

Primary Care Resilience Webinar Series

Multi-disciplinary Team (MDT) working in primary care

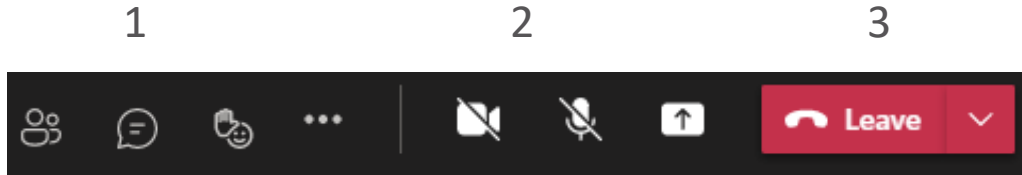


Introduction and Scene Setting

April Masson (she/her)

Portfolio Lead, Primary Care Improvement Portfolio
Healthcare Improvement Scotland

Housekeeping



1. **Open and close the chat panel** – use the chat box to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Participants will have their cameras and mics automatically off** - The facilitators may ask you to elaborate on a specific point, in that case we will enable you to unmute your microphone.
3. **Leave the meeting** – use this to leave this webinar at the end.

This Webinar will be recorded.

The link will be shared, so those who are unable to join us today can listen to the session.



Aims of the webinar series

- Reflect on what we have learnt from the response to COVID-19
- Explore what changes we have made and what we need as we move forward
- Connect and learn from each other

TODAY

Multi-disciplinary Team (MDT) working
in primary care.

Scene setting

- Showcasing some examples of good practice
- Transferable learning



Session 1

Strategic direction and national perspective on MDT working in primary care services

Dr Michelle Watts

Senior Medical Advisor
Scottish Government

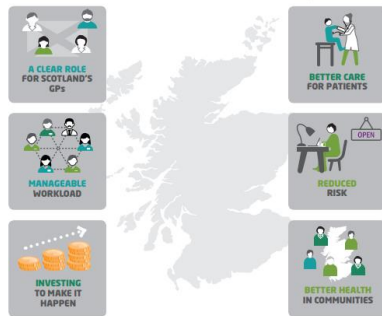
Supporting MDT working in primary care

Claire McManus

GP Contract Implementation Team Lead
Scottish Government

2018 GP CONTRACT – OVERVIEW

THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND



- 2018 GP contract offer and its associated MoUs represented a landmark in the reform of primary care in Scotland.
- Joint agreement between Scottish Government and the British Medical Association.
- Key focus of the contract is on the recruitment of multidisciplinary teams across six key services:
 - Vaccinations
 - Pharmacotherapy
 - Community Treatment and Care Services
 - Urgent Care
 - Additional Professional Roles (Mental Health, MSK Physio)
 - Community Link workers

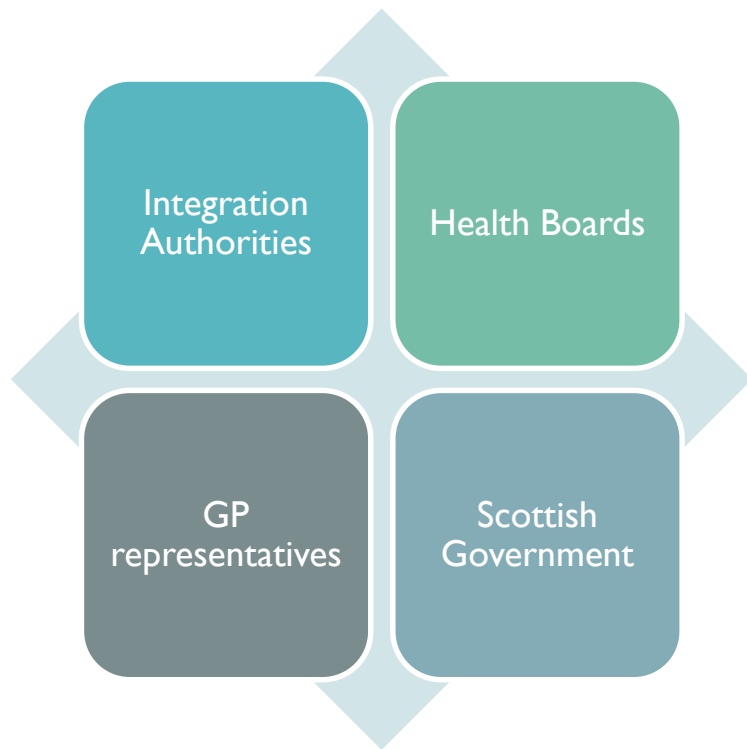
2018 GP CONTRACT – KEY AIMS

To refocus the General Practitioner (GP) role as **expert medical generalists**, enabling GPs to do the job they train to do and **deliver better care for patients**.

A vision of general practice being at the heart of the healthcare system where **multidisciplinary teams (MDT)** come together to **inform, empower and deliver services in communities** for those people in need of care.

2018 GP CONTRACT – FRAMEWORK

-
- **Finance:** £170 million per annum
 - **Governance:** Primary Care Improvement Plans underpinned by four-party MoU and National Oversight Group
 - **Legislation:** Regulations amended to include permanent vaccinations, pharmacotherapy and community treatment and care support for GP practices from 2022-23 onwards.



COLLABORATION
AND SHARED
OWNERSHIP HAS
BEEN KEY FROM
THE OUTSET
THROUGH
PRIMARY CARE
IMPROVEMENT
PLANS

THERE HAVE BEEN 3,220 WHOLE TIME EQUIVALENT (WTE) MDT STAFF RECRUITED IN SUPPORT OF GENERAL PRACTICE BY MARCH 2022.

Year ending 31 March		2018	2019	2020	2021	2022	TOTAL
Pharmacotherapy	Pharmacist	130.1	159.0	151.2	100.2	69.5	610.0
	Pharmacy Technician	38.3	49.6	82.4	78.9	117.2	366.4
Vaccinations / Community Treatment and Care Services	Nursing	24.7	53.8	155.3	166.5	151.6	551.9
	Healthcare Assistants	11.7	95.5	85.4	89.5	204.3	486.3
	Other [a]	1.9	36.6	25.5	29.1	80.9	174.1
Urgent Care (advanced practitioners)	Advanced Nurse Practitioners	18.0	49.0	53.6	65.9	23.0	209.5
	Advanced Paramedics	3.1	9.0	2.5	0.8	5.5	20.9
	Other [a]	2.6	10.9	9.1	15.1	13.1	50.8
Additional professional roles	Mental Health workers	13.9	39.7	49.1	113.0	44.2	259.9
	Musculoskeletal Physiotherapists	11.1	35.1	70.5	55.6	24.1	196.4
	Other [a]	2.2	18.5	20.4	0.6	3.4	45.0
Community link workers		47.1	49.9	67.2	28.4	56.3	248.9
Total increase in staff in each year		304.8	606.5	771.9	743.7	793.2	3220.1
Total staff recruited to date		304.8	911.3	1683.2	2426.9	3220.1	

This equates to **more than 3 WTE additional staff per practice across Scotland** and is approaching the total number of WTE GPs (excluding specialist trainees) working in General Practice (there were an estimated 3,494 WTE GPs in March 2022).

Access to Health Board provided services as at March 2022, Scotland

Percentages shown are % of practices with full access



SCOTTISH PRACTICES ACCESS TO MDT SERVICES

SOURCE:

PRIMARY CARE IMPROVEMENT
PLANS: SUMMARY OF
IMPLEMENTATION PROGRESS -
MARCH 2022 - SCOTTISH
GOVERNMENT

MULTI-DISCIPLINARY WORKING – PCIP QUALITATIVE FEEDBACK

- Alternative pathways for patient care and **better matching of resources to needs** of the community
- **Knowledge-sharing**, resulting in strengthening of relationships across healthcare professionals, in some instances beyond primary care...
- However, success **often dependent on strong relationships and communication** and fostering a team dynamic despite organisational borders or physical co-location in some instances.
- Opportunities for **upskilling and training pipelines** of local workforce....
- However, **increased supervisory responsibilities** can constrain development of a fully functioning MDT
- Challenges of working against a wider backdrop of wider issues relating to **recruitment and retention, premises and data** issues.
- Importance of **public messaging**

DATA AND
INTELLIGENCE ON
IMPLEMENTATION
PROGRESS
THROUGH PCIP
REPORTING IS
SUPPLEMENTED
BY WIDER
MONITORING
AND EVALUATION
ACTIVITY

HEALTH AND CARE EXPERIENCE SURVEY

SERVICE SPECIFIC STUDIES AND
LEARNING

LOCAL EVALUATION FINDINGS SHARED
WITH PUBLIC HEALTH SCOTLAND

LOCAL CASE STUDIES

SUMMARY - CONCLUSIONS

There is local evidence that the new MDT resources may be making a positive difference in general practice.

❑ Anecdotal evidence in some areas suggests that MDT services are supporting with sustainability issues e.g. managing practice workload, improved workforce resilience, making GP a more attractive career option.

❑ There is less evidence on **(i) staff experience** or **(ii) health inequalities**.

❑ Scotland-wide data is presenting a more mixed picture (positive and negative findings from reform changes).

❑ Unintended consequences, system-wide impacts, and the scale of the potential offset to the GP workload requires further analysis – evidence gaps remain.

WE CONTINUE TO WORK WITH ALL PARTNERS TO BUILD THE EVIDENCE BASE ON
THE IMPACTS OF REFORM ON PATIENTS, STAFF AND THE HEALTHCARE SYSTEM

Developing the national
evidence base for
primary care outcomes

Continuous
improvement of PCIP
reporting, including
through mainstreaming,
where possible

Public health scotland
(PHS) and Primary Care
Local Evaluators
Network

Cost benefit analysis of
MDT model

Continuing to explore
data gaps including
patient outcomes and
what successful MDT
working looks like

NEXT STEPS

Continuing

Continuing to build the evidence base



Ensuring

Ensuring the long-term sustainability of the programme



Harnessing

Harnessing the gains made through reforms to support wider healthcare reform including through the Preventative and Proactive Care Programme within the Care and Wellbeing portfolio and the NCS.



MONITORING AND EVALUATION

ILLUSTRATIVE EXAMPLES



EVIDENCE SUGGESTING REDUCED HEALTHCARE UTILISATION

Pharmacotherapy

- **24% decrease in acute scripts per 1000 patients**
- *Decrease from 774 (2019) to 588 (2020); 1 GP practice; decrease achieved over 3 months and sustained at 12 months*

Mental Health

- **Reduction in unscheduled admissions per patient seen for 10 of 13 patients**
- **Unscheduled admissions per patient increased for 1 patient, and remained the same for 1 patient**
- *13 patients at 1 GP practice; admissions measured before and after receiving MH nurse support; time lapsed at least 2 years but exact time unclear*

Physiotherapy

- **21% decrease in referrals to outpatient physiotherapy per month when physiotherapists introduced to GP practice, compared to 13% decrease where physiotherapists weren't introduced**
- **9% decrease in referrals to orthopaedic surgery per month when physiotherapy introduced to GP practice, compared to 13% increase where not available**
- *Based on 33 GP practices; measurements 12 months before and 11 months after introduction of physiotherapy staff*

Occupational Therapy

- **128 referrals to secondary care prevented**
- *Patients referred to OT instead, between February 2020 and March 2021*

POSITIVE PATIENT OUTCOMES AND ENGAGEMENT



Occupational Therapy

- WHO Quality of Life Scale - ↑ for 32/33 patients (97%)*
- Occupational Performance Score - ↑ for 27/30 patients (90%)*
- Occupational Satisfaction Score- ↑ for 24/27 patients (89%)*
- Canadian Occupational Performance Measure (COPM) – Clinically important ↑ for more than 2 thirds of patients (33 paired COPM responses)



Community Link Workers

- Short Warwick-Edinburgh Mental Wellbeing Scale (sWEMWBS) – average score 16.86 (pre) and 20.87 (post)**
- Engagement with disadvantage groups (2,118 clients (employed situation recorded for 1,502; housing situation for 1,051), 20 practices, 1 year)
 - 40% of clients were unemployed
 - 7% of clients were homeless

REDUCTION IN GP ACTIVITY FOLLOWING MDT PROVISION

Mental Health

- **After receiving MH nurse provision, GP contacts per patient decreased for 26 of 30 patients**
- GP contacts per patient increased for 2 of 30 patients, and remained the same for 2 of 30 patients
- *Findings based on 1 GP practice, 30 patients, measuring GP contacts before and after MH nurse provision (time scale at least 1 year but unconfirmed)*
- **Reduction from 192 to 156 average GP consultations per month for mental health presentations**
- *Statistical Process Control chart; 1 GP practice; based on GP consultations in 6 months before and 18 months after introduction of MH nurse.*
- *Note: the average number of GP consultations after introduction of MH nurse increases to 167 when follow-up period is measured at 35 months*

Occupational Therapy

- **Average number of GP appointments per patient decreased from 5.2 before introduction of OT support, falling to 4.2 after**
- *2 GP practice; 79 patients; based on GP appointments 6 months before and 6 months after receiving OT support*

UNINTENDED CONSEQUENCES: SUMMARY



Efforts to **proactively** explore unintended consequences in several local documents



Evidence of **potential** unintended consequences for **(i) patients, (ii) staff, (iii) inequalities** and **(iv) demand for services.**



Caution is required when interpreting this evidence: data do not **necessarily** always indicate a negative impact. Value lies in exploring possible interpretations of the data.



Only **one** example of exploring adverse impacts on patient safety – no safety concerns identified.

UNINTENDED CONSEQUENCES: STAFF

Table 6: Examples of potential unintended consequences for staff

Staff group	Example of potential adverse impact	Detail
Pharmacotherapy	Constant focus on low complexity level I tasks are less satisfying	PCIP trackers
Vaccination	<ul style="list-style-type: none">Appointment slots that are too long, meaning clinics can “drag”Clinics increase administration burden on GP practice staff	Interviews with staff involved in new (VTP) flu clinics (number unclear)
GPs	Musculoskeletal (MSK) presentations provide some (non-complex) relief for GPs	Evidence from English pilot

Table 7: Examples of potential unintended consequences on recruitment

Staff group	Example of potential adverse impact	Detail
Pharmacotherapy	Competition for pharmacotherapy staff	PCIP trackers
Urgent care	Competition for ANPs once fully trained and qualified	PCIP trackers
Physiotherapy	<ul style="list-style-type: none">Competition for experienced physiotherapists – potential to destabilise mainstream MSK physiotherapy servicesDifficulty in recruiting to part-time posts	PCIP trackers

PCIP CASE STUDY: FORTH VALLEY



Forth Valley Primary Care Improvement Plan

2018 to 2021

End of Programme Report

April 2022



- Forth Valley Health Board, Falkirk HSCP, Stirling and Clackmannanshire HSCP and the GP subcommittee worked collaboratively to produce and deliver the Primary Care Improvement Plan (PCIP)
- Recruited **almost 200 new posts** and established implementation workstreams to deliver services to practices
- **Completed rural options appraisal**, where appropriate
- PCIP staff were crucial in supporting practices to sustain services in the pandemic
- 2021 GP feedback survey showed evidence of support for principles behind reforms, and positive feedback on additional benefits of staff. Main concerns were around backfill and robustness of service.
- **Success factors for Forth Valley:** collaborative, partnership approach; contribution of practice teams in realising the ambition of the plan; optimising the benefits of aligned programmes such as MHWPC programme.
- **Future areas of focus:** staff retention; improved monitoring and evaluation.

*“The only thing we
share is a tea towel”*

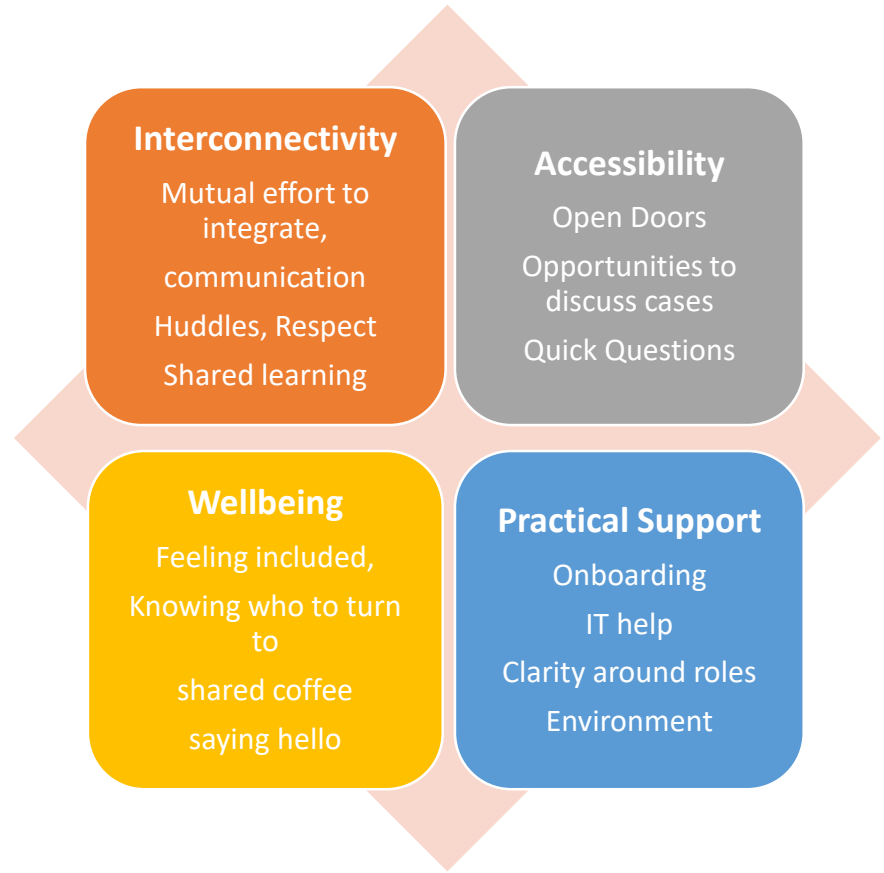
Embedding MDT staff in General Practice

Helen Moores-Poole
Allied Health Professions Advisor
(Primary Care)
Scottish Government

Kathy Kenmuir
Professional Nurse Advisor
Scottish Government



Thoughts & Experiences



What Works – How to build a Team



Fundamentals

- Meaningful objectives
- Clear roles and responsibilities
- Reflect on how the team is working together
 - [How to build effective teams in general practice | The King's Fund \(kingsfund.org.uk\)](https://kingsfund.org.uk/how-to-build-effective-teams-in-general-practice)
- Leading across organisational boundaries
 - [System leadership | The King's Fund \(kingsfund.org.uk\)](https://kingsfund.org.uk/system-leadership)

Autonomy

The need to have control over one's work life, and to be able to act consistently with one's values

- 1 Authority, empowerment and influence
- 2 Justice and fairness
- 3 Work conditions and working schedules

Belonging

The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported

- 4 Teamworking
- 5 Culture and leadership

Contribution

The need to experience effectiveness in work and deliver valued outcomes

- 6 Workload
- 7 Management and supervision
- 8 Education, learning and development

What works, Building Teams in General Practice

- Building evidence and experience across Scotland
 - [The Expanded General Practice Team. NHS Forth Valleys Approach to Primary Care Reform and Pandemic Recovery | NHS Scotland Events](#)
- From our wider colleagues
 - <https://primarycareone.nhs.wales/files/primary-care-roles-resources/multidisciplinary-team-working-in-a-general-practice-setting-2020-pdf/> - RCGP, Wales and RPS, Wales – Practical guide to values, enablers and barriers
 - [ARRS-Report-PCS-Final-Version-September-2022-PDF.pdf \(primarycaresheffield.org.uk\)](#) – Recent report
 - [Strengthening & mobilising ARRS roles to unlock capability & potential. Nat Jones – YouTube](#)
 - [How to build effective teams in general practice | The King's Fund \(kingsfund.org.uk\)](#)

Professional Resources

- [First contact physiotherapy | The Chartered Society of Physiotherapy \(csp.org.uk\)](https://www.csp.org.uk) – implementation guides, reception materials, videos etc
- [Occupational therapy in primary care – RCOT](#) – role descriptors, case studies
- [Understanding the role of the paramedic in primary care: a realist review | BMC Medicine | Full Text \(biomedcentral.com\)](#)
- [Primary Care | British Dietetic Association \(BDA\)](#)



Dr Duncan McNab

Assistant GP Director, Safety and
Quality

NHS Education for Scotland

Optimising impact of Pharmacists working in GP

NASA



Faster



Better

Cheaper

Pharmacists in GP



**Reduce GP
workload**

**Increase
quality**

**Save
money**

Pharmacists' impact



University
of Glasgow

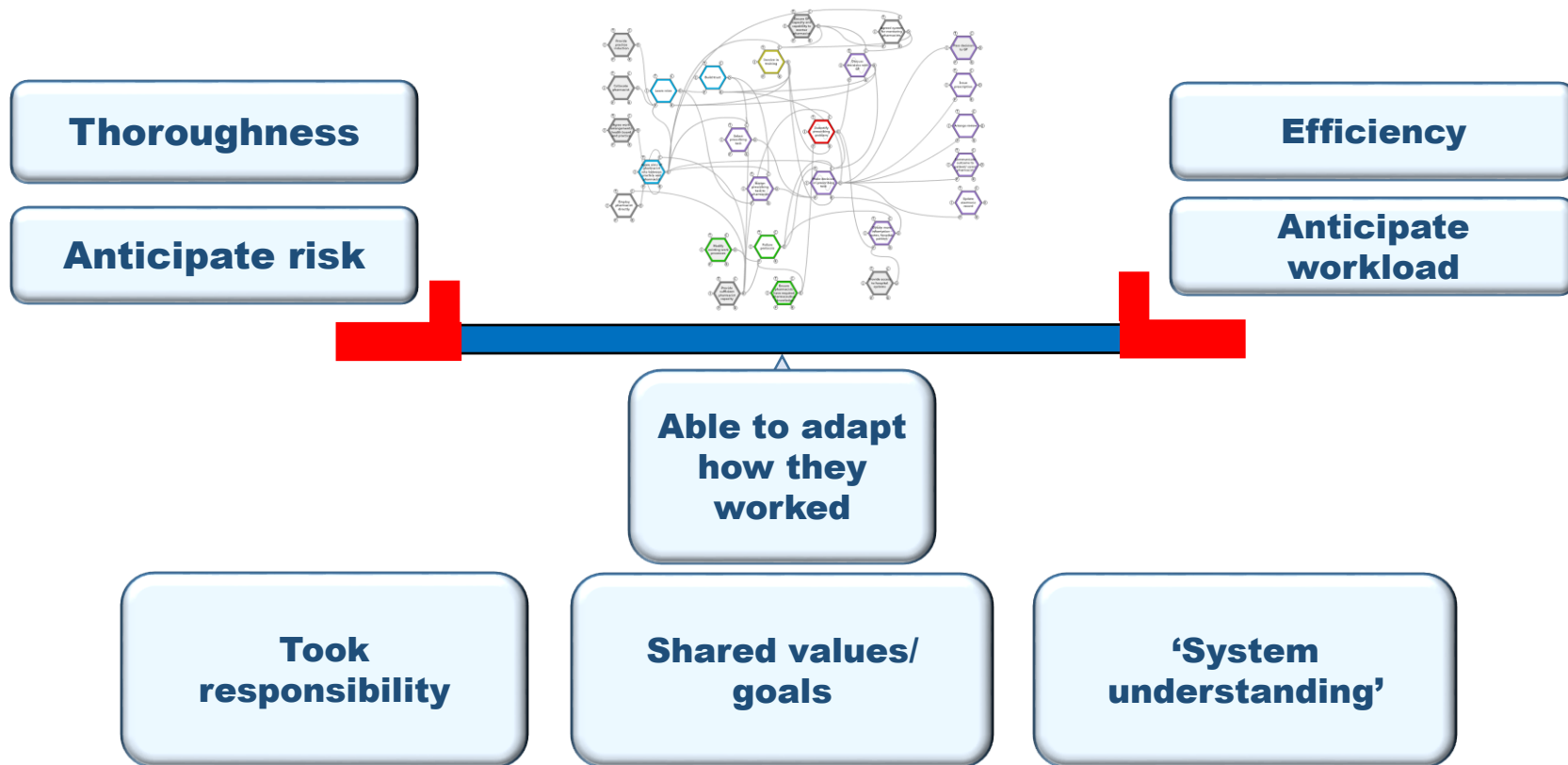
Systematic review

Four Case Studies

- Document analysis
- Observation
- Interviews
- System modelling



Where it worked well



How to enhance impact of pharmacists (and others?)

Employment

Co-location

Agreed roles and goals
Pharmacist, practice, employer

Team integration and professional development

Learn roles and different perspectives

Mentoring
- how to adapt and impact
of adapting

**System
understanding**
- think about system
not task

Ways of working

**Responsibility
and agreed goals**

Balance efficiency and thoroughness
- impossible to be maximally safe and efficient

Allow flexibility of how work is done
- minimal specification protocols to allow local
adaptation

**Anticipate risk and
workload**

Discussion

Session 2

Examples of MDT working

Dr Scott Jamieson
GP, NHS Tayside and
RCGP Scottish Council

Embedding Occupational Therapists in GP practice

Judith Cain

Improvement Advisor, NHS Lanarkshire

PRIMARY CARE OCCUPATIONAL THERAPY SERVICE A LOT TO OFFER

Primary Care Occupational Therapy Service development timeline

Phase 1: Oct 2017-Dec 2019

- Test of change funded by Primary Care and Mental Health Transformation Funding
- 2 band 7 Advanced Practitioners developing model in 2 GP practices
- Service development and evaluation underpinned by Quality Improvement methodology

Phase 2: Jan 2020-June 2021

- Extension of funding to conduct further testing
- 13 OT clinicians working across 2 localities (24 GP practices) using a skill mix model
- Expand and replicate service, ensuring quality and effectiveness of service delivery could be replicated

Phase 3: July 2021-Dec 2022

- Consolidation of model and further service development/improvements- including introduction of Vision Anywhere and testing service hub delivery model
- Exploring Funding opportunities



Service principles

- ✓ **Early intervention for prevention** approach
- ✓ **Inclusive criteria**, non-condition specific, age 16+
- ✓ **Easy to access**, community based, self-referral accepted. People can move easily between universal community/third sector supports when targeted or complex clinical interventions are required and return to universal community/third sector supports as/when appropriate
- ✓ **Clinical assessment and interventions** across **physical and mental health**
- ✓ **Holistic** and **person-centred care** using standardised assessment and outcome measures
- ✓ **Goal-focused** approach determines length of episode of care



What we achieved

For patients

- Achieved and sustained measurable functional outcomes important to them - returning to work, remaining independent in own home, engaging in meaningful routines and activities, enhanced wellbeing.
- They acquired tools and techniques which enabled and empowered them to self-manage their conditions.
- Addressing both mental and physical health needs- streamlining their care journey.

For our primary care MDT colleagues

- Positive impact on GP patient attendances and on GP workload/stress by providing additional care management options for patients.
- Skill mix service model – delivered a highly effective quality service - becoming an integral member of the emerging primary care MDT- sustainable workforce.

For the wider health and social care and welfare landscape

- Our interventions can affect cost savings across health, social care and welfare expenditure.
- Contributes to reducing health inequalities by addressing factors which contribute to multiple deprivation, including health and disability, employment, income, housing, social support.

How we achieved it

- **Opportunity**

- with primary care redesign and the Primary Care Improvement Plan – it provided an environment where change ideas were welcomed.

- **Vision / belief**

- Occupational Therapy Head of Profession for NHS Lanarkshire saw the opportunity to include OT in primary care - earlier intervention/prevention role.

- **Partnership and networking opportunities**

- working closely with PCIP QI, GPs, GP staff including MDT clinicians, practice managers and staff, stakeholders, Scottish Government advisors and the Royal College of Occupational Therapists



How did we achieve it?

Quality improvement

- Guided and underpinned the start of the project - started as small test of change (TOC), then tested and scaled up in phase 2.
- QI support initially provided by the Primary Care Improvement Team – evolved into team commitment to QI to develop and improve services - testing Vision Anywhere, centralising some service provision via hub beyond phase 2.
- Data collection and measurement was key - broad set of outcomes - which resonated with different stakeholders and commissioners, including:
 - Patient outcomes
 - GP outcomes
 - Financial savings
 - Evaluating effectiveness of OT offer to the MDT team
 - Evaluating efficacy of skill mix model - cost effective and sustainable



How did we achieve it?

People and relationships - key to the service's success

- PCOT team - committed, enthusiastic - believed in OT role in primary care
- GP and MDT buy-in
- Patient buy-in: Care Opinion stories and patient service evaluation

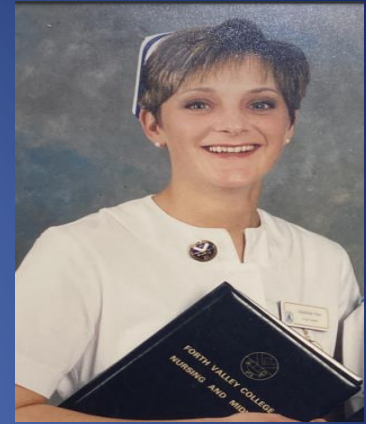
I wasn't sure what occupational therapy would do for me but it really made a huge difference. Chatting through the issues, focusing on making small improvements, learning to 'plan and pace' with support, as it was very frustrating for me, sounds quite basic but it resulted in longer spells of feeling better in a day and more frequent spells too. Anne my OT supported me with a bespoke plan for returning to work safely and maintaining the progress I had made. I am now back at work. It has gone well. Thanks Anne the OT 😊

Having an OT in our practice has been transformative. It is improving patient outcomes and reducing GP stress. Patients are in less distress and attend less frequently.

Dr Kieran Dinwoodie, GP

Where
are we
now?

- Permanently funded through Primary Care Improvement Fund.
- Providing Occupational Therapy Services across 10 localities (105 GP surgeries) via hybrid service delivery model - hub and co-aligned to GP practices
- Workforce total 37.2 wte. Rolling recruitment programme. First cohort of new staff join service in April (60% of workforce in place) Second recruitment phase underway.

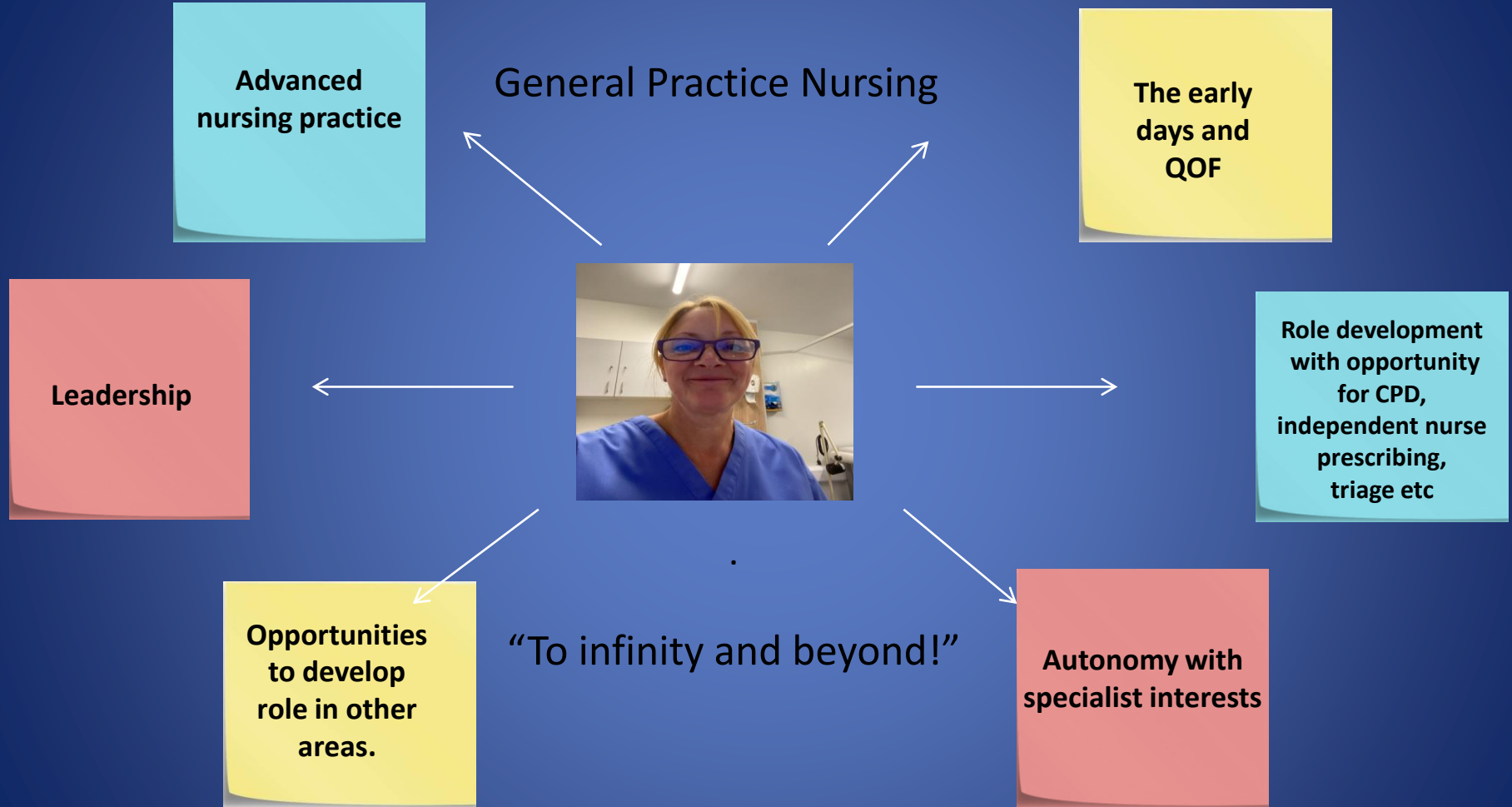


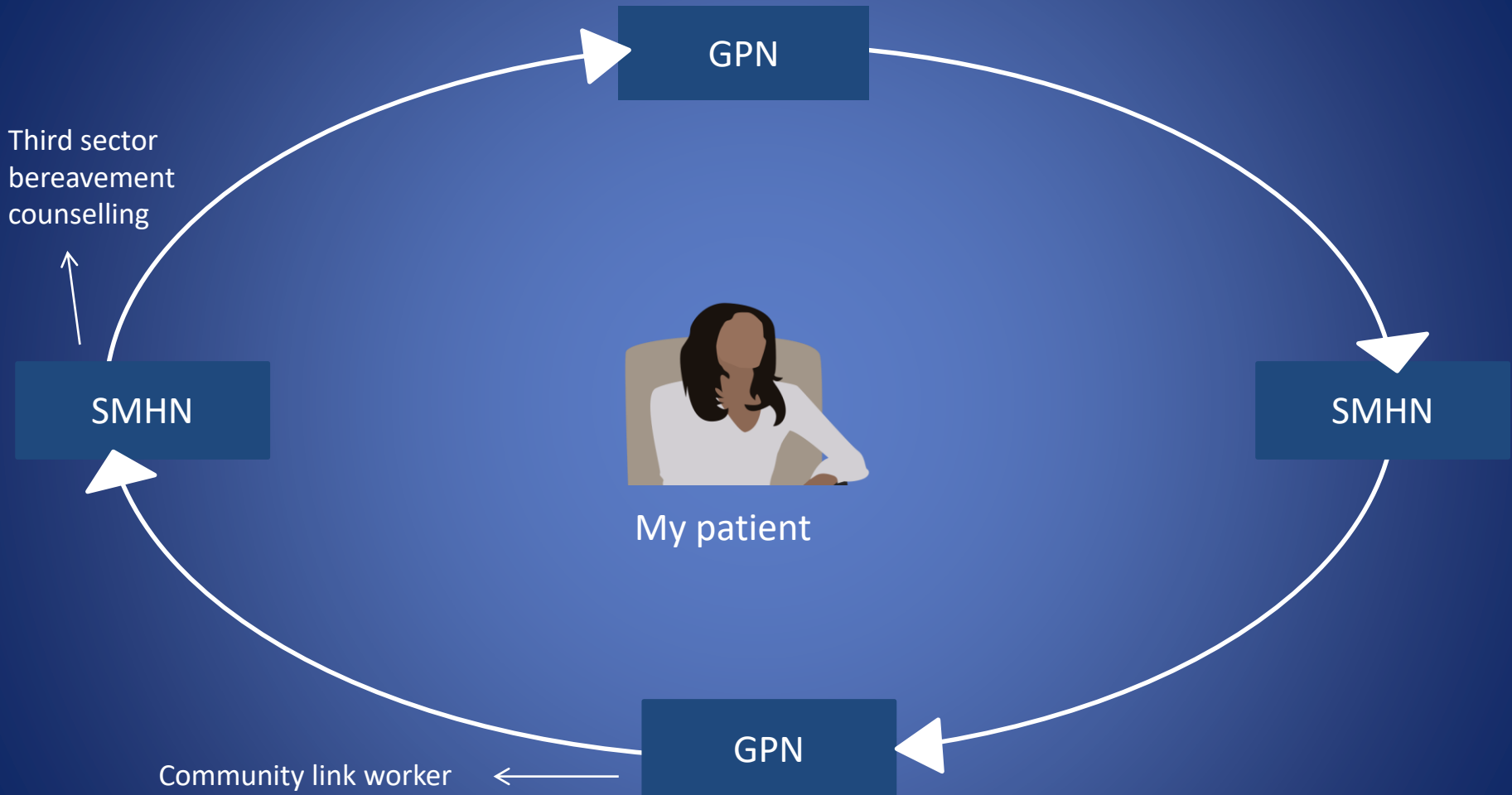
A bit about me and my journey as a nurse in primary care

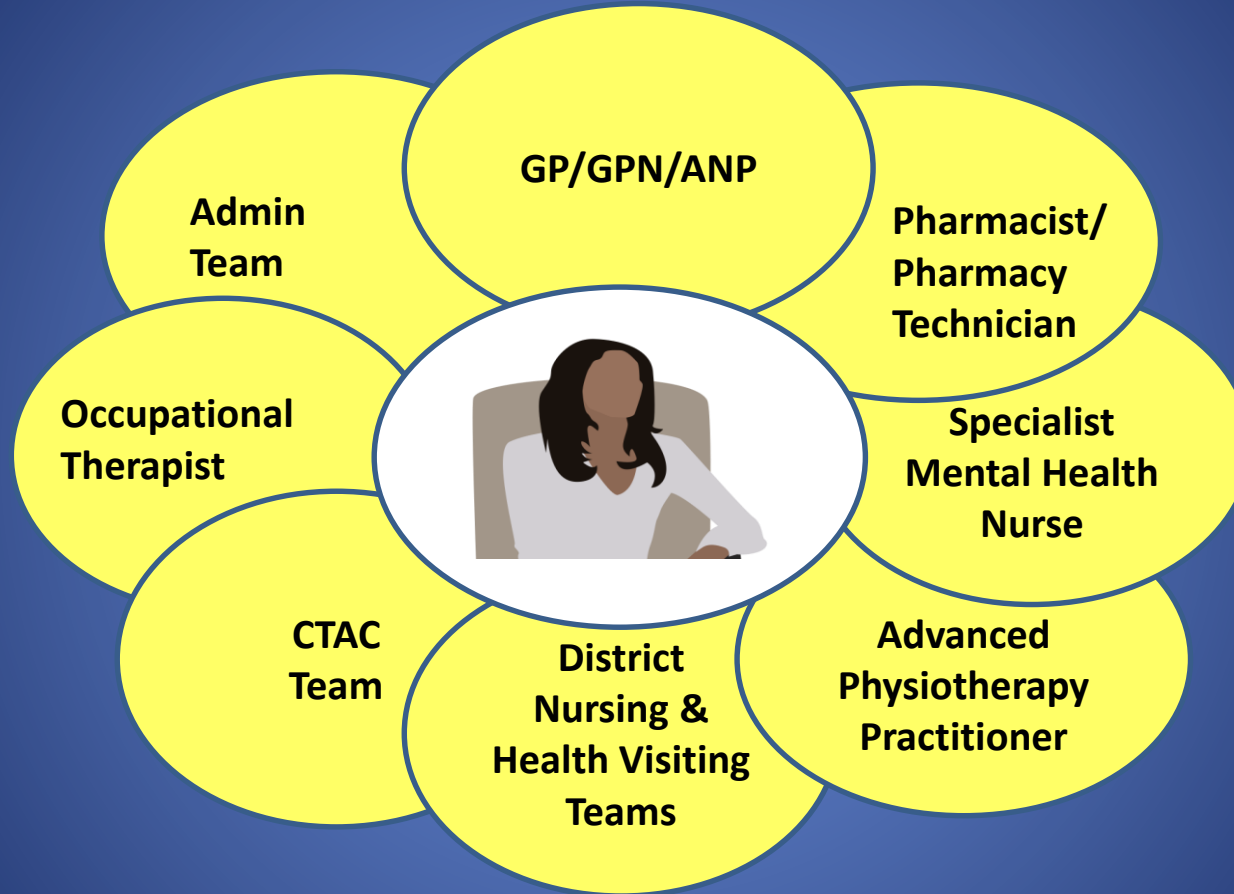
1996 – Community Staff Nurse

2004 – District Nurse

2008 to present – General Practice Nurse







Implementing Care Navigation in GP practice

Denise Mellon

Practice Manager, The Surgery @ 9 Alloway Place, Ayr
NHS Ayrshire & Arran



NHS
SCOTLAND

← GP

 **Healthier
Scotland**
Scottish
Government

Introducing Care Navigation : Staff

1. Understand your Practice and establish what services you have attached to your Practice or within your locality.
2. Provide tools to enable staff to be confident in directing patients
 - Practice Pharmacy Team, MHP, CLP, OT, Physio
 - Local Pharmacies providing Pharmacy First
 - Local Opticians providing daily appointments
 - Local Dental and Emergency Dental Information
3. Engage and invest training time with staff to empower them to signpost with confidence.

Staff may lack confidence and be discouraged if they are not provided with the correct information or tools for Care Navigation.

Learning Point:

Set a review period and meet with staff to listen to any challenges and iron out any issues arising.

"WHO TO SEE" GUIDE FOR ADMINISTRATORS

WHERE "NURSE" NOTED = CHECK WITH DISTRICT NURSE IF PATIENT HOUSEBOUND.

CONDITION/SYMPTOM	WHO?	1 ST CHOICE	2 ND CHOICE	COMMENT
ABSCCESS	NURSE	GWEN	GP	
ABDOMINAL PAIN	GP			MAY BE URGENT
ABRASION	NURSE	GWEN	JACQUI	
ACNE	PHARMACY 1ST	PHARMACY 1ST	GP	GP IF INFECTED OR SEVERE
ALLERGIES	PHARMACY 1ST	PHARMACY 1ST	GWEN	
ANTIDEPRESSANTS	GP	GP APPOINT	GP PHONE SLOT	
ASTHMA CURRENT	NURSE	GWEN	GP	
ASTHMA REVIEW	NURSE	GWEN		
ATHLETE'S FOOT	PHARMACY 1ST	PHARMACY 1ST	GWEN	
BACK PAIN	GP	GP APPOINT	GP PHONE SLOT	MSK ADVICE & TRIAGE 0800 917 9390
BLEEDING PV	GP	GP APPOINT		
BLEEDING PR	GP	GP APPOINT		
BP CHECK	CTAC	FIONA	JACQUI	
BP ISSUES	NURSE	GWEN	GP	
BP RX	NURSE	GWEN	LAURA	
BOILS/ABSCCESS	NURSE	GWEN	JACQUI	

Equip Staff with a **Local Information Toolkit**

FOR NHS PHARMACY FIRST SCOTLAND SERVICES

Seafeld Pharmacy	43/45 Blackburn Drive KA7 2XW
Ogg & Co Pharmacy	44 Newmarket Street KA7 1LR
Morrisons Pharmacy	Castlehill Road KA7 2HT
Boots Pharmacy	42 Main Road, <u>Whitletts</u> KA8 0LG
Boots Pharmacy	22 Fullarton Street KA7 1UB
Boots Pharmacy	168/170 High Street KA7 1PZ
Boots Pharmacy	99 New Road KA8 8DD
Lloyds Pharmacy	146 Dalmellington Road KA7 3BX
Lloyds Pharmacy	26 Wellington Square KA7 1HH
Lloyds Pharmacy	63/65 Alloway Street KA7 1SP
Alloway Pharmacy	21 Alloway KA1 4PY

FOR SORE, ITCHY, WATERY, STICKY OR RED EYE PROBLEMS

Lesley Dobbie Optometrists	44 Sandgate KA7 1BH
Tesco Opticians	<u>Whitletts</u> Road KA8 0QA
Optical Express	34 Sandgate KA7 1BX
Specsavers Opticians	226/228 High Street KA7 1RQ
Optical Outlet	15 Arran Mall KA7 1SQ
Helen Scott Opticians	59 Newmarket Street KA7 1LL
Orr & Simpson Opticians	5 <u>Killoch</u> Place KA7 2EA
Black & <u>Lizars</u> Opticians	42 Dalblair Road KA7 1UL

NHS PHARMACY FIRST SCOTLAND

SIGNPOSTING GUIDANCE FOR
GENERAL PRACTICE TEAMS

	Condition	Patients potentially suitable for NHS Pharmacy First Scotland	Note: OTC licensing restrictions apply to some products
A	Acne	All patients except those with symptoms of infected / severe acne	
	Allergies	All patients over 1 year old	
	Athlete's foot	All patients	Terbinafine – not for under 16 years Clotrimazole / Hydrocortisone – not for under 10 years Miconazole / Hydrocortisone – not for under 10 years
B	Backache	All patients presenting with first episode of back pain without "red flag" symptoms. "Red flag" symptoms – having one criterion alone does in itself not preclude treatment, but might suggest further investigation could be merited – such as: <ul style="list-style-type: none"> • Age over 50 • No improvement in unrelenting pain after 4-6 weeks of conservative treatment • Unintentional weight loss • Past history of cancer in particular breast, lung, gastrointestinal, prostate, renal, and thyroid cancers • Associated bladder or bowel symptoms • Widespread/progressive motor weakness in legs/chance of fall 	

Introducing Care Navigation : Patients & Carers

Use communication channels available to your Practice to **INFORM** your patients about Multi-Disciplinary professionals who form part of the Practice Team.

- Noticeboards
- Information Flyers
- Waiting Room TV
- Website
- Social Media
- Text Messaging & Email Comms

What is Care Navigation

It enables frontline staff to provide patients with more information about local health and wellbeing services, both within and outside of primary care, in a safe, effective way.



Care Navigation offers the patient 'choice not triage' to access the most appropriate service first which as we know, isn't always the GP. Care Navigators do not make clinical decisions.



YOUR PHARMACY TEAM @9AP

RACHEL FALCONER

PRACTICE PHARMACIST



SUPPORTED BY:

LINDA JAMIESON

PHARMACY TECHNICIAN

MARGARET CHERRY

PHARMACY ASSISTANT

OCCUPATIONAL THERAPY IN GP PRACTICES

My name is Claire Muir and I work in The Surgery, 9 Alloway Place on Wednesday afternoons, offering Occupational Therapy assessment and short (1-6) treatment sessions.



Continual
**INFORMATION
SHARING** will
become ingrained
into the minds of
patients. It can
change thinking
and behaviour
leading to
acceptance of your
MDT service
providers.

Our Multi-Disciplinary Team @ 9AP



Our Doctors



Supported By:

Practice Team

Supported By:

- ✓ **Practice Based Pharmacists**
- ✓ **District Nurses**
- ✓ **Health Visitors**
- ✓ **Midwives**
- ✓ **Occupational Therapist**
- ✓ **Mental Health Nurses**
- ✓ **Dietician**
- ✓ **Social Workers**
- ✓ **Palliative Care Nurses**
- ✓ **Physiotherapists**

BENEFITS

- Empowers Staff
- Creates Job Satisfaction for Staff
- Creates opportunity for person-centred discussion
- Enables patients and carers to be involved in a decision making process to make informed choices.
- Right Person, Right Place, Right Time
- Provides support to GP workload enabling GP time to be expert medical generalists, clinical decision makers and leaders within a wider Multidisciplinary Team.

CHALLENGES

- Practice Manager time inducting new MDT members to practice standards and processes.
- Keeping information and changes regarding MDT members up to date.
- Practice Manager time in managing absences and keeping your team in the loop = Who does the work when they are not there?
- Ensuring MDT members are included in communications that may affect them.

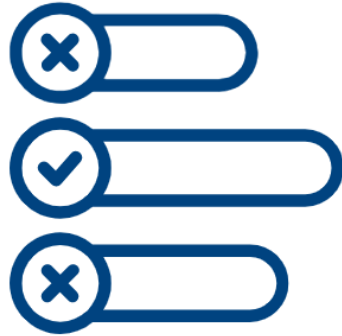
Discussion

Closing remarks

April Masson

Portfolio Lead, Primary Care Improvement Portfolio
Healthcare Improvement Scotland

Next steps



Evaluation
survey – link in
the chat box



Follow up
email circulated
soon

Keep in touch



ihub.scot/primary-care



[@SPSP_PC](https://twitter.com/SPSP_PC) [#PCImprove](https://twitter.com/hashtag/PCImprove)



his.pcpteam@nhs.scot

An illustration featuring two hands holding a bright orange banner with the words 'THANK YOU' in white, bold, sans-serif capital letters. The hands are light-skinned and are wearing dark grey suit sleeves with white cuffs. The banner is held taut between the hands. The background is a solid light blue. Above this, there is a dark blue horizontal band with a repeating pattern of light blue, stylized starburst or floral motifs.

**THANK
YOU**