# Primary Care Clusters 2019



lechyd Cyhoeddus Cymru Public Health Wales

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Vaughan Getting

I am pleased to present this Yearbook, which has been prepared for the 4th National Primary Care Conference, 'Clusters Past Present and Future'. This synopsis showcases the wide range of good work being undertaken locally by clusters; delivering a positive impact to patients across Wales.

Providing and connecting people to a wide range of care and support in local communities is essential in meeting the health and wellbeing needs of the people of Wales. Collaborating at community level through the clusters to plan and deliver this care and support is vital to transforming our health and care system and achieve the vision set out in A Healthier Wales.

Taken together, the submissions from each cluster demonstrates how clusters have developed since the National Plan for a Primary Care Services for Wales was published in 2014 and the collective and ongoing commitment to the Primary Care Model for Wales. The impressive examples of work in specific clusters across Wales, together with the enthusiasm and commitment of staff working with and within clusters, is clear in reading this synopsis.

We must now reflect on the progress to date and continue to make further improvements. For my part, I will continue to encourage clusters to evolve and mature to respond to local challenges to improve the health and wellbeing of the population they serve.

Vaughan Gething AM

## Minister for Health and Social Services

## Foreword

## Powys Teaching **Health Board**

#### by Jamie Marchant, **Executive Director of Primary Care, Community and Mental Health Services**

Powys Teaching Health Board has an explicit ambition, and a good track record, of placing primary care at the heart of its offer to the population. Strong multi agency and multi professional care teams, supporting local communities based around GP Practices, have enabled more care to be provided in a more integrated manner, closer to people's home. This has been supported by a clear commitment to developing clinical leadership in primary care, involving the wider community in health and wellbeing planning and delivery, and of designing and delivering innovative models of care delivery.

The Clusters have been designed to bring together a wide range of community and service representatives in order to develop plans that:

- Improve local population health and wellbeing
- Improve the quality of care services (timely, safe, effective, individual, dignified)
- Improve the efficiency of care services delivery

PTHB is currently realigning the operational structures to support Cluster working to improve performance monitoring and reporting, and increase the availability of local needs assessment and analysis capacity to meet local need.

There is an organisational development approach to mature and develop Primary Care Clusters and an explicit distinction between Primary Care Clusters, as planners of health and wellbeing services, and GP Networks, as providers of solutions to identified planning challenges. This achieves a greater degree of separation of duties and reduces potential conflicts of interest and governance challenges.

The health board's plans for the further development of primary care over the next 3 years are based firmly on A Healthier Wales, with an emphasis on a whole system approach to health and social care, in which our services are only one element of supporting people to have better health and wellbeing throughout their lives.

There is a greater emphasis this year on the delivery of transformational models for primary and community care, with clinical change programmes to tackle the 'Big Four' causes of ill health and disability in Powys. These are cancer (neoplasms), respiratory diseases, circulatory diseases and mental health disorders as these all feature prominently from the early years across the life course. These priorities are evidence based and feature strongly in the Public Health Wales NHS Trust work on Burden of Disease.

PTHB are progressing the development of Primary Care clusters in North Powys, Mid Powys and South Powys, reflecting the natural geographies and community identities in these areas.

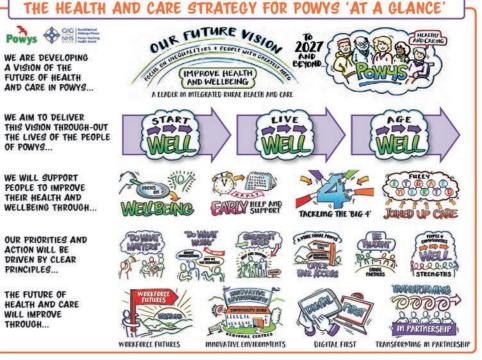
There is a greater attention on connecting communities to improve resilience and create opportunities for co-production. The recently approved Transformation Bid will allow us to accelerate our flagship programme of work on the North Powys Well-being Programme. This work will seek to meet not only the objectives in 'A Healthier Wales' but in 'Prosperity for All'.

There are a number of key service developments over the last few years that have helped set the ambition for service developments focused on care closer to home. The Powys Virtual ward has now been established for several years, services such as Wet AMD is now provided in community hospital setting, leg clubs are developed across the geography seeing over 350 people each week, and an investment of 13 Community Connectors is helping to prevent loneliness and isolation.

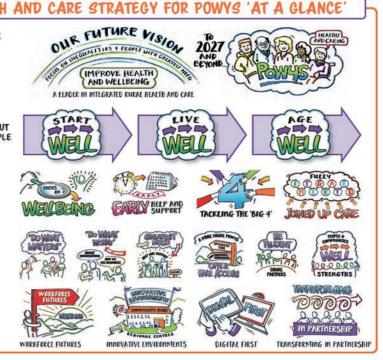
PTHB are now in year two of delivery of the of the Health and Care Strategy, 'A Healthy, Caring Powys', developed jointly with Powys County Council and other partners in the Powys Regional Partnership Board, following extensive engagement with residents and stakeholders in Powys. When first launched in 2017

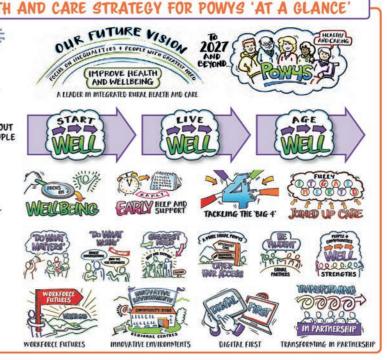
'A Healthy, Caring Powys' was the first joint strategy between health and social care in Wales.

This strategy is set in the context of the long term, intergenerational Powys Wellbeing Plan, 'Towards 2040', overseen by the Powys Public Service Board.

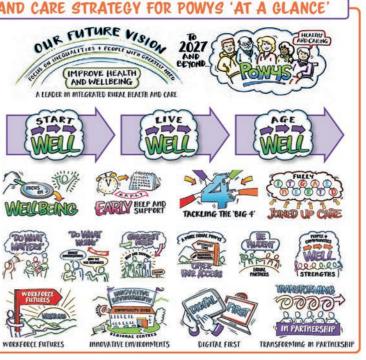


WE AIM TO DELIVER THIS VISION THROUGH-OUT THE LIVES OF THE PEOPLE OF POWYS ....

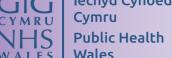




OUR PRIORITIES AND ACTION WILL BE DRIVEN BY CLEAR







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Powys Teaching Health Board 117

## 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 Third 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 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, Bronglais and Hereford. Llandrindod is an acknowledged area of deprivation and Rhayader houses the largest nursing home; 'Crosfield House', which opened in 1986.

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

## There are five GP practices which operate in the Mid Powys Cluster area:

- Builth Wells Medical Practice
- Knighton Medical Practice (Wyclum Street)
- Llandrindod Wells Medical Practice
- Presteigne Medical Practice
- Rhyader Medical Practice

## 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.

#### **Key Achievements**

The Mid Powys Cluster is very proud of the collaborative work they have achieved, especially that of the integrated Pharmacy team. Since April 2018, there is now a Pharmacist and a Pharmacy Technician within the cluster who are funded through Powys Teaching Health Board. This has been a huge culture change for GPs but has been well received. The Pharmacy team are responsible primarily for medication reviews, prescribing queries and discharge reconciliation; and support local Care Homes.



#### Mind - Mid Powys

There are also 2 MIND practitioners based across the 5 practices supporting patients with mild depression and anxiety. This has helped address the long



wait times to see a Primary Care Counsellor. This is supported by the Online CBT system of Silver Cloud, which provides patients with the resources and tools to help manage and improve chronic health conditions remotely.

#### **Rising Star 2019**

Rafia Jamil; the pharmacist has recently been awarded 'Our Rising Star 2019' from Chwarae Teg. She has been acknowledged for coming to the UK as an overseas pharmacist & working tirelessly to get her qualification. She has a close relationship with her local community, playing a vital role to improve patient care and supporting her peers. Tabled is the impact and numbers of contacts the pharmacy team has



made between Aug 2018 - July 2019. The service offered by the Pharmacy team is continually growing and adapting to the needs of the service and the value is hugely beneficial as shown below.

Reviews		Prescriptions	Consultations		Clinics			Med.	Repeat
Meds	Care Home	Issued Pharmacist	Face to face	Phone	Asthma	Heart Failure	Anti coag	Reconciliation	Prescription managed
2652	88	1638	718	442	194	34	108	4131	2844

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## WHAT NEXT?

- Working closely with Powys County Council and the third sector organisations for achievable Social Care Outcomes for the identified gap.
- Introduction of Health Care Professionals into practices to expand on the MDT model e.g. Physiotherapists.
- Attendance at National Cluster Leads bi-monthly meeting to expand contacts and see what innovative ideas other clusters have to share.
- Active Transformational Bid funding to extend pharmacy team and a possible in practice social worker for the cluster.
- Delivery of transformational models for primary and community care, with clinical change programmes to tackle the 'Big Four' causes of ill health and disability in Powys.
- Improving; Performance monitoring and reporting, Capacity for service planning & evaluation to support Cluster development, Access, Long term conditions management, Information Technology usage, Practice Sustainability, Language and accessibility standards, a skilled workforce, Strong leadership and improving Eye care, Dental Services & Medicines Management.

## Powys Teaching Health Board 119

### WHO WE ARE

North Powys Primary Care Cluster is made up of 7 GP Practices - Llanidloes, Newtown, Dyfi Valley, Montgomery, Welshpool, Llanfair Caereinion and Llanfyllin, with a combined list size of approximately 64,000 patients.

#### Background

The cluster group formed in 2012. Initial collaborative working was good and the Cluster worked well with the Health Board to develop solutions and pathways for challenges facing the health economy.

Although the cluster has a low level of maturity with collaborative working still in its infancy, partner participation is very consistent.

The local difficulties with practice sustainability has impacted heavily on the ability of practices to devote sufficient impetus to take collaborative projects forward but have had to concentrate on maintaining their own viability.

The cluster meets bi-monthly and includes participation from the patient forum group, Powys Teaching Health Board mental health services and Third Sector representatives. They are looking to extend the core group in the future.

#### Challenges

The North Powys Cluster area has many challenges with rural communities, high deprivation and an ageing population.

There are transport challenges with long distances to the nearest District General Hospitals of Bronglais and Shrewsbury and Telford Hospital.

Recruitment continues to be a challenge across the cluster with Locum availability remaining very limited.

## There are seven GP practices which operate in the North Powys Cluster:

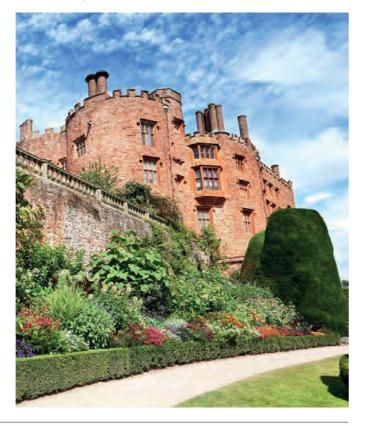
- Arwystili Medical Practice
- Llanfair Caereinon Medical Practice
- Llanfyllin Medical Practice
- Dyfi Valley
- Montgomery Medical Practice
- Newtown Medical Practice
- Welshpool Medical Practice

### WHAT WE HAVE DONE

The North Powys Cluster has a diverse group of practices with substantially different ways of working. They recognise this so they are working hard to find solutions to common problems. The cluster have worked closely with Powys Teaching Health Board to identify, and to help provide these solutions.

#### **Cluster Development**

- Introduction of Physician Associates to support GPs
- Introduction of local Dermatology Outpatient Services
- Looking at alternative disciplines i.e. Urgent Care Practitioners (UCPs)
- Introduction of local British Pregnancy Advisory Services
- Introduction of telephone triage in some practices
- Introduction of Health Board Silver Cloud online CBT system to support GP Practices and Community Mental Health services.
- Introduction of third sector community connectors, attached to each practice to support statutory service providers.
- Strong body looking at bringing patient services back into the locality i.e. repatriation of mental health service.



#### **Key Achievements**

The development of the Physician Associate (PA) Programme has embedded in the cluster over the past 3 years, with 4 practices experiencing their invaluable support. PAs support GPs in the diagnosis and management of patients. They are trained to perform a number of roles including; taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the supervision of a doctor.

It was announced in July 2019 that the physician associate profession will in the future be formally regulated by the GMC. This is a big step forward for the profession and recognition of the valuable role PAs play in providing front-line health care to patients.

The cluster is also strongly involved with the virtual ward, and were involved with the redesign of data capturing to ensure the information provided was more meaningful.





## WHAT NEXT?

- Involvement in the planning of the Health & Wellbeing Hub in Newtown; a project, which will hopefully allow for the provision of services for patients closer to home. This will also help patients seek advice and help from the third sector and Powys County Council to attempt to decrease unnecessary GP appointments.
- Introduction of cluster physiotherapists to support GP practices and community services.
- Exploring opportunities for cluster based social workers.
- Expansion of the Pharmacy Team to support sustainability.
- Expansion of the Triage system.
- Support MDT development, linking in with Glyndwr University.
- Delivery of transformational models for primary and community care, with clinical change programmes to tackle the 'Big Four' causes of ill health and disability in Powys.
- Improving; Performance monitoring and reporting, Capacity for service planning & evaluation to support Cluster development, Access, Long term conditions management, Information Technology usage, Practice Sustainability, Language and accessibility standards, a skilled workforce, Strong leadership and improving Eye care, Dental Services & Medicines Management.

## **South Powys**

### **WHO WE ARE**

South Powys Primary Care Cluster is made up of 4 GP practices - Brecon; Crickhowell; Hay on Wye and Ystradgynlais; with a combined list size of approximately 45,580 patients.

#### Background

The cluster has a high level of maturity, with collaborative working embedded and partner participation consistent. The cluster group formed in 2012 to deliver the primary care model that integrates primary/community care to provide better access for patients, high quality services and support sustainability by promoting new ways of working. The group has since widened to include the Community Pharmacy; Social Services; PAVO; PTHB Finance and Commissioning Department; PTHB Planning and Localities and Red Kite Health Solutions.

Red Kite Health Solutions are a community interest company formed in 2015 to deliver health and wellbeing services to South Powys and surrounding areas, to help support the ongoing challenges of GP recruitment.

#### There are four GP practices which operate in the South Powys Cluster area:

- Hay on Wye Health Centre
- Ystradgynlais (Meddygfa Pengorof)
- Ty Henry Vaughan Brecon Medical Group

**122** PRIMARY CARE CLUSTERS 2019

War Memorial Health Centre

## WHAT WE HAVE DONE

The cluster have focussed on the integration of the Primary Care Team which now includes Pharmacists, Pharmacy technicians; Optometrists; Physiotherapists; Community Connectors; Active Monitoring for mild to moderate mental health problems and Social Prescribing by MIND. These have all been recognised by Welsh Government under the All Wales Primary Care Model. Citizens have felt empowered by the development of strong patient health focus groups and the introduction of new technology to improve the quality of patient care. Pharmacists have started using Skype to discuss medication issues to prevent unnecessary travel and the repatriation of secondary care services i.e. dermatology.

#### **Cluster Development**

- Introduction of third sector Community Connectors, attached to each Practice to support statutory service providers.
- Introduction of third sector MIND Practitioners and PTHB Online CBT system 'Silver Cloud' to support GP Practices and Community Mental Health Services.
- Introduction of Cluster Pharmacist Team to support services.
- Development of a Community Interest Group for the GP Network.
- Virtual Wards and Community Resource Teams with a MDT approach to discuss and implement patient specific care plans, so that they can have all their care at home without admission or an emergency referral.





#### **Key Achievements**

Following the success of Nurse Telephone Triage in 2015, Total Nurse Triage was introduced in 2017. The initiative was introduced to ensure patients would see the most appropriate clinician within a suitable timescale. This has been implemented successfully since February 2017. The positives from this model of working have been improved access, improved quality, improved patient experience; reduction in wasted appointments; improved practice moral; higher level of practice development across all staff groups and also greater multi-disciplinary team working.

The pie chart shows clearly the outcomes, where 15,999 phone calls were received into Haygarth practice between March 2017 and June 2019. The percentage of routine GP appointment was 59.49 out of 100%, where 40.51% were dealt with minimal GP involvement.



Prior to Nurse Triage, the wait for a GP appointment was in excess of 14 days. This was reduced by 25% with many appointments available the next day or within a few days.

Routine appointment times for all GPs increased from 10 to 15 minutes, allowing GPs more time to deal with complex and unwell patients.

## WHAT NEXT?

With the implementation of a large part of the All Wales Primary Care model, the clusters future intentions include:

- Integrating social care within the cluster i.e. Social workers and HCAs within the District Nurse/Virtual Ward Team.
- Development of Cluster wide ideal staffing models.
- Delivery of transformational models for primary and community care, with clinical change programmes to tackle the 'Big Four' causes of ill health and disability in Powys.
- Improving; Performance monitoring and reporting, Capacity for service planning & evaluation to support Cluster development, Access, Long term conditions management, Information Technology usage, Practice Sustainability, Language and accessibility standards, a skilled workforce, Strong leadership and improving Eye care, Dental Services & Medicines Management.

59.49%	9,518	Routine GP Appointment
14.51%	2,322	Advice Only
7.98%	1,276	Referral for further care (bloods, urine etc. or optician/dentist etc.)
7.38%	1,181	Emergency GP Appointment
3.21%	514	Prescription
4.13%	660	Nurse Appointment
1.20%	192	Failed encounter (patient could not be contacted when telephoned)
2.09%	335	House Visit
0.01%	1	Advised to contact 999



Canolfan Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol Datblygu Gofal Sylfaenol yng Nghymru Datblygu Gofal Sylfaenol yng Nghymru

Thanks to the Health Boards and the Cluster Leads for their help in the development of this yearbook.





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