

Title/Subject: Primary Care Transformation Programme Update
Meeting: Integration Joint Board
Date: 2 February 2018
Submitted By: Associate Medical Director Primary Care, NHS Forth Valley
Action: For Noting

1. INTRODUCTION

- 1.1 The purpose of this report is to update the members of the Board regarding the implementation of the National Primary Care Transformation Programme including Out of Hours (OOH) Urgent Care Transformation.

2. RECOMMENDATIONS

The Integration Joint Board is asked to:

- 2.1 note the progress and activities carried out since the outline programme was approved by the IJB in August 2017
- 2.2 note the strong alignment between our local Primary Care Transformation Programme and the direction of the proposed new GMS contract
- 2.3 note that the scope and scale of transformational change moving forward will require to align with the needs of the proposed GMS contract and support the planning and development required to develop a “*Primary Care Improvement Plan*” in line with national requirements

3. BACKGROUND

3.1 Primary Care Transformation

The purpose of the Scottish Government funded Primary Care Transformation Programme is to allow testing and evaluation of what primary care models work in individual communities, with a view to spreading out the most successful models of care across Scotland in line with the new GMS contract model.

3.2 There are 3 key strands of the Transformation Programme:

- Urgent Care GP Out of Hours Transformation is to be used to implement the recommendations of the “Report of the Independent Review of Primary Care Out of Hours Services”, Nov 2015. Further detail is provided in Section 4 of this report.

- **Primary Care Transformation:** This strand aims to encourage GP practices to work together in clusters, taking a multi-disciplinary approach to care within practice and the community. This involves developing the role of health professionals such as pharmacists, physiotherapists, mental health professionals and advanced nurse practitioners in delivering aspects of patient care – freeing up GPs to focus on more complex cases and provide clinical leadership. Further detail is provided in Section 5 of this report.
- **Mental Health in Primary Care:** The investment for mental health services aims to improve access for people with mental health needs to the most appropriate support as quickly as possible, in the most appropriate setting. This aligns with the new mental health strategy for Scotland 2017-2027. Further detail is provided in Section 6 of this report.

3.3 The driver diagram in Appendix 1 outlines the high level programme activities, rationale and approach agreed by the IJB in August 2017.

4 UPDATE ON THE TRANSFORMATION OF URGENT CARE GP OUT OF HOURS

4.1 Following the multiagency Out of Hours (OOH) case review exercise described to the IJB in August 2017, the OOH improvement charter has been updated (Appendix 2) and an implementation plan developed. The improvement aim has been extended beyond overnight care, transforming the provision of Out of Hours primary care to a sustainable, whole service, model that provides care to the highest standards through a delivery approach which offers robust alternatives to direct medical input where possible. These tests of change are outlined below.

4.2 Increasing Advance Nurse Practice (ANP) Capacity

The review demonstrated that highly skilled ANPs can safely deliver a significant proportion of out of hours care autonomously, yet the current situation is that ANPs provide only a very small number of hours to the service. The OOH Transformation funding is being used to train an additional 5wte ANPs who will provide replacement capacity for GPs shifts within 6 months, extending to 30% of service cover, within the 1 year bridging funding, as training completes. The posts have been appointed and should be in place within 8 weeks to commence training.

4.3 Mental Health Advanced Nurse Practitioners

The overnight Mental Health ANP team have already commenced a test of change in partnership with the OOH service. This means that all calls triaged by NHS 24 requiring a local OOH telephone follow up between 9pm and 9am are picked up by the Hospital based mental health ANPs. This test is already yielding positive outcomes. Although the number of calls is not particularly high these cases can take a significant amount of time to deal with. The mental health team are able to access both OOH and mental health records and provide an informed and person centred response for people who require support out of hours. GPs are extremely positive and the test will be evaluated as part of the GP OOH and mental health OOH transformation.

4.4 Paramedic Specialist Practitioners

The review also highlighted the opportunity to extend the role of Paramedic Specialist Practitioners (PSP) within the OOH service. PSP already play a key role out of hours in Rural North West Stirling, working successfully for several years as part of the out of hours model. The OOH GP leads have agreed to support the training of more local PSP with a view of developing an integrated role for PSPs between SAS and GP OOH.

- 4.5 The use of OOH transformation funding will bridge a 12 month development programme to support the new multidisciplinary model of care to be established that will allow outcomes to be achieved within existing primary care OOH funding. An improvement advisor has now been recruited to support this and other primary care work, supporting the development of a fully revised Model of Service and Workforce plan which will be brought to both IJBs and the NHS Board in August / Sept 2018.

5. CREATING A MULTIDISCIPLINARY PRIMARY CARE

- 5.1 Update on Programme Themes (Appendix 1).

5.2 2A: Supporting the development of locality models of care

The Primary Care Transformation fund will support the delivery of locality priorities which aim to improve outcomes through enhanced primary and community or secondary care interfaces. Discussion with Falkirk locality GP group is took place in January to discuss the options for the final unallocated funding and a proposal for providing pharmacy support to care homes was agreed by the Falkirk HSCP Leadership Team and Primary Care Transformation Group in February.

5.3 2B: Sustaining access to general practice through development of multidisciplinary approaches: Falkirk West

This is the primary focus of the programme and focuses on testing out new ways of working which will inform the service redesign required for the new General Medical Services Contract proposal to reduce GP workload. As described in the GMS update included in the Chief Officer Report this redesign work will include service development through expansion of a primary care multi-disciplinary team (MDT). It is envisaged that the MDT will include pharmacotherapy, musculoskeletal physiotherapy, mental health and community link workers aligned with practices and all directly employed by NHS Boards.

After the transformation programme was approved by the IJB in August a three horizon scoping exercise was carried out including all of the practices in the West Falkirk Locality. The focus of this was on providing additional primary care capacity for people with mental health needs. A proposal for four mental health primary care nurses and 4 additional pharmacy sessions per week was approved by the Falkirk HSCP Leadership Team and the Primary Care Transformation Group in September 2017. These posts, which will provide an additional 300 triage and face to face appointments per week across 7 GP practices, are currently being advertised with expected start date 1st March 2018. The pharmacy sessions are recruited and due to start imminently, focussing on mental health and chronic pain pharmacotherapy.

In addition to this, there has been discussion around the successful social prescribing model currently supporting a few practices in the Falkirk partnership, funded through the Integrated Care Fund, and how these two approaches could provide a wholly complementary approach in areas of particular need. This social prescribing model, provided by FDAMH, is particularly well regarded by practices and it is anticipated that Falkirk will benefit from the national link worker programme which will fund more social prescribing type support in the most deprived GP practices in Scotland. We await the allocation of this funding, and a further update will be provided to the Board when available.

5.4 2C: Enabling the multidisciplinary practice model across Forth Valley

The following enablers were outlined in the programme paper for immediate initiation:

- Advanced Nurse Practitioner (ANP) training is being supported at a national through the national ANP development programme
- Support for Outcome Focussed Communication Programme for Primary Care is ongoing
- Co-ordination of analytical support to inform primary care access and quality improvement activity is in place and supporting cluster quality work. An analytical review of the 2C practices has also been completed by the Local Information Support Team (LIST)
- The simple telehealth system Florence has now been procured through NHS technology enabled care service and the initiation of Home Blood Pressure Monitoring is due to commence with 10 practices within the next three months. This model will be offered to all GP practices with a view of reducing practice nurse appointments and increasing the quality of BP monitoring.
- Primary Care Clusters- Accelerated Tests of Change
 - Clusters have now been asked to submit proposals for low level funding (£5-£10k) to stimulate short term tests of change focussed on improving access to primary care. An update on the outcome of this offer will be given
- An application has been made to the Practice Administration Staff Collaborative offered by Health Improvement Scotland. This is an improvement programme aimed at supporting administrative processes and care direction / signposting approaches. All clusters were offered the opportunity to be included and The Braes and Slammanan Cluster alongside Clackmannanshire and North West Stirling have been put forward in a joint application and have now been shortlisted for interview with Health Improvement Scotland.

6. MENTAL HEALTH IN PRIMARY CARE

- 6.1 The recently published National Dementia Strategy highlights the ongoing importance of post diagnostic support. This is an area already supported by the partnership through Integrated Care Funds, now with 4 WTE support workers in place. Demand for dementia post diagnostic support (PDS) continues to grow and rather than do more of the same, there is now an opportunity to provide a more efficient and

integrated model which will better match support to the needs of users and fulfil requirements of our Local Delivery Plan target for dementia. Moving forward, Falkirk and Forth Valley Dementia Steering Groups are overseeing an amended structure for this work.

Work on the development of a virtual hub for Post Diagnostic Support is progressing. This is a proposal to bring Alzheimer Support Workers, the Dementia Outreach Team and a PCTF funded social care dementia resource together in Falkirk area.

- 6.2 It is proposed to create an information resource and enhanced assessment pathway for people with Autism Spectrum Disorders. Aligning with Autism Strategy recommendations, this will develop an area wide resource to support the diagnostic pathway and post diagnostic support for people with autism spectrum disorders and their families. (0.2 Speech and language therapist and 0.6 mental health nurse for 12 months only).

Recruitment of these posts is now concluded and the initiative has commenced.

7. GOVERNANCE

- 7.1 The Primary Care Transformation Group meets every two months with the remit of steering the delivery of the primary care transformation programme. Decision making authority sits with the Chief Officers as members of the group. Where required, proposals have also been taken to the Falkirk Leadership team.

8. CONCLUSIONS

The Primary Care Transformation Programme is now initiating a range of changes, at single locality level, which will inform new ways of working in Primary Care in the future. The scope of transformation moving forward will require to consider the needs of the proposed GMS contract and support the planning and development required to develop a "*Primary Care Improvement Plan*" in line with national requirements

Resource Implications

All of the resources for this programme are already approved and in place in the form of Forth Valleys NRAC allocation of the Scottish Government Primary Care and Out of Hours Transformation Funds. Allocation for 16/17 is managed into 17/18 via IJB ear marked reserves. The Funding Allocation to the work streams is split pro-rata between Clackmannanshire Stirling (47%) and Falkirk (53%).

Impact on Strategic Plan Outcomes and Priorities

The objectives of Primary Care Transformation Plan are consistent with the vision, outcomes and priorities of the Strategic Plan, the National Health and Well-being Outcomes and the national Primary Care Vision and Outcomes.

The drivers and focus for primary care transformation, both in and out of hours, within Forth Valley mirror very closely the drivers for our partnerships vision and delivery priorities.

Legal & Risk Implications

There are no anticipated legal risks to the Partnership. The programme will support a project management approach, including the maintenance of a risk register and issues log.

There is significant financial investment in the delivery of Primary Care Services in and out of hours and re-design activity should be carried out within the appropriate financial governance of the Integration Joint Board.

Consultation

Consultation and engagement in the re-design of services is on-going as part of delivery of Strategic Plan priorities.

Equalities Assessment

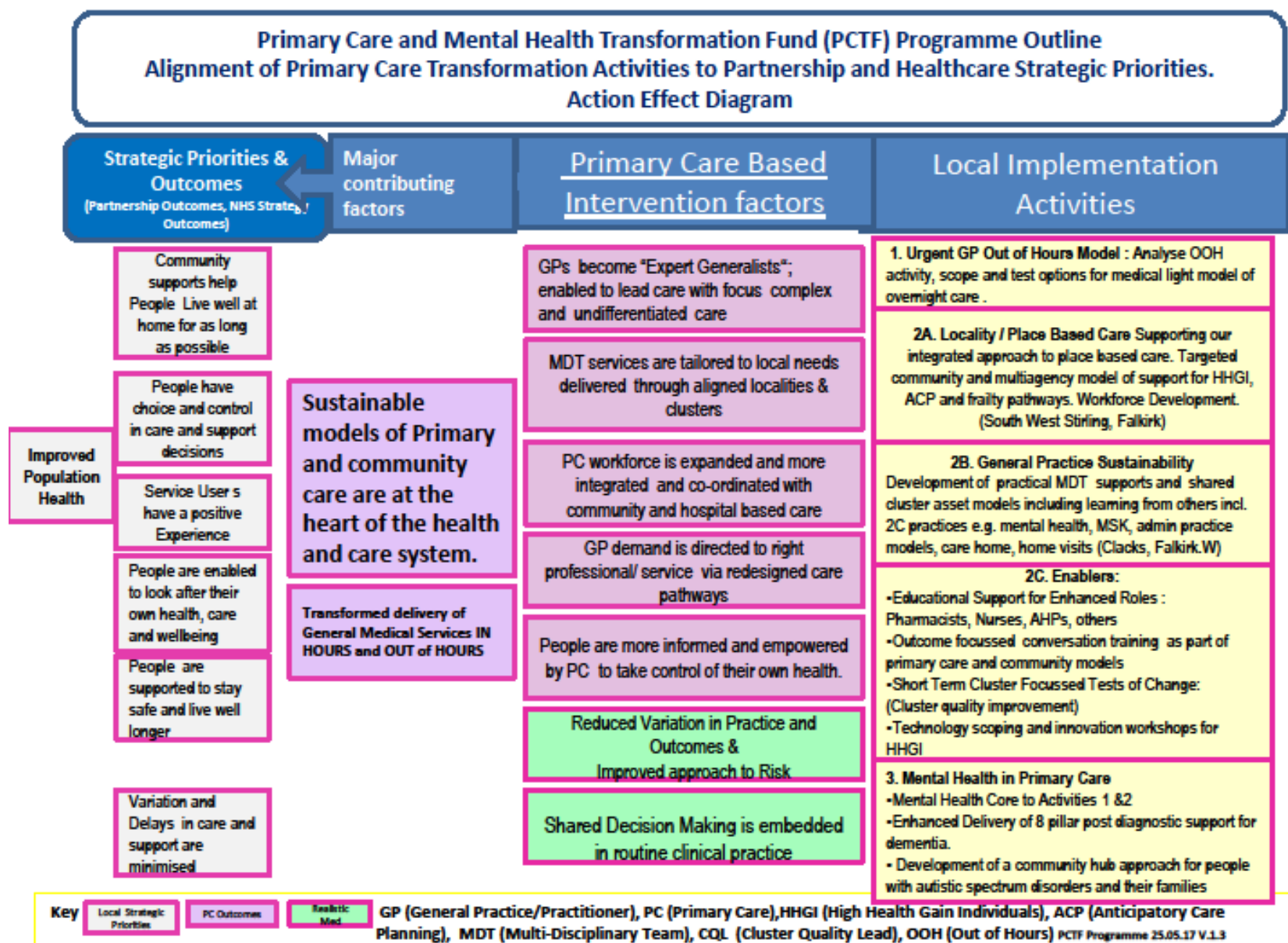
Equalities implications have been considered and an equalities impact assessment has been completed for the programme at Appendix 3.

Approved for submission by: Patricia Cassidy, Chief Officer

Author: Lesley Middlemiss, Programme Manager Primary Care Transformation,
Dr Stuart Cumming, Associate Medical Director Primary Care

Date: 17 January 2018

Appendix 1:



Test of Change (Please enter title): **Multidisciplinary Model of Urgent OOH Care**

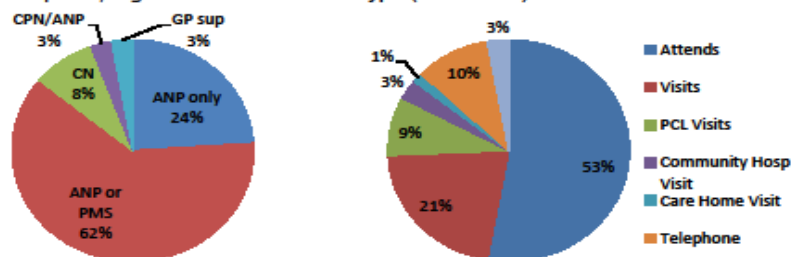
We aim to transform the provision of Out of Hours Primary Care (OOH) to a sustainable multidisciplinary model that provides care to the highest standards of quality through a delivery approach which offers robust alternatives to direct medical input where possible within one year. We have reviewed the aim and extended it to beyond the original overnight timeframe.

We will shift the balance of multidisciplinary workforce so that 30% of the current OOH whole service capacity will be provided by Advanced Nurse Practitioners and Paramedic Specialist Practitioners within 1 year and 60% within 2 years, without detriment to user safety or experience.

- Our Primary Care workforce is expanded, more integrated and better co-ordinated with community and secondary care.

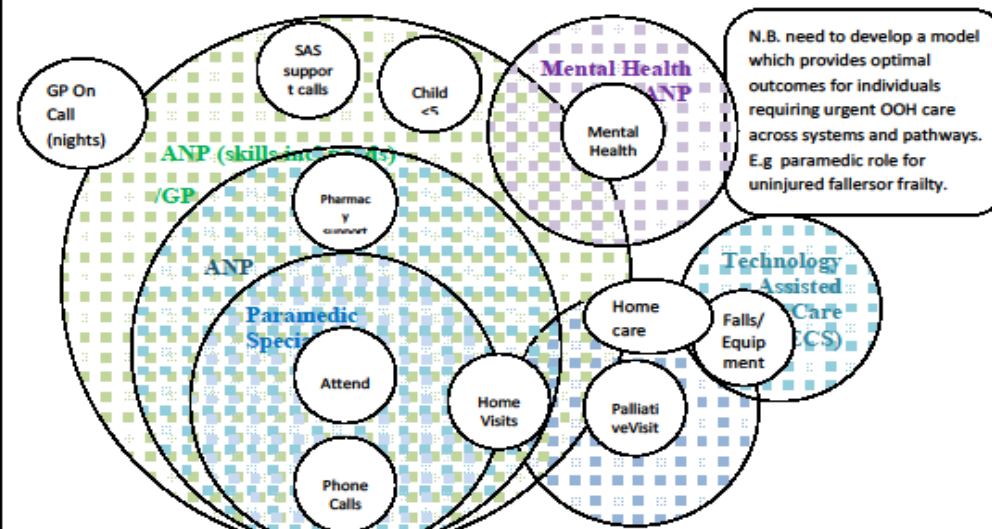
- We have presented the PCTF/Urgent OOH transformation programme and gained approval from both integration joint boards and corporate management team.
- We have conducted and concluded our first phase of project which was the analysis stage.
- We brought together a multidisciplinary/ multiagency short life working group which conducted a case review of 70 consecutive overnight out of hours contacts. All of these cases had been seen by an out of hours GP and were reviewed in light of the skills and resources required to manage each case and what alternative approach could have been taken.
- We have support from GP sub committee on the direction of travel pre and post analysis
- We have reviewed the workforce model for Urgent OOH Care and proposed a new model of care.
- We have approval for the proposal through our Primary Care Transformation Governance Process to allocate funding to of the review and proposed development of the Urgent Care Out of Hours Workforce model.

3. Analysis of current situation: The consensus review of 70 cases indicated that most clinical needs could be met by an appropriately skilled nurse (Advanced Nurse Practitioner, Mental Health ANP, Community Nurse) or paramedic specialist practitioner(PMS) with GP telephone support if required, regardless of attendance type (Pie Charts)



Partnership & Contact (e-mail) (Please provide): Falkirk, Clackmannanshire and Stirling Partnerships

4. Learning: Based on the overnight care analysis, we have developed a theory of workforce change outlined in the venn diagram below. We propose that a GP supported ANP model could deliver our overnight care with complementary supports from mental health, community night nursing and a proposed new partnership with SAS paramedic specialist practitioners. We also propose that this model would be valid in evening and weekends. A revised clinical and leadership role for Urgent care GPs and a shift in workforce balance between GPs, ANPs and paramedic specialists is required.



- We are currently trying to redesign at a time of significant operational challenge, GP sessions are challenging to fill, we have very few ANPs in service and we have temporarily suspended service at one OOH site due to the inability to fill all shifts across 3 sites.
- Providing consistency of clinical leadership for e.g. mentoring / supporting ANP / Paramedic development is not assured
- Recruiting and retaining ANPs in the current operational climate is a challenge
- We also have a temporary operational suspension of one of our OOH sites, this has uncertainty and public / political concern about OOH provision. A review and proposed way forward will require consultation and consideration of the proposed new model of care.

- We will ensure NHS Corporate Management Team Approval for the new model of care
- We will confirm new ANP job descriptions and recruit 5 additional ANP training posts
- We will confirm a training and implementation plan Urgent OOH ANP development.
- We will test the mental health ANP management of mental health calls to OOH
- We will review the GP clinical role and recruit to salaried GP posts
- We will confirm a way forward with SAS in terms of testing out the role of Paramedic specialists within the Urgent Care OOH service.
- We will communicate with our users and public with regards new ways of working

Appendix 3

Standard Impact Assessment Document (SIA)

Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of EQIA being completed i.e. name of policy, function etc.

Primary Care Transformation Programme. Falkirk, Clackmannanshire and Stirling

Q1 a; Function ☐ **Guidance** ☐ **Policy** ☐ **Project** ☐ **Protocol** ☐ **Service** ☐ **Other, please detail** ☐

Q2: What is the scope of this SIA

Service Specific ☐ Discipline Specific ☒ Other (Please Detail) ☐

Q3: Is this a new development? (see Q1)

Yes ☒

No ☐

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Primary Care Transformation Group

Q6: Main person completing EQIA's contact details

Name:

Lesley Middlemiss

Telephone Number:

01786454583

Department:

Primary Care. Falkirk,
Clackmannanshire and Stirling
Health

Email:

Lesley.middlemiss@nhs.net

Q7: Describe the main aims, objective and intended outcomes

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff ☒ Service Users ☒ Other ☐ Please identify ____ Providers, third sector, independent sector

(ii) Have they been involved in the development of the function/service development/other?

Yes ☒

No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Users and public have been fully involved in the development of the health and social care outcomes and priorities. The primary care programme outlines a range of work which will involve users at key stages. For example there is a community consultation group in Rural South West Stirling and wider consultation took place earlier this year in Balfron to consult on the rural neighbourhood model of care. Key messages from this consultation remain at the heart of the model being developed. We have also just concluded the review of out of hours overnight care, this was done by a small (6-8 people over 4 sessions) multiagency / multidisciplinary group who were joined by 3 members of our patient public forum for the last two session. The PPF members observed the process, questioned the process and provided insight from patient / public perspective e.g regarding perceptions of the public of nurses, advanced nurse practitioners and GPs. The highlighted the need to give more information on these roles where people were likely to experience a change in practice such as expecting to see a GP and actually seeing an advanced nurse practitioner. Patient groups have also been involved in general practice developments such as Bannockburn and Kersiebank which have moved to health board management in the last two years and are now delivering a truly multidisciplinary model of general practice. Public / users are also involved in the review of mental health strategy and dementia strategy.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

- The Report of the Independent Review of Primary Care Out of Hours Services, Nov 2015 <http://www.gov.scot/Resource/0048/00489938.pdf>
- Improving Together; a national framework for quality and GP Clusters in Scotland <http://www.gov.scot/Resource/0051/00512739.pdf>

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being
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				positive, negative or neutral (do not leave this area blank)
Age			x	General Practice is a family based provision for all ages, much of the work in this programme is aimed at sustaining good access to quality primary care services for all
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			the work in this programme is aimed at sustaining good access to quality primary care services for all. The development of our neighbourhood care model, support for people with autistic spectrum disorders and dementia are three examples where the aim is to improve support and provision for people affected by disability at a local level.
Gender Reassignment			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Marriage and Civil partnership			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Pregnancy and Maternity			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Race/Ethnicity			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Religion/Faith			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Sex/Gender (male/female)			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Sexual orientation			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Staff (This could include details of staff training completed or required in relation to service delivery)	x			The programme outlines opportunities for staff with regards developing enhanced roles in Primary Care, also developing autonomy and models of integrated working. Support to general practice should help support GPs who, nationally, currently report high levels of workload stress and practices which have sustainability challenges.

Cross cutting issues: Included are some areas for consideration. Please **delete or **add** fields as appropriate. Further areas to consider in Appendix B**

Unpaid Carers	x			Model of Neighbourhood care, post diagnostic support for people with dementia and support for people with autistic spectrum disorders should all bring positive impacts for unpaid carers
Homeless			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Language/ Social Origins			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Literacy			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Low income/poverty			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Mental Health Problems	x			Much of this programme is about improving access and support at a primary care level for people with mental health problems. The mental health strategy outlines ambitions for primary care, out of hours and other community based services. This programme will start to deliver on this.
Rural Areas	x			With a focus on neighbourhood model of care, a rural model will evolve specifically for the population of South West Stirling, one of our most rural areas.
Armed Services Veterans, Reservists and former Members of the Reserve Forces			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Third Sector	x			The work of the programme should enhance the working interfaces between third sector and primary care, enabling people to access community and social supports in a proactive manner.
Independent Sector	x			The programme will increase the role independent sector providers such as community pharmacists and optometrists can play in supporting people at a local level

Q10: If actions are required to address changes, please attach your action plan to this document.
Action plan attached? See embedded action effect diagram above

Yes ☐

No ☐

Q11: Is a detailed EQIA required?

Yes ☐

No ☒

Please state your reason for choices made in Question 11.

The Strategic Needs Assessment at a Local Authority level will help inform the more detailed iteration of plans which will set out more detail of how we will achieve the vision and ambitious outcomes for the partnership.

Appendix 2 **NEB** If the screening process has shown potential for a high negative impact you will be required to complete a detailed assessment.

Date EQIA Completed

15 / 07 / 2017

Date of next EQIA Review

15 / 07 / 2018

Signature

Print Name

Lesley Middlemiss

Department or Service

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to CS.integration@nhs.net

B: Standard/Detailed Impact Assessment Action Plan

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date: