

## **ASSESSMENT OF THE PRACTICE SUSTAINABILITY FRAMEWORK TOOL**

The Practice Sustainability Framework Tool has been tested in a number of Board areas across Scotland as part of an effort to try to develop a robust system to assess individual practices' level of support needs.

The "Scottish" version of the Framework has evolved from a previous version designed by NHS Wales in recognition of additional influencing factors being currently focussed on in NHS Scotland.

While the benefit of the Toolkit is still being assessed, the aim would be to enable individual practices to undertake self assessment while also enabling organisations to undertake a strategic approach for future planning or "horizon scanning".

It is, however, recognised that there is no single tool currently robust enough to be an effective predictor of all eventualities.

This paper outlines initial experiences from a number of Boards across Scotland who have considered the use of the Framework to date.

The purpose is to help support further discussion about practice needs. In general terms the scoring system has been considered only as a guide to provide the process with an element of information. Individual practice situations require to be assessed taking into account many other factors.

Board Leads were asked to feedback on use to date, benefits (if any) and any recommended modifications to improve usefulness.

### **NHS Tayside**

The Tool has been shared with all practices. Returns were variable. Review of the Tool is integrated in any initial meeting with a practice highlighting sustainability issues.

This is helpful to inform prioritisation and planning and agreeing resources needed.

It is recognised that the tool, while providing an objective measure, is only considered to be one piece of the jigsaw that requires to marry up with local knowledge, circumstances and context.

### **NHS Lanarkshire**

The tool has been used across all practices, as the vast majority of the data can be pre-populated. Practices were asked to confirm the information provided. Feedback is generally positive.

However, it was noted that the tool does not pick up all indicators of practices at current risk. e.g. Closed list has an impact, but request to close list either in process or refused does not. Other similar indicators are a concern

The score can change rapidly with a retirement plus one other issue changing the score dramatically over 48 hours.

There was not great correlation when comparing a list of practices with known concerns to the score derived from the sustainability tool

There is a perceived need for a tool to highlight practices in an early stage of difficulty and the tool in the current format may not provide that sensitivity.

There was appreciation of the value of information obtained from the Tool to inform Health Board and IJB strategic planning.

### **NHS Orkney**

Concern was expressed that for the practices in trouble it may be too late to gain benefit using the tool and there is an uncertainty as to whether the tool is sophisticated enough to pick up those that are likely to struggle in the future.

Some qualitative areas like adaptability, innovation and flexibility are hard to score and there is concern that the Tool does not recognise the culture in the practice.

There is limited recognition of rural issues and associated factors such as relative poverty or isolation and access to services without an extended community infrastructure.

### **NHS Highland**

The operational clinical directors and primary care managers discussed the tool at length. They did not feel it would be useful to them as they felt they had regular input to all practices and were already aware of those in difficulty or about to be so.

It has therefore not been utilised in NHS Highland.

### **NHS Dumfries and Galloway**

The tool was applied to all D&G practices earlier this year.

The information gathered allowed the organisation to quantify the level of need in each locality.

### **NHS Forth Valley**

The Tool has been considered by the Primary Care Services (Sustainability) Group and has been used with all current practices in difficulty and a control group of "stable" practices. It was felt to be a helpful tool to inform discussion. The scoring system was felt to be an unhelpful distraction at times and a Red/Amber/ Green process was thought to be a helpful inclusion.

Completion has been considered best done as a joint process by the Practice and Board

## ANNEX D: APPENDIX 1

The attached Sustainability Framework is being tested across Scotland in an effort to try to develop a robust system to assess individual practices' level of support needs.

It should be emphasised that this is an evolving document and process and that scores from the framework are only to provide an element of information to the process and individual practice situations require to be assessed taking into account many other factors. The purpose is to help support further discussion about practice needs.

The Practice Sustainability Toolkit has been updated from a previous version designed by NHS Wales. In view of the more detailed work currently being taken forward in NHS Scotland it has been recognised that there would be benefit in scoring a number of factors in the extended Scottish version as a number of factors that were considered influential did not attract a score in the Welsh version. The aim of the toolkit would be to enable individual practices to undertake self assessment while also enabling organisations to undertake a strategic approach for future planning or "horizon scanning". It is, however, recognised that there is no single tool currently robust enough to be an effective predictor of all eventualities.

### Practice Sustainability Toolkit (adapted Scottish version) Jan 2017

Area	Indicator		Ranking	Source	Current Assessment Red, Amber or Green
Demographics					
	Level of deprivation ( % of patients in SIMD 4&5)	<10% 10-20% >20%	1 5 10	HB	
	<b>No</b> of Patients /1000 in Care Home	<5/1000 5-10/1000 >10/1000	1 5 10	HB	
	Distance from District General Hospital	<5 miles 5-15miles > 15miles	1 1 5	HB	
Partnership	Number of partners	Number=	----- -	Practice	

	Number of salaried doctors	Number=	-----	Practice	
	Patients/wte GP	<1800 1800-2500 >2500	1 5 10	Practice	
	List size increase (>10% in 2 years)		5	HB	
	Age Profile	No of GPs >50 >55	5 for each 10 for each	Practice	
	Recent changes/turnover	Y N	5 0	Practice	
	Planned reduction in sessions in next 12 months	Y N	3 0		
	Duration of any current Vacancies	<3/12 3-6/12 >6/12	5 10 15	Practice	
	Anticipated vacancies	Y N	5 0	Practice	
	Response to previous vacancies	Vacancy filled in 3/12  Vacancy delay  Vacancy unfilled	1  5 10		
	% historically provided GP sessions that now regularly require locums	<10% 10-20% >20%	1 5 10	Practice	
	% historically provided GP sessions requiring locums that are unfilled	<50% >50%	5 10	Practice	
	Training Practice	Yes	-3	Practice	

		No	3		
	Retainer Practice	Yes No	-1 1	Practice	
	Details of additional commitments (CQL, community hospital, prison etc)		For info only	Practice	
Practice Workforce	Wte Practice Nurse per wte GP	<0.25 0.25-0.5 >0.5	10 5 1	Practice	
	number of ANPs		For info only	Practice	
	number of HCAs		For info only	Practice	
	Other non-medical vacancies	<3/12 3-6/12 >6/12	1 5 10	Practice	
	Anticipated non-medical vacancies	Yes No	5 0	Practice	
	Pharmacy Support	Yes No	0 3	HB	
	Practice Manager Level of input	Half to Full Time Half Time Less than half time	1 5 10	Practice	
	Admin Team vacancies	<3/12 3-6/12 >6/12	1 3 5	Practice	
	Admin Team anticipated vacancies	0 <1wte >1wte	0 1 5	Practice	
Practice Premises					
	Condition of Building	Adequate Notable improvement needed Poor	1 5 10	Practice/HB	
	Condition of Fabric	Adequate Notable improvement needed Poor	1 5 10	Practice/HB	

	Capacity- Does each professional have a dedicated room and privacy to manage patients and the right space to complete admin work	Adequate Notable improvement needed Poor	1 5 10	Practice	
Governance and Contracts	Complaints related to access in last 24 months (compared to previous year)  Complaints related to patient care in last 24 months (compared to previous year)	Nil to less than average Average More Than average  Nil to less than average Average More Than average	1 5 10  1 5 10	Practice	
	Prescribing CPP (compared with Board and Scottish Average)	Below average Below 3 <sup>rd</sup> quartile Above 3 <sup>rd</sup> quartile	1 5 10	HB	
	Flu Immunisation Target  Childhood immunisation target	Achieved Not achieved  Achieved Not achieved	1 5  1 5	HB	
	Reduced ability to engage with quality improvement initiatives	Yes No	5 0	Practice /HB	
Organisational support	GP Sustainability prioritised on Board/Partnership Plan	Yes No	1 10	HB	
	Cluster Support	Yes	1	HB	

		No	10		
	Perceived issues with support from community and social care services		For info	Practice/ Cluster/ HB	

### Sustainability Assessment Framework

- The prioritisation criteria for assessment includes:
  - risk of practice closure within 12 months
  - and/ or reduction in range of service provision.
- There are two elements to the framework
  - 1) Risk matrix, including guidance notes
  - 2) Supplementary information
- Practice applications will need to be evidence based and include detailed information to meet both the risk matrix assessment criteria and the supplementary information requirements
- Information to support the application will be sourced as referenced in the documentation
- The Framework has been developed to provide an holistic way of reviewing a practices vulnerability.
- Assessment of the framework will include
  - applying a Red/ Amber /Green (RAG) weighted score against the risk matrix criteria (detail of the weighted score assessment is provided in the guidance notes).
  - Weighting has been applied as follows
    - High/Red -10
    - Medium/Amber – 5
    - Low/Green - 1
  - Review of the supplementary information provided as part of the application and assessment process.
- Health Boards and Local Medical Committee judgement and knowledge of a practice, along with the outcome of both the risk matrix assessment and associated supplementary information will be used to inform the assessment process.
- Outcome of the risk assessment matrix score has been set as follows:
  - High risk of unsustainability >70 Medium risk of unsustainability 50 -70
  - Low risk of unsustainability <50
- Local and national bench marking (where available) will also be applied as part of the assessment process.

