

FIVE PRIORITIES FOR PRIMARY CARE

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This paper reflects the experience of developing primary care services in the South Wales Valleys over the past five years. It draws on that experience and attempts to set out some wider lessons for the future. Its starting point is that the future of the NHS depends on a paradigm shift, in which primary, public and preventative services become the driving force in what we do. Moving services out of institutions and into community settings has to be the practical way in which that shift is brought about. To do so requires a shift in the way we think and act – and in the ways in which we take patients and the public with us on that journey.

1. PERFORMANCE MANAGEMENT

Our starting point in performance management. That may seem an overly-managerial way of approaching primary care, but it reflects our belief that effective change depends upon hard information and close, practical engagement with existing services on the ground.

Primary Care is already managed in various ways. Where it works well, GPs receive a comprehensive development visit or QoF¹ visit every year. The practice development visit format is intended to ensure that current priorities are being addressed. These are undertaken by a Development Manager and on some occasions a member of the Community Health Council. The visit leads to the creation and execution of a practice development plan for the forthcoming year and ensures that outstanding issues from previous years have been addressed. QoF visits are undertaken by a Development Manager, a GP and on some occasions a member of the Community Health Council. QoF results can and have been adjusted to reflect the outcome of these visits, with the remuneration consequences which follow. However, the key purpose of the GMS team is to work with the practices throughout the year to help them to achieve better quality outcomes and the rewards which then very properly follow.

In Rhondda Cynon Taff, from where the experience on which this paper is drawn has mostly been acquired, the Primary Care Team manage all aspects of enhanced service implementation, from initial application through to final audit. They also monitor the level of activity on enhanced services and work with practices to ensure the coverage is equal across the area. Additional enhanced services are designed and commissioned according to local need.

¹ The Quality Outcomes Framework [QoF] is the way in which performance of GP practices is assessed. It contains a set of agreed priorities for service development and plays a key part in determining GP incomes.

Where concerns have been raised about a GP's performance, the primary care team will initially work with the practice to improve standards of care and record keeping, and where serious concerns remain they are taken down the disciplinary route and as a consequence GPs have retired. This has led to the introduction of the managed practice process.

The tLHB also work with GP practices to improve their prescribing performance.

Data quality is encouraged by the development of data entry templates for practice clinical systems. These are primarily designed to support enhanced service provision, making data capture and subsequent audit more robust and easier to monitor. Practices can also request templates for topics of their choice from a Development Manager. Training is provided to enable individual practices to create their own templates.

The tLHB has driven the implementation of the estates strategy which is vital to the development of top quality services. In areas of deprivation the quality of GP surgery buildings can be poor and in order to attract young primary care professionals to an area, resources must be put into the estates development process. Effective performance management of the GP Estate is a necessary role of LHBs.

Performance management is a means of delivering, on the ground, the future development of primary care services. It allows Local Health Boards to shape that future in line with government policy, rather than simply to administer the system as it evolves of its own volition. Effective performance management depends on a close working relationship between the primary care team and the independent contractors. This has to be developed and maintained in order to ensure that the performance of primary care in all parts of Wales continues to improve.

2. MANAGED PRACTICES

Effective performance management means that areas of poor performance are identified and can be addressed. One way of bolstering services where current provision is inadequate lies in directly managing practices, through the Local Health Board. In RCT, the managed practice has been an extremely positive way of taking a poor quality practice and moving it forward in a relatively short space of time. It is also useful to be able to hand pick the team to take the practice back to independent status, where that has taken place.. The tLHB have found that these practitioners have the desire and the skills to provide a wide range of quality services.

This paper argues that managed practices provide a way forward which should be adopted more widely across Wales. LHBs acting in this way will have to undertake a baseline assessment for any new practice it starts to

manage, and allocate appropriate resources. These will then need to go through a development process which lasts approximately two years. At that point, a decision can usually be made either to continue the practice on a managed basis or to return it to independent status.

Good practice guidance for the managed practice process has been developed by the tLHB and has been distributed for use by all Welsh LHBs.

The managed practice route depends on a proactive approach by LHBs. It cannot be successfully deployed only as an emergency response to service failure. Rather, LHBs need to evaluate the existing number of practices in the area against future requirements and then develop a plan to achieve that objective. Managed practices then become part of the longer-term effort to improve the provision of primary care in all parts of Wales.

The managed practice solution to improve poor performance in General Practice should continue to be utilised. It has been an extremely positive way of dramatically improving the quality of service provision over a relatively short space of time. It needs to be used, however, as part of an active plan to improve primary care, based on an analysis of LHB wide strengths and needs. Managed practices can lead either to a return to independent status or longer term management by the LHB.

3. PRIMARY CARE SUPPORT UNIT/PRIMARY CARE NURSING TEAM

Underpinning the whole effort to improve primary care services in RCT has been the development of the Primary Care Support Unit. It has been vital to the well being of primary care in RCT and more recently Merthyr Tydfil. The Primary Care Support Unit has supported the managed practice process, practices that have had recruitment difficulties, the Diabetic Annual Review Service and the GPwSI service in minor surgery.

The reputation of the Primary Care Support Unit and Teaching LHB status has enabled us to recruit top quality primary care professionals. The Team includes GPs, Nurses, Healthcare Assistants, a Dietician, Oral Health Educators, Summarisers and a Practice Manager.

The nursing team from both Merthyr Tydfil and RCT have been merged to form a cohesive team. Currently the Primary Care Nursing Team (PCNT) provides Primary Care Nursing services to 20 practices across RCT and MT. A Service Level Agreement is in the process of being developed for nursing services (based on the GP SLA)

The PCNT are developing the range of services provided by nurses within the Out of Hours service, including face to face, palliative care and dealing with the deceased.

Importantly the Team are working with partners to ensure that primary care becomes a vocation of choice. Its future work includes:

- Continue to develop Pre Registration
- Continue to develop a pilot study regarding Post Registration placements within the tLHB
- Increase the uptake of the BSc Comm Health studies amongst Practice Nurses
- Evaluate the feasibility of securing “Learning Placement” status for some of our more dynamic GP practices
- Consider developing staff “rotation” scheme to facilitate workforce development

The Primary Care Support Unit continues to provide services to other areas (Trusts, LHBs and practices) and these have included, Cardiff, Neath Port Talbot, Swansea, Newport and Blaenau Gwent.

Transformation of primary care services in the RCT area has depended, very largely, on the excellent reputation of the Primary Care Support Unit. It has been vital to support the effort to replace an ageing work force and to ensure that Primary Care Professionals continue to want to work with in our area. The work which the Unit carries out needs to be replicated in other parts of Wales. The organisational format can be adjusted to differing circumstances, but the part which the Unit plays needs to be filled across Wales, if primary care services are to be improved.

4. DENTAL SERVICES

Availability of NHS dentistry continues to be a challenge, particularly in disadvantaged areas. In RCT, all dental practices will have contracts running for three years from 1st April 2009. Whilst the service commissioned will be sufficient for our population, the tLHB believe that the service can be improved. It will be important that we increase capacity in Cynon Valley and Merthyr Tydfil in the medium term, with a major review of the provision of emergency dental care across the area.

The tLHB have worked with the Dental Postgraduate Unit to develop the first Dental Teaching Unit in Wales. Too many dentists are being trained in Wales without sufficient training practices being available and this Unit will provide an innovative solution to the problem. This will also provide us with a long term solution to capacity problems, which means that any of our residents who want to see a dentist will be able to do so.

The development of the first Dental Teaching Unit in Wales needs to be completed and a successful marketing campaign for patients undertaken. This will ensure a continual supply of top quality dentists and a Unit that will ensure that everyone in the area who needs to see a dentist will have access to one. The Unit may then provide a template for other developments, in other parts of Wales, which increase training

places and, hence, recruitment and retention of Welsh-trained dentists in areas of shortage.

5. UNSCHEDULED CARE SERVICES

Development of unscheduled care services remains a key challenge for primary care over the next five years. The Unscheduled Care Services have seen a huge growth in activity over the past year and, from the RCT experience, have been matched by a set of new service developments in which previously out-sourced services have been brought back directly within the NHS.

The services currently provided are as follows:

- Out of Hours service to RCT and Merthyr Tydfil
- Out of Hours service to Cardiff
- Non Emergency Patient Transport to the 9 South East Wales LHB areas
- Call handling for Cardiff District Nursing

We are looking to provide exactly the same services across RCT, MT and Cardiff, which should allow economies of scale. On major development is to extend Telephone Nurse Triage across RCT and MT with a view to pilot Face to Face Nurse Triage in 09/10 and beyond.

The implementation of the electronic patient record should be a major challenge this year, but will significantly improve service provision and assist with the DECS strategy. A considerable amount of preparatory work has been undertaken.

The service will look to continue to improve links with WAST and A & E Departments.

The service will look to continue to improve links with Social Services.

Clinical Governance Out of Hours Operational Group to be factored into future Clinical Governance arrangements.

Nurse Triage to be further developed and standardised across MT and RCT throughout 09/10 and beyond.

The service will develop closer links with District Nursing

The future success of unscheduled care services depends on returning services from the private sector to the NHS. Only in this way can we realise the benefits of standardising the service, implementing the electronic patient and seeking other innovations. Moving in this direction, across Wales, will improve service provision, encourage

closer working with GP practices and assist with the delivery of the DECS strategy.