951"> <ul style="list-style-type: none"> <li>• Steering group established</li> <li>• Lead Physician Associate Development Manager appointed</li> <li>• Development programme written and agreed</li> <li>• Training practices identified</li> <li>• Recruitment of Physician Associates commences</li> <li>• Associate hospital departments (for out-reach placements) identified</li> </ul> </td> </tr> <tr> <td data-bbox="674 951 864 1031">Q1 20/21</td> <td data-bbox="864 951 2112 1031"> <ul style="list-style-type: none"> <li>• Recruitment of Physician Associates continues</li> <li>• First cohort of the development programme commences</li> </ul> </td> </tr> <tr> <td data-bbox="674 1031 864 1070">Q2 20/21</td> <td data-bbox="864 1031 2112 1070"> <ul style="list-style-type: none"> <li>• First cohort of the development programme fully subscribed to</li> </ul> </td> </tr> <tr> <td data-bbox="674 1070 864 1110">Q3 20/21</td> <td data-bbox="864 1070 2112 1110"> <ul style="list-style-type: none"> <li>•</li> </ul> </td> </tr> <tr> <td data-bbox="674 1110 864 1190">Q4 20/21</td> <td data-bbox="864 1110 2112 1190"> <ul style="list-style-type: none"> <li>• Programme evaluation commences</li> <li>• First cohort of the development programme completes</li> </ul> </td> </tr> <tr> <td data-bbox="674 1190 864 1230">Q1 21/22</td> <td data-bbox="864 1190 2112 1230"> <ul style="list-style-type: none"> <li>• Second cohort of the development programme commences</li> </ul> </td> </tr> <tr> <td data-bbox="674 1230 864 1270">Q4 21/22</td> <td data-bbox="864 1230 2112 1270"> <ul style="list-style-type: none"> <li>• First cohort of the development programme completes</li> </ul> </td> </tr> <tr> <td data-bbox="674 1270 864 1315">Q1 22/23</td> <td data-bbox="864 1270 2112 1315"> <ul style="list-style-type: none"> <li>• Programme evaluation completed</li> </ul> </td> </tr> </table>		Q4 19/20	<ul style="list-style-type: none"> <li>• Steering group established</li> <li>• Lead Physician Associate Development Manager appointed</li> <li>• Development programme written and agreed</li> <li>• Training practices identified</li> <li>• Recruitment of Physician Associates commences</li> <li>• Associate hospital departments (for out-reach placements) identified</li> </ul>	Q1 20/21	<ul style="list-style-type: none"> <li>• Recruitment of Physician Associates continues</li> <li>• First cohort of the development programme commences</li> </ul>	Q2 20/21	<ul style="list-style-type: none"> <li>• First cohort of the development programme fully subscribed to</li> </ul>	Q3 20/21	<ul style="list-style-type: none"> <li>•</li> </ul>	Q4 20/21	<ul style="list-style-type: none"> <li>• Programme evaluation commences</li> <li>• First cohort of the development programme completes</li> </ul>	Q1 21/22	<ul style="list-style-type: none"> <li>• Second cohort of the development programme commences</li> </ul>	Q4 21/22	<ul style="list-style-type: none"> <li>• First cohort of the development programme completes</li> </ul>	Q1 22/23	<ul style="list-style-type: none"> <li>• Programme evaluation completed</li> </ul>
Q4 19/20	<ul style="list-style-type: none"> <li>• Steering group established</li> <li>• Lead Physician Associate Development Manager appointed</li> <li>• Development programme written and agreed</li> <li>• Training practices identified</li> <li>• Recruitment of Physician Associates commences</li> <li>• Associate hospital departments (for out-reach placements) identified</li> </ul>																	
Q1 20/21	<ul style="list-style-type: none"> <li>• Recruitment of Physician Associates continues</li> <li>• First cohort of the development programme commences</li> </ul>																	
Q2 20/21	<ul style="list-style-type: none"> <li>• First cohort of the development programme fully subscribed to</li> </ul>																	
Q3 20/21	<ul style="list-style-type: none"> <li>•</li> </ul>																	
Q4 20/21	<ul style="list-style-type: none"> <li>• Programme evaluation commences</li> <li>• First cohort of the development programme completes</li> </ul>																	
Q1 21/22	<ul style="list-style-type: none"> <li>• Second cohort of the development programme commences</li> </ul>																	
Q4 21/22	<ul style="list-style-type: none"> <li>• First cohort of the development programme completes</li> </ul>																	
Q1 22/23	<ul style="list-style-type: none"> <li>• Programme evaluation completed</li> </ul>																	
<p><b>Describe the governance and project management arrangements</b></p>																		

**FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019**

<p><b>for the scheme including lead roles.</b> <i>(project support, clinical and non-clinical lead(s))</i></p>	<p>The Physician Associate Primary Care Development Programme will be overseen by a steering group. The group will be accountable to (a yet to be confirmed) committee in the health board. The day-to-day running of the programme will be undertaken by an already experienced Physician Associate Development Manager.</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>Please see Annex 2 below.</p>
<p><b>Describe what resources (expertise and financial) has been allocated for evaluation.</b></p>	<p>Consideration has been given an external or arms-length evaluation of the programme. A figure has been included in the costings to reflect this.</p>
<p><b>Outline the ways you plan to share the learning locally and nationally.</b></p>	<p>The proposal lends itself extremely well for to being transported to other areas. In fact, it is possible to involve another health board/other health boards in the programme from the outset. This is of course a decision for other health boards to consider.</p>

**Annex 1**

<p><b>COMPONENTS OF NATIONAL STRATEGIC POLICIES AND WAYS OF WORKING – Tick one or more of the relevant component which the scheme addresses</b></p>	
<p><b>Primary Care Model for Wales</b></p>	<p><b>TICK</b></p>
1. An informed public	
2. Empowered communities	
3. Support for well-being, prevention and self-care	x
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	x
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	

## FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019

13. Finance systems designed to drive whole-system transformative change	
<b><u>A Healthier Wales - The Ten Design Principles</u></b> (page 17)	<b>TICK</b>
1. Prevention and early intervention – enabling and encouraging good health and wellbeing	x
2. Safety – healthcare does no harm, enabling people to live safely in families and communities	x
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
<b><u>Aims of the primary care pacesetter fund</u></b>	<b>TICK</b>
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
<b><u>The Strategic Programme for Primary Care</u></b>	<b>TICK</b>
1. Prevention and wellbeing	x
2. 24/7 Model	
3. Data & Digital Technology	
4. Workforce & Organisational Development	x
5. Communication & Engagement	
6. Transformation & the Vision for Clusters	x

### Logic Model and Evaluation Plan templates

### Annex 2

#### Example logic model template

**Project title:** Physician Associate Primary Care Development Programme

**Project aim:** Ensuring the growing number of newly qualified Physician Associates available to work in Primary Care have the required skills and competencies to do so.

**Project objectives:**

1. Approval of the programme as a pathfinder scheme.
2. Establishment of a steering group
3. Appointment of a lead Physician Associate Development Manager
4. Development of the one-year development programme, comprising of 2 one-year cohorts of PAs

**FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019**

5. Identification of the host training practices
6. Identification of the hospitals where out-reach components of the programme will be delivered
7. Recruitment of the Physician Associates joining the programme
- 8.
9. Evaluation of the programme's success at the conclusion of year 1

Consider inputs, outputs & outcomes for each of your objectives

Inputs	Outputs		Outcomes		
	Intervention/ activity	Participants	Short term	Medium term	Long term
<p><b>Objective 1:</b> Approval of the programme as a pathfinder scheme</p> <p><i>Decision of the DPCCs and National Primary Care Board</i></p>	Application submitted by Powys Teaching Health Board	<ul style="list-style-type: none"> <li>• DPCCs</li> <li>• National Primary Care Board</li> </ul>	A successful application	Same	Same
<p><b>Objective 2:</b> Establishment of a steering group</p> <p><i>Representatives from medical practices, physician associates, patient groups and health board.</i></p>	Approaches will be made directly to medical practices and patient representative groups	<ul style="list-style-type: none"> <li>• Medical practices</li> <li>• Physician Associates</li> <li>• Patient groups</li> <li>• Health board</li> </ul>	A fully established steering group with broad range of representation	Same	Same
<p><b>Objective 3:</b> Appointment of a lead Physician Associate Development Manager</p> <p><i>Expected to be 0.2WTE Band 8a role.</i></p>	Position will be advertised		A successful appointment	Same	Same
<p><b>Objective 4:</b> Development of the one-year development programme</p>	Led by the lead Physician Associate Development Manager with input	<ul style="list-style-type: none"> <li>• Lead Physician Associate</li> </ul>	A carefully considered and balanced development programme	Same, but with provision for further refinement as required	Same, but with provision for further refinement as required

**FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019**

<i>Led by the lead Physician Associate Development Manager.</i>	from the steering group	<ul style="list-style-type: none"> <li>Members of the steering group</li> </ul>	reflecting the needs of rural Primary Care		
<p><b>Objective 5:</b> Identification of the host training practices</p> <p><i>Led by the lead Physician Associate Development Manager with the support of the Primary Care Department</i></p>	Opportunity advertised widely across the medical practices in Powys. Ideally an outcome which reflects the geography of Powys will be secured, maybe one practice in the north and one in the south	<ul style="list-style-type: none"> <li>Lead Physician Associate Development Manager</li> <li>Primary Care Department</li> <li>Medical Practices across Powys</li> </ul>	Securing sufficient medical practices to act as training practices. This will involve ensuring those involved have the appropriate skills and time to undertake the role properly	Same	Same
<p><b>Objective 6:</b> Identification of the hospitals where out-reach components of the programme will be delivered</p> <p><i>Led by the lead Physician Associate Development Manager with the support of the health board's service commissioning department (the health board having close contact with out-of-county services providers where the DGH out-reach placements would need to be made)</i></p>	Discussions with suitable hospitals led by the lead Physician Associate Development Manager with appropriate support from the health board's service commissioning department	<ul style="list-style-type: none"> <li>Lead Physician Associate Development Manager</li> <li>Health board's service commissioning department</li> <li>Staff from appropriate hospitals</li> </ul>	Sufficient capacity in a district general hospitals to support out-reach placements for Physician Associates on the development programme	Same	Same
<p><b>Objective 7:</b> Recruitment of the Physician Associates joining the programme</p>	Advertising the opportunities widely amongst the Physician Associate community and	<ul style="list-style-type: none"> <li>Lead Physician Associate Development Manager</li> </ul>	All places on the development programme successfully filled	Same	Same



**FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019**

<p><i>Led by the lead Physician Associate Development Manager with the support of the Primary Care Department (the health board has close working relationships with a number of universities where Physician Associate students are taught)</i></p>	<p>universities across Wales and the UK</p>	<ul style="list-style-type: none"> <li>• Primary Care Department</li> <li>• Universities where Physician Associates undertake study</li> </ul>			
		<ul style="list-style-type: none"> <li>•</li> </ul>			
<p><b>Objective 8:</b> Evaluation of the programme's success at the conclusion of year 1</p> <p><i>Please see the evaluation section below</i></p>					
<p><b>Key assumptions:</b></p> <ul style="list-style-type: none"> <li>• Ability to attract a suitable Physician Associate Development Manager as the lead</li> <li>• Ability to attract appropriate members to the steering group</li> <li>• Ability to secure practices in sufficient numbers and with the required competencies to act as training practices</li> <li>• Ability to secure the required out-reach placements in a district general hospital</li> <li>• Ability to attract sufficient Physician Associates to join the development programme</li> <li>•</li> </ul>			<p><b>External factors/ influences:</b></p> <ul style="list-style-type: none"> <li>• Risk of failing to appoint a lead Physician Associate Development Manager</li> <li>• Risk of non-engagement from medical practices</li> <li>• Risk of non-engagement from district general hospitals in adjoining areas</li> <li>• Risk of failing to attract sufficient Physician Associates to fill the places on the development programme</li> </ul>		
<p><b>Costs &amp; value:</b> Continuation of the programme will involve very similar cost (with the exception of the some minor start-up costs). It is envisaged that scaling-up to a larger area will involve very similar cost pro-rata.</p>			<p><b>Unintended results:</b> No unintended result is identified with the possible exception of the development programme not delivering Physician Associates with the skills sets and competences originally required. The risk of this is, however, very low.</p>		

--	--

<b>EVALUATION PLAN</b>				
<b>What do we want to know?</b> (Evaluation Question)	<b>How will we know it?</b> (Indicator)	<b>How to collect information about the indicator?</b> (Data source/ method)	<b>When and where will info be collected?</b> (Timeframe)	<b>Who will do this?</b> (Responsibility)
Has the development programme delivered Physician Associates with the skill sets and competencies set out in the programme plan?	<ul style="list-style-type: none"> <li>• Obtaining a view from the lead Physician Associate Development Manager</li> <li>• Obtaining a view from the designated trainer in the training practice</li> <li>• Obtaining a view from the Physician Associates themselves</li> </ul>	Face to face or questionnaire based contact with the subjects	The last quarter of the first phase of the development programme/first quarter after it has been completed	Health board's Primary Care Department

**FINAL PACESETTER SUBMISSION 20<sup>TH</sup> DECEMBER 2019**

<p>Are the skills and competencies the Physician Associates have gained as being part of the development programme the right ones for the practices in which they now work?</p>	<ul style="list-style-type: none"><li>• Obtaining a view from the medical practices in which the Physician Associates now work</li><li>• Obtaining a view from the Physician Associates themselves</li></ul>	<p>Face to face or questionnaire based contact with the subjects</p>	<p>Probably no sooner than the third quarter after the end of the development programme</p>	<p>Health board's Primary Care Department</p>
---	--	--	---	---