

Primary Care Model for Wales

Changes to Local Health and Well-being Services in Wales

The services that look after health and well-being in Wales are changing. A new model will deliver current services and ensure that different services work seamlessly together to improve the response to local needs.

Primary care services include those services provided by local GP practices, pharmacists, dentists and opticians. They also include the wider community team such as district nurses, health visitors and physiotherapists.

In Wales, we have introduced the Primary Care Model for Wales and this paper describes the way in which care will be delivered locally, now and in the future.

1. The Principles of the Primary Care Model for Wales

As set out in the Welsh Government's plan for health and social care in Wales: 'A Healthier Wales', putting what matters to people at the heart of this model will make sure the right care is available at the right time from the right source, at home or nearby. The model focuses on:

- Service developments based on demand; planning and transformation is led through coordinated local care teams.
- The promotion of healthy living by making well-being less of a medicalised term
- Service planning and delivery across local communities
- A more preventative, pro-active and coordinated care system which includes general practice and a range of services for communities
- A whole system approach that integrates health, local authority and voluntary sector services, and is facilitated by collaboration and consultation
- Care for people that incorporates physical, mental and emotional well-being, which is linked to healthy lifestyle choices
- Integrated and effective care on a 24/7 basis, with priority for the sickest people during the out-of-hours period.
- Creating stronger communities by empowering people and giving them access to a range of assets, ranging from access to debt and housing advice, to social prescriptions for gardening clubs and the leisure centre.
- Advice and support to help people remain healthy, with easy access to local services for care when it is needed
- Strong and professional leadership across sectors and agencies to drive quality improvement
- Technological solutions to improve access to information, advice and care, and to support self-care.

2. An Informed Public

Providing a template for good service and explaining its benefits is critical to success as it can educate and empower people to take ownership of their own health. Communication strategies require a strong focus on care to promote new models and service developments to both the public and professionals.

Cultural differences between geographical areas may require a variety of approaches to effect behaviour change. Healthcare professionals use brief interventions and should take every opportunity to provide advice to help people make positive lifestyle choices. When people understand the importance of self-responsibility, they are more likely to adopt habits that maximise their health and well-being.

3. Empowered Communities

People are encouraged to make informed choices with the help of their local care team and by including them in the design of their local services and using feedback on user experiences. Local champions can share their positive experiences of health and community care, and interviewing and coaching techniques are usually effective in motivating people to change their habits.

4. Support for well-being, prevention and self-care

When people and carers are able to make decisions about their treatment, they are more likely to practise self-care and take responsibility for their health. There are a range of local resources available to promote self-care and self-referral, and technology can help with monitoring, self-care and communication.

5. Local Services

Healthcare professionals can now refer to a greater range of services, which provide up-to-date information and advice on health and well-being. These local services must be easily accessible, easy to maintain and meet the needs of the community.

People will be able to talk to their health teams in a range of ways – by phone, email or video call – to help decide on the best treatment for them.

The model ensures that local health services are stable and can respond to future demands, while support from health boards can help vulnerable GP practices.

6. Seamless Working

When staff work across different departments, it increases efficiency and ensures the local community can access clinical, social and managerial expertise. Coordinated teams include professionals like pharmacists, physiotherapists, social workers, paramedics, physicians' associates, occupational therapists, mental health counsellors, dieticians, third sector workers and other local authority staff, who manage the everyday needs of the local population.

Coordinated teams break down barriers within local health and social care systems to promote seamless working and cultural change, which benefit the community.

Additionally, there are joint contracts, shared working spaces and learning sessions, and opportunities for professionals to rotate between different sectors. There are

many models that promote collaborative working, such as federations and social enterprises.

7. Effective Telephone Systems

Safe and effective telephone systems are designed to direct people to the most appropriate professional or service. Telephone advice is appropriate for many people's needs and, if given by a suitably experienced professional, it can safely and effectively reduce the number of face-to-face consultations. This telephone model, which assesses the urgency of the call, can direct people to the best service for them.

For example, the telephone system could direct people to:

- Clinical professionals, including optometric and dental professionals, who can manage eye, tooth and oral health problems; community pharmacists who can treat common ailments and deal with medication-related problems; and physiotherapists who can manage musculoskeletal problems;
- Local non-clinical services, when appropriate, with referrals assisted by link workers or teams that provide non-medical support.

8. Quality Out-of-Hours Care

The redesigned 111 service manages people with urgent needs in the out-of-hours period. Thanks to good communication systems, professional teams have access to up-to-date clinical records, which is essential so people receive appropriate care, especially those with complex conditions and/or at the end of life.

The 111 service is supported by a national virtual directory of services and also signposts people to local services and sources of help at any time of the day. At the moment, it is available to residents in some areas, and will gradually be introduced to the rest of Wales. Further information can be found at:

<https://www.nhsdirect.wales.nhs.uk/contactus>

9. Directly accessed services

People will be able to access a range of local health services that may include: community pharmacists for advice and treatment for a range of common ailments; optometrists for advice and treatment of routine and urgent eye problems; dentists for toothache and oral health; physiotherapists for musculoskeletal problems; and audiologists for hearing problems. Not all of these services are available everywhere, but they will develop over time and local services will be responsible for communicating the local offer.

10. Integrated care for People with Multiple Care Needs

Effective working means GPs and advanced practitioners have more time to care for people with multiple needs, who are often elderly with more than one illness, at home or in the community. As a result, significantly longer consultation times are needed to assess, plan and coordinate anticipatory care.

People with both health and social care needs can be supported by uninterrupted care from community resource teams and other integrated local health and care teams.

Welfare, housing and employment problems can be better managed through a whole system, multi-professional approach. Coordinated teams are also well placed to care for acutely ill people who can be treated at home and at community centres. These community teams can also facilitate a faster discharge from hospital.

This seamless model offers a more proactive and preventative approach to care, and when people are treated earlier, they respond better to advice and support for self-care, which results in better outcomes and experiences for people and carers.

The model can potentially offer a wider range of planned care for the community, including outpatient appointments and treatments, and diagnostic tests. It could also reduce referrals and unplanned appointments, allowing hospital staff to focus resources on those who require hospital care and on planned specialist care.

11. How to Support Transformation

The Primary Care Model for Wales must be supported by an effective infrastructure designed for enhanced multi-professional working. Local health facilities and data systems must be flexible and responsive to future changes and support multi-professional working and telephone systems. People should be encouraged to use digital options to seek and receive care, while providing departments with direct access to services in the community that can deliver quality care closer to home.

12. Anticipated Outcomes

National and international research and evidence indicate the potential benefits of the Primary Care Model for Wales will include:

- Improved health and well-being
- Stronger communities
- Better morale, motivation and well-being for health care professionals
- Increased recruitment and retention of staff
- Longer lasting models of care