

Covid PCIP 5
Health Board Area: NHS Grampian
Health & Social Care Partnership: Aberdeen City
Total number of practices: 27

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with NO Pharmacotherapy service in place	1		
Practices with Pharmacotherapy level 1 service in place	0	26	0
Practices with Pharmacotherapy level 2 service in place	0	26	0
Practices with Pharmacotherapy level 3 service in place	0	26	0

The Pharmacotherapy service is progressing with a hub-model to provide remote cover for unplanned absence. Routine input to practices will continue to be provided in person within the practice (subject to availability of space) There have been some information governance issues raised in relation to this. This is currently being worked on.

The local GP sub-committee also raised concerns about the clarity on levels of service. This is echoed by the project team who feel that there is a lack of clarity in definition of what some of the core elements of

2.2 Community Treatment and Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	0	27	0
Practices with access to management of minor injuries and dressings service	24	3	0
Practices with access to ear syringing service	27	0	0
Practices with access to suture removal service	24	3	0
Practices with access to chronic disease monitoring and related data collection	0	27	0
Practices with access to other services	0	0	27

All practices have access to a phlebotomy service, however this is listed as 'partial' as there is further capacity to be delivered through the hub-based services. We have listed most practices as having 'no' access to minor injuries/dressings and suture removal, as while some of the TUPE'd HCSWs provide these services, it is not universal. 3 practices did TUPE a nurse role which reflects those with partial access.

Practice based services in place and TUPE process completed April / May 2022

2.3 Vaccine Transformation Program	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Pre School - Practices covered by service	0	0	27
School age - Practices covered by service	0	0	27
Out of Schedule - Practices covered by service	0	0	27
Adult imms - Practices covered by service	0	0	27
Adult flu - Practices covered by service	0	0	27
Pregnancy - Practices covered by service	0	0	27
Travel - Practices covered by service	0	0	27

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. Remaining services (adult imms and travel) were transferred from practice in the 1st Quarter of 2022.

2.4 Urgent Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care Service	0	0	27

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. 1.0wte ANP vacancy since 14th March 2022 and 1.0wte HCSW vacancy since 7th Feb 2022, impacting on daily capacity to receive referrals from across all GP Practices

Additional professional services

2.5 Physiotherapy / MSK	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing APP	17	5	5

Ongoing recruitment issues making it difficult to do a full roll out as planned giving practices their full allocation. Recent interviews have been successful recruiting our last Band 8a and another Band 7 FCP. Recruitment is undertaken on a rolling basis. The service will review allocation of the existing workforce to support more practices having a partial service (50% of the allocation). FCP service is looking into other ways of working including Hub model etc to see if this would be appropriate and effective.

2.6 Mental health workers (ref to Action 15 where appropriate)	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing MH workers / support through PCIF/Action 15	1	0	27
Practices accessing MH workers / support through other funding streams	0	0	0

NB this refers to our Primary Care Psychological Therapies Service, which is funded through Action 15. The practice without access declined the service.

2.7 Community Links Workers	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing Link workers	0	0	27

NA - service is fully implemented. Re-tender process has commenced ahead of current contract ending March 2023.

2.8 Other locally agreed services (insert details)	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing service	0	0	0

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return.

2.9 Reflection

What have been the key successes, achievements or innovations in implementing the MOU?
 Progress on developing and implementing the MoU ahead of PCIP role out (City Visits ; Link Practitioners) were a real example of local innovation that paved the way for wider roll out. CTAC: TUPE process went very smoothly, with close working with local practices - the decision to undertake TUPE was beneficial as other HSCPs are now experiencing issues. Education opportunities for HCSWs have greatly increased under NHSG. MSK FCP: collaborative approach with GP reps to ensure robust governance is in place. Vaccinations: quick delivery in line with deadlines, resulting in keeping vaccinations away from GP workload during times of high pressure. Receiving positive feedback across the services; huge achievements and change in service delivery have been achieved by teams working under such unprecedented circumstances and pressures.

What lessons can be learned and applied moving forwards into the next phase of the MOU?
 Increased communication with GP practices, patients and service users; funding allocation for education and training for a developing workforce; examine opportunities to link up individual workstrands to see what further innovation might be possible; guidance on evaluation for quantifying the impact of these additional roles in terms of creating capacity within the GP roles to enable the expert medical generalist roles; increase leadership skills and change leaders in practices; increased investment in practice representation; review of current service delivery across projects;