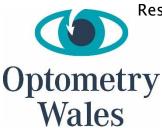
PC 11 Ymchwiliad i ofal sylfaenol Inquiry into primary care Ymateb gan: Optometreg Cymru Response from: Optometry Wales



Welsh Government Primary Care Clusters - Optometry Wales Response

Optometry Wales (OW) is the professional, umbrella organisation for all optometrists, dispensing opticians and optometric practices across Wales. OW welcome the opportunity to input into the review of the work of the clusters in Wales. We support the view that more services and care, where appropriate should be delivered in a primary care setting. We acknowledge the need to adequately prepare for the demands that this will bring. Our responses to individual questions are outlined below.

We agree that, whilst there will always be a need to recruit directly in to the NHS, it is not sustainable to look to a continued growth of the overall workforce based on the needs of existing models of service provision. And that instead, we must look at working differently and this will require service redesign, across the integrated system, from models of care based on single condition, hospital based services, to a population approach with much greater emphasis on managing co-morbidity and enabling self-management.

How GP cluster networks in Wales can assist in reducing demand on GPs and the
extent to which clusters can provide a more accessible route to care (including
mental health support in primary care).

We believe that via multi disciplinary team working and collaboration a significant aspect of GP work can be re-routed to other primary care health professionals. We acknowledge that this could be achieved via interaction, engagement and active involvement with the primary care clusters. As a professional organisation representing all community optometrists, dispensing opticians and optometric practices we believe that we can help alleviate some of the burdens faced by GPs. Please see attached briefing that we have shared with all 64 clusters.

 The emerging multi-disciplinary team (how health and care professionals fit into the new cluster model and how their contribution can be measured).

See attached briefing

The current and future workforce challenges.

Optometrists are a fully trained, regulated and under utilised profession who can help see patients who would normally take up a GP appointment. See attached briefing

The funding allocated directly to clusters to enable GP practices to try out new ways of working; how monies are being used to reduce the pressure on GP practices, improve services and access available to patients.

Whilst we know that the Wales Eye Care Service (WECS) is already showing that significant savings are being made in secondary care (see attached statistics) we have not been able to input into the budgets of the clusters (this is due to not having been able to send our representatives to all of the cluster meetings although in some health boards they have actively funded the appointment of optometrists who can work across the cluster). It would be helpful if clusters could be encouraged to be more pro-active in communicating – for example we have been advised that we are only allowed to attend the two multi disciplinary meetings that are held each year and that we are not required to have any other input.

Workload challenges and the shift to primary prevention in general practice to improve population health outcomes and target health inequalities.

See attached briefing

The maturity of clusters and the progress of cluster working in different Local Health Boards, identifying examples of best practice.

We have experienced most success with cluster engagement in health boards such as Hywel Dda and Aneurin Bevan where optometrist are formally appointed by the HB to attend cluster meetings and actively work with the clusters

Local and national leadership supporting the development of the cluster infrastructure; how the actions being taken complement those in the Welsh Government's primary care plan and 2010 vision, Setting the Direction

We believe that not enough is being done to engage the multi disciplinary teams to contribute and 'own' the cluster plans. We believe that the cluster leads in some health boards have been reluctant to embrace other professional groups and this is, we feel not helpful or supportive of the ethos contained in the 2010 'setting the direction' agenda.

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