PCMW | PRIMARY CARE MODEL FOR WALES

Describes how care will be delivered locally, now & in the future, as part of a whole system approach to deliver A Healthier Wales



PCMW outcome 1

An informed public



PCMW outcome 6

Safe & effective call handling, signposting & triage



PCMW outcome 11

Cluster IT systems enable cluster communications & data sharing



PCMW outcome 2

Empowered communities



PCMW outcome 7

Quality out-of-hours care



PCMW outcome 12

Ease of access to community diagnostics supporting high-quality care



PCMW outcome 3

Support for well-being, prevention & self-care



PCMW outcome 8

Directly accessed services



PCMW outcome 13

Finance systems designed to drive whole-system transformative change



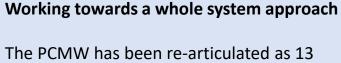
PCMW outcome 4

Local services



PCMW outcome 9

Integrated care for people with multiple care needs



The PCMW has been re-articulated as 13 transformational outcomes, against which clusters will need to provide evidence of maturity using three sets of criteria (foundation; developing; mature). Attaining Level 3 maturity should reflect integration within a whole-system approach (the model aspiration), whereas levels 1 and 2 reflect interim transformation of "health" services.



PCMW outcome 5

Seamless working



PCMW outcome 10

Cluster estates & facilities support multi-professional working

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

ACD | ACCELERATED CLUSTER DEVELOPMENT

ACD's overarching aim is to meet cluster population health need through effective & robust planning & service delivery



ACD outcome 1

Enhanced integrated planning between clusters, health boards & local authorities



ACD outcome 6

Effective, efficient and long term sustainable cluster workforce and services



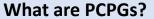
ACD outcome 2

Wider range of services delivered across a cluster, meeting population priorities and need, closer to home



ACD outcome 7

Empowered clusters with increased autonomy, flexibility and vision



Pan-Cluster
Planning Groups
will collaboratively
plan & commission
place-based
services, leaving
clusters free to
focus on delivering
high-quality care.



ACD outcome 3

More effective leaders across the primary care system, collaboratives and clusters



ACD outcome 4

Improved equity of cluster care service provision based upon local need



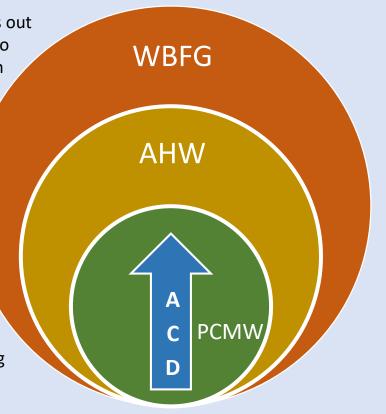
ACD outcome 5

Improved multi-professional & multi-agency services delivered

What is the strategic context linking PCMW and ACD together?

A Healthier Wales (AHW; WG 2018) sets out the vision of a whole system approach to health and social care focused on health & wellbeing & on preventing illness. It sets the direction for attaining the corresponding Well-being of Future Generations (Wales) Act 2015
[WBFG] goal.

In keeping with *Programme for Government 2021 to 2026* (WG 2021) ACD aspires to accelerate pace of PCMW implementation towards realising AHW by separating cluster delivery functions from those of pan-cluster planning and commissioning functions.



PCMW/ACD MONITORING & EVALUATION: OUTLINE OF THE DRAFT APPROACH

A set of tools will provide both quantitative measures and qualitative narrative on implementation progress across Wales



Cluster Development Framework

The CDF sets out standards & maturity criteria expected for demonstrating implementation progress; it identifies evidence requirements



Cluster 360 Peer Review

The 360 process describes how clusters & PCPGs will be involved in CDF-guided, peer-led developmental appraisal **once per IMTP cycle**



Self-Reflection Tool

The SRT is an **annual** online questionnaire asking clusters what went well, less well or could be done differently in relation to the CDF



Key Indicator Dashboard

The KID is a **live** online tile on the Primary Care Information Portal for reporting metrics around PCMW, ACD & other primary care outcomes





These comprise a monitoring & evaluation plan; a national implementation progress report (annual) & endpoint evaluation



Seeking your views on the proposed approach

Q1: We propose to release a draft monitoring & evaluation plan for stakeholder review. What are the key considerations you would like this to take account of?

Q2: We propose an initial focus on piloting the 360 peer review element. Do you anticipate any challenges in participating once per IMTP cycle in a process involving external peers (cluster, health board, RPB)?

Q3: The Cluster Development Framework will define the standard for each outcome, including any maturity criteria (foundation; developing; mature), against which clusters will submit evidence. The 360 panel will select a subset of standards/ evidence as the focus for panel discussion. *Is this a pragmatic approach?*

Q4: There are three sets of interested parties in the 360 process, one of whom is the cluster being reviewed. Any thoughts on which role(s) could best represent the cluster?

Q5: Panels would be constituted from peers outside of the cluster being reviewed. What type of roles/ positions should be represented, and who should chair the panel?

Q6: The 360 panel would provide outcome letters to receiving LHB/ RPB Execs, who would respond to both the panel and their participating clusters. Will this close the feedback loop to help mobilise regional resources/ support for issues raised during the process?

Please provide your feedback to SPPC@wales.nhs.uk. Thank you.





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