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Our plan for a primary care service for Wales up to March 2018

Foreword

Welcome to the national plan for a primary care service for Wales – a vitally important statement both of the importance of the service and of the actions we will need to take in order to secure its future.

In an age of sustained and biting austerity, the stresses and strains in our public services are apparent. The impact of austerity is felt in the lives of our staff; in our ability to provide services as we would wish to do and, most of all, in the lives of those who use our services. Austerity is driving a wave of demand into primary care on an industrial scale. It coincides with those other drivers of demand which have had such an impact on the NHS, and primary care in particular – the challenge of a population which is living longer with more chronic illnesses and rising public expectations. We have some 19 million contacts with primary care every year in Wales for a population of just three million people and 76 million prescription items were dispensed in the last 12 months in primary care alone.

With such demand comes the real challenge of supply. There are parts of Wales where the recruitment of general practitioners is difficult. The age profile of our GP population is broadly the same as the rest of the UK, which means significant numbers of GPs are coming close to retirement age. While access to general practice has improved considerably in recent years, there are still too many places where your ability to get timely access to the service is not what we would wish it to be.

But we cannot afford to concede the field to those who constantly talk down the real and sustained achievements of primary care in Wales. At a time when GP numbers in other places have been falling, in Wales, numbers moved through the 2,000 barrier for the first time this year. In 2013, 97% of our GP training places were filled and that figure has remained above 90% in 2014 too. We have concluded the most radical reform of the GP contract of any of the four home nations, with hundreds of payment points in the Quality and Outcomes Framework removed from low trust, audit-based activity to recognise treatment provided on the basis of professional autonomy, decision making and trust.

Patient satisfaction levels in the primary care services in Wales, in which ever way they are measured, remains eye-wateringly high; at a level which any other profession, or any other industry, would regard as mythic.

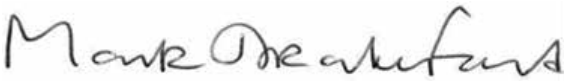
This plan is all about securing the success of our primary care services for the future. In the immediate here and now, we are taking a series of actions, with our partners in the Royal College of General Practitioners, GPC Wales and others to make it easier for GPs who have left the workforce to return to it; for those who wish to step back from full time work to be retained in the workforce on a different basis; to reform the performers list to make it easier for doctors to come and work in Wales; to reform the incentives regime to try to retain more of those who train for general practice in Wales to stay in the Welsh workforce and to define and use new forms of organisation-partnership practices, federated practices, cooperative forms of organisation, for example, so that we remain fit for the future.

In this plan, as well, you will see the ideas we have for moving quickly on today's challenges to devise and design the primary care service of the future. We need to make a reality of our long-held ambition to make primary care the engine room of the Welsh NHS. A prudent healthcare system, in which the avoidance of avoidable harm is our watchword, in which we pitch our interventions at the minimum necessary to address the problems which patients experience, will always have primary care at its heart. That service will be delivered through a re-modelled workforce.

At a time of such pressures we have to use the clinical skills and abilities of all members of the primary care team to their maximum. No GP should routinely be undertaking any activity which could, just as appropriately be undertaken by an advanced practice nurse, a clinical pharmacist or an advanced practitioner paramedic. No advance practice nurse should routinely be undertaking activities which could be, equally successfully, be undertaken by a healthcare support worker.

In this new workforce model, GPs will continue to play a pivotal role, taking responsibility for professional standards, providing clinical leadership and working directly with those patients with complex needs, which can only be met by a GP's skills. And they will do so, too, in the context of a remodelled relationship between those who provide our health services and those who use them.

At the centre of this plan is the notion of co-production – the recognition that health outcomes are maximised when the contribution of patients as well as practitioners is captured and put to work. Our NHS is the strongest embodiment of the way in which, when anyone needs help, the responsibility for responding to that predicament is shared by us all. It does not mean that responsibility is simply handed over to the NHS. A problem or difficulty, which brings anyone to the door of our health service, is one which is shared equally between the individual and those who help to provide that service. If avoiding avoidable harm has to be a key way of allowing the health service of the future to focus on those harms which could happen to any one of us, without warning and without the possibility of mitigating that risk, then the new relationship at the heart of this plan has to become the defining spirit of the primary care service we seek to provide in Wales for the future.



Mark Drakeford AM
Minister for Health and Social Services

What is this plan about?

This plan is about the future development of the most familiar and most frequently-used part of our health service by the people of Wales – primary care services. These are the wide range of services provided in our communities by a diverse range of professionals and volunteers.

This plan sets out the work the Welsh Government and NHS Wales will do by March 2018. Our seven health boards are responsible for planning and meeting the health needs of the population of Wales, within the policy context set by the Welsh Government. How they do that is a matter for them, their partners and local populations working together and measuring progress against a common set of standards and goals, and setting out their overall plans on a rolling three-year basis.

Our aim is to develop a more "social" model of health, which promotes physical, mental and social wellbeing, rather than just the absence of ill health and draws in all relevant organisations, services and people to ensure the root causes of poor health are addressed. This includes the NHS, social services, housing, education, transport, environment and leisure services, the voluntary sector – now commonly referred to as the third sector – independent sector, carers and people themselves. We want a health system designed around providing preventative and ongoing care to meet individuals' needs close to their homes.

There are five priority areas for action:

- Planning care locally.
- Improving access and quality.
- Equitable access.
- A skilled local workforce.
- Strong leadership.

Primary care is about those services which provide the first point of care for more than 90% of people's contact with the NHS in Wales. General practice is a core element of primary care but it is not the only element – primary care encompasses many more health services, including, pharmacy, dentistry, and optometry. It is also – importantly – about coordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs.

These community services include a very wide range of staff, such as community and district nurses, midwives, health visitors, mental health teams, health promotion teams, physiotherapists, occupational therapists, podiatrists, phlebotomists, paramedics, social services, other local authority staff and all those people working and volunteering in the wealth of charities which support people in our communities.

The historical pattern of investment and delivery of healthcare services, however, has been focused on illness and hospitals and not on health and primary care. Over the next four years, we want to see a change in the way all these services work together, with health boards moving their resources towards primary care, supported by hospitals and other services, where needed, rather than continuing the traditional model where hospital-based care has attracted the lion's share of resources and attention.

The overall principles underpinning this plan are:

- Prevention, early intervention and improving health, not just treatment.
- Co-ordinated care where generalists work closely with specialists and wider support in the community to prevent ill-health, reduce dependency and effectively treat illness.
- Active involvement of the public, patients and their carers in decisions about their care and wellbeing.
- Planning services at a community level of 25,000-100,000 people.
- Prudent healthcare.

Many things have changed since Wales' last major policy initiative on primary care, Setting the Direction – A Strategic Development Programme for Wales, which was published in 2010:

- We are experiencing – and will continue to experience – a time of austerity in funding for public services across the UK. In Wales, investment in primary care has increased steadily since 2003 but with increasingly constrained health budgets, the focus is now on prudent healthcare and ensuring this investment is used to maximum effect.
- Health boards and NHS trusts now have the ability and flexibility to plan over three years with the development of integrated medium term plans. Four NHS organisations have signed-off three-year plans.
- New law-making powers for Wales mean we can set out new legal requirements for NHS organisations to make improvements to benefit patients.
- Primary care is facing increasing and more complex demands:
  - our population in Wales is increasing and getting older;
  - more people are being diagnosed with one or more long-term health conditions like diabetes and dementia;
  - frail and older people increasingly have more complex needs.

These challenges are not unique to Wales. There is a growing awareness across many countries that primary care is the essential component of an effective, efficient and equitable health system.

To help make the transition to a more social model of health, the Welsh Government is bringing forward legislation to support better health and wellbeing in all parts of Wales. This includes: the Social Services and Wellbeing (Wales) Act; the Wellbeing of Future Generations Bill; and the Public Health Bill. We will also consult on the possible scope of a NHS Quality and Governance Bill next year.

The Social Services and Wellbeing (Wales) Act 2014 places duties on statutory bodies to improve services, work together with the public to promote wellbeing and give people a greater voice in and control over their care. This puts the individual at the centre, promoting independence, responsibility and coordinates services around people, motivating self-care and meeting their needs at or as close to home as possible.

The Wellbeing of Future Generations Bill sets ambitious, long-term goals to reflect the Wales we want to see, both now and in the future. These are for a prosperous, resilient, healthier, more equal Wales – with cohesive communities, a vibrant culture and thriving Welsh language.

The Public Health Bill will include a range of measures to promote population health in Wales. It will include a specific measure to improve the way pharmaceutical services are developed in line with people's identified need and measures to prevent harm from tobacco and alcohol use.

We already have specific plans for oral health and for eye health, which aim to improve primary care dentistry and optometry. These are an important part of our work to improve these specific areas of primary healthcare; the plans set out in greater detail the requirements for these services. We have also developed and published national delivery plans for major health conditions, including diabetes, cancer and heart disease, which set out what people can expect to receive from their local primary care services. These plans, like this one, are based on the principles of prudent healthcare:

- **Do no harm.** The principle that interventions which do harm or provide no clinical benefit are eliminated.
- **Treat the greatest need first.** The principle that people are seen on the basis of clinical priority and according to need.
- **Carry out the minimum appropriate intervention.** The principle that treatment should begin with the basic proven tests and interventions. The intensity of testing and treatment is consistent with the seriousness of the illness and the patient's goals.
- **Organise the workforce around the "only do, what only you can do" principle**. The principle that all people working for the NHS in Wales should operate at the top of their clinical competence. Nobody should be seen routinely by a consultant, for example, when their needs could be appropriately dealt with by an advanced nurse practitioner.
- **Consistently apply evidence-based medicine in practice.** The principle that all interventions should be proven to be clinically effective The NHS should not be offering people interventions which have no evidence base of effectiveness.
- **Promote equity.** The principle that it is the individual's clinical need which matters when it comes to deciding NHS treatment.
- **Remodel the relationship between user and provider on the basis of co-production**. People are treated as equal partners with the professional in agreeing goals, action and care options, including choosing the most prudent course of action.

What can we expect?

A primary care service for Wales, based on the principles of prudent healthcare, will become the mainstay of the NHS: tackling the root causes of ill health, preventing people from being admitted to hospital unnecessarily, helping those who have been admitted to get home quickly with the right support; motivating and supporting people with chronic conditions and long-term illnesses to manage their health at home.

The new primary care service for Wales will help to reshape the NHS, developing and increasing the primary care workforce to provide the majority of care close to people's homes, accelerating the transfer of services from the hospital to the community and improving the way people can access services.

The outcome of a good primary care service

Staying healthy

People are well supported in managing their physical, mental and social health and wellbeing

- I know I am responsible for looking after my own and my family's health and wellbeing and I take steps to do so as part of daily life.
- I know my local NHS works with other local public services and with the third sector to provide me with information, advice and assistance to help me to take this responsibility.
- I use the 24/7 national 111 telephone service and its website as the main way to get reliable information about looking after my own and my family's health and wellbeing and how to find and use local services.
- I go online to use the health record held by my GP, to order repeat prescriptions and to book appointments.
- I can easily discuss my health; any concerns I have; and agree goals and actions with my GP, nurse, pharmacist, dentist, midwife, optometrist and other local health professionals.
- Professionals can see my health record which is held by my GP so I don't have to repeat my medical history.
- I know what medicines to take and when and if I need advice I know where to go.
- Medicines are delivered to me at home if I am housebound.
- If I no longer need an appointment I cancel it so someone else can use it.
- I know if I am at increased risk of avoidable health problems and if I am, I agree with my health professional through a care plan what my goals are and what to do to minimise that risk.
- I can access most of my care from a range of professionals close to my home, a variety of facilities, including supermarkets, shopping centres, libraries, leisure centres, community centres.
- I can communicate in Welsh when seeking care and support from primary care.

Timely, safe, effective investigation and diagnosis close to home

People's poor health and possible exacerbations are identified early and managed in a planned and co-ordinated way

- I can see or speak to a health professional who knows about me, including a GP if that is the most appropriate person, on the same day, either face-to-face, on the phone, by e-mail, instant messaging or video call.
- If I am diagnosed with a long term health condition, I work with professionals to agree a care plan with goals and I know what to do to stay healthy and well.
- I know what symptoms to look out for and when I should seek prompt advice from my local health service.
- I respond to all invitations for health checks, vaccination and screening for myself and for my children.
- I know what my medication is for and how and when to take it and I know where to get information and advice about my medicines.
- I know about and can access a wide range of local services which are provided by the NHS, my local authority and third sector.

The outcome of a good primary care service

- The majority of my care is available locally, which reduces the need for me to travel.
- If I need specialist advice from hospital based staff about my condition, my primary care professional can access it quickly either by phone, electronically or face-to-face using modern technology.
- If I no longer need an appointment I cancel it so someone else can use it.
- I use the 24/7 national 111 telephone service when I need urgent help from the NHS.
- I can access care from a range of professionals in locations near my home, such as libraries, leisure centres and community centres.
- I am only referred to or admitted to hospital if this is the right thing for me.
- If my health professional refers me to hospital, they retain overall responsibility for coordinating my care and they and the hospital are in regular contact with each other and with me about my care.

Timely, safe, effective and individual treatment and ongoing care close to home

People recover from health problems or learn how to manage long term health conditions to live a long and active life

- I receive timely treatment and ongoing care proportionate to the seriousness of my health and wellbeing needs, wherever I live and whatever my circumstances.
- I am actively involved in agreeing the options for my treatment and my outcomes are assessed and measured before and after treatment.
- I receive care from the right group of professionals who all know my story and what is needed.
- I am treated like a person and not like a set of conditions.
- I receive care that is personalised to me but informed by evidence of effectiveness and safety and takes account of resources available locally.
- If my care needs are complex, I am assigned a lead professional to co-ordinate my care if I want this.
- I receive most of my treatment and care at or as close to home as possible and only travel to or am admitted to hospital when this is the right option.
- To preserve my independence and quality of life, I am discharged home from hospital as soon as this is the right option.
- If I am diagnosed with a long-term health condition, I:
  - agree goals and actions with my health professional and feel well informed and supported to manage my health through my care plan;
  - attend and complete formal self-care education programmes or rehabilitation programmes and practice what I learn;
  - know my care plan is available electronically to all professionals involved in my care and I keep a copy myself;
  - I and the relevant health professionals receive an electronic copy of the outcome of my outpatient appointments and discharge letters;
  - am only referred to or admitted to hospital if this is the right thing for me.
- When I am approaching the end of life, I am supported to die in the place of my choice.

What is our plan?

Our plan for a primary care service for Wales proposes action on five priority areas:

- Planning care locally
- Improving access and quality
- Equitable access
- A skilled local workforce
- Strong leadership

Planning care locally

Our seven health boards in Wales are responsible for identifying the health and wellbeing needs of their populations and planning and providing services to meet that need. We believe this work is best done at a local community level, drawing in all those who can help. We want more local autonomy so leadership, collaboration and innovation can flourish, and shared goals can be more easily agreed and people's needs can be better met.

Primary care refers to all people and services providing care locally to meet the physical, mental and social health and wellbeing needs of a local community.

Each January, health boards produce updated formal plans, called integrated medium term plans, for the coming three years which set out their assessment of the health and wellbeing needs of their populations and how they plan to use their financial, workforce and other resources to meet that need. These plans will now need to explain very clearly how health boards will develop and improve the capacity and capability of their primary care services in response to the aims of this national plan for a primary care service for Wales. The Welsh Government will scrutinise plans from health boards for evidence to demonstrate this.

In its review of evidence, published in July 2014, Public Health Wales NHS Trust says there is an emerging and strong consensus in the UK literature that planning and provision of primary care should be done at a small population level. The King's Fund proposes an optimum size of 25,000 to 100,000.

Drawing in all available financial, workforce and other resources, not just those of the NHS, and determining their use at a community level to provide primary care creates better opportunities for addressing duplication, inefficiency, sustainability and gaps.

This approach allows for a more flexible and creative approach to the use of facilities to provide primary care services. Innovative local plans for investment in facilities will need to make more use of other community assets and are more likely to be successful in attracting alternative sources of investment as well as traditional ones.

To help improve population health, we want health boards to develop local mechanisms to assess the health and wellbeing needs of individuals, families and local communities. This very locally sensitive assessment of need will then be used to shape and inform community level plans for developing and improving primary care services supported by a wider range of professionals, closer to home, to address the specific needs of people and communities. This local community level planning will better address the specific needs of

people, such as those living in rural or deprived communities, those with specific Welsh language or other language and cultural needs.

This national plan for a primary care service for Wales reinforces the importance of bringing together and fostering collaboration at a local community level between:

- Those responsible for assessing the needs of the community and planning and securing care to meet that need.
- Those who deliver that care.
- Those who receive that care.

Most people in Wales are registered with a local GP practice. Health boards have already created local planning mechanisms by clustering several adjacent GP practices together using their combined registered populations to create a small local planning population. There are 64 of these primary care clusters across Wales, although they are still relatively immature structures, which have focused so far on promoting collaboration between local GP practices.

Health boards need to prioritise and resource the rapid development of each of the clusters in their area. This will involve drawing in all planners and providers of local services and other community resources and local people, becoming increasingly directly accountable for the health and wellbeing of the communities they serve and the use of available resources. Health board directors of primary, community and mental health will lead cluster development and support this work by developing a national set of core governance standards for clusters.

We want the primary care clusters to develop three-year plans which in turn will shape and underpin the health board level integrated medium term plans. Both the primary care cluster and health board plans will set specific goals and actions for improving access to and the quality of primary care to deliver improved local health and wellbeing and reduced health inequalities.

As well as planning and delivering more primary care services to meet local need, primary care clusters will also play a significant role in planning the transfer of services out of hospitals and into their local communities for the benefit of their local populations.

Collaboration through primary care clusters creates better opportunities to take an innovative approach to designing primary care. Innovation in primary care is about generating new funding models, new service models and workforce roles, new ways of contracting and new partnerships with communities and the third and independent sectors. Innovation also includes new technology, products and services, and working with universities and industry to accelerate innovation and to support economic growth in Wales. It is about making the best use of buildings to promote professionals working together.

Planning and providing care to people in rural areas has stimulated different models of delivery, often through partnership working and prudently shared resources, and in some places with more emphasis on opportunities from modern technology for services delivered in the local community rather than hospital. This is valuable learning. The outcome of the Mid Wales Study will support health boards and clusters as they plan how they will shift the emphasis of service delivery out of hospital, nearer to people.

Demographic and lifestyle changes are driving an increase in chronic conditions and the need for long-term care or management of illness. This is shifting and blurring the boundary of traditional concepts of healthcare and between health and social care, requiring much more effective working between different professionals and services, including social services. It also includes the individual's own network of support from friends and family. Most formal services are still planned and secured by the NHS and local authorities, often contracted from primary care providers and the third sector. Sharing information and integrating the planning and delivery of health and social care services by different organisations across these historic boundaries is an area where improvement and efficiency will come from innovations like joint service contracting, pooled budgets, and new integrated delivery structures.

People will increasingly want to use home diagnostic equipment and to share data from digital devices. They will increasingly use their health record online and other sources of information, advice and assistance to make informed choices about their own care, using high-quality reliable information and advice in formats that meet their needs. They will also look for informed guidance from healthcare professionals on using new technology. Continuous monitoring in areas like mental health, cardiovascular disease, diabetes and respiratory disease will transform the way conditions are managed, reconfiguring services to enable earlier diagnosis, more emphasis on prevention, and more independence for patients.

In some parts of Wales, as in other parts of the UK, the GP independent contractor model is under pressure with newly-trained doctors seemingly reluctant to buy into a practice partnership. The age profile is increasing; there are more part-time doctors working in general practice and there are challenges in recruiting, particularly in rural and deprived areas.

While the General Medical Services contract model, which is negotiated nationally, for contracting services from independent GPs, who usually come together in partnerships to form a GP practice, will remain the principal model in Wales, health boards need to consider the use of other options. These options include contracting care at a community level as well as at individual practice level, employing GPs directly themselves and using the alternative provider medical services contract model to secure services from GPs not set up as a traditional practice partnership. To be sustainable now and in the future, some practices will need to consider merging with another one, or establishing federations. As well as using a range of contracting options, we want health boards to agree flexible career structures and portfolio roles to meet local needs.

To support the coordination of care, health boards should consider and develop joint contracting arrangements with multiple service providers, including local authorities and the third and independent sectors. The current model of enhanced general practice service specifications, which has proved effective in focusing care on vulnerable groups, will be reviewed each year and further developed to support this.

This more flexible approach to contracting will help change the flow and use of resources and how services are delivered, benefitting service users and providers and will enable health boards to be more strategic in their direction of resources to areas of need.

Key Actions

Each year, from 2014-15, health boards will support their primary care clusters to:

- Undertake an assessment of local health and wellbeing needs, drawing on a wide range of sources of information.
- Map all available financial, workforce and other resources.
- Produce a directory of all available services.
- Use an assessment of how financial, workforce and other resources can be used more efficiently, flexibly and innovatively and identify what gaps in services and workforce numbers and skills remain to direct the better use of all available resources.
- Put in place local pathways of care and referral protocols for accessing these services, workforce and other resources appropriately.
- Develop and deliver a three year plan with specific goals and actions for developing and improving primary care services to deliver improved local health and wellbeing, reduced health inequalities and improved service quality and performance.

Each January, health boards will, explicitly reflect their primary care clusters' three-year plans in the annual refresh of health board level three year integrated medium term plans.

From 2015-16, health board directors of primary, community and mental health will deliver a co-ordinated national approach to supporting innovation in primary care, including structured support mechanisms, systematic evaluation of new ideas and good practice, and prioritised funding for innovative ways of delivering care and improving access.

Improving access and quality

The quality of care people receive must be high and consistent across Wales, however, wherever and from whichever part of primary care people use. A primary care service will vary according to local needs and circumstances, such as in deprived communities, rural or more urban areas or in ways designed to meet Welsh language or other language and cultural needs. However, access must be equitable for all, including for those with physical and learning disabilities or conditions such as dementia. Health boards must reduce the current variability in the effectiveness of their services and the outcomes from these services.

Access to a high-quality primary care service is about:

- Information, advice and assistance to support and motivate people to take responsibility for their own and their family's health and wellbeing.
- Diagnosis, investigation, treatment and continuity of care as close to home as possible.
- Professionals working together as a coordinated team around the person.
- Continuous improvement.
- Openness and transparency.

Information, advice and assistance

People need information, advice and assistance about their own health and how to stay healthy and well and they also need information about how to access local services. People already have access to their health records, which are kept by GP practices and we want to make this easier to use by creating online access by April 2017.

We have and will continue to develop our Add to Your Life online health check and our *My Health Online* service as key tools for improving access to both services and information. Health boards and primary care services need to encourage and support more people to use these services.

The Welsh Government is working with the NHS and local authorities to refresh the current eHealth and Care Strategy by March 2015 to support better use of information for the public and care professionals and more effective use of integrated ICT systems.

From October 2015, health boards will phase in 111, a national 24/7 single point-of-access online and telephone system for health information, advice and assistance.

All professionals providing primary care services need access to shared information, on shared IT systems, about the people they are looking after so care is coordinated and people do not have to repeat their story every time they come in contact with a professional. To help make this happen, health boards, the Welsh Ambulance Service, local authorities and the third and independent sectors will be taking up a new community Information IT system from 2015.

Key Actions
By March 2015, the Welsh Government will refresh its current eHealth and Care Strategy to support better use of information for the public and care professionals and more effective use of integrated ICT systems.
From October 2015, health boards will work with local authorities, the third sector and others to phase in a national single point of access to online and telephone to a wide range of reliable information, advice and assistance called 111.
By April 2017, health boards will provide people with online access to their health record.
From 2015-16, health boards, local authorities, the third and independent sectors will begin using a shared IT system to collect and share information to support primary care.

Diagnosis, investigation, treatment and continuity of care close to home

We want people to receive the majority of advice, investigation, diagnosis, treatment and care in flexible ways and in flexible facilities, delivered by a range of professionals and others, at or close to home. We want this care to be responsive and proportionate to the needs and circumstances of each individual and agreed with them through a care plan. A care plan might be a simple verbal agreement between the person and the professional or if needs are more complex, the individual may decide they want a written care plan.

When someone is referred to hospital, the primary care professional who made the referral retains overall responsibility for coordinating that person's care and receives appropriate information via ICT systems to support this role, including information following outpatient appointments or discharge.

When people are referred to hospital-based services for further investigation or treatment, health boards will ensure they receive timely care and their referring health profession or service in primary care is notified of progress. This will avoid primary care services, including GP practices, losing valuable time in chasing up referrals.

To meet people's needs close to home, health boards, with their local authority, third and independent sector partners, will further invest in and develop the capacity of primary care and increase the range of services available as an integral part of primary care. These services will be designed to create sufficient time to work with and motivate people to stay healthy and well; to preserve independence and to meet the majority of people's needs at or close to their homes. Examples of services include smoking cessation, weight management, exercise referral, mental health teams, structured self-care education, rehabilitation, reablement, virtual wards, community nursing and therapy, support groups and end-of-life care.

Historically, the NHS has invested the majority of its resources – workforce and financial – in hospital-based services. This has had the effect of driving unnecessary referral for investigation and treatment – putting people on a rapidly ascending escalator towards inpatient hospital care – when more prudent, less invasive solutions would be effective. We want specialists, who are traditionally hospital-based, to play a greater role in supporting primary care services to care for people close to home and share accountability for population health improvement.

To support people being able to receive the majority of their diagnostic tests, treatment and ongoing care close to home, hospital-based staff will provide much more specialist support to primary care by telephone, email, virtual review, video call, telemedicine technology and in local clinics. Health boards will also agree with the Welsh Ambulance Service how paramedics can help to deliver more care at home and in the community.

The Eye Health Examination Wales (EHEW) is the mechanism health boards use to fund local optometrists to provide eye care. It allows for people to access eye care directly from a local optometrist without going to see their GP first. This is under-used at present and we want health boards to optimise this service to provide the majority of eye care close to home.

We know about a third of adults say they find it difficult to make a convenient appointment with a GP. The Welsh Government has made a number of commitments to address this with evening and weekend opening. Health boards and GP practices are optimising the availability of appointments during normal opening hours of 8am and 6.30pm Monday to Friday and where there is clear evidence of need; some GP practices are offering appointments after 6.30pm.

Not everyone who seeks an appointment at their GP practice needs to be seen by a GP. Their health and wellbeing needs may be appropriately met by seeing another health professional, such as a nurse, a pharmacist, and optometrist. Educating the public about when and how to get the right care from the right person at the right time is an important function of primary care clusters, health boards and the Welsh Government as this plan is implemented.

Flexible access refers to a range of different ways of receiving care from the right professional; this might be face-to-face in the surgery or clinic; by telephone; online; via remote monitoring of care using telehealth and telecare equipment or using telemedicine to access specialist advice from others such as hospital-based professionals; making appointments; ordering repeat prescriptions and accessing health records online.

We want more people to use our *My Health OnLine*, which allows people to book GP appointments and order repeat prescriptions. This service will be further developed to include access to people's health records and clinical information from their hospital appointments or admissions, including discharge advice and information.

Flexible facilities mean using each community's assets to deliver a much wider range of care from different professionals. As well as more professionals and services being offered in GP surgeries, community pharmacies, dental practices and optometry practices, we want to see much more use made of local community facilities like leisure centres, community centres, supermarkets, the high street and shopping centres.

Flexible access to timely care will sometimes mean services are needed outside of normal opening hours. The Welsh Government has made specific commitments about accessing care from GP practices at a convenient time. Health boards and GP practices will continue their work to provide appointments after 6.30pm where this is clearly needed as well as optimising access during normal working hours between 8am and 6.30pm Monday to Friday.

We are also committed to people having access to scheduled GP appointments at the weekend. This is being considered through a new model for planned appointments outside core hours as part of wider work on unscheduled care.

Health boards will also continue working with all services and practices in primary care, including community pharmacists, dentists and optometrists, on opening times.

Health boards are working together to develop national standards, pathways of care, referral protocols and directories of local services for the introduction of a new national 24/7 single-point-of-access telephone number – 111 – to coordinate access to urgent care for people and to provide information and advice.

We want carers, including people working in care homes, to feel well informed and supported in meeting the needs of their residents and to avoid inappropriate emergency admissions to hospital. Stronger links with primary care and the new 111 telephone service to access information, advice and assistance and access to primary care will support this.

Detecting and addressing problems early leads to improved outcomes. Health boards will support primary care to do this through a wider range of locally available diagnostic tests and guidance on a prudent approach to their use.

To improve access to medicines for people and help relieve pressure on GPs, the Welsh Government and health boards will prioritise funding for training and education to increase the range of professionals, such as nurses and pharmacists, in primary care able to prescribe medicine.

Health boards will also work with their partners and service providers to develop more ways for people to access medication treatment and information, advice and assistance in using and managing their medication in the best way. This is especially important for older people and people with long-term health conditions who have complex medication regimes. Examples include pharmacists working in GP practices; providing community pharmacists with electronic copies of hospital discharge letters and providing direct access in community pharmacies to a range of remedies commonly prescribed for common ailments – the Choose Pharmacy scheme, which is currently being piloted in two areas of Betsi Cadwaladr and Cwm Taf university health boards.

Key Actions
Each January, health boards will, through their annual refresh of their three year integrated medium term plans, demonstrate how they will provide increased capacity and a growing range of primary care close to home, including: • Appointments with general practice in the evening and at weekends. • Diagnostic tests. • Local professionals trained to prescribe medicated treatment. • Services to support healthy lifestyles, self care, rehabilitation, reablement, episodes of acute care and end of life care with dying in people's preferred place of care.
From October 2015, health boards will phase in a national 24/7 single point of telephone access called 111 for people to access urgent primary care.
By March 2018, health boards will demonstrate the routine use By the public of: • A wide range of ehealth services. • A range of options to access local care. • Text reminders for appointments. • Online appointment booking, ordering of repeat prescriptions and access to their health record, care plan and discharge information. • Telehealth remote monitoring equipment. • A range of diagnostic tests and equipment available at or close to home. By primary care of: • Email via the NHS Wales email system to communicate with each other. • Electronic referral to local services and hospital services. • Electronic discharge and reporting information. • Shared patient episode information on integrated IT systems. • Specialist advice via telephone, email and telemedicine equipment.

Professionals working together as a coordinated team around the person

People have a range of care needs and will need a range of health and social care professionals working together in a coordinated way in primary care to help identify these needs and agree with the individual how best to meet those needs, making use of all sources of help. We want these professionals to be organised and supported to work together in a team with the person receiving that care right at the heart of that team and all it does.

Health boards will facilitate much more personal and co-ordinated care through care plans, where goals and actions are agreed between the professionals and the individual.

We want people to access and be navigated by their professional through primary care services which operate to prudent pathways of care agreed by primary care clusters, capable of responding flexibly to the needs of individuals, rather than traditional disease specific pathways of care. This will help develop a culture of joined up working across the NHS and with other local services like social services and the third sector.

We want primary care organised and supported to identify systematically those individuals at increased risk of health problems and unplanned care. A co-ordinated multi-professional response to agreeing with individuals about how to manage that risk through their care plan is then needed to ensure continuity of care designed to prevent poor health and exacerbations.

We want people who are reaching the end of their lives to receive as much of their care from primary care services at or close to home. Primary care will need support from specialist palliative care teams where appropriate to support people to die in their preferred place of care.

Key Actions
With immediate effect, health boards will work with primary care to identify people at increased risk of poor health or exacerbations of existing conditions and manage that risk through an agreed individual care plan, with a named care coordinator where appropriate and agreed with the individual to oversee that care.

Continuous improvement

Our aim is to place greater emphasis on the results of what we do and how the health and wellbeing of individuals and communities is better as a result. To do this at a national level, we are developing national outcome frameworks, setting out what people can expect and what we will measure.

At health board level, the directors of primary, community and mental health are developing a national set of primary care quality and delivery standards and measures by December 2014. Primary care clusters will increasingly be accountable to their local communities and health boards for their community's health and wellbeing outcomes and will use this information and the performance of their services to plan further improvement.

Using feedback from those who use primary care services is critical. Individual services and practices are already expected to have patient participation groups in place to listen to and respond to feedback from their service users. We want to see more of these in place. We also want health boards to support clusters to create these patient feedback mechanisms to enable all services in primary care to come together to collaborate and share good practice to improve all aspects of care for their shared populations.

There is already a national system for reporting and learning from serious incidents which occur in the NHS. This applies to primary care services as well, including those services contracted from the independent and third sector. There is also already a national programme of clinical audit to improving the quality of care. In delivering the national clinical audit programme, health boards will support full participation by its primary care service.

Another key mechanism for quality assurance is a peer review system. From 2016-17, health boards, through their clusters, will introduce a rolling programme of peer review for all aspects of primary care. Health board directors of primary, community and mental health will support this by developing a national set of core principles.

The NHS is inspected by Healthcare Inspectorate Wales (HIW); its work will increasingly include primary care and the services which support it. The Welsh Government will work with both HIW and the Care and Social Services Inspectorate Wales (CSSIW) to agree a co-ordinated

approach, informed by the Regulation & Inspection Bill we are introducing. Community health councils also have an important role to play in ensuring people receive consistent, high-quality care and standards are maintained across primary care services.

Key Actions
With immediate effect, the Welsh Government will work with both Healthcare Inspectorate Wales and the Care and Social Services Inspectorate Wales to agree a coordinated and integrated approach to the inspection of primary care.
From April 2015, health boards will use the agreed national set of primary care quality and delivery standards and measures, developed by health board directors of primary, community and mental health by December 2014, to drive and report on continuous improvement in the quality of care.
From 2015-16, health boards will support primary care clusters to establish patient participation groups and to demonstrate how they are actively responding to patient experience of all aspects of primary care to drive and report on continuous improvement in the quality of care for their communities.
From 2016-17, health boards will support their clusters, to introduce a rolling programme of peer review for primary care, based on a set of core principles developed by health board directors of primary, community and mental health to drive and report on continuous improvement in the quality of care.

Openness and transparency

Health boards will publish reports on the performance of primary care using the national core set of measures on *My Local Health Service* from 2015-16. The public will be able to easily find out how their GP practices are doing in meeting their needs.

Key Actions
From 2015-16, health boards will publish reports against the agreed national set of primary care quality and delivery standards and measures on *My Local Health Service*.
Through 2015-16 new ways of improving transparency of reporting of primary care quality outcomes will be developed and implemented.

Equitable access

Equitable access to primary care is about a proactive, proportionate and individual approach to improving the physical and mental health and wellbeing of individuals, families and communities.

People in more disadvantaged communities are less likely to have access to high-quality primary care, despite the fact that they are likely to have greater need. This is known as the inverse care law. The Welsh Government has recently set out a target in its *Tackling Poverty Action Plan* to close the gap in low birth weight and healthy life expectancy between the most and least deprived communities by 2020.

Local planning through primary care clusters offers a real opportunity to grasp and tackle inequalities in health at the community level. To promote equity, through their annual refresh of their three-year integrated medium term plans, health boards are required to demonstrate how they will take action, supported by Public Health Wales NHS Trust and other partners, to meet local need better by tackling the inverse care law and reduce inequalities in health.

Aneurin Bevan and Cwm Taf university health boards are working to address the gap in life expectancy between their most and least deprived communities through a more targeted approach using the full range of professionals and services which make up the primary care service. This action to tackle the inverse care law focuses on a more systematic approach to identify people at increased risk of cardiovascular disease in the most deprived communities and to agree individual care plans with them to manage that risk. This may include professionals in primary care providing advice to people on changing their lifestyles; regular monitoring of blood pressure and cholesterol or it might include referral to services such as smoking cessation, exercise and weight management. Health boards will invest in additional capacity in primary care to deliver this more systematic approach to cardiovascular disease. These two health boards will share the learning from this work with other health boards and community partners, such as Communities First. We expect to see effective partnership between Communities First, Flying Start and other local services.

Wales is diverse and services need to continue to be planned to reflect the particular needs of people and groups of people. This includes those who want to access care in the Welsh language. Health boards will need to work with and support primary care to implement the Welsh Government's response to the outcome of the Welsh Language Commissioner's review of primary care, published in June 2014.

By March 2016, health boards will demonstrate delivery against the requirements of *It's more than just words* our NHS Wales action plan for the Welsh language and we expect this will result in more people routinely reporting they have been able to communicate in Welsh when seeking care and support from primary care. Our response to the Welsh Language Commissioner's 2014 report on primary care will provide the basis for further improvement.

Health boards also need to provide primary care services which are accessible to and address the individual needs of people who have diverse language and cultural needs; people with physical and learning disabilities; people with sensory loss, people with low health literacy and frail older people. It also means reaching out to people who do not routinely seek help.

Key Actions

Each January, health boards, through their annual refresh of their three-year integrated medium term plans, will set specific goals and actions at cluster level to:

- Use primary care to meet local need, tackling the inverse care law and reduce inequalities in health outcomes;
- Improve access to primary care for people with Welsh language or other language and cultural needs, people with physical and learning disabilities, people with sensory loss, people with low health literacy, frail older people and those who do not routinely seek help from the NHS.

From April 2016, health boards will demonstrate more people are routinely reporting they are able to communicate in Welsh when seeking care and support from primary care.

A skilled local workforce

> Primary care is fundamentally about trusted relationships between people and professionals. We need to plan and build a workforce with the right numbers and mix of skills to meet the majority of people's needs closer to home in flexible ways and flexible facilities.

The GP practice is at the heart of primary care and will continue to be so in the future. However, where the GP's role today is to treat the vast majority of people who come through their practice's doors, in the future, their role will increasingly be to provide overarching leadership of multi-professional teams made up of advanced practice nurses, community and district nurses, midwives, health visitors, healthcare support workers, pharmacists, physiotherapists, occupational therapists, podiatrists, dentists, optometrists, social services staff and staff working in care homes and third sector services.

We need to plan for a sustainable GP workforce to meet population need and also focus on ensuring the wider primary care team providing care around the person is right, supporting an increase in the numbers and mix of skills of all professionals, including advanced and extended scope practitioners.

Training existing professionals, such as nurses and pharmacists, in advanced practice, such as prescribing, is a relatively quick and prudent use of resources to increase the range of skills locally; the Welsh Government provided an additional £3.5 million of central funding to start this process from 2014-15.

Health boards' plans for a share of the additional £3.5m include schemes in the following areas:

- Medicines management
- GP skills in cardiology, dermatology and palliative care
- Nurse-led phlebotomy
- Pharmacists to support nurses and GPs
- Advanced nurse practice

The Welsh Government is also looking at short-term measures to make it easier for GPs from other parts of the UK or abroad to be approved to practice in Wales. This will be supported by other actions to address issues that are holding up local developments in primary care. This will be done through close joint working between the Welsh Government and its partners, including the Wales Deanery and health boards.

At a national level, the Welsh Government will use independent evidence such as the Mid Wales Healthcare Study, the Shape of Training Review and the Health Professional Education Investment Review to inform a national primary care workforce plan to support health boards in planning, developing and providing the primary care workforce required to meet the people's needs. The plan will encompass a wide range of professionals who work in local communities in order to accelerate integration between health and social care and a seamless local service.

At the heart of a primary care service modelled on the principles of prudent healthcare is co-production – the idea that the individual and the health professional work together as equal partners to agree goals, actions and care options. This marks a shift from the

paternalistic culture which tends to prevail in our current NHS. Professional training and education will be needed to support this new relationship between professionals and patients. In the short term, health board directors of primary, community and mental health will commission a training programme for health professionals during 2015-16 as part of their leadership and organisation development work, identified in the theme on refocusing leadership.

Key Actions

The Welsh Government will work with the Wales Deanery, health board workforce directors; directors of primary, community and mental health and other partners to agree immediate actions to address short term pressures which may be hindering the development of primary care in Wales and will:

- **By December 2014**, set out the essential components of a long term national approach to developing the primary care workforce ahead of wide-ranging engagement with NHS employers, trade unions and staff associations beginning in early 2015.
- **By March 2015**, publish a primary care workforce development plan in support of the overall plan for a primary care service for Wales up to March 2018.

In 2015-16, health board directors of primary, community and mental health will commission a training programme to support co-production in primary care for health professionals.

Strong leadership

We need to strengthen and develop leadership at all levels to deliver this plan to provide more care closer to home through primary care services.

Each health board has an executive director responsible for primary, community and mental healthcare. The vice chairs of health boards also have a specific responsibility for these services and there is a lead health board chief executive for primary and community care. This team will work together to establish a programme of work, which sets out what is best done once for NHS Wales, which will then support individual health boards to take action. They will do this by working with Public Health Wales, NHS Wales Informatics Service (NWIS), the Workforce Education Development Service and others.

Some early work includes:

- Developing guidance on new methods of financing service developments and facilities, including accessing funding from wider sources and ownership models **by April 2015**.
- Development of a national set of core quality and delivery standards and measures for primary care **by December 2014** for all health boards to report on to their boards and Welsh Government **from April 2015**.
- A follow-up chief executives conference to review progress in **January 2015**.
- Development of a national set of core governance standards on the accountability of primary care clusters **by March 2015**.

- A development programme on co-production and patient and public communication during **2015-16**.

We also want strong professional leadership at all levels. The Chief Medical Officer, in partnership with the NHS, will appoint a national professional lead for a primary care service for Wales who will set up a professional network by March 2015 to support local leadership, innovation and learning.

Key Actions
With immediate effect, the NHS Wales primary care leadership team will work together to identify and co-ordinate a programme of work which is best done once for Wales, which will then support individual health boards to implement the plan.
By March 2015, the national professional lead for primary care, to be appointed, will establish a network to support leadership, innovation and learning in primary care.
From April 2015, health boards will consider reports at their regular board meetings and report to Welsh Government on the agreed set of primary care quality and delivery standards and measures to provide a clear line of sight from practice to health board to national level.

Next steps

The Welsh Government will plan and deliver its own actions set out in this plan. Health boards will plan and deliver the actions for them through their three-year integrated medium term plans. The Welsh Government will scrutinise plans from health boards for evidence to demonstrate this.

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