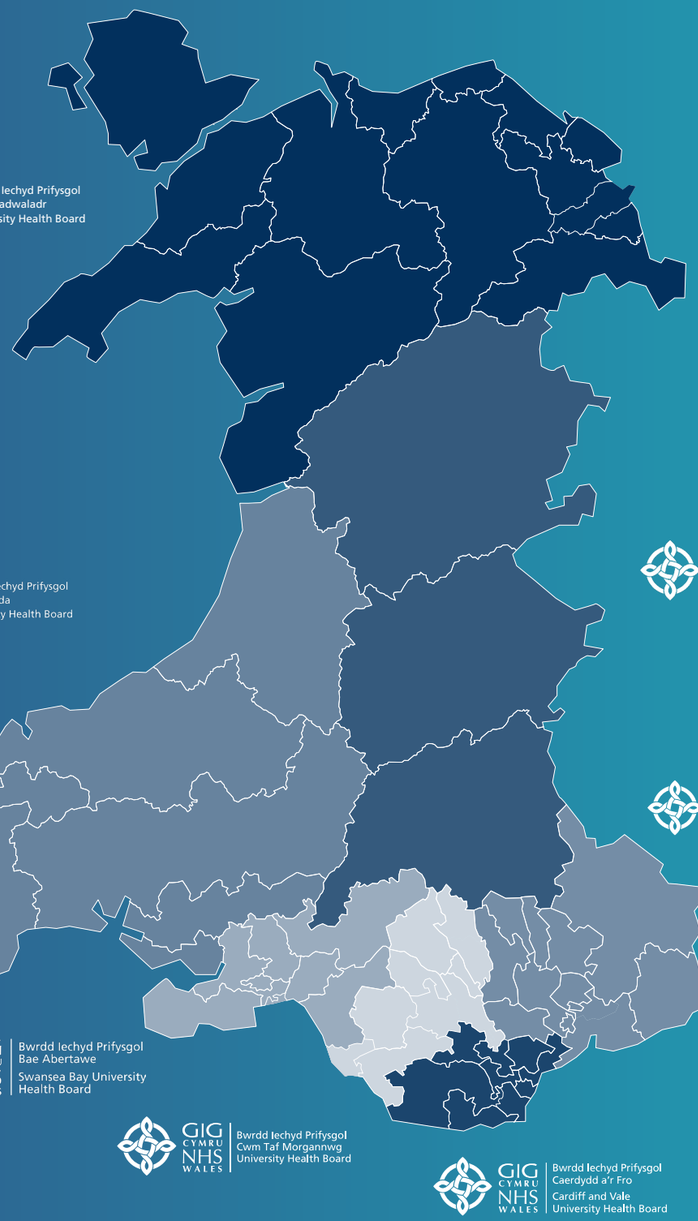
GIG CYMRU NHS WALES

Hywel Dda University Health Board (HDUHB)

GIG CYMRU NHS WALES



GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda University Health Board (HDUHB)

Interactive elements explained

Click to return to the individual **HEALTH BOARD HOME** page

Click on HOME HEALTH BOARD to return to the individual **AREA** page

Click to **PREVIOUS** page

Click to **NEXT** page

Hywel Dda University Health Board (HDUHB)

Amman Gwendraeth

Llanelli

North Ceredigion

South Ceredigion

North Pembrokeshire

South Pembrokeshire

Tywi Taf

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Jill Paterson
Director of Primary Care
Community Services and Long Term Care

Hywel Dda University Health Board has had a strong programme of Cluster level leadership and innovation for a number of years, and has also supported and promoted a multi-disciplinary and agency approach to developing projects that best meet the needs of our population.

As work has progressed in developing Cluster projects we have improved our data gathering to enable us to evidence baseline data as well as project outcomes against a series of measures set out in the initial stages of project development.

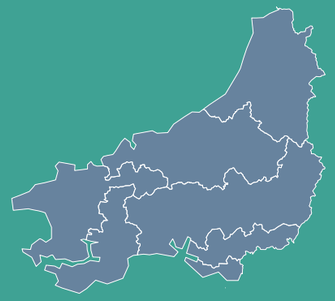
Pan Cluster Planning work continues to be led and suported by our County based mutli professional groups, Healthier Carmarthenshire, Healthier Pembrokeshire and Healthier Ceredigion. The work of our Pan Cluster Planning Groups is the foundation of the Health Boards strategic plan, ensuring that the focus on service delivery and planning is based on a population health needs basis.

Following the success of the Health Boards commitment to scale up and roll out three former Cluster developed projects (Social Prescribing and Respiratory Nursing, and Pre diabetes) work is progressing to take forward a further three projects (First Contact Physiotherapy, MDT approach to pain management and childrens and younger persons mental health services Tier 0/Tier 1) for scale up and roll out in 2025/26.

In addition we are reviewing the role of Cluster Pharmacists to ensure that we are able to maximise the skill set of the professionals working both within and across our Clusters.

Whilst significant progress has been made across all seven of our Clusters, with the development of a Primary and Community Services Strategic Plan for the Health Board in progress we hope to see the scope and remit of Clusters develop and grow in future years.

Hywel Dda University Health Board (HDUHB)



Healthier Carmarthenshire

Tywi Taf

Amman Gwendraeth

Llanelli

Healthier Carmarthenshire Pan Cluster Planning Group (PCPG)

The members of the Healthier Carmarthenshire Pan Cluster Planning Group (HCPCPG) are multi-agency senior representation and each member is responsible for communication of key decisions and actions through their respective organisations and networks. The current members are invited to engage:

- Director of Communities (DSS)
- Head of Adult Social Care (Older Adults and MH / LD)
- Head of Safer Homes and Communities (Housing and Public Protection)
- Head of Children's Services
- Head of Leisure
- Head of Mental Health & LD Services
- Head of Strategic Joint Commissioning
- County Director / GM Acute Hospitals
- Director of Planning
- Director of Primary and Community Care
- Assistant Director of Primary Care
- Head of Community Nursing
- Therapies Lead
- Director of MH & LD Health Board
- GM Children's Services Health Board
- Public Health Consultant
- Senior Finance Business Partner
- Cluster Leads Llanelli, Tywi / Taf and Amman Gwendraeth
- Primary Care Service Managers
- Cluster Development Manager
- Chief Officer CVC
- Cabinet Member
- Head of Regional Partnership Programme
- Carmarthenshire Transformation Service Lead
- Corporate Policy, Performance & Partnership Manager

Carmarthenshire has three Clusters; Tywi/Taf, Amman Gwendraeth and Llanelli Cluster. The County is predominatley rural with urban settlements.

Health Services within the Cluster

Carmarthenshire consists of the following services:

- 23 GP Practices with 11 Branch Surgeries
- 18 General Dental Practices and 2 Orthodontic Practice
- 45 Community Pharmacies: 18 providing the Pharmacy Independent Prescribing Service (PIPS)
- 20 Optometry Practice 12 providing at least one element of WGOS4 and 9 providing WGOS5
- 2 General Hospitals
- 2 Community Hospitals
- 37 Nursing & Residential Homes
- Community Resource Team
- Intermediate Care Team

What are we working on?

The Healthier Carmarthenshire Pan Cluster Planning Group (HCPCPG) is established as a sub-group of the Hywel Dda University Health Board (HDuHB) and the West Wales Regional Partnership Board (RPB).

The aim of the HCPCPG is to deliver the principles of the Social Services & Well-being Act (2014), the Wellbeing of Future Generations Act (2015), A Healthier Wales and the Primary Care Model for Wales.

This will ensure that there is increasing alignment and engagement between the Regional Partnership Board and Cluster arrangements to provide information, advice and assistance that meet the needs of our population.

The following link will take you to the West Wales RPB site and the current plan:

West Wales Regional Partnership Board – Working together to plan and deliver services for adult and children with needs for care and support.

The following link will take you to the Primary Care One site and the current Cluster Plans:

Hywel Dda UHB - Primary Care One

What are the key achievements?

The HCPCPG has achieved the following:

- Identified agreed priority areas for improvement which require strengthened joint working to achieve better outcomes within available resources.
- Developed and delivered a locality plan.
- Promoted a culture which actively removes barriers, blockages and silos within organisations to ensure seamless services for the local population.
- Engaged key stakeholders in communities, with specific reference to minority and marginalised group.
- Supported joint working and where required gained appropriate authorisation within their own organisations for such.
- Ensured that local government, NHS and third sector officers are able to work jointly within statutory and organisational governance arrangements that provide a framework of clear accountability.
- Exercised oversight of the way in which resources are used, including relevant grants from Welsh Government.
- Developed its capacity and capability for providing effective governance.
- Authorised and encouraged joint work and where required gained appropriate authorisation within their own organisations.

What have we learnt?

HCPCPG terms of references are updated to reflect changes in personnel and to ensure that the purpose of the group is accurate and agreed.

What is next?

Future priorities of the Healthier Carmarthenshire Pan Cluster Planning Group will be determined by the integrated Community Plan and the priorities identified by the RPB and Clusters.

Hywel Dda University Health Board (HDUHB)

Tywi/Taf

Cluster Lead

Dr Kerry Phillips
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Primary Care Services Manager

Dan Kristof
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Collaborative Leads

GP Collaborative:
Dr Kerry Phillips

Pharmacy Collaborative:
Nicola Griffiths

Optometry Collaborative:
Heddwyn Davies

Tywi/Taf

Who are we?

Tywi/Taf Cluster works to develop an integrated system of primary, community and social care where patients are able to flow through the sectors as needed during their journey based on pathways for different conditions. We aim to support our local population to remain in their own home; with an emphasis on population wellbeing and community connection by establishing greater links with partner services. We aim for a fully integrated Locality with a greater emphasis on joining up services and focussing on anticipatory and preventative care to improve the support provided for people who use services, their carers and their families to manage their own health and well-being in line with "A Healthier Wales: our Plan for Health and Social Care".

Males: 49% Females 51%

The Tywi Taf Cluster Network is the fourth largest Cluster group of the seven Cluster groups in Hywel Dda University Health Board (HDUHB). It consists of eight GP Practices, stretching from Whitland in west Carmarthenshire through Carmarthen Town to Llandovery in the north east. The geographical area covered by the cluster is significantly larger than its neighbouring localities in Amman Gwendraeth and Llanelli and is predominantly rural, equating to 81% of the total land mass of Carmarthenshire. The Welsh language plays an important role in the social, cultural and economic life of the towns within the cluster, this is very apparent in the Tywi area where 43% of the population are Welsh speakers.

Our Services

- 8 GP Practices with 2 Branch Surgeries
- 7 General Dental Practices and 1 Orthodontic Practice
- 13 Community Pharmacies – 4 providing the Pharmacy Independent Prescribing Service (PIPS)
- 10 Optometry Practices – 6 providing at least one element of WGOS4 and 4 providing WGOS5
- Glangwili General Hospital
- Llandovery Community Hospital
- 11 Nursing & Residential Homes
- 1 Community Resource Team
- 1 Intermediate Care Team

What are we working on?

Cluster Priorities 2024/25

Frailty is an ongoing priority, and our aim is to reduce emergency admissions and average length of stay in hospital.

The Cluster are currently enrolled in an EQUiP project to identify, co-ordinate, plan and support for people at greater risk of needing urgent or emergency care.

The Cluster have recently re tendered and awarded a contract to MIND for their active monitoring services for low to medium mental health symptoms.

CASE STUDY: Best Practice Multi Disciplinary Team (MDT) Anticipatory Care Planning

The Community Resource Team (CRT) in the Tywi/Taf Cluster has worked with district nursing and General Practices to establish effective Multi-Disciplinary Team (MDT) working, focusing on the identification of frail elderly in need of a co-ordinated, multi disciplinary approach to promote their independence and reduce risk of hospital admissions. MDT meetings were incrementally introduced into the eight GP Practices in the Tywi /Taf locality.

It has been agreed that Cluster funding will be utilised to enhance MDT working through the following:

- The appointment of a generic OT Technician.
- The development and use of Stay Well Plans which outline multidisciplinary interventions and care planning.
- Introduction of risk stratification software to GP systems which will support identification of older adults at risk of becoming increasingly frail and who would benefit from anticipatory care planning.

GPs have welcomed the opportunity to engage with their health and social care colleagues leading to a greater understanding of processes. A survey of the MDTs undertaken stated that 85% of respondents found the meetings to be beneficial. However, it is recognised that there is great time and resource commitment for all involved with MDT working. Only a small number of patients can be referred into the MDTs and the meetings are currently re-active; fire- fighting patients already in crisis.

We employ a Generic Technician to manage patients more effectively and pro-actively in their own home, to enhance their experience of care and improve their outcomes. The role focuses on prevention of admission by providing a swift service in response to direct GP referrals for people identified at MDT as at risk of falls and frailty who require low level assessment and early intervention to maintain mobility and independence. This role enhances the Integration of health and social care extended beyond the traditional healthcare boundaries whilst also integrating a social prescription model that moves away from traditional service led models of delivery. This post supports MDT meetings, accepting direct referrals to undertake low level assessments and can improve early detection and care of people accessing our services including those with dementia the role is specifically aimed at maintaining wellbeing and independence. The creation of this post has had a positive impact on the community physiotherapy and OT waiting list. Conversion rate is 95% with only 5% of referrals requiring onward referral to OT / physiotherapy.

What are the key achievements?

- Supported the public engagement element of the development of the Primary and Community Services Strategic Plan by hosting an event to showcase Cluster projects.
- The Cluster, in collaboration with Planed have opened a Living Well Centre in Carmarthen with over 15 partner organsiations committed to using the facility. The centre will host Primary Care, Third Sector and support services ranging from mental health, dementia and carer support to provide information, advice, education, arts and exercise classes amongst other activities. Users of the centre will be provided with a coordinated approach to empower the individual.

What have we learnt?

The Cluster undertook the Strategic Programme for Primary Care Cluster self-reflection, where there was an opportunity for Cluster members to reflect and benchmark themselves againt the Primary Care Model for Wales and Accelerated Cluster Development's (ACD) outcomes. The Cluster has taken time to reflect on the outcomes and produce an action plan as a result.

Using data from Cluster projects to inform future commissioning decisions as well as making the case for scale up and roll out of Cluster developed initiatives. Quality Improvement methodology is now used when designing and commissioning any new projects.

What is next?

Making the case for scale up and roll out of a number of Cluster projects that the Cluster have developed and/or been part of.

Hywel Dda University Health Board (HDUHB)

Amman Gwendraeth

Cluster Lead

Currently Vacant

Primary Care Services Manager

Gemma Badham-Evans
gemma.m.badham-evans@wales.nhs.uk

Collaborative Leads

GP Collaborative:
Currently vacant

Pharmacy Collaborative:
Gareth Harlow

Optometry Collaborative:
Lewis Richards

Amman Gwendraeth

Who are we?

Our goal within the Amman Gwendraeth Cluster is to identify local population needs and innovate to link extant and de novo projects we believe will meet those needs. Providing social prescribers, additional services from third sector agencies and connecting people to Local Authority social care and leisure services will improve the availability and visibility of health and social care infrastructure on our doorstep, leading to acceptable and popular wellbeing opportunities available to all.

We aim to connect all four primary care statutory services and integrate and co-ordinate community-based service provision by working with community partners, utilising Welsh Senedd money wisely.

Males: 48.9% Females 51.1%

The Amman Gwendraeth Cluster is located in Carmarthenshire, which is mainly an agricultural county, apart from the south eastern region which includes Llanelli and towns in the Amman and Gwendraeth Valleys, which are situated on the South Wales Coalfield. This part of Carmarthenshire was once heavily industrialised with coal mining, steel making and tin-plating. The opencast mining activities in this region have now ceased, however the old mining settlements remain and some of the long-term health outcome for these industries are still reflected in the morbidity and mortality data for this region.

Our Services

- 8 GP Practices with 7 Branch Surgeries
- 4 General Dental Practices
- 16 Community Pharmacies – 8 providing the Pharmacy Independent Prescribing Service (PIPS)
- 5 Optometry Practices – 3 providing at least one element of WGOS4 and 3 providing WGOS5
- Amman Valley Community Hospital
- 12 Nursing & Residential Homes
- 1 Community Resource Team

What are we working on?

Cluster Priorities 2024/25

To continue to improve access to mental health services for those with low to medium level mental health issues, who would otherwise not meet the criteria. The Cluster has successfully commissioned the Jac Lewis Foundation for another three years to fill a gap in service provision and support the patients of the Cluster.

The Cluster's Persistent Pain service provides quick and easy access to a more cost effective, evidence-based approach, with early intervention and care closer to home. The team work proactively within the Cluster to offer education, training and support to the Cluster staff to embed learning to enable them to manage this complex cohort of patients more effectively. The Cluster has extended this Service for an additional 6 months with the aim of scaling it up and rolling it out across the Health Board's footprint.

Develop the integration of the Optometry and Pharmacy collaboratives and ensuring they are supported at Cluster level. The Cluster would like to support the Optometry collaboratives by committing to fund new equipment, in particular mobile slit lamps with photography to improve access for patients in the community, which will help to reduce the number of referrals made to Ophthalmology within secondary care, through providing care in Optometric practices.

CASE STUDY: Persistent Pain Service

Chronic and persistent pain is a complex but common problem, associated with high Opioid and Gabapentinoid use. In 2022 the Amman Gwendraeth Cluster utilised the services of a specialist Pharmacist in Pain Management to review a cohort of patients in an attempt to reduce their opioid burden, but instead recognised the complexities linked to their pain and the difficulties clinicians faced when negotiating their management plans and medication use. These patients required lengthy consultations, had dependency and mental health issues, addiction and had prescribing risks.

Whilst the patients were usually medically well investigated, the GP was left with few options and many of them did not have the skillset to manage these complex patients which led to patients being referred to the Chronic Pain Service in Secondary Care or mismanagement with increased prescribing. At the time, GP Practices within the Cluster were heavily reliant on locum GPs, which exacerbated the situation.

The Chronic Pain Service within Secondary Care has a Biopsychosocial pathway, offering a pain management programme, which has offered the most help to patients by helping them understand their perception of pain and how to manage it.

Unfortunately the service had a waiting time of between two and five years. In addition, patients under Rheumatology and Orthopaedics within Secondary Care who have come to the end of their treatment, but who are still in pain are also discharged to Pain Services or back to their GP for ongoing management often resulting in further investigations, diagnostics and medication.

In 2022, the Cluster agreed to fund a dedicated persistent pain team consisting of a Specialist Pharmacist, Specialist Physiotherapist and an Assistant Psychologist.

The rationale behind the project was to demonstrate that a Biopsychosocial Pain Service could be effectively delivered in Primary Care and;

- Reduce referrals to Secondary Care Pain Service
- Reduce demand on other services such as Outpatients and diagnostic departments
- Reduce demand on GP Practices
- Reduce prescribing and associated costs
- Reduce waiting times for the patients and enabling their self-management
- Making every contact count by getting it right first time be ensuring those who only needed a medical opinion would be referred.

The project offers patients timely support to manage their persistent pain, and the team work proactively within the Cluster to offer education, training and support to the Cluster staff to embed learning to enable them to manage future patients more effectively.

In 2023/24 the service triaged 345 patients with 293 being accepted into the service. 72% of patients attended for their appointments. 82% of patients had their medication stopped with a further 9% having their medication changed and 8% having their dose amended. The intervention provided saved £7.7k on prescribing costs and a further £7.1k on reduced hospital attendances.

A set of Patient Reported Outcome Measures (PROMS) have been used in the project including a Patient Health Questionnaire (PHQ), Generalised Anxiety Disorder (GAD), Patient Self Efficacy Questionnaire (PSEQ) and Tampa Scale of Kinesiophobia (TSK); all of which demonstrate and improved outcome for patients compared to the baseline assessment.

What are the key achievements?

Supported the public engagement element of the development of the Primary and Community Services Strategic Plan by hosting an event to showcase Cluster projects.

Funded Optometrist training and the purchase of specialist equipment to support the implementation of WGOS4, enabling easier access to services for patients.

Hywel Dda University Health Board (HDUHB)

Amman Gwendraeth

Cluster Lead

Currently Vacant

Primary Care Services Manager

Gemma Badham-Evans
gemma.m.badham-evans@wales.nhs.uk

Collaborative Leads

GP Collaborative:
Currently vacant

Pharmacy Collaborative:
Gareth Harlow

Optometry Collaborative:
Lewis Richards

What have we learnt?

What want well

Successful implementation of all three of our Cluster priorities.

The appointment of a new Pharmacy Collaborative lead.

Participation in establishing the Health Board's Nursing collaborative and are in the process of arranging a Social Care collaborative.

Using data from Cluster projects to inform future commissioning decisions as well as making the case for scale up and roll out of Cluster developed initiatives. Quality Improvement methodology is now used when designing and commissioning any new projects.

What could have been done differently?

- Use of data and QI methodology to objectively consider Cluster projects leading to having robust discussions on when to end projects that have not worked as anticipated.
- Engaging with the Health Board's Value Based Health Care teams (VBHC) in developing and evaluating Cluster projects.

What is next?

Making the case for scale up and roll out of a number of Cluster projects that the Amman Gwendraeth Cluster have developed and/or been part of, including the Persistent Pain Service.

Supporting innovation around preventive health programmes, e.g. childhood obesity.

Hywel Dda University Health Board (HDUHB)

Llanelli

Cluster Lead

Dr Alan Williams
Alan.Williams3@wales.nhs.uk

Primary Care Services Manager

Kristy Williams
kristy.n.williams@wales.nhs.uk

Collaborative Leads

GP Collaborative:
Dr Raj Vaikunthnathan

Pharmacy Collaborative:
Currently vacant

Optometry Collaborative:
Eleri Williams

Llanelli

Who are we?

Llanelli Cluster's priorities are steered towards helping the population become more resilient and concentrate on improving people's health and wellbeing. The ultimate aim will be to have a population accessing services less, engaging with their communities more and taking a more active role in their own health and wellbeing needs. The wide varying range of professionals engaged with Cluster projects, including social prescribers, Nurses, Therapists and Counsellors all currently contribute to make Primary Care a more sustainable and integrated model. Our aim in the Llanelli Cluster is one of partnership, supporting people to have better health and wellbeing throughout their whole lives.

Males: 48.5% Females 51.5%

The Llanelli Cluster is located in the County of Carmarthenshire, which is mainly agricultural, apart from the south eastern region which includes Llanelli and towns in the Amman and Gwendraeth Valleys, which are situated on the South Wales Coalfield. This part of Carmarthenshire was once heavily industrialised with coal mining, steel making and tin-plating. The opencast mining activities in this region have now ceased, however the old mining settlements remain and some of the long-term health outcomes for these industries are still reflected in the morbidity and mortality data for this region.

Our Services

- 7 GP Practices with 1 Branch Surgeries
- 7 General Dental Practices and 1 Orthodontic Practice
- 16 Community Pharmacies – 6 providing the Pharmacy Independent Prescribing Service (PIPS)
- 5 Optometry Practices – 3 providing at least one element of WGOS4 and 3 providing WGOS5
- Prince Phillip Hospital
- Elizabeth Williams Community Clinic
- 14 Nursing & Residential Homes
- 1 Community Resource Team

What are we working on?

Cluster Priorities 2024/25

Mental Health services continue to be a priority for the Cluster however due to service recommissioning 2024/25 will be an opportunity to take stock of what has previously been commissioned mapping across with other Mental Health services to ensure we are commissioning the right services for our patients.

Spirometry testing and reporting through locally accessible clinics with the aim of clearing the current backlog and having no waiting list for future testing. We want to improve the standards of respiratory disease treatment in an area of high need.

The Cluster has supported our Community Teams to improve the care of diabetic patients and the frail elderly population.

We are providing physiotherapy assessments and treatment in every Practice, reducing hospital referrals and providing treatment such as joint injections in Practice.

Improving signposting for patients to support them to take control of their own health and wellbeing using the Cluster websites, improving accessibility to exercise etc. The Cluster aim is to have all care providers working together as an inclusive team to promote self-care and well-being.

CASE STUDY: Spirometry

The Cluster has worked with Health Board Respiratory Team to provide a spirometry service within the community, delivering accurate and comprehensive spirometry to ensure accurate diagnosis for patients leading to appropriate treatments.

The Cluster has identified opportunities for working in community locations delivering care closer to home, right place, right time, first time whilst highlighting patient choice. This model offers equitable care for the population of Llanelli.

To date, 665 referrals have been made into the Respiratory Hub from all seven of the GP Practices. Of the 665 patients referred into the service, the Spirometry investigations undertaken can be broken down as:

- 398 for Reversability,
- 79 for Post Bronchodilator and 1
- 72 were referred to establish a baseline.

Spirometry results included 64% normal, 24% obstructive, 7% reversibility proven and 5% restricted.

21% of patients who recorded their smoking status had previously smoked and 20% of patients were current smokers. 19% of patients reported that they had never smoked.

What are the key achievements?

Supported the public engagement element of the development of the Primary and Community Services Strategic Plan by hosting an event to showcase Cluster projects.

Worked in collaboration with the Pentre Awel project team to deliver Health Check events in the community.

What have we learnt?

Successful implementation of all three of our Cluster priorities.

Lead the establishment of the Health Board's Nursing collaborative.

The Cluster undertook a self-reflection exercise at the beginning of the financial year, where there was reflection on the success of Cluster projects.

Using data from Cluster projects to inform future commissioning decisions as well as making the case for scale up and roll out of Cluster developed initiatives.

Quality Improvement methodology is now used when designing and commissioning any new projects.

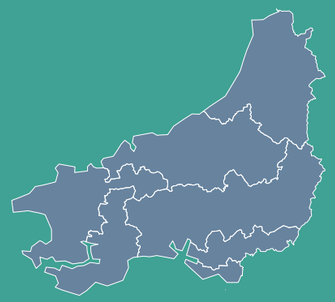
What is next?

Making the case for scale up and roll out of a number of Cluster projects that the Llanelli Cluster has developed and/or been part of.

Maintain a healthy community identifying disease at an early stage when it can be treated more effectively and less intensively.

We will support our population to take control of their health and wellbeing.

Hywel Dda University Health Board (HDUHB)



Healthier Pembrokeshire

South Pembrokeshire

North Pembrokeshire

Healthier Pembrokeshire Pan Cluster Planning Group (PCPG)

The members of the Pembrokeshire Pan Cluster Planning Group (HPPCPG) are multi-agency senior representation and each member is responsible for communication of key decisions and actions through their respective organisations and networks. The current members are invited to engage:

- Director of Social Services
- Head of Strategic Joint Commissioning
- Head of Adult Care
- Head of Children's Services
- Head of Housing and Public Protection
- Senior Strategic Commissioning Manager
- Service Manager Intermediate Care & Prevention
- Head of GMS Sustainability
- County Director General Manager
- Withybush Hospital General Manager
- Community Therapies Lead
- Community Head of Nursing
- Children's Services SDM
- Proactive & Planned Care SDM
- Urgent & Intermediate Care Lead
- Cluster Leads North and South Pembrokeshire Clusters
- Primary Care Services Managers
- Chief Officer PAVS
- Chief Officer - WWAMH
- Deputy Director of Public Health
- CHC Representative
- Regional Partnership Programme Manager
- Head of Integrated Transformation
- Exec Director of Strategic Development and Operational Planning

Pembrokeshire has two Clusters; South Pembrokeshire and North Pembrokeshire Cluster. The County is bordered by Carmarthenshire to the east, Ceredigion to the northeast, and the sea everywhere else. The county is home to Pembrokeshire Coast National Park, the only national park in the United Kingdom established primarily because of the coastline; the Park occupies more than a third of the area of the county and includes the Preseli Hills in the north as well as the 190 mile (310 km) Pembrokeshire Coast Path.

The economic base of the county is focused on agriculture (86 per cent of land use), oil and gas, and tourism. Pembrokeshire beaches have won many awards. The county has a diverse geography with a wide range of geological features, habitats and wildlife.

Health Services within the Cluster

- 12 GP Practices with 6 Branch Surgeries
- 9 General Dental Practices and Orthodontic Practices
- 29 Community Pharmacies: 7 providing the Pharmacy Independent Prescribing Service (PIPS)
- 14 Optometry Practices and 8 WGOS: 3 providing at least 3 element of WGOS4 and 4 providing WGOS5
- 1 General Hospital
- 7 Community Clinics
- 56 Nursing & Residential Homes
- 4 Community Resource Team

What are we working on?

The Healthier Pembrokeshire Pan Cluster Planning Group is established as a sub-group of the Hywel Dda University Health Board (HDuHB) and the West Wales Regional Partnership Board (RPB).

The aim of the HPPCPG is to deliver the principles of the Social Services & Well-being Act

(2014), the Wellbeing of Future Generations Act (2015), A Healthier Wales and the Primary Care Model for Wales. This will ensure that there is increasing alignment and engagement between the Regional Partnership Board and Cluster arrangements to provide information, advice and assistance that meet the needs of our population.

The following link will take you to the West Wales RPB site and the current plan:

West Wales Regional Partnership Board – Working together to plan and deliver services for adult and children with needs for care and support.#

The following link will take you to the Primary Care One site and the current Cluster Plans:

Hywel Dda UHB - Primary Care One

What are the key achievements?

Identified agreed priority areas for improvement which require strengthened joint working to achieve better outcomes within available resources.

Developed and delivered a locality plan.

Promoted a culture which actively removes barriers, blockages and silos within organisations to ensure seamless services for the local population.

Engaged key stakeholders in communities, with specific reference to minority and marginalised group.

Supported joint working and where required gained appropriate authorisation within their own organisations for such.

Ensured that local government, NHS and third sector officers are able to work jointly within statutory and organisational governance arrangements that provide a framework of clear accountability.

Exercised oversight of the way in which resources are used, including relevant grants from Welsh Government.

Developed its capacity and capability for providing effective governance.

Authorised and encouraged joint work and where required gained appropriate authorisation within their own organisations.

What have we learnt?

HCPCPG terms of references are updated to reflect changes in personnel and to ensure that the purpose of the group is accurate and agreed.

What is next?

Future priorities of the HCPCPG will be determined by the integrated Community Plan and the priorities identified by the RPB and Clusters.

Hywel Dda University Health Board (HDUHB)

South Pembrokeshire

Cluster Lead

Dr Helen Wang
helen.wang@wales.nhs.uk

Primary Care Services Manager

Lucie-Jane Whelan Hughes
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Collaborative Leads

GP Collaborative:
Dr Helen Wang

Pharmacy Collaborative:
Sarah Day

Optometry Collaborative:
Alex Devereux

South Pembrokeshire

Who are we?

Our vision is to continue developing the health & wellbeing of the local population within South Pembrokeshire utilising the current services while developing new and innovative projects to common problems promoting multidisciplinary working and by working with wider partners and stakeholder in the third sector, therapies, local authority, mental health, children services and pharmacy to have a locality approach.

The cluster approach is cradle to grave model approach with all current projects. We aim to support our local population to remain in their own home; with an emphasis on population wellbeing and community connection by establishing greater links with partner services.

Males: 48.6% Females 51.4%

The Cluster environment is mainly rural (at 99.1%), with high deprivation in one urban area (Pembroke Dock).

The County is bordered by Carmarthenshire to the east, Ceredigion to the northeast, and the sea everywhere else. The county is home to Pembrokeshire Coast National Park, the only national park in the United Kingdom established primarily because of the coastline; the Park occupies more than a third of the area of the county and includes the Preseli Hills in the north as well as the 190 mile (310 km) Pembrokeshire Coast Path.

The economic base of the county is focused on agriculture (86 per cent of land use), oil and gas, and tourism. Pembrokeshire beaches have won many awards. The county has a diverse geography with a wide range of geological features, habitats and wildlife.

Our Services

- 5 GP Practices with 3 Branch Surgeries
- 4 General Dental Practices and 1 Orthodontic Practice
- 13 Community Pharmacies – 6 providing the Pharmacy Independent Prescribing Service (PIPS)
- 5 Optometry Practices – 2 providing at least one element of WGOS4 and 2 providing WGOS5
- Withybush General Hospital
- 21 Nursing & Residential Homes
- 2 Community Hospitals
- 4 Community Resource Teams

What are we working on?

Cluster Priorities 2024/25

We are exploring Spirometry testing and reporting through locally accessible clinics with the aim of clearing the current backlog and having no waiting list for future testing.

To continue and develop existing successful cluster projects, i.e. Intergrated Community Network, Youth Project aged 5 to 18 years of age, Improving Asthma Management in Primary Schools, Partners for the Journey (MIND and CAB)

First Contact MSK Physiotherapist - aim to collect further data from the First Contact MSK Physio project to mainstream this longstanding project since 2019.

CASE STUDY: Improving Children's Health (Asthma)

An asthma review programme in Pembrokeshire schools is improving the day-to-day lives of children with asthma and empowering families to manage the condition effectively.

This innovative programme will aim to integrate the review of patients with an asthma diagnosis or asthma mimicking symptoms and provide education into 52 Pembrokeshire primary schools.

With direct access to clinical records, the healthcare team can provide children and families with in-depth asthma assessments and educate them within the school setting.

This project shows that effective asthma management can be achieved with community-based, accessible care and could be replicated in other communities to drive similar positive outcomes. The project underlines the value of a multi-agency collaborative approach.

The service has seen 151 children in South Pembrokeshire with 74.4% compliance with using a preventative inhaler and with 68.3% receiving an asthma review in the past 12 months.

The project in its totality across both North and South Pembrokeshire issued 95% of children with an asthma action plan and 55.1% of children had their medication changed in line with guidelines.

The Childhood Asthma Control Test (C-ACT) has been used as the outcome questionnaire with an improvement recorded from 17.5 at the initial consultation to 22.1.

What are the key achievements?

- Supported the public engagement element of the development of the Primary and Community Services Strategic Plan by hosting an event to showcase Cluster projects.
- The Improving Children's Health Asthma project was a part of Bevan Exemplar Cohort 8 and presented at the Senedd in Cardiff in May 2024.

What have we learnt?

- We have a fortnightly lunchtime meeting where secondary care, clinical leads, A&E, OOH's and local GP's discuss system pressures within the Pembrokeshire Clusters.
- As a Cluster we have reflected on how we work and recognise that there is more to learn. Using data from Cluster projects to inform future commissioning decisions as well as making the case for scale up and roll out of Cluster developed initiatives. Quality Improvement methodology is now used when designing and commissioning any new projects.

What could have been done differently?

Being more proactive in looking at external funding opportunities and working collaboratively with all stakeholders.

Being mindful that some projects do fail and reflecting on the reasons why the project fails we need to have an exit meeting when this happens as part of the evaluation process.

Reflect on the projects across the whole system from Health, Social Care to avoid duplication and funding the same themes and projects.

What is next?

Making the case for scale up and roll out of several Cluster projects that the South Pembrokeshire Cluster have developed and/or been part of over.

Looking at improving technology through AI opportunities (AI Scribe) across clinical sectors within Pembrokeshire as an enabler for the integrated community care system.

Exploring research opportunities for the economic value of the Schools Asthma Project via other funding workstreams.

Hywel Dda University Health Board (HDUHB)

North Pembrokeshire

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Collaborative Leads

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Pharmacy Collaborative:
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Optometry Collaborative:
Andy Britton

North Pembrokeshire

Who are we?

The main focus of the North Pembrokeshire Cluster is provide sustainable primary care services to North Pembrokeshire. Our aim is to reduce the reliance on accessing services, encourage greater community engagement, and empower individuals to take an active role in managing their own health and well-being whilst supporting all of primary care to improve access to care. The Cluster projects involve a diverse range of professionals, including Occupational Therapists, Physiotherapists, and Care coordinators, who all contribute to creating a more sustainable and integrated model of Primary Care whilst targeting population health needs such as diabetic foot health.

Males: 48.8% Females 51.2%

Pembrokeshire is bordered by Carmarthenshire to the east, Ceredigion to the northeast, and the sea everywhere else. The county is home to Pembrokeshire Coast National Park, the only national park in the United Kingdom established primarily because of the coastline. The Park occupies more than a third of the area of the county and includes the Preseli Hills in the north as well as the 190 mile (310 km) Pembrokeshire Coast Path.

The economic base of the county is focused on agriculture (86% of land use), oil and gas, and tourism. Pembrokeshire beaches have won many awards. The county has a diverse geography with a wide range of geological features, habitats and wildlife. Its prehistory and modern history have been extensively studied, from tribal occupation, through Roman times, to Welsh, Irish, Norman, English, Scandinavian and Flemish influences.

Our Services

- 7 GP Practices with 3 Branch Surgeries
- 13 General Dental Practices
- 16 Community Pharmacies – 1 providing the Pharmacy Independent Prescribing Service (PIPS)
- 9 Optometry Practices and 6 WGOS – 2 providing at least one element of WGOS4 and 2 providing WGOS5
- Withybush General Hospital
- 35 Nursing & Residential Homes
- 5 Community Clinics
- 4 Community Resource Teams

What are we working on?

Cluster Priorities 2024/25

First Contact MSK Physiotherapist – aim to collect further data from the First Contact MSK Physio project to mainstream this longstanding project since 2019.

Diabetic Foot Health Project - Reduce the financial burden for the Health Service in Hywel Dda and reduce the incidence of foot ulcers, and amputations in the long term.

Care Co-ordinator MDT - establish robust MDT working across 8 GP Practices and reduce emergency admissions and average length of stay.

CASE STUDY: Care Co-ordinators

The care coordinators in North Pembrokeshire are providing a co-ordinated localised service for patients. The project is developing a more robust approach to integrated community working by providing the patient with an experience of "seamless care" and enhance communication between professionals in an MDT approach.

The scheme is optimising integration within the urban and rural community of North Pembrokeshire and primary, secondary and community multi-agency teams, in line with current local and national policy direction.

Between April and December 2024 there were 123 meetings, and 453 patients' cases were discussed. The majority of patients (157) were recorded as having frailty, falls or mobility issues or chronic conditions (155).

209 patients were referred for social care or housing and 149 were referred for Occupational Therapy. 96 people were referred to the Community Connector with 66 referred to District Nursing and 62 back to their GP.

What are the key achievements?

- Supported the public engagement element of the development of the Primary and Community Services Strategic Plan by hosting an event to showcase Cluster projects.
- North Pembrokeshire Cluster, in collaboration with South Pembrokeshire Cluster, has received numerous accolades for the School's Respiratory project.

What have we learnt?

North Cluster has successfully secured approval for seven new projects; these initiatives have required collaboration across the Cluster footprint to establish new pathways that address the population health needs and provide care closer to home for patients.

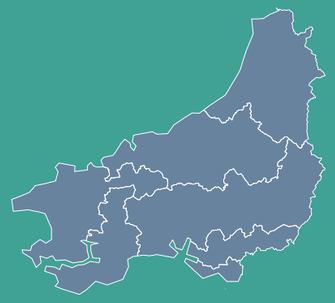
What could have been done differently?

Recruitment challenges have led to delays in project timelines. The Diabetic Foot Health initiative experienced a postponement of several months as a result of the prolonged approval process for new job descriptions. Additionally, the Spirometry project is unable to start due to lack of applicants for the available positions.

What is next?

Discussions are currently underway with the county team to secure funding for the Care Co-ordinator initiative through RIFT, thereby moving away from Cluster funding.

Hywel Dda University Health Board (HDUHB)



Healthier Ceredigion

North Ceredigion

South Ceredigion

Healthier Ceredigion Pan Cluster Planning Group (PCPG)

The members of the Healthier Ceredigion Pan Cluster Planning Group (HCPCPG) are multi-agency senior representation and each member is responsible for communication of key decisions and actions through their respective organisations and networks. The current members are invited to engage:

- County Director Ceredigion
- Deputy Director of Social Services & Corporate Lead Officer: Porth Gofal
- CAVO Chief Executive Officer
- Director of Primary Care
- Ceredigion County Council – Porth Cynnal Lead Officer
- External Funding Co-ordinator
- Corporate Lead Officer – Finance and Commissioning
- Community Health Council
- Deputy Medical Director Primary Care & Community Services
- Ceredigion Community & Primary Care General Manager
- Head of GMS and Community Pharmacy Contracting and Performance
- Bronglais General Manager
- Glangwilli General Manager
- Ceredigion Therapy Lead
- Ceredigion County Head of Nursing
- Head of Nursing Mental Health and Learning Disabilities
- Head of Learning Disabilities and Older Adult Mental Health
- Community Paediatrics Service Delivery Manager
- Children's Community Nurse Lead
- Strategic Head Community & Chronic Conditions
- Locality Services Planning Co-ordinator
- Finance Business Partner
- Public Health
- Cluster Development Manager
- Cluster Leads for North and South Ceredigion Clusters
- Primary Care Services Managers
- Regional Partnership Programme Manager
- Service Transformation Lead
- Programme Manager for Integrated Health and Social Care
- Programme Manager for Integrated Health and Social Care
- Ambulance Operations Manager

The County of Ceredigion depends on agriculture, forestry, fishing and tourism. County towns in the more agricultural part of the county still hold regular livestock markets. Ceredigion corresponds to the historic county Cardiganshire and is considered to be the centre of Welsh culture. The county is mainly rural with over 50 miles of coastline and a mountainous hinterland. While historically, there was an industrial economy in Ceredigion based on the extraction and shipping of raw materials the economy today is dependent on agriculture and tourism.

Health Services within the Cluster

- 12 GP Practices
- 7 General Dental Practices and 1 Orthodontic Practice
- 1 Community Dental Practice
- 23 Community Pharmacies – 5 providing the Pharmacy Independent Prescribing Service (PIPS)
- 11 Optometry Practices – 6 providing at least one element of WGOS4 and 5 providing WGOS5
- 1 General Hospital
- 14 Nursing & Residential Homes
- 1 Integrated Care Centre

What are we working on?

The Healthier Ceredigion Pan Cluster Planning Group is established as a sub-group of the Hywel Dda University Health Board (HDuHB) and the West Wales Regional Partnership Board (RPB).

The aim of the HCPCPG is to deliver the principles of the Social Services & Well-being Act (2014), the Wellbeing of Future Generations Act (2015), A Healthier Wales and the Primary Care Model for Wales. This will ensure that there is increasing alignment and engagement between the Regional Partnership Board and Cluster arrangements to provide information, advice and assistance that meet the needs of our population.

The following link will take you to the West Wales RPB site and the current plan:

West Wales Regional Partnership Board – Working together to plan and deliver services for adult and children with needs for care and support.

The following link will take you to the Primary Care One site and the current Cluster Plans:

Hywel Dda UHB - Primary Care One

What are the key achievements?

Identified agreed priority areas for improvement which require strengthened joint working to achieve better outcomes within available resources.

Developed and delivered a locality plan.

Promoted a culture which actively removes barriers, blockages and silos within organisations to ensure seamless services for the local population.

Engaged key stakeholders in communities, with specific reference to minority and marginalised group.

Supported joint working and where required gained appropriate authorisation within their own organisations for such.

Ensured that local government, NHS and third sector officers are able to work jointly within statutory and organisational governance arrangements that provide a framework of clear accountability.

Exercised oversight of the way in which resources are used, including relevant grants from Welsh Government.

Developed its capacity and capability for providing effective governance.

Authorised and encouraged joint work and where required gained appropriate authorisation within their own organisations.

What have we learnt?

HCPCPG terms of references are updated to reflect changes in personnel and to ensure that the purpose of the group is accurate and agreed.

What is next?

Future priorities of the Healthier Ceredigion Pan Cluster Planning Group will be determined by the integrated Community Plan and the priorities identified by the RPB and Clusters.

Hywel Dda University Health Board (HDUHB)

North Ceredigion

Cluster Lead

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Collaborative Leads

GP Collaborative:
Currently vacant

Pharmacy Collaborative:
Mehul Panchal

Optometry Collaborative:
Currently vacant

North Ceredigion

Who are we?

North Ceredigion Cluster's vison is to provide safe, sustainable, accessible and kind, seamless care and support for our population, in line with A Healthier Wales and the principles of Prudent Healthcare. To ensure the treatment and care we deliver are value based and meeting the needs of the individual.

Males: 49.3% Females 50.7%

The North Ceredigion Cluster is located in the County of Ceredigion, which depends on agriculture, forestry, fishing, and tourism. County towns in the more agricultural part of the county still hold regular livestock markets.

Ceredigion corresponds to the historic county Cardiganshire and is considered to be the centre of Welsh culture. The county is mainly rural with over 50 miles of coastline and a mountainous hinterland. While historically, there was an industrial economy in Ceredigion based on the extraction and shipping of raw materials the economy today is dependent on agriculture and tourism.

Our Services

- 7 GP Practices
- 4 General Dental Practices
- 10 Community Pharmacies – 2 providing the Pharmacy Independent Prescribing Service (PIPS)
- 5 Optometry Practices – 3 providing at least one element of WGOS4 and 3 providing WGOS5
- Bronglais General Hospital
- 9 Nursing and Residential Homes
- 1 Integrated Care Centre

What are we working on?

Cluster Priorities 2024/25

Continuation of the Clinical Health Psychology Service to provide psychological care and treatment for women's health and pelvic health related conditions.

Develop integration of the Optometry and Pharmacy collaboratives ensuring they are supported at cluster level. Currently working with Public Health Wales to provide training, which optom colleagues will need in order to increase their contractual obligations for an improved focus on holistic health.

The Early Intervention Pain Service (EIPS) has been very successful to date and has gathered excellent patient feedback scores. The aim is to double the service's capacity by employing an additional Band 5 Psychologist and admin support.

CASE STUDY: Clinical Health Psychology Service

The project tests a new approach to mental health care for women. A clinical health psychology service, funded by the Cluster, provides specialist psychological care for women with women's health conditions that adversely affect their functioning and wellbeing. The service delivers individual and group therapies, improving efficacy and maximising accessibility. Effective remote delivery will support digital health care, spread and scaling opportunities, reduce workforce challenges, and contribute to carbon reduction and the sustainability green agenda.

There is a a high prevalence of psychological and emotional distress among patients within the women's health and pelvic health pathways, which severely impacts their wellbeing, mental health, social lives, relationships, and professional lives.

One in ten women live with endometriosis, and one in four women experience severe menopause symptoms, requiring psychological support to manage stress, anxiety, and depression. The highest prevalence of female suicide in UK is within 50-54 years age bracket, corresponding with the onset of the menopause.

The service was established in the latter part of 2023 and 14 patients were accepted into the service, with a further 16 referrals between April and October 2024.

A set of Patient Reported Outcome Measures (PROMS) have been used in the project including a Patient Health Questionnaire (PHQ), Generalised Anxiety Disorder (GAD), Patient Self Efficacy Questionnaire (PSEQ) and Tampa Scale of Kinesiophobia (TSK) The project has been accepted onto the Spread and Scale Academy, and the Bevan Exemplar Programme.

What are the key achievements?

- Supported the public engagement element of the development of the Primary and Community Services Strategic Plan by hosting an event to showcase Cluster projects.
- Our Clinical Health Psychology Project is based on a model that has to date been integrated into Cardiology, Respiratory, and Diabetes Care Services. The project's aim is to reinforce and to address the idea that patient wellbeing is made up of good mental and physical health, rather than classically treating them separately.
- The Cluster has successfully secured funding to upskill several members of our clinical staff. The funding will be used so that a number of our existing GPs can undertake specialty qualifications in the clinical areas of Dermatology, Palliative Care, and Diabetes prevention and care.

What have we learnt?

- The Cluster undertook a self-reflection exercise at the beginning of the financial year, where there was reflection on the success of Cluster projects.
- Using data from Cluster projects to inform future commissioning decisions as well as making the case for scale up and roll out of Cluster developed initiatives. Quality Improvement methodology is now used when designing and commissioning any new projects.

What could have been done differently?

Despite the number of Services and innovative Cluster funded projects that are being run and delivered in the Cluster, due to a lack of estates it is often difficult for us to guarantee good community diagnostic provisions that cater well for all patients due to their clinical locations. This is something that the Cluster aims to address by working more closely with the County and Transformation Teams, particularly at the development stage of new projects.

For example, the location of our successful Physiotherapy Practitioner project has been amended several times due to a lack of estates, which has meant needing to refresh the service's information to Practice Managers and patients' multiple times; this could be improved by developing a sustainable clinical space before any new projects are undertaken.

What is next?

The Cluster is in the process of recruiting new Collaborative Leads to its GP, Pharmacy, and Optometry professional collaborative groups due to recent resignations. These new relationships will bring new and invigorated ideas to the Cluster and help to develop better integration across Ceredigion which will contribute positively to the maturity of its Clusters.

Collaborative Leadership training programmes are being explored so that clinical staff that would otherwise not have access to these types of training modules can develop their leadership skills. This will complement their clinical expertise to ensure that each collaborative group functions well and integrates seamlessly with the Cluster and the Pan Cluster Planning Group.

Hywel Dda University Health Board (HDUHB)

South Ceredigion

Cluster Lead

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Collaborative Leads

GP Collaborative:
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Pharmacy Collaborative:
Aled Howells

Optometry Collaborative:
Heledd Hallett

South Ceredigion

Who are we?

Our vision is to continue developing the health & wellbeing of the local population within South Ceredigion utilising the current services whilst developing new and innovative ways of delivering care in our locality. The Cluster aims to grow mental health services and opportunities for people to maintain their health and wellbeing, via the Third Sector, Community and Primary Care contractors.

Males: 48.7% Females 51.3%

Ceredigion corresponds to the historic county Cardiganshire and is considered to be the centre of Welsh culture. The county is mainly rural with over 50 miles of coastline and a mountainous hinterland. While historically, there was an industrial economy in Ceredigion based on the extraction and shipping of raw materials the economy today is dependent on agriculture and tourism. The University towns of Aberystwyth and Lampeter have a considerable impact on the population of 20-24 year olds in the county with nine per cent of the population in this age group compared to approximately five percent in Carmarthenshire and Pembrokeshire.

The South Ceredigion Cluster, which is one of two Clusters in Ceredigion, brings together all local services involved in providing health and care across the Locality, serving a population of 47,112 as of April 2021 and is the second smallest locality by population in the Health Board area.

Our Services

- 5 GP Practices with 1 branch surgery
- 3 General Dental Practices and 1 Orthodontic Practice
- 13 Community Pharmacies – 3 providing the Pharmacy Independent Prescribing Service (PIPS)
- 6 Optometry Practices – 3 providing at least one element of WGOS4 and 2 providing WGOS5
- Bronglais General Hospital
- 5 Nursing & Residential Homes
- 1 Integrated Care Centre

What are we working on?

Cluster Priorities 2024/25

Scale up the frailty team to reduce the case load and enable improved access to the large cohort of frail patients across the cluster.

The continuation of the Clinical Health Psychology Service to provide psychological care and treatment for women's health and pelvic health related conditions.

Develop the integration of optometry and pharmacy collaboratives to ensure they are being supported at a cluster level.

CASE STUDY: Frailty Team

South Ceredigion Cluster Frailty and Chronic Conditions Team Service aims to provide a proactive Multi Disciplinary Team management of individuals living with frailty within the community.

The service comprises of a comprehensive initial frailty assessment and subsequent follow up as appropriate including the assessment of a patient's needs to include physical, psychological, medical and social review.

The Frailty team promote proactive care so that patients can manage their own healthcare needs in line with Prudent Healthcare principles, preventing crisis management and unwanted hospital admission. This includes an assessment of their physical health, their cognition, and the suitability of any mobility aids that they currently use. Referrals to the team are encouraged via GP Practices, MDTs, MATs, WAST, Social Services, and other health care professionals such as physiotherapists, and Advanced Nurse Practitioners.

Comprised of Frailty Nurses and HCSWs, the team makes a large number of subsequent referrals to the National Exercise Referral Scheme (NERS). The NERS sessions are held across the Cluster in various locations to ensure that patients have good access to the sessions particularly in rural areas. Patients can attend these classes indefinitely for a small fee, and some patients progress to more complex strength classes as they're physical health improves.

The team also supports carers where additional support may be required, and will help with onward signposting to Community Connectors (who can help with social issues and attendance allowances), low-vision assessments with local Optometrists, and wider social service frameworks as necessary.

The Frailty Team work together to provide a consistent and equitable service, based on the agreed eligibility across all practices within the South Ceredigion locality.

The service has received 284 referrals of which 269 were accepted as being appropriate for the service. Most patients within the service are aged 80+.

What are the key achievements?

- Supported the public engagement element of the development of the Primary and Community Services Strategic Plan by hosting an event to showcase Cluster projects.

What have we learnt?

Cluster staff and stakeholders benefited greatly from the opportunity to network and meet face to face, some for the first time.

The need to promote the event earlier to allow people more time to plan and spread the word of the event within the community.

What is next?

Making the case for scale up and roll out of a number of Cluster projects that the South Ceredigion Cluster have developed and/or been part of.