



**9<sup>th</sup> December 2021, 2.00pm**

## **Primary Care Strategic Plan**

**Item number: 5.8**

### **Executive summary**

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This report describes the HSCP's strategic priorities for General Practice in Midlothian.

#### **Board members are asked to:**

Support the main elements that make up the revised Midlothian Primary Care Strategic Plan.

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## Primary Care Strategic Plan

### 1 Purpose

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- 1.1 To describe the HSCP's strategic priorities for General Practice in Midlothian.

### 2 Recommendations

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- 2.1 Support the main elements that make up the revised Midlothian Primary Care Strategic Plan.

### 3 Background and main report

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- 3.1 This paper describes the three main elements that make up the revised Midlothian Primary Care Strategic Plan:
- Implement the revised Memorandum of Understanding which updates the priorities for the Primary Care Improvement Plan.
  - Implement the Midlothian Primary Care Capital Plan
  - Improve communication and quality in collaboration with General Practice
- 3.2 Actions for the Primary Care Strategic Plan are incorporated into the IJB Strategic Plan in the Primary Care and Frailty sections (Appendices 1 and 2).
- 3.3 The IJB has previously endorsed the 2018-2021 Midlothian Primary Care Improvement Plan (PCIP) and has received updates on progress towards its implementation, most recently in June 2021. The PCIP set out timeframes and priorities to implement the HSCP's requirements stemming from the 2018 GMS (Scotland) contract and the associated Memorandum of Understanding which set out the functions that would become the responsibility for the HSCP to deliver.
- 3.4 Scottish Government provided funding over four-years that increased from £860K to Midlothian in 2018/19 to £2.4M in 2021/22. The HSCP developed PCIP services, following the prioritisation plan agreed by the IJB, GP Subcommittee of the Local Medical Committee and General Practices in Midlothian.
- 3.5 Service development remained agile as the HSCP responded to constraints in the workforce market for specific professional roles. In 2020 the COVID Pandemic disrupted implementation of the Primary Care Plan specifically delaying the establishment of an extended CTAC (Community Treatment and Care) service above the established treatment room nurse service in Midlothian. Overall, the implementation of the 2018-21 plan was successful with the establishment of the MSK APP team, the Pharmacotherapy service, the transfer of the majority of vaccinations (including Seasonal Influenza), the Primary Care Mental Health service, the extension of the Wellbeing service and learning from a CTAC pilot that will inform the future model.

- 3.6 This revised Memorandum of Understanding (MoU) for the period 2021-2023 between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS Boards refreshes the previous MoU between these parties signed on 10 December 2017. The focus of this renewed Memorandum of Understanding remains the delivery of the General Practice Contract Offer, specifically the transfer of the provision of services from general practice to HSCP/Health Boards.
- 3.7 The key aim remains expanding and enhancing multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes. Implementation of multidisciplinary team working should remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money. All six MoU areas remain areas of focus for the MoU signatories. However, following the joint SG/SGPC letter of December 2020, the parties acknowledge that the focus for 2021-22 should be on the following three services:
- Vaccination Transformation Programme
  - Pharmacotherapy
  - Community Treatment and Care Services.
- 3.8 Information was requested by Scottish Government in May 2021 from all HSCTPs describing progress and requesting detail on the cost of delivering the full PCIP. Based on a series of assumptions at that stage the HSCP reported the full cost is circa £5.8M per annum and require approximately 131 WTE staff. This did not include the cost of the Vaccination Transformation Programme which is a further £222K. The assumptions used to estimate the cost of a 'full PCIP' are subjective and will be refined by further modelling work in the HSCP informed by national workstreams focussing on the pharmacotherapy and pharmacotherapy service level.
- 3.9 Scottish Government requested further information in November 21 on PCIP spend in 2021/22 and forecast spend in 2022/23. A summary of the detail in the return is described in the table below:

Table 1: Summary of the application of PCIP funding

PCIP Function	21/22 Spend	Forecast	22/23 Spend	Forecast
Vaccination Transfer Programme <sup>1</sup>	£222K		£222K	
Pharmacotherapy <sup>2</sup>	£863K		£1,076K	
CTAC services <sup>3</sup>	£433K		£866K	
Urgent Care <sup>4</sup>	£765K		£765K	
Community Link Workers <sup>5</sup>	£54K		£54K	
<b>Total</b>	<b>£2,363</b>		<b>£3,014K</b>	

<sup>1</sup> This does not include costs for the extended flu or COVID vaccination programme.

<sup>2</sup> Increased cost relates to establishment of a remote medicine reconciliation team

<sup>3</sup> CTAC costs increase as service is set up to support all practice populations

<sup>4</sup> Includes cost of the MSK APP (Advanced Practice Physiotherapists) and the Primary Care Mental Health teams. The majority of the Mental Health team is also funded from Action 15.

<sup>5</sup> Funds the extension of the Wellbeing service into two practices. The majority of the service is funded by the HSCP from a separate source

3.10 The revised objectives for the Primary Care Strategic Plan that relate to PCIP implementation are set out in the Primary Care Section of the Midlothian Strategic Plan (see Appendices 1 and 2).

### 3.11 **Updating and Implementing the Midlothian Primary Care Capital Plan**

3.12 The HSCP has followed a capital plan to improve access to General Practice. The following improvements from the current plan will have been completed or started by the end of 2020/21:

- New Loanhead Medical Practice.
- Newtongrange Clinic
- Newbyres Practice extension

3.13 There are two substantive General Practice developments which are in the business-case stage:

### 3.14 **Shawfair Development Area:**

3.15 An integrated health and care facility is required to replace the Danderhall Practice building and to house a second General Practice and the community services required for an area where the population will increase from 3,500 to 15,000 people.

3.16 The Initial Agreement has been approved by NHS Lothian and was submitted to Scottish Government in August 2020. Approval is required from Scottish Government to allow the Business Case to be developed.

### **South Bonnyrigg/Rosewell:**

3.17 A new practice or equivalent is required in this area because the nearby General Practices do not have the capacity for the anticipated population growth from house building in this area. This development is at the pre-initial agreement stage with the HSCP.

3.18 The revised primary care capital plan will include the following actions:

- Updated assessment from the impact on housebuilding on all practice teams.
- Assessment of the impact from PCIP services on clinical and administrative space required in Midlothian (a combination of space in practice buildings, other locations in communities and remote sites for digital/telephonic activity).
- Assessment of systemic changes which will change demand on community health and care facilities.

### 3.19 **Communication and Quality Improvement**

3.20 The IJB Primary Care Workshop in November 2021 identified the importance to improve communication with key stakeholders about General Practice, the access models that are being used and the improvements that are being made to triage

people to the most appropriate and available service. There is opportunity to improve communication to people in Midlothian but also a need to support a citizen-led collaboration so that the requirements, opportunities, and constraints with General Practice are better understood and there is a greater shared ambition about the strategic direction for General Practice.

3.21 There was an established quality improvement programme between General Practices through the Quality Cluster and a substantive quality improvement collaboration between the HSCP and Cluster on improving care for people living with frailty. The COVID Pandemic disrupted this work but it remains important and needs to be re-established in 2022.

3.22 The analysis from the efrailty learning collaborative, the quality improvement projects, and learning from the substantive projects should form the basis for developing the frailty model of care in primary care:

- **MidMed:** Part funded by the HSCP this novel practice-based frailty service in Newbattle Practice has been evaluated by the University of Edinburgh against a control group and has shown a 38% reduction in ED attendances and a 46% in readmissions along with improvements in anticipatory care planning (Power of Attorney in place, Palliative Care register and Anticipatory Care Plans). It led to 52% more contacts with the practice and significant improvement in continuity of clinician, a factor that improves patient outcomes and reduces unscheduled hospital activity.
- **General Practice to Red Cross pathway:** Funded by the HSCP this pathway addressed the disconnect identified in the system between General Practice and the third sector. The Midlothian frailty system of care was unreliable to connecting people with frailty to 3<sup>rd</sup> sector services that could support them. This pathway can proactively connect all people estimated to have severe or moderate frailty to the Red Cross and on to other 3<sup>rd</sup> sector services they would benefit from. It builds on a successful approach during Lockdowns in 2020 when everyone estimated to be frail was contacted by the Red Cross to offer support.
- **Penicuik Living Well model:** Funded by the HSCP this supports Penicuik Practice to develop an enhanced frailty service. Connected to this is the Frailty Multidisciplinary meeting which now involved three General Practices, HSCP community teams and third sector organisations to work together to improve and coordinate care for people living with frailty.
- **Multidisciplinary Anticipatory Primary Care 'Winter Frailty Team':** Tested during the winter of 2020/21 the goal was to identify and work with individuals at risk with undisclosed frailty needs who require additional support and intervention to remain safe and well in their own homes. The team consisted of a GP, an occupational therapist, a District Nurse and a Red Cross worker. The project was data-driven using the electronic frailty index and SPARRA score to prioritise people. The impact of this service with one practice for 62 people was 100% had a high-standard ACP (2% at start), 50% had a medication change, 37% had reduced falls risk and 8% regained independence in Activities of Daily Living/ Leisure. Learning from this model can be used to support the development of the role of the Expert Medical Generalist described in the MOU.

## 4 Policy Implications

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There are no policy implications from this paper

## 5 Equalities Implications

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An Equality Impact Assessment is required for the Primary Care Strategy.

## 6 Resource Implications

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- 6.1 The HSCP will implement the requirements set out from the update Memorandum of Understanding within the PCIF funding allocated by Scottish Government for this programme.
- 6.2 In addition to the PCIF the HSCP also receives a recurring allocation of £500K per annum from NHS Lothian to support Primary Care. The application of this funding is set out in the following table.

Primary Care (internal) budget	2021/22	% of budget
Local Enhanced Services and Advanced Nurse Practitioner training	98K	20%
Pharmacotherapy	107K	21%
efrailty programme (MidMed, Penicuik Living Well, Red Cross)	119K	24%
COPD Community Respiratory Team	173K	32%
Total	£500K	100%

## 7 Risk

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### Financial

- 7.1 The HSCP needs to deliver the requirements set out in the revised Memorandum of Understanding specifically with the development of the CTAC service, pharmacotherapy, and vaccinations. The HSCP will ensure that resources committed to this remain within the PCIF funding allocated by Scottish Government
- 7.2 The other financial risk concerns cost avoidance and the financial savings (or improvements in patient outcomes) that can be achieved through investment in primary care services, for example MidMed.

## Premises

- 7.3 General Practice accommodation is under pressure in most areas in Midlothian and require a combination of investment in the existing infrastructure and development of new facilities to not constrain General Practice and PCIP service development

## Resilience

- 7.4 Increased pressure on all public services as a result of the COVID Pandemic has impacted on the workforce. The HSCP and the IJB need to support General Practice so that practice teams are resilient and primary care in Midlothian is an appealing place to work.

## 8 Involving people

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- 8.1 The COVID Pandemic disrupted public engagement in developing primary care strategy across the HSCP. Further work is required to redress this with a specific focus on supporting a citizen-led collaboration so that the requirements, opportunities, and constraints with General Practice are better understood and there is a greater shared ambition about the strategic direction for General Practice

## 9 Background Papers

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Appendix 1: Extracts from the IJB Strategic Plan for Primary Care  
Appendix 2: Extracts from the IJB Strategic Plan for Frailty

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