



Integration Joint Board

24th July 2019

This Report relates to
Item 9 on the Agenda

Primary Care Transformation Programme Update

(Paper presented by Dr Greycy Bell)

For Noting

Approved for Submission by	Julie White, Chief Officer
Author	Kerry Willacy, Primary Care Transformation Programme Manager, NHS Dumfries and Galloway
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: 24th July 2019

Submitted By: Dr Greycy Bell

Action: For Noting

1. Introduction

1.1 The purpose of this report is to provide an update on the Primary Care Transformation Programme.

2. Recommendations

2.1 **The Integration Joint Board is asked to:**

- **Note the content of the Primary Care Transformation Programme Update paper.**
- **Approve a future update on the Primary Care Transformation Programme to come to the Integration Joint Board in November 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

3.2 The Primary Care Transformation Programme is supporting the implementation of the 2018 General Medical Services contract in Dumfries & Galloway.

3.3 The Primary Care Transformation Programme Board was established in May 2018 with the role of strategic leadership, scrutiny and review for the Primary Care Transformation Programme.

3.4 The most recent Programme Board meeting took place on 26th June 2019 and reviewed progress across the programme workstreams.

3.5 This report will provide updates across all six priority areas of the Primary Care Transformation Programme:

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

4. Main Body of the Report

Pharmacotherapy

- 4.1 The Pharmacotherapy Implementation Plan, developed in response to the Primary Care Improvement Plan (PCIP), aims to deliver a viable, well supported pharmacotherapy workforce across the four localities in Dumfries and Galloway which is able to flourish and deliver a service which helps to sustain GP practices, saving GP time and improving quality care for patients in line with the GMS Contract 2018; Achieving Excellence in Pharmaceutical Care and the Fairer Scotland Duty policies.
- 4.2 In terms of recruitment, 25 WTE posts were identified as part of the initial Pharmacotherapy Plan with a further 5 WTE being added in December 2018. 85% of these posts have now been recruited to.
- 4.3 Challenges have arisen in 2 localities in relation to the General Practice Clinical Pharmacist posts where successful applicants have rejected positions prior to starting, triggering a new recruitment process for these.
- 4.4 A pharmacy mapping exercise has been undertaken. All four localities have provided a detailed breakdown of all current pharmacy workforce resource in General Practice. This has identified current provision at practice level and activities undertaken.
- 4.5 This exercise has shown that all 32 practices are receiving some level of pharmacotherapy service, albeit this is still very limited in some practices.
- 4.6 Feedback is being sought on this new service. The Pharmacotherapy Implementation Strategic Group is setting up feedback surveys for the following groups based on their experiences of the Pharmacotherapy implementation to date in order to learn, share and adapt the service going forward:
- Existing Pharmacy Staff
 - New Pharmacy Staff
 - GP Practices
 - Patients

- 4.7 The Pharmacotherapy element of the contract was discussed during the May meeting of the Contract Development Group. Details can be found later in this paper.
- 4.8 Activity is also taking place around role definition. This is to ensure clear understanding of what each role involves, in order to achieve the following:
- Employee understanding of what they are required to deliver within their role
 - GP Practice understanding of what can be expected and what services each role can provide, and ability to identify key differences in order to triage effectively
 - Pharmacy workforce understanding on what different roles involve, to avoid duplication and to work as efficiently as possible
 - Patients understand the variety of roles, and what different members of the team can do for them
- 4.9 Other opportunities for tests of change are also being explored. Elaine Paton of Greater Glasgow and Clyde and Clinical Leadership Fellow for the Scottish Government is looking to work with the pharmacotherapy team in order to test the feasibility of an alternative model of pharmacotherapy practice in one GP practice using a pharmacy technician led service for Level 1 tasks by July 2019.
- 4.10 Good progress has been made at the beginning of year one for recruitment. Ensuring that the service is robust, safe and sustainable will be the key focus going forward.

Mental Health

- 4.11 Developing Primary Mental Health Service in Dumfries and Galloway has been identified as a priority area for the Programme Board and a proposal was accepted by the PCTPB in August 2018.
- 4.12 In terms of recruitment, across the region, there have been 13 Primary Care Mental Health Nurses (PCMHN) recruited equating to 11.4 WTEs.
- 4.13 25 GP Practices currently have PCMHNs working in their practice, with Stewartry and Annandale and Eskdale localities having their full complement of staff. Dumfries /Nithsdale currently have PCMHNs in 6 of the practices and discussions are ongoing with the other practices in relation to session time, room availability etc.
- 4.14 The remainder of the staff should be in post across Dumfries/Nithsdale by mid July. Within Wigtownshire, sessions are in place in 5 practices and the remaining staff member will be in post in September to commence sessions within the more rural Wigtownshire practices and provide additional sessions at Newton Stewart.
- 4.15 Mental Health representatives attended the GP Regional Cluster event on 13th June 2019 where there was an opportunity for the primary care teams to give feedback and discuss the service. Some issues were raised in relation to admin time, patient flow and cover for leave, but on the whole, feedback was extremely positive, not only about the model and how this is supporting the GP workload, but also on a

personal level about how positive, flexible, supportive and informative the nurses have been.

- 4.16 The Steering Group will continue to liaise closely with GP Cluster Leads and Mental Health representatives will attend GP Cluster meetings and the GP Sub Committee by invitation. The Question and Answer correspondence will also be shared at regular intervals between the Cluster Leads and Mental Health colleagues to address any questions or concerns raised and provide a succinct way of communicating consistent messages.
- 4.17 In addition, regular meetings between Mental Health and individual GP practices will take place to review how Primary Care Mental Health is working in each practice and adapt as necessary.
- 4.18 Estimations of session time required per GP practice has been adapted to include the sessions available following the second round of recruitment. These were initially based on population size and are likely to continue to need modification as the service develops.
- 4.19 Streamlining paperwork and reducing electronic recording in a range of systems will need to improve as the project moves forward. The challenge will be around how this is done efficiently without compromising minimum recording requirements that meet registration requirements and data needed for the evaluation of the service.
- 4.20 The service will continue to be evaluated and data collated in relation to 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 will be collected in relation to patient and GP feedback.
- 4.21 The first phase of recruitment has been completed in line with the financial template. This has been managed without detriment to other nursing teams, which had been raised as a potential risk. Moving forward, agreeing the key indicators for a performance framework will be established, with reporting arrangements agreed with Programme Board.

Physiotherapy

- 4.22 Work in relation to this priority area is in the early stages.
- 4.23 A steering group has been set up to take forward plans around the MSK element of the Additional Professional Roles priority area.
- 4.24 Initial discussion at the Contract Development Group has indicated that all GP Clinical Leads want to be involved in the discussions around the development of this workstream.
- 4.25 It has been agreed that an initial paper reflecting national work already underway in relation to this priority area be developed and discussions had at cluster groups in

August – September 2019 with a view to moving forward with service specification and design and investigate the possibilities for initial tests of change.

Urgent Care

- 4.26 A pilot has been running the Machars area of Wigtownshire since December 2018. This is currently covering the Galloway Hills Medical Group (based in Newton Stewart) and the Southern Machars Practice (based in Whithorn).
- 4.27 A further pilot has been running to support the Waverley Medical Centre in Stranraer. The learning from this pilot will also help inform the potential for future development of a Paramedic Model around Urgent Care Transformation in Dumfries and Galloway.
- 4.28 Both paramedic pilots are now seeking a further 6 month extension of funding in order to incorporate all the Wigtownshire Practices into this Urgent Care model to test if this is a viable and affordable model for implementation in Wigtownshire as part of the Primary Care Transformation Programme.
- 4.29 The Stewartry locality has also submitted a proposal for approval to the Primary Care Transformation Programme board for a 0.5 WTE ANP to cover calls to care homes in the Stewartry. This will help to secure a trainee ANP who is due to qualify at the end of August 2019. The proposal is for this role to be 0.5WTE covering Castle Douglas hospital and 0.5 WTE covering care home unscheduled calls.
- 4.30 It is acknowledged that there is a need for an ANP Strategy for Dumfries and Galloway which will consider the need and priorities for ANP deployment and training in Dumfries and Galloway.
- 4.31 Other areas of Scotland have developed models which see ANPs shared in rotation between Primary Care, Secondary Care and Out of Hours. We need to ensure that we have the correct focus for ANP trainees and that the roles that are being offered to ANPs are attractive enough to keep these individuals in the region following the significant outlay on their training over a number of years.
- 4.32 Before any decisions can be taken on the long term future of Urgent Care Services in Dumfries and Galloway, it will be necessary to develop 2 distinct models of service:
- A fully costed regional paramedic service model – work to be led by Kenny McFadzean
 - A fully costed ANP service model – work to be led by Eddie Docherty
- 4.33 It is proposed that both models be fully developed and brought back to the December 2019 Primary Care Transformation Programme Board for consideration to enable a decision to be made on one or other of the models or on a mixed model across the four localities in Dumfries and Galloway.
- 4.34 The extension of the paramedic pilots in Wigtownshire and the approval of the 0.5 WTE post in Stewartry will help inform this local model development.

Vaccination Transformation Programme

- 4.35 NHS Dumfries and Galloway is currently in the process of delivering the Scottish Government's Vaccination Transformation Programme (VTP). The programme is reviewing and transforming vaccine delivery. Whilst the Scottish Government have presented their preferred model where immunisations will transfer from GP practices, NHS Dumfries and Galloway will adapt this model to local needs.
- 4.36 In Dumfries and Galloway, the delivery of the Vaccination Transformation Programme is very much on target. The VTP programme is building on excellent performance in delivery of high vaccine uptake in Dumfries and Galloway over the past 30 years. We now have a core VTP team which is well established and focused and we are indebted to GP practices for their cooperation with implementing the logistics of the programme.
- 4.37 In the first phase, VTP will be largely transition of vaccination programmes to the NHS Dumfries and Galloway Immunisation Team but over time we expect a full transformation to become a reality. A new national IT system, to be developed over the next few years, will facilitate the transformation.
- 4.38 The delivery of Childhood and Preschool vaccinations is now being delivered weekly in nearly all GP Practices. This is an extension of the existing model already in place for over 60% of the Dumfries and Galloway population and will include preschool influenza vaccine for 2-5 year olds. The recruitment process began in May for Nursing and Admin staff to provide this service to the remaining practices. This service will be provided from the patient's GP practice during 2019-20 to minimise any disruption resulting from the changes.
- 4.39 All school age vaccinations are already provided by NHS Dumfries and Galloway. This will be extended to include the HPV vaccinations for adolescent boys from early 2020.
- 4.40 Adult Influenza for over 65 years and At Risk Adults will be delivered for the first nine practices from October – December 2019. The VTP will work with the following 9 practices to agree suitable delivery models:
- Lochinch (Stranraer)
 - Lochnaw (Stranraer)
 - Loch Ree (Stranraer)
 - Glenkens Medical Practice (New Galloway)
 - Charlotte Medical Practice (Dumfries)
 - Cairn Valley Medical Practice (Dumfries, Dunscore and Moniaive)
 - Greencroft Medical Centre North (Annan)
 - Greencroft Medical Centre South (Annan)
 - Ecclefechan Surgery
- 4.41 During the course of 2019-2020 the VTP will engage with GP Clusters and GP Sub Committee to identify GP practices to transition to NHS Dumfries and Galloway in 2020-2021.

- 4.42 Where there are accommodation challenges, the VTP may look to make use of NHS properties in the locality.
- 4.43 As with the seasonal influenza programme, the Adult Herpes Zoster (Shingles) and Pneumococcal will also be delivered for the same first nine practices in January – February 2020. These will be delivered from the patient’s GP practice.
- 4.44 NHS Dumfries and Galloway’s Sexual Health Service and the Specialist Drug and Alcohol Service will continue to provide the Hepatitis B vaccine for their respective service users. NHS Dumfries and Galloway will develop a process to provide the boosters required for patients who have been released from prison or have disengaged with services. The VTP will also seek to expand on the service currently provided in partnership with Addaction, the 3rd Sector alcohol and drug misuse, and mental health support charity.
- 4.45 The NHS Dumfries and Galloway Maternity Service is looking at models to deliver the Pertussis (whooping cough) and influenza vaccinations for pregnant women at the routine 20 week ultrasound scan. The intention is to provide this at Stranraer and Dumfries from August 2019 onwards.
- 4.46 NHS Dumfries and Galloway is awaiting the development of a national model for delivery of travel health. This is currently being discussed by the Scottish Government and a subgroup of health boards from across Scotland. It is anticipated that Travel Health will be one of the last aspects of the programme to be implemented at the end of the programme in 2020-2021.

Community Treatment and Care (CTAC)

- 4.47 The 2018 General Medical Services Contract states that by April 2021, a Community Treatment and Care Service will be a Health and Social Care Partnership (HSCP) service covering:
- Management of minor injuries and dressing, phlebotomy, ear syringing, suture removal
 - Chronic disease monitoring – routine checks, and related data collection
 - Screening test results will go directly back to the requesting physician
 - Monitoring lab results to the pharmacist/general practice nurse
 - Carrying our requests from secondary care
- 4.48 Healthcare Improvement Scotland (HIS) has been commissioned by the Primary Care Directorate of the Scottish Government to undertake a 90 day process to explore with key partners the concept of a Community Treatment and Care service in Scotland.
- 4.49 This work arose as the Primary Care Improvement Plans across Scotland suggested that the majority of Health and Social Care Partnerships are currently in the scoping phase of the Community Treatment and Care Priority. There appears to be a lack of clarity around what the key components are in the implementation of CTAC services in different contexts.

- 4.50 HIS have identified a requirement to better understand the current situation in order to be able to provide effective improvement support to service providers in the future. They are reviewing what currently exists in Scotland, considering published literature and talking with experts in the field in order to better understand:
- What the key components are in implementing CTAC services
 - How demographics may affect the implementation of CTAC services
 - What the benefits of CTAC services are to staff and service user
- 4.51 HIS will then use this information to consult with key stakeholders to help to define how best to provide improvement support to service providers in their implementation of CTAC services.
- 4.52 Locally, it was felt it would be beneficial to scope this work at board level. A small working group has been formed to take forward this work.
- 4.53 This group supported this work locally by developing (supported by the Chair of the GP Sub Committee), circulating and analysing a 2 part questionnaire. The questionnaire was circulated to all practices. Part One looked at current service provision with part two looking at future service provision.
- 4.54 The next step is reflection on the survey results and further discussion with the GP Cluster Groups to begin to take forward planning for future implementation.

Community Link Workers

- 4.55 Within the 2018 GMS Contract, a Community Link Worker (CLW) is defined as a non-clinical practitioner based in or aligned to a GP practice or cluster who works directly with patients to help them navigate and engage with wider services. They often service a socio-economically deprived community or assist patients who need support because of, for example, the complexity of their conditions.
- 4.56 As part of the Primary Care Improvement Plan, HSCPs will develop CLW roles in line with the Scottish Government's manifesto commitment to deliver 250 CLWs over the life of the Parliament. It is expected that the roles of CLWs will be consistent with assessed local need and priorities and function as part of the local models of care and support.
- 4.57 At this time, there are a range of projects across Dumfries and Galloway that utilise social prescribing approaches, and whilst the projects share a commonality in aims, there is a variance in practice and operational delivery. All projects use a similar model to Community Link Workers although the workforce may be referred to differently, for example 'health facilitator' or 'navigator'. Across Dumfries and Galloway, the following list of services take a social prescribing approach to addressing population health and wellbeing:
- Healthy Connections Wigtownshire
 - Healthy Connections Nithsdale
 - Health Connections Stewartry
 - Community Link Service (Annandale and Eskdale)

- CoH-Sync (Dumfries and Stranraer) – European Union’s INTERREG VA Programme which aims to implement a collaborative, community-based approach to promoting healthier lifestyles which targets the risk factors associated with long term health conditions.
- mPower (Wigtownshire) - European Union’s INTERREG VA cross-border funded programme that will create a service for the older population with long term conditions. It works with communities and services to enable people to live well, safely and independently in their own homes and focusing on self management through social prescribing and digital health interventions identified through wellbeing plans

- 4.58 Due to the various projects in place across Dumfries and Galloway, it was recognised that a strategic regional framework would be beneficial to ensure consistency of delivery across the region as well as define social prescribing as an underpinning early intervention approach to improving population health and wellbeing outcomes. The draft framework identifies key principles and requisites for social prescribing approaches to flourish and includes: principles, outcomes, wider workforce developments, community development, technology and links to Health and Social Care services
- 4.59 As part of the agreed social prescribing framework, the Health and Wellbeing (HWB) Model guidance document sets out a model that ensures all health and wellbeing support services across Dumfries and Galloway follow an evidence-based approach. The approach is a social model of health, underpinned by psychological principles that take into account the wider determinants of health through community-based health and wellbeing support. It outlines the evidence based knowledge and skills that should underpin practice in order to improve health and wellbeing of people and communities including 1-1 interactions, group work and community development. This is pivotal to the Community Link Worker role.
- 4.60 The locality Health and Wellbeing Review is currently underway and expected to be completed by October 2019. The review will support the identification of the future delivery model and the CLW role. Engagement with GPs and other professionals has been hosted through stakeholder engagement events held in each of the localities. An offer has also been made for the Project Officer to attend each of the GP cluster groups to discuss the review.
- 4.61 Engagement with mental health services has resulted in a common understanding of roles between Primary Mental Health Services and Community Link Workers to ensure that the delivery of each service area will be complementary working with the respective roles, competencies and skills of each. A ‘test’ project to align the CLW role to Primary Mental Health Services is currently underway within the Stewartry locality. This will test ways of working to ensure that the CLW weekly working routine aligns with mental health services within GP practices. This will ensure that individuals receive the right support at the right time.
- 4.62 Currently work is being progressed with the IT department to look at the technology requirements to support information management, as well as monitoring and evaluation. This will collect a minimum data set to help monitor the impact of interventions to ensure that health and wellbeing outcomes are improved and inequalities are being addressed.

5. Conclusions

- 5.1 Since the last update paper to the Integration Joint Board, there has been a significant amount of progress in relation to the Primary Care Transformation Programme across the six priority areas.
- 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 in October 2019 and the Integration Joint Board will be 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 December 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 from this programme.
- 6.3 The expected allocations for the four years of the programme are as follows:
- 2018/2019 £1,363,000
 - 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 form part of the programme going forward and explore how existing funding can best be 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 General Medical Services 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 & 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 this update on Primary Care Transformation:

- GP Contract Development Group
- Primary Care Transformation Executive Team
- GP Sub Committee
- Primary Care Transformation Programme Board members

10. Equality and Human Rights Impact Assessment

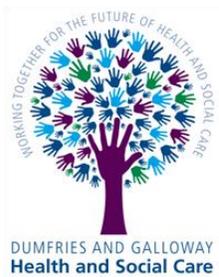
10.1 Discussions have taken place around the Primary Care Improvement Plan going through the Impact Assessment Toolkit. The Programme Executive Team took part in the exercise in August 2018 supported by Phil Myers (Health and Wellbeing Specialist, Public Health) and Lynsey Kirkpatrick (Equality and Diversity 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

CTA	Community Treatment and Care
CLW	Community Link Worker
GMS	General Medical Services
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
HWB	Health and Wellbeing
PCIP	Primary Care Improvement Plan
PCMHN	Primary Care Mental Health Nurses
VTP	Vaccination Transformation Programme

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	