Archwilio Cymru
Audit Wales

Primary Care Follow-up Review – Hywel Dda University Health Board

Audit year: 2022

Date issued: July 2024

Document reference: 3949A2023

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

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 2018 Review of Primary Care at Hywel Dda University Health Board (the Health Board) found that it had ambitious plans for primary care and was taking steps towards implementing key aspects of the national vision. However, financial pressures were making it difficult to redirect funds to primary care, workforce challenges were threatening the sustainability of services, and national performance levels were generally worse than the rest of Wales.

3 The landscape for primary care in Wales has changed since our original review in 2018. 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[1] set out its programme aims which are designed to support the delivery of the primary care 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

[1] The Strategic Programme for Primary Care is the all-Wales primary care response and contribution to 'A Healthier Wales'.

pace within each health board area. Alongside this, there are wider concerns around as Board-level visibility and focus on primary care, as well as the capacity of central Primary Care Services Teams within health boards to deliver organisational priorities.

6 Welsh Government has also 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
- strengthen 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 2018 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 that **the Health Board is making good progress in addressing our previous recommendations. It is improving the management of primary care services, providing additional capacity, and strengthening oversight of primary care challenges at Board. However, capacity remains stretched in some areas, and more work is needed to develop a financial baseline. Consideration of primary care, including oversight of performance, in routine committee business requires improvement.**

Implementation of previous audit recommendations

11 We found that **the Health Board has addressed recommendations relating to clusters and evaluating new ways of working and it is progressing work on workforce planning and engagement in planning. But it has struggled to establish a financial baseline.**

12 The Health Board has a good approach to public and stakeholder engagement on operational changes, with plans in place to ensure meaningful engagement on the development of a long-term strategy for primary care. Costs associated with operational changes are clear, but the costs associated with the long-term provision of services are still to be worked through. The Health Board has struggled to establish a baseline understanding of the true cost of primary and community care. As a result, it has been unable to demonstrate whether there has been a shift in resources.

13 The Health Board is taking steps to develop an updated primary care workforce plan as part of its wider strategy development, but getting a comprehensive understanding of the number and skills currently available is largely reliant on availability of data at a national level. Positive steps have been taken to strengthen leadership training, and cluster membership and attendance has been expanded to include a wider range of representation..

14 The Health Board has implemented a framework for evaluating and communicating new ways of working and has successfully mainstreamed several projects.

Board-level visibility and focus on primary care

15 We found **that primary care features prominently in the Health Board's long-term strategy vision, and there is good oversight and scrutiny of some of the challenges facing primary care at Board. However, consideration at committees is not systematically embedded within routine business, and performance oversight is lacking.**

16 Primary care is a key component of the Health Board's long-term strategy, with positive progress being made with the development of a dedicated primary care strategy. There is a clear objective within the Annual Plan focused on primary care, which is also reflected in cluster plans. Matters affecting primary care are visible at Board, helped by the fact that the Director of Primary, Community and Long-Term Care is a Board member. The Health Board is the only one in Wales to have a dedicated director for primary care on its Board.

17 However, primary care is not embedded within the routine business of the committees as much as it could be, other than the specific focus on delivery of the planning objective and oversight of plans. There are few risks relating to primary care despite the fragility of the service. Other than the financial position, coverage of primary care in performance, workforce, and quality reports is poor. There are no measures relating to primary care included within the workforce dashboard and coverage of primary care within quality and safety reports also needs improving.

Capacity and capability to deliver local and national priorities

18 We found **resources are kept under review, with some positive increases in central primary care capacity and good progress with succession planning. However, some of the Health Board's central primary care capacity is stretched due to the increasing number of managed practices and the limited time available for Cluster Leads to undertake their role in full.**

19 The Health Board's Primary Care Services Team has clear lines of accountability to the Director of Primary, Community and Long-Term Care. Since our previous review, the Health Board has increased capacity within its Primary Care Services Team. However, the number of managed practices has increased from three to six with still only two Heads of Service in place to support the sustainability of these services. The workload associated with the fragility of practices and the support needed for managed practices has meant that the team is reactive to problems. However, additional support has been made available from the Health Board's planning directorate to help with the development of the long-term strategy.

20 Resources allocated to the Primary Care Services Team are kept under review and it is positive to see that additional resources have been made available. However, given the Health Board's challenging financial position, increasing capacity further will be difficult. The Health Board's Primary Care Services Team continues to have the knowledge, skills and experience needed to manage primary care services, and positive steps have been taken to develop succession plans.

Recommendations

21 The status of our 2018 audit recommendations is summarised in **Exhibit 1** and set out in more detail in **Appendix 2**.

Exhibit 1: status of our 2018 recommendations

Implemented	Ongoing	No action	Superseded	Total
5	5	4	-	14

22 **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 and summarised in **Appendix 2**.

Exhibit 2: 2023 recommendations

Recommendations
Strategic planning R1 Through the planned development of its Integrated Primary and Community Services Strategy, the Health Board should: 1.1 ensure engagement with key stakeholders as to how services set out in the strategy will be provided; 1.2 ensure that the strategy encompasses a detailed workforce plan and is fully costed; 1.3 use the 2023-24 budgetary information as a baseline position of the cost of primary and community care to enable the shift of resources to be reported on an annual basis; and 1.4 once the strategy is approved, ensure periodic update reports are provided to the relevant committee demonstrating progress on delivery of the strategy.
Primary care performance R2 The Health Board should improve oversight at Board and committee level of performance within primary care by: 2.1 increasing the coverage of primary care performance within its Integrated Performance Assurance Report; and 2.2 increasing the focus on outcomes and experience.

Detailed report

Implementation of previous audit recommendations

23 We considered the Health Board's progress in implementing our 2018 audit recommendations. These focus on:

- strategic planning (2018 Recommendations 1 and 2);
- investment in primary care (2018 Recommendations 3a and b);
- primary care workforce (2018 Recommendations 5a and b);
- primary care clusters (2018 Recommendations 6a and b); and
- new ways of working (2018 Recommendations 7a, b and c).

24 Recommendations relating to oversight of primary care at Board and committees (2018 Recommendations 4a, b and c) are discussed later in this report.

25 Overall, we found that **the Health Board has addressed recommendations relating to clusters and evaluating new ways of working and is progressing work on workforce planning and engagement in planning, but it has struggled to establish a financial baseline.**

Strategic planning

26 We considered whether the Health Board has developed:

- the necessary consultation and communication plans to ensure meaningful public and stakeholder engagement in any further development / refinement of its primary care plans (2018 Recommendation 1); and
- a clear financial cost analysis to ensure its primary care plans are affordable and set out how it will fund any planned changes (2018 Recommendation 2).

27 We found that **the Health Board has a good approach to public and stakeholder engagement on operational changes, with plans in place to have meaningful engagement on the development of a long-term strategy for primary care. Costs associated with operational changes are clear, but costs associated with the long-term provision of services are still to be worked through.**

28 The Health Board has effective arrangements for engaging on operational changes in primary care. This is particularly the case relating to the potential closure of practices. For example, following the handing back of contracts for the Neyland and Johnston Medical Practices in Pembrokeshire, an engagement plan was put in place to raise public awareness and provide opportunities for feedback. Engagement methods used include questionnaires, use of the communications

hub[2] to support telephone and email feedback, and virtual meetings with affected populations. Regular meetings were also held with local representatives from Llais Wales[3]. A similar approach was taken to the potential closure of the Solva Medical Practice, also in Pembrokeshire.

29 The Health Board has clear plans in place to engage on longer-term plans for primary care. While the Health Board currently does not have a primary care strategy, it intends to develop an Integrated Primary and Community Services Strategy by March 2024. This will draw on the work of the Transforming Clinical Services Programme[4] which involved substantial engagement. Plans for development of the Integrated Primary and Community Services Strategy include engagement with key stakeholders on how services will be provided. Until the engagement exercise to support the development of the strategy is complete, **we therefore consider 2018 Recommendation 1 to be ongoing**.

30 Financial costs associated with operational changes in primary care, such as taking over the management of practices, are clearly set out in briefing papers and inform decision making processes. The financial costs associated with the Integrated Primary and Community Services Strategy have not yet been considered and will form part of the development of the longer-term strategy. In doing so, the Health Board recognises it will need to ensure that services are efficient and effective and align with the principles of value-based healthcare[5]. Until the strategy is approved, **we therefore consider 2018 Recommendation 2 to be ongoing**.

Investment in primary care

31 We considered whether the Health Board has:

- calculated a baseline position for its current investment and resource use in primary and community care (2018 Recommendation 3a); 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 (2018 Recommendation 3b).

[2] The communication hub was first established during the COVID-19 pandemic and provides a single point of contact for staff, patients and the wider public.

[3] From 1st April 2023, Llais replaced the seven Community Health Councils.

[4] The Transforming Clinical Services Programme focused on three workstreams (out-of-hospital, urgent and emergency care, and planned care) and was an extensive programme of work undertaken during 2017 and 2018 as a basis for the Health Board's long-term strategy launched in November 2018.

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

32 We found that **the Health Board has struggled to establish a baseline understanding of the true cost of primary and community care and therefore has been unable to demonstrate whether there has been a shift in resources.**

33 The Health Board had intended to establish a baseline by the end of the 2018-19 financial year, but this did not happen. 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 of the primary care budget supporting services which are outside of their budgetary control, such as the GP out-of-hours service. Accountability letters, setting our budget expectations, in the past have not contained sufficient budgetary information to enable them to be signed. This has been improved for 2023-24 and the accountability letter for the Primary, Community, and Long-Term Care Directorate has been signed.

34 Since our previous review, the Health Board has adopted a business partner approach for its finance function. Over the last 12 months, the finance business partner assigned to the Primary, Community, and Long-Term Care Directorate has been working with the directorate to review budgets and align cost centres to improve the transparency of reporting. This should enable the Health Board by March 2024 to use the budget and associated costs for 2023-24 as a baseline position. This will be timely given the planned timescales for the new Integrated Primary and Community Services Strategy. **We therefore consider 2018 Recommendation 3a to be ongoing**.

35 Without a baseline position, the Health Board has been unable to demonstrate whether there has been any shift in resources from acute provision towards primary and community care. **We therefore consider that there has been no action on 2018 Recommendation 3b**.

Primary care workforce

36 We considered whether the Health Board has:

- developed and implemented an action plan for ensuring it has regular, comprehensive, standardised information on the number and skills of staff from all professions working in all primary care settings (2018 Recommendation 5a); and
- revisited its primary care workforce plans to ensure they take account of the issues arising from the Transforming Clinical Services Programme (2018 Recommendation 5b).

37 We found that **the Health Board is taking steps to develop an updated primary care workforce plan as part of its wider strategy development, but getting a comprehensive understanding of the number and skills currently available is largely reliant on the availability of data at a national level.**

38 The Health Board is making use of annual workforce census data, but this relates to general medical services only. Data collated through the Welsh National Workforce Reporting System (WNWRS)[6] is used to inform discussions on the Health Board's future general medical services workforce and has been included in cluster plans. National plans are in place to roll out the WNWRS to the other primary care services, but this has not yet happened. In its absence, the Health Board has been working hard with the relevant services to gain a general understanding on where the staffing challenges are. **We therefore consider 2018 Recommendation 5a to be ongoing.**

39 The Health Board has not yet updated its primary care workforce plan but is taking steps to refresh it as part of the new Integrated Primary and Community Services Strategy. Since our previous work, the Transforming Clinical Services Programme has been concluded and the Health Board has launched its long-term strategy - 'A Healthier Mid and West Wales'. The Health Board, however, has not updated its primary care workforce plan to date for several reasons:

- challenges associated with the lack of robust workforce data;
- difficulties engaging independent contractors in discussions around future workforce models; and
- capacity needed to look at primary care workforce models alongside broader workforce models across the wider health and social care provision of services.

These challenges will be addressed through the planned development of the new strategy. However, individual workforce plans have been developed for general medical practices managed by the Health Board.

40 At a national level, an all-Wales Primary Care Workforce Strategy is being developed which will inform local workforce strategies for primary care. The Director of Primary, Community and Long-Term Care has engaged positively in the national work. Furthermore, a Health Board event with Health Education and Improvement Wales (HEIW) and the Strategic Programme for Primary Care was held in June 2023 to support local engagement on the national strategy. This work will inform the development of the workforce aspects of the Integrated Primary and Community Services Strategy. In line with the Strategic Programme for Primary Care, a Primary and Community Services Academy was established in the Health Board in late 2022. The Academy provides support on workforce planning and has already supported the development of several alternative roles, such as the GP-Physician Associate as well as training and development offers. **We there consider 2018 Recommendation 5b as ongoing.**

[6] The Welsh National Workforce Reporting System is a digital solution providing workforce intelligence for all Primary and Community Care in Wales.

Primary care clusters

41 We considered whether the Health Board has:

- reviewed the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives, and other stakeholder groups (2018 Recommendation 6a); and
- encouraged all Cluster Leads to attend the Confident Primary Care Leaders course (2018 Recommendation 6b).

42 We found that **cluster membership and attendance have been expanded to include a wider range of representation, and positive steps have been taken to strengthen leadership training.**

43 Cluster membership has been expanded in line with national guidance. In March 2022, Internal Audit's review of cluster development identified that clusters were maturing and that meetings at that time included pharmacists, health visitors, and district nurses. In April 2022, the Strategic Programme for Primary Care issued model terms of reference for cluster meetings which formally extended membership to include social care leads and third sector representatives. The model terms of reference also include representation from other areas such as Public Health Wales, mental health services, and medicines management. Clusters were given the option to include other members as required, although patient representation is not considered to form part of the core membership. Instead, this should be covered through the establishment of patient engagement and participation forums were relevant at a local level. Our review of cluster membership across the Health Board as part of this work identified that core membership now includes all the areas recommended in the model terms of reference. The Health Board has also since progressed with the development of pan-cluster planning groups which bring the clusters together in each of the three counties. These in turn report to the Integrated Locality Planning Programme Delivery Group and form part of the Health Board's approach to implementing the Accelerated Cluster Development programme. **We therefore consider 2018 Recommendation 6a as implemented**.

44 Positive steps have been taken to strengthen leadership training for all current and future Cluster Leads. Since our previous work, the Confident Primary Care Leaders course has changed its focus to Aspiring Practice Managers, with national discussions taking place on developing a national leadership development programme for primary care. In its absence, the Health Board has supported two of its newly appointed Cluster Leads to attend the Expert Leadership Programme run by HEIW, although it is unclear whether other Cluster Leads have previously been offered the same support. At a local level, however, the Health Board offers significant opportunities for developing primary care clinical leaders. These include participation in the Health Board's 'An Aspiring Medical Leader Programme', 'Aspiring Assistant Director Programme', and the 'A Coach Approach Programme',

as well as attendance by Cluster Leads at the Medical Leadership Development Forum. Clinicians from primary care have engaged well in the Health Board's leadership development opportunities. Discussions are also underway with the Primary and Community Services Academy to explore further leadership development support. **We therefore consider 2018 Recommendation 6b as implemented.**

New ways of working

45 We considered whether the Health Board has:

- worked with the clusters 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 (Recommendation 7a);
- subject to positive evaluation, begun to fund these new models from mainstream funding, rather than from the Primary Care Development Fund (2018 Recommendation 7b); 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 (2018 Recommendation 7c).

46 We found **that the Health Board has implemented a framework for evaluating and communicating new ways of working and has successfully mainstreamed several projects.**

47 The Health Board has adopted the logic model[7] as the template for submitting proposals for new cluster projects. This model enables intended outcomes to be set out at the outset of each project, and for data to be collated to demonstrate impact. To support this, the Health Board has invested in a Data Analyst post to work alongside the Primary Care Business and Risk Manager, and the seven Cluster Primary Care Services Managers to review the impact of cluster projects. The Data Analyst post has enabled an improved range of data to be made available to support each of the cluster projects. **We therefore consider 2018 Recommendation 7a as implemented.** Following positive evaluations, the Health Board has also made progress in scaling up and mainstreaming projects, including social prescribing for asthma care, pre-diabetes care, and phlebotomy. **We therefore consider 2018 Recommendation 7b as implemented.**

48 Where new ways of working have been adopted at a local level, communication plans have been developed by the relevant clusters. A Cluster Communications

[7] The logic model provides a template to support programme planning, implementation, management, evaluation, and reporting. It helps define a programme's intended impact and goals; the sequence of intended effects; which activities are to produce which effect; and where to focus outcome and process evaluations.

post was established in 2022 for a fixed-term period of 12 months, with plans in place to extend this post further. The Health Board has also made use of PocketMedic[8] to develop a series of patient facing videos to support education and awareness on how to access services across the four contractor services. **We therefore consider 2018 Recommendation 7c as implemented.**

Board-level visibility and focus on primary care

49 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';
- ensured the contents of Board and committee performance reports adequately cover primary care (Recommendation 4a);
- increased the frequency of primary care performance reporting (Recommendation 4b); 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 (Recommendation 4c).

50 We found that **primary care features prominently in the Health Board's long-term strategic vision, and there is good oversight and scrutiny of some of the challenges facing primary care at Board. However, consideration at committees is not systematically embedded within routine business, and performance oversight is lacking.**

51 Primary care features prominently in the Health Board's long-term strategy, 'A Healthier Mid and West Wales'. Furthermore, as mentioned in **paragraph 29**, the Health Board is making positive progress with the development of a primary care strategy. The long-term strategy is clearly aligned to the ambition of 'A Healthier Wales' and places a strong emphasis on providing care closer to home. To support implementation, a planning objective has been established focussing on primary care and in particular the establishment of integrated localities. This objective is reflected in the Health Board's Annual Plan, and the cluster plans. There is clear oversight of the delivery of this objective, and plans more generally, through the Strategic, Development and Operational Delivery Committee (SDODC). As part of the development of its Clinical Services Plan, which focuses on improving the

[8] PocketMedic is an electronic library containing short films developed by NHS professionals to support people to live and work well with chronic conditions.

sustainability of fragile hospital services in the medium-term, the Health Board also identified primary care services as being fragile, consequently resulting in the plan to develop the Integrated Primary and Community Services Strategy. Once approved, the Health Board will be the first in Wales to have a dedicated primary care strategy.

52 Matters affecting primary care are visible at Board. A primary care update is received through the Operational Update provided jointly by the Director of Operations and the Director of Primary, Community and Long-Term Care at every Board meeting. The Board has also discussed:

- the approach to managed practices (both generally and in relation to specific practices);
- the provision of dental services in specific areas of the Health Board;
- performance against access standards for both general medical and dental services; and
- the development of the Integrated Primary and Community Services Strategy.

All items received effective scrutiny. Two Board seminars have also been held focused on integrated localities, which have informed the annual and cluster plans.

53 However, matters relating to primary care are not as embedded within the routine business of the committees as much as they could be. Other than the specific focus on the planning objective and oversight of plans by the SDODC, and six-monthly reporting on post payment verification by the Audit and Risk Assurance Committee (ARAC), the terms of reference for committees do not refer to primary care. However, the Health Board's Director of Primary, Community and Long-Term Care is expected to attend the Sustainable Resources Committee (SRC) and the Quality, Safety and Experience Committee (QSEC) as well as SDODC. Whilst committee workplans refer to primary care, this has been limited to a small number of items during 2023-24:

- an update on GP Physician Associates to the People, Organisational Development and Culture Committee (PODCC);
- a general primary care update to SDODC due in December 2023;
- an update on the primary care recovery plan to the SRC, which has yet to be received; and
- a specific report on the retention of GP trainees to the PODCC.

54 Furthermore, despite the fragility of the service, there are few risks in Health Board risk registers relating to primary care. The principal risk register contains one risk which references primary care, but this largely relates to shifting care into the community, and the corporate risk register only contains one risk relating to the fragility of out-of-hours services.

55 Other than the financial position, coverage of primary care in performance, workforce, and quality reports is weak. Although the Integrated Performance

Assurance Report presented to both the Board and SDODC includes primary care indicators, there are only five in total - one each for general medical, pharmacy, and optometry services, and two for dental services. Data for the two dental indicators are out of date, with the latest data presented relating to December 2021. **We therefore consider that there has been no action on 2018 Recommendation 4a.** Although performance is reported monthly, either to the Board or SDODC, due to the lack of primary care measures, **we also consider that there has been no action on 2018 Recommendation 4b**.

56 There are no measures relating to primary care included in the Performance Assurance and Workforce Dashboard presented to the PODCC, although we recognise that workforce data is currently limited as mentioned in **paragraph 38**. Coverage of primary care within quality and safety reports also needs improving. Assurance on the quality and safety of primary care services is received by the QSEC via an update from the Operational Quality, Safety and Experience Sub-Committee. But primary care updates have not been included on several occasions. However, the QSEC Quality Assurance Report does include HIW reports relating to dental and GP practice quality checks, with updates against associated actions reported. The Improving Patient-Service User Feedback Report to Board also includes primary care, although the content is limited due to the low uptake by primary care providers to engage in the patient feedback process. Due to the lack of information relating to the experience and outcomes for patients, **we have therefore considered that there has been no action on 2018 Recommendation 4c**.

57 Prior to the pandemic, the Health Board produced a primary care annual report in line with the Welsh Government requirement. This is no longer required, with progress on primary care services integrated into the Health Board's Annual Report. Following the approval of the Integrated Primary and Community Services Strategy it will be important however for the Health Board to periodically provide assurance to the relevant committee that progress is being made against the new strategy (**2023 Recommendation 1.4**).

Capacity and capability to deliver local and national priorities

58 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.

59 We found that **resources are kept under review, with some positive increases in capacity and good progress with succession planning. However, some of the Health Board's central primary care capacity is stretched due to the increasing number of managed practices and the limited time available for Cluster Leads to undertake the role in full.**

60 The Health Board's Primary Care Services Team has clear lines of accountability to the Director of Primary, Community and Long-Term Care. The Director has delegated authority for primary care services, and continues to be a member of the Board. The Health Board is the only one in Wales to have a dedicated director for primary care on its Board. The Director is supported by an Assistant Director, and three County Directors who provide oversight on a county basis for both primary and community services. Interim arrangements however are in place for two of the three county director roles, following the departures of the substantive post holders during 2023. The General Manager for Glangwili and Prince Phillip Hospitals is currently covering elements of the Carmarthenshire County Director post. The Assistant Director, Medical Directorate is currently on secondment into the Pembrokeshire County Director post.

61 The Director of Operations has recently agreed a new organisational structure, which sees the County Director role replaced with a new Integrated Systems Director role supported by a General Manager role for each county. Implementation of the new structure will take time. Until this is in place, these temporary arrangements will remain in these two counties. This arrangement is not sustainable for a long-period of time and therefore it is important that the new operational structure is embedded as soon as is practically possible.

62 Since our previous review, the Health Board has increased capacity within its central Primary Care Services Team, including the appointment of a Deputy Medical Director for Primary and Community Care and a Transformation Lead. In addition, a Primary and Community Care Academy Manager has also been appointed and, as mentioned in **paragraph 40**, the team now also has access to a finance business partner. Since our previous review, however, the number of managed practices has increased from three to six with still only two Heads of Service in place to support the sustainability of these services. The workload associated with addressing the fragility of practices and supporting managed practices has meant that the team is reactive to problems as they occur, with little capacity to intervene and offer support to practices at an earlier stage. Over time, the Health Board is keen to ensure that the number of managed practices is reduced and care is handed back to contractors.

63 Resources allocated to the Primary Care Services Team are kept under review and it is positive to see that additional resources have been made available. However, given the Health Board's challenging financial position, increasing capacity further will be difficult. The Director has been proactive in exploring options for accessing capacity from other parts of the Health Board to help with the current workload placed on the team, particularly with respect to developing the Integrated Primary

and Community Services Strategy. As a result, additional support has been made available from the Health Board's Planning Directorate.

64 The Health Board's Primary Care Services Team continues to have the knowledge, skills and experience needed to manage primary care services. Each of the clusters have a Cluster Lead and Primary Care Services Manager, although the time available for Cluster Leads remains limited alongside their clinical commitments.

65 The Health Board is taking positive steps to develop succession plans. As mentioned in **paragraph 44**, the Health Board offers a range of opportunities to develop current and future leaders, which are open to both clinical and non-clinical staff. In addition, the Director is exploring the potential for creating Deputy Cluster Lead roles, which would be paid for on a sessional basis, to provide a development opportunity for future Cluster Leads whilst also providing additional capacity now. The Health Board has also introduced Organisational Development Manager Relationship (ODMR) roles, with an ODMR assigned to work with primary care. These roles work with leaders and staff to address cultural challenges and build more positive working cultures in order to retain and attract staff, with positive impacts demonstrated through a reduction in turnover rates.

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	We reviewed a range of documents, including: • Health Board and Cluster Plans. • Relevant primary care focussed Board and committee papers. • Relevant Internal Audit reports. • Relevant Board and Executive Team briefings. • Papers relating to investment and resource use in primary care. • Agendas and papers from cluster and locality lead meetings.
Interviews	We interviewed the following: • Director of Primary Care, Community and Long-Term Care. • Vice-Chair of the Board. • County Director – Ceredigion. • Unscheduled Care Lead and County Director – Carmarthenshire. • Interim County Director – Pembrokeshire. • Assistant Director of Primary Care. • Deputy Medical Director for Primary and Community Care and the seven Cluster Leads.
Observations	We observed the following meeting: • Locality Leads Meeting.

Appendix 2

Summary of progress against our 2018 audit recommendations

Exhibit 4 sets out the recommendations we made in 2018 and our summary of progress.

Exhibit 4: summary progress against 2018 recommendations

Recommendations	Progress
Strategic planning	
R1 The Health Board's plans for primary care have been developed with only limited consultation and collaboration with some key groups of stakeholders. The Health Board should therefore develop the necessary consultation and communications plans to ensure meaningful public and stakeholder engagement in any further development / refinement of its primary care plans.	Ongoing – see paragraph 29. This recommendation has now been replaced with 2023 Recommendation 1.1.
R2 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.	Ongoing – see paragraph 30. This recommendation has now been replaced with 2023 Recommendation 1.2.
Investment in primary care	
R3 While the Health Board recognises that it needs to shift resources from secondary to primary and community settings, it cannot demonstrate that this shift is	

Recommendations	Progress
happening. The Health Board should: a) Calculate a baseline position for its current investment and resource use in primary and community care. b) 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.	Ongoing – see paragraph 34. This recommendation has now been replaced with 2023 Recommendation 1.3. No action – see paragraph 35. This recommendation has now been replaced with 2023 Recommendation 1.3.
Oversight of primary care R4 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. b) Increase the frequency with which Board and committees receive performance reports regarding primary care. c) 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.	No action – see paragraph 55. This recommendation has now been replaced with 2023 Recommendation 2.1. No action – see paragraph 55. This recommendation has now been replaced with 2023 Recommendation 2.1. No action – see paragraph 56. This recommendation has now been replaced with 2023 Recommendation 2.2.

Recommendations	Progress
Primary care workforce	
R5 The Health Board's workforce planning is inhibited by having limited data about the number and skills of staff working in primary care. The Health Board should:	
a) Develop and implement an action plan for ensuring it has regular, comprehensive, standardised information on the number and skills of staff, from all professions working in all primary care settings.	Ongoing – see paragraph 38. This recommendation has now been replaced by 2023 Recommendation 1.2.
b) Revisit its primary care workforce plans to ensure they take account of the issues arising from the Transforming Clinical Services programme.	Ongoing – see paragraph 40. This recommendation has now been replaced by 2023 Recommendation 1.2.
Primary care clusters	
R6 We found variation in the maturity of primary care clusters, and scope to improve cluster leadership. The Health Board should:	
a) Review the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups.	Implemented – see paragraph 43
b) Encourage all cluster leads to attend the Confident Primary Care Leaders course.	Implemented – see paragraph 44
New ways of working	
R7 Whilst the Health Board is taking steps towards implementing some	

Recommendations	Progress
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 47
b) Subject to positive evaluation, begin to fund these new models from mainstream funding, rather than from the Primary Care Development Fund.	Implemented – see paragraph 47
c) 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.	Implemented – see paragraph 48

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)
Strategic planning R1 Through the planned development of its Integrated Primary and Community Services Strategy, the Health Board should: 1.1 ensure engagement with key stakeholders as to how services set out in the strategy will be provided; 1.2 ensure that the strategy encompasses a detailed workforce plan and is fully costed; 1.3 use the 2023-24 budgetary information as a baseline position of the cost of primary and community care to enable the shift of resources to be reported on an annual basis; and 1.4 once the strategy is approved, ensure	The development of the strategy will follow the Clinical Services Plan methodology and will include all of the recommended areas.	To be agreed	Assistant Director of Primary Care

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)
periodic update reports are provided to the relevant committee demonstrating progress on delivery of the strategy.			
Primary care performance R2 The Health Board should improve oversight at Board and committee level of performance within primary care by: 2.1 increasing the coverage of primary care performance within its Integrated Performance Assurance Report; and 2.2 increasing the focus on outcomes and experience.	As more data becomes available on contract management and performance information is being included in the Director of Ops report to Board. Further work needs to be done to have data on outcomes and experience as currently that is limited to information held by GP Practices only. Some work has started to look at the use of PROMS and PREMS in the Community Dental Service.	Ongoing and subject to review as contracts are negotiated.	Assistant Director of Primary Care

Archwilio Cymru
Audit Wales

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.