Appendix One

Midlothian Primary Care Improvement Plan

Contents

1 Introduction

1.1 **The 2018 General Medical Services** Contract in Scotland was implemented on the 1st April 2018. The contract represents a significant change in how General Practice operates and its relationship with the HSCP and professionals working in the communities served by the practice

1.2 The new contract aims to support the development of the Expert Medical Generalist role for GPs, with a shift over time of workload and responsibilities to enable this. A key enabler for this is investment in a wider multidisciplinary team in support of general practice.

1.3 The new contact offer is supported by a Memorandum of Understanding which requires:

The development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and Cluster level, and that reflects local population health care needs.

1.4 The expected content of the plan and the requirements for the multi disciplinary team are set out in detail in the draft Memorandum of Understanding http://www.gov.scot/Resource/0052/00527517.pdf and the new contract framework (specifically section 4 pages 24-38) http://www.gov.scot/Resource/0052/00527530.pdf . The key requirements and additional local approaches are set out below.

1.5 The contract requires each HSCP to develop a Primary Care Improvement Plan (PCIP) by 1st July 2018. The PCIP is to include clear milestones for the redistribution of GP workload and the development of effective primary care multi-disciplinary working.

1.6 The MOU states the PCIP will:

- *Be developed collaboratively with HSCPs, GPs, NHS Boards and the other stakeholders;*
- *Detail and plan the implementation of services and functions listed as key priorities below with reference to agreed milestones over a 3 year time period;*
- *Give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas and in particular to include intended timescales for the transfer of existing contractual responsibility for service delivery from GPs.*
- *Provide detail on available resources and spending plans (including workforce and infrastructure);*

- *Outline how the MDT will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract.*

1.7 The final funding details have yet to be agreed by the Scottish Government. Much of what follows is dependent on availability of the additional finance.

2 Midlothian Context

2.1 The PCIP has been developed in the context of wider transformation and redesign of services across Midlothian. Most of the existing programmes and tests of change in primary care are described in the *Midlothian General Practice Strategic Programme* and will be incorporated into the PCIP.

Midlothian General Practice Strategic Programme

2.2 The Midlothian IJB agreed in April 2017 a strategic programme for general practice, which was developed in consultation with general practices and community groups. The programme addresses some of the key pressures affecting general practice, namely increased complexity and volume of workload combined with a shortage of trained GPs and other highly skilled professionals. These are the same pressures the new contract seeks to resolve**.** Consequently the established strategic programme forms the foundation for the Midlothian Primary Care Improvement Plan. The key actions from the programme reflected both practical support as well as implementing new ways of working and are:

- General Practice expansion (Newtongrange, Newbyres, Loanhead);
- LEGup Support for list size growth;
- Midlothian wide Practice Catchment review;
- S75 Policy development on House Building;
- *Do I need to see a GP?* communication project;
- Collaborative Leadership in Penicuik;
- Organisation Change and People Development within Practice teams;
- Advanced Nurse Practitioner training ;
- Develop the role of Advanced Physiotherapy within practice teams. During 2017 a new physiotherapy role will be developed and piloted in Midlothian initially working within three practices;
- Extending the provision of practice-based pharmacist and pharmacy technician support;
- Embed the Wellbeing Service in 8 health centres and evaluate the impact of the service;
- Develop and apply the efrailty index to improve the care of people living with frailty;
- Improving the Patient Experience;
- Implementing the Midlothian Prescribing Action Plan.

3 Midlothian approach to implementing the PCIP

3.1 The development of the primary care service redesign in the context of delivery of the new GMS contract should accord with seven key principles described in the Memorandum of Understanding (MoU) (see box).

Safe –Patient safety is the highest priority for service delivery regardless of the service design or delivery model.

Person-Centred - Partnerships between patients, their families and those commissioning and delivering healthcare services work to provide care which is appropriate and based on an assessment of individual needs and values and is outcome focussed, demonstrates continuity of care (in the context of both professionals and services), clear communication and shared decision-making. Having regard to the five principles underpinning the Health and Social Care Standards: dignity and respect, compassion, to be included, responsive care and support and wellbeing.

Equitable – fair and accessible to all.

Outcome focused – making the best decisions for safe and high quality patient care and wellbeing.

Effective - The most appropriate treatments, interventions, support and services will continue to be accessible, provided in the most appropriate place by the right person at the right time to everyone. Changes to service delivery should not result in any diminution of care or outcomes for patients.

Sustainable – delivers a viable long term model for general practice that is resilient in the context of the wider community care setting on a continuous basis; and promotes and supports the development of the skill mix within the practice setting.

Affordability and value for money – Making the best use of public funds; delivering the general practice model within the available resources; with appropriate quality assurance processes

3.2 Midlothian Principles

The following principles will be used to assist in the implementation of the Primary Care Improvement Plan and the allocation of additional support.

- New investment in support to practices will seek to address the imbalance from historical investment. This means that where a practice is benefitting from existing support and another practice does not have this support then the practice without the support will be prioritised for new investment.

- **Service redesign will be information-led**. A common understanding of workload is required between practices and the HSCP to support new developments. The HSCP will not be able to support specific practices without understanding workload and the impact the development will have to the practice.

- **A one-size fits all approach is not the default.** The differences in practices and the communities they support will drive service redesign and lead to different approaches to providing services across Midlothian. Getting a service working well in one community or practice is the priority ahead of developing a consistent Midlothian or Lothian approach. In some situations there will be developments that accord with all PCIP principles and can have a consistent pan-Midlothian or Lothian approach.

- **Practices are not at the same starting point and will progress at a different pace.** Practices are not starting from a common position across Midlothian. There is variation in culture (values and beliefs) and how workload is managed. Some practices also have greater capacity to progress more quickly to the new way of working. Implementation Plans will be agreed between the HSCP and each practice to describe the agreed actions by both parties that reflect where the practice is starting from.

- **All practices will be asked if they want to be involved in testing any service redesign.** Where service redesign needs to be tested in part of Midlothian to assess impact all practices will be asked if they want to be involved and the HSCP will decide which practices to work with based on responses using a fair and transparent selection process.

4 Midlothian HSCP Delivery of the Six Memorandum of Understanding (MoU) Commitments

4.1 The MOU identifies the services developments that should be the priority for HSCPs between 2018 and 2021. Changes to services will only take place when it is safe to do so and when resources have been identified. These are:

- Vaccination Transformation Programme
- Pharmacotherapy services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional Professional roles
- Health and Wellbeing Workers

Vaccination Transformation Programme (VTP)

4.2 The VTP was announced in March 2017 to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing role of those, principally GPs, historically tasked with delivering vaccinations.

4.3 The Lothian Vaccination Transformation Programme Board will lead the transfer of this activity from practices. The HSCP and Local Medical Committee are on the programme board.

4.4 The Midlothian HSCP's vaccination timetable for Midlothian will inform the VTP Board and be assessed against the other PCIPs from HSCPs in Lothian and the principles in the Memorandum of Understanding.

- Travel clinic. In **Year 1** the current workload on practices will be identified and options developed to change the service**.** This work will transfer from practices by end of Year 1.

- There will be no practice in Midlothian continuing to do any childhood immunisations. There are currently 4/5 practices that provide this service. we hope to transfer this workload to the HV and community vaccination team in Year 1.

- Other immunisations (shingles etc) will transfer from Midlothian practices in **Year 2.**

- Flu immunisations will transfer from practices in **Year 3.**

4.5 The process, cost and provision of adequate resource must be developed by the HSCP to ensure safe transfer of workload. The Scottish Government have not yet given us a clear indication of the available budget.

Pharmacotherapy Services

4.6 The new contract includes an agreement that every GP practice will receive pharmacy and prescribing support.

4.7 In Midlothian all practices receive some support from either a pharmacist (75% of practices) or a pharmacy technician (Loanhead, Pathhead and Danderhall Practices currently only receive support from a pharmacy technician). There is significant difference between the support offered by a Pharmacist and a Technician so there is not an equitable distribution of resource between practices.

4.8 The HCSP will continue the programme to increase the pharmacotherapy service to practice teams using the experience gained from the current service. New investment will be prioritised to practices that are without pharmacist support.

4.9 By April 2021 all practices will benefit from the HSCP pharmacotherapy service delivering the core elements in level one described in the following table. This is dependent on the availability of a workforce with sufficient non-medical prescriber capacity.

CORE AND ADDITIONAL PHARMACOTHERAPY SERVICES		
	Pharmacists	**Pharmacy Technicians**
Level one (core)	• Authorising/actioning[15] all acute prescribing requests • Authorising/actioning all repeat prescribing requests • Authorising/actioning hospital Immediate Discharge Letters • Medicines reconciliation • Medicine safety reviews/recalls • Monitoring high risk medicines • Non-clinical medication review Acute and repeat prescribing requests includes/ authorising/actioning: • hospital outpatient requests • non-medicine prescriptions • installment requests • serial prescriptions • Pharmaceutical queries • Medicine shortages • Review of use of 'specials' and 'off-licence' requests	• Monitoring clinics • Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) • Formulary adherence • Prescribing indicators and audits
Level two (additional - advanced)	• Medication review (more than 5 medicines) • Resolving high risk medicine problems	• Non-clinical medication review • Medicines shortages • Pharmaceutical queries
Level three (additional - specialist)	• Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure)	• Medicines reconciliation • Telephone triage

4.10 The HSCP see two distinct roles in practice teams that the pharmacotherapy service provides: prescribing support; and pharmacy support.

Prescribing Support

4.11 Prescribing support is a well established service that practices will be familiar with. It provides practices with advice on safer prescribing or formulary adherence. It is about quality, the budget and cost of prescribing in Midlothian. This service will continue to support practices during implementation of the Plan with pharmacy queries, medicines shortages, reviews of the use of 'specials' and 'off-licence' requests, safety reviews and recalls.

Pharmacy support

4.12 The pharmacy support is the dedicated support that practices receive from the HSCP that has been used for activities such as medicine-reconciliation.

4.13 The ambition of the HSCP to increase this support will be limited by available resource (financial and workforce). The HSCP plan for all practices to receive support up to an average of **6 pharmacist sessions per 8,000 patients**. Where practices already receive support then this would be included in this total. The impact of this capacity on practice workload will be assessed during the plan's

lifespan and support will be increased where this is required and if there is available funding and workforce.

4.14 The established pharmacotherapy service in some Midlothian practices has allowed testing how this service can support and augment the General Practice workload and improve patient experience and outcomes. This has identified the following roles and ways of working which will make up the priorities for this service.

- **The pharmacist will be visible in the practice team but some work will be done remotely**. *How* practice teams and the HSCP services working in them is important to the success and impact of the multidisciplinary team. Practice teams need the pharmacist to be accessible and visible in the practice but work for the pharmacist cannot be batched until the pharmacist is next in the practice because for some of the smaller practices they will be in only one or two days a week. There is some practice work that can be done remotely to provide a daily support to the practice. This will mean that whilst the pharmacist is located in one practice they will also be supporting other practices remotely.

- **All medicines reconciliations from hospital discharge will be completed by the pharmacist.** In some Midlothian practices currently these are completed by the pharmacist *but* only when the pharmacist is physically working in the practice. The future model will allow medicines reconciliation to happen remotely. **By the end of Year 2 most medicine reconciliations for all practices will be completed by a pharmacist.**

- **Pharmacy Technicians will take on prescribing support**, formulary adherence and prescribing improvement projects.

- **Practice Admin teams will be trained to complete 'non clinical medication reviews'.** In some practices in Lothian members of the practice administration team have been trained to take on this role (e.g. if a patient has not used a medication for many months then it is removed from the repeat prescription list). Training will be provided to practices.

4.15 All practices will receive support in Year 1 which will increase in Year 2.

4.16 Level 2 and Level 3 Additional Pharmacotherapy Services

4.17 The new contract requires every practice to benefit from the pharmacotherapy service delivering the core elements of level one. The elements in levels two and three are expected will be provided in some areas in Scotland but this is dependent on workforce availability.

4.18 The HSCP will initially work with a small number of practices to develop the additional services described in these levels. Further support will be provided in

Year 1 to these practices who will work with the HSCP to develop the future model for Level 2 and Level 3 additional pharmacotherapy services and focus on these areas:

- **Care Homes: Medicines Reviews and Polypharmacy Reviews.** All care home residents will be reviewed by the HSCP pharmacist. This has already commenced in Archview Care Home. Learning from this will be used to roll out this **support to all care homes by Year 3.**

- **Patient-facing pharmacotherapy service.** The HSCP plan for all pharmacists in this service to be independent prescribers and to have an active role in practices seeing patients. There are two roles the HSCP will work with a small number of practices first to develop. One is where patients meet with the pharmacist to understand the function of different medications and help to make informed decisions. The second role builds on the Penicuik over 75s de-prescribing project where patients over 75 and on 4 or more medications were invited into the practice for a medicines review. This project is likely to evolve into using the electronic frailty index to identify patients for review.

4.19 Service Model

The Pharmacists and Pharmacy Technicians will be employed by the HSCP and will provide an agreed number of sessions to practices. When the staff are working in the practice they will use the practice's patient record system and work as part of the practice team. To provide daily support to practices it is expected that some of the time allocated to the practice will be provided remotely with the pharmacist working at another site. This is to prevent 'batching' of work and help to manage practice workflow.

The team will work under a single governance structure but have different tasks in different practices as the roles and practices develop at different paces.

4.20 Role of Pharmacotherapy service in Quality Improvement

4.21 There are ten prescribing indicators that are focused on in Midlothian to improve quality. Where improvement is needed against these indicators the pharmacotherapy service provided to the practice will be used to support the practice to do so.

5 Community Treatment and Care Services

5.1 The responsibility for providing many non-GP services will pass from GP practices to HSCPs. These include (but are not limited to):

- management of minor injuries and dressings
- phlebotomy
- ear syringing
- Chronic disease monitoring and related data collection
- suture removal

5.2 It is expected that these services will be available for use by primary care and secondary care. For example, pre-hospital clinic bloods could be carried out for a requesting consultant without having to involve the GP practice staff. The consultant's name would be on the test result to avoid unnecessary GP involvement

5.3 **Year 1 will be used to develop the service model and agree priorities with GP practices.** This model is a significant departure from the current process and will require developments in services, Information Technology and processes in order to transfer this work from practices and remain accessible to primary and secondary care.

5.4 Service Model

5.5 There is not a clear model to describe at this stage. There are a range of potential models along a continuum from a single Midlothian service operating from one location to services operating from multiple locations. It should be anticipated that a service operating from multiple locations, including all practice buildings, is highly likely in order to meet the seven key MoU principles and provide convenient access.

5.6 A network of treatment room services is established across Midlothian with variation in how the service is organised. These services will be included in the service review and redesign.

5.7 New ways of working involving Healthcare Support Workers and IT solutions like Surgery Pods will be explored in **Year 1** as a way to increase capacity in practice teams for chronic disease monitoring.

6 Urgent Care (Advanced Practitioners)

6.1 The HSCP will lead the redesign of other services that focus on urgent and unscheduled care. The contract includes the provision of advanced practitioner resource as first response for home visit.

6.2 Consultation with Midlothian practices has identified a wide range of views about how this should develop and which professional is most appropriate to provide urgent care. Some practices are cautious of this model because some patients with the most complex health care require home visits and where it is clinically appropriate for the most senior clinical decision maker to visit the patient. Other practices are more open to a new model and where pilots with paramedics have taken place they have shown to reduce GP work volume with good patient feedback.

6.3 The evidence of the impact of the use of Advanced Nurse Practitioners, Paramedics and Advanced Physiotherapy Practitioners will assist in the service redesign including evidence from within Midlothian.

6.4 Year 1

6.5 Year 1 will be used to develop the service model and agree priorities with GP practices.

6.6 The Lothian Advanced Nurse Practitioner (ANP) training programme will continue to be funded by the HSCP and will double the number of training placements.

6.7 Service Model

6.8 The service model is likely to vary across practices in Midlothian and the following areas could be a priority for the service:

- Frail Patients
- Some patients who are housebound
- Care homes
- Patients with COPD (Chronic Obstructive Pulmonary Disease)

7 Additional Professional Services

7.1 Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services and community mental health services.

7.2 Musculoskeletal Advanced Physiotherapist Practitioner (MSK APP)

7.3 All practices in Midlothian consulted during the development of the PCIP see a clear impact on reducing GP workload and support expansion of the current service in Year 1.

7.4 The majority of a GP's musculoskeletal caseload can be seen safely and effectively by an Advanced Physiotherapist Practitioner without a GP referral. Advanced Practitioner Physiotherapists are already well suited to work collaboratively with primary care multi-disciplinary teams and support the GP role as senior clinical leader. Under the new contract HSCPs will develop models to embed a MSK service in practice teams.

7.5 Midlothian started work in 2017 to develop a MSK APP service. The governance structure is established and the new service is working with three practices (Newbattle, Strathesk, and Pathhead) to refine the model. A further three practices (Danderhall, Roslin, Newbyres) will have the service from August 2018. Further recruitment is required to expand the service across the remaining six practices.

7.6 Year 1

7.7 The goal in Midlothian is that by the **end of Year 1 all practices will have MSK APP provision within their practice team** but this is dependent on the availability of workforce and funding.

7.8 MSK APP Service Model

7.9 The Midlothian service has been based on services in Inverclyde and Cumbria indicate that a practice should receive 1 session per 1900 patients.

7.10 The Advanced Practitioner Physiotherapists (APP) are employed by the HSCP within one governance structure and will provide an agreed number of sessions to practices. When the staff are working in the practice they will use the practice's patient record system and work as part of the practice team.

7.11 This new service has implications for the wider health care system. It is expected that referrals to the community physiotherapy service will decrease and the appropriateness of referral to orthopaedic services will increase. The service is likely

to lead to change to established referral pathways, for example the lower back pain pathway because of the impact of placing an experienced physiotherapist in General Practice at the start of these pathways.

7.12 General Practice Mental Health Services

7.13 Community Mental Health professionals, based in General Practice will work with individuals and their families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.

7.14 The 2017-2027 Mental Health Strategy has the ambition for multi-disciplinary teams in primary care to ensure every GP practice has staff who can support and treat patients with mental health issues and are testing models during 2018. Scottish Government are increasing funding to specifically help CAMHS and direct access to psychological therapies which will have an indirect benefit on General Practice services.

7.15 Service Model

7.16 There is currently limited consensus about the effectiveness of different models which reflects the complexity of mental health presentations within primary care. The Midlothian HSCP anticipate that a multi-professional mental health team is required that is integrated into the Primary Care team and with direct and quick access to community-based mental health teams.

Potential components of the future primary care integrated mental health model

Computerised CBT. The uptake of this evidence-based intervention is lower than in other HSCPs

Midlothian Access Point: The number of locations across is increased across the county to improve access to psychological therapy services. Opportunities to increase access to both the access point the addiction recovery hubs by combining the services will be explored.

The **Wellbeing Service** established in eight practices and planned to expand forms a function within the integrated primary care mental health model

Additional Mental Health professional capacity in practices will be necessary and is likely to include Community Psychiatric Nurses but may also include Mental Health Occupational Therapists, Support Workers or Psychologists.

7.17 The current mental health workload on practices needs to be well-understood in order to develop increased capacity that meets all seven MoU principles. In **Year 1 and into Year 2** up to three practices will be identified to work closely with the HSCP to understand workload and use this data and evidence from services in other areas to develop a service model that will work across Midlothian.

7.18 The practices working with the HSCP will be supported through locum cover to develop the model and will receive support from Community Psychiatric Nurses to learn how this role can work in the primary care team.

7.19 In **Year One** the Wellbeing Service will be extended across all practices. This will have implications for practices currently receiving support from the service because support will reduce unless additional funding is invested in the service to maintain the current level. The Wellbeing service will continue to be developed to respond to the changing demands from new referrals and current service users.

8 Link-Workers

8.1 The Wellbeing Service is well established and is beginning to demonstrate impact on improved outcomes for service users with some evidence of reduction in demand for GP services. The H&SCP have identified additional resource to fund this on an ongoing basis. Midlothian HSCP will use this model and existing third-sector community signposting services (e.g. Red Cross Local Area Coordinators) as our model of developing an additional link worker service.

8.2 A Community Link Worker is a non-clinical practitioner based in or aligned to a GP practice who works directly with patients to help them navigate and engage with services.

8.3 In **Year 1** the Wellbeing service will be extended across all practices in Midlothian. There are eight practices that benefit from this support. To extend the current support to practices will be reduced to spread the service otherwise additional investment is required.

9 Beyond General Practice

9.1 The contract and the Memorandum of Understanding is focused on developing the support and reducing the workload of current practice teams. Developments in practice teams as a result of the Primary Care Improvement Plan and subsequent implementation programme will have implications for and must take cognisance of the wider community health and care system and the functions provided by NHS Lothian.

9.2 Community Services

9.3 There will be significant change required for other community-based services as a result of implementing the PCIP. There will be a large transfer of work from practice teams into existing or new community services. How these services are configured and the capacity in them will be a key factor in the success of this change-programme.

9.4 Interface between General Practice and Hospital

9.5 The new contract highlights the importance of interface working as a core aspect of managing workload. The contract outlines that: *"To ensure effective working between primary and secondary care, we will continue to implement the recommendations of the Improving General Practice Sustainability Advisory Group as set out in its report on November 2016.*

9.6 Within the recommendations there are a number of broad themes including effective primary and secondary care interface working. Interface working will be better achieved through well-functioning primary and secondary care interface

groups. These groups will support NHS Boards and HSCPs to reduce GP workload and provide a better patient experience by removing the need for GP involvement when it is not clinically necessary.

9.7 NHS Lothian has been pioneering in this area, having established a Lothian Interface Group with a small number of GPs and Consultants who are aware of the issues and keen to find solutions. However the group has no operational capability, and is resourced for a small number of meetings but not other substantive work.

9.8 There is much to gain in interface working: improved quality, safety, relationships and the possibility of reducing waste and harm. The HSCP will support closer working between Hospital and Practice through a combination of joint work between formal committees and groups and work to improve the whole system of care for specific patient groups.

9.9 Lothian Unscheduled Care Service/Out-of-Hours Services

9.9..1 The Primary Care Improvement Plan is focused on the services provided in the 2018 General Medical Services Contract in Scotland. The provision of GMS in evenings, overnight and at weekends is not included in the new contract. However, specific actions to improve continuity of patient care which will reduce pressure on the Lothian Unscheduled Care Service (LUCS) should be incorporated into the implementation of the PCIP.

9.9..2 There is specific funding from Scottish Government to develop Out-of-Hours Services in response to the Ritchie Report.

9.9..3 The following areas for action have been identified:

- **Care Homes:** The HSCP will support practices / develop services to ensure optimal day time accessibility of medical and non medical support to care homes in order to reduce OOH calls and ensure that care is mainly provided by staff who can give continuity of care.

- **Palliative Care:** The HSCP will focus on supporting primary care staff to provide excellent palliative services to patients in the community. Ensure that all suitable patients who wish to die at home are able to do so. Ensure that palliative patients have appropriate ACPs to improve continuity of care. Appropriate ACPs will greatly benefit patient continuity and make it possible for OOH services to deliver optimal care. Big steps have recently been made in improving nursing continuity with the change to 8am to midnight cluster district nursing cover(check with Caroline)

- **Mental Health services:** Ensure adequate and prompt Day time access for patients suffering distress due to mental illness. The open access MAP service has been a step in the right direction. We intend to build on this by fully supporting MWAP to sustain

capacity and by developing an enhanced primary care mental health model which will become an accessible port of call for the acutely distressed. Good daytime services are highly likely to reduce OOH contacts for MH issue In most cases.

- **Development of the Urgent Care Resource Hub** will improve coordination of health and care services during evenings, overnight and at weekends. This is a separate work stream with a separate funding stream which will be complementary to and add value to daytime services.

9.10 Population Growth

9.10..1 The population in Midlothian is growing rapidly as a result of new house building. The HSCP has already responded with the development of Newtongrange Clinic and the new Loanhead Practice building which will allow the practice to increase its list-size.

9.10..2 New house building will next put pressure on two specific areas and the HSCP will develop plans in collaboration with affected practices:

Year 1 – Option-appraisal for General Practice Provision in Danderhall/Shawfair

Year 1 – Option-appraisal for expanded General Practice provision covering south Bonnyrigg/ Rosewell areas

Year 2/3 – capital development in Danderhall/Shawfair area

10 Better Care for Patients

Key Points (from 2018 GMS contract)

- GPs will be more involved in influencing the wider system to improve local population health in their communities.
- GP clusters will have a clear role in quality planning, quality improvement and quality assurance.
- Information on practice workforce and activity will be collected to improve quality and sustainability

10.1 The role of Quality Improvement and clinical leadership in Midlothian

10.2 The 2018 GMS contract recognises the importance of quality improvement for primary care and population health. It describes the increasing role of the Quality Cluster, the role of the Quality Cluster Lead and Practice Quality Leads to influence and lead improvement.

10.3 The HSCP has supported the development of the Midlothian Quality Custer by funding additional sessions and recognised the importance of involving GPs in strategic planning though Management GP roles.

10.4 The HSCP will continue to support the cluster and the management GP roles and will expand the opportunity for GPs to improve quality and contribute to new models of care through the following support:

- practices to join the Frailty Learning Collaborative and improve care for people with frailty.
- GPs to join key PCIP work streams (e.g. Mental Health) to develop the new models
- Dedicated support for practice teams to undertake quality improvement projects, and learn from other practices.

10.5 Using information from practices to improve quality and sustainability

10.6 Data and the sharing of information is identified in the MOU as a key enabler for change. The new GMS contract will reduce the risk to GPs of being data controllers by clarifying respective responsibilities within a joint controller arrangement with the Health Board.

10.7 The new contractual provisions will lay the foundations for increased lawful, proactive and appropriate sharing of information amongst professionals for the purposes of patient care.

10.8 Sharing of specific information held by General Practices in Midlothian will be crucial for the implementation of the PCIP. This will be done only where the Practice and the HSCP mutually agree that this is of benefit to patient care. An example of this is the commitment by most practices in Midlothian to share information on their frail population to support the development of an improved system of care through the Midlothian frailty learning collaborative.

10.9 Practices will need to work with the HSCP to support the development of new models of care by sharing workload activity. This is particular important where the future model is unclear (e.g. Urgent Care, Mental Health). The HSCP will work with practices able to share information to develop a shared plan for how these new services will develop.

11 Workforce

11.1 As part of their role as Expect Medical Generalists, GPs will act as senior clinical leaders within the extended multidisciplinary team (MDT). Many of the MDT staff will be employed by the health board within the HSCP. Some MDT members will be aligned exclusively to a single GP practice while others may work across groups of practices.

11.2 Existing practice staff will continue to be employed directly by practices. Practice Managers, receptionists and other practice staff will continue to have important roles in supporting the development and delivery of local services. Practices Managers should be supported and enabled to contribute effectively to the development of practice teams and how they work across practices within Clusters and in enabling wider MDT working arrangements.

11.3 The publication of the recent Scottish Government Document Workforce Planning for Primary Care will help guide our thinking in terms of availabilities of workforce and wider workforce planning.

12 Supporting the changing role of practice managers and reception staff

12.1 There has been an increase in administrative and clerical workload in practices. If GPs are seeing more patients with more complex needs and other members of the Primary Health Care Team are also experiencing an increase in demand, then there is also an impact on reception staff.

12.2 This team are processing more clinical letters, more prescriptions and more test results, as well as supporting co-ordination and continuity of care as part of organising appointments and trying to meet the challenge of managing appointments as demand grows. All of this work contributes to the overall patient experience, supporting the clinical team as well as helping the practice run smoothly.

12.3 The contract identifies key changes in the roles of reception staff and Practice Managers

Reception Staff	
Now:	**New Contract:**
Organising patient appointments	Organising patient appointments
Managing communications to/from the practice	Managing communications to/from the practice
Managing prescription requests/enquires	Managing prescription requests/enquires
Operating call/recall systems	Operating call/recall systems
Administration	Administration
	Supporting patients with information on available services
Practice Manager	
Now:	**New Contract:**
Contract management	Contract management
Contract monitoring	Contract monitoring
Business planning	Business planning
Contract and other regulatory compliance	Contract and other regulatory compliance
Staff management	Staff management
	MDT co-ordination

12.4 Support for Practice Managers

Practice Managers have a wide range of skills and the HSCP will work with practices in Year 1 and NHS Education for Scotland to identify and support training and development needs.

12.5 Reception and Administrative Staff

12.6 As the first point of contact for the Practice, staff have a central role in terms of patient contact and a good patient experience. There are also many 'behind the scenes' responsibilities, such as prescription management, medical secretarial skills and documentation management. Many staff remain with a practice over a significant time period and so offer consistency and continuity within the practice team.

12.7 Key development areas include building on signposting and document management roles and a Primary Care Collaborative, led by HIS has been established to look at these two elements. While Midlothian is not formally part of this work, locally, East Lothian H&SCP are taking part and there are opportunities to share ideas and good practice. Evidence from practices in East Lothian show that changes in the practice to managing documents has reduced GP workload by 6 hours per week.

12.8 Wider Public Engagement

12.9 Following on from the work undertaken last year across Midlothian, which aimed to understand more about how people experience primary care, not surprisingly, the key issue was access. On presenting this back to practice managers, a strong message back was the need for 'patient education' arising from the frustrations of managing increasing demand for appointments.

12.10 In addition to the 'Do I Need to See a GP' leaflet, what else should Midlothian H&SCP consider as a wider campaign? There is the national '#3beforeGP' campaign, which asks people to consider three steps (self care, on-line advice such as NHS Inform and local pharmacist) before contacting their GP practice.

12.11 In addition, NHS24 will develop a national standardised website for each practice in Scotland (at no cost). In addition to individual practice information, the website will reinforce signposting, such as reliable self-care information and promotion of local health and care services.

13 The role of technology including Information Technology

13.1 The MDT will require developments in technology and IT.

13.2 Where technology adds benefit to practices and patients then this should be developed. Areas where technology can add value in Midlothian include: increasing the use of surgery pods which allow patients to record key information (Body Mass Index, Blood Pressure) at the practice without needing an appointment; increasing the use of computerised CBT where clinically appropriate.

13.3 Progress to implement the PCIP will be dependent on IT solutions in some circumstances. For example, potential models to transfer Community Treatment and Care services may include a hub that covers several practices. The hub will need an IT solution that allows staff to access GP patient records and hospital-based services.

14 Budget Planning

14.1 The funding allocated to Midlothian HSCP for the Primary Care Improvement Plan is unknown as of 25th May 2018. Therefore the plan needs to be read within that context.

14.2 The principle that the HSCP will follow for investment in Year 1 is to prioritise development where the service model has already demonstrated the impact on GP

workload. The HSCP will prioritise the Scottish Government funding into the following areas:

- Expansion of the Pharmacy support into practices
- Expansion of the MSK APP service
- Service expansion to transfer Childhood Immunisations from practices
- Support for practices to lead and be involved in quality improvement and developing future models of care in areas where the preferred model is unclear.

Appendix 1: **Process for developing the Primary Care Improvement Plan**

The requirement for engagement in the development of the plans is clearly set out in the MoU:

HSCPs should establish local arrangements to provide them with advice and professional views on the development and delivery of the Primary Care Improvement Plan. Arrangements will be determined locally and will take account of the requirement to engage stakeholders. The HSCP Primary Care Improvement Plan should be agreed with the local GP subcommittee of the Area Medical Committee

HSCPs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their Strategic Plans and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users. In relation to the development of the Primary Care Improvement Plan that would include (but not be limited to):

- *Patients, their families and carers*
- *Local communities*
- *SAS and NHS 24*
- *Primary care professionals (through, for example, GP subcommittees of the Area Medical Committee and Local Medical Committees)*
- *Primary care providers*
- *Primary care staff who are not healthcare professionals*
- *Third sector bodies carrying out activities related to the provision of primary care*

In order to ensure that the provision of any new or reconfigured service has a patient-centred approach to care based on an understanding of patient's needs, life circumstances and experiences it is important that patients, carers and communities are engaged as key stakeholders in the planning and delivery of new services. HSCPs should ensure that patient engagement is a key part of their Primary Care Improvement Plans.

14.3 The HSCP will lead a programme of meetings and events during the development of the Improvement Plan to inform the implementation plan which will start in July 2018 and continue during the three-year timeframe of the PCIP.

14.4 Plans for developing the multi-disciplinary team will require new and expanded roles and changes to existing roles. Staff Partnership involvement in the development of the plans is therefore essential.

14.5 In addition to engagement on the development of the plans, consideration should be given to engagement on the implementation and development of multi-disciplinary teams to ensure that these work effectively at practice and cluster level. This will include the full range of practice staff including practice managers who have

significant existing skills and knowledge in enabling effective working practices for multi-disciplinary teams.