PACESETTER SCHEME 2020-2022 APPLICATION FORM	
Health Board	**Swansea Bay UHB (working with 1000Lives and Public Health Wales)**
Pacesetter Scheme Title	**Primary Care Improvement Facilitation**
What is the problem the scheme will try to address?	Improvement methodology has the potential to improve care but are yet routinely embedded as a way of working or solving quality and sustainability issues in primary care. Many primary care practices and clusters do not have the time, resources or expertise needed to focus on practice improvement. Many of the methods and techniques that are commonly used in improvement have evolved in an industry or hospital setting. This issue is particularly acute with clusters expected to implement the Primary Care Model for Wales and the inclusion of Quality Improvement (QAIF) within the revised (2019) GMS contract. The GMS contract pre-negotiation *Demonstrating Quality* workstream meeting on 22nd Nov 2018, discussed QI support, asking representatives from RCGP Wales and PHWs Primary Care Division to scope out what support clusters may need to implement QI activity, and how that support might be provided. This Pacesetter aims to test an internationally evidenced approach in response to that request. Evidence shows that a dedicated Practice/Cluster Facilitation infrastructure can assist primary care in two main ways: 1. building general QI capacity and capability within the practices and subsequently the clusters, and 2. providing expertise and supports for specific QI projects.
Short description of the scheme. *(no more than half a page -*	Improving healthcare quality is about making healthcare safer, more effective, person-centred, timely, efficient and equitable. The new model for primary care presents an unprecedented opportunity to embed improvement in primary care. But to ensure that these efforts are successful, there is a need to build and sustain the ability of primary care practices to engage in improvements in a continuous and effective way.

embed 'Plan on a Page' if available or add simple template as annex 2)	Improvement in healthcare is a national priority. Strides and advances in quality and safety have been made in secondary and tertiary care where there is a stronger focus on hospitals. Quality and safety improvement in primary care has received less support and attention and investment. There are however some excellent examples of improvement in primary care in Wales and it is these we wish to build on in this bid. Through this pacesetter bid we would like to propose the development of the role of the '*practice facilitator'.* The international evidence base, and our own experience here in Wales, suggests that 'practice facilitators' can help practices to improve care. The practice facilitator is a resource to help practices undertake improvement projects, to understand and use data and to develop understanding of improvement techniques such as QI. Practice facilitators are embedded in the team they are supporting and work with staff to redesign workflows, processes and systems to improve care. They do not provide direct care to patients. The practice facilitation model described in the literature can be described as per the diagram below.

Figure 1 Framework for practice facilitator interventions.

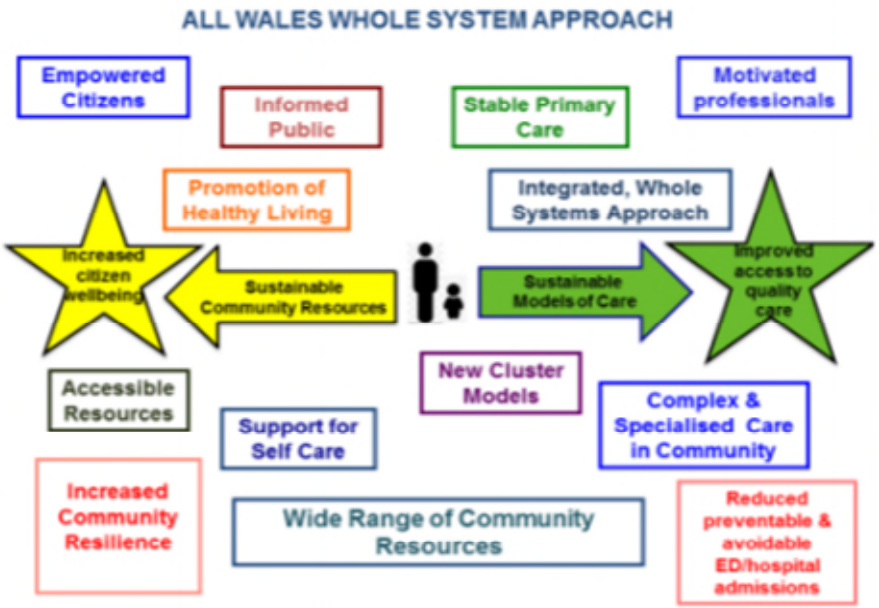
This work has been further developed in practices in Wales and is described further in the attached blog which describes the 'ABCDE model' of practice facilitation. From the blog, A = Advice (improvement, evaluation, method, decision making), B = Brokering (networking, complex network theory and connecting people), C = Coaching (coaching individuals through improvement projects), D = Doing (usually Data or hands on support) and E = Education (in the form of talks or workshops; Behaviour Change Theory, Opportunity Costing etc).
https://q.health.org.uk/blog-post/i-am-not-an-expert-butt/

Through this pacesetter bid we propose embedding **two practice facilitators in to support Swansea Bay UHB Clusters.** The role would be to work closely with the 8 clusters in supporting the implementation of the GMS

	contract, their Cluster development plans, the West Glamorgan Regional Partnership Transformation plans and movement toward fully implementing the Primary Care Model for Wales.
Allocation requested (£)	• 2 x Band 7 **QI Practice Facilitators** salaries with on-costs (costed at top of scale) @ £55,000 x 2 = **£110,000** • **Clinical Lead Backfill** @ £250 per session x 24 sessions per annum per cluster : (£250 x 24) = £6,000 x 8 = **£48,000** • **Practice Facilitator Training and development costs** e.g. Vanguard Programme and CPD = **£10,000** per year • **Cluster Workshops and (Breakthrough Collaborative + Improvement Network) £20,000** over 2years (£10k per year) • **Non Pay Costs** (travel etc) - = **£7,500** each year • **Evaluation costs** - **£7,500** each year • **Total Requested for the 2 Years** = (£110,000 +£48,000 + £15,000) x 2 = £346,000 + £20,000 + £20,000 = **£386,000** • **Funding Required for 2020-2021 = £193,000** • **Funding required for 2021-2022 = £193,000**
Start date of the scheme.	- Assuming scheme confirmed December 2019, 3 month lead in will enable the scheme to start in April 2020
Duration of the scheme. *(maximum 2 years)*	Two years
Overarching aim of scheme.	To support primary care sustainability and improvements in care and systems through supporting quality improvement.

(What are you hoping to achieve?)	More specifically to provide clusters with qualified practice facilitators to support them in implementing the Primary Care Model for Wales, the quality elements of the new GMS contract and in improving practice systems and care pathways.
Objectives of the scheme. *(The steps you to achieve the aim)*	1. Develop and deliver a bespoke Introduction to QI training programme for Primary care 2. Adopt/Adapt a set of QI Methodologies to embed in Primary Care 3. Increase general QI Capacity in Primary Care Clusters through training, support and coaching 4. Support specific GMS linked QI projects 5. Develop a team/cluster based approach to care and QI 6. Meaningful use of data 7. Develop and embed the role of Practice Facilitators 8. Align clusters to the vision of clusters and the new model for primary care 9. Guide clusters on a whole system improvement journey
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*	Please See Annexe 1.

Care, A Healthier Wales the scheme addresses. *(refer to annex 1)*	
Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.	This model has evolved through 1000Lives working with stakeholders across Wales and an appreciation of the evidence base. The project itself will be a partnership between Swansea Bay UHB, 1000Lives Improvement and the primary care division of Public Health Wales. The role itself will involve working with stakeholders across the primary care cluster. Individual QI projects that are progressed in each cluster may engage patients in the design, delivery and implementation depending on the various projects progressed.
Describe expected outcomes. *(How will you know when you have achieved your aim - embed draft logic model if*	Quality improvement done well can be expected to show improvement in some or all of the following areas; • Improvement in safety and reduced avoidable admission to hospital • Improvements in primary care sustainability • Improvement in timely care and improved access for patients • Reduced variation in standards of care • More equitable care • Person centred care

available – annex 2)	We can also expect the role of a practice facilitator to help clusters achieve the objectives of the Healthier Wales 'Quadruple aim'. These are; • Improved patient experience • Improved staff wellbeing • Improved population health • Reduced costs More specifically, we would see more effective implementation of the quality element of the new GMS contract and the new primary care model.  In particular the practice facilitator would support work to achieve; • A more stable primary care • Integrated, whole systems approaches • New cluster models • Improved access to quality care

Has this idea been tested previously, locally, nationally or elsewhere in UK and if so how does this proposed scheme offer new learning?	This model is based on the international evidence base and our own experience in Wales. The attached blog describes the experience in Wales; https://q.health.org.uk/blog-post/i-am-not-an-expert-butt/ There is a growing body of evidence suggesting that quality improvement programs that use practice facilitation can produce meaningful positive changes in primary care practices: http://www.annfammed.org/content/16/Suppl_1/S65.full.pdf+html An evidence search request to the Observatory Evidence Service, yielded 43 research papers. There is wide consensus that for improving quality and reducing costs in healthcare, a high-performing, high-quality primary care system plays a key role. To strengthen primary care, and thereby strengthen the larger health care system, the orientation and commitment of primary care practices to quality and safety must be strategically and purposefully enhanced and supported. Practices and clusters need to be supported in creating an environment within which quality improvement can flourish. This requires the role of external Practice Facilitation to help practices develop improvement capacity and capability. A Systematic Review and Meta-Analysis of Practice Facilitation Within Primary Care Settings: https://pdfs.semanticscholar.org/906a/52de77b221782869998b19985ccbf7302b51.pdf, showed that primary care practices are 2.76 times more likely to improve quality and adopt evidence based guidelines with practice facilitation.
Describe how this scheme is different to what is already in place locally or what has been tested elsewhere.	This scheme builds on experience and there are many roles in Wales and beyond with similarities to this. There are practice and cluster staff already who are experienced in and practice improvement along the lines we propose. However where we feel this bid is unique is that, as far as we are aware, these roles are not embedded with the cluster team rather than the host organisation and they are not specifically devoted to quality improvement. This has been shown to work elsewhere but not we believe within the Welsh Primary Care system.

DETAILS OF THE SCHEME	
Describe the key stages of the scheme and timescales for each stage. *(quarterly or relevant intervals)*	Stage 1 (Jan-March 2020): 3 Months before start date of pacesetter • Set up a Steering Group • Appoint Project Manager from within SB UHB resources • Planning and Designing the Swansea Bay UHB Practice Facilitator Programme: • Stakeholder Engagement • PID Approval • Recruitment of Practice Facilitator x2 • Appoint QI champions x8 • Secure training or QI partners – e.g Vanguard • Secure evaluation partner/method Stage 2 (April-June 2020). First 3 Months of pacesetter scheme **(CHECK, PLAN)** • Training workshops: Introduction to QI and the introduction of Practice Facilitator to Clusters • Practice facilitator training • **"Check"** workshops • Set up local Improvement teams • **"Plan"** workshops/sessions • Start GMS based QI projects (QIPs) Stage 3 (July-December 2020) 3 to 6months after pacesetter start date **(DO)** • Ongoing QI training and coaching sessions • Ongoing GMS aligned QIPs • **"Do"** – redesign, service improvement and service transformation activities Stage 4 (September 2020-December 2021): 6 Months to 18 Months after pacesetter start date • Further development of Practice facilitator role • COP/Improvement Network

	• Breakthrough collaborative • Ongoing GMS QAIF work • Ongoing "DO" stage activities • Cycle CHECK, PLAN DO • Ongoing evaluation Stage 5 (March 2022). 24 Months later • Adopt, Adapt into core funding • Ongoing GMS QAIF work • Ongoing CHECK, PLAN, DO
Describe the governance and project management arrangements for the scheme including lead roles. *(project support, clinical and non-clinical lead(s)*	LHB project team with membership by PHW and 1000Lives. Improtant to note 1000Lives advisory role and support in training etc but more substantial support would be from LHB and PHW. This is an LHB role AND responsibility. The role would be employed by LHB. Lines of accountability from the individual practice / cluster projects would be up through the cluster management team to the Health Board wide Cluster Leads and Heads of Primary Care Forum, into the SBU HB Primary and Community Services Primary Care Forum into the Primary and Community Services Board management team with ad hoc reporting the Vice Chair and the Board Exec Team as required.
Describe the plans and key milestones for	To be developed

monitoring progress and evaluation. *(attach an outline logic model and evaluation plan, if available- see annex for template)*	
Describe what resources (expertise and financial) has been allocated for evaluation.	Need to scope this out further – to be included within the evaluation framework for the whole cluster transformation programme, cluster IMTP monitoring and evaluation framework and through the GMS contract monitoring processes Staff Training Admin support PMO support.
Outline the ways you plan to share the learning locally and nationally.	Evaluation paper Submission of reports to be hosted on PCOne Through presentations and sharing learning at national Pacesetters workshops if they are held Through monitoring returns to Welsh Government

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	✓
8. Evidence driven – understand what works, evaluating innovative work and learning from others	✓
9. Scalable – Ensuring that good practice scales up	✓
10. Transformative – news ways of working are affordable and sustainable and change or replace approaches	✓
Aims of the primary care pacesetter fund	**TICK**
1. Sustainability – contracting general medical services at cluster level	✓
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	✓

Logic Model and Evaluation Plan templates

Annex 2

Example logic model template					
Project title:					
Project aim (the overarching thing your project wants to achieve):					
Project objectives (the steps necessary to achieve the project aim):					
Consider inputs, outputs & outcomes for each of your objectives					
Inputs	**Outputs**		**Outcomes**		
	Intervention/ activity	Participants	Short term	Medium term	Long term
Objective 1: What needs to be invested in terms of finance, people, time, etc? e.g. 1 session of a Band 6 project manager for 24 months.	What activities need to be carried out with these inputs? e.g. submit a request form.	Who will carry out these activities & who will benefit from them? e.g. people with diabetes.	What does success look like during the project or immediately after? e.g. attend 1st appointment.	What does success look like in the medium term? e.g. weight loss at 4 weeks participation.	What does success look like in the long term? e.g. lower premature mortality rate.
Objective 2: Etc.					

Key assumptions: Are there enablers or barriers to inputs or outputs within scope of the project that can be enhanced or mitigated as appropriate? e.g. this may include transformation enablers identified in the Pacesetter critical appraisal, such as committed leadership.	**External factors/ influences:** What outside forces might affect your anticipated outcomes that could be beyond the direct control of the project? e.g. a further requirement for cost savings across the health board.
Costs & value: What are the ongoing costs forecast and value proposition to inform future business plans? e.g. identify potential follow-on funding for scaling up within the health board if deemed successful.	**Unintended results:** Aside from the intended results the project should produce, what might be the unintended consequences of your project activity? e.g. success may impact the viability of another service area.

EVALUATION PLAN				
What do we want to know? (Evaluation Question)	**How will we know it?** (Indicator)	**How to collect information about the indicator?** (Data source/ method)	**When and where will info be collected?** (Timeframe)	**Who will do this?** (Responsibility)