



Ein cyf/Our ref: MA-P-MD-0201-16

Chairs of local health boards

31 March 2016

Dear all

I am writing to inform you about my decision for the use of the national primary care fund in 2016-17. The principles remain extant – it is to achieve sustainability; improve access; move services out of hospitals and for investment to demonstrate a tangible impact. Where funding does not deliver the expected impact, it will be reallocated, with future allocations contingent on delivery.

In the light of advice from my officials on delivery, the £6m allocated directly to primary care clusters to invest has proved to be very successful in disrupting the status quo, demonstrating the benefits of cluster working. I intend to build on this for 2016-17.

For the majority of the funding, I recognise the hard work and commitment behind your delivery agreements for making best use of your share of this new funding. I am aware that some plans have been delayed due to challenges in recruiting to posts.

One clear lesson is the need for you to ensure your processes are agile and flexible enough to make best use of new opportunities. I have heard many times how recruitment or procurement processes are getting in the way – there is an impression that some boards are more in the managerial/compliance space than reform and leadership.

I ask you to look at this and report to the incoming Welsh Government about your proposals to ensure the reform of primary care in your health board area moves at an appropriate pace with proportionate governance.

In that context my decision on funding for 2016-17 is as follows:

- **£10m** recurrently directly to primary care clusters;
- **£26.081m** recurrently for your IMTP primary care and workforce delivery agreements;
- **£3.8m** in 2016-17 for the national programme of pathfinders and pacesetters;

- **£0.72m** recurrently to support joint work in Aneurin Bevan and Cwm Taf university health boards for the inverse care law pathfinders;
- **£0.428m** in 2016-17 for the primary care wet AMD treatment pathfinders in Aneurin Bevan, Cwm Taf, Powys and Hywel Dda health boards;
- **£0.38m** recurrently to Public Health Wales for its primary care innovation and development hub to support local delivery;
- **£0.2m** recurrently to health boards for occupational health services for GPs;
- **£0.5m** recurrently for the expansion of the academic fellows scheme;
- **£0.12m** in 2016-17 to the NHS Wales Shared Services Partnership for the technology-enabled learning programme for primary care;
- **£0.4m** to a host health board, to be agreed, for strengthening national primary care leadership, including the cost of the national professional lead and project support for the once-for-Wales programme of work led by the directors of primary, community and mental health.

Service sustainability and improving access is dependent on making effective and prudent use of all available financial, workforce and other resources beyond just GP services. Cluster working is not just about asking GP services to engage with other services – it means drawing in those other services and sources of help in and work alongside GP services as members of the cluster. You may need to meet the cost of drawing in other services.

My officials will work with directors of primary, community and mental health to frame the use of the additional £4m funding in a light-touch way to ensure clusters' spending plans are informed and shaped by this wider multi-professional and multi-sector cluster working and can demonstrate impact on assessed local population need.

We are beginning to see a shift of emphasis and rhetoric towards locally-delivered care. You need to encourage this, ensuring resources are part of the shift to primary care and this is made clear and explicit in your IMTPs. This will require assuring yourself investment is being used to drive improved outcomes and demonstrate tangible impact rather than substitution of existing costs.

My officials will shortly issue individual funding allocation letters to health boards and Public Health Wales and agree refreshed delivery agreements, including how you will demonstrate the impact of the funding.

I am copying this letter to chairs of NHS Trusts, vice chairs, chief executives, directors of primary, community and mental health and directors of finance in local health boards.

If you have any queries relating to this letter, please contact Dr Grant Duncan, deputy director of primary care at grant.duncan@wales.gsi.gov.uk or 029 2082 6576.

Best wishes,

Mark Drakeford

Mark Drakeford AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services