

PC 05

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Meddygfa Emlyn

Response from: Emlyn Surgery

Meddygfa Emlyn

Response to Primary Care consultation – 17th January 2017

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).

Response – Increasing demand for GPs and Practice Managers to attend meetings and feed back to other members of the Practice team which reduces time to see patients and manage Practice. However the meetings do increase service awareness. Furthermore whilst cluster working can reduce demand on GPs for instance by the excellent work of pharmacists and frailty nurses in some areas eg medication reviews, care home staff education by the same token it also reveals previously hidden pathology which needs attention. The **patients** are certainly getting better care and the work may be reducing acute hospital admissions but the overall effect is not one of reduction in demand for GP time etc.

A step in the right direction would be allowing individual clusters to stop unnecessary audit activity. We all see the benefits of cancer care reviews and polypharmacy reviews. But palliative care reviews in this area of West Wales is a waste of time, since the level of service provision in this area is excellent especially in comparison to other non rural areas of Wales.

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

Eg Frailty Nurse and pharmacist employed by cluster. This improves the quality of patient care, assists primary care professionals with effective provision of care and avoids wastage whilst improving patient safety.

The current and future workforce challenges

The roll out of such models on a long term basis requires an increase in resources both HR and financial.

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.

See points 1 – 3 above.

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

MDT approach to spread knowledge and information and monitor patients. General preventative messages need to be on a HB/WG level.

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

Need annual/biannual all Wales cluster meetings to discuss each other's experiences, not cherry picked by political manipulation.

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. 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

See 6