AGENDA ITEM No.13

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2019
Agenda Item	13
Title	East Renfrewshire Primary Care Improvement Plan – Year 2 Plan Report

Summary

This report provides outlines the ambitions for year two of our refreshed East Renfrewshire Primary Care Improvement Plan.

Presented by	Kim Campbell, Localities Improvement Manager

Action Required

The Integration Joint Board is asked to
- Approve the refreshed Year 2 Primary Care Improvement Plan to allow this to progress to implementation.
- Note the intention to bring a mid-year progress report in November 2019

Implications checklist – check box if applicable and include detail in report

☒ Finance	☐ Policy	☐ Legal	☐ Equalities
☐ Risk	☐ Staffing	☐ Directions	☐ Infrastructure

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2019

Report by Chief Officer

EAST RENFREWSHIRE PRIMARY CARE IMPROVEMENT PLAN – YEAR 2 REPORT

PURPOSE OF REPORT

1. This report provides members of the Integration Joint Board with the ambitions outlined in the East Renfrewshire Primary Care Improvement Plan (PCIP) Year 2 Plan (Appendix 1).

RECOMMENDATION

2. The Integration Joint Board is asked to
   - Approve the refreshed Year 2 Primary Care Improvement Plan to allow this to progress to implementation.
   - Note the intention to bring a mid-year progress report in November 2019

BACKGROUND

3. At its last meeting the Integration Joint Board received a report on our progress to date with the East Renfrewshire Primary Care Improvement Plan (PCIP). The report quoted the system wide ambition that "*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 Greater Glasgow and Clyde should be supported by expanded teams of board employed health professionals providing care and support to patients".*

4. The Memorandum of Understanding (MOU) between The Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards sets out the responsibilities of the IJB in developing a local HSCP Primary Care Improvement Plan. The plan requires the IJB to work and agree the plan in partnership with GPs other local HSCPs and the NHS Board.

5. To help ensure sufficient, visible change to support the 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 include:
   - The Vaccination Transformation Programme (VTP)
   - Pharmacotherapy Services
   - Community Treatment and Care Services
   - Urgent Care (advanced practitioners)
   - Additional professional clinical and non-clinical services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services

6. East Renfrewshire Health and Social Care Partnership has been working with our GP Sub-committee representative and local GPs to develop and update our joint three-year Primary Care Improvement Plan, taking into account national, board wide and local priorities for change.

REPORT

Progress of Memorandum of Understanding commitments in year two

The Vaccination Transformation Programme (VTP)

1. Pre-school flu vaccinations are to be delivered in year two (2019-20) using the same venues as currently used for routine childhood clinics. Pregnant women immunisations (flu and pertussis) will be delivered via women and children's services/midwifery across all Greater Glasgow and Clyde Maternity Centres also in year two (2019-20).

2. All adult immunisations (Flu, Pneumococcal, Shingles and Travel) will be delivered through the formation of HSCP Adult/Older People's Services - Adult Immunisation teams (using a similar model as for childhood and school immunisation). A community pharmacy 'mop up' model is also being proposed to offer the 'best of both' with a partially centralised large clinic and geographically dispersed services. This should optimise accessibility for this large cohort. A test of change is planned for October 2020.

Pharmacotherapy Services

3. Year two will see the continued implementation and development of the pharmacotherapy service locally within all 15 GP Practices. This will support prescribing improvement work, improve clinical outcomes and contribute to the multi-professional team approach where workforce availability allows. It should be noted however that workforce challenges have already been identified in year one, both locally and nationally.

Community Treatment and Care Services

4. Development and implementation of the two East Renfrewshire locality treatment rooms will commence in year two. The employment of a treatment room co-ordinator and treatment room nurse is planned. This follows the staffing model in operation in Glasgow City, which works well. It is envisaged that the treatment room nurses will initially undertake more complex activities including dressings.

5. Our existing Band 3 Community Health Care Assistants will undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community. Training and development for these staff is being planned and supported by NHS Greater Glasgow and Clyde and our District Nursing team. The GP practice clinic and domiciliary phlebotomy, BP checks, urine sample collection and B12 injections carried out by the Community Health Care Assistant's will be monitored and reviewed at GP Cluster level.

Urgent care (advanced practitioners)

6. We aim to recruit Advanced Nurse Practitioners however this may be affected by availability of qualified and experienced staff, so we will also explore alternative models to provide urgent care.

Additional Professional roles

7. We will recruit further resource (1 whole time equivalent) for allocation across two more practices due to these early successes in phase one implementation.

Community Links Worker

8. We plan to review the activity data collected from September 2016 and compare this with practice data on GP appointments to measure impact. This will inform future service delivery and support the review of practice allocation of Community Link Workers.

Measuring Impact

9. The success of the implementation of the PCIP and the extension of the PCIP Primary Care team relies on the collection of robust information. Measuring and tracking the shift of the demand from GPs to the multidisciplinary resources is crucial. Practice managers have developed and populated a template to support ongoing monitoring. However analysis remains a challenge due to the varied recording systems in use.

10. Year two will see the development of a robust data performance and measurement plan to collect both quantitative and qualitative data from all key priority areas and GP practices routinely. Analysis will be supported by our Local Intelligence Support Team (LIST).

CONSULTATION AND PARTNERSHIP WORKING

11. The Primary Care Programme Board with representation from all HSCP leads for Primary Care Improvement Planning and leads for Primary Care has been key in shaping the direction of travel, sharing learning and exploring opportunities for this next phase of the plan.

IMPLICATIONS OF THE PROPOSALS

Finance

12. The summary table overleaf indicates the total workforce expenditure for year one, with a balance of £319 carried forward to into year two. The projected cost of providing services for years two, three and four, are set out in the format required by the Local Implementation Tracker return for Scottish Government.

	Year 1 2018/19		Year 2 2019/20		Year 3 2020/21		Year 4 2021/22	
Service	**WTE**	**£'000**	**WTE**	**£'000**	**WTE**	**£'000**	**WTE**	**£'000**
Pharmacotherapy	5.4	206	8.5	430	19.0	962	19.0	962
Pharmacy First	1.0	20	1.0	20	1.0	20	0.0	0
Advanced Nurse Practitioner (Band 7)	0.0	0	3.0	174	3.0	174	5.0	289
Advanced Practice Physiotherapists	1.0	16	1.0	59	1.0	59	6.0	354
Community link Workers	4.0	73	4.0	83	4.0	83	6.0	207
Healthcare Assistants (Band 3)	3.8	32	3.8	77	3.8	77	3.8	77
Treatment Room Nurses (Band 5)	0.0	0	0.0	0	3.0	105	3.0	352
Treatment Room Equipment Set Up								
Vaccine Transformation Programme	0.0	14	0.0	168	0.0	362	0.0	362
Others		6						
CQL Sessions		18		15		15		15
PCBIS	1.0	10	1.0	36	1.0	36	1.0	38
Total Cost	**16.2**	**395**	**22.3**	**1,062**	**35.8**	**1,893**	**43.8**	**2,656**
Total Funding Available*		714		858		1,717		2,419
In year Surplus / (Shortfall)		319		(204)		(176)		(237)
Cumulative surplus/ shortfall		319		115		(61)		(298)

* Year 1 confirmed, Years 2, 3, 4 assumed
Table shows cumulative cost of services

Staffing

13. None

Infrastructure

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

Risk

15. None

Equalities

16. None

Policy

17. None

Legal

18. None

Directions

19. None

CONCLUSIONS

20. During year one we achieved a number of our aspirations outlined in our Primary Care Improvement Plan. The revised plan for year two and beyond has been developed through strong collaborative working between the HSCP, local GPs and the Greater Glasgow and Clyde Primary Care Programme Board.

21. As we progress into year two implementation we will invest in measuring the impact of new resources, with a focus on the shift in demand for GP services. A mid-year position report will be available for scrutiny by the Integration Joint Board in November 2019.

RECOMMENDATIONS

22. The Integration Joint Board is asked to
    - Approve the refreshed Year 2 Primary Care Improvement Plan to allow this to progress to implementation.
    - Note the intention to bring a mid-year progress report in November 2019

REPORT AUTHOR AND PERSON TO CONTACT

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June 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

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

GMS Contract MOU
https://www2.gov.scot/Resource/0053/00534343.pdf

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Appendix 1

Implementation of 2018 General Medical Services (GMS) Contract

2018 – 2021

East Renfrewshire Primary Care Improvement Plan (PCIP)

Year 2 Plan

May 2019

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Contents

Foreword 1
Local context 3
  Our Population 5
  Localities 5
  General Practitioner Provision 6
  GP Clusters 6
Aim 6
Priorities 7
Engagement 7
Progress of MOU commitments 8
  1. The Vaccination Transformation Programme 8
  2. Pharmacotherapy Services 10
  3. Community Treatment and Care Services 11
  4. Urgent care (advanced practitioners) 12
  5. Additional Professional roles 13
  6. Community Links Worker (CLW) 14
Additional Primary Care Quality Improvement activity 14
  Family Wellbeing Service 14
  GP Cluster Quality Improvement Activity 15
  Community Clinical Mental Health Professionals 16
Workforce Planning 16
Monitoring and evaluation 17
Data Sharing Agreements 17
Finances 17
Premises 19
Digital Infrastructure 19
Risks 20
Summary of key successes 20
Summary of key challenges 21

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Foreword

In July 2018, following the publication of the Scottish General Medical Services (GMS) Contract (2018), the East Renfrewshire's Primary Care Improvement Plan (PCIP) 2018 - 2021 was developed and approved by the HSCP Integration Joint Board (IJB) and the GP Sub Committee (LMC). The PCIP made a commitment to a set of enabling actions, which were aligned to the priorities within the Memorandum of Understanding (MOU), to deliver the wider support and change to primary care services to underpin the GMS Contract.

The HSCP, as the delivery agents of the Integration Authorities, are responsible for the planning and commissioning of these primary care services to transform service redesign during this three year transition period. Therefore, the development and implementation of the plan set out the agreed principles of redesign (including patient safety and person centred care) reflecting on the local circumstances and needs.

The PCIP is a plan which aspires to long term sustainable transformation of primary care in practice to enable the refocused role of the GP as an 'expert medical generalist' as well as the development of multidisciplinary teams (MDT's) within GP practices. The "four Cs" of primary care act as a guiding principle throughout the development of the new GP contract and the PCIP as they were described as attributes and qualities patients' value most in general practice.

"Patients should be able access the right person, at the right place, at the right time through; maintaining and improving access, introducing a wider range of health and social care professionals to support the Expert Generalist (GP), enabling more time with the GP for patients when it is really needed and providing more information and support".

(Scottish Government Primary Care Vision and Outcomes)

This first progress report (year one 2018-2019) will summarise the considerable achievements that have been made towards our agreed programme of work in eight months since the publication of the PCIP in July 2018, with updates on each of the MOU priority areas and share expected progress in the next twelve months (year two 2019 -2020). The report also highlights some of the challenges faced in the first year whilst establishing the new services and the expansion of the MDT's which recognise that effective partnerships are critical to delivering this change.

PCIP 2 is intended to provide an update on the PCIP agreed by the IJB and the GP subcommittee in 2018. In most areas of the MoU significant progress has been made to develop the models with the aim to meet the GP Contract agreement by 2021. It is evident that while we work towards meeting the ambitious plan for delivery by April 2021 (this being the GP Contract/MOU timeline), the national funding framework to enable delivery runs until March 2022. There are significant challenges to be addressed if we are to deliver the full plan by April 2021. While some of the challenges can be addressed at an HSCP/NHS Board level, a number may require national level discussion to agree on a way forward.

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Further work is required to finalise if additional funding and/or additional actions or time is needed to enable full delivery of the programme in our HSCP. If full delivery is not possible on this timeline, the HSCP will review the PCIP and this may include the re-prioritisation of some work streams over others or changes to the models of delivery in some or all. The LMC/GP Subcommittee is unlikely to agree a plan which will not deliver the GP Contract as agreed in 2018. It is agreed that the HSCP is committed to delivering on all elements of the Plan and GP Contract/MOU by April 21 but clearly that this is contingent on funding and workforce issues being addressed both locally and nationally. The GP Sub Committee has agreed that the PCIP in its current form can now be submitted to Scottish Government

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Our ambition is to set out the distinctive new direction for general practice in Scotland which will improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GP's, and reduce GP workload through the expansion of the primary care multidisciplinary team. (GMS Contract, 2018)

Local context

The existing strong relationships with partner organisations and established working relationships with GP's across East Renfrewshire has been integral to the success of the first year of the Primary Care Improvement Plan. It is recognised that professional leadership and governance is key to the successful implementation of the plan, therefore working in close partnership with the HSCP, NHS GG&C, GP's and the key priority leads and/or organisations for each of the six MOU priority areas was crucial in year one. Delivery and governance of the PCIP was supported and reported through membership of each of the groups shown in figure 1 below.

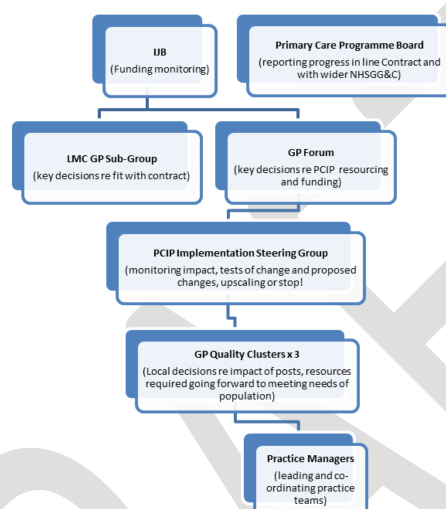


Figure 1 - PCIP Implementation and Governance Structure

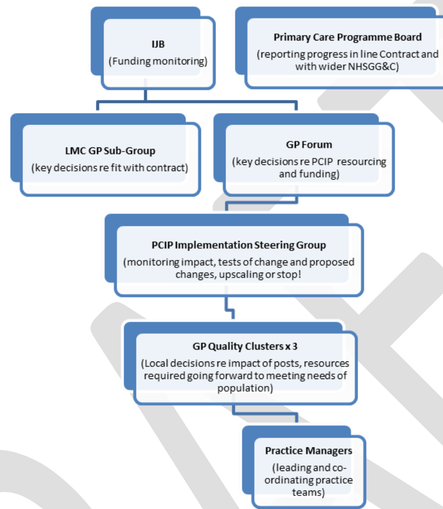
Based on learning from previous Improvement Programmes namely Primary Care Collaborative, it was recognised that the implementation and development of the Primary Care Improvement Plan in East Renfrewshire would require dedicated support, not already available within the current HSCP resource. In January 2019, our PCIP Implementation and Development Officer was appointed to support the HSCP Localities Improvement Manager lead the Primary Care teams through the management of change and redesign required. The new role would also support the implementation of the priorities within the East Renfrewshire HSCP PCIP developing sustainable collaborative and effective partnerships with GP's and the wider Primary Care teams. Feedback regarding this appointment has been very positive, providing a much needed reliable, knowledgeable point of contact for GPs, Practice Managers and priority leads, for all operational matters relating to the PCIP.

This dedicated post continues to build on effective relationships previously developed through focussed engagement with partners and organisations across East Renfrewshire in year one and will continue to grow in year two. These include:

- HSCP Management Team
- Localities Improvement Manager
- Clinical Director

- GP Cluster Quality Leads
- GP Practice Quality Leads
- Practice Managers
- Senior Nurse
- Prescribing Lead
- RAMH
- MSK

PCIP Implementation and Governance Structure



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Our Population

As predicted, the population of East Renfrewshire continues to rise. In June 2018, the population of East Renfrewshire was 95,170 (National Register Scotland), this is an increase of 0.4% from 94,760 in 2017. Over the same period, the population of Scotland increased by 0.2%. During the last decade the population of East Renfrewshire has increased by 7.8% and it is expected increase further over the next 25 years. In 2018, we have again seen an increase in both our 0-15years and 65 years and over populations (see figure 2) and migration continues to have a marked effect on the change of East Renfrewshire's population.

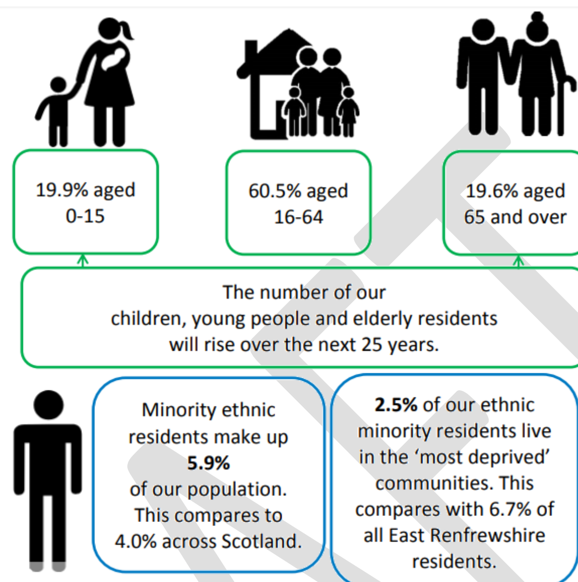

Figure 2

Therefore, as stated in our initial PCIP, the implications of this continued increase in population for East Renfrewshire are that:

- Both our youngest and oldest populations are increasing who are the greatest users of our universal health care services
- People over 80 are the greatest users of hospital and community health services and social care are attracted to East Renfrewshire because more retirement and care homes are opening in our area resulting in significant pressure on GP's due to new patient registrations and growing complex list sizes
- People with complex health conditions and profound and multiple disabilities are living longer and require intensive health and social care supports
- Growth in population is increasing demand for GP registrations within both of our localities and projections of further growth in East Renfrewshire may result in the need for a new GP premises to meet the demand

Localities

We have two localities across East Renfrewshire, one for Eastwood and one for Barrhead and the population split remains Eastwood 74% and Barrhead 26%. The two localities also reflect our hospital flows with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandria, Paisley, which is part of Clyde. We continue to have three GP Clusters; one in the Eastwood Health and Care campus (Eastwood1), Newton Mearns and Clarkston (Eastwood2) and (Barrhead) including Barrhead and Neilston.

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General Practitioner Provision

Fifteen GP practices serve a patient population of 95,274 (April 2019) across East Renfrewshire, this shows an increase of 400 patients across the practices since July 2018 (+0.4%). Practice list sizes range from our smallest practice with 2,035 patients to our largest practice hosting 12,923 patients. The average list size is 6,352 which is higher that the Scottish average of 6000 patients per practice.

Each GP practice is listed in table 2 below, by cluster, with total list sizes as at April 2019:

- Eastwood 1 (40,362), Eastwood 2 (30,424), Levern (24,488)

Patient populations have shown an increase in eight of the GP Practices since the initial PCIP was published in 2018, the breakdown can be seen in table 1.

EW 1 Practices	EW 2 Practices	Levern Practices
Drs Morrice, Masson, Geddes & Andrews 7385 (+2.4%)	Sheddens Medical Practice 2035 (0.0%)	Levern Medical Group 8502 (-1.4%)
Drs Boardman, King, Earl & Boyd 6713 (+0.8%)	Mearns Medical Centre 12,923 (+1.6%)	Glennifer Medical Group 8528 (+0.7%)
Eastwoodmains Medical Practice 4663 (-0.5%)	Broomburn Medical Centre 2882 (+1.7%)	Oaks Medical Practice 3741 (+1.5%)
Elmwood Medical Practice 3041 (-1.3%)	Greenlaw Medical Practice 4398 (-0.3%)	Neilston Medical Practice 3717 (+1.8%)
MacLean Medical Practice 8729 (-0.3%)	Carolside Medical Centre 8186 (+0.1%)	
Williamwood Practice 9831 (-0.4%)		

Table 1 – GP Practice population breakdown (April 2019)

GP Clusters

GP Clusters have long been established in East Renfrewshire which has resulted in improved relationships and communication. The three GP clusters provide an opportunity to bring together individual practices to collaborate on Quality Improvement (QI) projects with Cluster Quality Lead's (CQL's), Practice Quality Leads (PQL's), GP's, Practice Managers and members of the Localities Improvement team, strengthening relationships and collaborative working. The cluster groups have been crucial to the implementation of the plan where the PCIP Implementation and Development Officer attend and PCIP is a standing agenda item.

Aim

The aim of the PCIP was to enable the development of the expert medical generalist role through a reduction in current GP and practice workload. In Year 1, we have implemented some of roles outlined in the Memorandum of Understanding to support the journey to enable the role of the GP evolve in to the Expert Medical Generalist.

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The HSCP has worked in partnership with the Primary Care Programme Board and various subgroups in the co-ordination and recruitment of staff to allow consistency across NHSGG&C, in terms of grading and role descriptions.

The principles, set out below in year one, continue to be adhered to during implementation of the PCIP, maximising the continuity of care whilst establishing the new services and the MDT's.

- Equality of care regardless of age, gender or physical and cognitive ability
- Patients being treated as close to home as possible
- All HSCP professionals working to the top of their licence
- All patients/clients seeing the most appropriate professional for their health and wellbeing needs
- Reducing the unscheduled care burden

Priorities

The initial plan agreed to focus on the six key priority areas of the MOU in year one:

1. The Vaccination Transformation Programme
2. Pharmacotherapy services
3. Community Treatment and Care Services
4. Urgent Care (advanced practitioners)
5. Additional Professional Roles
6. Community Links Worker

It was agreed that years two and three would continue to define models and approaches in areas where challenges were faced in year one. It was recognised in the initial plan that the extent and pace of change to deliver the changes to ways of working over the three years (2018/21) would be determined largely by workforce availability and therefore a locality based model would be implemented across the practices with the resources available. As expected, the lack of existing workforce has been recognised in year one across some of the professions which will be discussed in each of the priority areas and again in the workforce planning section.

Engagement

Strong engagement through NHS GG&C, the HSCP Integration Joint Board, East Renfrewshire GP Forum and East Renfrewshire's PCIP Steering group continues. The HSCP and local GP practices use Trello® as a web based digital project and task management tool for engagement; a PCIP Trello board was developed to organise and share documents to allow effective project management and collaborative working.

In November 2018, the HSCP invited staff representatives from local services and organisations to attend a Strategic Commissioning Engagement workshop and used 'Transformation of Primary Care' as one of its statements for discussion. The 'Time to Think' approach was used for the workshops to get the most from the time together gathering the best thinking.

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In May 2019, we attended two NHS GG&C Moving Forward Together (MFT) events, one in each Locality, to engage with both staff and the public regarding the current and planned changes happening across health and social care systems. This platform was used to share our Primary Care Improvement Plan and the local progress to date of the new extended Primary Care MDT's through a storyboard.

Feedback has confirmed that there is limited understanding of the new GP Contract, the PCIP and the transformational changes happening within Primary Care with the wider public . Therefore, a local communication and engagement plan will be developed and shared in year two.

Progress of MOU commitments

The progress in year one for the six key priority areas outlined in the MOU, and the expected progress for the next twelve months are detailed below. Successes and challenges experienced whilst establishing these new services and MDT's are also shared within each of the areas.

1. The Vaccination Transformation Programme

The Vaccination Transformation Programme (VTP) implementation was co-ordinated nationally by the Scottish Government with input from all NHS boards directed through a steering group and a number of subgroups, to deliver a safe and sustainable alternative service.

In year one, East Renfrewshire HSCP saw Routine Childhood Immunisations migrate from all 15 GP Practices to three community clinics; one in Eastwood Health and Care Centre, one in Barrhead Health and Care Centre and a satellite clinic in Neilston Medical Practice. The model used was inspired by the School Immunisation approach based on 15 minute appointments, which saw an easy transition with respect to IT and data. As centralising can compromise service accessibility and introduce inequity, a full Equality Impact Assessment (EQIA) was carried out on the programme.

East Renfrewshire was one of only three HSCPs in NHS GG&C to have achieved the target thresholds across all childhood vaccines (see tables 1 – 4 below). Our uptake is strong compared to both board and Scottish averages showing the highest aggregate uptake across all childhood vaccines.

Childhood Vaccination Programme

Table 1: Primary Immunisation Uptake Rates by 12 months old

Evaluation Period: 1 January to 31 December 2018 **Born 1 January to 31 December 2017**

Local authority[1]	Number in Cohort[2]	% completed primary course by 12 months							
		6-in-1*		PCV		Rotavirus[3]		MenB	
		No.	%	No.	%	No.	%	No.	%
East Renfrewshire	956	943	98.6	947	99.1	924	96.7	944	98.7
Scotland	**53,413**	**51,228**	**95.9**	**51,460**	**96.3**	**49,590**	**92.8**	**50,982**	**95.4**

Source: SIRS
Date: 11 February 2019

Table 2: Primary and Booster Immunisation Uptake Rates by 24 months old

Evaluation Period: 1 January to 31 December 2018 **Born 1 January to 31 December 2016**

Local authority[1]	Number in Cohort[2]	% completed primary and booster course by 24 months									
		6-in-1*		MMR1		Hib/MenC		PCVB		MenB (Booster)	
		No.	%	No.	%	No.	%	No.	%	No.	%
East Renfrewshire	997	979	98.2	968	97.1	974	97.7	974	97.7	965	96.8
Scotland	**55,337**	**53,885**	**97.4**	**52,137**	**94.2**	**52,361**	**94.6**	**52,390**	**94.7**	**51,863**	**93.7**

Source: SIRS
Date: 11 February 2019

Table 3: Primary and Booster Immunisation Uptake Rates by 5 years old

Evaluation Period: 1 January to 31 December 2018   Born 1 January to 31 December 2013

Local authority[1]	Number in Cohort[2]	% completed primary and booster course by 5 years									
		6-in-1*		MMR1		Hib/MenC		4-in-1		MMR2	
		No.	%	No.	%	No.	%	No.	%	No.	%
East Renfrewshire	1,220	1,201	98.4	1,190	97.5	1,192	97.7	1,138	93.3	1,134	93.0
Scotland	**57,656**	**56,318**	**97.7**	**55,710**	**96.6**	**55,180**	**95.7**	**52,808**	**91.6**	**52,585**	**91.2**

Source: SIRS
Date: 11 February 2019

Table 4: Primary and Booster Immunisation Uptake Rates by 6 years old

Evaluation Period: 1 January to 31 December 2018   Born 1 January to 31 December 2012

Local authority[1]	Number in Cohort[2]	% completed primary and booster course by 6 years					
		MMR1		4-in-1		MMR2	
		No.	%	No.	%	No.	%
East Renfrewshire	1,245	1,210	97.2	1,212	97.3	1,203	96.6
Scotland	**59,867**	**57,625**	**96.3**	**56,179**	**93.8**	**55,862**	**93.3**

Source: SIRS
Date: 11 February 2019

Adult Flu Vaccination

HSCP Seasonal Flu Vaccine Uptake Averages - As at Week 15 2019 (Cumulative)

	Over 65s	Under 65s in at risk groups	Pregnant (not in clinical risk group)	Pregnant (in clinical at risk group)
E Ren	75.8%	41.3%	54.0%	55.0%
NHSGGC	**73.8%**	**42.8%**	**50.7%**	**58.4%**
SCOTLAND	**73.7%**	**43.4%**	**44.5%**	**57.4%**

*Please note that these vaccine uptake estimates are based on automated extracts from 100% of Scottish GP practices. Source: Health Protection Scotland

Adult flu vaccination services remained within GP Practices in year 1 however, in 2018 East Renfrewshire tested a new model of seasonal flu vaccination for the housebound patient. The District Nursing team provided a nurse based service for all housebound patients requiring the Influenza vaccine. A total of 170 vaccines were administered to housebound patients by six District Nursing staff across 11 GP surgeries in East Renfrewshire.

Next twelve months

Pre-school flu vaccinations are intended for Year 2 (2019-20) using the same venues as Routine Childhood clinics. A test of change is planned for October 2019 and participating centres have yet to be agreed. Pregnant Women Immunisations (flu and pertussis) will be delivered via Women and Children's Services/Midwifery across all GGC Maternity Centres also in Year 2 (2019-20).

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 a Community Pharmacy 'mop up' model being proposed to offer the 'best of both' of a partially centralised large clinic and geographically dispersed services to optimise accessibility for this large cohort. A test of change is planned for October 2020.

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2. Pharmacotherapy Services

Prior to the PCIP, all 15 practices in East Renfrewshire had access to prescribing support delivered by a team of 16 Prescribing Support Pharmacists and Prescribing Support Technicians and this service continues. This local team is supported by a Central Prescribing team at health board level who provide data, data analysis, support materials and co-ordinate with other parts of NHSGGC providing links to acute care and community pharmacy for example.

In year one, 13 of our 15 GP practices received additional weekly pharmacotherapy input through PCIP, with allocation of resources according to practice list size with a minimum allocation of 0.4WTE introduced to 12 practices (0.2WTE to one), the two practices without Pharmacotherapy input received Advanced Practice Physiotherapy). A total of 5.4WTE (a headcount of 10 staff) are currently shared across the 13 GP Practices. A range of tasks are being undertaken within the practices, from across the full range of levels 1 -3 within the contract specification. The tasks being undertaken vary between practices due to differences in the processes and procedures in place between practices; different priorities identified within practices in terms of reduction of GP workload and based on the different experience level and qualification of individual Pharmacists. The percentage of tasks at each level currently being undertaken at each of the 13 practices can be seen in figure 3 below.

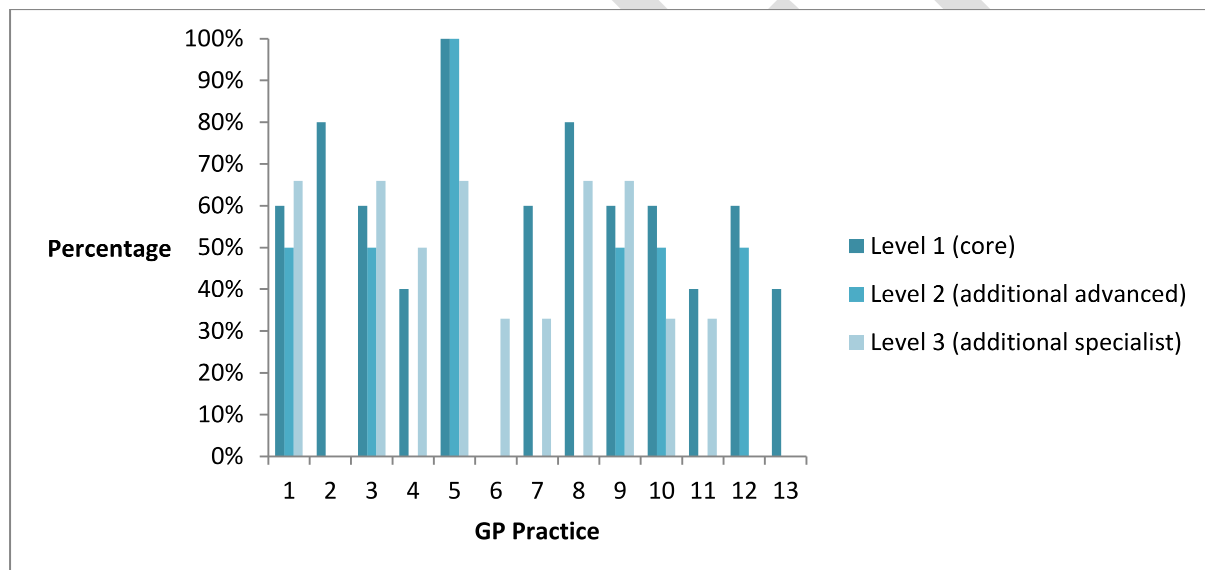

Figure 3 – Percentage tasks per GP practice (levels 1-3)

Variation will continue to exist until the level of resource is adequate to cover all tasks. The Inverclyde pilot audit estimated that over 1.0WTE Pharmacists would be required per 5000 patients to undertake the key Level 1 activities alone. If existing Prescribing Support resource is factored in, the East Renfrewshire HSCP resource is closer to 0.5WTE/5000 population. While the contract and the MoU set out six key priorities for service redesign, the MOU stated: *"Plans must determine the priorities based on population healthcare needs, taking account of existing service delivery, available workforce and available resources"* and it should be recognised that this is the approach that we have taken locally, given our current resource.

The total percentages of level 1 – 3 tasks across all 13 practices can be seen in the chart in figure 4 below.

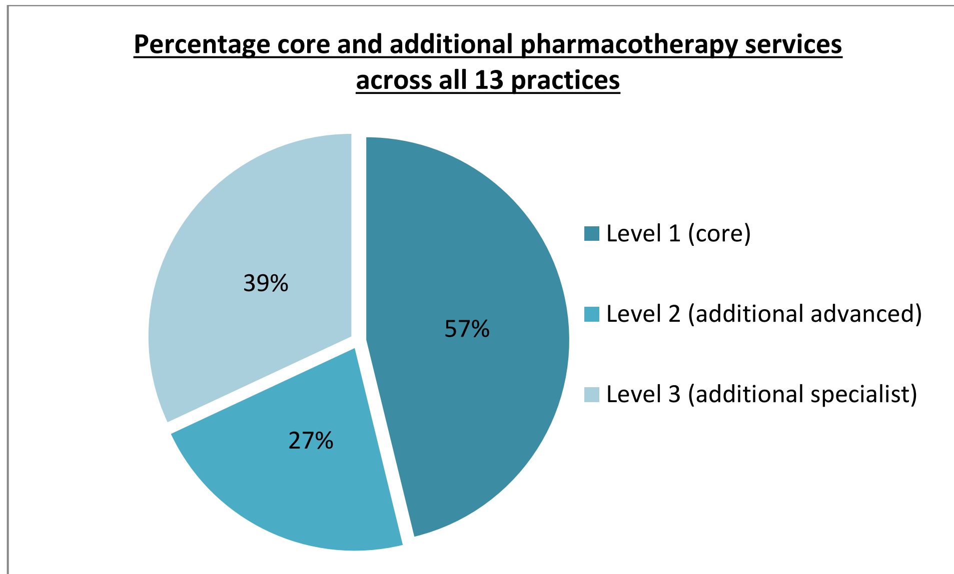

Figure 4 - Percentage core and additional pharmacotherapy services across all 13 practices

Next twelve months

Year two will see the continued implementation and development of the pharmacotherapy service within all 15 GP Practices, which will support prescribing improvement work, improve clinical outcomes and contribute to the multi-professional team approach where workforce availability allows. It should be noted however that workforce challenges have already been identified in year one both locally and nationally.

Additional pharmacotherapy services

- Community Pharmacy contractors continue to provide services which provide patients with easy access to treatment without an appointment
- The NHS Minor Ailment Service provides advice for all and provision of treatment for eligible patients for minor self-limiting medical conditions
- Pharmacy First provides treatment for patients with impetigo and female urinary tract infections under a Patient Group Direction (PDG).

These additional pharmacotherapy services provide patients with advice and treatment in a convenient location avoiding the need for GP involvement.

3. Community Treatment and Care Services

In year one, we recruited four (3.8WTE) Band 3 Community Health Care Assistants (CHCA's) to provide a service across all of the 15 GP practices, providing clinic and domiciliary phlebotomy, BP checks, urine sample collection and B12 injections. Allocation of the CHCA's were based on practice population 1.0WTE/5000 patients. Early adoption of this resource was challenging mainly due to lack of induction process, line management challenges and lack of Standard Operating Procedures (SOPs). To move forward it has been agreed that these staff are aligned with the HSCP Community Nursing team.

A robust planning process is currently being followed for the Community Treatment and Care Service (CTCS) provision in East Renfrewshire following consultation with the PCIP Steering Group and the GP Forum in February 2019. Historically there has never been a Community Treatment Room in East

Renfrewshire, it was therefore agreed that a phased implementation would be required. An options appraisal was presented to the PCIP Steering Group and a decision to develop a hybrid model was agreed going forward, which will see some activities move to centralised treatment rooms in Eastwood Health and Care Centre (EHCC) and Barrhead Health and Care Centre (BHCC) whilst other services will remain in practices. The service will be delivered according to local need and GP practices are currently collating this data to inform the choices of interventions to be offered. We are very fortunate to have modern treatment room facilities in both of our Health and Care Centres, one in each locality ready to use when the workforce and service specifications are in place.

The HSCP is represented at the NHS GG&C CTCS Development group and subgroups to develop and deliver a consistent approach to this service across all partnerships within NHS GG&C. The group has helped inform the financial framework for full implementation and developed a standard cost model for each treatment rooms. The group has also considered the required skill set for staffing the treatment rooms, appropriate inflection control models, clinical standards, regulation requirements, supervision and training requirements, SOPs, protocols, consistent governance and will co-ordinate the most appropriate processes for labs and IT requirements.

To harvest collaborative working Practice Manager representatives have worked alongside the PCIP Implementation & Development Officer to create a template that will support the gathering of key data to inform the local need for services required within the CTCS. This has been cascading to all Practices for completion.

Next twelve months

Development and implementation of the two treatment rooms will commence in Year 2 following intelligence provided from each of the practices within the two localities. The employment of a treatment room co-ordinator and treatment room nurses is planned, this staffing model is being followed to duplicate the existing model being delivered in Glasgow City which works well. Initial evidence suggests the treatment room nurses will initially undertake more complex activities including dressings to be scaled up based on local need.

Training and development of our existing Band 3 Community Health Care Assistants 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 is being planned and supported by NHS GG&C and our District Nursing team. The GP Practice clinic and domiciliary phlebotomy, BP checks, urine sample collection and B12 injections carried out by the CHCA's will be monitored and reviewed at GP Cluster level.

4. Urgent care (advanced practitioners)

In year one, we have had two failed rounds of recruitment of Advanced Nurse Practitioners (ANP's) due to lack of suitable candidates. After the first failed round, the GP's 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 Dr Mark Cooper Consultant Nurse at NHS GG&C, regarding the transferable qualifications of the candidates. As a result, at the time of writing of this report, we are unable to confirm new ANPs.

Next twelve months

We aim to recruit ANP's however we will also explore alternative models to provide urgent care.

5. Additional Professional roles

In year one, we appointed 1.0WTE Advanced Practice Physiotherapist (APP) to two GP Practices, one in each of our two localities in East Renfrewshire (the two practices which did not have pharmacotherapy input, in order to equalise HSCP input of additional professional roles across all 15 practices). This service 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 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 one our APP's in one of your practices. 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"

MSK Physiotherapy Manager

In both of the practices currently receiving MSK Physiotherapy, it has been reported that appointments are being well utilised, with significantly high rates of patients being directly routed from receptionists through efficient signposting. GP's have also reported seeing a direct benefit in terms of their patient case load and ability to utilise time released through widening the MDT. Activity across both practices for March 2019 can be seen in table 3 below.

March 2019

GP Practice	1	2	Total
Capacity: Numbers			
Appointments Available	84	126	210
Appointments Filled	81	113	194
DNA	9	3	12
Capacity: %			
% Uptake of appointments	96	90	92
% DNA	11	3	6

Table 1 - GP Practice appointment activity March 2019

The APP's are the first point of contact for the vast majority of patients they see, which is fantastic as this highlights a direct release of GP time and streamlining of the patient journey. It is very evident that both these practices are actively signposting patients at reception and seem to have been used to this way of working in this way of working, prior to the APP coming to work in the surgery, therefore this way or working has been key to help this model embed with ease.

Next twelve months

We have been working with the physio lead to recruit further resource of 1.0WTE for allocation across two more practices due to these early successes in phase one implementation.

6. Community Links Worker (CLW)

As a result of the GP 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 Community Link Worker (CLW) whole time equivalent.

In year 1, all 15 practices have achieved access to a CLW with some of the original nine practices having more allocation than previously during the pilot. Practices currently have an allocated share of 4.0WTE (a headcount of eight staff) of Community Link Workers.

- The Community Link Worker programme is a partnership between RAMH and East Renfrewshire HSCP
- GP Link Worker pilot was originally part of the Safe and Supported work stream in December 2016 and was initially tested across nine GP practices
- Scale up to all 15 GP practices in September 2018 due to its positive evaluation
- In the first year of the PCIP April 2018 – March 2019 there were a total of 805 referrals

Next twelve months

We plan to review the RAMH data collected from September 2016 to date and compare this with practice data on GP appointments to measure impact and inform future service delivery. We also plan to review current practice allocation of CLW's.

Additional Primary Care Quality Improvement activity

Across Primary Care in East Renfrewshire there continues to be additional ongoing test of change activity from some of our partners and from our GP Clusters. Some examples from year one are shared below.

Family Wellbeing Service

The **Family Wellbeing Service**, which is a partnership between East Renfrewshire HSCP, local GP Practices and Children 1st, was piloted in Eastwood Health and Care Centre taking direct referrals from two GP Practices. It provided a targeted service intervention to children and young people experiencing significant mental and emotional wellbeing concerns. The service was shown to be having a positive impact and improving outcomes for the users of the service and it was decided to scale it up to six GP Practices and in 2019 it will be rolled out across all 15 GP Practices. Feedback

from stakeholders is hugely positive especially the GP's and schools. An external evaluation of the service is currently being carried out.

GP Cluster Quality Improvement Activity

The GP practice acts as a patient gateway to ensure that people access the right care at the right time. In this time of change for primary care, quality improvement activity continues within each of the clusters with practices testing work individually or collectively as a cluster. Improving communication and access to primary care and general practice is one area that the GP Clusters have embraced in the last year.

One practice in East Renfrewshire currently operates the **Doctor First** system which combines doctor led telephone assessments and consultations with dedicated software that accurately predicts patient demand to help manage workload. This new model was adopted to completely change their appointment system to cope with increasing demand. It also improves access to the most appropriate person for the right care at the right time.

Signposting was developed to support Primary Care Service redesign across all of the GP practices in East Renfrewshire to allow people to access the right care at the right time. The drivers locally for this approach was our high working population and limited space within our GP Practice premises due to the expanding Primary Care multidisciplinary team. Communicating the role of these new pathways and changes to processes used in GP practices to patients and communities were essential and staff needed to be transparent around why people are being signposted to a service they may not have been expecting to go to. The signposting approach led to the development of a '*Know Who to Turn To*' information campaign, in line with the national initiative, to increase awareness of the different parts of the health service and to encourage the use of the most appropriate service/s for a person's needs, which improves the efficiency of services to make sure patients are receiving the best possible care. East Renfrewshire developed '**Know Who To Turn To**' websites for each locality - Barrhead & Neilston and Eastwood & Mearns, pop up banners, leaflets, posters and signposting training was delivered to practice staff by HSCP.

Figure 5 - Know Who To Turn artwork

The signposting approach also led to the development of another idea of a new model to provide improved access called '**Near Me**' (originally called Attend Anywhere). It is a web-based platform that helps health care providers offer patients video call access to their services as part of their business as usual and day-to-day operations. Nine practices across East Renfrewshire have opted in to testing the this web based platform which could be used for virtual doctor visits/consultations and Chronic Disease Management which will reduce the need for patients to travel to the practice and likely to reduce the time taken for appointments which could save significant space and time.

Other quality improvement activity included;

- Home health monitoring of COPD through an anticipatory care planning approach
- Workflow optimisation – although East Renfrewshire GP Practices were unsuccessful with a bid through the Practice Managers Collaborative, they have actively engaged with this workflow optimisation solution
- Locality based protected learning sessions
- Prevention of Stroke using AliveCor® Kardia mobile ECG device

Community Clinical Mental Health Professionals

- The service review of Primary Care Mental Health service continues
- The recovery manager is identifying Primary Care Mental Health and Recovery opportunities aligned to the new NHSGG&C 5-year Adult Mental Health Strategy through the Action 15 funding.
- CBT in all GP Practices

Workforce Planning

East Renfrewshire's Workforce Planning group meets monthly and have reflected on the Primary Care team throughout their planning. The Fit For The Future redesign has been ongoing over the last twelve months and is finalising community nursing and rehabilitation services across both localities.

Workforce planning is one of the most significant challenges highlighted in the development and implementation of the Primary Care Improvement Plans, both in terms of availability of workforce at a sufficient scale to support all practices across GGC and in terms of the change process required to support effective working for new teams. In order to meet all requirements of the new contract and develop the MDT across all practices in Greater Glasgow and Clyde, an estimated additional workforce of between 800-1000 posts may be required.

Within the GG&C areas HSCPs are committed to the following principles:

- Approaches across GGC should share consistent principles and pathways, role descriptors and grading, scale (numbers of staff per practice/ patient population)
- Recruitment should be co-ordinated across GGC where appropriate taking account of existing professional lead and hosting arrangements.

Across NHSGGC, workforce planning for the Primary Care Improvement Plans is being considered in conjunction with the Board's wider Moving Forward Together strategy which sets a vision and direction for clinical services in the future. Staff Partnership representatives are involved at all levels. Specifically for the PCIPs, the key aspects of the approach include:

- Modelling to identify the work, tasks and skills required for the new roles
- Assessment of the numbers of staff required to fill those roles
- Modelling of the existing workforce including turnover
- Consideration of changes in other services and competing demands
- Reviewing different skill mix models and creative approaches to delivery both within and across professions.
- Developing approaches to supporting MDT working within practices and between practices and wider community services

This approach is being tested initially within Pharmacy as one of the early priority areas, but will be adapted to other professional groups as part of year 2 and 3 implementation.

The availability of key staff groups continues to require action at national level, particularly to ensure sufficient training places and development of skills for primary care.

Monitoring and evaluation

The success of the implementation of the PCIP and the extension of the PCIP Primary Care team relies on the collection of robust information. Measuring and tracking the shift of the demand from GP's to the multidisciplinary resources is crucial. Collection of the data is ongoing across the two localities to ensure a collaborative approach, the practice managers have developed and populated a template to support ongoing monitoring. However analysis remains a challenge due to the varied recording systems between the organisations.

Year two will see the development of a robust data performance and measurement plan to collect both quantitative and qualitative data from all key priority areas and GP practices routinely. Analysis will require systems to be developed locally to measure the impact which will be supported by LIST.

Data Sharing Agreements

The new GP contract introduced a joint data controller arrangement between Health Boards and GP Contractors relating to personal data contained within GP NHS patient records. Sharing of information between the people who are involved in the care of patients is increasingly important to the safe and effective delivery of health and social care, and to the delivery of services by the new MDT's working within and with practices. The PCIP plans for development of MDTs need to be supported by robust information sharing agreements with all practices for the delivery of clinical care, for audit and review purposes and for service, workforce and public health planning.

An information sharing agreement which out the rules to be applied by a Health Board and a GP Contractor when sharing information with each other is being developed. This is a key enabler and is required as a matter of urgency to support the implementation of the PCIPs.

Finances

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 actual spend was £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). The balance of £319k will be carried forward to 2019/20.

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Services	WTE	£'000
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
Total	**16.2**	**395**
Total Funding Available		714
Surplus / (Shortfall)		319

Table 2 - Year 1 service development and costings

The summary table below indicates the total workforce expenditure for year one and the projected cost of providing services for years two, three and four, as set out in the Workforce and Funding Profiles tab in the Local Implementation Tracker return for Scottish Government.

	Year 1 2018/19		Year 2 2019/20		Year 3 2020/21		Year 4 2021/22	
Services	**WTE**	**£'000**	**WTE**	**£'000**	**WTE**	**£'000**	**WTE**	**£'000**
Pharmacotherapy	5.4	206	8.5	430	19.0	962	19.0	962
Pharmacy First	1.0	20	1.0	20	1.0	20	0.0	0
Advanced Nurse Practitioners (Band 7)	0.0	0	3.0	174	3.0	174	5.0	289
Advanced Practice Physiotherapists	1.0	16	1.0	59	1.0	59	6.0	354
Community Link Workers	4.0	73	4.0	83	4.0	83	6.0	207
Healthcare Assistants (Band 3)	3.8	32	3.8	77	3.8	77	3.8	77
Treatment Room Nurses (Band 5)	0.0	0	0.0	0	3.0	105	3.0	352
Treatment Rooms Equipment Set Up								
Vaccine Transformation Programme	0.0	14	0.0	168	0.0	362	0.0	362
Others		6						
CQL Sessions		18		15		15		15
PCBIS	1.0	10	1.0	36	1.0	36	1.0	38
Total Cost	**16.2**	**395**	**22.3**	**1,062**	**35.8**	**1,893**	**43.8**	**2,656**
Total Funding Available*		714		858		1,717		2,419
In year Surplus / (Shortfall)		319		(204)		(176)		(237)
Cumulative surplus / shortfall		319		115		(61)		(298)
*Year 1 confirmed, Years 2 & 3 assumed								
Table shows cumulative cost of services								

Table 3 - Total costs of service Years 1 – 4

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Premises

The NHSGGC Property and Asset Management Strategy includes independent contractor owned and leased premises. Oversight of GP premises developments is provided through the Board's GMS Premises Group which reports to the overarching Primary Care Programme Board.

In year 1 of the PCIPs, existing mechanisms such as improvement grant funding have been used explicitly to support the requirement for additional space as part of PCIPs and this will continue. There is a comprehensive programme of back scanning underway to free up space within practices to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records.

The national survey of GP premises will report shortly and will be used to inform future planning and investment including prioritisation for premises improvement grants and planning for capital developments, and will also support the due diligence and impact assessment process where there is a request for the Board to consider taking on an existing lease or an option to purchase.

Specific challenges have been noted in ensuring sufficient accommodation for services within small practices, and also for services being provided in one location for several practices in a locality. Supporting new developments to create additional space and accommodate Board employed staff is also challenging within independent contractor owned/ leased premises in line with the existing Premises Directions.

During years 2 and 3 of the Primary Care Improvement Plans, there will be a further focus on strategic planning for primary care premises in the medium and long term, in the light of the new GP contract, Primary Care Improvement Plans and the wider context of Moving Forward Together (the Board's long term strategy for clinical services) which sets out ambitions for the development of an extended range of community services based around virtual or actual community hubs. The strategy for GP premises will be developed in conjunction with the wider property strategy for community services and included within the capital plan associated with the Moving Forward Together programme.

Digital Infrastructure

Within NHSGGC, the eHealth team works in conjunction with HSCPs in the introduction of new services and processes within practices. This ensures where possible the standardisation of approach, fit to the Digital Strategy, use of core enterprise systems and minimal cost overhead. Costs have been supplied by EHealth to HSCPs to enable this to be incorporated into overall costs for new MDT members.

eHealth maintain an inventory of IT assets and software deployed to practices and for wider HSCP and Board operations. Development staff and eHealth joint working will ensure that as new services are deployed to support the MOU, and as significant estate changes occur (i.e. GP Practice Back scanning of records, New Premises) that these are reflected in the introduction of new technology solutions and amendments to operational processes and Business As Usual working.

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Risks

Unlike some areas within Greater Glasgow and Clyde, East Renfrewshire's population is increasing. Both our youngest and oldest populations are increasing. These are the groups which are the greatest users of universal health care services. East Renfrewshire is attracting people over 80 years of age because more retirement and care homes are choosing to open in the area. The influx of new patients into the Eastwood area has a significant impact on all General Practices in the area, the increasing ageing population inevitably leads to more complex health problems within this age group.

East Renfrewshire Council Local Development Plan has identified sufficient land for a minimum of 4100 homes and associated infrastructure to be delivered in East Renfrewshire by 2025 to comply with the Strategic Development Plan requirements with significant growth post 2025 also planned. The growth will be predominantly delivered in 3 main areas:

Urban expansion at:

A.

- Malletsheugh/Maidenhill/Newton Mearns. Approximately 1060 homes to be phased. 450 homes by 2025 and 610 homes post 2025.
- Barrhead South/Springhill/Springfied/LyonCross. Approximately 1050 homes to be phased 470 homes by 2025 and 580 homes post 2025.

B.

- A major regeneration proposal Glasgow Road/Shanks Park, Barrhead. Shanks Road, approximately 400 housing units by 2015. Glasgow Road, approximately 45 housing units by 2025 and 60 beyond 2025.
- Elsewhere in the rural settlements further limited growth has been identified for the village of Neilston. Crofthead Mill, 200 units post 2025. Brig o Lea football ground, 35 housing units by 2025. Other residential redevelopment 60 houses by 2025 and 233 post 2025.

C.

- Erection of retirement residential community, care home and multi-purpose village centre and formation of new access road from Aurs Road (major) | Netherplace Works Netherplace Road Newton Mearns East Renfrewshire G77 6PP

The rising population and the level of housing and residential redevelopment outlined is a significant risk for East Renfrewshire HSCP. This will increase demand for HSCP managed services and our local GP practices. A significant amount of the regeneration work is within the Newton Mearns and Neilston areas; both of which are served by a limited number of GPs housed in sites where expansion opportunities have been maximised.

Summary of 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

Summary of key challenges

- Uncertainty around the VTP (across GGC)
- 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 HSCPs
- 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.

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