Healthcare Improvement Scotland

Primary Care Phased Investment Programme (PCPIP) Webinar:

Sharing the learning so far

Date: Thursday 13 June 2024

Time: 1-2pm

MS Teams

Supporting better quality health and social care for everyone in Scotland

Phased Investment Programme Webinar

Housekeeping

1. **Open and close the chat panel** – use the chat box to introduce yourself, raise any questions you may have and post comments.
2. **Cameras and mics have been disabled** – this session is being recorded and will be available as a resource. The chat box will not be visible during the recording, so please use it for any questions you may have that we will answer during or after the session.
3. **Leave the meeting** – use this to leave this network session at the end.

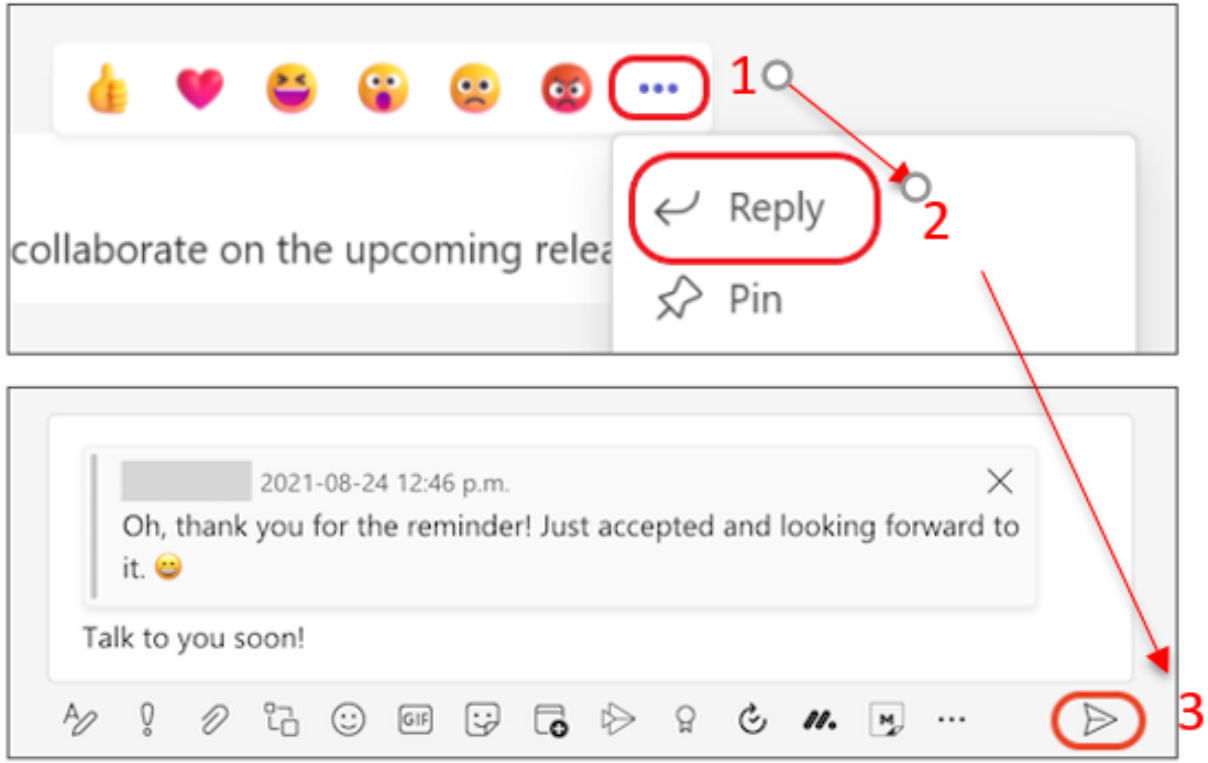
Housekeeping

4. **Reply to messages –**

   a. go to the message you want to reply to.

   b. Hover over the message and choose **More options** > **Reply.**

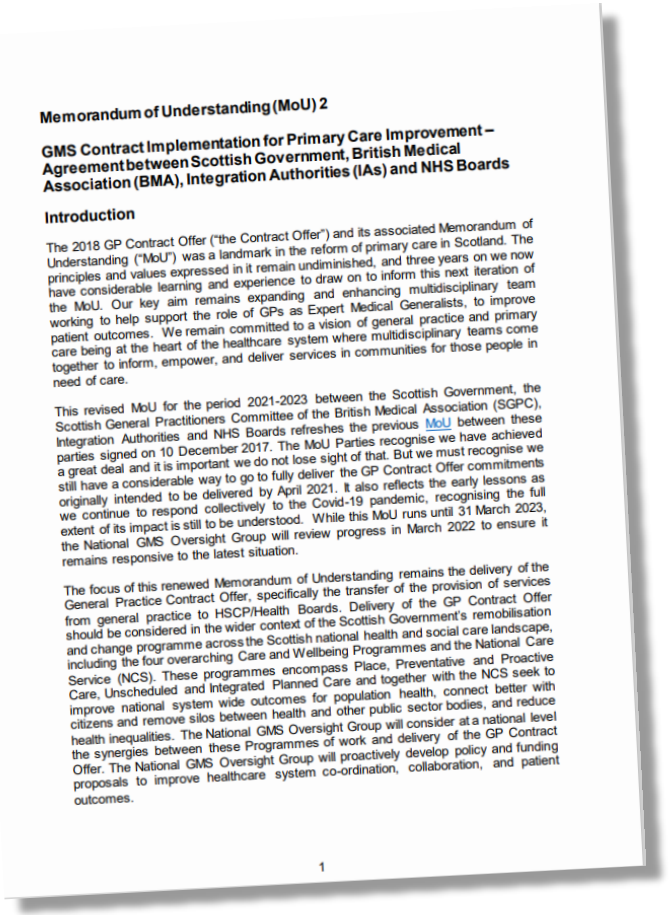
   c. The message you selected will appear in the compose box. Type your reply in the compose box and select **Send**



5. Please note, **we will be recording this session.** It will stop when we move onto the discussion segment.

How did we get here?

Brief summary of GMS Contract, MoU2 and Phased Investment Programme



Memorandum of Understanding (MoU) 2

GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards

Introduction

The 2018 GP Contract Offer ("the Contract Offer") and its associated Memorandum of Understanding ("MoU") was a landmark in the reform of primary care in Scotland. The principles and values expressed in it remain undiminished, and three years on we now have considerable learning and experience to draw on to inform this next iteration of the MoU. Our key aim remains expanding and enhancing multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes. We remain committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care.

This revised MoU for the period 2021-2023 between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS Boards refreshes the previous MoU between these parties signed on 10 December 2017. The MoU Parties recognise we have achieved a great deal and it is important we do not lose sight of that. But we must recognise we still have a considerable way to go to fully deliver the GP Contract Offer commitments originally intended to be delivered by April 2021. It also reflects the early lessons as we continue to respond collectively to the Covid-19 pandemic, recognising the full extent of its impact is still to be understood. While this MoU runs until 31 March 2023, the National GMS Oversight Group will review progress in March 2022 to ensure it remains responsive to the latest situation.

The focus of this renewed Memorandum of Understanding remains the delivery of the General Practice Contract Offer, specifically the transfer of the provision of services from general practice to HSCP/Health Boards. Delivery of the GP Contract Offer should be considered in the wider context of the Scottish Government's remobilisation and change programme across the Scottish national health and social care landscape, including the four overarching Care and Wellbeing Programmes and the National Care Service (NCS). These programmes encompass Place, Preventative and Proactive Care, Unscheduled and Integrated Planned Care and together with the NCS seek to improve national system wide outcomes for population health, connect better with citizens and remove silos between health and other public sector bodies, and reduce health inequalities. The National GMS Oversight Group will consider at a national level the synergies between these Programmes of work and delivery of the GP Contract Offer. The National GMS Oversight Group will proactively develop policy and funding proposals to improve healthcare system co-ordination, collaboration, and patient outcomes.

1

Primary Care Phased Investment Programme Aims

To develop a culture of continuous improvement across primary care settings

To improve implementation of Pharmacotherapy and CTAC services whilst maintaining other services

To build evidence to understand the national context for implementation of GMS contract, and inform future decisions about investment in General Practice

Primary Care Phased Investment Programme

Demonstrator sites

We are working closely with demonstrator sites to:

- create the conditions for change
- understand local population needs,
- design and test models of care
- evaluate impact on patients and staff

National collaborative

We offer teams a range of activities including:

- short improvement sprints,
- monthly learning and support sessions
- quality Improvement skills sessions

Teams can choose which activities to participate in to meet their needs and capacity.

Share learning across the programme throughout

Poll

What is your involvement in PCPIP?

- Demonstrator Site
- Collaborative
- Interested but not involved

Healthcare Improvement Scotland

National Collaborative

Alison Seren
Senior Improvement Advisor, Primary Care Improvement Portfolio
Healthcare Improvement Scotland

Supporting better quality health and social care for everyone in Scotland

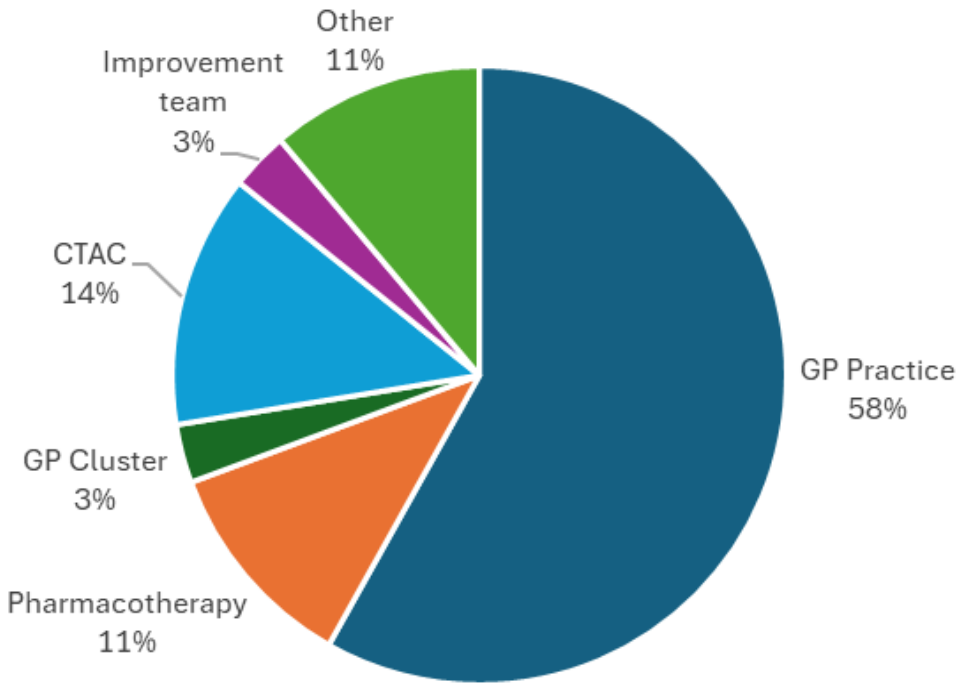
NHS SCOTLAND

Collaborative teams

Teams by NHS Board

NHS Dumfries & Galloway	21
NHS Fife	8
NHS Forth Valley	5
NHS Grampian	9
NHS Greater Glasgow and Clyde	19
NHS Highland	7
NHS Lanarkshire	5
NHS Lothian	8
NHS Tayside	14
NHS Western Isles	2
Total	**98**

Teams by type



Areas of interest

Sprints

80% of teams indicate interest in joining a sprint during the collaborative

Workstream	Teams
CTAC	27
Pharmacotherapy	26
Access	48

A number of teams have indicated interest in joining multiple sprints during the collaborative

Topics

Access	Workflow optimisation	67
	Care Navigation	59
	Call volume	45
	Appointments	62
Pharmacotherapy	Acute prescribing	46
	Serial prescriptions	38
	Polypharmacy reviews	27
	High risk medicines	24
	Hub working	23
CTAC	CTAC	42
	QI skills	48
	Other	5

Find out more

- Visit our webpage to learn more or to join the collaborative
- Catch up on our QI skills sessions on Youtube
- Register to attend our “confused about the collaborative” session on 25 June

Healthcare Improvement Scotland

Demonstrator Site Sharing the Learning: Ayrshire & Arran

Vicki Campbell
Head of Primary and Urgent Care,
NHS Ayrshire & Arran

Primary Care Improvement Programme

- One pan Ayrshire Plan
- Extensive engagement since 2018 on principles of the contract
- Joint leadership and accountability with Primary Care, GP Sub Committee and HSCP/NHS Board Leads
- Agreed framework for implementation with clear roles and responsibilities
- Guiding Principles for MDT Working in General Practice
- System leadership – working across boundaries
- Ongoing communication to all GP practices on service status and planned changes to service on an ongoing basis

Primary Care Improvement Programme

Community Treatment and Care (CTAC)

Key elements of the proposal:

- Recruit and secure a sustainable workforce inclusive of a resilience model
- Explore skill set in line with service specification and potential for future developments
- Seek patient and public feedback

Strengths

- Well established service with good relationships with GP Practices
- Staff well embedded in GP Practice teams, working closely with staff & MDTs
- Established Primary Care educator role supporting staff and service development
- Ayrshire graduate nurse development programme with protected learning time
- Restorative Supervision Model

Challenges

- Robust resilience staffing model to support practice during time of leave or long term absence
- Challenging to improve culture or manage unrealistic expectations
- Understanding of governance within service
- Understanding of the refocused General Practice Nurse role
- Robust data including DCAQ
- Review resource allocation taking deprivation into consideration

Priorities for next 3 months

- Identify leads for each test of change, with project plan and timelines
- Gather baseline data on activity and demand for CTAC across General Practice through audit
- Testing, development and implementation of a CTAC dataset to capture ongoing activity data
- Recruitment of remaining resilience staff to ensure sustainable resilience model
- Develop and commence plans for patient engagement

Primary Care Improvement Programme

Pharmacotherapy

Key elements of the proposal:

- Expansion of the pharmacy support worker team to deliver key aspects of medicines management activities
- Expansion of pharmacy hub to provide backfill during periods of leave – additional skill mix and resilience
- Test of concept / impact – Advanced Pharmacist Practitioner role
- Evaluate impact of a preceptorship programme to support pharmacists in decision making and managing risk / uncertainty

Strengths

- Well established service with good relationships with GP Practices
- Staff well embedded in GP Practice teams, working closely with staff & MDTs
- Established tri-annual meetings with GP practices to discuss progress

Challenges

- On occasion, poor engagement with service and staff
- Challenging to implement changes to processes, improve culture or manage unrealistic expectations
- Explore the role of support workers in other DS and explore models of delivering service to rural areas
- Challenges are managed through regular meetings attended by pharmacotherapy leads and primary care team

Priorities for next 3 months

- Identify leads for each test of change, with project plan and timelines
- Gather baseline data
- Recruitment
- Develop communications plan
- Consider patient engagement
- Review resource allocation taking deprivation into consideration

Healthcare Improvement Scotland

Demonstrator Site Sharing the Learning: Shetland

Antony McDavitt
Director of Pharmacy/Interim Deputy Chief Officer Integrated Joint Board,
NHS Shetland

Understand System Phase

Clear focuses for initial phase (first 6 months) and frontloading work on optimising

Excellent engagement with GPs so far

Data baseline is strong

Emergent ways of working for primary care data locally will develop data insights further and support the programme

Achieved additional data requirements and asks

Modelling approach to be revalidated through the programme

Recognised gaps in effective patient feedback aligned to project

Proposal Development

- Driver diagrams are clear about outcomes and aligned to proposal
- Continue to bifurcate solution approach and parallel approach
  - Workforce expansion
  - Workload reduction
- Aligned locally with wider programme of primary care redesign
- Embed in local governance approach with strong PM support and methodology
- Develop relationships with operational delivery and operational governance across boundaries
- Functions > Services

Key challenges (high risk)

Recruitment of professional registrants

Utilisation of small senior officer resource (how to continue effective multistakeholder engagement)

Securing adequate GP resource to involve (strategic and operational GP input)

Recruitment to end September 25, vs 18 month fixed term

Ongoing funding position to continue resource beyond the demonstrator phase

Digital resource for system change i.e. Order Comms

Key areas of data

- Patient feedback – weak – to improve
- Escro database – local project to be underway Q1 24/25
- Workload understanding – strong – to revalidate and iterate

Objectives for overall programme

- Remove low value work from the system
- Develop local Quality Framework
- Redistribute work whilst avoiding hard boundaries
- Deliver redesigned work done in primary care
- Complement wider primary care redesign work
- Achieve whole system working and further whole Shetland model
- Utilise systems and data effectively and automate where possible

Healthcare Improvement Scotland

Demonstrator Site Sharing the Learning: Edinburgh City

Caroline Houston
Primary Care Project Manager,
Edinburgh Health and Social Care Partnership

Background

- Edinburgh HSCP covers a largely urban area, with very diverse population characteristics and practice sizes serving over 10% of the Scottish population, with c8.4% of the GMS resource.

- A major challenge for Primary Care across the city is population growth, which has risen steadily from 524,000 in 2013 to 601,000 a decade later.

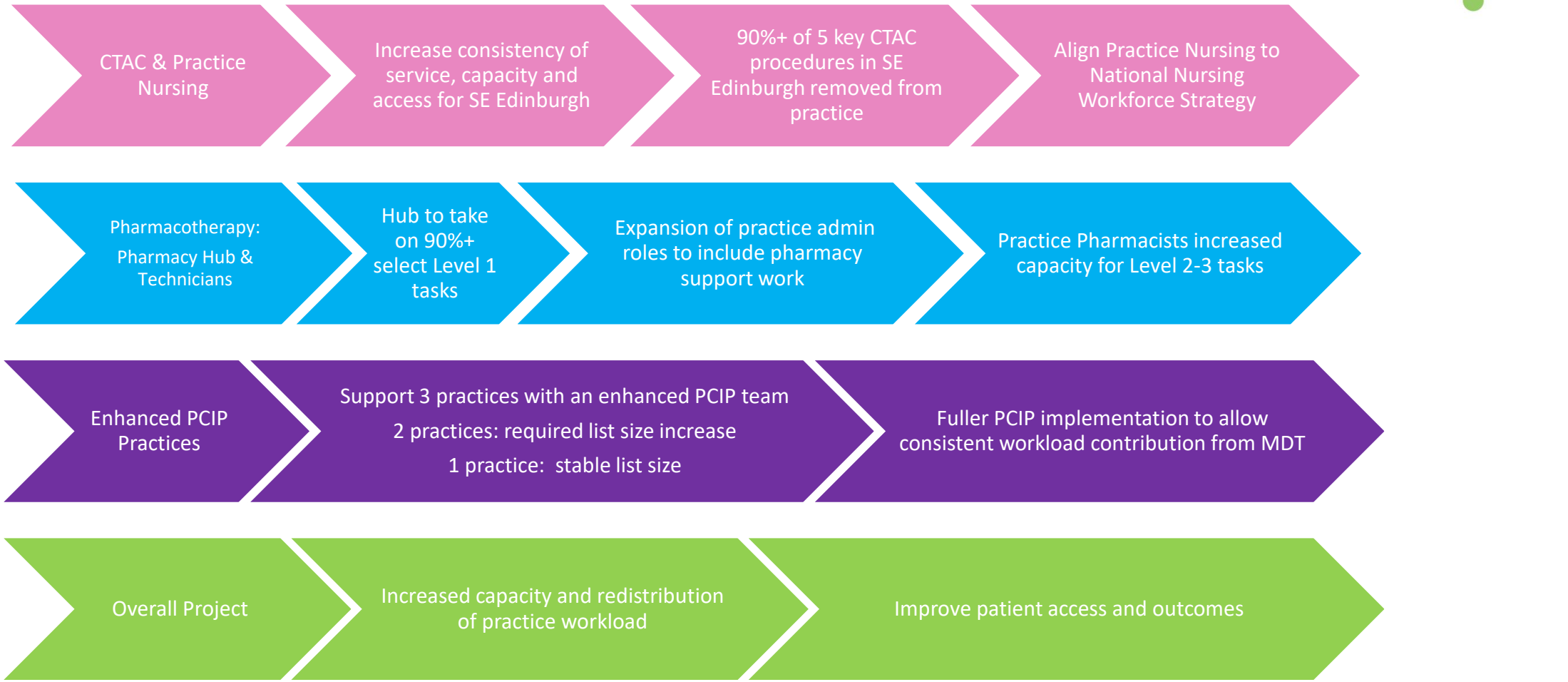
- Our bid proposes to focus on South East Edinburgh a **sub-cluster area** of c65,000, where 5-6 of the nine local practices have had to close to new registrations.

- The area has had intensive house-building over the last decade, with list sizes growing by an average of 30%. We estimate there are c10,000 additional people still to come to the area, and a scheme to build an additional practice as part of the redevelopment of a high school campus has not progressed in the timeline required due to capital funding availability.

- One of the practices is classified as ‘high deprivation’ and another four as ‘mid-deprivation’. The remaining four have a mainstream population typical of the city average. The Gracemount/Gilmerton/Liberton area is widely recognised as having high levels of deprivation.

- We aim to demonstrate that with fuller implementation in CTAC and Pharmacotherapy alongside an enhanced level of PCIP investment, we can restore a sustainable workload equilibrium to the 9 practices in SE Edinburgh, to the point where they can maintain open lists without risking practice stability and providing improved patient outcomes.

Our Proposal



Where are we now?

CTAC & Practice Nursing

- Meeting arranged with Senior Nursing leads to present vision and objective
- Recruitment started and Process Mapping planned
- Week of care audit identified – will inform expansion of CTAC tasks

Pharmacotherapy: Pharmacy Hub & Technicians

- Pharmacy recruitment in progress
- Baseline data collected via read codes and STU for 9 practices
- Qualitative survey for practice reception/admin staff under development

Enhanced PCIP Practices

- GP Week of care audit under development
- MDT survey being explored
- Attendance at cluster and PM meetings in May

Overall Project

- Project IIA to be completed in May. Considering inequality measurements will demonstrate impact

Strengths

CTAC & Practice Nursing	• Established services with clear procedures and protocols in place • Previous lessons learned will guide staffing ratio and skill mix • Ability to increase CTAC capacity using existing model of care
Pharmacotherapy: Pharmacy Hub & Technicians	• Pharmacists embedded and valued in practice • Hub service working well for practices with access • Availability of data to understand and identify areas for improvement
Enhanced PCIP Practices	• Good relationships between practices and MDTs • PCIP allocations can be tailored to needs of practice • Clear understanding of what each MDT can provide
Overall Project	• Collaborative approach • Good understanding of population challenges within SE area

Challenges

CTAC & Practice Nursing	• Recruitment and retention • Admin challenges – telephony system/workload/addition of new sites • Understanding of developing role of PNs (Transforming Nursing Roles Strategy)
Pharmacotherapy: Pharmacy Hub & Technicians	• Accommodation for Hub • Definition of new role of Pharmacy Support Worker • Consistent data measures across different practice systems • Communication between practice and hub teams
Enhanced PCIP Practices	• Understanding what MDT staff will benefit practices most • Embedding of additional PCIP roles • Effectively demonstrating impact of PCIP team
Overall Project	• Recruitment of relevant workforce and competency levels (training and development) • Engagement – practice level and patients • Timeline of project

Priorities for next 3 months

CTAC & Practice Nursing

- Set up of new CTAC accommodation
- Recruitment progression for CTAC staff and B7 Lead PN
- Meeting arranged with Senior Nursing leads to present vision & objective

Pharmacotherapy Pharmacy Hub & Technicians

- Development of Pharmacy Support Worker role
- Education and training of existing Pharmacy Technicians
- Recruitment of new staff
- Work on communications between Hubs & Practices

Enhanced PCIP Practices

- Understanding what PCIP roles practices need - informed by practices week of care audit
- Managing practice expectations and timeline of recruitment and induction of MDTs
- Collaboration with GPs, PNs and PMs to develop data collection tools

Overall Project

- Baseline data collection
- IIA & collection of inequality data
- Development of patient and staff experience / feedback tools

Healthcare Improvement Scotland

Demonstrator Site Sharing the Learning: Borders

Owain Simpson
NHS Borders

Where are we now?

Pharmacotherapy

- NHS Borders' Pharmacotherapy team currently delivers a proportion of the level 1 activity in primary care.
- The team is made up of Pharmacists and Pharmacy Technicians working in practices providing medication reconciliation, IDLs and managing acute and repeat prescriptions.

CTAC

- We have an established treatment room service covering the majority of practices
- Access to treatment rooms varies between practices due to historic arrangements.
- There is variation in the service offered between practice treatment rooms.
- We have almost completed the TUPE process to bring all Phlebotomists currently working in practices under health board employment.
- Our new capacity for Phlebotomy provision in treatment rooms is a skill mix of experienced Phlebotomists and newly recruited Health Care Support Workers.

Our Proposal

Pharmacotherapy

Improve quality and sustainability of prescribing practices and optimise efficiency of service through hybrid practice/hub-based model.

- Pharmacy Technicians moved to central Pharmacy-Hub to:
  1. Reduce travel time
  2. Remote to multiple practices per session optimising time on task.
  3. Better supported by managers and peers
  4. Releasing physical space in practice
- Pharmacists continue to visit practices to run clinics, liaise with GPs and maintain functioning MDT working, whilst having space to 'hotdesk' in the hub.
- High-risk medication (DMARDs et al) monitoring service - Pharmacy Support Workers running protocol driver service of recall, booking bloods, and monitoring results - oversight by a Lead Pharmacist.
- 2 Additional Pharmacists to focus on Sustainable prescribing - working remotely/hybrid in the hub to target Serial Prescribing, Polypharmacy Reviews, other prescribing improvement projects.

Our Proposal

CTAC

Implement a full CTAC service based in practices with bookings made through a central admin hub.

- Experienced clinical staff ready to TUPE
- Flexible practice-based design for patient appointments – testing different models of access for different treatments throughout rollout e.g. testing evening/weekend clinics in outpatients at the Borders General Hospital and Hawick Community Hospital.
- Hybrid nursing proposal for our remote and rural practice.
- 3-Phased Delivery:
    1. Clinical workforce to provide Phlebotomy
    2. Central admin hub
    3. Standardised treatment room service for all practices.

Strengths

- Long-standing close working relationships between Health Board staff in delivery group and GP representatives on PCIP delivery.
- Single coterminous Health and Social Care Partnership between NHSB and SBC means close working relationship between council and health board.
- Our initial changes ideas and models of provision focus on maintaining services in practice wherever practical to facilitate the most value adding potential for MDT working.
- We are looking to test change ideas focussed on improvements to how these practice-based MDTs function e.g. trialling practice MDT meetings.
- Flexible approach to practice specific contexts e.g. remote and rural nursing model

Challenges

Challenge	Mitigations and Adaptations	Knowledge Sharing from other DSs
Delay to programme due to delays recruiting.	Review limited capacity to redeploy existing resource ahead of successful recruitment to enable service to go live and test sooner.	Innovative models of clinical oversight: GP overseeing Pharmacy team? Successful programmes to rebrand working for your health board. Portfolio Pharmacy roles that have worked well in your area e.g. hybrid community/practice working?
Inability to recruit meaning unable to test changes within programme timeframes.	Advertise based on service being new, need improvement leaders across clinical groups.	

Challenges

Challenge	Mitigations and Adaptations	Knowledge Sharing from other DSs
IM&T/Premises Lead times.	Work on digital solutions that are less resource and infrastructure intensive in advance to allow test of digital hub ahead of physical hub.	Ways of working remotely on practice systems to minimise need to remote to a physical machine in practice (Our practices are all on EMIS PCS)?
GP Disengagement.	More direct contact between portfolio lead and senior management from HIS and GPs throughout local governance structures Demonstrable progress on PCPIP - offering reassurance to GPs that the change in approach is an evidence-based way to achieve the same or better outcomes as contract implementation for practices as well as patients.	

Timescales

May

- ~~Recruit and TUPE Phlebotomy staff~~
- ~~Onboard and Train Phlebotomy staff.~~
- ~~Establish Reporting and data requirements for programme.~~
- ~~Process design for HRMM, Pharmacotherapy Hub and CTAC Phlebotomy Admin.~~

June

- Test Process design with different staff groups and engagement
- Increase IT infrastructure to increase remote capacity for Pharmacy team – Digital hub.
- Recruitment of Band 5 and 6 Nursing staff for clinical leadership of CTAC for Phlebotomy.
- Secure location for long-term Physical Hub
- Commence Recruitment of CTAC Admin Staff
- Recruitment of Pharmacy Assistant Service Manager
- Planning out engagement resource in anticipation of services likely to be more impactful than Phlebotomy recruitment e.g. CTAC Admin Hub and Pharmacy Hub

Priorities for the next 3 months

July

- Recruitment of High-Risk Medicines Monitoring Lead Pharmacist.
- Kick-off Recruitment of Pharmacy Support Workers for High-Risk Medicines Monitoring Team.
- Recruit and Training of CTAC Admin Staff
- Data Collection of demand for CTAC and Pharmacotherapy in GP Practices
- Engagement with patient groups and representative organisations on planned changes

August

- Start to move teams into the hub
- Trialling remote Pharmacy technician work - rolling out across late august into September.
- Trialling CTAC admin hub processes – same approach as for Pharmacotherapy.
- Trial the first group of drugs under High-Risk Medicines Monitoring – dependent on successfully recruiting a lead pharmacist.

Healthcare Improvement Scotland

Round up and Close

Paul Baughan
HIS PCPIP, National Clinical Lead GP

Poll - Evaluation

- What is your key learning from this session?
- What questions, if any, do you still have?
- Any further comments on today's session?


thank
you