PRIMARY CARE ANNUAL REPORT

(SUMMARY VERSION)

2014 - 2015

1. PURPOSE

This report aims to:

- Describe the context within which the four independent primary care contractor professions have been operating and developed within 2014/15
- Summarise progress against actions identified for primary care in the Primary Care Action Plan agreed in July 2014 and other priorities which emerged in-year
- Summarise progress to develop the GP cluster networks which it is intended will become established as the management unit through which primary and community services are planned and delivered.
- Set out priorities for 2015-16 that will be reflected in the refreshed Intermediate Three Year Plan [IMTP] in Quarter 2 of 2015/16

For ease of reference, particularly in viewing primary care within the health board as a whole, the report is structured to reflect progress under the headings of the health board's strategic priorities, cross-referenced to the national primary care plan.

2. BACKGROUND

Welsh Government first required health boards to prepare and submit an annual primary care report in 2011/2 and, although not requiring a formal Welsh Government submission since 2012/13, has expected annual consideration of such a report by the Board.

Several substantial reports on key areas have been received by the Health Board's Performance and Quality and Safety Committees over the past year. Reports on key indicators such as immunisation and smoking have also been included within the Director of Public Health's Annual Report. Consequently, but more particularly because the strategic context within which Primary Care is operating nationally and locally has been changing significantly, it is not intended to repeat the material previously reviewed by the board but to focus on those areas of significant achievement or change, and ensure the board is informed on current and planned developments that it can expect to see reflected in the refreshed IMTP over the next quarter. *Further detail, particularly on the information and trends that are summarised in this report, is available in an expanded version of this report*.

3. STRATEGIC CONTEXT

The national and local strategic drivers identified in 2014 (Setting the Direction, Together for Health, Changing for the Better, Bevan Commission report) remain but have been supplemented and strengthened by:

- the requirements set out in the Welsh Government's November 2014 *Plan for Primary Care Services for Wales up to March 2018* and follow up *A Primary Care Workforce Plan for Wales* of July 2015, particularly the requirement for specific action in the following areas:

- Planning Care Locally
- Improving access and Quality
- Equitable access
- A skilled local workforce
- Strong leadership.

- the requirement, set out in the plans referenced above, that health boards focus attention and shift resources towards primary and community care and support community networks to develop and become established as the default management unit for the planning and delivery of primary and community care. This in line with the Community Network Development plan which the health board submitted to Welsh Government in April 2014.
- the release by Welsh Government of several substantial short-term and recurring funding streams to support the implementation of the Primary Care Plan and focussed on supporting cluster networks, alleviating and tackling the problems associated with GP recruitment and increased demand for services.
- Revisions to the General Medical Services contract facilitate practice participation in development and delivery of practice and cluster network development plans
- The release of new legislation - the *Social Services and Well-being (Wales) Act* in May 2014 and *Well-being of Future Generations (Wales) Act* in April 2015 which, between them, reform social services law, change the underlying principles of service provision to improve the well-being outcomes for people who need care and support and their carers, and increase the requirement for greater co-operation and partnership between public authorities and with the Third Sector.

Good progress has been made in taking forward the priorities agreed by the board in July 2014 and is summarised in **Annex A** under the original 2013/14 priority areas. Key issues and achievements are highlighted under the Health Board's Strategic Priorities below.

4. OVERVIEW

As in the rest of Wales, there has been a significant increase in the number of elderly people requiring care. Most of the overall increase, and that in the overall, young persons and black and ethnic minorities are in Swansea (0.5% increase in population) which is likely to rise further in 2015/16 with commissioning of more university facilities.

4.1 POPULATION SERVED

ABMU's resident population increased by 1.5% to an estimated 523,000 in the five years to 2014 (1.4% across Wales), the increase in Swansea averaging 0.5% per year. Another significant change hidden within the overall picture is the 9% increase (10% across Wales) in people who are aged 65 or over and who now comprise 19% of the population. The GPs' catchment population of approximately 546,300 increased by approximately 3,500 in-year, due to cross-border changes, reflected overleaf.

4.2 SERVICE PROFILE

Independent General Medical practices are responsible for providing General Medical Services [GMS] from 0800 to 1830, Monday to Friday with urgent cover outside these hours (72% of the year) provided by ABMU's Out of hours service. At April 2015,

ABMU's GMS practices had reduced from 77 to 75 (and will be 73 in October) as a consequence of several changes to practices across the Health Board following resignations and retirements with resultant mergers, dispersals and takeovers of former practices, including one of the three managed practices and two single-handed practices.

The health board also contracts with 93 Dental practitioners (including 8 for Orthodontics, three for oral surgery) 57 Optometry practices and 125 Community pharmacies. With a combined budget £137.6 million, excluding prescribing budgets of £93.7 million, these services account for 14.2% of the Health Board's operating costs, but over 90% of patient contacts.

5. REVIEW OF OBJECTIVES AND PRIORITIES, 2014/15

During 2014/15 there were a number of key achievements in developing the primary and community services agenda. The following sections provide some detail but in summary these include:

- Facilitated a step change in the progress of community cluster networks which have delivered an impressive range of service developments to improve patient care, and which make a significant contribution to the health board's strategic aims.
- Successfully secured continuity of care for almost 19,000 patients affected by general medical practice changes in six Neath Port Talbot practices, more across ABMU in recent months
- Strengthened quality and safety, monitoring procedures and financial governance with 30 performance cases being pursued in-year, leading to a range of clinical practice improvements and substantial financial recoveries from dental services of over £250,000.
- Commissioning improved services for care homes and sexual health, and smoking cessation services that allow network solutions and cross referral of patients
- Secured Welsh Government support for four Welsh pacesetter projects that will explore different ways of working within primary and community services during 2015/16
- Progressed large estate improvement schemes in Bridgend, Swansea and Neath Port Talbot.
- Pursued a range of initiatives that maximise joint working between pharmacists and GPs on medicines management issues which is set to expand further during 2015/16.
- Established three integrated hubs in Swansea which bring together a wide range of health and social care professionals

More detail is given in the sections below but the substantial nature of the work programme undertaken by the eleven cluster networks warrants attention that it would be inappropriate to condense into this report. The service developments successfully pursued by the 75 practices working closely in partnership with the Health Board and other agencies will therefore be presented separately to the health board following completion at the end of September of the 2015/16 GP Cluster Plans.

5.1 HEALTHIER COMMUNITIES

The degree of **deprivation** across the health board's eleven cluster networks is very variable but includes three in which 25-28% of the population live within the 10% most deprived areas in Wales: Penderi, Cityhealth and Afan.

The role of primary care in delivering preventative care is crucial and was emphasised in the expectation, required by the GMS contract revisions, that peer review took place in clusters to secure improvements in **childhood immunisation** in hard-to-reach areas. Despite a significant improvement spurred by the work to manage the measles outbreak in 2013, the health board remains below target for achieving 95% coverage of MMR overall, although there have been significant successes: peer review within clusters commenced in November 2014 and the target for two year old children has been achieved.

There was a greater focus on **influenza immunisation** in 2014/15. The Health Board continues to report the lowest uptake within Wales, significantly below the target level of immunisation 75% of the at risk groups, with an increase in only four of the 11 cluster networks. Best practice was shared and a practice guide produced by one of the leading GPs with tips on how to promote and achieve high uptake. Thirty pharmacies were commissioned to provide immunisations in 2014/15. It is hoped that a planned increase and the continuation of peer review will see significant improvements in 2015/16.

Two new initiatives were introduced in 2014/15 to tackle levels of **smoking**: the training of Pharmacists to provide a one-to-one [Level 3] advice service and, through Stop Smoking Wales, to encourage smokers to quit through their General Dental Service providers. The uptake and outcome of these initiatives is not yet available.

Several GP Clusters, notably Afan and Bridgend North, highlighted the need to tackle **obesity** and lifestyle in their practice and cluster development plans, eg pre-diabetes screening in Afan and successful community weight management programme, pilotted by Bay Health for subsequent roll-out across Swansea. Both provide diabetic patients with weight management support and, in Swansea, access to physical exercise programmes.

As the cluster plans highlighted the need to change several patient pathways and make communication between primary and secondary care more effective, the implementation of the new **Commissioning** Boards and inclusion of GP leads and representatives was a welcome development with good progress made on early diagnosis of cancer.

2014/15 also saw several new services commissioned from and on behalf of General Practices. These included the utilisation of new 2014/15 Welsh Government primary and community care fund monies to support the development of a new service model in one practice, a Time Banking pilot to test the feasibility and benefits of tackling loneliness and its affects on health and an ABM-wide practice nurse development programme.

5.2 ACCESSIBLE AND SUSTAINABLE SERVICES

2014/15 may have seen the beginnings of a shift in national and local emphasis from securing more service hours from GPs to supporting them in ensuring they have sufficient capacity to meet rising demand, as indicated overleaf.

General Medical Services, in-hours. The two Tier 1 standards - practices to provide services 47.5 hours per week and after 5 pm on two evenings - remain; performance against them has improved significantly (to 77% and 96% respectively at April 2015). It is hoped these targets will be met in 2015/16 following the introduction of new ABMU guidance and the provision of support from the Primary Care Foundation to assess demand and access arrangements and identify improvements for six Swansea practices for further roll out. The Community Health Council's access report showed that 85% of patients from the 22 practices surveyed found the availability of appointments excellent or good.

However the main access theme which emerged strongly from the cluster plans, particularly in Neath Port Talbot (reflected in the subsequent Pathfinder hub project) was the drive from several practices, including all the new contract holders, to help them cope with demand by introducing clinical triage and telephone consultation to filter out unnecessary GP appointments and divert or signpost the patient to alternative professions or services within the practice or elsewhere.

General Medical Services out of hours. 2014/15 saw a further rise in demand, 12% up on the previous year (to almost 83,000 total contacts). A new clinical leadership and management team has been active in making changes to manage this, increasing by 25% the number of calls dealt by doctor telephone advice alone, 93% the number of visits to the treatment centre merely to pick up prescriptions following a telephone consultation, whilst reducing home visits. Methodologies learned in the patient flow programme have been applied to the service to improve patient flow. As a consequence, the rota has been reconfigured to increase telephone triage capacity in the early part of the weekend days with a staggered approach to face to face consultation.

In addition, working closely with Welsh Ambulance Service colleagues, tele-assessment of patients in their own homes has been introduced, including in several care homes and it is intended that this initiative will grow. A triage facility has been developed in the Morriston site. This has increased the workstation capacity of the unit and serves as a dedicated training area for GP Registrars. Further pathfinder initiatives are planned linked to the national 111 programme, piloting the use of other professionals within the service.

Access to NHS Dental services. The percentage of children and adults treated in the two years ending March 2015 remained the highest in Wales and increased slightly as a consequence of the investment of 2% more dental activity in the areas of highest need across ABMU than the previous year. The overall picture masks the variation within the health board with pockets of Swansea city and most of Neath Port Talbot residents having very restricted access to a local dentist: at June 2015, only 9% of the health board's dental contractors (only one of whom was in Neath Port Talbot) were accepting all types (adults and children) of new patients.

A mapping exercise of service provision per cluster network area undertaken in Swansea (as part of the Health Cities initiative) led to the commissioning of significant additional activity in the city centre towards year-end.

Access to urgent in-hours care was improved following the introduction of a dental service coordinator who now books patients following triage by NHS Direct's dental nurses into the most appropriate of the 13 practices commissioned to provide urgent access sessions. Previously patients had had to ring around the practices themselves to make an appointment and data collection was challenging. The new pathway revealed that more than 30% of commissioned sessions were unused, and an improved service to maximise utilisation was planned in-year for introduction in 2015/16.

The primary care dental service includes the Posgraduate Dental Training Unit at Port Talbot Resource Centre which sees patients appropriate for student learning through a high needs referral system. It is also supplemented by the Community Dental Service which, following the release of Welsh Health Circulars 2015(1) and (2) in January 2015, will receive additional funds to improve oral health care in care homes and to enhance special care dentistry in the community.

Pharmacy. As indicated at 5.2 above, Stop Smoking initiatives were enhanced by the commissioning of additional advice services from 40 pharmacies across ABMU. The number of pharmacies providing seasonal influenza vaccines increased to 30 in line with Welsh Government guidelines and 25% more people (1,838 total) were vaccinated by the accredited pharmacists as a consequence, of whom 16% from the at risk groups said they had never before been vaccinated.

Pharmacists have also featured heavily in the GP Cluster planning process, both as required by the contract guidance, eg to undertake polypharmacy reviews and network prescribing management scheme, but also specific cluster initiatives.

Optometry. In January 2015 *Together for Health: The Eye Health Care Delivery Plan for Wales* was released. It requires Health Boards to understand and measure demand and capacity for the main ophthalmology sub-specialties and ensure that only the appropriate patients are managed in secondary care. This requires the active management of thresholds for integrating primary care optometry. The development of IT for e-referrals and electronic patient records will facilitate this and over 90% of optometry practices will be connected to the NHS network through the Welsh Clinical Communications Gateway (WCCG).

Development of 111 Service. This planned national service is intended to integrate the functions currently provided by NHS Direct Wales (including health information, advice and clinical assessment) together with the front end of General Medical Out of Hours services in Wales providing a single, free, phone number to access urgent health services, health information and advice services. This means that over time, the call taking and nurse triage function of GP Out of Hours services in Wales will transition to the 111 service subject to an evaluation of the pathfinder which has, from February 2014, been led by ABMU which will test the concept which, following a successful evaluation, it is hoped to roll out across Wales in 2016.

A 111 Local Implementation Board chaired by the Chief Operating Officer was established to oversee the pathfinder. A number of critical tasks have been initiated in 2014/15 including a Directory of Services to link with the new 111 service so that callers can be streamed or signposted to the most appropriate service that can meet their needs. A key element nationally and within ABMU in particular has been the inclusion of dental services: dental enquiries comprise an average of 16% of calls to NHS Direct nationally but significantly more in the ABMU area.

Sustainability: Information and clinical support systems
Progress is summarised in Annex A and has been reported through the Performance Committee in year, notable issues being:

- The migration of all GP systems to one of two (from five)
- The availability of patient summary records known as the Individual Health Record [IHR] in all GP Practices, with plans progressed to provide the Singleton-based Acute GP Unit with access
- The increased utilisation of 'My Health Online', which enables practices to offer patients the option to book appointments and request repeat prescriptions on line, used for repeat prescriptions in 58% of ABMU practices but in only 28% to book appointments. This is perhaps unsurprising given the increasing trend for GPs to manage access through triage and ABMU will work with NHS Wales Informatics Service (NWIS) to explore alternative options around this
- 100% practice sign up to participate in the Secure Anonymised Information Linkage [SAIL] programme with Swansea University to inform service planning with improved understanding of health needs
- Development of a Primary Care Dashboard by ABMU informatics staff allowing access to a range of indicators (disease registers, deprivation data, admissions etc) for use by the primary care and planning teams and other stakeholders

Sustainability: Estates infrastructure
Following the 2013 transfer of responsibility for funding primary care estate from Welsh Government to health boards, national Primary Care Premises Directions were issued, replacing the 2004 Directions and providing the framework for health boards on Premises Reimbursements to practices linked to new and improved premises. They also inform the ABMU Estates Strategy for Primary and Community Care which is currently being progressed, linked to Cluster Network plans and Local Authority Local Delivery Plans.

Significant progress was made to improve the primary care estate across ABMU, including:

- the creation of a Primary Care Centre in a former ward at Maesteg hospital, due to open for patients of Bron-y Garn surgery in July 2015 and the identification of land on which a Primary and Community Care Centre for Porthcawl could be developed
- Schemes to develop a new surgery in Brynhyfryd, Swansea to replace the existing facility, and a new practice in Mayhill as part of an integrated family centre were progressed.

- Planning to complete the new Briton Ferry Health Centre at The Quays at the end of September 2015 and the resolution of the planning concerns which had delayed the new Vale of Neath Primary Care Centre.

5.3 STRONG PARTNERSHIPS

Developing Community Networks/clusters

As discussed at section 3, considerable work was undertaken during 2014 with the aim of ensuring networks to take on additional responsibilities from 2015/16 onwards, work that was given a boost by strong national directives in the General Medical Services (GMS) contract, national primary care plan, and the announcement of resources for 2014/15 to support primary and community care developments. Many of the key achievements have already been referenced in this report, an indicator of the extent to which network or cluster development has been 'mainstreamed'. Achievements to meet Welsh Government requirements are summarised below.

- The changes to the GMS contract introduced in April 2014 refocussed the contract away from the more bureaucratic elements within the Quality and Outcomes Framework, and diverted resource into a Locality Development Scheme which aimed to incentivise GP practices to work across practice boundaries.
- GP practices were asked to and did develop individual Practice Development Plans (PDPs) in June, and, with Health Board support, Cluster Network Plans (CNPs) in September. These were summarised in the formal review under taken in accordance with the requirements of the GMS contract and a report submitted to Welsh Government in April.
- Network clinical leads participated in a joint session with Clinical Directors from primary and secondary care in October to share priorities and to identify key priorities across the interface between primary and secondary care to be taken forward through the Integrated Medium Term Plan (IMTP 3 year plan).
- From October 2014 to April 2015, cluster networks met regularly to progress their agreed actions, identify further actions and report on progress.
- A network based Prescribing Management Scheme, focusing on respiratory prescribing was launched, focussing on quality and cost effective prescribing.
- the cluster agenda enabled practices to foster and develop wider skills within general practice to improve clinical care and patient safety through participating in the three national priority areas covering early diagnosis / prevention of cancer, end of life care and minimising the harms of polypharmacy.
- The inclusion of network development within the core GMS contract led to improved engagement at a network level, and strengthened the involvement of GPs in multi agency network boards. Locality primary care and planning teams and local public health teams made significant effort and contributed greatly to ensuring that network plans were developed.
- A workshop held in October 2014 to explore new governance models to support cluster development, provided the opportunity to hear from colleagues in Northern Ireland who are developing models of social enterprise to deliver services across geographical populations.

5.4 EXCELLENT OUTCOMES AND EXPERIENCE

The Health Board made steady progress in meeting the recommendations of Welsh Government's 2012 *Learning for the Future* report which was developed following the inquiry into the death of Robert Powell. This work was reviewed by Locality Management Teams and formally presented to ABMU's Quality and Safety Committee. Further areas of achievement included:

- 85% of patients questioned in 22 GP practices as part of the Community Health Council's Access survey reported that they considered access to GP services was good or excellent
- Commencement of Healthcare Inspectorate Wales (HIW) visiting programme for General Dental Services was instigated, with reports being copied to the Health Board for actions as appropriate. At 31st March 2015 HIW had visited 12 of the 93 NHS dental practices in ABMU. A process plan was put in place within the Health Board to review and ensure all issues identified were tackled: only one report required immediate action on an issue which was resolved within days.
- The process for identifying concerns regarding antibiotic or antimicrobial prescribing was strengthened within General Dental Services; Medicines Management support was also deployed to tackle problem areas identified in General Medical Practice.
- A visiting programme to support the Community Pharmacy Quality Self Assessment Programme was introduced.
- Concerns Clinics were held for patients whose General Practice was closing and open engagement sessions held with patients of new partnerships.

In 2014/15 the ABMU area was identified as having the highest antibiotic prescribing rate in Wales and one of the highest in the U.K, despite improvements against national indicators. Prescribing data continues to show there is wide variation between practices regarding overall prescribing of antibacterials, supporting the idea that high levels of antibacterial prescribing are not due to infection rates but rather variation between practices and commonly between GPs within a practice. The health board has secured funding for an antimicrobial stewardship programme entitled *The Big Fight* which aims to reduce the prescribing of inappropriate antibiotics in primary care through support for GPs and education for members of the public and the wider healthcare community around appropriate use of antibiotics and the dangers of misuse e.g. antimicrobial resistance and C.difficile infection. Funding has also been secured for a pathfinder project related to the wider 'Big Fight' campaign that will involve an antimicrobial pharmacist providing more enhanced stewardship support to the North Cluster in Bridgend.

5.5 A FULLY ENGAGED AND SKILLED WORKFORCE

Workforce has been a key health board priority for the past two years, with detailed analysis of the current and future workforce challenges for the General Medical workforce, focussing on the General Medical Practitioner review undertaken nationally and within ABMU.

Data on the number of GPs per 10,000 patients indicates that ABMU has slightly less than the Wales average of GPs: 10,000 patients and varies by more than 30% across the health board. As this information is currently only available on a

headcount basis (as opposed to whole time equivalent) it is of limited value, particularly as part of the national recruitment and retention problem relates to the increasing number of part-time GPs. However specific data collection projects planned for 2015 should improve the information.

The local GP age profile gives cause for concern in terms of service sustainability, particularly as an increasing number of GPs are choosing to retire for a combination or reasons, including the 50% increased pension contribution that was introduced in 2013. Currently 20 of the 341 GPs (6%) are over 60, it being likely – unless they retire – that this figure will rise to 10% within two years.

It is also significant, particularly in terms of clinical leadership, that

- 50% of contractor manpower (excluding salaried, retainers, returners and registrars) is aged 50+ in 22 practices
- more than 50% (same exclusions) are aged 60+ in four practices

There has also been a marked shift in the gender balance, with more than 80% of entry level GPs (aged 27-30) being female. Being more likely to work part-time and take maternity leave or career breaks, the 2012 Wales Deanery report calculated that the typical female style of working meant that the ratio to replace retiring male workers equated to 1.2 females for each male.

The high level risks around workforce have been assessed and included within the IMTP and also covered within the Health Board's workforce risk register. In line with national expectations (which would be reflected subsequently in *a Primary Care Workforce Plan for Wales*) the health board is currently looking at options and ways in which the predicted shortfall in the number of GPs can be mitigated and has been supportive of individual and cluster plans which seek to tackle the problems with new ways of working and skill mix changes, including recruitment and training of advanced practitioners of various professions.

There are good indications that the Postgraduate Dental Training Unit, established at Port Talbot Resource Centre in 2010 is achieving its objective of recruiting and retaining dentists within Wales, with 13 of the 20 dentists trained to date still working within South Wales. In September 2014 the training programme was extended to two years (from one), with greater variety in the training placements, ranging through primary, community, secondary and tertiary care. This, and a community-based endodontic programme pilot, both aim to broaden skills, and encourage both local workforce retention and a service shift from secondary towards primary care.

5.6 EFFECTIVE GOVERNANCE

There has been an increased focus on providing assurance on the quality and standards within General Medical Practice, General Dental Services and Community Pharmacy. Comprehensive reports have been considered by the Quality and Safety Committee, notably in June 2015 on the strengthened governance arrangements in place for General Dental Practice, Community Pharmacies and to secure the implementation of the Learning for the Future report. It is not proposed to repeat these here, but to ensure that in 2015/16 the appropriate board meeting or sub-

committee receives regular reports covering, on a rotational basis, each of the key strategic aims.

It is, however, considered important to highlight that 2014/15 saw the identification and tackling of performance issues, to varying degrees, with 30 primary care practitioners, 28 of them dentists, and most resolved satisfactorily in-year.

6. KEY ISSUES AND PRIORITIES FOR 2015/16

The key issues and priorities are described in section 3 (Strategic Context) above, notably delivery on the demanding targets of the new National Primary Care Plan, Local Oral Health Plan, A Regional Collaboration for Health (ARCH), the health board's Quality Strategy.

The context in which the primary care services are provided from 2015/16 will also include the need to work with statutory and Third Sector partners to implement the requirements of the *Social Services and Wellbeing (Wales)* and *Wellbeing and Future Generations* Acts, and with relevant stakeholders to implement the 2015/16 versions of the GMS Contract (Wales), which includes the requirement to ensure that GPs reflect the views of their patients in service development at practice and (as required in the national Primary Care plan) network levels.

Known commitments, to be incorporated into the Health Board's Primary and Community Service Delivery Unit's Action Plan within Quarter two of 2015/16, are summarised below. In the coming quarter these will be prioritised, incorporated within the refreshed IMTP in the coming quarter, and reflected in the new Primary and Community Service Integrated Three Year Delivery Unit's action plan.

Key areas of focus for 15/16 will be as follows:

- Reflecting the key importance being placed on the key role of cluster networks significant support will again be made available during 2015/16 to assist the networks in completing the eleven cluster network plans and implementing resulting service improvements
- A key focus will be placed on securing the sustainability of primary care services particularly but not limited to general medical practices, this will include utilising dedicated Welsh Government monies to introduce and test out a variety of new ways of working and skill mix development.
- Continue to strengthen the governance systems and processes relating to primary care services
- Produce a primary care estates strategy and progress a number of individual modernisation programmes to the primary care estate.

Further detail on the nature of the commitments which will be translated into a prioritised action plan and incorporated within the refreshed IMTP are summarised against the health board's Strategic Aim headings.

1. HEALTHY COMMUNITIES

Reduce inequalities in health

- Inform plans by undertaking an assessment of local health and wellbeing, (Welsh Government requirement)
- Continue to encourage increased child and flu vaccinations and immunisations through networks, revisiting 2013/14 visit proposal
- Map all available financial, workforce and other resources and produce a directory of same, building on the 111 programme
- Support, with IM&T skills, the monitoring and review of inequalities at cluster level
- Further improve access to dental services
- Work with partners to ensure plans are informed by the wider Welsh Government requirements to tackle inequalities set out in, eg *Tackling Poverty Action Plan*, with target to close the gap in low birth weight and healthy life expectancy, and, as set out in the strategic framework *More than Just Words,* to provide services through the Welsh language

Reduce smoking rates and obesity

- Work with Public Health Wales to monitor outcomes of 2014/15 implemented initiatives with Community Pharmacists and Dentists
- Complete the implementation and evaluation of the community weight management project across Swansea networks;
- Evaluate the success of Afan cluster pre-diabetes initiative for potential roll out

Increase immunisations and physical activity

- Continue the network-based peer review and roll out of best practice in General Practice; additionally, enhancing through commissioning from more community pharmacies
- Explore scope to better integrate the National Exercise Referral Scheme with 2015-instigated network developments

Develop commissioning

- Explore scope to transfer responsibility for injectible treatments from secondary care
- Assure governance in primary care commissioning with introduction of new procurement system based on the model for General Dental Services (September 2015)
- Following the successful Amman/Upper Swansea valley pilot, explore scope to enhance community assets with development of Time Banking, as integral part of Western Bay Prevention and Wellbeing Work programme

2. EXCELLENT OUTCOMES AND EXPERIENCE

Key national requirements include the requirement to:

- Embed national standards,
- Work with partners to improve the support to people living in care homes in line with the Older People's Commissioner report 'A Place to Call Home'

- Support practices and clusters to establish patient participation groups and demonstrate how the patient experience is informing service provision and development

The health board has also prioritised the need to embed *Trusted To Care* recommendations in the management and clinical services that support primary care and will, in 2014/15 and, following the release of the Health Board's **Quality Strategy** in May 2015, work will continue to achieve six quality objectives as indicated below:

Person Centred	Roll out of patient feedback systems across General Medical Services to learn more about patients' experience and how services can be improved
	Adopt patient feedback systems across primary and community service areas, responding and adapting to feedback
Safe	Use DATIX system in General Medical Services and Significant Event reporting in other Primary Care services to continue to develop a culture of safety and learning.
Effective	Use inspection and review systems to assess the efficacy of services for patients, including reviewing dental performance information.
Efficient	Support network in developing services to meet their patients' and communities' needs. Adopt the principles of Prudent healthcare across all settings
Equitable	Support contractors in understanding and working to their national contracts, whilst supporting areas of specific need through local enhanced services
Timely	Learn from concerns to improve access to services including Urgent Dental services

3. A FULLY ENGAGED AND SKILLED WORKFORCE

A range of new schemes need to be identified and implemented to support the development of the primary and community care workforce utilising the £627,000 allocated by Welsh Government to the health board for this purpose in August 2015 for which plans are currently being identified in response to *A Planned Primary Care Workforce for Wales* which was launched in July 2015. Existing commitments to enhance capacity in primary care include the following:

Improve recruitment and retention

- Work with network leads to explore feasibility of introducing an Attract and Retain scheme for newly qualified GPs

Reduce sickness and absence

- Within the Primary and Community Care Unit, further improve overall performance to achieve Target sickness rates in all departments

- Complete the roll out of the Occupational Health Service for clinical staff in Dental Practices
- Support GPs, within the context of the Sustainability Framework referred to below (5) in minimising the effects of ill-health

Develop skills

- Evaluate and, if appropriate, further develop the Practice Management development programme in partnership with Swansea University
- Evaluate, with Swansea University, the 2014/15 practice nurse development programme and re-model to meet current and potential staff aspirations and needs
- Following evaluation, explore the scope to roll out the non medical prescriber continence support service to other clinical areas
- Develop and strengthen Nurse Bank recruitment to support primary and community care delivery
- Consider key roles where advanced practitioners may be able to release GP time in primary care.
- Support leadership at all levels via an Organisational Development programme
- Consider talent spotting and succession planning to retain and further develop existing staff
- Complete review of INR service model and implement recommendations across ABMU.

4. STRONG PARTNERSHIPS

Develop Community based models of care

- Provide support for the further development of cluster networks, completion of network cluster plans and support the implementation of wide range of initiatives encapsulated in them and the new national action plans referred to above
- Progress the early adoption of the agreed Anticipatory Care model in at least three networks by December 2015; all by March 2016
- Standardise Community Resource Team model across ABMU with Western Bay partners, scaling up intermediate care services to deliver, common access point, reablement and acute clinical response
- Further support the development of primary/community care management at community network level, particularly learning from the Bridgend Federated pilot
- Ensure staff are aware of the Social Services and Wellbeing Act and the implications on practice, linking cluster/network development with implementation of Local Authority-led Local Area Coordination across ABMU to help manage demand
- Re-launch Care Homes Enhanced Service , anticipated improved uptake and service consistency to minimise unnecessary use of emergency services
- Introduced revised, community based model for assessing Children who may require a General Anaesthetic to receive Dental Services
- Roll out successful joint project with Glaxo Smith Kline and Bridgend North Network to supporting delivery of the National Respiratory Plan.
- Further enhance the podiatry direct model

- Develop the current Podiatry-led peripheral arterial disease pathway with development of podiatry led vascular clinics
- Work with Welsh Government Policy leads to develop a plan to reconfigure Audiology services in line with the planned shift of health service provision towards the community
- Develop an extended role course with Swansea University to support the National Audiology Plan

Develop mental health services

- Support implementation and evaluation of GP Cluster-funded mental health and emotional well-being services in primary care
- Introduce new Dementia support workers [anticipating award of WG 2015/16 fund]
- Ensure integration of above new services with CRTs and anticipatory care models

5. Accessible and sustainable services

Support the sustainability of unscheduled care services

- Implement new sustainability framework for general medical practices when issued by Welsh Government (from September 2015), incorporating Practice Support Team concept
- Complete Primary Care Foundation assessment of demand and access for Swansea practices for ABMU-wide roll out
- Secure implementation of the revised ABMU guidance with regard to GMS Access
- From October 2015 onwards, phase in 24/7 111 single point of access telephone and on-line service to help people access urgent primary care and advice
- Support development and evaluation of new Primary Care co-produced model of care
- Support Phase 1 and 2 of Pace-setter Primary Care led Neath Communication Hub
- Initiate collaborative work between in-and-out of hours delivery of new in-hours urgent dental access system from September 2015
- Deliver new Out of Hours urgent dental access system from January 2016
- Develop a Primary Care Estates strategy by December 2015
- With NHS Wales Informatics Service ,practices and networks work through most effective utilisation of 'My Health On Line' compatible with the emerging service models
- Develop performance framework for achieving improved outcomes

Develop women, family and children services

- Support/lead the development of integrated Children's unit on NPTH site for children with a disability
- Evaluate and, if appropriate, encourage roll out of Swansea-based new Local Enhanced Service for 'Long Acting Reversible Contraceptives (LARC) & More Specialised Sexual Health Services'.

6. EFFECTIVE GOVERNANCE

New organisation structure

- Implement effective ABM-wide primary and community care structure, clarifying accountabilities and reporting arrangements, from October 2015
- Ensure the health board and Welsh Government receive regular reports on an agreed set of Primary Care Quality and Delivery standards and measures

Assurance Framework

- Utilise Health Inspectorate Wales reports on General Medical and Dental services to inform contract monitoring and service quality
- Implement revised visiting programmes for pharmacy, medical and dental practices
- Improve transparency and governance by developing and implementing new commissioning guidelines for dental services utilising procurement department mechanisms.
- Continue to progress dental performance cases to a satisfactory conclusion, noting that performance issues are currently being tackled, to varying degrees , with more than 20% of the health board's dental contractors
- Review and implement an appropriate framework through which goods, services or staff can be commissioned by or on behalf of community networks

IMTP Performance Management

- Support, with appropriate staff resources, the roll out and utilisation of the Primary Care Dashboard, and Out of Hours activity reporting

7. CONCLUSIONS

Significant progress was made in 2014/15 against the areas prioritised by the health board following a review of the 2013/14 plan as well as the development of new objectives that arose in-year as a consequence of the work required to sustain general medical services in much of ABMU. Bids for Welsh Government primary and community care funding streams were developed and submitted to seek and support the delivery of ambitious local programmes and ensure engagement in and delivery of GP Cluster Plans.

The pace at which the management of change in primary care was required in 2014/15 changed exponentially and has continued into 2015/16. The introduction of new board roles and an ABMU-wide Primary and Community Services Delivery Unit should help ensure that the task ahead is managed effectively, with primary care management capacity enhanced to deliver the strategic as well as operational changes required.

1.

ANNEX A

ABMU

Progress against 2014/15

Primary Care Action Plan

ANNEXE A

Primary Care Action Plan 2014/15 – Progress at 31st August 2015

ACTION	Progress at July 2015	Outcome
1. Access a) Deliver an improvement in opening hours and appointment times in line with the targets set out in our IMTP which indicates that by the end of March 2015, we will have improved the percentage of practices open for at least 47.5 hours per week up to 85%, and the percentage of practices offering appointments after 5pm at least 2 nights per week up to 99% b) Encourage more peer review of access arrangements at a network level using the new GMS contract changes and our local access scorecards to drive improvement c) Improve arrangements for working people and look at the overall distribution of appointments across the working day d) Consider new models of access including moving to more telephone triage arrangements e) Ensure that patient experience is regularly tested and respond to issues raised by the Community Health Council f) Work with an external organisation to help practices understand whether they are maximising their capacity and managing demand appropriately.	g) 100%t not yet reached but significant improvement made: 84% of practices open for 47.5 hours per week; 99% open after 5 pm at least two nights per week (due to a combination of improved performance in one practice and reduction in practice numbers to 74 from 75). h) Release of new ABM guidance on 1st June , aligned to the WG targets should see significant improvement following the three month notice period i) Progressed within work identified above and below j) Telephone triage is in operation in more than 10% of practices, including one third of Neath Port Talbot practices k) Achieved and ongoing : 85% of patients from the 22 practices surveyed by the CHC in 2014/15 reported that access in their practices was good or excellent l) Primary Care Foundation worked with Penderi network to assess demand and access arrangements and identify improvements for 6 Swansea practices. Following identification of beneficial changes project now being rolled out to Swansea's four other network areas who are now undertaking the same assessments; lessons learned from new triage/telephone consultation models in NPT practices also being shared	Improvement in access arrangements and performance against Tier 1 targets improved by end of 2014/15

ACTION	Progress at July 2015	Outcome
2. GMS Contract changes a) Introduce the new GMS contract changes b) Work with practices to develop effective practice and network development plans and ensure that sufficient management support is available to networks to help facilitate c) Maximise the use of flexibilities within the new GMS contract d) Review commissioning of enhanced services in line with development of networks and consider opportunities to develop network models around specific service areas – eg care homes	a) Achieved b) Step change in network development achieved with greater engagement, largely as consequence of contract changes and WG primary & community care funds released from August 2015 c) Scope to maximise new flexibilities being explored, eg through Pathfinder programmes x 4 developed from late 2014; d) Sexual Health Services enhanced services launched; Care Homes Enhanced Services reviewed and uptake increased overall but to be re-launched with LMC to encourage greater uptake and network approach	Contract changes will be embedded in line with national timetable and networks will be on a more stable footing
3. Workforce a) Continue to assess and respond to workforce issues including risk assessing vulnerable areas b) Undertake a detailed mapping of the practice nursing workforce c) Consider options to recruit and retain GPs to work within ABMU area d) Support practices to work together more effectively and identify ways in which 'federated' models can be developed e) Maximise the use of skills across the primary care workforce (ie. workforce substitution) including the use of Health Care Support Workers, practice nursing as well as opportunities to maximise pharmacy and other professional skills within a practice environment	a) Ongoing; ABMu has contributed to development of Wales-wide sustainability framework/assessment tool being launched September 2015 b) Not yet achieved; will be informed by local implementation of A Primary Care Workforce Plan for Wales (released July 2015) c) Ongoing, GP-led proposal being supported, learning from other Health Boards reviewed d) Ongoing: Bridgend Federated Model pathfinder project; Swansea Sexual Health Enhanced Service e) PC Team/ HB has supported Amman Tawe partnership bid to remodel skill mix (WG-PC-funded and featured in national workforce plan), Nurse Practitioner and Practice Managers' development scheme.	There will be a clear workforce plan aligned to the overall strategic priorities for the Health Board and a more stable workforce

ACTION	Progress at July 2015	Outcome
4. Estates a) Respond to new Premises Directions (when released) b) Establish a prioritised investment plan for primary care estate c) Identify opportunities to use premises flexibly and maximise use of the overall estate including opportunities for practices to share specialist facilities , such as minor operating suites d) Establish a decision making process for responding to new bids for investment including improvement grants e) Develop the process and means of reviewing the quality, functional suitability and usage of the primary care estate f) Secure best value for money in managing the process of tri-ennial reviews.	a) New National Health Service (General Medical Services – Premises Costs) (Wales) Directions 2015 issued by Welsh Government for implementation from June 2015, following which estates costs will be in line with new Directions b) New Estates Strategy and Prioritisation currently in development, Review of physical PC Estate linked to service and network priorities. Workshop 1stOctober 2015. Estimated timescale for Document end 2015/early2016. In interim, planning for four major primary care centres has progressed and others, eg Llansamlet, enhanced c) Vasectomy Enhanced Service now being delivered from two Primary Care Sites. Beacon Centre for Swansea and NPT. Pencoed Primary Care Centre for Bridgend. d), e) See a),b) above f) Triennial Review process commissioned from NWSSP-SES replacing the District Valuer has resulted in cost saving and the clearing of backlog reviews	A clear plan will be developed for the primary care estate and a new decision process is embedded within the governance arrangements for the Health Board
5. GMS Out of Hours Services a) Support the development of phone first/111 and consider timetable/pathway for ABMU in light of current call handling arrangements b) Align workforce plans for in hours/out of hours c) Embed new quality standards (when released) d) Ensure strategic fit with unscheduled care programme and wider redevelopment of acute hospital services (Swansea/Neath Port Talbot).	a) Awaiting WG confirmation of implementation date. b) National Human Resource support, aligned to 111 programme, reviewing workforce requirements. c) Data warehouse developed to extract quality standards reports from ADASTRA call management system. d) GPOoH business reported via Unscheduled Care Board	The OOH service will be sustainable and will be better integrated with the overall unscheduled care system

ACTION	Progress at July 2015	Outcome
6. Information and Clinical Technology a) Work with NWIS on the continued GP migration project b) Encourage and promote use of MHOL c) Improve use of SAIL databank d) Continue to work with national programmes to improve communication between secondary and primary care eg. GP One	a) Completed to timescale with no reported problems b) Increased but, in 2015/16 MHOL policy implications for triage & vice versa is being reviewed with NWIS/WG colleagues c) SAIL utilised in Practice Development Plans d) Ongoing	Communication between GP practices and other parts of the Health Board will be improved,
7. Quality & Clinical /Governance a) Ensure that the action following the RP review is being taken addressed as part of the Patient Safety Programme b) Improve visibility of reporting around quality and governance at Board level c) Work with WG to develop a common set of indicators that can be used to address primary care d) Use the CGPSAT to assure the Board about the quality of delivery within primary care e) Review key themes arising from complaints, concerns and incidents within primary care to drive service improvement[1]	a) Achieved b) Achieved: 2 reports to Quality & Safety; 2 plus separate Out of Hours Service reports to Performance sub-comimttees in-year c) Ongoing; action with WG; ABMU Primary Care [GMS] Dashboard introduced from January 2015; Dental Dashboard in use d) Achieved – incorporated within governance reports referred to above; utilised in 100% GMP practices as required by 2014 GMS contract e) Achieved and ongoing	Patients will be safe and the Board will be assured about overall quality and safety of primary care
8. Training and Development a) Continue to use Protected Time for Learning sessions for clinical education/training b) Develop a primary care/practice management	a) Achieved and ongoing b) Achieved; intentions from 2015/16 to be confirmed *Additionally,*	Primary Care workforce is skilled

ACTION	Progress at July 2015	Outcome
development programme in conjunction with University	c) Re post Graduate Dental Training unit (based at Port Talbot Resource Centre): • confirmed that 13 of 20 'graduates' trained since unit commissioned in 2010 still work in South Wales • New 'longitudinal' [2 year] post graduate dental scheme introduced at Port Talbot Resource Centre-based Post Graduate Training Unit September 2014	
9. Dental Services A detailed set of actions is included in ABM's Local Oral Health Plan covering primary care dentistry	Key elements progressed in 2014/15 and reported in the main report, include: a) Increase in Designed to Smile programme teeth cleaning in schools b) Improved access to dental services as a whole c) Improved contracting and governance of same d) Improved access to and use of new in-hours urgent services	Please refer to Local Oral Health Plan
10. Pharmacy a) Identify ways to engage community pharmacists in network development b) Develop Level 3 pharmacy smoking cessation services in areas of highest need and where access to stop smoking services are difficult as a result of geography/transport issues c) Extend the number of pharmacies providing seasonal influenza vaccination in line with WG guidelines and improve uptake d) Consider how pharmacy can contribute to wider service initiatives including schemes at a network level that could help to address medication management within specific areas – eg. domiciliary based services, care home provision e) Respond to national strategic direction for the	a) Agreed to engage at networks' Steering group level from September 2015 b) Achieved: 40 Pharmacies engaged across ABMU; outcome not yet known c) Achieved: 30 accredited community pharmacists vaccinated 25% more people (1838 total) than in 2012/13;, 16% of people from the at risk groups stating that they had never before been vaccinated d) Achieved:Medicines Management and Neath Pathfinder projects and most other Cluster plans incorporate pharmacy elements e) Progressed as indicated by above initiatives	More local access to care Improved use of local pharmacies More patients using pharmacies as a first point of contact for minor ailments, relieving unnecessary pressure on GMS

ACTION	Progress at July 2015	Outcome
development of pharmacy services.		
11. Eye Care a) Eye care plan in place b) Consider how optometrists can help to address pressures within the eye care service eg. follow up not booked c) Increase the number of referrals that can be submitted to hospital from optometrists electronically	a) Achieved Working in conjunction with the existing Health Care Eye Services Focus on Ophthalmology (HES FOO) group, the planned care programme has developed an integrated national implementation plan for ophthalmology, progress against which is being reported through the Executive Lead: Director of Therapies and Health Sciences. b) See above; influential presentations by Welsh Eye Care Service [WECS] to GMS CPD sessions c) Ongoing: the development of IT for e referrals and electronic patient records [through WCCG rather than original OpenEyes assumption] will facilitate more patients being seen in primary rather than secondary care.	Improved access to eye care and more work undertaken in primary care settings, better communication between primary and secondary eye care services