



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	12 May 2021	
Agenda Item	9	
Title	East Renfrewshire Primary Care Improvement Plan – Year 3 Plan Report	
Summary		
<p>This report outlines the progress to date at the end of the transition period of March 2021 for year three of our East Renfrewshire Primary Care Improvement Plan (PCIP).</p>		
Presented by	Dr Claire Fisher, Clinical Director	
Action Required		
<p>The Integration Joint Board is asked to note the content of progress to date of the East Renfrewshire Primary Care Improvement Plan (2018 – 2021).</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**12 May 2021****Report by Clinical Director****EAST RENFREWSHIRE PRIMARY CARE IMPROVEMENT PLAN – YEAR 3 REPORT****PURPOSE OF REPORT**

1. This report provides members of the Integration Joint Board with the progress and achievements to date for year 3 of our East Renfrewshire Primary Care Improvement Plan (PCIP) 2018 – 2021.

RECOMMENDATION

2. The Integration Joint Board is asked to note the progress and achievements to date of the East Renfrewshire Primary Care Improvement Plan (2018 – 2021).

BACKGROUND

3. The new Scottish General Medical Services (GMS) Contract was published in 2018 which embarked primary care in Scotland on a journey towards reducing unsustainable workload in general practice. Its aim was to expand the multi-disciplinary teams of health professionals in GP Practices to share the delivery of care and ease workload pressures on GP's, to improve the way healthcare was being delivered to patients in the community by modernising primary care services. Central to the development of the new contract were the four C's of primary care; Contact, Comprehensiveness, Continuity and Coordination and the new contract aimed to create an environment that supported the GP to fulfil these principles.
4. The Memorandum of Understanding (MOU) established a national agreement between the British Medical Association, Scottish Government, Integration Authorities and NHS Boards to implement the 2018 Scottish GMS Contract which outlined the funding available and agreed the principles of service redesign. It also set out the responsibilities of the Integrated Joint Board in developing the local HSCP Primary Care Improvement Plans.
5. The focus of East Renfrewshire Primary Care Improvement Plans (2018 – 21) was to reconfigure a number of specific services to help ensure sufficient, visible change to support the new contract. These priorities outlined in the MOU included:
 1. *The Vaccination Transformation Programme*
 2. *Pharmacotherapy Services*
 3. *Community Treatment and Care Services*
 4. *Urgent Care Advanced Nurse Practitioners*
 5. *Additional professional clinical and non-clinical services including Advanced Physiotherapy Practitioners, community mental health services and community link worker services*
6. East Renfrewshire Health and Social Care Partnership has continued to work with our local GP's, Practices and GP Sub-committee representative to implement our joint three-year Primary Care Improvement Plan, taking into account national, board wide and local priorities.

7. In January 2020 the Integrated Joint Board received an update on our mid-year two achievements and challenges against the ambitions outlined in the East Renfrewshire Primary Care Improvement Plan (2018 – 21).
8. Following this in March 2020 the Covid-19 Pandemic broke out whilst we were halfway through our ambitious Primary Care Improvement Plan. Covid-19 clearly had a significant impact on PCIP delivery both directly and indirectly. In response to this, some, but not all PCIP Implementation came to a halt.
9. The early Covid-19 response in late March and early April 2020 resulted in:
 - The postponement of PCIP implementation groups at both NHS and HSCP level
 - The postponement or delay of recruitment to new Multi-Disciplinary roles
 - The introduction of some new services were put on hold
 - Premises/rooms previously allocated for new PCIP services were required for other purposes, specifically Community Assessment Centres (CAC)
 - Premises availability within both GP practices and wider HSCP premises were significantly impacted by the need to reduce footfall and maintain physical distancing.
10. Following NHS Greater Glasgow and Clyde (NHS GGC) Primary Care Challenge Escalation Plan in March 2020 some existing Multi-Disciplinary Teams (MDT) within GP practices were deployed to support the Covid-19 response including the Community Assessment Centres and Community Nursing as part of the winter/ Covid-19 response. Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners and Pharmacy staff were also temporarily withdrawn from some practices to support core services.
11. As with all health services, there have been challenges with staff absence and shielding within the MDTs. The relationship between MDT staff and practices has also been impacted by an increase in MDT staff working at from home or remotely to minimise footfall within premises.
12. In December 2020 the Scottish Government issued a '*Joint Letter - GMS Contract Update for 2021/22 and beyond*' to emphasise the continuing commitment to the 2018 GMS Contract in Scotland and to reconfirm the invested commitment into general practice and primary care. It acknowledged what had been achieved over the last two and a half years but recognised there was still some way to go.
13. In order to continue the development of NHS Board-employed MDTs and the transfer of responsibility for services from practices to Health and Social Care Partnerships they jointly agreed revised approaches, extensions to some timescales and possible transitional arrangements for each of MOUs to remain committed to the Contract. A new MOU was expected in March 2021.

REPORT

Progress of Memorandum of Understanding commitments in year three

14. There continues to have been significant progress achieved across the MOU priority areas in East Renfrewshire, particularly in Pharmacotherapy, Vaccination Transformation Programme and Community Treatment and Care services where there is a clear associated commitment to change in responsibility for service delivery and with our Community Link Worker service commissioned through our third sector partner Recovery Across Mental Health. (RAMH)

15. However, the allocation and availability of workforce required to implement the priority areas of Urgent Care and Advance Professionals means that progress towards implementation in these areas has been slower.

The Vaccination Transformation Programme (VTP)

16. The delivery of the **routine childhood immunisations** continued across our two community clinics in East Renfrewshire during the pandemic by staff working to ensure social distancing in clinic settings, appropriate use of personal protective equipment (PPE) and additional support to allay parents'/carers' concerns prior to clinic attendance through phone calls and text messaging. Additionally, for shielded pre 5's /families a bespoke patient centred service was developed to deliver routine childhood immunisations at home when appropriate to ensure timely protection against serious vaccine preventable diseases.
17. The delivery of the **2-5 year old flu** was piloted in 2019/20 targeting approximately 6,000 children across 20% of NHS Greater Glasgow and Clyde GP practices. Following the successful pilot, which saw an overall 13% increase in vaccination uptake amongst participating GP practices, Public Health and the HSCP Children and Families Teams worked to fully transfer delivery from GP practices, along with primary school flu mop-up (approx. 3,000 children), and 6 months – 2 years (189 children) to childhood immunisation community clinics. Clinic accommodation was secured and additional temporary staff recruited to deliver the programme for 2020-21.
18. The vaccination of **primary school aged children** was halted with the closure of schools. The schools' vaccination teams were deployed into the NHS GGC board wide vaccination team to deliver Covid-19 vaccines.
19. Maternity services continued delivery of both flu and pertussis immunisation for **pregnant women** via women and children's services/midwifery across all Greater Glasgow and Clyde maternity centres in 2020-21 during the Covid-19 pandemic.
20. All **adult immunisations** (Flu, Pneumococcal, Shingles and Travel) were planned to be delivered through the formation of a centralised board led NHS GGC Adult/Older People's Team hosted across all HSCP's in year three of the plan using a similar model that was developed for childhood immunisations. However, the NHS GGC Adult Immunisations Implementation group leading this programme of work had to redirect their efforts and prioritise the delivery of the extended flu and subsequent Covid-19 vaccination programmes for 2020-21.
21. The flu immunisations for the **housebound** normally co-ordinated by the Senior Nurse had to be scaled up to a dedicated housebound team within the HSCP to accommodate the increased numbers of patients deemed housebound from the District Nursing caseload and from the GP Practices.
22. The **travel vaccines** planning was incorporated as part of the wider adult vaccination planning and was put on hold.
23. Delivery of these adult vaccine programmes in 2020-21 accelerated the transfer of flu immunisations from GP practices to HSCPs, with all cohorts (with the exception of the 18-64 at risk) being immunised by HSCPs. However, the arrangements were established in the context of Covid-19 physical distancing and PPE constraints and would not necessarily be replicated as part of the Vaccination Transformation Programme. The learning from this model of delivery could influence future planning of the Vaccination Transformation Programme when the NHS GGC Implementation Group re-establishes.

24. In the Scottish Governments Joint Letter (2020) it was confirmed that vaccinations, which are still in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, will be removed from GMS Contract and PMS Agreement regulations by 1 October 2021. Whilst all childhood vaccination programmes have shifted, travel immunisations is a national led programme and we await confirmation of progress.
25. The joint policy position remains that general practice should not be the default provider of vaccinations and if there are delays a transitional payment arrangement will be negotiated until these services are transferred.
26. The adult vaccination programme in 2020/21 included additional cohorts of patients, a Covid-19 vaccine and required social distancing and infection control measures for delivery, none of which were included as part of the MOU and funding allocation.

Pharmacotherapy Services

27. The final two practices were allocated resource at the end of 2019 with all 15 GP Practices having a minimum of 0.4wte (whole time equivalent) taking the total workforce to 8.8wte. However, the service elements (level 1-3) provided at practice level continues to vary depending on practice preference, as current and planned full resource is not sufficient to deliver all tasks within the contract.
28. The main focus of activity during 2020 was to increase workforce including the introduction of pharmacy technicians. Although recruitment has continued throughout it has been slower than anticipated.
29. We recognised in year two through the continued implementation and development of the pharmacotherapy service within all 15 GP Practices that challenges with planned workforce availability would delay full implementation. Therefore a phased approach to deliver the core and additional activities identified from the contract would require a review of the staffing skill mix. It was agreed at PCIP Steering Group to test a Pharmacy Hub model in one GP Cluster (four GP Practices) to meet the needs of the Level One activities for the contract in 2021 whilst continuing to deliver existing GP practice based services. If successful the hub model could be scaled up across all three GP clusters. This change to the skill mix of staffing also allowed for financial savings.
30. During the pandemic, the existing practice based pharmacotherapy service continued to operate with all routine tasks continuing to be provided either within practice or moved to remote working, or a hybrid model of both depending on the outcome of risk assessments. However, the focus of work change with fewer Immediate Discharge Letters (IDL) and outpatient requests to action but a changed focus to support the most important medicine related activities for practices and the population, e.g. anticipatory prescribing for palliative care and care homes. Face to face chronic disease clinics were also suspended in line with GP practice pandemic arrangements.
31. In the Scottish Governments Joint Letter (2020) it was confirmed that pharmacotherapy regulations would be amended so that NHS Boards were responsible for providing level one pharmacotherapy service to every general practice for 2022-23 and if there were delays in this implementation a transitional payment arrangement will be negotiated until these services are provided.

Community Treatment and Care Services (CTAC)

32. All CTAC workforce have been recruited with the exception of the treatment room receptionist; a co-ordinator, two treatment room nurses, two treatment room CHCA's and four GP Practice based Community Health Care Assistants (CHCA). Four rooms have been allocated at Eastwood and Barrhead Health and Care Centres.
33. The CTAC Treatment Rooms were due to launch on the 1st April 2020 at both Eastwood and Barrhead Health and Care Centre's following the successful recruitment of the workforce and the setting up of the four treatment rooms. The services were developed according to need of the GP Practices by two short life working groups from the two localities.
34. However due to the Covid-19 pandemic the newly recruited staff were deployed to Community Nursing to support the core and additional service demands (including testing and vaccinations). The limitations from social distancing, infection control measures and the accommodating of Community Assessments Centre within the Health Centre restricted access and use of our previously allocated premises.
35. The existing Community Health Care Assistants hosted across our 15 GP Practices attended the Health Care Support Worker in Primary Care training at Glasgow Clyde College in 2020 to allow them to offer a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting and out in the community.
36. We developed Standard Operating Procedures to support the new HCSW tasks being carried out in the GP Practices and during the pandemic we reviewed these to accommodate the limitations in the buildings and during domiciliary visits from social distancing and infection control measures.
37. The move to more virtual consultations by GP's saw a slight increase in demand for domiciliary visits initially with a requirement to enable tests and investigations to take place to inform assessment or as a follow up from a virtual consultation. Shielding also contributed to an increase in the demand domiciliary visits.
38. In the Scottish Governments Joint Letter (2020) it was confirmed that Community Treatment and Care Services regulations will be amended so that NHS Boards were responsible for providing a community treatment and care service for 2022-23 and if there were delays in this implementation a transitional payment arrangement will be negotiated until these services are provided.

Urgent care (Advanced Nurse Practitioners) (ANP)

39. Following successful recruitment of 1wte transitioning Advance Nurse Practitioner she completed her portfolio with the support of two GP Practices within one cluster over a six month period. A wealth of data was collected as part of the test of change throughout to help inform the future model of service and scale up across all three clusters. The Advanced Nurse Practitioner now works across one cluster (five practices).
40. The Local Intelligence Support Team (LIST) analysed the collected data and helped develop a new collection tool for the scale up of the service.
41. A further 2wte, one for each cluster has still to be recruited as part of the original planning.

42. Ongoing implementation of urgent care services need to adapt to the changing relationships and oversight arrangements with Care Homes, and the wider context of whole system unscheduled care planning which will include opportunities of virtual triage and assessment.
43. In the Scottish Government Joint Letter (2020) it was confirmed that urgent care service legislation will be amended so that NHS Boards are responsible for providing an Urgent Care service to practices for 2023-24. Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress.

Additional Professional Roles

44. We currently have 2wte Advance Physiotherapy Practitioners embedded and providing support to four GP Practices with a plan to recruit a further 1wte which will be shared across a further two GP Practices.
45. Our Advanced Physiotherapy Practitioners were initially pulled from GP practices in order to support the Covid-19 response but were not required and returned to practices in July/August 2020 providing virtual consultations (telephone and video) either remotely or within practices in order to minimise risks caused by the current pandemic.

Community Link Workers

46. The full implementation of the community link worker service delivered by RAMH continued across all 15 GP Practices (4wte) offering support to patients for issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues.
47. As a result of the first phase of the pandemic, the practice based Community Link Workers were quickly moved to mainly a remote working model before continuing as a hybrid model of remote and practice based. Limitations for Community Link Workers to access clinical systems for patients remotely presented some challenges for both practices and Community Link Workers. However the service continued and adapted to the practices and patients' needs during Covid-19. In addition to the normal service, 'wellbeing calls' were provided to those identified by the practice staff as being more vulnerable at this time. Wellbeing support was also given to practice staff during the initial phase of the pandemic.
48. We developed a Community Link Worker dashboard from data collected by RAMH and analysed it with the support of the Local Intelligence Support Team (LIST). We were looking to measure impact of the service however SPIRE data (Scottish Primary care Information Resource) was not available to support this so we are working with one GP Practice to measure the impact of the service and the reduction of GP appointments.
49. The Scottish Government recognised that the pandemic highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. They agreed to work with HSCP's and NHS boards to consider how best to develop these services at a practice level and establish more clear Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) commitment in the Contract Offer by the end of 2021.

PCIP Implementation and Development Officer

50. We have retained dedicated project support through our PCIP Implementation and Development Officer to deliver on the priority areas of the MOU through our PCIP plan. The project management costs were for the life of the plan but would need to review should the commitment of the contract extend.
51. Dedicated project support has been crucial to plan and engage with the new contracted MDT team leads and liaise directly with GP practices to imbed these new services.

Measuring Impact

52. The success of the implementation of the PCIP and the extension of the PCIP Primary Care teams relied on the collection of robust information by services and practices to measure and track the shift of the demand from GPs. However data analysis remains a challenge due to the varied recording systems in use.
53. A PCIP Evaluation group has been established at NHS GGC to develop a robust data performance and measurement plan to collect both quantitative and qualitative data from all key priority MOU areas and GP practices.

CONSULTATION AND PARTNERSHIP WORKING

54. The NHS GGC Primary Care Programme Board continues to meet with representation from all HSCPs and MOU leads for Primary Care Improvement Planning and has been key in shaping the direction of travel, sharing learning and exploring opportunities in year three of the plans.
55. The local PCIP Steering group meets every eight weeks prior to the GP Forum and drives the local implementation and delivery of the PCIP plan. The collaborative working of the HSCP and GP Practice representatives have been crucial to progress implementation.
56. In 2020/21 we engaged with the PCIP Steering group and all three GP Clusters to explore remodelling some of the MOU priority areas within the plan with a small recurring underspend based on local cluster needs. We recognised that the pandemic had given opportunities to work differently including remote hubs and digital solutions.

IMPLICATIONS

Finance

57. The actual costs for the first three years of the plan are summarised in the table below and show that in total £2.446 million has been incurred from April 2018 to March 2021. When compared to the funding received of £3.323 million this gives an overall underspend of £0.877 million over the three years. As the Scottish Government have confirmed that all funding has now been allocated to the HSCP this means the IJB will hold the full £0.877 million in its reserves for future use.
58. The table also shows the planned costs for 2021/22 recognising that there will be some refinement of assumptions for pay award, the timing of recruitment for new posts and implications for the costs of the adult vaccination programme, where work is still ongoing. This currently shows a modest underspend of £25k against the current funding allocation of £2.419 million.

59. The 2021/22 costs and future modelling and forecasting will also be revised to take into account the utilisation of the reserve balance of £0.877 million as decisions are taken on the application of this funding.

Primary Care Improvement Plan Financial Summary	Total 2018/19 - 2020/21	Projected 2021/22
	£'000	£'000
Vaccine Transformation Programme	350	710
Pharmacotherapy Services	1,050	785
Community Treatment & Care	436	297
Urgent Care (Advanced Practitioners)	108	172
Additional Professional Roles (MSK Physio/ MH)	262	167
Community Mental Health Link Workers 2 FTE funded from PCIP	146	73
Community Mental Health Link Workers 2 FTE funded by HSCP		
Programme Support / CQL / Pharmacy First	94	50
Inflation, Pay and New Posts set up		91
Contingency		50
Total Expenditure	2,446	2,394
Funded by:		
Scottish Government Annual Allocation	3,290	2,419
Additional Allocation 2019/20	33	
Underspend against allocation	877	25

Workforce

60. Although the recruitment of the workforce has progressed in the majority of our priority areas, pressure on key skill roles including Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners and Pharmacists remains where there is a high demand.
61. Staff turnover and retention has been difficult as services start developing in other HSCPs and board areas.
62. Staff absence has increased directly and indirectly due to the effects of the pandemic and the effects of long Covid-19 impact is yet unknown.
63. The lack of provision for backfill for staff absence continues to be an issue with services already imbedded in practices.

Infrastructure

64. Implementation of the extended primary care teams with practices over the past two years had created pressure on space within GP premises but had been manageable as space had also been allocated for services locally at both of our Health and Care Centres. However social distancing and infection control measures continues to impact capacity within independent contractor and HSCP premises.
65. The roll out of digital platforms such as 'Near Me' video consultation technology supported remote working and potential new ways of working e.g. 'hub' models and will influence future delivery of services.

Risk

66. Uncertainty of a new MOU, PCIP 4 and additional funding risks continued delivery of the PCIP.

DIRECTIONS

67. There are no directions arising as a result of this report.

CONCLUSIONS

68. Whilst we have achieved many of our aspirations outlined in our Primary Care Improvement Plan (2018 – 21) through collaborative working between the HSCP, local GPs and the NHS GGC Primary Care Programme Board we await further direction from Scottish Government following the joint letter in December 2020.
69. We will continue towards full implementation of our original plan by embedding the outlying staffing during the pandemic and beyond, with the main focus on the shift of demand from GP services.

RECOMMENDATIONS

70. The Integration Joint Board is asked to note the progress and achievements to date of the East Renfrewshire Primary Care Improvement Plan (2018 – 2021).

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28 April 2021

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BACKGROUND PAPERS

IJB PAPER: 29 January 2020 – Item 13. Report on Progress of the Primary Care Improvement Plan
https://www.eastrenfrewshire.gov.uk/media/1435/Integration-Joint-Board-Item-13-29-January-2020/pdf/Integration_Joint_Board_Item_13_-_29_January_2020.pdf?m=637284294602930000

IJB PAPER: 1 May 2019 – Item 12: Report on Progress of the Primary Care Improvement Plan (PCIP)
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24318&p=0>

IJB PAPER: 27 June 2018 – Item 14: Primary Care Improvement Plan Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22737&p=0>

IJB PAPER: 14 February 2018 – Item 9: GP Contract
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21802&p=0>

The 2018 GMS Contract in Scotland

<https://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?forceDownload=true>

GMS Contract MOU

<https://www.gov.scot/binaries/content/documents/govscot/publications/correspondence/2017/11/delivering-the-new-gms-contract-in-scotland-memorandum-of-understanding/documents/delivering-gms-contract-in-scotland---memorandum-of-understanding/delivering-gms-contract-in-scotland---memorandum-of-understanding/govscot%3Adocument/Delivering%2BGMS%2Bcontract%2Bin%2BScotland%2B-%2BMemorandum%2Bof%2Bunderstanding.pdf>