

## PACESETTER SCHEMES 2018-19

<b>Health Board</b>	<b>Abertawe Bro Morgannwg University Health Board</b>
<b>Pacesetter Title</b>	<b>Physician Associate GP Practice Internship programme (PA)</b> <i>(12 months pacesetter funding to commence September 2018-September 2019)</i>
<b>Context: what is the current evidence and how does this project add value?</b>	<p>It is a well-established fact that we will face a significant shortage of GP workforce in 2020 due to the current GP recruitment and retention crisis. ABMU HB has recognised this in their Primary and Community Strategy 2017-2022 (PCS Strategy) and promotes implementation of Multi-disciplinary team working, compliance with prudent healthcare principles and innovation and development of skills mix to ensure high quality and sustainable service delivery within the Primary and Community Care settings. The ABMU PCS Strategy is in alignment with the delivery of the National Framework for Primary Care that has developed from the learning from the initial round of pacesetters across NHS Wales 2015/18 which supported which has progressed from the initial 'Emerging Model' for sustainable primary care services.</p> <p>Physician Associates (PA) have been described as one of the potential solutions to help general practice meet demand at a time when the NHS is under greater pressure than ever before. The NHS is to spend £15m on training 1,000 GP Physician Associates by 2020.</p> <p>Existing case studies highlight a substantial contribution of Physician Associates to patient care in General Practice (and wider cluster working) as part of a multidisciplinary primary healthcare team.</p> <p>Workforce requirements and problems accessing health care are confirmed as strong facilitators amongst General Practitioners to the integration of PAs in to the GP workforce. The implementation of this role and recruitment of these healthcare professionals in to GP practice has however been slow and hesitant over the last 3 years.</p> <p>A recent study by Jackson, Marshall and Schofield (2017) investigated the barriers and facilitators to the integration of PAs in to the General Practice workforce. Its findings suggest there are still considerable barriers in place in the following areas:</p> <ol style="list-style-type: none"> <li>1. A general unfamiliarity with the role led to uncertainty about whether a PA would be able to operate in a General Practice setting, and all felt that the context of their training was critical. Concerns were</li> </ol>

	<p>centred on the PA's ability to practice holistically and to help with managing complex presentations, uncertainty and risk. Current exposure to primary and community care is limited during the PA's two year university course which inevitably results in a lack of insight into the generalist and holistic care which is at the core of GP.</p> <ol style="list-style-type: none"> <li>2. There is a general lack of understanding about the role and how it might support and compliment other roles in General Practice teams amongst GPs.</li> <li>3. Additional barriers relate to a lack of current regulation of the role in addition to prescribing rights and indemnity restrictions.</li> <li>4. There were also concerns that the degree of supervision and mentorship first required to support newly qualified PA's will be a significant burden.</li> </ol> <p>There are recognised and researched barriers to integration of the Physician Associate role within the general practice and wider cluster workforce and as a health board we have a great opportunity and responsibility to aid with this process. This will hopefully go some way to addressing the current workforce and workload issues in General Practice and significant sustainability pressures being experienced within our Clusters. This pacesetter will support the establishment of a new ABMU PA internship year in close collaboration with ABMU clusters and primary care community services. This will ensure counteracting many of the above stated barriers in integrating the PA role into GP practice and wider cluster working.</p>
<b>Aims of project</b>	<p>To establish a one year post qualification PA internship across the ABMU HB clusters that would offer the following benefits for PAs, GP practices, clusters and ABMU community services:</p> <p>Benefits for Physician Associates:</p> <ul style="list-style-type: none"> <li>• 12 month employment at Band 6 pay scale with ABMU with established annual leave and sickness absence policies avoiding the anxiety/uncertainty to commit to an independent contractor GP practice at this early stage in PA career</li> <li>• Opportunity to gain insight into 1-3 General Practices experiencing different access models, MDTs and ways of working – through rotational working within a cluster over the 12m period Acute Clinical Response Team, MSK &amp; Chronic Pain Team and Community Paediatrics. This will offer the opportunity to learn new skills and consolidate existing knowledge in services directly relevant to their role in GP. These placements can be tailored to the PA's individual learning needs/areas of special interest.</li> <li>• Mentoring and supervision through the ABMU PCS Practice Support Team under the direction of the Clinical Director for Sustainability in partnership with the host Cluster Clinical Lead.</li> <li>• Engagement in a PA peer support group in ABMU HB</li> </ul>

	<p>Benefits for GP Practices:</p> <ul style="list-style-type: none"> <li>• Opportunity to trial the impact of a PA workforce on GP / Practice Nurse workload in Primary Care without the need to make a permanent long term commitment on employment</li> <li>• Further insight in to the scope of practice and limitations of PAs and how this can best fit in General Practice team.</li> <li>• Be part of the implementation of this innovative role in the practice to promote new models of care provision as part of addressing current workload and workforce pressures in primary care.</li> <li>• No indemnity costs as PAs will be ABMU employees and therefore covered with Welsh Risk Pool</li> <li>• Sessional reimbursement for up to 6 sessions/week at face cost to the practice partnership. Non-profit scheme.</li> <li>• Skills set acquired in Community Services/placements can be utilised in practice i.e. paediatric examination, contraception/sexual health services, MSK assessments etc.</li> </ul> <p>Benefits for Cluster:</p> <ul style="list-style-type: none"> <li>• Investment in innovation to address sustainability concerns in Cluster GP practices</li> <li>• Exclusive use of PAs in Cluster practices with potential future permanent recruitment in these GP practices</li> <li>• Facilitation of a structured, educational and protected programme for new PAs to consolidate and enhance their skills to ensure an enjoyable and successful start in to their career in GP.</li> </ul> <p>Benefits for Community Services:</p> <ul style="list-style-type: none"> <li>• Opportunity to trial this new workforce in a variety of community services</li> <li>• Support in service delivery</li> <li>• Further strengthen the links between community teams and general practice teams with the shared PA workforce</li> </ul>
<b>Allocation</b>	£160,000 split over two financial years: <b>£80,000 in 2018/19</b> and £80,000 in 2019/20 to fund the community element of the PA Internship programme (4 sessions per week of PA placement at band 6 over a 12 month period) in conjunction with the practice/cluster funding for the GMS element of the placement (6 sessions per week of PA placement at band 6 cost), to support up to 11-12 wte PAs internships across the 11 clusters
<b>Start date of project</b>	1 <sup>st</sup> October 2018 (in line with the current cohort of PAs graduating from their courses) To run for a 12 month period across two financial years (£80,000 per financial year)
	It has been highlighted through emerging models of care that there is considerable scope for GP

<b>Alignment with Emerging Model</b>	<p>practices to improve efficiency, effectiveness and sustainability by adopting and implementing new workforce models. This includes the following two areas pertinent to this proposed PA internship programme:</p> <ol style="list-style-type: none"> <li>1. New skill-mix of healthcare professionals in Primary Care i.e. Nurse Practitioners, Pharmacists, Physician Associates and Paramedics working alongside GPs and the wider community MDT team to manage increasing demand whilst being supported and mentored by GPs. This enhances patient access by offering the most appropriate clinician according to their presenting complaint, thus promoting a prudent healthcare culture.</li> <li>2. New access models with increased use of telephone or IT i.e. telephone first model, Skype consultations, email/on line access. This drives innovation through service re-design to achieve efficient and tiered access points based on the need of the patients and skill of the MDT. PA placement implementation would contribute to the effectiveness of this service by allowing an additional portal for the triage workload or to provide the outlet for triaged patients to be booked for face-to-face appointments, thus adding to the efficiency and productivity of Primary Care.</li> </ol>
<b>Potential to demonstrate financial redesign / resource shift</b>	<p>A study by Drennan et al (2015) compared outcomes and costs of same-day requested consultations by PAs with those of GPs. 2,086 patient consultations at 12 GP practices in England were reviewed by independent GPs.</p> <p>The results showed:</p> <ul style="list-style-type: none"> <li>• there was no significant difference in the number of re-consultations</li> <li>• there was no difference in rates of diagnostic tests ordered or referrals made</li> <li>• there was no significant difference in patient satisfaction</li> <li>• the adjusted average PA consultation was 5.8min longer than the GP consultation</li> <li>• the cost per consultation was however still £6.22 lower than the GP consultation</li> </ul> <p>The conclusion was reached that PAs offer a potentially acceptable and efficient addition to the General Practice workforce and support the prudent healthcare approach needed for future Primary Care development.</p>
<b>Dates for submission of Business Plan and Delivery agreements</b>	<p>Business plan proposal due for submission in March 2018 based on the success of this application. Delivery agreement for the proposed PA Internship programme will be 1<sup>st</sup> October 2018 for a 12 month in conjunction with the graduation of the current year 2 student PA cohort. Recruitment to commence</p>

	April 2018
<b>Status within:</b>  <b>HB strategy</b>  <b>IMTP process</b>  <b>Cluster Action Plans</b>	<p>Health Board strategy – Sustainability, MDT working and workforce diversification is placed at the core of the Health Board 5-year Primary and Community strategy and specifically complies with the workforce development model to create a more sustainable and agile future General Practice.</p> <p>IMTP process – Workforce is prominent in the current IMTP report, with specific focus on diversity and MDT working. Embedding Cluster Hub MDT working is also one of the key elements for the IMTP 2018/19 the delivery of which will be assisted by the establishment of the PA Internship.</p> <p>Cluster action plans – Alternative workforce development and implementation is forefront in all Cluster action plans, with many clusters in Swansea, NPT and Bridgend are specifically targeting the PA placement scheme in order to attract this newly formed workforce.</p>
<b>Timescales for each stage of project, with rationale</b>	<p>February 2018: Approval of application through Pacesetter funding</p> <p>March 2018: Business Plan finalised and approval sought within PC&amp;CS Delivery Unit.</p> <p>March 2018: Finalisation of interested GP practices and community services.</p> <p>March 2018: 12-month PA GP Internship programme to be advertised (approx. 11/12 posts across the ABMUHB footprint based on £80,000 funding per financial year for 2 years – 6m funding each financial year October 2018-August 2019)</p> <p>April –May 2018: Interviews and programme appointments</p> <p>May 2018: Confirmation to practices and community services of PA placements</p> <p>June 2018: Finalisation of contracts</p> <p>October 2018: Commencement of programme (in conjunction with year 2 PA cohort graduation)</p>
<b>Evaluation methodology and measures to be used</b>	<p>Qualitative and quantitative methods of evaluation to be utilised to determine the effectiveness of the programme for the patient, PA, individual practices and community services offering weekly placements.</p> <p>Patient and staff questionnaires, consultation durations and workload audit templates, community services feedback and cluster discussion will all be utilised to establish a methodologically sound approach to evaluation. We will compare and contrast our findings with those identified in previous studies to determine the best model for onward implementation.</p>
<b>Project support available</b>	<p>This proposal is directly supported by the ABMU HB PA Implementation Group and Swansea University PA placement facilitators. It has been endorsed by our Unit Medical Director (Primary Care) and gained positive feedback from the CMO on a recent visit to ABMU HB. Additional support regarding programme development and placement incentives is being offered from interested Clusters within the ABMU footprint.</p>

	<p>Internship operational oversight will be encompassed within the ABMU Practice Support Team under the clinical leadership of the Clinical Director for Sustainability. This model has worked well for the GPs employed through the Cluster Fellowship Scheme.</p>
<p><b>Describe anticipated impact on health inequalities</b></p>	<p>Improving access to services is a key priority for ABMU HB. This programme would directly influence the MDT make up of current General Practice within ABMUHB and enhance service delivery in terms of access, patient choice, prudent healthcare and financial sustainability. This extended MDT model would directly benefit practices with sustainability concerns or in areas of high deprivation where healthcare access is heightened. Through prudent approach to triage, appointment allocation and follow up provision we will see a more efficient use of existing and new resources, thus creating greater capacity for patients and staff.</p>
<p><b>Potential for rollout at scale, with indication of costs and workforce implications</b></p>	<p>This Physician Associate GP Internship programme would have the potential to roll out nationally provided our initial pilot scheme could demonstrate the advantages to General Practice in relation to patient access and quality of care.</p> <p>Previous studies have demonstrated how cost effective PA role implementation can be financially when utilised effectively within General Practice as part of the existing workforce.</p> <p>For rollout at scale, this programme would require buy-in from Cluster and Community Services to fund the 4 sessions per week per PA in order to facilitate the CPD aspect of the programme.</p>