



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	1 May 2019
<b>Agenda Item</b>	12
<b>Title</b>	Report on Progress of the Primary Care Improvement Plan (PCIP)
<p><b>Summary</b></p> <p>This report provides an overview of the activities during year 1 of the East Renfrewshire Primary Care Improvement Plan in line with the Memorandum of Understanding. Progress in recruiting to the roles of the extended primary care team has been challenging however, in partnership with GPs, decisions were taken to increase recruitment where skilled individuals are available i.e. Link Workers. A key resource to support the shift in demand for GP services is the Advanced Nurse Practitioner role and recruitment to these posts has been challenging for all HSCPs. There have been challenges during this initial year but overall the HSCP PCIP implementation has been successful.</p> <p>At the end of year 1 there is a significant under spend, this is the situation for most HSCPs.</p>	
<b>Presented by</b>	Craig Masson, Clinical Director
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>▪ Note the content of this report and the collaborative working with GPs and the HSCP and wider stakeholders to achieve the level of recruitment to the extended primary care team at this point</li> <li>▪ Note the challenges experienced during year 1</li> <li>▪ Note the underspend position</li> </ul>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <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 </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**1 May 2019**

**Report by Chief Officer**

**Report on the Progress of the Primary Care Improvement Plan (PCIP)**

**PURPOSE OF REPORT**

1. The purpose of this report is to advise the Integration Joint Board of our progress to date with the East Renfrewshire Primary Care Improvement Plan (PCIP). This report will cover:
  - Status report on the 6 Memorandum of Understanding (MOU) areas of commitment
  - Other developments
  - Key successes
  - Key challenges
  - Measuring impact
  - Update financial figures.

**RECOMMENDATION**

2. The Integration Joint Board is asked to:
  - Note the content of this report and the collaborative working with GPs and the HSCP and wider stakeholders to achieve the level of recruitment to the extended primary care team at this point
  - Note the challenges experienced during year 1
  - Note the underspend position

**BACKGROUND**

3. The GMS 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*".
4. 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.

## REPORT

MOU Commitments

5. **Vaccine Transformation Programme** – East Renfrewshire has achieved highly with respect to the delivery of childhood vaccines. A recent report demonstrates that we are one of only three HSCPs to have achieved the target thresholds across all vaccines. Our uptake for childhood vaccines is strong compared to Board averages – we have the highest aggregate uptake across 6-in-1 + PCV + Rotavirus + MenB vaccination in Greater Glasgow & Clyde (GGC).

### Year 1: 2018-2019 Routine Childhood Immunisation

Table 1: Primary Immunisation Uptake Rates by 12 months old

Local authority <sup>1</sup>	Number in Cohort <sup>2</sup>	% completed primary course by 12 months							
		6-in-1*		PCV		Rotavirus <sup>3</sup>		MenB	
		No.	%	No.	%	No.	%	No.	%
East Dunbartonshire	1,114	1,090	97.8	1,096	98.4	1,056	94.8	1,090	97.8
<b>East Renfrewshire</b>	<b>956</b>	<b>943</b>	<b>98.6</b>	<b>947</b>	<b>99.1</b>	<b>924</b>	<b>96.7</b>	<b>944</b>	<b>98.7</b>
Glasgow City	6,810	6,474	95.1	6,516	95.7	6,096	89.5	6,392	93.9
<b>Inverclyde</b>	<b>662</b>	<b>651</b>	<b>98.3</b>	<b>653</b>	<b>98.6</b>	<b>641</b>	<b>96.8</b>	<b>649</b>	<b>98.0</b>
<b>Renfrewshire</b>	<b>1,776</b>	<b>1,735</b>	<b>97.7</b>	<b>1,741</b>	<b>98.0</b>	<b>1,685</b>	<b>94.9</b>	<b>1,731</b>	<b>97.5</b>
West Dunbartonshire	891	854	95.8	862	96.7	824	92.5	859	96.4
<b>Scotland</b>	<b>53,413</b>	<b>51,228</b>	<b>95.9</b>	<b>51,460</b>	<b>96.3</b>	<b>49,590</b>	<b>92.8</b>	<b>50,982</b>	<b>95.4</b>

Source: SIRS/ISD Scotland  
Date: 11 February 2019

6. In 2018 we also undertook a successful housebound patient seasonal flu vaccine programme, following a successful pilot model from Renfrewshire, to provide a community nurse based service for housebound patients requiring the Influenza Vaccine and reduce GP workload. A total of 170 vaccines were administered to the housebound patients by six District Nursing staff across eleven GP surgeries in East Renfrewshire. Similarly across NHS GGC, there has been no movement on over-65s seasonal flu vaccine or travel vaccines. Pilots are commencing soon across GGC with respect to maternity services delivering flu and pertussis vaccines to pregnant women.
7. **Pharmacotherapy** – There has been success in this field, with 13 of our 15 practices having pharmacotherapy input at a level of at least 0.4WTE, a breadth of cover not matched in any other HSCP. When you take into account our Prescribing Support Pharmacist workforce, we have the strongest workforce in GGC at 0.6WTE / 5000 patients.
8. External concerns remain regarding the work being done (Level 1-3 as per the GP contract specification), as most practices are using their pharmacists to undertake the more time consuming Level 2 & 3 work. It may appear on paper, therefore, that the priority Level 1 work is not being covered in East Renfrewshire; however it is worth noting that the HSCP has allowed the practices full autonomy to use their pharmacotherapy service as they see fit, on the understanding that it is the GPs' contract and if they are happy, so are we.

9. **Community Treatment Room Services** – we are a little behind schedule compared to the submitted PCIP timeline of being up and running from April 2019. This is due to a more robust planning process being followed, learning from mistakes made in other areas with respect to the setting up of TR facilities. There has been engagement with GPs and as a result, a model agreed going forward. This hybrid model will move some activities to centralised treatment rooms in EHCC and BHCC, and other services remaining in practices. This follows from the successful implementation of Healthcare Support Workers into each of the practices, who have received the service extremely positively and have indicated that the delivery of care from their premises is one of the positive features.
10. The scale of the TR service has been amended since the original submission of the PCIP to approximately 150% of the original estimate, based on activity data collected in the interim.
11. Having Health and Care Centres in both localities with modern treatment room facilities ready to use when the workforce and service specifications are in place puts us at an advantage compared to most of our colleagues, and should mean that by the end of year 2 we are further ahead than our peers.
12. **Urgent Care (ANPs)** – Unfortunately, we have had two failed rounds of recruitment due to lack of suitable candidates. After the first failed round, the GPs were consulted at the GP Forum and it was agreed that we would re-advertise making it clear that we would take on trainee ANPs and support their development. The second round of recruitment attracted more suitable candidates, but concerns remain regarding their formal status as Advanced Nurse Practitioners and we are in dialogue with Mark Cooper, Nurse Director, regarding the transferable qualifications of the candidates. As a result, at the time of submission of this report, we still have no confirmed new ANPs and are going to explore other options to support local need. Talks continue at Board level regarding a centralised approach similar to the pharmacotherapy approach.
13. **Additional Professional Roles** – we have had success in this area, with the appointment of an Advanced Practice Physiotherapist (APP) who works half her time in each of two practices. (The two practices which did not have pharmacotherapy input, in order to equalise HSCP input across all 15 practices). This has been well received by the two practices and we received the following feedback from the MSK Physiotherapy Manager:

*“I wanted to contact you to let you know I have been catching up with the APPs working in East Renfrewshire to see how things are going. The feedback has been excellent and things look to be going very well. Staff have been made to feel very welcome in both Mearns and Lavern Practices and there seems to be fantastic engagement to support this new way of working and get things off the ground. I was particularly overwhelmed when I visited our APP Yvonne in Lavern Group, Barrhead. At this early stage of implementation she has reached her projected capacity in terms of available appointments and these are being well utilised, with significantly high rates of patients directly routed to the APP from receptionists. It was also fantastic to hear that the GPs have seen direct benefit in terms of their patient case load and ability to utilise time released through widening the MDT. I feel early success here may be due to a number of factors; there appears to be strong leadership and team working, the GPs and practice manager seem to have driven this change from within, and I think the practice has been signposting for quite some time and we have been able to slot into this nicely. I think there are key lessons to be learned to give insight into what can be achieved with this model of working and also to aid roll out of APPs in other areas”*

14. Phase two implementation will add Advances Practice Physio roles to two other GP Practices within the Eastwood locality.
15. Community Link Workers (CLW) – as a result of the Link Worker pilot, in collaboration with RAMH, and its positive evaluation we decided to upscale more quickly and by a greater amount than was indicated in the submitted PCIP, effectively doubling the CLW WTE. Now all 15 practices have access to a CLW with some of the original nine practices having more input than they did before.

#### Other Developments

16. We appointed a PCIP Implementation and Development Officer to support implementation of the PCIP aspirations of the Primary Care Project Board. This has been well received by GPs, who now have a nominated person within the HSCP to turn to for all matters relating to the AHPs being provided to them via the PCIP.

#### Key Successes

- Excellent figures for delivery of childhood vaccines
- The broadest and most significant WTE input of pharmacotherapy in GGC
- Well received practice-based and domiciliary phlebotomy / Healthcare Support Worker service
- Successful implementation of an APP into two practices
- Marked increase in Community Link Worker service to cover all 15 practices
- Dedicated project support to plan and engage with the new contracted Primary care teams and liaise directly with GP practices

#### Key Challenges

- Still a lot of uncertainty around the VTP (across GGC)
- Real workforce issues with pharmacotherapy which make the 2021 position look untenable
- Difficult finding appropriate candidates for the ANP roles due to lack of centralised training over the past few years and fierce competition with other HSCTPs
- The Treatment Room service will require careful planning and coordinated implementation to avoid dissatisfaction amongst patients and GPs
- Ensuring GP engagement has been adequate to fulfil the function of the PCIP providing the GP contract voted for.

#### Measuring Impact

- It's essential that we have data to evidence the shift in activity to the new roles within the extended primary care team, freeing the GP to develop the expert medical generalist role. Working collaboratively with Practice Managers; one in each locality we will develop our template to gather baseline data. Once agreed regular reports will be provided to monitor shifts in demand and how the freed capacity has been re-shaped to support our complex individuals.

## CONSULTATION AND PARTNERSHIP WORKING

17. The achievements at the end of year 1 of the PCIP is a result of collaborative working between the HSCP, GPs, GP Sub-Committee Representative and our wider engagement with RAMH and the Lead for Musculoskeletal Services across Glasgow. The Primary Care Programme Board with representation from all HSCP leads for PCIP and leads for Primary Care has been key in shaping the direction of travel, sharing learning and exploring opportunities to benefit from closer working.

## IMPLICATIONS OF THE PROPOSALS

### Finance

18. The funding allocation for 2018/19 was £714k and we advised the Scottish Government in September 2018 that we expected to spend £581k during the year. The provisional spend is £395k and reflects slippage mainly from recruitment of posts and lower than anticipated spend on the vaccine transformation programme (subject to notification of any other spend as this is a system wide cost).

<b>Services</b>	<b>WTE</b>	<b>£'000</b>
Pharmacotherapy	5.4	206
Pharmacy First	1.0	20
Urgent Care (Advanced Nurse Practitioners)	0.0	0
Advanced Practice Physiotherapists	1.0	16
Community Link Workers	4.0	73
Community Treatment and Care Services	3.8	32
Treatment Room Nurses (Band 5)	0.0	0
Vaccine Transformation Programme	-	14
CQL Sessions	-	18
PCIP Implementation and Development Officer	1.0	10
Other Costs	-	6
<b>Total</b>	<b>16.2</b>	<b>395</b>
Total Funding Available		714
Surplus / (Shortfall)		319

19. The balance of £319k will be carried forward to 2019/20.

### Staffing

20. None

### Infrastructure

21. None

### Risk

22. None

### Equalities

23. None

### Policy

24. None

Legal

25. None

Directions

26. None

**CONCLUSIONS**

27. During year 1 we have achieved a number of our aspirations outlined in our PCIP. Recruitment to Advanced Nurse Practitioner posts has posed significantly challenging. Strong engagement and collaborative working with the HSCP, GPs and wider stakeholders has been successful in driving the plan forward resulting in investment in some roles going way beyond year 1 aspiration. An under spend is evident at the end of year 1. Implementation has been challenging but we are in a position to report a number of key successes. As we progress in to year 2 we will invest in measuring impact, a vital component of any improvement plan.
28. It is recommended that a mid-year position report is brought to the Integrated Joint Board in November 2019

**RECOMMENDATIONS**

29. The Integration Joint Board is asked to:
- Note the content of this report and the collaborative working with GPs and the HSCP and wider stakeholders to achieve the level of recruitment to the extended primary care team at this point
  - Note the challenges experienced during year 1
  - Note the underspend position

**REPORT AUTHOR AND PERSON TO CONTACT**

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April 2019

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

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

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