

Midlothian Integration Joint Board



Thursday 20th April 2017 at 2.00pm

General Practice Strategic Programme – planned action in 2017

Item number: 5.6

Executive summary

This paper describes the framework of the General Practice Strategic Programme and the actions planned in it in 2017.

- 1 General Practice expansion
- 2 LEGup Support for list size growth
- 3 Midlothian wide Practice Catchment review
- 4 S75 Policy development on House Building
- 5 *Do I need to see a GP?* communication project
- 6 Collaborative Leadership in Penicuik
- 7 Out of Hours Services Review
- 8 Organisation Change and People Development within Practice teams
- 9 Advanced Nurse Practitioner training
- 10 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
- 11 Extending the provision of practice-based pharmacist and pharmacy technician support.
- 12 Embed the Wellbeing Service in 8 health centres and evaluate the impact of the service
- 13 Develop the eFrailty index
- 14 Improving the Patient Experience
- 15 Implementing the Midlothian Prescribing Action Plan

General Practice Strategic Programme – planned action in 2017

1 Purpose

- 1.1 To inform the Integration Joint Board of the intended focus of work in 2017/18 to progress the Midlothian General Practice Strategic Programme.

2 Recommendations

- 2.1 Note that General Practice remains under considerable pressure as a result of national and local factors and priority should be given by the IJB to action that supports Practices to move to a sustainable position where services are resilient to current and future demand.
- 2.2 Approve the actions that are planned in 2017 within the strategic programme.
- 2.3 Agree to the H&SCP and practices contacting patients in specific areas and inviting them to consider changing practices to either Loanhead or Newtongrange.
- 2.4 Agree to the financial support to Loanhead with one LEGup funded from the H&SCP budget.

3 Background and main report

- 3.1 The Midlothian Health and Social Care Partnership have developed a primary care strategic programme to support, stabilise and develop primary care services in Midlothian. A draft programme was presented to the IJB in November 2016.
- 3.2 The programme will adapt over time to respond to new pressures or opportunities and continue to be shaped by clinical and public views. There is an ongoing programme of engagement with community groups of interest and with general practices.
- 3.3 The purpose of this paper is to inform the Integration Joint Board of the work that is planned in 2017/18 within this programme to support, stabilise and develop primary care services in Midlothian.
- 3.4 General Practice is currently facing considerable capacity and sustainability challenges caused by a combination of patient factors, system factors and supply factors. In Midlothian over half the practices are operating with restricted lists as a result of increasing demand.

4 Midlothian General Practice Strategic Programme

4.1 The GP Strategic Programme provides a structure to coordinate and prioritise the work to support General Practice to meet the needs of patients. The programme will be updated and refined to respond to new challenges or opportunities. It is not helpful to have a fixed long term strategic plan for primary care because pressures on the system and the landscape will evolve over time and Midlothian needs a programme that can remain agile to respond.

4.2 The programme has two aims and seven identified improvement areas:

4.3 Strategic Programme Aims:

Aim 1: Make General Practice in Midlothian sustainable and resilient to current and future demand.

Aim 2: Better Care for Individuals, better health for populations, lower per capita cost.

4.4 Strategic Programme improvement priorities:

- Reduce the workload on existing practice teams
- Culture Change and People Development
- Redefining the relationships required for collaborative working between practice teams and other health, care and voluntary services
- Create multidisciplinary capacity within General Practice
- Reduce per capita cost of healthcare
- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of the population

5 Planned Primary Care Developments in Midlothian in 2017/18 and 2018/19

The following are the actions planned in Midlothian to support and stabilise general practice in Midlothian.

5.1 Reduce the workload on existing practice teams

5.1.1 General Practice expansion

5.1.1.1 The Midlothian H&SCP has assessed the impact from house building in Midlothian and taken action to increase capacity of general practice and reduce the financial impact. The following developments are planned which will increase the capacity of general practice in Midlothian by between 7,300 and 8,300 patients or between 9% and 11% of the existing total practice list number in Midlothian.

- Newtongrange Clinic established in 2017.
- Newbyres practice building will be upgraded in 2017/18.
- Loanhead Health Centre will move in 2017 onto the new community school campus.

- 5.1.1.2 In addition an expansion to Danderhall Medical Centre is planned for 2019 which will allow this practice to double capacity to 6000 patients.
- 5.1.1.3 This new capacity will accommodate the predicted population growth in Midlothian over the next four or more years. Further work is required working closely with the Midlothian Council Planning to identify future requirements for additional capacity. For example, a new practice will be developed in Shawfair town centre around 2024 to accommodate a further 10,000 patients.
- 5.1.1.4 Impact of Loanhead expansion and Newtongrange Clinic**
- 5.1.1.5 These developments will jointly benefit the patients and existing practices in the Bonnyrigg area. Newtongrange will also benefit Pathhead, Newbyres, Newbattle and Dalkeith Practices. It is expected that this development will reduce pressure on the practices operating with a restricted list allowing the practices to reopen later this year. However, we remain mindful of the current GP recruitment challenges, which may continue to impact on practices being able to open their lists.
- 5.1.1.6 In discussion with Practices within Bonnyrigg, it has become apparent that a significant number of patients reside in Loanhead. Therefore, the H&SCP will work with all practices listed to coordinate the public communication and transfer of patients between practices. Patients do not have to change practice unless the patient has moved to a new dwelling that is outside the boundary. The practices with restricted lists will write to all patients who are living outside their boundary but within the Newtongrange or Loanhead practices offering the patients the opportunity to move practice.

5.2 LEGup Support for List Size Growth

- 5.2.1 List Extension Growth Uplift (LEGup) is a funding stream managed by the Primary Care Contracts Organisation and overseen by the Primary Care Joint Management Group. This aims to “...encourage structured and supported growth of GP Practices.” The scheme provides a number of one off, non-recurring payments of £25,000 to support planned list size growth.
- 5.2.2 Midlothian’s pro-rata share of the Lothian LEGup is one per year. It is intended in 2017/18 that this will contribute to the development of the Newtongrange Clinic. The expansion of Loanhead Medical Practice requires a further LEGup and it is proposed that the Midlothian H&SCP directly funds a further LEGup in 2017/18. The IJB should anticipate demand for future LEGup allocations that will need to be funded from the IJB’s budget.

5.3 Practice Catchment review

- 5.3.1 Practice Boundaries are approved by the Primary Care Joint Management Group. There is currently a restriction on any boundary change within Midlothian. A strategic review of practice boundaries will be undertaken during 2017 with practice representatives to agree a single proposal for Midlothian practices that will help to reduce pressure on practices whilst continuing to offer patients a choice of practices to register with. Boundary changes are likely to occur where a practice has a boundary covering a large area which creates an inefficiency for

clinicians undertaking home visits, or where a new housing development will negatively impact a practice that is operating a restricted list or close to its maximum list size.

5.4 S75 Policy development on House Building

- 5.4.1 Where a house-building development proposal is otherwise acceptable, but cannot proceed due to deficiencies in infrastructure and services, any or all of which will be created or made worse as a result of the development, planning applicants can be required by the Council to make provision for full or part contribution towards the costs of addressing such deficiencies. NHS Lothian or Midlothian Council can enter into a S75 agreement on behalf of the IJB with a developer to address deficiencies. NHS Lothian has previously entered into one S75 legal agreement in Midlothian. This requires the developer to provide a practice building within Shawfair town centre.
- 5.4.2 The H&SCP is currently developing policy language and a S75 policy will be presented to the IJB for agreement which will contribute to potential S75 agreements for developers to cover non-recurring costs incurred as a direct result from new house building.

5.5 *Do I need to see a GP?* Communication project

- 5.5.1 In order to ensure people are accessing GP and other primary care services effectively we need to raise awareness about alternative options. It is also important that we develop public understanding of the issues facing GP services and the need for change, including a change in our perception of GPs as the first point of call for all health related issues.
- 5.5.2 The “Do I need to see a GP?” communications project builds on a pilot by Penicuik Medical Practice called “Choose Wisely”. It is a rolling programme of activity which seeks to engage with the community and with key staff groups in different ways in order to promote key messages. As part of the project we have published an advertorial in the Midlothian Advertiser, held meetings with community groups and developed a leaflet describing alternatives including information about self-care. We have secured funding to print 20,000 copies of the leaflet, to be distributed substantially via GP practices and primary schools.
- 5.5.3 Information sessions for key targeted staff groups, including nursery staff and home carers, will be delivered by GPs. This will include a “Bite Size” workshop in autumn 2017. We also plan to use social media advertising to communicate with a wider public audience.
- 5.5.4 A copy of the leaflet is attached in Appendix 1.

6 Redefining the relationships required for collaborative working between practice teams and other health, care and voluntary services

6.1 Collaborative Leadership

- 6.1.1 NHS National Education Scotland has been commissioned to help strengthen locality working in Midlothian. They will work in Penicuik supporting staff from the local practice the H&SCP and local voluntary organisations to seek

improvements for the coordination of care for patients who are housebound. This work will start in Summer 2017.

6.2 Out of Hours Services Review

- 6.2.1 The Midlothian H&SCP has started reviewing the arrangements for out-of-hours services in Midlothian. This work will contribute to changes in the new model of care for out of hours provision recommended in the 2015 report of the independent review – Pulling together: transforming urgent care for people of Scotland.

6.3 Organisational Change and People Development in Practice teams

- 6.3.1 The health and care system is changing and individuals and teams working within this system need support to understand the implications of change and how they can contribute and benefit from the change. The H&SCP want to support practice teams to understand the changes happening in the wider health and care system, how the practice team can benefit from these changes and how they can lead change both within their team and across the wider system. To do this the H&SCP has started to provide support for practices and will create a programme of support for all practices to access that will include Reception team development; leadership and organisational development in practices; enhancing practices' contribution to the development of the health and care system, and creating more capability for improvement using quality improvement methodology.
- 6.3.2 An explicit objective for this work is to create time and space for practice teams to consider how they want to develop their service and how they want the health and care system to develop to help improve the outcomes and experience of their patients.

6.4 Create multidisciplinary capacity within practice teams

- 6.5 The H&SCP is supporting practices to take on new clinical roles or services that were not within a traditional practice team.
- Continue to work on a Pan-Lothian basis to train and deploy nurses and trained to an advanced level to strengthen the skill mix in Health Centres
 - Develop the role of Advanced Physiotherapy within practice teams. During 2017 a new physiotherapy role will be developed 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.
- 6.6 It is important that all new roles and services are evaluated to find out if the development has made the required impact and can justify ongoing funding.

7 Better care for individuals, better health for populations, lower per capita cost

7.1 eFrailty programme

- 7.2 The Midlothian H&SCP is working with the Midlothian Quality cluster, Healthcare Improvement Scotland and NHS Lothian eHealth to establish the eFrailty index in all practices in Midlothian. This uses clinical codes to identify and grade the frailty of all patients in the practice. Currently it is not possible for practices or for the H&SCP to identify all the people living within frailty in Midlothian.
- 7.3 Currently this programme is in a 'proof of concept' phase. If the objectives of this phase are achieved the programme will be extended to all practices and developed by the Quality Cluster. The programme is being led by Midlothian Management GP Lead for Older People.
- 7.4 The programme has significant potential to improve outcomes for people living with frailty by improving the coordination of their care and support a shift away from reactive care to a stronger emphasis for anticipatory care.

7.5 Patient Experience and Patient Expectation

- 7.5.1 The H&SCP will work with practices and the public to understand the experience of people accessing general practice services and work with both to improve the experience. The national health and care experience survey provides a benchmark for measuring people's satisfaction with a range of issues relating to access to GP services and quality of care. In addition we will work with individual practices to support them to carry out their own local activities to engage with patients and collect ongoing feedback about patient experience.
- 7.5.2 Previous public engagement has highlighted several issues of importance to the public, mostly focussing on access. One example is the experience of contacting practice reception staff, which can vary. The H&SCP will provide more support for reception teams through the provision of additional training: The Partnership understands the difficult position that reception staff are placed acting as gatekeepers to busy practice teams, dealing with difficult conversations and working to consistently provide a professional service.. Another example is difficulty in getting through to practices on the phone. It is important to develop solutions to this issue, especially as more practices adopt a purely phone-based appointment booking system and triage.
- 7.5.3 The H&SCP must also work with the public, general practice and colleagues in Accident and Emergency and the Lothian Unscheduled Care Service to challenge some current expectations about healthcare services and treatment. There are three areas the H&SCP will prioritise:
- Increasing desire for rapid access to General Practice
 - Inappropriate attendances at Accident and Emergency
 - Increasing preference for self-management of minor ailments.
 - Rising expectations for prescriptions or diagnostic tests

7.5.4 Increasing desire for rapid access to General Practice

People's desire for both rapid access and continuity of care is a key source of pressure on general practice. A focus on rapid access can lead to consequences for patients wanting to book routine appointments for non-urgent problems – this is an issue that people in Midlothian have raised. If a high proportion of appointments need to be set aside to deal with on-the-day demand, the wait for a routine appointment can become very long or it may not be possible for a patient to book a routine appointment.

7.5.5 Inappropriate attendances at Accident and Emergency

There are a rising number of people attending A&E from Midlothian and this trend is being seen across the United Kingdom. Common claims put forward are: Lack of access to GP appointments; Access to out-of-hours care; or confusion among patients about where to go. But it is difficult to evidence that these factors are driving this trend (see Kings Fund: <https://tinyurl.com/ksbttxq>). We need to work with General Practice, Accident and Emergency and members of the public to understand more about this behaviour to find out if there is action the H&SCP can take.

7.5.6 Self-care for minor ailments

Research suggests that most people prefer to self-manage minor ailments but that this preference is declining over time. The factors contributing to this trend may be a consequence of the breakdown of informal family support networks and increasing access to health information may be driving demand instead of diverting it.

The steering group leading work on the 'Do I Need to See a GP' programme will continue to focus on how to promote self-management.

7.5.7 Treatment expectations

- 7.5.8 Patients' expectations of care have increased over time. The Kings Fund in England (<https://tinyurl.com/k46udas>) identified that possible reasons for this were a widespread expectation that patients should be prescribed antibiotics for minor illnesses or should receive diagnostic tests or be referred for specialist care when not clinically indicated. The expectation most frequently identified was that of rapid resolution to problems. It is possible that treatment expectations have increased because of wider societal changes with the media and political influence of consumerism, choice and 24/7 access driving up demand or the perception of what people are entitled to or what they should be able to have as part of their NHS.

7.6 Implementing the Prescribing Action Plan

- 7.6.1 The Midlothian Prescribing Action Plan will manage the expenditure on medicines in Midlothian of circa £17m per annum. The IJB has received a presentation on the action plan in November 2016. The Plan has numerous projects. One of these projects, the Penicuik Deprescribing Project aimed to review and reduce the number of medications that patients were prescribed. The project focused on patients over the age of 80 who were on four or more

medications. All were invited to attend the practice for a review by a GP or pharmacist. In almost 80% of reviews there were one or medications identified which could either be reduced or stopped. The results from this pilot will be disseminated across Midlothian so that other practices can take up the initiative.

- 7.6.2 Prescribing expenditure remain the H&SCP's greatest financial pressure and therefore remains a key priority. Strong clinical engagement and leadership is crucial to implement this programme and General Practices are supported by the Midlothian Prescribing Advisor and the Midlothian Management GP Lead for Prescribing.

8 Policy Implications

- 8.1 The actions described in this paper and the overall General Practice Strategic Programme will support the implementation of the IJB Strategic Plan.
- 8.2 General Practice policy and contracting is currently in a state of flux because of the abolishment of the Quality Outcomes Framework within the General Practice Contract and the introduction of the Quality Cluster. Here there has been a shift in policy from a top-down contractual process to one where General Practices are being supported by Scottish Government and the H&SCP to identify local clinical priorities. This policy shift is aligned with the agenda to integrate health and social care and move responsibility for planning into Integration Joint Boards

9 Equalities Implications

- 5.1 There has not been an EQIA undertaken for the programme. Specific actions within the programme will have an EQIA completed as part of the establishment and evaluation of the action.

10 Resource Implications

- 10.1 There are considerable potential resource implications relating to this programme of work. Firstly there is the additional cost of funding the developments described within this paper. These will in part be met by the new NHS Lothian Primary Care investment and funding ring fenced for pharmacy development. Additional demands on funding will need to be met within the budget available to the H&SCP.

The more serious resource implication is the potential failure to support general practice to move to a safe, sustainable and resilient position. The action of General Practice accounts for a substantial proportion of spend across the wider health and care system (i.e. much of the £17M prescribing spend is due to decisions within general practice). If we can create the environment in Midlothian where general practice is supported, where clinicians have time and space to improve their service and help change the wider health and care system, where there is strong dispersed leadership and engagement between the H&SCP and General Practice work, then we are in a better position where we can reduce per capita spend whilst improving outcomes and patient experience – the second aim of the strategic programme.

11 Risk

- 11.1 The main risk is that action within the strategic programme is insufficient to achieve the main aims of the programme and we fail to improve outcomes for patients, reduce per capita spend and support practices to become more sustainable and resilient to current and future demand. The risks associated with GP sustainability are managed within the operational risk register.

12 Involving people

- 12.1 The General Practice Strategic Programme will evolve over time. Running concurrently is a programme of public and community engagement which will help to shape and refine the focus and actions within the programme. Specific actions will require specific engagement.
- 12.2 We recognise the importance of building relationships with communities and working with them to shape and deliver service change. We are working with the Scottish Health Council to offer practical support to GP Practices to enable them to engage directly and effectively with their communities
- 12.3 The current programme of public and community engagement has met or will meet with the following groups.
- Hot Topics Group (18th May 2017)
 - People First, Dalkeith (March 17)
 - Carers Action (May 17)
 - Midlothian Older People's Assembly TDC (May 17)
 - Cafe Connect, (TBC)
 - Stroke Group, Bonnyrigg (TBC)
 - TCAT Advisory Group (31st May 2017)
 - MS Group (July 17)
 - Pink Ladies (April 17)
 - Mental Health advocacy (TBC)
 - Midlothian Sure Start (TBC)
 - ENABLE (31st May 2017)
 - D-Cafe (TBC)

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Appendices: Appendix One – ‘Do I need to see a GP?’ communication