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**To:** Renfrewshire Integration Joint Board

**On:** 14 September 2018

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**Report by:** Chief Officer

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**Heading:** GP Contract and Primary Care Improvement Plan (PCIP)

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**1. Purpose**

- 1.1 The purpose of this report is to present the final Renfrewshire HSCP Primary Care Improvement Plan – July 2018 (Appendix 1) to the Integration Joint Board for approval. This plan was approved by the GP Subcommittee of the Area Medical Committee on 31 July 2018.

**2. Summary**

- 2.1 In June 2018, the IJB were presented with the draft Renfrewshire HSCP Primary Care Improvement Plan (PCIP). The PCIP aims to document and establish how the key priorities within the Memorandum of Understanding (MoU) for the delivery of general medical services under the General Medical Services (GMS) Contract are to be embedded into primary care.
- 2.2 Over the next three years, every practice within NHS Greater Glasgow & Clyde (NHSGG&C) will be supported by expanded teams of HSCP and NHS Board employed health professionals. This will create a skilled multidisciplinary team surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist.
- 2.3 Renfrewshire's PCIP was approved by the GP Subcommittee on 31 July 2018 and shared with the National GMS Oversight Group, Scottish Government. Local implementation of the PCIP will be supported by an overarching implementation document, which includes detailed plans for each of the MOU commitments.
- 2.4 A Renfrewshire Primary Care Transformation Group has been established to provide oversight/assurance regarding progress. This group will review progress on the PCIP and delivery of the agreed outcomes and continue to develop plans in partnership for 2019/20/21. Our local implementation will continue to progress in the wider context of change and will complement and enable related programmes to sustain improvement and shift the balance of care. Implementation of the PCIP will also be monitored by the Local Medical Committee (LMC).

**3. Recommendations**

It is recommended that the IJB:

- Approve Renfrewshire Primary Care Improvement Plan (PCIP);

- Note that ongoing communication and engagement will guide further iterations of the local Primary Care Improvement Plan (PCIP);
- Agree that further iterations on the PCIP will be provided to the IJB.

#### 4. Background

4.1 The new General Medical Services (GMS) was agreed earlier this year between Scottish Government and other partners including HSCP Chief Officers. Link: <http://www.gov.scot/Resource/0053/00534343.pdf>. The new contract, which came into effect from 1 April 2018, focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021.

4.2 As part of the Contract, a Memorandum of Understanding (MOU) Link: <http://www.gov.scot/Resource/0053/00534343.pdf> has been developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MOU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expert medical generalist. The initial PCIP aims to progress key MOU commitments with expansion of these planned for years 2 and 3.

4.3 Key MOU priorities to be implemented include:

- 1) **The Vaccination Transformation Programme (VTP)**
  - High level deliverable: All services to be Board run by 2021.
- 2) **Pharmacotherapy Services**
  - High level deliverable: services to be delivered to the patients of every practice by 2021.
- 3) **Community Treatment and Care Services**
  - High level deliverable: services to be delivered in every area by 2021, starting with Phlebotomy.
- 4) **Urgent Care (Advanced Practitioners)**
  - High level deliverable: sustainable roles such as Advanced Nurse Practitioner (ANP) services used for urgent unscheduled care as part of the practice or cluster-based team.
- 5) **Additional Professional Roles (MSK Physiotherapy & Mental Health Professionals)**
  - High level deliverable: create a dynamic multidiscipline team consisting of physiotherapists or mental health workers who can act as the first point of contact.
- 6) **Community Links Workers**
  - High level deliverable: non-clinical staff, totalling at least 250 nationally to support patients who need it, starting with those in deprived areas.

## Implications of the Report

1. **Financial** - Primary Care Improvement Fund allocation in 2018-19 for Renfrewshire is £1,553,435 to facilitate service redesign through the Primary Care Improvement Plan, of which £1,292,253 is new allocation.
2. **HR & Organisational Development** - The new Contract supports the development of new roles and multi-disciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical Generalist. In year 1 of the PCIP, new members of the multidisciplinary team will be aligned to each MOU commitment, with recruitment for some healthcare professionals sitting centrally for board-wide allocation.
3. **Community Planning** - The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda. Ongoing engagement with community groups and service users will help to outline any issues with new ways of working in primary care.
4. **Legal** - There are no legal issues with this report.
5. **Property/Assets** - Property remains in the ownership of the parent bodies. As a function of the PCIP, there will be a HSCP wide accommodation and premises survey undertaken to facilitate sharing of space and co-location of working within primary care.
6. **Information Technology** - Managing information and making information available will require ICT input. Collocation of staff members within general practice will require updates to IT systems to ensure members of the multidisciplinary teams can effectively work together.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required during implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – Nil.
9. **Procurement** – Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – The implementation of the new contract is only possible with full engagement of all IJBs, NHS Boards, GP Sub Committee and LMC. The new contract seeks to address GP primary care sustainability. Workforce availability across all Allied Health Professionals/extended roles have been recognised as a challenge nationally.
11. **Privacy Impact** – N/A.

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### List of Background Papers:

- GP Contract and Primary Care Improvement Plan (IJB Paper - 29<sup>th</sup> June 2018)

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# Implementation of 2018 General Medical Services (GMS) Contract

2018 - 2021

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## Renfrewshire Primary Care Improvement Plan (PCIP)

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### Publications in Alternative Formats

We want the Primary Care Improvement Plan to be available to everyone and we are happy to consider requests for this publication in other languages or formats such as large print.

**Please call:** 0141 618 7629

**Or email:** [Renfrewshire.HSCP@ggc.scot.nhs.uk](mailto:Renfrewshire.HSCP@ggc.scot.nhs.uk)

## Executive Summary

*“...these changes will enable the GPs of Scotland to make the best contribution possible to achieving better health outcomes. For those who are, or may aspire to become, GPs in Scotland, we invite you to join us in delivering, for the people of Scotland, better health and better care.”*

Shona Robinson (Cabinet Secretary for Health) & Alan McDevitt (Chair of Scottish GP Committee)

Our ambition for General Practice over the next three years is to support GPs in Renfrewshire to focus on their core role as **Expert Medical Generalist** – managing undifferentiated presentations, providing complex care in the community and whole system clinical leadership. In order to achieve this it is essential that the unsustainable pressures on GP workload (and associated challenges in recruitment and retention) are addressed and that a significant proportion of GP time is released.

Over the next three years, every practice within Renfrewshire will be supported by expanding teams of HSCP and NHS board employed health and social care professionals. This will create a skilled multidisciplinary team surrounding Primary Care that will enable GPs to delegate responsibilities whilst ensuring that members of the public are able to access the right person, in the right place at the right time.

The 2018 GP Contract and associated Memorandum of Understanding (MOU) outline the key priority areas of focus in order to achieve our aims of **reducing GP workload** and **increasing recruitment and retention** by making Renfrewshire an exciting and positive place for current and future GPs to practice.

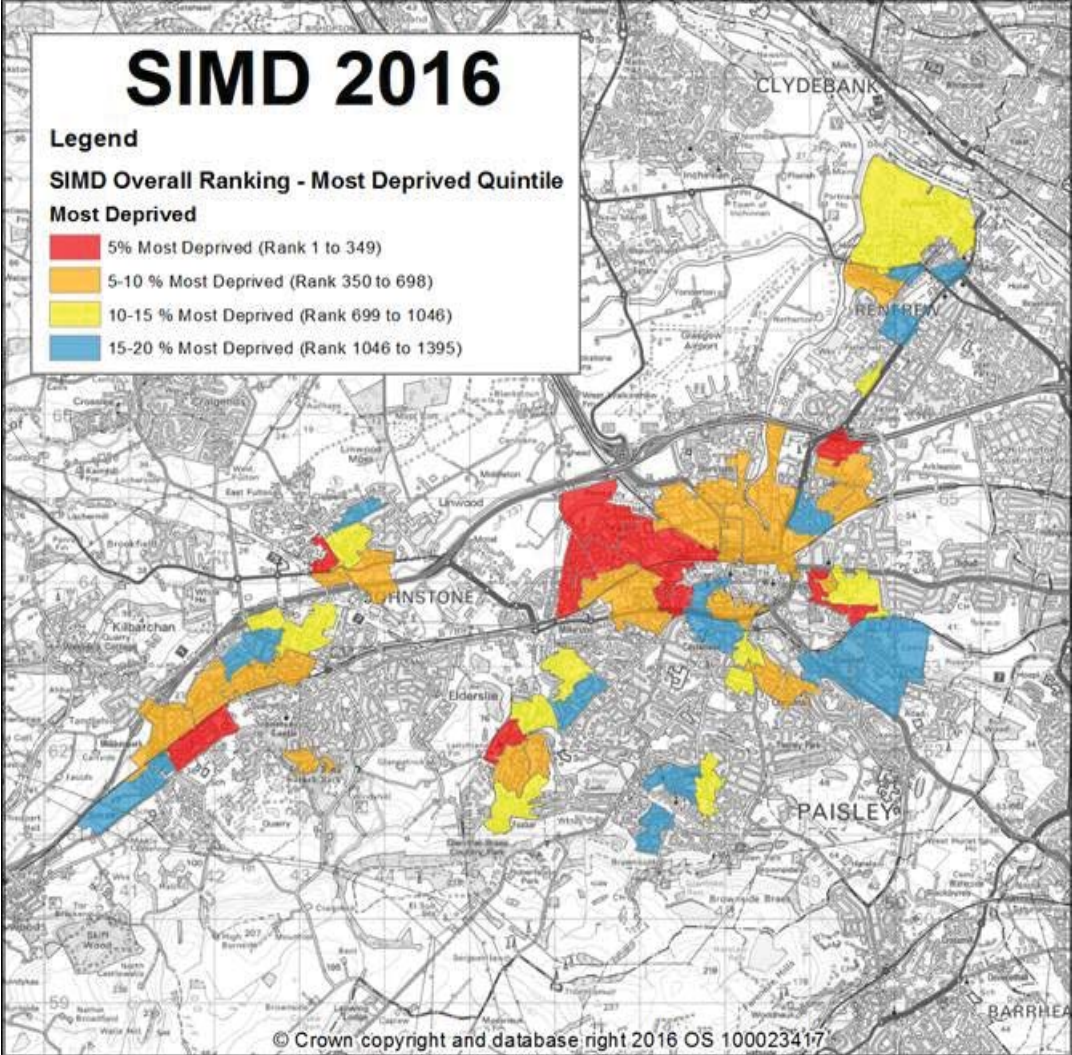
These priority areas include:

- Vaccinations services
- Pharmacotherapy services
- Community treatment and care services
- Urgent care services
- Additional professional clinical and nonclinical services including acute musculoskeletal physiotherapy services, community mental health services; and
- Community link worker services.

Our plan will outline how we intend to utilise the Primary Care Improvement Fund to deliver on the commitments set out in the MOU through service redesign and recruitment of an expanded workforce in support of General Practice.

It is our intention that this is a ‘living document’ – on-going communication and engagement with General Practice, service providers and the population of Renfrewshire will guide further iterations of our Primary Care Improvement Plan to ensure the delivery of safe, effective and high quality services that meet the key priority areas by the end of the 3 year implementation period.



A1.	Local Profile
1.1	<p><b>Renfrewshire Local Context</b></p> <p>Renfrewshire HSCP is one of the six Partnerships operating within the Greater Glasgow &amp; Clyde Health Board. Renfrewshire covers an area of some 270 Km<sup>2</sup>, with most of the population living in the towns of Paisley, Renfrew, Johnstone and surrounding villages.</p> <p>The HSCP is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire. Renfrewshire HSCP hosts two NHS Greater Glasgow &amp; Clyde Board wide services: Podiatry and Primary Care Support.</p> <p>As with many areas in Greater Glasgow &amp; Clyde, priorities for health and social care are focussed on addressing issues associated with age increase and deprivation demographics for the population. The majority of patients in Renfrewshire GP practices are aged 45-64. The projections show that the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+ from years 2014 to 2039. Additionally, Renfrewshire has a high proportion of datazones in the top most deprived deciles, with this projected to increase.</p> <p><b>Figure 1: SIMD index in Renfrewshire (source - SCOTPHO)</b></p>  <p><b>Table 2: SIMD 2016 index breakdown (source - SIMD 2016)</b></p>

SIMD 2016 Decile	Total Population	%
1	26,491	15%
2	19,950	11%
3	18,765	11%
4	15,560	9%
5	13,255	8%
6	18,044	10%
7	8,948	5%
8	19,936	11%
9	24,036	14%
10	9,245	5%
<b>Grand Total</b>	<b>174,230</b>	

This chart shows that just over 26% of the population of Renfrewshire (46,441 people) are in the top 20% most deprived datazones in Scotland. This has an effect on demands on health and social care services as those in the most deprived areas are more likely to have greater need and use of services. The rest of the population is relatively evenly spread across the other deciles. There are 12 data zones in Renfrewshire in the top 10% least deprived in Scotland.

1.2

### **Projections of future population**

The size and make-up of the population going forward will be a key consideration when planning and delivering health and social care services. The 2016-based NRS (National Register of Scotland) population projections (Table 3) below show the estimated change in the population to 2039.

**Table 3: Population Projections to 2039 (source – NRS population projections 2016 base)**

Age Group	2014		2024		2034		2039	
	Number	%	Number	%	Number	%	Number	%
0-15	29,973	17%	29,701	17%	29,531	17%	29,181	17%
16-49	76,167	44%	69,523	40%	68,845	40%	67,698	39%
50-64	36,330	21%	38,035	22%	30,765	18%	30,227	18%
65-75	17,480	10%	19,911	12%	23,916	14%	22,033	13%
75+	13,074	8%	16,179	9%	19,941	11%	22,517	13%
Total	173,024	100%	173,349	100%	172,998	100%	171,656	100%

**Source: NRS population projections, 2016-based**

The projections show that the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+ from 8% in 2014 to 13% in 2039.

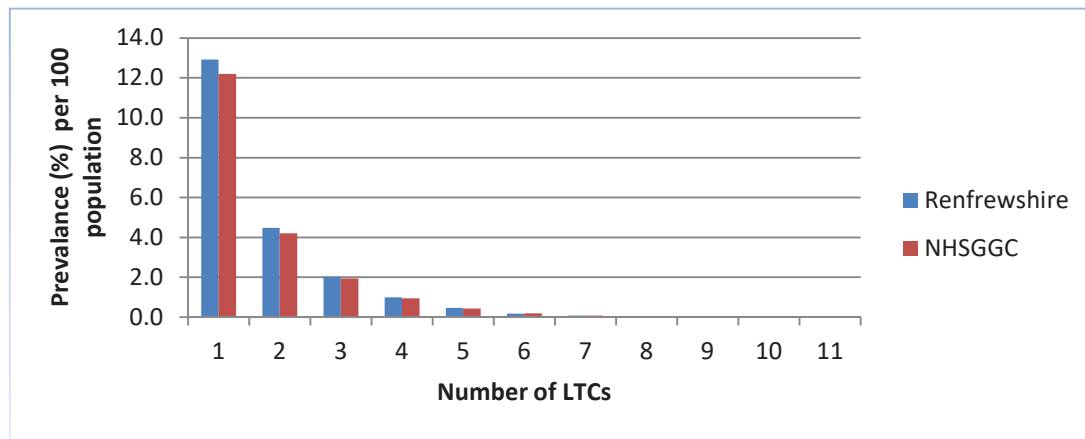
1.3

### **Long Term conditions**

In Renfrewshire, 36,266 people have one or more Long Term Conditions (LTC), including cancer. The overall prevalence of having a Long Term Condition (LTC) in Renfrewshire is 21%, slightly higher than the board average of 20%. This is shown in Figure 4 below.



**Figure 4. Proportion of the population in Renfrewshire HSCP and NHSGGC with LTCs (source – ISD)**



#### 1.4 **Primary Care - Context**

Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 20 community optometrists and 30 general dental practitioners. Within the 29 Renfrewshire GP practices there are 113 GP partners and 13 salaried GPs (as of June 2018) serving a registered list population of 189,956 (as of January 2018). In 2017, the average list size for Renfrewshire practices was 6,235. This is approximately 274 patients more than the Scottish average of 5,961.

##### 1.4.1 **Renfrewshire GP Clusters**

GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. The 29 GP practices within Renfrewshire have been formed into a 6 cluster approach, under 2 localities – Paisley and West Renfrewshire. Two clusters sit within Paisley and four within West Renfrewshire. These are professional groupings of general practices that meet regularly to drive quality improvements within Primary Care, represented by their Practice Quality Lead (PQL). Each GP cluster also has a GP designated as the Cluster Quality Lead (CQL), who has a coordinating role within the cluster.

Work will continue to develop the collaborative learning role of GP clusters, to help identify and improve the quality of services. Healthcare Improvement Scotland and National Services Scotland, through Local Intelligence Support Teams (LIST) will support clusters to gather intelligence to establish what these priorities are, and how to collect and evaluate data to determine what action is needed.

#### 1.5 **Local opportunities and challenges**

Local opportunities and challenges include:

##### **Opportunities:**

- A key opportunity locally is to promote General Practice in Renfrewshire and to increase recruitment and retention of GPs and practice staff through reduction of GP workload.
- HSCP and NHS GGC employed teams supporting Primary Care will ensure patients can access high quality care and support from the right person, at the right time, the first time.
- Working with our community regarding use of GP services, expectations around medicines, use of emergency departments and reliance on traditional service provision.
- Continuing to shape our interface with Acute Services. The HSCP is engaged with colleagues in acute care to determine how we collectively reduce demand upon unscheduled care.


### Challenges:

- Practice sustainability - practices across Renfrewshire face significant challenges in recruiting GPs:
  - Renfrewshire HSCP's 2017 GP workforce survey demonstrated that nearly **50%** of all practices faced GPs retiring in the next 3 years.
  - Those close to planned retirement represent **16%** of the total GP workforce
  - A total of **91%** of GPs reported difficulties in sourcing locums.
- Renfrewshire includes areas of significant deprivation and faces many challenges including poverty, unemployment, health inequalities and health and social concerns related to alcohol and drug use.
- The majority of patients in Renfrewshire practices are aged 45-64 highlighting that there is a challenging future in terms of caring for this ageing cohort in Primary Care.
- Ageing population - people living with multiple long term conditions, as such the demand on services is set to increase.
- Projected increase in service use within Renfrewshire (shown in **Table 5** below), with the biggest increase estimated for District Nursing Services. This may pose a risk for workforce recruitment for new multidisciplinary teams within Primary Care.

**Table 5: Projected increase in demand for key services in Renfrewshire (source: PCIP Intelligence)**

Scheduled Care	2016 (current figures)	2025 (% increase)
District Nursing contacts	147,904	16.6%
Chronic Medicines Scripts	17,176	11.7%
Physiotherapy appointments	50,472	1.1%
Outpatient referrals	54,802	7.6%
Day cases	22,389	5.5%
Inpatient stay bed days	29,384	9.9%
Unscheduled Care	2016	2025
Minor Ailments Scripts	73,316	3.0%
OOH cases	26,626	2.3%
Self-refer to ED	49,305	1.5%
GP/OOH refer	8,066	4.2%
Inpatient stay bed days	132,298	15.0%

- Understanding and improving our ways of working to optimise productivity and joint working. This includes addressing challenges with our IT systems to allow us to share information appropriately.
- Developing our physical estate to optimise opportunities for co-location and joint working.

B2.	Aims and priorities
	<div data-bbox="225 174 1407 389" style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p><b><i>HSCP Primary Care Improvement Plans will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three year plans, every practice in GGC should be supported by expanded teams of board employed health professionals providing care and support to patients</i></b></p> <p><i>NHS GG&amp;C HSCPs, LMC &amp; GP Subcommittee shared overarching statement</i></p> </div> <p>2.1 <b><u>General Medical Services (GMS) Contract</u></b></p> <p>The new General Medical Services (GMS) Contract was agreed earlier this year between Scottish Government and other partners including HSCP Chief Officers (link: <a href="http://www.gov.scot/Resource/0053/00534343.pdf">http://www.gov.scot/Resource/0053/00534343.pdf</a>). The new contract, which came into effect from 1<sup>st</sup> April 2018, focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. Importantly, it is built on the existing values of General Practice, which are <b>Compassion, Empathy</b> and <b>Kindness</b>. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021.</p> <p><b>Key Points of the Contract:</b></p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;">  </div> <ul style="list-style-type: none"> <li>• GP time will be freed up to spend more time with people who need to see them, usually people whose care needs are complex.</li> <li>• There will be improved access to a wider range of professionals available in practices and the community for care when people do not need to see a GP.</li> <li>• GP workload reduced leading to increased recruitment and retention.</li> </ul> </div> <p>2.2 <b><u>Memorandum of Understanding (MOU)</u></b></p> <p>As part of the Contract, a Memorandum of Understanding (MOU) (link: <a href="http://www.gov.scot/Resource/0053/00534343.pdf">http://www.gov.scot/Resource/0053/00534343.pdf</a>) has been developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MOU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expert medical generalist.</p> <p>2.3 <b><u>Primary Care Improvement Plan</u></b></p> <p>The Primary Care Improvement Plan (PCIP) is to document and establish how the key priorities within the MOU are to be embedded into primary care, in partnership with GPs and collaborating with other key stakeholders, including NHS Boards. Our local PCIP will take account of local priorities, population needs and existing services and builds on local engagement.</p> <p>2.4 The six key MoU areas to be targeted over a three year period (April 2018-March 2021) are:</p> <ul style="list-style-type: none"> <li>• Vaccination Transformation Programme</li> <li>• Pharmacotherapy Services</li> </ul>

	<ul style="list-style-type: none"> <li>• Community Treatment and Care</li> <li>• Urgent Care (Advance Practitioners)</li> <li>• Additional Professional Roles</li> <li>• Community Link Workers (CLW).</li> </ul>
2.5	Renfrewshire Health and Social Care Partnership, supported by the GP Sub-Committee, and by wider engagement from the wider context, will drive this plan to ensure that the role of the GP as the ' <i>expert medical generalist</i> ' can be supported by a multidisciplinary team. As such, appendix 4.3 outlines key steps that will be taken throughout the following three years to deliver on the key MoU areas.
2.6	Progress will be steady to ensure that the best solutions are used; however some areas may take time to embed. The pace of change to deliver the changes to ways of working over the next three years (2018-21) will largely be determined by workforce available, training, competency and capability and availability of resources through the Primary Care Fund.
2.7	A designated HSCP resource has been identified and involved in writing this initial plan. This team will support the development and implementation of the PCIP over the next three years in partnership with key stakeholders.
2.8	<b><u>Wider Considerations</u></b>
2.8.1	<p><b>Moving Forward Together (MFT)</b></p> <p>The Moving Forward Together programme for Greater Glasgow and Clyde sets out a future vision for health and social care. This describes a whole system approach in which services are delivered by a network of integrated teams across primary, community and specialist and hospital based care. The MFT programme has been developed in parallel with the Primary Care Improvement Plans and builds on the direction of travel for the new GP contract, including the expert medical generalist role and the development of the multi disciplinary team. MFT envisages the development of an enhanced community network which goes well beyond the changes identified in PCIPs and describes some of the enablers and infrastructure required to support this. While the PCIPs are an opportunity to build the MDT as part of the foundation for this, the further detail and investment required for the enhanced community network will be developed as part of the next phase of MFT.</p>
2.8.2	<p><b>National Boards</b></p> <p>In the short timescale available for the development of these first PCIPs, we recognise that there are a number of areas which need to be scoped further over the coming months to develop a clear model for the future. Further engagement with national boards, particularly Scottish Ambulance Service (SAS), will be required particularly on the scoping of the 'urgent care' need and the models of advanced practice which would best meet that need. This will require close working with SAS as well as the development of strong operational relationships. It is recognised that this engagement is not yet well established and will be taken forward as part of the next stage of the plans. Further engagement will also be required with NHS24 as well as Healthcare Improvement Scotland and NSS (including the Information and Statistics Division to ensure that support for the implementation of the plans and the wider development of primary care is aligned.</p>
<b>C3.</b>	<b>Engagement process</b>
3.1	HSCPs are required to develop the PCIP in partnership, thereafter a number of methods have been used to communicate with, involve, engage and collaborate with local GPs, key stakeholders and with the GP Subcommittee to develop the plan. The PCIP will require GP Sub Committee approval and is subject to ongoing oversight and assurance via the local Renfrewshire representative of the GP Sub Committee. <b>The Implementation of the PCIP will be monitored by the Local Medical Committee.</b>

3.2	<p>In Renfrewshire an initial GP Contract Implementation Group meeting was held on 28<sup>th</sup> March 2018, with GPs as well as the Chair/Vice Chair of the Practice Manager, Practice Nurse Forums and members of the HSCP Senior Management Team.</p> <p>This session aimed to:</p> <ul style="list-style-type: none"> <li>• Describe the scope of services to be delivered by the HSCP in a phased approach over the next three years</li> <li>• Outline the NHS GG&amp;C overarching approach to implementation and Primary Care Improvement Plans as well as likely funding levels</li> <li>• Seek comments and suggestions to support development of the plan.</li> </ul> <p>Subsequently, a large scale engagement event took place on 6<sup>th</sup> June 2018 with over 70 representatives from the 29 GP practices across Renfrewshire. Funding for backfill was made available for a GP, Practice Nurse and Practice Manager from each GP surgery leading to a strong multi-professional attendance. In addition, members of the HSCP practice support pharmacist (PSP) team contributed to this session alongside HSCP managers and clinical leads. Representatives from the community nursing, pharmacy, MSK physiotherapy and health promotion teams outlined the various proposals within the MOU and how these might be implemented locally culminating in a prioritisation exercise to ensure that plans for year 1 reflect the needs and experience of local GP practices as well as beginning to shape priorities for years 2 onwards. Feedback has been positive about the inclusive approach Renfrewshire HSCP is taking.</p>
3.3	<p>A number of further bespoke events and meetings have been held to ensure all comments and suggestions have been used to help influence and shape our local plan. <b>Appendix A provides Renfrewshire HSCP PCIP Communication &amp; Engagement Plan, which aims to summarise each stakeholder group and the means of engaging with them.</b> The HSCP will continue to develop this engagement process over the next three years in partnership.</p>
3.4	<p>A Renfrewshire Primary Care Transformation Group has also been established to provide oversight/assurance regarding progress. This group will review progress on the PCIP and delivery of the agreed outcomes and continue to develop plans in partnership for 2019/20/21. Membership of this group is inclusive of local GP Sub Committee and Local Medical Committee (LMC) representatives.</p>
<b>D4.</b>	<b>Delivery of the MOU Commitments</b>
4.1	<p>The six priority areas are:</p> <ol style="list-style-type: none"> <li>1) The Vaccination Transformation Programme (VTP)</li> <li>2) Pharmacotherapy Services</li> <li>3) Community Treatment and Care</li> <li>4) Urgent Care (Advance Practitioners)</li> <li>5) Additional Professional Roles</li> <li>6) Community Link Workers (CLW).</li> </ol>
4.2	<p>Within Renfrewshire a number of the key MOU priority areas are already underway as an early adopter. <b>Table 4.3</b> below outlines the current position for year one, as well as year two &amp; three expected developments to deliver on the key MoU areas within Renfrewshire.</p>

Table 4.3 Delivery of the MOU Commitments Plan

1) Vaccination Transformation Programme				
High level deliverable: All services to be Board run by 2021.				
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments	
Pre-school Immunisation	Renfrewshire HSCP has already moved to a 'community clinic' model as an early adopter. Community clinics offer >350 immunisations appointments each week, organised by NHS GG&C Child Health Screening Department.	This work is already delivered by Renfrewshire HSCP as per the MOU. This work will be further developed as part of the NHS GG&C Pre-school Immunisation Delivery.	Development of the service to 'close the gap' and ensure that adult or older child arrivals to Renfrewshire who are deemed as 'unimmunised' will be covered by the pre-school or school based service.	
School Based Immunisation	Immunisations are currently being provided by the NHS GG&C Immunisation School Health Team within Renfrewshire Schools.	This work is already delivered by Renfrewshire HSCP as per the MOU.	Development of the service to 'close the gap' and ensure that adult or older child arrivals to Renfrewshire who are deemed as 'unimmunised' will be covered by the pre-school or school based service	
Travel Vaccinations and advice	Immunisation and advice, is currently primarily delivered by GP practices.	Early scoping of priorities amongst local GPs to inform year 2 and 3 delivery as part of the GGC wide Vaccination Transformation Programme.	There is an existing NHS GG&C wide co-ordinated approach for the Vaccination Transformation Programme (VTP) with phased implementation of the programme to be fully complete By April 2021.	
Influenza Immunisation	GPs, District Nurses & Pharmacists currently provide immunisations. In 2017, 14 GP practices out of the 29 in Renfrewshire participated in a Housebound Influenza Vaccination pilot. This allowed for testing of the process to collate housebound data from fourteen practices and all nine DN teams, for geographical planning of this work. The housebound population identified by the fourteen practices and the DN caseload holders were vaccinated successfully within a four week period. This amounted to a total of 1176 vaccinations delivered.	We plan to build on the highly successful 2017/18 test of change and deliver a housebound influenza vaccination service covering all practices in winter 2018/19.	Scoping work as part of the VTP will be undertaken board wide to inform further development and ensure local delivery of all vaccinations as per the MOU by year 3.	
At risk and age groups Immunisations	Currently delivered by practice nurses at GP surgeries. Established - Hep-B follow up vaccinations for at-risk babies.	Scoping work as part of the VTP will be undertaken board wide to inform further development and ensure local delivery of all vaccinations as per the MOU by year 3.		



2) Pharmacotherapy Services			
High level desirable: Pharmacotherapy service to the patients of every practice by 2021.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Pharmacotherapy Services	Over the last few years Renfrewshire HSCP has had the benefit of additional funding, allowing a significant increase in the local Prescribing Support Team to enable the development of a new model of working based with GP Practices/Clusters. Currently there are 5.6 WTE band 7 Practice Support Pharmacists (PSPs) and 1.6WTE Practice Support Technicians (PSTs) in a 'GP workload reduction' role in keeping with the MOU aims of the new GP contract. This current workforce does not include those pharmacists already focussing on cost effectiveness and quality/safety programmes of work.	<p>Additional resource will be developed to work with practices and clusters in the local area.</p> <p>Based on early indications we anticipate this will equate to an additional 5-6 WTE Practice Support Pharmacists (PSPs) and Practice Support Technicians (PSTs) to deliver the equivalent of 0.5WTE PSP/PSTs per practice.</p> <p>In Year 1 we will engage with practices on an agreed way forward for the distribution of additional resource. Allocation of pharmacotherapy resource will be open and transparent with dashboards showing WTE per practices/cluster shared with all practices. We anticipate every practice will see an increase in their PSP support in Year 1.</p>	As part of the board wide recruitment process the HSCP will further increase Whole Time Equivalent PSP/PST support to practices to deliver the full pharmacotherapy support package as outlined within the MOU.
3) Community Treatment and Care Services			
High level deliverable: A service in every area, by 2021, starting with phlebotomy.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Community Treatment and Care Services	<p>Renfrewshire HSCP has established a Short Life Working Group to scope operational viability of centralising a HSCP phlebotomy service.</p> <p>In Renfrewshire, there are currently no treatment rooms, however, district nurses can provide ear syringing and suture removal for housebound patients.</p>	<p>Develop a Community Phlebotomy Service within Renfrewshire HSCP. The aim of the service is to deliver an effective and high quality service that will maximise resources and improve the persons experience and outcomes. Creating a Community Phlebotomy service will release capacity in GP practices and the District Nursing service. By the end of year 1 every practice will have access to a phlebotomy service with the capacity to manage all bloods requested by primary care.</p>	Expand on the foundations delivered in year 1 to deliver a Renfrewshire wide treatment room service as per the MOU.

4) Urgent Care (Advance Practitioners)			
High level deliverable: A sustainable advance practitioner service for urgent unscheduled care as part of the practice or cluster based team, based on local need and local service design.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Specialist Paramedics	A clear model and approach has not yet been developed and evidenced.	In year one, scoping of different approaches will be building on the initial learning in Inverclyde and home visiting.	Based on the outcome of year 1 scoping and NHS GG&C wide engagement with SAS pilot programmes will be explored.
Advanced Nurse Practitioners (ANPs)	We do not currently employ ANPs in a GP practice support capacity. Based on the Inverclyde 'New Ways' programme this is an area of focus in potential early impact on GP workload – particularly home visiting.	We will seek to recruit 1.5WTE ANPs within year one of the programme as a foundation for further recruitment in years two and three.	Based on year 1 evaluation we will seek to develop a model of practice and cluster based ANP urgent care services closely integrated with the wider HSCP community nursing workforce.
5) Additional Professional roles			
High level deliverable: In most areas, the new addition of new members of the MDT such as physiotherapists or mental health workers acting as the first point of contact.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Muscular Skeletal Services (MSK)	No additional HSCP MSK support in GP practices.	Board wide work is underway via the GGC Primary Care Transformation Board to develop a clear model and evidence base for this programme.  We will seek to recruit 1.5WTE (Inclusive of Band 7 and share of 8a for clinical leadership) within year one of the programme as a foundation for further recruitment in years two and three.	We will work with the NHS GG&C Primary Care Transformation Board to review evidence for this model and potential impact on reducing GP workload, before expanding beyond the initial 1.5WTE.
Community Clinical Mental Health Professionals		Any developments being considered will be supported by the launch of the new NHSGG&C five year Adult Mental Health Strategy which has a clear focus on Primary Care & recovery.	

6) Community Link Workers (CLW)			
High level desirable: Non clinical staff supporting patients who need it, starting with those in deprived area.			
MOU Commitment(s)	Current Position for HSCP	Year 1 Developments	Year 2 & 3 Expected Developments
Community Links Worker	<p>A link worker model, Community Connectors, has been tested in Renfrewshire for the last two years in eight practices. The programme links with eight GP practices in four clusters currently, which Community Links Workers (Social Prescribing) operate for part of the week out of these premises.</p> <p>This is an innovative development to facilitate a new way to access community support and opportunities for enhancing self-management for service users. It uses mental health trained link workers employed by the Third Sector and supported by two other Third Sector workers from housing and physical activity. Case studies demonstrate fewer GP appointments for users of Community Connectors' service.</p>	<p>Building on the success of this programme we will aim to upscale the Community Connectors programme to provide every practice with link worker capacity.</p> <p>Renfrewshire HSCP Health Improvement Team will also build capacity to facilitate access to support services for financial inclusion and employability. This will help to increase confidence and skills in raising the issue of both employability and financial inclusion, and will be embedded into link workers' induction.</p> <p>This training will include the following:</p> <ul style="list-style-type: none"> <li>• Employability and Health – including how to use signposting resource</li> <li>• Raising the issue of financial inclusion (including debt management, welfare reform and financial capability)</li> </ul> <p>Additional training available may include:</p> <ul style="list-style-type: none"> <li>• Alcohol Brief Interventions</li> <li>• Understanding Mental Health</li> <li>• Understanding Domestic Abuse.</li> </ul>	<p>During years two and three we will explore further expansion to increase capacity to 11.25 hours per week of Community Connector cover (or beyond) depending on available resources and further feedback/evaluation from local practices and patients.</p>

<b>E5.</b>	<b>Existing transformation activity</b>
5.1	<p>The HSCP continues to support an ongoing programme of work in conjunction with primary care contractors/services to help individuals get the right medical assistance they need when they are ill, injured or have a long term condition. Going directly to the person with the appropriate skills is important and can facilitate a speedier recovery, additionally ensuring all NHS services are run and used efficiently.</p> <p>As part of this programme, the HSCP has run a series of Signposting Training events for practice reception staff and practice managers on behalf of GP Practices/Clusters. This training aims to support practice staff to follow a signposting pathway so that patients/service users can be signposted to the most appropriate health or social care professional. Health Improvement staff within Renfrewshire HSCP and NHS 24 have undertaken work to align with this training, and are providing practice staff with information on specific resources that can be used, and contacts that can be made. This work also aligns with wider systems such as ALISS (A Local Information System for Scotland), and Know Where to Turn, which compile databases of local resources. The HSCP will look to offer further signposting training sessions to GP practice staff to support care navigation to appropriate services over the next year.</p> <p>Additional work is being scoped to support alternative processes which decrease the time spent carrying out administrative tasks in GP practices. This aims to reduce the time spent by GPs completing these tasks and redirecting correspondence to other members of the practice team.</p>
<b>F6.</b>	<b>Additional Content</b> (for context only – this sits outwith Primary Care Improvement funding allocation)
6.1	<p><b><u>Community Pharmacy, Optometry and Dentistry</u></b></p> <p>Renfrewshire HSCP continues to establish and develop links with primary care contractors and have held a number of educational events. An educational meeting was held with GPs, Community Pharmacy and Optometrists in January 2018. This event enabled presentations around First Port of Call, Independent Prescribing and enabled interactive discussion around Clinical Topic Discussion. Following on from this event, work is being explored via the HSCP Lead Clinical Pharmacist to support the development of a PGD (Patient Group Direction) with Community Pharmacy, to avoid need for GP prescribing and to improve pathways.</p> <p>There are also well established links in Renfrewshire with GPs via GP Forum and Cluster Quality Leads meetings. These meetings will continue going forward.</p>
6.2	<p><b><u>Chronic Medication Service (CMS)</u></b></p> <p>The Chronic Medication Service (CMS) has been rolled out across Renfrewshire HSCP and the Prescribing Support Pharmacists and Technicians are working closely with the GP practices to support this piece of work. CMS allows patients who are on repeat medication to collect their prescriptions directly from their community pharmacy for a set length of time determined by the GP practice.</p>
6.3	<p><b><u>Community Services</u></b></p> <p>Many of our Community Services currently work in a practice or a locality aligned way. Examples include:</p> <ul style="list-style-type: none"> <li>• A Doing Well Team Leader in GP practices: Doing Well provide brief (time-limited) evidence-based psychological approaches for those experiencing mild to moderate mental health issues (e.g. OCD, Anxiety, Depression).</li> </ul>

- District Nurses (DNs) in Paisley are currently working with a corporate case load in a geographical model; however, every practice has an aligned DN to allow good communication to continue with complex and palliative care patients. DN services in West Renfrewshire are aligned to each practice as opposed to a geographical model.
- Care at Home Services work in neighbourhood boundaries and are crucial in supporting people with daily tasks and activities to help them live at home and as independently as possible. Services can provide a wide range of assistance, including re-ablement, community alarm/technology enabled services (TECS), extra care housing, community meals and home respite.

As services develop we will continue to engage with partners to determine the best way to deploy staff within practices, clusters or localities.

#### 6.4 **Out of Hours Services**

The Primary Care Improvement Plan is focused on the services provided in the 2018 General Medical Services Contract in Scotland. This new contract changes the arrangements for out of hours services from an opt-out arrangement to a nationally agreed opt-in Enhanced Service for those practices that choose to provide out of hours services. There are currently no practices in Renfrewshire HSCP that choose to opt-in. However, it is essential for in-hours services that out of hours services run efficiently and effectively.

#### 6.5 **Interface with Acute Services**

The launch of the RAH and Renfrewshire HSCP acute/primary care interface meeting took place in February 2018 at the RAH. The aim of the forum is to further develop the already positive relationships and communication between primary and secondary care colleagues locally. Additionally, to provide a forum for improvements in patient pathways and addressing of any issues or concerns. The HSCP is also progressing work through a joint Unscheduled Care action plan with colleagues in the RAH, as part of the wider NHS GGC Unscheduled Care Programme. It is intended that this work will demonstrate how the HSCP can reduce unscheduled bed day demand on acute services.

#### 6.6 **Minor Ailment Scheme/ Pharmacy First**

(This work supports the MOU commitment 2 and forms part of the Primary Care Improvement funding allocation).

Community Pharmacy should be first point of contact within the HSCP for Minor Ailments. Pharmacy First was rolled out across the HSCP in December 2017 enabling community pharmacists to assess and treat common conditions starting with impetigo and uncomplicated UTIs in women. Following on from this role out the HSCP Lead Clinical Pharmacist in conjunction with the Lead Pharmacist for Community Care and HSCP Clinical Director are looking to support access to rescue medicines for patients that require them for Chronic Obstructive Pulmonary Disease (COPD).

6.6.1 Community pharmacy has an important contribution to make to the pharmacotherapy service. Pharmacy First and serial dispensing were given as examples of existing services that can reduce GP workload. Prior to extending this type of service in Renfrewshire we would seek the views of GPs to see if this type of service would reflect their priorities and would result in a reduction in their workload.

<b>G7.</b>	<b>Inequalities</b>
7.1	As highlighted in Section A, Renfrewshire has high levels of deprivation, and faces many challenges including poverty, unemployment, health inequalities and health and social concerns related to alcohol and drug use. Services will thus be developed with a focus on equality, ensuring fair and equitable access across Renfrewshire, and where appropriate an Equality Impact Assessment (EQIA) will be undertaken. An EQIA of the move from delivering pre-school immunisations in GP practices to community clinics has been already been conducted at NHS GG&C level and will inform future HSCP EQIAs.
7.2	<p><b><u>Supporting people through self-care</u></b></p> <p>We know that the health status of our population is characterised by premature illness, associated with adverse life circumstances. We are also aware that the vast majority of our primary and secondary care is reactive, not proactive and not preventative. This is underpinned by health and health seeking-behaviours. In order to make a decisive shift towards self-care and prevention, we must work to support health literacy and inequality-sensitive care across all of our staff groups and services. Approaches based on care and support planning using House of Care and Inequality Sensitive Practice provide a starting point for the development of skills and planning approaches for use across the developing multidisciplinary teams throughout primary care. We will work collectively across the partnerships and with acute services and other planning partners such as the third sector and professional education to deliver strong, person-centred self-care approaches which will explicitly take account of inequalities and differences in health literacy. This approach will support new models of care, and ensure that these tackle inequalities and over-reliance on reactive care.</p>
<b>H8.</b>	<b>Enablers</b>
8.1	<p><b><u>Workforce planning</u></b></p> <p>A shortage of key professionals, specifically General Practitioners, District Nurses, and Care at Home Workers are a current recruitment and retention challenge for Renfrewshire HSCP. The HSCP undertook a local GP workforce survey and held a GP workforce event earlier in May 2017. As outlined previously, this survey demonstrated that nearly half of all practices in Renfrewshire face GPs retiring in the next three years, with those close to planned retirement representing 16% of the total GP workforce. The HSCP has since developed links between the local GP training scheme, National Education for Scotland (NES) and practices seeking to recruit GPs in an effort to boost retention. The HSCP Clinical Director is also working with NHS GG&amp;C primary care colleagues to develop innovative new roles to attract GPs to the local area.</p> <p>The HSCP's Workforce Plan also identifies the key actions the HSCP is taking to improve current recruitment and retention challenges in our workforce. Service Level Agreements with local Further Education organisations have been reviewed and actions put in place to increase numbers of specialists in training for difficult to recruit posts such as District Nursing. There have been recruitment campaigns to attract applicants to posts such as Care at Home services alongside the development of localities and clusters to ensure that skill mix and distribution of staff is at its most effective to meet the strategic plans of the HSCP.</p>
8.2	The changes proposed by the new contract will also be implemented with reference to the National Health and Social Care Workforce Plan for Improving Workforce Planning for Primary Care in Scotland. This document outlines key actions behind embedding MDTs in primary care and sustaining a workforce where the GP can act as the expert medical generalist ( <a href="http://www.gov.scot/Resource/0053/00534821.pdf">http://www.gov.scot/Resource/0053/00534821.pdf</a> ). Additional reference will be made to the new Integrated Workforce Plan published later in 2018.



8.3	<p><b><u>Accommodation</u></b></p> <p>Fit for purpose accommodation is essential to deliver effective primary care services and to establish new ways of working in extended primary care teams. Space is at a premium in existing premises and many practices will be unable to accommodate the potential increase in staff employed by the HSCP. It is expected that staff within primary care will need to embrace an agile working policy to successfully accommodate members of the Multi-Disciplinary Team (MDT). IT can be a challenge in fully integrating teams, and advice will be sought to facilitate this.</p> <p>A stock take of current primary care accommodation capacity will be undertaken in order to inform local implementation. A board wide accommodation strategy is being developed and a key priority for Renfrewshire HSCP is the development of a Paisley Health &amp; Social Care Centre.</p>
19.	<p><b>Implementation</b></p>
9.1	<p>As outlined within section C3 a Renfrewshire Primary Care Transformation Group has been established to provide oversight/assurance on the development and implementation of the Primary Care Improvement Plan. This group will review progress on the PCIP and delivery of the agreed outcomes and continue to develop plans in consultation for 2019/20/21. Membership of this group is inclusive of local GP Sub Committee and Local Medical Committee (LMC) representatives. This group will report directly to the Integration Joint Board via the PCIP. Regular updates will also be provided to Renfrewshire Senior Management Team, GP Forum and through Renfrewshire HSCP Quality, Care &amp; Professional Governance Arrangements.</p>
9.2	<p>Renfrewshire HSCP Chief Officer chairs the Primary Care Programme Board which Renfrewshire's Chief Finance Officer, Clinical Director and local LMC representative also attends.</p> <p>This group aims to:</p> <ul style="list-style-type: none"> <li>• Ensure delivery of contractual changes in NHSGGC in line with new GMS contract agreement</li> <li>• Provide direction and oversight for the development of Primary Care Improvement Plans (PCIPs) in line with the Memorandum of Understanding</li> <li>• Enable sharing of good practice and consistent approaches where appropriate.</li> </ul> <p>The Primary Care Programme Board also has a number of subgroups in place.</p>
9.3	<p>Deployment of the additional staff and services outlined below will be on a phased basis over the 3 year implementation period. Every practice in Renfrewshire will have access to a Community Connector (Link Worker), additional Practice Support Pharmacist (PSP) sessions, housebound flu vaccination and the community phlebotomy service by the end of year 1. Other services will only be delivered on a small scale due to funding and workforce constraints in year 1 (such as Advanced Nurse Practitioners and Advanced Practice Physiotherapists). These will be targeted at GP practices and clusters in most need of additional support due to recruitment and retention challenges. In addition, levels of provision of PSP sessions may be higher in year 1 in these GP practices and clusters.</p> <p>Renfrewshire HSCP will ensure that where possible provision is equitable within the context described above. As funding and available workforce increases in years 2 and 3 every practice will move towards a full 'fair share' of additional resource as the target MOU commitments are reached.</p>
9.4	<p>Delivery of the MOU commitments outlined in the PCIP will require additional funded project management support throughout the 3 year implementation period to ensure robust governance and financial arrangements, continuous engagement with key stakeholders and pace of change are embedded and maintained.</p>

9.5	Sustainability and support to practices will be essential in order to provide stability and release capacity for GPs and GP practice staff to engage in the development and implementation of the PCIP and associated new workforce and services delivered around primary care. In year 1 we plan to fund significant backfill for clinical and managerial staff to attend workshops and organisational development programmes.
<b>J10.</b>	<b>Funding profile</b>
10.1	In May, the Scottish Government issued a letter confirming the 2018-19 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund. This will be used by Integration Authorities (IAs) to commission primary care services, and allocated on an NRAC basis through Health Boards to IAs.
10.1.1	An in-year NRAC allocation to IAs for the PCIF (via Health Boards) will comprise of <b>£45.750 million</b> of the <b>£115.5 million</b> Primary Care Fund. There are a number of elements to the overall Primary Care Fund including: Primary Care Improvement Fund, General Medical Services, National Boards, and wider Primary Care Support including Out of Hours Fund.
10.1.2	The new Primary Care Improvement Fund is linked directly to the delivery of the MoU and contract commitments. It is recognised however that transformation of primary care goes beyond the immediate priorities of the MoU and it will be important to continue to link to wider developments and investment as part of whole system strategic change and existing funding sources for primary care. Specifically, the PCIF should consider additional investment in Out of Hours service redesign, and Commitment 15 on mental health which supports the development of Mental Health Workers. West of Scotland Regional Planning and the GGC Moving Forward Together Programme describe future models of whole system working which will create a requirement for future investment in enhanced community models and the enablers and infrastructure to support these. We will need to continue to make the case for investment in primary care through wider programmes of work on premises and ehealth.
10.2	<p><b><u>Primary Care Improvement Fund (PCIF)</u></b></p> <p>The projected total PCIF is illustrated below for the duration of the new GMS contract:</p> <p style="text-align: center;"><b>Projected Total PCIF for the new GMS Contract 2018-21 (Scotland)</b></p> <div style="text-align: center;"> <pre> graph LR     A["£45.750 million (2018/19)"] --&gt; B["£55 million (2019/20)"]     B --&gt; C["£110 million (2020/21)"]     C --&gt; D["£155 million (2021/22)"] </pre> </div> <p>10.2.1 Initial allocation of the PCIF will be distributed to Integration Authorities in two tranches:</p> <ul style="list-style-type: none"> <li>• The initial tranche (70%) will be provided in June 2018,</li> <li>• Integrated Authorities (IA) are required to outline a plan for the full spending through a report to be submitted in September 2018</li> <li>• With the further 30% of funding then due in November 2018 providing all spend is met.</li> </ul> <p>The Primary Care Improvement Fund allocation in 2018-19 for Renfrewshire is <b>£1,553,435</b> to facilitate service redesign through the Primary Care Improvement Plan, of which <b>£1,292,253</b> is new allocation. Breakdown includes:</p>

Primary Care Fund £m	2018/19 HSCP Allocation	Existing funding	New HSCP Allocation		Tranche 1 (70%)	Tranche 2 (30%)
Renfrewshire Primary Care Improvement Fund	£1,553,435	-£261,181	£1,292,253		£904,577	£387,676

- 10.1.2 It is proposed that funding within Renfrewshire will be used during Year 1 (2018-19) as follows. The estimated costs included within the table below currently assume the pro rata costs to 31<sup>st</sup> March for each post with an estimate start date of September/October 2018. However, given the likelihood of slippage in relation to recruitment of some posts there may be some underspends in 2018/19. If this is not the case any overspends on the allocation will be met from the carried forward (former) Primary Care Transformation Fund.

**(Please note this is indicative funding only)**

Service	Proposed Development	Estimated 18-19 cost	Indicative full year cost
<b>Vaccination Programme</b>	Pre-school Immunisation	£134,760	£134,760
		<b>The VTP costing above is to Renfrewshire HSCP arising from the board wide provision of a comprehensive under 5's programme.</b>	
	School Based Immunisation Influenza Immunisation (Housebound cohort)	£TBC £33,200	£TBC £33,200 (includes admin)
<b>Pharmacotherapy Services</b>	Maintain the current establishment of Primary Care Support, assisting in GP workload reduction.	£366,000	£366,000
		<b>The PSPs costing above is solely for those pharmacists employed by the HSCP undertaking new work aligned to the MOU.</b>	
	Expansion of PSP/PST workforce (estimated doubling of current resource). Effective from the 1 <sup>st</sup> October 2018 we should start to see an increase in PSP resource.	£183,000	£366,000
<b>Community Treatment and Care</b>	Develop a Renfrewshire HSCP Community Phlebotomy Service covering all bloods taken in Primary and Community care setting. Development of single point of access and administrative hub for patients/GP staff. Assume 1 <sup>st</sup> October 2018 start date.	£293,250	£585,500 (Healthcare Support Workers)
		£30,000	£60,000 (Travel costs)
		£41,051	£82,101 (estimated cost to administer a phlebotomy service)
		£12,000 (one off set up costs – includes IT & training)	
<b>Urgent Care: Advanced Nurse Practitioner</b>	Begin to roll out recruitment for 1.5 WTE, Band 7.  Assume 1 <sup>st</sup> October 2018 start date.	£41,000	£82,039

Service	Proposed Development	Estimated 18-19 cost	Indicative full year cost
<b>Community Link Workers</b>	Expand the Community Connectors programme to provide link worker capacity to every practice.  Assume 1 <sup>st</sup> October 2018 start date.	£84,120	£140,200
<b>Additional Professional Roles: Advanced Practitioner Physiotherapist (APP)</b>	Begin roll out recruitment for 1.5WTE APP (Inclusive of share of 8a clinical lead post)  Assume 1 <sup>st</sup> October 2018 start date.	£55,250	£89,539
<b>Cluster Quality Leads (CQLs)</b>	Funding for CQL time	£30,200	£30,200
<b>Pharmacy First</b>	To sustain and develop the Pharmacy First Service.	£45,148	£45,148
<b>PCIP Project Support</b>	Project management/admin support to facilitate delivery of the PCIP and MOU commitments.	£55,000	£55,000
<b>Clinical Leadership/ Development</b>	Funding to support development of clinical leadership, large scale workshops and supported organisational development including backfill for releasing GP/practice staff time.	£160,000 One off in year cost	
<b>Document management and workflow training</b>	Delivery of document workflow management training for GP practice staff to relieve pressure on GPs and develop new ways of working.	£30,000 One off in year cost	
<b>Signposting Training</b>	Delivery of further signposting training to GP practice staff to support care navigation to correct service.	£10,000 One off in year cost	
<b>IT and equipment</b>	Purchasing of IT mobile working platforms for new HSCP staff to ensure agile working and interconnectivity.	£30,000 One off in year cost	
<b>Total</b>		<b>£1,633,979</b>	<b>£2,069,687</b>

10.1.3 Please note that significant one off costs to support GP practices and ensure delivery of the PCIP and MOU commitments are included in year one due to the fact most services will not commence until mid-way through the financial year. Funding priorities have been identified to maximise the in-year spend and ensure both the first and second tranches of funding can be utilised to the benefit of Renfrewshire Primary Care services and patients. It is likely slippage will occur in the initial implementation period and this is reflected in the slight projected over spend.

Whilst the recurring cost indicatively sits above the in-year allocation we anticipate a 20% increase in funding for year 2 of the implementation period (based on an increased national envelope of £55m from £45.75m). This would equate to an additional £314,082 and a total Renfrewshire recurring fund of £1,867,517.

Additionally the costs of the phlebotomy service are modelled on 100% of activity shifting from primary care to HSCP staff – early indications have suggested some practices and GPs may continue to undertake a small proportion of bloods where this is felt to be clinically appropriate or preferable.

Other areas will be prioritised and fully costed in year 2 and 3.

## K11. Evaluation and outcomes

11.1 The contractual move towards Multi-disciplinary Team (MDT) working will require robust and clear governance around decision-making and accountability. Key success indicators over the life of the plan will be assessed. These measurements will primarily include:

Area	Measurement of success/Outcomes
<b>Vaccination Transformation Programme</b>	<ul style="list-style-type: none"> <li>Monitor uptake rates and benchmark against current uptake rates.</li> </ul>
<b>Pharmacotherapy Services</b>	<ul style="list-style-type: none"> <li>Prescribing Support Pharmacists and Technicians will begin to be allocated to GP practices to support delivery of special requests, IDLs, acute prescriptions &amp; polypharmacy clinics.</li> <li>Evaluate the service to ensure it is delivering maximum capability.</li> </ul>
Area	Measurement of success/Outcomes
<b>Community Treatment and Care (Phlebotomy)</b>	<ul style="list-style-type: none"> <li>100% of GP bloods diverted from GP Practice staff.</li> <li>Satisfaction of GPs and patients with new service to inform further development.</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>Amount of GP consultation time saved.</li> <li>Week of care audit data.</li> </ul>
<b>Additional Professional roles</b>	<b>MSK Physiotherapy</b> <ul style="list-style-type: none"> <li>% of MSK presentations seen by Advanced Practice Physiotherapist rather than GP.</li> <li>Week of care audit data.</li> <li>Patient/GP Feedback.</li> </ul>
<b>Community Connectors (Cluster based)</b>	<ul style="list-style-type: none"> <li>Progress on the delivery of these projects is monitored and reported on a quarterly basis.</li> <li>The data and case studies gathered are/will be used as part of a long term evaluation of the impact of the programme on outcomes, services and service delivery.</li> </ul>

In addition:

Area	Measurement of success/Outcomes
<b>Access to the right professional at the right time</b>	<ul style="list-style-type: none"> <li>Waiting times for appointments /assessment/review</li> <li>Potential decrease in A&amp;E attendance</li> <li>Case Studies.</li> </ul>
<b>Improving Health Inequalities</b>	<ul style="list-style-type: none"> <li>Population and practice/cluster data disease prevalence</li> <li>Use of secondary care</li> <li>Key health outcome data.</li> </ul>
<b>Week of Care Audit</b>	<ul style="list-style-type: none"> <li>A week of care audit has been undertaken in three practices within one Renfrewshire GP cluster</li> <li>Use this data to benchmark activity and check for improvements within GP capacity in after tests of change have embedded.</li> </ul>

**Renfrewshire HSCP  
Primary Care Improvement Plan**

**Communication & Engagement Plan**

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
1.1	HSCP Senior Management Team (SMT)	Overview of the key points in relation to the GMS Contract	Meeting / Presentation	30 <sup>th</sup> November 2017	Chief Officer / Head of Primary Care Support & Development	<p>Presentation was delivered to HSCP Senior Management Team (SMT) outlining key points in relation to the GMS Contract. This included contract offering, memorandum of understanding, supporting work, funding, process, timescales, issues and preparing for implementation.</p> <p>This continues to be a standing item at HSCP Senior Management Team meetings with a number of clinical team service managers leading some work streams.</p> <p>PCIP standing item at bi-weekly SMT meetings.</p>
1.2	Renfrewshire Integration Joint Board (IJB)	Engage Closely & Influence Activity	Written Report / Meeting	26 <sup>th</sup> January 2018  1 <sup>st</sup> June 2018  29 <sup>th</sup> June 2018	Chief Officer	<p>Through the HSCP, IJB members were informed on the content of the new 2018 GMS Contract.</p> <p>Presentation and discussion at IJB development session outlining what new contract means, update on progress and direction of travel.</p> <p>Initial draft PCIP compiled and presented as IJB papers on 29<sup>th</sup> June 2018.</p>



Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
1.3	Primary Care Professionals / Primary Care Staff					
1.3.1	GP Forum	Engage Closely & Influence Activity	Meetings	Ongoing	Clinical Director	GP Contract/Primary Care Improvement Plan is a standing item on Renfrewshire HSCP GP Forum agenda to ensure ongoing collaboration with local GPs and HSCP Senior Management Team.
1.3.2	Renfrewshire Practice Nurse Forum	Engage Closely & Influence Activity	Meeting / Presentation	15 <sup>th</sup> March 2018	Practice Nurse Support and Development Team Manager (Primary Care Support and Development)	<p>Meeting was held to discuss GMS Contract and Practice Nurse role. An HSCP representative was in attendance at this meeting.</p> <p>Chair of the Practice Nurse Forum was also invited to engage in the initial HSCP GP Contract Implementation Group Meeting on 28<sup>th</sup> March 2018 and Renfrewshire GMS Contract/PCIP Workshop on 6<sup>th</sup> June 2018.</p> <p>Comments/suggestions were welcomed to influence local Primary Care Improvement Plan.</p>
1.3.3	GPs & Chair/Vice Chair Practice Managers Fora / Chair Practice Nurse Fora/ SMT Representatives / Pharmacy Lead	Engage Closely & Influence Activity	Meeting & Presentation	28 <sup>th</sup> March 2018  6 <sup>th</sup> June 2018	Chief Officer/ Clinical & Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	<p>GP Contract Meeting took place on 28<sup>th</sup> March 2018 to develop the PCIP in consultation with stakeholder views. Stakeholders expressed initial thoughts on local priorities for year.</p> <p>Following on from the initial Renfrewshire GP Contract and Primary Care Improvement Plan Implementation Group held on 28<sup>th</sup> March 2018, a follow up workshop event took place on 6<sup>th</sup> June 2018. The purpose of this session was to agree the 2018/19 priorities for the PCIP and start to model what a 2021 GP practice might look like in Renfrewshire and how the future GP 'expert medical generalist' role will develop – as well as how interfaces with other parts of the system</p>

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
						might improve.
1.3.4	Renfrewshire Lead Optometrist	Engage Closely & Influence Activity	Email	10 <sup>th</sup> April 2018	Clinical Director	To engage closely and to link developments and priorities around Optometry to support the PCIP.
1.3.5	Cluster Quality Leads (CQLs)	Communication & Engagement	Meeting	18 <sup>th</sup> April 2018	Clinical Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	Discussion held to support implementation of GP contract in relation to cluster priorities.
1.3.6	Practice Managers	Engage Closely & Influence Activity	Meeting	19 <sup>th</sup> April 2018	Glasgow LMC	Meeting held on GMS Contract and inform Practice Manager role and influence PCIP.  Chair/Vice Chair of the Practice Manager Forum also engaged in the initial HSCP GP Contract Implementation Group Meeting on 28 <sup>th</sup> March 2018. Comments/suggestions welcomed to influence local PCIP. Attendance at Practice Managers Forum to engage discussion/views to inform PCIP.
1.3.7	Cluster Protected Learning Time Events	Communication & Engagement	Meeting / Presentation  Events	25 <sup>th</sup> April 2018  Ongoing	Clinical Director  CQLs	A number of CQLs have been discussing/providing overview of the emerging GP Contract at Cluster Protected Learning Time Events.
1.3.8	LMC/GP Sub/HSCP GP contract PCIP meetings	Engage Closely & Influence Activity	Meetings	Ongoing	Clinical Director / Change & Improvement Officer (Providing local Project Management Support for the local PCIP) Local LMC/GP Sub Representatives	A Renfrewshire Primary Care Transformation Group is in place to review progress on PCIP and delivery of the agreed outcomes and to continue to develop plans for 2019/20/21 as the year progresses.
1.3.8	Renfrewshire GP Sub Committee Representative	Engage Closely & Influence Activity	Meeting / Ongoing correspond-	Ongoing	Clinical Director / Local GP Sub Committee Representative	Ongoing engagement to ensure GP Sub Committee Representative is fully engaged as a key GP leader locally for the PCIP and to explore

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
			ence			insight/involvement into the wider HSCP (and SMT).
<b>1.4 HSCP Staff</b>						
1.4.1	Service Managers Meeting (Locality Services)	Communication & Engagement	Meeting	29 <sup>th</sup> March 2018	Heads of Health & Community Care	Presentation and discussion to set out key provisions to improve cluster frameworks and multidisciplinary working.
1.4.2	Senior Nurse Group	Communication & Engagement	Meeting	17 <sup>th</sup> April 2018	Chief Nurse	To provide overview and to engage in discussions around priority areas.
1.4.3	Renfrewshire Localities Clinical & Care Governance Group	Communication & Engagement	Meeting	19 <sup>th</sup> April 2018	Head of Health & Community Care (Paisley) / Clinical Director	Discussion held to support implementation of GP Contract/PCIP and statutory responsibilities to support implementation.
1.4.4	Health Improvement Senior	Communication & Engagement	1-1 meeting	17 <sup>th</sup> May 2018	Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	To provide overview and to engage in discussions around Health inequalities (focus on employability training opportunities).
1.4.5	All HSCP Staff	Communication	Team Bulletin	4 <sup>th</sup> June 2018	Chief Officer	Article on GMS Contract & Primary Care Improvement Plan included in Renfrewshire HSCP June Team Bulletin which is issued to all staff within Renfrewshire HSCP.
<b>1.5 Wider engagement</b>						
1.5.1	Strategic Planning Workstream Meetings	Communication & Engagement	Meeting	3 <sup>rd</sup> April 2018 / Ongoing	Change & Improvement Officer (Providing local Project Management Support for the local PCIP)	To engage closely and to inform next 3 year HSCP Strategic Plan for 2019/2022.
1.5.2	Strategic Planning Group	Communication & Engagement	Meeting & Presentation	12 <sup>th</sup> June 2018	Head of Strategic Planning & Health Improvement / Change & Improvement Officer	To engage closely with third sector and members of the public.

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer(s)	Progress
					(Providing local Project Management Support for the local PCIP)	
1.5.3	Communities	Communication	Newsletter	Spring/ Summer 2018	Chief Officer	Article on new GP Contract included in Renfrewshire HSCP Brighter Futures Newsletter within the Notice Board Section.

**Other Events held locally – External**

Ref	Stakeholder/ Target Group	Communication Needs	Method	Timescale	Lead Officer	Progress
1.6	Young People	Communication and Engagement	Event	22 March 2018	External - Alliance	Summary of views to inform planning of PCIP. HSCP representative in attendance.

