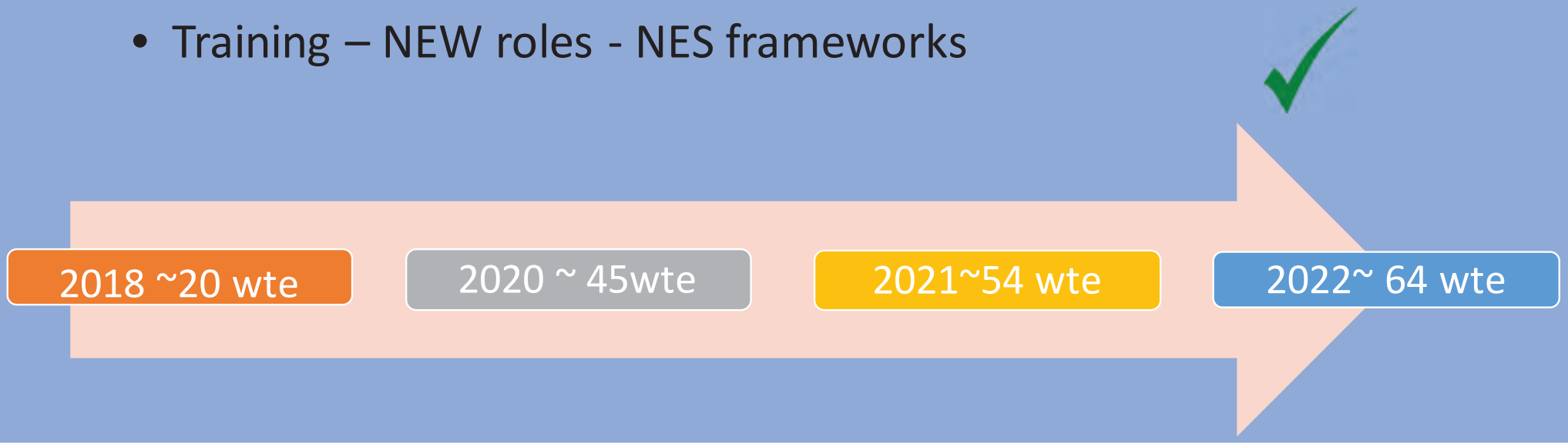
Pharmacotherapy

Building the bridge while walking on it

Clare Colligan, Lead Pharmacist, Primary Care, NHS Forth Valley

What do we need to build the bridge?

- People
  - Recruitment - successful
  - “Gaffers” – time for leadership and service development
  - Different Skills – Pharmacists / Technicians / Pharmacy Support Workers
  - Training – NEW roles - NES frameworks



What else do we need?

Timescale – by April 2022

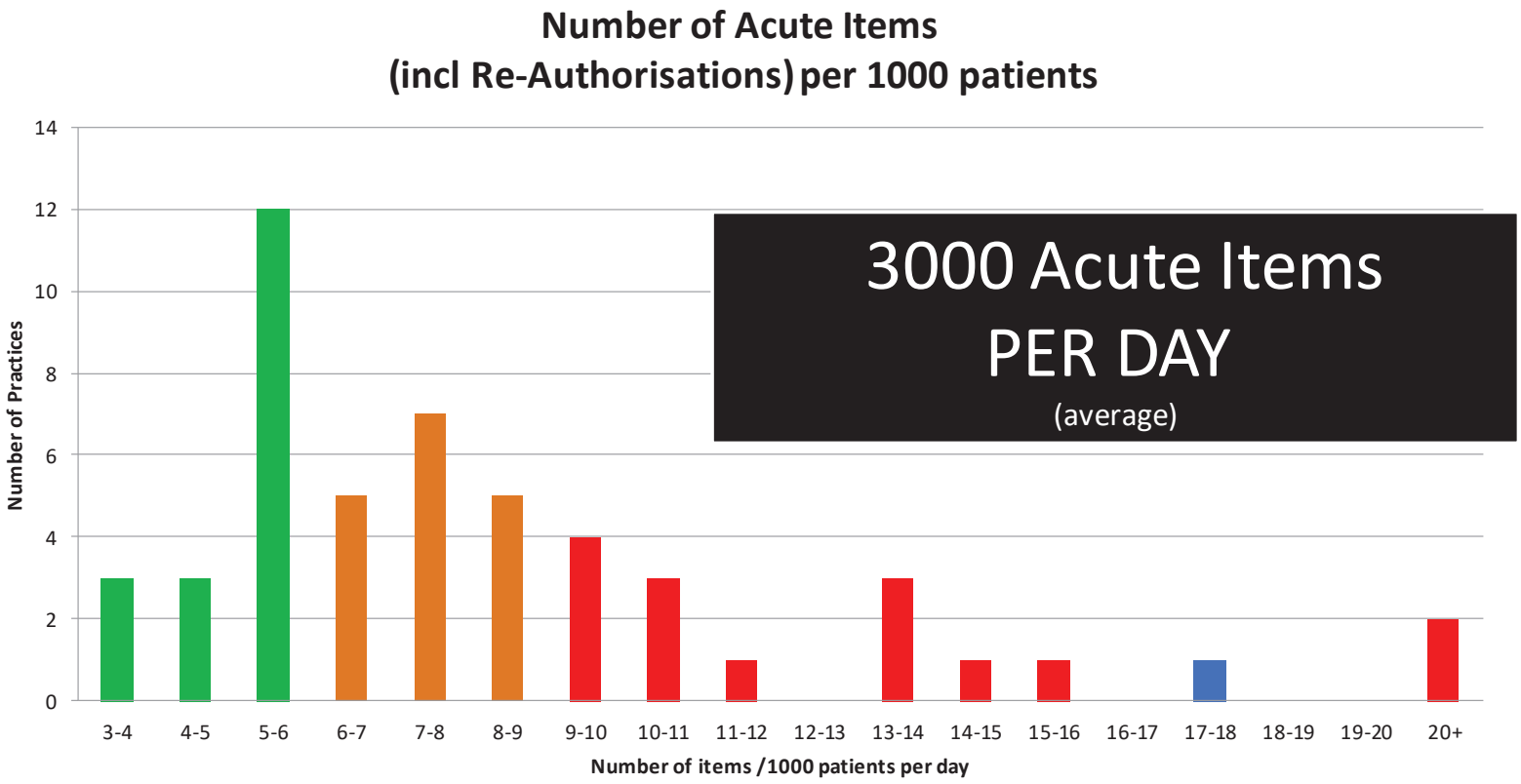
How many bricks? (TASKS)

What “weight” does the bridge need to carry

How many builders (staff) are required?

Is every bridge the same size?

What is the size of the bridge and what weight does it need to carry? Variation – Acute Requests



Data from manual count - March 21

How can we address this?

Whole System Working – launched Nov 21

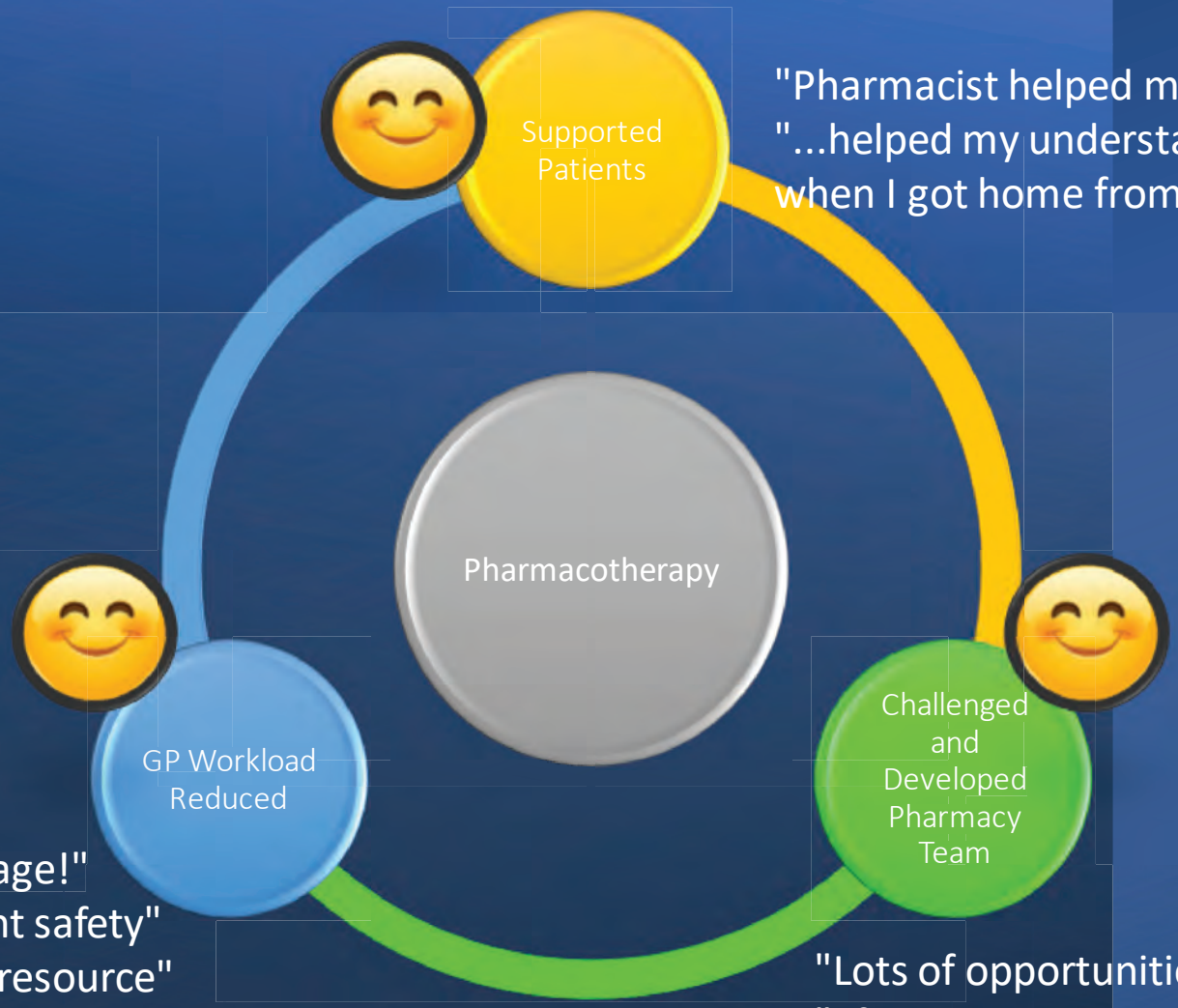
50 practices engaged

Review prescribing processes to streamline requests

Aim-> Reduce variation in acute requests and ↑Serial Prescribing

Ultimate Goal

Reduce	Reduce GP workload • Acute requests / Changes to medications on discharge / outpatient consultation
Manage	Manage HIGH RISK medications • Safe systems, appropriate recall
Support	Support patients on multiple medications / complex regimes • Polypharmacy reviews • Specialist clinics e.g pain, diabetes



"Pharmacist helped my hip pain"
"...helped my understand my medicines when I got home from hospital"

"Saved my marriage!"
"Improved patient safety"
"Knowledgeable resource"

"Lots of opportunities to develop"
"I feel a valued member of the team"

Christina Haining Lead Advanced Nurse Practitioner

ADVANCED PRACTITIONERS: NURSING AND PARAMEDIC PRACTITIONERS

Primary Care Improvement Plan 2018-2021

- By 2021, in collaboration with NHS Boards there will be a sustainable advance practitioner provision in all HSCP areas, based on appropriate local service design. These practitioners will be available to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care.

How have we achieved this?

NHS Forth Valley

Currently **31** Advanced practitioners

in **41** practices, 6 of whom are in training

Provision of around 1200 appointments per week

Ongoing training of advanced nurses/paramedics

Further funding to recruit Senior ANPs

Provision of advanced practice modules appropriate to the role: Advanced Clinical Assessment Course, Non Medical Prescribing Course and Diagnosis & Decision Making in Primary Care

Collaboration with MDT, GPs, PMs

When I started in the role of ANP Trainee I knew I had a lot of transferable skills but I also knew I had a lot to learn. Working between 2 surgeries was difficult as both had different ways of working. One already had established ANP's that they employed and had a clear vision of what they expected from them. In Wallace I found it easier as they had never had an ANP so had no pure conceived ideas. In a way we were learning the role together. I felt supported by the GP's whilst encouraged to push my limits and learn more. The support I received from the lead ANP was outstanding. She would observe me in surgery and encourage my learning, encouraging my autonomy and always ensuring safe practice. The surgery have 5 GP's who all have very different characters and ways of working but they have adapted to my role and appreciate the contribution I make to the practice. Moving forward now that I have completed the training I have regular clinical supervision sessions with my identified link GP to further progress my learning.

Lorna Wells ANP

Brian Turner GP

I'm not sure what I really expected. I think I was hoping for the type of personality that Lorna has that can cope with our type of patients. I hoped that we would have significant amounts of our urgent patients dealt with by the ANP and not requiring GP input but obviously having the on call GP there for advice when needed. That has worked well. I don't think we ever really noticed/treated Lorna as a trainee as her experience in previous job really helped her. I think/hope she'd agree that we have been as supportive to her and always here when she needs us.

Our experience with having an ANP has been excellent. It has reduced our urgent workload and allowed us more time to spend on our complex routine patients and indeed the admin side of our job. Lorna has been an excellent addition to our team.

Challenges

- Local and national shortages of ANPs/AP
- Difficult to recruit to rural posts
- Resistance of practices to take on board a trainee ANP or Paramedic
- Staff withdrawing from posts or not applying due to salary
- Covid-19

Workforce Planning Then Vs Now

- March 2020 ANP & APs were pivotal in the setting up, organisation & staffing of the Covid assessment centre at Kersiebank then at SCH & CHART Team.

- Huge shift – shortage workforce & right skillset, interruption of training

Class of 2021!

Urgent Care: Sharon Oswald; FV Advanced Practice Lead
Our PCIP Care Home Team, December 2021

Clackmannan

Pat 0.5 WTE ANP

Hazel 1.0 WTE Trainee ANP

Stirling

Claire 1.0 WTE ANP

UNIVERSITY of STIRLING

Falkirk

Carol 1.0 WTE ANP

Amanda 1.0 WTE Trainee ANP

Liaison Nurses to ANPs...

CLACKMANNANSHIRE CARE HOMES

Total Beds Covered = 382

PCIP ANP = 1.5 WTE (approx 250 beds per ANP)

NO GAPS

FALKIRK CARE HOMES NOT YET COVERED

Uncovered Nursing Home Beds= 325

Uncovered Residential Beds= 161

Total= 486

Total Beds Covered= 405 (Nursing Home Beds)

PCIP ANP: 2 WTE (approx 200 beds per ANP)

Falkirk Health and Social Care Partnership

NHS Forth Valley

STIRLING CARE HOMES NOT YET COVERED

Uncovered Nursing Home Beds= 100

Uncovered Residential Beds= 164

Total Beds Uncovered= 264

Total Beds Covered= 282 (Nursing Home Beds)

PCIP ANP = 1 WTE (approx 280 beds per ANP)

Clackmannanshire & Stirling Health & Social Care Partnership

"We Care"

NHS Forth Valley

CLINICAL CHART

Background

- In April 2020 a dedicated multi-professional and multi-agency team called CHART (Care Home Assessment and Response Team) was implemented to support our care homes.

- The clinical CHART team was initially formed of different professionals that included GPs, palliative care specialist nurses and Advanced Nurse / Paramedic Practitioners to support care homes through the first wave of the pandemic. In the summer 2020, the deployed staff returned to their substantive posts.

- Unfortunately, in October 2020 the second wave of the pandemic saw our care homes return to a high risk and vulnerable position. The CHART team at that time was supported by the Advanced Practice workforce, often as overtime on days off and AL until some funding was released for temporary ANPs.

- The clinical CHART team actively visited some of the sickest people who were affected by COVID19 and kept anxious families updated. The team were involved in making difficult decisions about whether residents required admission to hospital and provided palliative and end of life care for those dying from the effects of the virus. The ANPs also supported the OOH teams for all non-COVID care home work at weekends and PHs.

FEEDBACK

Care Home staff feedback

" I felt fully supported and encouraged by the Clinical CHART team, staff were like guardian angels who have made my job more manageable, I am so grateful for the help the team have provided"

"CHART support was pro-active, flexible and helpful in applying the requirements of covid-19 management to a small care home. The team were good at coming and giving us advice to keep our residents safe. And if they didn't know they would find out for us."

"The group performed to a higher and more detailed level than I would have anticipated."

GP Feedback

"A great resource during the pandemic - as we needed a dedicated and resourced team with the knowledge and skills to support vulnerable people living in care homes."

Feedback from an ANP shielding at home

"It was nice to be involved in the team meetings in the morning and updated on how things were in general in the community during covid. I enjoyed being part of the team and feeling I was still able to contribute despite shielding at home."

Present Day & the Future??

No substantive funding was secured to continue CHART and the service ceased in July 2021, the temporary funded ANPs were aligned to substantive posts in H@H

In November 2021 COVID funding was secured for 2.6 WTE ANPs until March 2022

Sep. 2021

July 2021

Nov. 2021

In September 2021 our care homes had another outbreak of COVID-19 with no contingency for a clinical response team.

Ad-hoc ANP cover is again provided by those working additional hours

Advanced Physiotherapy Practitioners (APPs) in Primary Care

Cameron Marr
Advanced Physiotherapy Practitioner and Clinical Lead

APP service currently serves 44/51 GP Practices in FV (7 Practices opted out of an APP service)

First Health Board in Scotland to fully implement an APP service based in each GP Practice.

Based on a 1:20,000 wte per Practice population.

25 APPs/16wte

APP Service Vision & Aims

Vision:

- Be effective, compassionate and innovative in the delivery of high quality patient care by the right person, in the right place, first time.

Aims:

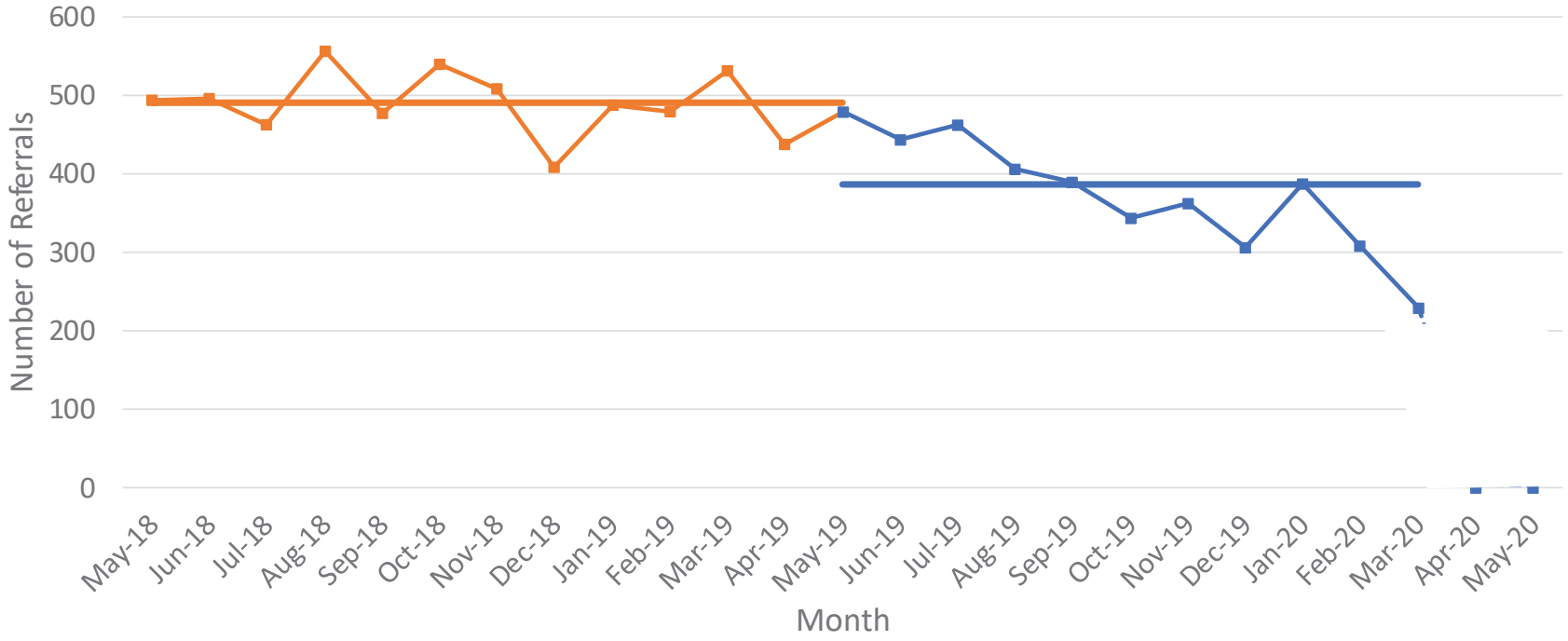
- Relieve pressure on GP workload by successfully managing MSK patients in Primary Care.
- Positively impact and measure concurrent benefits to the MSK and Orthopaedic services and improve collaborative working.

Service Summary – Impact on GP Workload

- Approx 3000 appointments available per month.
- Virtual consultations 40% & Face to Face consultations 60%
- Service fill rate is approx 98% (DNA rate 8%)
- >90% patients are managed solely within Primary Care
- Onward referral rate MSK Physio 7% & Ortho 2%
- 761 Steroid Injections in 2020 = refund £38,000 to Practices
- 885 X-rays ordered & 21 MRI in 2020

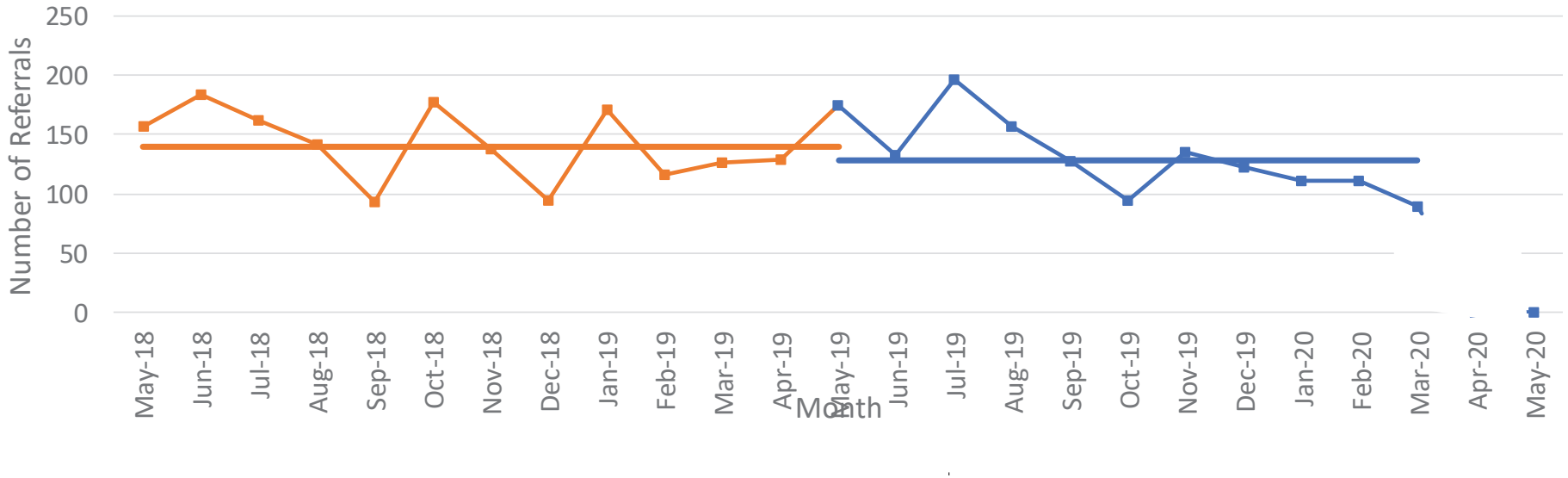
Benefits to the MSK Physio Service

- **21% reduction** from Practices with an APP service versus **13% reduction** from clusters with no APP service – a difference of 8% and amounts to approximately **1248 saved referrals per year.**



Benefits to Forth Valley Orthopaedic Service

- 761 Steroid injections offers a saving of £141,000 if these were completed by Orthopaedic Consultants.
- **9% decrease** in referral rates with Practices with an APP service whereas Practices without an APP service saw a **13% increase** in referral rates. This amounts to approximately **360 saved referrals per year.**



The Primary Care Mental Health Nursing Service Aim:

Stacey McIntosh
Team Lead

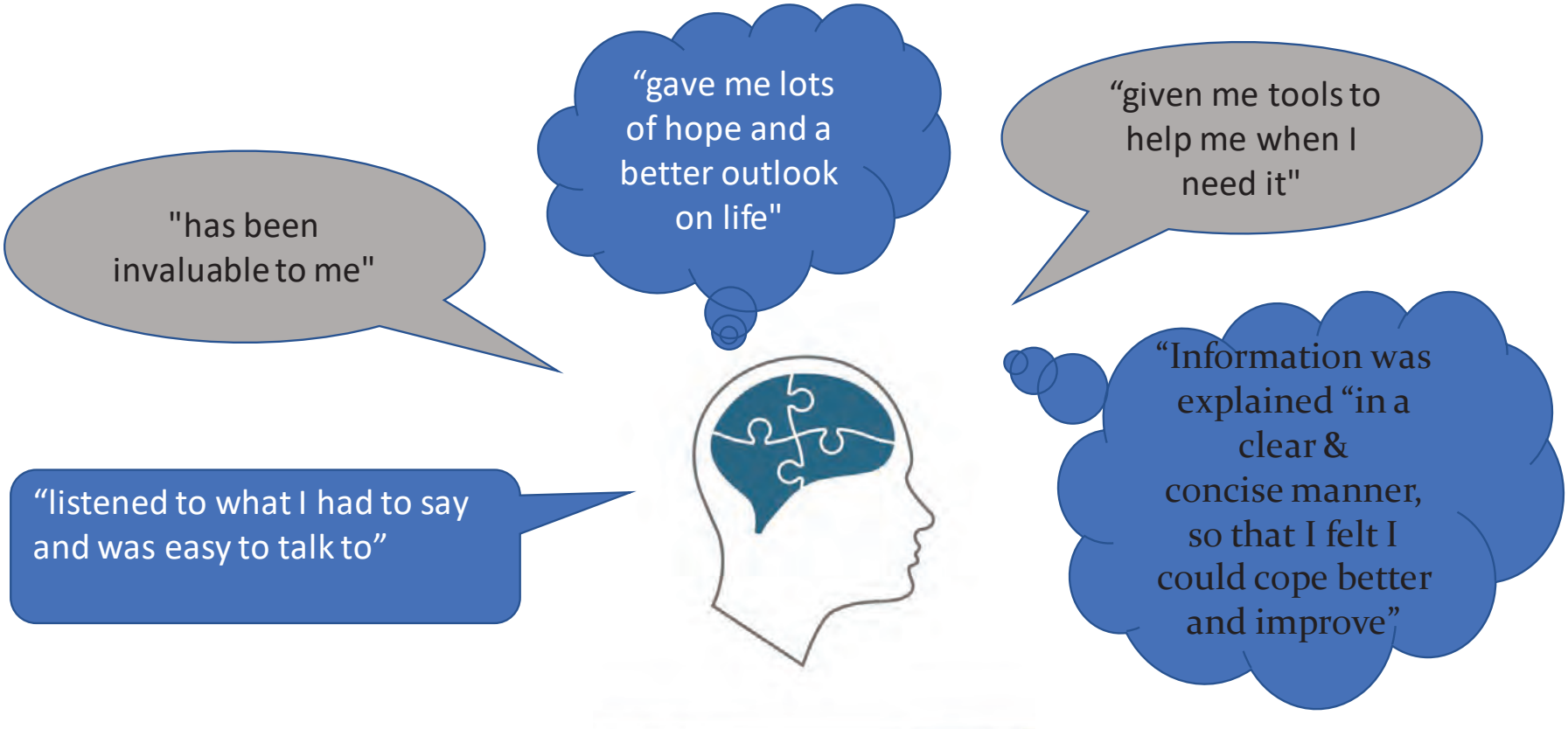
- To provide direct access to expert assessment and early intervention for patients with mild to moderate mental health difficulties within all 51 general practices in Forth Valley.

- To enable GPs to focus on more complex care by providing more than 4000 appointments per month to help manage the primary care mental health workload.

Positive for patients:

The PCMHN Service is seeing the right people at the right time:

- **96% of patients felt they saw the right person for their issue.**
- **86% of patients felt that they were seen as soon as they needed.**



Positive for Mental Health Nurses:

- **87%** of staff feel they have sufficient support to do their job well and would recommend the team as a good one to be part of.
- **100%** of staff would recommend a consult to their friends and family.

- Each member of staff is embedded in up to 4 GP practices.
- Staff have access to 1:1 managerial supervision every 4-6 weeks.
- Staff are able to engage in peer support sessions at regular intervals.
- All staff are being supported to complete a non-medical prescribing qualification, which allows more robust and efficient care for patients.

The PCMHN Staff Voice:

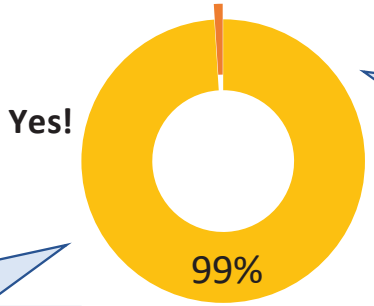
“A lot of appreciation from patients at a difficult time is encouraging".

Data collected over 1 week, with 13 respondents.

Positive for General Practice:

- The PCMHN Service now offers approx 4,172 appts per month (average).
- Approximately 80% of PCMHN appointments are attended.
- Referral back to GP care was less than 2.5%.

Is the PCMHN service valued?



Joint working between the GP and PCMHN is "very helpful"

The PCMHN "goes above and beyond to offer the best care" and is "very approachable and extremely helpful"

The PCMHN Service is "invaluable to us as a practice" and "takes pressure off GPs"

Data collected over 2 weeks, with 95 respondents.

The PCMHN Service Now:

All 51 practices have full service in place.

We have successfully recruited a full team of 24.7 WTE staff.

Whilst we don't have resource for covering absence, we now have a flex post which offers some resilience to any gaps created by vacancy or long-term leave.

Two thirds of PCMHN staff have now been supported through the non-medical prescribing course, and training will be ongoing for the remaining third.

Good understanding of the service and outcomes from three cycles of service evaluation.

Joint working and future plans:

- Community link workers, currently only in Falkirk, have a supportive working relationship with PCMHNs, and have worked jointly to provide positive outcomes for patients.

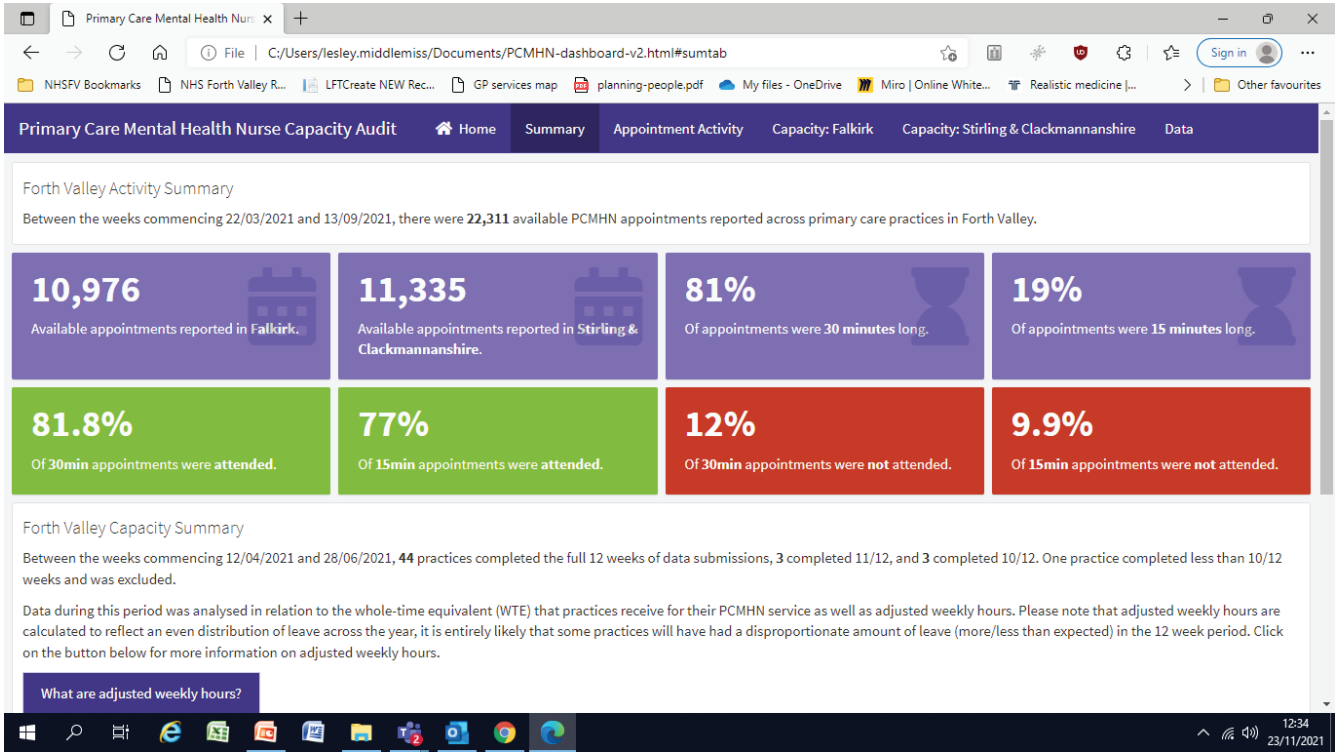
"Here all GPs feel the CLW is an asset to the practice"

"Our CLW has expedited numerous supports for clients, and has made an amazing contribution to care"

"The PCMHN having rapid access to such a resource has been invaluable"

- With support of funding from CAMHS the PCMHN service is completing a test of change for 12-18 year olds.

The Future: Continuous Improvement



Community treatment and care

Phlebotomy service

Kim Aitchison, Team Lead

CTAC in Forth Valley

Whilst recognising that CTAC encompasses treatment room, new phlebtomy and monitoring services. Our development service refers specifically to phlebotomy and chronic disease monitoring.

Treatment room services within FV have been well established and under direction of community nursing services.

CTAC (phlebotomy)has been introduced with the aim of transferring around 23-25000 blood samples per month from general practice workload. We estimate this to equate to 12,000 appointments

Where are we now?

Falkirk

- 11 Staff in post 8.9 wte (band 3, 1.5 wte band 2, 7.4 wte)
- Covers 24/25 practices
- Combination of hub model and within GP practices
- NEW hub developed at FCH

Clacks and Stirling

13 staff in post -12.07 wte (band 3 wte -2.0 ,band 2- 10.7wte)

- Covers 18/26 practices **
- Combination of hub model and working within GP practices

**Rural Practices are retaining phlebotomy provision

Capacity

Falkirk currently offers 5180 appointments per month

Clacks and Stirling currently offers 4380 appointments per month

Teaching self administration of hydroxocobalamin for Vitamin B12 deficiency

- Clacks and Stirling HSCP had almost 4000 patients prescribed hydroxocobalamin .
- Transfer of all administration was under CTAC services .
- This now accounted for approx 16000 appointments per year
- Due to covid restrictions we encouraged patients to self administer as administration potentially would have been delayed or not given due to staff / self isolation
- A test of change with SCV saw 50 % of patients able to be self manage .
- This has continued to all other areas within Clacks and Stirling

Plan for 2022/2023

Complete recruitment and build to full service of phlebotomy and Chronic Disease Monitoring.

Expansion of services within established clinics to offer a fuller service with negotiation with other services which may determinately impacted by expansion .

Underpinnings and Enablers:

Kathy O'Neil

Primary Care Initial Agreement: Service Options

01

- Urgent on day care and urgent mental health
- Long term continuous care
- Reception services

02

Opportunity to share these GMS resources on multi-practices sites:

- PCIP Team
- Phlebotomy/ Treatment room
- Community Nursing
- Group Consult

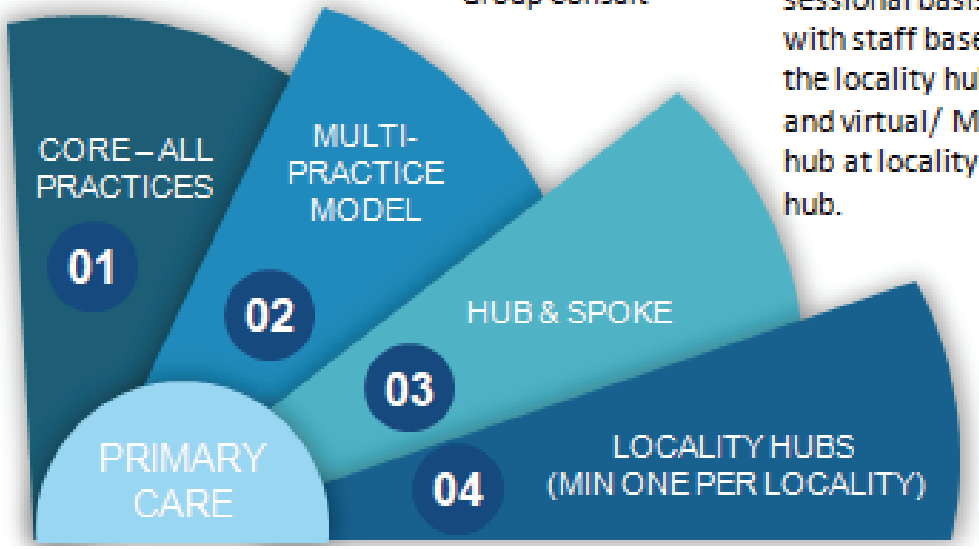
03

Where standalone practice and not within a locality hub, these services would be provided on a sessional basis with staff based at the locality hub and virtual/ MDT hub at locality hub.

04

Community Hub supporting multiple practices and geographical communities. (May or may not align with a multi practice site).

- Hub Base for PCIP staff teams (pharmacotherapy remote team / phlebotomy and treatment rooms / Immunisations)
- Virtual consulting & MDT suite
- Range of health board / HSCP delivered services including:
  - Midwife
  - AHP MSK Podiatry and Physio
  - Community Nursing Hub / school nursing
  - Health Visitors
  - Care Home team
  - Hospital @ Home
  - Psychological services, SMS, CAMH
- Alignment with other HSCP community services (social work, AHPs, Intermediate care)
- Alignment with interface / secondary care outpatient services



APPENDIX C:ASSET AND PROPERTY MANAGEMENT INFORMATION

Ownership	Practice Name	CR/GP	patients	m2	CR/Clinician	patients	m2	R/Clinici	patients	m2	Condition	Suitability	Utilisation	Quality	Low	Medium	Significant	High	Low	Medium	Significant	High
1	Slamannan	2.33	3.69	279	1.27	2.035	58.58	2	4	279	B	B	F	B	£0	£0	£3,822	£0	£36,760	£0	£0	£0
1	Polmont Park (Meadowbank)				1.78	1.374																
1	Dr Whitelaw (Meadowbank)				5.23	0.693																
1	Braesview (Meadowbank)				1.35	0.921																
1	Steven Brown (Meadowbank)				3.00	1.047																
1	Meadowbank Health Centre	1.42	1.00	2,070				1	1	2,070	B	B	F	B	£0	£71,523	£0	£0	£406,390	£0	£0	£0
1	Shieldhill Clinic - Branch Surgery (Braesview), Shieldhill										C	B	F	C	£0	£0	£19,106	£0	£44,122	£59,468	£7,000	£0
2	Avonbridge Clinic - Branch surgery (Dr Whitelaw)										C	B	U	C	£8,592	£0	£1,070	£0	£2,646	£1,771	£0	£0
5	Tryst Medical Centre, Stenhousemuir	1.50	0.95		0.95	0.938					B	B	F	B	£20,384	£10,319	£0	£0	£7,694	£587	£15,086	£0
4	Parkview Practice (Stenhousemuir)	2.09	1.24		1.27	1.08	204.00	2	1		B	B	F	B	£0	£0	£0	£0	£3,323	£0	£0	£0
4	Stenhouse Practice (Stenhousemuir)	2.09	1.24		0.80	1.24	248.00	2	1		B	B	F	B	£0	£0	£0	£0	£3,323	£0	£0	£0
4	Ochilview Practice (Stenhousemuir)	2.09	1.24		1.10	1.14	242.00	2	1		B	B	F	B	£0	£0	£0	£0	£3,323	£0	£0	£0
4	Viewpoint Practice (Stenhousemuir)	2.09	1.24		1.19	1.11	295.00	2	1		B	B	F	B	£0	£0	£0	£0	£3,323	£0	£0	£0
	Stenhousemuir - HB accommodation																					
1	Bonnybridge Health Centre (Antonine)	1.75	1.04	979	0.92	0.80	133.30	2	1	979	B	C	F	C	£0	£0	£0	£0	£348,856	£0	£0	£0
5	Bonnybridge & Banknock				2.11	1.55	143.43				C	B	F	C		£38,690	£10,236	£0	£8,708	£865	£456	£0
2	Carronbank Medical Practice	1.22	1.24		1.96	2.16	281.95	1	1		B	B	O	B	£0	£0	£0	£0	£12,461	£0	£0	£0
	Carronbank- HB accommodation																					
7	Denny Cross Medical Centre, Denny	1.50	1.11		1.30	1.33					C	B	F	B	£19,132	£12,681	£4,004	£0	£5,761	£5,924	£0	£0
	Richmond, Boness Health Centre				1.11	1.31	169.08															
1	Forth View, Bo'ness Health Centre				1.75	1.59	128.92															
	Boness Health Centre - Health Board	1.80	1.44	1,246				2	1	1,246	C	B	F	C	£0	£38,925	£0	£0	£455,833	£0	£0	£0
2	Kinglass, Bo'ness	2.00	1.87		1.89	1.82		2	2		B	B	F	B	£0	£0	£0	£0	£3,727	£0	£0	£0
1	Kersiebank Medical Practice, Grangemouth			1,198	0.84	1.36	360.39			1,198	C	B	F	C	£0	£43,800	£15,032	£0	£483,555	£0	£0	£0
	Kersiebank - HB accommodation																					
5	Boness Road, Grangemouth	1.29	0.87		1.01	0.95					B	B	O	B	£0	£14,502	£0	£0	£0	£26,568	£0	£0
8	Wallace Medical Centre, Falkirk	1.75	0.90		0.64	1.13					B	B	F	B	£17,884	£0	£0	£0	£0	£456	£2,962	£0
5	Ark Medical Practice, Falkirk				1.50	1.25					B	B	F	B	£1,558	£0	£0	£0	£1,650	£0	£0	£0
5	Meeks Road Surgery	1.00	0.76		0.77	0.96					C	B	F	B	£7,916	£0	£0	£0	£11,716	£353	£0	£0
5	Graeme Medical Centre. Falkirk	1.17	1.23		1.34	1.20					C	B	F	B	£0	£0	£0	£0	£24,786	£27,787	£6,719	£0
5	Camelon Medical Practice, 3 Baird Street	1.00	0.72	444	1.24	1.06		1	1	444	B	B	F	B	£17,833	£126,089	£29,308	£0	£10,922	£9,526	£8,655	£0
7	Carron Medical Centre	1.00	1.03		1.05	1.20					B	B	F	B	£8,945	£0	£0	£0	£81	£0	£0	£0
1	Westburn Medical Practice FCH (Falkirk)	4.00	1.74		2.57	1.95		4	2		B	B	F	B	£0	£0	£0	£0	£7,141	£0	£0	£0

Note: Estate information relates to building; where multiple practices occupy the same building the information is displayed against the premise only. No information on registrations for branch practices

			2015 PAMS data			2018 calcuated data			2019 PAMS data							Backlog Maintenance (year 0)				Impending costs (years 1-5)			
	Ownership	Practice Name	CR/GP	CR/1000 patients	Floor area m2	CR/Clinician	CR/1000 patients	Floor area m2	CR/Clinician	CR/1000 patients	Floor area m2	Physical Condition	Functional Suitability	Space Utilisation	Quality	Low	Medium	Significant	High	Low	Medium	Significant	High
20	5	Viewfield Medical Centre, Stirling Care Village				1.11	1.12	56.04				C	C	F	B	£44,955	£0	£22,122	£0	£8,116	£5,121	£0	£0
20	5	Park Avenue Medical Practrce , Stirling Care Village	0.86	0.75		1.77	1.02					C	B	F	B	£48,709	£6,880	£357	£0	£6,180	£0	£0	£0
20	5	Park Terrace, Stirling Care Village				1.76	1.26	80.51				B	B	O	B	£8,869	£0	£0	£0	£2,261	£4,586	£2,854	£0
20		Health Board - Stirling Care Village																					
21	5	Allan Park, Stirling	0.80	1.30		1.23	1.08					B	B	O	B	£0	£24,579	£0	£0	£0	£922	£0	£0
22	7	Wallace Medical Practice, Stirling	1.00	1.02		1.22	1.73					B	B	F	B	£5,165	£0	£0	£0	£2,769	£0	£0	£0
23	1	Orchard House HC, Striling	1.33	0.91	451	0.91	1.18	199.70	1	1	451	C	B	F	C	£0	£26,679	£7,175	£0	£220,896	£0	£0	£0
24	1	Bannockburn HC	2.00	1.43	159	0.91	1.78	372.28	2	1	432	C	B	F	C	£12,738	£90,146	£3,057	£0	£59,715	£6,620	£0	£0
24		Plean - Branch (Bannockburn)							2	1	159	C	B	F	C		£76,401	£29,495					
25	1	The Clinic Fallin, Fallin	1.50	1.00	265	0.80	0.63	199.50	2	1	265	B	B	F	C	£0	£0	£0	£0	£105,211	£8,999	£0	£3,000
25	1	The Clinic, Cowie Branch Surgery			150	1.18					150	C	B	F	C	£15,285	£39,487	£23,715	£0	£77,639	£34,000	£0	£0
25		Airth,			151	5.00																	
26	1	Killearn HC	1.00	0.95	288	2.50	1.81	96.00	1	1	288	B	B	F	B	£0	£0	£20,212	£0	£113,798	£5,175	£0	£0
27	6	Edenkiln Suregry, Strathblane	1.00	83.00		2.44	2.07					B	B	F	B	£5,208	£4,940	£0	£0	£675	£0	£488	£0
28	1	Balfron HC, Balfron	1.33	1.47	342	1.71	2.38	97.42	1.33	1.47	342	B	B	F	B	£0	£49,573	£13,254	£0	£30,534	£0	£0	£0
29	5	Aberfoyle Medical Centre	2.00	1.75		4.49	1.67					B	B	U	B	£0	£1,078	£0	£0	£0	£14,235	£0	£0
29	2	Buchlyvie Medical Centre - Branch Aberfoyle	2.00	1.62		2.63	#DIV/0!	210.00	2	2		B	B	F	B	£559	£0	£0	£0	£9,489	£0	£0	£0
30	5	**Kippen Surgery**	1.00	1.49								C	B	F	B	£5,065	£3,153	£84	£0	£300	£0	£2,488	£0
31	1	Drymen Health Centre			106	1.18	1.34	107.34			106	B	B	F	B	£0	£0	£10,107	£0	£35,990	£0	£0	£0
32	1	Bridge of Allan HC	0.80	0.60	589	1.20	1.60	151.23	1	1	589	B	B	F	B	£0	£30,797	£0	£0	£55,112	£1,000	£0	£0
33	1	Doune HC	1.67	1.29	267	1.63	2.23	135.47	2	1	267	C	C	F	C	£21,417	£3,945	£20,182		£85,933	£0	£0	£0
33	1	Thornhill Clinic - Branch Surgery for Doune HC			63						63	B	B	U	B	£0	£6,737	£1,274	£0	£3,864	£0	£0	£0
34	5	Airthrey Park, Stirling	-	-		1.51	0.61					B	B	O	B	£0	£15,175	£0	£0	£0	£13,649	£0	£0
35		Bracklinn Room (Callander)																					
35		Leny Room (Callander)																					
35	1	Callander Health Centre	1.20	1.38				1.20	1			B	B	F	B	£0	£0	£0	£0	£64,450	£0	£0	£0
36	1	Dunblane HC, Dunblane	0.71	0.49	685	1.03	1.64	312.61	1	0	685	B	B	O	B	£0	£24,345	£12,792	£0	£254,288	£0	£0	£0
37	5	Laggan Leigheas, Killin	1.50	1.90		1.81	2.58					B	B	O	B	£0	£0	£0	£0	£12,681	£5,733	£0	£0
38	1	Dollar HC	1.75	1.47	400	1.54	1.76	129.00	2	1	400	B	B	F	B	£1,274		£19,936	£0	£132,622	£0	£0	£0
39	5	Tillicoultry Medical Practice, Tillicoultry	0.57	0.51		0.91	1.59					B	B	F	B	£16,953	£0	£0	£0	£2,470	£0	£0	£0
40	6	Alva Medical Practice	1.08	0.96		1.20	1.01	58.00				C	B	F	B	£4,520	£8,320	£7,978	£0	£0	£0	£7,421	£0
40	1	Tullibody HC - Branch Surgery, (Alva)	1.08	2.10					1	2		C	B	F	C	£0	£41,721	£12,564	£0	£71,584	£0	£0	£0
41	1	Clackmannan HC , Clackmannan	0.50	0.55	387	0.86	0.88		1	1	387	B	B	F	B	£24,201	£58,572	£5,095	£0	£145,928	£0	£0	£0
42	3	V25972 Hallpark Med Practice 2C (Stirling)	1.25	0.77		1.46	1.70	432.40	1	1		B	B	F	B	£0	£0	£0	£0	£0	£0	£0	£0
42	3	Alloa HC - Sime	1.25	0.77		1.20	0.94	425.80	1	1		B	B	F	B	£0	£0	£0	£0	£0	£0	£0	£0
42	3	Alloa HC - The Whins (Borland)	1.25	0.77		1.16	1.10	388.40	1	1		B	B	F	B	£0	£0	£0	£0	£0	£0	£0	£0

APPENDIX D: BENEFITS REGISTER

ID	Benefit Description	Who Benefits?	Investment Objective	Who is responsible?	Dependencies	Support needed	Assessment (How will this be assessed?)	How will this be measured?	Baseline Measure (What info do we have now?)	Person Centred	Safe	Effective quality of care	Health of population	Value and sustainability	Prioritisation (RAG) status	Target date (when will this benefit be realised?)	How will the benefit be realised? (how will we know we have succeeded?)
e.g. 1	*e.g. Supporting people in looking after and improving their own health and wellbeing*	*e.g. Public/patients*	*e.g. Meet user requirements*	*e.g. SRO*	*e.g. Dependent upon public/patients taking positive steps following service improvement*	*e.g. Promotion of self-care linked to service improvement*	*Quantitatively via QOI*	*The proportion of adults within 'a place' who assess their health as good or very good*	*e.g. 74%*	*Y*	*Y*	*Y*	*Y*	*Y*	*5*	*01/03/2021*	*e.g. reaching target, feedback*
PC PIA	Ensure equity of access and positive experience to primary health and care services improving the service capacity and reducing restricted lists	public patients	Increase in space available within primary care facilities; reducing number of GP owned premises		Capital funding & successful business case process	Business case process	Quantitatively via GP lists	Number of restricted lists			Y	Y	Y	Y		on completion of programme	reduced / no restricted lists
PC PIA	Increase multi-disciplinary primary care workforce to appropriate level for practice population to enable timely access for patients, focusing on prevention, independence and self-care	public patients	Increase space within Hub premises to facilitate efficient, effective PCIP delivery model.		Revenue funding; available workforce	Recruitment & retention strategy, developing optimum workforce models	Quantitatively via workforce	total wte in primary care		Y	Y	Y	Y	Y		on completion of programme	additional workforce available in all areas
PC PIA	Deliver the requirements within the new GMS contract. To ensure sustainability of general practice and provide high quality care in the community	public patients staff	Increase in space available within primary care facilities; reducing number of GP owned premises		Capital funding & successful business case process	Recruitment & retention strategy, developing optimum workforce models	Qualitatively via quality measure; Quantitatively via number via GP contract	Number of practices able to offer full GMS contract. Quality measures tbc		Y		Y	Y	Y		on completion of programme	Feedback
PC PIA	Improve the quality and physical condition of the healthcare estate (SAFR), improving performance against 6 facet survey – NHS Estate code	public patients staff NHS FV	Provide modern flexible fit for purpose facilities responsive to changing demand profile		Capital funding & successful business case process	Engagement through design development process	Quantitatively via 6 facet	6 facet return info			Y	Y		Y		on completion of programme	improved 6 facet rating
PC PIA	Improves design quality in support of increased quality of care and value for money (QOI)	all building users	Provide modern flexible fit for purpose facilities responsive to changing demand profile		Responsive design team	Engagement through design development process	Quantitatively via SCART;; Qualitatively via patient and staff survey	SCART return; patient & staff feedback on quality of environment		Y	Y	Y		Y		on completion of programme	feedback, ratings
PC PIA	Supports attainment of service targets, Strategic Plans. E.g. early cancer detection, antenatal access, early years vaccination. Health & Wellbeing Outcomes	public patients staff	Increase space within Hub premises to facilitate efficient, effective PCIP delivery model.		Capital funding & successful business case process; revenue funding & workforce availability	Optimum use of additional capacity created	Quantitatively via targets achieved/improved rating	Delivery against key targets		Y	Y	Y	Y	Y		post completion of programme	improved against targets
PC PIA	Increased efficiency of workforce, enable integrated working through creation of "Hub" facilities and co-location of services in cognisance of the principles of "Place" and locality planning	public patients staff organisation	Provide opportunity to co-locate and share accommodation within localities		Continued joint working with HSCPs	Integrated planning, joining up with HSCPs, local authorities and 3rd sector	Quantitatively via number of co-located services	number of co-located services. Public feedback		Y	Y	Y	Y	Y		post completion of programme	availability of multiple services from key locations

APPENDIX E: RISK REGISTER

Ref	Risk raised by?	Date raised	Risk Category	Risk Description	Baseline Likelihood	Baseline Impact	Baseline Overall Risk Score	Mitigation	Risk Owner (SRO)	Likelihood	Impact	Overall Risk Score	Review notes	Review Decision (e.g. transfer, tolerate, terminate, treat)	Last Review Date	Next review date	Further mitigatory action to mitigate?	Further mitigatory action Owner	Further mitigatory action Target Date	Overall Risk status
PCPIA	PMO	19-Aug-21	Governance / Communication / Project Plan	Interdependencies with FCH Masterplan - inability to deliver project to plan	3	3	9	Joint project plan to manage interdependencies Convening of joint programme board to engage with senior leadership, governance structure Scheduling joint cross check event	KON	2	3	6	04/11/2021 - to be assessed after cross check event 01/12/2021 - further work undertaken to identify interdependencies, cross check event has taken place. Consider delay with Falkirk central work. Benefit to Falkirk practices in terms of capital funding but may not be top priority.	Tolerate	19/08/2021 28/09/21 21/10/21 01/12/21	15-Jan-21	Reviewed. Cross Check event planned November 2021. No further minigating action.			Open
PCPIA	PMO	19-Aug-21	Stakeholder engagement / adverse impact on project delivery (Internal &/Or External	Unable to secure developer contributions to allow for varation in demand i.e. not utilisting space to 100% capacity	3	2	6	Robust case for change (evidence based) Lessons Learned from previous similar developments	KON	2	1	2	01/12/21 - no change, keep developers up to date post approval.	Tolerate	19/08/2021 28/09/21 21/10/21 01/12/21	15-Jan-21	Consistent and continuous engagement with three local authorities. Regular meetings to raise and address concerns. Positive discussions with developers w/c 18/11	MF		Open
PCPIA	PMO	19-Aug-21	Compliance / Health & Safety / Infection Control	Legislative changes pending and impact to project requirements (being able to deliver all requirements) - external	4	3	12	Keeping abreast of pending changes from Scottish Government/HFS/GP Contract.	KON/SW	3	3	9	01/12/21 - to be reassessed after meeting with NHS Assure	Tolerate	19/08/2021 28/09/21 21/10/21 01/12/21	15-Jan-21	NHS Assure review. Presenting to GP sub committee to determine early impacts. Early engagement with NHS Assure - pick up with Iain Storrar (MM to arrange meeting)	Project Team / Kathy O'Neill		Open
PCPIA	PMO	19-Aug-21	Clarity of understanding of brief / objectives / scope creep	failing to take cognisance of interoperability, integration of IT systems to make best use of space to deliver service model	3	4	12	eHealth Representative on project team baseline requirements to be established	KON	3	4	12	01/12/21 - Establish eHealth sub-group at OBC stage. No change.	Tolerate	19/08/2021 28/09/21 21/10/21 01/12/21	15-Jan-21	Representative from eHealth on Project Team.	Kevin Edwards / Jonathan Proctor		Open
PCPIA	PMO	19-Aug-21	Clarity of understanding of brief / objectives / scope creep	Project fails to address space contraints and will impact on delivery of GMS contract and recruitment and retention/ working environment	4	4	16	Project to consider GMS contract of delivery model Business as usual risk register to implement solutions	KON/SW	3	4	12	04/11/21Service areas to consider local solutions to supplement the longer term fix that this project will potentially put in place 01/12/21 - schedules received. Reduced score	Tolerate	19/08/2021 28/09/21 21/10/21 01/12/21	15-Jan-21	Discussions with locality GP			Open
PCPIA	PMO	19-Aug-21	Governance / Communication / Project Plan	Unable to respond to future policy or strategic changes (Internal)	3	3	9	Cross check event	KON/SW	3	3	9	21/10/2021Consider wider engagement Oversight Board establishment 01/12/21 - no change	Tolerate	19/08/2021 28/09/21 21/10/21 01/12/21	15-Jan-21	Joint programme board to review once established. Ensure contingency and flexibility of approach Ongoing feedback from workshops			Open
PCPIA	PMO	19-Aug-21	Stakeholder engagement / adverse impact on project delivery (Internal &/Or External	Fail to identify appropriate stakeholders	3	4	12	Input from project team in identifying stakeholders Launch event to identify any outstanding stakeholders Presentation to SLT	KON	2	3	6	01/12/21 - further request to engage with strategic planning groups. Patient engagement needs some further consideration	Treat	19/08/2021 28/09/21 21/10/21 01/12/21	15-Jan-21	Engagement with GP sub committee and practice managers through comms and engagement plan. Ongoing review of stakeholders as part of workshops, including patient/public representatives Meet with GP locality leads and locality managers Patient engagement strategy required			Open
PCPIA	PMO	19-Aug-21	Stakeholder engagement / adverse impact on project delivery (Internal &/Or External	Right level of stakeholder engagement and failure to engage	4	4	16	Launch event to give better understanding Briefing paper prepared to confirm expectations Understanding the benefits of being involved Exec leadership/support Communications Plan/messaging GP Sub Committee Comms & Engagement Plan	KON	2	3	6	Further forums identified and approached - GP trainees Project team involvement to be reinforced - roles and responsibities 01/12/21 - further engagement to engage with strategic planning groups.	Treat	19/08/2021 28/09/21 21/10/21 01/12/21	15-Jan-21	Further engagement required going forwards Developing comms for sharing - exec summary of IA.			Open
PCPIA	PMO	19-Aug-21	Stakeholder engagement / adverse impact on project delivery (Internal &/Or External	Unable to get consensus as stakeholders may have contradictory plans/aspirations	3	4	12	Early engagement Strategic direction Management of process Evidence base/objective Communications Plan/messaging Following SG process for capital investment (SCIM) Early engagement GP sub-committee Patient engagment workshop	KON	2	3	6	21/10/21 Engagement with GP Sub committee Enagement with partnership representatives 01/12/21 Convening of programme board Locality meetings have taken place, working towards concensus. Reduced score.	Tolerate	19/08/2021 21/10/21 01/12/21	15-Jan-21				Open
PCPIA	PMO	19-Aug-21	Governance / Communication / Project Plan	Failure to deliver project plan within the agreed timescales	3	3	9	Detailed project planning Early engagement setting out at the beginning Virtual forum	KON	3	2	6	21/10/21 Assessment of progress and timescales agreed for next steps Backward mapping of key decision points	Treat	19/08/2021 21/10/21 01/12/21	15-Jan-21	Mapping to be undertaken of governance groups/dates to determine timeline. SLT end of January 2022, Board meeting thereafter or P and R to be confirmed. Aim for P and R 1/3/22, and Board following for sign off (end March). Dates required for CIG (end March/April).			Open
PCPIA	PMO	19-Aug-21	Clarity of understanding of brief / objectives / scope creep	Stakeholders unable to identify with future models of care	3	4	12	Early engagement Strategic direction Management of process Evidence base/objective Communications Plan/messaging Early engagement GP sub-committee	KON	2	3	6	21/10/21 3 Workshops have taken place Visual diagram required to communicate propsed model 01/12/21 - no change	Tolerate	19/08/2021 21/10/21 01/12/21	15-Jan-21				Open
PCPIA	PMO	19-Aug-21	Governance / Communication / Project Plan	Unable to get corporate agreement with model of care/how services will be delivered - strategic fit	3	4	12	Clear Governance structure Early engagement with SLT Continuous involvement of SLT Knowledge base on project team National direction Mapping process	KON	2	4	8	Establisment of programme board engagement with HSCPs to be undertaken 01/12/21 - no change	Tolerate	19/08/2021 21/10/21 01/12/21	15-Jan-21				Open
PCPIA	PMO	19-Aug-21	Clarity of understanding of brief / objectives / scope creep	Being too ambitious - scope of the programme unable to be delivered	3	4	12	Stakeholder expectation management through launch event and workshops and wider comms Launch event - messaging Follow SCIM process and clear Governance route	KON	3	3	9	Unable to mitigate at present due to stage of project 01/12/21 - no change.	Tolerate	19/08/2021 21/10/21 01/12/21	15-Jan-21				Open
PCPIA	PMO	19-Aug-21	Stakeholder engagement / adverse impact on project delivery (Internal &/Or External	Risk of stakeholders unable to engage due to time constraints - capacity to attend and to be able to deliver work	4	4	16	Detailed project planning - quantify input Expectations of capacity Senior support/coverage/early engagement with SLT	KON	3	3	9	Review of stakeholder engagement and gaps identified and acted on Evidence of stakeholder involvement through workshops, project team and GP sub-committee Engagement with partnerships required 01/12/21 - score reduced.	Treat	19/08/2021 21/10/21 01/12/21	15-Jan-21				Open

APPENDIX F: OPTION ASSESSMENT

Service / care model	Flow – activity levels	Likely Contact per episode	Virtual / face to face (travel?)	Current availability of service to facilitate User Availability	Scale to ensure optimal availability to patients	Importance of Co-ordination of care	Importance of Continuity of care	Comment / option scoping
Urgent on day care / duty service Urgent on day mental health	High	Low (1)	50/50	All practices,	Full time	moderate	low	High volumes, high telephone consult rate, requires sustainable workforce – smaller practices less resilience - Collaborative Hub?
Complex/ undifferentiated	moderate	recurring	20/80	All practices daily	Full time	high	High	GP dependent, co-ordination and continuity important – CORE GP
Long term conditions continuous care	moderate	recurring		All practices daily	Full time	moderate	High	Continuity / co-ordination important, team based, GPN – GP - stay local
Family planning / contraceptive / sexual health	moderate	Low	20/80	Limited dependent on GPN schedule	Full time	Low	Lows	Potential to hub – increase scale, flexibility for patients, infrequent

Service / care model	Flow – activity levels	Likely Contact per episode	Virtual / face to face (travel?)	Current availability of service to facilitate User Availability	Scale to ensure optimal availability to patients	Importance of Co-ordination of care	Importance of Continuity of care	Comment / option scoping
Public health screening (e.g. Smear)	low	Low (1)	0/100	Limited dependent on GPN schedule	Full time	low	low	Potential to hub this kind of work – increased scale = increased flexibility for patients – infrequent need – less issue with travel - community Hub (CTAC)
Mild / moderate mental health	mod	Low (2-3)	50/50	All practices general consult	Full time	Medium	medium	Co-ordinated between local practices where feasible -
Vaccination	Low	Low	0/100	becoming more hub based	Full time	low	low	Community Hub - Vaccination centre model
Treatment Room	Medium	Medium –high	1/100	Hub / spoke over M-F	Full time	med	med	Locality hub and spoke model in place just now – any patient to any centre