
Report To: Inverclyde Integration Joint Board **Date:** 4 November 2019

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Partnership **Report No:** IJB/69/2019/AS

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Subject: **UPDATE ON IMPLEMENTATION OF PRIMARY CARE
IMPROVEMENT PLAN**

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on the implementation of the Primary Care Improvement Plan.
- 1.2 The report outlines the challenges to implementation and the steps taken to address these.

2.0 SUMMARY

- 2.1 The IJB has previously been advised of the responsibility for developing the multi-disciplinary team through the delivery of an agreed Memorandum of Understanding (MOU) supported by a Primary Care Improvement Plan (PCIP) and associated budget.
- 2.2 Despite the re-phasing of funding, there is still a challenge for the HSCP to develop an MDT which can manage the demand required within primary care and meet the commitments contained in the MOU. The availability of staff and challenges with recruitment and retention compound this.
- 2.3 The GP Sub-Committee of the Local Area Medical Committee did not approve any PCIP from the 6 HSCPs in NHSGG&C for 19/20 due to their concerns that the plans will not fully implement the MOU. Scottish Government Primary Care Division is aware of this and Inverclyde retains a good working relationship with our local GP Sub-Committee representative in progressing local plans.

3.0 RECOMMENDATIONS

- 3.1 That the progress made in implementing the Primary Care Improvement Plan and the associated challenges be noted.
- 3.2 That it be agreed that a further update report be made to the Integration Joint Board in May 2020.

4.0 BACKGROUND

- 4.1 An implementation plan to support delivery of the Primary Care Improvement Plan was developed in 2018 and agreed with the GP Sub-Committee. An updated plan was developed for 2019/20 and was submitted for approval to the GP Sub-Committee.
- 4.2 There are a number of challenges around levels of funding from the Scottish Government and recruitment and retention of appropriately skilled staff. For these reasons the GP Sub-Committee did not approve any of the 6 PCIPs within the NHSGG&C and the NHS Board has received updates on this. These issues continue to be a feature of discussion between the national group of Chief Officers and Scottish Government, the national Primary Care Leads Group and at the GMS Oversight Group which brings together the Scottish GP Committee (SGPC), SG, NHS Board CEOs and HSCP Chief Officer representatives.
- 4.3 The local governance process is via the Primary Care Implementation Group chaired by the HSCP Clinical Director. There is also an NHSGG&C Primary Care Programme Board chaired by the Chief Officer responsible for Primary Care. This group is working to address recruitment and retention across NHSGG&C and continues to be a forum for collaborating on relevant issues and escalating these to Scottish Government.

4.4 Challenges and updates to delivery of priority areas

The Vaccination Transformation Programme (VTP)

There is an existing GGC wide co-ordinated approach for the Vaccination Transformation Programme (VTP) with phased implementation of the programme to be fully complete by April 2021. During winter 2019 a pilot of the new clinic model for pre-school flu vaccination will take place in Port Glasgow Health Centre.

There are significant cross-system challenges to delivering the range of adult immunisation programmes which include availability of staff at key times (such as during flu season), clinic accommodation and IT infrastructure. A national group has recently been convened involving colleagues from NHS NES, Scottish Government Primary Care Directorate, Health Protection Scotland and other stakeholders to plan the way forward for discussion of the professional, governance and employment issues surrounding the possible use of Health Care Support Workers in delivering flu vaccination (across all care groups). A pan NHSGG&C Adult Immunisation Group meets monthly to progress plans.

4.5 Pharmacotherapy Services

As previously reported, there is good evidence to show both the shift in GP workload and the increase in patient safety that our local model has enabled however we now recognise that this model relies heavily on highly banded, senior pharmacists. Development is underway to skill mix appropriate workload to Technician and Assistant grade staff. There has been significant impact of maternity leave within this team and we have also started to see vacancies not being filled with staff choosing to work in or closer to Glasgow. As a whole, the pan NHSGG&C recruitment approach is now seeing a decline in applicants and available posts filled.

4.6 Community Treatment & Care Services (CTCS)

The development of the service remains limited, with pace and capacity being determined by availability of the Primary Care Improvement Fund which will continue to be a limiting factor in fully developing this service in line with the MOU commitments. We will continue to engage with our local GPs on how this service develops and the associated timescales.

4.7 Urgent Care (Advanced Practitioners)

Plans to maintain our existing Advanced Nurse Practitioner (ANP) capacity continue with further roll out of ANPs in the next financial year. Based on our experience and that across the board, it is evident that we will be required to recruit trainee ANPs to support our workforce implementation plan due to the lack of suitably qualified staff to fill these relatively new posts in primary care.

Funded by SAS, we continue to have the support of specialist paramedics within two practices however the staffing has reduced from four to two staff and SAS have continued to have challenges recruiting to Inverclyde. Whilst there has been a hiatus within Gourock Medical practice, this service has now recommenced with a trainee specialist paramedic joining in the last few weeks. We expect to have these staff deployed from SAS until the end of 19/20 however we await confirmation from SAS.

4.8 Additional Professionals -Advanced Physiotherapy Practitioners

Recruitment and retention continues to be an issue for delivery of the Advanced Physiotherapy service due to post holders leaving to work elsewhere in Glasgow. A further recruitment process is underway however if this post cannot be filled in October then we will ask our GPs if they wish to convert this post to an ANP post and begin rolling out ANPs earlier than planned. There is also significant impact on the existing MSK services in NHSGG&C as it is this pool of staff who predominantly apply for these new posts.

4.8.1 Additional Professionals – Mental Health

There is congruence with the work to develop Action 15 of the five year mental health strategy and an engagement workshop focusing on primary care was held in June 2019. Our current focus is on developing the approach to mental wellbeing and to responding to distress in primary care, both of which were a focus of discussion at the workshop. Engagement is underway with the national lead for Distress Brief Interventions (DBI). DBI is about offering timely *Connected Compassionate Support* to those in distress. Based on our exploration of commissioning and delivering this service, a proposal is to be written outlining the case for implementation in Inverclyde.

4.9 Community Link Workers (CLW)

Community Link Workers will be in place within all 14 practices by the end of November 2019. CLWs continue to have a significant impact on those with whom they work who often have particularly complex and/ or chaotic lives. The CLW service along with Community Connectors are subject to a commissioning process which is expected to be completed in time for April 2020.

5.0 IMPLICATIONS

5.1 FINANCE

There was slight slippage which created a small underspend in 2018/19 which was carried forward within Earmarked Reserves. The agreed rephased funding available in 19/20 is £1,266,000 and £1,904,000 in 20/21.

FUNDING 19/20	£1,266,000
NR carry forward from 18/19 EMR	£19,700
ESTIMATED UNDERSPEND IN 19/20	£5,177

LEGAL

5.2 There are no legal issues raised in this report.

HUMAN RESOURCES

- 5.3 As advised, recruitment and retention remain a significant factor in developing the multi-disciplinary teams.

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

- 5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time should improve.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Specific education and sessions around the range of primary care services is underway.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through better availability and signposting of the range of primary care support/

	professionals, availability of appointments with the right profession at the right time
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	A wider MDT approach with additional/ extended skills to positively supporting individuals.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access and support within the communities with greatest need.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Development of the MDT and additional investment will support practices and GPs to continue deliver primary care consistently and effectively.

6.0 DIRECTIONS

6.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with

- Local General Practitioners and their teams
- Primary Care Implementation Group

8.0 BACKGROUND PAPERS

8.1 None