

Agenda Item 13

Primary Care Improvement Plan Update



Falkirk Integration Joint Board

4 June 2021

Primary Care Improvement Plan Update

For Noting

1. Executive Summary

- 1.1 Forth Valley's Primary Care Improvement Plan (PCIP: Iteration 3) has been shared and agreed by both IJB's and NHS Forth Valley Health Board over the past 3 years. It sets out our local implementation programme for the new General Medical Services Contract and Memorandum of Understanding set out by Scottish Government. This contract aims to redirect GP workload to a new wider multidisciplinary team, and in doing so improve access for patients to the right care at first contact. The contract also specifically aims to enable the GP to focus on their role as the expert medical generalist, spending more time in support of people with complex and undifferentiated needs and assuring quality primary care services.
- 1.2 A letter from the Scottish Government and BMA in November 2021 set out a revised timescale for the implementation of the new GMS contract. A revised Memorandum of Understanding is anticipated in the very near future which will provide further direction and contractual detail to the extended 2023/24 contract implementation timeline.
- 1.3 Despite all challenges of the past year, implementation of the new GMS contract, through the PCIP, remains largely on track. The benefits of being in an advanced stage of implementation undoubtedly supported general practice sustainability and access to primary care through the last year.

2. Recommendations

The Integration Joint Board is asked to:

- 2.1 note the progress of the Primary Care Improvement Plan
- 2.2 note that there is no substantive change to the actions, cost or deliverables previously outlined in PCIP Iteration 3
- 2.3 note the revised timeline and anticipated revised memorandum of understanding which will guide GMS contract implementation to 2023/24
- 2.4 note that the funding gap between PCIP and Scottish Government allocation remains, however, delivery of the plan through 21/22 can be managed through slippage from previous year, assisted by NHS board led vaccination service funding.

3. Background

- 3.1 Forth Valley's Primary Care Improvement Plan (PCIP: Iteration 3) has been shared and agreed by both IJB's and Health Board over the past 3 years. It sets out our local implementation programme for the new General Medical Services Contract and Memorandum of Understanding set out by Scottish Government. This contract aims to redirect GP workload to a new wider multidisciplinary team, and in doing so improve access for patients to the right care at first contact. The contract also specifically aims to enable the GP to focus on their role as the expert medical generalist, spending more time in support of people with complex and undifferentiated needs and assuring quality primary care services.
- 3.2 The Board is asked to note there are no substantive changes to PCIP iteration 3 to report to Falkirk IJB.

4. Primary Care Improvement Plan

- 4.1 **Progress Update to end March 2021**
The PCIP (Iteration 3) sets out the aims for new models of working within primary care across 6 priority areas. It also shared evaluation work including very positive user and service experience. Over the last year the focus has been to continue with recruitment and embed the new core team within the primary care workforce.
- 4.2 As of end of March 2021 all 25 Falkirk GP practices have a level of additional multidisciplinary supports in place. Whilst all practices are offered all services, some practices have prioritised a greater level of one service over others in line with practice population needs. The general spread of implementation is described below.

PCIP Services	Falkirk GP practices (no.25) with service at 31.3.21 (number planned by June 21)	Additional Weekly Appointment Capacity at 31.3.21 (approx)
Primary Care Mental Health Nurses	23 (25)	500
Urgent Care Practitioners (Advance Practice nurses and paramedics)	15 (23)	800
Phlebotomy	14 (25)	900
First Contact Advanced Practice Physiotherapists	16 (23)	200
Pharmacotherapy Service	25 (25)	All Level 1
Children's Vaccination Service	25 (25)	All
Maternity Vaccination service	25(25)	All
Flu Vaccination service	25 hybrid model	All by Oct 21
Other adult vaccinations (shingles/ pneumococcal will link with flu)	0	All by Oct 21
Treatment room Service	25(25)	All
Link workers (partnership funded)	12 (12)	-

4.3 Key Learning

For services where the teams and model of care is well embedded into practices, there has been a significant focus on service quality and evaluation. Some examples of this are outlined below.

4.4 Pharmacotherapy

Commitment to transferring Level 1 pharmacotherapy activities from GPs to pharmacy teams is essential to PCIP delivery by April 2022. This is a significant and complex area of workload. Measuring workload has been extremely challenging and variation between volume and processing of workload in every practice varies.

4.5 Level 1 workload includes all acute prescriptions and repeat prescriptions as well as dealing with hospital discharge letters, medicines reconciliation, medicine reviews and monitoring high risk medicines.

4.6 In terms of workload and workload transfer, the pharmacy team have worked closely with the information services support team and are in the final stages of being able to provide quarterly acute prescribing data by practices and professional. What we have learned to date includes:

- the volume of acute prescribing workload is significant, at around 2500 acute pharmacy items per day across Forth Valley practices
- there is notable variation between practices in the volume of pharmacy workload. Where practices and pharmacy teams have focussed on quality improvement techniques we have seen significant reductions in workload and high levels of satisfaction within teams as a result
- the level of variation in workload will require to be a core focus over the coming year, to ensure a sustainable and equitable model of care.

4.7 Primary Care Mental Health

The mental health team are now well embedded in the majority of practices offering around 500 weekly appointments across Falkirk practices. The team have conducted three cycles of evaluation over the last three years with fairly consistent findings. Of note:

- we have a clear picture of the people who access the mental health service in primary care:
 - younger people: approximately two thirds of consultations are for people aged 18-44
 - more females than males: approximately two thirds of consultations are with females.
- the service is redirecting consultations which would otherwise be with a GP:
 - 80% of people consult with a mental health nurse at their first consultation

- 96% of new consultations were appropriate for the service
- less than 3% of people required to go on to see a Doctor
- the format of consultation has changed considerably over the course of the pandemic:
 - in the last year consultations moved from 30% by telephone to 95% by telephone (2% by near me)
- the primary reasons for seeking medical support are known to be:
 - 1) Anxiety, 2) Low mood and 3) stress
 - the primary outcome from consultation was self-management support
 - in the latest evaluation 4% of patients were referred to third sector services
 - 10% of consultations involved nurse prescribing and 38% involved medications review or management in some form.

4.8 [Advanced Practice Physiotherapy](#)

A significant number of people with musculoskeletal (MSK) issues consult their GP for advice, treatment, medication and referral on to secondary services. With few exceptions all of these consultations can be managed at first contact by a physiotherapist. Advanced practice physiotherapists (APP) assess and diagnose MSK issues and can refer for diagnostics, treatment, or where necessary secondary care assessment; including orthopaedics, pain management, rheumatology and neurology.

4.9 APPs are now embedded within 16 Falkirk general practice teams with a further 7 practices due for MSK support imminently. The team have evaluated the service over many years now. Recent learning includes:

- almost all consultations with an APP are first contact (no duplication)
- 75% of people attending APP are supported to self-manage with no further follow up or intervention
- 9% require medication management / prescription
- 7% require further investigation (radiology / bloods)
- 3% require a GP review
- APPs have carried out around joint 800 injections, many of whom would have required Orthopaedic or GP referral
- Practices with APP referred 22% fewer people to orthopaedics and 8% fewer people to physiotherapy than practices without APP.

4.10 [GMS Contract Implementation: Extension of timescales](#)

A Joint Letter from Scottish Government and the BMA to partnerships in November 2020 confirmed that the national implementation date of the contract has been delayed to March 2022 with a further implementation window to 2023/24.

4.11 Whilst this does not materially change Forth Valleys Primary Care Implementation Plan, it should be noted that the flu delivery programme was impacted and extended by the COVID pandemic and an NHS board led

immunisation has been team set up to deliver flu and covid vaccinations. Removing flu delivery from the PCIP reduces the financial risk of the programme significantly.

5. Conclusions

- 5.1 Despite a very challenging year, the PCIP programme has progressed significantly and largely in line with our plan. This has provided significant support for the Falkirk population and practices through a very difficult year.

Resource Implications

PCIP Iterations 1 to 3 all highlighted that the funding allocation set out by Scottish Government is insufficient to deliver on the commitments set out in the Memorandum of Understanding. As previously reported and frequently highlighted to Scottish Government, there is a shortfall in the overall PCIP of £1.290m. This shortfall remains, however, is substantively reduced if the flu immunisation service is taken forwards through a health board led, integrated, immunisation service for flu and COVID.

The residual gap can be met in the coming year, through slippage from the PCIP programme to date and primary care funding support from NHS Forth Valley as previously reported.

The joint letter from Scottish Government and BMA highlighted that where contractual obligations were not implemented, transitional payments to GPs would be required. They did not, however, outline where the funding for this would come from. In light of this, there is even more imperative to deliver the PCIP in full as it seems possible that partners will continue to spend as much or more on transitional costs than on permanent arrangements if the plan is not delivered.

Impact on IJB Outcomes and Priorities

The ongoing work set out in the PCIP is in line with the Strategic Plan and the associated Delivery Plan.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications

The risks of not delivering the GMS contract remain high, as outlined within the partnership risk register.

Consultation

There are no consultation requirements.

Equalities Assessment

No further EQIA implications.

6. Report Author

6.1 Lesley Middlemiss, Primary Care Improvement Programme Manager

7. List of Background Papers

PCIP (Iteration 3)

8. Appendices

n/a