Report of the 4th National Primary Care Conference

Clusters: past, present and future
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Introduction

The fourth National Primary Care Conference was held in the newly built International Conference Centre in Newport on November 7th 2019.

The conference theme was Clusters: past, present and future, and celebrated the progress and successes of clusters to date as well as looking forward to achieve the ambition of clusters in the future. The event, held at the request of the Minister for Health and Social Services, Vaughan Gething AM and on behalf of Welsh Government, was organised and managed by the Primary and Community Care Development and Innovation Hub (Primary Care Hub), Public Health Wales. Over 400 delegates working in or with the NHS from across Wales attended the conference.

The venue provided a perfect setting for the conference, with comments from previous years taken into account, the venue was chosen for its spacious atrium and reception areas allowing plentiful space to network. The venue also enabled more delegates than previous years to attend. The backdrop of the beautiful Coldra Woods in the main conference room and breakout rooms, set the scene for an ambitious conference programme.

The conference this year was designed with the specific aims of providing a platform for sharing and learning, facilitating networking and relationship building and inspiring individuals and teams to go away and try something new, different or change their practice.

Conference programme

The agenda, drawn together in agreement with Welsh Government, showcased the work at cluster level across Wales and also work across primary care more widely. Delegates had the opportunity to pre-book two workshops from a choice of five. All workshops were incredibly well attended.

The day allowed for regular breaks to encourage networking and sharing of ideas. Delegates were well fed and watered with a selection of delicious food which catered for all.

The afternoon session was slightly calmer, yet no less interesting than the busy bustling morning, with the session being spent in the beautiful Woodlands Suite, with its backdrop of glorious trees and beautiful sunshine. Delegates listened to a wonderful keynote address followed presentations by a group of Cluster Leads and concluding with a panel Q&A session. The day ended on a high with a lovely summary of the day and the winning poster being announced — no spoilers! You will have to read on to find out who won.

Keynote and workshop presentations and videos, as well as speakers’ biographies are available on Primary Care One.
Primary Care Clusters Yearbook

Delegates were welcomed on arrival to the conference with a bag containing, amongst other items, a copy of the Primary Care Cluster 2019 yearbook. The yearbook, facilitated by the Primary Care Hub, and developed in partnership with health boards and Cluster Leads showcases some of the highlights of the work each cluster has achieved and the ongoing work they are progressing.

It is designed to be a resources to identify and sharing the practice being carried out in clusters across Wales.

Individual bilingual health board Yearbooks have been sent out to the health boards for local use and are available on Primary Care One.

The morning session

Delegates were welcomed to the conference by the morning chair, Will Beer, Neighbourhood Care Network (Cluster) Lead for Newport East. Will expressed his delight in opening the conference this year, especially as the conference venue was located in his cluster. He encouraged delegates to make the most of the exciting and interesting programme for the day and to support the conference’s two local charities, the Olive Branch and the Newport Foodbank, which were close to his heart.

Will took the opportunity to describe to delegates the history and assets the city is renowned for which includes the Newport Risings, which recently commemorated its 180th anniversary of the Chartist uprising, the Transporter Bridge and the notorious Welsh comedic rap group Goldie Looking Chain. He took time to reflect and share his personal experience as a Cluster Lead and share with conference delegates some of the exciting work achieved and underway within his cluster in East Newport. In particular, Will highlighted cluster successes he felt particularly proud of especially the introduction of Care Navigators and the plans for local Well-being Hubs in partnership with the local authority and other stakeholders. Will emphasised the ‘need to think differently’ and more ‘long-term’ and adopt a ‘place based care approach’. Describing the ideal cluster team is with no one person at the helm but rather like a Formula 1 racing team demonstrating distributed leadership and with the patient in the driving seat. Will concluded his opening with a short video of vignettes of frontline staff leading and delivering initiatives and new and existing services and exciting partnership working.

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1 Clusters are termed Neighbourhood Care Networks throughout Aneurin Bevan University Health Board
Dr Andrew Goodall’s opening address

Dr Goodall, Director General Health and Social Care & NHS Wales Chief Executive welcomed delegates and set out the importance of primary care in supporting the health and well-being of communities and its central role in the transformation of health services in Wales. He also acknowledged the input of local authorities and the third sector, as well as the NHS, in delivering the primary care agenda.

Dr Goodall reflected on the conference that took place last year and the excellent examples of multi professional working and the discussions about digital technology as one of the key enablers to transforming the way people access services and staff deliver services in Wales. He recapped how the call for e-prescribing at last year’s conference was loud and clear and that a commitment to progress this continued to be a significant priority for the new special health authority which will to lead National action on digital transformation.

The Director General reminded the audience that it has been five years since the increased focus on clusters and the £10m investment through the National Primary Care Fund making the theme of the 2019 conference very relevant and timely. He celebrated the successes of clusters, many of which were showcased at the conference. The challenge proposed was to learn from what has worked well and what has not to set goals for the future of clusters moving forward in achieving the vision of A Healthier Wales.

Dr Goodall highlighted the importance of contract reform work of the four contractor professions, general practice, dentistry, pharmacy and optometry in supporting the delivery of the Primary Care Model for Wales. He also described how the Strategic Programme for Primary Care, which was launched at the 2018 conference had already delivered key pieces of work on a ‘once for Wales’ basis. He made specific reference to the National communications plan and development of a workforce planning tool to identify the numbers and skills of the multi professional workforce which has arisen as a result of the programme.

Dr Goodall thanked the workforce for their significant involvement in Brexit preparedness. He acknowledged the ongoing commitment by the Minister and other stakeholders in developing primary care. The growing interest in primary care is demonstrated by the increased demand year on year to attend the National Primary Care Conference.

Dr Goodall closed his speech by thanking the Primary Care Hub for organising an exciting and thought provoking event.
Keynote: Minister for Health and Social Services.

Vaughn Gething AM, Minister for Health and Social Services opened his plenary session by describing how delighted he was to be at the conference to celebrate cluster working to date and share our collective ambitions for the future. The Minister reflected on his recent visit to India, after which seeing the way that health care is delivered there, and more widely across the world, we take the NHS for granted. What was established as a radical act some 70 years ago, the NHS is still in existence today but needs to change with the focus shifting from an illness service in hospitals to wellness service in primary care. The question for the audience was whether we choose the change or allow it to happen to us. The Minister described how Welsh Government have made deliberate choices to invest in clusters and will further invest to ensure clusters are here to stay.

The Minister took time to reflect on the journey of clusters starting they focused mainly on General Medical Services and contract negotiation through to present day where there are great examples of clusters functioning as mature multi-professional teams and systems. The Minister took the opportunity at the conference to launch the Allied Health Professions Framework for Wales: Looking Forward Together. The Minister indicated that he felt that Allied Health Professionals’ expertise is currently under-utilised in primary care in Wales and challenged the professionals themselves to be more proactive in developing their role for the future.

The Minister shared with the conference a number of recent visits especially that to Windsor Clive Primary School in Cardiff as part of marking 10 years of the Designed to Smile programme and commented on the enthusiasm of the pupils and the experience of being shown how to brush his teeth numerous times in front of the schoolchildren. The Minister also noted his visit to Taffs Well Medical Centre in March 2019 to launch the National Access Standards and the visit to newly transformed Clundrwen Pharmacy, which gained Hywel Dda Health Board’s Pharmacy Walk-in Centre status in March 2019, where he was shown the full range of community pharmacy enhanced services.

The Minister cited effective planning as a driver for change and transformation of the primary care system. He highlighted the importance of the development of cluster Integrated Medium Term Plans (IMTPs), which was set as a National delivery milestone this year, to shape health board IMTPs and Regional Partnership Board plans. The focus on primary care in winter planning was highlighted. When compared with previous years, winter plans hardly mentioned primary care, but prevention activities in primary care, now form five of the seven Winter Plan Themes.

There was recognition that clusters are here to stay and what the future holds is for each cluster to determine. Clusters need to make their own choices to meet the needs of their own populations and to be able to innovate to realise their ambitions, but in doing so carry their own risks. For this reason
Welsh Government has intentionally tried to avoid being too directive but aimed to reinforce cluster working, to empower, to celebrate successes and challenge barriers. The Minister stated that he would like to see an increase in funds going directly to clusters with more plans for delegating decisions to clusters. Further work is also necessary to mainstream funding in a timely manner where projects and innovations that are scalable are identified.

The challenge to us all with digital transformation in and across Wales was noted. The well accepted options for accessing advice and healthcare in Wales via telephone and face to face consultations needs to be supported by other options which is why the Minister is exploring how the centrally held £50M for digital solutions might be invested in making rapid progress with online consultations.

The Minister concluded with a challenge to clusters to be ambitious and for health boards to support these ambitions to build on the past and present to create a healthier Wales in the future.

Launch of resources: The Strategic Programme for Primary Care
The conference this year marked the launch of a series of resources in support of the Strategic Programme for Primary Care. The programme aimed to support whole system working (not restricted to GMS) and seeks to embed the Primary Care Model at an accelerated pace is an all-Wales primary care response to A Healthier Wales. It has six key work streams as detailed below:

The Minister is supporting the programme and at the National Conference 2019, was pleased to launch:

- the Strategic Programme handbook
- informative webpages; and
- a Twitter account.

Take a look, get involved, follow the programme on Twitter and learn more about the once-for-Wales approach in improving primary care across Wales.
Workshops

The Cwmtawe Cluster approach

Hosted by Dr Iestyn Davies, Cluster Lead Cwmtawe and the Swansea Bay UHB Transformation Team, delegates were provided the opportunity to listen, learn and ask questions about how the Cwmtawe Cluster was implementing all key aspects of the Primary Care Model for Wales simultaneously. A successful bid to the Transformation Fund provided £1.7m to develop an alternative service model to ensure the sustainability of primary care services within local communities.

The Team present delivering the workshop included Dr Iestyn Davies, Cluster Lead Cwmtawe, Swansea Bay UHB, Sharon Miller, Head of Primary Care, Primary & Community Services Unit, Swansea Bay UHB and a number of members of the multi-disciplinary team working across the Cwmtawe Cluster.

Improving access in and out of hours in a North Denbighshire Cluster

The workshop, delivered by the North Denbighshire Cluster Leads and Co-ordinators, described to delegates the cross cluster shared Minor Illness Service developed and rolled out in 2016. Initially funded through winter planning resources to assist in delivering local unscheduled care as winter approached, delegates heard how the service had been so successful further funding was sourced to continue the scheme. The new service provided additional appointments to offer to GPs and Out of Hours Services.

The Team present delivering the workshop included Jodie Berrington, Senior Cluster Co-ordinator, Sallie France, Cluster Co-ordinator, Dr Jane Bellamy and Dr Clare Corbett, Co-Cluster Leads all from Betsi Cadwaladr University Health Board.
Integrated Well Being Networks in Gwent

A presentation and question and answer session about the Regional Partnership Board approach to wellbeing in Gwent through their Integrated Well Being Networks (IWBNs) was provided for delegates in this workshop.

Hosted by Will Beer, Cluster Lead for Newport East Neighbourhood Care Network and accompanied by front line multi-disciplinary staff, delegates learned how across Gwent the IWBNs are being implemented to maximise the use of place based community resources, the development of the Care Navigator role and the exciting local developments of Well Being Hubs.

The team present delivering the workshop included Will Beer, Cluster Lead for Newport East Neighbourhood Care Network and Consultant in Public Health, Aneurin Bevan UHB. Gemma Burrows, Principal Public Health Practitioner & Programme Manager, Public Health Wales and a number of members of front-line staff from the IWBN.

National Clinical Plan and Value Based Health Care

Delegates in this workshop had the opportunity to hear from Sally Lewis, the National Clinical Lead for Value-Based and Prudent Healthcare and Alastair Roeves, co-lead of the National Clinical Services Plan for Wales Development Team.

In Alastair’s view there is “no shortage of plans” and described how a “golden thread” ran from the Organisation for Economic Co-operation and Development (OECD) report, through the Parliamentary Review to the A Healthier Wales which has led to the ambitious aim of developing a National Clinical Plan to draw all these plans together. Alastair emphasised that there must be a change in how traditional outpatients is delivered and reimagine care to improve the patient experience. He highlighted that this included the role of specialists.

Sally Lewis started her presentation on Value Based Healthcare with the statement that “too much is spent on drugs and treatments and not enough on prevention” and further discussed how prevention provides better value. She described how the reallocation of resources was dependent of the availability of data and the importance of digital transformation for this agenda.
The Primary Care Village

The Primary Care Village was opened as one of the five workshops to allow delegates additional time and space to speak with the wide range of volunteers and service provider exhibitors who had given their time to mock up a village and describe the variety of health and wellbeing assets available in communities across Wales.

With the space designed to be as interactive as possible, delegates could have a cup of tea in the dementia café, learn to weave willow with Coed Lleol (Small Woods Wales), try some felting or crafting with Arts 4 Wales as well as watch some breakdancing and join in with some singing with the Singing from the Brain community choir.

Delegates were asked to consider bringing a donation to one of the charities supported on the day, the Olive Branch or Foodbank. Both charities were overwhelmed with the support they received and wished to pass on their thanks!

A full list of exhibitors can be found on Primary Care One.

“`It’s a really exciting opportunity to hear and see what’s happening across Wales, and to try to see how we can use some of the innovations in practice and community resources to develop things in our local area.”`

Lunch

Delegates were given time over the lunch break to explore the Primary Care Village as well as enjoy the space in the ICC to chat and network with colleagues. Lunch was a lovely mixture of healthy and delicious treats taking into account all the dietary requirements of delegates. Delegates were also asked to visit the poster walkway and vote for their favourite!
Afternoon Session

Paul Gimson, National Primary Care Programme Manager, 1000 Lives, Public Health Wales chaired the afternoon session. Paul welcomed everyone back from lunch and introduced the speakers for the afternoon.

Keynote address: Fit for the Future: a vision for General Practice

Professor Helen Stokes-Lampard, Chair of the Royal College General Practitioners (RCGP), described how the RCGP set out their vision for general practice across the UK and including Wales in Fit for the Future: a Vision for General Practice.

Key components of this vision included revitalising the GP profession, expanding the primary care team and collaboration with partners and a range of stakeholders at scale.

Professor Stokes-Lampard, being Welsh herself although working in England indicated that the work being progressed in and with clusters in Wales is being carefully watched by the other UK nations. She reminded the audience of the work highlighted by a fellow Welsh clinician, Dr Julian Tudor-Hart and the Inverse Care Law where in some areas 50% of the variation in health is due to social determinants. Despite this ground breaking work which originated in Wales, she pointed out how disappointing it is that inequalities in access to healthcare is worse now than in the early 1970s.

The frustration felt by all of the NHS IT systems was shared, describing current systems as being created by people who don’t use it, not created with the end user in mind and a millstone around the neck of the NHS.

Professor Stokes-Lampard emphasised the importance of collaboration and that GPs are now finding themselves leading multi-disciplinary teams compared with the traditional models of primary care in years gone by. She emphasised the need for General Practice to remain patient centred and how continuity of care is so important for patients.

Professor Stokes-Lampard ended by reminding the conference that the success of joint working, especially in clusters, is to understand and learn from the roles of other professions and to develop trust between professions bearing in mind that trust is the hardest thing to build and the quickest thing to destroy.
Vision of Cluster Future

Delegates heard lightening presentations from the Cluster Leads from very different areas in Wales sharing their experiences in the leadership role and showcasing some of their local cluster work.

**Dr Eilir Hughes, Cluster Lead, Dwyfor, Betsi Cadwaladr UHB.**

A refreshing and entertaining ten minute presentation was delivered by Dr Eilir Hughes, GP and Cluster Lead, who started by describing the seasonal population changes experienced in areas such as Dwyfor in North West Wales. The Dwyfor Cluster, as many other clusters located in holiday destinations in Wales, has to deal with a massive increase in workload during the summer months due to the influx of tourists. They have to work differently to cope with the increase without impacting on services to the local population. Dr Hughes shared how, in Dwyfor, meeting some of this demand has been as a result of engagement with other local services such as advanced paramedics and pharmacists and the cluster moving to a more combined health and care locality model. Delegates learned how closer working with other professionals had significantly decreased the GP workload and in particular reduced inappropriate prescribing.

**Dr Karen Pardy, Cluster Lead Cardifff South West, Cardiff & Vale UHB**

Known for her work in cluster based social prescribing, Dr Pardy, GP and Cluster Lead, described how the Cardiff South West Cluster was inspired by the Canterbury Model and the principle of ‘place based care’. She described how having a range of representatives from a variety of services and professions working together is great for patients with very complex needs. Dr Pardy shared that she felt it is vital to understand what the real needs of the population are and how services are best driven through a bottom-up approach where they can then be specific to the cluster. She reminded the audience of the importance of evaluation of new initiatives, to enable learning, and the call for action to clusters to embed evaluation in all their work. In achieving this Dr Pardy shared her belief that clusters and their leaders will require a lot of help needed especially public health expertise to support this.

**Dr Geoffrey Smith, Cluster Lead Bridgend North, Cwm Taf Morgannwg UHB**

GP and Cluster Lead, Dr Geoffrey Smith, entertained the audience with a brief but colourful presentation aided with the help of a slide show of cartoons. Dr Smith described the development of the cluster as a ‘white-knuckle ride, with targets coming thick and fast’. He reflected how there was initial suspicion about clusters when they were first introduced but this has now passed as clusters are becoming more mature and established. Particular successes in the Bridgend North Cluster included their employment of a cluster pharmacist and chronic condition nurses, the work the cluster been doing with the Community Mental Health Team to re-design care pathways, the introduction of a workflow management system to handle incoming medical mail which has released 10 to 11 hours of GP time each week. As the Cluster Lead, Dr Smith reflected that they would have benefited from more academic support in building business cases and that they need to do more to evaluate projects.
Clusters Future – Question Time Panel Q & A

The penultimate slot of the day went to a panel Q&A session. The panel, consisted of selected strategic leads covering portfolios across policy, health, social care and the third sector.

Delegates were asked to pitch questions to the panel prior to the conference and questions based on emerging themes plus themes arising during the day itself were put to the panel. Paul Gimson, afternoon Chair, facilitated the session.

Questions were directed to specific members of the panel but oftentimes other panel members joined in the debate and discussion. A summary of the questions and main answers is provided in Appendix 1.

The members of the panel included Frances Duffy, Director for Primary Care and Health Science, Welsh Government; Ifan Evans, Director of Technology, Digital & Transformation, Welsh Government; Judith Hardisty, Vice Chair Hywel Dda UHB; Phil Robson, Chair Gwent Regional Partnership Board and Rachel Rowland, Chief Executive Officer of Age Connects Morgannwg & Chair of CTM Regional Partnership Board.

Reflections and Conference Closure

Judith Paget, CEO Aneurin Bevan UHB, Lead Chief Executive for Primary Care and Chair of the National Primary Care Board provided reflections on the conference, the feel of the event and the day as a whole. Judith celebrated the great examples of cluster working and the variety of innovation shared during the day. She made particular reference to how clusters are connecting with their communities.

During the summary Judith announced the winner of the poster prize: Primary Care Audiology – Parallel Model submitted by Rhys Meredith and Nicola Phillips both from Swansea Bay UHB.

The conference couldn’t close without the mention of scale and pace, however the audience were reminded of the brilliant work being done at a local level. Finally Judith welcomed the Minister’s personal ambition to keep growing clusters and thanked the conference organisers for delivering an excellent conference.
Social Media Presence

A series of planned English and Welsh Twitter posts were shared on the Primary Care One Twitter account in advance of the conference as well as during the event.

In the weeks running up to the conference, posts centred on promoting the event, highlighting key speakers and exhibitors and encouraging attendees to bring along donations to the two local charities being supported. Posts shared on the day aimed to provide a running commentary of the event, highlighting key discussion points and encouraging others to engage conversations around primary care in Wales.

All posts were tagged with the English (#PrimaryCare19) or Welsh (#GofalSylfaenol19) hashtag accordingly.

Between Wednesday 16th October 2019 and Thursday 7th November 2019:
- 56 tweets were posted in total – these included a combination of English-only and Welsh-only posts, as well as some bilingual
- Posts received 185 retweets in total
- Posts received 381 likes in total
- Posts earned a total of 39.2k impressions over this period

Some of the tweets from the day

 Vaughan Gething @wgmin_health · 7 Nov
Speaking at the National Primary Care Conference today, where I launched the new Allied Health professions Framework for Wales. #PrimaryCare19 @SPPCWales

 Colette Bridgman @ColetteBridgman · 7 Nov
Fantastic to see Maendy Dental Practice sharing all things ‘dental and oral health’ and how relevant it is within primary care and for health in general #PrimaryCare19 @CwmTafMorgannwg

 Paul Gimson @pgimmo · 7 Nov
What an honour - Chairing the afternoon at #PrimaryCare19 ! Brilliant to see so many people here from across the whole of Health and Social Care. Here is the view from the stage...
Liam Taylor @dr_liam · 7 Nov
#PrimaryCare19 @ARoeves @RlewisSally talking on national clinical plan and value based healthcare food for thought on priorities and resource shift and use of patient reported outcome measures

Helen Kemp @GPOneWales · 7 Nov
#PrimaryCare19 “it’s not just about health it’s also about wellbeing” Well said Karen Pardy

amalshandall-amoura @amamerou · 7 Nov
#PrimaryCare19 Innovation won’t become transformation unless we stop what we have always been doing ... Otherwise we are just adding layers .... Ifan Evans

Angharad Pitt @AngharadPitt1 · 7 Nov
An exciting day ahead at the National Primary Care Conference at @ICCWales! Particularly interested to learn more of the @cwmtawecluster approach & @IWNWent working 🎥 #PrimaryCare19

Jackie Parsons @Parsons_Jackie · 7 Nov
Great to hear the progress being made by Clusters across NHS Wales, some amazing work and strong leadership showcased at the National Primary Care Conference. Encouraging to have ‘compassion’ highlighted throughout @PrimaryCareOne #PrimaryCare19 @HEIW_NHS

Rachel Rowlands @RaqueldeRowl · 8 Nov
Reflecting on yesterday’s #PrimaryCare19 conference and wanted to say congrats to @PrimaryCareOne for a really great programme. I felt inspired and my head is buzzing with new ideas on how @ACMorganwng can support CTM cluster leads with their prevention agenda @ems_wales

Ruth Crowder @RuthCr · 7 Nov
Excellent points by @judithhardisty1: if we are to scale up new services we have to spend time identifying what we now have evidence to justify stopping
And by @Ifan_e : innovation doesn’t become transformation until you stop doing what you were doing before #PrimaryCare19

alan williams @Alan_W · 7 Nov
Llanelli Social Prescribing at #PrimaryCare19 Tracy engaging more people with her enthusiasm 🌈🗣️ @HywelDDaHB @RlIanMatthews48 @welslicake39
Appendix 1 - Questions and Answers from the Panel Q and A session.

The members of the panel included Frances Duffy, Director for Primary Care and Health Science, Welsh Government; Ifan Evans, Director of Technology, Digital & Transformation, Welsh Government; Judith Hardisty, Vice Chair Hywel Dda UHB; Phil Robson, Chair Gwent Regional Partnership Board and Rachel Rowland, Chief Executive Officer of Age Connects Morgannwg & Chair of CTM Regional Partnership Board.

Q: What is the future vision for clusters over the next 5 – 10 years? How do we agree medium and long term aims to ensure we are all travelling in the same direction?
This questioned was directed to Frances Duffy.

Frances responded commending clusters on their progress, and that the depth of experience and innovation has been impressive. Frances felt that the vision for the future of clusters had been demonstrated throughout the day and added that we need to ensure that cluster IMTPs feed into Health Board IMTPs.

Q: How do we draw local authority services, and other RPB partner services, into clusters?
This questioned was directed to Phil Robson.

Phil responded by saying that we need to do more to understand the needs of other sectors and their recent experience and listen to what other agencies are saying. Phil believed that clusters think that local authorities are slow but they do not realise that clusters are a small issue for local authorities who have been aggregating services and implementing eligibility barriers for the last 10 years as a result of budget cuts. He described domiciliary care as ‘in crisis’ and that there is a need for closer working with nursing services. He reflected on the challenge of getting social work involved in clusters and the huge benefit this could have. He concluded that collaborative working between partners is a real task for the RPB and that they must start to build teams as a command and control approach will not work. A further big challenge is integrating people on the ground.

Q: How will you ensure the new Special Health Authority for Digital and Data will prioritise investment in primary and community care services to aid cluster working?
This questioned was directed to Ifan Evans.

Ifan talked about how most organisations will spend at least 4% of budget on IT but the NHS spends only around 1.5%. ‘We know digital services strengthen innovation’ he stated. Ifan talked about the new Special Health Authority for Digital and Data and how it must have transparent accountability and how it has to be different to what we currently have in Wales. He described how he believes we need to move at the fastest appropriate pace to ensure that we do not fall over and to do this there has to be national projects delivering national platforms but we must remember this will require compromises across organisations.
Q: What does the panel think of the contribution of the wider health care professional workforce including contracted professions and Allied Health Professionals in delivering primary care services in Wales.
This questioned was directed to Judith Hardisty.

Judith talked of how vital Allied Health Professionals are to the delivery of care in Wales and not just primary care. She highlighted how they can be a useful and effective member of the primary care team but the need to develop careers to enable a more flexible workforce to respond to health and care challenges and demand. She stated that we must break down the barriers between primary and hospital care and perhaps think about is there merit in rotating roles through different settings?

Q: What does the panel believe the role of clusters is in embedding a prevention approach in our everyday work?
This questioned was directed to Frances Duffy.

Frances talked about the importance of early identification and diagnosis of disease and conditions and that we must have high ambitions to do this but must be realistic in what we can deliver.

Rachel raised that prevention is interpreted differently depending on who or what organisation you are talking to. From Age Connect’s point of view preventing harm to people starts with the basics such as keeping people warm and able to afford food to eat and that it not just about health. She called for a “what matters” approach to prevention activity. Rachel described how many people will approach the third sector for help and support before visiting their GP or other healthcare professional and therefore clusters would benefit from using the third sector as a touchpad for working out what’s important in their local area(s).

Q: A lot of our primary care estates across Wales are not fit for purpose, we know we have increase in population growth and aspiration to move more services into the community what will our estates in a cluster footprint look like in the future.
This questioned was directed to Frances Duffy.

Frances raised the point that across primary care we don’t currently know what we already have, or in which settings or what is available across the public sector. She stated that work is required across the public sector to get an understanding of what is there now and what is lacking to prepare for the future.

Q: How do we truly embed co-production and engagement within our cluster service planning?
This questioned was directed to Rachel Rowland.

Rachel queried whether we really understand co-production? She believes it means different things in different places and that the third sector does not always feel part of the system. If we are serious about co-production this needs to be addressed.

Q: What is stopping us from scaling best practice at pace across Wales?
This questioned was directed to Ifan Evans.
Ifan responded by indicating that there are many suppliers pushing new technology and lots of research and yet this doesn’t seem to work in achieving scale and pace. He described a few key factors for this, one of which is buying products so the money is important. He advised that when we innovate locally we must have the potential to upscale the projects for use on a wider basis and act like the company we want to be in a year’s time. We must also develop a compelling narrative that includes intellectual and emotional engagement.

Judith talked about there being a lot of similar projects happening across Wales and that what we are not good at is deciding what to stop doing. ‘Getting off the treadmill takes time and letting go is difficult.’

Ifan reiterated Judith’s point by saying that innovation is something new but transformation means letting go of the old as well.

**Q: 10 years of integrated Health Boards, when will we see primary care at front and centre of service planning?**
This questioned was directed to Judith Hardisty.

Judith responded by stating that she felt ‘we are getting there but we have a long way to go’. Targets can be problems as they tend to be are focussing planning on issues such as access rather than broader developments in primary care.

**Q: If you had one wish for clusters what would it be?**
This questioned was asked to the whole panel.

The panel responded below:

‘Clusters need to mainstream what works and do it at pace’ Phil Robson

‘For the person to understand the service is built around them and they don’t have to navigate the system’ Frances Duffy

‘That we have systems that everyone can use and ensure that money flows to where it is needed easier’ Judith Hardisty

‘Culture change is hard and I would like to see spontaneous alliances of clusters. We also need to make better use of information’ Ifan Evans

‘Examples of excellent practice to be sought out by clusters where third sector is an equal partner, not just an add-on’ Rachel Rowlands