



Integration Joint Board

29<sup>th</sup> November 2018

This Report relates to  
Item 15 on the Agenda

# Primary Care Transformation Programme Update

*(Paper presented by Greycy Bell)*

*For Discussion and Noting*

<b>Approved for Submission by</b>	Julie White, Chief Officer
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<b>List of Background Papers</b>	None
<b>Appendices</b>	None

## SECTION 1: REPORT CONTENT

**Title/Subject:** Primary Care Transformation Programme Update

**Meeting:** Integration Joint Board

**Date:** 29<sup>th</sup> November 2018

**Submitted By:** Greycy Bell

**Action:** For Discussion and Noting

### 1. Introduction

1.1 The Primary Care Transformation Programme will implement the 6 priority areas for a change outlined in the 2018 General Medical Services (GMS) Contract. These are:

- Vaccination Transformation Programme
- Pharmacotherapy Services
- Community Treatment & Care Services
- Urgent Care
- Additional Professional Roles (Physiotherapy and Mental Health)
- Community Link Workers

### 2. Recommendations

2.1 **The Integration Joint Board is asked to Discuss and Note:**

- **The process which has been undertaken to identify the activity to be taken forward for Year One of the Primary Care Transformation Programme in support of delivery of the 2018 General Medical Services Contract.**
- **The five proposals which are going forward for delivery in Year One.**
- **The implications of Year One commitments on the available funding for Year Two.**
- **The other strands which are ongoing in support of implementing the GMS contract by the end of March 2021.**

### 3. Background

3.1 A Programme Board was set up in May 2018 to support the implementation of the 2018 GMS Contract.

3.2 The Programme Executive Team worked closely with the GP Sub-Committee Executive Team to produce the Primary Care Improvement Plan for Dumfries & Galloway. This was approved by the local GP Subcommittee on 19th June, by the Primary Care Transformation Programme Board on 27th June ahead of being submitted to the Scottish Government ahead of 1st July. It was approved by the Integrated Joint Board on 26th July.

3.3 Various workshops and events with GPs over the period of several months had resulted in the identification of 4 local priorities for year one:

- Pharmacotherapy Services
- Urgent Care – home visits and unscheduled care
- Mental Health (As part of Additional Professional Roles)
- Vaccination Transformation Programme

#### 4. Main Body of the Report

##### 4.1 Development of Year One Proposals

GP Cluster Teams, working with locality teams and Clinical Leads, developed a range of proposals across these four priority areas in July and August 2018. These were presented to the local GP Subcommittee on 16th August and advice and guidance was provided to the Programme Board on the suitability of these proposals to go forward.

##### 4.2 Prioritisation of Year One Proposals

A prioritisation exercise took place at the Programme Board Meeting on 22<sup>nd</sup> August using six prioritisation criteria which had been developed between the GP Subcommittee Executive Group and the Primary Care Transformation Programme Executive Team. The six criteria used were as follows:

- Strategic Fit
- Acceptability
- Realism
- Patient Centredness
- Impact of Health Inequalities
- Risk

4.3 This resulted in the production of a prioritised list of proposals by the end of the Programme Board meeting. The scores received by each proposal were as follows:

Final Position	Proposal No.	Title of Proposal	Score
1st	Proposal 1	Pharmacotherapy Services, Joint Cluster Proposal	854
2nd	Proposal 4	Urgent Care – Paramedics in the Machars	843
3rd	Proposal 2	Mental Health Joint Cluster Proposal (Nithsdale, Stewartry)	829

		and Wigtownshire)	
4th	Proposal 7	Stewartry Urgent Care	812
5th	Proposal 8	Vaccination Transformation Programme	757
6th	Proposal 6	Support for Care Homes in Annandale & Eskdale	740
7th	Proposal 3	Annandale & Eskdale Community Link Workers Proposal	589
Declined	Proposal 5	Urgent Care Support in Annandale & Eskdale	NOT SCORED

#### 4.4 Development of Financial Implementation Plan for Year One

This prioritised list was then passed to the Finance Team to produce a Financial Implementation Plan for Year One. This was approved by the Programme Board on 17th September. The proposals going forward for Year One implementation are:

- **Joint Cluster Pharmacotherapy Proposal** – delivering Level 1 (Core) element of the 2018 GMS Contract Pharmacotherapy Service to all practices by April 2021
- **Joint Cluster Mental Health Proposal** – additional CPNs to work with cluster teams to relieve GPs of lower grade mental health issues which are not able to be referred on to secondary care
- **Urgent Care** – Paramedic Pilot in the Machars – 26 week pilot programme using paramedics to take on suitable home visits and unscheduled visits to the GP freeing up GP time in a rural area.
- **Urgent Care** – Vital Signs Training in Care Homes in the Stewartry – pilot programme to reduce number of unnecessary visits to care homes in one locality of Dumfries & Galloway.
- **Vaccination Transformation Programme** – expansion of current Vaccination Team to build strong foundation for a fully NHS led vaccination service by April 2021.

4.5 There are significant implications for Year Two spend in taking forward these large implementation proposals in Year One. It is envisaged that there will be little additional available funding above what has already been committed for Year One. There is a significance increase in funding again in Year 3 and therefore the next 18 months will require a large amount of planning to ensure that new programmes are in a position to start as early in Year 3 as possible.

#### 4.6 ACTIVITY UPDATES ON PROPOSALS BEING TAKEN FORWARD IN YEAR ONE

##### 4.7 Joint Cluster Pharmacotherapy Proposal

Activity has had a heavy focus on recruitment. A Short Life Working Group has been established which meets weekly. This group has been developing a recruitment strategy which will ensure efficient use of resources, by working proactively towards recruiting the right individuals for the right role, at the right time.

This strategy will ensure that the pharmacy workforce has the appropriate skills and abilities for the current and future needs of the service.

It has been agreed that recruitment will proceed in a single coordinated manner with input from the localities, following discussions with the General Manager for Health and Social Care, Recruitment, Workforce Directorate and Prescribing Support Team. Adopting a centralised approach to recruitment will remove the need for four separate parallel recruitment processes, provide consistency in both the approach taken and the standards applied and the ability to amalgamate timescales and evaluate the process effectively.

It is proposed that recruitment be taken forward in two phases; the vacancies will be prioritised according to locality requirements and readiness to support the posts. Staff control forms for phase one were sent to vacancy control for approval at the vacancy control meeting which took place on Thursday 04th October 2018.

A communication was sent to all locality managers on 21st September 2018 to enquire if there were any particular needs or priorities that the Pharmacotherapy Project Team needed to be aware of when recruiting. All responses have been taken into consideration when planning the two recruitment phases.

Job descriptions and person specifications that have not already been finalised will be within the next 4-6 weeks for all identified posts. These will then be sent for banding once complete. The banding process can take 6-8 weeks from submitting to workforce planning.

A recruitment plan is currently being drafted with support from the Recruitment and Workforce Directorate teams, to ensure that timescales are realistic and that all the requirements of the recruitment process are being met in order, to provide new staff with the best possible start.

A full stakeholder analysis and communications plan is currently being drafted with support from the Communications and Engagement Manager, to serve as a guide for communications for year one activity, and will be updated as communications need to change.

#### **4.8 Joint Cluster Mental Health Proposal**

Annandale & Eskdale have now joined the other three localities in the Joint Cluster Proposal model using Band 6 Mental Health Workers.

Recruitment is due to begin shortly for posts in Nithsdale and Annandale & Eskdale whilst the existing pilots in Stewartry and Wigtonshire continue.

The OT Pilot plans to get underway shortly in the Stewartry.

Interviews for new posts scheduled for beginning of November with provisional start dates of 1st December.

The Mental Health Directorate feels positive about the chances of successful recruitment given other recent recruitment events in Mental Health.

As with pharmacotherapy, keen that recruitment to this programme does not compromise other parts of the organisation e.g. Midpark Hospital. Recruitment plans are looking to attract new staff to the region wherever possible.

#### **4.9 Urgent Care – Paramedic Pilot Programme in the Machars**

A short life working group has been set up to take forward work around this pilot which is due to last for 26 weeks.

It is envisaged that the pilot will begin on 5th November 2018 using three paramedics who will rotate with one paramedic supporting the GP practices at any one time.

The team is working with teams from other areas who have also conducted paramedic pilots and with local analyst to develop a robust evaluation model.

The short life working group has developed an action planning list of issues and actions to ensure that the momentum is maintained in getting this pilot programme up and running on schedule.

#### **4.10 Urgent Care – Vital Signs Training in Stewartry Care Homes**

There proposal leads are taking plans forward to implement Vital Signs Training into Care Homes in the Stewartry. Initials meetings to plan the activity have taken place with Scottish Care.

#### **4.11 Vaccination Transformation Programme Board**

Recruitment activities to support the Vaccination Transformation Programme are now underway. Conversations with practices have identified 4 practices who would like to continue providing vaccination services:

- Gillbrae Medical Practice
- Charlotte Medical Practice
- Lochthorn Medical Centre
- Thornhill Medical Practice

Conversations will continue to determine how this will be taken forward.

Some issues have been identified with the pertussis vaccine being delivered to pregnant women at DGR1 as part of 20 week scan appointment. These issues are currently being addressed with a view to these immunisations being delivered at scan appointment rather than requiring a separate visit to the GP practice.

#### **4.12 UPDATES ON OTHER PRIMARY CARE TRANSFORMATION WORKSTREAMS Communication & Engagement Update**

A Communication & Engagement Sub-Group has been set up to support the Primary Care Transformation Programme.

A Communication & Engagement Plan will be taken to the Programme Board meeting on Wednesday 24th October.

#### 4.13 **Information Governance Group**

An Information Governance Group has been set up. It has met three times and is taking forward the following items with a deadline for delivery of November 2018:

- Development of Privacy Notices for all practices
- Identification of Lead Data Protection Officer (DPO) for GPs Identification of Liaison to Lead DPO from each practice
- Development of information leaflet for the public on NHS use of data
- Identification of Joint Data Controllers
- Development and Maintenance of Record of GP data processing activities

#### 4.14 **Premises Group**

The premises group has met once to look at approaches to both GP owned and leased premises.

Some expressions of interest have been received in respect to the interest-free sustainability loans but no application process has yet been forthcoming from the Scottish Government.

Activities around identification of all practices and prioritisation of what will be addressed first are currently underway and will be taken back to a future meeting.

#### 4.15 **Primary Care Sustainability Group**

The Sustainability Group has been reconstituted and met for the first time on Wednesday 10th October.

The first meeting focused on:

- The role, remit and membership of the group
- The Primary/Secondary Care Interface
- An update on GP Vacancy Figures
- The Sustainability Assessment Tool (SAT)
- GPIIP (General Practice Improvement Programme)
- PASC – Practice Administrative Staff Collaborative - Workflow Optimisation & Care Navigation

#### 4.16 **Primary – Secondary Care Interface**

One of the gaps that were identified during the development work around the Primary Care Improvement Plan was the lack of effective interface between Primary and Secondary Care.

A proposal has been approved for a two year pilot involved 2 leads meeting weekly for one session per week. Monthly for the first three months, then bi-monthly, 4 additional GPs (one from each locality) and 4 others from secondary care will come

together for a meeting. Admin support will be provided from the Primary Care Transformation Team.

The job descriptions for the GP Lead and Secondary Care Lead (one session per week) are ready to be circulated on Tuesday 10th October with any expressions of interest to be made to Dr Greycy Bell by Friday 19th October.

## **5. Conclusions**

- 5.1 There is a large amount of activity current underway to support the Primary Care Transformation Programme and the implementation of the 2018 General Medical Services contract.
- 5.2 The Primary Care Transformation Programme Team will continue to provide updates as requested.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **6. Resource Implications**

#### 6.1 Staffing Implications:

The staffing implications arising to support this complex programme of work is currently being reviewed by an Executive Group chaired by Julie White. Caroline Sharp is also a member of this Executive Group and is fully involved in these discussions

#### 6.2 Financial Implications:

The implementation of the 2018 General Medical Services contract for Scotland will see £250m per annum phased investment in support of General Practice. This is part of an overall commitment of £500 million per annum investment in Primary and Community Health and Care services by the end of this parliament.

### **7. Impact on Integration Joint Board Outcomes, Priorities and Policy**

7.1 The central purpose of the 2018 General Medical Services (GMS) contract is to provide better service to patients by providing stability and sustainability to General Practice. In so doing, it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible and links with all 9 of the National Health and Wellbeing outcomes.

7.2 The 2018 GMS Contract recognises that a strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.

7.3 The benefits of the proposals in the new contract are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes. In particular, this will be achieved 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
- Providing more information

7.4 The contract's Memorandum of Understanding (MoU) recognises the statutory role of Integration authorities in commissioning Primary Care services and service redesign. It also recognises the role of NHS Boards in service delivery, employers and partners to General Medical Service contracts.

7.5 The MoU provides reassurance that partners are committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that will reduce workload and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

## **8. Legal & Risk Implications**

- 8.1 The implementation of the new contract will only be possible with full engagement of the Integration Joint Board (IJB), NHS Board, GP Sub Committee and Locality Medical Committee (LMC). Achieving the implementation of the Primary Care Improvement Plan will require a clear 3 year programme and funding profile. The new contract seeks to address GP Primary Care sustainability.
- 8.2 Failure to successfully implement the 2018 General Medical Services Contract could result in legal challenge.
- 8.3 There is significant risk due to the size and complexity of the programme and given the ongoing uncertainties in relation to the financial and workforce situations.

## **9. Consultation**

- 9.1 The following have been consulted on the draft Primary Care Improvement Plan (PCIP) for Dumfries and Galloway:
- Executive Team from the GP Subcommittee (PCIP Writing Group)
  - Primary Care Transformation Executive Team
  - GP Subcommittee
  - Primary Care Transformation Programme Board Members

## **10. Equality and Human Rights Impact Assessment**

- 10.1 The HSCSMT will be a public body, for the purposes of the Equality Act 2010. Members must ensure that equalities implications have been considered and that an equalities impact assessment is completed, where appropriate.

## **11. Glossary**

CPN	Community Psychiatric Nurse
DGRI	Dumfries and Galloway Royal Infirmary
DPO	Data Protection Officer
GMS	General Medical Services
GP	General Practitioner
GPIP	General Practice Improvement Programme
IJB	Integration Joint Board
LMC	Local Medical Committee
MoU	Memorandum of Understanding
PASC	Practice Administrative Staff Collaborative
PCIP	Primary Care Improvement Plan
SAT	Sustainability Assessment Tool