Royal College of General Practitioners
Coleg Brenhinol Meddygon Teulu

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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.