
To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: Updated Primary Care Improvement Plan 2019/20

1. Purpose

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update on the delivery of the Renfrewshire HSCP Primary Care Improvement Plan (PCIP) and the implementation tracker for the period 2018/19.

The PCIP is being updated to include our achievements in 2018/19 and also the projected funding increase in 2019/20, to outline plans for the 2019/20 year ahead.

2. Summary

- 2.1 In September 2018 the IJB approved the initial PCIP for Renfrewshire, noting that the purpose of the plan was to deliver on commitments associated with the introduction of the 2018 General Medical Services (GMS) Contract in Scotland to reduce GP workload by putting in place additional services to divert appropriate workload away from GPs.

- 2.2 The GP Contract and associated Memorandum of Understanding (MOU) set out a planned transition over three years commencing in 2018/19. This requires an extensive programme of change to achieve the transition to support expanded teams of HSCP and NHS Board employed health professionals to create a skilled multidisciplinary team surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist.

The six key MoU priorities to be implemented over a three year period (April 2018-March 2021) include:

- **Vaccination** Transformation Programme – all services to be Board run by 2021.
- **Pharmacotherapy** – a pharmacotherapy service to the patients of every practice by 2021.
- **Community Treatment and Care** Services – a service in every area, by 2021, starting with phlebotomy.
- **Urgent Care** – a sustainable advanced practitioner service for urgent unscheduled care as part of a practice or cluster based team by 2021.
- **Additional Professional Roles** – the addition of members of MDT such as physiotherapists and mental health workers for first point of contact care

- **Community Links Workers** – non clinical staff, to, supporting patients who need it, starting in deprived areas.

2.3 Locally, implementation of the PCIP has been positive with a number of the MOU priorities set out within Year 1 (2018/19) now delivered.

3. **Recommendations**

It is recommended that the IJB:

- Note the progress towards delivery to date;
- Note that ongoing communication and engagement will guide further iterations of the local Primary Care Improvement Plan (PCIP); and
- Agree that further changes to the PCIP and implementation tracker will be provided to the IJB. The implementation tracker will be presented twice yearly in advance of submission to the Scottish Government.

4. **Background**

4.1 The new Scottish General Medical Services Contract was agreed in January 2018 and new regulations were introduced to Parliament on 1 April 2018. The Contract 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. As part of the Contract, a Memorandum of Understanding (MoU) was 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.

5. **Progress Achieved in Year 1 - 2018/19**

5.1 The Implementation Tracker (Appendix 1) provides an overview of progress to date in delivering our local PCIP against MOU commitments for the period July 2018 to March 2019. It is required that the implementation tracker be updated and shared with the Scottish Government by 30th April 2019, for the period July 2018 to March 2019 and by 30th October 2019 for the period April to September 2019, to provide assurance that implementation is progressing as set out in the PCIP.

5.1.1 Key achievements in delivery to date include:

- Pre-school immunisation clinics are in place. Renfrewshire HSCP was an early adopter for a 'community clinic' model. Previously child immunisations were provided in GP practices and this work has been removed from GP workload. Nb. Renfrewshire is above GG&C average and Scotland for immunisations in the first year.
- School Based Immunisations are being provided by the NHSGG&C Immunisation School Health Team within Renfrewshire Schools.

- Advanced Nurse Practitioners (ANP) – 2.5wte resource has been aligned to 5 GP Practices. 1.0wte of this resource is above our Year 1 commitments.
- Advanced Physiotherapy Practitioners (APP) – 1.5wte resource has been aligned to 4 GP Practices - with test clinics now up and running.
- Flu vaccination programme for the housebound was delivered in a two month period. This amounted to a total of 1763 vaccinations delivered. Carers were also opportunistically offered this at home. This reduced GP and practice workload considerably and within the guidelines set by public health of achieving flu programme within 10 weeks.
- Link Worker resource has been aligned to every GP practice. This third sector partnership supports all aspects of people's health including advice, housing and physical activity.
- Additional pharmacists and pharmacy technicians resource is freeing up GP time by dealing with some routine and emergency prescriptions.
- 10 GP practices are benefiting from a new phlebotomy service.

5.1.2 In addition:

- Signposting training for practices is an integral part of the PCIPs success. GP practices have now received this training organised by the HSCP. 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.
- A number of facilitated training sessions have been held around document workflow management for GP practice staff to relieve pressure on GPs and develop new ways of working. Representatives from every GP Practice have attended this training.
- Recruitment process is underway to employ a Care Home Liaison Nurse, Advance Nurse Practitioner.

5.1.3 Key challenges have been around:

- The supply of sufficient pharmacists and pharmacy technicians.
- Time required from GPs to train attached staff e.g. ANPs and non-medical prescribers.
- Accommodation space to deliver effective primary care services, both in GP practices and in HSCP premises.
- IT to establish new ways of working in extended primary care teams.

These challenges are continually being reviewed and discussed with aim to identify potential solutions both locally, Board wide and Nationally.

5.2 A designated HSCP team is fully in place consisting of project management support, leads for work-streams and financial support. This team support the ongoing development and implementation of the PCIP, in partnership with key stakeholders.

Renfrewshire Primary Care Transformation Group has also been in place from the onset to provide oversight/assurance regarding progress. This group review progress on Renfrewshire's PCIP and delivery of the agreed outcomes. Our local GP Sub Committee and Local Medical Committee (LMC) Representatives are members of this group, as the contract requires them to participate and monitor implementation of PCIP implementation.

6. Changes to the PCIP Year 2 – 2019/20

- 6.1 The PCIP is being updated to include our achievements in 2018/19 and also on the projected funding increase in 2019/20, to outline plans for the 2019/20 year ahead. Funding is expected to increase by approximately 20% to **£1,861,561** (still to be confirmed) for 2019/20.

Priorities include:

- Ongoing recruitment of pharmacists and pharmacy technicians.
- Expansion of phlebotomy service and scoping for Community Treatment and Care Services.
- Further recruitment of Advanced Nurse Practitioners and Advanced Physiotherapists Practitioners.
- Expansion of Link Worker resource.
- Vaccination Transformation expansion e.g. pilot or full migration of pregnant women vaccinations (Pertussis and Flu) to Midwifery Services. We will also learn from pilots in selected HSCP venues/treatment centres for Pre-5s flu, 'At Risk' Under 65 and 65 and Over Flu and Pneumococcal Vaccination Services via HSCP clinics and Community Pharmacy.

- 6.2 As funding and available workforce increases in years 2 and 3, every GP practice will benefit as the MOU commitments are reached. A grid of practices and local implementation is in place to ensure equity.

7. Next Steps

- 7.1 Further work will be required on development of models for the areas which are less well developed e.g. recruitment of new, qualified pharmacists, of which there are limited numbers within the health board and work to develop Community Treatment & Care Services.
- 7.2 An NHSGGC-wide evaluation process will be undertaken led by Public Health for Evaluation of the 6 HSCP Primary Care Improvement Plans. This will aim to evaluate key areas such as; are new ways of working improving satisfaction and sustainability in primary care, patient satisfaction outcomes and safety, equity across primary care and impacts of the GP contract on the wider health and care system.
- 7.3 On-going communication and engagement with GP Sub Committee, General Practice, service providers and the population of Renfrewshire will continue to 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 implementation period.

Implications of the Report

1. **Financial** - Primary Care Improvement Fund allocation in 2018/19 for Renfrewshire was **£1,553,435** to facilitate service redesign through the Primary Care Improvement Plan, of which **£1,292,253** is new allocation. **£1,464,759** of this resource has been received based on Scottish Government return in September 2018. Funding is expected to increase by approximately 20% to **£1,861,561** (still to be confirmed) for 2019/20. The scale and pace of change is explicitly linked to available finance and workforce.
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. This requires robust workforce planning, support to the development of new teams and roles, and consistent approaches across GGC.

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, an HSCP wide accommodation and premises survey was undertaken to facilitate sharing of space and colocation 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 requires 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 Board, 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

List of Background Papers:

- GP Contract and Primary Care Improvement Plan (14 September 2018)

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Primary Care Improvement Plans: Implementation Tracker

Health Board Area: NHS Greater Glasgow & Clyde (NHSGG&C)

Health & Social Care Partnership: Renfrewshire Health & Social Care Partnership

Number of practices: 29

Completed by: Chris Johnstone, Acting Clinical Director & Angela Riddell Change & Improvement Officer (PCIP Project Renfrewshire HSCP/GG&C)
HSCP/Board
GP Sub Committee Dr Gordon Forrest, GP Sub Representative
Date: 2019

Implementation period - Year 1 (2018/19)

From: July 2018

To : March 2019

fully in place / on target	partially in place / some concerns	not in place / not on target

Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	R	A	G
Comment / supporting information	Renfrewshire Primary Care Transformation Group has been established to provide oversight/assurance regarding progress. This group review progress on Renfrewshire's PCIP and delivery of the agreed outcomes and will continue to develop plans in partnership. Our local GP Sub Committee and Local Medical Committee (LMC) Representatives are members of this group. Local LMC Rep is also a member of the NHSGG&C Primary Care Programme Board.		
PCIP Agreed with GP Subcommittee	R	A	G
Comment / supporting information (date of latest agreement)	Renfrewshire's PCIP was approved by the GP Subcommittee on 31 July 2018.		
Transparency of PCIF commitments, spend and associated funding	R	A	G
Comment / supporting information	Transparency of PCIF commitments will be subject to standing agenda item at Renfrewshire's Primary Care Transformation Group meetings with initial update provided at meeting on 6th December 2018. Monthly transaction reports are also shared with local GP Sub Committee/LMC representative. Regular progress updates of PCIP commitments and spend is also subject to CQL and GP Forum meetings. A grid of practices and local implementation is in place to ensure equity of resources.		

Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported	R	A	G
comment / supporting information	Applications	No.	
	Loans approved	No.	
	narrative:		
GP Leased Premises: Register and process in place	R	A	G
comment / supporting information	Applications	No.	
	Leases transferred	No.	
	narrative:		
Stability agreement adhered to	R	A	G
comment / supporting information			
GP Subcommittee input funded	R	A	G
comment / supporting information	GP Subcommittee input is in place and funded.		
Data Sharing Agreement in Place	R	A	G
comment / supporting information	National sharing agreement not yet finalised.		

HSCP			
Programme and project management support in place	R	A	G
comment / supporting info	A designated HSCP team is fully in place consisting of project management support, leads for work-streams & financial support. This team will support the development and implementation of the PCIP in partnership with key stakeholders.		
Support to practices for MDT development and leadership	R	A	G
comment / supporting info	Identified leadership for APPs in place (Board wide)		
GPs established as leaders of extended MDT	R	A	G
comment / supporting info	GPs are supporting development of new roles within practices.		
Workforce Plan reflects PCIPs	R	A	G

comment / supporting info	Renfrewshire's workforce plan is in the process of being updated. This will identify the key actions the HSCP will take to improve current recruitment and retention challenges in our workforce. Community Treatment and Care Service: A workforce model is being developed across NHSGG&C to establish the appropriate level and capacity required to support this service and future developments.		
Accommodation identified for new MDT	R	A	G
comment / supporting info	As detailed within risk section *1 space is at a premium in existing premises and many practices may be unable to accommodate the potential increase in staff employed by the HSCP, specifically in developing Community Treatment and Care Services. On a positive note, all new initial roles e.g. APPs, ANPs, Community Connectors have been accommodated within practices to date. Initial scoping of HSCP and practices accommodation has also been undertaken.		
GP Clusters supported in Quality Improvement role	R	A	G
comment / supporting info	6 CQLs have been appointed and fully engaged and meetings with PQLs. Cluster Quality Improvement plans/activity on-going. A few CQLs have undertaken Leadership Programmes.		
Ehealth and system support for new MDT working	R	A	G
comment / supporting info	Guidance awaited from Board wide approach to e-health in relation to MDT implementation.		

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	R	A	G
Pharmacotherapy implementation on track vs PCIP commitment	R	A	R
Practices with PSP service in place	29		
WTE/1,000 patients	10.98wte all team - this includes 6.6wte of existing PSP team -		
Pharmacist Independent Prescribers (as % of total)	54%		
	Level 1	Level 2	Level 3
Level of Service	14	5	0
comment / narrative	Level 1 - there are a number of practices in the 14 that have some of the cover although not fully - around 5 have almost full cover in level 1. Level 2 - there are aspects of level 2 carried out in 5 of the GP practices. Level 3 - there are some aspects of this carried out throughout the HSCP but are not just with one individual practice. Recruitment of PSPs/PSTs is part of NHSGG&C recruitment process, early indication is showing there are not enough PSPs & PSTs to fill the posts without destabilising the rest of the NHS.		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment		A	G
Development of CTS on schedule vs PCIP	R	A	G
Practices with access to phlebotomy service	10 (2 Clusters)		
Practices with access to CTS service	This is a wicked problem. Renfrewshire has no history of treatment rooms. The Telephone system and IT issues are complicated and potentially very expensive.		
Range of services in CTS	narrative		
comment / narrative	Initial shift of work within year 1 has been around phlebotomy. Initial appointed Health Care Assistants are currently based within individual practices in the first instance whilst IT/Telephony and accommodation solution is finalised.		
Vaccine transformation Program			
PCIP VTP plans meet contract commitment	R	A	G
VTP on schedule vs PCIP	R	A	G
Pre-school: model agreed	R	A	G
practices covered by service	29		
School age: model agreed	R	A	G
practices covered by service	29		
out of schedule: model agreed			
practices covered by service			
Adult immms: model agreed			
practices covered by service			
Adult Flu : model agreed	G		G
practices covered by service	29 (Housebound Flu only). Successful programme has been delivered with evaluation underway. Amounted to a total of 1763 vaccinations delivered in a two month period in 2018.		
Pregnancy: model agreed			
practices covered by service			
Travel: model agreed			
practices covered by service			

comment / narrative		Pre 5 Immunisation clinics run daily. Renfrewshire is above GG&C and Scotland average for immunisations in the first year. Local EQIA has been ratified. PDSA offering prompting by text to parents in our most deprived areas which has been successful in improving uptake.		
Urgent Care Services				
Development of Urgent Care Services on schedule vs PCIP		R	A	G
practices supported with Urgent Care Service		5 practices will be supported in year 1 with practice based ANP (2.5wte). 1.0wte of this resource is in addition to 1.5wte year 1 PCIP commitment.		
comment / narrative		In addition to Year 1 PCIP commitments Renfrewshire will also seek to employ 1.0wte Care Home Liaison Nurse ANP (in the first instance) initially within West Renfrewshire Locality. Essentially allowing practices to triage in the first instance and if they decide a housecall is required they would then inform the ANP who will be accepting requests across the locality. This proposal was approved by GP Sub Committee and LMC rep on 6th December 2018. Recruitment process to commence.		
Additional Services (complete where relevant)				
APS – Physiotherapy / MSK				
Development of APP roles on track vs PCIP		R	A	G
Practices accessing APP		4		
WTE/1,000 patients		1.5wte / 25,181		
comment / narrative		Renfrewshire commitment to APP was 1.5wte in year 1 has been achieved.		
Mental health workers				
On track vs PCIP		R	A	G
Practices accessing MH workers / support				
WTE/1,000 patients				
comment / narrative		Links need to be further established with Mental Health.		
APS – Community Links Workers				
On track vs PCIP		R	A	G
Practices accessing Linkworkers		29		
WTE/1,000 patients		Offering 1 day resource to every GP practice (where feasible)		
comment / narrative		Initial Link Worker Resource has been aligned to every Renfrewshire GP Practices.		
Other locally agreed services (insert details)				
Service		R	A	G
On track vs PCIP		R	A	G
practices accessing service		30		
comment / narrative		A number of facilitated training sessions have been held around document workflow management for GP practice staff to relieve pressure on GPs and develop new ways of working. Representatives from every Renfrewshire GP Practices have attended training.		

Overall assessment of progress against PCIP		R	A	G
Specific Risks				
1) Accommodation - *1 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 may be unable to accommodate the potential increase in staff employed by the HSCP, specifically in developing Community Treatment and Care Services.				
2) Time - required from GPs to train attached staff e.g. ANPs and non medical prescribers				
3) IT - specifically in relation to fully integrating teams				
4) Staff Recruitment -Staffing requires recruitment of new, qualified pharmacists, of which there are limited numbers within the health board.				
5) The increase in superann contributions may impact on the overall wte to support implementation of the PCIP if the Primary Care Improvement Fund allocation does not include provisions to meet the additional costs associated with this.				
Barriers to Progress				
E-health, Recruitment and Accommodation.				
Issues FAO National Oversight Group				
National sharing agreement - not yet finalised, Mentoring of staff, Accommodation, National approach to ensure individuals are able to access the right service.				