



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	10 August 2022	
Agenda Item	10	
Title	Primary Care Improvement Plan (PCIP) Impact Report	
Summary		
<p>This paper showcases the impact that our Primary Care Improvement Plan and new multi-disciplinary team workforce has had on patient care in East Renfrewshire now that we have almost fully implemented our original PCIP plan and employed additional staff to support GP Practices.</p>		
Presented by	Claire Fisher, Clinical Director	
Action Required		
<p>The Integration Joint Board is asked to note and comment on the report.</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 type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

10 August 2022

Report by Chief Officer

PRIMARY CARE IMPROVEMENT PLAN (PCIP) – IMPACT REPORT

PURPOSE OF REPORT

1. The purpose of this report is to showcase the impact that our Primary Care Improvement Plan (PCIP) and new Multi-Disciplinary Team (MDT) workforce has had on patient care in East Renfrewshire.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the report.

BACKGROUND

3. The new contract for provision of General Medical Services in Scotland commenced in April 2018; an ambitious and innovative contract which envisioned the development of a multi-disciplinary team of health professionals employed by local HSCPs to support Practices. The aim was to free up clinical time to enable GPs to take on a role as Expert Medical Generalists, and allow them more time to care for patients with the most complex needs.
4. In 2018 East Renfrewshire HSCP worked collaboratively with local GP Practices to design our local Primary Care Improvement Plan. A PCIP Steering Group was established to discuss and agree strategic decisions to progress the creation of our MDT Team. *The IJB received regular updates on the implementation of the plan over the years.*
5. As at June 2022, we have almost fully implemented our original PCIP plan and have employed an additional 52.5 wte staff to support Practices. Following our successful bid for additional winter funding in November 2021 we are currently recruiting to expand our workforce in our priority service areas.
6. Given our original plan is at full implementation, we have recently changed our Steering Group meeting with Practices to an oversight group. We are using a format of a series of “Deep Dives” into individual service areas. These meetings allow focused feedback and reflection on what has worked well, and help modify existing service arrangements to ensure best use of our valued workforce and improve staff retention.
7. We await clarification from Scottish Government on any proposed further funding to enable further expansion of our MDT workforce.

REPORT

8. East Renfrewshire has 15 GP practices with a total registered patient population of 98,268 ranging from 2,477 patients in our smallest practice to 13,819 patients in our largest practice. The average list size is 6,551 (January 2022), which is higher than the

Scottish average of 6,000 patients. Our registered practice population has increased by 3,394 (3.6%) since 2018 reflecting a 22% increase in our smallest practice and a 9% increase in our largest practice over the four years. We have had established GP clusters since 2014 which have been beneficial in strengthening relationships between the HSCP, GP peer groups and practice managers. We currently have three GP clusters and Cluster Leads across our two localities of Eastwood and Barrhead, hosting population percentages of 74% and 26% respectively. East Renfrewshire's growing population has had a significant impact on GP practice lists. However our PCIP implementation has enabled practices to support a significantly higher number of patients.

9. The national priority was to reduce GP and practice workload with HSCPs delivering services through a range of multi-disciplinary teams (MDTs) including pharmacists, physiotherapists and advance nurse practitioners and other health professionals. The development of this new Primary Care service redesign should not only reduce GP workload but deliver a safe, person-centred, equitable, outcome focused, effective, sustainable, affordability and value for money service according to the seven key principles of the new General Medical Services (GMS) Contract 2018 by increasing access and reducing inequalities for our patients.
10. We began implementing the new GMS Contract in 2018 through our East Renfrewshire Primary Care Improvement Plan (PCIP) 2018 – 2021. We recruited a PCIP Implementation and Development Officer to deliver the plan objectives and since 2018 we have worked steadily to recruit and train staff to deliver services across the six Memorandum of Understanding (MOU) areas.
11. During this time we modified our original plan, reflecting on lessons learned and recruitment challenges. We made efficiencies by utilising the various skill mix of staff members, and building greater resilience into some services. Recruitment was paused for 12 months due to the pandemic. However, despite workforce challenges we are now approaching full implementation of our PCIP in 2022. New service models and recruitment of clinical staff has allowed the transfer of work from GP practices to HSCP staff within the context of Primary Care redesign.
12. Although existing systems and the ongoing impact of the pandemic have made it difficult to clearly assess impact and evidence time saved, we have developed new ways of working and promptly developed new systems and processes which have accelerated our progress to successful implementation. Overall, during the pandemic General Practice has remained relatively stable in East Renfrewshire with all practices delivering at escalation level one and there was only one temporary branch closure in 2020. Since October 2021, East Renfrewshire practices have participated in the NHS GGC local practice data collection providing an estimate of total appointments, workforce availability and balance of appointment type. While this does not provide a baseline for pre contract, it shows current activity levels, with the picture in East Renfrewshire mirroring the rest of Greater Glasgow and Clyde.
13. As stated, the overall aim of the MOU priority areas was to reduce GP workload to free up time to focus on complexity and the role of the Expert Medical Generalist. Unfortunately, the expected development of the national Scottish Primary Care Information Resource (SPIRE) to enable activity and outcomes to be measured has not yet progressed. This remains a significant challenge, as there is very limited objective evidence on demand, activity changes and impact as a result of PCIP implementation and more recently as a result of the Covid-19 pandemic. Although the impact on GP workload has been difficult to measure, the access to a range of services is clearer and the new GMS contract has enabled patients to access the right professional, at the right place, at the right time.

14. This report provides a snapshot of our current PCIP service provision. It showcases the work transferred from General Practice and the impact on primary care using locally collected data from each of the services to evidence time saved. We have detailed our progress across the six main priority areas of the MOU.

Progress on MOU priority areas

(1) Vaccination Transformation Programme (VTP)

15. All vaccinations within the VTP have been in place since April 2022 having moved from a GP based delivery model to an NHSGGC board delivery model, through various vaccination teams reducing GP practice workload.
16. Significant early developments in years 2018-20 resulted in all **childhood vaccinations** (pre-school and school based) being transferred from GP practices and being delivered in HSCP community clinics and schools. We have 3.5 wte NHS GGC/ER HSCP hosted staff employed to deliver children's vaccinations across ER.
- i. The midwifery model for pertussis delivery across GGC has also been developed for **pregnant women**.
 - ii. **Travel vaccinations** have been provided by City Doc and Emcare since April 2022.
 - iii. Although the current **adult influenza immunisation programme** accelerated the transfer of flu immunisation from GP practices to HSCPs, the arrangements for this year and last year were established in the context of Covid19 physical distancing, PPE constraints, additional Covid vaccinations and additional eligible cohorts. Subsequent years will not necessarily be replicated. However there will be learning from the current delivery which will influence the future establishment of a robust, efficient and sustainable long term vaccination programme and team within GGC which meets the needs of patients and the terms of the GMS 2018 contract. GGC were responsible for vaccination of all mobile patients by a central vaccination team and HSCPs were responsible for the vaccination of all housebound patients and care home residents by local vaccination teams.
 - iv. **At risk and age group programmes (shingles and pneumococcal)** Practices have not been required to deliver Pneumococcal, Shingles and adhoc vaccinations since April 2022. Eligible patients are invited to central clinics for vaccinations or vaccinated at home.
 - We planned to have 10wte of staff and are working with GGC to agree a sustainable vaccination workforce across NHS Greater Glasgow and Clyde and deliver the adult VTP.
 - In 2021/2022 we saw a 64% increase in demand for housebound vaccinations since 2019 from 545 to 895.
 - Since April 2022 all GP Practices in East Renfrewshire have had access to all VTP services.
17. Due to the complexity of the changes to perimeters of the VTP programme during the pandemic it has been difficult to evidence the impact for the various elements of VTP, but we have seen an increased uptake across all programmes with the exception of travel and shingles & pneumococcal.

(2) Pharmacotherapy Services

18. Early in 2018 we agreed to expand existing pharmacy teams to introduce the pharmacotherapy service for the new GMS Contract in a phased approach across the HSCP. By increasing pharmacists and pharmacy technicians working within GP

19. practices we were able to provide a new medicines management service, referred to as the Pharmacotherapy Service delivering both core (level 1 activity) and additional (level 2 & 3 activities) services. However, after recruiting approximately 50% of our planned workforce, we received the joint letter in December 2020 and reviewed our planned workforce modelling to prioritise level 1 activity as we were level 2 and 3 activity top heavy. We revised the skill mix by introducing Pharmacy Technicians and Pharmacy Support Workers which allowed for financial savings and the development of a hub model and pharmacist provision for a minimum of 0.5wte/5,000 patients.
- We have 16wte of staff employed to deliver the pharmacotherapy service across ER.
 - In December 2021, we were providing 100% of GP practices with polypharmacy initiative and 40% with specialist clinics provided for levels 2 and 3 activity.
 - In December 2021, we had 53% of GP practices serviced by the hub following the test of change providing core level 1 activity of meds reconciliation, queries and prescribing quality improvement.
 - All GP practices in East Renfrewshire will be serviced by the pharmacotherapy hub, have polypharmacy reviews and specialist clinics.
20. NHSGGC Pharmacotherapy summary analysis of activity data for East Renfrewshire HSCP over the 11 month period from April 2021 to February 2022 shows:
- Total patient count activity of 32,339 (averaging 2,940 patients per month).
 - Resulting in 109,542 actions required (averaging 9,958 per month), of these:
 - Acute prescribing requests – 7,774 (averaging 707 per month);
 - Repeat prescribing requests – 8,452 (averaging 768 per month);
 - Immediate Discharge Letters – 6,485 (averaging 590 per month);
 - Hospital outpatient Letters – 6,446 (averaging 586 per month).
21. The development of the new pharmacotherapy service has allowed GPs to: focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients.

(3) Community Treatment and Care Services (CTAC)

22. The creation and implementation of CTAC services providing support to General Practice for minor injuries, chronic disease monitoring and other services suitable for delivery within the community began in October 2018 by recruiting 3wte Community Health Care Assistants (CHCAs). These were shared across all 15 GP practices offering not only clinic and domiciliary phlebotomy but additional CHCA tasks including: B12s; biometric data collection including BP; and suture removal. We have subsequently increased provision by an additional 0.8 wte CHCA within GP Practices.
23. In year three, following a delay due to the pandemic, we were able to develop the CTAC services further by implementing our new treatment room provision across both localities of Eastwood and Barrhead to all GP practices, offering leg ulcer management, Doppler assessment, wound dressings and suture/staple removal.
- We have 11wte of staff employed to deliver the CTAC services across ER.
 - The CHCA appointment time within GP practices is 10 minutes per task (15 minutes during the pandemic due to social distancing and infection control measures) allowing for 48 appointments per day (32 during the pandemic).
 - CHCA wte provision varies across practices from one session to five sessions per week based on allocation of 1wte/5,000 patients.
 - We have three Treatment Rooms in total across both localities. Eastwood Health and Care Centre has two rooms and Barrhead Health and Care Centre has one room, offering 10 days and 3 days provision respectively each week.

- The Treatment Room appointment times vary from 10 to 45 minutes (15 and 60 minutes during the pandemic) averaging nine appointments per day for mainly leg ulcers and wound management.
 - All GP practices in East Renfrewshire now have access to all CTAC services
24. CTAC services have the further potential of streamlining and improving pathways for chronic disease management and linking to the move of acute phlebotomy to community settings.

(4) Urgent Care (Advanced Practitioners)

25. The creation and implementation of 3wte Advanced Nurse Practitioners (ANP) to work across 3 GP clusters within Eastwood and Barrhead localities proved challenging due to workforce availability. Recruitment was slow therefore we were unable to establish this service until years 2 and 4.
26. Two practices, Mearns and Carolside Medical Centres in EW2 Cluster, were chosen to participate in the first test of change for 1wte ANP provision from October 2019 to June 2020 and further scale up progressed to the three other GP Practices within the cluster following this. We have data collected until May 2021. Overall, the test was positive and was able to show that GP time was released across all practices by the ANP. In EW2 Cluster data from October 2019 to May 2021 showed:
- The ANP carried out a total of 1,030 appointments, averaging 57 appointments per month.
 - The majority of these appointments were home visits (86%) which would have been carried out by the GP (75%) or practice ANP (18%) or other practice health professional (7%).
 - The ANP spent approximately 45 minutes with each patient and 15 minutes recording clinical notes and admin tasks.
 - 31% of patients seen by the ANP required a prescription.
 - 18% of patients seen by the ANP required an onward referral to another service.
 - The ANP reported that 90% of patients seen could possibly have avoided a hospital admission.
 - 5% of the patients seen by the ANP were admitted to hospital which were reported as appropriate.
27. We will reflect on the cluster test as we continue to develop and train a further 2wte newly recruited ANPs to EW1 and Lavern Clusters, spreading the Urgent Care provision across all of our GP practices.
- We have 3wte of staff employed to deliver the Urgent Care (ANP) services across ER.
 - All GP Practices in East Renfrewshire now have access to Urgent Care (ANP) services.

(5) Additional Professional Roles

28. We originally agreed provision of 3wte NHS GGC APP/MSK Physiotherapists to work across 6 of our 15 GP practices (40%) based on modelling from Inverclyde New Ways of Working. However, following successful implementation of our first 1wte in two GP practices in year 1 we remodelled our planned 3wte to work at cluster level which helped to expand provision to 9 of our 15 GP practices (60%) in year 3, covering a total of 72% of our population. The service has allowed patients to benefit from quicker access to a physiotherapist and treatment therefore reducing unnecessary referrals to GPs. A quarterly summary report from NHS GGC Advanced Practice Physiotherapy in Primary Care for East Renfrewshire HSCP Oct – Dec 2021 showed:

- 1,447 of appointments were booked from 1,683 available (86%), averaging 482 appointments per month.
 - The APP (Advanced Practice Physiotherapist) appointment time is 20 minute with each patient allowing for an average of 14 per day.
 - The majority of patients were signposted directly to the APP releasing GP capacity.
 - Only 19% of patients required an onward referral.
 - 78% of patients were supported to self-manage their condition by the APP.
 - 60% of GP Practices in East Renfrewshire have access to APP services.
29. Although this service is very highly rated by both GPs and patients, we were unfortunately unable to secure any additional APP resource from NHS GGC MSK Physiotherapy. This meant we were unable to spread APP provision equitably across all of our GP practices, resulting in 40% of practices without the benefit of this service, accounting for 28% of our population. NHSGGC have recognised the board-wide impact this has had, and are scoping alternative models to ensure greater equity across practices.

(6) Community Link Workers (CLW)

30. Prior to the GMS Contract we had piloted a CLW programme in December 2016, an output following our Safe and Supported Programme. The development was a partnership between Recovery Across Mental Health (RAMH) and East Renfrewshire HSCP. It reflected shared awareness of the impact of a significant cohort of patients who sought recurring and regular support from GPs, for what were often issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues.
31. Following the success of this programme in nine of our GP practices with 2wte practitioners, we agreed to increase the total number of CLWs to 4wte in 2018. A summary report from ER HSCP and RAMH Dec 2016 – Aug 2020 showed:
- We have 4wte of staff employed to deliver the Community Link Worker (CLW) service across ER.
 - 2,866 individuals were referred to the CLW by GP Practices averaging 63 patients per month.
 - The CLW saw each patient for approximately 45 minutes for a maximum of four face to face appointments each.
 - Anxiety, depression, family issues and bereavement were the four most common reasons for referral.
 - All GPs in East Renfrewshire have access to all CLW services.
32. Whilst we have been able to showcase the work we have transferred from General Practice through the limited data available, it has been extremely challenging to evidence the time saved across all the professions within the GP practices. Although the funding enabled us to introduce a range of MDTs, which has both directly and indirectly freed up GP workload, the GPs may not have been able to focus on the complexity of the EMG role due to the significant impact the pandemic had on the new demands.
33. However, as stated previously, prior to the pandemic we had made significant progress in many of the key MOU areas and some GP practices had advised that they were able to offer extended appointments times for more complex patients. Following a four week audit of GP practice activity in 2019, we were able to identify their priorities through current activity and allow practice staff to shift workload as the various MOU services developed. Although we are not able to evidence with data, we are aware that practice ANPs have been able to focus on minor illness within the practice allowing GPs to perform more complex care, whilst GPNs have been able to focus on annual reviews and cervical smear tests as the CTAC services were developed.

34. We also regularly collect qualitative GP practice feedback across the MOU services and these have told us:
- *“The ANP has played a very valuable role in the practice which has facilitated a reduction in GP workload”.*
 - *“Consistently positive feedback from patients about the CLWs”.*
 - *“They (CLWs) are an extremely valuable resource”.*
 - *“The APP has very effectively complemented our clinical skill-mix and feedback from patients continues to be extremely positive”.*
 - *“We have seen a sustained increase in the receptionist’s use of the APP appointments”.*

CONSULTATION AND PARTNERSHIP WORKING

35. In late 2020, the Scottish Government recognised that before the Covid19 pandemic, we were over halfway through our ambitious PCIPs and remained committed to the aims and principles that underpinned the 2018 GP Contract Offer such as reducing workload, developing the EMG role and the development of the MDTs so that patients see the right person at the right time. They believed that the principles remained the right ones and were actively considering how these may be further enhanced and progressed in light of the changes and lessons learned from the Covid19 response. We thought it timely to seek some feedback from GPs about our progress to date on the PCIP implementation based on end-user satisfaction of the services and we developed a local survey. We received 20 responses in total from GPs (15), GP Practice Collective (2) and other practice staff (3). Some of the results are shared below:

Q4. Which resource/s do you believe your practice benefits from the most?

- MSK, CLWs, Pharmacotherapy were seen as the top three most beneficial to practices
 - *“MSK Physio takes a significant patient burden away from GPs”.*
 - *“Pharmacotherapy input has helped reduce pressure on GP time”.*
“Pharmacotherapy within the practice, our pharmacist is now very much part of our team and if she were taken away, this would negatively impact on our practice”.
 - *“CLW has been a great resource for our patients particularly important now as we see many more mental health issues associated with Covid19 pandemic”.*
“CLWs have made a significant impact in helping workload”.

Q7. Are you able to share an example/s of positive multi-disciplinary working within your practice?

- *“The APP works really well and is accepted easily by the patients”.*
- *“Pharmacy support really helpful in reducing workload and allowing most appropriate person to do the work”.*
- *“Team working and shared decision making is vital, having the PCIP staff in house has significantly improved this”.*
- *“Excellent signposting straight to physio has reduced GP workload”.*
- *“Pharmacist embedded in the team and attends regular team meetings and has mentor within the practice team”.*
- *“Our ANP has worked well as part of the MDT, liaising with GP, district nursing and other CHCP staff such as the Res Team”.*
- *“Pharmacy - involved in IDL, acute prescribing and clinical encounters, alongside GPs, practice nurses & trainees, all learning from each other”.*
- *“Pharmacotherapy - the reduction of prescribing for GPs has made a big difference to workflow”.*

36. The need to have patients seen by the most appropriate healthcare professional (which may not be the GP) is critical as most practices continue to keep up with demand. The development of the PCIP MDTs so that patients see the 'right person at the right time' remains one of the key principles of the new GMS Contract. An audit conducted with GP practices in ER prior to PCIP Implementation demonstrated that 40-65% of GP appointments did not need a GP and would have been best served by other allied health professionals. Although we have been unable to replicate this audit to date we know that active signposting within the GP practice has been crucial to directing patients to the appropriate professional and/or information resource.

IMPLICATIONS OF THE PROPOSALS

Finance

37. There are no financial implications in this report as the focus is on qualitative impact. The PCIP financial position is included in the revenue budget monitoring to the IJB and regularly to the PCIP Oversight Group.

Workforce

38. As outlined there have been ongoing challenges to recruitment and staff retention.

Infrastructure

39. As workforce and service delivery increased, heightened by the pandemic and associated restrictions there are capacity issues developing within Health and Care Centres and GP premises.

Risk

40. Workforce and accommodation implications remain a risk to the programme.
41. There are no implications relating to equalities, policy, legal or the Fairer Scotland Duty

DIRECTIONS

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

CONCLUSIONS

43. The headline message on East Renfrewshire's PCIP implementation at endpoint March 2022, is that an additional 52.5 wte staff have been recruited to the MDT roles (see table 1 below). The implementation of the new service models and extended multi-disciplinary teams are now an established part of core general practice provision which has allowed a significant transfer of work from GP practices to the HSCP across all of the MOUs as demonstrated above in each of the priority areas.

Priority area	WTE March 2018	WTE March 2022
Vaccination Transformation Programme	0.0 wte	13.5 wte
Pharmacotherapy	0.0 wte	16.0wte
Community Treatment and Care	0.0 wte	11.0wte
Urgent Care (ANP)	0.0 wte	3.0wte
APP (MSK)	0.0 wte	3.0wte
Community Link Worker	2.0 wte	2.0wte
Project support	0.0 wte	2.0 wte
TOTAL	2.0 wte	52.5 wte

44. ER PCIP was developed within the available funding, with a focus on those areas most closely linked to contractual commitments. We have welcomed opportunities to utilise innovative skill mix to create efficiencies and maximise impact. Although the MOU for 2021/22 confirmed that investment should be focused on the three priority areas linked to transfer of service responsibility, East Renfrewshire has also progressed further on the other areas.
45. A national Primary Care Reform survey, with additional local NHS board questions, has been developed and was issued to GPs in March 2022 which aims to capture the transfer of workload from GPs to PCIP staff and to explore whether these additional staff are making a positive difference to GPs across Scotland. We have fed back at Scottish Government MOU deep dives that evidencing demand and measuring impact as a direct result of PCIP Implementation has been extremely challenging due to the lack of data sources and have been assured that they are looking at solutions.
46. The impact of the pandemic on General Practice has been really significant and the current pressures and sustainability challenges which practices are reporting are very much linked to the pandemic rather than a failure of impact of the PCIP. One of the original aims of the contract was to support practice sustainability. It is worth noting that East Renfrewshire has had no directly managed practices or sought to give notice on their contract, and only had a very small number of temporary list closures, in contrast to other Board areas. Practices in East Renfrewshire have absorbed a significant increase in list size due to new housing developments, and are now providing services to a larger number of people. The additional MDT capacity has supported that increase as well as the management of existing workload in a sustainable way.

RECOMMENDATIONS

47. The IJB is asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

Ann McMillan, PCIP Implementation and Development Officer
Ann.McMillan@ggc.scot.nhs.uk

Dr Claire Fisher, Clinical Director
 July 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper 20 Jan 2020: Item 13. Report on Progress of the Primary Care Implementation 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

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