Agenda Item: 12

Falkirk
Health and Social Car
Partnership

Title/Subject:	**Primary Care Transformation Programme**
Meeting:	**Integration Joint Board**
Date:	**4 August 2017**
Submitted By:	**Clinical Lead, NHS Forth Valley**
Action:	**For Approval**

1. INTRODUCTION

1.1 The purpose of this report is to seek approval from the members of the Board for the proposed Forth Valley wide implementation of the National Primary Care Transformation Programme including Out of Hours (OOH) Urgent Care Transformation.

1.2 This report also provides an update of the Scottish Government funded Primary Care Transformation programmes and the improvement approaches proposed by Forth Valley and agreed by Scottish Government in autumn 2016.

2. RECOMMENDATIONS

The Integration Joint Board is asked to

2.1 approve the proposed outline of the programme as detailed in sections 4, 5 and 6 of this report.

2.2 note a fully revised Out of Hours Urgent Care Model of Service and Workforce plan will be presented to both IJBs and the NHS Board within the timescales associated with the Bridging funding available, as outlined in section 4.10

2.3 agree the proposed governance arrangements outlined in section 5.8 and Appendix 2

2.4 delegate authority to the Chief Officer, as a member of the Primary Care Transformation Group, to take the appropriate actions required to implement the Primary Care Transformation Programme, as outlined in section 7.2

2.5 note that regular reports will be provided to future IJB meetings.

3. BACKGROUND

3.1 **Primary Care Transformation**
Sustainable primary and community care models, both in and out of usual working hours, are at the centre of our strategic vision and are key underpinning factors in the development of locality models of care. The purpose of the Scottish Government funded Primary Care Transformation programme

(PCT) 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.

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. We are reviewing overnight care with a view to redesigning provision to a robust medical light model. 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. We wish to build on learning from the recently developed models of multidisciplinary care in Kersiebank and Bannockburn health centres. 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 Forth Valley HSC Partnerships' submitted joint primary care and mental health transformation plans to the Scottish Government in summer of 2016 and were allocated NRAC share of the primary care fund over two years to take these forward. Further detail is provided in section 7.

3.4 The driver diagram in Appendix 1 outlines the alignment, rationale and approach for primary care transformation within the context of the partnerships priorities.

3.5 The Vision for Primary Care in Scotland

"Primary and community care at the heart of the healthcare system, with highly skilled multidisciplinary teams delivering care both in and out of hours, and a wide range of services that are tailored to each local area. That care will take place in locality clusters, and our primary care professionals will be involved in the strategic planning of our health services. The people who need healthcare will be more empowered and informed than ever, and will take control of their own health. They will be able to directly access the right professional care at the right time, and remain at or near home wherever possible."

Shona Robison, Scottish Parliament (15th December 2015)

3.6 Drivers for Change: (Appendix 1)

- We know that over 90% of interactions with healthcare start and finish in primary care and that Primary Care interactions are key to addressing:
    - Inequalities in health and care
    - Access to health (and often social) care.

- The world is changing; keeping people in the community is right thing to do

- The status quo is not sustainable
    - The system is under growing pressure
    - There are significant challenges around General Practitioner (GP) recruitment, retention and workload
    - All professions are keen to operate to the top of their professional capabilities
    - Health inequalities demand creative responses
    - Out of Hours review has demonstrated a clear way forward

3.7 The GP contract is currently under negotiation and we know that it will build on the 2016/17 agreement to remove the Quality Outcomes Framework (QOF) and focus the future role of the GP as an expert-generalist: in complex care; undifferentiated illness; in quality and leadership. This assumes that primary care will be more multidisciplinary and the future role of all professionals will be working together at 'top of their registered skill set". GPs will have a voice in the wider system and there will be a move towards 'Primary care led NHS'.

4 UPDATE ON URGENT CARE GP OUT OF HOURS TRANSFORMATION

4.1 **Out of Hours Urgent Care (OOH) Transformation Programme**
A report on the GP Out of Hours Operational arrangements is a separate agenda item 13. As outlined in that paper, the present situation for OOH services is challenging. Supporting a sustainable model long term requires not only immediate and robust action to promote the recruitment and retention of sufficient numbers of GPs but in particular to create enhanced capacity through a skilled multidisciplinary OOH workforce. This will include: advanced nurse practitioners, community nursing staff, paramedical staff and other allied health practitioners (AHPs), clinical pharmacists, physician associates and social services staff.

4.2 The absolute numbers of patients seen in the overnight shift (00.00hrs – 08.00hrs) is small and cover is provided by 2-3 GPs. The workforce to support overnight sessions, particularly at weekends is increasingly difficult to recruit to which increases the risk of poor or inadequate service delivery. During weekends and evenings GPs are supported by a small number of Advanced Nurse Practitioners who manage patients attending the hub as per GPs. The report of the national review of primary care OOH services describes the progressive loss of GPs willing to provide OOH service and predicts this loss will continue in future.

4.3 **Forth Valley Out of Hours Urgent Care Transformation Plan**
Under this plan, we aim to transform the provision of overnight (midnight to 8am) Out of Hours primary care to a sustainable model that provides care to the highest standards of quality through a delivery approach which offers robust alternatives to direct medical input where possible.

4.4 Consistent with the OOH National Review, we believe that the future provision of primary care OOH services will require a more robust team than is available through the current model of care delivered by a small number of general practitioners.

4.5 A small stakeholder group including Scottish Ambulance Service, GPs, ANPs, community nursing, social care, patient / public, professional advisor, staff side representation has already been established. This group is examining clinical activity in the overnight 00:00 to 08:00am period; to understand the resource requirement, to assess if and how care could have been delivered without GP input and to identify any risks. The results of this will inform the development of a new model of care. We will then establish a model of staffing and recruit to train and implement a team that can deliver high quality care within people's homes and OOH care centres utilising specialist nurses and paramedic practitioners in particular. This will also improve the consistency of quality in mental health care and palliative care and will build on links and opportunities to evolve effective integrated out of hour's supports across the health and social care system.

4.6 Three out of four review sessions are already complete, with 70 out of hours cases reviewed. Findings clearly indicate that an alternative multidisciplinary model of care is entirely feasible using Advanced Nurse and Paramedic Practitioner roles with support from mental health nurses and on call GP support.

4.7 An improvement plan will be developed and shared once the first stage is complete (mid August). This will evolve our theory of change and propose the priority actions regarding workforce and service model, identifying developmental and monitoring needs required to achieve our objective.

4.8 In addition, we will examine how a new model for the OOH overnight could possibly support other parts of overnight unscheduled care, including prison healthcare, psychiatric assessment by CPN and improve interfaces with community nursing, social care and emergency care services.

4.9 At the end of the 2 year period it is fully expected that structures to support a new model of care will be established that allow outcomes to be achieved within existing primary care OOH funding.

4.10 **Resource Implications**
A total of £383,000 has been made available on a Forth Valley wide basis through the national Out of Hours Transformation fund, outlined in section 7. Although detail and associated costs will be informed by the analysis stage which is due to be complete in mid-August. The submission to the Government

anticipated that funding would be used as a bridging resource to test changes to the Model of Service. This would support any temporary costs.

A fully revised Model of Service and Workforce plan will be agreed with both IJBs and the NHS Board within the timescales associated with the Bridging funding available.

5. PRIMARY CARE TRANSFORMATION PROGRAMME: CREATING A MULTIDISCIPLINARY PRIMARY CARE

5.1 Update on Programme Themes (Appendix 1).

5.2 **A: Supporting the development of locality models of care**
The development of locality models of care in Falkirk is core to future integrated service delivery. 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. This is being led through integration work streams and detail will be driven through the current engagement and mapping work.

5.3 **B: Sustaining access to general practice through development of multidisciplinary approaches: Falkirk West**
Using learning both nationally and from our 2C multidisciplinary practice models it is proposed to innovatively develop the principles of Multidisciplinary Team (MDT) access within the Falkirk West Locality. This will focus particularly on supporting alternative primary care access solutions for people with mental health and psychosocial issues and support GPs to develop a focus on undifferentiated care and high health gain / high resource use individuals in their role as expert generalist.

Through a shared asset approach across the locality and clusters, a test of change model will be scoped and proposed by the end of September.

5.4 **C: Enabling the multidisciplinary practice model across Forth Valley**
The following enablers have been scoped and proposed for immediate initiation:

Training support will be provided for the development of advanced multidisciplinary roles:

- Education support for 15 -20 multidisciplinary support roles: Pharmacy, Practice Nursing, mental health and AHP Advanced Practice Development in association with national ANP development programme
- GP mentoring costs to support programme of extended role development
- Outcome Focussed Communication Programme for Primary Care
- GP leadership at 1 session per month per test cluster to develop integrated High Health Gain case review models
- Co-ordination of analytical support to inform primary care access and quality improvement activity. (Primary Care LIST - no additional cost)
- Primary Care Clusters- Accelerated Tests of Change

- Low level funding (£5-£10k) for clusters not included in work streams 1 & 2, to put forward proposals to stimulate short term tests of change focussed on improving access to primary care.

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 with integration funding for 3 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 LDP target for dementia. There are two key areas of change required: The first being to implement the, lower resource based, 8 pillar PDS model to those diagnosed with dementia that have higher health and care needs. This will increase the capacity of the existing service by around 15%. Secondly and more importantly we need to embed PDS into routine care. It is proposed that further 1.5 additional support workers for 18 months only will reduce the current waiting list (circa 150 people in Falkirk area) whilst a transition of care is tested. Additionally a virtual support resource will be scoped with aim of increasing the capacity for support significantly.

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 0.5 other mental health skilled professional for 12 months only).

6.3 The IJB is asked to approve the proposed outline of the programme as detailed in sections 4, 5 and 6 of this report.

7. GOVERNANCE

7.1 A Primary Care Transformation Group has been formed with the proposed remit of overseeing the delivery of the primary care transformation programme outlined below in items 4 and 5 and summarised in Appendix 1.

7.2 The group will be co-chaired by Dr Stuart Cumming, Associate Medical Director and Shiona Strachan, Chief Officer, Clackmannanshire and Stirling Health and Social Care Partnership, in the first instance and will report to both Chief Officers. Membership is drawn from senior clinical and leadership team members from both Health and Social Care Partnerships and NHS Forth Valley. The Board are asked to agree to the governance structure as outlined in Appendix 2. The Board is asked to delegate authority to the Chief Officer, as a member of the Primary Care Transformation Group, to take the

appropriate actions required to implement the Primary Care Transformation Programme. Regular updates will be provided to the Integration Joint Board.

7.3 Additional work of the group may relate to primary care focussed transformation streams including GP recruitment and retention, pharmacy redesign in primary care and quality improvement initiatives aligned with cluster development. Any changes to the programme will be reported to the IJB.

8. Conclusions

8.1 Anticipated Outcomes

The Driver diagram, in Appendix 1, in form of an action effect diagram outlines the relationship between Forth Valley change interventions and our local and national primary care outcomes. In particular it is anticipated that these models will:

- Facilitate Primary Care Sustainability
- Facilitate "Health and Wellbeing Gain"
- Increased capability for Anticipatory Care Planning, Case Finding and Review
- Increase in collaborative planning to support self care
- Redistribution of General Practice demand to wider MDT
- Increased resilience in Primary Care clusters
- Increased resilience in localities
- Reduced impact on H&SC services from people identified as HHG Individuals

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%).

The funding will be used to lever improvements which have minimal sustainability risks and facilitate a shift in balance of care across the system.

PCTF Planned Expenditure	2017/18	2018/19	Total
Falkirk PCTF Funding (work streams 1,2,3)	£232,000	£232,000	£ 464,000
Dementia Post Diagnostic Support (1.5 Support workers for 18 months)	£30,000	£60,000	£ 90,000
Autism Spectrum Disorders Hub (Mental Health Falkirk share 0.35wte mental health post for 12 months)	£30,000		£ 30,000
Mental Health in Primary Care (Falkirk, ws 2,3)	£30,000	£30,000	£70,000
Falkirk Partnership PCTF Total	**£322,000**	**£322,000**	**£644,000**
Clackmannanshire and Stirling Partnership Total	£285,000	£285,000	£ 570,000

Out of Hours Transformation (Area Wide)	£383,000		£383,000
Total Available Forth Valley Wide	£990,000	£607,000	£1,5978,000

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.

Impact on IJB Outcomes and Priorities
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. In particular the contribution to enabling primary care teams to play a key role in the development of locality models, play a fuller and more timely role with regards to preventative supports for High Health Gain Individuals, improving mental health and care and intermediate care models to support patients to remain at home or in a homely setting. In addition, ensuring access to the right care at the right time in the community for families and working age people is key to enabling wellbeing and minimising secondary impacts of short and long term ill health.

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 will be completed, where appropriate.

Approved for submission by: Patricia Cassidy, Chief Officer, Falkirk Health and Social Care Partnership

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

Date: 1 August 2017

Background Documents

- 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