DRAFT

Midlothian Draft Primary Care Improvement Plan

Contents

1 Introduction

1.1 The 2018 General Medical Services Contract in Scotland will be 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 This paper is the draft Midlothian HSCP Primary Care Improvement Plan and is intended to lay out initial thoughts of how the Midlothian HSCP and General Practices in Midlothian will implement the new contract.

2 Midlothian Context

2.1 The Midlothian IJB is responsible for strategic planning for the Midlothian population including for primary care services. The strategic planning work and operational delivery sits with the Midlothian HSCP. Within Midlothian there is one GP quality cluster which focus on quality improvement The Midlothian GP Reps Group is a formal group with representatives from the HSCP and the 12 practices in Midlothian.

The Midlothian Cluster, the GP Reps Group and the Practice Managers group will have a key role in the development of the plan.

2.2 The PCIP will be 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

2.3 There is an established programme of prioritised and phased work between the HSCP and Practices which will be subsumed into the Plan.

2.4 The Midlothian IJB agreed in April 2017 a strategic programme for general practice, which was developed in consultation with local Practices. The programme incorporated established work between the HSCP and general practice and described the planned actions in 2017. The programme was developed to address many of the key pressures affecting General Practice which are the same pressures the new contract seeks to resolve. Consequently the 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 Pathhead, Strathesk and Newbattle 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 Midlothian PCIP will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end the three-year plan all practices in Midlothian will be supported expanded teams of NHS Lothian/HSCP employed professionals providing care and support to patients.

3.2 **Principles**

- The Midlothian HSCP will produce a Primary Care Improvement Plan building on local engagement which takes account of local priorities, population needs and existing services and builds on established programmes and tests of change.

- The Plan by July 2018 will be an initial plan and will set out the process for how primary care will develop in subsequent years

- Priority in year 1 will be given to tested approaches where impact on GP workload can be evidenced and prioritising support to practices that are benefitting less than other practices from established programmes and tests of change.

- The HSCP will apply proportionate equity of support to practices.

  The HSCP has worked with practices to help address the pressure they are experiencing. In some cases this has been as a single pan-Midlothian initiative (e.g. the review of practice boundaries). In other cases work has focused on one or a proportion of practices (e.g. Wellbeing service, Pharmacist support or the new GP MSK APP service) which has led to variation across Midlothian with some practices benefitting more from this support. The approach the HSCP want to take with the PCIP is to provide support to all practices and to prioritise new investment or developments in those practices which have benefitted less from the current Midlothian General Practice Strategic Programme and previous initiatives. Support for practices will be pro-rated based on list-size.

  Support for further tests of change will be provided in Year 1 and 2 to practices with capacity to take on this work to build evidence for impact on supporting the role of the GP as expert medical generalist and refocusing of activity within practices as workload shifts.

4 Process to allocate support to practices in Midlothian

4.1 The GP contract and associated MOU describe the areas where support must be provided to practices and on occasion in which year this should happen. There is flexibility available locally between the HSCP and LMC to agree the level and timing of support within in the three-year timeframe of the PCIP. Largely, this will be down to availability of funding and workforce for the new roles and the time required testing models and establishing new teams and services. There is some discretion to

use the process to support practices to develop into the vision described in the contract and to perform at the level required.

4.2 Practices are not staring from a common position across Midlothian. There are some practices with more significant operational pressures than others and support from the HSCP through projects like the Wellbeing service have developed in a phased approach and as yet are not available to all practices. Practices are performing at different levels too which is demonstrated through the Prescribing Indicators. There is some variation too between practices willing and able to develop quickly to deliver the vision in the new contract and other practices where this will happen over a longer period.

4.3 The HSCP want to achieve a balance between supporting all practices with additional support, addressing historic shortfalls in support to specific practices, enabling practices ready to change to do so quickly and encouraging performance to improve in some practices.

4.4 The changes the HSCP want to see in practices during the lifetime of the PCIP are improvements in prescribing indicator performance, active participation in quality improvement (through the GP Cluster, Quality in Prescribing and the Frailty Collaborative), and demonstrable progress in the changes in practice teams expected from the contract (maintaining and improving access, provision of key information on practice websites, enhanced role of the practice manager and practice teams).

4.5 The HSCP also understands that all practice are under pressure and therefore the following process is proposed.

- The HSCP will describe in the PCIP the level of support planned for practices during the three-year timeframe of the PCIP.
- A proportion of this support will be available for all practices without any requirements from the practice (note – these could be a bit or all the support provided or specific support eg Wellbeing, Vaccinations, Physiotherapy but practices will need to commit to the model)
- Pharmacotherapy investment will be prioritised for practices who have not received this support previously. The focus of this resource will be dependent on the practice's Prescribing Indictor Score. Where the practice has a score 8 or higher then there is autonomy for the practice to decide how to focus the resource (although this must be agreed with the HSCP). Where the practice has PI score <5 then all the support will be directed at improving this performance. A score between 5 and <8 will see the resource mainly focussed on improving PI performance.

- Practices need to demonstrate commitment to make the changes required from the contract. This could take the form of an action plan developed with the HSCP to. Additional support described in the PCIP will be dependent on practices making progress. The HSCP understands that practices will need support to implement some of the changes and will provide assistance.

5 Key Requirements **of the Primary Care Improvement Plan**

5.1 The MOU states the PCIP will:

- *To be developed collaboratively with HSCPs, GPs, NHS Boards and the stakeholders detailed above*
- *To 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;*
- *To 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.*
- *To provide detail on available resources and spending plans (including workforce and infrastructure);*
- *To outline how the MDT will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract.*

5.2 Priority for investment in year 1 will be in areas where there is a clear model or tested approach where early impact can be expected.

6 Midlothian HSCP Delivery of the Six MOU Commitments

6.1 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

6.2 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.

6.3 The proposed vaccination plan for Midlothian which is based on initial discussion with the HSCP.

- Centralised Midlothian travel clinic. In **Year 1** the current workload on practices will be identified and options developed by **October 2018** to transfer this workload from practices.

- There will be no practice in Midlothian continuing to do any childhood immunisations. There are currently 4/5 practices that provide this service. This workload will be transferred to the HV and community vaccination team by **October 2018** (Dalkeith, Loanhead and 3 Bonnyrigg practices and possible Loanhead do at present). The HV and community vaccination team (latter being formed and piloting new way in Bonnyrigg)

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

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

6.4 The process, cost and provision of adequate resource must be developed by the HSCP to ensure safe transfer of workload.

Pharmacotherapy Services

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

6.6 In Midlothian all practices receive some support from either a pharmacist (9 of 12 practices) or a pharmacy technician (Loanhead, Pathhead and Danderhall Practices currently only receive support from a pharmacy technician). The HCSP will continue the programme to increase the pharmacotherapy service to practice teams using the experience gained from the current service.

6.7 By April 2021 all practices will benefit from the HSCP pharmacotherapy service delivering the core elements in level one and some will also benefit from a service which provides additional elements in level 2 and level 3 in the table below:

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

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

6.9 Prescribing support is a well established service that practice will be familiar with. It provides practices with advice on safer prescribing or formulary adherence. It is about quality,the budget and spend on prescribing in Midlothian. This service will continue to support practices during implementation of the Plan with pharmacy

queries, medicines shortages, review the use of 'specials' and 'off-licence' requests, safety reviews and recalls.

6.10 The pharmacy support is the dedicated support that practices receive from the HSCP and has been used for activities such as medicine reconciliation. The ambition of the HSCP in this plan is that practices will receive this 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.

6.11 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 med recs to happen remotely. **By the end of Year 2 most med recs 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.

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

- **Additional Support** will be provided to two practices, Penicuik and Newbattle, will have additional support in **Year 1** and will work with the HSCP to develop the future model for level 2 and level 3 additional pharmacotherapy services. These

practices have 30% of the Midlothian population and have already commenced with testing service models in care homes and with population-cohort targeted de-prescribing projects:

- **Care Homes: Medicines Reviews and Polypharmacy Reviews.** All care home residents will be reviewed by the HSCP pharmacist. This has already commenced in Newbyres and Archview Care Homes. 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 develop with Newbattle and Penicuik. 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.

Community Treatment and Care Services

6.12 Community Treatment and Care services include many non-GP services that patients may need, including (but not limited to):

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

By April 2021, these services will be commissioned by HSCPs and delivered in colloboaration with HSCPs that will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the PCIP. It is expected that many of these services will be provided in GP practices for patient convenience and the benefits of having these services carried out with close support of the practice team.

It is expected that community treatment and support services will be available for use by primary and secondary care.

In Midlothian work is required in 2018 between the practices and the HSCP to develop options for these services. This will require information from practices on current workloads to understand demand for these services.

There has been work started in Midlothian on Frailty, Diabetes and COPD. These conditions will be prioritised in Year 1 to develop data collection and plan the future system of care.

Urgent Care (advanced practitioners)

6.13 There will be work to redesign services focussed on urgent and unscheduled care to allow GPs to focus on their expert medical generalist role. The Scottish Government and SGPC have agreed that the provision of advanced practitioner resource should be developed as first response for home visits.

6.14 There are models from pilots using paramedics for a first response which the HSCP and the Midlothian General Practices need to draw upon to form a consensus for the preferred model and implementation plan in Midlothian. There is a key question to answer about whether a paramedic is the right role for home visits. Often patients requiring home visits have complex healthcare needs and would benefit more from input from the GP.

6.15 **Additional Professional Services**

6.16 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.

6.17 **Musculoskeletal Advanced Physiotherapist Practitioner**

6.18 The majority of a GP's musculoskeletal caseload can be seen safely and effectively by a physiotherapist without a GP referral. Advanced Practitioner Physiotherapist 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.

6.19 In Midlothian work has already commenced to develop a MSK APP service to operate in General Practice. Three practices (Pathhead, Newbattle, Strathesk) were identified in 2017 to work with the HSCP to test the new model. Advanced Practitioner Physiotherapists were employed in 2018 and the service will be operation in the test sites from May 2018. There will be capacity in the team to operate in 50% of practices from October 2018. Practices receiving less support from the HSCP from pharmacist or wellbeing support will be prioritised at this stage.

6.20 The goal in Midlothian is that by the **end of Year 1 all practices will have MSK APP provision within their practice team**.

6.21 Models from Inverclyde and Cumbria indicate that a practice should receive 1 session per 1890 patients.

6.22 **General Practice Mental Health Services**

6.23 Community Mental Health professionals, based in General Practice will work with individuals and 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.

6.24 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.

6.25 There is currently limited consensus about the effectiveness of different models but fit into local mental health systems of care will be important to avoid duplication.

6.26 The HSCP want to increase access across the county to the Midlothian Access Point.

6.27 The HSCP want to develop a mental health service in practices and will do so at a slower pace than other support (pharmacotherapy, MSK APP, Wellbeing). **By Year 3 all practices will have mental health practitioners within the multi-disciplinary team.**

6.28 In **Year 1 the HSCP will support a 'test of change' in a small number of practices**. Dalhousie Practice has been working with the HSCP to develop a model using their experience of a mental health service for older people. The role will focus on reviewing patients on antidepressants and providing a first point of contact service. Learning from this will inform development of the service.

6.29 **Health and Wellbeing Workerss**

6.30 Midlothian HSCP intend to build on the Wellbeing Service model and existing third-sector community signposting services (e.g. Red Cross Local Area Coordinators) instead of developing an additional link worker service.

6.31 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.

6.32 The Midlothian Wellbeing Service currently works in 8 practices in Midlothian. **By the end of Year 1 all practices in Midlothian will access to this service.**

7 Additional Content

7.1 **Community Services –** any proposed change for how wider community services will align to practices/clusters

7.2 LUCS/OOH

7.2..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 reduce pressure on the Lothian Unscheduled Care Service (LUCS) should be incorporated in the PCIP. 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 introducing practice based CPNs who will become an accessible port of call for the acutely distressed. Good daytime services will reduce OOH contacts for MH issues.

- **Development of the Urgent Care Resource Hub**

7.3 Interface with Acute Services

7.4 Population Growth

7.4..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.

7.4..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 – options appraisal for General Practice Provision in Danderhall/Shawfair

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

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

8 Better Care for Patients

8.1 Quality Improvement and Population Health Management

Quality Cluster

Frailty Collaborative

Professional Fora

8.2 Leadership and Management

9 The role of the Practice

10 The role of technology

11 The role of data and information

11.1 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.

11.2 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.

11.3 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 data on their frail population to support the development of an improved system of care through the Midlothian frailty learning collaborative.

12 Budget Planning

12.1 The budget allocated to Midlothian HSCP for the Primary Care Improvement Plan is unknown as of 25th April. This section will include detail of how the available budget will be prioritised.

Appendix 1:

13 Process for developing the Primary Care Improvement Plan

13.1 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.

13.2 The HSCP will lead a timetable of meetings and events during the development of the Improvment Plan to inform the final plan which will be completed in July 2018.

13.3 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.

13.4 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.