February 2022

Llywodraeth Cymru
Welsh Government

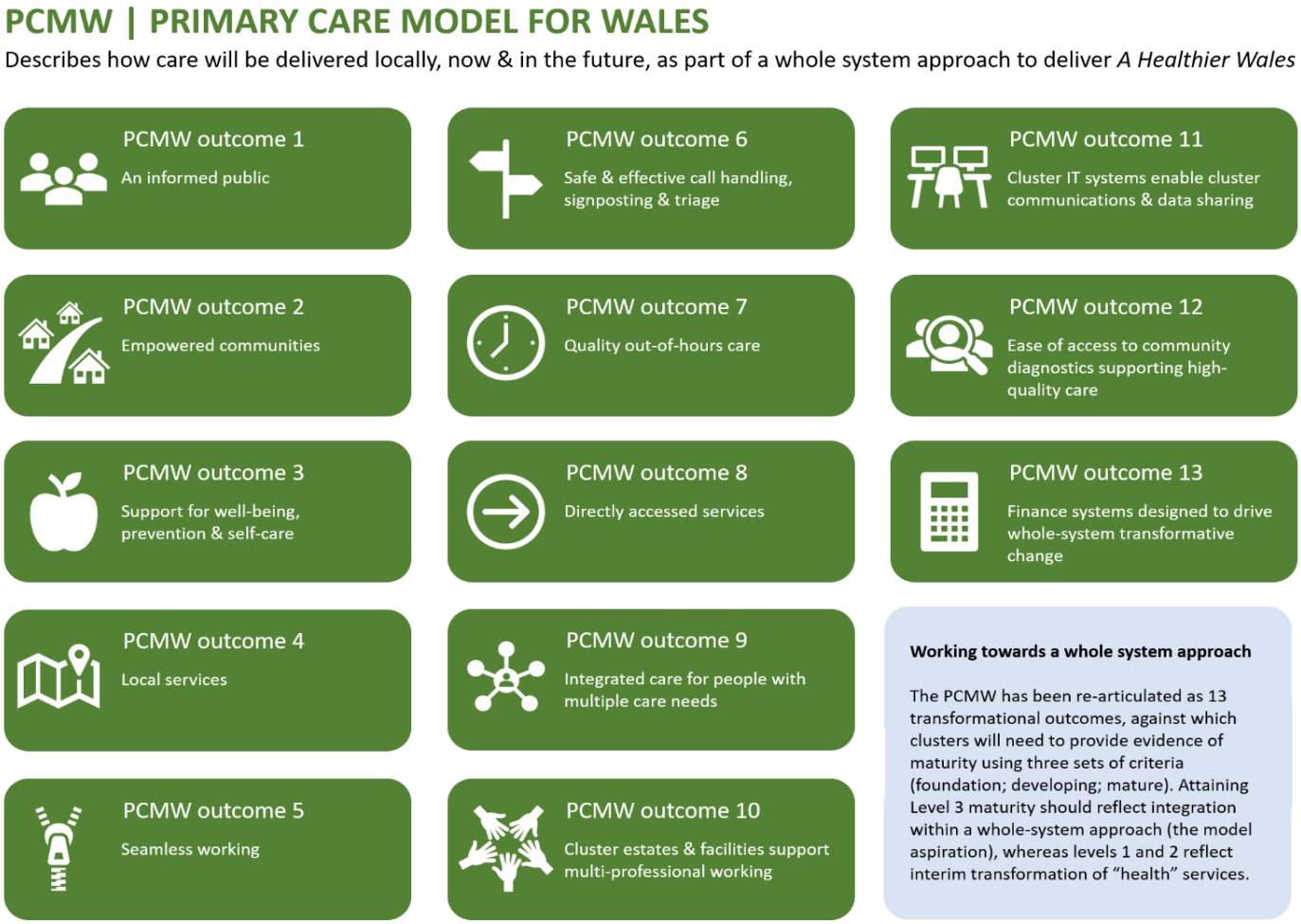
GP Collaborative

Guidance for the GMS Contract

2021/22

Background

The Primary Care Model for Wales, which supports the vision in *A Healthier Wales*, contains 13 key components required for transforming services. These include effective collaboration at community level to assess population need and to both plan and deliver seamless care and support to meet that assessed need.



The local workforce is best placed to understand the needs and experience of local communities and to inform and influence wider public service plans. Clusters were established in 2010 to gather that intelligence and encourage the testing of new models of care to more effectively meet local needs.

Whilst significant progress has been made, there is variation between clusters in relation to the maturity of collaborative working and the impact for patients and communities. Mainstreaming of successful projects and evidence of influence on wider strategic planning has been limited and a step change is now needed to realise the full potential of this approach.

For 2022 the Strategic Programme for Primary care has introduced an *Accelerated Cluster Development (ACD) Programme* to ensure more rapid implementation of the PCMW and to address system barriers. The Programme includes the introduction of Professional Collaboratives (PCs) and Pan Cluster Planning Groups (PCPGs) to broaden and strengthen clinical engagement and to increase the influence from the community to Regional Partnership Board (Health Board and Local Authority) decisions. A clearer separation of planning and delivery functions will be developed.

Many examples of innovation have been driven by the response to the pandemic and there will be a need for flexibility through 2022/23 as we continue to respond to COVID 19 and the backlog of care in the system. This will be a Foundation Year to update engagement and planning arrangements and to strengthen the existing needs assessments and Integrated Medium Term Plans.

Pan Cluster Planning Groups (PCPG)

The purpose of PCPGs is to deliver the aims of the Social Services & Well-being Act 2014[1] (the Act), The Wellbeing of Future Generations Act [2](2015) and A Healthier Wales[3]. This builds upon current innovative practice and seeks to provide a stronger community voice to influence analysis, planning and delivery plans. PCPGs will be established as sub-groups of Health Boards and will operate under the auspices of the Regional Partnership [RPB] giving a direct route for information sharing and decision making between frontline services and strategic leadership.

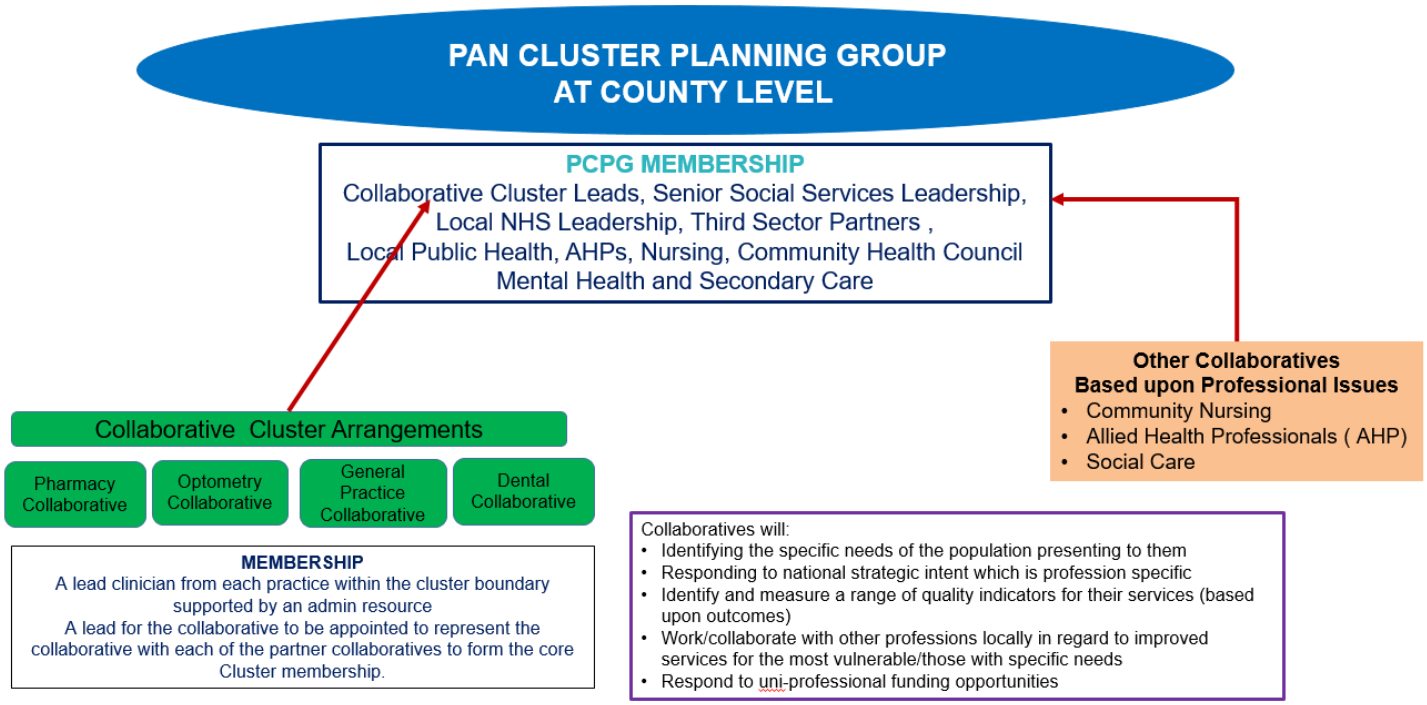
PCPGs will lead the development of integrated county level plans, which address the health, care and wellbeing needs of the local population. They will support the implementation of the joint partnership agenda, including delivery of change at a variety of levels, appropriate to need.

PCPGs will bring together senior leaders from the NHS, Local Authority and key partners in the Third Sector to provide integrated system leadership which enables collaboration between partner organisations. PCPGs will be informed by patient and public feedback, data based needs assessments and professional assessment of service pathway gaps, barriers and opportunities.

PCPGs will also commission services and develop agreements to support partnership working. Strengthened local collaboration and a shared purpose will be a priority for RPBs (Health Boards and Local Authorities) and driven through local organisational development strategies. Local autonomy should increase as systems mature.

The diagram below sets out the typical structure of a pan cluster planning group;

[1] https://gov.wales/sites/default/files/publications/2019-05/social-services-and-well-being-wales-act-2014-the-essentials.pdf
[2] https://gov.wales/well-being-of-future-generations-wales
[3] https://gov.wales/healthier-wales-long-term-plan-health-and-social-care



Professional Collaboratives [PC]

PCPGs will continue to need strong professional networks to inform their work.

Clusters have demonstrated the importance of local knowledge and experience to inform service development. The ACD programme proposes the development of Professional Collaboratives (PCs) for each of the independent contractor groups. A lead from each collaborative will engage and work with other collaborative leads to form the core membership of the cluster. The cluster will inform the work of the Pan Cluster Planning Group, via a single agreed individual lead representative.

The aims of the PCs are to: -

- promote inter and intra-professional dialogue to improve patient care and experience and
- to gather professional and user experience of the health and care system to inform priority setting and planning.

The General Practice Collaboratives will:-

Improve population health and well-being

- Share and discuss data from clinical practice to inform local population needs assessment (PNA)and improvement plans
- From local knowledge and experience provide feedback on the (PNA) for the collaborative area to inform the PCPG analysis
- Describe the experience of the public, patients and professionals in local health and care systems to strengthen the PNA
- Identify and articulate the needs of vulnerable groups to strengthen the PNA

Improve value

- Receive and consider service improvement proposals in the context of local experience and priorities
- Provide advice to the PCPG on local implementation, including identification of opportunities to add value through innovation and collaborative working and any risks involved in the implementation
- Identify where collaboration is required between professional groups to achieve the best assessment and /or delivery for the population and facilitate collaborative discussions
- Devise and test change in services and report on any learning to the PCPG

Improve quality and safety

- Regularly review quality indicators for local services including:-
    - Patient experience including incidents and concerns
    - Access
    - Prevention
    - Chronic disease management
    - Prescribing
    - Referrals & Admissions data
- Escalate concerns using agreed local processes
- Collaborate to ensure best outcomes for needs that require multi-service/professional input
- Support local escalation frameworks to maintain service continuity and patient safety

Engage and develop the local workforce

- Identify workforce needs and priorities based on population needs assessment
- Advise the PCPG on local solutions to address workforce needs
- Work with extrinsic agencies to develop approaches to improve recruitment and retention of staff (HB, LA, 3rd sector, HEIW, CICs)
- Advise on the continuing professional development of the workforce
- Inform actions to assess and maintain the well-being of the workforce,

Each PC will consider the safety, quality, effectiveness and efficiency of local services from its unique perspective. However a multi-disciplinary response is needed for many service improvement proposals, particularly for complex care and the most vulnerable groups. The PCPG will provide the forum to consider and coordinate these developments.

Throughout the Foundation Year there will be local determination of the most effective approach to bring together representatives of the PCs to inform the PCPG. Areas may maintain or adapt existing Cluster structures for this purpose.

Many established Clusters currently operate with two part meetings to recognise the separation between contractual and collaborative issues and to ensure appropriate professional representation for the multi-disciplinary discussions. Some have already begun to engage dental, optometry and pharmacy colleagues through a variety of

models. There are also examples of successful nursing and allied health professional engagement.

The introduction of PCs will formalise these developments and will be key to ensuring a fully engaged workforce.

GP Collaboratives will not:

Place any legal or contractual requirement on practices to take on responsibility for contracts held by other practices within the collaborative.

These arrangements in no way alter or replace the role of the statutory negotiating committees and the duty for Health Boards to consult with those bodies.

GP practices will demonstrate engagement in PCs through sharing information, participating in collaborative discussions and supporting the development and delivery of local solutions. Outcomes should include improved patient care and better systems to support the workforce to respond to need and to deliver care most effectively.

The breakdown of QAIF points for the 1st October – 30th September QAIF cycle listed in the below table.

Indicator	Points
CND014W - The GP practice must attend the GP Collaborative which will meet on a minimum of 4 occasions during the year; the timing of meetings should be agreed around the planning of the HB and Pan Cluster Planning Group ideally, to avoid the period of winter pressure. The practice may be represented at these meetings by any clinical partner or other senior practice employed clinician. Where appropriate, senior administrators may also attend.	**40**
CND015W – The GP Practice will contribute relevant information to the Primary Care Cluster IMTP via the Cluster Planning Group. The contribution must include information on demand and capacity planning undertaken via the QI domain. Practices will need to demonstrate how they have engaged in planning & delivery of local services agreed within the cluster plan – This will need to include evidence of wide partnership/ multi-professional / multi-agency working and development of integrated services.	**40**
CND016W – The GP practice will contribute to delivering specific cluster determined outcomes which include:- Engagement in planning of local initiatives through engagement with the Cluster Planning Group via the Collaborative Lead. (E.g., contribution to population needs assessment).	**20**

GP Collaborative Meetings

The contractor must attend the GP Collaborative on 4 occasions during the year; the timing of meetings should be agreed around the planning of the health board and to be held at times to avoid peak seasonal workload.

Attendance at these meetings may prove difficult for single handed and small practices (2 or 3 partners) and/or those experiencing significant sustainability issues. The HB will work with GP Collaboratives to enable practices to engage fully either through having a Practice Manager attending or enabling “buddying” of a small practice with a larger practice and thus reducing the need for attendance at each meeting. Arrangements for an alternative representative will need to be agreed with the health board prior to the meeting. HBs will need to consider the sustainability of local services when considering practice requests and give an explanation to the practice if the request is not agreed. Where a “buddying” arrangement has been agreed the practice must actively engage in the full work of the GP collaborative through e-mail participation/directly feeding in comments etc to the “buddy practice

In addition, for all practices, it may not be practicable in exceptional circumstances to attend a GP Collaborative meeting. In these circumstances, and with the prior agreement of the health board, the practice may be represented at these meetings by another senior practice employed clinician/administrator.

Contributing clear information to IMTPs

GMS contractors are expected to contribute to the population needs assessment, demand and capacity analysis and workforce development plan and also to support IMTPs This should include:

Planning – each contractor to contribute alongside their fellow GP practices and in collaboration with the wider partners to the IMTP:

- A population needs assessment;
- An analysis of current services available to the cluster population and identifying any gaps in provision;
- A consideration and analysis of current numbers and skills of workforce and its development needs;
- An analysis of current performance against the phase 2A primary care measures

Delivering activities and outcomes

- Engagement in the planning and agreed delivery of local services, as agreed within the cluster action plan, which may also include sharing of data, with appropriate safeguards (being cognisant of practices GDPR responsibilities) and discussion of cluster funding / budgets. Practices will need to demonstrate how they have engaged in planning & delivery of local services agreed within the plan – This will need to include evidence of wide partnership/ multi-professional / Multi-Agency working and development of integrated services.

- Engagement with the 2 Quality Improvement initiatives at a GP Collaborative level (as per section 4 below), which may involve peer review and the sharing of data Quality Assurance and Improvement Framework Guidance 19 with appropriate safeguards). Evidence of the QI participation will be required.
- Active participation as evidence of operating an effective system of clinical governance (quality assurance) in the practice, through engagement in peer review and through discussion of clinical incidents that had occurred within the practice and local services. Contractors will need to evidence completion of CGSAT and IG toolkit.
- In order to support the delivery of the activities and outcomes of the cluster action plan; practices will share data, with appropriate safeguards, across the GP Collaborative in time for each of the meetings. This information is then to be shared with the relevant health board by 30th September to feed in to the IMTP cycle.