



Integration Joint Board

3rd April 2019

This Report relates to
Item 9 on the Agenda

Primary Care Transformation Update

(Paper presented by Dr Greycy Bell)

For Approval

Approved for Submission by	Greycy Bell, Registered Medical Practitioner Primary Medical Services
Author	Kerry Willacy, Primary Care Transformation Programme Manager
List of Background Papers	Not Applicable
Appendices	Not Applicable

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

SECTION 1: REPORT CONTENT

Title/Subject:	Primary Care Transformation Programme Update
Meeting:	Integration Joint Board
Date:	3 rd April 2019
Submitted By:	Dr Greycy Bell, Registered Medical Practitioner Primary Medical Services
Action:	For Approval

1. Introduction

- 1.1 The purpose of this report is to provide an update on the Primary Care Transformation Programme. The initial Primary Care Improvement Plan, which was approved by the Integration Joint Board in July 2018, has been updated and the Integration Joint Board is asked to approve this updated plan. The expectation is that the Integration Joint Board will receive a further update on the Primary Care Transformation Programme in July 2019.

2. Recommendations

2.1 The Integration Joint Board is asked to:

- **Note the content of the Primary Care Transformation Update Paper.**
- **Approve the updated Primary Care Improvement Plan.**
- **Approve a future update on the Primary Care Transformation Programme to come to the Integration Joint Board in July 2019.**

3. Background

- 3.1 On 13th November 2017, the Scottish Government published the draft 2018 General Medical Services (GMS) Contract for Scotland. Following a ballot of all GPs and GP trainees, it was announced in January 2018 that 71.5% of participating GPs had voted to support the proposed contract. However, it is important to note that the turnout figure achieved was under 40%.

- 3.2 In simple terms, the new contract aims to help individuals 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 to primary care services

- Introducing a wider range of health and social care professionals to support the Expert Medical Generalist (GP) – pharmacists, mental health workers, community link workers, physiotherapists, advanced nurse practitioners, paramedics etc.
- Enabling more time with the GP for patients when it is really needed
- Providing more information and support for patients

3.3 The new GP contract identifies the following key aims:

- Improve being a GP – GPs developing their role as Expert Medical Generalists
- A More Manageable Workload – NHS Board employed staff as part of a multi-disciplinary team – e.g. pharmacists, mental health workers, community link workers etc.
- Improved Infrastructure and Reduced Risk – Interest Free Sustainability Loans for GP Owned Property along with a planned programme for the NHS Board to take over the leases of GP practices – reducing risk in relation to patient data with new joint data controller changes with the NHS Board becoming Joint Data Controller with the GP.
- Sustainable Funding – new funding formula and practice income guarantee
- Improve Recruitment and Retention – recognising existing challenges and working to remove barriers to becoming a GP

3.4 Following the ballot result, all Health and Social Care Partnerships in Scotland were required to develop a Primary Care Improvement Plan by 1st July 2018.

3.5 However, the funding allocation was not received until the end of May 2018. The funding around this programme is extremely complex with many existing funding streams now being brought together under the Primary Care Transformation umbrella. The Finance team therefore had quite a challenge in unpicking all the current commitments to determine what additional funding remained for year one activities.

3.6 Across Scotland then, the Primary Care Improvement Plans produced were all strategic in nature as there simply wasn't the time to develop detailed implementation plans in the time remaining once the financial position had been finalised and confirmed.

3.7 The plan that was approved in July therefore outlined at a high level how new services will be introduced before the end of the transition period in April 2021, establishing an effective multi-disciplinary team at practice and at cluster level.

3.8 Existing work involving numerous pilots and tests of change across Scotland has shown the benefits from working with a wider multi-disciplinary team aligned to General Practice. The Memorandum of Understanding for the 2018 GMS Contract outlines the priorities that require to be delivered over the three year period (April 2018 – March 2021).

3.9 The priority new services and staff are as follows:

- Vaccination Services (staged for types of vaccinations but fully in place by April 2021) – all vaccination identified in the Vaccination Transformation Programme to be delivered by NHS Board employees
- Pharmacotherapy Services – made up, by 2021, of
 - level one care i.e. acute prescribing, repeats, discharge letters, medication compliance reviews
 - level two additional advanced i.e. medication review, resolving high risk medication problems
 - level three additional specialist i.e. poly-pharmacy reviews, specialist clinics
- Urgent Care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care
- Additional professionals for multi-disciplinary teams dependent on local geography, demographics and demand e.g. physiotherapists focusing on musculoskeletal, mental health services)
- Community Link Workers to increase social prescribing and signposting to relevant partner agencies and support groups

3.10 Following a number of events and workshops, the following were identified as the local priorities for year one of the Primary Care Transformation Programme in Dumfries and Galloway:

- Pharmacotherapy Services
- Mental Health as part of Additional Professional Roles
- Urgent Care
- Vaccination Transformation Programme

3.11 Following the approval of the Primary Care Improvement Plan in July 2018, GP Cluster Groups worked with professional leads and others to develop proposals for year one funding around the four local priorities identified.

3.12 The proposals were presented to the Programme Board in August last year and Programme Board members then used 6 criteria to rank the proposals. The criteria used were as follows: Strategic Fit, Acceptability, Realism, Patient Centredness, Impact on Health Inequalities and Risk.

3.13 This resulted in a list of ranked proposals which was then passed to the Finance Team to produce a Financial Implementation Plan for Year One. This plan has also to be mindful of the consequences of Year One spend on Year Two as there is only a small increase in available funding for Year Two. There are more significant increases for Years 3 and 4 of the programme.

3.14 The Financial Implementation Plan was approved by the Programme Board in October and implementation is now underway for the programmes that were successful in securing funding for year one. These are:

- Joint Cluster Pharmacotherapy
- Joint Cluster Mental Health
- Urgent Care Paramedic Pilot in the Machars
- Urgent Care – Care Home Training in Stewartry
- Vaccination Transformation Programme

3.15 This report will provide updates across all twelve current workstreams of the Primary Care Transformation Programme:

- Pharmacotherapy
- Mental Health as part of Additional Professional Roles
- Urgent Care – Paramedic Pilots in Wigtownshire and Vital Signs Training in Stewartry
- Vaccination Transformation Programme
- Community Treatment and Care
- Community Link Workers
- Physiotherapy as part of Additional Professional Roles
- Primary Care – Secondary Care Interface Group
- GP Premises Group
- GP Sustainability Group
- Technology Group
- GP Contract Development Group

4. Main Body of the Report

Pharmacotherapy

4.1 The Pharmacotherapy Implementation Plan aims to deliver a viable, well-supported pharmacotherapy workforce across all four localities of Dumfries and Galloway. It aims to deliver a service which helps to sustain GP practices, saving GP time and improving quality care for patients in line with the 2018 General Medical Services Contract; Achieving Excellence in Pharmaceutical Care and the Fairer Scotland Duty policies.

4.2 A summary of recruitment (phases one and two) is shown in the table overleaf:

Pharmacotherapy Recruitment Update

Table 1 – Pharmacotherapy Recruitment Update

Post	Locality	Band	Hours	Start Date
Student Technician	Annandale and Eskdale	Band 2 then Band 4	37.5	25/02/2019
Student Technician	Annandale and Eskdale	Band 2 then Band 4	37.5	25/02/2019
General Practice Clinical Pharmacist	Annandale and Eskdale	Band 7	36	TBC (Estimated end of March)
Student Technician	Dumfries and Nithsdale	Band 2 then Band 4	37.5	11/03/2019
Pharmacy Support Worker	Dumfries and Nithsdale	Band 2	37.5	11/03/2019
Pharmacy Support Worker	Dumfries and Nithsdale	Band 2	37.5	18/03/2019
Foundation Clinical Pharmacist	Dumfries and Nithsdale	Band 6	18.75 Acute/18.75 GP Practice	05/03/2019
Foundation Clinical Pharmacist	Dumfries and Nithsdale, Annandale and Eskdale	Band 6	18.75 Acute/GP Practice	05/03/2019
Student Technician	Stewartry	Band 2 then Band 4	37.5	11/03/2019
Foundation Clinical Pharmacist	Stewartry	Band 6	18.75 Acute/18.75 GP Practice	04/02/2019
Foundation Clinical Pharmacist	Stewartry	Band 6	18.75 Acute/18.75 GP Practice	04/08/2019
General Practice Clinical Pharmacist	Stewartry	Band 7	22.5	TBC (Estimated end of March)
General Practice Clinical Pharmacist	Stewartry	Band 7	15	TBC (Estimated end of May/June)
Student Technician	Wigtownshire	Band 2 then Band 4	37.5	11/02/2019
General Practice Clinical Pharmacist	Wigtownshire	Band 7	37.5	11/03/2019
General Practice Clinical Pharmacist	Wigtownshire	Band 7	37.5	TBC Estimated 18/03/2019
Pharmacy Support Worker	Wigtownshire	Band 2	37.5	04/03/2019
Pharmacy Support Worker	Wigtownshire	Band 2	37.5	18/02/2019
Pharmacy Support Worker	Wigtownshire	Band 2	37.5	04/03/2019

- 4.3 The post of General Practice Clinical Pharmacist for the Dumfries and Nithsdale locality was advertised with a closing date set for two weeks. However no applications were received. Discussions are currently taking place with the locality around the possibility of a split post with Lloyds Pharmacy located in Sanquhar and will work up a plan for the remaining hours based on locality requirements. An estimated start date is anticipated for April 2019.
- 4.4 Stewartry locality failed to recruit 0.5 WTE of the 1.5 WTE for the General Practice Clinical Pharmacist post. The remaining 0.5 WTE has been re-advertised with a closing date of 21st February 2019. If successfully recruited, the estimated start date is anticipated for Q1, Year 2.
- 4.5 An advertisement for the post of Foundation Clinical Pharmacist (1 WTE) for Dumfries and Nithsdale locality has been advertised with a closing date of 21st February 2019. If successfully recruited the estimated start date is anticipated for Q1, Year 2.
- 4.6 The post for Lead Pharmacist Education and Training (0.6 WTE) has now been banded and is due for advertisement w/b 18th February 2019 with an estimated start date anticipated for Q1, Year 2.
- 4.7 The post for Lead Technician (1WTE) is in the final stages of the banding process, with a projected start date of Q1, Year 2.
- 4.8 Two recruitment events were held in Carlisle and Belfast in December 2018. Both proved successful and interest resulted in one appointment from the event in Carlisle with one student pharmacist interested in relocating to Dumfries and Galloway in Spring 2020.
- 4.9 A Pharmacotherapy Strategic Implementation Group has been established with membership from identified stakeholder groups and from each locality. The first meeting took place on 19th December 2018. The group will be vital to shape the strategic direction for pharmacotherapy going forward, monitor performance goals, costs and risks in order to deliver the best quality service for all. The group will report to the Primary Care Transformation Programme Board and will inform the GP Sub Committee. These meetings will take place monthly.
- 4.10 The pharmacotherapy team visited NHS Ayrshire and Arran and NHS Forth Valley in December 2018 to share best practice, key challenges, lessons learned and next steps.
- 4.11 A baseline analysis is currently being undertaken in order to show the benefits of the service once the new staff are in place and taking on increasing elements of the pharmacotherapy service in GP practices.

Mental Health

- 4.12 The recruitment process has been very positive and has been completed in collaboration with GP representatives from each locality. The workforce risks identified in the proposal in terms of depleting in-patient staff to accommodate this development have been successfully managed.
- 4.13 Recruitment to Wigtownshire posts has proven more challenging with not all posts being recruited to in the first round. However, it is hoped that this will be more successful in the second upcoming round.
- 4.14 There has been considerable interest in the new posts and a good standard of applicants has been seen. Social media coverage about this new service has been beneficial in raising its profile and alerting individuals to the potential of further posts becoming available.

- 4.15 The table below summarises the posts that have been recruited to:

2 WTE Nurses	Band 6	Annandale and Eskdale	In Post
1.6 WTE Nurses	Band 6	Dumfries and Nithsdale	In Post
1.0 WTE Nurses	Band 6	Stewartry	In Post
1.0 WTE Nurse	Band 6	0.8 WTE in Stewartry and 0.2 WTE in Wigtownshire	Expected Start Date 1 st April
1.0 WTE	Band 6	Wigtownshire	In Post

- 4.16 The table below shows the posts that still are being recruited to:

3.0 WTE	Band 6	Dumfries and Nithsdale	Expected Start Date 1 st April
1.0 WTE	Band 6	Annandale and Eskdale	Expected Start Date 1 st April
1.0 WTE	Band 6	Wigtownshire	Expected Start Date 1 st April

- 4.17 Representatives from the Mental Health Management Team have been attending GP Cluster meetings to update GPs and find out their views and recommendations as the service rolls out across the region. Team leaders from each of the Community Mental Health Nursing Teams (CMHNT) have been liaising with GP practices directly to negotiate implementation, sessions times, governance arrangements etc. The Mental Health Management Team will be guided as to the most effective and efficient ways to continue our dialogue with GP colleagues.
- 4.18 Conversations around the best way to provide the service in the smaller, more rural practices within the cluster model will continue and all requests will be accommodated as far as possible. Creating flexibility and responsiveness to meet the needs of the GPs has to be matched against the need to keep GP practices in line with best practice, professional frameworks and associated professional regulatory bodies.

- 4.19 The role of the primary care mental health practitioner is defined as follows:
- to provide early access to a full mental health assessment and, if necessary, signpost to other services
 - to be involved in medication management and/or deliver appropriate, structured, time limited interventions that will allow the patient to self manage
- 4.20 These interventions do take time to deliver and are likely to create debate in terms of how efficient these are. The pilots were able to demonstrate an overall reduction in patient contact with services once the interventions are completed. The pilots also demonstrate the positive outcomes the service has for patients.
- 4.21 This developing Primary Mental Health Service needs to align with the developing Psychology Primary Care projects and the Dementia Work underway in identified GP practices. Further guidance for GPs around what each of these services can provide needs further clarity and is now being drafted.
- 4.22 The service will continue to be evaluated in terms of the number of initial assessments and follow-up appointments delivered, waiting times, re-referral rates, DNA rates, signposting to other services, impact on referrals to secondary mental health services, impact on GP time and the outcomes for patients. In addition, qualitative data is being collected in relation to patient and GP feedback.

Urgent Care – Paramedic Pilots in Wigtownshire

- 4.23 The Urgent Care Paramedic Pilot in the Machars involves three paramedics who are carrying out home visits and some unscheduled appointments for the Galloway Hills and Southern Machars Practices. The paramedics are being mentored by Dr Dunnett, Dr Gurling and Dr Sutherland at Galloway Hills and by Dr Drucker at Southern Machars. This has to date mainly involved home visits to patients, but has also included the occasional unscheduled care appointment at the GP surgery.
- 4.24 Each paramedic spends a week at a time within the practice. Monday and Thursday are spent with the Southern Machars Practice and the rest of the week with the Galloway Hills Practice. The paramedics work 9am- 5pm and carry out house calls as appropriate, and do some in surgery work too, although this is limited just now as to fully test it would require changes to practice protocols which for a six month period are not feasible.
- 4.25 Evaluation data is being collected by each paramedic. Those involved in the pilot have provided some initial anecdotal feedback. One of the pilot leads, Dr Charlie Dunnett, has provided the comments below:

“I think the pilot is working really well.

We realised fairly quickly that the planned month of induction was too long but simply adjusted it accordingly.

We have found that our paramedics know most of the patients in the same way that we do. This is really crucial.

Paramedics are very capable and are able to assess cases well which allows us then to pull together a diagnosis and plan.

We have had some teething issues with ambulance control contacting the paramedic for urgent work but this has been resolved with the assistance of Kenny McFadzean, Head of Service at the Scottish Ambulance Service.

On a busy day with four house calls that come into the surgery over the course of the morning, having a paramedic was a real game changer. Without them, there would have been several hours wait for the visit and real pressure on my day as a GP.

So far the time taken to get through the visits is longer than a GP would take but I would expect this to improve over time – that said, there isn't as much time pressure to worry about.

The practice is not seeing any bounce back of house calls the next day which would indicate that patients are happy with the visits and the outcomes are correct.

It has not really been possible to test paramedics seeing patients in practice as well as this would require significant alteration of working patterns/triage that is not practical in a short pilot.

There is a critical number of patients/practice size to support the role so on their own neither Galloway Hills Practice or the Southern Machars Practice would have enough visits each day to keep the paramedic working all through the shift but combined, they certainly do. So a model for the Machars as a unit is likely to be the most appropriate looking forward.

The perfect model for house visits/unscheduled care is a team of paramedics and ANPs working together. They can cover both acute at home but also the more palliative and social issues as well as care and nursing homes. I would be interested in developing this model over the coming years.”

- 4.26 A second paramedic pilot has been operating at the Waverley Medical Centre in Stranraer. This pilot has been running across all three GP practices at the Waverley Medical Centre and has been staffed by Specialist Paramedics.
- 4.27 The two Specialist Paramedics involved have been previously involved in a paramedic pilot with Out of Hours in Stranraer and have therefore already been familiar with working, to some extent, with Primary Care Services.
- 4.28 The pilot has been organised so that one specialist paramedic takes over for a six week block. The first six week block has just been completed with the second block just now underway.
- 4.29 The full evaluation of these two pilots will be continuing and will be presented at a future Primary Care Transformation Programme Board.

Urgent Care – Vital Signs Training in the Stewartry

- 4.30 Engagement with Care Homes in the Stewartry is currently underway to gauge interest in training staff in Vital Signs and developing a sustainability plan alongside to ensure a robust programme is in place to support future development.
- 4.31 The wider, long term aims of the programme will also test the impact of support and advice from the Dietetics team on the health and wellbeing of residents and potential reduction in falls/admission to hospital. In addition to this, the locality team are also working closely with our TEC (Technology Enabled Care) colleagues to test technology such as Attend Anywhere to understand if video consultations can support multi-agency professionals to reduce face-to-face visits. Stewartry Cluster is also currently exploring what an Advanced Nurse Practitioner could look like to support the urgent care agenda and how this may support Care Homes in the future.
- 4.32 It is envisaged that this partnership approach to working together will be broken down in to two distinct phases:
- Initial 6 month period testing the principle of Vital Signs Training and supporting unscheduled care
 - Developing in partnership with Scottish Care and Care Homes a sustainable package for the future which will look to truly integrate and promote partnership working by:
 - developing a training and development programme for Care Home staff
 - developing a robust support network through an Advanced Nurse Practitioner model
 - providing Nutrition and Hydration advice through dedicated Dietetics team input
 - supporting technology through Attend Anywhere
- 4.33 Scottish Care has commenced engagement with each of the Care Homes in the Stewartry. An information session was held with representation from each of the seven care homes to identify those that are interested. All Care Homes expressed an interest in being involved and a comprehensive project plan is being developed to set the aims and timescales of the project as well as any financial implications. This will be shared with all Care Home Management by the end of February for comment and to agree dates for training.
- 4.34 Meanwhile, the project team are working together with local training providers and Care Homes to develop a training programme for staff. The vision is that the training delivered under this programme will build a knowledgeable workforce that can detect deterioration in service users by monitoring their vital signs i.e. blood pressure, pulse, temperature, respiratory rate, blood sugars, urinalysis and saturation levels. In addition, the workforce will be trained to manage some common conditions in their service users i.e. COPD, heart disease/heart failure, diabetes, urinary tract infections, stroke and pressure area relief. The training course is 2 full days.

4.35 The workforce taking part will gain confidence; competency and knowledge in identifying the deterioration of the Service Users' health and wellbeing and being able to take appropriate action. One of the main outcomes of this piece of work will be to empower Care Home Staff to inform GP/medical support staff to make informed judgements for further medical support.

Vaccination Transformation Programme

4.36 NHS Dumfries and Galloway is currently in the process of delivering the Scottish Government's Vaccination Transformation Programme (VTP). The programme will review and transform vaccine delivery across the region. The preferred model of vaccine delivery will move away from the General Practitioners (GPs) to NHS Boards on the basis of national agreements.

4.37 The scope of the programme extends only to those vaccines provided by the NHS to protect individuals or populations against infectious diseases, and to travel vaccinations. This includes:

- Routine infant and childhood (already delivered to all Waverley Practices by NHS Dumfries and Galloway)
- School-age delivered in schools (already complete across Dumfries and Galloway)
- Specific clinical need or identified risk factors
- Adult vaccinations (i.e. Herpes Zoster and Pneumococcal)
- Influenza

4.38 The Vaccination Transformation Programme is now fully established in Dumfries and Galloway. The VTP is staffed by a full time project manager and project support officer with one day per week support from the Lead Immunisation Nurse.

4.39 The first meeting of the VTP steering group was held on the 31st October 2018 and a Terms of Reference agreed.

4.40 Following the departure of Sara Lewis, Nurse Consultant in Health Protection, Dr David Breen has taken over the role of VTP Business Change Manager (BCM) and is overseeing the local VTP project management team.

4.41 A short life working group has also been established to guide development of the local service for providing immunisations against blood borne viruses which can be associated with sexual health and people who inject drugs (e.g. Hep B).

4.42 The VTP project team are currently mapping out existing processes and pathways and are modelling the patient numbers and therefore the clinical requirements needed to fully develop the local immunisation service.

4.43 A revised Service Level Agreement (SLA) will be developed, in consultation with primary care, to cover the delivery of adult vaccinations beginning in 2019.

- 4.44 The Lead Immunisation Nurse is currently holding a series of meetings with GP practices across Dumfries and Galloway to review and agree the practical/clinical details of taking over the delivery of all pre-school vaccinations.
- 4.45 Maternity services are reviewing options to take over the delivery of the Pertussis (Whooping Cough) vaccinations for pregnant women.
- 4.46 A review of the current model of vaccinations for travel health purposes has also begun but it should be noted that processes vary across Dumfries and Galloway and that it may be difficult to provide fully accurate data on the demand for this service.
- 4.47 The three GP Practices (Lochinch, Lochnaw and Loch Ree) at the Waverley Medical Centre have asked that NHS Dumfries and Galloway take over the delivery of vaccinations (except those for travel health) as soon as possible. This will be considered by the Primary Care Transformation Programme Board. This proposal is reliant upon being able to recruit and having access to suitable rooms at both the Waverley and Clenoch Birthing Unit (for maternity vaccinations). This would allow a one year test of change that would inform how the immunisation service is developed and rolled out over the remainder of the VTP in Dumfries and Galloway.

Community Treatment and Care (CTAC)

- 4.48 Community Treatment and Care is one of the six priority areas set out in the 2018 General Medical Services Contract.
- 4.49 The Community Treatment and Care Discussion Group has been created locally to enable initial scoping work to get underway.
- 4.50 The group has developed a questionnaire to assist in the facilitation of discussions around future service requirements with GP Cluster groups around the implementation of the Community Treatment and Care Service. This will now be shared with GP Cluster groups and the Practice Managers Network to ensure buy-in to the exercise and understanding of the rationale for completion of the exercise.
- 4.51 Following completion and collation of the results, GP Cluster groups can use the information to begin more detailed development, in conjunction with nursing leads, to design future service provision for the Community Treatment and Care element of the 2018 General Medical Services Contract.
- 4.52 It is considered important that any future CTAC Steering group focuses on ensuring a consistent approach to CTAC across NHS Dumfries and Galloway in all four localities. To aid this, a set of guidelines for CTAC provision will be produced. The variations that can then occur in localities or clusters will be in terms of the number of professionals required to provide CTAC in that area.
- 4.53 Community Treatment and Care should not be considered as only the treatment and care provided in General Practice Treatment Rooms now. It should be considered as the treatment and care provided by a multi-disciplinary team working to meet people's needs in General Practice and in people's own homes or care

homes. This then informs the need for any future CTAC Steering Group to have a multi-disciplinary membership.

- 4.54 As the plans develop, further updates will be provided to the Primary Care Transformation Programme Board.

Community Link Workers

- 4.55 Growing evidence demonstrates that social prescribing is an early intervention approach that can be used to achieve population health and wellbeing outcomes. Social prescribing is one means of supporting self-management. It is an approach (or range of approaches) for connecting people with non-medical sources of support or resources within the community which are likely to help with the health problems they are experiencing. Social prescribing has been used with a range of client groups and draws on a wide range of different community based services. These include opportunities for the arts, physical activity, learning, volunteering, social support, mutual aid, befriending, self-help as well as support with benefits, debt, legal advice and parenting (Friedil et al 2007).¹

- 4.56 Social Prescribing as an approach has been growing across Dumfries and Galloway. A Social Prescribing Regional Framework for Dumfries and Galloway has been developed which provides an overview of the Dumfries and Galloway Health and Social Care Partnership approach to, and the commitment to, supporting and developing robust systems to support social prescribing for improving population health and wellbeing outcomes.

- 4.57 The key aims of the framework is to:

- To set out our understanding of social prescribing
- To set out our principles of social prescribing
- To set out our approaches to social prescribing
- To set out our plan to support, grow and develop social prescribing

- 4.58 The framework supports and complements the work developed under 'Developing Our Approach to Health and Wellbeing' which provides a reference framework to ensure that all individual-level health and wellbeing interventions are underpinned by competence-based practice. This includes an outline of the training requisites and supervision requirements to deliver one to one interventions.

- 4.59 The draft Framework will be discussed with GP cluster groups in order to ensure that there is a strong GP voice reflected in the framework. GP Cluster Groups will then develop plans and resource requirements to support the role-out of the Community Link Worker role as set out in the 2018 General Medical Services Contract.

Physiotherapy as part of Additional Professional Roles

¹ <http://www.wellscotland.info/priorities/Social-Prescribing-and-Self-Help> 28/9/17

- 4.60 Early discussions are due to take place in late February to discuss taking forward the physiotherapy element of the Additional Professional Roles element of the 2018 General Medical Services Contract.
- 4.61 It is proposed a steering group be set up in March 2019 to take forward this work.

Primary Care – Secondary Care Interface Group

- 4.62 The lack of a formal Primary – Secondary Care Interface Group was identified as a key strategic priority during the development of the initial Primary Care Improvement Plan. Funding has been identified to support an initial two year pilot Primary-Secondary Care Interface Programme. This will involve a lead GP and lead from secondary care meeting for one session per week. Initially monthly for three months then bi-monthly, a larger group of 4 GPs and 4 representatives from secondary care will meet with admin support being provided by the Primary Care Transformation Team. The Lead Roles have now been recruited to, with Dr John Locke from Kirkcudbright being the Lead GP and Dr Susan Robertson (Secondary Care Lead). The group met for the first time on January 31st 2019.

GP Premises Group

- 4.63 The 2018 General Medical Services contract sets out the plan to have interest free secured loans available for GP owned premises. A GP Premises Group has been established to support the Premises work outlined in the 2018 General Medical Services Contract.
- 4.64 In Dumfries and Galloway, there are twenty nine independent contractor practices that operate from thirty nine premises, including ten branch surgeries. Eighteen are GP Owned Premises. This is made up of eleven main and seven branch surgeries. Eight premises are leased from a private provider. All eight of these are main practices. Thirteen are Board owned premises. This is made up of ten main and three branch surgeries. There are three 2C Board managed practices which operate from five premises, including two branch surgeries. One main and one branch surgery is leased from a former GP. One branch surgery has current negotiations to re-lease from a former GP and two are third party development sites (the assignation is in progress for one of these).
- 4.65 The Premises Code of Practice sets out the aim that no GP contractor will need to enter a lease with a private landlord. Health Boards will, over the next fifteen years, take on responsibility for negotiating and entering into leases with private landlords and the subsequent obligations for maintaining the premises for GP contractors who no longer want to lease privately.
- 4.66 A national GP Premises survey is underway to inform on the state of the GP premises estate across Scotland.
- 4.67 DL (2018)22 issued on 8 November 2018 provided advice on the introduction of the GP Sustainability Loan Scheme (as set out in the National Code of Practice for GP Premises) and declared the scheme open for applications.

- 4.68 All GP contractors who own their premises will be eligible to receive an interest-free secured loan from their Health Board of up to 20% of the existing use value of their premises by 31 March 2023.
- 4.69 In exceptional circumstances, a practice may apply for a loan for more than 20%. To qualify as 'exceptional circumstances', the circumstances faced by the GP contractor must be significantly different than those which GP contractors commonly find themselves in.
- 4.70 There is one round of funding for 2018/19 and the closing date for applications was 12 December 2018.
- 4.71 A total of seven applications have been received by the NHS Board in this first funding round. Six are standard 20% applications and one is an application citing 'exceptional circumstances' in relation to sustainability issues.
- 4.72 All 6 standard applications have been approved with confirmation being sent to the practices involved. The priority application citing 'exceptional circumstances' is currently under discussion between the Health Board, Scottish Government and BMA.
- 4.73 Updates from the GP Premises Group will continue to be provided to the Primary Care Transformation Programme Board, GP Sub Committee, GP Cluster Groups and others as appropriate.

GP Sustainability Group

- 4.74 The group was re-established on 10th October 2018. The remit of the group centres around a focus on the strategy and workplan for GP practice sustainability whilst linking into the 2018 General Medical Services Contract and the Primary Care Transformation Programme.
- 4.75 The group currently meets every other month and is considering the following areas around Primary Care Sustainability:
- Primary Care- Secondary Care Interface
 - GP Recruitment and Retention
 - Sustainability Assessment Tool (SAT)
 - General Practice Improvement Programme (GPIP)
 - Practice Administrative Staff Collaborative (PASC)
 - Workflow Optimisation
 - National Sustainability Group
- 4.76 Regular updates from the GP Sustainability Group will be provided to the Primary Care Transformation Programme Board, GP Sub Committee, GP Cluster Groups and others as appropriate.

Technology Group

- 4.77 A Technology Group has been established. It aims to provide leadership that champions and supports a collaborative and inclusive approach to the use of technology to support the delivery of the 2018 General Medical Services Contract within Dumfries and Galloway.
- 4.78 Technology has been identified as a key enabler of Primary Care Transformation. It is vital that the programme reflects and maximises the benefit from national, regional and local digital developments. The group will support all workstreams to make best use of existing new technologies.
- 4.79 The Technology Group will report to the Programme Board and liaise closely with the four GP Cluster groups in Dumfries and Galloway and support the development of effective communications and engagement plans. The group will also ensure that there is effective evaluation of new ways of working and support the development of effective training and support as required. The group will also ensure effective information governance processes and structures are in place to support the use of technology in primary care.

Increased GP Cluster Involvement and the GP Contract Development Group

- 4.80 There has been significant learning from the first nine months of the Primary Care Transformation Programme. There is also a sense of growing frustration at the lack of effective working between workstream teams and the four Cluster groups. Whilst some of this was due to the very tight deadlines that were involved in the production of the Primary Care Improvement Plan and the development of proposals for year one/two, it is acknowledged that going forward, the engagement and involvement of all four GP Cluster groups is an area that has to be improved.
- 4.81 A number of key messages have emerged from recent discussions. These are summarised in the bullet points below:
- GPs, practices and Cluster group members all want to feel more informed and more involved in the transformation discussions without creating the need for attendance at additional meetings.
 - There is an acceptance that a large amount of high quality work is happening, but there is a lack of clarity as to what this involves, what stage it is at and how clusters can better influence these plans going forward.
 - The involvement of the GP Cluster groups should begin from the earliest stages of idea development. Clusters do not want to be presented with fully formed ideas for approval. They want to be actively included in the co-production of what the future service provision looks like.
 - The clusters have representatives from all practices and locality team members around the table and are therefore the most logical places for these multi-disciplinary discussions to occur.
 - Engagement with patients, their families and carers already happens every day within the practices so let's not reinvent the wheel.

- Having a single clinical lead/GP/practice manager/locality manager on a group will not give you the views of all clinical leads/GPs/practice managers/locality managers.
- The next step is to agree how communication in both directions can be better facilitated between the various elements of the Transformation Programme and the GP Cluster teams.
- To continue this, one suggestion is that there is representation from the transformation programme at every cluster meeting to help facilitate the flow of information and ideas between the programme via the cluster to all GP practices and their staff.
- There is a requirement for more engagement from the individual workstream groups with the clusters and for this work to be consistent across all four Cluster groups.
- There will require to be some facilitation to assist the flow of information between the Transformation Programme and the four Cluster Groups, given the amount of activity now underway across a variety of programme workstreams, to ensure the other work of the Cluster group is not compromised.

4.82 The feedback on engagement has clearly shown that communication between the Programme related groups of the left hand side of the figure and the GPs in the right hand side of the figure needs to be strengthened. The feedback agrees that within the landscape, it is the four Cluster groups that are in the best position to assist in further development of the implementation of the 2018 General Medical Services Contract and the delivery of the Primary Care Transformation Programme. The Cluster groups all also include Locality Manager representation but further engagement is required to better understand how to improve engagement with locality teams going forward.

4.83 Clearly, the twelve groups that currently make up the Transformation Programme will not be able to report to the clusters at each of their monthly meetings. Therefore, it is suggested that a Contract Development Executive Group be formed to agree what is taken to clusters at each of their monthly meeting with the guidance of the Clinical Leads who chair each of the GP Cluster Groups.

4.84 The role and remit of this group would be to facilitate the exchange of information and ideas between the workstreams of the programme and the four GP Cluster Groups and agree what items would be taken to each Cluster group on a monthly basis to ensure consistent communication across all Cluster groups.

4.85 This will allow a much clearer vision and understanding to be had within Cluster groups of the current work of the Programme and what still remains outstanding.

5. Conclusions

- 5.1 Since the last update report to the Integration Joint Board, there has been a large amount of work undertaken in relation to the Primary Care Transformation Programme across all twelve of its workstreams.
- 5.2 The Integration Joint Board is asked to note the updates provided in the paper which reflect the commitment to delivering the 2018 General Medical Services Contract from across the Health and Social Care Partnership.
- 5.3 The Primary Care Improvement Plan will be updated by April 2019 and the Integration Joint Board is asked to approve this refreshed plan.
- 5.4 A further update on the Primary Care Transformation Programme will come to the Integration Joint Board meeting in July 2019.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

- 6.1 The new contract will support the development of new roles within multi- disciplinary teams working in and alongside GP Practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.
- 6.2 There are significant resource implications arising from this programme.
- 6.3 The expected allocations for the four years of the programme are as follows:
- 2018/2019 –£1,363,090
 - 2019/2020 - £1,639,000
 - 2020/2021 - £3,278,000
 - 2021/2022 - £4,619,000
- 6.4 It is important that we consider all the existing work and tests of change taking place in primary care and community settings which will form part of the programme going forward and, explore how existing funding can be best used to support the aims and priorities of this programme.
- 6.5 The focus should therefore not just be on the new monies available, but on how the current combined Primary Care and Community Health and Social Care budgets can best be utilised to support this programme.

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

- 7.1 The central purpose of the 2018 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 This is a significant major transformational change programme which will impact on all the priorities across primary care and community health and social care services.

8. Legal and 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 Local 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 updated Primary Care Improvement Plan for Dumfries and Galloway

- GP Contract Development Group
- Primary Care Transformation Executive Team
- GP Subcommittee
- Programme Board Members

10. Equality and Human Rights Impact Assessment

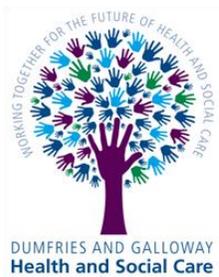
10.1 Discussions have taken place around the Primary Care Improvement Plan going through the Impact Assessment Toolkit. The Programme Executive Team have agreed to undertake this exercise in August, supported by Phil Myers (Health and Wellbeing Specialist, Public Health) and Lynsey Kirkpatrick (Equality and Diversity Lead).

10.2 The expectation is that all work associated with the programme will also go through an Impact Assessment toolkit workshop to ensure that Equality and Diversity is embedded throughout all levels of the Primary Care Transformation Programme.

11. Glossary

BCM	Business Change Manager
COPD	Chronic Obstructive Pulmonary Disease
CMHNT	Community Mental Health Nursing Teams
CTAC	Community Treatment and Care
GP	Expert Medical Generalist
GMS	General Medical Services
IJB	Integration Joint Board
LMC	Local Medical Committee
SLA	Service Level Agreement
TEC	Technology Enabled Care
VTP	Vaccination Transformation Programme
WTE	Whole Time Equivalent

Dumfries and Galloway Integration Joint Board



DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	