Primary Care Needs Assessment tool: indicator review

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> ⓘ You are now reviewing the PCNA indicator(s) for: **Learning and training**

> ⓘ **Caution**: The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP Ⓐ Strategic context

ⓘ Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- *Well-being in Wales* (FGC 2017; [link](#)) identifies that all well-being assessments highlighted the need for young people to have the right skills to equip them for the future but argues that there is scope for greater consideration of the schools system, subjects offered and qualifications gained for future employment.

- *Building a healthier Wales* (Feb 2019) proposes a priority of ensuring the best start in life with a multi-agency focus on school readiness.

- The *Health literacy* report (RCGP 2014; [link](#)) notes that health literacy is needed for patients and the public to understand and act upon health information, to become active and equal partners in co-producing health, and to take control of their health to help shape health environments and health services for themselves, their families and their communities.

- *Improving health literacy to reduce health inequalities* (PHE 2015; [link](#)) notes that limited health literacy is linked with unhealthy lifestyle behaviours, increased risk of morbidity and premature death, greater use of emergency services, less successful management of long-term health conditions and higher healthcare costs.

▼ ⓘ Tell me about: Determinants of health

- The **determinants** of health are broader, population-level influences on health and well-being (as opposed to the **causes** of ill health, which tend to be visible on an individual basis).

- The **wider** determinants of health are often described as the 'causes of the causes'—they generally reflect national conditions (grey in the diagram below) and include the broad economic, social, environmental and political factors that ultimately determine the health of whole populations.

- It can be helpful to describe **intermediate** determinants of health—these are the things that can be more readily influenced or modified through partnership action at local authority or health board level (orange in the diagram).

- Personal health status (influenced by health behaviours, mental health and well-being, physical health and injury) is closely linked to access to health and care services—a relationship shown in green in the diagram—but also to other intermediate determinants.

- Clusters should appreciate how other influences shape health and care on their patch, because the **unjust distribution** of determinants of health (e.g. by deprivation; see POP-003) is manifest as inequality in outcomes (e.g. gap in life/ healthy life expectancy; see POP-002).

Influencing health & well-being of cluster populations
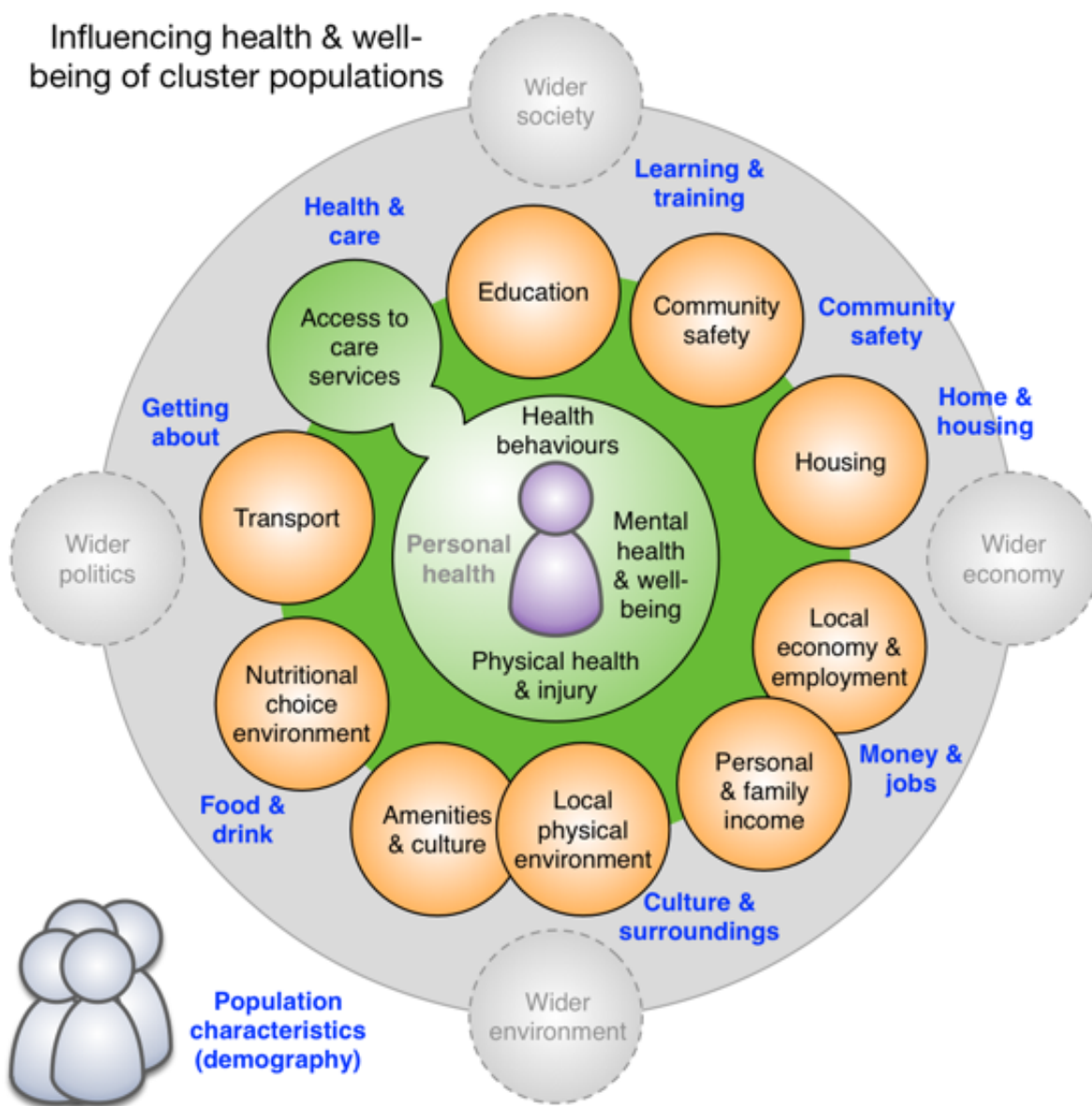
STEP B Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Improve health literacy to support behaviour change**

- The *Health literacy* report (RCGP 2014; [link](#)) identifies the GP role as: improving communication skills, and tailoring information not only to clinical need but also to patient health literacy; working with NHS managers to develop health systems and environments accessible to all regardless of health literacy level; supporting patients to develop health literacy skills, both in understanding and using health information, and in understanding their rights to clear, accessible information tailored not only to their clinical need but also to their health literacy; and acting as agents for change through their role as commissioners of health services.

- The *Health literacy* report (RCGP 2014; [link](#)) identifies good practice by GPs as: encourage and expect all patients to ask questions using techniques such as those identified in the 'Ask me 3' patient education programme; first establish what the patient knows and understands before launching into a discussion that begins at a level either too complex or too simple for the patient; ask for patients to repeat back critical information in their own words; reduce the impact of low health literacy by communicating in ways other than speech and printed material; and apply a 'universal precautions' approach to communication (that is, communicate clearly and without jargon for all patients) and not only when health literacy is obviously low.

- Consider outreach to local schools with active participation in health education activities.

STEP **C** # Improvement actions for wider cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Improve school readiness (under development)**

- *Building a healthier Wales* (Feb 2019) notes that as part of an integrated multi-agency approach locally, the NHS has a key role to play in supporting parents and children in achieving school readiness. Health visitors regularly measure children's development and can support parents with advice and can identify and refer children who may need extra support. These opportunities need to be maximised.

- As a first step, a single measure for school readiness needs to be identified for Wales.

- The central Public Health Wales team will undertake an evidence review to identify evidence-based interventions to improve school readiness and support their coordinated implementation together with a series of measures.

- Over time, these interventions should lead to measurable improvements in school readiness scores. This will also impact on school leavers with skills and qualifications and people not in education, employment or training.

▼ Improve health literacy to support behaviour change

- The *Health literacy* report (RCGP 2014; link) advises that NHS commissioners should engage with local community networks and advocates, including the lifelong learning community.

- *Improving health literacy to reduce health inequalities* (PHE 2015; link) notes that increasing health literacy can increase health knowledge and build resilience, encourage positive lifestyle change, empower people to effectively manage long-term health conditions and reduce the burden on health and social care services.

- *Improving health literacy to reduce health inequalities* (PHE 2015; link) identifies promising health literacy strategies to support people to take control of their health, which local areas might consider. Health and social care services have used the simple and effective teach-back method to check service user understanding. Local areas might also adopt an early intervention approach, ensuring that health literacy promotion is fully integrated into early years and school curriculums. Community-based, peer-support approaches may also help to distribute health literacy among social networks.

- *Improving health literacy to reduce health inequalities* (PHE 2015; link) emphasises that integrated, cross-sector working is needed to promote health literacy with health and social care professional supported by those from other sectors such as child and adult education services and the third sector.

- Consider outreach to local schools with active participation in health education activities.

▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Social and emotional wellbeing: early years*. Public health guideline [[PH40](PH40)] (Published date: October 2012) includes recommendations suitable for a broad audience. This guideline covers supporting the social and emotional wellbeing of vulnerable children under 5 through home visiting, childcare and early education. It aims to optimise care for young children who need extra support because they have or are at risk of social or emotional problems.

- *Early years: promoting health and wellbeing in under 5s*. Quality standard [[QS128](QS128)] (Published date: August 2016) sets out two quality statements, either of which could form a focus for collective local improvement action. This quality standard covers services to support the health, and social and emotional wellbeing of children under 5, including vulnerable children who may need extra support. It includes health visitor services, childcare and early years education, and early intervention services in children's social care. It describes high-quality care in priority areas for improvement.

- *Social and emotional wellbeing in primary education*. Public health guideline [[PH12](PH12)] (Published date: March 2008) includes recommendations suitable for a broad audience. This guideline covers approaches to promoting social and emotional wellbeing in children aged 4 to 11 years in primary education. It includes planning and delivering programmes and activities to help children develop social and emotional skills and wellbeing. It also covers identifying signs of anxiety or social and emotional problems in children and how to address them.

- *Social and emotional wellbeing in secondary education*. Public health guideline [[PH20](PH20)]

Published date: September 2009) includes recommendations suitable for a broad audience. This guideline covers interventions to support social and emotional wellbeing among young people aged 11–19 years who are in full-time education. It aims to promote good social, emotional and psychological health to protect young people against behavioural and health problems.

STEP D

What is happening in Wales?

ⓘ Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ **Placeholder project description**

- *What problem was being addressed?* Placeholder.

- *What was done to address it?* Placeholder.

- *How does this evidence good practice?* Placeholder.

- *What key learning can be shared?* Placeholder.

- *Who did it or who can be contacted in the event of queries?* Placeholder.

ⓘ Have something to share? Please let us know here.

ⓘ **Caution**: Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

STEP E

What do you know about community views on this?

ⓘ Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

[   ]

STEP F · What assets or partnership opportunities can you identify?

ⓘ Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

> Type here

STEP G · Do you need more data before making a decision?

ⓘ If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

> Type here

STEP H · What is your provisional decision?

ⓘ Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team (LPHT). Summarise your proposals for action into the following box:

> Type here

ⓘ Now [PRINT] this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.