Analysis of Cardiff Third Sector Council consultation response: Health, Social Care and Sport Committee Inquiry into Primary Care: Clusters

Introduction

The National Assembly Health, Social Care and Sport Committee have produced the report Inquiry into Primary Care: Clusters which is the report from the Primary Care consultation which ran from December 2016 until the February 2017.

Cardiff Third Sector Council (C3SC) submitted a response to the consultation. The following is a review of what is in the report against the response put forward by C3SC.

Report headings	Feedback from consultation	C3SC response
Pace and nature of cluster development	"28. Some respondents were very positive about their local experience. For example the South West Cardiff GP Cluster reported that it has been "working very successfully over the past 2 years with engagement from all 11 GP Practices". However it, and the Wales Cancer Network, and Cardiff Third Sector Council supported the view that there is variability between clusters."(page15).	C3SC response directly referred to.
	51. Cardiff Third Sector Council told us: "The maturity of clusters appears to depend on one or two key individuals, often the leads for the cluster, there is the risk that if the cluster relies too heavily on these individuals that if they move on or are unable to continue in the role that the cluster will slip backwards instead of progressing." (page 18)	Cardiff Third Sector Council's response was directly quoted in the report.
Are clusters delivering Welsh Government's ambitions for primary care?	"There were several references in the evidence to social prescribing. Cardiff and Vale UHB indicates that joint working with the third sector on Wellbeing Coordinators has had an impact	The C3SC response included reference to social prescribing and to the Wellbeing4U Coordinators delivered by

	on demand saying "early indications suggest this resource has helped reduce GP appointments where alternative third sector and non-statutory input has been able to be utilised through the use of local community activities e.g. referral to leisure/housing/welfare/community wellbeing activities"" (pages 24 and 25, 31)	United Welsh Housing Association.
	Cymorth Cymru are referenced in regards to integration of primary care with local authority and third sector services, and Glamorgan Voluntary Services emphasis on the need for the third sector to be integrated into clusters which can relieve pressure on GPs and the wider health sector (page 25)	The C3SC response included the need for integration of primary care with the third sector to meet the needs of citizens and relive the pressure on primary care.
	"104. … - This emphasis on the importance of the wider MDT and service partnerships is noted by the Cardiff Third Sector Council who set out that primary prevention in General Practice is not necessarily dependent on GPs, with the third sector able to work with clusters through neighbourhood partnerships. - The social prescribing approach supported by Mind Cymru, Cardiff and Vale UHB, Cardiff Voluntary Sector Council and BCUHB" (Page 32)	C3SC response directly referred to in two consecutive bullet points in the report, despite the fact that they miss named C3SC in the second.
Cluster funding	The report raises the issue of short term funding of primary care clusters and the problems in planning that this causes. (pages 46 and 47). The need to identify how to scale-up successful innovations developed by the clusters (page 52)	The C3SC response raised the need for longer term funding to enable infrastructure change and innovation by the clusters, as well as the need to scale up and make services sustainable long term.
Primary care estate and ICT infrastructure	"201. The Cardiff Third Sector Council told us that there are examples of multiple practices combining resources in order to share new or updated premises to deliver their services, but that it	C3SC response directly referred to.

	was "unclear how the success of these is being measured". (page 55)	
	"215. The Cardiff Third Sector Council also commented on the issue of IT systems as a barrier to successful cluster working. While acknowledging that larger surgeries within some clusters have the accommodation available to host cluster-wide services, those services cannot be established because different patients' record systems are being used in the GP surgeries and the systems do not communicate easily. They added: "[ ] having a common system used by all GPs in Wales would solve this problem and should be a national priority."" (pages 56 and 57)	C3SC response directly referred to and quoted from in the report.
Evaluation: how do we know the impact clusters are having?	"225… - Cardiff and the Vale UHB said that "the main mechanism for measuring the cluster model in its broadest sense has been via implementation of cluster plans" and that "early indications show that this can be evidenced however a longer period of measurement is required before conclusions can be made"" (page 60) - "236. … Cardiff Third Sector Council also say that there is very little information available on how cluster work is being evaluated, but that evaluation needs to be consistent and also cautioned about the dangers of ignoring initiatives that take longer to produce real and tangible results." (page 62)	C3SC response directly referred to and quoted from in the report.

Impact analysis
The C3SC response was one of 47 written responses of which only 7 were not health organisations (C3SC, GVS, Cymorth Cymru, Macmillan, Mind Cymru, Bevan Foundation and Wales Cancer network) (page 9 and link to written responses), with our response mentioned and quoted on more occasions within the report than the other 7 organisations.

We were pleased at the number of references to integration including with the third sector and social prescribing. Along with the need for better links for health and social care ICT is included in the recommendations. However, the focus remains on short term management

rather than long term solutions. Also, the recommendations in the report make no reference to integration with the third sector or to the importance of health literacy and social prescribing to meet citizens needs and reduce pressures on primary care.

Next steps

The Health, Social Care and Sport Committee report makes 16 recommendations to the Welsh Government. The anticipation is that these recommendations will be looked into by the Welsh Government, however the report gives no indication of how and when this will take place.