Agenda - Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:
Ystafell Bwyllgora 2 - y Senedd
Dyddiad: Dydd Mercher, 3 Mai 2017
Rhag-gyfarfod Aelodau: 09.45
Amser: 10.15

I gael rhagor o wybodaeth cysylltwch a:
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Rhag-gyfarfod anffurfiol (09.45 - 10.15)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

2 Ymchwiliad i ofal sylfaenol - sesiwn dystiolaeth 1 - Iechyd Cyhoeddus Cymru a Byrddau Iechyd Lleol

(10.15 - 11.15) (Tudalennau 1 - 55)

Rosemary Fletcher, Cyfarwyddwr Rhaglen, Datblygu ac Arloesi mewn Gofal Sylfaenol a Chymunedol Hwb, Iechyd Cyhoeddus Cymru
Alan Lawrie, Dirprwy Brif Weithredwr a Chyfarwyddwr Gofal Sylfaenol a Chymunedol, Bwrdd Iechyd Addysgu Powys
John Palmer, Cyfarwyddwr Gwasanaethau Sylfaenol, Cymunedol ac Iechyd Meddwl, Bwrdd Iechyd Prifysgol Cwm Taf

Egwyl (11.15 - 11.25)

3 Ymchwiliad i ofal sylfaenol - sesiwn dystiolaeth 2 - BMA Cymru a Choleg Brenhinol yr Ymarferwyr Cyffredinol

(11.25 - 12.10) (Tudalennau 56 - 64)

Dr Isolde Shore-Nye, Coleg Brenhinol yr Ymarferwyr Cyffredinol
Dr Jane Fenton-May, Coleg Brenhinol yr Ymarferwyr Cyffredinol

Dr Charlotte Jones, BMA Cymru Wales
Dr Ian Harris, BMA Cymru Wales

4 Papurau i'w nodi

Llythyr gan Gomisiynydd y Gymraeg ynghylch Bil Iechyd y Cyhoedd (Cymru)

(Tudalennau 65 - 66)

Llythyr gan Gadeirydd y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol at y Gweinidog Gwasanaethau Cymdeithasol ac Iechyd y Cyhoedd ynghylch Bil Iechyd y Cyhoedd (Cymru)

(Tudalennau 67 - 69)

Llythyr gan y Gweinidog Gwasanaethau Cymdeithasol ac Iechyd y Cyhoedd at Gadeirydd y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol ynghylch Bil Iechyd y Cyhoedd (Cymru)

(Tudalennau 70 - 71)

Llythyr gan Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon ynghylch ystadegau gweithgarwch y GIG

(Tudalen 72)

Llythyr gan y Gweinidog Gwasanaethau Cymdeithasol ac Iechyd y Cyhoedd at holl Aelodau'r Cynulliad ynghylch safonau maeth mewn ysbytai ac ysgolion

(Tudalennau 73 - 74)

5 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod

6 Ymchwiliad i ofal sylfaenol - trafod y dystiolaeth

(12.10 - 12.15)

7 Craffu ar gyllideb ddrafft Llywodraeth Cymru 2017-18 - paratoi ar gyfer craffu ariannol yn ystod y flwyddyn

(12.15 - 12.25) (Tudalennau 75 - 81)

8 Trafod canllawiau Llywodraeth Cymru, 'Cefnogi dysgwyr ag anghenion gofal iechyd'

(12.25 - 12.30) (Tudalennau 82 - 83)

Mae cyfyngiadau ar y ddogfen hon

PC 20
Ymchwiliad i ofal sylfaenol
Inquiry into primary care
Ymateb gan: Iechyd Cyhoeddus Cymru
Response from: Public Health Wales

1. Ynglŷn â'r Ganolfan Gofal Sylfaenol yn Iechyd Cyhoeddus Cymru

1.1 Rôl a ffyrdd o weithio

Mae'r Ganolfan Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol (y Ganolfan Gofal Sylfaenol) yn cydlynu cymorth i fyrddau iechyd a chlystyrau, yn genedlaethol, wrth gyflawni'r cynllun cenedlaethol ar gyfer gofal sylfaenol a chymunedol yng Nghymru; mae'n hwyluso cyflawni cydgysylltiedig ar amrywiaeth o brosiectau gofal sylfaenol; ac mae'n darparu cymorth i brosiectau eraill yn y rhaglen waith gyffredinol i Gyfarwyddwyr Gwasanaethau Iechyd Sylfaenol, Iechyd Cymunedol ac Iechyd Meddwl (DPCMH). Mae cydweithwyr yn nhimau cenedlaethol eraill Iechyd Cyhoeddus Cymru yn gweithio mewn partneriaeth â staff y Ganolfan Gofal Sylfaenol i gyflawni'r prosiectau hyn. Mae timau iechyd cyhoeddus lleol (LPHTs) yn gweithio'n agos hefyd gyda'r Ganolfan Gofal Sylfaenol, gan chwarae rôl allweddol wrth gynorthwyo clystyrau gofal sylfaenol yn uniongyrchol mewn ardaloedd bwrdd iechyd, ac wrth gyfrannu gwybodaeth a sgiliau lleol i'r rhaglen waith genedlaethol.

1.2 Rhaglen waith

Mae Bwrdd Rhaglen yn cytuno ar y rhaglen waith ar gyfer y Ganolfan Gofal Sylfaenol ac yn ei goruchwylio ac ar hyn o bryd mae'n canolbwyntio ar bedair thema: datblygu clystyrau; mynediad i wybodaeth a gwybodaeth am iechyd; gwella ansawdd a diogelwch; ac arloesi ym maes gofal iechyd.

1.3 Y Rhaglen Pennu Cyfeiriad

Mae'r Rhaglen Pennu Cyfeiriad wedi darparu cyllid gan Lywodraeth Cymru i fyrddau iechyd/clystyrau er mwyn archwilio ffyrdd newydd o weithio mewn perthynas â blaenoriaethau Gweinidogol ar gyfer gofal sylfaenol, sef cynaliadwyedd gwasanaeth, gwell mynediad i gleifion a symud gofal i mewn i'r gymuned. Cafodd Iechyd Cyhoeddus Cymru ei gomisiynu i gynorthwyo'r rhaglen hon a hwyluso ei gwerthuso. Mae ymateb ar wahân wedi'i baratoi gan DPCMH, mewn cysylltiad ag Iechyd Cyhoeddus Cymru, sy'n canolbwyntio ar gyfraniad y rhaglen i fodel o ofal sylfaenol a chymunedol sy'n dod i'r amlwg â'r potensial i ysgogi gweddnewid ar draws y GIG yng Nghymru; dylid darllen y ddogfen honno ar y cyd â'r ymateb hwn.

2. Sut y gall rhwydweithiau clwstwr meddygon teulu yng Nghymru gynorthwyo wrth leihau'r galw ar feddygon teulu ac i ba raddau gall clystyrau ddarparu llwybr mwy hygyrch i ofal (gan gynnwys cymorth iechyd meddwl mewn gofal sylfaenol).

2.1 Datblygu clwstwr a chyfranogiad proffesiynol ehangach

Roedd clystyrau gofal sylfaenol (sydd hefyd yn cael eu hadnabod fel gofal cymdogaeth neu rwydweithiau clwstwr) wedi'u bwriadu i gynnwys y proffesiynau gofal sylfaenol ehangach, ond rydym yn ymwybodol o amrywiad yn amrywio o drefniadau cynhwysol i glystyrau sy'n

canolbwyntio ar bractisau ymarfer cyffredinol. Rydym yn amlygu'r angen am gyfranogiad proffesiynol ehangach (a adlewyrchir yn y defnydd cyson o dermau cynhwysol sy'n gysylltiedig â chlystyrau) yn gyflymach.

2.2 Arloesi a rheoli'r galw

Mae gwerthuso'r Rhaglen Pennu Cyfeiriad wedi archwilio'r cyfraniad, a bydd yn archwilio'r cyfraniad, y gall systemau brysbennu clinigol ei wneud i reoli llwyth gwaith gofal sylfaenol; y gwasanaethau proffesiynol wedi'u teilwra a/neu yr adnoddau a all gymedroli'r defnydd o wasanaethau acíwt gan bobl ag anghenion gofal cymhleth; ac integreiddio gwasanaethau y tu allan i oriau ar lefelau systemau er mwyn sicrhau parhad gofal.

3. Y tîm amlddisgyblaethol sy'n dod i'r amlwg (sut mae gweithwyr proffesiynol iechyd a gofal yn rhan o'r model clwstwr newydd a sut y gellir mesur eu cyfraniad).

3.1 Datblygu clwstwr a disgrifiad o rôl sy'n cael ei lywio gan anghenion

Bydd angen i ddatblygu a disgrifio rolau newydd fod yn unol ag anghenion clwstwr a nodwyd, wedi'u cynorthwyo gan argaeledd a chyllid hyfforddiant wedi'i deilwra i staff presennol sy'n newid rolau ac i staff newydd eu recriwtio i ofal sylfaenol. Bydd angen cymorth arbenigol ar glystyrau i nodi eu hanghenion staffio a'r adnoddau sydd ar gael i'w diwallu.

3.2 Ansawdd/diogelwch ac asesu effaith tîm amlddisgyblaethol

Byddai cyfraniad dulliau tîm amlddisgyblaethol o ran darparu gwasanaethau'n cael ei adlewyrchu'n gyffredinol mewn mesurau sy'n gysylltiedig â chanlyniadau (fel nifer yr anafiadau sy'n deillio o gwympiadau yn y cartref); mesurau sy'n gysylltiedig â phrosesau (fel cyfraddau atgyfeirio i ofal eilaidd); a mesurau sy'n gysylltiedig â phrofiad y claf (fel lefelau boddhad sy'n deillio o arolygon). Yng nghyd-destun newidiadau eraill sy'n gysylltiedig â thrawsnewid, bydd asesiad cywir o gyfraniad penodol y tîm amlddisgyblaethol yn heriol. Mae dulliau gwerthuso pragmatig yn bodoli (fel dadansoddi cyfraniad) a cheir sail dystiolaeth bresennol ar weithio tîm amlddisgyblaethol effeithiol yn y llenyddiaeth wyddonol. Mae angen rhoi sylw i'r cwestiwn ynghylch pa mor llwyddiannus mae cynlluniau peilot tîm amlddisgyblaethol yn cael eu cynorthwyo i drawsnewid yn wasanaethau busnes yn ôl yr arfer cynaliadwy.

3.3 Arloesi a chyfraniad y tîm amlddisgyblaethol

Mae gwerthuso'r Rhaglen Pennu Cyfeiriad wedi archwilio'r cyfraniad, a bydd yn archwilio'r cyfraniad, y gall timau amlddisgyblaethol ei wneud i reoli llwyth gwaith gofal sylfaenol.

4. Heriau i weithlu'r presennol a'r dyfodol.

4.1 Datblygu clwstwr a materion gweithlu

Mae adborth gan glystyrau, timau iechyd cyhoeddus lleol ac eraill yn tystio i'r pwysau y mae llawer o feddygon teulu yn ei wynebu i gynnal lefelau gwasanaeth. Mae adborth hefyd yn nodi y gall y rheidrwydd hwn wrthdaro ag ymgysylltu yng ngraddau llawn uchelgeisiau

clwstwr gofal sylfaenol. Mae rhai staff y Ganolfan Gofal Sylfaenol wedi cyfrannu at strategaeth y gweithlu gofal sylfaenol. Mae eu cyfranogiad yn nodi bod heriau'n cynnwys sicrwydd o lwybrau gyrfa deniadol (fel rolau nyrs ymgynghorol newydd mewn clwstwr); cadw gwybodaeth a phrofiad; rhwystrau'n ymwneud â'r broses recriwtio; darparu cymorth cymheiriaid i'r rhai mewn rolau newydd (fel mentoriaeth); hyfforddiant priodol; a datblygu diwylliannau'n seiliedig ar gynhwysiant a pharch at ei gilydd rhwng yr holl rolau clwstwr.

4.2 Datblygu clwstwr a rolau proffesiynol sy'n esblygu

Bydd angen ymgyrchoedd wedi'u cefnogi'n dda i godi ymwybyddiaeth y cyhoedd er mwyn sicrhau bod cyhoedd doeth yn deall bod rolau amlddisgyblaethol ehangach i ategu (nid disodli) meddygon teulu yn rhyddhau meddygon teulu i ganolbwyntio ar hyn y gallant hwy yn unig ei gyfrannu i ofal sylfaenol; nid yw rolau newydd wedi eu bwriadu i gymryd lle meddygon teulu.

4.3 Arloesi a chynllunio i gynorthwyo trawsnewid cynaliadwy

Mae gwerthuso'r Rhaglen Pennu Cyfeiriad wedi archwilio, a bydd yn archwilio, rôl ganolog cynllunio'r gweithlu ar draws gofal sylfaenol a chymunedol wrth hwyluso trawsnewid a sicrhau cynaliadwyedd tymor canolig i hirdymor gwasanaethau gofal sylfaenol. Mae profiad yn awgrymu bod mynd i'r afael â chynaliadwyedd yn gorfod digwydd cyn gweithredu modelau gweithlu newydd a'r gwaith newydd a gynorthwyir ganddynt.

5. Y cyllid a ddyrennir yn uniongyrchol i glystyrau er mwyn galluogi practisau meddygon teulu i roi cynnig ar ffyrdd newydd o weithio; sut mae arian yn cael ei ddefnyddio i leihau'r pwysau ar bractisau meddygon teulu, gwella'r gwasanaethau a'r mynediad sydd ar gael i gleifion.

5.1 Datblygu clwstwr a gweithio systemau

Mae practisau cyffredinol yn gweithredu o fewn cyd-destun gofal sylfaenol, a gofal sylfaenol o fewn cyd-destun system gyfan (gan gynnwys gofal eilaidd a chymunedau). Mae'n dilyn y dylai ffrydiau cyllido i archwilio ffyrdd newydd o weithio adlewyrchu'r gyd-ddibyniaeth hon. Er bod clystyrau'n parhau i ddatblygu tuag at gyfranogiad gofal sylfaenol ehangach, mewn rhai achosion nid yw penderfyniadau ar wario'r arian hwn yn adlewyrchu hyn. Rydym yn annog mynediad teg i gyfleoedd cyllido yn seiliedig ar asesiad o anghenion y boblogaeth.

5.2 Ansawdd/diogelwch a gwella gwasanaeth gofal sylfaenol

Mae ein tîm 1000 o Fywydau a Mwy yn arwain datblygu rhaglen diogelwch ac ansawdd gofal sylfaenol a gynorthwyir gan y Ganolfan Gofal Sylfaenol. Bydd hyn yn ymgorffori sawl prosiect sy'n defnyddio technoleg i nodi a rheoli risg, gyda'r nod o wella canlyniadau i gleifion. Mae datblygu clystyrau yn gyfle i edrych o'r newydd ar gryfhau arweinyddiaeth yn ymwneud â gwella ansawdd ar draws rhwydweithiau gofal sylfaenol.

6. Heriau'r gweithlu a'r newid i atal sylfaenol mewn practis cyffredinol i wella canlyniadau iechyd y boblogaeth a thargedu anghydraddoldebau iechyd.

6.1 Datblygu clwstwr a rhagnodi cymdeithasol

Mae rhagnodi cymdeithasol yn cael sylw cynyddol fel ffordd i ofal sylfaenol ymgysylltu ag atal sylfaenol (hybu iechyd a gweithgareddau eraill i leihau'r posibilrwydd o fynd yn sâl), gwneud defnydd gwell o asedau cymunedol anfeddygol a dylanwadu ar benderfynyddion cymdeithasol iechyd yn lleol. I gynorthwyo gofal sylfaenol yn hyn, rydym yn cydlynu map o'r dystiolaeth, yn casglu gweithgarwch rhagnodi cymdeithasol, ac yn trefnu digwyddiadau i rannu a hyrwyddo'r dysgu hwn ledled Cymru er mwyn llywio penderfyniadau ar brosiectau presennol ac yn y dyfodol.

6.2 Gwybodaeth/deallusrwydd ac iechyd y boblogaeth

Mae'r Ganolfan Gofal Sylfaenol yn gweithio gydag eraill i wella mynediad i wybodaeth iechyd berthnasol ac amserol. Rydym yn annog clystyrau i feddwl yn ehangach am y data sy'n disgrifio anghenion y boblogaeth ac integreiddio gwybodaeth sy'n codi o broffesiynau heblaw am bractis cyffredinol. Yn ogystal ag adlewyrchu anghenion y boblogaeth dylai cynlluniau clwstwr gael eu llywio gan dystiolaeth ar ymyriadau effeithiol, ac rydym yn bwriadu cryfhau ein cymorth ar gyfer hyn. Mae timau iechyd cyhoeddus lleol yn chwarae rôl hanfodol o ran helpu clystyrau i ddehongli statws iechyd y boblogaeth, blaenoriaethu gweithredu a dewis ymyriadau gwerth gorau—ond mae teilwra hyn ar gyfer 64 o glystyrau yn herio gallu ac adnoddau.

7. Aeddfedrwydd clystyrau a chynnydd gweithio mewn clystyrau mewn gwahanol Fyrddau Iechyd Lleol, gan nodi enghreifftiau o arfer gorau.

7.1 Datblygu clwstwr a statws aeddfedrwydd

Rhagwelwn y bydd byrddau iechyd unigol yn rhoi sylwadau ar aeddfedrwydd presennol eu clystyrau ac yn enwi enghreifftiau o arfer gorau yn eu hymatebion.

7.2 Cyflunio arloesi a chlystyrau

Mae gwerthuso'r Rhaglen Pennu Cyfeiriad wedi archwilio, a bydd yn archwilio, dulliau o ran cyfluniad mewnol clystyrau sy'n ysgogi trawsnewid.

8. Arweinyddiaeth leol a chenedlaethol gan gynorthwyo datblygu'r seilwaith clwstwr; sut mae'r camau gweithredu sy'n cael eu cymryd i ategu'r rhai hynny yng nghynllun gofal sylfaenol Llywodraeth Cymru a gweledigaeth 2010, *Gosod y Cyfeiriad*.

8.1 Datblygu clwstwr a chymorth ar gyfer arweinyddiaeth a sgiliau

Rydym wedi cynorthwyo neu froceru sawl menter i ddatblygu arweinyddiaeth a sgiliau eraill. Y rhain yw'r Rhaglen Arweinwyr Hyderus (ar gyfer arweinwyr clwstwr); hyfforddi a dysgu gweithredol (yng ngogledd Cymru i ddechrau ac wedi'u hanelu at arweinwyr clwstwr hefyd); a chyfres o weithdai wedi'u hanelu at unrhyw un sy'n gweithio mewn clystyrau neu gyda chlystyrau (i ddechrau bydd hyn ar asesiad o anghenion iechyd, rheoli prosiect a chydgynhyrchu). Mae rhaglen ddilynol yn cael ei datblygu a bydd yn cael ei llywio gan werthusiad o'r digwyddiadau hyd yma.

8.2 Arloesi a rôl unedau cymorth gofal sylfaenol

Mae gwerthuso'r Rhaglen Pennu Cyfeiriad wedi archwilio trefniadaeth a swyddogaeth unedau cymorth gofal sylfaenol (PCSUs), a bydd yn parhau i archwilio'r rhain, yn enwedig eu rôl mewn perthynas â chynaliadwyedd tymor byr gwasanaethau gofal sylfaenol.

9. Mae mwy o fanylion am yr agweddau sy'n cael eu gwerthuso, y cymorth sy'n cael ei gyflenwi yn ganolog a'r meini prawf sydd yn eu lle i benderfynu ar lwyddiant clystyrau neu fel arall, gan gynnwys sut mae mewnbwn gan gymunedau lleol yn cael ei ymgorffori yn y datblygiad a'r profi sy'n cael ei gynnal.

9.1 Datblygu clwstwr a gwerthusiad academaidd o'r model clwstwr

Mae Iechyd Cyhoeddus Cymru wedi comisiynu partner academaidd i arolygu'r swyddogaethau ac aeddfedrwydd clystyrau yng Nghymru; adolygu dulliau mesur sydd wedi'u cynllunio ar gyfer cymharu aeddfedrwydd ac ansawdd gofal sylfaenol; teilwra dull presennol ar gyfer cymariaethau yng Nghymru; a mesur ‘cryfder’ clystyrau gofal sylfaenol mewn perthynas ag aeddfedrwydd.

9.2 Gwybodaeth/ deallusrwydd a chymorth ar gyfer cydweithio

Mae gwefan Gofal Sylfaenol Un yn hyrwyddo cydweithio yng Nghymru ac yn ceisio cynorthwyo datblygu clystyrau yn genedlaethol. Mae'n ceisio bod yn ffynhonnell ganolog o wybodaeth sy'n berthnasol i glystyrau ac mae'n hyrwyddo cyd-gymorth i rannu dysgu, prosiectau a arweinir gan glystyrau a chyflawniadau.

9.3 Ansawdd/diogelwch a mesurau effeithiolrwydd gofal sylfaenol

Mae'r Ganolfan Gofal Sylfaenol yn cynorthwyo datblygu a gweithredu Mesurau Gofal Sylfaenol sy'n cael eu harwain gan y DPCMH. Mae'r mesurau hyn wedi'u bwriadu i adlewyrchu gwelliannau ansawdd yng nghyfraniad gofal sylfaenol i well canlyniadau iechyd (neu brocsis ohonynt).

9.4 Arloesedd a chymorth ar gyfer asesu canlyniadau

Mae ffyrdd newydd o weithio yn ei gwneud yn ofynnol cael rhyw fath o asesiad canlyniadau er mwyn nodi newid a chanddo rinweddau a'r potensial ar gyfer ei fabwysiadu mewn mannau eraill drwy rannu dysgu. Rydym yn archwilio sut y gallwn gryfhau ein cymorth i glystyrau drwy gydlynu mynediad i arbenigedd ymchwil a gwerthuso y tu mewn i'r sefydliad a'r tu allan iddo.

PC 21

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Cyfarwyddwyr Iechyd Sylfaenol, Iechyd Cymunedol a Iechyd Meddwl

Response from: Directors of Primary, Community & Mental Health

Mae Cyfarwyddwyr Iechyd Sylfaenol, Iechyd Cymunedol ac Iechyd Meddwl (DPCMH) yn dod at ei gilydd ar sail Cymru Gyfan bob mis i weithio gyda'i gilydd ar faterion sy'n effeithio ar bob Bwrdd Iechyd ym maes gwasanaethau iechyd sylfaenol, iechyd cymunedol ac iechyd meddwl. Mae'r gwaith ar y cyd hwn yn ystyried materion tactegol a busnes fel arfer yn ogystal â chyflawni'r uchelgeisiau a nodwyd yng Nghynllun Gofal Sylfaenol Cymru. Mae adroddiad ar y gweithgarwch hwnnw ar gyfer 2015/16 yn dangos ehangder a dyfnder y gwaith a wnaed yn ogystal â'r rhaglen waith, fel y cytunwyd â Llywodraeth Cymru, ar gyfer y flwyddyn bresennol. Bydd adroddiad tebyg ar y gweill ar gyfer y gwaith a wnaed yn ystod 2016/17 a'r cynllun gwaith arfaethedig am y flwyddyn i ddod. Yn ogystal, rydym wedi amlinellu wrth Brif Weithredwyr Byrddau Iechyd y gwaith rydym yn bwriadu mynd ar ei drywydd yn 2017/18 wedi'i nodi yn erbyn nifer o ysgogwyr allweddol ar newid strategol ar gyfer GIG Cymru. Yn hynny o beth, mae'r DPCMH yn teimlo eu bod mewn sefyllfa dda i ddarparu ymateb manwl i'r cwestiynau a bennwyd gan yr Ymchwiliad, yn ogystal â dangos y gwaith sylweddol sydd wedi'i wneud, a bydd yn parhau i gael ei wneud, ar wasanaethau Gofal Sylfaenol ledled Cymru a darparu'r arweinyddiaeth honno i raglenni cenedlaethol ac ar lefel Bwrdd Iechyd

Mae'n well ymateb i sawl un o'r cwestiynau yn genedlaethol drwy'r DPCMH, yn hytrach nag ar lefel Bwrdd Iechyd Lleol. Drwy ymateb i'r Ymchwiliad yn y modd hwn, byddem yn gobeithio darparu atebion llawn i'r gwaith sydd wedi'i wneud yn y meysydd a amlinellwyd. Yn ddiau, bydd Byrddau Iechyd Unigol yn dymuno ymateb i elfennau penodol ac yn enwedig elfennau o gwestiwn 3 (gweithlu), cwestiwn 4 (y defnydd o gronfeydd clwstwr) a chwestiwn 6 (aeddfedrwydd clystyrau lleol). Bydd Iechyd Cyhoeddus Cymru wedi cyflwyno ymateb cysylltiedig ond unigol.

Mae'r ymateb penodol hwn yng nghyd-destun y Rhaglen Pennu Cyfeiriad, wedi'i chyllido gan Lywodraeth Cymru i hyrwyddo arloesedd ar draws gofal sylfaenol a'i gyflawni drwy fyrddau iechyd a chlystyrau gofal sylfaenol yng Nghymru. Roedd y cyllid hwn (£4m) yn rhan o fuddsoddiad rheolaidd 2015/16 a wnaed gan Lywodraeth Cymru mewn gwasanaethau Gofal Sylfaenol. Mae datblygu'r rhaglen hon wedi bod yn rhan allweddol o waith y DPCMH a'r Ganolfan Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol (y Ganolfan Gofal Sylfaenol) a sefydlwyd gan Iechyd Cyhoeddus Cymru yn 2016, gydag atebolrwydd i'r DPCMH.

Drwy'r Ganolfan, cafodd Iechyd Cyhoeddus Cymru ei gomisiynu i gynorthwyo'r Rhaglen Pennu Cyfeiriad a hwyluso gwerthuso'r 24 o brosiectau sy'n canolbwyntio ar y blaenoriaethau Gweinidogol, sef cynaliadwyedd y gwasanaeth, gwell mynediad i gleifion a symud gofal i mewn i'r gymuned. Mae canlyniadau prosiectau unigol yn llywio model sy'n dod i'r amlwg ar gyfer gofal sylfaenol gyda'r potensial i ysgogi gweddnewid ar draws y GIG yng Nghymru.

1. Sut y gall rhwydweithiau clwstwr meddygon teulu yng Nghymru gynorthwyo wrth leihau'r galw ar feddygon teulu ac i ba raddau gall clystyrau ddarparu llwybr mwy hygyrch i ofal (gan gynnwys cymorth iechyd meddwl mewn gofal sylfaenol)

Mae amrywiaeth o fodelau clwstwr yn dod i'r amlwg ar draws Cymru sy'n addas i boblogaethau daearyddol, proffesiynol a chleifion gwahanol. Ymddengys ei bod yn

effeithiol galluogi gwahanol fodelau i ddatblygu, wrth sicrhau canlyniadau a fframweithiau llywodraethu safonol. Ymhlith manteision modelau clwstwr mwy ffurfiol, e.e. ffederasiynau, mae ymrwymiad cryfach gan ymarferwyr i weddnewid a ffyrdd newydd o weithio.

1.1 Tîm Clwstwr Amlddisgyblaethol (y tîm amlddisgyblaethol)
Ceir cyfleoedd sylweddol i reoli'r galw am ofal sylfaenol drwy ddull tîm amlddisgyblaethol, gan gyfateb arbenigedd gweithlu clwstwr ag anghenion a gofynion y boblogaeth leol. Mae timau clwstwr mewn sefyllfa dda i ddarparu gofal holistaidd am eu bod yn deall yr hanes clinigol, sefyllfaoedd cymdeithasol, cefndir personol a theuluoedd eu cleifion. Amrywiaeth eang o setiau sgiliau proffesiynol, gyda phob aelod o'r tîm yn treulio'r rhan fwyaf o'i amser ar weithgareddau sy'n ychwanegu'r gwerth mwyaf, yn sicrhau bod cleifion yn cael gofal priodol heb oedi diangen. Mae prosiectau Pennu Cyfeiriad yn nodi bod timau amlddisgyblaethol clwstwr yn ymdopi'n well â llwyth gwaith y practis ac yn nodi morâl a chymhelliant uwch.

1.2 Brysbennu Clinigol
Mae system brysbennu clinigol yn cyfeirio cleifion i'r gweithiwr proffesiynol mwyaf priodol yn y tîm clwstwr ger y pwynt cyswllt, gan leihau llwyth gwaith meddygon teulu o ddydd i ddydd a gwella mynediad i'r gofal cywir. Mae prosesau o ansawdd uchel i frysbennu cleifion yn hyrwyddo diogelwch cleifion drwy hwyluso asesu cynnar; mae llai o ‘sŵn’ yn y system yn cynorthwyo proses gyflymach o nodi pobl sâl a chyfleoedd ar gyfer ymyrryd yn gynnar. Byddai safonau a chanllawiau cenedlaethol yn hyrwyddo systemau diogel ac effeithiol ar gyfer brysbennu clinigol.

1.3 Integreiddio â Gofal Arbenigol
Gall staff arbenigol, fel ymgynghorwyr Gofal yr Henoed a nyrsys arbenigol, gan weithio ochr yn ochr â thimau clwstwr gael effaith sylweddol drwy gynorthwyo gofal a leolir yn y gymuned a darparu cyfleoedd addysgol i weithwyr proffesiynol gofal sylfaenol.

1.4 Gwasanaethau Gofal Sylfaenol y Tu Allan i Oriau
Mae gwasanaethau y tu allan i oriau wedi'u hailgynllunio'n ddiweddar yn cynnig asesiad aml-broffesiynol a gofal di-dor i gleifion ar draws y rhyngwyneb yn ystod oriau / y tu allan i oriau. Mae hyn yn arbennig o bwysig ar gyfer cleifion cymhleth, yr henoed a'r rhai sy'n derbyn gofal lliniarol, i sicrhau dealltwriaeth o anghenion unigol a pharhad gofal.

1.5 Seilwaith i Glystyrau
Mae fframwaith llywodraethu cryf, gydag atebolrwydd ac indemniad cryf, yn sylfaen hanfodol ar gyfer modelau clwstwr newydd. Mae timau pennu cyfeiriad yn nodi pwysigrwydd systemau technoleg rheoli gwybodaeth cadarn, cyfeillgar i ddefnyddwyr er mwyn cynorthwyo ailgynllunio, cyfathrebu, gweithio ar y cyd, meincnodi a chofnodi data awtomataidd ar sail clwstwr. Rhaid i brosesau adnoddau dynol a systemau ariannol gyd-fynd â'i gilydd er mwyn newid â chyflymdra. Yn gynyddol, mae angen i gynllunio ystadau gynorthwyo timau amlddisgyblaethol sy'n gweithio ar sail clwstwr.

1.6 Mynediad i Wasanaethau Iechyd Meddwl
Mae'n amlwg bod mynediad cyflym i ddarpariaeth iechyd meddwl briodol sy'n cael ei hysgogi yn lleol yn dod yn thema gref mewn cynlluniau clwstwr sy'n dod i'r amlwg ledled Cymru. Mae'r ail flwyddyn o gynlluniau clwstwr ar draws Cymru yn dangos tystiolaeth o glystyrau sy'n comisiynu MIND a darparwyr eraill ar gyfer clinigau iechyd meddwl yn y practis. Mae model Camau'r Cymoedd yng Nghwm Taf a modelau Therapi Gwybyddol

Ymddygiadol haen 0 eraill hefyd yn eu camau cynnar ac yn dangos tystiolaeth gref o weithio'n dda gyda gofal sylfaenol i osgoi achosion o uwchgyfeirio.

2. Mae'r tîm amlddisgyblaethol sy'n dod i'r amlwg (sut mae gweithwyr proffesiynol iechyd a gofal yn rhan o'r model clwstwr newydd a sut y gellir mesur eu cyfraniad)

Ymchwiliodd y prosiectau Pennu Cyfeiriad i ymestyn rolau ar gyfer parafeddygon, ymarferwyr nyrsio, fferyllwyr, ffisiotherapyddion, technegwyr, therapyddion galwedigaethol, cwnselwyr iechyd meddwl a gweithwyr proffesiynol Awdurdod Lleol mewn lleoliad clwstwr. Mae gwerthuso'r rolau a gwasanaethau newydd hyn yn cynnwys eu heffaith ar foddhad cleifion, lleihad mewn ymgyngoriadau wyneb yn wyneb â meddygon teulu ac osgoi derbyniadau i'r ysbyty. Ceir tystiolaeth o ymchwil arall o fanteision rolau clwstwr ar gyfer cymdeithion meddygol, gweithwyr cymorth gofal iechyd, deietegydd, optometrydd, therapyddion lleferydd ac iaith, ymgynghorwyr newid ymddygiad a hylenyddion deintyddol. Mae'r canfyddiadau o'r ymchwil wedi'u hamlinellu isod. Mae rhagor o wybodaeth ar gael am fodel sy'n dod i'r amlwg a allai fod ar waith ledled Cymru i weddnewid o recriwtio hyd at ddibynnu llai ar wasanaethau gofal eilaidd.

2.1 Gweithio mewn tîm

Mae perchenogaeth o rolau clwstwr newydd gan y tîm gofal sylfaenol presennol yn hanfodol i lwyddiant. Mae timau sy'n defnyddio asesiad o anghenion iechyd lleol a'r galw o ran cleifion i recriwtio gweithwyr proffesiynol a chanddynt y sgiliau priodol yn gwireddu'r manteision mwyaf.

2.2 Rolau estynedig

- Gall y fferyllydd clwstwr weithio mewn maes clinigol arbenigol neu rôl fwy generig, gan fynd i'r afael ag amrywiaeth o faterion meddyginiaeth. Mae fferyllwyr profiadol yn nodi cleifion risg uchel o safbwynt meddyginiaeth ac yn cynorthwyo cleifion i reoli eu hiechyd eu hunain, gan gynnig dewisiadau amgen i feddyginiaeth drwy gyngor a rhagnodi cymdeithasol.
- Mae mwy o ddealltwriaeth gan y tîm clwstwr o rôl y therapydd galwedigaethol mewnol yn cynorthwyo wrth nodi pobl a fyddai'n cael budd o'r gwasanaethau hyn, gyda'r potensial i gysylltu'n uniongyrchol â Gwasanaethau Cymdeithasol a gwasanaethau'r Trydydd Sector.
- Mae ffisiotherapyddion â rolau estynedig yn arwain gwasanaethau cyhyrysgerbydol (MSK) mewn timau clwstwr, gan arwain at ostyngiadau mewn ymgyngoriadau â meddygon teulu ar gyfer cyflyrau cyhyrysgerbydol.
- Mae Uwch-ymarferwyr Nyrsio yn cynorthwyo â chleifion mwy cymhleth a gallant ymgymryd â brysbennu clinigol mewn clystyrau. Mae practisau'n nodi pwysigrwydd cysoni rolau nyrsio newydd â gwasanaethau presennol i sicrhau cynllunio a chydlynu da.
- Mae cwnselwyr iechyd meddwl yn rheoli amrywiaeth o broblemau iechyd meddwl mewn cleifion sy'n dychwelyd yn aml ac maent yn cynnig technegau ymyriad byr pan fo'n briodol.
- Mae'r meddyg teulu â Diddordeb Arbennig (GPwSI) yn cynnig arbenigedd clinigol penodol ac mae mewn sefyllfa dda i fod yn 'hyrwyddwr clwstwr' mewn maes arbenigol, gan gynnig cymorth a chyngor clinigol i gydweithwyr a meithrin cysylltiadau agosach â thimau clinigol acíwt. Mae swyddi GPwSI yn llwyddiannus wrth ddenu meddygon teulu i ardal.

- Mae Uwch-barafeddygon Practis wedi'u hyfforddi mewn amrywiaeth o sgiliau asesu clinigol a gwneud penderfyniadau, trin cleifion sy'n agos at eu cartrefi a lleihau ymweliadau diangen â'r ysbyty.
- Mae rolau Gweithiwr Cymdeithasol mewn practis wedi profi'n llwyddiannus, nid dim ond drwy gynnwys y problemau a'r materion cymdeithasol niferus y mae'n rhaid i feddygon teulu ymdrin â hwy bob dydd ond hefyd wrth “olrhain” cleifion practis sy'n cael eu derbyn i'r ysbyty a hwyluso rhyddhau cleifion o'r ysbyty yn brydlon. Yn ogystal, bu'r rôl yn effeithiol wrth weithio mewn partneriaeth â fferyllydd y practis ac ymweld â chleifion sy'n gaeth i'w cartref.

2.3 Trefniadau cydweithio

- Gall integreiddio â staff awdurdod lleol a sector gwirfoddol ar sail clwstwr leihau'r nifer sy'n cael eu derbyn i'r adran damweiniau ac achosion brys a'r rhai sy'n gorfod aros yn yr ysbyty. Mae cyfarfodydd rheolaidd y tîm amlddisgyblaethol yn cynorthwyo unigolion i fyw'n annibynnol yn eu cartrefi, gan lywio llawer i ffwrdd o ofal preswyl neu gartref nyrsio.
- Mae rotas ar y cyd, cyfleoedd dysgu a rennir a chydleoli staff clwstwr ag asiantaethau eraill, e.e. Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ac awdurdodau lleol yn gwella integreiddio.

3. Heriau i'r gweithlu yn awr ac yn y dyfodol

Mae nifer o bethau'n achosi breuder llawer o bractisau ledled Cymru gan gynnwys cynnydd ym maint a chymhlethdod llwyth gwaith, ac anawsterau o ran recriwtio. Mae'r gweithlu meddyg teulu sy'n crebachu'n gyflym yn un o agweddau mwyaf heriol gofal sylfaenol, gyda phwysau uwch ar y gweithlu, arferion ansefydlog a risgiau i ansawdd gofal cleifion. Mae angen dybryd i gynyddu gallu ac adnoddau yn y system, gyda rolau gweithlu newydd a modelau amgen nad ydynt dim ond yn symud adnoddau presennol o amgylch y system gofal iechyd.

3.1 Cynaliadwyedd Gofal Sylfaenol

Mae ystadegau manwl ar gynaliadwyedd practis yn cynorthwyo wrth asesu cadernid a risg. Mae'r Rhaglen Pennu Cyfeiriad yn nodi gwerth mesurau safonedig ar gyfer cynaliadwyedd a'r defnydd o ddangosfyrddau i lywio barn genedlaethol ar gadernid gofal sylfaenol a chynllunio'r gweithlu.

3.2 Timau Cymorth Byrddau Iechyd

Mae methodolegau i gynyddu cadernid practisau a hwyluso recriwtio yn cael eu gwerthuso. Mae dull cydweithredol ar draws byrddau iechyd cyfagos yn helpu i sicrhau'r adnoddau mwyaf posibl a denu gweithwyr proffesiynol newydd. Mae cynlluniau gyrfa hyblyg yn cynnig swyddi diddorol i feddygon teulu wrth ddarparu cyflenwad locwm i bractisau ar draws clwstwr neu ardal bwrdd iechyd.

3.3 Dull Amlddisgyblaethol

Mae'r tîm clwstwr estynedig yn cynnig hyblygrwydd ac ymatebolrwydd i gyflyrau a galw sy'n newid, gan hyrwyddo cynaliadwyedd, cadernid a darbodion maint gwell.

3.4 Tasglu Gweinidogol ar y Gweithlu

Mae tasglu'r Gweinidog wedi cyflwyno ffocws i'w groesawu o ran gweithgarwch y gweithlu gyda ffocws cychwynnol cryf ar recriwtio a chadw meddygon teulu ar ffurf ymgyrch recriwtio genedlaethol wedi'i chefnogi gan weithgarwch Byrddau Iechyd lleol (mae'r ffocws

hwn bellach yn caei ei estyn ar draws y proffesiynau gofal sylfaenol). Mae hefyd yn ceisio cyflymu datblygu rhagamcanion y gweithlu gofal sylfaenol. Bydd datblygu cynllunio gweithlu mwy fforensig ym maes gofal sylfaenol yn cynorthwyo gwell cynrychiolaeth Cynllunio Tymor Canolig Integredig o ran yr her recriwtio a'r gweithgarwch angenrheidiol i fynd i'r afael â hyn.

4. Y cyllid a ddyrennir yn uniongyrchol i glystyrau er mwyn galluogi practisau meddygon teulu i roi cynnig ar ffyrdd newydd o weithio; sut mae arian yn cael ei ddefnyddio i leihau'r pwysau ar bractisau meddygon teulu, gwella gwasanaethau a'r mynediad sydd ar gael i gleifion.

Er bod yr ymateb hwn yn cyfeirio at weithgarwch Pennu Cyfeiriad yn bennaf, byddai'r DPCMH yn arsylwi, mewn telerau eang, fod cyllido clystyrau yn uniongyrchol wedi bod yn llwyddiant. Yn gyffredinol, roedd blwyddyn gyntaf y cyllid yn canolbwyntio ar drefniadau sefydlu ar gyfer gweithgarwch amrywiol a gwario untro ar offer; mae'r ail flwyddyn wedi gweld datblygu gweithgarwch sy'n gysylltiedig â gwasanaeth a chanddynt Gytundebau Lefel Gwasanaeth ar gyfer cymorth gweithiwr cymdeithasol neu ddarpariaeth clinig iechyd meddwl.
Mae'r gweithgarwch a gomisiynwyd yn lleol wedi amrywio ar draws sawl maes:

- Ffisiotherapi mynediad uniongyrchol
- Gofal a Thrwsio
- Cynllun mân anhwylderau
- Y Gymraeg
- Apwyntiadau fferylliaeth
- Gwasanaeth traed diabetig
- Cydlynwyr ffordd o fyw
- Tîm amlddisgyblaethol/Cynllunio clwstwr
- Technoleg Gwybodaeth a Chyfathrebu – Web GP / Vision 360
- Risg gardiofasgwlaidd
- Rheoli clwyfau
- Penodi gweithwyr cymdeithasol

Yn y dyfodol dylid gweld rhywfaint o gysoni cadarnhaol rhwng y Bwrdd Iechyd, Prosiectau Pennu Cyfeiriad a blaenoriaethau gwasanaeth cynlluniau Clwstwr.

5. Heriau'r gweithlu a'r newid i atal sylfaenol mewn ymarfer meddygol i wella canlyniadau iechyd y boblogaeth a thargedu anghydraddoldebau iechyd

Mae dull y tîm amlddisgyblaethol o ran gweithio clwstwr, gyda gweithlu'n seiliedig ar anghenion iechyd y boblogaeth, yn cynnig cyfleoedd i ganolbwyntio ar atal ac ymyrryd yn fuan. Wrth gynllunio ar gyfer gwasanaethau ar gyfer y dyfodol, bydd yn hanfodol cynnwys gwasanaethau sy'n cynorthwyo hunanofal, rhagnodi cymdeithasol a hybu iechyd a llesiant y tu allan i'r model meddygol traddodiadol.

Dylai'r ymchwil a gynhaliwyd ar y Model Haeniad Risg Rhagfynegi (PRISM) gael ei hystyried ymhellach o ran ei photensial i gynorthwyo modelau gofal rhagfynegol; a dylai'r gwaith sydd eisoes wedi'i wneud drwy wiriadau iechyd y Ddeddf Gofal Gwrthgyfartal (rhwng Byrddau Iechyd Prifysgol Aneurin Bevan a Phrifysgol Cwm Taf), sydd bellach yn cael ei gyflwyno'n genedlaethol, gael ei archwilio i ganfod ei effaith ar ganlyniadau yn dilyn ymyriad cynharach. Yn y dyfodol, dylid ystyried dadansoddi a segmentu'r rhestr i reoli risg yn y boblogaeth yn well.

6. Aeddfedrwydd clystyrau a chynnydd gweithio mewn clystyrau mewn gwahanol Fyrddau Iechyd Lleol, gan nodi enghreifftiau o arfer gorau

Mae'r clwstwr aeddfed yn darparu gofal holistaidd i'r gymuned gan symud o gasgliad o wasanaethau meddygon teulu i sefydliadau sy'n gweithredu'n llawn gan ddefnyddio'r ystod lawn o asiantaethau i gynorthwyo gofal cydgysylltiedig ar gyfer y boblogaeth gyfan. Gwneir atgyfeiriadau dim ond pan fydd hynny'n angenrheidiol a bydd pobl yn dychwelyd i ofal y tîm gofal sylfaenol cyn gynted â phosibl.

Mae prosiectau Pennu Cyfeiriad yn dangos:

- Gellir cyflawni gofal integredig dim ond drwy fuddsoddi'n sylweddol mewn systemau Rheoli Gwybodaeth a Thechnoleg i sicrhau cyfathrebu diogel rhwng gweithwyr proffesiynol ac asiantaethau.
- Mae cynnwys hyblygrwydd a dewis cleifion mewn modelau darparu gwasanaeth newydd yn helpu i sicrhau ymddiriedaeth a chydweithrediad cleifion a gweithwyr proffesiynol wrth ailgynllunio system gyfan.
- Mae adolygiad o lwybrau clinigol ar gyfer cyflyrau sensitif triniaeth ddydd a chyflyrau cyffredin eraill yn helpu i hysbysu cynllunwyr o ran lle y dylai gweithwyr proffesiynol gael eu lleoli i gyflawni gofal effeithiol sy'n canolbwyntio ar y claf y tu allan i leoliad yr ysbyty.

7. Arweinyddiaeth leol a chenedlaethol gan gynorthwyo datblygu'r seilwaith clwstwr; sut mae'r camau gweithredu sy'n cael eu cymryd i ategu'r rhai yng nghynllun gofal sylfaenol Llywodraeth Cymru a gweledigaeth 2010, *Gosod y Cyfeiriad*

Yn gyffredinol mae'r DPCMH wedi blaenoriaethu datblygu clwstwr yn gryf iawn. Mae rhaglen fwriadol o weithgarwch cymorth clwstwr sy'n cael ei chyflwyno drwy'r Ganolfan Gofal Sylfaenol wedi cymryd lle'r gwaith cynnar ar fodelau ar gyfer deall aeddfedrwydd clwstwr ac adnoddau ategol cyfatebol. Erbyn hyn ceir sawl rhaglen sy'n datblygu arweinyddiaeth i gynorthwyo gweithio mewn clwstwr ac mae arweinwyr clwstwr ledled Cymru yn manteisio ar y rhaglenni hyn yn rheolaidd.

Yn lleol, mae ymdrechion sylweddol wedi'u gwneud gan Fyrddau Iechyd i gynorthwyo Clystyrau i ddatblygu ac mae cynlluniau clwstwr yn cael eu blaenoriaethu yn y rownd hon o Gynlluniau Tymor Canolig Integredig.

Mae'r rhaglen Pennu Cyfeiriad yn tynnu sylw at bwysigrwydd arweinyddiaeth glinigol a rheolaethol mewn arloesedd llwyddiannus ac ailgynllunio gwasanaeth mewn clystyrau.

7.1 Arweinyddiaeth Glinigol

Mae arweinwyr clinigol yn hanfodol i addysgu, cynghori, cynorthwyo ac arwain arloesi. Mae Hyrwyddwyr Clwstwr yn hyrwyddo gwasanaethau newydd ac yn rhaeadru sgiliau allweddol ymhlith y tîm Gofal Sylfaenol. Mae sesiynau addysgol i ddangos gwell canlyniadau clinigol yn helpu i ymgysylltu â gweithwyr proffesiynol a rhoi sicrwydd iddynt.

7.2 Rhwydweithiau Arloesi

Mae gweithdai a hwylusir gan Iechyd Cyhoeddus Cymru wedi rhoi cyfle i arweinwyr prosiect rannu syniadau, profiadau a chanlyniadau a galluogi cydweithwyr i ragweld datblygu ar raddfa fawr ar gyfer dyfodol gofal sylfaenol yng Nghymru.

7.3 Rheolwyr Datblygu Busnes

Mae prosiectau Pennu Cyfeiriad wedi profi gwerth rheolwyr practis profiadol wrth ysgogi arloesi clwstwr. Mae potensial ar gyfer darbodion maint mewn swyddogaethau cefn swyddfa clystyrau

drwy ddatblygu timau rheolwyr practis, o dan arweiniad Rheolwyr Datblygu Busnes ar sail clwstwr.

8. Mae mwy o fanylion am yr agweddau sy'n cael eu gwerthuso, y cymorth sy'n cael ei gyflenwi yn ganolog a'r meini prawf sydd yn eu lle i benderfynu ar lwyddiant clystyrau neu fel arall, gan gynnwys sut mae mewnbwn gan gymunedau lleol yn cael ei ymgorffori yn y datblygiad a'r gwaith profi a wneir

Mae gwerthusiadau prosiectau pennu cyfeiriad yn seiliedig ar lwyddiant wrth ddod o hyd i atebion i'r tair blaenoriaeth weinidogol gofal sylfaenol. Mae prosiectau unigol wedi cael eu cyflawni a'u gwerthuso gan bob bwrdd iechyd, gan ddarparu cydlynu a chymorth drwy ddull partneriaeth rhwng y Ganolfan Gofal Sylfaenol, 1000 o Fywydau (Iechyd Cyhoeddus Cymru) a DPCMH y Bwrdd Iechyd. Aseswyd a lledaenwyd y dysgu a rennir o'r rhaglen a chynhaliwyd digwyddiadau dysgu cenedlaethol. Mae'r Rhaglen Pennu Cyfeiriad yn tendro am bartner i werthuso gweithgarwch a wnaed hyd yma a rhagor o weithgarwch i ddilyn.

Dogfennaeth y cyfeirir ati yn yr ymateb hwn ac sydd ar gael ar gais:

- Adroddiad Blynyddol DPCMH 2015/16
- Cynllun gwaith DPCMH
- Rôl Canolfan Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol ICC
- Y Rhaglen Pennu Cyfeiriad – model sy'n dod i'r amlwg ar gyfer gofal sylfaenol a chymunedol yn GIG Cymru

Paratowyd dros ac ar ran DPCMH Cymru Gyfan.

PC 24

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Conffederasiwn GIG Cymru

Response from: Welsh NHS Confederation

The Welsh NHS Confederation response to the Health, Social Care and Sport Committee inquiry into primary care.

Contact: Nesta Lloyd – Jones, Policy and Public Affairs Manager, the Welsh NHS Confederation.
[redacted] Tel: [redacted]

Date: 29 January 2017

Introduction

1. We welcome the opportunity to contribute to the Health, Social Care and Sport Committee inquiry into primary care. Primary care is vitally important to our national health service and we must recognise the range of professionals who are part of the primary care service. Primary and community care encompasses a range of services including, but not exclusively, GPs, general practice nurses, pharmacy, dentistry, specialty clinics, optometry, community and district nurses, midwives, health visitors, mental health teams, health promotion teams, physiotherapists, occupational therapists, dietitians, speech and language therapists, podiatrists, phlebotomists, paramedics, public health teams, rehabilitation teams, social workers, other local authority staff and all those people working and volunteering in voluntary organisations which help meet the health and well-being needs of people in our communities. This inquiry is timely to highlight the significant work that is being done and the developments in primary care sector across Wales.

2. The Welsh NHS Confederation represents the seven Health Boards and three NHS Trusts in Wales. The Welsh NHS Confederation supports our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work. The Welsh NHS Confederation and our members would be more than happy to provide further information to Members of the Committee.

Overview

3. As changes in demographics and our lifestyles have resulted in a dramatic rise in demand on the health and care services, it has become increasingly clear that a transformation in the way treatment is delivered is required if the NHS is to meet the needs of a future population.

4. We know the demand for primary care services continues to increase, with about 19 million patient contacts a year. Primary care continues to represent the significant majority of NHS patient contact and primary care acts as a gateway to a range of other services, especially referring patients to acute services. The development of primary and community services is a fundamental part of the Health Boards' clinical service strategy, "Changing for the Better", and the National Primary Care Plan for Wales has created a welcome catalyst to accelerate the changes needed to create a more sustainable health and social care system across Health Boards.

5. As highlighted, primary care encompasses a range of professions and GPs themselves increasingly recognise that they need and want to be part of that wider primary care team. That will mean the role of primary care changing, where they will be providing services for the more complex patients and co-ordinating the wider primary care team. Over the years there has been greater integrated

and multi-professional services across communities in Wales, and they have been created around the 64 Clusters.

6. The multi-professional service that primary care encompasses is clearly highlighted in the "Our Community: Ten actions to support primary care in Wales"[i] document that the Welsh NHS Confederation's Policy Forum has developed. The document, submitted as part of our evidence and endorsed by over 30 health and social care organisations in Wales, highlights what is required to ensure a sustainable primary and community care sector. This includes encouraging the development of a long-term vision for primary and community care services, with social services and cross-sector organisations working in partnership to deliver integrated, person-centred care closer to home and the investment required to achieve this.

How GP Cluster networks in Wales can assist in reducing demand on GPs and the extent to which Clusters can provide a more accessible route to care (including mental health support in primary care)

7. A range of Cluster models are emerging across Wales to suit different geographic, professional and patient populations, ranging from GP led Clusters to multi-disciplinary teams. Allowing different models to evolve, whilst ensuring standardised outcomes and governance frameworks, appears to be effective in reducing demand on primary care services. The Clusters, and the more formal Cluster models e.g. federations, have led to stronger practitioner commitment to transformative change and new ways of working across Wales.

8. While a there are a number of developments and initiatives, demand on primary care continues to be high. Clusters have a key role to play in re-shaping the response to demand through identifying training needs and opportunities at a very local level and identifying local gaps in the service. Most gaps in the health service ultimately lead to problems "falling through" to primary care and the first response usually comes from the GP practice or community team. Clusters should have the local knowledge and "intelligence" to identify these problems and find local solutions. As Clusters develop they need further opportunities to have the levers to effect change e.g. financial, management responsibility and power and, probably most importantly, the profile and ability to influence other areas of the service.

9. The following projects and initiatives have been introduced recently across Health Boards to reduce demand on GPs:

Pacesetter projects

10. The Pacesetter Programme, funded by Welsh Government, promotes innovation across primary care and delivered through Health Boards and primary care Clusters in Wales. The Pacesetter projects have provided an important step forward in supporting innovation in primary care across Wales, and provided an opportunity to learn lessons across Health Board boundaries and work at scales within Clusters. The aim of this pacesetter is to avoid people from going into hospital unnecessarily and avoiding care home placements.

11. The Pacesetter Programme is still developing however initial results have been extremely positive, with good feedback on relationship building across the interface and up-skilling of GPs and the acute nursing team and the saving of bed days through providing care in the community as opposed to a hospital admission. The outcomes of individual projects inform an emerging model for primary care with the potential to drive transformational change across the NHS in Wales.

Multi-disciplinary Cluster Teams

12. There are significant opportunities to manage primary care demand through a Multi-disciplinary Team (MDT) approach, matching Cluster workforce expertise with the needs and demands of the local population.

13. Cluster teams are well placed to provide holistic care because they understand the motivations, clinical history, social situations, personal backgrounds and families of their patients. A wide range of professional skillsets, with each team member spending most of their time on activities that add greatest value, ensures that patients receive appropriate care without unnecessary delays. Pacesetter projects indicate that Cluster MDTs cope better with the practice workload and report higher morale and motivation within the workforce. Through developing and promoting new roles within primary care (pharmacy, paramedics, social workers etc.) it will help reduce demand. Clusters need to consider how best to educate both professionals and the public of the importance of these roles so that the first point of call is not necessarily the GP.

Clinical Triage

14. In some Clusters, a clinical triage system directs patients to the most appropriate professional within the Cluster team at the point of contact, greatly reducing the day-to-day workload of GPs and improving access to the right care. High quality clinical triage promotes patient safety through facilitating early assessment and assisting speedier identification of sick people and opportunities for early intervention. The further introduction of national standards and guidance for the NHS would promote safe and effective systems for clinical triage.

Primary Care Out-of-Hours (OOH) Services

15. Newly redesigned OOH services offer multi-professional assessment and seamless patient care across the in-hours / out-of-hours interface in some Clusters. This is particularly important for complex patients, the elderly and those receiving palliative care, to ensure an understanding of individual needs and continuity of care.

Infrastructure for Clusters

16. A strong governance framework, with clear accountabilities and indemnity, is an essential foundation for new Cluster models. Pacesetter teams report the importance of robust, user-friendly primary care IMT systems to support redesign, communication, joint-working, bench-marking and automated data capture on a Cluster basis. HR processes and financial systems must be aligned to change with pace. Increasingly, the design of estates needs to support MDTs working on a Cluster basis.

Access to Mental Health Services

17. Providing timely and person-centred mental health services is becoming a strong theme in emergent Cluster plans around Wales. The second year of Cluster plans show evidence of Clusters commissioning MIND, and other providers, for in practice mental health clinics.

The emerging multi-disciplinary team (how health and care professionals fit into the new Cluster model and how their contribution can be measured)

18. There is a strong desire from our members for Clusters to have multi-disciplinary workforce model and future collaboration between practices depending on local need and geography because one size does not fit all. Examples of workforce redesign and the redistribution of work and roles can have are already being seen across the Clusters. There have been opportunities to change the skill mix across the whole care spectrum both to address the core General Medical Services work as well as addressing some of the demand factors, such as complexity, increasing number of frail older people, and the need to address the widening health inequalities gap.

19. The national investment into Clusters and the pathfinder/pace setter and Primary Care Integrated Medium Term Plan (IMTP) and Workforce Funding from Welsh Government has been essential in supporting plans to diversify the workforce and develop more sustainable models of care within Cluster networks.

Team working

20. Across Wales Health Boards are redesigning the workforce, working with primary care, social care and third sector providers, to ensure that they have the right level of staff with the appropriate skills to deliver services in the most appropriate setting. The Cluster workforce is being developed to support prudent healthcare principles, service developments and overcome recruitment difficulties for certain staff groups. Ownership of new Cluster roles by the existing primary care team is essential to success. Teams that use assessment of local health needs and patient demand to recruit professionals with the appropriate skills realise the greatest benefits.

Extended roles

21. The Pacesetter projects extended roles for paramedics, nurse practitioners, pharmacists, physiotherapists, technicians, occupational therapists, mental health counsellors and Local Authority professionals within a Cluster setting. Evaluation of these new roles and services includes their impact on patient satisfaction, reduction in face-to-face GP consultations and avoidance of hospital admissions. There is evidence from other research of the benefits of Cluster roles for physician's associates, healthcare support workers, dietitians, optometrist, speech and language therapists, behaviour change consultants and dental hygienists.

22. As the Policy Forum "Our Community": Ten actions to support primary care in Wales" briefing highlights, there are a range of professionals working within primary care who play a significant role in supporting patients within the primary and community care setting. Specific roles include:
    - Clinical pharmacists; contributing to clinical work relating to medicines in GP practices, supporting safe and effective medicines use. The Cluster pharmacist can work in a specialist clinical area or a more generic role, addressing a range of medication issues. Experienced pharmacists identify high-risk patients from a medication perspective and support patients to manage their own health, offering alternatives to medication through advice and social prescribing.
    - Greater understanding by the Cluster team of the in-house occupational therapist role assists in identifying people who would benefit from these services, with potential to link directly with social services and third sector services.
    - Extended scope physiotherapists are leading successful MSK services within Cluster teams. This is leading to the reduction in GP consultations for musculoskeletal conditions.
    - Advanced nurse practitioners assist with more complex patients and can undertake clinical triage within Clusters. Practices indicate the importance of aligning new nursing roles with existing services to ensure good planning and co-ordination.
    - Counsellors are ensuring an increase in access to mental health and emotional well-being services. Mental health counsellors manage a range of mental health problems in patients who return frequently and offer brief intervention techniques when appropriate.
    - The GP with Special Interest (GPwSI) brings specific clinical expertise and is well placed to be a 'Cluster champion' in a specialist area, offering support and clinical advice to colleagues and forging closer links with acute clinical teams. GPwSI posts are proving successful in attracting GPs into an area.
    - Advanced practice paramedics are trained in a wide range of clinical assessment and decision-making skills, treating patients close to home and reducing unnecessary hospital visits.

- Integration with local authority and voluntary sector staff on a Cluster basis can reduce A&E attendance and hospital stays. Regular MDT meetings support individuals to live independently at home, steering many away from residential or nursing home care.
- Chronic conditions nurses for housebound patients in order to provide a person-centred, holistic approach to the management and education of patients with chronic morbidities.
- Joint rotas, shared learning opportunities and co-location of Cluster staff with other agencies, e.g. Welsh Ambulance Service Trust and Local Authority, improves integration.

23. While there are significant developments engaging with a wide range of health and social care professionals within the Cluster model, it can be challenging for Health Boards. There is a need for a change in culture to break down the old silo way of thinking. In addition, every professional group is extremely busy with demanding case-loads, long waiting lists and lots to do. Professional's interest depends upon finding solutions to their problems so only a minority of people will actively engage in strategic planning and visions of future models of care. We would recommend that each Cluster needs to identify problems from discussion with the professionals, develop solutions through small management teams composed of senior staff who have the authority to make changes and then work with local professionals.

The current and future workforce challenges

24. The enhanced Cluster team offers flexibility and responsiveness to changing conditions and demand, promoting sustainability, resilience and improved economies of scale. However the fragility of many practices across Wales has a range of causes, including increased volume/ complexity of workload, and difficulties in recruitment. The rapidly shrinking GP workforce is one of the most challenging aspects of primary care, with increased workforce pressures, unstable practices and risks to the quality of patient care. There is a need to increase capacity in the system, with new workforce roles and alternative models that do not simply move existing resources around the healthcare system.

25. There are a number of workforce challenges that continue. Many Health Board are experiencing sustainability issues in both primary and community services. While there continues to be challenges around GP recruitment, these challenges are not unique to Wales. The Cabinet Secretary's Taskforce on Workforce has brought a welcome focus to workforce activities with a strong initial focus on GP recruitment and retention in the form of a national recruitment campaign supported by local Health Board activities (this focus is now moving out across the primary care professions). We hope that the national and international campaign launched by the Welsh Government in October 2016, making it clear that Wales is an attractive place for doctors, including GPs, to train, work and live, will have an impact. The changing demographics of the GP workforce and poor condition of some of the primary care estate has also affected the ability of practices to provide sustainable services. The development of more forensic workforce planning in primary care will support better IMTP representation of the recruitment challenge and necessary activities to address it.

26. Sustainable primary care services rely on stable and sustainable general practice and therefore there has been the need for short-term work to help stabilise practices to deliver on high workload and workforce pressures. This has included:
    - Opportunities for career development through portfolio careers for GPs to support future recruitment and retention.
    - Development of more innovative recruitment campaigns, including social media, recruitment videos and website http://www.wales.nhs.uk/sitesplus/863/page/87351

- Contribution of primary care nursing considered at Cluster level, providing opportunities to develop new skills.
- Cluster specific solutions e.g. GP fellowship scheme to encourage recently-qualified GPs to practice in areas that has been difficult to recruit, Cluster Salaried GPs and the establishment of a Practice Support Team and alternative portfolios for GPs.
- Joint work with the Wales Deanery to improve recruitment and retention of dentists within South Wales through the Postgraduate Dental Training Unit [PGDTU]. In September 2014 the training programme was changed to include greater variety in the training placements, ranging through primary, community, secondary and tertiary care aiming to broaden skills, and encourage local workforce retention. September 2016 saw a further change with a tightening in UK-wide requirements that Satisfactory Completion of Training be demonstrated with students exposed to the full range of dentistry that could be expected in practice. As a consequence the service profile of the PGDTU has been remodelled to include its operation as a 'normal' general dental practice, and to become part of the rota of dentists providing urgent dental care in-hours.

The funding allocated directly to Clusters to enable GP practices to try out new ways of working; how monies are being used to reduce the pressure on GP practices, improve services and access available to patients

27. The Funding allocation to GP Clusters is very welcome and some innovative projects are being rolled out as a result. Overall our members believe the direct funding of Clusters (with £6m of central funding) has delivered real progress. Whilst year one of the funding was generally focused on set up arrangements for various activities and some one off spends for equipment, year two has seen the development of service related activities with SLAs for social worker support or mental health clinic provision.

28. While overall the funding allocated has been welcomed, the sums are relatively small and the financial rules and regulations limit Cluster's ability to use them most effectively. The inability to "roll over" money into the next financial year means money has to be spent before end of year, which can lead to short term spending decisions and lower value for money than could be achieved with longer timeframes. If we want to re-design a service, recruit, train and make real change, flexibility and sufficient lead time is required.

Workload challenges and the shift to primary prevention in general practice to improve population health outcomes and target health inequalities

29. The MDT approach to Cluster working, with a workforce based on population health needs, offers opportunities to focus on prevention and early intervention. In planning for future services, it will be essential to factor in services that support self-care, social prescribing and the promotion of health and well-being outside the traditional medical model.

30. The research conducted on the PRISM model should be further considered for its potential to support anticipatory care models; and the work already conducted through the Inverse Care Law Healthchecks (between Aneurin Bevan UHB and Cwm Taf UHB), which is now rolling out nationally should be evaluated for its impact on outcomes following earlier intervention. In the future list analysis and segmentation of the list to better manage risk in the population should be considered.

31. Public engagement is also vital in relation to improving population health outcomes and ensuring people access the right treatment and professional advice when they need it. The Choose Well

campaign is one important addition which gives people more information and helps them make the right decision on which services they choose based on their symptoms.

The maturity of Clusters and the progress of Cluster working in different Local Health Boards, identifying examples of best practice

32. Cluster networks do bring about greater liaison/interaction between various professional groups within the network which improves collaborative working. Cluster working and its funding has resulted in the trial of various initiatives to reduce demand on GPs which would not have otherwise been possible. This is a new way of working that would have been inconceivable prior to Cluster working/funding. The mature Cluster provides holistic care for the community, moving from a collection of GP-based services into fully functioning organisations that draw in the full range of agencies to support co-ordinated care for the entire population. Referrals are made only when necessary and people return to care of the primary care team as soon as possible.

33. The Pacesetter projects demonstrate:

- Integrated care can only be achieved through significant investment in IMT systems to ensure secure communications between professionals and agencies.
- Building flexibility and patient choice into new service delivery models helps to secure the trust and co-operation of patients and professionals in whole system redesign.
- A review of clinical pathways for ambulatory care sensitive conditions and other common conditions helps to inform planners where professionals should be located to deliver effective patient-centred care outside the hospital setting.

34. Each Cluster has now finalised its third Cluster network plan, informed by Cluster health needs profiles. Annual reports and risk registers have been published on progress in year two and will shortly be completed for the third year. Progress on moving forward with Cluster network priorities has been good across Wales and this has included:
    - Diversification of the workforce;
    - Supporting public health priorities, self-care and choose well programmes;
    - Piloting new models of collaborative working;
    - Investing in modern technology and equipment to support improved patient care;
    - Peer review and support for improved patient pathways;
    - Considerably strengthening relationships with the third sector and access to an increased range of services.

35. The main Cluster development needs are:
    - Leadership and support to develop;
    - Financial and governance accountabilities – as role expands further increased business and financial support;
    - Time to identify and implement new models of working; and
    - Pace of response from ABM for service change / development.

36. Some of the barriers to progress that have been identified, and are being considered, include;
    - Pressures on core primary care services: recruitment, staff retention; solutions and suggestions being developed with primary care leads;
    - Ability to recruit to posts – availability of pharmacy technicians, medicines management professionals, advanced nurse practitioners, to recruit into networks with the investment that has been released;
    - Investment in challenging financial climate;
    - Capacity/ time constraints linked to pressures; and
    - Cross border issues for patients straddling network boundaries.

Local and national leadership supporting the development of the Cluster infrastructure; how the actions being taken complement those in the Welsh Government's primary care plan and 2010 vision, Setting the Direction [Opens in a new browser window]

37. Health Boards recognises that good quality leadership and management of staff/contractors is critical to improving retention rates. Health Boards are therefore providing a wide range of development programmes to support and develop leaders and managers at all levels, both inside and outside of the Health Boards, to improve their skills and improve staff experience. The Pacesetter programme highlights the importance of clinical and managerial leadership in successful innovation and service redesign within Clusters.

38. In overall terms the Directors of Primary Community have prioritised Cluster development very strongly. Early work on models for understanding Cluster maturity and matching supporting resources has given way to a deliberate programme of Cluster support activities being delivered through the Primary Care Hub in Public Health Wales. There are now several programmes providing leadership development in support of Cluster working being accessed regularly by Cluster leads across Wales.

39. Clinical leaders are essential to educate, advise, support and lead innovation. Cluster Champions promote new services and cascade key skills amongst the primary care team. Educational sessions to demonstrate improved clinical outcomes help to engage and assure professionals.

40. Following the Cluster Lead Survey conducted in 2015, the Confident Primary Care Leaders Course has been commissioned by Public Health Wales, It is aimed at Cluster leads and aspiring Cluster leads across NHS Wales. Sessions are led by qualified coaches and expert facilitators and include: Population Health and Maximising Patient Experience; Business Planning and Finance; Building a Culture; Influencing, Negotiating and Chairing Skills; Understanding Leadership Styles. The programme commenced in September 2016, with a second cohort commencing in November, the Programmes run on a monthly basis.

41. The Cluster networks have a protected learning time programme that allows practices within a Cluster network to regularly meet and consider service pathways and related issues. Topics that have featured in the programme recently include equality, diversity and human rights, cardiology service updates, gastroenterology, dermatology, child protection, national exercise referral programme, diabetes, respiratory, diagnosis of lung cancer domestic abuse and support services. The Health Boards supports this by providing cover for the practices that take part on the protected learning time programme. In addition to the protected learning time scheme some Cluster networks have now decided to meet on a more frequent basis than the GMS contract stipulates in order to progress their action plan priorities on an accelerated basis.

Greater detail on the aspects being evaluated, the support being supplied centrally and the criteria in place to determine the success or otherwise of Clusters, including how input from local communities is being incorporated into the development and testing being undertaken

42. Pacesetter project evaluations are based on success in finding solutions to the three ministerial priorities for primary care – increase in sustainability, improved patient access to services and moving care into the community. Individual projects have been delivered and evaluated by each health board, with co-ordination and support provided through a partnership approach between the Primary Care Hub (Public Health Wales), 1000 Lives Team and health board Directors of Primary Community and Mental Health Services. There has been assessment and dissemination

of the shared learning from the programme and national learning events held. The Pacesetter programme is currently tendering for a research/evaluation partner to evaluate activities undertaken thus far and further activities to follow.

43. In addition, Public Health Wales have been providing support, guidance and oversight of the evaluation of the pathfinders / pacesetters to date. A further external evaluation into the benefits and outcomes of this pacesetter investment across Wales is also due to be commissioned by Welsh Government in the next month or so and will we understand, take 9-12 months to evaluate and produce the final report.

44. Regular monitoring reports are submitted to Welsh Government on a quarterly basis for all of Health Board funded pathfinder/pacesetter projects, the IMTP / workforce delivery agreements and the Cluster level funding grants. To inform Cluster network plans each general medical practice produces a practice development plan which sets out how the practice population has been involved in developing their priorities.

Conclusion

45. As highlighted in our submission there has been significant developments across Wales. The Clusters are supporting greater integration between GP practices and also across professional groups, depending on local need. The funding provided by the Welsh Government for Clusters has helped but future flexible funding would be welcomed. Finally while the main source of primary health care are GPs other professional groups provide a vital role in ensuring patients receive the right care at the right time and in the right place.

Annex

English: http://www.nhsconfed.org/resources/2017/02/our-community-ten-actions-to-support-primary-care-in-wales

Welsh: http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiU-rf6rJfSAhXG0xoKHY-EB9wQFggaMAA&url=http%3A%2F%2Fcdn.basw.co.uk%2Fupload%2Fbasw_91238-1.pdf&usg=AFQjCNErVbEBPuz1wV98-fW8XuwdV6ku8Q

[i] Welsh NHS Confederation Policy Forum, January 2017. "Our Community: Ten actions to support primary care in Wales".

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PRIMARY CARE (CLUSTERS)

Inquiry by the National Assembly for Wales Health, Social Care and Sport Committee

Response by BMA Cymru Wales

7 February 2017

INTRODUCTION

1. BMA Cymru Wales is pleased to provide a response to the Health, Social Care and Sport Committee's inquiry on Primary care, and specifically primary care clusters.

2. The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

OVERVIEW

3. In our 2014 strategy document 'General Practice – A Prescription for a Healthy Future', we acknowledged the Welsh Government's long standing support of the provision of primary care services in Wales; demonstrated by the commitments of successive ministers to deliver a primary care led NHS and its "long-held ambition to make primary care the engine room of the Welsh NHS"[1]. Other previous commitments have included the development of extended and integrated primary care teams and the siting of these teams within purpose built resource centres. In that document we noted our concern that, despite these intentions, we have not seen change on the ground at the pace or scale of what is required to deal with the unprecedented pressures and challenges currently faced by GPs across Wales.

4. As attested in our October 2016 publication, 'An Urgent Prescription for General Practice in Wales', these challenges largely remain. Whilst there has been a greater recognition of these challenges, and some effort to alleviate them (such as the recent suspension of QoF) we strongly believe that greater and sustained momentum is needed. Our 2016 document explicitly sets out the need for urgent action, and offers solutions, in the areas of: recruitment; suitable workforce models; workload; finance; sustainability; and pertinently to this inquiry, clusters. We welcome the fact that the Committee's inquiry will be focusing on these key areas.

[1] Welsh Government, 2015: 'Our plan for a primary care service for Wales up to March 2018'

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):
Rachel Podolak

5. Across the medical profession it is clear that there is widespread support for the concept of cluster working as a means to determine and meet the health needs of the local populace. Given the pressures on general practice it is widely acknowledged that new ways of working and new models of support are much needed. Clusters, if established and resourced effectively, could deliver this, although overall they are not currently at this stage. A survey conducted by BMA Cymru Wales in 2015, which is due to be repeated in the coming months, revealed very mixed reports across the country with some clusters flourishing but others struggling to develop.

6. Since 2013 - when Health Boards were set ambitious targets to establish local bodies with decision making and financial powers - it is clear that the pace of cluster development has not been uniform across the country and that the new money released by Welsh Government in April 2016 has not yet truly transformed services across Wales. Where there has been some transformative development, some of which is cited below, it is important that there is a renewed effort to embed that change; we do not know how sustainable the changes will be in the future without renewed effort.

7. Reports from Local Medical Committees (LMCs) paint a very mixed picture – many show that there remain barriers to cluster working in terms of spending allocated money; lack of clear direction; Health Boards rather than clusters setting the direction; and a need for clear leadership within clusters and a sharing/show casing of good practice and success.

8. Indeed, in 2016 the Welsh conference of Local Medical Committees passed the following motion:

   Conference demands that Health Boards urgently act to

   i. *Reduce bureaucracy and delay in releasing funding to clusters which currently compromises their ability to utilise earmarked funding and deliver services*
   ii. *Work with GPs to develop an effective process to properly evaluate the evolving platforms for delivering cluster working, such as federations.*
   iii. *Demands appropriate access to independent planning and financial experts to support development of clusters and inter-cluster working*
   iv. *Adhere to the "light touch" approach to cluster network funding as envisaged by the Welsh Government*
   v. *Suggests an independent survey of Welsh General Practitioners on their experience of network cluster groups.*

9. GPC Wales is fully committed to cluster networks. For the last two years we have worked with Welsh Government to embed cluster working in the GP contract - and especially in terms of cluster plans which should be closely aligned to HB integrated medium term plans, therefore (in theory) helping health boards to facilitate the transfer of resources towards primary care.

10. From the reports we have received from members and via LMCs it is apparent that clusters will only deliver if there is a fundamental change in attitude by Health Boards, who must devolve decision making and provide clusters with sufficient support and resources (personnel and financial). We believe that clusters should become true legal entities with clearer governance and financial frameworks, which will then enable those clusters that are flourishing to have the tools they need to develop further and sustain delivery, while allowing others to get fully off the ground.

RESPONSE

11. We will now seek to address the questions posed by the Committee; due to the commonality of the answers to certain questions, we have grouped together our stance on the key issues at hand.

Benefits of clusters

12. As previously stated, GPC Wales strongly supports the principles behind cluster working. General Practice is in a very challenging place presently, with ever increasing demand and workload pressures. Working collaboratively with other professionals across health, social and community care can work to both support the viability of individual practices and to develop and deliver effective and holistic services to local patient populations. The fostering of engagement and collaboration with public health, secondary care, key allied health and social care professionals is absolutely essential for the provision of holistic and relevant care; however currently this is variable.

13. Conversely, the impact of clusters failing to deliver or a failure to foster effective relationships can be very significant – the obvious impact is a lowering of workforce morale and a reluctance to engage further (change fatigue, effort and time with no results); the loss of link between GP clinicians and the communities they serve; destabilisation of primary care provision where new ways of working don't deliver; confusion for patients and communities; and of course a waste of precious resources (real or perceived).

14. Thus far the benefits of cluster working, in terms of transforming primary care for the benefit of the patient and GP across Wales, are not as tangible as we would expect at this stage of their existence, and productivity is hugely variable. Our 2015 survey highlighted as such. It revealed some examples of effectiveness and good practice, including:
    - *Developed a stop smoking shop, improved uptake of flu vaccination and smoking cessation services (ABHB)*
    - *One stop social services point of contact (BCUHB)*
    - *Uniform dementia screening within cluster*
    - *Established local dementia and local dermatology networks, and also enhanced obesity advisory training and service*

    Other respondents to the survey were not so positive. A significant number noted that while cluster working had improved local networking and enhanced peer support, palpable progress on service delivery was difficult to evidence. Some respondents cited the involvement of health board management as serving to dilute the effectiveness of local plans. Members also reported a general sense that clusters in practice needed to obtain health board approval before proceeding with plans; of subsequent difficulties in getting resources released; and of issues with regard to procuring staff or equipment thus hindering the release of resources needed to progress.

15. One of the long term aspirations of Welsh Government strategies such as *Setting the Direction* (2010) and later *Delivering Local Health Care* (2013) has been to develop 'locality working' structures responsive to the specific needs of the populace, informed by public health data and with the autonomy to act on this intelligence. While each cluster does maintain links with Public Health Wales and receives information on public health issues, the interface could be improved. As a result we remain to be convinced this aspiration has become reality, or that it is driving cluster working or priorities.

16. As has been widely reported, in recent years consultation rates and numbers have dramatically increased while the needs of many patients have become much more complex. The recent relaxation of QoF by Welsh Government until March 2017 is an acknowledgement of these pressures and will allow practices greater capacity to deal with them and focus on patient care. In our survey of clusters in 2015, 69.1% of respondents said that cluster work had adversely affected their clinical time. Engaging in cluster work thus has a consequence on direct clinical contact, and any engagement in such work must therefore have a demonstrable benefit to practices in addressing wider pressures.

Funding

17. We welcomed the extra £43m announced by Welsh Government for primary care, £10m of which was handed directly to the 64 primary care clusters. We wrote to all cluster leads in May 2016 urging them to think carefully about how this money could be used to most effectively to transform primary care. In that letter, we outlined a number of suggestions that cluster leads may wish to look at, this included: widening access to community pharmacists, musculoskeletal specialists and other specialists within practice; the establishment of a cluster-wide home visiting service consisting of a multi-disciplinary team; and new ways of triaging patients.

18. Unfortunately, we have become aware of significant delays in the release of these funds by Health Boards. As clusters do not exist as true legal entities many of the staffing solutions described previously require health boards to employ these staff, and the need to follow bureaucratic procurement processes means that monies have not been spent in many areas. Worryingly, we have also had reports of Health Boards using cluster under-spending to prop up services which should be resourced by other monies, outside of the cluster budget. We would expect Health Boards to demonstrate that all posts and services established through cluster funding are new and that cluster funding is only used for the purposes it was intended.

19. Clusters currently lack the facility to 'roll-over' funds into the next financial year and we would suggest that allowing the 'roll-over' of the monies would encourage longer term planning and alleviate some of the problems described in terms of processes. Currently the delays in accessing funds, coupled with the inability to roll-over funds, means that all too often very short term spending decisions are made which do not offer the best value for money. We would argue that, where a project has been approved but there has been unavoidable delay in procurement / recruitment, for instance, then provided that money has been ring-fenced against the appropriate project it should be carried over and made available at the earliest opportunity.

20. Clusters leads should work with all partners to consider how available funds can be best spent on delivering service transformation. We believe that direct access to budgets, with clear financial accountability structures, would ensure this could be done in a timely manner.

21. We strongly believe that there needs to be greater clarity on what cluster resources are being spent on. This forms part of a much wider need for the work and purpose of clusters to be more visible.

Sustainability and workforce

22. Our recent survey of members showed that 82.1% of respondents were worried about the sustainability of their practice. While the increased peer support available from cluster networks is hugely positive, it remains extremely worrying that 74.8% of respondents reported that the health of staff within their practice had been negatively impacted by workload pressures.

23. We believe that as a priority established clusters need to convene teams to consider both practice and cluster sustainability at a strategic level. As part of this there is a need to consider how clusters can work more closely with each other (including the use of "at scale" models) and evaluate whether there is a need to enhance (in some cases, build) relationships with consultant colleagues, social care and those from other professions (e.g. optometrists, pharmacists).

24. The exploration of alternative models, such as practice federations, is necessary to address sustainability challenges. The GPC UK document 'Collaborative GP networks', offers food for thought (rather than detailed guidance) for the establishment of new structures with varying levels of involvement and integration. There is a need for greater working at scale to share costs and resources (e.g. workforce and facilities), which clusters cannot enable due to their lack of status as legal entities. Federations of practices could exist within, or between, cluster networks and could potentially offer greater flexibility in terms of employment options both for GPs and the wider primary care team such as pharmacists, physiotherapists, and advanced paramedics.

Cluster Leadership & maturity

25. As noted previously, there is significant variation in terms of the maturity of clusters and their stage of development. Where clusters have succeeded, it is largely where individuals have shown proactive leadership to develop and operate a successful model. This under-resourced time commitment is additional to other practice and clinical responsibilities and most cluster leads, we understand, are not remunerated for this role despite the level of responsibility and commitment it entails.

26. LMC reports suggest that smaller practices (especially single-handed practices) and those with unfilled vacancies often find it difficult to engage with cluster development. They also report that practice and cluster plans are overly prescriptive, and that there is a need to allow for strategic development and thinking time at both practice and cluster level to enable onward development of this model. We reiterate the call made in our *'Urgent Prescription for general practice in Wales'* for appropriate training and support to be provided to enable clusters to deliver as anticipated. A good working relationship between all parties is essential to this.

27. LMCs have revealed frustration around the timeliness of feedback and with regard to seeing actual movement on projects, leading to a general perception that cluster work will not lead to a return in value. Supporting the provision of timely and relevant information and feedback, as well as a greater degree of wider communication on cluster work (and spend), is essential for ensuring professional engagement

28. A recurrent theme from our members is that there is insufficient space for clusters to act autonomously, and at arms-length from Health Boards. This, coupled with the aforementioned delays in releasing finance, severally hampers the effectiveness of clusters to act upon their own plans and deliver according to local needs. The knock-on effect these experiences is that they deter individuals from prioritising engagement with their cluster – at a time of enormous pressure on healthcare and healthcare professionals there needs to be some visible value and purpose to cluster working.

CONCLUSION

29. GPC Wales has long supported the concept of cluster working; to us it presents an opportunity to alleviating the endemic pressures of workload, recruitment and sustainability for General Practice in tandem with the delivery of relevant, timely and more holistic care through the greater use of multidisciplinary teams and partnerships. In this way, clusters can help all partners work seamlessly to meet the physical and mental health and social care needs of local

populations – and if truly working to potential, can foster a more social model of care with wider stakeholders and agencies in society (for instance, housing, education, transport, leisure environment, carers, and the third and independent sectors). Although being uniformly a long way from occupying this space presently, clusters should clearly regard this as the end goal.

30. The views gathered from our membership across Wales, as outlined throughout this paper, suggests that clusters are not currently fulfilling their potential or developing at an even pace and that some barriers to effective working remain. However it is evident that there has been improvement over the last twelve months with the availability of the new resources.

31. GPC Wales welcomes the commitment made by Welsh Government by investing in, and driving, moves to cluster working. GPC Wales remains committed to playing a full and active role in ensuring that clusters develop effectively and that they deliver sustained change – indeed, some are now showing signs of making a difference to patients and services in their areas. It is now vital that all clusters are enabled to deliver this, and that the delivery is sustainable.

32. In our view, the actions now needed include:

- The effective use of cluster monies must be a priority. Cluster leads must consider how available funding can be best spent on making the working day less pressured, with the goal of transforming service availability and care to patients.
- The necessary governance frameworks must be put in place to enable clusters to act autonomously and at arm's length from Local Health Boards.
- Appropriate training and ongoing support should be put in place across Wales to enable clusters to deliver effectively.
- Enable clusters to have direct access to budgets as a means of avoiding delays to the delivery of new services and to support innovation and empowerment.
- Allow the carry-over of resources if attached to an approved project but not yet delivered through no fault of the cluster.
- Provide an effective means of showcasing and sharing best practice across Wales to further stimulate the development of the clusters.
- Look at a means for developing and supporting additional "at scale" working that supports a sustainable future for general practice in Wales.
- Evaluate cluster initiatives; we consider this essential in order to ensure return on investment, learn lessons and share to best practice.

Royal College of General Practitioners
Coleg Brenhinol Meddygon Teulu

12 April 2017

The role of GP clusters as a means of transforming primary care

RCGP Wales welcomes the opportunity to respond to this inquiry. The Royal College of GPs Wales represents a network of around 2,000 GPs across Wales, aiming to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

Clusters have been in existence since 2013, the aim being to promote collaborative working between health and social care organisations including the third sector.

How can Clusters assist in reducing demand

There is no doubt that clusters are currently improving the lines of communication and encouraging collaborative working between general practices, district nursing, health visiting, social services and the third sector. When these agencies work together, services for the local population can be planned and coordinated to suit local need and there is real potential to ensure that citizens are empowered to make choices regarding the most appropriate service to use, and the community has the resources to provide them. This in turn enables people to access care in a timely manner.

The emerging primary care team

RCGP Wales supports the continued development of multi-professional, multi-disciplinary working to help manage the increasing demands on General Practice. There has already been cluster involvement in developing roles for pharmacists, social workers, physiotherapists, nurse practitioners for example. There is still more need for clarity in relation to how these roles fit into the existing models of care and any new models of care, including the need for competency frameworks, governance and indemnity, to ensure that they can be utilised to their full potential.

The current and future workforce

The current workforce is facing a shortage of GPs and this will impact on cluster working. There has been a decrease in the number of full time equivalent (FTE) GPs, due to changing working patterns with evidence that many doctors are choosing to work less than five days a week to cope with the increased intensity of managing complex chronic conditions. There is also evidence that some areas have rapidly declining numbers of GPs and are struggling to recruit despite the total number of GPs in Wales remaining the same. This is not helped by current workforce modelling which does not identify current full time equivalent numbers. Effective cluster working will not negate the need for more GPs, whatever the model of service delivery.

Funding of Clusters

The monies allocated by Welsh Government to clusters are administered via LHBs which has meant that it is subject to the LHBs' financial governance framework. Clusters have a small budget in health and social care terms and at times the bureaucracy surrounding spending has been seen as restrictive. Feedback following the RCGP, LHB and Welsh Government engagement events held in 2016 highlighted inconsistencies between LHBs in relation to support for cluster leads. The inability to carry over unspent cluster monies when LHB procedures delay the spending process, has specifically been highlighted as limiting innovation, when small sums of money are involved.

Cluster Maturity

It is evident that cluster maturity varies across Wales, with some clusters being well developed and engaging participants across all sectors. It seems that the extent of engagement is dependant on a variety of factors but in many cases it again is related to the stability and sustainability of the member organisation. GPs are expected to attend cluster meetings to fulfil part of the GMS contract and the more mature clusters have enabled members including GPs to 'buy-in' to cluster working.

Local and National leadership

For clusters to continue to work towards improving population health outcomes and target health inequalities, consistent leadership is essential. The RCGP Wales, LHB and Welsh Government engagement events in 2016 have highlighted that his has been variable between LHBs. There needs to be clear lines of communication to ensure that innovation or activity intended to reduce inequalities does not unintentionally create a postcode lottery and any learnings should be shared and rolled out across other clusters if considered appropriate. Due to changing LHB structures and following the publication of the Welsh government's Primary Care plan, there needs to be guidance on how this is implemented. A

move to providing more community based care will need a shift in resource, over and above the current funding for clusters.

In closing, clusters could be an excellent vehicle for innovation and change but they will need more support and investment to achieve the scale envisaged in the Primary Care plan. It is also vital that clusters are more involved in the integration of secondary and primary care services than is currently the case.

Meri Huws
Comisiynydd y Gymraeg
Welsh Language Commissioner

Eitem 4.1

Comisiynydd y Gymraeg
Welsh Language Commissioner

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17/03/2017

Annwyl gyfeillion

Bil Iechyd y Cyhoedd

Ysgrifennaf wrth i chi graffu ar fanylder Bil Iechyd y Cyhoedd ac i ofyn i chi ystyried cynnig newidiadau i'r bil er mwyn sicrhau gwelliannau angenrheidiol sydd eu hangen i ddarpariaeth gwasanaethau fferyllol Cymraeg yng Nghymru.

Mae Rhan 6 y Bil yn ymwneud â gwasanaethau fferyllol ac yn cynnwys mesurau i wella'r gwasanaethau hynny trwy osod gofynion ar sefydliadau perthnasol. Rwyf wedi dadlau'n gyson bod y bil yn cynnig cyfle arbennig i sicrhau gwelliannau i ddarpariaeth gwasanaethau fferyllol yn Gymraeg. Dangosodd yr ymholiad statudol a gynhaliwyd gennyf yn 2014 i sefyllfa'r Gymraeg o fewn gofal sylfaenol, 'Fy Iaith, Fy Iechyd', yr angen clinigol clir am wasanaethau gofal sylfaenol yn Gymraeg. Yn ogystal amlygodd yr ymholiad pa mor anghyson yw'r ddarpariaeth o wasanaethau gofal sylfaenol Cymraeg ar hyn o bryd, gan gynnwys gwasanaethau fferyllol. Mae Llywodraeth Cymru wedi ymrwymo o fewn ei fframwaith strategol ar gyfer y Gymraeg ym maes iechyd a gofal, Mwy na Geiriau, i wella'r ddarpariaeth o wasanaethau gofal sylfaenol Cymraeg. Mae cyflwyno deddfwriaeth newydd sy'n ymwneud â gwasanaethau fferyllol yn cynnig cyfle euraidd i gyflawni'r nod hwnnw.

Er hyn, nid yw'r Bil fel mae'n sefyll yn gwneud unrhyw ddarpariaeth benodol ar gyfer y Gymraeg. Wrth ymateb i egwyddorion cyffredinol y Bil yn ystod Cyfnod 1 o waith craffu'r pwyllgor, tynnais sylw at yr angen i ystyried ymhellach berthnasedd y Gymraeg i rai o ddarpariaethau'r Bil. Cyfeiriwyd at hynny yn adroddiad y pwyllgor ar egwyddorion cyffredinol y Bil. Ymatebodd yr Ysgrifennydd Cabinet i hynny drwy nodi y bydd angen i fyrddau iechyd ystyried yr angen am wasanaethau Cymraeg wrth gynnal yr asesiadau o anghenion fferyllol fydd yn ofynnol dan y Bil. Deallaf mai asesiadau o'r angen lleol am wasanaethau fferyllol fydd y rheini. Nid yw'n glir i mi pam y dylai darpariaeth

Comisiynydd y Gymraeg
Welsh Language Commissioner

gwasanaethau fferyllol Cymraeg fod yn ddibynnol ar ganlyniadau asesiadau o anghenion lleol. Nid yw darpariaeth gwasanaethau Cymraeg o fathau eraill yn ddibynnol ar brofi galw lleol, er enghraifft y rhai hynny y mae'n rhaid i awdurdodau lleol eu darparu yn unol â Safonau'r Gymraeg.

Credaf bod rhai gwasanaethau Cymraeg y mae'n rhesymol disgwyl i bob fferyllfa yng Nghymru eu darparu, er enghraifft arwyddion dwyieithog. Mae gwaith wedi ei gyflawni dros y blynyddoedd diwethaf sy'n caniatáu i fferyllwyr gynhyrchu labeli a rhybuddion cyffuriau yn ddwyieithog. Mae'r Bil yn cynnig cyfle i sicrhau bod fferyllfeydd yng Nghymru yn cynnig gwasanaethau sylfaenol fel y rhai hyn yn ddwyieithog. Ni welaf pam fod angen cynnal asesiadau o anghenion fferyllol er mwyn sicrhau bod y fath wasanaethau ar gael yn Gymraeg fel yn Saesneg. Gellid cyflawni hyn drwy osod gofynion perthnasol ar holl fferyllwyr Cymru i ddarparu rhai gwasanaethau sylfaenol yn ddwyieithog, a hynny ar wyneb y Bil.

Mae Llywodraeth Cymru wrthi'n ystyried sut i gynyddu defnydd y Gymraeg o fewn y sector gofal sylfaenol fel rhan o'i drafodaethau ynghylch Safonau i'w gwneud yn gymwys i'r sector iechyd a gofal yn unol â darpariaethau Mesur y Gymraeg (Cymru) 2011. Nid yw'n glir eto i ba raddau y bydd gofynion i ddarparu gwasanaethau yn Gymraeg yn cael eu gosod ar fferyllwyr na pha fath o ofynion y bwriedir eu gosod arnynt. O ystyried hynny, credaf na ddylid colli'r cyfle euraidd a gynigir gan Fil Iechyd y Cyhoedd i sicrhau rhai gwelliannau i'r ddarpariaeth gwasanaethau fferyllol Cymraeg, trwy sicrhau bod gwasanaethau sylfaenol megis y rhai y cyfeirir atynt uchod ar gael yn Gymraeg ymhob fferyllfa yng Nghymru.

Hyderaf y byddwch fel aelodau o'r pwyllgor a llefarwyr eich pleidiau ar iechyd a gofal yn cytuno na ddylid colli'r cyfle a gynigir gan y Bil i wella a chysoni'r ddarpariaeth o wasanaethau fferyllol Cymraeg yng Nghymru yn unol ag amcanion Mwy na Geiriau. Gofynnaf i chi ystyried cyflwyno gwelliannau perthnasol i'r Bil, yn unol â'ch pwerau i wneud hynny, er mwyn sicrhau gwell gwasanaethau ar gyfer siaradwyr Cymraeg yng Nghymru.

Mae copi o'r llythyr hwn wedi ei anfon at y Pwyllgor Diwylliant, y Gymraeg a Chyfathrebu.

Yr eiddoch yn gywir,

Meri Huws

Meri Huws
Comisiynydd y Gymraeg

Copi at: Aelodau Pwyllgor Diwylliant, y Gymraeg a Chyfathrebu Cynulliad Cenedlaethol Cymru

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol

National Assembly for Wales
Constitutional and Legislative Affairs Committee

Rebecca Evans AC
Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol

29 Mawrth 2017

Annwyl Rebecca

Bil Iechyd y Cyhoedd (Cymru)

Diolch i chi am eich **llythyr dyddiedig 10 Mawrth 2017** yn amlinellu eich ymateb i'n hargymhelliad yn ein **Hadroddiad ar Fil Iechyd y Cyhoedd (Cymru)**.

Rydych yn gwrthod ein hargymhelliad y dylai'r Bil gael ei ddiwygio i sicrhau bod awdurdodau gorfodi yn gwbl ymwybodol o'u rhwymedigaethau hawliau dynol oherwydd:

> "Local authorities are already bound by and are very familiar with their obligations under section 6 of the Human Rights Act 1998. They are therefore well versed in the duties placed upon them. In view of this I believe it would be unnecessary and inappropriate to add specific provision on the face of the Bill, and could unintentionally lead to confusion if such a provision was included in this Bill and not in other legislation."

Fodd bynnag, mae materion hawliau dynol sy'n wynebu cyrff cyhoeddus wedi cael eu hamlygu ar sawl achlysur yn ddiweddar.

Yn gyntaf, nododd adroddiad gan y Comisiwn Hawliau Dynol ***"A yw Cymru'n Decach: cyflwr cydraddoldeb a hawliau dynol 2015"*** saith her allweddol sy'n wynebu Cymru fel "anghydraddoldebau a chamau hawliau dynol mawr, disymud fydd yn galw am ymdrech sylweddol gan sefydliadau cyhoeddus, preifat a thrydydd sector ac unigolion i'w lleihau."

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Yn ail, nododd **adroddiad yn seiliedig ar y drafodaeth ford gron ar hawliau dynol** a gynhaliwyd mewn partneriaeth gan y Comisiwn Cydraddoldeb a Hawliau Dynol, Comisiynydd Plant Cymru a Chomisiynydd Pobl Hŷn Cymru ym mis Gorffennaf 2015:

> "There are opportunities for the human rights agenda in Wales to be developed further at both Welsh Government and public authority level, as well as in grass-roots projects developed by third sector and community organisations.
>
> Perpetuating a purely rosy narrative on human rights in Wales is unhelpful and is often a block to positive and evidence-based change. Therefore, authenticity is important in discussions on the state of human rights in Wales. Even if good policies are in place, implementation is central to ensuring people's human rights and promoted and protected."

Yn olaf, yn ei ddyfarniad yn y **Sefydliad Cristnogol ac eraill (apelwyr) v Yr Arglwydd Adfocad (Ymatebydd) (Yr Alban) [2016] UKSC 51**, rhoddodd y Goruchaf Lys rybudd clir am beryglon deddfwriaeth yn dibynnu'n unig ar awdurdod cyhoeddus yn bod yn ymwybodol o'i rwymedigaethau hawliau dynol. Ym mharagraff 101 o'i ddyfarniad, dywedodd y Goruchaf Lys fod angen arweiniad er mwyn lleihau'r risg o ymyrraeth anghymesur sy'n torri hawliau dynol.

Er bod y materion a godwyd yn y ddau adroddiad uchod a dyfarniad y Goruchaf Lys yn cynnwys cam-drin hawliau dynol mewn meysydd nad ydynt wedi'u datganoli, maent hefyd yn gwbl berthnasol i gam-drin hawliau dynol mewn meysydd datganoledig. Rydym yn credu bod yr egwyddorion a'r dulliau diogelu a nodwyd yn y ddau adroddiad uchod a dyfarniad y Goruchaf Lys yn gallu, ac y dylent, gael eu cymhwyso yn gyffredinol i'r holl ymyriadau hawliau dynol, ac yn arbennig i arfer pwerau mynediad.

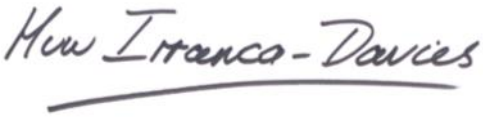
Nid ydym wedi ein darbwyllo gan eich dadl y byddai diwygio'r Bil fel rydym yn ei awgrymu yn arwain at ddryswch gan nad yw'n cael ei gynnwys mewn deddfwriaeth arall. Mae hwn yn gyfle i Lywodraeth Cymru gymryd yr awenau wrth roi mwy fyth o bwyslais ar rwymedigaethau hawliau dynol.

Yng ngoleuni'r uchod, byddwn yn ddiolchgar pe byddech yn ailystyried ein hargymhelliad ac yn cyflwyno gwelliant priodol i'r Bil.

Edrychwn ymlaen at glywed gennych maes o law.

Rwy'n anfon copi o'r llythyr hwn at Gadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol.

Yn gywir



Huw Irranca-Davies
Cadeirydd

Croesewir gohebiaeth yn Gymraeg neu Saesneg.
We welcome correspondence in Welsh or English.

Rebecca Evans AC/AM
Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Minister for Social Services and Public Health

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-L/RE/0144/17

Huw Irranca-Davies AC
Cadeirydd y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol
Cynulliad Cenedlaethol Cymru
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18 Ebrill 2017

Annwyl Huw,

Bil Iechyd y Cyhoedd (Cymru)

Diolch ichi am eich llythyr dyddiedig 29 Mawrth.

Rwy'n cydnabod y bwriad y tu ôl i argymhelliad y Pwyllgor, ac rwy'n cytuno'n llwyr bod cydymffurfio â rhwymedigaethau hawliau dynol o'r pwys mwyaf. Fodd bynnag, rwy'n dal o'r farn y byddai gwelliant penodol i gyfeirio mewn termau cyffredinol at gydymffurfio â hawliau'r Confensiwn ar wyneb y Bil yn ddiangen ac yn amhriodol, o ystyried y ddyletswydd statudol drosfwaol bresennol sydd ar awdurdodau cyhoeddus mewn perthynas â rhwymedigaethau hawliau dynol, a'r cyfyngiadau penodol yn y Bil sy'n berthnasol i ymarfer swyddogaethau gorfodi. Rwy'n ymwybodol o'r angen i ddefnyddio deddfwriaeth i orfodi rhwymedigaethau penodol, neu newid y gyfraith fel arall, ac i beidio â gwneud darpariaethau diangen sydd â'r potensial i beri amheuaeth ynghylch cysondeb y gyfraith, ac ynghylch gweithredu cyfyngiadau penodol ar ddefnyddio'r pwerau.

Yn benodol, mae cyfres o fesurau diogelu wedi eu cynnwys ar wyneb y Bil o ran sut y bydd swyddogion awdurdodedig yn ymarfer eu pwerau mynediad ac archwilio. Mae'r rhain yn darparu amddiffyniad ychwanegol i'r rheini sy'n berchen ar eu cartrefi drwy sicrhau bod pwerau mynediad yn cael eu hymarfer mewn modd priodol a chymesur. Enghraifft o hyn oedd y gwelliannau a gafodd eu cytuno yn ystod Cam 2 y trafodion ar 23 Mawrth, sy'n darparu ar gyfer yr angen i'r swyddog awdurdodedig roi ei enw; dangos tystiolaeth ddogfennol ei fod yn swyddog awdurdodedig; a rhoi copi o'r warant i'r meddiannydd; os bydd meddiannydd eiddo yn bresennol pan fydd gwarant yn cael ei gweithredu.

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Yn fy marn i, byddai mewnosod mesurau diogelu penodol ac ymarferol fel hyn yn ddull sydd â mwy o ffocws iddo ac sy'n fwy cynaliadwy ar gyfer amddiffyn hawliau'r unigolyn; yn hytrach na chyfeirio'n fwy cyffredinol at rwymedigaethau hawliau dynol a fyddai'n dyblygu'r ddyletswydd bresennol sydd ar awdurdodau gorfodi i weithredu mewn modd sy'n gydnaws â hawliau'r Confensiwn o dan adran 6 o Ddeddf Hawliau Dynol 1998 ("dyletswydd HRA") wrth gyflawni eu swyddogaethau.

Hefyd rwyf wedi cyflwyno gwelliannau yn ystod Cam 2 mewn ymateb uniongyrchol i argymhelliad cynharach y Pwyllgor y dylid datgan yn hollol eglur ar wyneb y Bil mai cyrff cyhoeddus fydd yr awdurdodau gorfodi ar gyfer Rhan 2 y Bil. Mae'r gwelliannau hyn yn mynd cam ymhellach nag argymhelliad gwreiddiol y Pwyllgor drwy enwi'n glir yr awdurdodau gorfodi – sef awdurdodau lleol ar gyfer pob eiddo a cherbyd, yn ogystal â rôl yr heddlu wrth ymwneud â cherbydau gan fod ganddynt y pŵer i stopio cerbydau preifat. Mae'r gwelliannau hyn yn sicrhau mai dim ond y sefydliadau hynny sydd eisoes yn rhwymedig gan y ddyletswydd HRA, ac sydd â dealltwriaeth drwyadl ohoni, fydd yr awdurdodau gorfodi.

Mae canllawiau cyffredinol sydd eisoes wedi eu hen sefydlu ar waith o dan y *Cod ymarfer ar gyfer yr heddlu yn ymarfer pwerau statudol mewn perthynas â mynediad, chwilio a meddiannu. (PACE Cod B),* sy'n berthnasol i'r heddlu ac i swyddogion awdurdodau lleol sy'n ymchwilio i droseddau, ac sy'n rhoi pwyslais clir ar weithredu'n unol â Deddf Hawliau Dynol 1998. Rwyf hefyd yn fodlon cadarnhau y byddwn yn manteisio ar y cyfle i atgoffa awdurdodau gorfodi o'r angen iddynt weithredu'n unol â'u rhwymedigaethau presennol o dan ddeddfwriaeth hawliau dynol, ac iddynt ddarparu'r hyfforddiant priodol i swyddogion gorfodi, wrth inni baratoi canllawiau penodol ar bwerau gorfodi o dan Ran 2 o'r Bil.

Rwy'n anfon copi o'r ymateb hwn at Dr Dai Lloyd, AC, Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon.

Rebecca

Rebecca Evans AC / AM
Y Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Minister for Social Services and Public Health

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA - P/VG/0496/17

Dr Dai Lloyd
Cadeirydd
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
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19 Ebrill 2017

Annwyl Dai,

Yn dilyn fy llythyr at bob Aelod Cynulliad ar 2 Mawrth yn rhoi gwybod iddynt am benderfyniad Prif Ystadegydd Cymru y dylid cyhoeddi ystadegau ar weithgareddau misol y Gwasanaeth Iechyd Gwladol (GIG) ar yr un diwrnod, gallaf gadarnhau yn awr y bydd y set ddata gyntaf yn cael ei chyhoeddi ar 20 Ebrill am 9:30am. Wedi hynny, bydd pob set ddata yn cael ei chyhoeddi ar y dydd Iau olaf ond un yn y mis gan amlaf.

Mae blog Prif Ystadegydd Cymru 'Cydlynu ystadegau misol y GIG' yn awgrymu y bydd newid i gyhoeddi'r datganiadau misol ar weithgareddau'r GIG ar yr un diwrnod yn cynnig darlun mwy cyflawn ac integredig o weithgarwch a pherfformiad, ac felly golwg gliriach ar y GIG yng Nghymru.

Byddwn yn falch o gael adborth gan y Pwyllgor wedi i'r ystadegau gael eu cyhoeddi. Byddant i'w cael yn: http://llyw.cymru/statistics-and-research/nhs-activity-performance-summary/?skip=1&lang=cy

Os bydd yr Aelodau yn teimlo y byddai o fudd cael mwy o wybodaeth gan ystadegwyr ynghylch y mater hwn, byddem yn falch o hwyluso hyn. Os hoffech drefnu hyn, cysylltwch â John Morris, Pennaeth Ystadegau Iechyd, Gwasanaethau Cymdeithasol a'r Boblogaeth, yn: morris.john@wales.gsi.gov.uk / 0300 0251401.

Yn gywir

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Welsh Government

Ein cyf/Our ref MA(P)/RE/0463/17

Aelodau'r Cynulliad
Cynulliad Cenedlaethol Cymru

18 Ebrill 2017

Annwyl Aelodau'r Cynulliad,

Yn ystod ystyriaeth Cyfnod 2 o Fil Iechyd y Cyhoedd (Cymru) gan y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon, addewais y byddwn yn rhoi manylion pellach i Aelodau'r Cynulliad ar y safonau maeth sydd eisoes yn eu lle mewn ysbytai ac ysgolion, a'r cynlluniau o ran safonau maeth.

Mae cyfarwyddiadau a chanllawiau mewn perthynas â bwyta'n iach i gleifion, staff ac ymwelwyr eisoes ar waith mewn ysbytai. Mae'r rhain yn cynnwys safonau maeth bwyd a hylif gorfodol i gleifion, safonau gorfodol mewn perthynas â gwerthu bwyd a diod iach, a chanllawiau ar gyfer bwyd a diod sy'n cael eu gweini i staff ac i ymwelwyr. Mae'r cydweithio â rhanddeiliaid i wella'r ddarpariaeth o fwyd a diod ymhellach yn dal i fynd rhagddo:

- Mae swyddogion Llywodraeth Cymru yn edrych ar yr argymhellion a wnaed gan y Pwyllgor Cyfrifon Cyhoeddus yn sgil cyhoeddi ei adroddiad ar arlwyo mewn ysbytai a maeth cleifion ym mis Mawrth 2017 a bydd yn cymryd y camau priodol;

- Mae adnodd pwrpasol yn cael ei gyflwyno gan Wasanaeth Gwybodeg GIG Cymru. Bydd dogfennau safonedig "Unwaith i Gymru" yn cefnogi ac yn gwella ansawdd a diogelwch gofal i gleifion drwy wella'r cofnodion ynghylch asesiadau maeth a chynlluniau gofal. Mae disgwyl i'r gwaith datblygu gymryd tair blynedd, a bydd y cynllun yn cwmpasu cefnogaeth i penderfyniadau clinigol i wella diogelwch cleifion ac adnabod peryglon i gleifion yn gynnar.

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Mewn ysgolion, mae Llywodraeth Cymru wedi cyflwyno deddfwriaeth i wella'r bwyd a'r diod a ddarperir gydol y diwrnod ysgol. Mae Rheoliadau Bwyta'n Iach mewn Ysgolion (Gofynion a Safonau Maeth) (Cymru) 2013 yn nodi'r mathau o fwydydd a diod y caniateir eu cynnig; ac yn diffinio cynnwys maeth ciniawau ysgol.

Hefyd, mae safonau yn cael eu datblygu ar gyfer cartrefi gofal i bobl hŷn a lleoliadau'r blynyddoedd cynnar. Nid oes angen deddfwriaeth i wneud hyn.

Bydd safonau a chanllawiau maeth ar gyfer cartrefi gofal i bobl hŷn yn cael eu cynnwys fel rhan o'r trefniadau rheoleiddio ac arolygu newydd sydd i'w cyflwyno o Ebrill 2019 fel rhan o Ddeddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016.

Bydd meini prawf manylach ar gyfer bwyd yn cael eu datblygu ar gyfer lleoliadau'r blynyddoedd cynnar i danategu Safon 12 o Safonau Gofynnol Cenedlaethol ar gyfer Gofal Plant a Reoleiddir 2012 ar gyfer bwyd a diod mewn lleoliadau blynyddoedd cynnar.

I gefnogi cydymffurfiaeth, arolygu a chefnogaeth gan y sector a'r gyfarwyddiaeth, bydd deunyddiau ategol a hyfforddiant yn cael eu datblygu hefyd. Mae'r trafodaethau cynnar gyda'r cyfarwyddiaethau perthnasol yn gadarnhaol, ac mae deietegydd yn cydweithio â swyddogion Llywodraeth Cymru i ddatblygu'r safonau.

Mae fy swyddogion nawr yn ystyried yr opsiynau i ategu'r broses o roi'r safonau newydd ar waith a chydymffurfio â hwy.

Rebecca

Rebecca Evans AC/AM
Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Minister for Social Services and Public Health

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon