

Primary Care Follow-up Review – Aneurin Bevan University Health Board

Audit year: 2022

Date issued: December 2023

Document reference: 3654A2023

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

Summary report	
Introduction	4
Key messages	6
Recommendations	8
Detailed report	
Implementation of previous audit recommendations	9
Board-level visibility and focus on primary care	14
Capacity and capability to deliver local and national priorities	16
Appendices	
Appendix 1 – Audit methods	18
Appendix 2 – 2019 audit recommendations	19
Appendix 3 – Organisational response	22

Summary report

Introduction

- 1 Primary care is the first point of contact for most people who use health services in Wales. It encompasses a wide range of services, delivered in the community by a range of providers, including General Practitioners (GPs), Pharmacists, Dentists, Optometrists, as well as other professionals from the health, social care, and voluntary sectors.
- 2 In 2018-19, the Auditor General reviewed primary care across all Health Boards in Wales, with a particular focus on general practice. That work focussed on strategic planning, investment, workforce, oversight and leadership, and performance.
- 3 Our [2019 Review of Primary Care at Aneurin Bevan University Health Board](#) (the Health Board) found that it had comprehensive plans for primary and community care and was making steady progress towards implementing the key elements of the national vision. While performance levels were above average for many indicators, growing workforce pressures were challenging the sustainability of core GP services in some areas. The Health Board had assessed the workforce challenges in some practices and was in the early stages of testing solutions. Primary care plans were informed by Neighbourhood Care Network plans, but the networks were not fully mature. Despite strong leadership arrangements, limited performance indicators did not allow oversight of all areas of primary care and there was scope for greater focus on primary care at Board-level. Our 2019 work also found examples of resources shifting closer to home and the aim was to increase investment in primary care. However, our report recommended that more needed to be done to form a baseline of the investment and resource use.
- 4 The landscape for primary care in Wales has changed since our original review in 2019:
 - Welsh Government has published its long-term plan for health and social care - [A Healthier Wales](#). The plan highlights primary care's crucial role in helping to realise the ambition of creating a seamless whole system approach with services designed around people, based on their needs, supporting them to stay well and not just providing treatment when they become ill. This means that more services traditionally provided in a hospital setting are shifted into the community to provide care at home or closer to home to take pressure off hospitals and reduce the time people wait to be treated.
 - the [Strategic Programme for Primary Care](#) is the all-Wales primary care response and contribution to 'A Healthier Wales'. It set out six workstreams:
 - focussing on 'ill-health' prevention and wellbeing;
 - developing 24/7 access to services;
 - exploiting data and digital technologies;
 - strengthening workforce and organisational development;

- improving communications and engagement; and
 - developing 'cluster-level' vision and enabling service transformation.
 - in February 2023, the National Primary Care Board, which oversees the Strategic Programme for Primary Care, identified that work is progressing at a varying pace within each Health Board area. Aligned to this, there are wider concerns around the capacity of central Primary Care Services Teams within Health Boards to deliver organisational priorities, as well as Board-level visibility and focus on primary care.
 - Welsh Government has embarked on an ambitious programme of contract reform across General Medical Services, Dentistry, Community Pharmacy, and Optometry to:
 - ensure primary care services are sustainable;
 - improve patient access to primary care services;
 - reinforce the focus on quality and prevention;
 - enable cluster working to plan and deliver services; and
 - strengthening the workforce.
 - primary care services were severely impacted by the COVID-19 pandemic. Whilst the immediate public health emergency has subsided, primary care providers continue to face challenges as they recover and reconfigure their services with the aim of responding to the needs and expectations of the public in a post-pandemic world.
- 5 Our review has focussed primarily on assessing the extent to which the Health Board has implemented our 2019 recommendations. However, we have also undertaken some additional work to consider the extent that:
- the Health Board's central Primary Care Services Team has the appropriate capacity and capability (in terms of knowledge, skills, and experience) to deliver local and national priorities, as well as to manage day-to-day operational and business needs; and
 - the Board and / or its committees regularly consider matters relating to the planning, performance, risks, and opportunities associated with the Health Board's primary care services.
- 6 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 7 Overall, we found that **the Health Board has made reasonable progress in addressing our previous recommendations, particularly in relation to public engagement and Neighbourhood Care Network development and activity. However, the sustainability of some primary care services remains a concern and there needs to be a more co-ordinated, unified, and strategic approach to primary care planning, resourcing, and reporting on outcomes.**

Implementation of previous audit recommendations

- 8 We found that **the Health Board has strengthened public engagement and key aspects of Neighbourhood Care Network activity and development. It is also beginning to improve its approach to evaluating new ways of working, which will ultimately need to inform whether Primary care mainstream these initiatives.**
- 9 The Health Board has strengthened key aspects of Neighbourhood Care Network activity and development. Whilst there remains some variation in Neighbourhood Care Network membership, representation at meetings has improved and there are clear plans to develop arrangements further. The Health Board has clearly defined the role of the Neighbourhood Care Networks as part of the Primary Care and Community Services Division, the five Integrated Service Partnership Boards, and the Public Service Boards. The Health Board continues to invest in leadership development, and all Neighbourhood Care Networks Leads have completed the Confident Primary Care Leaders course. However, there is no specific locum Neighbourhood Care Network Lead post to provide additional capacity and backfill for absences and share learning.
- 10 The Health Board is strengthening its approach to public engagement, and this is helping both to highlight pressures facing the primary care system and signpost alternative services as they become embedded. But the Health Board needs to become better at determining the extent that its investment in primary care improvement is delivering the intended impact. There also isn't a truly evaluative approach to determine the impact Neighbourhood Care Network initiatives, although the Health Board is strengthening its evaluation approaches during 2023. Where there is evidence of evaluation, the Health Board does not always allocate mainstream funding to new ways of working. This could mean that impactful approaches to manage health conditions in the community may not be embedded.

Board-level visibility and focus on primary care

- 11 We found that **primary care is appropriately reflected in Health Board strategies and plans. However, there is a need for a more integrated, unified, and strategic approach to primary care planning and resource utilisation. Whilst primary care reporting to the Board and its committees has improved,**

opportunities remain to provide greater coverage on primary care challenges, opportunities, improvements, and risks.

- 12 Primary care services are appropriately reflected in the Health Board's clinical futures strategic plans, Integrated Medium-Term Plan (IMTP), and 11 underpinning Neighbourhood Care Networks IMTPs. Between them, they set out a high-level ambition and some detailed improvement actions to transform services. The Health Board has a Primary Care and Community Services Integrated Medium Term Plan for the 2023-26 period. This incorporates both service modernisation and the sustainability of primary care services and integrates enabling requirements including digital, estates, communications, workforce and quality. The Health Board is intending to move away from a solely community service focussed plan, from 2024, to integrate primary and community services with acute services aligned to wider clinical futures strategy and plans.
- 13 There is improving primary care reporting to the Board and committees, but it is fragmented which makes it hard to form a collective view on the primary care challenges, opportunities, improvements, and risks. There remain a very limited number of corporately reported performance indicators for primary care. There needs to be clearer outcome-based measures and reporting to help to understand what impact or difference is being achieved.

Capacity and capability to deliver local and national priorities

- 14 We found that **the work of primary care support and contracting teams has broadened and increased significantly. But it has also become increasingly crisis-driven, and this needs to be addressed as a priority.**
- 15 The work of primary care support and contracting teams has grown significantly; however, they are increasingly crisis-driven. The Health Board recognises a need to review the function of the Primary Care Operational Support Team to provide 'upstream support' rather than crisis response and consider team resourcing levels. At present though, resources supporting transformation are separate to core primary care practice support which may mean that overall capacity is not best utilised.

Recommendations

Implementation of previous audit recommendations

- 16 Based on our findings above and in the detail of this report, the status of our 2019 audit recommendations is summarised in **Exhibit 1**. We have provided the progress and status against each recommendation in more detail in **Appendix 2**.
- 17 The Health Board has provided an update to the open recommendations, setting out proposed action for improvement (**Appendix 3**).

Exhibit 1: status of our 2019 recommendations

Implemented	Ongoing	No action	Superseded	Total
7	8	0	1	16

Detailed report

Implementation of previous audit recommendations

- 18 We considered the Health Board's progress in implementing our 2019 audit recommendations. These focus on:
- investment in primary care (2019 Recommendations 1a and b);
 - new ways of working (2019 Recommendations 4a, b, c, and d); and
 - Neighbourhood Care Networks (2019 Recommendations 5a, b, c, d, and e).
- 19 Recommendations relating to oversight of primary care at Board and committees (2019 Recommendation 2 and 2019 Recommendations 3a, b, and c) are discussed later in this report.
- 20 Overall, we found that **the Health Board has strengthened public engagement and key aspects of Neighbourhood Care Network activity and development. It is also beginning to improve its approach to evaluating new ways of working which will inform future investment decisions.**

Investment in primary care

- 21 We considered whether the Health Board has:
- calculated a baseline position for its current investment and resource use in primary and community care (2019 Recommendation 1a); and
 - reviewed and reported, at least annually, its investment in primary and community care to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care (2019 Recommendation 1b).
- 22 We found **that the Health Board is reporting on its baseline and changing profile of investment between hospital and non-hospital services.**
- 23 The Health Board has analysed and routinely reported on the comparative trends between acute and community services. It implemented a different approach to budget setting for the 2023-24 financial year based on forecast spend within divisions rather than based on historical budgets. This is intended to address the historical issue of funding not being transferred between divisions and is to be accompanied by greater focus on baselines to help facilitate activity and resource shift in the future. **We therefore consider Recommendation 1a to be completed.** 'A Healthier Wales' clearly seeks a shift in resources to community services, there are a range of examples, more recently community based MSK services, but also minor skin surgery and ophthalmology/optometry integration which show increasing shift towards community and primary care based services. The Health Board have analysed the initiatives and changes in 'out of hospital care' by division. **We therefore consider Recommendation 1b to be complete.**

New ways of working

24 We considered whether the Health Board has:

- worked with the Neighbourhood Care Networks (NCNs) to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes, and to inform decisions on whether to expand these models (2019 Recommendation 4a);
- centrally collated evaluations of new ways of working and shared the learning by publicising the key messages across all NCNs (2019 Recommendation 4b);
- begun to fund these new models from mainstream funding, subject to positive evaluation, rather than from the Primary Care Development Fund (2019 Recommendation 4c); and
- worked with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care that have the potential to reduce demand for GP appointments (2019 Recommendation 4d).

25 We found that the Health Board **has appropriately strengthened its arrangements for promoting new ways of working amongst the public and signposting them to alternative points of contact. However, given growing funding constraints, it needs to become better at systematically evaluating the outcomes from new models and initiatives to inform decisions on continued investment.**

26 The Health Board started its new Neighbourhood Care Network¹ funded project evaluation process in January 2023. Its aim is to assess projects systematically and objectively to improve accountability, measurement, and increased transparency of project outcomes. The work is being led by Neighbourhood Care Network Office Service Improvement Managers who are providing support to locality teams. Through these new approaches, the Health Board is expecting to strengthen its evidence base for projects, inform decision making, help to identify key organisational learning, and establish unmet need and demand. The Health Board is planning to prepare evaluation outcomes in time to inform the 2024-25 Neighbourhood Care Network Plan development process. The Primary Care and Community Services Division performance dashboard is also under review, and the Health Board currently plans to update this to reflect the agreed measurement strategy across the Neighbourhood Care Network funded projects. **We therefore consider Recommendations 4a and 4b to be ongoing.**

¹ A Neighbourhood Care Network (also known as a GP cluster) is a 'place-based' partnership network whose aim is to shape services at a neighbourhood level (typically supporting populations of 40,000 to 60,000). The Health Board has 11 Neighbourhood Care Networks in total.

- 27 There are some examples where new models and initiatives have become mainstream in primary care. These include the Ophthalmology Diagnostic Treatment Centre for Glaucoma and Wet AMD (age-related macular degeneration), the extended Minor Skin Surgery Service, and the introduction of an Integrated Primary and Community Care Academy. However, the Health Board faces risks when implementing new primary care services as many sources of funding are non-recurrent. If the funding stops, this could either affect the sustainability of new models and initiatives or result in unfunded service cost pressures within the Primary Care and Community Services Division. The Health Board's central Neighbourhood Care Network Office is working with the Value-Based² Health Care Team to evaluate new models that are clearly demonstrating impact. This will then be used to support business case proposals to begin mainstreaming some models of care that are proven to be effective. The Neighbourhood Care Network Office is also strengthening financial governance to ensure there is an Award Letter and Project Initiation Document or Service Level Agreement in place for all Neighbourhood Care Network funded projects. These agreements will specify the outcome data to be collected to inform decisions about scaling-up and mainstreaming effective models. **We therefore consider Recommendation 4c to be ongoing.**
- 28 The Health Board appointed a Communication and Engagement Officer in October 2022 to help ensure that the public are aware of pressures and alternative services which can help to reduce the pressure on GPs. This has resulted in stronger and more coordinated communication programme that is aligned to the wider corporate Health Board approach. Furthermore, the Health Board is appropriately promoting several alternative points of contact including the:
- Community Pharmacy Common Ailment Service;
 - Eye Health Examination Wales Service;
 - Urgent Dental Hotline; and
 - NHS 111 Option 2 for Mental Health Crisis support.
- 29 In support of the new arrangements above, the Health Board requires that all existing patient-facing staff undertake the national care navigation training package as part of the national GMS Contract access commitment. All new patient-facing staff complete the national care navigation training package within three months of their start date. The Health Board has recently produced and shared videos on its social media channels featuring Neighbourhood Care Network Leads as part of a wider social media campaigns to help manage patient expectations during periods of peak demand. Part of that work included the production of video stories to raise public awareness of extended roles within primary care such as associate nurse practitioners, clinical pharmacists, and psychological health practitioners. **We therefore consider Recommendation 4d as implemented.**

² Value-based healthcare is the equitable, sustainable, and transparent use of available resources to achieve better outcomes and experiences.

Neighbourhood Care Networks

30 We considered whether the Health Board has:

- reviewed the relative maturity of clusters, and targeted and strengthened its support for clusters where necessary (2019 Recommendation 5a);
- reviewed the membership of NCNs and attendance at NCN meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups (2019 Recommendation 5b);
- clarified and publicised governance and leadership arrangements for NCNs, to ensure better understanding of the responsibilities for decision making (2019 Recommendation 5c);
- ensured that all NCN leads have attended the Confident Primary Care Leaders Course (2019 Recommendation 5d); and
- considered introducing a locum NCN lead post, to work across all NCNs providing additional capacity and backfill for leads. The post could also be valuable in sharing learning across NCNs (2019 Recommendation 5e).

31 We found that **the Health Board has made good progress in implementing new Neighbourhood Care Networks and wider governance structures, as well as supporting individuals to develop their leadership skills.**

32 Internal Audit's report on Neighbourhood Care Networks, issued in December 2022, concluded that they were not fully mature, drawing attention to complex primary care structures. Since then, Welsh Government has set 2022-23 as a transition year for introducing new local authority footprint-based partnership governance structures and has awarded £0.56 million of additional funding to the Health Board to support their development³. Throughout 2022-23, the Health Board has utilised the funds to create an Accelerated Cluster Development Hub project to strengthen governance structures, and to support pan-cluster planning and local Neighbourhood Care Network delivery and distributed leadership. The Strategic Programme for Primary Care Fund is also supporting additional capacity and capability to:

- enhance health intelligence,
- promote service improvement, communication, and engagement,
- and strengthen workforce planning, organisational development, and business support across the networks.

The Accelerated Cluster Development Hub Project and associated programme has made good progress in supporting the Neighbourhood Care Networks and creating the local authority footprint-based (pan-cluster) Integrated Services Partnership Boards. **We therefore consider Recommendation 5a as implemented.**

³ [Aneurin Bevan University Health Board Strategic Programme for Primary Care year 1 funding proposals](#)

- 33 Neighbourhood Care Network governance is guided by nationally agreed Terms of Reference for NHS Wales Clusters. This sets out the responsibility of individual cluster members and the role of the Health Board in leadership. The membership and structure of the Health Board's Neighbourhood Care Networks have developed over the last year, resulting in strengthened representation from local authorities and the third sector in all Neighbourhood Care Networks. Furthermore, the 'Professional Collaboratives' are also starting to provide a mechanism for GP Practices, Dental Practices, Community Pharmacies, Optometry Practices, Community Nurses, and Allied Health Professionals to together. Over time, these collaboratives should support development within their profession specific groups and facilitate working across a Neighbourhood Care Network to design solutions that meet the needs of local people. **We therefore consider Recommendation 5b as implemented.**
- 34 The Health Board agreed its Neighbourhood Care Networks governance and leadership arrangements at its public Board meeting on 30 November 2022. This set out the structure, roles, interrelationships between the Accelerated Cluster Development Programme Board, the Supporting Neighbourhood Care Networks Office, and local government and health board corporate leadership structures and scrutiny committees. The Board also agreed the partnership governance structure for planning and delivery under the Regional Partnership Board, which included the 5 Integrated Services Partnership Boards, the role of the Neighbourhood Care Networks, and the underpinning role of professional collaboratives. During the first three months of 2023-24, the Health Board has published its first newsletter "Neighbourhood Care Network News", which signposts to progress of the work of the networks and provides links to updated website information on the form and function of the networks. **We therefore consider Recommendation 5c as implemented.**
- 35 The Health Board is investing in corporate support for individuals to develop their leadership skills. All Neighbourhood Care Networks Leads have completed the confident primary care leaders course. In addition, neighbourhood care network leads are encouraged to pursue other leadership development opportunities. This includes, for example, the Health Education and Improvement Wales leadership training platform and also pairing some leads with those in other health boards. The newly appointed workforce transformation manager has developed a bespoke leadership development programme for Neighbourhood Care Networks and Professional Collaborative lead roles. **We therefore consider Recommendation 5d as implemented.**
- 36 There is no specific 'locum' Neighbourhood Care Network Lead post to provide additional capacity and backfill for absences and share learning as we previously recommended. However, the Health Board's investment in its Accelerated Cluster Development Hub, including its supporting development programme, is improving the resilience of delivery arrangements. **We therefore consider recommendation 5e as superseded.**

Board-level oversight of primary care

- 37 We considered the extent to which the Board and / or its committees regularly consider matters relating to the planning, performance, risks, and opportunities associated with the Health Board's primary care services. In doing so, we specifically considered whether the Health Board has:
- reflected primary care in its strategies and plans in line with the ambitions of 'A Healthier Wales';
 - developed an action plan for raising the profile of primary care in the Health Board (2019 Recommendation 2); and
 - ensured the contents of Board and committee performance reports adequately cover primary care (2019 Recommendations 3a, b, and c).
- 38 We found that **primary care is appropriately reflected in Health Board strategies and plans. However, there is a need for a more centralised, unified, and strategic approach to primary care planning and resource utilisation. Whilst primary care reporting to the Board and its committees has improved, opportunities remain to provide greater coverage of primary care challenges, opportunities, improvements, and risks.**
- 39 Welsh Government is encouraging localised planning at a cluster level and strengthening co-ordination at a local authority footprint level through the creation of pan-Cluster Planning Groups, known as Integrated Services Partnership Boards. The Health Board's primary care improvements are developed 'bottom up' by the Health Board's Neighbourhood Care Networks. All Neighbourhood Care Networks have developed their own Integrated Medium-Term Plans for the period 2020-23. Some have also recently prepared Annual Plans for 2023-24. The two published 2023-24 Neighbourhood Care Network 'cluster plans' link appropriately to national strategy, policy, and legislation. They also both effectively align to the priorities of the Health Board and relevant local authorities. The Health Board's Integrated Medium-Term Plan provides a reasonable approach for consolidating some quite detailed short-term primary care actions to be delivered during 2023-24.
- 40 However, the many plans that cover primary care services do not sufficiently allow the Health Board to collectively understand the totality of its resource requirements. Whilst the Neighbourhood Care Network Plans appropriately identify delivery actions, they do not effectively identify the totality of the resource requirements needed to deliver them. This is particularly notable in terms of digital, workforce, capital, and estate resource requirements.
- 41 The regional and place-based Neighbourhood Care Network planning is supported by national and often short-term funding streams. The Health Board is utilising national Strategic Programme for Primary Care Funds to support area-based planning and enhance obesity services.
- 42 Furthermore, whilst the Health Board's IMTP identifies primary care improvements, it is difficult to see the totality of the capital and revenue resource required to deliver the plans. As a result, we cannot determine whether there is sufficient

resource allocated to deliver the Health Board's primary care aims and ambition. Nor can we determine whether the Health Board is planning to utilise the totality of its current £276 million primary care and community revenue spend to best effect.

43 The Health Board has a Primary Care and Community Services Integrated Medium Term Plan from 2023-26. This incorporates both service modernisation and the sustainability of primary care services and integrates enabling requirements including digital, estates, communications, workforce and quality. The Health Board is intending to move away from a solely community service focussed plan, from 2024, to integrate primary and community services with acute services aligned to wider clinical futures strategy and plans. This should assist the Health Board in developing new integrate care pathways.

44 Our review of Board papers over the year to August 2023 found that whilst the Health Board is increasing and improving Board and committee oversight of primary care services, it remains very fragmented:

- core primary care divisional spend against budget is included in the finance update to Finance and Performance Committee and the Board. However, this doesn't give a sense of whether primary care services are financially efficient.
- information on the funding of wider Neighbourhood Care Network improvement work is not routinely reported. The report on Accelerated Cluster Development (Neighbourhood Care Network development) programme report prepared for the July 2023 Partnerships, Population Health, and Planning Committee, provided a good overview on actions and improvement activity but little information on costs or quantified outcomes.
- Primary Care Sustainability updates to the Board (including Board briefings) and the Partnerships, Population Health and Planning Committee over the last year frequently refer to failing practices, practice closures and managed practices. This helps the Board react to increased primary care risk, but because it is not reported alongside wider cluster improvement plans it makes it difficult to see a joined-up sustainable solutions.
- Board IMTP updates include frequent references to primary care although these are on a relatively narrow range of primary care issues/initiatives.
- the Board Assurance Framework (BAF) does not identify any risks regarding the achievement of strategic aims for primary care. For example, it does not include:
 - a strategic risk relating to the Health Board's ability to achieve a shift in resources to primary care to fulfil the goals set out in 'A Healthier Wales'.
 - a strategic risk relating to corporate primary care resources to support transformation and change.
- the Integrated Performance Report contains some primary care indicators, but these do not effectively reflect either the primary care sustainability risks or

wider Neighbourhood Community Network plans. Furthermore, they do not focus on outcomes, the impact achieved from improvement initiatives, or measures that may help to indicate primary care service sustainability risk.

- the 2021-22 Annual Report on Primary Care provides a good overview of developments and risks across general medical services, general dental services, general ophthalmic services, and community pharmacy services. However, there is limited information on finances, performance reporting, and links to wider Neighbourhood Care Network activities. Evidence suggests that the annual report did not go to a committee or the Board, and we have not seen any evidence to indicate that a 2022-23 Annual Report in primary care services has been prepared and reported to committee or the Board.

45 As a result of the above, Board members are unable to form a strategic view on the totality of the primary care services and whether actions will lead to sustainability of services in the longer term. **We therefore consider Recommendation 2 and Recommendations 3a, b, and c to be ongoing.**

Capacity and capability to deliver local and national priorities

46 We considered whether the Health Board's central Primary Care Services Team has the appropriate capacity and capability (in terms of knowledge, skills, and experience) to deliver local and national priorities, as well as to manage day-to-day operational and business needs. In doing so, we considered whether the central Primary Care Services Team has:

- an appropriately resourced structure, which is kept under review, with clear lines of accountability; and
- arrangements for identifying and supporting learning and development needs, and succession planning on an ongoing basis.

47 We found **the work of primary care support and contracting teams has broadened and increased significantly. It has also become increasingly crisis-driven, and this needs to be addressed as a priority.**

48 The Primary Care Operational Support Team (the Support Team) was established to provide support for GP practices working closely with the Urgent Primary Care Team (UPTC). The Support Team resides in the Chief Operating Officer's portfolio and comprises three nurses, one pharmacist and two administrators. It supports GP practices in several areas, including:

- recruitment challenges;
- early practice interventions;
- assisting managed practices;

- the Merger Incentive Scheme⁴; and
 - addressing vacant practice outcomes.
- 49 Several practices have required crisis support in recent years, which has limited the capacity of the Support Team to work on the prevention agenda and support early interventions. The Primary Care Contracting Team was originally developed as a back-office function to manage primary care contracts. It too has become increasingly involved in managing the Health Board's response to contract resignations and branch surgery closures. This includes responding to the resultant patient and service provider concerns and helping to support multi-disciplinary team-based solutions for primary care.
- 50 Because of increasing concerns about the sustainability of some primary care services, the Health Board re-established the Primary Care Sustainability Board in October 2022. Its remit is to oversee and direct a programme of work to improve the sustainability of primary care services. This includes a strong focus on training, staff retention, and a public communications strategy. The Primary and Community Care Academy was also re-established in 2023. Its remit includes workforce planning and succession planning, identifying training needs and developing an education and training programme, workforce development, communications, and engagement with primary care providers.
- 51 The Health Board recognises the need to review the function of the Support Team to provide 'upstream support' rather than crisis response and to consider team resourcing levels. Alongside the capacity to support the day-to-day operation of services, the Health Board is also investing in strengthening its support for Neighbourhood Care Network development. The Neighbourhood Care Network office, coordinated by a Senior Programme Manager includes a Commissioning Manager, leads for organisational development, communications and engagement, a business management, and data analysis capacity. The office also includes, dental, optometry and pharmacy clinical advisory capacity. Neighbourhood Care Network Office capacity is supported by funding from the Strategic Programme for Primary Care and supports Neighbourhood Care Network development and related clinical service design.
- 52 At present and as identified above, resources supporting primary care transformation are separate to core primary care practice support which may mean that overall capacity is not being used to full effect. In reviewing the function and resource levels of the Support Team, the Primary Care Sustainability Board should consider opportunities to bring operational and transformational resources together in a more integrated way to strengthen resilience and optimise resources.

⁴ The Health Board introduced the Merger Incentive Scheme in 2018 in order to support practices with smaller population list sizes to reach the necessary critical mass required to deliver the most effective and sustainable services.

Appendix 1

Audit methods

Exhibit 3 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 3: audit methods

Element of audit methods	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Neighbourhood Care Network’s plans from 2020 onwards.• Health Board Integrated Medium Term Plans.• Cluster Annual Plans.• Relevant primary care focussed Board and Committee papers.• Papers relating to the April 2023 Board Development Session.• Patient Quality Safety and Outcomes Committee agenda and papers.• Relevant Internal Audit Reports including reports on NCNs, and Tredegar and Newport Health and Wellbeing Centres.• Self-Assessment.• Collaborative leadership development resources.• Organisational/divisional structures.• Relevant Executive team briefings.
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Executive Director of Primary Care (prior to restructure).• Assistant Director of Primary Care.• Consultant in Public Health.• Lead Independent Member for Primary Care.• Head of Primary Care.• Deputy Medical Director.
Observations	<p>We observed the Board Development session focussing on primary care in April 2023.</p>

Appendix 2

A summary of progress against our 2019 recommendations

Exhibit 4 sets out the recommendations we made in 2019 together with our summary assessment of progress in 2023.

Exhibit 4: our recommendations from 2019

Recommendation	Progress
Recommendation R1a Calculate a baseline position for its current investment and resource use in primary and community care.	Implemented – See paragraph 23
Recommendation R1b Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care.	Implemented – See paragraph 23
Recommendation 2 The Health Board should develop an action plan for raising the profile of primary care in the Health Board. Actions could include ensuring a standing item on Board agendas regarding primary care and publishing an annual report on primary care.	Ongoing – See paragraphs 43 to 49
Recommendation 3a Review the contents of its Board and committee performance reports to ensure sufficient attention is paid to primary care.	Ongoing – See paragraphs 43 to 49
Recommendation 3a Review the contents of its Board and committee performance reports to ensure sufficient attention is paid to primary care.	Ongoing – See paragraphs 43 to 49
Recommendation 3b Review the frequency with which Board and committees receive performance reports regarding primary care.	Ongoing – See paragraphs 43 to 49

Recommendation	Progress
<p>Recommendation 3c Review the way it currently reports to Board and committees on its progress in delivering its plans for primary care, and importantly, how it is reporting on improved outcomes for patients in primary care.</p>	<p>Ongoing – See paragraphs 43 to 49</p>
<p>Recommendation 4a Work with the NCNs to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models.</p>	<p>Ongoing – See paragraph 30</p>
<p>Recommendation 4b Centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all NCNs.</p>	<p>Ongoing – See paragraph 30</p>
<p>Recommendation 4c Subject to positive evaluation, begin to fund these new models from mainstream funding, rather than from the Primary Care Development Fund.</p>	<p>Ongoing – See paragraph 31</p>
<p>Recommendation 4d Work with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care that have the potential to reduce demand for GP appointments.</p>	<p>Implemented – See paragraph 32</p>
<p>Recommendation 5a Review the relative maturity of NCNs, to develop and implement a plan to strengthen its support where necessary.</p>	<p>Implemented – See paragraph 36</p>
<p>Recommendation 5b Review the membership of NCNs and attendance at NCN meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups.</p>	<p>Implemented – See paragraph 36</p>

Recommendation	Progress
<p>Recommendation 5c Clarify and publicise the governance and leadership arrangements for NCNs, to ensure better understanding of the responsibilities for decision-making.</p>	<p>Implemented – See paragraph 37</p>
<p>Recommendation 5d Ensure all NCN leads attend the Confident Primary Care Leaders course.</p>	<p>Implemented – See paragraph 38</p>
<p>Recommendation 5e Consider introducing a locum NCN lead post, to work across all NCNs providing additional capacity and backfill for leads. The post could also be valuable in sharing learning across NCNs.</p>	<p>Superseded – See paragraph 39</p>

Appendix 3

Organisational response to audit recommendations

Exhibit 5 below sets out the Health Board's response to our audit recommendations.

Recommendation	Organisational response	Completion date	Responsible officer
<p>Recommendation 2 The Health Board should develop an action plan for raising the profile of primary care in the Health Board. Actions could include ensuring a standing item on Board agendas regarding primary care and publishing an annual report on primary care.</p>	<p>The Health Board's Integrated Medium-Term Plan is based on the life course approach and consequently includes key priorities for primary care to integrate across the whole health care system. Monitoring of the Primary Care related elements of the IMTP follow the same format as other areas, including Executive chaired monthly assurance meetings, mid-year reviews, end of year reviews and issue led discussion at Executive Team, Health Board and other committees.</p> <p>The Division has been invited to lead a number of Board development sessions over the past 12 months, notably the presentation of the Primary Care Sustainability plan, which includes the expansion of the primary care academy and is key in ensuring the workforce of the future. The weekly Executive Team meeting provides a forum to discuss any issues across the operational divisions, and primary care features regularly on the agenda. This will include updates from the primary care contracting team reporting on GP and other independent contractor changes.</p> <p>A potential risk that Primary Care could lose profile at Board level due to re-structure and cessation of the Executive Director for Primary Care post. However, stability has been brought to the Primary Care & Community Services Division through substantive appointment of a new Divisional Director with presence at senior committees within the Health Board. Welsh Government no longer requires the Health Board to submit an annual plan for primary care, however a report is produced for internal purposes.</p>	<p>Actions complete and will continue ongoing</p>	<p>Director of Corporate Governance/ Divisional Director Primary and Community</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>Recommendation 3</p> <p>a) Review the contents of its Board and committee performance reports to ensure sufficient attention is paid to primary care.</p> <p>b) Review the frequency with which Board and committees receive performance reports regarding primary care.</p> <p>c) Review the way it currently reports to Board and committees on its progress in delivering its plans for primary care, and importantly, how it is reporting on improved outcomes for patients in primary care.</p>	<p>As with the other operational Divisions, Primary Care forms part of the Health Boards regular agendas across the various Committees and Boards. The Divisions performance is reported as part of the overarching reporting against the IMTP and is presented to each formal Board meeting and the Finance and Performance Committee.</p> <p>The Primary Care Division will be updating the Health Board at the April Development session to report on progress against the sustainability workstream.</p> <p>There is work ongoing to integrate the Divisions data into the Performance Report for the Finance & Performance Committee. Initially this will be a minimum data set with plans to expand reporting in the future.</p> <p>Ad hoc / topic specific reports are requested and shared with the Executive Team / Board on a regular basis.</p>	<p>Action complete and will continue ongoing</p> <p>April 2024</p> <p>December 2024</p>	<p>Director of Corporate Governance/ Divisional Director Primary and Community</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>Recommendation 4a</p> <p>a) Work with the NCNs to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models.</p> <p>b) Centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all NCNs.</p> <p>c) Subject to positive evaluation, begin to fund these new models from mainstream funding, rather than from the Primary Care Development Fund.</p>	<p>NCN project evaluation framework has been established.</p> <p>There have been some successes in terms of substantiating services previously funded by NCNs to release funding back into new initiatives. This includes conversion of many practice-based pharmacists to practice-employed status and cessation of funding of direct-access physiotherapy / first contact physiotherapists with the advent of the MSK Hub. Plans being put in place to utilise <i>Building Capacity through Community Care: Further Faster</i> funding to scale up other successful projects, such as care home in-reach. Some other initiatives requiring resolution, including future funding of Psychological Wellbeing Practitioners.</p> <p>Significant work has been undertaken to understand the implications of an alternative skill mix model for primary care. Costed workforce plans are being developed with support from Corporate Workforce Team – funded via Strategic Programme for Primary Care.</p> <p>Workforce modelling has indicated the scale of the problem with insufficient training being commissioned by HEIW. The Health Board has subsequently agreed to invest funding – as a cost pressure – into an expanded Primary Care & Community Academy, in agreement that a sustainable future funding model is a priority.</p>	<p>Actions complete and will continue ongoing</p>	<p>Director of Primary & Community Services</p>



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.