

## Primary Health Care

### Decision sought:

**Cabinet is invited to note the Welsh Government's approach to health and wellbeing through the Primary Care Model for Wales, strategic and local action to support its implementation and examples of the Model in North Wales.**

### The Issues

Primary care in Wales is transforming as part of the whole health and care system in order to contract and deliver the right care, at the right time, from the right source and to achieve sustainability now and in the future. This does involve smaller, sometimes single-handed primary care practices deciding to merge or federate with other practices. This can create a perception of a loss of services, whereas larger multi-handed and multi-professional practices are more sustainable and able to deliver better access.

The Cabinet Committee received CAB (18-19) 31 as an update on matters relating to health in North Wales on 21 February 2019. The minutes of the meeting noted *"It was recognised that access to GPs had been a particular issue, which had placed added pressures on Accident and Emergency services but this was expected to improve in the coming years given that all the GP training posts in the region had been filled. It was agreed that a note on the Prestatyn GP model would be shared with Ministers"*.

This paper describes the Primary Care Model for Wales, with stable general practice at its heart and notes strategic and local action, including North Wales, to implement this Model. Annex C provides a brief note on Healthy Prestatyn GP practice as a notable example of the Model in practice. I led a plenary debate on the Primary Care Model for Wales on 7 May.

### The Primary Care Model for Wales

To drive the transformation of primary care, the Welsh Government has worked with stakeholders to build on the 2014 national primary care plan and draw on local innovation across Wales to create the Primary Care Model for Wales, see **Annex A**.

The Primary Care Model for Wales is a whole system approach. It is part of a health and wellbeing system where people access a range of seamless care and support at or close to home, based on their unique needs and what matters to them.

This approach supports the vision in *A Healthier Wales*, aiming to deliver effective systems that support people to look after their own health and wellbeing. It aims to be easier for people to access the right help and support. Help should be focussed on prevention, early action and wider wellbeing as well as treatment for illness.

This approach means changes in the primary care workforce, bringing in a wider range of professionals to provide a wider range of services for people at or closer to home.

The unique selling point of the Primary Care Model is seamless working between partners at community level through the primary care clusters. The Model was endorsed by stakeholders through the National Primary Care Board in March 2018. Stakeholders include health boards, Public Health Wales, the Wales Ambulance Trust, Social Services, and representatives from the third sector and the General Practitioner Wales Committee. I have set formal delivery milestones to drive action locally to adopt and adapt the Model at pace and scale in all parts of Wales.

### **Strategic Action**

There is a range of strategic action designed to support the local adoption and adaptation of the Primary Care Model for Wales.

#### Standards for access

In March 2019, I launched national standards for what people can expect when contacting a GP practice. These standards were informed by research involving participants in the National Survey. Compliance with these standards is dependent on GP practices transforming the way they plan and deliver services in line with the Primary Care Model. Alongside these standards for GP practices, the Welsh Government issued refreshed national access standards for 111 and Out of Hours Services

#### Train, Work, Live marketing campaign

The first phases of the Train, Work, and Live marketing campaign focused on GPs and nurses and has led to more people choosing to train as a GP in Wales and the Welsh Government is investing in an additional 24 GP training places. The current phase, launched in April, is aimed at attracting more pharmacists with a phase being planned aimed at allied health professionals.

#### Contract Reform

To support delivery of the Primary Care Model, the Welsh Government is working with health boards and representative bodies to reform the national primary care contracts.

It has been a longstanding aim of Welsh Government, the NHS and a wider range of partners to deliver more care within primary care shifting away from hospital based provision and making effective use of the time and expertise of the wide range of professionals. This approach was endorsed in the Parliamentary Review and is central to *A Healthier Wales*.

We have already moved a range of service provision out of hospitals over the last 5 years. However, delivering more care closer to home will require a substantial shift.

Further contract reform is therefore an essential component of delivering a robust and sustainable primary care system.

*General Medical Services* – Since 2017-18, considerable progress has already been made through new contractual arrangements which have delivered a new state-backed indemnity scheme in response to growing concerns around rising costs and market instability and the introduction and funding of Enhanced Services. These include monitoring and management of people with Type 2 Diabetes and the provision of anticoagulation treatment where previously people have had to travel to hospital. We also introduced an Enhanced Service for residents in care homes through a proactive, holistic and coordinated model of multi-professional care.

For 2019-20, the key priorities for reform include improved access, a much stronger focus on cluster engagement, contributing to cluster level planning and delivery, improved sustainability of practices, consistent delivery of Enhanced Services, quality improvements, retention and recruitment for the workforce and appropriate access to data to provide an improved evidence base.

Welsh Government officials and NHS Wales are in discussion with GPC Wales on a package of investment to support these further changes to the GMS contract. All parties are positively engaged in negotiations with the aim of working towards an agreement that provides a fair and proportionate outcome for GPs and patients.

*Community Pharmacy services* - Since 2016, considerable progress has already been made through new contractual arrangements which have funded clinical service delivery, collaboration at cluster level, independent prescribers and quality improvement. Negotiations around the 2019-20 contract have recently begun and these will focus on ensuring this transformation continues at pace, including;

- supporting local commissioning of enhanced services;
- funding the independent prescribing services developed in 2018-19
- establishing further independent prescribing pathfinder sites;
- Supporting workforce development and the Community Pharmacy Quality and Safety Scheme.

Services are shifting to community pharmacies. The overwhelming majority of our community pharmacies now offer the Common Ailments Service, providing a range of treatments without the need for a prescription and without having to make a GP appointment. Since its launch in September 2013, 80,000 consultations have been completed and over 80% of people accessing the service say they would have visited their GP, out-of-hours or A&E if it had not been available.

The Choose Pharmacy IT system is now available in 98% of pharmacies, supporting this expanding range of enhanced services. This system is underpinning the transformation of community pharmacy in Wales from supply to service.

For example, the pilot *Sore Throat Test and Treat Service*, is live in 53 pharmacies in Cwm Taf and Betsi Cadwaladr University Health Boards and has seen remarkable results. Pharmacists saw 1,700 people between November 2018 and March 2019 as part of the pilot:

- Over 70% were referred via their GP practice;
- 94% of these reported they would have made a GP appointment; and
- Antibiotics were required by fewer than 20% of people.

*NHS dentistry services* – this service is undergoing a sustained and whole system change underpinned by contract reform. The current NHS dental contract is focussed on treatment activity and is being modified to support dental teams to adopt a prudent healthcare approach to dental care delivery in practice.

Ninety four dental practices (some 22% of the all-Wales total) are collecting and using a clinical oral health ‘need and risk’ assessment to plan care, give personalised preventive advice and agree appropriate recall intervals with patients to meet individual needs. These personalised plans outline what patients are expected to do for themselves to maintain and improve oral health. A key element of the approach is supporting dental practices to use the skills of the whole team. The change means that released dentists’ time can be used to open access to preventive dental care and to improve meeting the needs of those patients with disease and advise those at greatest risk - with less time being spent on recalls for the lowest need and risk patients.

Early evaluation of the contract reform practices has allowed risk and need to be understood. It has demonstrated increased access, improved quality and preventive intervention is possible. It has confirmed the evidence to support the direction we are taking and to increase the number of practices taking part.

### Infrastructure

The Welsh Government has worked with health boards to agree a £68m programme of capital investment. Investment in North Wales is shown at **Annex C**.

### Strategic Programme for Primary Care

The National Director for Primary Care is leading a Strategic Programme for Primary Care. This Programme draws in leadership from health boards and other stakeholders, such as Public Health Wales and representatives of professional groups. Stable general practice is at the heart of the Primary Care Model and, therefore, this is the focus of the Programme in 2019-20. Key deliverables include:

- National tools and templates to enable each primary care cluster to analyse its population’s demand on its GP practices and out of hours services, to capture

the number and skills of its multi professional workforce and to complete 3 year plans for 2020-23;

- a national system to identify people at increased risk of unscheduled care;
- a national system for monitoring escalating pressures on GP practices and out of hours services;
- a national communication plan for messaging to the public about how local services are changing for the better;
- a national framework to evaluate the impact of the Primary Care Model.

Core to the Primary Care Model for Wales is the principle of services planned and delivered across the 24/7 period with an appropriate response to people with urgent care needs. The Programme is designed to complement the Unscheduled Care Programme, including the transformation of out of hour's services and the roll out of the 111 service.

### **Local Action**

There is local action across Wales to adopt and adapt the Primary Care Model.

For GP practices, this includes developing multi-professional teams to work alongside GPs and introducing telephone (and increasingly digital) systems and workforce roles to signpost and connect people to local services. These services include sources of non-clinical wellbeing support from the third and community sectors as well as clinical care from community pharmacists, dentists and optometrists. These telephone systems are also designed to enable telephone consultations and to triage people with clinical needs and prioritising those with urgent needs.

For our of hours services, this includes the phased roll out of the 111 service and participation and response to the national peer review.

For community pharmacies, this includes the treatment for a suite of common ailments without the need for a prescription. Pharmacists are training to prescribe medication as well as to dispense and advise. Action is planned to develop further the clinical assessment skills of pharmacists.

For dental practices, this includes developing the multi professional workforce and encouraging dental practices to collaborate with each other and with other service providers like GP practices at cluster level.

For optometry practices this includes optometrists training to deliver more services in primary care and to train to prescribe medication. Action is planned to further develop the clinical assessment skills of optometrists. The priority is to deliver more services which people have traditionally had to travel to a hospital to access.

For audiology services, Aneurin Bevan, Betsi Cadwaladr, Cwm Taf Morgannwg and Swansea Bay University health Boards are leading the way on developing Advanced Audiology Practitioners to work at cluster level and in collaboration with other health professionals and the third sector. Action is planned to further develop the clinical assessment skills of audiologists and health care support workers. The priority is to deliver more services which people have traditionally had to travel to a hospital to access.

For people with Welsh Language needs, health boards are providing primary care contractors with a range of resources in line with the NHS (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019.

### North Wales

An extract from Betsi Cadwaladr University Health Board's special measures improvement report is at **Annex B**. This shows the health board is targeting action at general medical services. The health board has in the past six months adopted a proactive scenario planning approach for general medical services. This approach has led the health board to identify hot spots in the next 5 and 10 year periods, based on expected workforce retirements at a practice, town and cluster level. The information is being used to predict capacity requirements for multidisciplinary professionals to be able to rollout the Primary Care Model for Wales at pace in these areas.

Whilst risks remain high, this places the health board in a position to target 'at-risk' practices and to support them to implement the Primary Care Model for Wales as a priority, with GPs only doing what GPs must do.

A positive initiative is the Primary and Community Care Academy (PACCA), which has three important roles:

- Coordination of training – a systematic and coordinated role to training non-GP advanced practice professionals to work in primary care settings. PACCA will provide pastoral mentorship, tutorial support, and coordination of training placements across primary care in North Wales and will safely push the boundaries for advance practice professionals.
- Hosting of a sustainability team – the team will be able to support practices to identify ways of implementing the Model as an alternative to contract resignation. Being hosted within PACCA will provide immediate access to cohorts of new advance practice professionals.
- Sharing of experience - The focussed remit of PACCA means that the team will develop a wealth of experience in primary care organisational change and of implementing new ways of working.

**Annex C** provides examples of how the Primary Care Model is being adopted across North Wales. While this includes multi professional general practice, of which Healthy Prestatyn GP practice is one well known example, there are examples of other service models. Further improvements will be implemented across North Wales over the coming months through proposals receiving support from the Welsh Government's Transformation Fund.

### **Impact**

Primary care services are the most frequently used and familiar health services. They are the first point of contact day or night. Timely access to a GP for both urgent and routine advice is a public concern and *Taking Wales Forward* commits to making it easier to access a GP and other health professionals. *Prosperity for All* includes a commitment to build on the primary care cluster approach to improve access to care at or close to home. This is reinforced in *A Healthier Wales*.

National and international research and evidence indicate the potential benefits of the Primary Care Model for Wales and its emphasis on primary care cluster collaboration will include:

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

In line with the five ways of working in the Well-being of Future Generations (Wales) Act 2015 aimed at achieving the 7 well-being goals set out in section 4 of the Act, the Primary Care Model for Wales supports health and wellbeing through collaboration to achieve sustainability and an emphasis on prevention.

There are no Welsh Language statutory implications as a result of this Cabinet paper.

### **Finance Requirements and Governance Implications**

As this is a paper to note, there are no additional financial implications arising from Cabinet's consideration of this paper.

Health boards know they need to work with their partners to develop the capacity and capability of primary care services to ensure the sustainability of the health and care system. This includes redirecting existing services and resources and a move away from hospital-based care towards improving population health and wellbeing, preventing avoidable ill health by increasing capacity and developing capability in primary care.

Further to support provided through the Integrated Care Fund and Transformation Fund, the £42.6m recurrent National Primary care Fund established in 2015 has 3 priorities; service sustainability, better access and more services available in the community. The Funding is allocated for:

- national leadership and programme management
- a national programme of pacesetter schemes to test new ways of planning, organising and delivering primary care
- the 64 primary care clusters to determine how to use and implement their local solutions and priorities;
- health boards to implement their primary care plans set out in their integrated medium term plans and to support local action to message how local services are changing for the better.

The aim of the Primary Care Model is to improve the health and well-being of the population and will reduce inappropriate demands on secondary care services such as A&E.

Stable general practice is at the heart of the Model. Healthy Prestatyn is an example of how components of the Model are used in general practice.

In line with [Interim Finance Notice 01/2015](#), this Cabinet paper and supporting submission has been cleared with HSS Finance (CW 7144/2019) and Strategic Budgeting (SB), clearance code SB0821/5.

This paper does not raise any regularity or propriety; or any novel or contentious issues and has not required relevant legal advice.

### **Research and / or Statistics**

The Primary Care Model for Wales is whole system and therefore is based on a wealth of national and international evidence and will continue to evolve in line with the evolving evidence base. The paper has been approved by Knowledge & Analytical services (clearance code KAS 29/2019).

### **Communications and publication**

No specific communication is planned as a result of this Cabinet Paper. There is a national communication plan for the Primary Care Model for Wales to support messaging about how local services are changing for the better. The Primary Care Model was the subject of a Welsh Government plenary debate on 7 May 2019.

The paper can be published six weeks after the respective meeting.



**Joined up Working**

In drafting this paper officials have worked with colleagues across the Health and Social Services Group.

**Recommendation:**

**Cabinet to note the Welsh Government's approach to health and wellbeing through the Primary Care Model for Wales, strategic and local action to support its implementation and examples of the Model in North Wales.**

**Vaughan Gething  
Minister for Health and Social Services  
June 2019**

## **The Primary Care Model for Wales**

### **Changes to Local Health and Well-being Services in Wales**

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

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

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

#### **1. The Principles of the Primary Care Model for Wales**

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

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

## **2. An Informed Public**

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

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

## **3. Empowered Communities**

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

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

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

## **5. Local Services**

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

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

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

## **6. Seamless Working**

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

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

Additionally, there are joint contracts, shared working spaces and learning sessions, and opportunities for professionals to rotate between different sectors. There are many models that promote collaborative working, such as federations and social enterprises.

## **7. Effective Telephone Systems**

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

For example, the telephone system could direct people to:

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

## **8. Quality Out-of-Hours Care**

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

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

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

## **9. Directly accessed services**

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

## **10. Integrated care for People with Multiple Care Needs**

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

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

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

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

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

### **11. How to Support Transformation**

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

### **12. Anticipated Outcomes**

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

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

## **Extract from Betsi Cadwaladr University Health Board's latest special measures improvement report**

### **4.4 Primary Care**

#### **4.4.1 Expectation: *Progress being maintained over the winter period in implementing the national out of hours standards***

GP out of hours has now been removed from special measures.

#### **4.4.2 Expectation: *Evidence of strengthened resilience and sustainability in primary care services***

The vision for integrated, resilient and sustainable health and social care clusters has been developed, as described below. In terms of strengthening primary care resilience, impacts have been seen through fewer GP practice resignations, managed GP practices moving back onto General Medical Services contracts, and all trainee GP posts in north Wales filled for the first time,

#### **4.4.3 Expectation: *Vision, direction and implementation plan for primary care clusters agreed and being delivered***

The vision for integrated, resilient and sustainable health and social care clusters has been developed, with Health Board actions mapped out into the Care Closer to Home workstream. This has been co-produced with partners, and received commitment from the Public Services Boards to support and prioritise the approach once it has been formally agreed.

4.4.4 The Health Board has contributed to the successful Regional Partnership Board (RPB) bid to the Transformation Fund to support the delivery of the shared vision for clusters. A Community Transformation Board has been established, with Local Authority directors and other RPB partners, following the successful Transformation Fund application. Implementing the vision for clusters, led collaboratively with increased local autonomy will be critical to success. A cross-organisation workshop has been arranged to sense-check the detail of proposals prior to then commencing roll-out. It is anticipated that this expectation will be fully achieved following the workshop in May 2019.

#### **4.4.5 Expectation: *Programme established in partnership to develop and implement agreed proposals for the configuration of health and well-being centres in North Wales***

4.4.6 A workstream for health and well-being centres has been mapped out with reference to the Care Closer to Home strategy. Ongoing dialogue is taking place with partners and other stakeholders to better understand the requirements within different levels of centres and at cluster level, including non-Health Board estate. The Health

Board estates strategy has been widened to include primary care estates considerations.

4.4.7 It is recognised that achieving success will require the estate to be used in partnership with other services.

## Examples of the Primary Care Model for Wales in North Wales

Primary Care Providers	Number
GP practices	105
Community pharmacies	154
NHS dental practices	93
Optometry practices	75

GP practices - data as of 30 Sep 2018

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/General-Medical-Services/gppractitionersregistrarsretainersandaveragepatientsize-by-localhealthboard-year>

Community pharmacies – data as of 2017/18 <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Community-Pharmacies/communitypharmacies-by-localhealthboard-year>

NHS dental practices - data as of 28 Feb 2019 <https://digital.nhs.uk/services/organisation-data-service/data-downloads/miscellaneous> (see egpprac).

Optometry practices – data as of 31 March 2019

### Healthy Prestatyn General Practice

**Component of the Model:** Effective Telephony \*to signpost and direct people to right professional)

#### Brief Description:

The service model is essential to the sustainability of general practice and is based on the principle of GPs only doing what GPs must do, supported by a multi-disciplinary team of healthcare professionals and utilising signposting to services. There are other examples across North Wales, notably Blaenau Ffestiniog.

The Healthy Prestatyn model is built around 'Key Teams' of health care professionals. The teams have a range of highly skilled professionals, not just GPs. This approach allows flexibility and gives the patient access to a range of professionals who are able to meet their healthcare needs. It ensures GPs have time to focus upon those with particularly complex medical needs, whilst still being able to support the rest of the Key Team to provide leadership in the care to all of their patients.

The approach is built around cohorts of patients and this enables continuity of care with patients developing a relationship with the Key team members. Each professional brings a range of abilities and knowledge, resulting in a Key Team with a greater range of skills than from a GP alone.

### GP receptionist training

**Component of the Model:** Local services, Effective Telephone systems.

#### Brief Description

The navigation reception training is a 4 module accredited certificate focussing on the development of receptionists in GP practices to provide them with the skills and tools to sign post patients more effectively to community services and other health professionals.

### Advanced Practice Physiotherapists



**Component of the Model:** Local Services, Seamless Working and Directly Accessed Services.

**Brief Description:**

This service offers people presenting with musculoskeletal problems to be seen locally by an Advanced Physiotherapy Musculoskeletal Practitioner as an alternative to seeing their GP. The health board reported at end of March 2019 that 73720 patients have accessed the Advanced Physiotherapy Practitioner service since its inception in January 2015

**Advanced Audiology Practitioner, Bradley's Practice, Glanrafon Medical Centre, in Mold**

**Component of the model:** Local Services, Seamless Working and Direct access.

**Brief Description:**

This service offers people presenting with ear/hearing related symptoms or problems to be assessed by an appropriately trained audiologist/nurse/healthcare support worker, with management oversight by an Advanced Practice Audiologist. People only go to the GP or the secondary care ear, nose and throat (ENT) service when clinically necessary. The new service models have already reduced the number of referrals to secondary care ENT departments and released GP time. Further work is needed to roll the new service models out across North Wales and to share best practice with other health boards to scale up across Wales.

**Connecting people to wellbeing support (social prescribing)**

**Component of the model:** An Informed Public, Empowered Communities and Support for well-being, prevention and self-care.

**Brief description**

The health board has been undertaking a programme across North Wales aiming to strengthen social prescribing. The Grwp Cynefin project in Denbigh ran from January 2019 to March 2019. Flyer and referral forms were sent to all local GP surgeries and referring agencies and contact made by telephone to further explain the project and referral system. Patient/client would be given a referral form and told to turn up to Hwb Dinbych to book onto an art class. There was also a self-referral option. Clients/patients could choose between a variety of daily classes of multi-media art, sewing and clay classes. In addition, one off full-day workshops were available and included: colour therapy, mindfulness, and stress busting.

**Community Diabetes service delivery in the Arfon Primary Care Cluster**

**Component of the Model:** Support for well-being, prevention, Empowered Communities and Local Services

**Brief Description:**

The cluster has invested in a community diabetic dietician for the Area, and has been involved in the development of the new Diabetes Advanced Nurse Practitioner role. The new Diabetic Advanced Nurse Practitioner is now delivering specialist nurse-led clinics from the Arfon practices, and supporting Practice Nurse Education in the area.

**Multi professional Community services**

**Component of the Model:** Seamless Working, Local Services and Integrated Care for People with Complex Needs.

**Brief Description:**

Community Resource Teams (CRTs) now operate across the health board to some degree. Use of the transformation fund is allowing partners to compare approaches within different geographical settings to ensure they are learning from each other, and to now further develop and mature CRTs within the context of localities.

### **Community Care Hub in Wrexham**

**Component of the Model:** Multiple components

**Brief Description:**

The Community Care Hub offers coordinated care and support for people who are homeless. It brings together agencies such as GP services, mental health and substance misuse services, DWP, housing and homelessness services across all sectors of the community, making best use of existing resources, good practice and community assets.

### **Transformation Fund Proposals**

The Transformation Fund is providing significant investment in community based health and social care.

Health and social care services are under pressure everywhere – not only in Wales. The overwhelming majority of people receive care and support, and much of this is free of charge. This makes our health and social care system a huge public asset for the people of Wales.

We have invested significantly into health and social care in Wales: As set out in the recent budget, for 2019/20 there is in total £192m of additional funding made available to health and social care in line with A Healthier Wales.

The £100 million Transformation Fund is in addition to the £192 million funding for A Healthier Wales. The fund is intended to deliver transformational change and new models of health and social care. New models are expected to deliver change including stronger partnership working. This is essential for creating change that remains viable and affordable after transformation funding ends.

The aim of the fund is to improve health and social care services by scaling up models that are successful, and replacing less successful or outdated ones.

As a result, people should see an improvement in their local services. A summary of the models that have been approved in North Wales are listed below;

### **Seamless Services for People with Learning Disabilities – North Wales Regional Partnership Board**

The *seamless services for people with learning disabilities* model aims to help people with learning disabilities live more independently and get the care they need to closer to home through better integrating health, social care and the third sector.

The project aims to:

- Develop better integration of health and social services with less duplication of record systems so people only have to 'say it once'.
- Develop the workforce to create better awareness of disability issues among the wider public sector workforce. This approach should reduce the demand for specialist learning disability services in future.

- Use assistive technology to help people with learning disabilities become more independent.
- Implement community and culture change by increasing the number of people with learning disabilities employed in paid work, access to training, and volunteering opportunities, with more effective regional approaches for social prescribing.

### **Together for Mental Health in North Wales - North Wales Regional Partnership Board**

*Together for Mental Health in North Wales* aims to promote the mental wellbeing of people in the area and to ensure that those with mental health problems and mental illness get the support they need when they need it.

The project aims to:

- Have an effective framework in each county for identifying people who are most vulnerable and take a multi-agency approach to prevent crisis occurring.
- Develop a multi-agency crisis care pathway that will provide prudent (right time, right response, right place) care and support that meets the needs of the person.
- Underpin the multi-agency approach to crisis care by training front line staff from all organisations on roles and responsibilities to improve practice and the experience for people in crisis, as well as to avoid escalation.
- Integral to the recovery pathway for people, the project will align with plans for developing supported housing in North Wales and key services, which are currently not available.

### **Community Services Transformation – North Wales Regional Partnership Board**

The vision for the Community Services Transformation is that its community-based services will enable early help and support for people to be provided within their own home. Through this approach the outcomes for individuals will be improved and demand for hospital admissions and care provision will reduce over time. The project expects that over the next few years it will have reduced the need for hospital based care, and treatment will have shifted to health, wellbeing and prevention.

The project aims to provide:

- Well-co-ordinated services designed around 'what matters', ensuring equality of access and services provided in the language people choose,
- Help to navigate the health and social care system, as well as accessing a range of other services that would improve their well-being,
- Access to a range of preventative services, community support, advice and information,
- Access to a range of community support, care and therapeutic interventions,
- Assistance in dealing with crisis, end of life and on-going health conditions.

### **Integrated Early Intervention and Intensive Support for Children and Young People – North Wales Regional Partnership Board**

This project sees opportunities in further developing its services to provide integrated seamless approaches to early help, and more timely and responsive assessment and support to bring about better outcomes to children and young people.

Through a whole system approach that focuses on the family, this project will transform integrated early intervention and support, in an integrated manner, to provides the right support and approach to build family resilience.

The project aims to:

- Help prevent problems from escalating through timely integrated support - including new approaches to early help and accessing therapeutic support,
- Establish multi-functional 'assessment and support' teams that provide responsive and intensive support that seeks to build individual and family resilience and facilitate effective de-escalation of complex/escalating/crisis situations,
- Achieve better outcomes for children and young people whilst reducing the need for costly, long term statutory intervention.

## **Infrastructure**

### Flint - £5.036m

The business case for an integrated health and social care centre at Flint was approved in March 2016. The proposed new centre will replace and integrate existing services and existing accommodation provided from a number of sites, including Borough Grove Clinic and Flint Hospital. The new Centre was opened by the Cabinet Secretary for Health & Social Services in May 2018.

### Blaenau Ffestiniog -£3.99m

The business case to develop an integrated health and social care centre at Blaenau Ffestiniog was approved in November 2015. The range and scale of services in Blaenau Ffestiniog will be expanded and services will be integrated in a single location. The project will be delivered by re-developing the existing hospital. The new centre opened in Winter 2017.

### Tywyn Memorial Hospital - £5.1m

New integrated primary and community care centre and 16 bed ward. This opened in April 2016. The 3 storey extension will provide a Primary Care Centre with a new 16 bed ward on the second floor. The existing ward area will then be converted for outpatients and therapies. The scheme will provide a range of integrated, co-located health, social care and third sector facilities.

### Llangollen Primary Care Resource Centre - £5.2m

This development will enable the services provided by the Llangollen GP Practice, Betsi Cadwaladr Health Board, Denbighshire County Council Social Services and the Third Sector to be co-located together on one site. The Resource Centre opened in September 2015.

### Central Denbighshire – circa £1.7m

This development to re-develop the Ruthin Community Hospital site is part of the initial pipeline of primary care schemes. Fees have been provided to the Health Board to develop the business case.