

Enhanced Primary Care Support Unit

Cwm Taf University Health Board

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Project – Enhanced Primary Care Support Unit

'To develop an enhanced workforce provision that addresses the recruitment / retention and local demand profile to provide a high quality / sustainable Primary Care and Community services for Cwm Taf residents'.

Why was it chosen?

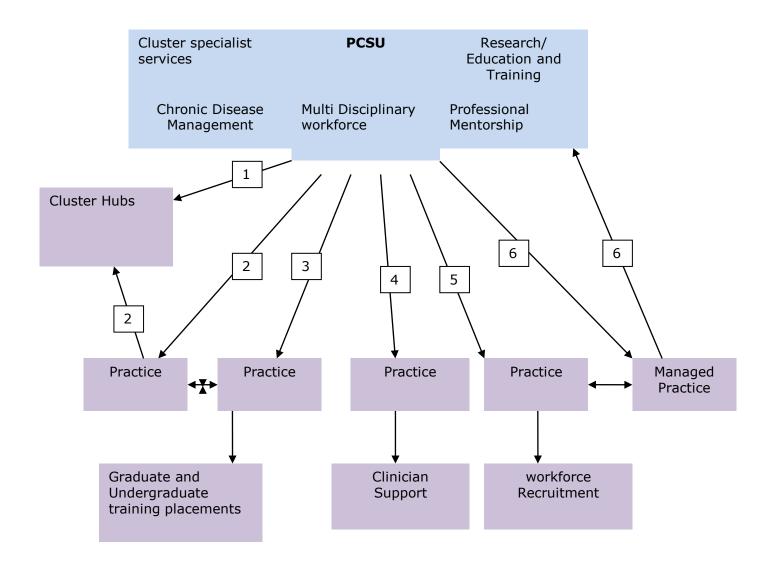
What problem are you trying to solve?

Significant General Practice Sustainability issues

(Recruitment Pressures/workload/retirements)

- 13 practices at risk
- 10 practices within Rhondda 88,680 patients!
- Strong foundation we have the original PCSU

What would Success look like?



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Sustainable General Practice

Managed Practices back to 'independent status

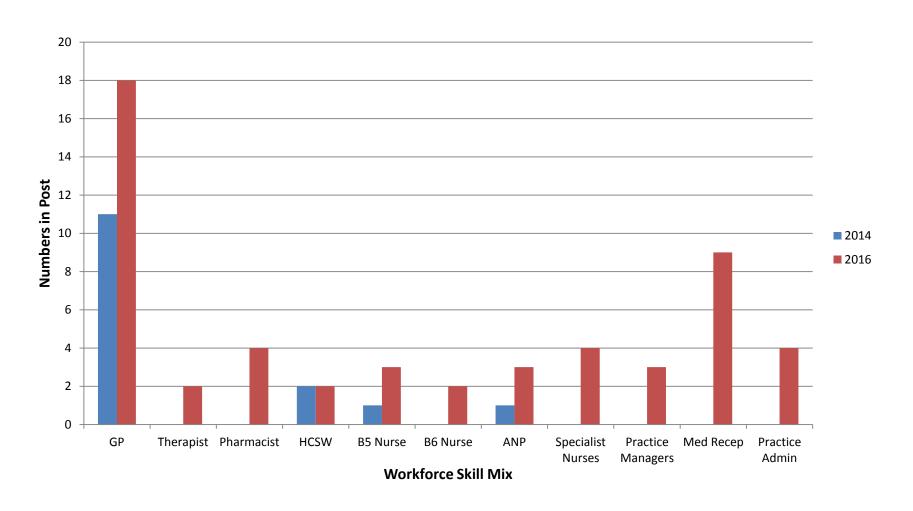
Strong clinical and managerial leadership within practices

Network of peer support within and between clusters - Buddy / Mentors

Opportunities for Portfolio careers & specialism in clusters

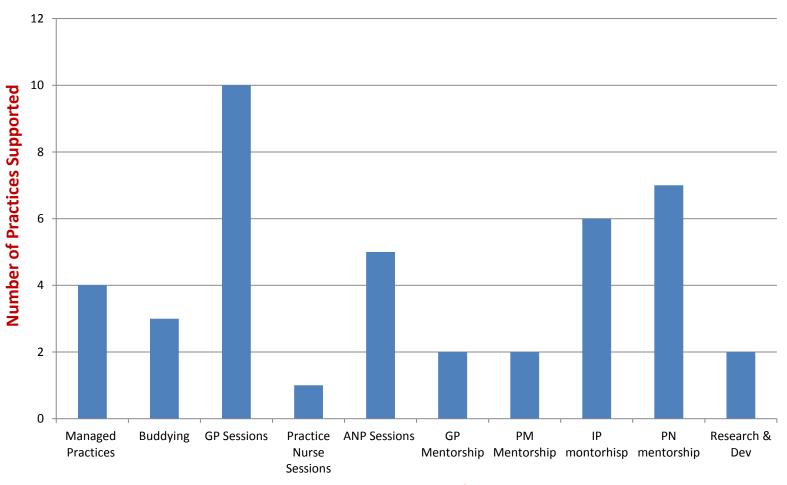
Diversity of multi professionals prudency Multi professional undergraduate and graduate training

What are Your Process Measures? Increased number and range of staff in PCSU



What are your Process Measures?

Range of support being provided



Type of Support (SLA)

What will be your Outcome Measures?

- Evaluation due March 2018
- Prevent /Reduce GMS contracts resignations
- Transfer all 4 managed practice to independent status within 2/3 years
- Increase number of SLAs for 'buddying' for vulnerable practices
- Improved patient experience and access
- Increase satisfaction levels amongst all professionals within General Practice

Will you have any Balancing measures?

- PCSU becomes easy option
- No of vacancies within independent practices continue to increase
- Reliance on the PCSU fine balance

What did you Learn?

- •Mulit-professional PCSU is required for rapid response and critical mass
- Strong leadership (both clinical and managerial) – key!
- 'Buddying' is new and this is the focus for the future
- •Barriers HR processes

Ministerial Priorities

- Achieving service sustainability
 - Ensuring that Practices are supported
 - Support from neighboring practices
- Improving access and patient experience
- Stable practices will be an the enabler for movement of services out of hospitals into community settings We have started despite sustainability issues.

Next Steps

- •Finish detailed work with workforce & OD
- •Evaluative framework as part of Primary Care Academic Research Unit
- Exciting aspect 'Buddying' feel the difference
- Recruitment to PCSU has gone well
- Challenges new GPs do not want to work the hours of the contract
- Expand PCSU to other neighbouring UHB ?

Discussion – 21st Sept 2016

- Builds on existing PCSU to enhanced model move from plugging immediate gaps to promoting wider MDT with collaborative working; facilitative approach; prudent agenda
- Main problems are in small vulnerable practices poor management / planning / networking.
 Clustering helps sustainability
- Managerial leadership was neglected in past. Role of practice manager is key training and recognition. 'Change' managers helpful.
- Prudent model what can we get GPs to give up that others can do
- Support for ind contractor status innovation, motivation, financial rewards. Reduce financial risks for GPs
- Increase over last two years in MDT, range of HCPs pharmacy, physio, looking at PA role, pxing roles - real need to diversify, change culture.
- Role of PM and admin staff critical for safety and efficiency. Use of mentorship and buddying.
- Talking to CHC about measuring patient satisfaction (but not done yet)
- Risk of making practices dependent on PCSU clarity on risks and responsibilities of practices support given / contract / exit strategy
- 'Buddying' is new and a focus for the future; SLA for buddying roles v successful
- Where does the Inverse Care Law fit into this? Need for training, motivation and support. Holistic care need to engage patients and address health promotion on cluster level
- Pacesetter has been the turnkey that has allowed this to progress
- For all of this to succeed you need a strong general practice. Stable GP is essential for the future, supplementing GP workforce
- Challenge new GPs do not want to work within the hours of the contract need to move from GP centric model.
- Research opportunities on All Wales level for impact of PC on equalities, etc.