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Pacesetter Programme 2020-2022

End of programme report

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Canolfan Datblygu ac Arloesi
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Executive Summary

- This report covers the 2020-2022 Pacesetter Programme and aims to provide a summary of activity and learning for national consideration.
- It comes as no surprise that the Covid-19 pandemic had an impact on the delivery and intended outcomes of some of the schemes. That being said only 3 schemes failed to start and despite a late start for many, 12 schemes progressed in some form or another over the 24 month period. The impact of the pandemic on the schemes and the unexpected opportunities also gained are covered in this report under [challenges and opportunities](#). This section also reports on challenges that occurred outside of the pandemic.
- The [spend](#) against the 24 month £7.6m allocation came in as an underspend in excess of **£2,605,548** (34%). As 2 schemes failed to report spend it is likely that this underspend is considerably higher.
- Over half of the schemes that progressed tested aspects of **MDT training and recruitment** to support primary care sustainability, through the development of workforce / training academy's across Wales. Of these 3 schemes were ongoing from previous years. (ABUHB PC Academy, BCUHB Advanced Practice Paramedics and CTMUHB PC Academy). A smaller number of schemes aimed to develop **primary care quality improvement** (QI) capacity and capability within the health board (CVUHB, HDUHB, SBUHB). One scheme focused on **care planning** for frail patients. (PTHB).
- Generally [evaluation](#) in the health board returns was poor. A small number of schemes reported to have already evaluated or reported on the scheme; the PC Academy (ABUHB) and AP Paramedics (BCUHB) and these covered the entirety of the initiative(s) (6 years for AP Paramedics in BCUHB, and since 2019 for PC Academy in ABUHB). Others indicate an evaluation or report is due later in the year and a few indicate no evaluation or report is being planned. **This highlights the need for a more robust mechanism nationally for evaluation or reporting of the individual schemes.**
- The **National Primary Care Board** has requested **transparency and visibility on the outcomes** of the individual Pacesetter schemes and the programme as a whole. Consideration needs to be given of how to support health boards with evaluation skills and capability moving forward together with a more robust mechanism nationally for evaluation or reporting of future schemes.
- [Key learning](#) fell into broad themes for the workforce related schemes; '**Awareness raising, Workforce capacity, Retention, Competence, Partnership working and relationships and Transformation**'. For the QI schemes, themes of **Embedding QI, Capability, Capacity and Collaboration** were identified.



- A number of [Key issues for national consideration](#) featured issues relating to **time, funding, delivery mechanisms and support locally and nationally**. [Longer term national learning](#) has also been included in this report reflecting on some of the issues highlighted in the 2018, [Critical Appraisal of the Pacesetter Programme](#) which appear to continue to be present.
- The exit strategy and ongoing funding for each of the schemes was not that clear with only **4** schemes reporting to be **continuing with funding** already in place. (BCUHB PC Academy, HDUHB PA, PTHB PA and Extended ACP).



1. Introduction

The National Primary Care Fund was established in Wales in 2015 to support the delivery of [Our Plan for a Primary Care Service for Wales up to March 2018](#).

As a result the [Pacesetter Programme](#) was established in 2015 to provide a systematic approach to **testing and evaluating new and innovative ways of working** to achieve the aims of the Primary Care Fund namely **achieving sustainability, improving access, and delivering more care in the community**. The aspirations of the Pacesetter Programme are that where similar schemes are identified across Wales, they will work together to test innovation in a number of themed areas.

Every year, Welsh Government invests £3.8m of the £40m Primary Care Fund in the national Pacesetter Programme. The funding is now allocated recurrently to health boards across Wales and its use is collectively agreed via the national Directors of Primary and Community Care (DPCC) Executive Peer Group, endorsed by the National Primary Care Board and ratified by Welsh Government¹.

2. Background

To date there have been three rounds of the Pacesetter Programme investment rounds:

- [Pacesetter Programme 2015-2018](#) – consisting of 24 schemes.
The 2015-2018 Pacesetter schemes primarily focused on the assessment of new in-house professional roles within an extended primary care multi-disciplinary team (MDT) and on innovative primary and community care services that improved patient access to care. Learning from these early Pacesetter projects contributed to the development of the *Emerging Model of Primary Care* in 2017 the current [Primary Care Model for Wales](#).
- [Pacesetter Programme 2018-2020](#) – consisting of 15 schemes.
The 2018-2020 schemes tended to focus on the schemes to support the implementation of the Primary Care Model for Wales, specific service development and workforce development.
- [Pacesetter Programme 2020-2022*](#) – consisting of 15 schemes.
For 2020-2022, schemes generally fell into one of two categories; workforce development or quality improvement.

**Please note not all of these were progressed due to the pandemic.*

¹ On 31 March 2022 the national Pacesetter Programme closed. The £3.8m annual funding was re-packaged to support the delivery of the Strategic Programme for Primary Care (SPPC) priorities and work plan and relaunched as the Strategic Programme for Primary Care Fund from April 2022 (SPPC Fund). Governance for the Fund is still managed via the national DPCC Executive Peer Group and endorsed by National Primary Care Board.



Information on all the Pacesetter schemes can be found on [Primary Care One](#).

For 2022-2024, the National Pacesetter Programme revenue funding stream has been relaunched across Wales as the **Strategic Programme for Primary Care Fund (SPPC Fund)** with proposals being aligned to one of the following:

- **Transformation and Vision for Clusters** directed towards the implementation of the Accelerated Cluster Development Programme (ACD).
- **Prevention and Wellbeing** to be directed towards initiatives to tackle obesity.

3. Pacesetter projects 2020-2022

A suite of 15 schemes were agreed for investment for the 2020-2022 the Pacesetter Programme. Of the fifteen schemes agreed for 2020-2022, twelve progressed during the two year period and included:

- 8 schemes testing aspects of **MDT training and recruitment** to support primary care sustainability, through the development of workforce / training academy’s across Wales to test what tools and methods work to increase recruitment, reskilling, retention, and curriculum development within a primary care setting. (ABUHB, BCUHB x 2, CTMUHB, CVUHB, HDUHB, PTHB, SBUHB)

Note: 3 schemes were ongoing from previous years. ABUHB (*PC Academy*), BCUHB (*Advanced Practice Paramedics*) and CTMUHB (*PC Academy*).

- 3 schemes focused on developing **primary care quality improvement** (QI) capacity and capability within the health board QI Hubs within the respective health boards and test the impact. (CVUHB, HDUHB, SBUHB)
- 1 scheme focused on care planning for frail patients. (PTHB)

The Covid-19 pandemic affected some of the Pacesetter schemes that were planned to start 1 April 2020 as follows:

Table 1 – Start dates of health board Pacesetter schemes 2020-2022

Schemes that were ongoing from previous years	Schemes started on 1 April 2020 as planned	Schemes with delayed start	Schemes not started
<ul style="list-style-type: none">• PC Academy (ABUHB)• AP Paramedics (BCUHB)• Advanced Training Practice (CTMUHB)	<ul style="list-style-type: none">• PC Academy (CVUHB)• QI in PC (CVUHB)• Extended ACP (PTHB)	<ul style="list-style-type: none">• PC Academy (BCUHB)• QI in PC (HDUHB)• PA (GP) (HDUHB)• PA Programme (PTHB)• ANP/GNP Internship (SBUHB)• QI in PC (SBUHB)	<ul style="list-style-type: none">• Dental Fellowship (HDUHB)• Pharmacy Delivery Driver (HDUHB)• Pharmacy Academy (HDUHB)

Further details of the impact of the pandemic is covered in [Section 7](#).



4. Summary of spend against allocation

Health boards are allocated a share of £3.8m per year to the Pacesetter Programme. Allocations are detailed in table 2. In agreement with the national Directors of Primary and Community Care (DPCC) Executive Peer Group there was some movement in the final scheme allocations within health boards. In addition funding was topped up from health board resources for some schemes.

Due to the interruption caused by the Covid-19 pandemic and the delay or non-starting of some schemes, the overall 2 year Pacesetter Programme allocation of £7.6m was underspend was in excess of at least **-£2,605,548** (34%). Some health boards did not report spend so it is possible that the underspend is greater than detailed in table 2.

Table 2 - Health Board Pacesetter scheme allocation and spend 2020-2022

Health Board	HB Annual allocation ¹	HB 2 year allocation	Scheme	Allocation requested & approved Yr 1 ²	Allocation requested & approved Yr 2 ²	Total allocation requested ²	Total Spend (2 years)	Balance against HB allocation
ABUHB	£715,000	£1,430,000	The Academy	£805,921	£805,921	£1,611,842 ²	£1,317,763	-£112,237
BCUHB	£840,000	£1,680,000	Advanced Practice Paramedics	£760,000	£760,000	£1,520,000 ²	£982,014	-£537,986
BCUHB			Primary Care Academy	£440,107	£440,107	£880,214 ²	£601,195	-£279,019
CTMUHB	£575,000	£1,150,000	Advanced Training Practice Model	£575,000	£575,000	£1,150,000	£942,038	-£207,962
CVUHB	£537,000	£1,074,000	Primary Care Academy	£388,000	£388,000	£776,000	Not reported	Not reported
CVUHB			Embedding QI in Primary Care	£148,000	£148,000	£296,000	Not reported	Not reported
HDUHB	£488,000	£976,000	Dental Fellowship Programme	£174,000	£350,000	£524,000	£0	-£524,000
HDUHB			Embedding QI in Primary Care	£143,200	£143,200	£286,400	£54,827	-£231,573
HDUHB			Pharmacy Delivery Driver Service	£40,000	£0	£40,000	£0	-£40,000
HDUHB			Pharmacy Academy	£100,390	£100,390	£200,780	£0	-£200,780
HDUHB			Physician Associate	£138,920	£138,920	£277,840	£57,542	-£220,388
PTHB	£172,000	£344,000	Physician Associate	£60,000	£60,000	£120,000	£120,000	£0
PTHB			Extended anticipatory care	£114,000	£114,000	£228,000	£114,000	£0
SBUHB	£473,000	£946,000	PCC ANP & GPN Programme	£280,000	£280,000	£560,000	£371,000	-£189,000
SBUHB			Primary Care QI Facilitation	£193,000	£193,000	£386,000	£323,307	-£62,693
TOTAL	£3,800,000	£7,600,000		£4,360,538	£4,496,538	£8,857,076	£3,300,477	-£2,605,548

¹Allocation figures taken from 'Pacesetter Programme 2020/22' letter from Judith Paget to Alex Slade, February 2020

² There was some movement in the final scheme allocations within health boards



5. Evaluation of the individual 2020-2022 schemes

All 12 schemes, provided some information about aims, objectives and for some, outcomes. The level of detail varied between health board returns and some returns reported achieving the aim, a description of the activity measured but did not provide data on the activity or any outcomes.

Some schemes reported to have already evaluated or reported on the scheme, others indicate an evaluation or report is due later in the year and a few indicate no evaluation or report is being planned.

Schemes that report to have been evaluated and reported include:

- BCUHB, *AP Paramedics* – a variety of reports were embedded in the health board return.
- HDUHB, *PA* – 2 page poster '7 minute briefing' embedded in the health board return.

Schemes that reported an evaluation or report will be available later in the year include:

- CVUHB, *PC Academy* – due Q1 2022.
- HDUHB, *QI in PC* – a full evaluation has yet to be completed.

Schemes reporting no plans for evaluation or reporting and / or internal reporting include:

- ABUHB, *PC Academy* – progress reported through academy meetings.
- BCUHB, *PC Academy* – health board return stated no quantitative data collected and no evaluation plans reported. Minimal facts and figures were provided in the health board return. References were made to the [BCUHB Primary and Community Care webpages](#) where a collections of posters are uploaded providing some element of measurement.
- CTMUHB, *Advanced Training Practice* – There has been no formal report due to the impact of Covid-19 on the programme.
- CVUHB, *QI in PC* – nothing reported.
- PTHB, *Extended ACP* – findings shared with PTHB Executive.
- PTHB, *Extended PA* – findings shared with PTHB Executive and final evaluation planned
- SBUHB, *ANP/GNP Internship* – ongoing evaluation of age distribution, additional recruitment and WTE change within SBUHB GP practices will be completed as part of wider workforce audits.
- SBUHB, *QI in PC* – to be shared with PCT Board later in 2022/23. Full evaluation of all Improvement projects/activities is currently ongoing.

The lack of a national mechanism for robust evaluation or reporting of the individual schemes makes it difficult to draw concrete conclusions from the health board returns. An attempt to identify key learning, successes and challenges has been made in the following section.



6. Key learning of the local schemes

Due to the interruption of some of the schemes arising from the pandemic, the learning for the 2020-2022 programme itself was limited.

Key learning has been reported according to the following schemes:

- [Workforce in primary care focussed schemes](#)
- [Quality Improvement in Primary Care schemes](#)
- ACP for frail patients. This has been reported in this paper under [Spotlight on...](#)

As only two schemes, PC Academy (ABUHB) and AP Paramedics (BCUHB), provided any evaluation report or comprehensive data it is difficult to draw key learning from the individual schemes. The reporting and evaluation for both these schemes covered the entirety of the initiative (6 years for AP Paramedics in BCUHB and since 2019 for PC Academy in ABUHB) rather than just the 2 year 2020-2022 programme. An attempt has been made to extract the key learning from the 2020-2022 Pacesetter Programme as a stand-alone 2 year programme below.

6.1 Workforce in primary care focussed schemes

Despite the pandemic and the limitations of the 2 year funding a number of themes emerged from the health board returns relating to the workforce focused schemes. These are detailed in table 3.

Table 3 – Key Themes from the local schemes

Theme 1 - Awareness raising
<ul style="list-style-type: none">▪ The schemes raised the profile of primary care as a career choice for a number of professional groups and has aided the retention of staff following completion of their training. (SBUHB)▪ The schemes also raised awareness and interest locally amongst general practices and professionals. (SBUHB, ABUHB) This has resulted in an increase in professionals locally being prepared to be trained to provide a supervisory or mentor role. (ABUHB)
Theme 2 – Workforce capacity
<ul style="list-style-type: none">▪ The Pacesetter Programme provided funding to increase the capacity of the primary care workforce by funding positions that may otherwise had not been made available:<ul style="list-style-type: none">• 3 PAs (PTHB)• 12 GPNs, 10 ANPs, 8 pharmacists and 10 Pre-registration pharmacy technicians. (ABUHB)• 6 PAs (BCUHB) there may possibly be more in BCUHB but these were not reported.• 3 PAs (HCUHB)• 18 APPs (BCUHB)



- 3 posts (roles not stated). (CVUHB)
- No data or evaluation was reported for CTMUHB or SBUHB, so it is possible that the numbers are greater than reported in this paper.
- The funding enabled time and space for training of supervisors and mentors thereby increasing the capacity of professionals that could provide supervision and mentorship to the trainees. The need for adequate trained supervisors and mentors to support the training locally was emphasised. (CTMUHB)
- See [Spotlight](#) on PC Academy (ABUHB), AP Paramedics (BCUHB) and Physicians Associates (H DUHB & PTHB).

Theme 3 – Retention

A number of schemes demonstrated good retention, at least in the short term:

- 6 PAs PTHB securing permanent posts and one practice appointing a second PA.
- 6 PAs in BCUHB.
- 3 roles CVUHB.
- Many given the opportunity to experience working in primary care taking up posts following completion of the training. (ABUHB GPN)

Theme 4 – Competence

- A number of schemes reported an increase in the competence of the workforce due to skills development as an outcome. (ABUHB GPN)
- The combining of the local scheme with the clinical diploma and independent prescribing qualification further increased the competence of the workforce. (ABUHB PC Academy, Pharmacy)

Theme 5 - Partnership working / relationships

The schemes provided a platform for health boards, clusters, practices and individuals to develop new working relationships with a range of teams and organisations:

- Higher Education Institutions. Many cited as continuing beyond the programme. (SBUHB with Swansea University, CTMUHB and University of South Wales and Cardiff University, ABUHB with Universities at Swansea, Cardiff, Bath and Keele)
- HEIW. (H DUHB, SBUHB, ABUHB)
- Community teams such as heart failure clinical nurse specialist and mental health team (PTHB) and Community Resource Teams. (ABUHB)
- Collaboration between independent contractors (SBUHB) and clusters (APP BCUHB)
- WAST, Pre Hospital Emergency Care Council Ireland, London Ambulance Service (BCUHB)

Theme 6 - Transformation

- The Pacesetter Programme allowed the testing of different models e.g. AP Paramedics (BCUHB), PA (H DUHB and PTHB).
- The APP BCUHB scheme identified that no one size fits all – and *'a flexible approach is required to transform the wider system.'*



- Further opportunities to enhance the skills of the primary care workforce to improve patient access to medicines and take the pressure of general practice were identified and are being worked through. A good example of this was extending roles to become Independent Prescribers. (ABUHB PC Academy – 4 pharmacists and 4 AP Paramedic BCUHB)
- New professional posts were created e.g. B6 Foundation Pharmacist (CTMUHB) and other posts rebranded as PAs moved from B6 to B7 JDs. (PTHB).
- A career progression model for pharmacists within primary care was created and adopted by the health board. (ABUHB)
- Services were redesigned by introducing nurse led wards (ABUHB) and the wider impact of PC training and development pathways was seen in virtual wards, GMP, HMP Prison, Integrated Sexual Health Teams and Acute Clinical Teams (SBUHB).
- A number of HB roles were developed to support the local schemes. The health board reports suggest that most of these will continue and / or the responsibility will remain in job descriptions beyond the 2020-2022 programme. (BCUHB, PTHB)
 - Academy Team (BCUHB)
 - Physician Associate Development Managers (PTHB and HDUHB)
 - Dedicated project lead (SBUHB)
- In partnership with clinicians, HEI's and HEIW, a bespoke GP-PA Curriculum (HDUHB), a National Framework for PAs (PTHB and HDUHB) and PA pathways (HDUHB) have been developed.
- Peer Support Networks have developed (GPN in CTMUHB), this has been enhanced in some areas by recruiting staff within the same cluster (PAs in PTHB).
- Through multiple schemes testing different 'Academy' models, the programme has provided evidence of proof of concept for Primary Care Academies. This has resulted in HEIW progressing national plans for such Academies.

6.2 Quality Improvement in Primary Care schemes

Theme 1- Embedding QI

QI has been accepted as a theme that needs to be progressed in primary care.

- It has been included in the Clinical Director role. (CVUHB)
- QI inclusion in the GP Trainee Training Programme. (SBUHB)
- Measurement / monitoring has been embedded in HB governance of 96 cluster projects. (HDUHB)

Theme 2 - Capability

- HB staff were trained to able to support QI in the future. (HDUHB)
- Virtual training tested. (SBUHB)
- Logic models were used as a tool for QI. (HDUHB)
- 115 GP Trainees received formal QI training via virtual means. (SBUHB)
- PC staff, across professional groups upskilled and mentored in QI skills. (SBUHB)



- New model of QI upskilling with a focus on mentoring and “learning through doing”. (SBUHB)

Theme 3 - Capacity

- A dedicated funded resource enabled supported the upskilling of staff in the principles and methodology of QI in making PC more QI ready. (SBUHB)
- Recruitment of central resource to support the scheme completed Q2 2020. (SBUHB)
- Importance of data analyst support highlighted. (SBUHB)

Theme 4 – Collaboration

- Improved cross HB team working highlighted (PC and Improvement Team, PC and corporate QI). (CVUHB, SBUHB)
- Evidence of HBs worked together. (H DUHB and CVUHB)
- Networks developed helping continuing engagement for training & future projects. (SBUHB)
- Strong relationships have been developed with HEIW colleagues and it has ensured that their QI training is consistent with wider secondary care offerings. The scheme saw development of the improved Regional QI programme for GP trainees. (SBUHB)

7. Spotlight on...

PC Academy (ABUHB)

The ABUHB Primary Care Academy (Aneurin Bevan Care Academy (ABCa) was established in March 2019 from Pacesetter funds with an aim to increase the stability and sustainability of the primary care nursing and pharmacy workforce. Accelerated training programmes were developed in line with recognised educational frameworks.

The scheme enabled funding for training posts which have become substantive posts thereby filling long standing vacancies in the area. The competency of this workforce has been measured with approximately 80% of the nursing workforce moving from beginner or novice to competent. In addition a pool of local supervisors and mentors have been established.

As a result of the scheme, 64 new roles have been reported across the health board since March 2019 (29 GPNs, 10 ANPs, 14 pharmacists and 10 pre-registration pharmacy technicians). The health board cite this initiative as resulting in *'successful accelerated transition pathways into primary care for registered nurses, GPN, ANP and pharmacists'*.

A business case has been submitted to the health board to continue and expand the ABCa Academy. Scaled up across Wales this would have a significant impact on the primary care workforce capacity.



AP Paramedic (BCUHB)

BCUHB in partnership with Welsh Ambulance Services NHS Trust (WAST) have been testing and developing the Advanced Paramedic Practitioner initiative since 2019.

The scheme was designed to assess the viability of an extended rotational approach to the delivery of care using a WAST APP based within primary care. The three part rotation incorporates primary care, and shifts in the WAST clinical contact centre, and solo responding.

Since its inception, 18 APPs have been enrolled into the scheme. Nine APPs across five clusters in June 2019 and a further 9 in September 2020. Two additional clusters have also joined the scheme.

Since June 2019 in excess of 5,000 consultations have been conducted by APPs. The scheme report robust quantitative data and qualitative data. Over the 10 month period February 2020-January 2021:

- monthly consultations ranging from 154 – 343.
- common presenting complaints were respiratory, pain and UTIs. High numbers for confusion, dermatology, mental health, abdominal, and viral complaints also reported.
- Approximately 50% of patients required a prescribed medication.
- 953 investigations were taken.
- 47% of patients were classified as being unwell but able to be managed at home.
- 35 % were well and seeking reassurance or advice.
- 11.62% were most poorly patients categorised as sick or complex.
- 8 deaths were reported.

BCUHB and WAST are now in negotiations with local practices to secure funding to continue the current model. WAST have committed to fund the rotation until May 2022 to ensure continuity while negotiations are taking place.

Physicians Associate (H DUHB and PTHB)

The value of the Physicians Associate role (PA) was highlighted in the H DUHB, PTHB, PA schemes and the BCUHB and SBUHB Academies.

A minimum of 12 PA posts were established, many of which have become substantive as a result of the Pacesetter Programme, 3 each in PTHB and H DUHB and six in BCUHB and an unknown number in SBUHB (there may possibly be more but these were not reported). Similar to other training programmes, a small pool of local clinical supervisors have been established.

As a result of the Pacesetter schemes, the PA's competence has increased, local curriculum and the first post qualification pathway of its kind in the UK has been developed informing a national framework for PAs for the first year post qualification. (H DUHB)

ACP for frail patients (PTHB)

This two year 'Extended anticipatory care planning for remote rural area' scheme was one of the few to start on time. Set in one practice, a total of 198 patients formed part of the pilot.



The aim was to provide an equitable service to all frail patients living independently in a rural community. It provided a MDT management plan with regular assessment and review of physical, mental health and medication incorporating advanced care planning. The scheme made use of the Community Resource Team and Virtual Ward model.

The measures planned for the pilot were skewed due to the pandemic and although admission rates dropped across the health board during this time, the rates of emergency admissions for the practice dropped from being consistently higher than the Powys average to below average. This trend has continued. A crude saving of £164K has been calculated as a result of the 2 year scheme.

The health board has committed to continue to fund the scheme with the practice during 2022-2023 while the practice continues to develop its frailty model and consider incorporating the role of the Community geriatrician.

8. Challenges & opportunities for the local schemes

Challenges not relating to the pandemic

In general

- Generally evaluation of individual schemes could be strengthened. This would provide more robust data to enable a more meaningful national evaluation. The National Primary Care Board has requested transparency and visibility on the outcomes of the individual Pacesetter schemes and the programme as a whole. Consideration needs to be given of how to support health boards with evaluation skills and capability moving forward together with a more robust mechanism nationally for evaluation or reporting of future schemes.

Workforce related schemes

- Agenda for Change (AfC) B6 Job Descriptions for PAs were withdrawn nationally and PAs enrolled in the scheme needed to be moved to AfC B7 posts (not planned or resourced). (PTHB)
- Availability of trained supervisors and mentors was a challenge for some health boards. (CTMUHB)
- Short-term nature of contracts due limited funding are not attractive to new recruits. (CVUHB)
- One health board reported that not all practices have the enthusiasm or capacity to support the nurses through the ANP training. As a result 2 nurses originally employed as practice nurses became HB employed to fulfil the training. This potentially depleted the GPN workforce on a small scale but could be problematic if scaled up. (CTMUHB)



- Some schemes struggled to recruit due to the delay in starting the scheme and missing the recruitment window of some job fairs. In addition trainees initially were lost during the period of the pandemic (HCUHB went from 4 trainees at the start to 1 in 2022).
- Mainstream funding still appears to be an issue. Although a number of the 2020-2022 schemes have reported short term funding to continue beyond 31 March 2022 (PC Academy in BCUHB, PA in HCUHB and PTHB and Extended ACP in PTHB), none report investment to enable spread across the health board or mainstream funding. The lack of confirmed future funding due to awaiting of outcome of a business case submitted to the health board is causing concern over workforce instability. (ABUHB)
- The development of national 'Academy/Academies' by HEIW that have yet to be put into place will mean a disruption and lack of continuity in the flow of professionals skilling up to work in primary care. There is a risk that the momentum that has arisen locally from the Pacesetter schemes and the pool of mentors and supervisors may be compromised if the national Academies are not put into place in a timely manner.
- There could have been greater consistency of project management resource/support for the Pacesetter scheme. (SBUHB)
- Demand for data analysis support was greater than anticipated. (SBUHB)
- More QI expert mentoring and input in individual projects needed (especially at the start of the scheme). (SBUHB)

QI schemes

- The lack of access and availability of useful primary care data was cited as a barrier to making evidence based and measurable changes in primary care. (CVUHB)
- Demand for data analysis support was greater than anticipated and not resourced. (SBUHB)
- The use of Logic models and no other QI methodology is insufficient. (HCUHB)

Impact of Covid-19 pandemic on the 2020-2022 programme

Workforce related schemes

- Not all of the 15 schemes agreed for the 2020-2022 programme progressed as a result of the pandemic. Three didn't start and six started later than planned. This had an impact in what could be tested and achieved in the smaller window available for the programme.



- For some workforce focussed schemes, the majority of training was suspended. (*CTMUHB*) For others there was an extended time period for staff to be signed off as competent and some recruited staff were not fully signed off by the end of the programme. (*ABUHB*)

This was for 3 main reasons:

- The health protection measures in place during the pandemic generally altered the model for primary health care with few face to face consultations in favour of remote working. As a result the length of time for the recruited staff to gain their learning outcomes and competence in clinical interventions that could only be undertaken face to face. (*ABUHB*)
- A number of the healthcare staff recruited to the schemes were redeployed to the Mass Vaccination Centres thereby interrupting their training. This also included project leads which affected the operational roll out of the scheme. (*ABUHB, SBUHB*)
- HEIs suspended courses and modules during the pandemic. (*SBUHB*)
- Schemes had to adapt to the new ways of working during the pandemic resulting in a higher proportion of telephone consultations than planned. (*BCUHB AP Paramedic*)
- Evaluation was relatively poor and incomplete across all schemes for the 2020-2022 programme. Some schemes reported that an evaluation was planned but was not available at the time of gathering information to inform this report with others report no evaluation will be done. A few reflected that evaluation could have been done better and how this was hindered by the pandemic. (*BCUHB PC Academy*)

The most worked up evaluation provided was for the AP Paramedic scheme (*BCUHB*) which consisted of learning and findings over a 6 year period. *BCUHB* appointed a full time lead for evaluation to support this scheme. See [Spotlight on...](#) section 7.

- No tangible patient outcomes or benefits were reported.

QI schemes

- Recruitment and retention of temporary posts during the pandemic hampered progress of the scheme. (*CVUHB*)
- The ability to deliver face to face training to build QI knowledge, skills and capacity was significantly reduced due to COVID-19. Although one HB implemented a new model of QI upskilling including mentoring and “learning through doing” and virtual training (*SBUHB*) this was not the case in all three schemes. Training of primary care contractors did not take place as planned. (*HUHB*)
- The pandemic placed additional pressures on the existing resource of primary and secondary care and had an impact on the ability of many to fully engage with the service. (*SBUHB*)



- Restricted 2 year Pacesetter funding meant a shortened window for achievements especially as the scheme started late due to the pandemic. A 6 month extension due to the slow initialisation caused by COVID-19 would have been helpful. *(SBUHB)*

Opportunities

- For some workforce schemes the pandemic provided an unintended opportunity for the staff recruited to the scheme to test new ways of working through remote working and telephone triage. *(PTHB)*
- The initial proposal of ABUHB Primary Care GPN and ANP was extended to include a wider range of professionals due to workforce demands. The scheme was adapted to include Pharmacists, Physiotherapists, Paramedics and Physician Associates.
- PAs spent more time in primary care than planned allowing development of specific clinical areas of interest within community teams as hospital placements cancelled e.g. frailty and memory loss. It also allowed them to bond with the team in the practice. *(PTHB)*
- Additional funding was identified by BCUHB to enable 6 PA's undertake the PC Internship programme.
- SBUHB developed and provided virtual QI training which reached a large number of people.

9. Key issues for national consideration

In general

- Greater cluster collaboration through cluster based assessors needed to provide supervision and mentorship to smaller practices. *(SBUHB)*
- Time needs to be factored in for communication between the HEI and the practices and the Hub practices and spoke practices. *(CTMUHB)*
- Development and funding of a range of training at national level on core skills and topics that could apply to a range of professional groups would be beneficial. *(CVUHB, ABUHB for GPN on cytology and travel health)*
- A national digital learning platform for sharing practice/resources for workforce development would be welcomed. *(ABUHB)*
- Short term funding for posts due to 2 year pacesetter funding, means that staff recruited look for alternative employment before the scheme ends. This has resulted in loss of staff affecting continuity and capacity to deliver the scheme. *(SBUHB)*



- Evaluation was poor or not undertaken at all. Evaluation was better for schemes where protected time for evaluation and / or staff were employed to lead on evaluation. *(BCUHB)*

For Physicians Associates

- Employment within the general practice engages the PA from the outset and demonstrates the practice commitment for continued employment after the programme. *(PTHB)*
- The importance of Job Planning was emphasised. This allowed time to settle in before making changes, enabled variation in work experience to develop skills and knowledge and protected time for support and clinical supervision. *(PTHB)*
- Encouraging the general practice to protect time for regular CPD was useful. *(PTHB)*

For Nursing

- As the skill set of secondary care nurses differ to primary care nurses, a structured training pathways to develop the necessary skills before taking on ANP qualification would be beneficial. *(CTMUHB)*
- Establishment of local networks to encourage peer support and population health based training should be encouraged. *(SBUHB)*. This evolved in some schemes. *(CTMUHB GPN)*
- Student nurse placement pathways for GPN to be supported by local and national senior nursing managers. *(SBUHB)*
- Pre-registration nursing programmes to be reviewed to cover greater learning and placement opportunities for GPN. *(SBUHB)*

For QI in primary care

- Other than practice level data accessed directly from each practice, access and availability of routine primary care data is a challenge when implementing QI methodologies. *(CVUHB)*
- Time and availability for primary care contractors to engage in QI activity needs to be considered. *(H DUHB)*
- Improved access to national QI training for primary care contractors to be considered. *(H DUHB)*
- Delivery modes of training to be reviewed. Having a mix of online and face to face interactions and learning was acceptable, worked well and reached a large group in a short period of time. *(SBUHB)*



10. Next steps for the schemes

When asked 'what was planned for the scheme after 31 March 2022?'

- **Four** schemes reported to be **continuing, with funding agreed**. (BCUHB PC Academy, HDUHB PA, PTHB PA and Extended ACP)
- **Four** schemes indicate an **intention to continue** in some shape or form but funding has not been secured at the time of reporting. (ABUHB PC Academy, BCUHB APP, HDUHB QI in PC and SBUHB QI in PC)
- **Four** schemes report some elements of the programme will continue but it was **unclear** from the health board returns what plans were in place to fund to activities suggested. (CTMUHB PC Academy, CVUHB PC Academy, CVUHB QI in PC and SBUHB PC Academy)
- **Three** schemes did not start, two of these reported N/A whilst a third reported potential to run the scheme planned as a local pilot.

Details are provided in table 4.

Table 4 –Next steps for the local schemes

Health Board	Scheme	Next steps	Explanation
ABUHB	The Academy	TBC	Business case to be submitted for approval to continue
BCUHB	Advanced Practice Paramedics	TBC	WAST committed to fund until end May 2022. Ongoing negotiations to secure recurrent funding
BCUHB	Primary & Community Care Academy	Continuation	Approved funding for 2 years
CTMUHB	Advanced Training Practice (ATP) Hub & Spoke Model	Unclear	Unclear plans reported for the programme funding. The HB will continue to support ATP model and placements for nurses and pharmacists
CVUHB	Primary Care Academy	Unclear	Unclear plans reported for the programme funding. Academy cited as an umbrella for future developments
CVUHB	Embedding QI in Primary Care	Unclear	Unclear plans reported for the programme funding. Retention of the Clinical Director role in QI cited
HDUHB	Dental Fellowship Programme	Other	N/A reported – scheme did not start
HDUHB	Embedding QI in Primary Care	TBC	In terms of cluster project development Resources need to be identified for further training



HUHB	Pharmacy Delivery Driver Service	Other	Scheme did not start. HB report potential as a small scale cluster project
HUHB	Pharmacy Academy	Other	N/A reported – scheme did not start
HUHB	Physicians Associate	Continuation	Funding from existing HB budget and Primary Care clusters
PTHB	Physician Associate PC Development Programme	Continuation	Funding from HB with the expectation that a practice will contribute to the salary on a scaled introduction (up to 50% after 12 months)
PTHB	Extended AC planning	Continuation	Funding for fragility scheme with the one practice 22/23
SBUHB	PCC ANP & GPN Internship Programme	Unclear	Unclear plans reported for the programme funding. Align to the planned HEIW programme(s) and local alignment to modules via Swansea University and external providers
SBUHB	Primary Care QI Facilitation	TBC	A number of activities to continue as 'business as usual' going forward and rolled out across other Surgeries and Clusters (e.g. A/B Prescribing). Further future planning will be determined locally once the full evaluation is complete.

Over this period, discussions have been taking place with Health Education Improvement Wales (HEIW) who are establishing workforce academies within the core HEIW work programme.

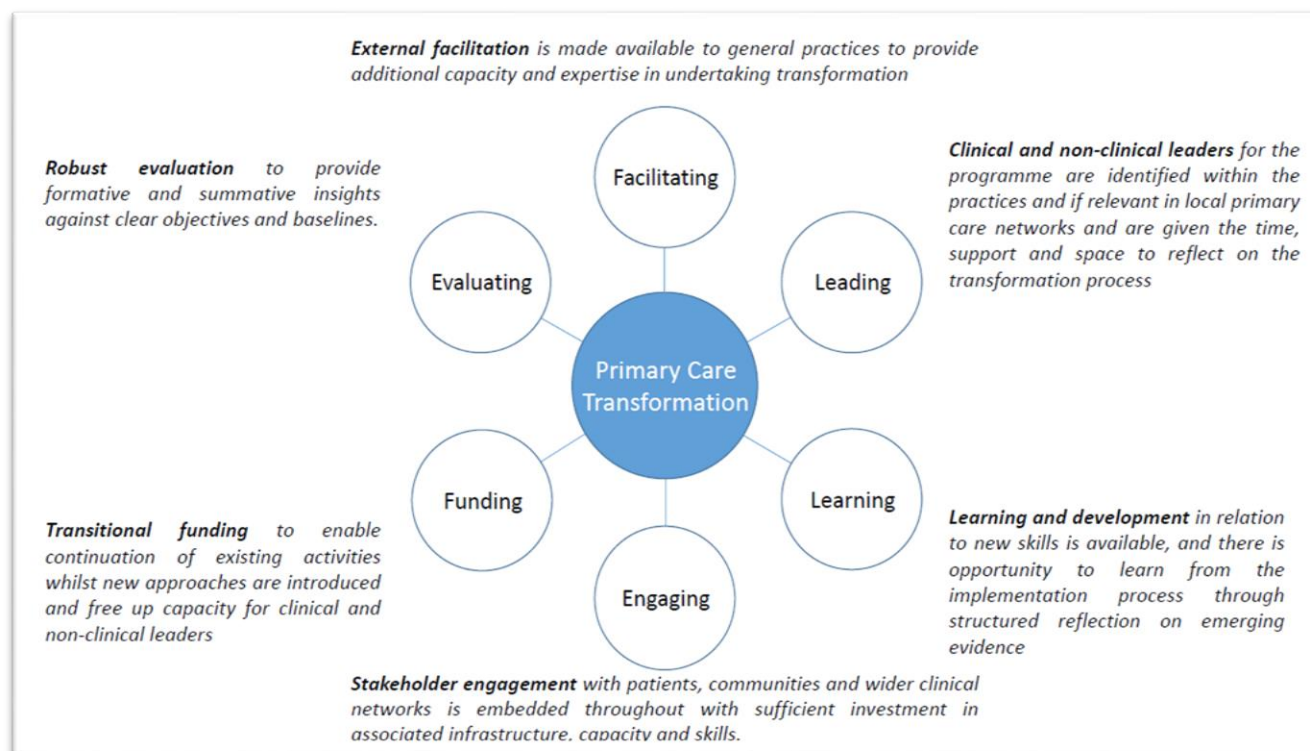
11. Longer term national learning

A number of fundamental issues enabling and restricting transformational change arising from the National Pacesetter Programme was highlighted in the 2018, [Critical Appraisal of the Pacesetter Programme](#).

Six key components for inclusion in future rounds of Pacesetter funding, and indeed to be incorporated in mainstream transformation programmes in Wales were captured in the Critical Appraisal and are still applicable today to inform the future use of the SPPC Fund and primary care transformation in Wales. These six components are summarised in figure 1 overleaf.



**Figure 1 - Key components for implementing transformation programmes:
Learning from the Pacesetter Programme 2015/2018 Critical Appraisal**



A review of the health board returns for the 12 schemes that progressed during the 2020-2022 programme indicate that many of the issues identified in 2018 continue to be the case and in particular are relevant to the 2020-2022 programme.

'The Pacesetter Programme has proved a valuable experience for those leading the individual projects and for their Health Boards. It has enabled the testing of innovations that were seen by their Health Board as having potential relevance and which also responded to the national priorities for Primary Care'

'Implementing new models involves clinicians, managers and leaders developing new paradigms about their roles and relationships. This is best achieved through structured opportunities to reflect on their practice'.

There is evidence from the 2020-2022 schemes that the Pacesetter Programme provided the opportunity to test innovations and new models with local clinicians and health board managers.

'The pressures experienced by most NHS services can restrict the opportunity and energy to implement transformation and new projects can deplete core professionals from existing services.'

Covid aside, this did not appear to be the case for the majority of the workforce related schemes. The schemes themselves appeared to create opportunity for new roles and enhance and develop skills of existing professionals providing services locally.



'The impacts of the programme would have been greater if there had been more clarity regarding the expected outcomes and a better developed evaluation framework.'

'Evaluation capacity is underdeveloped within services and Health Boards.'

'Data is vital to maintain momentum and to help refine the implementation process.'

'In previous years - There has been a degree of learning shared between Health Boards regarding the potential of the innovations and how best to implement them in Wales.'

With a few exceptions, local evaluations have been poor or non-existent. Although in some way this can be attributed to the disruption locally due to the pandemic, for schemes that did progress during the programme some form of evaluation would have been helpful in identifying and sharing key learning.

The Primary Care Hub has in previous years had a more prominent role in facilitating the sharing and learning between health boards. Redeployment of all Primary Care Hub resources to the Public Health Wales response further reduced any national support over the 2020-22 period.

The importance of facilitation at a national level to encourage the sharing and learning needs to be considered for future transformation funded schemes. This is already being take forward by the SPPC via an **Action Learning Group** model for the ACD element of the new SPPC fund. This brings together the key Leads with responsibility for coordinating ACD implementation in each of the Health Boards over the twelve month period April 2022/March 2023. Similarly the Primary Care Hub is coordinating a shared learning forum for the SPPC Funded Obesity schemes.

With regard to national schemes in general, robust evaluation and opportunity for shared learning has been built into the All Wales Diabetes Prevention Programme and implementation of the Urgent Primacy Care Centre Model programme within the SPPC / 6 Goals for Urgent and Emergency Care.

Information about each local scheme and the health board submission to inform this report is available upon request.

