Y Gymdeithas Feddygol Brydeinig
Pumed Llawr
2 Pentir Caspian
Ffordd Caspian
Bae Caerdydd
Caerdydd
CF10 4DQ

British Medical Association
Fifth Floor
2 Caspian Point
Caspian Way
Cardiff Bay
Cardiff
CF10 4DQ

Ffôn/Tel 02920 474614
Ebost/Email ccantwell@bma.org.uk

BMA

Cymru Wales

CLUSTER MONIES

HOW TO MAXIMISE THE BANG FROM THE BUCK

26 May 2016

Dear Cluster Leads,

The aim of the cluster monies is to transform primary care.

The pressures facing us fall into 3 main categories – workforce, workload and resources.

It is unrealistic to think that individual practices are going to see large injections of financial resource any time soon into core funding and the only new monies are going into clusters so we need to maximise this use.

To date, there has been feedback from clusters of spending in various ways – some have been used to purchase equipment, others have put in place services to reduce secondary care waits (sadly using cluster monies rather than insisting on transfer of resource from secondary care) and others are starting to truly transform general practice / primary care through widening the skill mix (e.g. pharmacists in practices for short periods).

Going forward, it is incumbent on us to use these monies to have their biggest impact on us, as all GPs are facing relentless demands and workload day to day.

GPC Wales would urge all practice cluster leads to consider how their cluster monies may be best spent on making their working day less pressured to enable them to get more involved in developing the clusters with the ultimate goal of improving services available to patients. This could include:

- Widening availability of pharmacists within practice – i.e. more time – analyses of appointment requests shows that around 30% relate to medication queries
- Widening access to musculoskeletal specialists, ideally ones who can prescribe, who can assess / advise and follow up patients with musculoskeletal problems. This does not necessarily need to be in each practice but could be based in a community hub with practice staff being able to book patients in
- Considering locums employed by the Health Board to service practices struggling to recruit / who have had to reduce access to appointments due to workforce problems

- Considering a GP to work with a home visiting team including pharmacist, district nurse etc. to undertake a home visiting service for clusters – the initial call being triaged by the practice then referred onwards
- Considering an overspill hub staffed by clinical staff who can see patients triaged into it by the practice or assist with managing cluster wide enhanced services – this does not necessarily require doctors – it could be nurse practitioners / advanced paramedics / pharmacists / musculoskeletal physiotherapists etc. as determined by the cluster.

The above recommendations largely predicate on the Health Board employing these staff due to the risks to practices of employing these in such difficult times. Obviously any cluster based service like home visiting or an overspill clinic would need careful auditing to ensure appropriate use by individual practices and this could be facilitated by cluster peer review in conjunction with the LMC.

GPC Wales would welcome feedback on the above (via email to info.gpcwales@bma.org.uk) but would encourage practice cluster leads to really utilise these new monies to maximal effect as there is little prospect of additional resource in the near future.

Your Sincerely,

Dr Charlotte Jones
Chair, GPC Wales