North Cynon Cluster Annual Delivery Plan 2021-2022

1. Executive Summary

The North Cynon cluster represents 3 GP practices with a combined population they serve of around 30,000 people:

- Tarian Group Practice
- Foundry Town Clinic
- Hirwaun Medical Centre

There is a mix of mainly Urban and Semi-rural house-holds, with an average inequality gap in healthy expectancy of 6.7 years in males and 4.3 years in females, and with an estimated 77% of people in the area living in the most deprived 40% of areas in Wales. Unemployment rates are higher than the all Wales average, as are the number of households where a member of the family is caring for an elderly, sick or disabled relative. The burden of chronic disease is often higher other than for Stroke, and combined with the geography of the area can provide significant challenges to the provision of healthcare, necessitating innovation and new ways of tackling issues to try and meet the needs of individuals, while also addressing the population needs in order to meet the ideals of Prudent Healthcare. Working in the traditional isolated silos is not sustainable, or safe. Instead a fully integrated system based on the pioneering work done already in the North Cynon around Primary Care based MDT we believe is the foundation stone from which to take our next steps.

The cluster embraces key UHB priorities for the upcoming year, specifically focused on:

- Strengthening the sustainability of core services, referring to sustainability assessment frameworks completed by each practice
- Strengthening the focus on access to services, winter preparedness and emergency planning and improved service development
- Developing more effective collaboration working with community services, including nursing, local authority and third sector to improve quality of care
- Encouraging the development of new models of care, including consideration of federations, practice mergers and shared practice support
- Finding ways to cement into ‘Standard Practice’ the excellent results of the the Virtual Ward and subsequent Primary Care MDT which represents a cutting edge of Partnership working to provide better and more effective intervention
- Working to close the significant gaps in information transfer that affect patient safety, prescribing and management that exist across the UHC and local authority areas.
- Working to establish an IG framework to allow the effective and safe sharing of information in order to streamline existing processes to make them more cost effective.
- Establishing a foundation from which it might be possible to build a ‘single shared record’ to effectively manage patients across multiple sectors to improve effectiveness, reduce costs and improve patient safety
- Develop pathways of care that reflect better strategic alignment along the ideas pioneered by the Virtual Ward and involving ‘Closed and Open Loops of Care’ - where the journeys of the person through the system and the desired outcomes are the driver for innovating the method to achieve this and then building the IT around the solution that we can all agree is the best option. This is supported by the ‘Shared record’ which in turn demands shared responsibility from each provider involved on that patient journey.

Cwm Taf Morgannwg University Health Board

North Cynon Cluster Annual Plan on a Page 2021/22

Cluster Aims:

- To maintain the comprehensive level of services already initiated into the Primary and Community Care sphere
- To build on the arrangements in place and continue to integrate
- To improve awareness of the range of services now on offer
- Re-build the close team working affected by the COVID restrictions in the last year
- Continue to improve access for patients to appropriate services
- Build on the strengths of the cluster working and extend scope into Intermediate Care provision looking at a Cluster-wide or even locality wide approach
- Improve communications with Carehomes and Nursing homes in the locality

Planned Cluster Actions:

- Review of the IT and information sharing agreements
- Work more closely and better integrate the Counselling services comissioned during the COVID period and integrate in our new Dietician
- Continue to work closely with the cluster pharmacists to extend their scope and take a joined up approach to prescribing and patient safety with medications.
- Build on the First Contact Physiotherapy service – their use as part of a MDT broadening the remit from just First Contact has been invaluable
- Maintaining the broader Cluster MDT as part of the Transformation work
- To champion cluster working and raise the profile of clusters with the local populations and improve understanding,
- Use media and data capture to start to engage on multiple platforms and provide a robust basis for service adaptation

Cluster Key Work Streams:

- Cluster Pharmacy investment
- Continue First Contact Physiotherapy
- Public Health Cluster Wellbeing Needs Assessment/Population Profile
- Technology - Ongoing IT and IG framework developments
- Skilled Workforce
- Partnership Working
- Financial Resource
- Engagement with the National Primary Care Board and newly formed Cluster Leads group
- Engagement with the Health Board and community partners to improve services and access
- Maintaining the communication links created during COVID between practices and nationally for information and ideas sharing
- Carehomes
- Major Incident Planning

3. Reflections of 2020 Covid-19 service delivery and impact on Cluster working and cluster planning

COVID proved to be very difficult to deal with and early on there was a drive for clusters to come up with an 'emergency plan' for if the majority of GP Practices closed down. This was done, and initially was a cause of stress between practices that do not normally work closely together, but ended up in creating great new communication channels to be able to support each other during this challenging period. Significant investment was made at practice level into technology and improved telecoms and internet access. Several practices invested in New websites. This mitigated the change in practice significantly, and while not always perceived as popular, the end result has been actually access to General Practice seems to be at an all-time High.

Indeed the new investments into video consulting, combined with robust changes to the traditional models of GP clinics has enabled most of the North Cynon to become highly adaptable, see those who need to be seen and manage remotely what can be managed remotely, safely and effectively. This has significantly enhanced General Practice working methods and makes future working seem much more sustainable and effective.

Despite the successes and there have been many, there are a number of colleagues within Primary Care and the wider teams who struggle with new ways of working, and patients also, with pressure to just go back to the old unsustainable ways of working. There is a drive in the North Cynon to improve the new ways of working to be as inclusive as possible going forward.

While the official Cluster work streams have been disrupted by COVID, chiefly the MDT was put on Hiatus for a time, technology did enable us to keep some aspects of the Virtual Ward Running. Adapting the CTM 'Rapid Diagnostic Pathways' such that GPs could access very quickly pertinent blood tests and some previously difficult to get Radiology formats meant that we were able to continue to pick up a lot of serious illnesses in people to try and maintain not only a good service for the populations we serve, but also to try and keep the referrals into Secondary Care as appropriate as they possibly can be.

Indeed the new ways of working allowed practices in the cluster to be agile enough to take on last-minute step down facilities in order to ease hospital pressures, and has led to an appetite amongst Primary Care providers to dive into Intermediate Care provision, using not only the new technology but building on the existing close ties with the multi-disciplinary teams. Combining this still with the ongoing demands of cluster work, engagement with the hospitals locally and significant contract changes including QAIF and the targets on telephone answering, while this year has been outstanding and unprecedented in the level of challenge, it has left us feeling that Primary Care rose to the challenge, adapted and grew despite them, and may be stronger for it providing the support for what's been achieved so far continues both from the Health Board and Welsh Government.

This year has been hard. We are all exhausted, some things like appraisals, and indeed this IMTP, while not intentionally delayed have been, but it's been because we've been here, every day dealing with and seeing our patients while other services altered or closed.

If COVID had hit us 10 years ago, I wonder if our organisations would have been up to the task. It may be that Cluster working gave us a robust baseline to work from to be able to adapt necessarily to the challenge that was given to us. There is much to rebuild, our co-located teams were disrupted greatly and that has slowed progress, and there is much to learn, things we did well and things that could have been better. The future remains MDT however, and innovation continued throughout the restrictions and continues to do so. So

perhaps this should be seen as one of the successes rising from the challenge that COVID presented.

4. One year in reflections on the 2020/23 Cluster Plan content and ongoing relevance to direct future cluster working

Care Navigation

The cluster have invested in Conexus Healthcare to commission and roll out Care Navigation training for frontline staff across all GP practices. This training would provide staff with skills to actively signpost patients on choices and services available to them when accessing care. This would also enable primary care staff to consistently work towards delivering exceptional customer service and improve patient experience, whilst working in a busy demanding environment. Prior to Covid-19, all group sessions with stakeholders had taken place and the cluster were in a position to offer the staff training sessions, however these were not able to go ahead. Currently, we have been unable to reschedule these sessions but have worked closely with Conexus Healthcare to develop and offer online training sessions for our staff to undertake.

eConsult

A main priority for the cluster 2020 was the launch of eConsult, an online consultation tool that catches clinical symptoms early and offers effective, time-saving, remote triage and consultation. Due to COVID-19 restrictions to face-to-face appointments, the tool was launched in March 2020 to support remote consultations and triage, and improve the services available to modernise patient care.

The eConsult tool is embedded onto every GP practice website and utilisation has increased dramatically since the launch. The top 10 reasons for patients within North Cynon to use this type of service are:

Administrative help
General advice
Rash, spots and skin problems
Depression
Anxiety
Sore throat
My child is generally unwell
Earache
Contraception

Benefits to the GP Practices have included:

By knowing a patient's symptoms upfront, the GP practice can manage patients by clinical need. The practice will then be able to care for that patient based on the appropriate resources available increasing practice efficiency.

There are standardised questions that include the standard scoring systems such as PHQ9 for depression and GAD7 for anxiety so you understand you patients' needs.

Our red flag system helps to capture critical illness and signpost patients to the most appropriate care

eConsult can help save time for your NHS GP practice staff – the average eConsult takes 2-3 minutes to read thanks to a succinct clinical risk report, meaning you could help three patients in an average 10-minute GP slot

Help reduce your inappropriate GP appointments – We have found that on average 70% of eConsults don't need a face to face appointment

Improve your work-life balance and staff retention – eConsult empowers GPs, HCPs and practice staff to use their working day more efficiently

Benefits to the patients have included:
Patients may not need a trip to the surgery and their query may be resolved with a phone call, to keep patients safer during the COVID-19 outbreak and subsequent national lockdowns
Medical advice is available 24/7 even when the practice is closed – Patients can check their health symptoms online and receive on the spot medical advice and treatment guidance thanks to NHS Choices content
Patients will get a response from their own NHS GP practice by the end of the next working day or sooner
Access wherever and whenever patients want from any device. Unlike a telephone call patients can complete an eConsult at a pace that suits them, without taking up practice time
Patients can request sick notes and test results without the need for an appointment saving patient and practice time

First Contact Physiotherapy
Musculoskeletal (MSK) conditions are the most common cause of repeat GP appointments, accounting for 20-30% of GP workload in Cwm Taf Morgannwg UHB. They account for a high percentage of referrals on to secondary care.

Many of these patients can be managed effectively by a physiotherapist without any need to see the GP. Research shows where physiotherapists are present in primary care as first contact practitioners appropriate early management of MSK conditions helps to reduce onward referral to secondary care, reduce prescribing and unnecessary investigations.

- Reduce the GP MSK caseload
- Reduce referrals to orthopaedics
- Reduce referrals to secondary care physiotherapy
- Reduce prescribing
- Reduce imaging
- Provide high quality Physiotherapy service
- Improved clinical outcomes for patients
- Improved ability for patients to self-manage their own condition
- Patients offered a range of management options (excluding surgery)
- Patients report high levels of satisfaction with the service
- 70% of conditions should be managed in single appointment

Counselling
The clear increased demands that social isolation brought was not only a worsening of existing mental health problems, but new ones as well. Investment into a capable and experienced group of counsellors able to see patients without referral from the GP, and also go as far as recommending the initiation of medications or dose adjustments, as well as providing onward referral to a range of associated services such as CDAT and continuity of care may be one of the revolutions that primary Care has been missing.

This has reduced GP workload, improved continuity for patients and given unprecedented patient-led access to what has until now been a restricted and limited service to access.

Dietician
We have been successful in appointing our new dietician. We hope to integrate her skillsets into a range of plans for the coming year including motivational interviewing, and group consultation works being led by the GPs at Foundry Town Practice. This is a very exciting new addition to the Multi-disciplinary team, and just like with our Occupational

Therapists and Clinical Pharmacists, it may take some time to fully explore the potential, but promises to add greatly to the services on offer to the general population.

IT & Media

As services gain complexity, IT becomes more essential than ever and what's clear is that the myriad IT systems on offer are not up to the task of what we need. Not only to record contemporaneous notes, but to be able to use push notifications for patients, electronic ordering for prescriptions and even knowing where to go or who to access and how to access the different services. Investment into IT systems, with local adaptation is now a necessity and is something we will be looking into for the future, but we have also made plans to engage with a local media company to start accumulating footage, for short messages, on multiple platforms to educate and inform of a range of services and ideas on a level that people can understand. It may also help us to address the gaps in the inverse care issues that the COVID pandemic has exacerbated.

5. Key Cluster Actions for 2021/22						
Objectives	**Planned Action**	**Expected Outcome**	**Possible Constraints/ Key Risks**	**Workforce Implications**	**Financial Implications**	**Monitoring process**
NHS Wales Operating Framework - Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential	Primary Care Contractors to continue to deliver essential services to their population whilst taking into account COVID19 restrictions Access to services to continue to improve for patients and re-introduction of any suspended and enhanced service provision Practices to ensure access to health advice support and interventions using multiple routes e.g. telephone, e-consult, video consultation. To continue to work with Health Board Primary Care Team and ILG to ensure plans work jointly across teams	Access to services to continue in most appropriate way. Increase in contacts around conditions that have reduced during COVID19 Timely delivery and completion of COVID19 and flu vaccination programmes Improved and targeted communications with patient population	Lockdown measures and need to manage access, need for social distancing, control measures which does impact on number of patients that can be seen at premises at any one time Ability to access referrals on to other specialist services.	Impact of COVID19 on available workforce cohort/specific skills which could impact on ability to deliver a particular service area.	Adjustments to premises, additional costs of social distancing measures, cleaning regimes etc. Additional staff costs to allow normal service delivery against any other requirements e.g. COVID19 vaccination priorities,	
First Contact Physiotherapy	Continue the FCP Service into 2021/22	Reduce inequalities and improve outcomes for patients with musculoskeletal conditions either	Limited resource available within the CTM UHB Physiotherapy team to provide, including	Embedding a culture of prevention, self-management and resilience in line with	Current budget allocation for 2021/22 to fund this service is £28,860.00	A minimum data set collected as standard, with the FCP provider

		through a cluster funded service	difficulties in recruiting to Physiotherapist posts	the national agenda to shift resource		submitting quarterly reports to the cluster.
Vitality Therapies UK	Support the continuous roll out of mental health counselling service across the cluster, provided by Vitality Therapies UK	To provide structured therapeutic counselling interventions to relieve patients who are emotionally distressed and to improve coping strategies and resilience in individuals To improve mental health and emotional wellbeing of patients To work with patients to where applicable regain their autonomy and to take responsibility and control for the issues affecting their lives.	The service is not appropriate for: Families Couples Young People under 18 People with unstable serious psychotic illness. There are currently limited resources and services available in the locality for these groups.	Less primary care appointments booked for mental health problems	Current budget allocation for 2021/22 to fund this service is £48,000.00	Individual patient outcomes monitored using the Warwick Edinburgh Mental Wellbeing Scale Quarterly reports submitted to cluster reflecting: -the number of counselling appointments held -the number of people per week attending counselling -the number of Did Not Attends [DNAs] -Collation of information on user satisfaction. -The number of any complaints – as per complaints procedure -Collation of information on the level of support provided to each individual i.e. number of sessions provided.

6. Cluster Workforce 2021/22

The Covid-19 pandemic has caused unprecedented changes to our normal way of working, making it imperative for us to adjust expectations and renew our focus in the wake of what may potentially become the new normal with regards to workforce planning, requirements and contingency.

Community Health and Wellbeing Team

As part of the Welsh Government initiative to transform the provision of Primary Care services in Wales, a multi-disciplinary health and social care team was created which places services closer to home and provides people with the right care and support at the right time, in the right place. The creation of this team is built around the individual aims to maintain peoples' independence and improve the long-term health outcomes and experience of care for people who access these services.

In the last year, recruitment to the posts within this team have been successful and have been utilised and embedded throughout each cluster in Cwm Taf Morgannwg. Despite the challenges the cluster have faced in recent months, the Community Health and Wellbeing Team have regularly met on a weekly basis to review patients within the community at risk.

Health & Wellbeing Co-ordinator

This service has continued to develop over the last year, supporting our clinicians and administrative staff to signpost patients to receive help for the following:

- Befriending, counselling and other support groups
- Housing, benefits and financial support
- Social Activities
- Arts, gardening and creative activities
- Health and Wellbeing activities and courses
- Education and Learning
- Employment, training and volunteering

The role of the Wellbeing Co-ordinator has evidently supported patients to improve their emotional wellbeing, tackling isolation and loneliness, and helping patients to generally feel healthier through supporting lifestyle changes.

In addition to holding face-to-face appointments and telephone consultations at the five practices, one day per week is spent working with 3rd sector organisations and groups to develop further activities, courses and opportunities thereby enhancing and developing community capacity that goes hand in hand with Social Prescribing.

Cluster Pharmacist

The Welsh Government's plan for a primary care service for Wales up to March 2018 clearly sets out the intention to see more pharmacists working in clinical roles in GP practices. Since the launch of the plan, there has been a significant increase in the number of pharmacists working in these patient-facing roles and almost 80% of annual cluster funding in previous years has been spent on cluster Pharmacists, which are now embedded in the practices within North Cynon, funded by the Cluster and actively engaged in face to face patient consultations and medication reviews.

As part of the GP practice team, pharmacists provide specialist advice for patients particularly the elderly, those taking multiple medicines (polypharmacy), and those with multiple conditions. Through taking responsibility for patients with long-term conditions, clinical pharmacists can free up GPs for other appointments and so help to reduce the numbers of people presenting at A&E departments.

Occupational Therapist

The role of Occupational Therapist has been rolled out throughout the cluster to develop primary care services. Occupational Therapists reduce demand on GPs by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with the practice.

With unique & expert knowledge to enhance the cluster, Occupational Therapists work successfully within the cluster and an overall primary care setting, transforming services and working proactively in areas such as frailty, social prescribing, self-management of chronic conditions, mental health and fitness for work.

Cwm Taf Care & Repair

The Cluster have built relationships with Cwm Taf Care & Repair with representation at every cluster meeting. A charity which helps older people in Wales live independently in their own homes, they offer practical help to create safe, warm and accessible homes. This help can range from delivering major modifications for people most in need, to offering advice and recommendations to people who need reliable professionals to carry out work.

Care & Repair complete a full Healthy Homes Check, which involves visiting the patient at home and looking around their property for any signs of wear and tear, repairs, aids and adaptations needed to ensure they are warm, comfortable, safe and secure. Furthermore, Care & Repair offer a number of additional services;

- Discuss benefits to ensure all patients are getting the income they should be and refer to DWP when required.
- Discuss energy efficiency, and whether or not the patient is having difficulty with bills. This is to ensure the client is heating their home appropriately in the winter months, and Care & Repair have partnerships with Citizens Advice Bureau and the Energy Advisor in Rhondda Cynon Taf CBC who visit all patients which are referred by them to look at tariffs.
- Care & Repair also refer patients to Welsh Water, to lower the rates of pay, and ensure they are getting the Warm Home Discount that the Government give for everyone on a particular benefit.
- Fire Safety, ensuring there are sufficient working smoke alarms in the property. If not, patients are referred to the Fire Service as they install alarms free of charge.
- Discuss loneliness and isolation, and refer to the Community Coordinators or other third sector organisations that could alleviate this.
- Safety & security and ensure all locks to windows and doors are in good working order. If not, Care & Repair have an internal scheme to get locks repaired and renewed.
- Partnership working with Priority Service Registers with Wales & West Utilities and Western Power. These services are free of charge and ensure priority is given to patients should there be a gas leak or power cut. Wales & West Utilities also supply free Carbon Monoxide detectors that Care & Repair can give to patients.

Patient feedback has been fantastic across Cwm Taf UHB, and comments have been received such as;

"C&R have been excellent. The workmen who came to our home were marvellous and you cannot fault them. Our home is warmer and I find that now the cold does not affect my breathing as much as it used to. It could get quite chilly but now it's nice and warm at a constant temperature. It's so much easier to control the heat in each room. We even have a wireless thermostat. C&R have helped us no end. Thank you so much.'

In the next year, the cluster will continue to work closely with Care & Repair, promoting the services available to ensure GP referrals are being made and explore additional resource and projects which could be funded by the cluster to ensure patients are living in warm, safe

and accessible homes which are suitable for their needs, and live independently for as long as they wish.

GP Workforce

There remains to be a recruitment and retention challenge for GPs both locally and nationally. This is a result of a range of factors, including:

- An Ageing GP workforce
- An increase in the desire of GPs to work part-time with portfolio careers
- The National changes introduced by HMRC to the Pension and tax thresholds.
- Attractiveness of lucrative in-hours locum working fees and flexible working.
- The emergence of remote doctor services which enable GPs to consult remotely

Against this background the demand for GP consultations is increasing as a result of:

- ✓ An ageing population and increasing complexity
- ✓ Patients being discharged earlier from hospital
- ✓ Increasing patient expectations and the 'perceived need' for a 24/7 service
- Sustainability issues in some areas of Cwm Taf which is resulting in an 'overflow' of work to out-of-hours from 6:30pm onwards
- Increased demand due to population increase locally aligned to housing developments
- Ever increasing pressure to transfer services from secondary to primary care

Rhondda Cynon Taf and Merthyr Tydfil has the highest percentage of single handed partnerships. 21.4% of Cwm Taf practices are single handed compared to the figure reported in 2014 of 17.3% and the Welsh Average of 9.1%.

Within the Cynon locality, there are:
8 Dental Surgeries
4 Opticians
13 Pharmacies

Many of these services work collaboratively alongside GP practices within the cluster, however the view for the next three years will be to proactively engage further with primary care contactors, to develop collaborative working. Primary care contractors have standing agenda items at each Cluster meeting, and are invited to attend, however the aim is for consistent attendance at cluster meetings and regular communication with community pharmacists, opticians and dentists contracted within the area.

Successful workforce planning is regularly reviewed at cluster level through collaborating with all practices in the cluster and with other identified stakeholder groups, working together to identify shared sustainable workforce solutions for local primary care services. We use our effective cluster leadership to drive workforce planning within the cluster and review as part of our risk management.

7. Cluster financial implications for 2021/22

The Cluster allocation is £212,378.00, which is delivery agreements funding received from Welsh Government.

Cluster Development Managers work in partnership with Health Board finance colleagues to ensure that any spend is aligned to this plan but also within the UHB's overall financial planning and Standing Financial Instructions. The Cluster will continue to be supported by the Finance department as the plan is progressed as their support is fundamental to ensure that the Cluster continue to work within allocated resources.

Delivery agreements are developed and are aligned to the Primary Care funding allocation and are reported to Welsh Government on an annual basis.

Cluster Leads meet with the Health Board and peers on a quarterly basis at a CTM UHB Cluster Leads Meeting, where is it continuously raised that many services and projects have been trialled but are still not centrally funded, for example Mental Health services and Cluster Pharmacists. These services provided to the cluster and funded by the cluster budget are expensive, but too valuable to not commission each year. However, this equates to a large amount of the cluster budget designated each year, and the cluster unable to trial new innovation and ways of working.

8. Strategic influence / links / alignment with Health Board Annual Plan 2021/22

The Cluster have an approved Terms of Reference in place, which is reviewed as necessary. This notes the membership of the cluster, the function, cluster leadership, decision making and reporting and monitoring arrangements.
This provides an accountability framework and ensures that cluster plans and service developments meet a level of scrutiny, and will provide assurance to Cwm Taf Morgannwg University Health Board Executive Team and Board.
The Cluster plan for the next three years will align with the principles of the Primary Care Model for Wales and Welsh Governments plans for 'A Healthier Wales' to focus on:
Key components of this model are:

- Informed public
- Empowered citizens
- Support for self-care
- Community services
- First point of contact
- Urgent care
- Direct access
- People with complex care needs
- MDT working

The plan will also be developed, reviewed and monitored alongside the Cwm Taf Morgannwg Primary and Community IMTP and transformation plan.

A new Health Board structure was created in April 2020 which allocated each area of the Health Board into 'Integrated Locality Groups'. Going forward, the Cynon cluster have been involved in many meetings and discussions with their new leadership team with some success. In the next year, the difficulties and conflicts of interest between the Integrated Locality Group and the central Primary Care team will be aligned to ensure that the GMS contract, core services and cluster enthusiasm can work collaboratively together.