



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  29 January 2020
<b>Agenda Item</b>	13
<b>Title</b>	Report on the Progress of the Primary Care Improvement Plan (PCIP)
<b>Summary</b>  This report provides a summary of the achievements and challenges mid year 2 of implementing our Primary Care Improvement Plan and outlines key considerations for year 3 planning.	
<b>Presented by</b>	Kim Campbell, Localities Improvement Manager
<b>Action Required</b>  The Integration Joint Board is asked to note the achievements of the Primary Care Improvement Plan mid year 2 and note the challenges for forward planning.	
<b>Implications checklist – check box if applicable and include detail in report</b> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure	

BLANK PAGE

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****29 January 2020****Report by Chief Officer****Report on the Progress of the Primary Care Improvement Plan (PCIP)****PURPOSE OF REPORT**

1. This report provides the Integration Joint Board an update on mid year 2 achievements against the ambitions outlined in the East Renfrewshire Primary Care Improvement Plan.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note the achievements of the Primary Care Improvement Plan mid year 2 and note the challenges for forward planning.

**BACKGROUND**

1. The General Medical Services (GMS) Contract 2018 states "*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*".
2. East Renfrewshire Health and Social Care Partnership, supported by our GP Subcommittee representative developed our three-year Primary Care Improvement Plan. This plan will enable the role of the GP moving forward to evolve in to the expert medical generalist. The new GP role will be achieved by embedding multi-disciplinary primary care staff to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care.
3. The 2018 Scottish GMS contract is intended to allow GPs to deliver the four Cs in a sustainable and consistent manner in the future.
  - Contact – accessible care for individuals and communities
  - Comprehensiveness – holistic care of people - physical and mental health
  - Continuity – long term continuity of care enabling an effective therapeutic relationship
  - Co-ordination – overseeing care from a range of service providers
4. To help ensure sufficient, visible change in the context of a new contract, it was agreed to focus on a number of specific services to be reconfigured at scale across the country. These priorities outlined in the Memorandum of Understanding (MOU) include:
  - 1) *The Vaccination Transformation Programme (VTP)*
  - 2) *Pharmacotherapy Services*
  - 3) *Community Treatment and Care Services*
  - 4) *Urgent Care (advanced practitioners)*
  - 5) *Additional professional clinical and non clinical services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services*

- An end of year 1 position report was provided at the May Integration Joint Board and celebrated the success in this early implementation stage.

## REPORT

### Progress of MOU commitments position Mid Year 2

#### **The Vaccination Transformation Programme (VTP)**

##### Childhood Immunisations

- The delivery of routine childhood immunisations has fully transferred from all NHS GGC GP practices, with delivery now based in 39 community clinics, two of which are in East Renfrewshire. A new Pre School Immunisation Team, hosted by Glasgow City HSCP – North West Sector, was established in August 2019.
- Pre-school flu vaccinations were intended for year 2 (2019-20) using the same venues as Routine Childhood clinics. Heath Visiting are currently running a pilot of children's flu clinics in Barrhead Health and Care Centre following the successful uptake last year. Uptake for the Barrhead pilot for 2-5 year old flu (not yet in school) can be seen below:

			Historical uptake % of participating GP practices	
HSCP	Pilot Clinic	2019/20 (accumulative uptake % to date)	2018/19	2016/17
East Ren	Barrhead	73.3%	47.9%	52.9%

##### Vaccination in Pregnancy

- Pregnant Women Immunisations (flu and pertussis) is being delivered via Women and Children's Services/Midwifery across all Greater Glasgow and Clyde Maternity Centres in year 2 (2019-20). The service delivery of flu and pertussis through Maternity Services has been a 'soft start' pending resolution of outstanding issues (IT and staffing); with vaccination being offered opportunistically to women attending 12 and 20 week scan appointments. GP practices continue to vaccinate pregnant women post 20 week scan if they have not already been vaccinated.
- Maternity services are currently running a pilot of flu clinics for pregnant women from Barrhead Health and Care Centre (2019-20), co-ordinated by NHSGGC.

### Adult Vaccinations

10. By 2021 all Adult Immunisations (Flu, Pneumococcal, Shingles and Travel) will be delivered through the formation of HSCP Adult/Older People's Services - Adult Immunisation teams (as per Childhood and Schools). With regards to the wider programme of adult vaccinations, scoping and planning continues through the NHS Greater Glasgow and Clyde Adult Immunisation VTP group.
11. In 2019-20, in the absence of an interim IT solution to enable a larger scale flu pilot, it was agreed to pilot opportunistic adult flu vaccination (over 65s and under 65 "at risk") through community pharmacies to assess capacity and feasibility of this as part of potential future hybrid service delivery model. This is in addition to status quo delivery through GP practices.
12. The Community Pharmacy flu pilot commenced on 4<sup>th</sup> November, 184 pharmacies have signed up across Greater Glasgow and Clyde (16 in East Renfrewshire). A full evaluation will be completed in 2020.
13. In East Renfrewshire, flu immunisations for the mobility challenged on the district nursing caseload has been co-ordinated by Kevin Bletsoe, Senior Nurse ER HSCP. All GP Practices were contacted by the Senior Nurse to complete a pro-forma identifying housebound patients not on DN caseload and HSCP have vaccinated these patients during November 2019.

### Travel vaccinations

14. Travel Health planning in NHSGGC is being incorporated as part of wider Adult Planning, with the planning assumption of approximately 1% of NHSGGC's adult population requiring this service.
15. A three tier Travel Health service model has been agreed and is being progressed nationally, with tiers one and two requiring national development/agreement and the third tier for Health Boards to plan local service delivery models for the administration of vaccinations/provision of specialist travel advice.
16. It should be noted that dependency on national IT solutions and workforce work streams are required to ensure the safe and sustainable delivery of the Vaccination Transformation Programme in NHSGGC.

### **Pharmacotherapy Services**

17. All GP Practices have minimum of 0.4wte allocation of PCIP Pharmacotherapy. Prescribing Lead and Localities Improvement Manager will be visiting all GP Practices in January 2020 to review their Pharmacotherapy resource and gather views to inform the planning process for year three of PCIP.
18. The Primary Care Improvement Plan stated the ambition to provide a minimum Pharmacy resource of 0.4 whole time equivalent (wte) Pharmacy Professionals to each practice by March 2020 with the aim being to provide 0.4wte per 5000 patients. All East Renfrewshire practices now have a minimum of 0.4 wte Pharmacotherapy resource (with the exception of one split site practice where one surgery falls under Glasgow City HSCP). The minimum recruitment has now been exceeded (the total resource now in place will provide 0.44wte per 5000 patients).

19. The Memorandum of Understanding between the Scottish Government, BMA, integration authorities and NHS boards in relation to the implementation of the GMS contract stated *'By 2021, phase one will include activities at a general level of pharmacy practice including acute and repeat prescribing and medication management activities and will be a priority for delivery in the first stages of the HSCP Primary Care Improvement Plan.'* Although level one activities have not been deemed the highest priority activities in all practices, some level 1 activity has been implemented in 14 of 15 East Renfrewshire practices. Specialist clinics have been established in 9 practices providing Pharmaceutical Care for patients with Hypertension and Respiratory Conditions.
20. Moving towards year 3 of the transition period, work is underway to determine the appropriate skillmix and service model for the future. Early audits estimated that 2.5wte Pharmacist per 5000 patients is required to fully deliver all Pharmacotherapy elements as stated in the GP contract. At this stage there is nothing to suggest that this can be reduced. Full service transfer is unlikely to be possible by the end of 20/21 with the main barriers being the availability of suitably qualified staff and lack of suitable space in some practices to accommodate pharmacy staff.
21. Work is underway to scope out the feasibility of testing a hub model, in which some level 1 activities would be carried out in a hub, possibly at GP cluster level, staffed by Pharmacy Technicians and Pharmacy Support Workers. Such a model would increase Pharmacist capacity, reduce demand for space in practices, and might provide a more efficient use of resource by minimising duplication of effort.
22. The Lead for Prescribing and Clinical Pharmacy and the Localities Improvement Manager will be visiting GP Practices in January 2020 to review Pharmacotherapy provision thus far and gather views to inform the planning process for year three.

### **Community Treatment and Care Services**

23. In collaboration with GP practices data was gathered to understand the activity currently taking place in local practices by the nursing team, this would allow us to understand the type and volumes of activity. This data set was shared with the PCIP Steering Group where the decision was taken to launch the service with a transfer of the task taking the most time in practices to treatment rooms; this is dressings. In Eastwood locality there was an average of 85 hours per week and Barrhead 21 hours per week. Other tasks such as phlebotomy and suture removal will also be available.
24. Interviews took place in December 2019 for staffing resource to operate the Community Treatment Rooms; 1 x Treatment Room Co-coordinator, 2 x Treatment Room Nurses, 1 Community Health Care Assistant and 1 Admin/Health Care Assistant. The recruitment process is in progress and we hope to have the team in post by March 2020 with a Go Live date of April 2020 for the service.
25. Two Short Life Working Groups are actively developing referral pathways/processes, appointment allocation, sharing of information between GP Practices and the Treatment Room and Standard Operating Procedures.
26. Our Band 3 Community Health Care Assistants successfully completed the Community Health Care Assistant module at Glasgow Clyde College, improving their competencies to undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community

including suture removal, urinalysis, simple wound dressings, BMI, health and weight etc.

#### Urgent care (advanced practitioners)

27. In June 2019 following 3 rounds of recruitment our transitioning Advanced Nurse Practitioner (ANP) came in to post. This individual has an excellent skill set with formal education/experience within acute frailty and medical areas and a sound knowledge basis for the ANP in general practice. In order to complete transition to ANP a portfolio has to be completed requiring GP support. PCIF funding was used to remunerate 2 practices who offered to support the competency sign off over a 6 month period. We hope to achieve competency sign off to a fully fledged ANP by end of January 2020. Feedback from both practices has been extremely complimentary. Data will be reviewed in February to measure impact of the role in reducing GP House visits, reducing unscheduled hospital admissions, onward referrals and improved outcomes for individuals

#### Additional Professional roles

28. A further 1 whole time equivalent (wte) Advanced Practice Physiotherapist (APP) has been recruited; this resource is shared across 2 practices. 2 wte Advanced Practice Physiotherapists are now in post providing support to 4 GP practices. A key success factor in utilising this resource appropriately is effective signposting by reception staff.

#### Community Links Worker (CLW)

29. The Community Link Worker posts continue to embed. Analysis of the service and impact review will be available by end of March 2020.

### **CONSULTATION AND PARTNERSHIP WORKING**

30. The local PCIP Steering Group is progressing well and demonstrating positive collaborative working between GP practices, Quality Clusters and the HSCP. Terms of Reference have been approved and several option appraisals and standard operating procedures have been developed in partnership prior to implementation.

#### Key Successes

- 1) Excellent performance against delivery of childhood vaccines
- 2) The broadest and most significant WTE input of pharmacotherapy in GGC
- 3) Enhanced competency level for our Community Health Care Assistants
- 4) Advanced Practice Physiotherapist support in 4 GP practices
- 5) Community Treatment Room on target for March go live date
- 6) PCIP Steering Group developing well and demonstrating partnership working to achieve PCIP aspirations

#### Key Challenges

- 1) Uncertainty around the Vaccination Transformation Programme (across GGC)
- 2) Challenges regarding pharmacotherapy work force availability which make the 2021 position look untenable
- 3) Ability to provide cover during sickness absence

- 4) Development of robust pathways/processes to support the Treatment Room service will require careful planning and coordinated implementation to avoid dissatisfaction amongst patients and GPs
- 5) It should be noted that dependency on national IT solutions and workforce work streams are required to ensure the safe and sustainable delivery of PCIP across NHSGGC.
- 6) Funding available from Scottish Government is limited and will not allow full implementation of our PCIP

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

31. The Scottish Government have confirmed that whilst the current year funding allocations have been reduced by the level of earmarked reserves we hold the totality of funding will be available to us, on evidenced need. We provide regular returns to the Scottish Government to support our plans and evidence our spending profiles. The table below shows the forecast position for the current year and a projection for 2020/21. When we look at 2020/21 and beyond the current assumed programme costs are in excess of the expected recurring funding and the programme is being reviewed to bring this to a spending profile that is sustainable based on recurring funding.



## Model Updated as at 10 December 2019

Primary Care Improvement Plan	Current			
	Year 2		Year 3	
	Full Year 2019-20		Full Year 2020-21	
Services	WTE	£'000	WTE	£'000
Pharmacist (Band 7)	8.3	433	19.0	1,007
Pharmacy First		0		0
Advanced Nurse Practitioners (Band 7)	1.0	45	3.0	159
Advanced Practice Physiotherapists	2.0	80	3.0	159
Community Link Workers	4.0	72	4.0	74
Healthcare Assistants (Band 3)		0		0
Treatment Room Nurses (Band 5)		0		0
Community Treatment Rooms and Care	8.0	147	8.0	281
Treatment Rooms Equipment Set Up		20		0
Vaccine Transformation Programme		205		205
CQL Sessions		0		0
PCIP Project Support Officer		44		45
<b>Total Cost</b>	<b>23.3</b>	<b>1,046</b>	<b>37.0</b>	<b>1,930</b>
Allocation		1,014		1,314
Reserves		185		153
Total Funding Available		1,199		1,467
Surplus / (Shortfall)		153		(463)*

\*projected overspend prior to action to reduce costs to equal funding

Infrastructure

32. As we implement extended primary care teams this creates pressure on space availability within local GP premises

33. There are no staffing, risk, equalities, policy or legal implications arising from this report.
34. There are no directions arising from this report.

## CONCLUSIONS

35. We are successfully building on the strong platform achieved in year 1 of PCIP.
36. We have implemented more resource than anticipated at this point in year 2 to allow the treatment room to be in place.
37. There has been strong collaborative working between the HSCP, local GPs and the Greater Glasgow and Clyde Primary Care Programme Board.
38. At the end of the current year we expect to take £153k forward. The current projections for 2020-21 would be an overspend of £463k based on the original plan and this is being reviewed to ensure costs remain within available funding.
39. As we progress in to year 2 implementation we will invest in measuring impact of new resources to shift demand for GP services, a vital component of any improvement plan.

## RECOMMENDATIONS

40. The Integration Joint Board is asked to note the achievements of the Primary Care Improvement Plan mid year 2 and note the challenges for forward planning.

## REPORT AUTHOR AND PERSON TO CONTACT

Kim Campbell, Localities Improvement Manager  
[kim.campbell@ggc.scot.nhs.uk](mailto:kim.campbell@ggc.scot.nhs.uk)

January 2020

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB PAPER – 26 June 2019 – Item 13: Primary Care Improvement Plan Year 2 Plan Report  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24643&p=0>

IJB PAPER: 1 May 2019 – Item 12: Report on Progress of the Primary Care Improvement Plan  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24318&p=0>

IJB PAPER: 27 June 2018 – Item 14: Primary Care Improvement Plan Update  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22737&p=0>

IJB PAPER: 14 February 2018 – Item 9: GP Contract  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21802&p=0>