

Primary Care Follow-up Review – Cardiff and Vale University Health Board

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Summary report

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. Our [2018 Review of Primary Care](#) at Cardiff and Vale University Health Board found that primary care was a growing priority, with the Health Board making progress towards delivering its ambitious plans, with workforce pressures being less acute than in some areas. However, our review also found that primary care performance was mixed, and a number of difficult challenges remained.
- 3 The landscape for primary care in Wales has changed since our original review in 2018. 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.
- 4 The [Strategic Programme for Primary Care](#)¹ set out its programme aims which are designed to support the delivery of the primary care contribution to 'A Healthier Wales'. These are being taken through six workstreams of work which health boards are expected to then implement at a local level:
 - focussing on 'ill-health' prevention and wellbeing;
 - developing 24/7 access to services;
 - exploiting data and digital technologies;
 - strengthening workforce and organisational development;
 - improving communications and engagement; and
 - developing 'cluster-level' vision and enabling service transformation.
- 5 In February 2023, the National Primary Care Board, which oversees the Strategic Programme for Primary Care, identified that this work is progressing at a varying pace within each health board area. Alongside this, there are wider concerns around the capacity of central Primary Care Services Teams within health boards

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

to deliver organisational priorities, as well as Board-level visibility and focus on primary care.

- 6 Welsh Government has also embarked on an ambitious programme of contract reform across General Medical Services, Dentistry, Community Pharmacy, and Optometry to:
 - ensure primary care services are sustainable;
 - improve patient access to primary care services;
 - reinforce the focus on quality and prevention;
 - enable cluster working to plan and deliver services; and
 - strengthen the workforce.
- 7 Primary care services were severely impacted by the COVID-19 pandemic. Whilst the immediate public health emergency has subsided, primary care providers continue to face challenges as they seek to restore, recover, and reconfigure their services to meet the needs and expectations of the public in a post-pandemic world.
- 8 Our review has focussed primarily on assessing the extent to which the Health Board has implemented our 2018 recommendations. However, we have also undertaken some additional work to assess the extent to which:
 - the 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; and
 - 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.
- 9 The methods we used to deliver our work are summarised in **Appendix 1**.

Key messages

- 10 Overall, we found **the Health Board is progressing work to improve strategic planning, cluster maturity and leadership. However, central primary care services capacity remains stretched, and more work is required to establish a financial baseline and strengthen its approach for evaluating and mainstreaming new ways of working. Whilst there is reasonable oversight and scrutiny of primary care at Board and committee meetings, reporting on delivery of plans, patient experience, and primary care performance and outcomes needs strengthening.**

Implementation of previous audit recommendations

- 11 We found that **the Health Board has addressed actions relating to strategic planning and is also prioritising and strengthening alignment of cluster**

maturity and cluster lead training and development. However, despite shifting some resources from secondary to primary care, progress has remained slow, and a financial baseline has not yet been established. The Health Board also needs to strengthen arrangements for evaluating and mainstreaming new ways of working within primary care clusters.

- 12 The Health Board's arrangements for considering regional population growth within its key strategic plans are effective. Whilst it does not have an overarching primary care strategy, the Primary, Community, and Intermediate Care (PCIC) Clinical Board is developing an annual delivery plan which sets out primary care strategic objectives aligned to regional and national priorities. The Health Board engages well with the public and stakeholders when developing strategic plans.
- 13 The Health Board has successfully shifted resources for some services from secondary to primary care, but progress remains slow. It has also struggled to establish a baseline understanding of the true cost of primary care.
- 14 The Health Board is successfully evaluating, mainstreaming, and publicising some new ways of working and is improving its arrangements for sharing learning. However, there are opportunities to strengthen these arrangements further.
- 15 The Health Board is progressing work to align cluster maturity. It is taking steps to review cluster membership and attendance at meetings and is strengthening development of cluster leads. However, the Health Board is struggling to appoint to some cluster lead vacancies, which could inhibit further progress in embedding the arrangements and present resilience and sustainability risks across clusters.

Board-level visibility and focus on primary care

- 16 We found that **primary care is reflected in key Health Board's strategies and plans. Whilst there is reasonable oversight and scrutiny of primary care at Board and committee meetings, there are opportunities to strengthen reporting around the delivery of primary care plans, the experiences of patients accessing primary care services, and primary care performance and outcomes.**
- 17 Primary Care is a component of the Health Board's strategic plans, which clearly align to national priorities. The Health Board's PCIC Clinical Board delivery plan for 2024-25 sets out several short-term annual priorities. However, the absence of medium term (3 to 5 year) priorities presents risks to the Health Board's achievement of its long-term strategic objectives for primary care.
- 18 Board members engage with primary care leaders and staff thus demonstrating a commitment to the primary care agenda. Whilst matters affecting primary care are not fully embedded in Board and committee business, primary care is still visible at these meetings, featuring in a range of Health Board reports with reasonable oversight and scrutiny of the information presented.
- 19 There continues to be a limited number of primary care performance measures included within the Health Board's Integrated Performance Report, with a lack of

performance data and commentary on progress potentially inhibiting effective understanding and monitoring of primary care performance.

20 The Health Board’s arrangements for monitoring progress of primary care plans through the IMTP / Annual Plan progress updates could be improved by providing a dedicated report on progress to deliver the PCIC Clinical Board’s strategic objectives. There are also opportunities for the Health Board to be clearer on outcome-based measures to help understand what impact or difference it is making and whether it is resulting in improved outcomes and experiences for patients.

Capacity and capability to deliver local and national priorities

21 We found that **whilst the Health Board has increased the number of roles within its Central Primary Care Team, capacity remains stretched due to increasing workloads associated with local and national priorities. There are good arrangements in place to support the development of staff within the team, but succession planning arrangements require strengthening.**

22 The Health Board’s PCIC Clinical Board have clear lines of accountability to the Chief Operating Officer, who is supported by an effective management structure. The Health Board has increased the Primary Care Team’s capacity, but increasing workloads associated with both local and national priorities are stretching some senior leadership staff, impacting on their ability to respond to and manage day-to-day operational and business needs.

23 The Health Board is supporting staff with training and development across PCIC services. However, we found limited evidence that it has succession plans within the Primary Care Services Team, presenting some risks to the resilience of the team.

Recommendations

24 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
3	11	-	-	14

25 As a result of this follow-up work, we have made new recommendations for the Health Board to address which are set in out **Exhibit 2**. The Health Board’s response to our recommendations is summarised in **Appendix 3**.

Exhibit 2: recommendations

Recommendations

Investment in primary care

R1 The Health Board should:

- 1.1. Calculate a baseline position for its current investment and resource use in primary and community care.
 - 1.2. 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.
-

New ways of working

R2 The Health Board should:

- 2.1 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;
 - 2.2 Centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all clusters;
 - 2.3 Subject to positive evaluation, begin to fund new models from mainstream funding; and
 - 2.4 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 the demand for GP appointments.
-

Primary care clusters

R3 The Health Board should:

- 3.1 Review the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary.
 - 3.2 Review the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups.
-

Strategic approach to primary care

R4 The Primary, Community, and Intermediate Care Clinical Board Delivery Plan should include medium-term (3 to 5 year) priorities to support delivery of the

Recommendations

Health Board's longer-term strategic objectives for primary care.

Board oversight and visibility

R5 The Health Board should:

- 5.1 Ensure that the contents of Board and committee performance reports adequately cover primary care;
 - 5.2 Increase the frequency of primary care performance reporting to Board and committees; and
 - 5.3 Ensure that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in improved experiences and outcomes for patients.
-

Annual reporting

R6 Following the implementation of the Primary, Community and Intermediate Care Delivery Plan, the Health Board should produce an annual Primary Care Report setting out its achievements during the previous year, with the first report reflecting the period 2024-25.

Succession planning

R7 The Health Board should strengthen succession planning arrangements for its Primary Care Services Team to ensure greater resilience and business continuity in terms of skills, expertise, and knowledge.

Detailed report

Implementation of previous audit recommendations

- 26 We considered the Health Board's progress in implementing our 2018 audit recommendations. These focus on:
- strategic planning (2018 Recommendations 1 and 2);
 - investment in primary care (2018 Recommendations 3a and b);
 - new ways of working (2018 Recommendations 4a, b, c, and d); and
 - primary care clusters (2018 Recommendations 5a, b, and c).
- 27 Recommendations relating to oversight of primary care at Board and committees (2018 Recommendations 6a, b, and c) are discussed later in this report.
- 28 Overall, we found that **the Health Board has addressed actions relating to strategic planning and is also prioritising and strengthening alignment of cluster maturity and cluster lead training and development. However, despite shifting some resources from secondary to primary care, progress has remained slow, and a financial baseline has not yet been established. The Health Board also needs to strengthen arrangements for evaluating and mainstreaming new ways of working within primary care clusters.**

Strategic planning

- 29 We considered whether the Health Board has revisited its primary care plan to ensure it includes specific actions to meet the needs of the projected population growth in Cardiff (2018 Recommendation 1). We also considered whether the Health Board has developed the necessary consultation and communication plans to ensure meaningful public and stakeholder engagement in any further development / refinement of its primary care plans (2018 Recommendation 2).
- 30 We found **that the Health Board's key strategic plans consider the impact of population growth, alongside risks and actions, to meet population need. We also found that the Health Board has effective arrangements for communicating and engaging with the public and stakeholders on primary care plan development, activity, and service changes.**
- 31 The Health Board has effective arrangements for considering regional population growth in key strategic plans. It has used the [Cardiff and Vale of Glamorgan Population Needs Assessment 2022](#) to inform its long-term strategy – ('[Shaping our Future Wellbeing](#)'), its [Annual Plan 2023-24](#), and its [Local Public Health Plan 2020-23](#). These plans clearly demonstrate how the Health Board is considering population growth and taking action to meet the needs of its population. For example, the long-term strategy sets out a priority to align the Health Board's workforce to the demographic profile of the population by 2035, and the Annual Plan acknowledges that while population growth trends have slowed, it is

continuing to grow. The Health Board's Growth and Capacity Review², which was used to inform its Estate Strategy refresh, also sets out plans for significant population growth alongside capacity and funding risks to meet population needs. The review includes a forward action plan with specific actions and a responsible officer to mitigate these risks.

- 32 Whilst the Health Board does not have a dedicated Primary Care Strategy, the Primary, Community and Intermediate Care (PCIC) Clinical Board is developing an Integrated Delivery Plan for 2024-25. The Delivery Plan sets out proposed strategic objectives aligned to relevant Health Board, national, and regional priorities³. The strategic objectives include associated priority objectives, implications, risks, and milestones for their delivery with several of these focussing on meeting population need through improved service sustainability.
- 33 Primary Care Clusters and Pan Cluster Planning Groups also use the Cardiff and Vale of Glamorgan Population Needs Assessment to inform decision making and develop plans to respond to areas of population need. **We therefore consider 2018 Recommendation 1 to be implemented.**
- 34 The Health Board has effective arrangements in place to ensure public engagement in primary care plan development, activity, and service changes. Our 2023 Structured Assessment report comments positively on the extensive public engagement undertaken by the Health Board whilst refreshing its long-term strategy, 'Shaping Our Future Wellbeing', which focuses on preventing ill health, tackling inequality, and providing 'care closer to home'. In addition, the PCIC Clinical Board has established a Primary Care Communication Activity Steering Group using Welsh Government funding. This group is responsible for supporting local communication activity within primary care, specifically the Primary Choice campaign, which aims to promote the expanding multi-disciplinary team model and roles within primary care to the public. The Health Board also has a strong working relationship with the new citizens' voice body, Llais Wales⁴, and actively engages with it when planning and communicating service changes within primary care clusters. **We therefore consider 2018 Recommendation 2 to be implemented.**

Investment in primary care

- 35 We considered whether the Health Board has calculated a baseline position for its current investment and resource use in primary and community care (2018 Recommendation 3a). We also considered whether the Health Board has reviewed

² The Local Development Plan Growth and Capacity Review informs the Health Board's 2019 Primary Care Estates Strategy and provides a position on planned population growth, general practice capacity and key issues, risks, and a forward plan.

³ These include: 6 goals for urgent and emergency care; primary care contractor services sustainability; community and specialist services sustainability; and whole system / clinical pathway improvement.

⁴ From 1st April 2023, 'Llais' replaced the seven Community Health Councils.

and reported, at least annually, its investment in primary and community care to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care (2018 Recommendation 3b).

- 36 We found **that the Health Board is shifting some resources from secondary to primary care, but progress remains slow. However, the development of a long-term financial model should help the Health Board to establish a clear financial baseline position for primary care to enable it to support the shift in resources and evaluate and demonstrate the progress it is making.**
- 37 The Health Board has struggled to establish a financial baseline to understand the 'true cost' of primary care. However, it is demonstrating strategic intent and has successfully transferred some resources from secondary to primary care, for example, staff and funding for musculoskeletal services, and mental health services. However, in general, progress has been slow due to several challenges and barriers that will need to be overcome before further progress can be made. These include: the continuing focus on improving secondary care performance measures; the impact of the COVID-19 pandemic; financial constraints; the prolonged evaluation and evidence gathering process (see **paragraph 41**); and the complexities of moving investment funding between services.
- 38 Positively, the Health Board is currently developing a long-term financial model to achieve financial sustainability in future years. As part of this work, it is exploring how it can focus its resources on primary, community, and preventative care to achieve savings in the long-term. This should also help it to establish a clear financial baseline position to determine the true cost of primary care against which it can evaluate and demonstrate the progress it is making in shifting resources. **We therefore consider 2018 Recommendations 3a and 3b to be ongoing. They have now been replaced by 2024 Recommendation 1.1 and 1.2.**

New ways of working

- 39 We considered whether the Health Board has:
- worked with the clusters to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models (2018 Recommendation 4a);
 - centrally collated evaluations of new ways of working and share the learning by publicising the key messages across all clusters (2018 Recommendation 4b);
 - subject to positive evaluation, began to fund new models from mainstream funding rather than the primary care development fund (2018 Recommendation 4c); and
 - worked with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care that have the potential to reduce the demand for GP appointments (2018 Recommendation 4d).

40 We found that **whilst the Health Board is evaluating, mainstreaming, and promoting some new ways of working, these arrangements are not yet fully embedded within primary care clusters which hinders further progress.**

41 The Health Board has successfully evaluated and mainstreamed (using core funding) some new ways of working, such as its Musculoskeletal and Mental Health Service models. However, it has not yet fully embedded its evaluation arrangements within primary care clusters resulting in inconsistent approaches to evaluating new ways of working. There is good evidence that the Health Board is sharing learning and key messages nationally and locally using cluster peer review, accelerated cluster development reviews, locality meetings, and the Clinical Services Group. However, it still needs to establish a systematic and consistent approach for centrally collating evaluations, sharing learning, and publicising key messages across clusters. In **paragraph 37**, we comment on the challenges and barriers it will need to overcome to enable further investment in primary care and therefore make further progress to mainstream new ways of working. **We therefore consider 2018 Recommendations 4a, 4b and 4c to be ongoing. They have now been replaced by 2024 Recommendations 2.1, 2.2., and 2.3.**

42 The Health Board has good arrangements in place to promote new ways of working. In **paragraph 34** we comment on the role of the Health Board's Primary Care Communication Activity Steering Group and the Primary Choice campaign. Our work found that the Health Board uses accessible language and terminology and different communication methods to engage with the public. However, it still needs to strengthen the arrangements by increasing public awareness of how to access the appropriate first point of contact for their needs. **We therefore consider 2018 Recommendation 4d to be ongoing. It has now been replaced by 2024 Recommendation 2.4.**

Primary care clusters

43 We considered whether the Health Board has:

- reviewed the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary (2018 Recommendation 5a).
- reviewed the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups (2018 Recommendation 5b).
- Encouraged all cluster leads to attend the Confident Primary Care Leaders course (2018 Recommendation 5c).

44 We found that **the Health Board is progressing work to align primary care cluster maturity, review cluster membership and attendance at meetings, and strengthen training and development for Cluster Leads. However, it is**

struggling to appoint to several Cluster Lead roles which could inhibit progress in embedding these arrangements and present resilience and sustainability risks across clusters.

- 45 The Health Board's emerging PCIC Clinical Board Delivery Plan for 2024-25 identifies alignment of primary care cluster maturity as a key priority. The plan identifies milestones spanning 2023-24 and 2024-25 to ensure the Health Board strengthens its support for clusters. These include completing a cluster peer review to inform development needs and maturity assessment of clusters, building capacity through its community care programme, and strengthening cluster planning and delivery.
- 46 The Health Board has also recently established Pan Cluster Planning Groups and as mentioned in **paragraph 41**, appointed Cluster Development Managers to strengthen the planning, commissioning, and delivery of services across primary care clusters. However, it is too early to evaluate the effectiveness of these arrangements. **We therefore consider 2018 Recommendation 5a to be ongoing. It has now been replaced by 2024 Recommendation 3.1.**
- 47 In April 2022, the national Strategic Programme for Primary Care issued model terms of reference for cluster meetings which formally extended membership to include social care leads and third sector representatives. The terms of reference also included representation from other areas such as Public Health Wales, mental health services, and medicines management. Clusters were also given the option to include other members as required although patient representation was considered not to form part of the core membership. Instead, this was suggested to be covered through the establishment of patient engagement and participation forums where relevant at a local level. The Health Board is currently reviewing cluster membership to identify gaps in the existing arrangements, and wider cluster membership as it identifies more partners. **We therefore consider 2018 Recommendation 5b to be ongoing. It has now been replaced by 2024 Recommendation 3.2.**
- 48 The Health Board is taking some positive steps to strengthen leadership training for Cluster Leads. Since our previous work, the Confident Primary Care Leaders course has changed its focus to Aspiring Practice Managers, with national discussions taking place with respect to developing a national leadership development programme for primary care. In its absence, the Health Board is supporting PCIC Clinical Board staff, including Cluster Leads, to attend several leadership programmes and training courses provided by the Health Education and Improvement Wales (HEIW) 'Gwella Leadership Platform' and Academi Wales. The Health Board is also establishing a PCIC Academy to provide additional education and training support within the PCIC Clinical Board. We comment on this further in **paragraph 70. We therefore consider 2018 Recommendation 5c to be implemented.**
- 49 Despite this investment and additional plans to strengthen Cluster Lead training and development through the Accelerated Cluster Development Programme, there

are several vacancies among Cluster Lead roles which present resilience and sustainability risks across clusters. The Health Board is currently developing a Strategic Workforce Plan for Primary Care which sets out several priorities for addressing recruitment and retention of staff across all primary care settings, including clusters.

Board-level visibility and focus on primary care

- 50 We considered the extent to which the Board and / or its committees regularly consider matters relating to the planning, performance, risks, and opportunities associated with the Health Board's primary care services.
- 51 We expected to see the following:
- Primary care is reflected in Health Board strategies and plans and reflect the ambitions of 'A Healthier Wales.'
 - Primary care features in the terms of reference and workplans of the Board and relevant committee(s).
 - 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, e.g., finance, risk, and relevant service reports.
 - The Health Board considers publishing a dedicated annual report on primary care.
- 52 We also considered whether:
- the contents of Board and committee performance reports adequately cover primary care (2018 Recommendation 6a).
 - the Health Board has increased the frequency of primary care performance reporting (2018 Recommendation 6b).
 - the Health Board has ensured that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in improved experiences and outcomes for patients (2018 Recommendation 6c).
- 53 We found that **primary care is reflected in key Health Board's strategies and plans. Whilst there is reasonable oversight and scrutiny of primary care at Board and committee meetings, there are opportunities to strengthen reporting around the delivery of primary care plans, the experiences of patients accessing primary care services, and primary care performance and outcomes.**
- 54 Primary Care is sufficiently reflected in the Health Board's long-term strategy and 2023-24 Annual Plan. These plans are clearly aligned to the ambition of 'A Healthier Wales', and place a strong emphasis on providing care closer to home. As mentioned in **paragraph 32**, the Health Board is developing a PCIC Clinical Board Delivery Plan for 2024-25. Whilst this plan sets out several short-term

annual priorities to respond to urgent issues, the absence of medium-term priorities potentially presents a risk to the Health Board's achievement of its long-term strategic objectives for primary care **(2024 Recommendation 4)**.

- 55 Board members proactively engage with primary care leaders and staff thus demonstrating a clear commitment to the Health Board's primary care agenda. For example, the Vice Chair has chaired accelerated cluster development meetings and shared learning with the Board at meetings. Also, both the Chair and Vice Chair attend routine meetings with the Director of Operations and other senior leaders bi-monthly and monthly respectively, to discuss primary care performance and plans.
- 56 However, matters relating to primary care are not fully embedded within routine Board and committee business. Other than some focus on monitoring of performance information across commissioned services, including primary care and primary care contracts, neither the terms of reference nor workplans for committees refer to primary care. The Health Board, therefore, should consider strengthening these key documents to ensure continued focus on this element of its business.
- 57 Despite this, primary care is still visible at Board and committees with reasonable scrutiny and oversight of the information presented. During 2021-22, the Board Assurance Framework (BAF) included a principal risk relating to the sustainability of primary and community care services. However, in September 2023, it was incorporated into a broader strategic risk relating to the provision of sustainable urgent and emergency care as close to home as possible. Whilst we found this approach to be broadly satisfactory, the Health Board will need to ensure that it still actively considers and manages key strategic risks facing primary care through its corporate and operational risk management arrangements.
- 58 The PCIC Clinical Board routinely presents an Assurance Report to the Health Board's Quality, Safety, and Experience (QSE) Committee which provides assurance over key elements of the Clinical Board's quality and safety performance, updates on community pharmacy, General Medical Services, dental service sustainability, and key risks for committee consideration. Overall, we found the report to provide appropriate level of information for effective scrutiny and assurance.
- 59 Primary care also features within papers and reports from wider elements of the Health Board's business. For example, the PCIC Clinical Board update to the People and Culture Committee on values-based appraisal, and statutory and mandatory training compliance in March and July 2023. Routine finance reports to the Finance and Performance Committee also reference primary care in the context of savings schemes delivery, and cashflow forecast. The Health Board also completed a deep dive into General Dental Services provision and intends to report to the November 2023 Finance and Performance Committee.
- 60 The Board and Finance and Performance Committee routinely consider the Health Board's Integrated Performance Report which sets out primary care performance

against Health Board priorities, Annual Plan commitments, and the NHS Wales Performance Framework Measures. However, there continues to be a limited number of performance measures relating to access to primary care services and reports do not effectively reflect either primary care sustainability risks or wider primary care plans. Whilst the update provides an overview of in-month / period performance, sufficient data does not always accompany the primary care measures to enable effective monitoring of performance trends against the targets. It also does not provide sufficient clarity on the actions needed to improve performance, or the impact of actions taken. There are also opportunities for the Health Board to be clearer on outcome-based measures and reporting to help to understand what impact or difference it is making. **We therefore consider 2018 Recommendations 6a and 6b to be ongoing. They have been replaced by 2024 Recommendations 5.1 and 5.2.**

- 61 We note regular reporting at Clinical Board level on primary care business unit risks, performance, and delivery of plans. For example, an IMTP annual planning update, Primary Care contractual changes, primary care deep dives, and Executive review updates. Whilst some of this information is integrated into reports at committee level, there does not appear to be a dedicated report to the Board or relevant committee(s) on progress to deliver the PCIC Clinical Board's strategic objectives. There are also opportunities to strengthen reporting in relation to the improved outcomes and experiences of patients in primary care. **We therefore consider 2018 Recommendation 6c to be ongoing. It has been replaced by 2024 Recommendation 5.3.** The development of an annual PCIC Delivery Plan provides an opportunity to produce a primary care annual report in future years, setting out progress made against the PCIC Clinical Board's strategic objectives (2024 Recommendation 6).

Capacity and capability to deliver local and national priorities

- 62 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.
- 63 We expected to see the following:
- the Health Board's central Primary Care Services Team is appropriately structured with clear lines of accountability and reporting to the relevant senior manager(s).
 - the Health Board regularly assesses and allocates appropriate resources (including procuring external support as necessary) to its central Primary Care Services Team to ensure it can effectively manage day to day business operations and ongoing transformational change.

- the Health Board regularly keeps resource levels within its central Primary Care Services Team under review.
- the Health Board identifies and supports the training, learning, and development needs of its central Primary Care Services Team on an ongoing basis to ensure an appropriate mix of skills, experiences, and abilities.
- the Health Board has suitable succession planning arrangements in place for its central Primary Care Services Team to ensure continuity and minimise the risks associated with loss of skills, knowledge, and experience.

64 We found that **whilst the Health Board has increased the number of roles within its Central Primary Care Team, capacity remains stretched due to increasing workloads associated with local and national priorities. There are good arrangements in place to support the development of staff within the team, but succession planning arrangements require strengthening.**

65 The Health Board's PCIC Clinical Board has clear lines of accountability to the Chief Operating Officer who has delegated authority for PCIC services and is a member of the Board. The role covers the entirety of the Health Board's clinical / operational services. Whilst this brings the advantage of a 'whole system' overview of service delivery, some of those we interviewed felt that the absence of a dedicated Board-level director role raises challenges around explaining and understanding complex issues and risks that may arise in primary care. Nevertheless, the Chief Operating Officer is supported by an effective management structure including the PCIC Clinical Board Clinical Director, Interim Director of Operations, and Head of Primary Care.

66 The Primary Care Services Team sits within the PCIC Clinical Board structure and is managed by the Assistant Director of Primary Care. The team's sub-structure encompasses two elements focussing on primary care contracting and dental and optometry. Since our previous review, the Health Board has made some changes to the existing establishment and skill mix within the team. It has introduced a Head of Dental and Optometry role and increased capacity by creating several new roles at Pay Bands 5, 6 and 7, spanning both primary care contracting and dental and optometry. These new roles are helping provide additional support for:

- General Medical Services sustainability;
- contract reform implementation and management;
- performance monitoring, governance, and assurance of primary care contracts;
- management of the dental centralised waiting list; and
- immunisations.

67 It is positive that the Health Board has provided additional capacity to the Primary Care Services Team, but increasing workloads associated with both local and national priorities are stretching some senior leadership staff, potentially impacting on their ability to respond to and manage day-to-day operational and business

needs. The Health Board's executive review process provides a mechanism for senior leadership to discuss resource and capacity concerns. In addition, the Health Board's strategic workforce plan for primary care aims to address capacity issues across all primary care settings.

- 68 The Health Board has reasonable arrangements to support staff training and development across PCIC Services. It uses staff appraisals to identify training and development need, and actively encourages staff to access Health Board facilitated training. Managers and senior leaders can also access external opportunities, such as the Institute of Leadership and Management (ILM) accredited programmes, and the Health Education and Improvement Wales (HEIW) 'Gwella Leadership Platform'. The PCIC Clinical Board is also actively developing coaching skills amongst its staff to help facilitate staff development through mentoring and shadowing opportunities.
- 69 Whilst there have been some internal promotions to leadership roles, we found limited evidence of succession planning within the Primary Care Services Team. This not only presents some short-term risks where existing staff are unable to cover unexpected absences, but also longer-term risks in terms of resilience and business continuity following the loss of key skills, expertise, and knowledge (**2024 Recommendation 7**).
- 70 Positively, the Health Board's is establishing a PCIC Academy which will consider and co-ordinate training and education for a broad range of professionals working within primary and community services to deliver several priorities and strengthen succession planning arrangements, including:
- building workforce sustainability through education and training;
 - understanding and integrating new roles;
 - maintaining excellence and develop careers;
 - supporting development of multi-professional services; and
 - developing experiences and opportunities.
- 71 The draft strategic workforce plan for primary care also sets out several priorities for improving access to education and training, leadership and succession, and workforce supply and shape.

Appendix 1

Audit methods

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

Exhibit 3: audit methods

Element of audit methods	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Minutes and papers from Board and relevant committee meetings, including public and private Board meetings, PCIC Clinical Board minutes, Cluster Meeting minutes, Executive Review meetings, public Quality, Safety & Experience Committee meetings.• CAV 24/7 performance dashboard.• New primary care operational performance management dashboard.• The Health Board's Self-Assessment document and accompanying briefing paper.• GMS Service Sustainability Progress report.• 2022-25 Integrated Medium-Term Plan Update – Quarter 4.• Cardiff & Vale UHB Annual Report 2021-2022.• Cardiff & Vale UHB Annual Plan 2023-2024.• Cardiff & Vale UHB Long-term 'Shaping our Future Wellbeing' Strategy to 2035.• Cardiff & the Vale Population Needs Assessment 2022• Developing the PCIC Clinical Board Delivery Plan 2024-25 – September 2023 Update.• PCIC Clinical Board Assurance Report – July 2023
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Chief Operating Officer;• Vice Chair of the Board;• Primary, Community and Intermediate Care Clinical Board – Director of Operations; and• Primary, Community and Intermediate Clinical Board – Head of Planning.

Element of audit methods	Description
Focus Groups	<p>We undertook focus groups with:</p> <ul style="list-style-type: none"> • Staff from the Health Board's Communications team, including the Director of Communications and the Head of Communications. • Staff from the Health Board's Corporate, Strategy, Planning & Performance functions, including the Director of Integrated Health & Social Care and the Executive Director of Strategic Planning. • Staff from the Health Board's Primary, Community & Intermediate Care functions, including the Primary, Community, and Intermediate Care Clinical Board – Clinical Director, the Director of Nursing PCIC, the Assistant Director of Primary Care and the Primary, Community and Intermediate Care Clinical Board – Head of Finance.
Observations	<p>We observed the following meeting:</p> <ul style="list-style-type: none"> • Quality, Safety and Experience Committee

Appendix 2

A summary of progress against our 2018 recommendations

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

Exhibit 4: summary progress against 2018 recommendations

Recommendations	Progress
<p>Strategic planning</p> <p>R1 The Health Board has developed an ambitious plan for primary care, but the plan does not consider the impacts of projected population growth as a result of housing developments in Cardiff. The Health Board should therefore revisit its primary care plan to ensure it includes specific actions to meet the needs of the projected population growth in Cardiff.</p>	<p>Implemented – see paragraphs 31 to 33</p>
<p>Investment in primary care</p> <p>R2 The Health Board’s plans for primary care have been developed with only limited consultation and collaboration with some key groups of stakeholders. The Health Board should therefore develop the necessary consultation and communications plans to ensure meaningful public and stakeholder engagement in any further development / refinement of its primary care plans.</p>	<p>Implemented – see paragraph 34</p>
<p>Investment</p> <p>R3 While the Health Board recognises that it needs to shift resources from secondary to primary and community settings, it cannot demonstrate that this shift is happening. The Health Board should:</p>	

Recommendations	Progress
<ul style="list-style-type: none"> a) Calculate a baseline position for its current investment and resource use in primary and community care. b) Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care. 	<p>Ongoing – see paragraphs 38 to 39</p> <p>Ongoing – see paragraphs 37 to 38</p>
<p>New ways of working</p> <p>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:</p> <ul style="list-style-type: none"> 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) Subject to positive evaluation, begin to fund these new models from mainstream funding, rather than from the Primary Care Development Fund. d) 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. 	<p>Ongoing – see paragraph 41</p> <p>Ongoing – see paragraph 41</p> <p>Ongoing – see paragraph 41</p> <p>Ongoing – see paragraph 42</p>

Recommendations	Progress
<p>Primary care clusters</p> <p>R5 Variation was found in the maturity of primary care clusters. The Health Board should:</p> <ul style="list-style-type: none"> a) Review the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary. b) Review the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups. c) Ensure all cluster leads attend the Confident Primary Care Leaders course. 	<p>Ongoing – see paragraph 46</p> <p>Ongoing – see paragraph 47</p> <p>Implemented – see paragraph 48</p>
<p>Oversight of primary care</p> <p>R6 Scope was found to improve the way in which primary care performance is monitored and reported at Board and committee level. The Health Board should:</p> <ul style="list-style-type: none"> a) Ensure the contents of its Board and committee performance reports adequately cover primary care. b) Increase the frequency with which Board and committees receive performance reports regarding primary care. c) Ensure that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in 	<p>Ongoing – see paragraphs 55 to 60</p> <p>Ongoing – see paragraph 55 to 60</p> <p>Ongoing – see paragraph 61</p>

Recommendations	Progress
improved experiences and outcomes for patients.	

Appendix 3

Organisational response to audit recommendations

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

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	<p>Investment in primary care</p> <p>The Health Board should:</p> <p>1.1 Calculate a baseline position for its current investment and resource use in primary and community care.</p> <p>1.2 Review and report, at least annually, its investment in primary and community care, assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care.</p>	<p>During 2024/25 we will develop our baseline assessment of investment and resource into Primary & Community Care, which will be used as the basis in which resource shift (system efficiency and effectiveness) can be calculated year on year.</p>	<p>Quarter 4, 2024</p>	<p>PCIC Clinical Board Director, PCIC Director of Operations, PCIC Deputy Director of Operations, Assistant Director - Head of Finance</p>

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R2	<p>New ways of working The Health Board should:</p> <p>2.1 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;</p> <p>2.2 Centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all clusters;</p> <p>2.3 Subject to positive evaluation, begin to fund new models from mainstream funding; and</p> <p>2.4 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 the demand for GP appointments.</p>	<p>This work is already underway locally.</p> <p>The National Accelerated Cluster Development (ACD) Programme facilitates Primary Care Clusters, made up of health and care professionals, to work across service boundaries to influence the development of services for their patients.</p> <p>The plan of the Pan-Cluster Planning Groups (PCPG), covering both Cardiff and Vale regions, will progress work during the 2024 planning cycle to inform whole system efficiency and effectiveness opportunities from the lens of Primary Care, informed by current legacy/recurrent cluster delivered schemes with a strong evidence base for scalability.</p> <p>A paper is to be provided to Cardiff and Vale Senior Leadership Board in May 2024, setting out the work of Clusters and Pan Cluster Planning Groups to date.</p>	Quarter 4, 2024	PCIC Clinical Board Director, PCIC Director of Operations, PCIC Deputy Director of Operations, Assistant Director - Head of Finance

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		<p>Development sessions are planned during Quarter 1 2024 to develop resources to further support evaluation and to further establish Cluster and Pan Cluster Planning Groups as part of the UHBs planning architecture.</p> <p>New models/schemes to be prioritised for investment will then be identified for inclusion within the Health Board’s planning process for the 2025/6 annual plan. Evaluations will continue to be requested as part of approving/renewing Cluster proposals and held centrally via a SharePoint resource.</p> <p>We continue to utilise ‘Primary Choice’ as our main branding and concept to help the public understand the range of skills and services available to them within Primary Care, led by a Communication Activity Steering Group.</p>		

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		During 2024/25, we will cascade service-based information on a Cluster by Cluster basis to share information about the level and range of services available to them within their community.		
R3	<p>Primary care clusters</p> <p>The Health Board should:</p> <p>3.1 Review the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary.</p> <p>3.2 Review the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups.</p>	<p>This will continue to be an ongoing piece of work. Clusters will engage in the National ACD programme of work to inform assessment of maturity across Wales via Cluster Peer review process and self-assessment matrix. A review of Cluster membership will be undertaken by Cluster Leads each year in line with peer review process activities.</p> <p>Clusters are supported through a monthly operations group meeting to discuss risks, issues actions or decisions needed to support in line with the requirements of the ACD programme and expected operational arrangements, with</p>	Quarter 3, 2024	PCIC Deputy Director of Operations, PCIC Deputy Clinical Board Director working with Cluster Leads and Locality Managers

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		<p>actions/escalations taken to support further progress. Progress against ACD measures continue to be monitored nationally also.</p> <p>Cluster Leads engage nationally via an All-Wales Cluster Leads Group and Health Board leads engage in a National Action Learning group to share learning and/or best practice approaches.</p>		
R4	<p>Strategic approach to primary care</p> <p>The Primary, Community, and Intermediate Care Clinical Board Delivery Plan should include medium-term (3 to 5 year) priorities to support delivery of the Health Board's longer-term strategic objectives for primary care.</p>	<p>We will use our 'Operational' plan to inform our longer-term strategy and priorities for Primary and Community Care services. The narrative in the operational plan will change to reflect our longer-term priorities and ambitions, supported by an in-year delivery plan.</p> <p>This will be shaped/informed by;</p> <ul style="list-style-type: none"> • Strategic Programme for Primary Care • Health Board Strategy - Delivering in the Right Places 	Quarter 3, 2025	PCIC Clinical Board Director, PCIC Director of Operations, PCIC Deputy Director of Operations – Working with Strategy and Planning, Director of Health & Social Care Integration

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		<ul style="list-style-type: none"> • 6 Goals for urgent & Emergency Care • 5 Goals for Planned Care • Regional Partnership Board (RPB) Area plan – Starting Well, Living Well and Aging Well. • Population Needs Assessment • Cluster and Pan Cluster Planning priorities <p>During 2024/25 we will develop our baseline assessment of our services and investments into Primary & Community Care. We will work across our partners and systems to describe our vision for Primary and Community Care services.</p>		
R5	<p>Board oversight and visibility</p> <p>The Health Board should:</p> <p>5.1 Ensure that the contents of Board and committee performance reports adequately cover primary care;</p>	<p>A plan is in place to increase primary care reporting at Board Level. A review of the current reporting is underway, which will build upon the data and information shared regularly at Operational Delivery Group and Executive Review meetings, to ensure the Board and other committees are robustly sited</p>	Quarter 3, 2024	<p>Chief Operating Officer, PCIC Clinical Board Director, PCIC Director of Operations, PCIC</p>

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	<p>5.2 Increase the frequency of primary care performance reporting to Board and committees; and</p> <p>5.3 Ensure that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in improved experiences and outcomes for patients.</p>	<p>upon Primary Care performance, as part of the system.</p> <p>This will coincide with a review of the Clinical Board operating arrangements and strengthening of our Business Assurance Framework, ensuring the right structures and systems exist.</p>		Deputy Director of Operations
R6	<p>Annual reporting</p> <p>Following the implementation of the Primary, Community and Intermediate Care Delivery Plan, the Health Board should produce an annual Primary Care Report setting out its achievements during the previous year, with the first report reflecting the period 2024-25.</p>	<p>Plans are already in place to develop an end of year report during Quarter 1 2024. This concept will be further built on during 2024 and embedded as a process for 2025 onwards.</p>	Quarter 1, 2025	<p>Director Operations, Clinical Board Director, Deputy Director of Operations</p>

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R7	<p>Succession Planning</p> <p>The Health Board should strengthen succession planning arrangements for its Primary Care Services Team to ensure greater resilience and business continuity in terms of skills, expertise, and knowledge.</p>	<p>We will use opportunities during 2024/25 to identify the baseline knowledge, skills and competencies required within Primary Care Services Teams, followed by an assessment of current education and training provision available. Once the gap is established, working with our Local Primary Care Academy, we will develop an induction and training programme for Primary Care Service teams based on;</p> <ul style="list-style-type: none"> • New to Primary Care services • Transitioning to Primary Care Services <p>To note the Strategic Workforce Plan for Primary Care (due to be published April 2024) has also identified this as a priority so local plans may need to be adapted to meet national direction/programme of work.</p>	Quarter 2, 2025	Director Operations, Deputy Director of Operations



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