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WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

PRIMARY CARE IMPROVEMENT PLAN

Report by Chief Officer, Health and Social Care

20 June 2019

PURPOSE OF REPORT

1. To update members on the implementation of the Primary Care Improvement Plan.

COMPETENCE

2. There are no legal or financial constraints to the recommendations being implemented. There are a number of HR issues which emerge and which are currently being considered by the Integrated Corporate Management Team.

SUMMARY

3. The Scottish Government and British Medical Association (BMA) have agreed a new GP Contract to support the ongoing development of primary care services in Scotland. The contract will refocus the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on complex care, as well as whole system quality improvement and leadership. The aim is to enable GPs to do the job they train to do and enable patients to have better care.

4. The refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period through a memorandum of understanding. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services in their capacity as expert medical generalists.

5. The funding of general practice in Scotland will be reformed and a phased approach is proposed. In Phase One, starting from April 2018, a new funding formula that is meant to better reflect practice workload was introduced. A new practice income guarantee has also operated to ensure practice income stability – so no GP practice in Scotland will lose income as a result of the new contract (despite local media reports to the contrary). The new funding formula has been accompanied by an additional £23m investment to improve services for patients where workload is highest – although it is notable that no GP Practices in the Western Isles qualify to access this resource. On the other hand, there will be significant national investment to support the reforms, offering over £1million by the end of the four year transformation period.

6. The IJB was required to agree a Primary Care Improvement Plan with GPs to identify how additional funds are implemented in line with the Contract Framework. Our plan was

developed in collaboration with local GPs and others and agreed through the GP Sub-committee and IJB.

PRIMARY CARE TRANSFORMATION

7. Our Primary Care Improvement Plan is a four year strategy designed to deliver on the transformation of primary care. If we succeed in delivering on the aspirations of the plan, we'll have transformed not just how patients engage with GP Practices but also the wider community healthcare system. The plan is attached for information.

8. Within the Primary Care Improvement Plan, we have set out a four year schedule of investment, which describes how we will invest in the areas outlined in the national MoU – building capacity within NHS Western Isles to deliver on the transference of functions from GP practices:

Primary Care Investment (£)				
Area	**2018/19**	**2019/20**	**2020/21**	**2021/22**
VTP/Community Treatment	140,000	240,000	260,000	340,000
VTP Scoping (IJB)	30,000			
Pharmacy Support	160,639	160,000	260,000	260,000
Urgent Care		82,857	132,857	132,857
Physiotherapy/MDT			100,000	200,000
Community Link			54,272	131,415
Total Expenditure	**330,639**	**482,857**	**807,129**	**1,064,272**

9. This resource represents a considerable growth in investment over the next four years (although it is worth noting that the figures are totals, i.e. the growth in resource from Year 1 to Year 2 is £150k, not £480k). The approach to capacity building outlined within our Primary Care Improvement Plan is to build generic capacity within the community nursing workforce, which will be capable of attending to the vaccination needs of the community, as well as delivering community treatment. This innovative approach will overcome some of the difficulties of providing services across geographically dispersed populations.

10. For our vaccination program, we proposed a phased implementation schedule which focuses on the schools cohort and pregnant women in year one and which would extend to other vaccination categories in years two and three. Similarly, we proposed to phase community treatment activity across four years. As we developed this generic capacity, we would expect additional areas of work to emerge around the public health agenda: supporting people with alcohol and substance addictions and carrying forward health promotion work more generally. This generic capacity would be deployed in accordance with the principle of 'fair share' – the idea that each practice should benefit from the additional capacity in proportion to patient list size.

11. In respect of pharmacy, we were already investing £100k in primary care pharmacy advisors, and we were seeking to grow this by a further £60k over the course of 2018/19. Any underspend from the first half of the 2018/19 Primary Care Improvement Fund would

be used to bolster investment in pharmacy in year two. This would boost the overall pharmacy support available to practices.

12. On the urgent care agenda, our plan is to develop a blended Advanced Nurse Practitioner team, connecting with other stakeholders like the Scottish Ambulance Service, to deliver urgent care on a 24/7 basis, thereby delivering on the main aspirations of the new GP contract.

13. The development of community link workers is anticipated to flow from initial pilot work being undertaken locally to tackle social isolation. This pilot is currently operating in Uist, Harris and Rural Lewis and is designed to ensure people using primary care services are better connected to other social supports.

14. Finally, we are seeking to build capacity to address the MSK workload and will seek to develop community physiotherapy and wider AHP capacity from 2020/21.

PROGRESS TO DATE

15. Over the course of 2018/19, we have been working with stakeholders to build capacity within our community nursing teams. This has been a complex process, especially in light of formal TUPE obligations which have arisen over the course of the first year. Specifically, we have had to survey all practices in respect of their existing workforce and establish which practice employees' jobs will be impacted by the transference of functions under the new contract. This has affected practice employees for whom the majority of their role is focused on administering vaccinations and elements of community treatment, such as phlebotomy and wound care. Our work in this area has been guided by the NHS Central Legal Office.

16. As part of this work, we have sought to maintain open and regular communication with staff teams and practices, but this is a challenging task. The management of change is often complex, and can create uncertainty, which some staff members have found difficult. Nonetheless, regular meetings have been established between the primary care leads, the Senior Charge Nurses, and community/practice teams.

17. In addition, the early part of 2018/19 has been used to host development sessions with community and practice staff, focusing on the main elements of the primary care reforms, including vaccination transformation and community treatment. We have also discussed processes of triage, clinical leadership and integrated multi-disciplinary working.

<u>Community Treatment</u>

18. As of 1st July 2019, community nursing teams will assume responsibility for elements of community treatment such as phlebotomy and wound care. This work will continue to take place within existing premises. Given the scale and complexity of the transference of the wider community treatment function, we are operating on a conservative basis to ensure that patient safety and outcomes are prioritised. In other words, we have been careful not to over-reach, guarding against functions transferring without a corresponding ability from the community teams to meet new obligations. We have framed the exercise as a test of change, which will develop iteratively, in order to support the full transfer of community treatment tasks by the end of 2021/22. Within this context, our nursing staff

will be encouraged to continue to work holistically with a focus on patient-centred care. So while phlebotomy and wound care will be the day-to-day responsibility of community nurses from July 1st 2019, we will seek to avoid unnecessary inconvenience to patients if they require additional community treatment work that can be undertaken safely and competently by the nurse providing their care.

Vaccination Transformation

19. VTP continues to be implemented across the Western Isles on a phased approach. The first year of reform saw the transfer of vaccination schedules for a limited number of patient groups, including the children's flu programme for primary school children. This was delivered in schools throughout the Western Isles with an increase in uptake of approximately 6%.

20. As noted above, we are seeking to deliver an integrated treatment room model, which will see the remaining vaccine programmes delivered by the community nursing teams. The second year of reform, which will be delivered from July 1st 2019, include:

    - The routine childhood immunisation programme (children aged 0-5 years of age, including flu)
    - Flu for those aged <65 and in an 'At risk' group
    - Flu for those aged >65 years of age
    - Pneumococcal vaccination for those aged >65 years of age
    - Shingles vaccination for those aged 70-79 years of age

Primary Care Pharmacy

21. The new GP contract has made primary care pharmaceutical services one of the priority areas in order to free capacity in primary care and enhance the level of care afforded to patients by providing skilled pharmaceutical care.

22. In the Western Isles, we were already using primary care pharmacists in all GP practices and we have therefore evaluated existing capacity to look at how best to embed these positions for the benefit of GP practices and patient care. The funding for the two existing primary care pharmacists has been subsumed within the wider primary care improvement funds, which amounts to around £100k per annum. This funding will grow incrementally across the four years.

23. The development of the primary care pharmacy team is best undertaken following the appointment of a lead clinical pharmacist for primary care. There are options to employ pharmacy technicians as well as fully qualified primary care pharmacists to deliver an effective skills mix. The technicians would be able to provide such services as monitoring clinics, formulary adherence checks, audit and compliance reviews.

24. Allied to this, we are reviewing the roles of the Clinical Prescribing Lead and the Chief Pharmacist to ensure that there is consistency of approach across primary and secondary care in an attempt to streamline the information provided to patients and clinicians alike.

GP Premises

25. Only one practice in the Western Isles is situated within a privately owned property (Broadbay). In accordance with the new contract, the practice has expressed its preference for the Health Board to take over the Practice's lease with its landlord. The Scottish Government commissioned a national survey to establish a baseline of the fabric of leased practice buildings during 2018/19. The result of the survey has now been published and we are evaluating the implications of this with colleagues responsible for the Health Board's estate and assets. We will apply for funding from the GP Premises Sustainability fund to bring the building into compliance with national standards for Health Facilities and to meet any dilapidations claims with a view to negotiating a new lease with the landlord during 2019/20. In the meantime, the Board continues to reimburse rental cost to the practice.

CHALLENGES AND OPPORTUNITIES

26. By the end of 2019/20, we want to have made significant progress in transferring community treatment and vaccinations, in building primary care pharmacy capacity and in shaping the future of urgent care.

27. We will pay particular attention to the new community treatment and vaccination service. This represents a significant change and it is therefore important that we maintain a focused approach to the delivery of these new services, and support our practices to reform on the back of the functions transferring. The community treatment work in particular will be subject to continual review, with new responsibilities transferring as capacity becomes available.

28. We will also undertake specific work on the physical estate, to ensure that all practitioners working in primary care have access to appropriate clinical and clerical space. This will require good faith and compromise across all parties.

29. Finally, we will need to be responsive to national direction and developments. In particular, Sir Lewis Ritchie is currently presiding over a review of arrangements within rural Scotland, and is likely to say something around the ability of local partnerships to flex the contract in line with local needs and circumstances. We will keep members apprised of any developments in this area.

RECOMMENDATIONS

30. It is recommended that progress in delivering against the Primary Care Improvement Plan is noted and discussed.

Ron Culley
Chief Officer
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