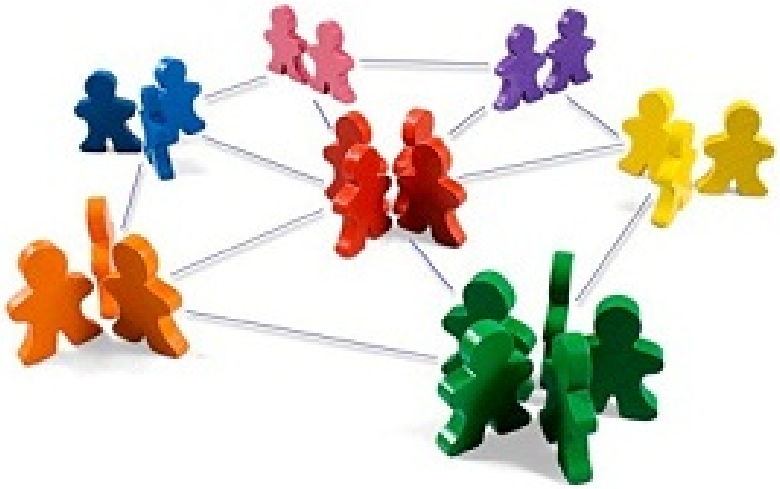
Cluster Network Action Plan 2016-17

Llanelli Cluster



V2 27.9.16 September 2016

The GP Cluster Network[1] Development Domain supports GP Practices to work to collaborate to:

- Understand local health needs and priorities.
- Develop an agreed GP Cluster Network Action Plan linked to elements of the individual Practice Development Plans.
- Work with partners to improve the coordination of care and the integration of health and social care.
- Work with local communities and networks to reduce health inequalities.

The development of primary and community services is a key element of all LHB's 3 year service delivery plans.

The Action Plan should be a simple, dynamic document.

The Plan should include: -

- Objectives that can be delivered independently by the network to improve patient care and to ensure the sustainability and modernisation of services.
- Objectives for delivery through partnership working
- Issues for discussion with the Health Board

For each objective there should be specific, measureable actions with a clear timescale for delivery.

Cluster Action Plans should compliment individual Practice Development Plans, tackling issues that cannot be managed at an individual practice level or challenges that can be more effectively and efficiently delivered through collaborative action.
This approach should support greater consistency of service provision and improved quality of care, whilst more effectively managing the impact of increasing demand set against financial and workforce challenges.

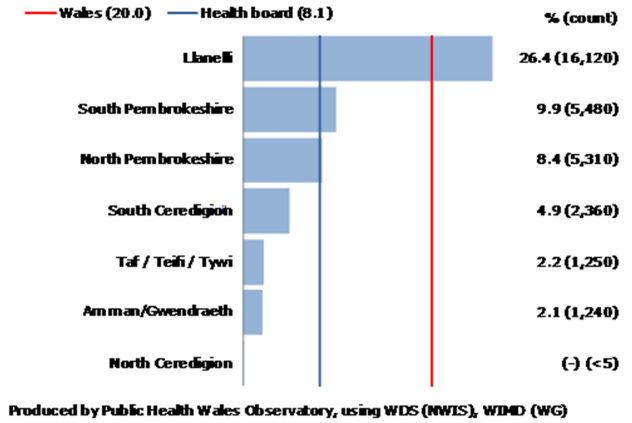
Each cluster objective should be accorded a RAG (Red , Amber , Green) rating. This will provide a useful tool to enable the GP Cluster and the LHB to take an overview in terms of the progress of delivery of each objective.

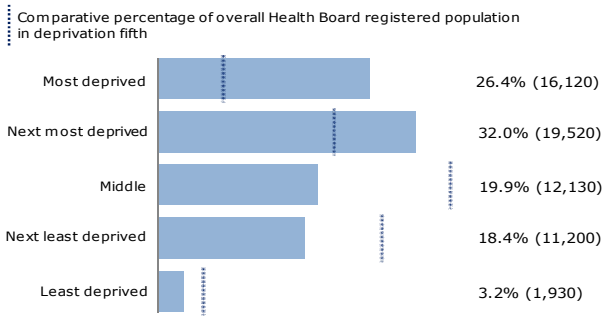
[1] A GP cluster network is defined as a cluster or group of GP practices within the Local Health Board's area of operation as previously designated for QOF QP purposes

Strategic Aim 1: To understand the needs of the population served by the Cluster Network

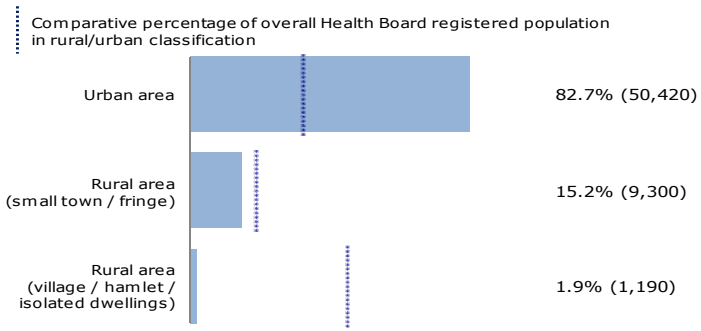
The Cluster Profile provides a summary of key issues. Local Public Health Teams can provide additional analysis and support. Consider local rates of smoking, alcohol, healthy diet and exercise – what role do Cluster practices play and who are local partners. Is action connected and effective? What practical tools could support the delivery of care?
Health protection- consider levels of immunisation and screening- is coverage consistent- is there potential to share good practice? Are there actions that could be delivered in collaboration- e.g. Community First to support more effective engagement with local groups

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	To review the needs of the population using available data	Local Public Health Team Public Health Observatory	September 2014 and ongoing – continually reviewed as more data becomes available. Review the Chronic Conditions data included in the revised GP Profiles	To ensure that services are developed according to local need	Llanelli Cluster Network serves a population of 60, 960 which is the second largest in Hywel Dda. 19.8% of its patients are over 65 which is above the Welsh average but below the HB average. However, 2.9% of the patients are over 85 which is above both the Welsh and HB average. Data shows that over ¾ of over 85 year olds in Wales reported having a limited long term illness. **Deprivation** 26.4 % of the patients are living in the most deprived fifth of areas in Wales which is above the Welsh average and vastly above the HB average of 8.1%. South Pembs is second with 9.9%. The link between deprivation and poor health is well	

			document.		recognised with patients having: Higher levels of mental health Long term conditions particularly chronic respiratory disease and cardiovascular disease. The inverse care law where provision of care is inversely related to population need has been shown to compound these inequalities. **Percentage of patients living in the most deprived fifth of areas in Wales (using Welsh Index of Multiple Deprivation 2011), GP clusters in Hywel Dda HB, 2012**  	

					Percentage of patients (with count in brackets) by deprivation fifth in Llanelli GP Cluster, showing Hywel Dda HB for comparison, 2012  Produced by Public Health Wales Observatory, using WDS (NWIS), WIMD (WG) N.B. Chart omits 70 patients with postcodes that could not be matched to an area of residence and therefore could not be classified **Older People** 2.9% of Llanelli Cluster patients are aged 85+ compared with 2.8% in Hywel Dda and 2.5% in Wales. **Rurality** Llanell is the least rural cluster in an extremely rural Health Board with only 17.2% of patients living in areas classified as rural compared with Wales average of 33.9% and HB average of 66.5%.	

Percentage of patients (with count in brackets) by rural/urban classification in Llanelli GP Cluster, showing Hywel Dda HB for comparison, 2012



Produced by Public Health Wales Observatory, using WDS (NWIS), 2004 rural/urban definition (ONS)

N.B. Chart omits 70 patients with postcodes that could not be matched to an area of residence and therefore could not be classified

Time taken to drive to registered practice

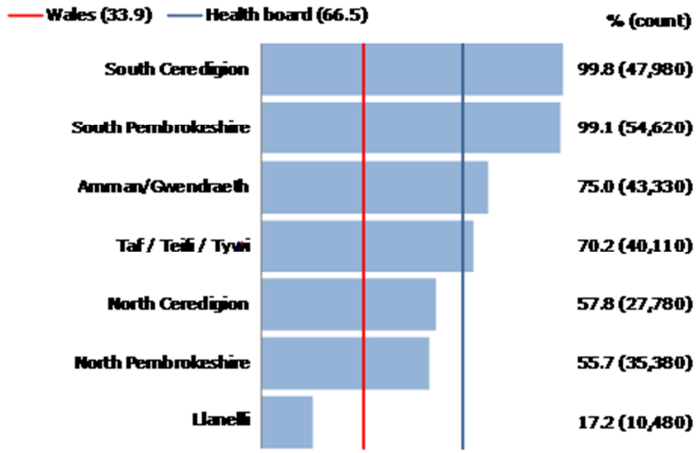
percentage of patients living within specified driving times to their registered main practice in Llanelli GP cluster

Time band (Minutes)	Number registered	Percentage
Less than 5	28,260	46.4
5 or more, less than 10	22,940	37.6
10 or more, less than 15	8,870	14.6
15 and over	830	1.4
*Unmatched postcode	70	0.1
Total†	60,960	

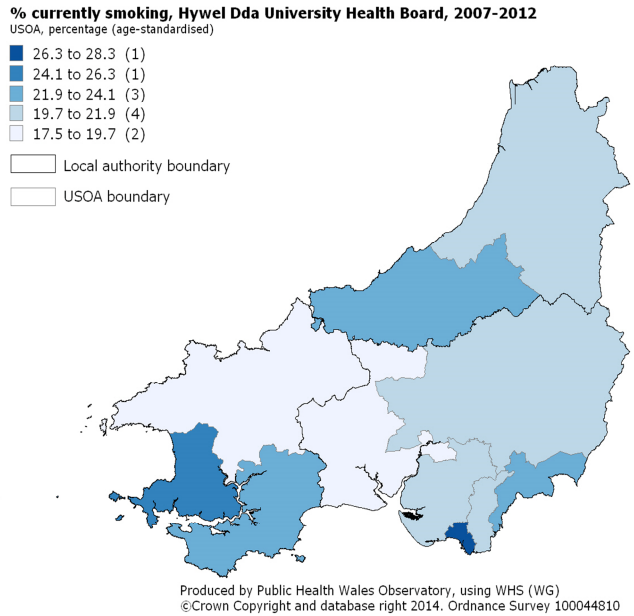
Produced by Public Health Wales Observatory, using WDS (NWIS), MapInfo Drivetime

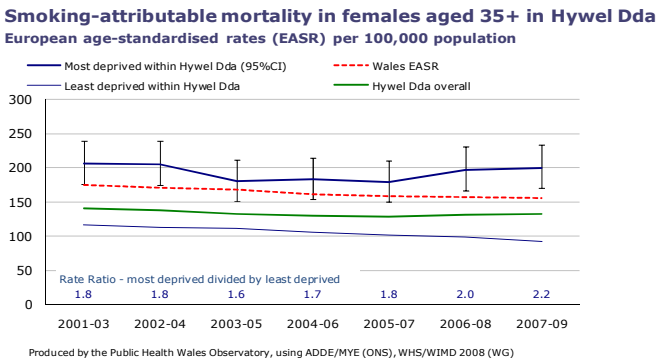
*Postcode could not be matched to an area of residence and therefore could not be classified or drivetime was not available

†Total does not include counts of <5, totals may not match due to rounding

					Percentage of patients living in areas classified as rural (using 2004 Office for National Statistics definition), GP clusters in Hywel Dda HB, 2012  Produced by Public Health Wales Observatory, using WDS (NWIS), rural/urban classification 2004 (ONS) **Chronic Conditions** Llanelli Cluster has higher than HB average cases of conditions diagnosed and recorded in: CHD 4.7% compared with HB 4.4 and Wales 4 Diabetes 6% compared with HB 5.5 and Wales 5.2 These figures are likely to underestimate the true prevalence of the conditions. High numbers of emergency admissions could be reduced through enhanced community care, particularly in COPD, asthma, chest infections, Heart Failure, hypertension and diabetes.	

					Those conditions with high numbers of emergency admissions across Wales that could be reduced through enhanced community care include:9 chronic obstructive pulmonary disease, asthma, chest infections; angina, heart failure, hypertension; epilepsy, convulsions; and diabetes with complications. **Action**: -identify actions in our Cluster Plan that target our issues linked with deprivation and urban status along with our specific chronic conditions. **Action**: Review the revised GP Cluster Profiles which now include data on 7 chronic conditions. In particular investigate the low prevalence in some area and consider addressing coding issues eg COPD. Funding currently being sought to fund additional practice staff hours to to review patients on the COPD Register and to increase patient awareness and management of their condition **Update 3/16**: Cluster has secured funding which it has given to Professor Keir Lewis to run a trial on COPD patients –. The trial will as a by-product address the coding issues in Llanelli Cluster practices. **Update 9/16:** The money has now been awarded (September '16) and the project will now commence. Prof Lewis will be presenting at the November 2016 GP PT4L afternoon.	

					Action: Invite Public Health Wales colleagues to a future Cluster meeting to discuss the new data and its implications for the Cluster.	
2	To identify additional information requirements to support service development	Local Public Health Team NWIS		Improved support for service development	Locality specific Smoking figures requested from PHW 	

					 **Action** – High level of smoking prevalence in the Llanelli Cluster started to be addressed via smoking cessation work and appointment of Health Style Advocates in each practice supported by Public Health. This will be on-going in 2016-17 and further money has been invested in appointing an additional Lifestyle Advocate in each GP surgery. **Update 9/16** – Smoking Cessation Schedules are shared with each surgery regularly via their Lifestyle Advocates. **Update 9/16 -** Money has also been invested in developing Resilience Training - systems based approach so that the whole of Health and Social Care in Llanelli is trained in a resilience based model of interaction. **Lung Cancer** - Llanelli is the second largest GP cluster in Hywel Dda in terms of patient list size and	

					has the highest number of lung cancer patients and the highest rate of lung cancer over all seven GP clusters in Hywel Dda. It has statistically significant higher lung cancer incidence rate than Hywel Dda for women. Although the overall lung cancer incidence rates for men and women in Hywel Dda are relatively low compared to most other health boards, in contrast, the inequalities within Hywel Dda are very wide. There is a steep gradient of increasing incidence for men and women moving from the least deprived fifth of small areas through to the most deprived fifth. For women these inequalities are wider in Hywel Dda than in any other health board. The inequalities amongst men are also wide. These inequalities are of even greater concern because most cases of lung cancer occur in the most deprived areas. There is variation in the lung cancer stage at diagnosis distribution across Wales - Hywel Dda has a statistically significantly higher proportion of late stage cancers compared to Wales as a whole but a statistically significantly lower proportion of unknown stage lung cancers. The stage at diagnosis distribution varies across Hywel Dda clusters but all clusters show a high proportion of late stage cancers including Llanelli. In common with the rest of the UK and elsewhere in Europe, the majority of lung cancer cases are diagnosed at a late stage of disease in Wales.	

					Hywel Dda has the largest proportion of late stage lung cancers compared to the other health boards. This proportion is statistically significantly higher compared to Wales. This may be due to the proportion of unknown stage cases being statistically significantly lower in Hywel Dda than Wales, and as mentioned above, the majority of the unknown stage cases are thought to be late stage. **Actions – to review the PHW data contained in the GP Cluster Lung Cancer Profile and agree** actions for improving early diagnosis of Lung Cancer. **Action 9/16**– Invite Consultant to attend November 2016 GP PT4L event. **Action 9/16** - work closely with newly appointed Macmillan GP Cancer Lead and invite to future Cluster meetings. Develop a direct referral pathway for chest x-rays direct from community pharmacists. **Update 9/16 -** The 2015-16 National Priority analysis of cancers has been shared with the GP Cancer Lead and the Cluster Leadership team has had an initial meeting with Dr Savita.	

Strategic Aim 2: To ensure the sustainability of core GP services and access arrangements that meet the reasonable needs of local patients

Consider the National Survey for Wales, local feedback and individual practice analysis.

In the National Survey for Wales 38% of people found it hard to get a convenient appointment – for a number of reasons such as Long wait for appointment ; early morning calls; Appointments not available on the same day ; Difficulty getting through to make the appointment ; Could not book appointment with doctor of choice ; Appointments not available at convenient times.

Is there an accurate measure of demand- if not consider data collection to articulate the scale of action required.

Consider what capacity could be released by minimising system waste- chasing appointments, discharge letters and specialist advice. If that is a significant issue ensure that data is captured to highlight the scale of the problem and include this as an issue to be taken forward by the LHB.

Recruitment and retention- risk in some areas. Ensure risks are recorded and reported. Does this need a local plan to support concerted action? Potential to test new models/roles- are there volunteer practices or potential for roles across the Cluster area that could support the management of capacity.

What potential is there for collaborative working with local partners- Communities First, Third Sector etc

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Establish local data collection systems to monitor trend	NWIS		Capacity more effectively matched to local demand	All practices agreed data extraction via Audit + to give comparative and trend data to inform local planning Action via national DQS group 5/9 Practices signed up to SAIL	

2	Identify waste in local systems	LHB		Release more capacity for patient care	The cluster agreed to invest Prescribing Savings money in employing a nurse to review the prescribing of Stoma products to patients in the Llanelli Cluster. To date a considerable saving has been made in the prescribing budget which has been re-invested to fund the second year of the scheme. Future savings can then be invested in improving patient care.	
3	To develop local workforce development plans Improved recruitment of GPS and other clinical staff into the Locality	HB GPs		Service modernisation to meet changing needs Ensure sustainability of local services Promote General Practice positively in Llanelli Cluster to improve recruitment	HB submitted bid to WG for funding to support the marketing of Hywel Dda GP practices as a place to come and work. The Health Board bid to Welsh Government for the funding they made available this year to support changes in the Primary Care workforce. The HB developed a new recruitment campaign which will be sustainable and will build the “presence” of Hywel Dda as a place to work. The focus will be on attracting doctors, nurses and other clinical staff to the West of Wales and will include: Centralised advertising Marketing DVD Open Day ***Actions***	

					• Add issue to LHB Risk Register • Vacancies monitored • Retirement statistics monitored • GPs to sign up for Open Day / Marketing if they have vacancies • Medical Student Placement presentation – Feb 2016 PT4L **Update 9/16 -** Primary Care Workforce plan being developed by the HB. Offer of help to practices to develop their own Workforce Plan that would also support the Practice Business Continuity Plan. **Update 9/16** – Cluster PM Leads to explore the development and investment in Practice and Cluster websites to promote employment opportunities. To also work with HB Organisational Development Project Manager (Primary Care) to develop practices' on line social media presence through the professional network LinkedIn designed to connect professionals, businesses, jobs and industry updates. **9/16 Action** – PM Cluster Leads to obtain the annual fee quote for developing and maintain 10 websites (9 practice and 1 Cluster) for 3-5 years and reporting back to the Cluster via email.	

4	Improved communication with secondary care: Improve the quality and timeliness of Discharge Summaries to GPs and other health care providers	HB GPs CRTs WG	12 months	Improved care to patients upon discharge. Reduced rates of readmission Improved patient safety Reduced medication significant adverse incidents	Examples of poor discharge summaries forwarded to Clinical Directors via Llanelli LDM Awaiting results of Pilot in Withybush General Hospital. Discharge summary paperwork needs to be changed to increase the information made available to GPs. **Action**: Invite HB Service Improvement managers to future Cluster meeting to update on Pilot and receive comments and recommendations from the GPs in the Cluster.	
5	Improved communication with secondary care: GPs and patients are informed promptly of any changes in Referral status eg downgrading of USC	GPs HB	6 Months	Improved care to patients Improved access to GMS as currently appointments are taken up with patients wishing to know why they have not been seen as promptly as the GP first advised. Increased patient	HB have agreed a report and letter for notifying GPs of downgraded USC referrals : 1) a template letter on Myrddin to be added to as required and sent as a referral is downgraded, and 2) a weekly list of all USC referrals that had been downgraded to be sent to practices A report is now received on a weekly basis and this will evolve to include reasons for the changes. Practices use the data to look for trends /	

				safety	particular GPs/ specialties. Learning needs will be identified for PT4L sessions.	
6	Improved communication with secondary care: Secondary care to cease the practice of referring patients back to their GP to expedite a speedier appointment. HB to allow and promote suitable consultant to consultant referrals.	GPs HB	12 months	Improved patient care. Improved access to GMS as currently appointments are taken up with patients requesting expedite letters for an earlier appointment or re-referral letter.	Long discussion in Cluster Meeting regarding response of medical secretaries if patients phone up enquiring about appointment times. If symptoms increasingly worsened we suggest secretary discusses with the consultant but patients should not be routinely referred back to GPs with advice to request a further letter. We need further discussion with secondary care regarding improvement in patient flow. Action – invite secondary care consultants to future Cluster meeting / specific GP Forum.	

Strategic Aim 3: Planned Care- to ensure that patients' needs are met through prudent care pathways, facilitating rapid, accurate diagnosis and management and minimising waste and harms

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	To develop and improve the relationships between different mental health teams and the primary care team due to increased incidence of mental health issues in the cluster and a perceived poor service from secondary care.	GPs PCMHT CMHT CRT	9 months	Improved care and patient experience	Cluster group agreed to invite key members of the mental health team along to the next CND Meeting on 16th October 2014. Invitees to include Graham O'Connor and Judith Evans Jones. 16th October 2014– Dr Graham O'Connor and Judith Evans Jones attended CND meeting to have initial discussions with the locality GPs. The following Mental Health colleagues attended a GP Forum on the 29th January 2015 • Dr Graham O'Connor, Older Adults MH Consultant & MH Strategic Lead • Dr Janet Edge, Consultant Psychiatrist at Brynmair Clinic • David Roberts, Head of Community Mental Health Services • Amanda Evans, Operational Manager, Brynmair Clinic • Chris Howells, Specialist Supervisor, Community Mental Health Services	

					• Lisa Bassett Gravelle, Service Manager, Acute MH Care • Judith Evan Jones, Local Primary Mental Health Team Manager • Catrin Fischetti Lead Mental Health Pharmacist for Hywel Dda It was agreed that a T&F group be established involving the above and Drs Gravell and Brown to develop an information sheet and pathway for the use of Primary Care. Link Worker details circulated to all practices. Training issues identified for future PT4L events – eg Risk assessments, drug prescribing, Crisis team to share the skills they adopt in managing risk. Arrange speakers for November PT4L session. **Action** : Invite members of the Mental Health Project Group to come to a Cluster meeting to discuss the work. A new Mental Health Project Group, which is a multi-agency group working to develop innovative services. They would like to engage with Cluster in discussing and	

					identifying solutions for improving access to mental health services.: **Action**: invite Angie Darlington Director West Wales Action for Mental Health Libby Ryan-Davies Director Mental Health & Learning Disabilities Hywel Dda University Health Board Sam Dentten CHC to October or November Cluster meeting **Update** - Attendance at September 2015 Cluster and November 2015 PT4L **Actions**: Invite Dr Graham O'Connor and colleague to Cluster meeting to discuss Mental Health Redesign. **Update** - Attendance at 21st January 2016 Cluster meeting by Dr Graham O'Connor Consultant Psychiatrist and John Barry Primary Care Practitioner. **Update** – Warren Lloyd Consultant attended Feb 2016 PT4L to present on S-CAMHS.	
2	To develop and improve the relationship	GPs CRT EMI	9 months	Improved care and patient experience.	Cluster group agreed to invite members of the EMI team to a future CND meeting. Dr Graham O'Connor, Older Adults MH	

	between Primary Care and the EMI service following recent staff changes.				Consultant & MH Strategic Lead attended a GP Forum meeting on 29th January 2016 and will be invited back to future CND meetings /GP Forum to continue to build on improving communication. Invite to future meetings – ongoing communication. Dr Graham O'Connor invited back to Jan/Feb 2016 Cluster meeting. Attended January 2016 Cluster meeting.	
3.	Co-produce a community based service for respiratory patients utilising community available resources including the 3rd sector, to improve disease awareness and physical outcomes for patients.	GPs BLF COPD Nurses and Physios NERS EPP	18 months	Wider accessibility to services to patients, not currently available. To improve access to community based combined education and exercise classes for people with COPD with MRC <3 in order to slow progression of the disease process, prevent deconditioning and ensuring there is	Plan to discuss possible service provision with relevant professionals and patient groups. Discussions took place with the Head of Chronic Conditions Management. British Lung Foundation, Exercise Referral Programme. A combined approach was agreed by the Head of Chronic Conditions Management and Clinical Lead Physiotherapist for COPD whereby an exercise programme is added to the education programme for COPD patients. Initially this exercise programme will be provided by the Clinical Lead Physiotherapist but, longer term, the plan is	

				better access for the relevant people with COPD to full pulmonary rehabilitation. To therefore assist them in fulfilling their functional activities.	that the EPP health professional tutor will be trained to provide the exercise programme. (The physiotherapist will oversee the assessments and provide an advisory role). The GPs agreed to provide funds from their Prescribing Savings to buy exercise equipment to enable the programme to commence. The first series of Education and Exercise programmes has been completed and a second series is due to commence in April 2015. Discussions will continue with the CCC Exercise Referral Scheme colleagues with a view to providing alternative specific exercise support via the NERS project. **Update 9/16** Further Cluster funding (WG Cluster funding 2016-17) of £10,007 has been invested in the Education and Exercise Programme and Claire Hurlin has been invited to attend a future Cluster meeting to update on the programme. A Llanelli branch of Breathe Easy Club has been established.	

					The establishment of a Breathe Easy Choir is being explored (Sept 2016) Pfizer funding has been made available to carry out research and this will also increase the coding, and therefore the prevalence, of COPD Patients.	
4	Develop a Leg Ulcer & Complex dressings service in the community due to workload issues for practice and community staff. Increased medicine management costs and a driver for hospital admissions.	Develop a Leg Ulcer & Complex dressings service in the community due to workload issues for practice and community staff. Increased medicine management costs and a driver for hospital admissions.	18 months	Improved treatment More efficient care/treatment Improved tissue viability Reduced infection rates Reduced hospital admissions	Practices have undertaken a month's audit, examining the number of attendances at the practice for leg ulcer or wound care, and the total time taken to provide both these services. LDM to undertake a review of the audit results to understand the resource implications. Due to the issue becoming a much wider matter affecting Hywel Dda Health Board as a whole this that been included in the IMTP document. The HB will be reviewing the Treatment Room LES and a draft document has been circulated for comment. The Cluster has approved the purchase of a Leg Ulcer Chair from its funds, to be located in the Cluster's Antioch centre for DN use.	

					Update 9/16 - The chair has been purchased and the Leg Ulcer clinic is being held in the Cluster's Antioch facility free of charge. The DN service is now looking at developing a step down service and a social support for patients at the end of their treatment in conjunction with the third sector.	
5.	To Promote the Chronic Pain Service & Pathway and develop a community resilience model for Persistent Pain	HB GPs CRT Voluntary Sector	12 months	Building social resilience for persistent pain. Enhancing wellbeing and coping in people with persistent pain Enhance patient awareness and knowledge of persistent pain management skills	**9/16** Llanelli Cluster GP practices agreed to pilot the project for 6 months. This will involve purchasing "Pain Toolkit" as a self-help resource (the Resilience Manager will develop a local information directory for inclusion in the booklet; and Receive training on supporting self-management of persistent pain in primary care from the Chronic Pain Service. Brief training will be provided to all involved in the project in having constructive conversations and supporting the use of the "Pain Toolkit" e.g. CR worker, third sector **Actions** – • Confirm number of GP practices who	

					will partake in the pilot • Confirm number of, and purchase, booklets • Arrange GP Training on supporting self management • Promote the new Chronic Pain Pathway **Update 9/16** • GP Training arranged for November PT4L	
6.	Direct Referral for Chest X-Ray from Community Pharmacist	Secondary Care GPs Community Pharmacist	March 2017	Improved patient care Quicker access to diagnostics & Improved outcomes	**Update 9/16** LDM and Macmillan GP met with HB Community Pharmacist manager as a small working group to discuss the potential of a direct referral pathway from CP for Chest X-ray. Further meeting with Dr Gareth Collier has been held who will circulate some sample paperwork/criteria for pharmacists to the working group.	
7.	Improve the use of clinical systems in general practice	GPs Training Provider	March 2017	Improved care through better practice knowledge of patients conditions; guidelines & pathways; search techniques, and accurate prevalence figures	**Update/Action 9/16** PM Cluster Lead (JO'G) to cost a service to practices that would provide the following support/benefits: • Training –eg search techniques; • Dial in support • Allow sharing of best practice • Amalgamated searches for Cluster	

					• Data Quality support • Templates / Pathway • Cluster Pharmacist IT Training	

Strategic Aim 4: To provide high quality, consistent care for patients presenting with urgent care needs and to support the continuous development of services to improve patient experience, coordination of care and the effectiveness of risk management

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	To continue to develop and improve the MDT meetings held between the CRT and GP Practices as viewed as useful by many in their PDPs	GPs CRT 3rd Sector	ongoing	Seamless care for the patient via an integrated health and social care approach. Reduced unscheduled admissions and readmissions to secondary care and reduced delayed transfers of care back into the community.	MDT teams aligned to each GP practice in the Locality – some MDT meetings held at the GP surgery. Cluster wish to continue and enhance the role of the MDT. To be discussed at a future Cluster meeting with members of the CRT. The MDT working has improved during 2014-15 and the Cluster will continue to work closely with the CRT during 2015-16. Cluster funding has been allocated to support the ongoing development of MDT working and 3 practices will send GP representation to a CRT development meeting on MDTs on the 1st December	

					2015. **Update 9/16** - With the appointment of a new CRT Manager for Llanelli a series of Practice Visits will take place in Autumn 2016 to discuss the future development and needs for MDT working in practice. The GP Locality Lead and Locality Development Manager will accompany the CRT Manager to the Practice Meetings. The Cluster PM Leads are exploring the cost of installing wifi in all practices which would also support the efficiency of MDT meetings.	

Strategic Aim 5: Improving the delivery of end of life care

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Identify all deaths occurring between 1st Jan and 31st Dec 2016.		March 2017	Improve care for future patients and improve the experience for their families		
2	Use a significant event analysis approach to assess delivery of end of life care (with particular focus on end of life care.		March 2017			
3	Identify any learning and actions required which should be linked into the PDP.		March 2017		Read Coding New DNACPR All patients not just Cancer Role of Specialist nurse coordinator needed Improve communication Hospital discharge for palliative patients should be phone/fax	
4	Summarise themes and actions for discussion at cluster network meetings and share with the		January 2017			

	LHB as required					
5	Outcome of work to be included within the GP Cluster Annual Report		March 2017		Cluster funded Bursaries awarded to practices sending their PN on local Macmillan training course – 8/9 practices now have nurses who have attended the course. Dying Matters course organised and attended by Cluster GPs New DNACPR information provided at September 2015 PT4L session **Update 9/16** - Improve MDT meetings with the use of wifi in practices – Cluster to invest in installation and annual support of wifi in all practices that require it.	
6	Training Requirements identified		ongoing			

Strategic Aim 6 : Targeting the prevention and early detection of cancers

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Review the care of all patients newly diagnosed between 1st Jan and 31st Dec 2016 with lung and digestive system cancer using a SEA tool.		March 2016		**9/16 update** Consultant attending November 2016 PT4L to present on Lung Cancer	
2.	Review the care of all patients newly diagnosed with ovarian cancer between 1st January and 31st December 2016 using a SEA tool.				**6/9 Update** Consultant attended May 2016 PT4L	
3	Summarise learning and actions and share with the Cluster and wider LHB		January 2017			
4	Identify and include any relevant actions in the PDPs.		March 2017			
5	Summarise themes and actions for review with the GP Cluster and share information with the LHB as required		March 2017		Unprovoked DVT should prompt Chest X Ray and possibly abdominal CT, pelvic and mammogram (NICE Guidelines) Review USC downgrades Systematic review at MDT	

					9/16 update Cluster funding investment 2016-17 in promoting uptake of Public Health Screening with a specific emphasis on bowel cancer screening. Promote smoking cessation advice – investment in resilience training and additional Lifestyle Advocate in each GP surgery. The 2015-16 National Priority analysis of cancers has been shared with the GP Cancer Lead and the Cluster Leadership team has had an initial meeting with Dr Savita. Direct referrals for Chest X-ray from Pharmacists being developed.	
6	Outcome of the Cluster analysis to be included in the Cluster Annual Report		March 2017			

Strategic Aim 7: Minimising the risk of poly-pharmacy

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	The contractor will record the % of patients aged 85 years or more receiving 6 or more medications (excluding dressings etc)	Medicine Management	March 2017			
2	Undertake face to face medication reviews for at least 60% of the cohort defined above		March 2017			
3	Identify actions to be addressed in the PDPs		April 2017			
4	Summarise themes and actions for review with the GP Cluster and share with the LHB as required		January 2017		Improve quality of NO TEARS review Arrange educational session with Geriatrician and Pharmacist to review some patients Appointment of Cluster Pharmacist initially for 18 months from November 2016.	
5	Outcome of this work be included in the Cluster Network Annual Report					

Strategic Aim 8: Deliver consistent, effective systems of Clinical Governance

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	Contractor completes the CGPSAT and confirms completion to the LHB by the 31st March 2016		March 2016			
2	Contractor will include appropriate actions resulting from this analysis within the PDP and will consider whether any issues need to be discussed at GP Cluster level.		March 2016			
3	GPs to have timely and informative Discharge Summaries (see Aim 2.4)	HB Peter Skitt		To have a seamless transition between secondary and primary care	Issue to remain on Risk Register Poor examples of DS to be shared with the HB via the LDM.	

Strategic Aim 9: Other Locality issues

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
1	To increase the number of GP practices providing brief Alcohol Intervention service in the Cluster. Due to the high deprivation in the area alcohol problems are a significant issue.	GPs PHW	6 months	Increased numbers of patients having access to brief alcohol intervention service in general practice. Improved long term health gains for the patient. Reduced emergency admissions to hospital.	Agreed to include Alcohol Intervention training on future PT4L Agenda – Feb 2015 Mike Newberry attended the November 2014 CND meeting to discuss Brief Alcohol Intervention Training requirements and has contacted individual practices regarding their practice training requirements. Training was also be provided at the May 2015 Locality PT4L event and is being provided at practice level where requested. Cluster funding has been invested in Practice based Lifestyle Advocates and further work will be ongoing regarding brief alcohol intervention training. PHW colleagues will update on the Lifestyle Advocate Programme at the October Cluster meeting. PHW Alcohol Awareness Toolkit shared with the Lifestyle Advocates. The toolkit is intended for use by any person or organisation who would like to raise	

					awareness of alcohol use and misuse with colleagues, communities, families and friends. It provides all the necessary tools and resources to plan, run and evaluate an alcohol awareness campaign Brief Alcohol Intervention Training to be provided to the Lifestyle Advocates on the 15th December 2015. **Update 9/16** Further Cluster funding invested in 2016-17 in an additional Lifestyle Advocate in each GP Surgery. **Update 9/16** Cluster funding invested in the development of Resilience Training - a system based approach so that the whole of Health and Social Care in Llanelli locality is trained in Resilience based model of interaction.	
2	To increase the number of GP Practices providing Smoking cessation service to their patients. County data does not reflect the	GPs PHW	6 months	Increased number of patients having access to smoking cessation service in general practice Improved long term health gains for the patient.	Practices informed of brief intervention for smoking cessation training event on: Monday 13th October - 1.00pm – 4.30pm Public Health Wales Offices, St David's Park, Carmarthen, Smoking Cessation presentation given at November CND meeting by Elaine Cunniffe & Dawn Davies, Public Health Wales. Smoking Cessation Information sheets and Pathways shared with the Cluster GPs.	

	higher prevalence of smoking in the Cluster area.				Llanelli Cluster signed up for the Cluster Lifestyle Advocates programme: A development programme to enable enthusiastic individuals to become skilled advocates of lifestyle behaviour change within the practice. All 9 Practices have nominated Practice based Lifestyle Advocates. The first meeting of the Lifestyle Advocates took place on the April 14th 2015 and training and support will be on going due to the investment of Cluster funds in this programme. PHW colleagues will attend the October Cluster meeting to update on the Lifestyle Advocate programme in Llanelli practices. Promotional information relating to Stoptober and other smoking cessation services has been emailed to practices in September. Practces were sent information on ***Secondhand smoke: promoting smoke free homes and cars.*** This has been developed by the National Centre for Smoking Cessation and Training (NCSCT) and acts as both background information but also as a training module which teaches	

					individuals how best to raise the issue of secondhand smoke exposure and promote smokefree homes and cars. The module takes less than 30 minutes to go through and should someone like a certificate of completion there is a short assessment, attached to the module, that you can take. <u>NCSCT e-learning</u> **Update 9/16** Further Cluster funding invested in 2016-17 in an additional Lifestyle Advocate in each GP Surgery. 2016-17 Cluster funding also invested in the development of Resilience Training – systems based approach so that the whole of Health and Social Care in Llanelli locality is trained in Resilience based model of interaction.	
3	To facilitate and support federalisation within the Cluster, between GP practices and with others	GPs HB CRT Third Sector	18 months	Improved access to services for patients in the most appropriate location	Agreed to Investigate the finance and governance issues with the HB Practices to work toward re aligning the Nursing and Residential homes in the Cluster so that homes are linked to specific surgeries. This will allow for better care of patients via ward rounds and will avoid	

	due to vacancies, sick leave, maternity leave and retirements in the area.				duplication of work as is currently the case with numerous GPs visiting the same homes. This has now been reviewed and due to the Cluster not reaching a consensus on this the proposal has been halted for the foreseeable future. Health Board to organise externally facilitated workshops on Federalisation in early 2016. Cluster interested in investigating: • Sexual health services • Minor ops/surgery	
4	Community Nursing – to improve the continuity of staffing linked to General Practice as huge concerns expressed about the Cluster's Community Nursing numbers and investment.	GPs CRT DN HB	12 months	Patients' ability to receive care safely in the community.	The under investment and staffing issues of the Llanelli Locality DN service has been discussed at county level including at Primary Care Board on the 11.9.14 and many times previously. Community Nursing Manager, Sarah Cameron attended the CND meeting on November 20th to discuss the HB's plans and will be invited back on a regular basis during 2015-16. The GP Cluster agreed to invest a portion of its Prescribing Savings Money to allow the one year appointment of a HCA to support DN in providing phlebotomy service for house bound patients.	

					The Cluster has secured locality accommodation to provide phlebotomy services and also provides clinic space to community nursing – free of charge for the first two year. Community Nurse Manager is invited to all Cluster meetings.	
5	Premises investment to enable practices to respond to future changes in practice configuration and to support the development of services and care closer to home.	GPs HB WG	18 months	Increased services provided in primary care setting, normally "closer to home" Increase in number of clinical staff able to deliver care in the community due to increased accommodation.	Individual Practice development needs identified in PDPs. HB's Primary and community estates prioritisation exercise needs to be aligned and financially assessed against service needs. HB agreement required regarding future implementation and funding, including the development of primary care facilities and Improvement Grant scheme. Health Board's Improvement Grant scheme was re-introduced in 2015-16 and Llanelli Cluster Practices applied and were successful. An element of Cluster Funding has been designated for the purchase of equipment that supports the Cluster's priorities.	
6.	Improved	GPs	12 months	Care closer to home	Cluster funding allocated to pump prime a	

	care and treatment of patients requiring phlebotomy and anti-coagulation services	HB Voluntary Sector		Reduced waiting times Improved clinical governance re INR	community phlebotomy service for the first 12 months (thereafter the HB to fund): Community accommodation 2 WTE phlebotomists Appointment system Service provided from the Antioch Centre and outreach in Burry Port. **9/16 Update** – Cluster investment in Call Centre facility extended until February 2017 to coincide with the funding period for the phlebotomy staff. INR – DAWN pilot taking place in 2 Llanelli practices whereby the INR results are electronically transferred to the practices thus greatly improving patient safety. This to be rolled out to Carmarthenshire before the end of 2015. DAWN INR system is now live from November 2015 in Carmarthenshire and Pembrokeshire.	
7.	Develop and improve links with other health and social care providers in the community including the	GPs HB Voluntary Sector Communities First Social Services	On going	Improved patient care Seamless care for patients Value for money Better use of resources	Commissioned a call centre / appointment system from the voluntary sector to support community phlebotomy service for 12 months until HB system is fully functional. Community Resilience Officer and Communities First colleagues invited to all Cluster meetings along with CRT managers.	

	voluntary sector				**Update 9/16** - Work being developed between Community Resilience Officer and Communities First to develop a local web based directory of services for GPs and the public. Community Resilience Officer is working with PM Cluster Lead (FMcA) to promote voluntary sector organisations in general practice.	
8.	Development of Education and Training Sub Committee	GPs	December 2016	Improved attendance at GP PT4L sessions Increased knowledge Improved morale	**Update 9/16** - Establishment of an Education & Training sub-committee of 2-3 GPs to set the agendas for future PT4L sessions.	
9.	Appointment of Cluster Pharmacist	GPs MM CRT	November 2016	Improved care of nursing and residential care home patients through medication reviews.	**Update 9/16** - Successful appointment made and Cluster Pharmacist will commence on 14th November 2016. Initial work programme will involve visiting all Nursing and Care home patients in the Locality. Cluster Pharmacist to be invited to all Cluster Meetings to feedback on her work.	
10.	Dementia Diagnosis	GPs Secondary		Specialist GPs in a number of practices	**Update 9/16**	

	and care in PC	Care Voluntary Sector		Memory clinics in the community Care Plans for dementia patients	Initial meetings taken place between Cluster Lead and Graham O'Connor Consultant in Mental Health and outline plan drafted: Go'C – train and host GPs in secondary care clinics – cluster fund backfill Training: diagnosis; treatment; follow up and local services awareness. Diagnostic – GP Role Annual Review – Nurses? Memory clinics to be established by interested, trained GPs Develop stay well dementia plans – payment per plan PT4L session on Dementia 2017 Alzheimer's society to offer training to all practice teams on Dementia Champions training. Dementia Project update: Visits to all care homes in the cluster now complete. Practices will be contacted in Sep/Oct '16 to discuss patents that have been highlighted as either requiring memory assessment or where diagnosis is unclear. Report to be published in November 2016.