

Strategic Programme for Primary Care

November 2018

Foreward

The case for change as set out in *The Parliamentary Review* and the required 'revolution from within' is fully recognised by the National Primary Care Board. *A Healthier Wales* provides a clear plan for progressing this and we welcome the reinforcement of cluster working as part of the national model for local health and care. Whilst significant progress has been made through implementing the recommendations set out in the *Primary Care Plan for Wales 2015 – 2018*, there is still much to do to ensure our part in the National Transformation Programme and to fully implement the Primary Care Model for Wales.

This document sets out the strategic programme of work for primary care which has been developed following the publication of *A Healthier Wales*. Some areas are a continuation of previous work, recognising that the pace and scale needs to be increased. Other areas have emerged as a priority in response to 'A Healthier Wales'. Specifically of note, is the whole system approach to health and social care, stating that it will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health and inequality. Primary care, as the first point of contact for the majority of citizens accessing health services, has a key role in maximising the opportunities for prevention and self-management. At the heart of the strategic programme for primary care is working closely with partners, shifting the focus to a social model of care, ensuring timely access to primary care services when required and working seamlessly across the whole system.

This strategic programme sets out, at a high level the key workstreams required to progress this work. This is underpinned by detailed action plans. Whilst many actions fall to those that work within primary care, seamless models of care requires all partners to work together and I am would like to acknowledge the commitment of all those involved in the progress that has been made to date and the challenges ahead. The full implementation of the primary care model for Wales and the integral part that primary care plays within the national transformation programme gives primary care the permission to be bold, an opportunity that we must not miss.

Judith Paget

Chair, National Primary Care Board & Lead Chief Executive for Primary Care

Executive Summary

Our Plan for a Primary Care Service for Wales up to March 2018 was published by Welsh Government in February 2015 and has provided the context and framework for the development of primary and community care over the last three years. Good progress has been made locally and the investment provided by Welsh Government to support innovation and development in primary care was provided at cluster level, health board level and at national level via a £40million primary care fund which included the Pacesetter Programme. Learning from the first cycle of Pacesetters influenced the development of a whole system, 24/7, transformational model for primary and community care. This has enabled a whole system approach to redesign, driven by national quality standards but with flexibility to respond to local community needs. Clusters are seen as pivotal to the delivery of this model.

In January 2018, the Parliamentary Review of Health and Social Care in Wales was published and in June 2018 Welsh Government provided a response in 'A Healthier Wales: our Plan for Health and Social Care' which called for bold new models of seamless local health and social care at the local and regional level. The transformational model for primary and community care, which is a whole system approach to sustainable and accessible local health and wellbeing care, supports the vision set out in 'A Healthier Wales' and is now adopted as the **Primary Care Model for Wales**.

Clusters remain at the heart of this model and, given the key principles that underpin 'A Healthier Wales' can be described as:

"A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."

Whilst work continues on the implementation of the Primary Care Model for Wales, 'A Healthier Wales' has brought a wider context to this work in terms of the links to the Regional Partnership Boards and the wider community infrastructure as the 'wellness system' approach is reinforced. It is therefore timely to review the strategic programme for primary care within this context and the following key strategic areas have emerged as priorities to run alongside the normal planning and delivery functions of Health Board teams:

- Primary care key workstreams
- Seamless working in Health Boards and with partners
- Primary care contract reform

A high level summary of actions are provided in this document against each of these priorities. There is also supporting documentation that provides more detailed action plans and a delivery mechanism for the strategic programme.

1. Introduction

This paper provides the key workstreams required for primary and community services to build on the work undertaken in response to 'Our Plan for a Primary Care Service for Wales up to March 2018' (Welsh Government, February 2015) and respond to 'A Healthier Wales' (Welsh Government, June 2018). The workstreams are not intended to replace work planned or underway at a local level by clusters, health boards, regional partnership boards, or to cut across wider transformational work, but rather to complement and enable pace and scale of transformation.

2. Strategic Context

'Our Plan for a Primary Care Service for Wales up to March 2018' was published by Welsh Government in February 2015 and has provided the context and framework for the development of primary and community care over the last three years. The plan was supported by *A Planned Primary Care Workforce for Wales* setting out the direction required to support a sustainable workforce shaped by local population needs and prudent health care principles. The definition of primary care used in the plan was very broad, see below, and now underpins this document.

What is primary care?

Primary care is about those services which provide the first point of care, day or night for more than 90% of people's contact with the NHS in Wales. General practice is a core element of primary care: it is not the only element – primary care encompasses many more health services, including, pharmacy, dentistry, and optometry. It is also – importantly - about coordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs.

These community services include a very wide range of staff, such as community and district nurses, midwives, health visitors, mental health teams, health promotion teams, physiotherapists, occupational therapists, podiatrists, phlebotomists, paramedics, social services, other local authority staff and all those people working and volunteering in the wealth of voluntary organisations which support people in our communities.

The scope of work has been influenced by a number of publications and areas of work during the period 2015 – 2018, which have added to the direction and breadth of the changes in primary care, as follows:

- The Social Services and Well-being (Wales) Act 2014
- The Well-being of Future Generations (Wales) Act 2015
- Prudent Healthcare – Securing Health and Well-being for Future Generations 2016
- Taking Wales Forward 2016 – 2021 Welsh Government
- Prosperity for All – national strategy. The Welsh Government wellbeing objectives 2017 (September 2017)
- Ministerial Taskforce on Primary Care Workforce - Train, Work, Live in Wales campaign 2017
- GP Services in Wales: The Perspective of Older People (Older People's Commissioner for Wales February 2017)
- Health, Social Care and Sport Committee - Inquiry into Primary Care Clusters 2017
- Services Fit for the Future – Quality and Governance in Health and Care in Wales (June 2017)

In January 2018, the Parliamentary Review of Health and Social Care in Wales was published and in June 2018 Welsh Government provided a response in 'A Healthier Wales: our Plan for Health and Social Care' which called for bold new models of seamless local health and social care at the local and regional level. The primary care model for Wales, which is a whole system approach to sustainable and accessible local health and wellbeing care supports the vision set out in 'A Healthier Wales'.

'A Healthier Wales' sets out the whole system approach to health and social care, stating that it will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health and inequality. Primary care, as the first point of contact for the majority of citizens accessing health services, has a key role in maximising the opportunities for prevention and self-management. Working closely with partners, primary and community care must not miss opportunities to promote a social model of care and avoid over-medicalising.

3. 'Our Plan for a Primary Care Service for Wales up to March 2018' – Progress to Date

'Our Plan for a Primary Care Service for Wales up to March 2018' Welsh Government, February 2015, (*hereafter referred to as the Primary Care Plan*) detailed key actions to be taken forward at a national level, alongside 26 key actions to be taken forward at the local level. Welsh Government established the £43m national primary care fund to back the plan. The Integrated Care Fund also invested in local services improvements. A high level summary of progress against the actions included in the Primary Care Plan against the five themes follows.

- I. Planning Care Locally
 - Pacesetter/Pathfinder Programme – 24 projects 2015-18, 15 projects commencing 2018
 - Emergence of a new 'transformational' model of primary care
 - Critical appraisal – external evaluation, workshop October 2018
 - Primary Care One website launched November 2017 as online resource for sharing good practice and learning
 - Cluster level needs assessments and plans with £10m for clusters to invest
 - Cluster development – Cluster Governance Framework of Good Practice
 - Pipeline of capital developments and integrated health and care centres
- II. Improving Access and Quality
 - National project for directory of services
 - Signposting and triage – scoping exercise and recommendations complete
 - 111 – roll out planned
 - Primary Care Measures Phase 1 and 2a introduced
 - Key Indicators for GMS developed
 - Capacity and demand modelling – Pathfinder project
 - Workshop to define what 'good' access looks like
 - Roll out of Choose Pharmacy and common ailments service
 - More eye care moved out of hospital and delivered in the community
 - Social prescribing (or community referral) models for systematic access to non clinical wellbeing services
 - Primary care contract reform programme

- III. Skilled Workforce
 - MDT working – review and recommendations complete
 - Physicians Associates
 - Community Paramedics
 - Compendium of new roles and models, including cluster level posts and indemnity solutions
 - Workforce planning in primary care training
 - Advanced practice training, such as non-medical prescribing
 - Expansion of Academic Fellows scheme beyond South Wales
 - Train, Work, Live campaign

- IV. Equitable Access
 - Inverse care law schemes established in three health boards and learning shared
 - Transgender project
 - British Sign Language project
 - Welsh Language tool kit

- V. Strong Leadership
 - National Primary Care Board
 - National Directors of Primary and Community Care peer group and sub groups
 - Primary and Community Care Development and Innovation Hub
 - National Professional Lead & National Director and Strategic Programme Lead
 - Confident leaders programme x 3
 - Cluster leads development programme ongoing

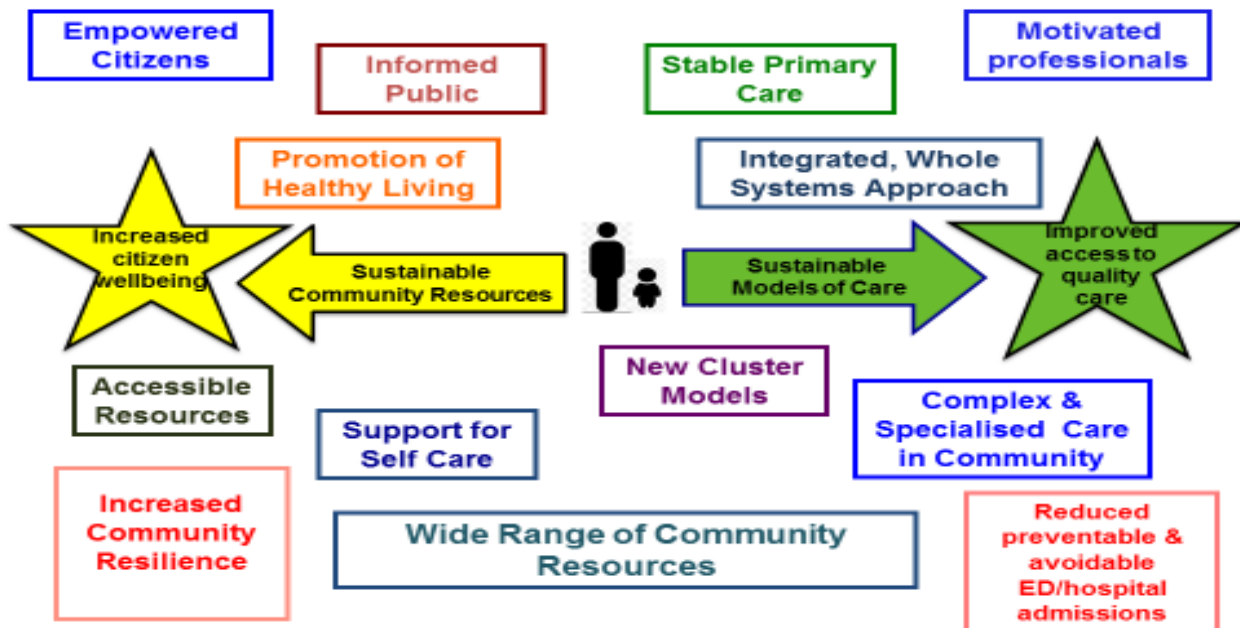
Further detail is available in the Directors of Primary & Community Care (formerly the Directors of Primary, Community & Mental Health) Annual Report 2017 – 18. Supporting documentation is available on the Primary Care One website.

The investment provided by Welsh Government to support innovation and development in primary care was provided at cluster level, health board level (via Integrated Medium Term Plans) and at national level via a Pacesetter Programme. The Pacesetter Programme is a comprehensive range of initiatives, funded by Welsh Government, to stimulate innovation and promote the redesign of primary care services. The first cycle of 24 pacesetter projects began in April 2015 included a focus on at least one of the following:

- improved access to services
- moving care closer to home
- increased sustainability of primary care services.

These were led by Primary Care Teams across Wales and supported by the Primary Care Hub (Public Health Wales). Learning from the first cycle of Pacesetters influenced the development of a whole system, 24/7, transformational model for primary and community care. This has enabled a whole system approach to redesign, driven by national quality standards but with flexibility to respond to local community needs (see diagram overpage). Clusters are seen as the pivotal to the delivery of this model with 64 clusters in Wales.

ALL WALES WHOLE SYSTEM APPROACH



Further detail on the model and the key components can be found on the Primary Care One website.

Critical Appraisal and Evaluation

As part of the pacesetter evaluation process, the University of Birmingham was commissioned to undertake a critical appraisal of the Pacesetter Programme. The overall aim of the research was to strengthen the learning for future primary care transformation programmes in Wales through investigating the experiences of Pacesetter teams, exploring the views of stakeholders and comparing outcomes with current research evidence and international best practice. The final report, was published in June 2018 and can be found at: <http://www.primarycareone.wales.nhs.uk/home>

The following sets out the implications of the findings for future Primary Care Transformation.

- ❖ Development of evaluation capacity within health boards to assess the impact and mechanism of change have the connected skills, access to data and analytical support.
- ❖ Workforce plans to include the development of competencies related to inter-professional working and teams, patient and community engagement, and leadership of change.
- ❖ Availability of suitable infrastructure to embed engagement within transformation programmes.
- ❖ Local infrastructure to support innovation in primary care that ensures those undertaking such changes are supported with project management and related tasks.
- ❖ Opportunity for networking across health boards for those involved in leading innovation to provide peer support and challenge.

4. The Primary Care Model for Wales

The transformation model for primary and community care aligns well with 'A Healthier Wales' and as the full implementation of the recommendations arising from 'A Healthier Wales' moves forward it is important that primary care is pivotal to the proposed bold and seamless models of care that are aspired to.

As described in section 3, the pacesetter work has informed a transformation programme for primary care with the components of the model set out. This has been reinforced by 'A Healthier Wales' and is now adopted as the **Primary Care Model for Wales**. 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

Clusters remain at the heart of this model and, given the key principles that underpin 'A Healthier Wales' can be described as:

"A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."

The Primary Care Model for Wales is predicated on a social model of care and critical to this is the need to work across organisational boundaries in order to maximise all the assets in a community. Existing primary care clusters are predominantly health focused and delivered. Having said that, there are examples of clusters who have expanded beyond the boundaries of health in their development. Moving forward, clusters need to consider the assets available within their community for their local population. This means working across social care and the wider local authority services. The role of the third sector needs greater consideration both in terms of current delivery and potential opportunities in the future. Regional Partnership Boards and Area Plans are essential links to this wider network and whilst these have not featured highly for clusters in the past they will be pivotal going forward.

5. The Primary Care Model for Wales – Areas of Focus

'A Healthier Wales' shifts the focus to a 'wellness system'. Whilst the primary care model for Wales includes elements that support such a system, there has been limited focus on these to date (with the exception of social prescribing). Going forward, a social model of care needs further development. This requires a focus on wellbeing and prevention and understanding the opportunities that exist across the health, social care and third sector workforce in order to really understand what matters to people and make every contact count.

Whilst considering the development of the social model of care, the existing actions from a health perspective must continue. Of particular note is the join up of in hours and out of hours primary care services to a 24/7 model to ensure access at the right time particularly for patients presenting with urgent primary care needs.

'A Healthier Wales' points towards exploring digital solutions, which is not an area previously explored in depth or systematically from a primary and community care perspective.

Work to date on the primary care model for Wales has identified numerous workforce issues. There are currently a number of groups looking at the workforce issues and this needs a review and refocus within the context of 'A Healthier Wales'.

The Critical Appraisal highlights the need for health boards to develop local infrastructure to enable transformation within primary and community care. Health boards became integrated organisations in 2009 and it is timely for them all to reflect on how well developed their internal arrangements are in order to maximise the potential of integration. In turn, consideration of developing the relationships with key partners such as social services, wider Local Authority services and the Third Sector is required in order to ensure seamless working within the whole system at a local and regional level. It is noted that this may be undertaken through local transformation programmes.

'A Healthier Wales' makes reference to the contract reform programme of national primary care contracts. The contribution of this needs to be clear.

The communication and engagement on the primary care model for Wales needs careful consideration and dedicated expertise to ensure understanding by all stakeholders and the public are clear on what this means going forward.

The key strategic areas of work required to progress the implementation of the primary care model for Wales at pace are:

- Primary care key workstreams
- Seamless working across Health Boards and with partner organisations
- Primary care contract reform

The following sections provide an overview of the tasks required under each strategic area. More detailed action plans will underpin each work stream, maximising the existing support from organisations such as the NHS Wales Shared Services Partnership and the Primary Care Hub (Public Health Wales) but also building new links with the Regional Partnership Boards, Directors of Social Services and Health Education and Improvement Wales (HEIW).

5.1 Primary Care Key Workstreams

5.1.1 *Prevention and wellbeing*

Primary and community services have a key role in the 'wellness' system as described by 'A Healthier Wales' and every contact with a citizen or their carer/guardian should be used to promote prevention and self-management opportunities. Specifically, this includes:

- Information for citizens to access – join up of Directory of Services, DEWIS & INFOENGINE and systematically embed in GP practice and cluster based websites to promote self-care.
- Social prescribing (or community referrals) and local area co-ordination to increase in capacity of wellbeing services – action is required at regional level and national level.

- At cluster and Regional Partnership Board level, a join up is required between health, social care and the third sector to map the community assets available in that footprint and the 'navigator' roles already in place. A plan for sustainability of these assets should be developed.
- Local Area Co-ordination linked to Directory of Services.
- At a national level key enablers such as information sharing (information governance and information technology), evaluation frameworks for these types of interventions and the development of national definitions and standards for community navigators/connectors.
- Making Every Contact Count (MECC) – systematic roll out of training across primary care underpinned by an understanding of the local community infrastructure (as described above at Regional Partnership Board level).
- Prevention in clinical settings – maximising population benefit on key clinical risk factors (high BMI, high BP, fasting blood glucose, cholesterol), behavioural risk factors (smoking, alcohol consumption, rate of physical activity and diet) screening and immunisation.
- Prevention in non clinical settings (e.g. whole school approach to prevention and wellbeing, falls risk)
- Population risk reduction programmes – linked to prevention in clinical settings, learning from programmes such as the Inverse Care Law in Aneurin Bevan, ABMU and Cwm Taf Health Boards.
- Compassionate Communities or equivalent e.g.
- Health and well-being hubs/centres – ensure that the wellness approach and social model of care is a prominent feature of the planning.
- Scaling up the delivery of national programmes, (e.g. NERS, Help Me Quit).

5.1.2 24/7 Model

“Services which are seamless, delivered as close to home as possible” is set out by ‘A Healthier Wales’ and references that primary and community care is key to this. The transforming primary care model was developed as a 24/7 model but implementation has been predominantly focussed on in hours only. Many of the elements of the model can be applied to primary care delivery out of hours whilst recognising there are some issues specific to in hours delivery and out of hours delivery. Also, increased sustainability of primary care in hours and improved access will support out of hours delivery.

- Urgent Care – scope includes urgent primary care both in hours and out of hours. Workstreams include:
 - peer review of out of hours services
 - workforce
 - link to Unscheduled Care Programme including winter planning
 - focus on key pathways such as end of life care, paediatrics and mental health
 - opportunities to address capacity at peak times

- Escalation Processes – whilst escalation processes are well developed and routinely used in secondary care, this has not been the case for primary care. More recently, work has been undertaken in OOHs but there is an inconsistency in reporting that requires attention. In addition, a ‘RAG’ rating for in hours services needs to be developed.
- Self care and wider primary care contractor professions – “Choose Well” and the offer from contractor professions needs to be scoped and well articulated in order to promote population behaviour change. (Note: this links to the communication workstream and the prevention and wellbeing work steam, specifically the information to citizens).
- Telephone first / sign-posting / triage – informed by the detailed review undertaken by the Primary and Community Care Development and Innovation Hub, there is a clear need to develop national definitions and standards, national training and competency framework.
- Services in the community – there is a need to ensure join up across the separate services that are in place across the community (e.g. community nursing, community resource teams etc) to ensure best use of resources. This needs a further sense check against the local authority and third sector services available. Further, maximising the use of diagnostics and point of care testing in the community should be considered.
- Management of rising risk – implementation of a structured approach (recognising there are a range of tools available for this) to risk identification and links to the appropriate responses to respond (from the whole system e.g. Third Sector, Local Authority).

5.1.3 Data & Digital Technology

While the national primary care plan recognised the role of technology in improving access, previous strategic work on the development of primary care has not focussed on the potential of new technologies. ‘A Healthier Wales’ identifies this as a key enabler of transformation change to support new models of care. In the first instance, there will be a focus on ‘ensuring the relevant information is accurate, complete, up to date and shared between everyone responsible for the individuals care’ before moving on to new ways of accessing services and then more advanced digital solutions. Specifically, this will include:

- Maximising the use of current systems available to maximise and share data and information. For example My Health Online, Welsh Community Care Information System (particularly the interface across services) and embedding the integrated DEWIS, Directory of Services and infoengine into practice/cluster websites
- Maximising the use of new GP and pharmacy systems and the offer to MDT working
- Specifically for pharmacy, progress the Welsh Hospital Electronic Prescribing, Pharmacy and Medicines Administration (WHEPPA) project will enable the computerisation of the process of prescribing, processing, stock control and recording the administration medicines in secondary care hospitals.

- Progress IT solutions for eye care, specifically: implement optometry primary care e-referral to enable patients to be referred to secondary care safely; implement ophthalmic two-way IT systems between primary care and secondary care to enable 'shared care' of patients between different health professionals and care settings.
- Data to demonstrate activity and outcomes
- Information sharing across cluster and organisations
- Understanding the requirement around the use of mobile devices including the governance and workforce issues.
- Digital systems to facilitate risk identification to drive patient safety.
- Telephony – develop national telephony standards.
- Video and skype – generally supported in principle yet under-utilised. There is a need to consider governance, security of data, training and integration to health record requirements.

Consideration needs to be given to the barriers to embracing technology including poverty and influencing behaviour change of the population.

5.1.4 Workforce & Organisational Development

'A Healthier Wales' references the multidisciplinary team approach as the common characteristic of the best new models being developed in Wales which is fundamental to the Primary Care for Wales. Work has been led by the Primary Care Workforce Group which has produced a final report highlighting the work undertaken to date and has identified key priorities for future work. In addition, the recent report on 'Multi-Professional Roles within the Transforming Primary Care Model in Wales' highlights areas requiring further work. Combining these recommendations the following are the key themes for focus:

- Workforce planning and modelling – developing local population based modelling based upon demand analysis. This will inform the required competencies of the workforce required and inform workforce planning at community and national level.
- A good place to work – addressing the issues of recruitment and retention, pay and employment terms as well as a focus on well-being.
- Specific Role Development – priority areas include developing a national framework and training for the community navigator role and triage roles.
- Education, training and skills – this includes developing mechanisms to increase opportunities for education and training within primary care settings, including mentoring and supervision requirements and career pathways.
- Sharing best practice – building on the compendium of models and roles produced to date with the development of workforce elements of evaluation of new models.

5.1.5 Communication & Engagement

Whilst the primary care model for Wales is predicated on a social model of care, the focus has been on the health elements of the model to date. Further, it is recognised that the language has been from a health perspective and that this needs to widen to ensure the narrative is accessible to all and there are consistent communications from all stakeholders on the model. Initially, this will focus on:

- User friendly articulation of the whole and different elements of the model for stakeholders (e.g. social care, third sector, secondary care). Consideration of how clusters/primary care interface with Regional Partnership Boards needs to be considered.
- Forming the basis of how staff are trained to manage this message (e.g. receptionist/navigator role).
- A public awareness and information/education campaign to promote and embed the model with citizens across Wales.

'A Healthier Wales' talks about people having 'a greater role and greater control in managing their own health and wellbeing, making decisions about treatment, and managing long term conditions'. This requires readily available information to citizens and an understanding of new models of care in order to influence behavioural change. As part of the Welsh Government's 'Transformation Programme', there may be an over-arching workstream which primary care could align to. As a minimum this would need to include, both at national and local level:

- New ways of accessing information
- Understanding of the new wider model at General Practice level e.g. enhanced MDT, social prescribing (or community referral) and signposting to alternative practitioners (physiotherapists, counsellors, audiologists and existing contractor services e.g. community pharmacy and optometry).
- Links to existing national campaigns such as Choose Well and national plans such as Eye Health.

5.1.6 Transformation & the Vision for Clusters

As the transformation programme develops (as per 'A Healthier Wales' recommendations), it is important that any learning is shared quickly across primary care and further informs the vision for clusters. Of specific note, will be any plans to accelerate the implementation of the full primary care model at cluster and regional level. Key links will be made with the national Transformation Programme and local transformation programmes.

5.2 Seamless Working

5.2.1 Health Board arrangements to maximise seamless working

The Critical Appraisal of the pacesetter programme referred to in section 3, set out the need for Health Boards to consider their local infrastructure and identify the capacity, skills and resources required to support the transformation of primary care. Based upon the recommendations of the Critical Appraisal, the following requires attention at health board level:

- Setting out arrangements for increasing the profile of primary care at health board level.
- Ensuring arrangements are in place to support data capture to inform demand/capacity planning for primary and community services.
- Having short, medium and long term planning in place informed by clusters that are evidenced in IMTPs.
- Demonstrating the use of the primary care measures and the key GMS indicators have informed these plans.
- Demonstrating the use of the financial framework to support rebalancing resources across the health system (WHC issued July 2018).
- Recognising the scale of change, ensuring workforce planning and organisational development plans are in place to support this.
- Ensuring evaluation frameworks supported by skilled support are in place to evidence impact on pacesetter/transformation model/transformation fund initiatives to inform business case development and investment decisions.

5.2.2 Seamless working across the whole system

'A Healthier Wales' sets out the need for services from different providers to be seamlessly co-ordinated and the need to develop shared values and partnership. Therefore, the following requires attention from a primary perspective:

- Consideration of the profile of primary care within the regional partnership board structures both in terms of the understanding of the primary care model by partners and representation within these structures.
- Ensure that regional partnership board plans are informed by cluster planning.
- Consideration of the priorities and actions plans of Public Service Boards and the alignment locally with cluster plans.
- Build stronger relationships with key partners.

5.3 How Primary Care Contractors will respond

This section considers how primary care contractors will respond to 'A Healthier Wales' under the following headings,

- Resilience of individual/community
- Advice/access when required
- Supported and delivering workforce

5.3.1 GMS

Resilience of individual/community – in conjunction with the commitments on access more generally within Prosperity for All, and the programme of reform, which has commenced (and is a tripartite approach of Welsh Government, GPC Wales and NHS Wales), the GMS contract reform will consider how best to contract and sustain GMS and deliver against a range of key priorities, recognising the value of the independent contractor model. The contract reform will explore ways to continue to improve access across primary care, particularly through clusters, to enable adoption and adaptation of the Primary Care Model. The policy for some time, and reinforced in 'A Healthier Wales', has been a shift to greater cluster working. During 2018-19 the Welsh Government Contract Reform Team is considering a new contracting mechanism to expedite clusters maturing and embedding a better population focussed service planning for General Practice across Wales. The proposed approach could see a potential shift of a number of additional services (such as Enhanced Services and quality measurement) to a cluster level and wider cluster workforce solutions to release capacity within GP practices and support delivery of local services to patients and enable cluster population based service planning and delivery.

Advice/access when required - As part of the 2018-19 GMS contract negotiations it was agreed that GP practices should continue to optimise the availability of consultations during core hours, standardise messaging to patients out of hours and for each practice to review access and agree its position on the telephone first / sign-posting / triage component of the model. Demonstrating and developing quality improvement methodology in General Practice is another key priority with a view to deliver improved outcomes and experience for Welsh citizens, with a focus on the cluster as the vehicle for taking this forward.

Supported and delivering workforce – Recruiting, retaining and diversifying the workforce is another key priority. As part of the GMS reform agenda, a number of areas will be taken forward across the General Practice workforce to ensure the longer term ambition of a sustainable workforce, reducing the barriers to becoming and remaining a GP.

5.3.2 Pharmacy

Resilience of individual/community: Community pharmacies are a health asset, fulfilling a social and well-being function, often in the areas of Wales where the health and social challenges are greatest. Pharmacies contribute to social capital and build resilience in high streets in towns across Wales, but changing consumer habits means we must work with the community pharmacy sector helping it to adapt and ensure this contribution is maintained. Community pharmacies must continue to redefine their role, making them the most accessible source of an increasing range of clinical services and face to face advice from a healthcare professional - not simply a place to have a prescription dispensed.

Key priorities include,

- Community pharmacy contractual arrangements rebalanced to incentivise delivery of services which meet the needs of the communities they serve and not just the dispensing of prescriptions.
- Pharmacies continue to target their services at those whose need is greatest and where there is potential for greatest health gain and narrowing of health inequality.
- Community pharmacy fully integrated with primary care clusters to ensure delivery of efficient equitable services.

Advice/access when required: Community pharmacies are highly accessible, often open at weekends and evenings, they provide a convenient and less formal environment for people unable to, or who do not wish to, visit other health services. Key priorities include,

- Community pharmacists continue to diagnose and treat a wider range of acute illnesses, relieving pressure on other parts of the NHS.
- Community pharmacists accessing the Welsh GP record nationally and across all services to facilitate pharmacists safely and effectively meeting urgent and unscheduled care demand.
- Communication with the public and action by other health services consistently promoting the role of community pharmacy as citizens' first port of call for treatment of common ailments and advice on medicines.

Supported and delivering workforce: Community pharmacists are highly skilled primary care generalists; they manage minor illness and provide advice on medicines. Pharmacy technicians are critical to the safe and efficient operation of pharmacies, freeing up pharmacists to deliver more clinical services and increasingly delivering clinical services themselves. To increase the breadth of services available from community pharmacies, we will continue to raise the competence and confidence of the workforce in areas such as patient centred consultation, making every contact count, quality improvement, advanced clinical skills, and prescribing. Key priorities include,

- All community pharmacists and pharmacy technicians to continue to be supported in developing their patient centred consultation skills and in "making every contact count".
- An improved awareness and understanding of quality improvement embedded in community pharmacy teams.
- Continue to provide opportunities to access up to 200 modern apprenticeships for pharmacy technicians working in community pharmacy by 2021.
- Continue to provide opportunities to train 100 community pharmacists as independent prescribers by 2020.

5.3.3 Optometry

Resilience of individual/community: Community Optometry is a highly skilled workforce fulfilling a key health function, contributing to the social capital and building resilience in high streets in towns across Wales, community optometric practices continue to deliver the most accessible and appropriate professional eye health care for patients. There is a need to raise their profile and the awareness of the contribution they make. Commercial pressure to subsidise sight tests with spectacle sales leads to patients expecting a visit to the optometrist to be expensive and this can reduce the uptake of NHS eye care services. Moving the emphasis to eye health care will ensure optometric practices continue to be a health asset in the community and the first port of call for a patient with an eye problem. Regular and consistent access for optometric practice with primary care clusters is vital to develop integrated services and ensure understanding of the important role optometrists play in the eye health care of patients.

Key priorities include,

- Optometric practices targeting their services where there is potential for greatest health gain - the emphasis on eye health care
- Community optometric contractual reform rebalancing the need for cross subsidy of clinical services.
- Community optometry fully integrated with primary care clusters to ensure delivery of efficient, equitable services.

Advice/access when required: Continue to increase access to a range of NHS eye health care services and provide a wider range of clinical services in optometric practices. Community optometric practices are highly accessible, often open at weekends and evenings. Providing additional qualifications for community optometrists to deliver more integrated eye care services, shifting between primary and secondary care, for both scheduled and unscheduled eye health care is essential. Key priorities include,

- Community optometrists to continue to be involved in diagnosis and treatment of a wider range of eye care pathways, specifically, through the development of primary care ophthalmic diagnostic and treatment centres.
- Access to electronic referrals and single shared electronic patient record.
- Communication with the public to promote the role of community optometric practice, consistently promoting the role of community optometry - Doctors of the eyes.

Supported and delivering workforce: community optometrists are eye care generalists. It is important to continue to enhance the skill mix required to manage and treat a wider number of eye conditions in the community setting. This will enable a greater shift of services from secondary to primary care in line with current policy and prudent healthcare. To increase the breadth of services available from community optometry there is a need to enhance the workforce through advanced training and accreditation, whilst additionally providing a career structure for the optometric profession. Key priorities include,

- Independent prescribing optometrists rolled out across primary care clusters.
- Placements in hospital eye departments to achieve qualifications in medical retina, glaucoma, independent prescribing and leadership.
- An improved awareness and understanding of quality improvement embedded in community optometry through contractual arrangements.

5.3.4 Dental

Resilience of individual/community; to raise the profile of the contribution improving oral health can make to wider health and well-being by empowering and guiding patients and the public to value, maintain and protect their own oral health, and that of their dependents. An increase in oral health literacy is important in achieving this and we want patients to understand how their behaviour affects their likelihood of developing dental disease. We want dental teams to personalise key messages by delivering consistent and correct advice to assist patients to lower their risk of oral disease so they can maintain and improve their oral health. Key priorities include,

- Preventive advice and intervention 'expectations' being delivered in clinical practice.
- All patients in contact with primary dental care will have their oral health need and risk assessed, explained and reported, so they understand their oral health status and the behaviours they can change to reduce their risk of oral disease.

Advice/access when required: to increase access to NHS primary care dentistry and provide dental services (primary, specialist, or urgent care) that meet the needs of local communities. Care should be accessible for those with the greatest health need first – a principle of Prudent Healthcare. The commitment is to increase access to NHS dental care, particularly for patients

who have not seen a dentist in the previous two years (one year for children). Key priorities include,

- Year-on-year increase in the proportion of people who have seen an NHS dental practitioner in the last 2 years (1 year for children) in all Health Boards.
- Contracts which build in daily access flexibility and expanded opening hours.
- Anyone experiencing dental pain affecting daily life will receive effective dental treatment and receive a timely offer to return and have a comprehensive oral health risk and need assessment completed.
- All patients attending NHS primary dental care services will receive an oral health risk and need assessment at least once a year with follow up reviews dictated by the findings.

Supported and delivering workforce: a step-up in the effective use of skill mix within dental practice teams and specialist services through an increase in the number of hygienists, therapists and dental nurses with additional skills, trained and retained in Wales, and working to the extent of their scope of practice. This will create an efficient preventive-led dental team. Widened access to employment opportunities will offer prospects for individuals from local communities, motivate dental teams and support them to achieve their professional and personal goals by offering a career structure. Key priorities include,

- Dental Care Professional Faculty established and *Making Prevention Work in Practice* programme rolled-out in 2018.
- Innovation fund supporting expansion of Dental Care Professionals in practice

6. Conclusion

This paper provides the primary care response to 'A Healthier Wales', describing a status position on the development of primary care and identifies key strategic areas for further focus. This forms the basis of a strategic programme for primary care. There will be a delivery and evaluation mechanism to support this strategic programme which will provide the detail of actions, milestones and outcomes at cluster, regional and national levels. It should be noted that some areas of work will continue under 'business as usual' led by the Health Board Directors of Primary & Community Care.