AGENDA ITEM NO: 9

Report To:	**Inverclyde Joint Integration Board**	**Date:**	**14 November 2023**
Report By:	**Kate Rock Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/49/2023/AB**
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Subject:	**Progress of the Primary Care Improvement Plan (PCIP)**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide an update on our progress on delivery of the Primary Care Improvement Plan (PCIP) and how this contributes to the overall progression of the Transformation of Primary Care Services.

2.0 RECOMMENDATIONS

2.1 The Integration Board is asked to note the successes and progress achieved in delivering a multi-disciplinary approach to complement General Practice care through the delivery of Primary Care Improvement Plan (PCIP).

Kate Rocks
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3.0 CONTEXT

3.1 Prior Integration Joint Board reports describe the background and context of the new contract provision of General Medical Services in Scotland. Inverclyde HSCP being an initial pilot site to test multi-disciplinary models of care in General Practice (GP) settings.

3.2 This contract maintains a vision of multi–disciplinary professionals working to support GP Practices, under the employment and direction of HSCPs. An innovative task, with the objective to support GPs at a very challenging time, in order to allow GPs to focus on care for patients with the most complex needs.

3.3 Delivery for HSCPs was based on a defined Memorandum of Understanding (MOU). The MOU established a national agreement between the BMA, Scottish Government, integration authorities and health boards to implement the 2018 Scottish GP contract. The MOU was refreshed in August 2021 producing a revised MOU, one that confirmed particular areas of focus between periods 2021 – 2023; and included Vaccination Transformation, Pharmacotherapy and Community Treatment and Care Services (CTAC).

3.4 As of October 2023, we have 50.44wte staff contributing to the delivery of Primary Care Transformation. Funding continues to be challenging, with Scottish Government only confirming our allocation for April 23 – March 24 in August of this year. This places the Programme Management Team under considerable pressure to achieve the delivery of the Scottish Government's defined MOU. We await clarification from Scottish Government on proposed funding moving forward into years 24 – 25 and a model for which this funding could be baselined.

4.0 INTRODUCTION

4.1 Inverclyde has a registered patient population of 80,524 (July 2023) across 13 GP Practices spanning from Gourock to Kilmacolm. Registration data shows a steady increase each quarter in the overall number of Practice registrations in Inverclyde; comparison to April 2023 quarter showing an increase of 196 registrations (80,328). The average Practice list size is 6,194, ranging from 2,871 patients to 14,695 patients in our largest practice.

4.2 Our registered Practice population has decreased by only 577 (81101) since January 2014; we have however adopted a more complex population which is having a significant impact on General Practice. As an area of significant deprivation, compounding factors contributing to the challenges in General Practice include an ageing population, migration, unemployment, fuel, food and childhood and household poverty.

4.3 Our PCIP implementation has enabled GP Practices to support patients in alternative settings, by the introduction of experts based on a multidisciplinary team model it is underpinned by seven key principles: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

4.4 We continue to progressively recruit and train staff to deliver services across the six Memorandum of Understanding (MOU) areas. Over the course of implementation we have reflected on lessons learned and adjusted our plan accordingly. This has included the implementation of a skill mixed workforce; which has provided opportunities for efficiencies, and built greater resilience into some services.

4.5 New delivery models of care and recruitment of multi-disciplinary professionals has allowed the transfer of some work from GP practices to HSCP staff within the context of Primary Care transformation. It is difficult to demonstrate 'time saved' for GPs as conditions including the pandemic and changes in our population has seen greater need placed on General Practices and work transferred has simply been replaced by other demands. It is important to note, that had the implementation of PCIP not been commissioned, General Practice would likely be facing a challenging future.

4.6 In line with the revised Memorandum of Understanding, our priorities continue to focus on advancing and accelerating our multidisciplinary models of care across CTAC, Pharmacotherapy, VTP followed by Urgent Care as defined. We will continue to commit support

to those valued models including Community Link Workers; which has been demonstrated as one of our most valuable assets in supporting General Practice.

5.0 PROGRESS REPORT ON MOU AREAS

5.1 The Vaccination Transformation Programme (VTP) is deemed one of biggest models of care transferred from General Practice to NHS Board and HSCPs. This approach has removed vaccination workload from General Practice, however, reduces those opportunistic moments with those patients' contacts, that only take place at these vaccination points.

5.2 Childhood vaccinations (pre-school and school based) were transferred at an early position in 2019/20. Now delivered in HSCP community clinics and schools with NHS GGC/HSCP hosted staff employed to deliver this programme. Maternity Services continue to deliver a model across GGC for pregnant women.

5.3 Responsibility for Travel Health vaccinations transferred to the Board on 1st April 2022. Initial guidance and travel advice is accessible through the NHS Scotland Fit for Travel website. As commissioned service, Citydoc provided travel health advice, risk assessment and delivery of travel vaccinations to Inverclyde and other HSCP areas.

5.4 Providing 3 months' notice, as of 30th September Citydoc no longer provide a Travel service. NHSGGC implemented a contingency arrangement from 1st October to deliver a NHS GGC Travel Health Service following approval from the Primary Care Programme Board and Adult Vaccination Group. With a further options appraisal to focus on a model post 2024. A Short Life Working Group for Travel Health with representation from key stakeholders to plan and implement the contingency plan is in place. This model will look to address the location of clinics, the feasibility of local access and the most cost effective approach for delivering a Travel Health Service.

5.5 Programmes for Adults, COVID boosters are incorporated within the current Autumn/Winter campaign. Care home residents, people aged 75 and over and those with weakened immune systems (12+years) being accelerated as a precautionary measure due to the emergence of BA.2.86. Both flu and COVID 19 booster are underway for the eligible cohorts and staffing groups at present with the aim of competition by 11th December 2023. Mobile patients attending our Town Halls are managed by a central vaccination team at NHS GG and HSCPs have responsibility for the vaccination of our vulnerable populations within their own home and care home environments.

5.6 There is learning from current delivery models which will influence the future establishment of a robust, efficient and sustainable long term vaccination programme in line with the needs of patients and the terms of the GMS 2018 contract. As such, a Small Life Working Group (SLWG) has been created for Vaccinations at Board Level with the focus on review and future considerations of adult service models. Each HSCP has different requirements and challenges; representation from Inverclyde has drawn focus to alternative venues and delivery models to better suit local need.

5.7 The appointment of a Team Lead (until Aug 2024) with oversight for Housebound Vaccinations and Community Treatment and Care (CTAC) is now in post. Both services having 2 part time Co-ordinators to manage daily operations. (until Aug 2024). Vaccinations and CTAC are successfully aligned under Community Nursing with plans to implement these roles as permanent fixtures should evidence and finances support.

5.8 Pneumococcal, Shingles and non-routine vaccinations are currently invited to central clinics or vaccinated at home. This again is an area prompted through the Vaccination SLWG for consideration on suitability of mass vaccination approach from both from a financial and local population need perspective. Without this programme transfer, our population would face further difficulty in accessing care; as would our clinicians experience an increase in demand for care without the capacity to delivery.

6.0 Pharmacotherapy Services

6.1 Adopting a tiered model approach to Primary Care Pharmacy has seen the expansion of existing pharmacy teams to introduce a shift from traditional pharmacy activities into one where we are able to provide a new medicines management service, referred to as the Pharmacotherapy Service.

6.2 The implementation of mix of Pharmacy professionals has allowed more flexibility in workforce roles, movement in skill mix, the development of a hub model and pharmacist provision for a minimum of 0.5wte/5,000 patients. With a workforce of 14.59wte delivering Pharmacotherapy service across Inverclyde supporting the transfer of Pharmacy activity from GPs to Advanced Pharmacists and Senior Pharmacists.

6.3 The establishment of a single point of access Hub has seen the onward transfer of lower-level Pharmacy activities (L1) from Senior Pharmacists to Pharmacy Technicians, allowing more complex activity being undertaken by Pharmacists. The Hubs focus on medication changes from Immediate Discharge Letters (IDLs), Out Patients Letters (OPL), Acute Requests (DMARDs, analgesics) and Serial Prescribing, medication reconciliation, medication queries and Prescribing quality improvement.

6.4 The Hub approach has released Pharmacist time to conduct Level 2 & 3 medication reviews including Polypharmacy, Frailty Medication Reviews and specialist clinics including analgesics.

6.5 We have invested in, enhanced and advanced our workforce, working environment, equipment and training to support delivery. The continued expansion of the new pharmacotherapy service provides scope for GPs to focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients. Full implementation of the Memorandum of Understanding for Levels 1, 2, and 3 will however be difficult to achieve without further significant investment.

6.6 Cost efficiencies, quality prescribing and formulary compliance continue to be areas of focus moving ahead. A Prescribing Management & Pharmacotherapy Group, Pharmacy Development Group and Pharmacy Locality Group have been established locally to drive forward the required changes, review clinical and cost effective prescribing, governance structure around the prescribing and Prescribing education across Inverclyde HSCP.

7.0 Community Treatment and Care Services (CTAC)

7.1 The creation and implementation of CTAC services provides the opportunity to transfer activity in General Practice including minor injuries, chronic disease monitoring and other services suitable for delivery within a community setting.

7.2 Existing treatment room models located in Gourock, Greenock and Port Glasgow Health Centres have naturally integrated under the umbrella of Community Treatment and Care. Building on existing good practice and enhancing services for our GP Practices allows the incorporating of basic disease data collection and biometrics (such as blood pressure), the management of minor injuries and dressings, suture removal, and ear care within this delivery model. Other enhanced services will include leg ulcer management, Doppler assessment, over and above our traditional Treatment Room activities including wound dressings and suture/staple removal.

7.3 Additional resources (15.17wte) through PCIP has complemented our existing treatment workforce and has integrated well providing a more equitable service for patients and Practices alike. Two models of delivery are in place providing a Practice based model supported by Health Care Support Worker and Health Centre Model led by Nursing staff. We will continue to enhance and advance our model in a bid to providing the most welcoming Community Treatment and Care Service for our local population.

8.0 Urgent Care (Advanced Nurse Practitioners)

8.1 The Advanced Nurse Pracitioner role is one that is utilised in a variety of settings, in the case of PCIP delivery this is through an Unscheduled Care Home Visit model. A workforce of 7.68wte responding to a proportion of home visits for General Practitioners.
It is worth highlighting that only 1.8wte of our workforce are fully trained ANPs, with the remainder of the team nearing completion or remain in training. This requires significant investment with regards to time out from clinical duties for shadowing, mentoring, university and study leave, over and above clinical patient facing role and clinical note write up.

8.2 The establishment of a single point of contact Hub has been implemented to triage and manage urgent care. As previously indicated we are progressing a skill mix model, testing the role of Health Care Support Worker within the team to support the ANPs with triage of calls, preparatory and follow up activity. Support for our clinical team from an administrative perspective is being progressed to maximize clinical care.

8.3 We continue to experience significant movement of staff within the ANP team. The loss of ANPs to local GP Practices is contributing to the turnover of staff. It does support sustainability of General Practice however continues to present challenges in establishing a robust and sustainable service. We are therefore at a point in our journey that our current model requires review and reflection. Local engagement with GP Practices is underway to ascertain future direction as we continue to review, shape and adapt models for responding to urgent care locally.

9.0 Additional Professional Roles

9.1 The role of Advanced Practice Physiotherapist (APP) is delivered by 2.3wte (excluding time in MSK) with 61% of our GP Practices population accessing a Physiotherapist within a GP practice setting. The majority of patients signposted directly to the APP therefore reducing unnecessary GP attendances. This model of care has again experienced significant staff movement which has proved challenging to maintain a robust and sustainability service and no opportunity to expand to our wider GP community. This creates an inequitable service provision for practices and patients.

10.0 Community Link Workers (CLW)

10.1 Inverclyde's Community Link Worker model is built on a partnership between the HSCP and our Voluntary Sector Partner (CVS). CVS is an umbrella organisation for voluntary organisations and are our Third Sector Interface.

10.2 There is a significant cohort of patients who seek recurring and regular support from GPs, for what are often issues associated with loneliness, social isolation, a lack of community connection and associated 'social' issues. The CLW model was established to support such individuals with a variety of social, financial, mental health and practice issues.

10.3 The success of this programme allows a GP attached workforce of 8.4wte (1.8wte temporary) to provide a vital link service to all GP Practices across Inverclyde. The support of the Community Link Worker (CLW) is not time limited, however, the CLW always ensure the aim is to 'link' to appropriate resources to promote independence and support patients to feel empowered so that they know how to combat similar issues if they arise again. With support and onward referral, the main reasons for referral continue to include financial matters, Mental Health support, stress related issue, housing assistance and carer support.

10.4 Our Community Link Worker model is a valued asset attached to and based in all our 13 GP Practices in Inverclyde. They are firmly embedded within the Practice teams supporting the growth of professional and patient relationships. Although much of the Community links worker role is 'unseen', they are very much actively out in the community providing support to patients, often with complex issues, to remove barriers and to link with resources and services to improve their overall wellbeing. Further investment to secure the temporary 1.8wte and potential expansion of the model is a much needed priority moving forward.

10.5 It is also important to highlight that there are added pressures and demands to support Ukrainian, Asylum Seekers and Non UK Student Visa Nationals communities. Further resource, investment and capacity is required to support this population and the additional complex demand and increased interventions this is placing on our Community Links Workers, Contractor Services and extended Multi-disciplinary Teams.

11.0 POPULATION ENGAGEMENT

11.1 Through population engagement, explaining the true meaning of Primary Care and the range of professionals and services that work alongside our General Practitioners (GP), we will ensure our population are accessing the right care in the right place.

11.2 Our Primary Care Transformation journey will be shared through a variety of formats and activities including Primary Care Transformation Branding, Population Knowledge Survey, Community Engagement, Group Sessions, Information Stalls, Workforce Engagement sessions, Social and news Media, Transformation Webpage, Care Navigation/Signposting training to support our HSCP/GP Practice workforce.

11.3 Engagement will be supported by our overarching Primary Care Transformation film. This film is one that takes our population on a Transformation journey, explaining the new roles and professionals our population may now attend or speak to other than a GP, and the reasoning behind this transformation. This engagement programme will complement our existing Choose the Right Service brand; raising further awareness of services and resources accessible and one that supports a culture of appropriate use of our health and social care services.

12.0 POPULATION FEEDBACK

12.1 Feedback locally will be obtained via several methods:

1. a pre and post knowledge patient survey, patients having the option to complete electronically and paper format.
2. feedback will be captured in responses to our community engagement sessions delivered by our third sector partner Your Voice.
3. Care opinion as a route for service feedback

12.2 Contributing further to this will see the launch of a new Health and Care Experience Survey Health and Care Experience Survey - gov.scot (www.gov.scot) replacing the current GP and Local NHS Services Patient Experience Survey, asking for experiences of:

- accessing and using their GP Practice and Out of Hours services
- aspects of care and support provided by local authorities and other organisations
- caring responsibilities and related support

12.3 It is a postal survey sent to a random sample of people registered with a GP in Scotland. The survey has been run every two years since 2009. Scottish Government are working on a replacement Survey for 2023-2024. Testing with randomly selected population groups is ongoing through Autumn 2023. This will provide a mechanism for feedback from patients gathering the incorporating the wider health and care system.

13.0 SUMMARY

13.1 It is to be acknowledged that PCIP funding has enabled us to introduce a range of Multi-disciplinary professionals, which has both directly and indirectly diverted workload away from GPs and routed to the most appropriate professional or service.

13.2 It is therefore worth noting that without this investment that our GPs may not have been able to focus on the complexity of the Expert Medical Generalist role due to the significant impact the pandemic had had on our population and these new demands.

13.3 We are therefore drawing awareness to the following highlights:

- Population Engagement is key to delivering Primary Care Transformation, acceptance from our population of alternative services and professionals to complement GP care will deliver the best outcomes for our Transformation Journey.
- Our workforce and partners are our most valuable assets in changing the culture of use of services and the full understanding of Primary Care and our extended multi-disciplinary teams.
- Transfer of vaccinations has seen the largest General Practice workload shift, however feasibility in local delivery models needs further scoping as part of Board review.
- Community Link Worker activity continues to increase and support our communities with social elements; reducing the need for GP involvement in aspects of non-medical care. Further commitment on spend is required in this area to allow onward growth and support a very much needed model for our population.
- Advanced Nurse Practitioners provide an alternative to home visits, reducing the need for GP visit. Review of overall model and approach to urgent and unscheduled care in this context is required to achieve maximum coverage and impact.
- Community Treatment and Care services have enhanced and expanded nursing care which has seen a natural shift of activity from Practice Nurses and ultimately GPs to allow that focus on more complex care. Further opportunities within this model await.
- Advanced Practice Physiotherapist (APP) model, although limited spread, has allowed patients to see a specialist for MSK conditions, again something as a Generalist, GPs value.
- Skill mix within our multi-disciplinary teams adds a balance to our models of care, enabling clinicians to focus on complex care, whilst support staff delivery lower level activity and care.

13.4 As a final note, acknowledgement should be made to the continued increase in demand and pressures on our services. Nevertheless our MDT workforce and supporting Primary Care Team continue to strive in successful delivery of the new GP Contract and create accessible and equitable care for our local population.

14.0 IMPLICATIONS

14.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	x	
Legal/Risk		x
Human Resources	x	
Strategic Plan Priorities	x	
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes	x	
Environmental & Sustainability		x
Data Protection		x

14.2 **Legal/Risk**

There are no legal issues raised in this report.

14.3 **Human Resources**

Workforce remains a significant challenge, driving additional pressure on delivery of PCIP services. MEMORANDUM OF UNDERSTANDING2 states a Task and Finish group will be convened to oversee planning and pipeline projections.

14.4 **Strategic Plan Priorities**

Relates to HSCP Strategic Plan, Big Action 4:

- Key Deliverable: Access 4.13:
- By 2022 we will have implemented the Primary Care Improvement Plan (PCIP) delivering the expanded MDT to offer a wider range of choice for support to both acute and chronic illness.

14.5 **Equalities**

(a) This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

x	YES – Assessed as relevant and an EqIA is required and has as such been completed, a copy of which will be made available on the Council's website: https://www.inverclyde.gov.uk/council-and-government/equality-impact-assessments
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

(b) 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.	None

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.

x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

14.6 **Clinical or Care Governance**

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

14.7 **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 & social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals/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 to a wider range of professionals and education on services available within the wider primary care/ community setting.
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.

14.8 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.
Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

14.9 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

15.0 DIRECTIONS

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	

16.0 CONSULTATION

16.1 This report has been prepared by the Head of Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP) under the direction of the Primary Care Transformation Group.

16.2 Engagement through our New Ways, PCIP and now Primary Care Transformation journey; has been inclusive ensuring our key stakeholders are engaged in the development and shaping of our services.

16.3 In supporting our transformation agenda, it is recognised that in order for successful transfer of care; from GP to extended multidisciplinary professionals that population engagement is key.

16.4 Our culture change journey commenced during New Ways of Working. It was at that point our ‘Choose the Right Service’ brand and campaign was created. Working in partnership with our third sector partners and led by Your Voice; this model has advanced, and embedded in our communities. As we now know it, patients were seen for the ‘right care in the right place’.

16.5 On the next phase of our transformation journey, we have:

- Commissioned further population engagement through the third sector, focusing on the 'Transformation of Primary Care'.
- Created Development Groups for areas of the Memorandum of Understanding to ensure our stakeholders are represented and have input to the onward development of our services.
- Held engagement sessions for GP Practice workforce to engage and contribute to focus session on specific Memorandum of Understanding areas.
- Population engagement will take place through a variety of approaches including face to face, social media.

17.0 CONCLUSIONS

17.1 Headline messages from our Primary Care Implementation Plan journey, at October 2023 are:

- An additional 50.44wte staff have been recruited to the MDT roles.
- The additional workforce capacity has increased support for General Practice; as well as managing both existing and new workload in a sustainable way.
- The implementation of the new models and extended multidisciplinary teams are now an established part of core general practice provision; which has allowed a significant transfer of work from GP practices to the HSCP across all of the MOU as demonstrated above in each of the priority areas.

17.2 PCIP was developed within the available funding, focusing on those areas most closely linked to contractual commitments. Inverclyde HSCP continues to embrace these opportunities, utilising innovative approaches to skill mix, creating efficiencies and maximising impact. Inverclyde continues to exceed beyond this; and have significantly progressed all MOU defined areas and should be commended on this achievement.