Peer Review

Primary Care Clusters 2022/23

Final v1.0

(April 2023)

www.primarycareone.nhs.wales/topics1/strategic-programme

Introduction

The principles of Cluster working date back to the review 'Setting the Direction' (2010) which advocated for "Place-based, 'locality networks' developed around natural geographic communities with integrated primary and community care service planning and delivery, and based on the premise of:

"The right care for the right person at the right time in the right place"

The national policy agenda continues to support this needs-based approach and recognises the importance of regular reflection to adjust and enhance implementation.

In 2022/23 a series of peer review meetings was held to assess progress of the Cluster model and to inform a more formal peer review process going forward. This report summarises the learning from these discussions and provides recommendations for the further development of the Cluster Peer Review Programme.

Background

The Primary Care Model for Wales and, specifically 'Cluster working', has been a consistent policy and strategic aim in Wales for over twelve years. The transformational model for primary and community care, a place-based approach to sustainable and accessible local health and well-being care, supports the vision set out in Welsh Government Policy in A Healthier Wales (2018).

The Strategic Programme for Primary Care (SPPC) was introduced to accelerate development of the cluster approach (Accelerated Cluster Development - ACD) as illustrated in Appendix A. When considering the introduction of ACD, the SPPC was mindful of the continuing pressures from the COVID-19 pandemic and the need for a flexible and proportionate approach. A Transition Year was therefore agreed which allowed for a managed process of learning, implementation, and change.

The 2022-2023 transition year for ACD saw the introduction of strengthened planning and delivery arrangements in the community, including the introduction of professional collaboratives and pan-cluster planning groups. Following successful programmes of peer review for regional partnership boards and primary care out-of-hours services, the SPPC developed a similar cycle of reflection for cluster achievements to provide assurance of implementation progress and shared learning from local experience.

The Pilot Programme

NHS Wales adopted a peer review framework in 2017, to 'agree and oversee an annual programme of peer reviews, akin to the existing programme of clinical audit to support improvement in priority areas.'

The elements of peer review are in keeping with the proposed whole system values, as set out in *A Healthier Wales:* -

- **Co-ordinating health and social care services seamlessly**, wrapped around the needs and preferences of the individual, so that it need not be apparent to the person who is providing individual services.

- **Measuring the health and well-being outcomes which matter** to people and using that information to support improvement and better collaborative decision- making.

- **Proactively supporting people** throughout the whole of their lives, and across the whole of Wales, making an extra effort to reach those most in need to help reduce the health and well-being inequalities that exist.

- **Driving transformative change** through strong leadership and clear decision- making, adopting good practice and new models nationally, with more open and confident engagement with external partners.

- **Promoting the distinctive values and culture** of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.

The peer review process is one of a number of tools proposed as part of a unified approach to monitoring and evaluating the delivery of the Primary Care Model for Wales and progress for ACD.

The transition year saw a developmental approach to the introduction of peer reviews for clusters, with the intention that the subsequent format and framing of peer review would be informed by the experience from a single cluster review for each Health Board area.

Cluster Peer Review ACD Transition Year (June2022)

Objectives of the transition year process were to:

- Develop and test a process during 2022-23, learning from the experience of clusters and RPBs to shape future peer reviews
- Identify the key components/ drivers that enable successful cluster working and any barriers to change
- Compile examples of good practice driving successful cluster working.
- Provide written recommendations for action to accountable organisations.
- Inform the priorities of the SPPC.

The process involved each Health Board identifying and nominating a single cluster to be engaged in the peer review. The nominated cluster and respective Health Board agreed who would be participants – to include a wide representation of stakeholders – and the reviewers of another Health Board cluster.

The conversation was structured around three outcomes - two of the thirteen PCMW outcomes and one of the seven ACD outcomes (attached at Appendix B), with an independent chair and representative from SPPC to guide the participants and reviewers through the process. The discussions were conducted remotely via Teams.

The discussions were extremely positive, with important engagement and contributions by relevant participants from the cluster, Health Board, RPB and third sector. The clusters were able to share experience and good practice, along with some of the challenges and constraints. The level of interaction between the participants and reviewers was also very encouraging with detailed challenge, analysis and reflection evident in each of the reviews.

An outcome letter summarising the discussion and agreed actions was sent to the host health board and copied to the RPB and SPPC. Appendix C summarises the feedback of proposed actions from the Peer Review discussions.

Emerging themes

1. Vision and Leadership

The impact and importance of a clear organisational vision, visible leadership and purposeful managerial focus was recognised.

The use of 'appropriate Terminology' has been a key issue to ensure a sense of local ownership and to aid communication within and between organisations. For example, Aneurin Bevan University Health Board (ABUHB) has, for many years, used the term Neighbourhood Care Networks to describe the Cluster structure while Hywel Dda UHB adopted A Healthier Pembrokeshire etc. for organisation at the County level.

There was a strong sense that organisations want to build upon the strengths of previous work, such as the close partnership working in Ynys Môn and with its local hub for social prescribing and inclusion and the single points of access through 'Wellbeing Matters for the Vale' in Cardiff and the Vale UHB.

Cluster development is a continuing process to bring together all available services for a local population to achieve seamless and more effective care and support. It was fully recognised that clusters provide the local scrutiny and lived experience to identify how existing provision can work more effectively and increasing value and efficiency.

However, there remain many examples of organisational initiatives that impact upon local communities, but do not specifically reference the Cluster structures or local plans. There were concerns expressed that local proposals (such as access to diagnostics) can be difficult to progress and suffer from resource constraints, but other select strategic projects, such as the introduction of Urgent Primary Care Treatment Centres, seem to attract significant resource and support, without necessarily engaging Clusters in that shared purpose.

In some organisations, there have been concerns that the introduction of Professional Collaboratives has disrupted Cluster working and may 'dilute' the impact of the Cluster funds. Equally, there were concerns that many professional groups continue to be excluded from local debate and decision

making or do not have parity in the opportunities to engage.

Despite these concerns, the transition to new structures is progressing steadily in most areas.

There are several examples of strengthening professional networking and widening engagement in Clusters to reflect their original vision as multi-professional groups, while independent contractor processes are being reviewed and aligned to ensure commonality of purpose and equitable support for professional groups to contribute and influence. In Hywel Dda UHB, for example, preventable sight loss was identified as a priority for glaucoma services and inter-practice working between optometry practices was also being developed. In ABUHB, the potential contribution of Professional Collaboratives for Social Care and Mental Health was being explored.

The peer review discussions revealed a recognition of the importance of induction to new roles and continuing peer support. It was evident that there is a need to consider how organisations develop their Collaborative and Cluster lead roles and support individuals to work with their Peers to provide a collective contribution to influence and inform the wider organisation. Betsi Cadwaladr UHB is, for example, developing a local induction programme and there was recognition of the need to use the Health Education and Improvement Wales (HEIW) leadership programme to facilitate the development of leads in their roles.

Opportunities for networking at regional and national levels was welcomed, to encourage regular sharing of good practice and to identify common challenges, which could be addressed at the appropriate organisational levels.

2. Needs assessment

The importance of a comprehensive needs assessment is now widely recognised – providing a clear and shared understanding of priorities at all levels of organisation. Whilst all Clusters have needs assessment in place these are particularly robust where there is organisational support for their development. In Cwm Taf Morgannwg UHB, for example, the development of population segmentation work is allowing Clusters to identify needs and develop local actions. However, there was concern about the limited access to 'live' data to inform local working, citing examples of good practice that could be adopted to rectify the perceived limitation.

There is also a need to ensure that the relevant services developed by Digital Health and Care Wales is informed by the local experience and context. Digital priorities highlighted in the Peer Reviews included e-prescribing, single GP systems across Clusters, connectivity to other community systems, resolution of information governance concerns and access to data from local authority and third sector partners. The development of Urgent Care Centres has also highlighted the need for integrated IT systems across patient pathways.

Needs assessment must also be informed by service user and professional experience and there are interesting examples of communication teams bringing their expertise to support public engagement in some areas. Using a variety of digital and in-person approaches, the teams are checking in with service users to explore what is working in practice and to identify opportunities for improvement. The knowledge and skills of community connectors are also being used as live networks to continually engage the public. Teams are also utilising patient questionnaires and collating Patient and Professional stories. The Peer discussion also revealed the value of communications expertise to improve understanding of primary care within the integrated organisations and to inform and reassure the public about service change. ABUHB, for example, has developed a series of videos by clinical team members to describe their new primary care roles and the services that patients are receiving.

3. Finance

There is a continuing focus on Cluster funds as the only flexible source, with very little evidence of programme budgeting and marginal analysis to understand the full scale of resource available for the Cluster population. This is a particular concern as the membership of the Cluster matures and more opportunities for innovation are identified. However, there are also examples of improved communication and collaboration across Cluster footprints, which have created better ways of working without additional costs.

The requirement for work to be completed within annual financial cycles was reported to be a severe constraint on innovation. Many projects require some recruitment and the delays associated with recruitment processes have caused some proposals to run out of time for delivery within the financial calendar.

Cluster funds were introduced in 2015 to facilitate tests of change that could be mainstreamed if successful. However, it has, in many cases, proved challenging to develop sufficiently robust evaluation at the scale of the Cluster to justify mainstreaming of projects. It was clear that these challenges are increasingly recognised and that HBs are putting systems put in place to structure project proposals and to prepare for evaluation from the inception of the project. There is also increasing recognition of the need to identify exit strategies for successful innovations, including clarity about the available long term funding streams. The SPPC is working with Shared Services Partnership to develop an algorithm to help teams to explore options for longer term provision where pilots have proved to be successful.

4. Business support

The development of Cluster support is a critical step in enabling them to work to their full potential, by providing access to a variety of skills, including finance, business planning and project management. HB teams are building up a range of skills and resources to ensure that local ideas and schemes can be progressed - including standard formats for submitting project proposals and anticipatory consideration of exit strategies where projects prove to be successful. For example, in ABUHB a Neighbourhood Care Network (Cluster) Office has been established and in Swansea Bay UHB business support functions are in place.

Although there is some frustration that mainstreaming of successful projects has been limited, there are a growing number of examples, including musculoskeletal care pathways and mental health fast track referrals in C&VUHB and Virtual Wards across the Swansea Bay Clusters. These examples illustrate the potential of the system designed to support cycles of testing, development and implementation, which can be expanded over time.

In most areas, the introduction of Pan Cluster Planning Groups (PCPGs) is work in progress and would not have influenced the developments discussed in the Peer Reviews. Whilst there have been concerns expressed about the introduction of PCPGs as ‘additional level of bureaucracy,’ there was an increasing interest in the potential for Clusters to have greater influence over strategic decision making. However, it was agreed that it will be essential to demonstrate evidence of the effectiveness of these structures to maintain clinical engagement.

5. Service Sustainability

Health Board Primary care teams continue to face challenges in managing contract returns and supporting managed practices. Whilst it was recognised that Clusters are not responsible for ensuring the sustainability of core contractor services, it was accepted that cluster initiatives can make important contributions in this area.

Clusters reported that the development of Primary Care Academies is strongly supported to aid recruitment and retention and enable the development of expertise in primary care practice. Powys Teaching Health Board has encouraged student placements by developing links with partner universities. It also works closely with Powys Association of Voluntary Organisations (PAVO), which coordinates over 4000 third sector groups. To help support the delivery of care across the Health Board area.

Joint working between primary and secondary care, such as joint Cardiology consultations in Swansea Bay UHB, has also demonstrated the potential for more efficient and effective approaches, which will further assist in the management of service demand across the system.

6. Estates and transport

There continue to be pressures on community estate, with challenges faced in finding accommodation for the growing multi-professional workforce. The Caerphilly Team in ABUHB reviewed the use of the Trethomas Health Centre to maximise the availability of clinical space, increasing local access to a wide range of services.

Whilst imaginative use is being made of a range of community assets, transport links sometimes limit the potential of these buildings – particularly for those who rely on public transport. It was agreed that there is a need to work with partners to ensure that transport links facilitate access and maximise use of community infrastructure. Cwm Taf UHB has established principles for the identification and development of local facilities which include ‘no wrong door’, co-location, town centre first, de-carbonisation, hub and spoke and graduated response.

It was noted that some GP practices are withdrawing from their Branch surgeries, due to sustainability concerns, and that these sites could provide further opportunities for facility developments.

7. The Peer Review process

The Transition Year Peer Review process was intentionally ‘light touch’ and significant preparation by Health Board teams was not envisaged. However, there was a time commitment for the reviews, evidenced by the efforts teams had taken time to prepare materials to demonstrate local work and inform the discussion. Whilst it was extremely helpful to have presentation of local initiatives, some of the greatest value came from the opportunity to compare experience, ideas and delivery with the peer reviewing team.

Proposals for a regular Peer Review Programme are in development and will include consideration of the appropriate frequency for each cluster, size of the peer teams, guidance for preparation requirements (including the introduction of self-assessment and dashboard analysis) and consideration of the structure of discussions in relation to the Primary Care Model for Wales.

Conclusions

The Peer discussions have provided an opportunity for the hard work of clusters to be celebrated. It was also clear that these services face different challenges from those in the hospital sector. The specialist system relies on the particular skills of generalist primary care risk management, where the prevalence of most medical conditions is extremely low. It is also essential to recognise that continuity of care and care coordination are fundamental measures of quality for primary and community care services.

The roles of Regional Partnership Boards and PCPGs are emerging, and it is important that their leadership groups are informed by the wealth of knowledge and experience that is held within local leadership and teams. While there is a variation in maturity between clusters and between Cluster leads, partnerships recognise this variation and are beginning to address through organisational development initiatives and personalised leadership development support.

Clusters have made significant progress with multi-professional working and have established the value of Clinical pharmacist, Mental Health practitioner and Physiotherapy roles in the primary care team (reflecting international evidence and practice). National agreement is needed about the future arrangements for continuation of these roles (such as through renegotiation of core contracts, HB funding, long-term cluster funding, etc) and the processes by which such decisions should be made. This will release Cluster funds to undertake further evaluation of innovative schemes, which will drive the needs-based approach articulated throughout strategic plans.

Whilst more care could and should be delivered closer to home, this requires confirmation of resource shift as the first step.

Professionals articulated their desire to work in an environment in which they can be effective. In their clinical and managerial practice, they see challenges every day and want to contribute to finding appropriate solutions. Primary and community care staff work in systems where there are particularly rapid improvement trajectories, and it can be challenging to step into environments where problem solving takes more time, but the impacts can be greater.

There is also a need to balance the focus on developing additional services in primary care with the important work to review and improve existing provision. The sustainability of primary care services continues to be a significant concern. Local coordination can strengthen provision and give a stronger voice to those services. There has been limited interest in the development of delivery vehicles such as Community Interest Companies, but these models may begin to attract greater focus from PCPGs in clarifying commissioning intentions and identifying resource requirements.

Recommendations

The 2019 Auditor General for Wales report 'Primary Care Services in Wales'[1] recognised the progress achieved in developing a model for primary care, national leadership roles and the Strategic Programme for primary care. However, the report highlighted that more needed to be done to 'spread good practice, improve evaluation of new approaches and ensure that once schemes prove themselves to be successful, they begin to receive sustainable, ongoing funding'.

The areas identified for improvement remain relevant in the current context.

1. Improving Primary Care Data

The development of robust measures of patient outcomes is required.

2. Implementing the Primary Care Model

There are numerous small-scale examples of successful delivery. To achieve impact on system pressures these must be delivered at scale. Organisations must articulate and deliver against workforce, finance and organisational development objectives that provide the capacity and ways of working required to meet local needs. The PCPGs should explore the most effective use of the local estate.

3. Keeping the strategy under review

The Strategic Programme should continue to reflect on the Strategy in relation to feedback from the annual cycle of Peer reviews and the summary Report for the National Primary Care Board.

4. Strengthening Clusters

The delivery of multi-professional models should be evidenced by regular publication of the number and type of staff working as part of multi professional primary care teams.

5. Shifting resources to primary care

The 2018 Financial Framework[2] supports the shift of resource to primary care to support the strategic agenda. However, the evidence to date would suggest the opposite, as the 2020/21 WAO report "Key Facts: NHS Wales Finance" (https://www.wao.gov.uk/infographics/nhs-wales-summarised-account) demonstrate that primary care consumed 16% of the total NHS expenditure, compared with 17% in 2019/20 (https://www.audit.wales/node/12494). Health Boards should report the relative allocation of resources and demonstrate shifting of relative expenditure to primary and community care services.

6. Involving the public

Examples provided in peer review discussions demonstrated the value of utilising professional communication expertise in engaging the public to inform service evaluation and improvement activities. Organisations should continue to engage directly with the public and with representative bodies.

7. Developing the Peer Review Process

The process undertaken in the Transition year has achieved the aims of sharing good practice and testing a model of Peer Review. It is proposed that this approach is continued, with the addition of the use of a self-reflection tool (the Cluster Development Framework) by all Clusters in the 2023/24 cycle. The results of this universal reflection will be reviewed in the Peer discussion with detailed review of a randomly selected Cluster. Participating Clusters will be required to focus on agreed PCMW measures which will be selected to refresh the selected areas for each health board.

A key Indicator Dashboard should be completed and piloted in 2023/24 with the aim of introducing the Dashboard for use in 2024/25.

The development of Outcome Letters should be kept under review to compliment performance review arrangements.

[1] Primary care services in Wales (wao.gov.uk)
[2] Moving secondary services to primary and community care (WHC/2018/025) | GOV.WALES

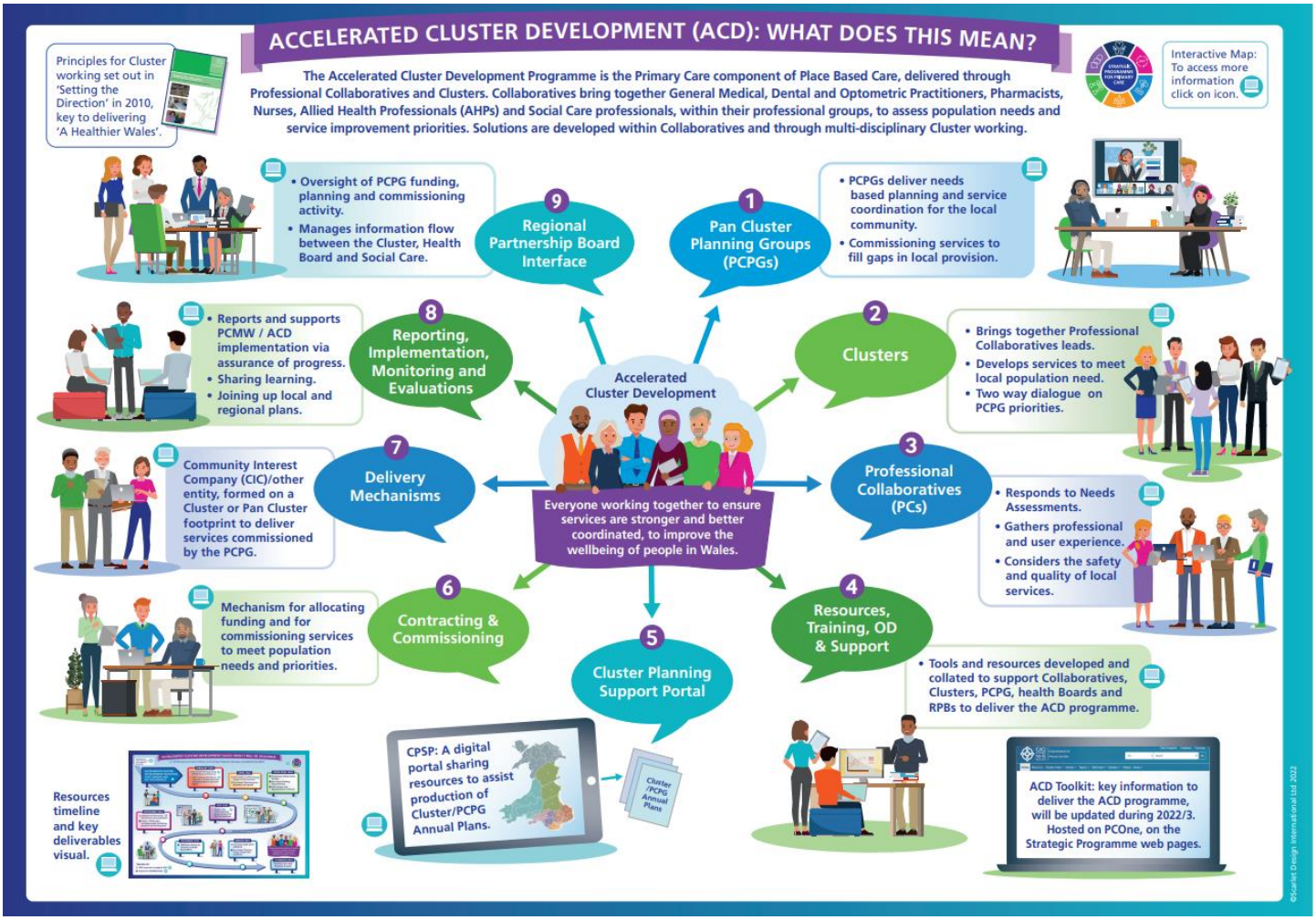
Next Steps

Partners within each Regional Partnership Board should reflect on feedback from the local Peer Review discussion and the themes identified in this report.

Pan Cluster Planning Groups should consider and respond to the actions required for their area. Further development of the Cluster Peer Review Programme (to include self-reflection tools, Key indicator dashboards etc) to be progressed by the SPPC and PHW.

Appendix A

The Accelerated Cluster Development Programme



Appendix B

Accelerated Cluster Development: Peer Review Transition Year

PCMW and ACD Outcome allocation

Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys Teaching HB	Swansea Bay UHB
PCMW outcome 1 *An informed public*	**PCMW outcome 2** *Empowered communities*	**PCMW outcome 3** *Support for well-being, prevention & self-care*	**PCMW outcome 4** *Local services*	**PCMW outcome 5** *Seamless working*	**PCMW outcome 6** *Safe & effective call handling, signposting & triage*	**PCMW outcome 8** *Directly accessed services*
PCMW outcome 13 *Finance systems designed to drive whole system transformative change*	**PCMW outcome 12** *Ease of access to community diagnostics supporting high-quality care*	**PCMW outcome 11** *Cluster IT systems enable cluster communications & data sharing*	**PCMW outcome 10** *Cluster estates & facilities support multi-professional working*	**PCMW outcome 9** *Integrated care for people with multiple care needs*	**PCMW outcome 7** *Quality out-of-hours care*	**PCMW outcome 12 – duplicate** *Ease of access to community diagnostics supporting high-quality care*
ACD outcome 2 *Wider range of services delivered across a cluster, meeting population priorities and need, closer to home*	**ACD outcome 3** *More effective leaders across the primary care system, collaboratives, and clusters*	**ACD outcome 4** *Improved equity of cluster care service provision based upon local need*	**ACD outcome 5** *Improved multi-professional & multi-agency services delivered*	**ACD outcome 1** *Enhanced integrated planning between clusters, health boards & local authorities*	**ACD outcome 6** *Effective, efficient and long term sustainable cluster workforce and services*	**ACD outcome 7** *Empowered clusters with increased autonomy, flexibility and vision*

Appendix C

Feedback from Peer Review discussions

Regional Partnership Board	Proposed Actions
Gwent	• Raise the profile of communication expertise with ACD Action Learning Group- value both externally to local communities but also within the organisation to raise awareness and influence change. • Video stories of new roles – to share with the ACD Action Learning Group as these have great potential as a tool to increase public confidence in the multi professional approach. • Financial Framework and business planning expertise through matrix working- developing the NCN Office model to facilitate access to this wide range of expertise, to overcome challenges to mainstreaming of successful projects and to support movement of resource with activity. • Cluster lead networks – communication and shared learning with the potential to work collectively on shared issues. Also, important to consider which issues are shared by clusters across Wales and can be taken for national discussion. • Further development of the Academy as a critical action to support sustainability.
North Wales	• Consideration of diagnostics at scale linked to the development of the UTC approach across BCU and considering the potential cluster wide delivery model. • Look to provide an evidence base regarding the positive impacts of the community programmes on Population Health, working potentially with PHW and Universities on such. • Look carefully at what the quick wins may be in terms of resource shifts from secondary care, specifically around diagnostics. • Work with the national PHW team and resource on the national outcomes being developed for social prescribing and use YM cluster as a test bed in Wales. • Consider the Intensive Learning Academies as another option around leadership development. • Development of a local induction programme for new CLs and Collab Leads. • Begin to create a succession planning approach for new potential CLs – again use YM as a test bed. • Work with the SPPC team on a more refined Maturity Matrix for clusters and PCPGs – may link to new Part 2 and 9 guidance for RPBs. • Review the 2023/24 GMS contract and the asks for the collaboratives with the aim of achieving a better focus that is engaging for professionals – use of local flexibility in BCU, the GMS contract discussions were seen as damaging and a significant distraction.
Cardiff and Vale	• The importance of strong managerial support was highlighted, and the need to conclude discussion on the transition to GMS Professional Collaborative as this learning may assist other Cluster leads. • Team to consider exit strategy with all new projects. • Engage Clusters in any review of Community Services in the Vale • Continue dialogue with MH team re the developing model of services. • The team recognises the need to continue to take a more structured approach to the needs assessment for vulnerable and marginalised groups. • Consider the nomenclature across C&V of both the Clusters and PCPGs that can be changed as needed. • Look to PHW (Knowledge Function) to assist with evaluations both tools and techniques as well as robust data analytics. • C&V to be linked closely to the HD@H work and look to introduce rapidly to change the discussion at Exec and Board level. • Review what could be done locally to get some level of IT integration or info sharing between key systems. • Rapid deployment of a suite of national IG material and an ability for Cluster / locality / HB to demonstrate compliance with IG principles with national air cover (to include 3rd parties)

Regional Partnership Board	Proposed Actions
Cwm Taf Morgannwg	• KG and VW to discuss the transition to GMS Professional Collaborative as this learning may assist other Cluster leads. • Consider write up of mainstreaming of outreach team for V&M individuals as an example of good practice. • Team to consider exit strategy with all new projects. • Explore models and funding arrangements of other frailty models (e.g., Hywel Dda) to inform further development of the local service. • Consider discussion with partners re potential to amend transport links as services develop. • Engage University partners in evaluation and potential research projects. • Explore potential of branch surgeries as part of the network model • Work through the VBHC teams to highlight best practice models to provide data and tools to support continuous improvement – this can inform the work taken forward by SPPC. • Engage Clusters in the review of Community Services • Continue dialogue with MH team re the developing model of services.

West Wales	• Several successful projects have been delivered. The variety of projects reflects the extremely broad agenda in primary care services. Given the scale of Cluster working it can be difficult to demonstrate objective outcomes within the timescales of projects. It was suggested that Cluster projects should be used to test a 'proof of concept' with successful ideas being taken forward for more formal evaluation.
	• Cluster support teams are needed with expertise in Value-Based care, project management, finance, evaluation etc. The volume of data collected was noted with a requirement for appropriate capacity and expertise to analyse and utilise this effectively for needs assessment, service development and re-design and evaluation.
	• Helpful to have shared strategic goals under which individual projects can be aligned. This should ensure that efforts are complimentary – and will prevent duplication of effort. Alignment of needs assessments and plans at each level of partnership working should support that approach. Hywel Dda has taken a population group perspective for its partnership work, engaging LA at an early stage, and focussing on what matters to individuals.
	• Mental health provision is a high priority. Recognises the need to ensure that there is: -
	  ○ A holistic plan connecting all of the services on the cluster footprint
	  ○ Recognition of the needs for first contact care which will require senior staff who can assess and act (including mental health risk assessment)
	• Mainstreaming- Recognise that DPCC is working at the interface with the HB and are putting forward proposals in the context of wider strategic plans. Initiatives that have been scaled up include social prescribing, MDT for lifestyle management, pre-diabetes. The health board has also been running spirometry clinics 'at scale'. Helpful for CLs to be sighted on the criteria that make bids successful.
	• Helpful for Cluster Leads to be briefed on the strategic commitment to build up primary care services in the planning for the development of a new hospital within the next seven years. Also, important to have clear communications about service changes, explaining why some are mainstreamed and others discontinued.
	• Vice Chairs are raising concerns with Ministers to highlight the difficulties of shifting resources to primary and community care. This will be a particular challenge in the current financial climate.
	• Some mainstreaming of new roles by GMS practices undertaking direct employment. Important to consider issues of governance including accountability and professional supervision. It will also be helpful to collate these examples to inform national contract negotiations.
	• Further work needed to overcome the practical challenges for employment of staff in Clusters (Query further discussion on the opportunities of Community Interest Companies).
	• Digital – exploring options to support self-care and patient education – particularly for the most rural settings. Also important for clinicians to inform the priorities of DHCW through DPCC.

Regional Partnership Board	Proposed Actions
	• Value for money – 'so many meetings'. Balancing the potential value of professional engagement with costs. Are we doing enough to encourage/support inter-practice working? Developed in Optometry practice which is recognising the value of specialisation in some areas. Potential to mirror that approach across all contractor services. For collaboration between services there needs to be an understanding of what each is delivering. This can be achieved through the collaborative/cluster structures but the investment in meetings would need to be shown to deliver better experience/outcomes for patients and improve staff experience. • When meetings are held, important that there are established relationships to encourage decision making. Role of deputies discussed – may have value but important that the membership isn't radically different at each meeting. • Concern about a 'backward step'- losing the engagement of practitioners who are no longer at the Cluster. This is balanced by the low value of meetings where participants attend but are not fully engaged. Perception that decisions about Cluster budget spend are moved to the PCPG. Need clarity on the role of the PCPG and the potential for delegation of resources for agreed priorities. Good communication needed as these issues are worked through. • Succession planning – developing leadership skills that individuals may wish to take into Cluster Lead roles and further into senior medical leadership. • RPB–need to build the shared understanding of each organisational structure, processes, risks, and priorities.
Powys	• PTHB to work with North Cluster and HEIW on development of more student placements for nurses and pharmacists. • PTHB to work with North Cluster on further development of training practices for a raft of MDT staff. • Consider the development of the "preventative" end of the VW given success of the reactive element, testing in NP first where there is an appetite to take this forward • Demonstrate to the national team how the partnership work with PAVO is delivering excellent results in terms of care coordination/community connectors. • Consider the approach to all Universities on the Powys boundary in regard to increased student placements. • Development of a clear OD programme for the new Cluster leads, Collab Leads, RPB Exec. • The importance of strong managerial support was highlighted, and the need to conclude discussion on the transition to GMS Professional Collaborative as this learning may assist other Cluster leads. • Team to consider exit strategy with all new projects. • Engage Clusters in any review of Community Services across Powys as they are fundamental to success. • SPPC to work with DPCCs on the Maturity Matrix and ensure learning from the Peer Reviews is shared across HBs and used as a learning exercise. • PTHB to ensure that cluster plans are further inclusive of the wider membership in 23/24 • Comms both internally and externally by PTHB and SPPC on the added benefits of the ACD approach.
West Glamorgan / Swansea Bay	• The virtual word experience and evaluation will be very helpful for the Community Infrastructure programme priority of virtual wards. • Examples of projects that have been mainstreamed can inform the ACD toolkit with particular reference to evaluation processes. • Examples of proposal templates can be shared through the Strategic Programme • Leadership development remains a priority with potential to work with HEIW on more advanced training opportunities including for dental, optometry and community pharmacy leads. • MSK pathway development through community-based hubs. • Outpatient provision in the community – exploring the cardiology model.