

The Scottish Government National Monitoring and Evaluation Strategy for Primary Care:

Work-plan for 2019/20

1. Introduction

This document is the first annual work-plan for how the Scottish Government will deliver its 10-year [National Monitoring and Evaluation Strategy for Primary Care in Scotland](#), published in March 2019. The strategy set out the overarching approach and principles for how the Scottish Government will use evidence and analysis to track, document and understand the reform of primary care, including out of hours services, between now and 2028. This work-plan is not intended to be a comprehensive account of national data development and evaluation activity which is underway, much of it aimed at laying a solid bedrock for future research and evaluation. Instead, it summarises significant projects which the Scottish Government is already undertaking or planning over 2019/20, often in collaboration with national partners.

2. Our Long-term Approach

The Scottish Government has set up a Primary Care Monitoring and Evaluation Strategy Steering Group which will further strengthen connections between national and more local priorities, evidence needs and activities. It will oversee the delivery of the strategy, although responsibility for delivery rests with the Scottish Government. The Group includes representation from national NHS bodies, integration authorities, The ALLIANCE, as well as Scottish Government analysts and policy. In particular, we work closely with NHS Health Scotland and the Information Services Division (ISD) of National Services Scotland, and subsequently Public Health Scotland when established in 2020.

Over the strategy's lifetime, primary care reform will continue to evolve as part of the wider, dynamic health and social care system. In close collaboration with strategic, delivery and evidence partners, we will monitor and evaluate the policies and processes for reform and the progress being made towards achieving the improved outcomes for people, communities, the workforce and the system set out in the Primary Care Outcomes Framework.¹

We will monitor system level progress via a small set of high level (predominantly national level) indicators across the six primary care outcomes². These measures will be developed over time in collaboration with stakeholders and taking into account other emerging measurement frameworks. We will evaluate primary care iteratively and cumulatively and are already working towards this by ensuring we are making

¹ Annex 1 in the 10-year strategy: www.gov.scot/publications/national-monitoring-evaluation-strategy-primary-care-scotland/pages/1/

² Annex 2 of the 10 year strategy: www.gov.scot/publications/national-monitoring-evaluation-strategy-primary-care-scotland/pages/11/

the best use of existing information and analysis and improving existing and establishing new data collections. Over time, we will generate a portfolio of studies and data collections to investigate particular topics in more depth, with methods appropriate to the specific policy and research questions at that time.

The benefits of having a strategic, evolving approach to 10-year monitoring and evaluation, include:

- A clear commitment to capturing and sharing good quality evidence on what does and does not work as learning emerges.
- A recognition that the critical outcomes that primary care policies are intended to contribute to will take time to emerge. In the meantime, Scottish Government analysts are laying the groundwork for future outcomes evaluation.
- A proportionate, pragmatic and staged approach to evaluating a complex, evolving environment. The phasing of appropriate data collection, research and analysis needs to be tailored to different programmes and policies depending on such factors as the pace and nature of implementation, the expected contribution to reform, the evaluability of the initiative, and M&E resources.
- Flexibility to decide (in annual work-plans) on the best methods to address evidence and learning requirements as they emerge.
- Mixed methods and triangulation: for example, with metrics for what is measurable; and qualitative research to capture evidence of why something works or not, and outcomes for people and the workforce, over time.

3. Roles and Reporting

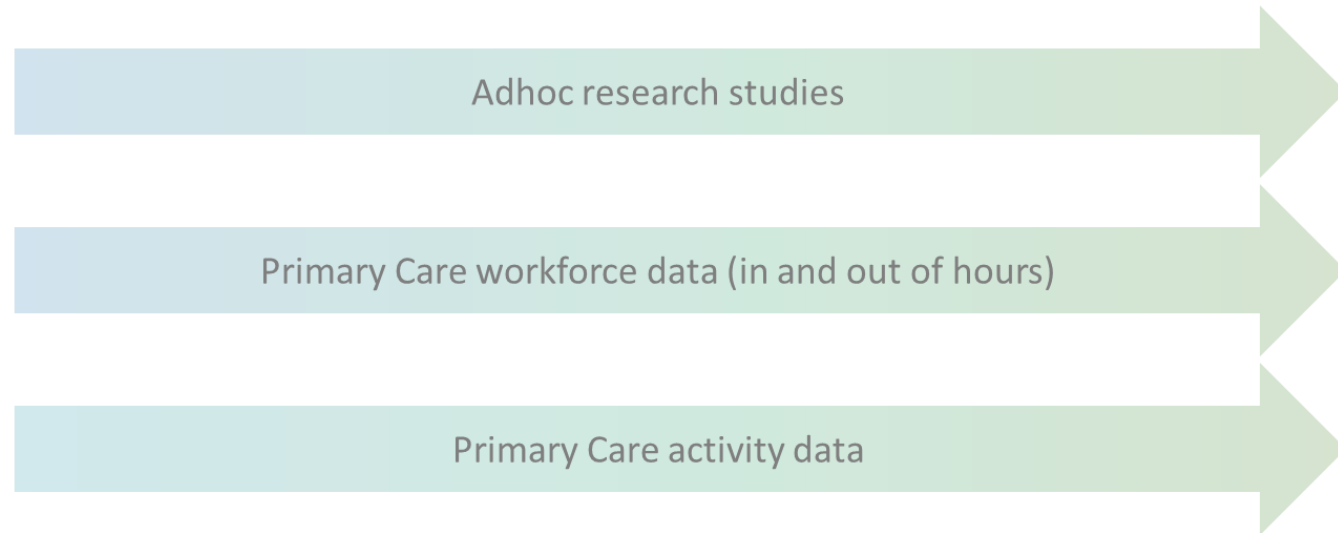
A summary of the key anticipated outputs from the strategy are shown in the following diagram.

Primary Care Monitoring and Evaluation Strategy – planned outputs

National Publications

2019/20	2020/21	2021/22	2022/23	2023/24	2025/26	2027/28	2028/29	2029/30	2030/31
<ul style="list-style-type: none"> •National baseline report •Community Links Worker learning •SSPC evaluations 	<ul style="list-style-type: none"> •Health and Care Experience survey •Secondary analysis: HACE data 	<ul style="list-style-type: none"> • National M&E interim report 1 	<ul style="list-style-type: none"> •Health and Care Experience survey •National summary report 	<ul style="list-style-type: none"> •National M&E interim report 2 	<ul style="list-style-type: none"> •Health and Care Experience survey •National summary report 	<ul style="list-style-type: none"> •National summary report 	<ul style="list-style-type: none"> •Health and Care Experience survey •National M&E interim report 3 	<ul style="list-style-type: none"> •National summary report 	<ul style="list-style-type: none"> •Health and Care Experience survey •National M&E final report

New data collections and evidence



The Scottish Government will jointly produce and own, with NHS Health Scotland, a short annual overview report, which will provide:

- a summary of research activity and findings;
- an update on quantitative indicator trends;
- evidence from other research sources (including specific evaluation projects, qualitative case studies) which demonstrate a contribution to whether and how primary care reform is being realised;
- a narrative overarching assessment of progress to date;
- relevant research and policy internationally which could inform ongoing primary care reform in Scotland.

Three more comprehensive evaluation reports will synthesise progress and learning, describe trends in key indicators, take-stock of the evidence-base, and identify gaps we need to address. NHS Health Scotland will have a key role in synthesising evidence as it emerges. The Scottish Government will be responsible for reporting on the high level indicators and changes over time. A final report in 2029/30 will encapsulate the story of primary care reform over the past decade.

4. Commitments for 2019-20

This work-plan, covering 2019-2020, is largely based on existing national analytical commitments and work which is already underway. Much of this activity inevitably focuses on the six priority areas in the Memorandum of Understanding (MoU)³ and the 2018 General Medical Services (GMS) Contract for GPs⁴, although we recognise that reform is much wider than these and interfaces with actions and policies across the wider health and social care system. We are also developing an approach to understand changes in primary care out of hours services. Health and Social Care Partnerships (HSCPs) set out in their Primary Care Improvement Plans (PCIPs) an account of how they will deliver reform, particularly the GMS contract and MoU. These are key documents for identifying activity and processes that need to be documented and evaluated.

4.1 Baseline report on Primary Care Evidence in Scotland

It is important that national evaluation of primary care policies is grounded in a clear understanding of the 'baseline position'. To this end, the Scottish Government commissioned NHS Health Scotland to produce a report which captures the wider system context and existing baseline measurements for process and outcomes measures for primary care reform. This will identify significant gaps or weaknesses in existing data and will consider with our national partners how best to address these collaboratively. NHS Health Scotland anticipate that this report will be published by the end of 2019.

³ "Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards" - <http://www.gov.scot/Resource/0052/00527517.pdf>

⁴ British Medical Association and Scottish Government (2017), "The 2018 GMS Contract in Scotland" - <http://www.gov.scot/Resource/0052/00527530.pdf>

4.2 Synthesising and sharing learning from local activity

HSCPs across Scotland are undertaking numerous tests of change and the Scottish Government will continue to work with national NHS bodies as well as integration authorities and territorial boards, independent researchers and others to make links to relevant activity. Understanding and learning from local approaches to monitoring and evaluation is a core principle of our strategy. A significant and varied range of valuable activity (e.g. local service evaluations, implementation audits, tests of change, data development projects, improvement activity, academic research) is being led throughout Scotland by others who have a responsibility to deliver, document and understand local innovation and reform in primary care.

Over the past two years, NHS Health Scotland have undertaken a great deal of work to make links between different organisations and to keep abreast of evaluation-relevant activity across the country. They also oversee the Primary Care Evidence Collaborative, of which Scottish Government policy and analysts are active members, a core purpose of which is to ensure evidence-based learning is shared.

The Scottish School of Primary Care also published their evaluation of new models of primary care in April 2019, including a synthesis of findings from a number of case studies, which can be drawn upon for learning.⁵

4.3 Monitoring and evaluating policy initiatives and investment

Many of the outcomes expected from effective implementation of the MoU commitments and GMS contract will only emerge over time, over varying timescales, and there are likely to be other policies and service design factors also contributing to them. In the meantime, it is essential to track implementation progress with activity measures (immediate process measures) and for there to be agreed intermediate outcomes for different substantive areas or work-streams. It is also important to ensure that we have good quality evidence for the differential implications of policy and service redesign on rural and more deprived communities and specific demographic groups.

Over the coming months, the Scottish Government and NHS Health Scotland will engage with groups who are leading implementation of the MoU and GMS Contract to address the importance of clearly articulated and evaluable short-term (largely process), intermediate and longer-term outcomes and of having well-conceived and proportionate M&E plans which are likely to involve contribution analysis or realist evaluation approaches.

As part of their 2018/19 PCIPs, we asked HSCPs to outline how they are measuring the impact of their service redesign so these are an important source of information about local activity. There is considerable variation in different HCSPs' plans for monitoring and evaluation described in the PCIPs in terms of methods, rigour, focus and scale. We are considering ways in which reporting could be made more consistent and effective for partnerships, health boards and national stakeholders across the MoU actions.

4.4 Understanding the changing primary care workforce

⁵ www.sspc.ac.uk/reports/

One of the major investments in primary care reform has been in the development of broader multi-disciplinary teams to help ensure that patients see the right person at the right time and the role of the GP is redefined to focus on patients with more complex needs. HSCPs are providing biannual updates of workforce numbers funded through the Primary Care Transformation Fund and other dedicated funding streams. The Scottish Government has been analysing these returns and will combine this information with other intelligence (including data which will come from a new Primary Care Workforce Survey, activity data to be provided by practices under the GMS contract and better data on out of hours provision) to describe the changing shape and size of the primary care workforce and to understand barriers and enablers for meeting workforce commitments.

4.5 Research on Community Links Worker Early Adopter Areas, 2018-2019

NHS Health Scotland have undertaken, on behalf of the Scottish Government, a review of early adopters of Community Links Workers (CLWs) in primary care settings. This has included the development of a core minimum dataset for CLWs to use; and qualitative research with primary care teams to understand and share what has worked well in the five early adopter sites and what could be improved as CLW provision expands. NHS Health Scotland will publish a report with research findings by the end of 2019 and this may flag areas to consider for future research. NHS Health Scotland and ISD will report to the Scottish Government on the core minimum dataset at six monthly intervals, initially until 2021.

4.6 Monitoring and evaluating the Vaccination Transformation Programme

The Vaccination Transformation Programme (VTP) 2018-2021 is one of the six MoU priority area. The aim of the programme is to reduce workload for GPs and their staff through the reconfiguration of vaccination services. This means that where appropriate other parts of the system, with primary care multi-disciplinary teams, will deliver vaccination services instead of GPs. This is a phased approach that will ensure that patients' needs continue are safely and sustainably. How this programme is delivered will vary regionally, depending on local circumstances and factors.

NHS Health Scotland is currently developing a proposal to further monitor and evaluate the implementation of VTP. This will include research to better understand the different delivery models across Scotland to help support continued service redesign and improvement, and consider outcomes of the programme for patients and the workforce.

4.7 Patient experience and what the public think

It is vital that we understand the quality of care and other services received as the ultimate goal of primary care reform is improved health and wellbeing outcomes for people in Scotland.

An important component of our ongoing monitoring of patient experience of quality of care is the Scottish Government's Health and Care Experience survey, a biennial

survey which provides local and national information on the quality of services from the perspective of those using them. Latest results were based on over 130,000 responses and published in May 2018.⁶ The survey's design and large scale allows for analysis by demographic characteristics, area deprivation (by Scottish Index of Multiple Deprivation quintiles) and the Scottish Government's Urban/Rural Indicator. Preparations for the 2019 survey are underway (August 2019), and Scottish Government analysts are updating some questions to reflect changes in how practices work. Survey forms will be sent out in autumn with results published in April 2020.

The University of Edinburgh is also undertaking, on our behalf, secondary analysis to explore changes over time and variation in measures of primary care experience and unscheduled care use. We anticipate this work to be complete in spring 2020.

We will make best use of other data sources for patient experience and consider how to fill significant evidence gaps on the continuity of care with new research or analysis, including evidence on shared decision-making and health literacy which are central to the effectiveness of Realistic Medicine.

The Scottish Government and partners are investigating how best to engage with the public around the changes being made in primary care and government analysts are contributing ongoing advice to our colleagues into different methods for capturing and understanding public attitudes and for encouraging and understanding behaviour change. This may, in future, involve new research or analysis.

4.8 Modernising primary care data

Expanding the range of Primary care data

Considerable work is underway to fill a number of significant data gaps in the Primary Care data landscape. These include new data collections which have been agreed with the Scottish GP Committee (SGPC) as part of the 2018 GMS contract⁷:

- Development of a new in hours Primary Care Workforce survey, with 2018/19 results expected to be published in Spring 2020;
- Development of a new activity data extract from GP practices, which will focus initially on number of consultations by key demographic groups but expand in future years to include more detailed information on complexity and health care professional seen.

In addition, we are working with ISD to continue the collection and publication of data on the out of hours workforce, which has been run previously in 2013, 2015 and 2017⁸.

The baseline report on Primary Care Evidence, described above, will also inform future data collection activity.

⁶ www2.gov.scot/GPsurvey

⁷ www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/11/2018-gms-contract-scotland/documents/00527530-pdf/00527530-pdf/govscot%3Adocument/00527530.pdf

⁸ www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Workforce/national_primary_care_workforce_survey.asp

Maximising the use of data throughout the system

In addition to expanding the range of Primary Care data, we are also committed to facilitating use of resulting analysis. We are working with the NHS national boards to simplify access to data, and are contributing to ISD's current review of their Primary Care Dashboard in order to ensure that local analysis is as easy to access and interpret as possible. The recently published [National Guidance for GP Clusters](#) (2019) recognises that as clusters mature and develop, there may be a need to consider national standard datasets to further support quality improvement. We are considering ways in which we can support this requirement, building on the work already undertaken by ISD in developing local cluster profiles.

To facilitate the appropriate sharing and the synthesis of data held in numerous collections and systems at national, regional and local levels, and to identify continued data gaps, we are also developing a proposal to create an online resource which draws together Primary Care data sources, analyses and other relevant evidence.

4.9 Staff Experience

Reshaping primary care requires public trust, staff confidence and buy-in, and behavioural changes by those who deliver services as well as those who use them. Although we have a good understanding of people's experiences of using primary care services from several years of the Health and Care Experience survey, we lack systematically gathered knowledge about the experience and views of the primary care workforce which we need to monitor the impacts of reform on staff. There are challenges in collecting this information in a simple and cost-effective way that does not place an undue burden on the workforce so the Scottish Government is considering the case for a scoping study in late 2019/early 2020 into the most appropriate and practical methods for capturing the experiences of staff working across the wide primary care team to inform future action.

**Health and Social Care Analysis Division
Scottish Government
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