



## RISK, AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	2 May 2023
<b>Report Title</b>	Primary Care Improvement Plan (Update)
<b>Report Number</b>	HSCP.23.033
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<b>Consultation Checklist Completed</b>	No
<b>Appendices</b>	a. Implementation Tracker b. Urgent Care Review April 2023

### 1. Purpose of the Report

- 1.1. This report presents the Risk, Audit & Performance Committee (RAPC) with an update regarding progress implementing the Primary Care Improvement Plan (PCIP).

### 2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Note the update presented on the PCIP, as outlined in this report and its appendices;
  - b) Notes that the annual PCIP Update report will be presented to the meeting of the Integration Joint Board at its meeting on 10 October 2023.

### 3. Summary of Key Information

#### 3.1. Background



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The PCIP sets out how the Partnership intends to transform general practice services, utilising the Primary Care Improvement Fund (PCIF) to release capacity of General Practitioners to allow them to undertake their role as Expert Medical Generalists as set out in the new General Medical Services Contract. The initial PCIP was approved by IJB on 28 August 2018, with a revised version approved in 2019. A report on progress is presented 6-monthly to RAPC and annually to the IJB. The PCIP Plan was agreed for a 3 year period however this work was paused due to the COVID-19 pandemic. Work has begun this year on refreshing the plan and review workstream progress and future service developments in line with Scottish Government funding.

A new memorandum of understanding (MOU 2021-2023) for the GMS contract implementation for Primary Care Improvement was published, taking into account the learning and experience to inform next iteration. [The MoU2 is accessible via. this link.](#)

All six MoU areas remain areas of focus, however, the focus should be on the following three priority services:

- a) Urgent Care
- b) Community Treatment & Care (CTAC) Services
- c) Pharmacotherapy Service

### 3.2. National Update from Scottish Government - April 2023

Scottish Government requested the next PCIP Tracker report request (PCIP version 6) at the beginning of April 2023. In additional the letter provided a national update noting;

*“ As of March 2022, we have recruited more than 3,220 WTE multi-disciplinary team (MDT) members<sup>1</sup>, working in GP practices and the community and joint work undertaken through Primary Care Improvement Plan trackers indicate that this figure will have increased further over 2022/23, with our next statistical publication due summer 2023. The average GP practice now has over 3 WTE additional professionals available to them – a huge achievement. This MDT workforce is supporting patients to access a wider range of expertise and see the right person, at the right time, for their care. In tandem, these reforms are also helping to reduce GP workload, allowing GPs to focus on patients with more complex needs.”*



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The next PCIP tracker from Aberdeen Health and Social Care Partnership (ACHSCP) is due to be sent to the Scottish Government by the 12<sup>th</sup> May 2023. The PCIP tracker is drafted in collaboration with the Local Medical Committee (LMC) / GP Sub-Committees as well NHS Grampian's Primary Care Contracts.

- 3.3.** Furthermore, Scottish Government will also be supplementing the information obtained through the trackers from each Health Board with qualitative interviews that they will be undertaking with HSCPs, as well as wider monitoring and evaluation activity. This includes work in concert with Public Health Scotland and the Primary Care Local Evaluators Network. This is in order to develop a clear and evidence-based understanding of the impact of multi-disciplinary team work, including both the outputs and outcomes for patients, staff and the healthcare system, to support discussions on best practice and future investment.

Any information and feedback regarding the above will be available in the next update report.

**3.4.** Aberdeen City's PCIP Implementation Update

Please see Appendix A for a summary of progress against MOU2 for all workstreams with more detail commentary in the sections below of operational updates. The Scottish Government letter (April 2023) stated that the 3 Priority Areas which are to be focused on are Vaccination Transformation Programme, Community Treatment & Care centres, and Pharmacotherapy. Therefore our planning process going forward will take cognisance of this (previously Urgent Care was included).

### **3.4.1. Vaccination Transformation Programme**

The Vaccination Transformation Programme saw responsibility for delivering the following vaccination services transfer from General Practices to ACHSCP:

- Pre school
- School age
- Out of schedule
- Adult routine immunisations



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- Adult flu
- Pregnancy and travel
- Relocation from ACVC (John Lewis building) – Agreement from ACHSCP for relocation based on an options appraisal. A preferred site is being sourced. This is due to the current premises being at risk of sale. The project team have a one year plan to assess programme provision going forward.
- SIRS (Scottish Immunisation Recall System) booking system changes – The SIRS system facilitates all bookings and this will now be amalgamated into one SIRS team for the whole of Grampian.
- Ongoing Shingles and Pneumococcal backlog programmes – An appointment offered to all patients on the backlog list by the end of August 2023.

### **3.4.2. Pharmacotherapy**

- Although the service has been successful in recent recruitment, the majority of successful candidates do not have any primary care experience so need to ensure they are provided with the appropriate induction training and support as there will be knowledge gaps. This is based on the individual and does not have a definitive timeframe. Although the individual will be a qualified pharmacist/pharmacy technician, working in a GP practice requires a different skillset to operating in a community or hospital pharmacy practice. It is acknowledged that practices prefer to have experienced staff in the pharmacy team but, given the rapid expansion in the workforce, the Pharmacotherapy team have to be mindful that staff need time to learn and gain experience in the new environment.
- The PCIP funded workforce model of 1 pharmacy team member per 10,000 patients is not enough to deliver the full 3 levels of contract. This has been flagged nationally via Directors of Pharmacy and still awaiting output from the National Pharmacotherapy Strategic Implementation Group.
- On reflection, the above workforce model did not include any additional non-clinical time to support the very rapid expansion of the pharmacy team (increase of 400% over 2-3 years). Work needs to be done to scope additional management and administration requirements. Additional funding would be required for the pharmacotherapy workstream and are exploring options to accommodate this.
- Education and Training time – as with other areas of primary care, significant workloads make it challenging to have protected time for self-development and to support other members of the team who require additional training in order that they can fulfil their role to its full potential.



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### **3.4.3. Community Treatment & Care (CTAC) Services**

CTAC services include, but are not limited to, phlebotomy, management of minor injuries and dressings; ear syringing; suture removal; chronic disease monitoring; diabetic foot screening and other locally agreed services. Aberdeen's CTAC service has agreement from LMC to also undertake catheter care; PICC lines; warfarin monitoring and spirometry.

The CTAC service will be delivered through both centralised hubs and through practice-based staff:

- Opening new clinic in south of Aberdeen –. Look to open May 2023
- Standardising appointments in practices for CTAC staff members – Short Life Working Group (SLWG) to be set up and discussion with cluster leads.
- Costings for consumables within the practices – SLWG ongoing and backdated payment to be arranged.

### **3.4.4. Urgent Care**

Through PCIP, Aberdeen provides a 'City Visits' service for general practice. All GP practices now have access to the service, which provides clinical assessment, diagnosis, and initial management in patients' own homes by a team of qualified and trainee Advanced Clinical Practitioners. Healthcare Support Workers provide support to GPs and the City Visits Practitioners with phlebotomy, clinical observations, ECG monitoring and bladder scanning that will contribute to diagnosis for on-the-day urgent consultations. There is an ongoing recruitment drive as vacancies arise for both Health Care Support Workers and Advanced Clinical Practitioners.

A review of the City Visits /Urgent Care service has recently been completed and a report has been produced (please see Appendix B for this report.) The main aim of the review was to give GP practices reassurance in terms of equity of service. The GP Practices agreed for their data to be shared and for the purpose of this review and the Deputy Chief Nurse presented at the recent Primary Care City Wide event.

### **3.4.5. Community Link Workers**



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The Aberdeen City Community Link Workers service has been in place since 2018 and is delivered by the Scottish Association for Mental Health (SAMH) on behalf of ACHSCP.

GPs and Primary Care staff can refer patients when they assess a social issue is having a bearing on a patient's medical condition. The most common referrals are for the following categories: Money and Finance; Benefits; Housing and Homelessness; Mental Health; and Managing Conditions.

The commissioning process has been concluded for the new contract which is signed and the Primary Care team will now manage the contract monitoring as of 1<sup>st</sup> April, 2023.

### **3.4.6. Additional Professional Roles – Physiotherapy / MSK**

The Musculoskeletal First Contact Physiotherapy service provides experienced physiotherapists who have the advanced skills necessary to assess, diagnose and recommend appropriate treatment or referral for MSK problems on a patient's first contact with the healthcare service. The team are undertaking training to allow the physiotherapists to attain their advanced clinical qualification.

- The service is currently being delivered within 19 out of 26 practices (73%) within Aberdeen City. Plans for service in 3 further practices by early Summer.
- 11.29 wte staff are now in post and leaving 3.71wte (24.7%) in terms of vacant posts.
- Recruitment to the services is ongoing on a rolling basis and has yielded a higher number of applications, mainly from outwith NHS Grampian.

## **4. Implications for IJB**

- 4.1. Equalities, Fairer Scotland and Health Inequality:** The National Health Service (General Medical Services Contracts)(Scotland) Regulations 2018 (GMS) has had a comprehensive, nationally led Equalities Impact Assessment completed and can be accessed here:



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[https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia\\_20180066\\_en.pdf](https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia_20180066_en.pdf)

This is applicable to the PCIP Programme.

- 4.2. Financial:** There is specific ringfenced funding available in respect to the implementation of the Primary Care Improvement Plan. Whilst the funding is currently non-recurring, HSCPs have been advised by Scottish Government to plan delivery as if the funding was recurrent.

In August 2022 the Scottish Government confirmed that the any PCIP reserves would be part of the allocation of funding for the financial year 22/23. The funding release is in 2 tranches, tranche 1 forms 70% of the funding and tranche 2 forms 30% of the funding.

The indicative allocation for Aberdeen City was £6,480,000 and this will be the same allocation for the financial year 2023/24. See table below.

### Aberdeen City's PCIP Allocation

		£ 000's	£ 000's
INDICATIVE ALLOCATION 22/23			6480
ALLOCATION RECEIVED:	TRANCHE 1	5	
	TRANCHE 2	1599	
	RESERVE	4259	
	BASELINE	298	
	PAY AWARD	341	6502

A review of all workstreams in terms of finance will commence in May 2023 and will be led by the Finance Manager and PCIP Programme Manager, working closely with the workstream leads. This will form the basis for shaping the delivery of services and will be overseen by the PCIP Programme Board.

- 4.3. Workforce:** There is ongoing recruitment to acquire the appropriate workforce with the required skills and experience to support implementation of the PCIP. Recruitment remains a challenge, particularly for pharmacist technician and first contact physiotherapist roles.
- 4.4. Legal:** The PCIP seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. Any commissioning



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and procurement of services is required to implement the plan has and will continue to be progressed in a compliant manner.

4.5. **Other:** NA

### 5. Links to ACHSCP Strategic Plan

5.1. The PCIP is identified as a key delivery plan within both the current and revised ACHSCP Strategic Plan. It is also identified as a key priority within the strategic plan, demonstrating the importance of delivery of the PCIP to achieving ACHSCP's strategic aims and objectives, particularly to *"reshape our community and primary care sectors"*.

### 6. Management of Risk

6.1. **Identified risks(s):**

6.2. **Link to risks on strategic or operational risk register:** There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.

6.3. **How might the content of this report impact or mitigate these risks:** As recorded in the strategic risk register, delivery of the PCIP (and subsequently the implementation of the GMS contract) is a mitigating action against the risk identified above.





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### Appendix A

The following table shows, at a high-level, the progress towards implementation of the PCIP. This performance matrix is based on the Scottish Government tracker updates. (Please note the next tracker report is due imminently in May 2023)

Implementation tracker	Number of Practices	%
Vaccination Transformation Programme		
% practices covered by pre-school service	27	100
% practices covered by school age service	27	100
% of practices covered by out of schedule service	27	100
% of practices covered by adult service	27	100
% of practices covered by adult flu service	27	100
% of practices covered by travel service	27	100
Community Treatment & Care Services		
% of practices with access to phlebotomy service	27	100
% of practice with access to minor injuries & dressings service	27	100
% of practices with access to ear irrigation service	27	100
% of practices with access to suture removal service	27	100
% of practices with access to chronic disease monitoring service	27	100
% of practices with access to other services*	27	100
Note: Practices have partial access to CTAC services. Implementation of hubs will provide additional capacity. *Doppler clinic		
Pharmacotherapy		
% of practices with level 1 service in place	27	96
% of practices with level 2 service in place	27	96
% of practices with level 3 service in place	27	96
Note: Partially delivering elements of each level in 27 Practices		
Urgent Care		
% of practices with urgent care services	27	100
Additional Professional Roles		
% of practices accessing mental health workers / support	27	96
% of practices accessing advanced practitioner physiotherapists	26	73
Note: Marywell declined access to Primary Care Psychological Therapies Service		
Link Practitioners		
% of practices accessing community link workers	27	100



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*A caring partnership*



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**APPENDIX B**

# PCIP Urgent Care (City Visits) Review – Report

Author: City Visits Project Team

March, 2023



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### **Executive Summary**

A project group was set up to take forward a review of the City Visits/ Urgent Care service, in January 2023 looking at performance and how the service is delivered. The service provides support for urgent unscheduled care within Primary Care, such as providing Advanced Clinical Practitioner resource for GP clusters and practices as first response for home visits and responding to urgent call outs for patients, working with practices to provide appropriate care to patients, allowing GPs to better manage and their time to enable them in their role as Expert Medical Generalist.

The model for the City Visits service was set out in the PCIP Plan to deliver on the MoU. The service is funded by PCIF (Primary Care Improvement Fund) and has been implemented and tested. The service is available to 26 out of the 27 GP City GP Practices, the 1 outlying practice has a patient group that have an unstable lifestyle in terms of housing.

The service is commended by the City GP practices in terms of the quality of care delivered and to enable a planning process to future proof the service a review has been undertaken, looking at the current service model and any potential changes going forward.

### **Project Plan**

The aim of the review is to evaluate the process from referral to delivery of care. Extensive work has been carried out to understand the distribution of activity, the type of activity and a questionnaire has been sent to the GP practices. There has also been a request from a number of practices for assurance in terms of equity of allocations for visits.

The project plan was created to review activity and equity to practices as anecdotally there had been concerns raised that some practices felt at a disadvantage in terms of the number of visits they has been allocated. A short life project group was set up with representation from the City Visits team, GP practice personnel and the PCIP project delivery group.

### **Sharing the report**

The report will be shared with all GP practices in Aberdeen City and all practices have been contacted and asked for their permission to share their activity data. The aim of the report is to take a transparent approach and give the practices confidence in the equity of service



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delivery as laid out in the original plan. This approach will enable changes to be made in terms of improvements, to assist with forward planning and give the practices a platform to share ideas. The aim is to work in collaboration between the GP practice teams, the City Visits team and the PCIP project delivery team.

### **Future proofing the service**

The review gives an insight into the current level of delivery and what it is able to deliver and going forward will assist in planning and shaping future service delivery.

### **Data Evaluation**

#### **Workforce analysis**

The multi-professional team comprises the following:

- **Advanced Clinical Practitioners = 6.5wte** (this includes 1.0 wte Advanced Paramedic Practitioner [APP] and 5.5wte Advanced Nurse Practitioners [ANP])
- **Trainee Advanced Clinical Practitioners = 2.26wte** (this includes 0.5wte Trainee ANP and 1.76wte Trainee APP)
- **Admin = 0.8wte**
- **Healthcare Support Worker = 1.0wte** (this post will become vacant from 13<sup>th</sup> March)
- **Current total WTE in post = 10.56**

#### **Data analysis**

The activity data used for the review was collated by the City Visits admin team and analysed by the project group. The information was taken for a 6 month period from 1<sup>st</sup> June, 2022 – 30<sup>th</sup> November, 2022 and this captured visits to practices and rejected referrals due to lack of capacity. Data was also available for inappropriate referrals and as this data has been collated from a date in September 2 months of data for October and November, 2022 was used for analysis.

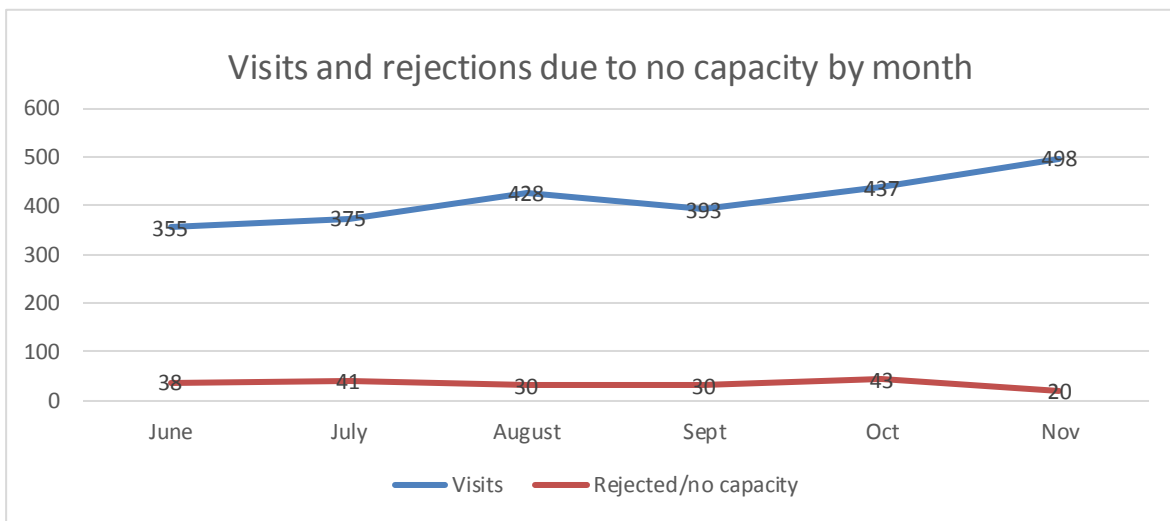
The total number of visits for the 6 month period is **2,486** and graph 1 below shows the number of visits broken down by month and the number of rejected referrals due to lack of capacity.



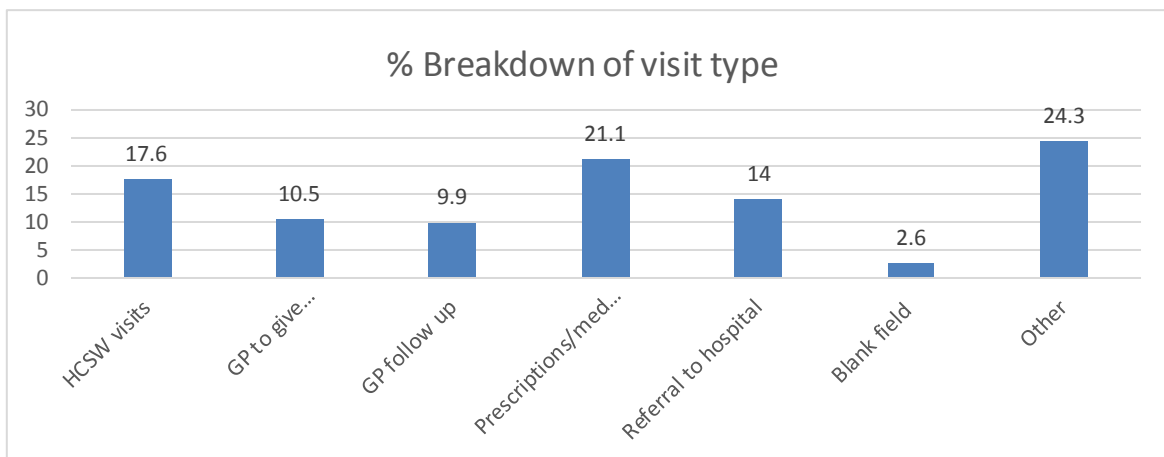
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The data includes the population of the practices and also the number of patients in the older age brackets ie 65 – 74, 75-84 and 85 UP with the % for each age banding. The spreadsheet also gives the number of actual visits for each GP practice and the number of rejected referrals due to lack of capacity with the % of rejections against the total number of requests.

Data was also reviewed for the types of visits e.g. HCSW (Health Care Support Worker) visit and Admission to Hospital and the number of inappropriate referrals.



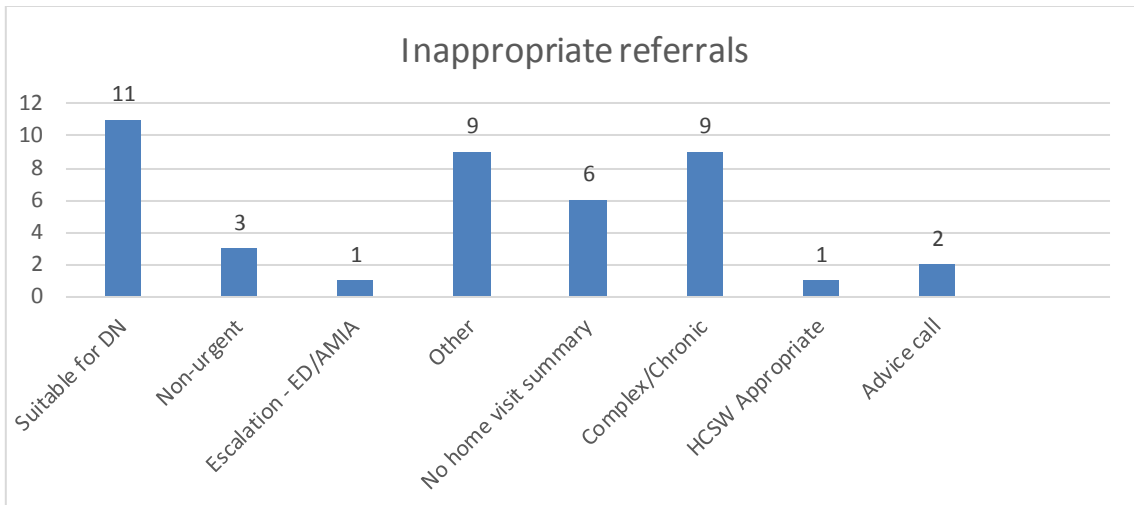
Graph 1



Graph 2



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Graph 3

### Table with GP practice data analysis.

The total data is broken down by practice and the data source for list size and age brackets included was NHS National Services and was accurate as at 12<sup>th</sup> January, 2023.



City Visits Stats.xlsx

### Referral pathway

As part of the project a review of the referral process was undertaken and as agreed by the group will be available for distribution to the GP practices.



City Visits flow chart  
 (Draft 2) - January 20;

### Questionnaire sent to GP practices



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A Microsoft Form was adapted to ask the practices for feedback on the City Visit service and the following questions were asked:

- Does your practice use City Visits?
- Tell us if there is anything you particularly like about the service.
- Tell us if there is anything you particularly don't like about the service.
- Are there any improvements you would like to see in the city visits service?
- Do you have any other comments you'd like to make regarding the city visits service?

The return from the practices is 85% and all practices are extremely complimentary of the level of care the patients receive and the efficiency of the process carried out by the City Visits team.

This being said a number of practices felt there was inequity in the allocation of the visits. Some practices suggested more capacity should be available and also regular detail in terms of activity should be available with practice specific information.

The information in the document has been anonymised and will form part of a development session for the City Visits team.



City Visits  
questionnaire feedback

### **Team Feedback**

A survey questionnaire was distributed via a MS Form to the whole team. The following questions were asked:

What is your role within the City Visits team?

- ACP
- Trainee ACP
- HCSW
- Administrator

**Q1.** Do you sometimes use the GMED car and driver? **Yes/No**



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If yes, what, if any, additional treatment and care do you provide on these occasions?  
(Please elaborate by giving examples)

**Q2.** What elements of the service works well that you would like to see continue? (E.g. any specific processes, level of assessment/treatment/care provided)

**Q3.** What are the barriers to you being able to be effective in your role?

**Q4.** What changes do you think could be made that would lead to improvements?

### Summary of responses to the questionnaire from the City Visits team



Summary from the  
City Visits staff survey

### Case Studies

Cases studies have been included to give insight to some of the issues highlighted within the feedback.

Case study 1: Triage information and the importance of the detail.

Case study 2: GP Practice phone availability

Case study 3: Providing care to a complex patient.



Case study 1 Triage  
information.docx



Case Study No 2 -  
Phone Availability.doc



Case study 3 for  
PCIP[10022].docx

### Conclusions and recommendations

#### Recommendations

Using the data and feedback provided from GP practices and the City Visits team the following are recommendations.

- At a recent Citywide event Deputy Chief Nurse gave a presentation to give a flavour for the forthcoming report and this generated constructive discussion around the data and how this could be expanded to include the number of home





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visits were undertaken by the practices and data to reflect the demographics e.g. deprivation.

- A more consistent approach to the planning of capacity and a test of change in terms of staffing levels.
- To take forward a proposal for the City Visits team to arrange further investigations.
- Arrange a development session for the City Visits team with the plan to create a calendar of further planned sessions.
- To review the recruitment of vacant HCSW posts with an option to convert the hours to ACP hours.
- Team Leader now in place and a request for funding to support and embed the role in the long term.
- All GP practices to review the refreshed referral pathway.
- LMC/GP Sub to consider the evolution of the service to align with GMED provision. The highly skilled City Visits team having the capability to administer IV fluids or oxygen should the need arise.
- Change the name of provider in Trakcare.
- Easier contact with GP practices.
- Future proofing the service once mainstreamed, in the context of health and care services
- Review of activity data on a regular basis.

The PCIP City Visits project group will take forward the various work-streams and changes as indicated in the conclusions and recommendations identified within this report.

All progress will be reported through the PCIP Delivery group.

Any questions or queries should be directed to  
[gram.primarycaresupportachscp@nhs.scot](mailto:gram.primarycaresupportachscp@nhs.scot)