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# PRIMARY CARE

## MID POWYS

August 2019

### WHO WE ARE

**Mid Powys Primary Care Cluster is made up of 5 GP Practices - Builth Wells; Knighton; Llandrindod Wells; Presteigne and Rhayader; with a combined list size of approximately 29,500 patients.**

### BACKGROUND

The cluster has a medium level of maturity with collaborative working evident but not consistently embedded. The Cluster group formed in 2015 after the phasing out of the GP Forums. This since has widened to include 3rd Sector; Community Groups; Dental and Optometry representation; Mental Health Representation from PTHB and more recently the Community Pharmacy Team. PTHB South Locality Team also attend. Meetings are held quarterly as a planning and reporting function, where smaller work stream groups are established to complete task and finish work.

The Cluster represent Primary Care delivery and have forged strong links to the community with support from PAVO who are actively involved with the Community Connectors and Virtual Ward initiatives.

The Mid Powys Cluster area has many challenges with rural communities and an ageing population. There are transport challenges with long distances to the nearest District General Hospitals of Abergavenny, Bronllys and Hereford. Llandrindod is an acknowledged area of deprivation and Rhayader houses the largest nursing home; 'Crosfield House', which opened in 1986.



### WHAT WE HAVE DONE

The Mid Powys Cluster pride themselves on being inclusive with a high value of respect that exists between the practices. They acknowledge that they are all individual businesses with individual challenges but are enabled to think collaboratively for a patient orientated outcome. They are strongly aware of the Social Care Needs of the geographic area that currently are not being met but are actively addressing these within cluster planning and working with Powys County Council Improvement Plans.

### CLUSTER DEVELOPMENT

- Evaluation of online GP consulting to improve GP practice access.
- Development of community Dentistry services to replace independent contractor capacity.
- Introduction of Physician Associates to support GPs.
- Introduction of telephone triage in some practices.

