

EITEM AGENDA / AGENDA ITEM: 7

Cyd-bwyllgor Iechyd a Gofal y Canolbarth / Mid Wales Joint Committee for Health and Care			
Dyddiad y Cyfarfod: Date of Meeting:	18 th October 2021		
Teitl yr Adroddiad: Title of Report:	Rural Health and Care Wales Work Programme 2021/22 – update report		
Arweinydd: Lead:	Anna Prytherch, Head of Rural Health and Care Wales		
Pwrpas yr adroddiad: Purpose of the Report:	To receive an update report on the RHCW Work Programme 2021/22	Ar gyfer cytundeb For Agreement	
		Ar gyfer trafodaeth For Discussion	
		Ar gyfer gwybodaeth For Information	✓
<u>Crynodeb / Summary</u>			
This report provides an update of progress made to date by RHCW in achieving its Work Programme for 2021/22, focussing on activities and progress since the last update report presented to the MWJC in May 2021.			
<u>Argymhelliad / Recommendation</u>			
For information - The Mid Wales Joint Committee for Health and Care is asked to note for information progress made in achieving the RHCW Work Programme 2021/22			



IECHYD A GOFAL GWLEDIG CYMRU
RURAL HEALTH AND CARE WALES

RHCW Progress Report October 2021

Aim 1: Health, Wellbeing and Prevention

- *Improve the health and wellbeing of the Mid Wales population*
- Two of the four contracts have been signed for the installation of the power-generating bikes for the “**On your Bike**” project, however the Council recently stated that they had to go out to tender via Sell2Wales for the installation, with the tender process now underway (closing 27th October 2021). On a positive note, the “On your Bike” project was submitted to the Bevan Exemplar Programme and has been successfully accepted for Cohort 7, with the programme having commenced on 30th September 2021. Feedback from the selection panel noted that the project successfully met all relevant criteria and that the application was “very well written...with really good rationale and context”. The panel suggested exploring more specific metrics around the measurement of success (currently to focus on use / power generation and wellbeing measures).
- Funding of £2,000 (CAVO / Comic Relief grant) was secured to cover the design and print costs for four bilingual leaflets for the work RHCW has been undertaking with the Greener Aberystwyth Group on developing **Well-being Walks** linked to Primary Care sites in Aberystwyth. Contacts have been made with Ceredigion County Council's Community Access Officer (walks of the week / countryside access) and the West Wales Walking for Wellbeing project, who are both supportive of the initiative and are going to be involved with the launch events once the leaflets are ready (final drafts currently waiting translation). All 3 GP surgeries involved and Bronglais hospital are also supportive, with relevant contacts made. It is still the intention to extend the initiative to Powys (Machynlleth) and Gwynedd (Tywyn) in partnership with Coed Lleol once the pilot has been completed in Ceredigion.
- An update of **Social and Green Prescribing** across Mid Wales is presented separately at the MWJC meeting, with several discussions / meetings held with health boards, green/social prescribing networks and individual delivery partners.

Aim 2: Care Closer to Home

- *create a sustainable health and social care system for the population of Mid Wales*

- Lleucu Morgan has commenced in post as the **Cardi Care Co-ordinator** (16/08/21) and initial exploratory questionnaires were sent to organisations in the four potential communities (Borth, Llangrannog, Aberporth, New Quay) on the 24th August 2021. The closing date for submission was 20th September 2021 and a selection meeting was held with the Solva Care mentors on the 29th September, where survey results were scored against four identified essential criteria – community support (weighting of 9), barriers (weighting -3), community facilities (8), key personnel (10) and need (2). The final community selected for hosting the project was Aberporth and work will commence shortly with residents to find out their needs and also build the team of volunteers. Henceforth, all activity will follow the Solva Toolkit process in order that the research on its effectiveness to be assessed.

- Work has commenced for the West Wales RI&I on researching **Integrated Working** across the West Wales region, with the aim to consider the current situation and lessons learnt from integrated working between health / care and third sector / private teams. Desk top analysis of best practice rural models (international) is underway, with an initial literature review having been undertaken. Regular meetings have been held with an appointed Steering Group who are informing the research, particularly with regard to integrated teams working in their areas. At the last meeting, draft questions were outlined for engaging with staff working across all sectors on an individual and group basis. Next meeting of the Steering Group will be in December when case studies will be identified. Funding of £26k has been secured to undertake this work, which has enabled additional staff resources to be engaged (RHCW).

- The grant-funded **PhD** at Aberystwyth University, supported by RHCW, that will research loneliness and isolation in rural areas (*“How living in rural areas contributes to feelings of loneliness in diverse rural communities, and the role communities play in addressing social inequality”*) was advertised, with a closing date of 1st September 2021, and interviews held on 17th September 2021 (AP on Panel). Stephanie Jones, a nurse with research experience, was awarded the PhD bursary and commenced study on 1st October 2021. Findings from the research will align closely with the RHCW Work Programme and results will be presented at RHCW Conferences / Webinars.

- Following on from the **TEC** presentation at the last RHCW Management / Steering Group meeting, a **Focus Group / Discussion Forum** of interested members to discuss potential digital projects and areas for research in Mid Wales was arranged for 21st September 2021. Notice of this was circulated to RHCW Management & Steering Group members and the MWJC Clinical Advisory Group on 26th August 2021. The following message from Gemma (TEC Cymru / ABUHB) outlines areas under discussion:

Technology Enabled Care (TEC) Cymru and Rural Health & Care Wales are working together on new ideas for evaluation and research on digital services in Wales.

➤ *TEC Cymru has been rolling out Video Consulting for 18 months as a national roll-out and scale-up service (NHS Wales VC Service), and have data from more than 50,000 patients and clinicians which provides us a unique opportunity to explore its use, value, benefits and challenges, and identify new areas of interest and gaps. TEC Cymru also have two other digital programmes running – Telehealth and Telecare. So there are many new projects starting now, and plenty of opportunity to get involved.*

➤ *Next Steps:*

For TEC & RHCW to better work together we are running a virtual focus group/discussion forum or a virtual round table event on 21st September at 10am to get a better understanding of the digital landscape in Wales, and how we can better support and shape it moving forward.

We would be keen to get a professional perspective on this and would appreciate your expertise.

We are keen to understand who is or isn't using digital services in Wales and how best to tackle this.

We are keen to understand changes since COVID and where this now puts us in digital terms.

We are keen to learn more about what may or may not work digitally.

We are keen to hear your opinions on new ideas and solutions to propose future projects in Wales

The outcomes of the focus group discussion will be developed into research of particular relevance to Mid Wales and findings will be presented at the RHCW Conference in November 2021.

- Work continues on reviewing **Community Hospitals** across Mid Wales, with some time having been taken to outline the background to Community Hospital development and provision. A draft report has been completed, with final editions underway. A Poster on the research will be presented at the RHCW Conference 2021.

Aim 3: Rural Health and Care Workforce

- *Create a flexible and sustainable rural health and care workforce for the delivery of high-quality services which support the healthcare needs of rural communities across Mid Wales*
- A further update on the **Rural Credentials** project (led by Dr Pauline Wilson, Consultant Physician and Director of Medical Education NHS Shetland) as at August 2021 is attached to this report as Appendix 1.
- The review of **Health and Care Education and Training in Wales** has been completed, with a first Draft presented to the RHCW Management and Steering

Groups on 8th June 2021. Further consultation was conducted with all Universities in Wales to verify content, with a closing date for any amendments/additions to be done by 7th July 2021. A final copy of the report is now completed and is available to anyone that wants a copy by emailing anna.prytherch@wales.nhs.uk. The review includes details of all educational courses in health and care that are offered by Universities in Wales as at June 2021. Furthermore, any new courses that are confirmed and open for application as from September 2021 are now also included. Gaps in provision have been identified within the report and a copy has been sent to HEIW (requested).

- RHCW was contacted by Sara Jones, Course Leader Diplomas Health Science, **Coleg Ceredigion** on 6th August 2021 to confirm that they have been successful in securing a EU Turing grant for 10 Level 3 health and care students to visit Canada (Alberta) for 3 weeks in 2022 to research models of delivery of health and care in rural communities (“*A comparative study into the trends and challenges facing international rural health and social care practices*”). The College has been invited to submit a Poster for this year’s RHCW Conference to outline the proposed research/ project and also to present their findings at the RHCW Conference in 2022. AP has been asked to be involved in the selection process of the 10 students (interviews to be conducted on 20th October 2021), with input requested on areas of potential research. Suggestions include:
 - issues facing the recruitment and retention of health and care staff to rural areas and any successful activities or initiatives that have been undertaken to address these
 - how healthcare providers manage the rise of working with acute patients in rural areas (Primary Care / GP roles in particular)
- RHCW has been invited to attend a **Choose your Future Ceredigion 2022** careers event in Aberystwyth on 8th March 2022. Enquiries are being made to attend similar events in Powys and Gwynedd in 2022 to encourage young people to embrace health and care careers. The RHCW report on Education and Training will be a useful tool for advising on those wishing to study in Wales.
- Appendix 2 of this report includes a draft (text version only at this stage) of the proposed information on “**new roles**” in **healthcare** that will be made into an infographic (previously requested by the RHCW Stakeholder Group members). Members of MWJC are asked to review the roles and make suggestions for any editions / additions in order that the infographic is produced, in particular whether Podiatrist and Occupational Therapist should be included. Due for completion after further consultation with the Public and Patient Engagement & Involvement Forum.

Aim 4: Hospital Based Care and Treatment

- *Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales, with robust outreach services and clinical networks*
- RHCW was contacted by Brian Knowles from **Cancer Research UK** in July and AP met with him on 5th August 2021 to discuss proposed action research that Cancer Research UK is going to conduct into reducing inequalities in lung

cancer outcomes in rural areas, particularly in the context of early diagnosis. RHCW has agreed to support the research and Brian Knowles will be presenting to the RHCW Stakeholder Group at its December 2021 meeting with further information. Prof. Keir Lewis is keen that this research be adopted in the region.

Aim 5: Communications, Involvement and Engagement

- *ensure there is a continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners*
- The title of the **RHCW Conference** being held on the 9th and 10th November 2021 will be “**When Challenges lead to Change – improvements and innovation in Rural Health and Care**”, with the themes outlined below:
 - The impact and implications of Covid-19 on Rural Health and Care
 - Novel ways of delivering Health and Care services in Rural areas
 - Rural Population Health, Well-being and Care
 - The role of Rural Communities in Health and Care
 - Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas
 - Social / Green Prescribing
 - Recruitment, Retention and New Roles in Rural Areas
 - Education, Training and Development in Rural Areas

The **Call for Papers** went out w/c 19th July 2021 (closing date 17th September 2021) and invitations have been sent out for **Official Opening** and **Plenary Speakers**. Nearly 60 applications were received to Present at the Conference, including a submission from Canada and several from Scotland and across the UK from health boards, universities, local authorities, third sector organisations and individuals. The selection Panel met end of September / beginning of October and applicants notified of their decision.

The Conference will be staged as a hybrid event, with a smaller in-person audience and live streaming for online access. There will be no stands, however, Posters will be displayed, and tickets limited to ensure comfortable spacing of delegates. Online booking for the event is now open – see www.ruralhealthandcare.wales/conference.

- Following the success of RHCW’s first **Webinar** held on 20th July 2021, a second Webinar is now being planned for late January 2022. Further information to be presented at the RHCW Stakeholder Group and PDEG meetings to be held in December 2021, however any suggestions for speakers or content can be emailed to anna.prytherch@wales.nhs.uk.



☰ The Credential in Rural and Remote Health (Unscheduled and Urgent Care) was submitted to the GMC in April 2021.

☰ On the 14th May 2021 Professor Denison and Dr Wilson attended the GMC Task and Finish Group where the credential submission was discussed in detail.

☰ Following the Task and Finish Group the GMC requested clarification on a number of points prior to evaluation of the credential by the Curriculum Advisory Group's meeting in June 2021.

☰ On the 25th June the Curriculum Advisory Group (CAG) evaluated the Credential curriculum against [Excellence by design: standards for postgraduate curricula](#).

☰ Feedback from the GMC Curriculum Advisory Group was received on the 12th August 2021.

The GMC welcomed the submission and felt it:

- Was well structured
- Aligned to the key areas of *Excellence by Design*
- Articulated the learning outcomes and programme of assessment
- Showed evidence of comprehensive consultation and engagement throughout the development of the curriculum.

At this stage the credential has not been approved and the GMC has requested (by the 17th September):

- Clarification on the credential's critical progression points. In particular they are asking for clarify around patient safety risk or change in professional responsibility at the conclusion of the first year of the credential. (*Excellence by design requirement: CR3.1 Identify the learning outcomes that learners must demonstrate to complete training and to move through critical progression points*)

- A guidance document for both learners and trainers to support their use of and progress through the credential.



Work that has continued since submission of the credential to the GMC:

- Professor Denison and Dr Wilson have attended the GMC Early (credential) Adopters Group. This group has been considering the sign off and maintenance requirements for credentials.

It is likely that credentials will fall into two distinct categories – GMC regulated and GMC approved credentials. The Rural and Remote Health Credential is likely to be GMC-approved credential.

- An outline of credential was presented at by Dr Wilson (NES) and Rose Ward (GMC) at the Scottish Medical Conference at the end of May 2021.
- Conversations have continued with groups such as The Scottish Medicine Collaborative, Scottish Academy and the English National Centre for Rural Health and Care.



Whilst awaiting a response from the CAG work has continued on development of documents that will sit alongside the credential such as:

- Credential Users Guide – Guidance for Learners, Supervisions and UK Rural and Remote Credential Board members
- Credential Decision Aid



Consideration has also been given toward the development of an e-portfolio



Next steps (to be completed by the 17th September):



Finalisation of the User's Guide - *Guidance for Learners, Supervisors and the UK Rural and Remote Credential Board*



Completion of the Decision Aid



Work with members of the steering group on critical progression points

- 2 representatives from Wales
- 2 representatives from Scotland

- 2 representatives from England
 - 1 representative from Northern Ireland
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1. DRAFT - New roles in Health and Care sector:

Title	Job Description
Advanced Paramedic Practitioner	Advanced Paramedic Practitioner (APPs) are specialised and autonomous clinicians working for The Welsh Ambulance Services NHS Trust in the emergency, urgent and unscheduled care settings. APPs provide advanced clinical assessment skills, diagnosis, treatment and referral of patients using a medical/management model of care.
Advanced Clinical Practitioner	Advanced level practitioners (ACPs) are from a range of professional backgrounds such as nursing, pharmacy, paramedics, occupational therapy, healthcare science and midwifery. They help to improve clinical continuity, enhance multi-professional teams and provide high-quality care for patients.
Assistant / Associate Practitioner	An assistant practitioner is a non-occupational specific role that has been developed to assist organisations to deliver high quality, patient-centred care in a variety of settings. Although they are not registered practitioners they have a high level of skill through their experience and training.
Clinical Pharmacist Practitioner	A Clinical Pharmacist Practitioner (CPP) is a licensed pharmacist approved to provide drug therapy management, including controlled substances, under the direction of, or under the supervision of a licensed physician. Only a pharmacist approved by the Pharmacy Board may legally identify himself/herself as a CPP.
First contact Physiotherapist	First Contact Practitioners (FCP) are qualified autonomous clinical practitioners who can assess, diagnose, treat and manage musculoskeletal (MSK) problems and undifferentiated conditions – where appropriate – discharge a person without a medical referral. FCPs working in this role can be accessed directly by self-referral or staff in GP practices can direct patients to them to establish a rapid and accurate diagnosis and management plan to streamline pathways of care.
General Practice Assistant	The primary purpose of GP assistants (sometimes known as medical assistants) is to reduce GPs' administrative burden. In some areas a purely administrative GP assistant role has been tried.
Health and Wellbeing Coach	Health and wellbeing coaches (HWBCs) will predominately use health coaching skills to support people with lower levels of patient activation to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their self-

	identified health and wellbeing goals. They may also provide access to self-management education, peer support and social prescribing.
Nurse practitioner	A nurse practitioner (NP) is an advanced practice registered nurse and a type of mid-level practitioner. NPs are trained to assess patient needs, order and interpret diagnostic and laboratory tests, diagnose disease, formulate and prescribe treatment plans.
Ophthalmic medical practitioner	Ophthalmic medical practitioner (OMP's) undertake sight tests. Like optometrists, they examine eyes, test sight, diagnose abnormalities and prescribe suitable corrective lenses. OMPs are registered with and regulated by the General Medical Council (GMC). The responsibilities of OMPs in conducting sight tests are the same as those of optometrists.
Occupational Therapist	Occupational therapists (OTs) support people of all ages with problems resulting from physical, mental, social, or development difficulties. OTs provide interventions that help people find ways to continue with everyday activities that are important to them. This could involve learning new ways to do things or making changes to their environment to make things easier. As patients' needs are so varied, OTs help GPs to support patients who are frail, with complex needs, live with chronic physical or mental health conditions, manage anxiety or depression, require advice to return or remain in work and need rehabilitation so they can continue with previous occupations (activities of daily living).
Pharmacy Technician	Pharmacy technicians complement the more clinical work of clinical pharmacist, through utilisation of their technical skillset. Their deployment within primary care settings allows the application of their acquired pharmaceutical knowledge in tasks such as audits, discharge management, prescription issuing, and where appropriate, informing patients and other members of PCN workforce. Work is often under the direction of clinical pharmacists, and this benefit is realised through the creation of a PCN pharmacy team.
Physician Associate	Physician associates (PAs) are healthcare professionals with a generalist medical education who work alongside doctors and surgeons providing medical care as an integral part of the multidisciplinary team. PAs work under the supervision of a doctor but can work autonomously with appropriate support.
Psychological Wellbeing Practitioners	Psychological wellbeing practitioners (PWP) are trained to assess and support people with common mental health problems – principally anxiety disorders and depression – in the self-management of their recovery.

Podiatrist	Podiatrists are healthcare professionals that have been trained to diagnose and treat foot and lower limb conditions. Podiatrists provide assessment, evaluation and foot care for a wide range of patients, which range from low risk to long-term acute conditions. Many patients fall into high risk categories such as those with diabetes, rheumatism, cerebral palsy, peripheral arterial disease and peripheral nerve damage.
Primary Care Audiologists	Primary Care Audiologists are first contact clinicians working in primary care locations in a number of health boards in Wales. They are trained to manage ear/hearing and balance related symptoms directly including micro-suction wax removal in some areas. Benefits include reduction in demand on GPs and practice nurses, fast and easy access for patients and reduced clinical pathways.
Social Prescribing Link Worker	Social prescribing link workers help to reduce health inequalities by supporting people to unpick complex issues affecting their wellbeing. They enable people to have more control over their lives, develop skills and give their time to others, through involvement in community groups.
Specialised Healthcare Science Practitioner	Practitioners in the field of Healthcare Science apply technology in the delivery and reporting of quality assured tests, investigations and procedures. Healthcare Science Practitioners may assess the effectiveness of treatments and ensure that they are working correctly.