

Workstream	Community Treatment & Care (CTAC) Services
<p>Community treatment and care (CTAC) services include many non-GP services that patients may need, including (but not limited to):</p> <ul style="list-style-type: none"> • Management of minor injuries and dressings • Phlebotomy • Ear syringing • Suture removal • Chronic disease monitoring and related data collection. <p>There will be a 3-year transition period to allow the responsibility for providing these services to pass from GP practices to HSCPs. By April 2021, these services will be commissioned by HSCPs, and delivered in collaboration with NHS Boards that will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the Primary Care Improvement Plans.</p>	
<p>Projected delivery by March 2021: Treatment room services will be delivered via CTAC by March 2021 across all GP practices:</p> <ul style="list-style-type: none"> • Management of minor injuries and dressings – In progress to be delivered by March 2021. • Phlebotomy – Fully implemented. • Ear syringing - In progress to be delivered by March 2021. • Suture removal - In progress to be delivered by March 2021. • Chronic disease monitoring and related data collection – In progress to be delivered by March 2021. <p>Challenges / Barriers being experienced in NHS Lanarkshire:</p> <ul style="list-style-type: none"> • CTAC and Urgent care (UC) were being taken forward separately resulting in missed opportunities to use workforce efficiently. These workstreams have been aligned to ensure smooth delivery of service models. • Pressures on availability of property across all aspects of PCIP especially with the significant number of additional staff required to deliver this workstream. • Staffing pressures in ensuring there is an appropriate level of additional workforce available in time for 2021. • Ensuring recruitment does not destabilise other areas of service. • Lanarkshire's 'Grow our Own' Campaign introduced to support Recruitment and Retention of staff where possible. • IT Digital solutions identified at a recent workstream Digital Session held in November 2019. There are considerable limitations with various IT systems that would be required to ensure future success of the workstream. <p>There has been significant progress in years 1 and 2 with the successful implementation and delivery of:</p> <ul style="list-style-type: none"> • Scoping exercises completed to identify the resources currently deployed in these services across the all localities and the different models of working between current services and practices. • An agreement to level up services to ensure equity. • Sub-group established to take forward expansion of phlebotomy to provide a consistent service across NHS Lanarkshire, which has carried a six-step workforce analysis and service scoping with associated resource approved. • Recruitment programmes complete for phlebotomy and advance practitioner staff as agreed in year one. Work is underway with locality management teams working closely with GP practices to agree the best use of these resources out with Flu vaccination programme (also refer to VTP). The learning 	

from this initial deployment will help localities establish relationships and ways of working that will support future developments.

- A further review of treatment room services being carried out to support the work programme of the phlebotomy and advance practitioner staff.
- Leadership and management to support phlebotomy and advance practitioner staff agreed for both North and South Lanarkshire (H&SCPs) to ensure there are clear lines of accountability and governance arrangements in place.
- Recruitment and retention programmes carried out for advanced practitioners and other MDT staff aligned to 'Grow your career in Lanarkshire' campaign.
- Model development and learning via Practice Administrative Staff Collaborative (PASC) and commenced programme to spread learning from the PASC across Lanarkshire GP practices who wished to utilise it, including providing improvement support.

Mitigating Actions to Keep Programme on Track:

In years 2 and 3, NHS Lanarkshire will progress the workstream through:

- Service Manager in post from September 2019 to support operationalisation of the primary care MDT model to work closely with the locality management teams.
- Operational implementation of the primary care MDT model working closely with each locality.
- Alignment of the CTAC/UC workstreams to maximise local delivery of service models reducing duplication.
- There are a number of staff who are working across the CTAC, UC and Additional Professional Roles (APR) workstreams which are supporting our successes to date.

Additional national actions required to support implementation of the contract by March 2021:

- £2,751m required to complete the remainder of the CTAC / UC workstream by 2021.
- Development of IT Systems timeously.
- Workforce availability.

Workstream	Urgent Care
<p>Urgent unscheduled care including the provision of advanced practitioner resource as first response for home visits.</p> <p>This will involve the implementation of sustainable advanced practitioner provision in all HSCP areas, based on local service design. These practitioners will assess and treat urgent or unscheduled care presentations. This will allow GPs to focus on scheduled appointments with patients most in need of their skills as expert medical generalists. Where service models are sufficiently developed, advanced practitioners will also directly support GPs expert medical generalist work by carrying out routine assessments and monitoring of chronic conditions for vulnerable patients at home, or living in care homes.</p> <p>It is expected that the workload for advanced practitioners would mean that most GP practices would not have sole access to advanced practitioners. It is likely that advanced practitioners would work across a number of GP practices to meet patient needs. GP clusters will play an important role in enabling this service to ensure effective working and good patient outcomes.</p>	
<p>Projected delivery by March 2021:</p> <ul style="list-style-type: none"> • Although the alignment of this workstream is with CTAC, the delivery of multi-disciplinary team (MDT) requirements are not on track to be fully delivered by March 2021 across all NHS Lanarkshire localities. • Development of a spread plan is in progress to highlight the scalability of the UC model delivery. <p>Challenges / Barriers being experienced in NHS Lanarkshire:</p> <ul style="list-style-type: none"> • Delivering CTAC and UC separately resulting in duplication of effort. As noted above, these workstreams have been aligned to ensure smooth delivery of service models. • Pressures with availability of property for delivery of all aspects of PCIP especially with the significant number of additional staff required to deliver this workstream. • Staffing pressures in ensuring there is an appropriate level of additional workforce available in time for 2021 and recruitment not placing a risk on service provision. • Recruitment and retention of ANPs as once fully trained via board model practices, there has been active recruitment of ANPs by local GP practices offering enhanced employment packages beyond agenda for change. Mitigation of this option is to amend contract that they remain within the post for a period of time post training – this is being explored locally in a bid to retain our staff. • Two Advanced Nurse Practitioner (ANP) tests of change carried out, the second of which includes the Scottish Ambulance Service (SAS). Currently in the early stages of test of change with SAS. • NHS Lanarkshire's 'Grow our Own' Campaign introduced to support Recruitment and Retention of staff where possible. • IT Digital solutions identified at a recent workstream Digital Session held in November 2019. There are considerable limitations with various IT systems that would be required to ensure future success of the workstream. • The funding requirement for UC is included in the CTAC section of the report. <p>There has been significant progress in years 1 and 2, and following the alignment of this workstream with CTAC, with successful implementation and delivery of:</p> <ul style="list-style-type: none"> • Scoping exercises completed to identify the resources currently deployed in these services across the all localities and the different models of working between current services and practices. • Development of a new workforce to undertake advanced and extended scope practice as well as the development of effective governance and assurance mechanisms established. • A baseline survey completed to inform the model development by the workstream (in November 2018). 	

- Successful engagement with Scottish Ambulance Service (SAS) agreeing to be included in both training opportunities for Specialist Paramedics and Advance Paramedics and the allocation of Specialist Paramedics and Advance Paramedics within the urgent care in-hours model.
- Two Advanced Nurse Practitioner (ANP) tests of change carried out and evaluated. This was looking at the ability of resource sharing across a number of GP practices for urgent home care visits. Now a model in place in Cumbernauld.
- Recruitment and retention programmes carried out for advanced practitioners and other primary care MDT staff aligned to 'Grow your career in Lanarkshire' campaign.
- Programme to support the spread of learning from the Practice Administrative Staff Collaborative (PASC), specifically Care Navigation, and the supporting foundation it offers to the model being delivered.
- Workforce plan completed detailing those members of the primary care MDT who will have roles in urgent care as well as those of advance practitioners.
- Agreement reached and implementation of roll-out across practices, with GP practices at the centre of the triage model, as agreed with the GP Sub-committee.
- UC workstream aligned to CTAC to ensure urgent care is considered as part of the primary care MDT.

Mitigating Actions to Keep Programme on Track:

In years 2 and 3, NHS Lanarkshire will progress the workstream through:

- Service Manager in post from September 2019 to support operationalisation of the primary care MDT model to work closely with the locality management teams.
- Operational implementation of the MDT model working closely with each locality.
- Recruitment to extend the model of working in each locality across Lanarkshire.
- Alignment of CTAC/UC workstreams to maximise local delivery of service models reducing duplication.
- Developed and agreed a primary care Multi-Disciplinary Team (MDT) model (in November 2019) working in partnership with other workstreams, particularly urgent care and VTP, in anticipation that each locality will have a primary care MDT that performs multiple functions rather than multiple separate teams.

Additional national actions required to support implementation of the contract by March 2021:

- Refer to CTAC funding section.
- Development of IT Systems.
- Highlighting the impact of ANPs trained to deliver the PCIP being actively recruited by practices (personal approach rather than only adverts)
- Workforce availability.

Workstream	Additional Professional Roles
<p>Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services, community mental health services and community links worker services.</p> <p>HSCPs will develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice. Priority for the service, such as focusing on elderly care, will be determined by local needs as part of the Primary Care Improvement Plan.</p> <p>Community clinical mental health professionals (eg nurses, occupational therapists), based in general practice, will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.</p>	
<p>Projected delivery by March 2021: NHS Lanarkshire is on track to deliver Additional Professional Roles (APR) by March 2021. The following provides an overview of our current position:</p> <ul style="list-style-type: none"> • Community clinical mental health professionals (CCMHPs) – being progressed under Action 15 and in place. • Advance Practice Physiotherapists (APP) – Further work in relation to the service model being discussed locally and progress to be made with the view to partial delivery by March 2021. <p>Challenges / Barriers being experienced in NHS Lanarkshire:</p> <ul style="list-style-type: none"> • MSK Physiotherapy services not able to be progressed due to inability to fully fund the model in a bid to make the desired impact in service delivery. • Concerns re ability to recruit workforce even if funding was available. • Further funding requirement from Scottish Government to fully implement the MSK Physiotherapy service. • Pressures with availability of property for delivery of all aspects of PCIP. • Staffing pressures in ensuring there is an appropriate level of additional workforce available in time for 2021. Ensuring recruitment does not destabilise other areas of service. • IT digital solutions identified at a recent workstream digital session held in November 2019. There are considerable limitations with current IT systems. <p>There has been significant progress in years 1 and 2 with the successful implementation and delivery of:</p> <ul style="list-style-type: none"> • CCMHPs being progressed under Action 15 with the development of Health and Wellbeing Hubs across NHS Lanarkshire. There is a collaborative approach in managing services particularly in relation to the mental health and community link worker roles to ensure alignment of resources for the benefit of the patient and general practice. • There is also a series of occupational therapy tests of change underway aligned to the CCMHPs which has been completed in 2 GP practices with a focus of early intervention of 16 year olds plus who present with: Difficulty with daily activities/roles; Early Stage Cognitive Impairment/Dementia; Frailty – risk/fear of falls; Social Isolation; Reduced work performance/AHP Fit note. • Advance Practice Physiotherapists (APP) as first assessors of Musculoskeletal conditions within GP practice is to be progressed as part of primary care MDT with a further test of change drawing on the learning from the first test of change when additional funds are released nationally. • Primary care MDT model developed and agreed (November 2019) aligning additional professional roles to the delivery of CTAC / UC workstreams. 	

Mitigating Actions to Keep Programme on Track:

- A revision to the MSK model was made in October 2019 to provide a workforce allocation agreed based on 1 Physiotherapist per 15,000 patients across all localities from original model.
- Further review of the MSK model to be carried out with a number of wider disciplines.
- Timeline for delivery remains at March 2021 on the basis of additional funding being made available to NHS Lanarkshire.

Additional national actions required to support implementation of the contract by March 2021:

- £2,672m required to fully fund the MSK Physiotherapy Services Model.
- Development of IT Systems
- Workforce availability

Workstream	Community Link Workers (CLWs)
<p>HSCPs will develop CLW roles in line with the Scottish Government's manifesto commitment to deliver 250 CLWs over the life of the Parliament. The roles of the CLWs will be consistent with assessed local need and priorities and function as part of the local models of care and support.</p>	
<p><u>Projected delivery by March 2021:</u> NHS Lanarkshire on track to have availability of service to all practices by March 2021.</p> <p>Challenges/Barriers being experienced in NHS Lanarkshire:</p> <ul style="list-style-type: none"> • Pressures with availability of property for delivery of all aspects of PCIP. • Access to GP practice accommodation to conduct CLW sessions. • Staffing pressures in ensuring there is an appropriate level of additional workforce available in time for 2021. Ensuring recruitment does not destabilise other areas of service. • IT Digital solutions identified at a recent Workstream Digital Session held in November 2019. There are considerable limitations with various IT systems that would be required to ensure future success of the CLW programme in terms of referral processes and recording of outcomes / action taken that the GP is aware of for frequent flier patients. <p>There has been progress in taking forward the CLW programme in NHS Lanarkshire with:</p> <ul style="list-style-type: none"> • 2 CLW Co-ordinators appointed and in post from 25 November 2019. • Recruitment of 18 WTE CLW posts initiated in December 2019. • It is anticipated that the 18 WTE CLWs will be in post by March / April 2020. • Preparatory work is underway in terms of allocation of CLWs across both North and South Partnerships. • Referral processes and documentation being developed. • Digital solution discussions underway and scoping of systems currently in place that can be utilised by the CLWs. • Communication and engagement programme being developed to identify practices who wish to utilise the service. • Established CLW Steering Group in place to support the programme with key stakeholder involvement. • Links being established with other key contacts in NHS Boards with the programme up and running to learn from their progress at this early stage. 	
<p>Mitigating Actions to Keep Programme on Track:</p> <ul style="list-style-type: none"> • Recruitment timelines may hinder CLWs being in place by April 2020 however working closely with human resource colleagues to ensure swift transition from eCOR approval, redeployment process and external advertising. • Recruitment programme success will be dependent on availability of 18 WTE CLWs to support the programme with potential of further recruitment programmes requiring to be undertaken outwith the timescales for delivery. • Digital solutions being made available to support the programme in managing referrals process effectively and efficiently. Initial discussions on requirement highlighted at IT Digital session held in November 2019. • Alignment with other link worker programmes to ensure there is clarity of role/service provision and there is no duplication of effort and patients are being signposted to the correct services in a timely fashion. 	
<p>Additional national actions required to support implementation of the contract by March 2021:</p> <ul style="list-style-type: none"> • Development of IT Systems 	

<u>ADDITIONAL SECTION</u>	
Workstream	Premises*
<p>This workstream has the function of providing a mechanism to administer GP sustainability loans, transfer of leases and transfer of ownership of premises, which are key enablers of the GMS contract. Its aim is to implement the National Code of Practice for GP premises in-line with the mandate of the General Medical Services (GMS) 2018 contract in order to:</p> <ul style="list-style-type: none"> • reduce the risks associated with GPs as independent contractors owning or leasing practice premises, thereby removing barriers to GP recruitment, retention and retirement and enhancing GP sustainability; and • where appropriate facilitate delivery of multidisciplinary arrangements as envisaged in the PCIP. 	
<p>Projected delivery by March 2021:</p> <ul style="list-style-type: none"> • Whilst this workstream is not funded via the PCIF, it is important to note that there is a short fall in funds against the delivery of this workstream by March 2021. • This has been raised at national Chief Officers meetings in a bid to seek funding solutions • These funds are for the continuation of resources required which includes additional maintenance team staff, materials and the use of contractor specialists, as appropriate, to ensure the maintenance of properties to the standards required, not only to meet statutory obligations but to meet current Scottish Health Technical Memoranda Standards (SHTM's). Recharges to GP practices will be made where provided for by GMS contract, with some core maintenance activities being retained by NHSL. This shortfall has been calculated on the assumption that a higher number of premises will be assigned to NHS Lanarkshire. 	
<p>Additional national actions required to support implementation of the contract by March 2021:</p> <ul style="list-style-type: none"> • £827,000 to fulfil above requirement. 	

NHS Lanarkshire
Update to 2019/2020 PCIP – Planning Information for March 2021

NHS Lanarkshire has made significant progress against the delivery of the PCIP over the last 18 months across all Workstreams. The successes to date is a result of significant commitment and collaborative working across our localities together with significant input and support from GP Sub-Committee.

Throughout our journey, Lanarkshire has however experienced challenges / barriers that cross cut all workstreams for acknowledgement nationally. NHS Lanarkshire continues to make progress to deliver the requirements of the PCIP in an innovative way in a bid to keep the programme on track by 2021. The Scottish Government are to note:

- There are pressures with availability of property to support the significant increase in additional staff required to deliver all aspects of the PCIP.
- There are limitations to what is available and required to be installed in relation to IT digital solutions to allow the additional staff employed to deliver on all aspects of their role / support reduction of workload to GPs.
- The required workforce to deliver the PCIP is not available locally or nationally. There is a significant concern that in order to recruit the necessary workforce potential impact on service provision (this is a recurring theme across NHS Scotland).
- Model development and reviews of previously agreed models has been undertaken to take on board the challenges faced with recruitment and retention of staff together with timelines for training of specific staff groups.
- NHS Lanarkshire has introduced a 'Grow your own' Recruitment and Retention Campaign.
- Local prioritisation exercises have been undertaken to agree the areas that will receive funding to be progressed until the next tranche of monies are allocated to local NHS Boards.
- Lanarkshire combined the Community Treatment and Care / Urgent Care Workstreams due to the significant cross over in service delivery requirements and minimise the risk of duplication. They have previously been reported separately for the purposes of reporting however locally they are managed and taken forward as one Workstream for ease of implementation.
- NHS Lanarkshire have included additional sections to the national template detailing specific challenges/barriers, as well as, funding gaps. The funding gaps identified in each section are noted below for ease of reference:

	£000s
Vaccination Transformation Programme	£0
Pharmacotherapy	£0
Community Treatment and Care / Urgent Care	£2,751
Additional Professional Roles – MSK Physiotherapists	£2,672
Community Link Workers	£0
ADDITIONAL FUNDING REQUIRED BY NHS LANARKSHIRE	£5,423
*Premises	£827
REVISED ADDITIONAL FUNDING INC PREMISES	£6,250

From: [REDACTED] [REDACTED] <[REDACTED]@ggc.scot.nhs.uk>
Sent: 03 February 2020 16:57
To: Primary Care Implementation Mailbox; [REDACTED]
Cc: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Subject: West Dunbartonshire- PCIP Mid Way Report
Attachments: Update to PCIP2 v0.6 - Submitted.docx

Follow Up Flag: Follow up
Flag Status: Completed

Dear [REDACTED]

Please find attached the Mid Way Report for West Dunbartonshire HSCP. If you require any further information please do not hesitate to contact me.

Kind regards

[REDACTED]

#hello my name is...

[REDACTED] Primary Care Development Lead, West Dunbartonshire Health & Social Care Partnership
Vale Centre for Health & Care, Alexandria, G83 0UE

Work Pattern: Mon - Wed 9.00 - 5.00pm, Thur 8.00 - 2.00pm and Friday 8.00-12.30pm

[REDACTED]

[\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

Update to 2019/20 PCIP – Planning Information for March 2021

For each section (“Projected delivery by March 2021” and “Mitigating Actions to Keep Programme on Track”) please include key information in short, concise, bullet points and /or only a few paragraphs.

Workstream	Vaccination Transformation Programme
<p>The Vaccination Transformation Programme can be divided into different work streams:</p> <ol style="list-style-type: none">1. pre-school programme2. school based programme3. travel vaccinations and travel health advice4. influenza programme5. at risk and age group programmes (shingles, pneumococcal, hepatitis B) <p>We expect HSCPs and NHS Boards to have all of these programmes up and running by the end of the 3-year transition period - in April 2021</p>	
<p>Projected delivery by March 2021.</p> <p><u>NHS Board Statement</u></p> <p>1. pre-school programme The delivery of routine childhood immunisations was transferred from all GP practices in NHS Greater Glasgow and Clyde (NHSGGC) in 2018/19. We expect all childhood ‘mop-up’ immunisations to be fully transferred and delivered by 2021.</p> <p>2. school based programme School based immunisation programmes (primary school flu, HPV, MenACWY, DTP and a MMR mop-up in S1 and S2) are delivered by NHSGGC School Immunisation Team. Through a DES GP practices currently deliver primary school flu mop-up for those who have missed vaccination at school, for whatever reason, and on a case-by-case basis mop-up of secondary school vaccinations for those who have missed vaccination and will not be returning to school the following academic year. This mop up accounts for no more than 3- 4 % of total vaccinations delivered to school aged children.</p> <p>We expect all school immunisation programme mop-ups to be fully transferred and delivered by 2021.</p> <p>3. travel vaccinations and travel health advice A three tier model for travel health advice and travel vaccinations has been proposed nationally. Whilst planning continues, the delivery of travel vaccinations and travel health advice will not be delivered by 2021 for the following reasons:</p> <ul style="list-style-type: none">• national development of Fit for Travel website (estimated completion date February 2021)• awaiting outcome of national discussions with NHS 24 to explore potential for delivery of tier 2 (risk assessment and, dependent on local model, prescribing of vaccines available through NHS)• Workforce	

4. influenza programme

Following a pilot of 2-5 year old flu (not yet in school) targeting 20% of eligible patients across 20% of GP practices in 2019/20, accommodation allowing, 2-5 year old flu (not yet in school) will be fully transferred from all GP practices by 2021.

Adult flu vaccinations (over 65 and <64 “at risk”) will not be fully transferred by 2021 for the following reasons:

- workforce
- dependency on national interim IT solution to meet the scale of the programme
- accommodation

Adult seasonal flu vaccination is offered from October to March every year. Dependent on solutions to the above and tests of change being conducted in 2020/21, the target for full service transfer would be 2021/22.

5. pregnant women

Following a pilot in 2019/20, the delivery of vaccinations (flu and pertussis) to pregnant women will be delivered by 2021.

6. at risk and age group programmes (shingles, pneumococcal, hepatitis B)

Whilst planning for these programmes continues through NHSGGC’s Adult Vaccination Planning Group, at risk and age group programmes will not be fully transferred by 2021 for the following reasons:

- specific to shingles; contraindications to the live vaccine that is currently used
- dependency on national interim IT solution
- accommodation
- workforce

West Dunbartonshire Statement

Funding

Beyond the current VTP workstreams that have been delivered HSCP funding requirements are unknown and have not been included in Tracker submission to date. This therefore carries a financial risk to the delivery of additional services.

[Please detail what services are projected to be delivered by 2021 and whether this will involve coverage of all practices in your area. Where full service transfer is unlikely please outline what is required for this to be achieved. In particular we are interested in any barriers such as funding, staff, IT or other risks that may prevent full service transfer.]

Mitigating Actions to Keep Programme on Track.

The overarching barriers to the full delivery of VTP by March 2021 are:

- dependency on Interim IT solution to deliver scale of programmes
- workforce
- accommodation

The following mitigating actions are being taken in an effort to address the above:

- dependency on Interim IT solution to deliver scale of programmes
 - Scottish Government Digital Health Team are reviewing a national options paper and Health Board VTP Business Change Managers across Scotland are working collegiately to progress this piece of work in line with tight timescales
 - Specific to 2-5 year old flu (not yet in school), a manual workaround would be possible however this would be incredibly admin intensive.
- Workforce
 - A national short life working group has been established to develop a national framework for healthcare support workers administering vaccines; with wider consultation on a draft framework planned for March 2020.
- Accommodation
 - Options to reduce the demand for accommodation associated with delivering the VTP are currently being explored.

[Again this should set out any barriers to full delivery and any mitigating actions you have in place to ensure the programme remains on track. You should also note the projected date of full delivery if not March 2021 and the reasons why.]

Workstream**Pharmacotherapy**

By April 2021, every practice will benefit from the pharmacotherapy service delivering the core elements as described below.

Level one (core)

Pharmacists:

- Authorising/actioning all acute prescribing requests
- Authorising/actioning all repeat prescribing requests
- Authorising/actioning hospital Immediate Discharge Letters
- Medicines reconciliation
- Medicine safety reviews/recalls
- Monitoring high risk medicines
- Non-clinical medication review

Acute and repeat prescribing requests includes/authorising/actioning:

- hospital outpatient requests
- non-medicine prescriptions
- installment requests
- serial prescriptions
- Pharmaceutical queries
- Medicine shortages
- Review of use of 'specials' and 'off-licence' requests.

Pharmacy Technicians

- Monitoring clinics
- Medication compliance reviews (patient's own home)
- Medication management advice and reviews (care homes)
- Formulary adherence
- Prescribing indicators and audits

Projected delivery by March 2021.

NHS Board Statement

- All GP practices currently have access to pharmacist and pharmacy technician support delivering prescribing indicators, formulary adherence, pharmaceutical queries including advice on specials and shortages advice as a minimum. Non-clinical medication review is part of the repeat prescribing LES for delivery by non-clinical staff within practices.
- Serial prescribing is being rolled out by pharmacy teams working closely with e-health and community pharmacy as a key element of delivering more streamlined repeat prescribing.
- Most practices receive some other aspects of level 1 work, the specifics of which will have been agreed with the practice. Level 2 and 3 work is ongoing in a proportion of practices. Input will increase over the next 15 months.

- The original models were based mainly on pharmacists providing the service. Learning from work to date shows a significant change of skill mix is possible and will significantly assist delivery. Optimal models will continue to evolve.
- Full service transfer is not possible in this time period with the main barriers being IT, premises and the availability of suitably qualified staff. The time taken to train staff and the impact of that supervision / training on the availability of existing staff needs to be recognised and given priority in workplans to ensure future delivery.
- There is a need for efficient IT solutions which would allow, eg electronic transfer of prescriptions to community pharmacy; access to clinical records by community pharmacists delivering triaged common clinical conditions assessment and treatment, and efficient methods of remote access to multiple practices for pharmacy team members working to a hub model.
- Premises remains a critical issue for all new services. In many instances there is lack of suitable space in practices to accommodate pharmacy staff for the current allocation. The environment needs to be appropriate for safe clinical care. The potential development of hub models also requires suitable space which is at a premium.

West Dunbartonshire Statement

West Dunbartonshire recruitment and retention figures included below. Based on current Health Board agreed staffing ratios West Dunbartonshire required 48 WTE staff across the Pharmacotherapy staff skill mix. West Dunbartonshire has included technicians with the skill mix from 2017/18 and built on this approach year on year.

	Pharmacists	Technicians
PCIF (ie pre-PCIP) (2017/18)	4.2 WTE	0.6 WTE
Lost	3.2 WTE	0.6 WTE
Remaining	1.0 WTE	0.00 WTE
Year 1 recruitment (2018/19)	4.0 WTE	2.2 WTE
Total	5.0 WTE	2.2 WTE
Lost	1.4 WTE	1.0 WTE
Total	3.6 WTE	1.2 WTE
Year 2 recruitment (2019/20)	2.4 WTE	3.2 WTE
Current Staffing	6.0 WTE	4.4 WTE

March 2021

Pharmacotherapy Service will not be delivered in full by March 2021. As captured above full delivery anticipated 3-5 years due to workforce availability.

Funding

The lack of available workforce in years 1, 2 and 3 enables the HSCP to increase resources during these years in other priorities however as the pharmacotherapy workforce increase this will impact on the recruitment of wider resource. i.e. APP beyond year 4.

[Please detail what services are projected to be delivered by 2021 and whether this will involve coverage of all practices in your area. Where full service transfer is unlikely please outline what is required for this to be achieved. In particular we are interested in any barriers such as funding, staff, IT or other risks that may prevent full service transfer.]

Mitigating Actions to Keep Programme on Track.

- Maximisation of skills of pharmacy professionals is required through use of skillmix. Pharmacy technicians should lead delivery of level 1 service, supported by non-clinical Pharmacy Support Workers to ensure appropriate use of limited professional staff and efficient workflow.
- The HIS Level 1 Pharmacotherapy Collaborative will provide further learning on how acute prescriptions, medicines reconciliation and serial prescribing can be streamlined for maximum impact.
- Pharmacists to be working as clinicians as part of MDT delivering levels 2 and 3, focusing on medication review and patient safety to transform the system and reduce overall workload associated with prescribing.
- Developing joint working with acute services to test new models of medicines reconciliation at hospital admission with potential for transfer of clinical information and supply of medicines by community pharmacy.
- Developing a training programme for pre-registration pharmacy technicians to increase the available workforce. This will need to link with other pharmacy settings to ensure all competencies covered for registration.
- Developing hub models and cluster based teams which will help maintain service levels to practices.
- Developing posts for newly qualified pharmacists within primary care to maximise knowledge and opportunity.
- Full delivery will not be possible by March 2021 and may take an additional 3-5 years. This will be influenced by external factors, eg learning from HIS collaborative, funding, staff training, IT and premises.

[Again this should set out any barriers to full delivery and any mitigating actions you have in place to ensure the programme remains on track. You should also note the projected date of full delivery if not March 2021 and the reasons why.]

Workstream	Community Treatment and Care Services
<p>Community treatment and care services include many non- GP services that patients may need, including (but not limited to):</p> <ul style="list-style-type: none"> •management of minor injuries and dressings •phlebotomy •ear syringing •suture removal •chronic disease monitoring and related data collection. <p>There will be a three year transition period to allow the responsibility for providing these services to pass from GP practices to HSCPs. By April 2021, these services will be commissioned by HSCPs, and delivered in collaboration with NHS Boards that will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the Primary Care Improvement Plans.</p>	
<p>Projected delivery by March 2021.</p> <p><u>NHS Board Statement</u></p> <p>A Board-wide approach has been adopted across all 6 HSCPs in GG&C in relation to the development of Community Treatment and Care Services. A working group is in place to facilitate needs assessment/scoping, learning and sharing from areas where services are already in place, workforce planning and skills development. A specification for community treatment and care services has been developed to outline the core interventions lists to be available across all 6 CTACs in GG&C as a minimum, and it has been agreed that Glasgow City HSCP will pilot CTAC services for children. All GG&C HSCPS are part of the HIS iHub community of practice for CTACs.</p> <p>The services that will be available within each HSCP will be influenced by the rate at which they are able to identify accommodation and recruit staff but the overall list includes:</p> <ul style="list-style-type: none"> • ECG clinics within Health Centres • Non-Medical Prescribing • Nurse Led Ear Microsuction Clinics • Leg Ulcer Clinics and other wound care • Well Leg / Diabetic Foot Clinic (in conjunction with podiatry) – sign posting to third sector resources • MUST assessment • Urinary catheterisation • Enteral Tube Management • Introduction of hoists in some areas for immobile, non-housebound patients • Data collection for chronic disease management (vital signs, biometrics) • Domiciliary Phlebotomy <p>The future will see a possible expansion of services around chronic disease management.</p>	

Each HSCP has its own challenges but some of the barriers to service delivery include the following:

- Staffing - numbers and volume of change impacting on ability to deliver changes within preferred timescales. Are the staff we need available and how do we ensure we don't destabilise existing services by recruiting their staff?
- Accommodation – lack of appropriate clinical and managerial space and processes around undertaking any alterations to rooms
- Existing staff retention during service set up period
- Estimates of demand are not yet fully informed by reality
- One example of the above is the need for liaison with lab/ transport services to ensure specimen collections which meet the service needs
- eHealth – a range of issues around equipment and systems.
- Issues in relation to record keeping and clinical governance – this relates to where activity is recorded and who can access it
- Access – how to make access to the new services as streamlined and managed as possible.
- Procurement – time from order to delivery is excessive resulting in delays to service initiation. Poor communication from procurement

Affordability – balance across the various elements of PCIP all looking for sufficient funding to deliver the PCIP commitments

West Dunbartonshire Statement

Treatment Room Service

- Treatment Rooms existed in 2 of our 3 Health Centres (10/16 GP practices) prior to PCIP/ New GMS Contract.
- The HSCP implemented its third Treatment Room in the Vale Centre for Health & Care from 1st October 2019 providing a service to all 16 practices.
- Treatment Room Service covered the non GP services listed; management of minor injuries and dressings, ear syringing, suture removal
- Additional 4 WTE nurse resource agreed in December 2019 to build on the activity within existing Treatment Rooms, provide supervision to the Health Care Support Workers and to extend the opening hours of treatment rooms to align (part of the week) to GP opening times.

March 2021

We expect Treatment Room Service to be delivered by March 2021.

Phlebotomy

- 16 GP practices are benefiting from a limited new phlebotomy service. Partial resource in place as at October 2019, all practice had resource allocated however due to retention issues 14 practices had a share of 6 x 0.8 WTE Health Care Support Workers as at the 1st October 2019. 2 posts were re-advertised.
- The HSCP is evaluating the current practice based model to inform our commitment to provide a full phlebotomy service and chronic disease monitoring for patients by March 2021.
- The service and resource will increase incrementally during 2020/21. To

deliver full service 23 WTE staff required. Initial experience of recruiting the 6 WTE staff in year 1 raises concern of the availability of workforce required.

March 2021

We are working towards delivery of Phlebotomy and Chronic Disease monitoring by March 2021. However if full service is not delivered it would be for the following reasons:

- Recruitment, some issues experience in 2019
- Premises, 2 service models currently under discussion, Practice based or Health Centre. Both have models create challenges on premises which HSCP / Practice would have to overcome.

Funding

As a priority area within the MOU the CTAC service has been prioritised with funding ring fenced within PCIP to deliver this service.

It should be noted that the HSCP funds c£250,000 towards this services as it existed in 2 health centres prior to 2017/18.

Mitigating Actions to Keep Programme on Track.

NHS Board Statement

- Rolling programme of Staff Recruitment, induction and training
- Increased admin capacity to support clinical element
- Ensuring that there is Service Coordination to support management
- Working actively with e health on systems issues and procurement issues with procurement
- Relationship building and coordination with GPs
- Dialogue, management of expectations and solution focussed working with GPs
- Ordering of Equipment & Sundries usually ordered via GP will grow in volume and we are exploring central ordering system

West Dunbartonshire Statement

Workforce

Concern about the ability to recruit 23 WTE Health Care Support Workers within HSCP

- Rolling programme of recruitment planned

Premises

Concern about the availability of premises to accommodate Phlebotomy Service across all bases.

HSCP has 3 Health Centres and scoping is currently underway to define total number of clinics required across the whole of the HSCP to meet full implementation with 10 minute appointment times. Access to appropriate premises remains a limiting factor as the service moves towards full implementation.

This overlaps with the quality improvement process currently underway to review

the service model for the phlebotomy service and as such is work in progress.

IT

Treatment Room staff using EMIS web

Phlebotomy staff are currently placed within GP practices and using their EMIS systems / ICE / GP Coms. This process raises issues in relation to record keeping and clinical governance as all HSCP phlebotomy staff are recording solely within GP EMIS system. While agreement is in place to allow NHS line managers access to temporary log ins to view HSCW entries in EMIS, this is a time consuming processes to monitor workload / record keeping etc across all the practices in the HSCP. It also means that workload audits can't be run, relying on intermittent paper based workload audits which again are time consuming and dependant on user engagement.

[Again this should set out any barriers to full delivery and any mitigating actions you have in place to ensure the programme remains on track. You should also note the projected date of full delivery if not March 2021 and the reasons why.]

Workstream	Urgent Care
<p data-bbox="180 342 1385 416">Urgent unscheduled care including the provision of advanced practitioner resource as first response for home visits.</p> <p data-bbox="180 454 1385 745">This will involve the implementation of sustainable advanced practitioner provision in all HSCP areas, based on local service design. These practitioners will assess and treat urgent or unscheduled care presentations. This will allow GPs to focus on scheduled appointments with patients most in need of their skills as expert medical generalists. Where service models are sufficiently developed, advanced practitioners will also directly support GPs expert medical generalist work by carrying out routine assessments and monitoring of chronic conditions for vulnerable patients at home, or living in care homes.</p> <p data-bbox="180 784 1385 969">It is expected that the workload for advanced practitioners would mean that most GP practices would not have sole access to a advanced practitioners. It is likely that advanced practitioners would work across a number of GP practices to meet patient needs. GP clusters will play an important role in enabling this service to ensure effective working and good patient outcomes.</p>	
<p data-bbox="180 1003 715 1041">Projected delivery by March 2021.</p> <p data-bbox="180 1079 1385 1189">As part of the local prioritisation of the MOU priorities there was agreement that the HSCP would hold off on recruiting ANP until year 3 to learn from other areas. This is approved in our year 1 and year 2 plans.</p> <p data-bbox="180 1227 1385 1337">Scoping in relation to Advance Nurse Practitioners in West Dunbartonshire commenced in year 2 in line with the HSCP's commitment to progress this area in year 3, taking the opportunity to learn from partner HSCPs' experience in this area.</p> <p data-bbox="180 1375 1385 1561">In November 2019 the PCIP Steering Group agreed the HSCP would aim to recruit 2 WTE ANPs in year 3 and 2 in year 4. Recruitment of ANPs will commence in 2020 for ANP training course in September 2020. It is anticipated that due to the availability of qualified ANP workforce that the HSCP will have trainee ANPs in post for the first 2 years.</p> <p data-bbox="180 1599 368 1637">March 2021</p> <p data-bbox="180 1637 1385 1711">We expect to have 2 ANPs (trainees) in post by March 2021 increasing to 4 in 2021/22.</p> <p data-bbox="180 1749 320 1787">Funding</p> <p data-bbox="180 1787 1385 1897">An increase in ANP staff beyond year 3 (to 4 WTE) would only be possible with an increase in overall funding. (subject to full pharmacotherapy recruitment and VTP funding costs which are currently unknown).</p> <p data-bbox="180 1935 1385 2024">[Please detail what services are projected to be delivered by 2021 and whether this will involve coverage of all practices in your area. Where delivery across the whole HSCP is unlikely please outline what is required for this to be achieved. In</p>	

particular we are interested in any barriers such as funding, staff, IT or other risks that may prevent service delivery.]

Mitigating Actions to Keep Programme on Track.

Workforce

Concern about the availability of qualified ANPs

- Trainee ANP positions being advertised

Concern about the nursing workforce available to recruit to ANP role and the possible impact on current teams (ie community nursing).

- Workforce planning in place within the existing District Nursing Service

Clinical Support for ANP

Concern about the GP Practice capacity to support ANPs during first 2 years to complete formal qualification. 6/7 GP practices in Clydebank Locality have indicated they would be unable to support staff training / development to achieve ANP qualification due to current workload. Support required from 2 Practice in each locality.

- All practices within the HSCP have been asked to provide support
- Allocation of 1 WTE Trainee ANP to practice where GP support has been identified for 2 years to complete training
- Information session on ANP role and practice / GP commitment
- DMP funding available to practices supporting PCIP staff undertaking their Independent prescriber qualification

[Again this should set out any barriers to delivery and any mitigating actions you have in place to ensure the programme remains on track. You should also note the projected dates of delivery if not March 2021 and the reasons why.]

Workstream	Additional Professional Roles Advance Practice Physiotherapist
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Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services, community mental health services and community links worker services.

HSCPs will develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice. Priority for the service, such as focusing on elderly care, will be determined by local needs as part of the Primary Care Improvement Plan.

Community clinical mental health professionals (eg nurses, occupational therapists), based in general practice, will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.

Projected delivery by March 2021.

**NHS Board Statement
Physiotherapy service**

Advanced Practice Physiotherapists (APPs) are one of many 'additional professional roles' within the GP practices as part of the wider MDT. APPs are serving as first point of contact in the practice setting for patients presenting with musculoskeletal conditions.

In accordance with the MoU stipulation of not destabilising the main service and physiotherapy elsewhere in GGC, the service has proposed a total of 43 wte physiotherapists by 2021/22, dependent on successful recruitment and increased undergraduate places. It should be acknowledged that there will be a delay in the original plans to increase undergraduate places in January 2020 (the delay is likely to be 1 year).

	18/19	19/20	20/21	21/22**
Inverclyde	2.50*	2.50	3.50	4.50
Renfrewshire	1.50	3.50	4.50	5.50
Glasgow City	6.00	11.00	16.00	21.00
East Dunbartonshire	1.00	2.00	3.00	4.00
West Dunbartonshire	1.00	2.00	3.00	4.00
East Renfrewshire	1.00	2.00	3.00	4.00
Total	13.0wte	23.0wte	33.0wte	43.0wte

Clinical Lead B8a	1wte		2wte	
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* These staff were in post for the initial pilot

** initial proposals did not include funding for 21/22. These figures are based on the proposals for previous years (recruiting 10wte across GG&C) but have not been agreed and work to ensure a pro rata share will need to be considered for this year. This will be discussed at the MSK Oversight group.

- The HSCP has 1.6 WTE APPs, 0.6 WTE has been aligned to 2 GP Practices (Population 12611) with 1 WTE on maternity leave. The 0.6 WTE resource increased to 1 WTE in January 2020 and allowed increase to 3 GP Practices (population 16,115).

NHS Board Statement

- To date 24 APPs (18.3wte) are working in 43 practices across NHSGGC. A further 5 APPs (3.3wte) have been identified from interview, however the practices where they will be based have not yet been identified. 1 wte Band 8a Clinical Lead has been appointed.

	18/19	19/20
Inverclyde	2.6	1.6
Renfrewshire	1.5	3.7
Glasgow City	6.1	10.2
East Dunbartonshire	1	2.1
West Dunbartonshire	1	2
East Renfrewshire	1	2
Total	13.2wte	21.6wte
Clinical Lead B8a	1wte	1wte

For all GP practices in NHSGG&C to have an APP an estimate of staffing levels required is highlighted below.

STAFFING REQUIRED BASED ON CURRENT MODEL (wte) – based on Oct 2019 figures from Practice List

HSCP	Practice Size	Apps required
East Dunbartonshire HSCP	108,278	6.8wte
East Renfrewshire HSCP	109,493	6.8wte
Glasgow City HSCP	735,007	45.9wte
Inverclyde HSCP	80,599	5 wte
Renfrewshire HSCP	183,610	11.5wte
West Dunbartonshire HSCP	96,416	6 wte
Grand Total	1,313,133	82 wte

It is important to note that the figures outlined above do not allow additional staffing to allow cover sickness absence, maternity leave etc.

Points to consider

- Not all practices want an APP
- Not all practices can accommodate an APP
- Figures are based on the tested model of 1wte APP covering 3 practices with total population of 16,000
- Plans are underway to consider alternative model for smaller practices and practices with no accommodation
- Availability of suitably experienced physiotherapists is a concern along with ensuring existing MSK services are not depleted, both in regards to numbers of staff moving to APP posts but also in regards to level of experience lost from the service.

West Dunbartonshire Statement

March 2021

- We aim to have 3 WTE Advance Practice Physiotherapists by March 2021 working with a population of c. 50,000 building this to 4 during 2021/22. With an overall aim of 6 WTE to provide input to all practices by 2023/24

Funding

- Delivery of APP beyond year 3 would not be possible without an increase in overall funding. (subject to full pharmacotherapy recruitment and VTP funding costs which are currently unknown).

[Please detail what services are projected to be delivered by 2021 and whether this will involve coverage of all practices in your area. Where delivery across the whole HSCP is unlikely please outline what is required for this to be achieved. In particular we are interested in any barriers such as funding, staff, IT or other risks that may prevent service delivery.]

Mitigating Actions to Keep Programme on Track.

NHS Board Statement

Physiotherapy Service

Workforce

- Workforce (With consideration to both experienced physiotherapist ready for APP roles, and also workforce availability to fill gaps in the service from those moving into these roles)

Premises

Concern about the availability of rooms within some GP Practices to accommodate Advance Practice Physiotherapist.

- HSCP has 3 Health Centres and 2 Practices within their own premises.
- Explore with practice what rooms they have available and when
- Map resource across practices based on availability
- Look at alternative rooms for use within / close to GP Practice
- Plan under development for Dumbarton Health Centre
- Scoping work on accommodation to be progressed for Clydebank Locality

IT

Concern about IT to support APP in smaller practice working across multiple sites

- Cluster based/shared records would assist us
- Working with IT to develop model

West Dunbartonshire Statement

Funding

An increase in APP staff beyond year 3 or 4 would only be possible without an increase in overall funding.

[Again this should set out any barriers to delivery and any mitigating actions you have in place to ensure the programme remains on track. You should also note the projected date of delivery if not March 2021 and the reasons why.]

Workstream	Additional Professional Roles Wellbeing Nurse (Action 15)
<p>Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services, community mental health services and community links worker services.</p> <p>HSCPs will develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice. Priority for the service, such as focusing on elderly care, will be determined by local needs as part of the Primary Care Improvement Plan.</p> <p>Community clinical mental health professionals (eg nurses, occupational therapists), based in general practice, will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.</p>	
<p>Projected delivery by March 2021.</p> <p><u>West Dunbartonshire Statement</u> Community Mental Health Service</p> <ul style="list-style-type: none"> • Mental Health Strategy - Action 15 Health & Wellbeing Nurses: The HSCP and Practices have been working collaboratively to develop the role of Wellbeing nurse. • The Wellbeing Nurses commenced within 2 Clydebank Practices in October 2019. (population 14,224) • A phased implementation plan has been developed and we anticipate that the majority (14) practices across West Dunbartonshire will have Practice based Wellbeing Nurses by March 2021. <p><u>March 2021</u></p> <ul style="list-style-type: none"> • By March 2021 the HSCP will have 4 WTE Wellbeing Nurses in post across 14 practices (population c. 75,000). This will increase to 5 WTE 2021/22 	

when additional funding is released from Scottish Government

Funding

Well Being Nurses are funded through Action 15. A proposal is being developed for the Primary Care Improvement Plan Steering Group in March 2020 to consider the PCIP funding the 5th WTE staff member (for 2020/21) enabling full delivery across all practices by March 2021 (subject to workforce recruitment)

[Please detail what services are projected to be delivered by 2021 and whether this will involve coverage of all practices in your area. Where delivery across the whole HSCP is unlikely please outline what is required for this to be achieved. In particular we are interested in any barriers such as funding, staff, IT or other risks that may prevent service delivery.]

Mitigating Actions to Keep Programme on Track.

West Dunbartonshire Statement

Community Mental Health Service

Workforce

Concern about the availability of workforce to backfill staff to work with GP practice for 50% of their time

- Developing skills of CPNs
- Rolling programme of recruitment

Premises

Concern about the availability of rooms within some GP Practices to accommodate Well Being Nurse.

HSCP has 3 Health Centres and 2 Practices within their own premises.

Explore with practice what rooms they have available and when

Map resource across practices based on availability

Look at alternative rooms for use within / close to GP Practice

- Scoping work on accommodation to be progressed for Dumbarton Health Centre
- Scoping work on accommodation to be progressed for Clydebank Locality

[Again this should set out any barriers to delivery and any mitigating actions you have in place to ensure the programme remains on track. You should also note the projected date of delivery if not March 2021 and the reasons why.]

Workstream	Community Links Workers
<p>HSCPs will develop CLW roles in line with the Scottish Government’s manifesto commitment to deliver 250 CLWs over the life of the Parliament. The roles of the CLWs will be consistent with assessed local need and priorities and function as part of the local models of care and support.</p>	
<p>Projected delivery by March 2021.</p>	
<p><u>West Dunbartonshire Statement</u></p>	
<ul style="list-style-type: none"> • By March 2021 the HSCP working collaboratively with the 3rd Sector will have 6 Community Link Workers in post across 2 thirds of our practices, covering a population of c.60,000. • 3 WTE Community Link Workers commenced in 5 Practices (Population 32,709) in September 2019. • 1 WTE resigned after a short period with a further round of recruitment completed in November 2019 	
<p>March 2021</p>	
<p>We expect to have 6 WTE Community Link Workers in place providing a service for c50,000-60,000 practice population. For full service delivery we would require an additional 2.6 WTE.</p>	
<p>Funding</p>	
<p>To recruit beyond the 6 WTE Community Link Workers for 3 years (2020 – 2023) the HSCP would require additional funding. This service will be funded through unspent reserves for 3 years.</p>	
<p>Welfare Rights/ Employability Advisor.</p>	
<ul style="list-style-type: none"> • By March 2021 we would aim to have 0.2 WTE advisors working across the 6 GP practices that indicated an interest in having a practice based advisor. • West Dunbartonshire Council, Working 4 U Team is working with General Practice in West Dunbartonshire to embed advisors within GP Practices. This approach is being developed collaboratively with GP Practice. The HSCP will have resource for 2 days per week which will be share across the 3 clusters. • In December 2019 the Working for U advisor undertook their first consultation in Practice. 	
<p>March 2021</p>	
<p>We expect to have 0.2 WTE Working 4 U Advisors in place by March 2021.</p>	
<p>Funding</p>	
<p>This service is currently funded through Working 4 U Service in Local Authority.</p>	
<p>[Please detail what services are projected to be delivered by 2021 and the number of practices who will access this. Where delivery across the whole HSCP is unlikely please outline what is required for this to be achieved. In particular we are interested in any barriers such as funding, staff, IT or other risks that may prevent full service delivery.]</p>	

Mitigating Actions to Keep Programme on Track.

Community Link Worker

Premises

Concern about the availability of rooms within some GP Practices to accommodate Community Link Worker.

HSCP has 3 Health Centres and 2 Practices within their own premises.

Explore with practice what rooms they have available and when

Map resource across practices based on availability

Look at alternative rooms for use within / close to GP Practice

- Plan under development for Dumbarton Health Centre
- Scoping work on accommodation to be progressed for Clydebank Locality

Tendering

HSCP Tender for Community Link Workers beyond the year 1 pilot.

Interest from 3rd Sector

Meeting Procurement timescales to ensure we have continuation of service

Funding

The number of Community Link Workers beyond the 3 year service (2023) for 6 Community Link Workers will be dependent on increase resource for PCIP.

Once there is a better understanding of Resource and models for

Pharmacotherapy this may reduce / increase projected investment releasing resource for other areas.

[Again this should set out any barriers to delivery and any mitigating actions you have in place to ensure the programme remains on track. You should also note the projected date of delivery if not March 2021 and the reasons why.]

Funding - Projections

Based on the modelling and the planned recruitment within the HSCP to year 4 (2021/22) the funding forecasts a requirement of £3,392,762 against a forecast budget of £2.9m (It should be noted the HSCP does not anticipate delivery of Pharmacotherapy by March 2022 so overspend is unlikely). This is detailed within the HSCP Tracker submission September 2019.

Beyond year 4 (2021/22) to fully deliver the MOU priorities additional resource requirements for all services within all practices would require an additional 2 APPs (£140,000), 1 ANP (£62,000) and 2 CLW £60,000. Requiring an additional c.£760,000. This detail is not included within the tracker submitted in October 2019.

It is also important to highlight that the funding for VTP beyond the delivery of the current VTP workstreams is not included within the HSCP Tracker and therefore carries an additional funding risk which is currently unknown.

Additional detail relating to information captured above will be captured in the next Tracker due for submission in April 2020 where appropriate.

From: [REDACTED] on behalf of Primary Care Implementation Mailbox
Sent: 04 February 2020 08:25
To: [REDACTED]
Subject: FW: Dumfries & Galloway GMS Implementation: Halfway Point
Attachments: 20200130 Dumfries & Galloway Halfway Point.pptx

From: [REDACTED] (NHS DUMFRIES AND GALLOWAY) <[REDACTED]@nhs.net>
Sent: 03 February 2020 13:44
To: Primary Care Implementation Mailbox <PCImplementation@gov.scot>
Subject: Dumfries & Galloway GMS Implementation: Halfway Point

Good afternoon,

Please find attached the Halfway Point submission for Dumfries & Galloway.

If I can be of any further assistance, please do not hesitate to get in touch.

Best wishes,

[REDACTED]

[REDACTED]

Primary Care Transformation Programme Manager
Ground Floor North, Mountainhall Treatment Centre, Bankend Road, Dumfries DG1 4AP

Email: [REDACTED]@nhs.net

Tel: [REDACTED] ext. [REDACTED]

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Dumfries & Galloway

GMS Implementation: Halfway Point

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Preface

The three year development period for the new 2018 General Medical Services Contract is now half way through and we have seen good progress in a number of areas. There is evidence that the new services and multi-disciplinary team members are making a noticeable difference both to GP workload and to patient care. This has been achieved by a positive and constructive working relationship between the four GP Clusters, the GP Sub Committee/Local Medical Committee and the Health Board via the Health & Social Care Partnership.

The Contract Development Group has been key in taking forward the updating of the Primary Care Improvement Plan and overseeing the progress across all workstreams. The group is made up of representatives of the GP Sub Committee, the LMC and the four GP Locality Leads along with NHS Dumfries & Galloway colleagues. We recognise that Collaborative Working is vital to the overall success of the Primary Care Transformation Programme.

In the Preface to the previous version of the plan, we highlighted our concern that the money allocation in the PCIF would not be sufficient to deliver sustainable services across all 6 Priority Areas of the 2018 General Medical Services Contract to all 32 practices in the region. The initial 12 months of implementation has confirmed these initial concerns. Based on the implementation of services delivered to date, it is estimated that around 25% additional funding may be required in order to fully deliver the 2018 General Medical Services Contract. However, further work is required in order to review and refine some of the current models being used in several priority areas to allow a more exact figure on the level of shortfall to be achieved.

Despite our concerns around the funding shortfall, the GP Sub Committee is satisfied that this version of the Primary Care Improvement Plan accurately reflects the current commitment to deliver services across all six priority areas of the 2018 General Medical Services Contract and therefore are happy to approve this plan subject to further detailed discussions on the future direction of travel of the Primary Care Transformation Programme before the next iteration of the plan due in April 2020.

The GP Sub Committee will continue to work closely with the Health Board to develop the best possible services for GP practices and their patients but our view is that it is essential that it is highlighted that the full service specified in the 2018 General Medical Services Contract and Memorandum of Understanding is not achievable within the allocated PCIF and extra resource will be required.



Dr Fergus Donachie

Chair, GP Sub Committee



Julie White

Chief Officer, Dumfries & Galloway Health &
Social Care Partnership



Dr Greycy Bell

Deputy Medical Director, NHS Dumfries &
Galloway

Introduction

This document has been prepared to identify what is required to fully meet the Memorandum of Understanding commitments in Dumfries & Galloway.

The period up to April 2021 will see the development of GPs as Expert Medical Generalists (EMGs), supported by a wider multi-disciplinary team (MDT) made up of a range of professionals including pharmacists, mental health workers, paramedics, physiotherapists, nurses and community link workers. Each of these team members can utilise their specialist skills to better manage the care of patients and improve their eventual outcomes. It is hoped that some of the issues around GP Sustainability can be addressed through both the reduction of the GP workload and the reduction of risk to the GP as an independent contractor by looking at issues such as premises, workforce and information sharing arrangements.

Across Dumfries & Galloway, the Health & Social Care Partnership is responsible for the strategic planning for the local population, including for primary care services. Within each of the four localities in Dumfries & Galloway (Wigtownshire, Stewartry, Dumfries & Nithsdale and Annandale & Eskdale), GP Cluster Groups have been established which bring together groups of GP practices with a focus on quality improvement and engagement with wider Health & Social Care Partnership structures with the aim of delivering service change and improvement. These four cluster groups across Dumfries & Galloway have a key role in the ongoing development of the plan and will continue to play a key role as we move towards the full implementation of the plan by April 2021.

This plan will clearly articulate where the identifiable gaps are and attempt to quantify the current funding shortfall which is a barrier to fully implementing the 2018 General Medical Services Contract.

There has been a significant amount of work undertaken between April 2018 and October 2019 in support of the implementation of the 2018 General Medical Services Contract. Initially, four local priorities were identified: Pharmacotherapy Services, Mental Health as part of Additional Professional Roles, Urgent Care and the Vaccination Transformation Programme. More recently, work has been underway on the remaining priorities which require to be delivered by April 2021, namely Community Treatment & Care Services, Physiotherapy as part of Additional Professional Roles and Community Link Workers. Detail on the work already undertaken and future plans is included in the following sections.

Pharmacotherapy

Overview

Pharmacotherapy Services to Level 1 (Core) require to be available in every practice by April 2021. Some practices will benefit from additional services at Level 2 (Additional Advanced) and Level 3 (Additional Specialist) by April 2021.

Current Primary Care Improvement Plan Funding

	2018 - 2019		2019 - 2020		2020 - 2021		2021 - 2022	
	WTE	£	WTE	£	WTE	£	WTE	£
Pharmacists	13.38	352,143	17.44	718,210	16.54	846,410	16.54	887,247
Technicians	10.00	10,839	13.00	300,631	13	331,918	17.50	516,009
Professional Leadership	0.00	0	1.6	54,362	1.60	80,777	1.60	88,744
Pharmacy First	0.00	0	0.00	23,000	0.00	38,000	0.00	38,000
TOTAL	23.38	362,982	32.04	1,096,203	31.14	1,297,105	35.64	1,530,000

Progress to Date

- Pharmacotherapy Services to Level 1 is 78.3% completed
- Pharmacotherapy Services to Level 2 is 50% completed
- Pharmacotherapy Services to Level 3 is 44.9% completed

A data gathering exercise is taking place week commencing 3rd February 2020 to compare service delivery across practices and locality models in order to identify improvements to be made over the next 15 months ahead of April 2021.

Additional Funding Required

Based on the implementation to date, it is forecast that an additional £483,000 will be required to fully deliver Pharmacotherapy Level 1 in Dumfries & Galloway. This will bring staffing levels across all localities in line with the staffing levels in the Wigtownshire locality where it is felt that the service is working best. This figure also includes providing additional cover for holiday/training/sickness absence based at a rate of 22%. The need for this additional cover has been raised consistently across all localities.

Vaccination Transformation Programme

Overview

All of the following vaccination programmes to be Board delivered by April 2021:

- Pre-School Programme
- School-based Programme
- Travel Vaccination & Travel Health Advice
- Influenza Programme
- At Risk & Age Group Programme (Shingles, Pneumococcal, Hepatitis B)

Current Primary Care Improvement Plan Funding

	2018 - 2019		2019 - 2020		2020 - 2021		2021 - 2022	
	WTE	£	WTE	£	WTE	£	WTE	£
TOTAL	0.44	0	9.5	231,748	13.46	345,299	14.66	378,000

Progress to Date

- All childhood and preschool vaccinations provided in 31/32 practices
- All school age vaccinations provided
- Delivery of Adult Influenza for over 65s and At Risk Adults in 9/32 practices
- Adult Herpes Zoster and Pneumococcal in 9/32 practices
- Hepatitis B provided via Sexual Health Service and Specialist Drug & Alcohol Service
- Development of model to deliver Pertussis & Influenza for pregnant women

Additional Funding Required

No additional funding is required to deliver the Vaccination Transformation Programme.

Additional Professional Roles – Mental Health

Overview

- By April 2021, specialist professionals, such as physiotherapists or mental health workers, should be working within the local multi-disciplinary team to see patients as the first point of contact.

Current Primary Care Improvement Plan Funding

	2018 - 2019		2019 - 2020		2020 - 2021		2021 - 2022	
	WTE	£	WTE	£	WTE	£	WTE	£
Primary Mental Health Workers Band 6	3.60	33,475	11.60	477,654	11.60	520,875	11.60	580,500
Primary Mental Health Medical	0.25	9,833	0.25	29,500	0.25	29,500	0.25	29,500
TOTAL	3.85	43,308	11.85	507,154	11.85	550,375	11.85	610,000

Progress to Date

- Recruitment of CPNS to work across all four localities
- Implementation of the Primary Care Mental Health Service across Dumfries & Galloway

Additional Funding Required

Based on the implementation to date, it is forecast that an additional £238,000 would be required to fully deliver the Primary Care Mental Health Service in Dumfries & Galloway. This figure provides additional cover for holiday/training/sickness absence based at a rate of 22%. The need for this additional cover has been raised consistently across all localities.

Additional Professional Roles – MSK

Overview

- By April 2021, specialist professionals, such as physiotherapists or mental health workers, should be working within the local multi-disciplinary team to see patients as the first point of contact.

Current Primary Care Improvement Plan Funding

	2018 - 2019		2019 - 2020		2020 - 2021		2021 - 2022	
	WTE	£	WTE	£	WTE	£	WTE	£
Physiotherapy MSK Band 6	0.00	0	0.00	0	3.00	123,750	8	495,000
TOTAL	0.00	0	0.00	0	3.00	123,750	8	495,000

Progress to Date

- Learning gathered from other areas of Scotland who have already implemented this area
- Initial discussions held with all four GP Cluster Groups
- Funding for initial pilot has now been approved

Additional Funding Required

Based on the experience of other workstreams, it is forecast that an additional £81,000 would be required to fully deliver the Primary Care MSK Service in Dumfries & Galloway. This figure provides additional cover for holiday/training/sickness absence based at a rate of 22%. The need for this additional cover has been raised consistently across all localities.