Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

Developing the 24/7
Urgent Care Model

Urgent Primary Care Centres Pathfinder

Phase 1 (1 December 2020 – 31 March 2021)

Executive Summary

Two sites provided care at a cost per patient measure of between **£32** and **£35 per patient**

Utilisation rates have increased month on month in the majority of sites

Total activity of **14,123** patients with **7,000** in one of the six sites

Covering a total population of **1,535,429**, **38** Clusters, **234** Practices

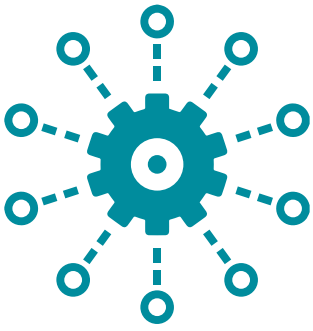
£1.86m Welsh Government funding distributed amongst 6 bids between November 2020 and March 2021

Pathfinder sites included both health boards and practice/clusters services

National Pathfinder developing

All Wales Urgent Primary Care National Evaluation Framework and tools.

This includes a clear definition of urgent primary care: Research indicates this is ground-breaking work both in the UK and internationally



Mae'r ddogfen yma hefyd ar gael yn Gymraeg. / This document is also available in Welsh.

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Introduction

The Welsh Government plan for A Healthier Wales (2018)[1] called for bold new models of seamless local health and social care at the local and regional level.

The transformational model for primary and community care, which is a whole system approach to sustainable and accessible local health and wellbeing care, supports the vision set out in A Healthier Wales and is now adopted as the Primary Care Model for Wales.

The Strategic Programme for Primary Care 24/7 Group (with wide representation including HBs and WG) has identified Urgent Primary Care as one its priorities.

The vision, aligns with the Welsh Government's 'six goals for urgent and emergency care', and seeks to achieve a whole system approach where seamless support, care or treatment is provided as close to home as possible. Services are designed around the individual and around groups of people, based on their unique needs and what matters to them, delivering quality and safety outcomes.

The year-on-year increases in demand has resulted in growing pressure on key points in the system and can have negative consequences for patient experience and outcome and result in risk of potential harm

The national pathfinder centres and processes seeks to enable people with urgent primary care needs to access advice, assessment and care closer to home and safely avoid the need to present elsewhere in the system.

The aim of Urgent Primary Care Centres (UPCCs) is to provide a multidisciplinary primary care offering, enabling better management of demand, avoiding hand-offs and multiple entry points for a seamless, safe and positive patient experience.

The approach is consistent with the Welsh Government policy in supporting patients to access treatment by the right person, at the right time and in the right place, as close to home as possible (A Healthier Wales; Health and Social Care, 2018[2]) .

In November 2020, Welsh Government (WG) invited Health Boards (HB) and Practice/Clusters to submit proposals to develop local urgent (same day) primary care.

The vision, aligns with the Welsh Government's 'six goals for urgent and emergency care', and seeks to achieve a whole system approach where seamless support, care or treatment is provided as close to home as possible. Services are designed around the individual and around groups of people, based on their unique needs and what matters to them, delivering quality and safety outcomes.

1. Welsh Government (2018) A Healthier Wales: Long term plan for health and social care https://gov.wales/healthier-wales-long-term-plan-health-and-social-care

2. Welsh Government (2018) A Healthier Wales: Long term plan for health and social care https://gov.wales/healthier-wales-long-term-plan-health-and-social-care

The Pathfinders are aligned with existing work streams including 'Think 111 First', the national rollout of the 111 programme and the **Welsh Government Six Goals for Urgent and Emergency Care (2020).**

Health Boards and clusters have developed two delivery models for the pathfinders allowing for local variation to meet the changing needs of the local population:

1.
Urgent primary care delivered on a cluster (or pan cluster) level by local General Practice workforce with some models linked to third sector mental health support; and

2.
24/7 urgent primary care treatment centres managed by health boards, staffed by a mix of professional staff with the appropriate skills.

As part of the bidding process for Phase 2, sites were required to complete an evaluation of their pathfinder for Phase 1, which forms the basis of this final report. This report considers the current activity, learnings and financial data (which includes cost of service to patients) from initial findings.

Funding of Phase 2 has been confirmed by WG. Sites have included aspirations and bids for Phase 2 as part of their evaluation process, which will be considered through a separate process.

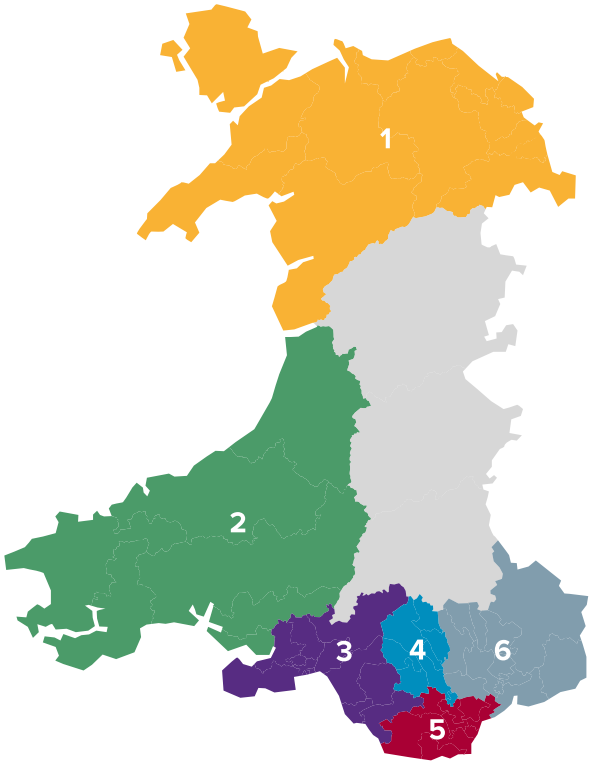
The bids will be evaluated on evidence of successful implementation, robust outcomes and tangible impact.

Details of the National Urgent Primary Care Centre Pathfinders (Phase 1) are outlined in the table on the next page.

1

Health Board:
Betsi Cadwaladr UHB East*
Population: **40 practices,**
6 clusters,
300,178 population.
UPCC Model: **HB**

Health Board:
Betsi Cadwaladr UHB Central*
(start June 21)
Population: **6 practices,**
1 clusters, 60,731 population.
UPCC Model: **Practice/Cluster**



2

Health Board:
Hywel Dda UHB (Phase 2)
Population: **48 practices,**
7 clusters,
393,631 population.
UPCC Model: **HB**

3

Health Board:
Swansea Bay UHB
Population: **51 practices,**
8 clusters,
392,828 population.
UPCC Model: **HB**

5

Health Board:
Cardiff & Vale UHB
Population: **14 practices,**
3 clusters,
131,500 population.
UPCC Model: **Practice/Cluster**

4

Health Board:
Cwm Taf UHB
Population: **4 out of 12 practices,**
1 cluster (30% Rhondda),
25,620 population.
UPCC Model: **Practice/Cluster**

6

Health Board:
Aneurin Bevan UHB
Population: **73 practices,**
11 clusters,
230,941 population.
UPCC Model: **HB**

Total: **236 Practices** | Across: **38 Clusters** | Covering: **1,535,429 Population**

Given the very different needs of local populations, it is clear that one service model would not fit all areas. Thus, the six sites took different approaches given their needs based on demographic (including transient holiday populations), geographic, economic, current service and IT provision. This flexibility was to understand what underlying themes were common between the initiatives and what were not.

The clear connection between all bids is the desire to improve appropriate access to services for patients and improve sustainability. As the Cardiff Vale pan cluster evaluation indicate:

> *'The Vale Pathfinder has been driven by the desire of local clinicians to address GMS sustainability concerns and to improve access to services for patients with acute unscheduled care needs. It is one of a small number of the Pathfinders that is built from the ground up as a grassroots initiative with support from the health board.'*

It is important to note that different bids are at different stages. For example, the Cardiff Central Vale cluster have successfully bid on prior Urgent Primary Care Programme initiatives (winter 2019) where they created an innovative and forward-looking practice for their cluster. This includes dedicated urgent care hubs, the success of which was shared as a best practice response to COVID-19 (Designing and Implementing a Primary Care Cluster Hub: an example of working to support each other through COVID-19 2020)[3]. The original Urgent Primary Care Programme has developed from the original cluster solution to the new Vale pan cluster Pathfinder that now includes the Eastern and Western Vale clusters.

In comparison, Rhondda's initiative began in January this year with four practices from their cluster collaborating to open and sustain their UPCC (12 practices).

As the pathfinders were in place during the pandemic, there were additional demands on the participants, with reports of over 20% increase in demand. As Aneurin Bevan UHB reported:

> *'It is important to acknowledge that with the COVID-19 global pandemic the method in which some patients present and the quantity of patients attending can fluctuate from what would usually be expected, based on historical data. It is also important to acknowledge that the premise of the model; supporting people being treated at the right place did not alter within the pathway, despite the COVID-19 pandemic.'*

Betsi Cadwaladr BCUHB East indicated:

> *'At the time of the initial bid to WG, demand and activity levels in GP practice, were increasing, and exceeding pre Covid-19 levels (with practices utilising electronic resources such as e-Consult for patient consultations). There was greater demand for flu vaccination and increased activity to provide support to patients with Covid-19 to avoid hospital admissions. Increasing numbers of patients waiting for planned secondary care has also seen more patients requiring support from their GP practice. This offered a great opportunity for the UPCC pathfinder to support GP Practices and increase their capacity.'*

3 Designing and Implementing a Primary Care Cluster Hub: an example of working to support each other through COVID-19 2020 [online] https://primarycareone.nhs.wales/files/library-of-products/primary-and-community-care-implementation-planning-for-covid-19-pdf/

"Although it has been a great challenge to setup the Rhondda Urgent Primary Care Centre (RUPCC) in such a short space of time the collaborative efforts made by the practices involved in the pilot, amidst the 2nd wave of the COVID pandemic demonstrated the agility of primary care to adapt and has been hugely rewarding."

General Practitioner (St David's Surgery)
North Rhondda

Despite the flexibility to accommodate their local populations, all areas were required to address the provision of urgent primary care, devise governance frameworks and agree inclusion and exclusion criteria. This is in line with the WG plan for a Healthier Wales, now adopted as part of the Primary Care Model for Wales, where sustainable and accessible local health and wellbeing care is based on the needs of the unique needs of the local population. All bids planned for governance, oversight and training.

Identifying where to best focus their services, some fund recipients chose to provide care within clusters and others created services aligned with Emergency Departments (ED) and/or Out of Hours. As part of their baseline sites used local ED 'Busiest Day' audits indicating some 26-32% of walk in presentations to ED's could be dealt with appropriately by Primary Care Practitioners.

Previous Strategic Programme for Primary Care work (SPPC 24/7 Work Stream, Urgent Primary Care Programme) in 2019[4] and 2020[5] demonstrated significant progress and learning. Barriers such as lack of common language, different definitions of urgent care, lack of common or uniform data and lack of integrated IT platforms between practice/clusters and Health Boards' (HB's). Recommendations included the collection and use of a uniform dataset for future evaluations. (Welsh Urgent Primary Care Programme. Final Report 2019; Primary & Community Care Winter Themes 2019/2020: 24/7 Work Stream. Urgent Primary Care Programme – Year 2).[6]

In the light of these findings, and to provide clarity and support as the Pathfinder develops and evolves, development and research was commissioned to provide governance and structure. A top down, bottom up approach was encouraged to maximum contributions by everyone involved. Ethical approval was sought and agreed by all participating health boards.

The process design included tools that were devised and developed by the commitment and expertise from all Pathfinder groups. This was augmented with the commissioning of an external academic evaluation including a literature review to provide an evidence base for Pathfinders to develop services.

4 Davies, C., Esain, A., (2019) Welsh Urgent Primary Care Programme. Final Report.

5 Davies C. (2020) Primary & Community Care Winter Themes 2019/2020: 24/7 Work Stream. Urgent Primary Care Programme – Year 2

6 Davies C. (2020) Primary & Community Care Winter Themes 2019/2020: 24/7 Work Stream. Urgent Primary Care Programme – Year 2

Urgent Primary Care Pathfinders

Key milestones – September 2020 – June 2021

START UP PHASE

September

- Task & Finish Group establish to drive work
- Funding announced **28 September 2020**

October

- EOI closed **15 October 2020**
- **Comprehensive Evaluation Matrix undertaken by:**
  - National Panel
  - Virtual Professional Group
- Feedback to HB **22 October 2020**

November

- HB Allocation confirmed **6 November 2020**
- **Pathfinder structure reviewed to include:**
  - National Panel
  - National Implementation Board
  - Clinical Reference Group
  - Service Evaluation Group

December

- Phased launch of 7 UPCCs
- **External Academic Evaluation commissioned includes:**
  - Literature Review
  - Concept mapping
  - Minimum Data Set for UPCC

January

- Phased launch cont
- Developed national Governance Framework
- Sites developing local governance frameworks
- Local inclusion & exclusion criteria agreed
- Financial Forecasts submitted by HBs
- HB Ethical approval process commenced

February

- Developing national tools including Patient Satisfaction survey
- HBs Financial reimbursement completed
- UPCC Virtual Collaborative Workspace launched

IMPLEMENTATION PHASE

March

- Definition of UPCC agreed
- Workforce meetings with each HB planned
- National Team Review meetings with each HB Programme Managers completing local evaluation
- Funding for Phase 2 confirmed

April

- External Evaluation Framework to be completed for Phase 2
- Local evaluations due for submission including bids for Phase 2

May /June

- Review of Phase 1
- Design of Pathway for Phase 2
- **Phase 2 to include:**
  - What good looks like?
  - Functions of the model
- Demand & capacity modelling
- Examples of models of delivery
- Workforce assumptions
- Align with other national initiatives e.g. Think 111 First & SDEC
- Funding Workshop **19 May 2021**

As shown in the table above, key milestones were planned to be delivered from October 2020 to June 2021. These milestones include developing processes that will be used as part of Phase 2 to provide a consistent basis for reporting:

1. **A definition of urgent primary care and emergency care** to clearly delineate the two areas (the definition is shown in the table below).

2. A **national evaluation framework** for the Urgent Primary Care Centres Pathfinder Programme which would meet both local and national requirements. This was produced in collaboration with South Wales University and Pathfinder representatives and consists of:

    a. **Core Dataset** – 47 items; the format and content for an urgent primary care minimum dataset has been collectively agreed across Wales as important and identified by all sites as easy to collect.

    b. **UPCC Development Matrix** – a self-rating assessment tool to identify local needs and competencies.

    c. **Once for Wales UPC Patient Satisfaction Questionnaire** (based on 'Your NHS Wales Experience').

It is anticipated that as the evaluation framework is developed and refined, Pathfinders will be assessed on these areas in addition to the current cost benefit analysis tool and local evaluations. In addition, the national team met with each site to discuss workforce and local learning from Phase 1.

A workforce analysis was undertaken and key areas of challenge and opportunity were identified:

1. Understanding presenting need to inform workforce requirements, including skills development, prioritisation and organisation of resource.

2. This includes standardising what level of clinical practice is required in UPCC in relation to required roles to meet presenting needs i.e. Advanced Clinical Practitioner versus practitioners with Advanced Levels of Clinical Practice.

With associated governance structures to support this in terms of both practicality e.g. requesting scans and providing Fit Notes, as well as in terms of consistency of role, skills and pay bands.

Alignment on an All Wales basis in Primary and Community Services, particularly for nurses, would support consistency of practice and clarity of required skillsets in relation to roles for professionals as well as members of the public.

Defining Urgent Primary Care

The lack of a common language including the definition of urgent primary care was highlighted as part of previous evaluations of Urgent Primary Care Programmes and was deemed a priority.

After extensive discussion and review from the national Urgent Primary Care Centres Pathfinder groups (which included the Clinical Reference Group, Implementation Board, Evaluation Group and Panel) the definitions as shown in the table below, were agreed:

Simple definition of Urgent Primary Care and Emergency Care	
Urgent Primary Care:	Health and wellbeing issues that may result in significant or permanent harm if not dealt within the next 8 hours.
Emergency Care:	Health and wellbeing issues that may result in significant or permanent harm or death if not dealt with immediately.

This definition appears to be truly innovative and on the cutting edge of research; Swansea University reviewed over 60,000 papers and found no clearly articulated definitions of what Urgent Primary Care involves, no consensus on what constitutes an UPCC, and no distinction made between UPCC and other forms of urgent care.

Emergency and urgent primary care tends to be differentiated only by services offered and the terms are used inconsistently. This definition clarifies the aims and remit of Urgent Primary Care Cenres Pathway services in a robustly researched yet simple and understandable way.

Headlines

Aneurin Bevan University Health Board (ABUHB)

The existing urgent primary care out of hours service was enhanced by Pathfinder funding full provision of a multidisciplinary care team with 24/7 services, based in the Royal Gwent (17 November 2020) and Nevill Hall hospitals (14 December 2020). ABUHB have been working on planning a truly integrated flow to provide a 'front door' system that integrated UPCC staff, ED, WAST, Clinical Futures, Flow Centre and 111. Pathfinder funding assisted in augmenting existing urgent primary care.

Results were positive, with ABUHB reporting:

> *'Initial outcomes of the 24/7 Urgent Primary Care pathfinder has seen **1,682 patients with urgent primary care needs re-directed from GUH ED and the 4 MIU units across ABUHB and managed by the Urgent Primary Care Multidisciplinary team** to 18 April 2021.'*

ABUHB indicated having urgent primary care based within an integrated hospital system allowed for effective redirection of patients:

> *'**The UPCCs have managed 32% of the patients that have accessed the Contact First phase 1 model**, this evidences some of the whole system impact that the Urgent Primary Care Pathfinder model has achieved.'*

Betsi Cadwaladr University Health Board (BCUHB) – Central Area

BCUHB Central was unable to implement a full service of urgent primary care centre to support the practices, despite in depth planning and running test sessions. Following an initial successful Urgent Primary Care Pilot (2018/19), BCUHB Central identified the need for a sustainable service and aimed to embed it within a wider practice team. Issues such as difficulties recruiting staff, differences in views in compensating Cluster practices and delivery of COVID services, have led to a delay of services.

> *'However, despite running three test sessions at the end of November and beginning of December, we were unable to secure sufficient staffing to establish the service. Our other key challenge has been securing a "hosting arrangement" for the service, embedding it within a wider practice team to ensure service resilience and appropriate governance.'*

However, the team continue to seek solutions to resolve these issues:

> *'Progress is being made to finalise the final workforce model based on available staffing and the SOP and governance framework are in final draft. The team remain committed to implementing the model for North Denbighshire.'*

The UPCC will be a key operational service and needs to be hosted within a robust operational structure. The previous pilot projects have been managed within the Cluster management team, however, this is not sustainable in the longer term and the cluster were committed to this project running past the end of March 2021. Expressions of interest were sought from the Cluster practices and detailed discussions with a GMS practice. Despite best endeavours by all parties, the Cluster were unable to agree an approach that appropriately compensated them for the responsibility they would hold and the risk sharing and were unable to agree a balance in respect of the use of agency staff. As a result they were unable to progress and have instead agreed to host within the managed practice.

Betsi Cadwaladr University Health Board (BCUHB) – East Area

Pathfinder funding for BCUHB – East was used to assist in provision of urgent primary care based in the outpatients department in Wrexham Maelor Hospital (WMH) and Mold. Wrexham UPCC potential pathways were from WMH ED, SICAT & 111, and Flintshire and Wrexham GP practices. Mold UPCC pathways included the GP practices as well as Mold Minor Injuries Unit.

With an initial calculation of **£32.43 per patient, 2,477 referrals** were received and treated at the UPCC's. There was significant monthly growth in referrals throughout the project.

Wrexham was launched first and recruitment of consistent clinical cover took time to achieve.

> *'However, reassuringly the data shows continued increases in referral rates for each month over the course of the Pathfinder. Due in part to increased clinical cover, and also to successful communications with stakeholders to raise the profile and appeal of the UPCC service.'*

Cardiff Vale Clusters – Central, Western and Eastern (C&VUHB)

Between December 2020 & March 2021, approximately 7,000 Vale Clusters patients were treated in the three Urgent Care Hubs (Central Vale & Western Vale commenced 1 December 2020: Eastern Vale commenced 11 January 2021) which now include MSK and mental health. As noted:

'We are now well on the way with our intention of developing an effective multi-disciplinary model to deal with these acute unscheduled care needs, with further ambition to expand both the scale and scope of this model. The process of integration with the out of hours service has been achieved, with further plans to strengthen these links and develop seamless pathways with CAV 24/7. We have a clear road map and vision of where we want to get to, developing the model further...'

Cardiff & Vale calculated a baseline cost per patient measure of **£34.85 per patient for the Vale Cluster Pathfinder** attending the urgent primary care Hubs. As reported:

'This is based on costs incurred from December 2020 – March 2021 divided by numbers of patients seen. As the Pathfinder ***matures towards full utilisation this cost per patient is anticipated to fall to £28.27*** *(including some patients who have received both triage and face to face appointments).'*

This is a very encouraging result – but it should be noted this is an initial indication and might change after further review and analysis of data and costs.

Hywel Dda University Health Board (HDUHB)

The HDUHB bid stated they did not believe they were sufficiently clear how to address demand or challenge but were keen to research and use this data to design a customized solution. To research specific local needs, the bid proposed creating a GP navigator role at the 'front door' of ED departments in Withybush General Hospital, Glangwili General Hospital and Bronglais General Hospital to assess and triage those self-presenting at ED.

There is no evidence of activity, as reported:

'...when we had managed to appoint to the Bank, we did not consider appropriate or helpful to undertake GP Navigator triage at the 'front door' during particularly pressured December – March while staff were managing the second wave of the pandemic. Whilst we did not successfully recruit to the GP role the benefits outlined in the initial business case have been undertaken through data analysis with Clinical Colleagues i.e. understanding the reasons why patients choose to self present at ED and Minor Injuries Units when their health needs may have been better and more efficiently managed by primary care contractor services.

North Rhondda Cluster (CTMUHB)

North Rhonddas' bid focused on taking a planned, structured approach as despite new developments such as telephone triage, e-consultations, Care Navigation and Consultant Connect, demand for practice appointments exceeds capacity. The aim was to release capacity so GP practices could concentrate on the care of the most complex and chronically ill patients.

As North Rhondda indicated:

> *'The North Rhondda UPCC model is unique since it is a practice led model based in a Community Hospital, Ysbyty Cwm Rhondda', with five of the twelve cluster practices collaborating to develop the UPCC. Being based in the community hospital had the advantage of easier access to patients, but efforts were hampered as only two rooms were available. The start date was delayed to 7 January 2021 due to IT challenges, integration with ICT and staffing issues.'*

Despite the delayed start, the **UPCC provided 2,856 additional same day consultations for urgent primary care issues to 31 March. 305 (11%) were face to face consultations and 2551 (89%) were by telephone**.

In addition, the **bid application anticipated UPCC would provide 54 additional consultations; after revisions 62 consultations were offered daily with no compromise on patient safety or satisfaction.**

North Rhondda also reported:

> *'Some practices, but not all, have been able to provide some **longer appointments** to manage more complex patients as a result of the UPCC.'*

Overall the UPCC has allowed additional resilience for practices at a time of unprecedented post pandemic demand.

Swansea Bay University Health Board (SBUHB)

SBUHB bid indicated their research showed alignment with secondary care stream sources would best serve their local community:

'At the outset of drawing up plans for a UPCC it was carefully considered where its implementation could make the most system impact. Although there has been discussion and indeed implementation of models of a UPCC concept across Wales where the workload is solely generated from re-direction from General Practice, we did not feel that this in itself would benefit the system as a whole. Routine and urgent primary care workload is already funded via GMS monies and duplicating this referral pathway will not provide a cost/benefit ration when the whole NHS system is taken into account.'

From 4 January to 29 March 2021, **108 patients were referred and treated**, due to the delayed start of Contact First due to issues with Adastra – now resolved, and not being able to co-locate with GPOOH (patient volume reduced then stopped from GPOOH and AGPU when the UPCC moved to Beacon Centre). The original bid anticipated two UPCC's; one in Neath Port Talbot and one in Swansea, linking with Morriston Hospital and 111.

Due to COVID-19 restrictions, only the Swansea base was operational. Referrals were less than expected and so further referrals was sought with 111 extended hub. Direct referrals from general practice for same day urgent primary care assessments could not be accommodated due to workload pressures.

However, SBUHB indicated that should they achieve funding for Phase Two the relocation of the urgent primary care centre into secondary care will successfully alter results:

'Co-location of UPCC in Morriston Hospital and, a second location in Neath/Port Talbot Hospital will significantly increase compliance and ease of utilization of re-direction pathways and inevitably increase number of patients seen in UPCC. A second UPCC within SBUHB footprint will also provide equitable access for the whole of SBUHB population.

When the variety of referrals sources to UPCC are considered we are confident that there is great potential for value for money in further expansion of UPCC service delivery within SBUHB over the next months.'

Learning

Whilst Practices/Clusters and Health Board Pathfinders had different opportunities and issues there were commonalities. Both share the importance of communication in informing, applying learning and identifying next steps/ amendments in response to data.

Cardiff Vales Clusters, North Rhondda and Aneurin Bevan, found a phased/incremental introduction helped accelerate the impact of the project. They reported benefiting by opening a day earlier or decreasing capacity for a month while exploring how systems and teams work together. The phased introductions may well be beneficial in testing and adjusting protocol and also in developing relationships with other teams. In addition, most sites achieved monthly increases in referral rates. As patients are successfully treated, referral networks are more confident in utilising services and confident of positive outcomes. Communicating with stakeholders is key – and as BCUHB -East indicated increases were:

'Due in part to increased clinical cover, and also to successful communications with stakeholders to raise the profile and appeal of the UPCC service.'

4.1 Training and Development

Sustainability was seen as a critical factor in many bids. Practices/Cluster, and secondary care reported that sharing learning created co-operation on a level not seen before. ABUHB integrated their Pathfinder bid into other initiatives for a whole system approach:

'Training and Development have been key items within the plan to develop the Pathfinder model. It was identified that the existing Urgent Primary Care team, in addition to the newly recruited staff were the biggest resource in achieving successful outcomes for the model.'

Continual CPD and monitoring to ensure high standards across the program as well as utilising existing streams such as the Nurse Mentorship programme, helping to build relationships between GP and Nurse Colleagues, undertaking 'hot review' sessions. In addition, Clinical Reflective Practice group sessions were commissioned to ensure that all clinical staff across the MDT, GPs, Nurse Practitioners and Pharmacists had an opportunity to share experiences, specialities and knowledge, discussing anonymised cases and learning from each another. This has been key in building relationships and trust between the MDT team and giving clinicians an opportunity to develop their practice.

MIU and ED colleagues have also provided training and awareness sessions on the patients re-directed and managed within their areas, in order to provide a whole system view of the patient journey.

The 'hot topics' course was also a key training matrix for the clinical team within the UPC, this has enabled clinicians to enhance their Continuous Professional Development, enhancing the knowledge within the service, patient care and staff morale through the provision of these developments.'

North Rhondda is exploring training and mentorship opportunities:

> *'The North Rhondda UPCC has started to develop into a positive environment to train and mentor the primary care workforce. As well as having Advanced Nurse Practitioners and Advanced Pharmacists working as part of the team, the Centre has been used as a base to provide clinical mentorship for a Community Pharmacist extending their Independent Prescribing scope of practice and will be used as a 'hub' for three newly qualified Advanced Nurse Practitioners in CTMUHB to gain experience under appropriate clinical supervision.'*

A majority of the sites indicated that they assessed results and reviewed their actions constantly, pivoting to new patient needs or assessing capacity issues. Understanding the underlying issues and planning accordingly was key both for primary and secondary care.

An encouraging sign is that those who have been successful in prior Urgent Primary Care Programmes are providing information and support to those who are new to the Pathfinder. This support system demonstrates the commitment and openness of those who participate. To facilitate shared learning, a virtual collaborative workspace has been developed for all Pathfinders to share information and reports. Pathfinders generously share their learning and work together so efforts are not duplicated. This has been a useful resource, as reflected by the teams who refer to this.

Challenges

5.1. Clusters

Co-ordinating infrastructure continues to be a problem, with the following challenges:

- full access to medical records for triage
- governance for independent prescribers (IPs)
- integrating IT systems.

These are ongoing issues as consistently reflected in previous Urgent Primary Care Programmes (2019 and 2020). Another current issue identified in previous reports includes the difficulty of recruiting appropriately qualified and experienced staff for short term initiatives. Some clusters tried to offer current staff additional hours to work in the UPCC on behalf of the cluster, but Practices were advised this could result in additional sickness and holiday pay. Some Clusters reported difficulties in paying locums for cluster work due to IR35 concerns, indemnity liabilities and multi-stage authorization processes.

This may be resolved as recurrent funding is confirmed, but remains a barrier for clusters who have implemented a UPCC and also a barrier for entry (these issues prevented BCUHB from securing services to support their bid).

5.2 Health Boards

Where UPCC's are linked to secondary care, restricted or lack of accommodation has been reported. Identifying appropriate space and negotiating allocations can take more time than anticipated and sometimes anticipated space is unavailable or restricted (as Swansea faced with hospital COVID-19 restrictions and North Rhondda UPCC functioning in two rooms).

Conclusion

An interesting insight was made by the Cardiff and Vale evaluation regarding patients positive acceptance and understanding of UPCC services as a general acceptance of changes in services due to COVID-19:

> *'It should be noted though that when the Central Vale Hub was first established it was pre COVID and therefore concerns and considerations around shifting patient behavior were uppermost. However over the past year Covid has resulted in a sea change to how GMS is organised and delivered. Therefore changes in urgent care provision within the clusters are seen in this wider context of transformation.'*

Phase 1 has enabled contributors to create a firm foundation for future work; they have assessed their local needs, adjusted their strategy and identified where their efforts are best focused.

GP clusters were able to significantly increase their capacity (Cardiff and Vale clusters treated 7,000 additional patients as a result of their efforts). This national Pathfinder is the first time funding has been provided to urgent primary care services located in secondary care locations. As the months progressed, the patients dealt with became significant as referrals and trust increased.

The results indicate that supporting communities to understand demand and urgent primary care capacity and providing capacity where it is required will support the wider system.

The total cost of the Pathfinder was **£1.86m**. Initial review of costs from the two sites who reported costs per patient indicate **£32 – £35 per patient**. This is an initial analysis but nevertheless an encouraging result. It is anticipated all sites who successfully bid for Pathfinder Phase 2 will be able to provide cost per patient data using the pathfinder cost benefit tool.

Welsh Government policy of people being treated by the right person, at the right time and in the right place, is key to the aim of the Pathfinder. It is hard to strategise, innovate and plan, review results and pivot to areas that need attention when immediate demands are so pressing. It is to the credit of the Pathfinders leadership, commitment and vision, to focus on the needs of their community and respond effectively with high quality, appropriate pathways. The funding went to both primary and secondary care and results show that patients benefit in both areas when adopting an urgent primary care model.

The Urgent Primary Care Phase 1 Pathfinders were implemented during the winter of the pandemic, at a time of significant challenge for patients and NHS Wales. Even in these early months, there is a clear impact on the wider system. As these models embed and further capacity is introduced in Phase 2, the role of urgent primary care within the wider pathway will improve the offer to, and experience of, patients in Wales with urgent primary care needs.