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Health Board

Primary Care initiatives to support SBUHB planned care pressures

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Why?

- Significant backlog within planned care service provision
- Delay in diagnosis causes delay in treatment and risk of deterioration of presenting condition
- Increased suffering, prescribing, GP workload
- Trusting, well established local relationships between GPs and patients
- CSP/Healthier Wales/VBHC objectives
- Prudent Healthcare principle



Principles

- Patient-centred
- Clinically safe and operationally excellent
- High quality service
- Equitable
- Evidence based best practice
- Evaluation/learning
- Shift left of resources
- VBHC



Centralised Spirometry clinics

- Cessation of service delivery within GP during pandemic
- Increasing number of patients awaiting investigation to be completed in secondary care
- Llychwr cluster commenced weekend service delivery in suitable premises on weekends from Nov 2021 avoiding interference and impact on weekday GP service delivery and reducing Covid -19 transmission risk.
- Other Cluster offered clinics within their areas to help reduce backlogs



Spirometry – results

- **769** spirometry's have been performed since November 2021
- **273** patients newly diagnosed with new COPD
- Timely access allowed early diagnosis, commencement of treatment and clinical optimisation preventing deterioration and possible need for hospitalisation
- Every patient contact offered opportunity for health promotion (smoking, flu vaccination, lifestyle) and education (inhaler technique etc)
- Positive staff and patient feedback
- COPD backlog now completed

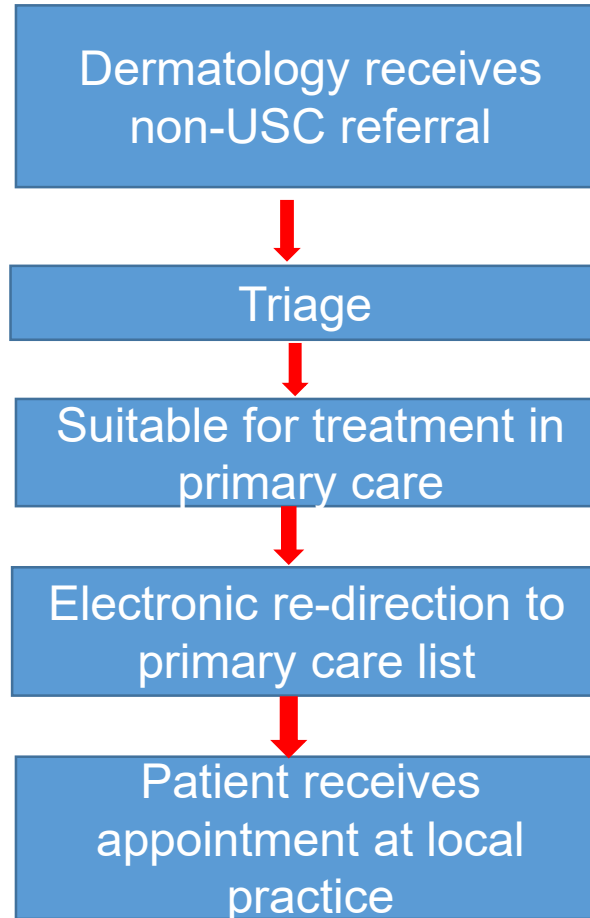


Spirometry – next steps

- Completion of any existing backlog of asthma patients (about 380 patients)
- Ongoing service delivery to accommodate any new referrals
- National direction awaited regarding future spirometry provision
- National and local sharing of learning and good practice
- Evaluation of service model – many benefits identified



Non-USC primary care dermatology scheme

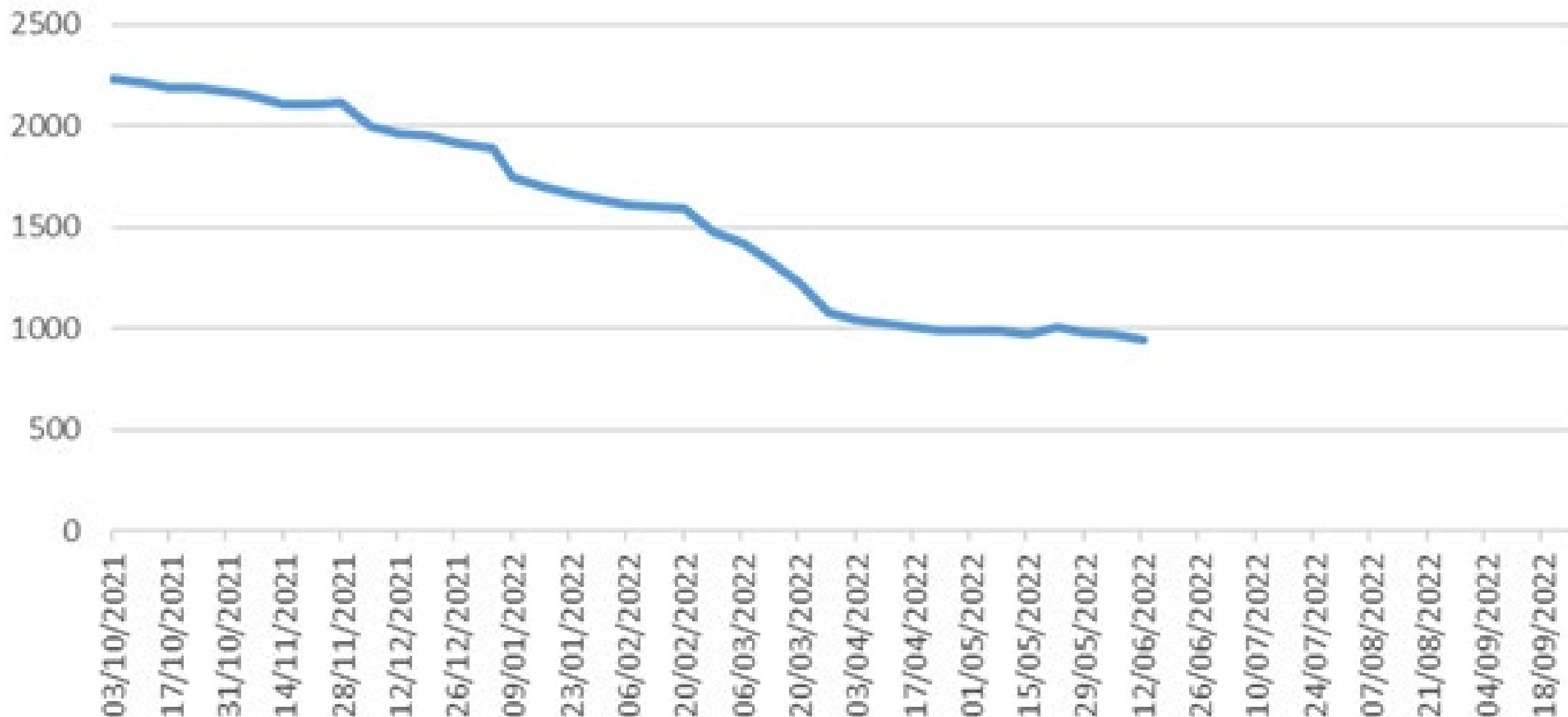


Non – USC primary care dermatology scheme

- Established in Nov 2019 to undertake BCC procedures in primary care – ceased during pandemic
- Restarted as part of the planned care recovery programme in April 2021. Referral criteria were widened to non-USC conditions and benign lesions requiring treatment.
- However re-direction to primary care was lower than anticipated with capacity exceeding current referral numbers
- Average number of referrals received between April and November 2021 was 23 per month (range 9-30).
- About 1000 patients listed on dermatology non-USC waiting lists. There is currently a capacity for approximately 124 appointment slots a month in primary care clusters.



Number of patients on the Dermatology stage 1 waiting list graded as Y81 Non USC Lesion Swansea Bay UHB



Prehabilitation

- Optimisation of patient's health and wellbeing pre-cancer treatment
- Targeted interventions in small time window pre-treatment
- Positive results seen in pilots in Cardiff and across UK in regards to recovery time post cancer treatment, remission rates etc
- Service to commence in Llŵchwr Cluster next month



Waiting list validation

- SBUHB pilots of joint GP/Consultant validation sessions in ENT and cardiology
- Focus on FUNB patients waiting >52 weeks
- Results indicate up to 50% reduction of existing FUNB waiting lists
- National incentive awaited for GP to consider validation work
- Further benefits seen in regards to



Population health

- Prevent ill health, reduce health inequalities and improve health across the life course
- Prevention is better than cure
- Optimisation of patients living with chronic conditions
- Value Based Healthcare Approach



Diabetes – Goals

- Improve compliance with 8 care standards and treatment targets
- Shift left of the management of Type 2 Diabetes patients including initiation and monitoring of patients on GLP-1 and Insulin.
- All Wales Diabetes Prevention Programme roll out across all 8 clusters in SBUHB



Atrial Fibrillation – Goals

- Increase prevalence by targeted pulse checks for high risk patient groups
- Review of existing patients with diagnosis of AF to ensure anti-coagulation/optimal treatment discussed and offered
- Ensure timely diagnosis and management for patients with persistent and paroxysmal AF in primary care settings



Heart Failure – Goals

- Annual reviews of all SBUHB heart failure patients within community cardiology service
- Enhance service delivery within community cardiology service
- Timely diagnosis, education and treatment at cardiology led diagnostic hub in Gorseinon
- Improve In-patient care of heart failure patient to facilitate early specialist input and earlier discharge



What's next

- MSK
- Falls
- Primary Care Gynaecology clinics



ANY QUESTIONS?

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