PC 02
Ymchwiliad i ofal sylfaenol
Inquiry into primary care
Ymateb gan: Gwasanaethau Gwirfoddol Morgannwg
Response from: Glamorgan Voluntary Services

Introduction to GVS
Glamorgan Voluntary Services (GVS) is an independent charity and has a flourishing membership of voluntary and community organisations active in the Vale of Glamorgan. We help to improve the quality of life of people and communities by supporting volunteers, volunteering opportunities and voluntary groups.

GVS delivers an array of quality services to meet the needs of voluntary groups. We are a one stop shop for the voluntary sector. We champion best practice throughout voluntary organisations so that they excel in delivering their aims and objectives.

GVS empowers voluntary groups, providing many channels of engagement and quality services to enable them to excel at serving their communities. Our role is to provide information, advice and guidance on all aspects of volunteering for both volunteers and recruiting organisations.

The Health and Social Care Facilitator in Glamorgan Voluntary Services (GVS) supports the third sector and statutory partners in a number of ways:

- Promoting partnership working within the sector and across sectors
- Promoting third sector organisations and services to statutory partners and vice versa
- Representing the third sector at strategic planning and partnership groups
- Engaging the sector in consultations and engagement about health and social services

The answers in this response will focus primarily on how the third sector can integrate into GP clusters, identifying areas of good practice in the Vale and Cardiff and areas for future development. As such, not all points outlined by the Committee have been addressed.

Answers to Primary Care consultation questions

1. **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).**

GP cluster networks can help in sharing expertise across GPs, developing areas of GP specialism within the clusters and reducing the need for GPs to have specialisms in every health area.

A future development could be for patients registered in one surgery to be able to access other surgeries in the cluster if their surgery is at capacity (I am unsure if this already happens). This would mean that the cluster network helps in spreading the load between surgeries. There may however be practical issues which make this difficult, eg sharing medical records and co-ordinating capacity.

2. **Views on the emerging multi-disciplinary team (how health and care professionals fit into the new cluster model and how their contribution can be measured).**

It is important for multi-disciplinary teams (MDT) to include a range of staff from all sectors, including the third sector. There are many examples of how well this can work. In Cardiff and the Vale, third sector organisations are co-located with the Community Resource Teams in Cardiff and the Community Resource Service in the Vale. This has worked well and third sector staff attend team meetings, take referrals and develop good working relationships with a range of health and social care staff. It helps to speed up referral processes and people are therefore provided with support in the community more quickly than they might be if there was no co-location.

In the Vale there is an Age Connects Cardiff and the Vale Third Sector Broker who is co-located in the contact centre, Contact1Vale. They are a member of the multi-disciplinary team, take part in team meetings and take referrals directly from health and social care staff. The Broker pulls in a range of community services according to need and performs an element of case management to ensure that people are in receipt of services, especially important for those who find it difficult to contact services themselves. In addition, the Broker is well placed to identify issues with receipt of services, gaps in service, any waiting times which may impact and the effectiveness of the services people receive.

It would be useful to build on this model of third sector co-location by more integration of the third sector into MDT working in GP surgeries. This has started in Cardiff and the Vale through a project delivered by United Welsh called Wellbeing4U, whereby Wellbeing Co-ordinators are located in GP surgeries and focus on priority areas identify by the GPs, eg increasing the uptake of flu vaccinations and screening, and signposting people to services. However, their capacity is limited and they are unable to have a presence in all surgeries.

All these third sector services are providing monitoring and evaluation reports which have indicated that they are effective models and delivering real change. However, they are funded on a short term basis, some from the Intermediate Care Fund, and as such there is no guarantee about their sustainability.

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

Greater primary prevention in general practice will be dependent on capacity and will need a variety of staff, with a range of skills who have time to support patients and the public. Given the current pressures on general practice it is difficult to see how further development of primary prevention can happen unless there is additional resource.

However, primary prevention in general practice does not necessarily need to be dependent on increased GP capacity. The third sector services mentioned earlier help to relieve pressure not just on general practice, but also on other health and social services. They need to be adequately resourced, but have proved to be cost effective and successful and are able to provide the in depth support which some people need.

In the Vale, the Barry GP cluster has identified a Third Sector Champion in each surgery. They are practice managers, reception or administrative staff and act as my link in terms of increasing links to the third sector. In my role, as the GVS Health and Social Care Facilitator, I am able to attend their staff meetings, share resources such as the Directory of third sector services for older people, forward updates on new third sector projects and organise third sector stands in the surgeries. To date, Touchtrust, Age Connects, Hafal, With Music in Mind and NEST have all had stands and some have linked into flu clinics. Currently, I am working with Vale TeleV and Noah's Ark to link them to the surgeries.

Not only does this support integration of the third sector with general practice, but it also raises awareness amongst the Third Sector Champions of the range of third sector services available. It also helps third sector organisations understand more about the pressures on general practice.

The lead GP for the Vale and lead for the Barry GP Cluster was instrumental in helping GVS set up the Third Sector Champion scheme. Other Cluster leads in the Vale have helped me link to surgeries in their cluster, but currently, due to capacity, the work is mainly focussed in Barry.

4. Summary

As stated earlier, this response focusses on third sector integration with general practice. There are many benefits for all, especially patients and the public, if we work towards greater integration of third sector organisations and services with general practice.

If you would like further information, please contact:

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