Archwilio Cymru
Audit Wales

Primary Care Follow-up Review – Cwm Taf Morgannwg University Health Board

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Introduction

1 Primary care is the first point of contact for the majority of people who use health services in Wales. It encompasses a wide range of services, delivered in the community by a range of providers, including General Practitioners (GPs), Pharmacists, Dentists, Optometrists, as well as other professionals from the health, social care, and voluntary sectors.

2 In 2018-19, the Auditor General reviewed primary care across all Health Boards in Wales, with a particular focus on general practice. That work focussed on strategic planning, investment, workforce, oversight and leadership, and performance.

3 Our 2018 Review of Primary Care at Cwm Taf University Health Board[1] found that the Health Board had a sound plan for primary care and was making reasonable progress towards implementing key elements of the national vision. The Health Board had strong oversight arrangements and its performance against some primary care indicators was above average. However, there was further scope to raise the profile of primary care, shift more resources towards primary care, and to address workforce challenges.

4 The landscape for primary care in Wales has changed since our original review in 2018. The Welsh Government has published its long-term plan for health and social care – A Healthier Wales. The plan highlights primary care's crucial role in helping to realise the ambition of creating a seamless whole system approach with services designed around people, based on their needs, supporting them to stay well and not just providing treatment when they become ill. This means that more services traditionally provided in a hospital setting are shifted into the community to provide care at home or closer to home to take pressure off hospitals and reduce the time people wait to be treated.

5 The Strategic Programme for Primary Care[2] sets 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

[1] Our 2018 review was undertaken before the transfer of Bridgend to the Health Board from the former Abertawe Bro Morgannwg University Health Board (now Swansea Bay University Health Board) in April 2019.

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

- developing ‘cluster-level’ vision and enabling service transformation.

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

7 The 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 as a means to plan and deliver services; and
- strengthening the workforce.

8 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.

9 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.

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

Key findings

11 Overall, we found that **the Health Board has made reasonable progress in addressing our previous recommendations, particularly in relation to cluster membership and leadership, workforce planning, and new ways of working. However, it has struggled to establish a financial baseline and demonstrate a shift in resources from secondary to primary care. Whilst the Health Board has an appropriately structured and resourced Primary and Community Care Group, it is experiencing capacity challenges in some areas. Primary care is**

appropriately reflected in Health Board strategies and plans, but coverage of primary care matters at Board requires improvement.

Implementation of previous audit recommendations

12 We found that **the Health Board has addressed recommendations relating to cluster membership and leadership and is progressing work on workforce planning and new ways of working. It has also developed its own approach to assessing demand and capacity within GP practices. However, it has struggled to establish a financial baseline and demonstrate a shift in resources from secondary to primary care**.

13 The Health Board has taken positive steps to review cluster maturity, widen cluster membership, and support cluster leadership. It also has good arrangements in place for systematically capturing information on the number and skills of staff within general practice, but not for other parts of the primary care sector.

14 Evaluations and sharing learning from new ways of working are undertaken on a cluster basis, but not to a standard approach agreed with the Health Board. There are good arrangements in place to promote new ways of working and alternative points of contact with the public, including various social media platforms, but it is unclear whether this activity is reducing demand for GP appointments.

15 The Health Board did not collate or share the learning from the Primary Care Foundation's work undertaken in 2018 and has since developed its own approach to demand and capacity assessments in GP practices. The Health Board has not yet established a baseline position for its current investment in primary and community care against which it can assess its progress in shifting resources from secondary care. Whilst it has moved some services from secondary to primary care, this has been facilitated largely by additional Welsh Government funding in support of specific initiatives.

Capacity and capability to deliver local and national priorities

16 We found that **the Health Board's new Primary Care and Community Care Group is appropriately structured, resourced, and underpinned by clear leadership, governance, and reporting arrangements. Whilst the Care Group is experiencing capacity challenges in some areas, it was taking appropriate action to mitigate and minimise the associated risks**.

17 The Health Board established a new Primary Care and Community Care Group in 2022 with clear leadership, governance, and reporting arrangements. The new Care Group is designed to deliver a range of benefits including enhancing management capacity and oversight; addressing gaps in clinical leadership; strengthening collaboration and resilience between different services; providing greater development opportunities for staff; and supporting effective succession

planning. The Health Board has provided additional investment to support these changes. The Care Group is experiencing capacity challenges in some areas as it tries to fill vacancies and manage sickness absences. These capacity challenges are preventing it from progressing work in some areas, particularly dental services. However, the Care Group is managing the risks associated with these challenges appropriately. The Care Group has appropriate arrangements in place to support staff learning and development.

Board-level visibility and focus on primary care

18 We found that **primary care is appropriately reflected in Health Board strategies and plans. However, opportunities remain to provide greater coverage of primary care matters at Board meetings and clarity on which committee will be responsible for providing assurance to the Board on primary care services under the new committee structure being introduced in 2025**.

19 Primary care is adequately reflected in the Health Board's long-term strategy – CTM 2030 – with detailed priorities for 2024-25 set out in the organisation's Integrated Medium Term Plan for 2024-27. The Health Board is also progressing work on its long-term Acute Clinical Services Plan and Integrated Community Services Plan to support the shift of resources and services to primary and community care.

20 Primary care is reflected in the Board's terms of reference. However, primary care did not feature in the Board's 2023-24 Cycle of Business, and it did not receive any specific reports on primary care during this period. Instead, matters relating to primary care were largely covered in other routine reports on performance, quality, and finance. Furthermore, the Health Board no longer publishes a dedicated annual report on primary care and there is limited coverage of primary care matters in its overall Annual Report. As a result, Board members are unable to form a strategic view on the overall effectiveness and efficiency of primary care services and whether the Health Board's actions are improving the sustainability of services in the longer term.

21 The Population Health and Partnerships Committee provides good oversight of the Health Board's overall arrangements for primary and community care services, with other committees providing oversight of specific matters relating to quality, performance, and finance. However, the Population Health and Partnerships Committee is being disbanded at the end of December 2024, and its functions will be transferred to two new committees when the Board's new committee structure is introduced in January 2025. However, it is unclear which new committee will be responsible for providing assurance to the Board on the Health Board's arrangements for primary and community care services.

Recommendations

22 The status of our 2018 audit recommendations is summarised in **Exhibit 1**.

Exhibit 1: status of our 2018 recommendations

Implemented	Ongoing	No action	Superseded	Total
2	6	2	1	**11**

23 **Exhibit 2** details the new recommendations arising from this audit. The Health Board's response to the new recommendations, as well as the open recommendations from our 2018 audit, is presented in **Appendix 3**.

Exhibit 2: recommendations

Recommendations	
R1	The Health Board should support Board members to form a strategic view on the overall effectiveness and efficiency of primary care services and whether the organisation's actions in this area are improving the sustainability of services in the longer term by improving the coverage of primary care matters in its routine Annual Report. **(Paragraph 59)**
R2	The Health Board should clarify which committee within the new committee structure being introduced in January 2025 will be responsible for providing assurance to the Board on the organisation's arrangements for primary and community care services, after the Population Health and Partnerships Committee is disbanded at the end of December 2024. **(Paragraph 62)**

Detailed report

Implementation of previous audit recommendations

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

- strategic planning (2018 Recommendation 1);
- investment in primary care (2018 Recommendations 2a and 2b);
- primary care workforce (2018 Recommendation 3);
- new ways of working (2018 Recommendations 4a, 4b, 4c, and 4d); and
- primary care clusters (2018 Recommendations 5a, 5b, and 5c).

25 Overall, we found that **the Health Board has addressed recommendations relating to cluster membership and leadership and is progressing work on workforce planning and new ways of working. It has also developed its own approach to assessing demand and capacity within GP practices. However, it has struggled to establish a financial baseline and demonstrate a shift in resources from secondary to primary care**.

Strategic planning

26 We considered whether the Health Board has centrally analysed and collated the messages from the Primary Care Foundation's demand and capacity assessments in GP (General Practitioner) practices and shared the learning across all practices (2018 Recommendation 1).

27 We found that **the Health Board did not collate or share the learning from the Primary Care Foundation's work and has since developed its own approach to demand and capacity assessments in GP practices**.

28 In 2018, we reported that the Health Board had commissioned the Primary Care Foundation to carry out GP practice demand and capacity assessments. Participation was variable as assessments were offered to GP practices on a voluntary basis. As a result, the Health Board did not collate or share the learning across all practices and decided not to make further use of the Primary Care Foundation. Since then, the Health Board has developed its own approach to assessing demand and capacity, which is aligned to the national access service standards[3] and captures wider general practice sustainability considerations. The approach is used by the Health Board to identify general practices requiring specific support to improve their sustainability and resilience, secure operational

[3] The Access to In-Hours GMS (General Medical Services) Services Standards were introduced by the Welsh Government in March 2019. The standards set clear requirements on practices in terms of minimum expectations relating to access, including an increased digital offering.

stability, and develop more effective ways of working. Specific actions are developed and agreed to address the demand, capacity, and sustainability needs of general practices requiring the most support, with updates on key issues and risks provided to the Population Health and Partnerships Committee. **We therefore consider 2018 Recommendation 1 as superseded**.

Investment in primary care

29 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 2a); 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 2b).

30 We found that **the Health Board has not yet established a baseline position for its current investment in primary and community care against which it can assess its progress in shifting resources from secondary care**.

31 The Health Board sought to calculate and establish a baseline position for its investment and resource use in primary and community care by March 2019 as part of the primary and community element of the Cwm Taf Partnership Transformation Plan[4]. However, it did not achieve this. In April 2019, the Health Board assumed responsibility for providing services to the population of Bridgend, thus becoming Cwm Taf Morgannwg University Health Board. This presented a further opportunity for the Health Board to calculate and establish a baseline position. However, it did not capitalise on this opportunity. The Health Board has a further opportunity to calculate and establish a clear baseline as part of the development of its long-term Acute Clinical Services Plan and Integrated Community Services Plan (see **paragraph 57**). **We therefore consider that there has been no action on 2018 Recommendation 2a.**

32 As we discuss in **paragraph 57**, the Health Board recognises that its current clinical model places too much emphasis on acute services and does not adequately support the shift of resources and services to primary and community care. It has successfully shifted some activity from secondary to primary care by investing in community-based schemes, such as the initiative designed to assess and monitor lower-risk glaucoma patients by optometrists in the community. However, this shift has been facilitated by additional Welsh Government funding for specific initiatives, rather than decisions taken by the Health Board to redirect core funding from acute care to primary care. Furthermore, without a baseline position in place, the Health Board has been unable to monitor, assess, review, and report

[4] The plan set out Cwm Taf Social Services and Wellbeing Partnership Board's response to the findings of the Cwm Taf Population Assessment published in April 2017.

annually its progress in shifting resources towards primary and community care. Addressing this recommendation in full will become increasingly important as the Health Board seeks to implement and measure, in due course, the impact of its long-term Acute Clinical Services Plan and Integrated Community Services Plan. **We therefore consider that there has been no action on 2018 Recommendation 2b**.

Primary care workforce

33 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 3).

34 We found **that the Health Board has good arrangements in place for systematically capturing information on the number and skills of staff within general practice, but not for other parts of the primary care sector**.

35 The Health Board has good arrangements in place for capturing information on the number and skills of staff within general practice. As discussed in **paragraph 28**, the Health Board captures this information as part of its approach to assess, understand, and respond to the demand, capacity, and sustainability needs of general practices. It also makes use of annual workforce census data captured via the Welsh National Workforce Reporting System (WNWRS)[5] to inform its organisational and cluster-level planning arrangements. There are national plans in place to roll out the WNWRS to the other primary care services; however, this has not happened yet. Furthermore, the Health Board does not have alternative arrangements in place to capture this information locally in a systematic manner. **We therefore consider 2018 Recommendation 3 to be ongoing**.

New ways of working

36 We considered whether the Health Board has:

- worked with clusters to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models (2018 Recommendation 4a);
- centrally collated evaluations of new ways of working and shared the key messages across all clusters (2018 Recommendation 4b);
- 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 4c); and

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

- evaluated the effectiveness of the new primary care communications officer role and shared the learning with all health boards in Wales (2018 Recommendation 4d).

37 We found that **evaluations and sharing learning from new ways of working are undertaken on a cluster basis, but not to a standard approach agreed with the Health Board. There are good arrangements in place to promote new ways of working and alternative points of contact with the public, but it is unclear whether this activity is reducing demand for GP appointments**.

38 The Health Board has not worked with clusters to develop and adopt a standard approach to evaluation and sharing learning. Instead, it has sought to empower clusters to develop and adopt their own approaches to evaluation based on their individual needs and circumstances with input from the local Public Health Team as required. It also encourages Cluster Leads and Cluster Development Managers to share learning from evaluations with other clusters. Whilst there is merit in allowing clusters to agree their own approaches to evaluation and sharing learning, a standard approach would ensure that evidence of outcomes and impact is collected, analysed, used, and disseminated in a consistent manner. **We therefore consider 2018 Recommendations 4a and 4b to be ongoing**.

39 The Health Board, clusters, and individual general practices use a range of traditional and modern methods to promote new ways of working and alternative points of contact with the public, including publishing social media posts and distributing posters and leaflets to ensure those without the internet can access information. The Health Board has a comprehensive programme in place to promote and raise awareness of different matters relating to primary care via its various social media channels and platforms. Whilst this is positive, the Health Board is yet to put arrangements in place to assess whether this promotional activity is reducing demand for GP appointments. **We therefore consider 2018 Recommendation 4c to be ongoing**.

40 The Health Board has not formally evaluated the effectiveness of its Primary Care Communications Officer role. However, it has shared information about the role with other health boards in Wales via national groups and fora. The post remains a part-time one, but it is now funded via core funding, rather than cluster funding. Talks are underway about securing additional resource from the Health Board's Corporate Communications Team to strengthen the role further by making it a full-time post. **We therefore consider 2018 Recommendation 4d to be ongoing**.

Primary care clusters

41 We considered whether the Health Board has:

- reviewed the relative maturity of clusters, and targeted and strengthened its support for clusters where necessary (2018 Recommendation 5a);
- reviewed the membership of clusters and attendance at cluster meetings to assess whether there is appropriate representation from all stakeholder

groups such as local authorities, third sector, lay representatives (2018 Recommendation 5b); and

- developed an action plan to strengthen cluster leadership (2018 Recommendation 5b).

42 We found that **positive steps have been taken to review cluster maturity, widen cluster membership, and support cluster leadership**.

43 The Health Board is in the process of transforming its clusters through the ACD (Accelerated Cluster Development) programme[6]. The Health Board has put a roadmap in place, with clear milestones and outcomes, to support implementation. Progress is currently overseen by the Partnerships and Population Health Committee. However, it is unclear which committee will oversee progress when the Health Board introduces a new committee structure in January 2025 (see **paragraph 62**). The Health Board uses a range of approaches to assess the maturity of clusters, such as checklists and peer reviews. However, it recognises there is still considerable variation in maturity between clusters that needs to be addressed with the support of the Cluster Development Managers and central Primary Care Team. **We therefore consider 2018 Recommendation 5a to be ongoing**.

44 All clusters have adopted the Model Terms of Reference issued by the Strategic Programme for Primary Care in April 2022, with membership extended to include representation from all relevant local services contributing to health and social care within their respective areas. The Health Board has also reviewed and updated the membership of its Pan-cluster Planning Groups[7], of which there are three in the Health Board area – one for Bridgend, one for Merthyr Tydfil, and one for Rhondda Cynon Taf. **We therefore consider 2018 Recommendation 5b as implemented**.

45 The Health Board has taken several positive steps to strengthen cluster leadership. For example, it encourages and supports cluster leads to attend the Expert Leadership Programme run by Health Education and Improvement Wales. The Health Board also continues to invest locally in cluster leadership by supporting the Lead Clinicians and Practice Managers in each cluster, as well as employing full-time Cluster Development Managers. **We therefore consider 2018 Recommendation 5b as implemented**.

[6] The ACD programme is a strategic initiative to enhance primary care services. It operates through Professional Collaboratives and Clusters, aiming to improve health and wellbeing for local populations by co-ordinating health services within the community.

[7] Pan-cluster Planning Groups lead the development of integrated plans, with the aim of making prudent use of all relevant funding, workforce, and other resources to address the health, care and wellbeing needs of their local populations.

Capacity for delivering primary care plans

46 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.

47 We found that **the Health Board's new Primary Care and Community Care Group is appropriately structured, resourced, and underpinned by clear leadership, governance, and reporting arrangements. Whilst the Care Group is experiencing capacity challenges in some areas, it was taking appropriate action to mitigate and minimise the associated risks**.

48 The Health Board, as part of a wider organisational change process, established a new Primary Care and Community Care Group in 2022[8] with clear leadership, governance, and reporting arrangements. Senior leadership is provided by a Service Director (1 Whole Time Equivalent), Nurse Director (0.5 Whole Time Equivalent), Medical Director (4 Sessions), Dental Director (4 Sessions), and Unscheduled Care Director (1 Session). The Service Director reports to the Chief Operating Officer.

49 The Care Group has well-established boards and groups in place that oversee various matters including health and safety; quality, patient safety, and patient experience; finance; and performance. These boards and groups report to various pan-Health Board boards (such as the Operational Management Board, Integrated Performance Board, and Improving Care Board) who, in turn, provide assurance to various committees of the Board. As we discuss in **paragraphs 61 and 62**, the Care Group also provides Strategic Updates to the Population Health and Partnerships Committee and Highlight Reports to the Quality and Safety Committee.

50 The new Care Group structure, which consists of the Primary Care Directorate and Community Directorate, has been designed to:

- retain specialist skills and knowledge in key areas;
- enhance management capacity and oversight;

[8] In March 2022, the Board approved the creation of a new operating model with the aim of supporting post-pandemic recovery; improving service quality; streamlining management arrangements; and facilitating joint working across the Health Board. Phase 1 of implementing the new operating model involved replacing the Integrated Locality Group structure with new Health Board wide Care Groups. The Primary and Community Care Group is one of six care groups in total.

- address gaps in clinical leadership;
- strengthen collaboration, alignment, and resilience between the respective services within each directorate; and
- provide greater development opportunities for staff within and across each directorate, and support succession planning.

The overall pay costs of the new structure are slightly higher than the overall pay costs of the previous structure. However, the Health Board agreed to cover the additional pay costs to ensure the changes outlined above could be delivered and embedded in full.

51 At the time of our review, the Care Group was experiencing some capacity challenges within the Primary Care Directorate as it was in the process of filling vacant roles and managing sickness absences across some teams. As a result, the Care Group was unable to progress work in some areas, particularly in dental services. However, the risks associated with these challenges were appropriately captured in the Care Group's Risk Register and several mitigating actions had been put in place, including providing greater clarity on operational delivery priorities and enhancing short-term managerial support.

52 The Care Group has appropriate arrangements in place to support learning and development. Each new member of staff receives an induction, and Performance Development Reviews are used to identify individual learning and development needs. The new Care Group structure has provided promotional opportunities and a full day 'Leading Through Change' was arranged to equip senior leaders and managers with the relevant knowledge and skills to support staff through the organisational change process in a compassionate and inclusive manner.

Board-level visibility and focus on primary care

53 We considered the extent to which the Boars and/or its committees regularly consider matters relating to the planning, performance, risks, and opportunities associated with the Health Board's primary care services.

54 We expected to see the following:

- primary care is reflected in Health Board strategies and plans and reflects the ambitions of 'A Healthier Wales';
- primary care features in the terms of reference and workplans of the Board and relevant Committee;
- the Health Board ensures primary care is regularly considered at Board and committee meetings and features within papers and reports from wider elements of the Health Boards business, eg finance, risk, and relevant service reports;
- the contents of Board and committee performance reports adequately cover primary care; and

- the Health Board considers publishing a dedicated annual report on primary care.

55 We found that **primary care is appropriately reflected in Health Board strategies and plans. However, opportunities remain to provide greater coverage of primary care matters at Board, as well as to clarify which committee will be responsible for providing assurance to the Board on primary care services under the new committee structure being introduced in 2025**.

56 Primary care is adequately reflected in the Health Board's key strategies and plans. The Health Board's long-term strategy – CTM 2030 – is aligned to 'A Healthier Wales' and emphasises a whole system approach to health and wellbeing. As a result, delivering high quality, sustainable, and integrated primary and community care services is at the core of the five life stages (Starting Well, Growing Well, Living Well, Ageing Well, and Dying Well) that frame the Health Board's four strategic goals of Creating Health, Improving Care, Sustaining Our Future, and Inspiring People.

57 To support implementation, the Health Board's Integrated Medium Term Plan for 2024-27 sets out the details of its transformation programme for primary and community services and the specific priorities for 2024-25. The Health Board is currently developing its long-term Acute Clinical Services Plan and Integrated Community Services Plan under the banner of CTM 2030. As part of this work, the Health Board has recognised that its current clinical model places too much emphasis on acute services and does not adequately support the shift of resources and services to primary and community care. However, the Health Board is currently experiencing delays in progressing this work to its original timescales.

58 Primary care features in the Board's terms of reference as set out in the Health Board's Standing Orders. However, primary care did not feature in the Board's 2023-24 Cycle of Business, and it did not receive any specific reports on primary care during this period. Instead, matters relating to primary care were largely covered in other routine reports:

- **Integrated Performance Dashboard:** The dashboard appropriately reflected the relevant primary care measures contained in the 2023-24 NHS Wales Performance Framework. However, the Board's ability to oversee and scrutinise the Health Board's performance in this area was hampered by a lack of data for several of the measures. It is unclear why the data was unavailable or when it would be reported to the Board. Furthermore, the primary care measures reported via the dashboard focussed on access to services, rather than quality, effectiveness, and impact of services.
- **Financial Performance Update:** The updates provided some information on primary care income and expenditure; however, it did not give a sense of whether primary care services are financially efficient or sustainable.
- **Board Assurance Framework (BAF):** The BAF does not identify any strategic or organisational risks relating to primary care, despite the

significant risks associated with the fragility and sustainability of services. However, some primary care services and initiatives have been listed as mitigating controls for the principal risk relating to healthy life expectancy.

- **2023-24 Annual Plan Quarterly Updates:** The updates provided a good overview of the Health Board's progress in delivering its primary care priorities for 2023-24, with more detail provided in the accompanying appendices. However, it is unclear what impact, if any, the actions were having on the Health Board's primary care measures.

59 Furthermore, the Health Board no longer publishes a dedicated annual report on primary care. Whilst there is some reference in the 2023-24 Annual Report to the Health Board's performance against primary care access targets, the report does not provide an overview or summary of the Health Board's wider activity in relation to primary care during the year. Board members, therefore, are unable to form a strategic view on the overall effectiveness and efficiency of primary care services and whether the Health Board's various actions are improving the sustainability of services in the longer term. The Health Board should address this by improving the coverage of primary care matters in its routine Annual Report. **(Recommendation 1)**

60 Primary care is reflected in the terms of reference of the Population Health and Partnerships Committee, which is responsible for providing assurance to the Board on the Health Board's arrangements for primary and community care services until it is disbanded at the end of 2024 (see **paragraph 62**). During 2023-24, the committee received two strategic primary care updates, one in February and one in November. Both reports provided comprehensive updates on a range of matters relating to primary care, including:

- progress in addressing national priorities as set out in the Strategic Programme for Primary Care;
- developments relating to the reform of dental and optometry contracts;
- GMS sustainability;
- Accelerated Cluster Development; and
- key risks and matters requiring escalation.

61 Although primary care is not referenced in the terms of reference of other Board committees, items relating to primary care were considered by other committees during 2023-24, specifically the Quality and Safety Committee, the Audit and Risk Committee, and the Planning, Performance, and Finance Committee:

- **Quality and Safety Committee** – the committee received regular Highlight Reports from the Primary Care and Community Care Group. It also received a 'Spotlight Presentation' from the Primary Care and Community Group that appropriately focussed on matters that fall under the committee's remit.

- **Audit and Risk Committee** – the committee received a report on Post Payment Verification[9] undertaken by the NHS Wales Shared Services Partnership during the period 1 April 2023 to 30 September 2023.
- **Planning, Performance, and Finance Committee** – the committee received regular performance and finance reports, which refer to primary care. However, these reports were largely the same as the ones received by Board.

62 The Health Board has agreed to introduce a new committee structure in January 2025. The Population Health and Partnerships Committee, therefore, is being disbanded at the end of December 2024, and its functions will be transferred to two new committees – the Operational Delivery Committee and Strategic Development Committee. However, it is unclear which of these committees will be responsible for providing assurance to the Board on the Health Board's arrangements for primary and community care services. **(Recommendation 2)**

[9] Post Payment Verification is the process undertaken to provide assurance to Health Boards that the claims for payment made by Primary Care contractors are appropriate and that the delivery of the service is as defined by NHS specification and relevant legislation.

Appendix 1

Audit methods

Exhibit 3: audit methods

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

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Board and committee papers • Primary Care and Public Health Oversight Group papers • Quality, Safety, Risk and Governance Meeting papers • Accelerated Cluster Development papers • Health Board Self-Assessment • Cluster Minutes • Primary care priorities • Integrated Medium Term Plan 2024-27
Interviews	We interviewed the following: • Health Board Vice Chair • Chief Operating Officer • Deputy Chief Operating Officer – Primary Care and Mental Health • Service Director Lead Primary Care • Head of Nursing Primary Care and Communities • Nurse Director for Primary, Community, and Mental Health Care Groups • Clinical Director of Primary Care • Medical Lead Primary Care • Head of Primary Care (GMS) • Head of Primary Care (Optometry)

Appendix 2

Summary of progress against our 2018 audit recommendations

Exhibit 4: summary progress against 2018 recommendations

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

Recommendations	Progress
Strategic planning R1 The Health Board commissioned the Primary Care Foundation to carry out demand and capacity assessments in GP practices but the take-up from practices has been variable. To maximise value from the commissioned work, the Health Board should centrally analyse and collate the messages from the demand and capacity assessments and share the learning across all practices.	**Superseded** – See paragraph 28.
Investment in primary care R2 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 happening. The Health Board should: a) calculate a baseline position for its current investment and resource use in primary and community care; and 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.	**No action** – See paragraph 31. **No action** – See paragraph 32.

Recommendations	Progress
The primary care workforce R3 The Health Board's workforce planning is inhibited by having limited data about the number and skills of staff working in primary care, particularly community dentistry, optometry, and pharmacy. The Health Board should 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 35.
New ways of working R4 Whilst the Health Board is taking steps towards implementing some new ways of working, more progress is required to evaluate the effectiveness of these new models and to mainstream their funding. The Health Board should: a) work with the clusters to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models; b) centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all clusters; 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; and d) evaluate the effectiveness of the Health Board's new primary care communications officer role and share the learning with all health boards in Wales.	**Ongoing** – See paragraph 38. **Ongoing** – See paragraph 38. **Ongoing** – See paragraph 39. **Ongoing** – See paragraph 40.

Recommendations	Progress
Primary care clusters	
R5 We found variation in the maturity of primary care clusters, and scope to improve cluster membership and leadership. The Health Board should:	
a) review the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary;	**Ongoing** – See paragraph 43.
b) review the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, the third sector, lay representatives, and other stakeholder groups; and	**Implemented** – See paragraph 44.
c) develop an action plan for strengthening cluster leadership.	**Implemented** – See paragraph 45.

Appendix 3

Management response to audit recommendations

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

Ref	Recommendation	Management 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)
2024 Recommendations (New)				
R1	The Health Board should support Board members to form a strategic view on the overall effectiveness and efficiency of primary care services and whether the organisation's actions in this area are improving the sustainability of services in the longer term by improving the coverage of primary care matters in its routine Annual Report.	A Primary Care Dashboard will be finalised by end of January 2025. The requirement to expand the coverage of primary care matters in CTMUHB Annual Report for 2024-2025 and beyond has been captured in the forward planning for the Annual Report development.	31 January 2025 30 September 2025 Welsh Government Timescales for the Annual Report 2024-2025 have yet to be received, however, it is anticipated that the CTMUHB Annual Report 2024-2025 will be published no later than the 30 September 2025.	Service Director PCC Care Group Annual Report Content Planning – Director of Corporate Governance/Board Secretary Annual Report Content – Service Director PCC Care Group

Ref	Recommendation	Management 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)
R2	The Health Board should clarify which committee within the new committee structure being introduced in January 2025 will be responsible for providing assurance to the Board on the organisation's arrangements for primary and community care services after the Population Health and Partnerships Committee is disbanded at the end of December 2024.	If the primary care matter relates to informing the Board in terms of strategic decision making with a focus of 18 months and beyond then it will be considered at the Strategic Development Committee. If the primary care matter relates to in-year performance and delivery activity then it will be considered at the Operational Delivery Committee. The Primary Care and Community Service Director in conjunction with the Deputy Chief Operating Officer for Primary Care, Community and MHLD and Chief Operating Officer will notify the Corporate Governance Team of any items for agenda planning for these Committees. Corporate Governance Team to reference the requirement to consider in agenda planning meetings. Board Development programmes will also be utilised to share progress and improve visibility.	**Complete –** as clarity provided in management response and will form business as usual in terms of the management of business through Board Committees.	Board and Committee Business Management process – Director of Corporate Governance/Board Secretary The Primary Care and Community Service Director/Deputy Chief Operating Officer for Primary Care, Community and MHLD and Chief Operating Officer

Ref	Recommendation	Management 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)
2018 Recommendations (Open)				
R2	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 happening. The Health Board should: a) calculate a baseline position for its current investment and resource use in primary and community care; and 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.	a) A baseline position can be obtained based on the current budget and resource allocation for the Primary Care and Community Care Group. b) This review and report will form part of the Primary Care and Community Transformation Plan and will be aligned to the Acute Clinical Services Plan (ACSP). The aim is to facilitate both the shift in services but also the resource from secondary care into Primary Care and Community Services.	31 January 2025 31 March 2026	Service Director – Primary Care and Community Service Director – Primary Care and Community

Ref	Recommendation	Management 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)
2018 Recommendations (Open)				
R3	The Health Board's workforce planning is inhibited by having limited data about the number and skills of staff working in primary care, particularly community dentistry, optometry, and pharmacy. The Health Board should 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.	The Health Board has a Primary Care Academy in place and workforce planning will be an essential remit for this. This will be an objective for 2025-26 onwards.	31 July 2025	Service Director – Primary Care and Community

Ref	Recommendation	Management 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)
2018 Recommendations (Open)				
R4	Whilst the Health Board is taking steps towards implementing some new ways of working, more progress is required to evaluate the effectiveness of these new models and to mainstream their funding. The Health Board should: a) work with the clusters to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models; b) centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all clusters;	a) An evaluation template has been introduced for clusters to use to demonstrate outcomes and support continued investment. Implemented. b) The clusters structure now sit under the GMS Directorate and all evaluations will report into one management and governance structure. Quarterly, these will be reported into the Primary Care and Transformation Board to inform wider strategic developments. The collaborative and cluster meetings are all in place and	March 2025 March 2026	Service Director – Primary Care and Community Service Director – Primary Care and Community

Ref	Recommendation	Management 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)
2018 Recommendations (Open)				
		taken the opportunity to share learning of schemes.		
	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; and	c) There is an active plan with the Health Board's Communications Team to promote the new ways of working and roles within the primary care model for Wales. Practices also work with the public to promote and discuss their cluster initiatives with their patient participation groups (PPG) as well as advertise services and offer feedback through their websites.	December 2024	Service Director – Primary Care and Community
	d) evaluate the effectiveness of the Health Board's new primary care communications officer role and share the learning with all health boards in Wales.	d) The Primary Care Communications Officer role is no longer in place and a decision has been taken to take a more holistic approach across Primary Care to take opportunities of differing priorities during the year.	March 2024	Service Director – Primary Care and Community/ Director of Communications, Engagement and Fundraising

Ref	Recommendation	Management 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)
2018 Recommendations (Open)				
R5	We found variation in the maturity of primary care clusters, and scope to improve cluster membership and leadership. The Health Board should: a) review the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary.	a) Each JPB will have a role to review and develop the clusters' maturity and to report into the Primary Care and Community Transformation Board.	31 March 2025	Service Director – Primary Care and Community

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