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Audit Wales

Primary Care Follow-up Review – Swansea Bay University Health Board

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Summary report

Introduction

1 Primary care is the first point of contact for many 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. Our 2019 Review of Primary Care at Swansea Bay University Health Board[1] (the Health Board) found that the Health Board had clear plans for primary care coupled with strong leadership and oversight of clusters, but financial recovery and secondary care were taking focus away from primary care planning and performance was not strong.

3 The landscape for primary care in Wales has changed since our original review in 2019. Welsh Government has since 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.

4 The Strategic Programme for Primary Care is the all-Wales primary care response and contribution to 'A Healthier Wales'. These are being taken through six workstreams of work which health boards are expected to then implement at a local level:

- 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.

5 In February 2023, the National Primary Care Board, which oversees the Strategic Programme for Primary Care, identified that this work is progressing at a varying pace within each health board area. Alongside this, there are wider concerns

[1] Our 2019 review was focused on Abertawe Bro Morgannwg University Health Board. In April 2019, the Health Board became Swansea Bay University Health Board following the transfer of Bridgend services to Cwm Taf University Health Board.

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.

6 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.

7 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 seek to restore, recover, and reconfigure their services to meet the needs and expectations of the public in a post-pandemic world.

8 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 assess 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; and
- 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.

9 The methods we used to deliver our work are summarised in **Appendix 1**.

Key messages

10 Overall, we found **the Health Board is making good progress to address our previous audit recommendations. It has strengthened its arrangements for financial planning analysis, and new ways of working, and is progressing work to strengthen Local Cluster Collaboratives and shift resources from secondary to primary care. However, central primary care services capacity remains stretched, and the Health Board does not have a comprehensive understanding of its primary care workforce. There is limited oversight and scrutiny of primary care at Board and committees and reporting on primary care performance and outcomes needs strengthening.**

Implementation of previous audit recommendations

11 We found that **the Health Board has addressed actions relating to financial planning and new ways of working and is progressing work to strengthen Local Cluster Collaboratives and shift resources from secondary to primary care. However, it does not have a comprehensive understanding of its primary care workforce.**

12 The Health Board has a clear process for considering financial costs within its primary care projects and plans which support its broader financial strategy. It is making significant progress to develop and strengthen its Local Cluster Collaboratives and cluster lead training and development arrangements. It should now use the opportunity to reflect on cluster maturity and further enhance the effectiveness of its arrangements.

13 The Health Board is succeeding in shifting some resources from secondary to primary care, but progress remains slow, and it has struggled to establish a baseline understanding of the true cost of primary care. While the Health Board is taking steps to develop workforce requirements for primary care, getting a comprehensive understanding of its primary care workforce is largely reliant on the availability of data at a national level. The Health Board is successfully evaluating and mainstreaming new ways of working and has improved its arrangements for sharing learning.

Board-level visibility and focus on primary care

14 We found that **while primary care features in the Health Boards Integrated Medium Term Plan, there is no dedicated primary care strategy or long-term vision. There is limited oversight and scrutiny of the challenges facing primary care at Board, and consideration at committees could be more systematically embedded within routine business. The Health Board has adequate arrangements for monitoring delivery of primary care plans, but performance oversight needs to be strengthened.**

15 Primary care is a component of the Health Board's Integrated Medium-Term Plan (IMTP) 2023-26 which clearly aligns to national priorities. However, there is no dedicated strategy and primary care services is not reflected within other corporate strategies and plans which primarily focus on acute services.

16 Matters relating to primary care are not fully embedded within routine Board and committee business. While the Board considers reports referencing primary care services, it does not receive dedicated primary care reports and there is limited scrutiny and oversight of the information presented. Other than a quarterly primary care highlight report to Quality and Safety Committee, coverage of primary care in performance, finance and workforce reports is weak.

17 There continues to be a limited number of primary care performance measures included within the Health Board's Integrated Performance report, but a lack of

performance targets and commentary on progress inhibits effective understanding and monitoring of primary care performance.

18 The Health Board has adequate arrangements for monitoring progress of primary care plans through the IMTP / Annual Plan progress updates. While the update provides a useful summary of all priorities, their delivery status, there are opportunities for the Health Board to be clearer on outcome-based measures and reporting to help understand what impact or difference it is making and whether it is resulting in improved outcomes and experiences for patients.

Capacity and capability to deliver local and national priorities

19 We found that **the Health Board has a generally effective primary care structure with clear lines of accountability. However, resources and capacity within its central Primary Care Services Team remains stretched due to increasing local, and national priorities and succession planning arrangements require strengthening.**

20 The Health Board's Primary, Community and Therapies Service Group has clear lines of accountability to the Chief Operating Officer, who is supported by an effective management structure. However, focus on secondary care performance and risks often take precedent over primary care. The Primary Care Services Team[2] has experienced and capable staff, but increasing workloads associated with both local and national priorities, is putting pressure on some staff, and impacting on their ability to manage day-to-day operational and business need.

21 While succession planning is discussed with senior primary care leadership as part of appraisal discussions, we found limited evidence that the Health Board has succession plans within the Primary Care Services Team, presenting some risks to the resilience of the team. The development of a primary care workforce plan provides an opportunity for the Health Board to address these risks.

Recommendations

22 The status of our 2019 audit recommendations is summarised in **Exhibit 1** and set out in more detail in **Appendix 2**.

Exhibit 1: status of our 2019 recommendations

Implemented	Ongoing	No action	Superseded	Total
4	6		1	**11**

[2] The primary care and cluster development team is managed by the Associate Service Group Director, a head of primary care and a head of cluster development supported by a senior management team.

23 **Exhibit 2** details the recommendations arising from this audit. These recommendations incorporate the outstanding open recommendations from the original review as identified in this report. The Health Board's response to our recommendations is set out in **Appendix 3**.

Exhibit 2: 2023 recommendations

Recommendations	
R1	The Health Board should review the relative maturity of clusters, to reflect on the existing arrangements, address any potential gaps and strengthen Health Board support where necessary.
R2	The Health Board should use 2023-24 budgetary information as a baseline position of the cost of primary care to ensure the shift of resources can be reported.
R3	The Health Board should explore and implement ways to extend its use of existing workforce information and examine how it can gather additional workforce data about the wider primary care team.
R4	The Health Board should develop an action plan for raising the profile of primary care in the organisation.
R5	The Health Board should improve oversight at Board and committee level of performance within primary care by: 5.1. increasing the coverage of primary care performance within its Integrated Performance Report; and 5.2. increasing the focus on outcomes and experience.
R6	The Health Board should strengthen its Primary Care Services Team by: 6.1. reviewing the resources available to ensure it has the necessary capacity to deliver local and national priorities, alongside meeting day-to-day operational and business need; and 6.2. developing a succession plan.

Detailed report

Implementation of previous audit recommendations

24 We considered the Health Board's progress in implementing our 2019 audit recommendations. These focus on:

- financial planning (2019 Recommendation 1).
- primary care clusters (2019 Recommendations 2a and b).
- investment in primary care (2019 Recommendation 3).
- primary care workforce (2019 Recommendation 6).
- new ways of working (2019 Recommendations 7a, b and c).

25 Recommendations relating to oversight of primary care at Board and committees (2019 recommendations 4, 5a, b and c) are discussed later in this report.

26 Overall, we found that **the Health Board has addressed actions relating to financial planning and new ways of working and is progressing work to develop and strengthen Local Cluster Collaboratives, shift resources from secondary to primary care and establish a financial baseline. However, it does not have a comprehensive understanding of its primary care workforce.**

Financial planning

27 We considered whether the Health Board analyses financial costs within primary care and is undertaking regular financial cost analysis to support health board primary care plans to ensure they are affordable and demonstrate how any planned changes will be funded (2019 Recommendation 1).

28 We found that **the Health Board has a clear process for considering the financial costs and funding of its primary care projects and plans which support its broader financial strategy.**

29 The Health Board has a clear process for considering financial costs within its primary care projects and plans. New projects proposed by Local Cluster Collaboratives (LCCs)[3] require completion of a standardised proposal form which sets out key financial information enabling an assessment of cost, affordability, and impact of planned changes on funding. It also requires LLCs to demonstrate how proposals align to objectives within the Health Board's Integrated Medium-Term Plan (IMTP), and how progress will be monitored using the organisations Goals, Methods, and Outcomes (GMOs) approach. New project proposals are not approved unless they are supported by an appropriate exit strategy. All proposals

[3] Local Cluster Collaboratives (previously named primary care clusters) are the local planning and delivery mechanism within accelerated cluster development. They are made up of representatives from each of the professional collaboratives together with representatives from the third sector, mental health, and medicines management.

are considered and prioritised by the Pan Cluster Planning Group[4] (PCPG) based on local and national strategic direction.

30 All LCCs develop IMTPs based on local and national priorities. The plans identify cluster priorities and actions for 2023-24 alongside associated workforce and financial implications. Each plan includes a statement of agreed expenditure setting out the LCC budget, funding allocations and agreed expenditure against projects and roles. While most LLCs were forecasting to operate within their agreed budget, we note that the Upper Valleys LCC IMTP did forecast a small deficit.

31 Each of the eight LLC IMTPs are collated into a PCPG plan for 2023-26 which aligns with the Health Board's IMTP and outlines the LLC priority areas. The plan also sets out proposed projects which are prioritised based on funding requirements, for example, where projects are to be delivered using existing resource, identified for priority investment, or will only be supported if additional monies are identified. **We consider 2019 Recommendation 1 implemented.**

Local cluster collaboratives

32 We considered whether the Health Board had reviewed the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary (2019 Recommendation 2a) and we also considered whether the Health Board had encouraged all cluster leads to attend the Confident Primary Care Leaders course (2019 Recommendation 2b).

33 We found that **the Health Board has made significant progress to develop and strengthen its Local Cluster Collaboratives and cluster lead training and development arrangements. It should now use the opportunity to reflect on cluster maturity and further enhance the effectiveness of its arrangements.**

34 The Health Board is providing significant resource and investment to develop and strengthen its LCCs and implement the requirements of the Accelerated Cluster Development (ACD) Programme[5]. It has established eight LCCs with multidisciplinary membership including GPs, dentists, pharmacists, optometry, adult and children nursing, medicines managements, mental health and third sector representation.

[4] Pan Cluster Planning Groups enable representatives of clusters to come together at county population footprint to collaborate with representatives of health board and local authority, public health experts, planners etc to translate cluster led activity into Health Board and Regional Partnership Board priorities.

[5] The Accelerated Cluster Development Programme is a key strategic programme within NHS Wales to deliver the primary care component of place-based care, delivered through professional collaboratives and clusters.

35 The Health Board has appointed and funded an overall Clinical Director and Cluster Leads for each of the LCCs and is providing senior clinical and management time from within its Primary, Community and Therapies Service Group to support development. In addition, an experienced cluster development team supports LCCs with IMTP development, and monitoring, project implementation, financial management, external bidding, recruitment, procurement, and cluster meetings. The Chief Executive led Cluster Development Group also provides a platform for executive directors, senior managers and cluster leads to engage on LCC development.

36 The Health Board formally established a PCPG in June 2022 which includes Health Board, local authority, Regional Partnership Board (RPB), Council Voluntary Service and Llais[6] representation. Since its establishment it has considered several priorities, including:

- the purpose and aims of the Accelerated Cluster Development Programme;
- how to build on previous success of the LLCs IMTPs;
- opportunities to add value, set priorities, identify any risks and mitigation;
- developing the first pan cluster plan; and
- aligning its local priorities and plans with the Health Board and Regional Partnership Board Strategic Plans.

37 LCC and PCPG meeting agendas are well structured and focus on key matters, such as management of IMTPs, updates on accelerated cluster development, project proposals and review of risks. PCPG meetings are well chaired, the agenda run to time with good discussion, and debate of key issues. Members participate fully in meetings, raising awareness of issues, identifying opportunities to improve services and ask insightful questions on the information presented.

38 The Health Board has also established effective professional collaboratives (PCs) which enable GP, dental and optometry practices, community pharmacies, community nursing and allied health professions to come together within their profession specific groups across a cluster footprint. The PCs consider how they respond to regional and national strategy for their respective profession, the quality of the service they offer and design solutions to meet the needs of local people.

39 PC Leads provide routine updates at LCC meetings. The PCPG also consider reports on recently established PCs. An update in July 2023 on the regional dental professional collaborative meetings noted good engagement from dental professionals with frank discussion and several ideas suggested how they can work in partnership with cluster colleagues and engage in cluster activities.

40 In March 2023, the Health Board agreed and implemented a Swansea Bay Governance Framework to support its implementation of the ACD programme. This includes Terms of Reference for the PCPG, LCCs and PCs and formal reporting arrangements for all. While it is embedding these arrangements, it should also use

[6] In April 2023, Llais replaced the seven Community Health Councils across Wales.

the opportunity to reflect on the maturity of its LLCs and the effectiveness of the overall arrangements. **We consider 2019 Recommendation 2a ongoing and has now been replaced with 2023 Recommendation 1.**

41 The Health Board is taking positive steps to strengthen leadership and training for cluster leads. It is supporting some cluster leads to attend leadership programmes provided through the Health Education and Improvement Wales (HEIW) Gwella Leadership Platform. However, it should now extend this opportunity to all cluster leads to enable them to access the training and development required for their role.

42 The COVID-19 pandemic brought a significant rise in turnover amongst cluster leads, with some still relatively new to the role. As part of the Health Board's work to develop primary care workforce leadership skills, the Cluster Development Team has completed a training needs analysis to assess skills and capabilities across the LCCs. It has developed enhanced induction training and guidance and is also progressing work to develop a training and development plan to support cluster leads in their roles. **We consider 2019 Recommendation 2b superseded.**

Investment in primary care

43 We considered whether the health board has adopted the financial framework issued by Welsh Government at the time of our 2019 work to support the implementation of its primary care and wider service transformation plans (2019 Recommendation 3).

44 **We found the Health Board is succeeding in shifting some resources from secondary to primary care, but progress remains slow. It has struggled to establish a baseline understanding of the true cost of primary care, and therefore is unable to demonstrate the progress it is making in shifting resource.**

45 At the time of our previous work, the Welsh Government had issued guidance to support the shift in financial resources from secondary acute services to community and primary service delivery[7]. The Health Board is demonstrating strategic intent and has successfully transferred some resources from secondary to primary care, for example, first contact practitioners, audiology, and physiotherapy services across LCCs. However, in general, progress has been slow with Health Board staff commenting on several challenges and barriers that will need to be addressed before further progress is made. These include the impact of the COVID-19 pandemic, issues with the Health Board estate, and limited capital funding. We were also informed that while up to £19 million has been transferred from secondary to primary care budgets as part of a resource shift, often the service remains with a secondary care focus.

[7] Welsh Health Circular (2018) 025 – Improving Value through Allocative and Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery.

46 The Health Board has struggled to establish a financial baseline for its current investment and resource use in primary and community care. The way in which services are accounted for within the Health Board's budgets was regarded as being complicated and difficult to navigate, with examples given around Health Board funding, prioritised, and allocated by Clusters being included in Hospital and Community Services expenditure. The Health Board indicated that its Welsh Costing Return produced in 2019-20 following the Bridgend Boundary change provided a useful baseline position to understand expenditure in primary care. However, the COVID-19 pandemic had a material impact on figures for the 2020-21 and 2021-22 financial years. The Health Board is completing work to understand the true cost of primary care for the 2022-23 financial year.

47 Once complete, this should provide an opportunity for it to establish a financial baseline position and evaluate and demonstrate the progress it is making in shifting resources. **We consider 2019 Recommendation 3 ongoing and has now been replaced with 2023 Recommendation 2.**

Primary care workforce

48 We considered whether the Health Board has explored and implemented ways to extend its use of existing workforce information and how it can gather and use additional workforce data about the wider primary care team (2019 Recommendation 6).

49 We found that **the Health Board is taking steps to develop workforce requirements for primary care but getting a comprehensive understanding of its primary care workforce is largely reliant on the availability of data at a national level.**

50 The Health Board's GP practices submit workforce information via the Wales National Workforce Reporting System (WNWRS), but this relates to General Medical Services only, and therefore can only be used to inform discussion on the Health Board's future general medical services workforce. National plans are in place to roll out WNWRS to the other primary care services, but this has not yet happened.

51 Aside from collation of sickness absence and training compliance data we found limited evidence that the Health Board uses this or other additional information to gain a comprehensive understanding of its primary care workforce. However, a key priority in the 2023-26 PCPG plan is to consider LCC work to map and plan their workforce requirements. The PCPG is also engaging with Health Education and Improvement Wales (HEIW) as part of its work to develop a Strategic Workforce Plan for Primary Care which will influence the development of Cluster Level and Health Board IMTPs for 2024-25. **We consider 2019 Recommendation 6 ongoing and has now been replaced with 2023 Recommendation 3.**

New ways of working

52 We considered whether the Health Board had:

- worked with clusters 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 (2019 Recommendation 7a);
- centrally collated evaluations of new ways of working and share the key messages across all clusters (2019 Recommendation 7b); and
- subject to positive evaluation, begun to fund new models from mainstream funding rather than the Primary Care Development Fund (2019 Recommendation 7c).

53 We found that **the Health Board has a reasonably effective approach to evaluation, sharing learning and key messages, and is successfully mainstreaming new ways of working.**

54 The Health Board has reasonably effective arrangements for evaluating and sharing learning and key messages from new ways of working. There are regular meetings with LCCs to discuss performance, progress, and outcomes of cluster projects. Project evaluation reports do not follow a specific template, but there are some common areas of focus such as performance, outcomes and impact, governance and risk, and cost benefits and financial implications. This approach provides robust evidence to inform decision making on whether to stop or expand new initiatives. The Health Board may wish to consider introducing a formal project evaluation report template to ensure a more consistent approach. **We consider 2019 Recommendation 7a implemented.**

55 Highlight reports and project evaluations are routinely discussed by the PCPG which set out learning and key messages from successful projects. There is good representation from LCC at these meetings which provide a mechanism for sharing this information at Cluster level. We note that LCC meeting agendas include standing items on PCPG feedback and updates from LCC members and professional collaborative leads to help facilitate this. **We consider 2019 Recommendation 7b implemented.**

56 The Health Board uses a three-tier system for prioritising projects for funding using existing resource, priority investment and where additional funding is identified. It has successfully mainstreamed several LCC projects on a pan-cluster footprint, including, Primary Care Audiology, Training and Enhanced Service for Domestic Abuse (IRISi), Virtual Wards, All-Wales Diabetes Prevention Programme, and Cancer Prehabilitation. It has also invested in 'shift left'[8] initiatives in oral health by developing the role of Community Dental Practitioners and Community Optometry. **We consider 2019 Recommendation 7c implemented.**

[8] 'Shift left' means treating more patients in primary care, or in the community and reducing referrals and treatment in secondary care.

Board-level visibility and focus on primary care

57 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, including ensuring a standing item on Board agendas regarding primary care (2019 Recommendation 4);
- ensured the contents of its Board and committee performance reports adequately cover primary care (2019 Recommendation 5a); and
- ensured that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in improved experiences and outcomes for patients (2019 Recommendation 5b).

58 We found that **while primary care features in the Health Board's Integrated Medium-Term Plan, there is no dedicated primary care strategy or long-term vision. There is limited oversight and scrutiny of the challenges facing primary care at Board, and consideration at committees could be more systematically embedded within routine business. The Health Board has adequate arrangements for monitoring delivery of primary care plans, but performance oversight needs to be strengthened.**

59 The Health Board's Integrated Medium-Term Plan (IMTP) 2023-26 sets out the organisation's vision and outcomes for primary and community care. Focussing on the ongoing development and delivery of the Primary Care Model for Wales[9], continuing implementation of the contract reform programme (**see paragraph 6**), and the Accelerated Cluster Development Programme. The plan clearly aligns to the ambition of 'A Healthier Wales' and emphasises how the Health Board and its partners will transform primary and community care by strengthening integration with secondary care, to deliver a 'whole system approach' and support service sustainability. Our 2023 Structured Assessment report however highlights that a long-term strategy for the Health Board remains a gap. Furthermore, the 10-year Estates Strategy and five-year Clinical Services Plan focus specifically on hospital services. There are no long-term plans for primary care.

60 Matters relating to primary care are not embedded within routine Board and committee business as much as they could be. Board agendas do not include a standing item for primary care. The Board receives some reports that reference

[9] The Primary Care Model for Wales is a whole system approach. It is part of a health and wellbeing system where people access a range of seamless care and support at or close to home, based on their unique needs and what matters to them.

primary care services such as the Board Assurance Framework (BAF), Quality and Safety Committee updates, annual plan progress report and to a limited extent the Integrated Performance Report (IPR). However, there are no dedicated primary care updates to Board.

61 Committee Terms of Reference do refer to primary care services, and work programmes reference aspects of primary care. For example, six monthly post payment verification by Audit Committee, NHS Dentistry and GP access review by Quality and Safety Committee, and the GMS Quality Assurance, and Improvement Framework annual report and specific Board Assurance Framework updates to Performance and Finance Committee. The work programmes however do not indicate the planned meeting to consider some of these items.

62 The Primary Care and Therapies Service Group presents a quarterly highlight report to the Quality and Safety Committee setting out incident, complaints, concerns performance and any quality and safety issues and risks. Other than the Quality and Safety Highlight report, coverage of primary care in performance, finance and workforce reports is weak. We also note limited scrutiny and oversight of primary care information presented to the Board and committees in general. **We consider 2019 Recommendation 4 ongoing and has now been replaced with 2023 Recommendation 4.**

63 The Board and Finance and Performance Committee routinely consider the Health Board's Integrated Performance Report which sets out its performance against national delivery measures, ministerial priorities, and local quality and safety measures. There continues to be a limited number of primary care performance measures which mainly relate to harm from reduction in non-Covid activity, for example, GMS, Dental, Pharmacy escalation and activity levels, waits greater than 14 weeks etc. We also note one primary care performance measure included on the IPR dashboard relating to dental patients reattending NHS primary dental care. While the update provides an overview of in-month / period performance, it does not include performance targets or any commentary to enable the effective understanding and monitoring of primary care performance. It also does not provide sufficient clarity on actions to improve performance, or the impact of actions taken. The Health Board is planning to refresh the IPR, and as part of this work it should increase its focus on primary care performance. **We consider 2019 Recommendation 5a ongoing and has now been replaced with 2023 Recommendation 5.1.**

64 The Health Board has adequate arrangements for monitoring progress of primary care plans. The Board and Performance and Finance Committee routinely receive IMTP / Annual Plan quarterly progress updates, which outline progress in delivering priorities for all service groups including Primary Care, Community, and Therapies. The update provides a useful summary of all priorities and their delivery status. It also provides more detailed information for 'off-track' priorities, including a reason for the delay, responsible officers and mitigating actions. However. there are opportunities for the Health Board to be clearer on outcome-based measures and reporting to help understand what impact or difference it is making and

whether it is resulting in improved outcomes and experiences for patients. **We consider 2019 Recommendation 5b ongoing and has now been replaced with 2023 Recommendation 5.2.**

Capacity and capability to deliver local and national priorities

65 We considered the extent to which 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.

66 We found that **the Health Board has a generally effective primary care structure with clear lines of accountability. However, resources and capacity within its central Primary Care Services Team remain stretched due to increasing local, and national priorities and succession planning arrangements require strengthening.**

67 The Health Board's Primary, Community and Therapies Service Group has clear lines of accountability to the Chief Operating Officer, who has delegated authority for primary care services and is a member of the Board. The role covers the entirety of the Health Board's services and whilst this brings the advantage of a 'whole system' overview of service delivery, there are competing demands between primary and secondary care, and a perception amongst some Health Board staff that the focus on secondary care performance and risks often takes precedent over primary care. Nevertheless, the Chief Operating Officer is supported by an effective management structure including the Director of Primary Care, Associate Service Group Director of Primary Care, Head of Primary Care and Head of Cluster Development.

68 The primary care and cluster development team is managed by the Associate Service Group Director, a Head of Primary Care and a Head of Cluster Development supported by a senior management team. The teams have experienced and capable staff who support the work of the LCCs alongside delivery of national priorities such as the primary care contract reform. While current levels of resources are considered sufficient by senior Primary Care leadership, increasing workloads associated with both local and national priorities, are putting pressure on some staff, potentially impacting on their ability to manage day-to-day operational and business needs. This is further compounded when the teams are addressing issues concerning the condition of the primary care estate and dealing with GP practice closures or relocation. The Health Board currently

has one managed GP practice overseen by the Medical Director, the additional workload to support this managed practice is creating further resource issues within the Primary Care Services Team **(2023 Recommendation 6.1)**

69 While succession planning is part of senior primary care leadership appraisal discussions, we found limited evidence that the Health Board has succession plans for the Primary Care Services Team. This not only presents some short-term risks where existing staff are unable to cover unexpected absence, but also longer-term risks to the resilience of the team, such as loss of expertise and knowledge, loss of business continuity, and long-term vacancies in key roles. The development of a primary care workforce plan provides an opportunity for the Health Board to address these risks **(2023 Recommendation 6.2).**

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.

Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Integrated Medium-Term Plans for 2022-25 and 2023-26 (if available), and other corporate strategies or plans that relate to the Health Board's primary care services and each primary care cluster. • Analysis of current investment and resource use in primary care. • Reports demonstrating reviews of investment in primary care. • Calculation of baseline position and evidence of progress since last baseline position to demonstrate success in shifting resources toward primary and community care. • Agendas and papers from Board and Committee(s) that oversee primary care. • Primary care annual report • Board and committee reports outlining performance and progress in delivering plans within primary care. • Workforce data relating to primary care. • Evaluations of new service models within primary care. • Examples of shared learning in relation to new service models across clusters • List of primary care services receiving mainstream funding • Evaluations of clusters and action plans to strengthen support. • Agendas and papers from cluster network meetings. • Report outlining the governance and leadership arrangements of Clusters. • Evidence to demonstrate that cluster leads have attended the Confident Primary Care Leaders course. • Capacity and demand modelling/benchmarking for primary care resources.
Interviews	We interviewed the following: • Executive Director responsible for Primary Care • Vice Chair of Health Board • Group Director - Primary, Community and Therapies Service Group • Associate Service Group Director - Primary, Community and Therapies Service Group • Medical Director - Primary, Community and Therapies Service Group • Nurse Director - Primary, Community and Therapies Service Group

Element of audit approach	Description
	• Cluster lead(s) • Finance Business Partner - Primary, Community and Therapies Service Group
Observations	We observed the following meeting(s): • Primary, Community and Therapies Service Group July 2023 • Pan Cluster Planning Group July 2023

Appendix 2

Summary of progress against our 2019 audit recommendations

Exhibit 4 sets out the recommendations we made in 2019 and a summary of progress.

Recommendations	Progress
Financial planning R1 The Health Board's plans for primary care are not supported by detailed financial analysis meaning it is unclear how the implementation of the plans will be funded. The Health Board should therefore develop clear a financial cost analysis to support its primary care plans to ensure its plans are affordable and to set how it will fund any planned changes.	**Implemented** – see paragraphs 29-32
Primary care clusters R2 We found variation in the maturity of primary care clusters, and scope to improve cluster leadership/procurement processes/etc. The Health Board should: a) review the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary; and b) ensure all cluster leads attend the Confident Primary Care Leaders course.	a) **Ongoing** – see paragraphs 35-41 b) **Superseded** – see paragraphs 42-43
Investment in primary care R3 The Health Board cannot demonstrate a shift in resources from secondary to primary and community settings, apart from small service changes. The Health Board should adopt the financial framework recently issued by Welsh Government to support the implementation of its primary care and wider service transformation plans.	**Ongoing** – see paragraphs 46-48

Recommendations	Progress
Oversight of primary care R4 We found scope to raise the profile of primary care in the Health Board, particularly at Board and committee level. The Health Board should therefore develop an action plan for raising the profile of primary care in the Health Board. Actions could include ensuring a standing item on primary care on Board agendas.	**Ongoing** – see paragraphs 61-63
R5 We found scope to improve the way in which primary care performance is monitored and reported at Board and committee level. The Health Board should: a) ensure the contents of its Board and committee performance reports adequately cover primary care; and b) ensure that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in improved experiences and outcomes for patients.	**Ongoing** – see paragraph 64 **Ongoing** – see paragraph 65
Primary care workforce R6 The Health Board should explore and implement ways to extend its use of existing workforce information and examine how it can gather and use additional workforce data about the wider primary care team.	**Ongoing** – see paragraphs 51-52
New ways of working R7 While the Health Board is taking steps towards implementing some new ways of working, more progress is required to evaluate the effectiveness of these new models and to mainstream their funding. The Health Board should: a) work with the clusters 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;	**Implemented** – see paragraph 55

Recommendations	Progress
b) centrally collate evaluations of new ways of working and share the key messages across all clusters; and	**Implemented** – see paragraph 56
c) subject to positive evaluation, begin to fund these new models from mainstream funding rather than the Primary Care Development Fund.	**Implemented** – see paragraph 57

Appendix 3

Organisational response to audit recommendations

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

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1 The Health Board should review the relative maturity of clusters, to reflect on the existing arrangements, address any potential gaps and strengthen Health Board support where necessary.	The Health Board already undergoes annual Peer Review sessions with other Health Boards to assess maturity. In Spring 2024 there will also be a self- assessment tool launched for both the Health Board and the individual clusters. In addition, we are required to complete and submit progress against the Ministerial Milestones. The results of these will be used to continue to evolve and develop our approach to the implementation of Accelerated Custer Development.	Peer Review March 2024 Self-Assessment – June 2024. Milestones End of Year assessment – June 2024 Consider results of above to inform programme development – September 2024	Associate Service Group Director
R2 The Health Board should use 2023-24 budgetary information as a baseline position of the cost of primary care to ensure the shift of resources can be reported.	The Health Board reports Primary HealthCare Services costs as part of the costing returns and WG Monitoring Returns so is able track	Throughout 2024/2025 Reviewed March 2025.	Director of Finance and Performance

	these costs historically. The Health Board will review the information on Primary Care spend reported internally taking into account the recommendation and agree a future reporting model. The Director of Finance and Performance will oversee this work and will ensure that there is tracking of investments and cost shifts through the year to inform this.		
R3 The Health Board should explore and implement ways to extend its use of existing workforce information and examine how it can gather additional workforce data about the wider primary care team.	The Health Board has begun using the GMS workforce data to understand the multi-disciplinary teams available in GP practices. When the demand and capacity information becomes available this will give more information on workforce skills and development needs which will be utilised to develop the primary care academy work programme. In terms of other primary care contractors we will escalate this for consideration for the national contract negotiation mandate for the availability of this information and will scope out what is possible to collect locally.	September 2024	Associate Service Group Director
R4 The Health Board should develop an action plan for raising the profile of primary care in the organisation**.**	The Health Board has recently received two board briefings on pharmacy/ dental and Accelerated Cluster Development. In addition,	September 2024	Chief operating Officer / Primary Community

	the information on primary care provided to the performance and finance committee has been strengthened. Escalation levels are reported into daily operational calls. A communication officer ensures that regular articles celebrating the work of primary and community services/ clusters are placed upon the intranet. An action plan to build upon this work will be developed and agreed with the Vice Chair.		Service Group Director
R5 The Health Board should improve oversight at Board and committee level of performance within primary care by: 5.1 increasing the coverage of primary care performance within its Integrated Performance Report; and 5.2 increasing the focus on outcomes and experience.	Some primary care data is already included within the IPR under the primary and community care overview section. A review will be undertaken in Quarter 1 to determine which of the measures will be retained and which are to be removed. Consideration will also be given to the addition of new measures to reflect developments of primary and community services. This will also be completed in Quarter 1 and the additional measures will include narrative and graphical presentations proportionate to the rest of the Integrated Performance Report. An annual report will be made to the performance and finance committee on primary	June 2024 September 2024	Director of Finance and Performance

		care each year, the content of which will be agreed with the chair of the committee.		Associate Service Group Director
R6	The Health Board should strengthen its Primary Care Services Team by: 6.1 reviewing the resources available to ensure it has the necessary capacity to deliver local and national priorities, alongside meeting day-to-day operational and business need; and 6.2 developing a succession plan.	6.1 Additional resources have already been made available to the primary care team, to strengthen and expand the structure. This has included additional senior management, Deputy primary care and cluster development managers and additional contracts staff. An additional officer is also being recruited to support the estates manager. However, the national contract reform programme is creating significant workload and a benchmarking exercise will be done with other Health Boards in order to inform a review. 6.2 As part of the additional resources above a deputy head of primary care post has been created and two band 7 staff to act as deputy managers. This has strengthened the structure to create opportunities for career progression and skills development. In addition a senior management development programme is being launched in April 2024 which will incorporate leadership skills.	Undertake benchmarking exercise 30th June 2024 Review and consider results to inform future workforce planning – 30th September 2024 Please see commentary under section 6.2. on the changes that have already been made.	Associate Service Group Director

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