

To: Renfrewshire Integration Joint Board

On: 22 March 2024

Report by: Head of Strategic Planning and Health Improvement

Subject: Hosted Services Performance 2023/24

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1 The purpose of this report is to update on Hosted Services performance, which Renfrewshire Health and Social Care Partnership (HSCP) delivers on behalf of the Integration Joint Board (IJB).
- 1.2 The IJB holds Hosted Services responsibilities for the following three services across all six Health and Social Care Partnerships in NHS Greater Glasgow and Clyde (NHSGGC):
- Podiatry Services;
 - Primary Care Support Services; and
 - GP Out of Hours Services (Interim).

2. Recommendation

It is recommended the IJB note:

- Hosted Services performance for Podiatry, Primary Care Support and GP Out of Hours services for 2023/24.

3. Hosted Services - Overview

- 3.1 “Hosted Services” means those services managed and delivered by a single Integration Joint Board on behalf of two or more integration authorities within the Greater Glasgow and Clyde area.
- 3.2 Where the IJB is the Host in relation to a Service, that IJB is responsible for the operational oversight of the Service. Through its Chief Officer, the IJB is responsible for the operational management of the Hosted Service on behalf of each relevant IJB within the Health Board area. The IJB is

also responsible for the strategic planning and operational budget of the Hosted Service.

- 3.3 Where a Service is hosted by another integration authority within the Health Board area - for example the Child and Adolescent Mental Health Services (CAMHS) - which is hosted by East Dunbartonshire IJB on behalf of all six IJBs in the NHSGGC Board area, the Renfrewshire IJB still has oversight of its services and performance and maintains regular contact with the Host IJB and the relevant Chief Officer on any concerns and issues arising in relation to these services.

4. Podiatry Services - Overview

- 4.1 Renfrewshire HSCP is responsible for the strategic planning and operational budget for all issues relating to Podiatry Services across the six Health and Social Care Partnerships and Acute services in NHSGGC. Podiatrists are health care specialists who treat problems affecting the feet and lower limbs. They also play a vital role in keeping people mobile and active, relieving chronic pain, and treating acute infections.

- 4.2 NHS Greater Glasgow and Clyde (NHSGGC) employ approximately 155 staff - podiatrists, admin, and Health Care Assistants (excluding vacancies) - in 35 clinical locations spread across the six Health and Social Care Partnerships and all Acute settings.

4.3 Service Performance

The service has seen unprecedented demand in terms of referrals over the last four years, averaging around 4,000 per month in 2023/24. Referral numbers peaked in August 2023 at 4,800 with a low in December 2023 of approximately 3,000. In the calendar year January-December 2023, 132,000 clinical interventions were provided.

- 4.4 Podiatry performance measures are monitored as part of the Partnership's overall performance management framework and a range of indicators included in the HSCP Scorecard. It should be noted that despite the increase in demand and a large number of staff vacancies, performance for 2023/24 has been sustained at, or extremely close to, the 90% target for the percentage of new referrals seen within 4 weeks in NHSGGC and Renfrewshire. Indeed, January 2024 saw 89% of new referrals seen within 4 weeks, compared with 72% in January 2023. Table 1 below shows new referral waiting time performance for 2023/24 Q3 for both NHSGGC and Renfrewshire.

Table 1

Performance Indicator	2021/22	2022/23	2023/24 (Q3)	Target
% of new referrals to the Podiatry service seen within 4 weeks in NHSGGC	41.0%	90.2%	88.2%	90%
% of new referrals to the Podiatry service seen within 4 weeks in Renfrewshire	41.4%	94.0%	86.9%	90%

4.5 Patients with foot protection need referred into the NHSGGC Podiatry Service continue to be prioritised under a target waiting time of two working days. These are the most vulnerable patients who present with foot ulceration. Evidence is clear that outcomes for this group of patients increase greatly if assessment and treatment begin within 48 hours. 2023/24 has also seen an increase in demand for this cohort of patients with the highest recorded referral number of 282 in August 2023. Despite sustained referral numbers of approximately 200 per month since May 2023, an average of 91.3% of patients received a first offer of an appointment within two working days against a target of 90% for Quarter 3, October-December 2023, as shown in table 2 overleaf. This is an increase on 90.5% for Quarter 2 July-September 2023 and 83.3% achieved for Quarter 1, April-June 2023.

Table 2

Performance Indicator	2021/22	2022/23	2023/24 (Q3)	Target
% of foot ulcers seen within 2 working days in NHSGGC	83.7%	75.2%	91.3%	90%
% of foot ulcers seen within 2 working days in Renfrewshire	84.6%	78.8%	91.4%	90%

4.6 This performance has been achieved by using information technology and trend analysis and employing innovative and agile workforce planning to predict and manage capacity and increasing demand. The IT system enables patients to book their first available appointment, with refusal triggering an unavailability status that is then used to calculate true waiting times. The service works closely with the referral management centre to allow vacant appointment slots to be utilised by vulnerable patients to ensure prompt care. Referral patterns from previous years are examined to confirm that capacity aligns with predicted demand.

4.7 Service Development

The service continues to carry a large number of vacancies due to difficulties recruiting staff. Graduates come from only two universities in Scotland – Glasgow and Edinburgh – with just 50 prospective employees graduating in 2023, 50% of whom were attracted to the private sector. This means only 25 graduates were available to fill posts across all 14 territorial Boards in Scotland.

4.8 In order to attract more students into NHSGGC employment, the service now employs Level 4 students at Band 4 for a four-month period around the time of final exams, and prior to Health and Care Professions Council (HCPC) registration.

4.9 The service has also implemented the Prepare Project, whereby candidates work with the service for two days a week and attend university for three days a week during term time, which again allows

students to consolidate their learning, and study while earning a proportion of a Band 5 salary. This is facilitated by Once For Scotland Annexe 21 and complies with the Living Wage. Salaries increase each year over the course of the four-year programme, effectively allowing the service to 'grow their own' workforce. The aim is to have 16 employees undertaking this process at any one time and ensure staff are professionally socialised so they feel more connected to the organisation. This is a particularly attractive option for students in the current cost of living crisis, as it allows them to earn while they learn when attending university may otherwise be financially unviable. It is also a transferable model that could be considered by other services experiencing similar recruitment challenges. The Podiatry service in NHSGGC, supported by Renfrewshire HSCP, is the only service area in Scotland using this approach and influencing other Boards to adopt a similar approach.

- 4.10 The Podiatry Service continue to work innovatively to explore options for service improvement, reduce waiting times and increase access to the service with several initiatives at the planning stages that will link in with NHSGGC's Waiting Well and Realistic Medicine programmes.

5. Primary Care Support - Overview

- 5.1 Renfrewshire HSCP also hosts Primary Care Support (PCS). The team works across NHSGGC to support General Practice and Community Optometry contractors. This includes managing contracts, payments, some supplies, any changes to practices, and linking with eHealth and Premises to support contractors. The PCS team also work with all six NHSGGC HSCPs on future planning and Primary Care Improvement Plans (PCIP), which is the delivery framework for the implementation of the 2018 Scottish General Medical Services (GMS) contract for general practices (GP). The Service also manages the Child Health Surveillance, Standardised Immunisation and Recall (SIRS) and Screening Services for NHSGGC and other boards under service level agreements.
- 5.2 Service performance is monitored through the NHSGGC Primary Care Programme Board to the Corporate Management Team and Chief Officers' Group, which reports to the NHSGGC Finance, Planning and Performance Committee. For the Care governance element of Primary Care Support, performance is reported to the Primary Care and Community Care Governance Group, which reports into the Board's care governance groups. For General Practice, the requirement to report through the Quality Outcome Framework (QoF) shifted to Quality Improvement through GP Clusters. The role of a Cluster is to improve the quality of care within the practices, Cluster, and locality with a focus on quality planning, quality improvement, and quality assurance. For PCIPs, each HSCP has their own reporting arrangements. Primary Care Support facilitates Board-wide reporting based on six-monthly monitoring requirements by Scottish Government.
- 5.3 The PCS Team support over 227 GP practices and staff in NHSGGC with approximately 1.3 million registered patients, and over 700 Optometrists across 188 Optometry practices, to ensure statutory contractual arrangements are in place for the provision of services within NHSGGC.

5.4 Primary Care Support covers the independent practitioner element of the service, the development and delivery of health surveillance and immunisation programmes, and the transformation programme for Primary Care, with a team of approximately 100 staff including the General Medical Services (GMS) Contract Team, Family Health Services (FHS) Team, Practice Nurse Team, and the Immunisation and Screening Team.

5.5 Service Performance

The 2018 GMS Contract and associated PCIPs is a ten-year transformation programme, with milestones set out in the original contract documentation and accompanying Memorandum of Understanding (MoU). Positive progress has been made in a number of areas including:

- Roll out of hub models in all three MoU priority areas of Pharmacotherapy; Vaccination; and Community Treatment and Care Centres, enabling 80-100% GP practice coverage in these service areas
- Vaccination delivery for PCIP completed across NHS GGC
- 86% of GP practice coverage by Mental Health and Wellbeing Service
- 73% of GP practices have access to Community Link Workers
- Rapid development of workforce within PCIP service to support GP practices over a four-year period including the development of new roles e.g., Pharmacy support staff, Health Care Support Worker (HCSW) and Advance Practitioners in Primary Care
- Investment in premises through PCIP funding to create and refurbish clinical space within local community health buildings; and
- Provision of significant capacity to meet the increased and growing demand with General Practice.

5.6 The PCS Team is also responsible for leading and managing various functions including:

- Management of Primary Medical/General Ophthalmic Services
- Primary Medical and Ophthalmic contracts and payments
- Medical and Ophthalmic performers' lists
- Contractor performance management
- Application of regulatory framework for independent contractors
- Support/development of practice nursing and the practice and extended Multi-Disciplinary Team
- Support and advise all six HSCPs and NHS GGC with the overall development of primary care; and
- Management and delivery of the screening for adult and children
- Management and support the delivery of the child immunisation programme i.e., pre-school and school-age
- Management of the Child Health Surveillance, Standardised Immunisation and Recall (SIRS) and Cervical Cytology Screening Services (CCR); and
- Management of the Distribution Centre for contractors.

5.7 Service Development

NHSGGC's Primary Care Strategy is due to be published in Spring 2024 following an extensive programme of collaborative engagement in 2023, placing patients firmly at the centre of strategy development. A series of workshops and development sessions sought views from over 1,700 participants including the public, clinical leads from across NHSGGC, HSCPs and wider stakeholders, non-clinical staff, contractors, community organisations, third sector, professional groups, and key strategic service partners to inform strategic direction and develop a shared ambition to ensure long-term sustainability for Primary Care Services. The priorities are Optimising our Workforce, Digitally Enabled Care, and Effective Integration, Interfacing and All System Working. The Primary Care Strategy will be brought to the IJB for noting in Summer 2024.

5.8 Future priorities for the Primary Care Support Service will continue to include:

- Supporting implementation of the Primary Care Strategy over the next 5 years
- Ongoing support to General Practice as part of its sustainability programme
- Ongoing support to practices with Transforming Nursing Roles and General Practice Nurse and Advanced Nurse Practitioner development
- Supporting GP Clusters and Quality Improvement
- Improving data on outcomes, workforce, and activity
- Continued support for the redesign across the six Primary Care Improvement Plans and implementing current and future national GP contract changes; and
- Further development of shared care and interface approaches between primary and secondary care including Community Optometry and Ophthalmology.

6. **GP Out of Hours Service - Overview**

6.1 Renfrewshire HSCP have undertaken interim Lead Partnership responsibility for the GP Out of Hours Service since August 2022 and not formally delegated, so performance is not built into the Scorecard however it is managed and monitored by SMT. The service provides urgent care to patients outwith regular GP surgery opening hours and is designed to manage non-life-threatening medical issues that require attention outside ordinary working hours, such as evenings, weekends and public holidays.

6.2 With extensive patient involvement, NHSGGC has moved to a more stable appointment-based model of delivering GP Out of Hours since 2020. This change has resulted in fewer unplanned closures of sites and a high degree of satisfaction from those accessing the service. Recent engagement figures showed 93% of those accessing the service said it met their needs, up from 83% in 2021.

6.3 The service also offers virtual consultations either by telephone or Near Me video consultations, which enables patients to attend their consultation from home or a homely setting. Benefits include reduced travel to appointments, time, cost, and convenience.

6.4 The GP Out of Hours service also provides patient transport services to patients requiring transport to and from the Out of Hours service if they have no other means of transport. The service was recently extended to widen the criteria for those able to access patient transport and allow for the transport of a carer to support the patient when required.

6.5 Service Performance

This section provides a performance snapshot for the service as at January 2024:

6.6 GP Out Of Hours Scheduled Shifts

Current performance for GP Out of Hours Shifts continues to exceed the target position of 90% of sites open. For week ending 4 February 2024, 65 of 65 scheduled shifts were open with none closed = 100%.

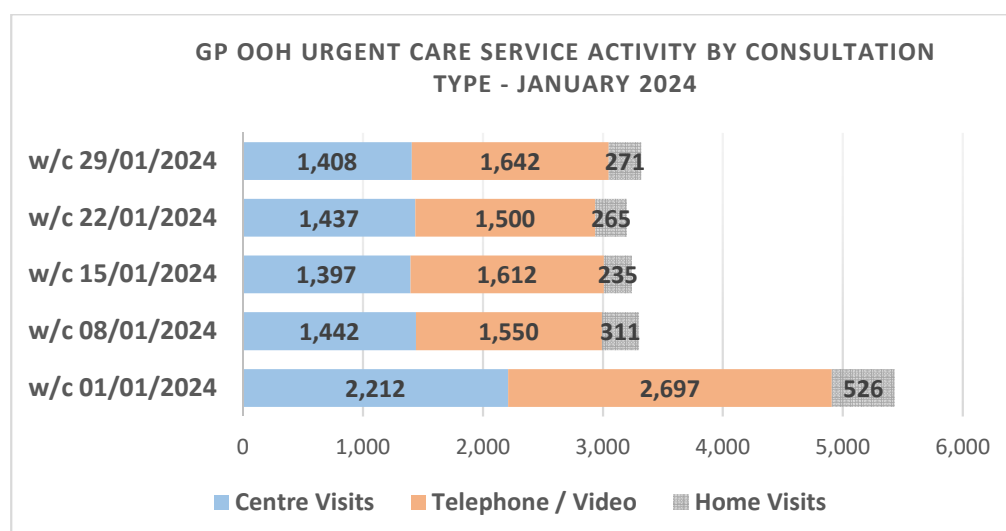
6.7 GP OOH Activity

Service activity for each week of January 2024 is detailed in Table 3 and Graph 1 below. Week commencing 01/01/24 shows a spike in activity, which would be expected over the New Year public holidays, with totals between 3,200 and 3,321 recorded for the following four weeks:

Table 3

W/C	Centre Visits	Tel./Video	Home Visits	Total
01/01/24	2,212	2,697	526	5,435
08/01/24	1,442	1,550	311	3,303
15/01/24	1,397	1,612	235	3,244
22/01/24	1,437	1,500	265	3,202
29/01/24	1,408	1,642	271	3,321

Graph 1



6.8 Service Development

The service continues to explore options for development and innovation, with Advanced Nurse Practitioner and Engagement programmes underway as highlighted below.

6.9 Advanced Nurse Practitioner (ANP) Programme

Due to past challenges with GP workforce and rising demand for patient care in the Out of Hours period, the Service invested and developed the nursing workforce. This included grown your own ANP within current staffing resources. Four new Advanced Nurse Practitioners have now completed training and been successful in the recruitment process, taking up posts as Out of Hours ANPs in November 2023. This programme helps support service stability and strengthen the multi-disciplinary team. A further two trainee ANP posts have been created and due to take up post in September 2024, again promoting career progression within the service.

6.10 Engagement Programme

As NHSGGC seeks to create a long-term, robust, and sustainable out of hours model which meets the needs of patients now, and in the future, the Board is seeking feedback from patients and the public on the future model for the service.

6.11 A programme of engagement took place between October and December 2023 when patients and members of the public were asked to share their views on the delivery of GP Out of Hours, to inform the development of the service. An initial report containing early feedback on the engagement programme will be presented to the NHSGGC Board in the coming weeks.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – No EQIA has been carried out as this report does not represent a new policy, plan, service, or strategy.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

Author Jill Cram, Senior Planning and Performance Development Officer

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement Frances.Burns@renfrewshire.gov.uk