

**PACESETTER SCHEME 2020-2022 APPLICATION FORM**

<p><b>Health Board</b></p>	<p><b>Swansea Bay UHB (working with 1000Lives and Public Health Wales)</b></p>
<p><b>Pacesetter Scheme Title</b></p>	<p><b>PCC ANP and GPN Internship Programme</b></p>
<p><b>What is the problem the scheme will try to address?</b></p>	<p>Current pressures within Primary Care and the ongoing Medical recruitment and retention crisis have placed further emphasis on the need to expand our alternative workforce. Healthcare services traditionally sat within Secondary Care are now being embedded within the Primary Care and Community (PCC) services workload to help ease the burden on our specialist services/unscheduled care and provide care closer to home for our patient population. Workforce re-design and upskilling is at the forefront of Primary Care transformation to help fill a portion of the void currently left by the Medical recruitment and retention crisis. Increasing patient demand outweighs the current capacity of our PCC services due to a limited workforce and reduced access. It is recognised that we currently have a deficit of ANP and GPN roles within national PCC services (Health Education England, 2015) and priority must be afforded to actively recruit and upskill more ANPs and GPNs within PCC services in order to deliver prudent healthcare closer to home (NHS Wales, 2014).</p> <p><b>ANP</b>                  Emphasis has been placed on the role of the Advanced Nurse Practitioner (ANP) to positively impact the workload of frontline community and primary care services to help prevent or reduce hospital admissions. Restricted workforce capacity within PCC will continue to result in avoidable hospital admissions, fragmented care delivery for our patient populations and increased healthcare costs. A qualitative study conducted by Kraus and DuBois (2017) explored Advanced Practitioner perceptions of Primary Care roles to help determine the barriers in recruitment of this workforce. Evidence showed Advanced Practitioners felt a lack of support and opportunity to consolidate skills was a barrier to enticing them into a Primary Care role. This study also highlighted the level of autonomy we ask of our PCC workforce compared with secondary care settings, which Advanced Practitioners are concerned about if a consolidation and development pathway is not available.</p> <p><b>GPN</b>                  The role of the GPN has been described as the lynch pin of General Practice (Health Education England, 2016) and increasing responsibility has been introduced into this role over the past 8 years. 60% of current GPNs are over the</p>

	<p>age of 45 years old, with only 9% under the age of 34 years old (Health Education England, 2016). Informal local data currently shows SBUHB as having a higher than average GPN population over 45 years of age and a decreasing percentage of GPNs under the age of 34 years old, with little succession planning currently in place to rectify these figures. With an imminent GPN recruitment and retention crisis, coupled with further depletion of this workforce group to upskill into ANPs, we risk significant deficits in core treatment room skills within General Practice in the next 10 years.</p> <p>This internship programme will act to address the following issues:</p> <ol style="list-style-type: none"> <li>1. ANP recruitment into PCC Services to tackle workforce deficit and increasing patient demand</li> <li>2. ANP retention within PCC through structured educational pathways and targeted consolidation of skills</li> <li>3. Address the concerns voiced by ANPs regarding career transition into PCC services</li> <li>4. Admission avoidance through increased workforce, access and prudent healthcare approach</li> <li>5. Reduce pressure on unscheduled care areas</li> <li>6. Tackle current and future GPN deficit</li> <li>7. Strengthen the current GPN workforce to ensure core treatment room skills remain within General Practice</li> <li>8. Minimise the impact of GPN upskilling to ANP roles by bolstering the core GPN workforce</li> </ol>
<p><b>Short description of the scheme</b></p>	<p><b>ANP Internship</b></p> <p>This new SBUHB PCC ANP Internship would act to target newly qualified ANPs or those ANPs currently attached to Secondary Care who wish to pursue a career in Primary Care and Community Services. It would act to provide them with a direct career pathway into PCC through a combined internship programme. A 12-month structured programme of training and development would be offered to ensure each ANP is competent and confident to work autonomously within General Practice and frontline community services. This will be achieved through a split working week where ANPs will be attached to a GP practice for 2 days per week and a Community Service for 2 days per week. The fifth working day will be utilised for educational and supernumerary opportunities to further enhance their advanced skills associated with specific primary care presentations. Collaborative working would be sought within clusters and community teams to support those ANPs wishing to commit to the 12-month internship, with mentorship and training opportunities offered from those areas with appropriately experienced clinical staff. Collaboration with HEIW and Swansea University will hopefully provide targeted level 7 accredited modular training for PCC ANPs including Urgent Care management, Chronic Conditions, Palliative Care, Care of the Elderly, Dermatology and Population Health to enable effective and efficient development and consolidation of skills throughout the 12-month programme. The end of the internship will hopefully see a seamless transition of the ANPs</p>

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	<p>into a PCC setting, either within a sole practice/community team or as part of a combined contract to enable variety in their future career pathway.</p> <p><b>GPN Internship</b>  This internship will target newly qualified nurses, Return to Practice nurses or those currently working in a secondary care setting that wish to pursue a career in General Practice. The internship will provide a 12-month structured educational pathway for new GPNs with a sole aim of making them 'treatment room competent' by the end of the 12-month programme. SBUHB will work collaboratively with HEIW and Swansea University to offer a structured educational programme covering all core GPN skills and basic Long Term Conditions management through an accredited modular PgCert qualification. Our aim will be to align newly designed GPN modules with our existing Health Board educational contract through support from HEIW. This will act to create a General Practice career pathway for future registered Nurses wishing to pursue a role in Primary Care.</p> <p>Independent GP Practices will be encouraged to employ the GPNs on a permanent contract according to their ongoing workforce needs. This will provide employment stability for the registered nurse embarking on the internship programme and ensure effective workforce succession planning and implementation for those GP Practices in need of current or future GPN hours. Collaborative working will also be sought from clusters to ensure mentorship is available from experienced GPNs within the SBUHB footprint in order to achieve a 'buddy' approach. Protected CPD will allow consolidation of skill and individual development. At the end of the 12-month programme the GPN will commence full time clinical practice within an independent or Health Board managed practice.</p>
<p><b>Allocation requested (£)</b></p>	<p>£280,000 per annum for combined ANP/GPN internship costs (£560,000 total cost for 2-year rolling internships)</p> <p>Combined internship costs:</p> <p>Project Support Costs - £82,000  Evaluation Costs – £8,000  Equipment Costs – £10,000  Mentorship and Training Costs - £70,000  Workforce Costs - £110,000</p>
<p><b>Start date of the scheme.</b></p>	<p>April 2020 for both internship programmes</p>

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<p><b>Duration of the scheme.</b> <i>(maximum 2 years)</i></p>	<p>Two years (2 x 12-month ANP internship, 2 x 12-month GPN internship)</p>
<p><b>Overarching aim of scheme.</b> <i>(What are you hoping to achieve?)</i></p>	<p>Proposed achievements for the PCC ANP/GPN internships;</p> <ul style="list-style-type: none"> <li>• Increased alternative workforce within Primary Care in accordance with prudent healthcare objectives</li> <li>• Workforce development and targeted upskilling</li> <li>• Increased access to Primary Care through the alternative workforce</li> <li>• Reduction in avoidable hospital admissions</li> <li>• Sustainability of core Primary Care and Community services</li> <li>• Maintaining prudent healthcare principles. Access to the right clinician at the right time</li> <li>• Increased cluster working and strengthening of cluster/community workforce</li> <li>• Reduction of inequality in care through standardised training pathways for new PCC ANPs and GPNs within the SBUHB footprint</li> <li>• Collaboration between SBUHB and Swansea University for ongoing Primary Care focussed education</li> <li>• Collaboration between SBUHB and HEIW to establish funding streams for Primary Care focussed HEI modules</li> </ul>
<p><b>Objectives of the scheme.</b> <i>(The steps you to achieve the aim)</i></p>	<ol style="list-style-type: none"> <li>1. Targeted continuous professional development for ANPs/GPNs to ensure they become competent and confident in Primary Care associated clinical skills.</li> <li>2. Structured educational pathway in conjunction with Swansea University and Clusters to ensure ANPs/GPNs are given the opportunity to consolidate both skills and experience during the 12-month programme. Designated mentors will be sought in each clinical area in addition to University tutor support.</li> <li>3. Utilisation of the ANPs and GPNs in General Practice and within frontline community teams to increase patient access.</li> <li>4. Increased clinical contacts as a result of ANP/GPN input will act to stabilise healthcare deprived areas</li> <li>5. Timely clinical contacts. Strengthening workforce numbers in reactive services will ensure quicker response times to patient assessment which will ultimately reduce the amount of deteriorating patients and decreased amount of preventable hospital admissions.</li> </ol>

	<p>6. Collaborative working between HEIW, Swansea University, SBUHB PCC team, Community services, Clusters and independent GP contractors will strengthen communication, innovation and productivity within the PCC workforce.</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 the scheme addresses.</i> (refer to annex 1)</b></p>	<p>Whilst the SBUHB PCS ANP and GPN Internships does not capture all components of the Primary Care Model for Wales, it does act to tackle several priority areas as outlined below;</p> <ol style="list-style-type: none"> <li>1. Greater access to frontline clinical staff by strengthening the GP and community workforce according to changing healthcare needs</li> <li>2. Providing additional services closer to the patients' homes through upskilling of staff</li> <li>3. Promotion of community/primary services through strong multi-professional leadership</li> <li>4. More pro-active and co-ordinated approach to care provision through MDT development</li> <li>5. Ensuring access to the right clinician at the right time for patients with specific care needs, i.e. care of the elderly in Nursing Home/Home settings</li> <li>6. Collaborative working within clusters to ensure roll out of lessons learned and effectiveness of targeted training programmes for new PCC ANPs and GPNs</li> <li>7. More targeted, autonomous workforce to empower and impact primary and community service delivery</li> </ol> <p>The SBUHB PCC ANP and GPN Internships will provide a direct link to the following priorities as outlined within the National Transformation programme and A Healthier Wales;</p> <ol style="list-style-type: none"> <li>1. Increased recruitment and retention of primary care and community staff through targeted recruitment of ANPs wanting a career pathway within PCC</li> <li>2. Sustainable models of care through promotion of the alternative workforce and recognition of the advancements in the skills and knowledge needed for future PCC ANPs and GPNs to meet the needs of our patient populations.</li> <li>3. Better practitioner morale, motivation and wellbeing through expansion of the MDT and targeted mentorship, training and support</li> <li>4. Working together to identify current health care and workforce needs to ensure quicker scale up of future programmes within SBUHB and wider Health Boards.</li> </ol>

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	<ol style="list-style-type: none"> <li>5. Maximising the value of our healthcare services based on the specific needs of our patient populations to ensure a value-based approach is maintained.</li> <li>6. Maintaining a prudent approach to healthcare, ensuring patients have access to the right clinician, at the right time for the right reason.</li> </ol> <p>The SBUHB PCC ANP and GPN Internship contributes to one key priority outlined within the Strategic Programme for Primary Care;</p> <ol style="list-style-type: none"> <li>1. Workforce and organisational development (key work stream 4). All areas in scope of this work stream are directly addressed and championed within this pacesetter proposal. Particular emphasis is on workforce planning and demand/capacity modelling, role development and education, training and skills.</li> </ol>
<p><b>Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.</b></p>	<p>The GPN and ANP internships will require continuous evaluation and revision to ensure it remains in line with current PCC healthcare needs. Qualitative data gathering in the form of semi structured questionnaires will be sought from all lead practice and service stakeholders to ensure the individuals develop in accordance with the needs of the established service MDT. This will be done bi-annually in line with placement rotations. Quantitative data from pre-set assessment and competency forms will give assurance of understanding and appropriate advancement in accordance with the needs of future PCC settings to ensure effective service delivery at all times.</p> <p>Patient input by way of accessing specific Patient Participation Groups attached to several independent practices will ensure we remain informed of any concerns arising from the increased alternative workforce contacts for the ANP internship specifically due to the autonomous nature of their advanced practice.</p> <p>ANPs and GPNs currently working within PCC will be tasked to provide continuous feedback of the evolving healthcare needs of patients to ensure the internship training and development remains current for our newly qualified ANPs and GPNs.</p> <p>Review of progress of educational pathways and associated outcomes will be discussed between Swansea University, HEIW representatives and SBUHB to ensure their effectiveness in targeting the operational needs of frontline PCC staff.</p>

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<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>Increased ANP and GPN workforce within our PCC services would act to achieve the following in varying degrees;</p> <ul style="list-style-type: none"> <li>• Improvement in safety and reduced avoidable admission to hospital</li> <li>• Improvements in primary care and community services sustainability</li> <li>• Improvement in timely care and improved access for patients</li> <li>• Reduced variation in standards of care through targeted PCC ANP and GPN educational pathway</li> <li>• Better access to Primary Care services</li> <li>• Person centred, prudent healthcare</li> <li>• Proactive measures to tackle workforce deficit and future retention and recruitment crisis.</li> </ul> <p>We can also expect the roles of the PCC ANP and GPN to help clusters and community services achieve the objectives of the Healthier Wales ‘Quadruple aim’. These are;</p> <ul style="list-style-type: none"> <li>• Improved patient experience</li> <li>• Improved staff wellbeing</li> <li>• Improved population health</li> <li>• Cost effective healthcare</li> </ul>
<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>Although Advanced Practice roles have been at the forefront of workforce development for some time, it is understood that priority has only been afforded to the initial upskilling of registered nurses into the ANP role. There is a lack of internship availability for the advanced practice nursing workforce within Primary Care once qualified and once a chosen career pathway is in place. We are aware of an academy-type role within a neighbouring health board which specifically targets registered nurses and supports the development of the nurse throughout the 3-year generic AP programme. Whilst we recognise this is supporting the ethos of ‘growing your own’ we feel additional development and mentorship is needed to bolster the Primary Care workforce through targeted PCC specific pathways to ensure competence and confidence within this area of responsibility.</p> <p>The sustainability of the GPN role poses significant concern regarding the future Primary Care workforce. This must be tackled now to preserve the core nursing qualities needed within primary care in order to achieve safe, effective patient care in future. This has been visited by neighbouring Health Boards in varying degrees and timeframes but we feel further emphasis is still needed within this area to ensure newly qualified nurses consider Primary Care as a first choice career.</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>The SBUHB ANP and GPN Internships will capture those ANPs and GPNs wishing to enter a primary care or community service role in SBUHB and provide a pathway for development post qualification to ensure consolidation of skills based on current healthcare needs.</p> <p>ANP Internship: We do not believe this type of educational pathway has been trialled within Wales for post qualified ANPs to gain the competence and confidence needed to be an autonomous practitioner within Primary Care and Community settings. Through a structured training and educational pathway we will develop each clinician whilst helping forge invaluable links between General Practice, wider Primary Care and Community teams. This will act to encourage and enhance future collaborative working amongst services to hopefully create more rotational ANP posts tailored to service needs.</p> <p>GPN internship: We are aware that GPN development has been trialled within neighbouring Health Boards in varying degrees and with positive outcomes to meet specific needs of General Practice. It is evident however, that further advancements, promotion and educational pathways are needed in this area in order to tackle the imminent GPN crisis and enhance our future GPN performance. National priority should now be afforded to the retention and recruitment of this targeted workforce but with an understanding of the specific training and development needed for different Health Board areas dependent on our patient populations. This targeted 12-month internship will see SBUHB, Swansea University and GP Practices/Clusters working at pace to train and develop a new cohort of GPNs whilst setting the foundation for a direct career pathway into General Practice for future student nurses.</p>
<p><b>DETAILS OF THE SCHEME</b></p>	
<p><b>Describe the key stages of the scheme and timescales for each stage.</b> <i>(quarterly or</i></p>	<p>Stage 1 (Jan-March 2020): Prior to 'go live' date of pacesetter;</p> <ul style="list-style-type: none"> <li>• Set up a Steering Group</li> <li>• Appoint band 7 Nurse Development Manager from within SBUHB resources or advertise for fixed term contract post</li> <li>• Development of structured educational programmes for GPN and ANP internships in collaboration with Swansea University and HEIW.</li> <li>• Stakeholder Engagement; ANPs and GPNs within PCC, Cluster GP Leads, ACT services, Practice Managers, frontline services.</li> </ul>



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<i>relevant intervals)</i>	<ul style="list-style-type: none"><li>• Confirm 12-month education pathways once stakeholder involvement complete</li><li>• Compilation of educational portfolio and scope of practice forms for ANP and GPN Interns</li><li>• Complete Service Level Agreement specific to the ANP and GPN internships (Health Board/Independent Practice/services)</li><li>• Devise questionnaires and fluid questioning for sporadic stakeholder evaluation</li><li>• Plan first quarter of CPD training sessions based on current PCC ANP and GPN input</li><li>• Recruitment process for ANP and GPN Interns to be finalised</li></ul> <p>Stage 2 (April-June 2020). First 3 Months of pacesetter scheme</p> <ul style="list-style-type: none"><li>• Recruitment of ANP and GPN Interns complete</li><li>• PADR completion and individual PDP</li><li>• Placement of interns into rotational community and/or Primary Care placements</li><li>• Commencement of educational programme and targeted CPD</li><li>• 3-month evaluation of internship impact of General Practice and Community Services workload (ANP focussed)</li><li>• First questionnaires to be sent to stakeholders</li><li>• Feedback forms from patients to be collated and analysed</li><li>• ANP Interns to shape quarter 2 CPD sessions based on initial learning needs identified. GPN structured courses to continue</li></ul> <p>Stage 3 (July-September 2020) 3 to 6months after pacesetter start date</p> <ul style="list-style-type: none"><li>• Continuation of educational pathway</li><li>• Quarter 2 targeted CPD sessions to commence</li><li>• Evaluation of initial questionnaires and patient feedback forms</li><li>• Revision of service delivery if needed based on patient, staff and ANP/GPN feedback</li><li>• Feedback to clusters and services regarding initial evaluation</li></ul> <p>Stage 4 (October 2020-December 2020): 6 to 9 months after pacesetter start date</p> <ul style="list-style-type: none"><li>• Quarter 3 targeted CPD sessions to commence based on ANP intern feedback</li><li>• Second questionnaires to be released to stakeholders</li><li>• Collation of feedback</li></ul>
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	<ul style="list-style-type: none"> <li>• Ongoing evaluation and small revisions to the internship structure based on feedback</li> <li>• Feedback to ANP/GPN interns, Clusters and services regarding service delivery figures to date</li> </ul> <p>Stage 5 (January – March 2021). 12 months after pacesetter start date;</p> <ul style="list-style-type: none"> <li>• Completion of structured educational pathways and targeted CPD</li> <li>• Evaluation of end-point scope of practice and progression of ANP/GPN Interns</li> <li>• Sign off of professional portfolios where needed</li> <li>• Final evaluation of internship year</li> <li>• Discussions with all stakeholders - feedback formally recognised</li> <li>• GPN and ANP transition into permanent independent or Health Board contracts</li> <li>• GPN Chronic Conditions ongoing educational pathway to be finalised</li> <li>• Revision of internship in accordance with current healthcare needs and feed back received</li> <li>• Begin recruitment of second tranche of ANP/GPN Interns onto revised internship programme 2021/2022</li> </ul> <p>Stage 6 (April 2021 – March 2022) Second rotation of ANP/GPN Internship programme (12 – 24months after initial launch of pacesetter)</p> <ul style="list-style-type: none"> <li>• Commence second year of the ANP/GPN internship</li> <li>• Repeat processes identified in stages 1 – 5</li> <li>• Expected minimal revision due to lessons learned within year 1</li> <li>• Discuss ongoing integration of ANP/GPN internship programmes within Cluster IMTP and individual primary/community services (consider ACT, Urgent Primary Care, AGPU)</li> <li>• Final QI team input for evaluation</li> <li>• Cluster and service decision regarding continuation of rolling programmes</li> <li>• Adopt into core fund</li> <li>• Ongoing evaluation and internship educational re-design through cluster leads/service employers to ensure upskilling and consolidation remains in line with current healthcare needs</li> </ul>
<p><b>Describe the governance and project</b></p>	<p>ANP interns would remain employees of the Health Board for the duration of the internship programme and will be indemnified under the Welsh Risk Pool. Employment of new GPNs will be encourage from GP Practice level from the offset to ensure onward employment once the 12-month programme ends. 12-month Health Board contracts will</p>

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<p><b>management arrangements for the scheme including lead roles.</b> <i>(project support, clinical and non-clinical lead(s))</i></p>	<p>be considered if such permanent recruitment is not offered by Independent GP Practices but interest is apparent from registered nurses wishing to complete the internship programme. Indemnity will be the Welsh Risk Pool or new state backed indemnity guidelines depending on the type of employment contract offered to the GPN interns. All placements within Independent GP Practice will be outlined within a specific Service Level Agreement in line with Health Board policy. Reimbursement of any ANP sessions within Primary or Community services will be outlined in a similar document and for ease of invoicing.</p> <p>A band 7 Professional Nurse Development Manager will be employed on a fixed term 24-month Health Board contract to ensure the set up and continuous monitoring and evaluation of the internships. All human resources and employee performance processes will sit under this post. All educational pathways and CPD sessions will fall to the band 7 for organisation.</p> <p>Mentorship and supervision will be sought from GPs and ANPs within General Practice and Consultants and/or ANPs within Community services to ensure continued support and assessment of developing skills. All mentorship responsibilities will be outlined within the professional portfolio and overview will be maintained by the band 7 Professional Nurse Development Manager.</p> <p>Overall clinical leadership of this internship pacesetter would rest with the Senior Nurse for Sustainability (Primary Care) within SBUHB.</p>
<p><b>Describe the plans and key milestones for monitoring progress and evaluation.</b> <i>(attach an outline logic model and</i></p>	<p>Outcome data will be analysed bi-annually in areas including patient contacts, consolidation of skills based on mentor assessment, University assessment and feedback and staff and patient feedback. Quantitative and qualitative data will be analysed within these periods to determine the effectiveness of both internship programmes based on ANP and GPN development, stakeholder feedback and impact of the role overall within the primary and community settings.</p>

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<p><i>evaluation plan, if available- see annex for template)</i></p>	
<p><b>Describe what resources (expertise and financial) has been allocated for evaluation.</b></p>	<p>Overall evaluation of these internships will sit within the role of the band 7 Professional Nurse Development Manager. Advice and steer will be sought from SBUHB Finance dept, Quality Improvement team and Patient Experience teams to ensure a wider input into the development and future re-design of this proposal. Cluster involvement will be paramount for the duration of the internships. All input has been factored within the overall cost as outlined above.</p>
<p><b>Outline the ways you plan to share the learning locally and nationally.</b></p>	<p>Outcomes data to be shared with HEIW for consideration and within SBUHB Quality and Safety forums and Primary Care Boards. Action and onward roll out of the internship is to be discussed within the Health Board Access and Sustainability meetings prior to cluster involvement. Feedback to wider Health Board representatives via the Pacesetter workshops, distribution of pacesetter outcomes to fellow sustainability teams across Wales via the Heads of Primary Care, Heads of Nursing forums.</p>

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<b>COMPONENTS OF NATIONAL STRATEGIC POLICIES AND WAYS OF WORKING – Tick one or more of the relevant component which the scheme addresses</b>	
<b>Primary Care Model for Wales</b>	<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	
<b>A Healthier Wales - The Ten Design Principles (page 17)</b>	<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	✓
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	✓

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2. Use of digital technology to improve access	
3. Delivering more care in the community	✓
<b><u>The Strategic Programme for Primary Care</u></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	✓