



Update on Primary Care Developments in Midlothian

Item number: 5.3

Executive summary

Board members are asked to:

- ***Note progress to establish a new practice in Newtongrange and the financial implications for the IJB***
- ***Note progress to establish the Midlothian Quality Cluster***
- ***Note the allocation of Midlothian Primary Care Transformation funding***
- ***Note the planned response to the national review on primary care out of hours services***
- ***Discuss the proposal to develop a strategic programme and plan for primary care in Midlothian.***

Update on Primary Care Developments in Midlothian

1. Purpose

- 1.1 The purpose of this report is to describe to the IJB a number of developments within primary care and specifically on General Practice.

2. Recommendations

- Note progress to establish a new practice in Newtongrange and the financial implications for the IJB
- Note progress to establish the Midlothian Quality Cluster
- Note the allocation of Midlothian Primary Care Transformation funding
- Note the planned response to the national review on primary care out of hours services
- Discuss the proposal to develop a strategic programme and plan for primary care in Midlothian.

3. Background and main report

3.1 Newtongrange Development

A new practice will open in Newtongrange in 2017 with a potential list size of 4,500 to 5,000. The practice will be located in a building owned by NHS Lothian. The capital development will be funded by NHS Lothian and capital work will commence in spring 2017.

Newtongrange is within the catchment areas of six General Practices in Midlothian including four of the five Practices with restricted lists. The expected catchment of Newtongrange Practice will overlap with all practices currently with restricted lists which will support these practices to return to a sustainably list-size.

There has been interest from potential providers in the Newtongrange Practice and the service will be tendered in order to receive applications from a full range of interested parties to allow the contract to be awarded to the best provider.

The Newtongrange Practice will be commissioned under the Independent Contractor Model (instead of the alternative model where NHS Lothian employs all the staff in the practice). Midlothian Health and Social Care Partnership are committed to all practices in Midlothian operating under this model.

The Newtongrange Practice contract will be tendered via the Official Journal of the European Union (OJEU) because of the value of the contract. The tendering timeframe is circa two months from advert to award. The tender will be advertised in October 2016 and the contract will be awarded by January 2017.

There are three key financial issues relating to the new practice:

- Providing financial support for the practice until the practice-size reaches a self-sustaining level.
- Accessing funding due to the practice that comes from restricted budgets (e.g. enhanced services) which may put pressure on these budgets unless income to other practices decreases or the budget is increased
- Accessing quality funding which has previously been allocated based on historical attainment of QOF.

Funding in the first year to support growth and provide a *quasi*-historical QOF allocation can be provided from the Lothian LEGUP (List Extension Growth Uplift) budget and potentially from the additional primary care funding confirmed by the NHS Lothian acting Chief Executive at the Primary Care Summit in September. The IJB will then need to identify a recurring funding source.

3.2 **Midlothian Quality Cluster**

The Quality and Outcomes Framework (a national framework funding General Practices for specific activity) has been abolished and replaced by local GP clusters which decide the activity practices should focus on. This was intended to be a first significant step toward a future in which securing better outcomes for patients would be based much less on national priorities and much more on the professionalism of general practitioners individually and in groups, in full collaboration with their local Health and Social Care Partnership.

The removal of QOF and introduction of a 'peer led, values based' approach to quality, based on GP clusters is a fundamental change. It is predicated on the establishment of productive and respectful relationships between GPs and between GP clusters and their local Health and Social Care Partnership. Building such relationships will take time and may take different forms in different areas. Scottish Government has made a deliberate choice to allow the relationships to develop naturally to suit local circumstance and the same should apply to the quality areas on which the cluster decides to focus.

There will be one Cluster in Midlothian and Dr John Hardman has been appointed as the Cluster Quality Lead (CQL). Each Practice has identified a Practice Quality Lead (PQL) who undertakes quality work within the practice. This forms part of the Transitional Quality Arrangements (TQA) in the 2016/17 General Medical Services Contract.

The Midlothian Quality Cluster is meeting and considering the following issues from the prescribed list suggested by Scottish Government:

1. Registers, coding and lifestyle advice
2. Flu immunisation
3. Access to GP appointments
4. Complex patients and Anticipatory Care Plans

5. Quality Prescribing

The Cluster is also keen to focus on other quality areas, both within and outwith practices, such as:

1. Shared Learning from Significant Event Analyses
2. The electronic Frailty Index (eFI) project
3. Sharing good practice on workload management
4. Macmillan cancer care in primary care quality toolkit

3.3 **Primary Care Transformation Fund**

Lothian will receive £1.16M in 2016/17 of the Primary Care Transformation Fund. The Midlothian proportion (£116K) will fund the following developments:

- Training of Advanced Nurse Practitioners to work within primary care teams*
- Practice-based phlebotomy service*
- Support to the Midlothian Quality Cluster
- Expansion of the Midlothian Wellbeing Service
- Lothian-wide and supported by the four IJBs in Lothian

The Wellbeing service was operating from two practices (Newbattle and Penicuik) and funding from the primary care transformation fund will extend the service to a further six practices from January 2017. The Wellbeing Team offers person centred support and care to live well. The service is for adults with or at high risk of long term conditions. Wellbeing Practitioners facilitate a *Good Conversation* with the person to identify their personal outcomes. This approach offers additional space and time to help people focus on what they want to change to make their health better.

3.4 **Primary Care Summit**

The first of three 'summits' on primary care in Lothian was held on September 29th 2016. These summits have been organised by the four IJBs in Lothian to develop a consensus on the seriousness of crisis affecting general practice.

Key messages from the Summit were:

- General Practice is in crisis. There are 42 practices across Lothian operating with restricted lists and 2 practices have handed back the contract to NHS Lothian.
- General Practice is experiencing a falling share of NHS spending and key issues experienced relate to recruitment, premises (mainly an Edinburgh issue), income and rising demand, expectations and complexity of workload.

The actions have not been circulated from the first summit but will inform the development of the Midlothian Primary Care Strategic Plan and the Midlothian IJB Development Session on November 17th.

3.5 Primary Care Out-of Hours Provision

The National Review of Primary Care Out of Hours Services (2015) recommended a model for out of hours and urgent care in the community that is clinician-led but delivered by a multi-disciplinary team that recognises that patients will be seen by the most appropriate professional to meet their individual needs – that might not be a GP but could be a nurse, or a physiotherapist or social services worker, for example.

The Review also suggests that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for complex cases.

Scottish Government has identified funding to implement the recommendations of the review. A Lothian bid was submitted by the East Lothian IJB via the Lothian Unscheduled Care Service on behalf of the four Lothian IJBs. In it were the following proposed work streams:

- Develop a Lothian Urgent Care Resource Hub (UCRH) for OOH.
- Integrate Mental Health out-of-hours provision.
- OOH prescribing pharmacist pilot to diversify the OOH workforce from its dependency on GPs.
- Development of a shared physiotherapy service between the Emergency Department and LUCS to assess unscheduled orthopaedic presentations.

A steering group will be established with membership from the Midlothian Health and Social Care Partnership to oversee this work and ensure that it is integrated with OOH service provision in Midlothian.

Development of the Midlothian Primary Care Strategic Programme

Midlothian requires an overarching strategic programme for primary care to bring together the many work streams and activity underway that impact on primary care and to ensure that work is progressing at sufficient pace and scale to make progress on the national health and wellbeing outcomes. There will be a considerable focus on general practice in the strategic programme.

A strategic plan for the programme will be developed and the IJB are meeting on November 17th to consider the components of the plan. A draft framework for the plan is describe in the following table and will be developed with stakeholders including the IJB over the next few months with the intention that a full plan will be presented to the IJB in May 2017.

Goal:	To make general practice in Midlothian sustainable and resilient to current and future demand
Primary Drivers: A set of factors or improvement areas that must be addressed to achieve the desired outcome.	
Driver 1:	<u>Reduce demand on existing practice teams</u> (examples underway in Midlothian: Newtongrange Clinic; Choose Wisely Information leaflet)
Driver 2:	<u>Change the skill-mix in primary care teams to align skills to tasks</u> (examples underway in Midlothian: pharmacists in practice teams; Advanced Nurse Practitioner training)
Driver 3:	<u>Strengthen relationship between practice teams and other health and care services and voluntary sector services operating in the same community</u> (examples underway in Midlothian: Wellbeing service; Dalkeith Carer Support service))
Driver 4:	<u>Maximise opportunities from digital technology</u> (example in development in Midlothian: electronic Frailty Index tool)
Driver 5:	<u>Match resources to the changing demand on primary care teams</u>

4. Policy Implications

- 4.1 There are no significant policy implications

5. Equalities Implications

- 5.1 The Strategic Programme will change elements of general practice in Midlothian.

The programme will take cognisance of the Midlothian Strategic Needs Assessment and expertise on inequality. Equality Impact Assessments will be used where there are changes to the provision of services.

6. Resource Implications

- 6.1 There are resource implications relating to the development of the new Newtongrange Clinic. There is a plan to fund the shortfall in 2017/18 but the IJB and NHS Lothian will need to agree the funding source from 2018/19 to make up shortfalls in practice income from enhanced service and QOF budgets and whilst list-size grows.

7 Risks

- 7.1 The main risks concerning this paper are
- a. The Newtongrange Practice is not established and therefore existing pressure on nearby practices is not reduced
 - b. The Primary Care Strategic Programme does not achieve sufficient change at scale and pace to support general practice to become sustainable and resilient to demand.

8 Involving People

- 8.1 The Primary Care Strategic Programme will build on the established public and patient involvement that the Midlothian Health and Care Partnership has already undertaken. An Involving People plan will be developed to support the development of the programme

9 Background Papers

- 9.1 There are no background papers

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