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| Title of Paper: <u>Primary Care MDT Update</u> | | |
| <u>For Decision</u> Requires majority decision prior to implementation or action. | <u>For Discussion</u> Requires consideration and debate. | <u>For Noting</u> Contains information Members should be made aware. |

1.0 Background

In December 2024, Minister Nesbitt published Health and Social Care NI – A Three Year Plan to Stabilise, Reform and Deliver. Within this plan, the Minister gave a commitment to publish, by April 2025, a plan for the completion of the Primary Care Multi-Disciplinary Teams (MDT) Programme across all areas of Northern Ireland. Given its central importance to the wider Transformation agenda, DoH submitted a proposal based on the planning assumptions, outlined below, to the Interim Public Sector Transformation Programme to fund the implementation of MDT over the lifespan of the Fund.

2.0 Key Issues

Letter received from DoH on 11 February 2025 advising, in line with the commitment outlined in the Three-Year Plan, it is now necessary to develop or refine existing plans for the implementation of the MDT across all of Northern Ireland.

Trusts and GP Federations are to work together to ensure agreed plans are in place for local implementation in each area. In developing detailed plans, the following high level planning assumptions should be noted:

- Full regional rollout of the MDT Programme will be taken forward in 2 consecutive phases over the next 7-8 years.
- Phase 1 - beginning in 2025/26 will last for four years. This would see the MDTs completed in the 7 existing areas where implementation has already commenced, and the Programme expanded to a further 5 Federation areas. Therefore Ards and North Down will be completed within this period.
- Phase 2 - is anticipated to run from 2029/30 for a further 3-4 years and would see the MDT complete in the remaining 5 GP Federation areas. Lisburn will be in this Phase (as per MDT regional roadmap from 2022). It should be noted that the South Eastern MDT Project Board, would be keen to commence implementation in Lisburn before 2029/30.

The South Eastern MDT Project Board Co-Chairs requested clarity from DoH on a number of the points (clarification letter submitted on 3 March 2025). The awaited response will aid with finalising the MDT implementation plans for Ards and North Down, and then for Lisburn.

On 4 March 2025, Finance Minister John O’Dowd announced £61m for the DoH MDT proposal to help stabilise Primary Care, focus on prevention and management

of conditions away from hospital settings and better utilise the skills of the community and voluntary sector.

3.0 Resources Implications (inc Organisational, Financial, Human Resources)

DoH are introducing changes to the approach being taken to the MDT rollout in this next phase of implementation, including:

- Focus on core, GP practice-based roles of Physiotherapist, Social Worker/Asst Social Worker, and Mental Health practitioner. Previously, MDT had also featured increased investment in district nursing and health visitors in community settings. Issue to be aware of - no further increased investment for district nursing and health visiting.
- Social Workers will now be deployed at a ratio of 1:10,000 patients, in line with the other core MDT roles. Issue to be aware of - This was previously 1:5000 patients and the directive may impact existing MDT areas.
- There will also be a 1 year pause in the recruitment of Social Workers in 'new MDT' areas, in recognition of the workforce vacancies and recruitment issues experienced already within Trusts. This does not apply to Ards and North Down, as rollout has already begun (an 'existing MDT area').
- Implementation of MDT will now be overseen by locality level (HSC Trust/ FSU level) Boards to maximise efficiency, facilitate greater coordination, and promote shared learning. Issue to be aware of - SE MDT governance structure already supports this as all 4 GP federations and the Trust are partners on one SE MDT Project Board (this is not the case in all Trusts).
- Consideration is also being given to expanding the range of professions included in the MDT by running pilot schemes for new roles, as well as expanding skill mix by exploring differently banded roles within the same discipline. Issue to be aware of - This will need to be considered when developing implementation plans. Community & Voluntary Sector pilot may be part of this.
- There will also be additional investment in university training places, with an additional 90 university training places commissioned for 2024/25 entry: 30 Physiotherapy; 10 Occupational Therapy; 10 Mental Health Nursing; 40 Social Work.

4.0 Impact on Safety, Quality and Experience (SQE)

The development of MDTs has allowed GP practices to focus on not just managing ill-health, but also on the physical, mental and social wellbeing of communities. There is an increased focus on prevention and early intervention initiatives, with the aim of ensuring that patient's needs are met at the earliest possible opportunity, reducing the need for onward referrals into secondary care services. Service users with access to MDTs are expected to benefit from using this service.

5.0 Key Risks and Proposals to Mitigate

The South Eastern MDT Project Board will oversee further rollout of the programme, including management of risk.

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Date: 20 March 2025