1. Actions Recommended

The Board is asked to:

- Note and endorse the progress made in relation Primary Care transformation.
- Note the challenge of sustainability of services, including out of hours services and GP recruitment and retention.

2. Strategic Context

Primary Care services are configured to ensure services are person-centred, inclusive, safe and effective. Service delivery is shaped around the following strategies:

- Integration Joint Board (IJB) Strategic Plans
- Reshaping Care for Older People (2011 - 2021)
- National Health and Care standards
- “Pulling Together – transforming urgent care for the people of Scotland” (Sir Lewis Ritchie led review of national standards for urgent out of hours primary care)
- NHS Grampian’s Clinical Strategy

The Redesign of Primary Care Services has seen the management of General Medical Services, salaried Dental services, Optometric services and Pharmacy services wholly or in part transfer to the three health and social care partnerships. They are supported by NHS Grampian’s Primary Care contracts team (PCCT) who provide contract administrative support for the partnerships and a centralised function reducing diseconomy of scale.

The collective management of Primary Care is brought together through the Primary Care Integration Management Group (PCIMG) which has a series of reporting sub groups, ensuring consistent application of NHS Scotland and NHS Grampian policies and procedures.

These sub groups include:

- Primary Care Operational Management Team
- Primary Care Information Management Team
- Primary Care Premises Group
- Primary Care Education Training and Workforce Group
- Enhance Services Group
3. Key matters relevant to recommendation

Demand for primary care is increasing, particularly for people with multiple complex problems which require a collaborative approach between primary and secondary care and between health and social care services. Engagement with local communities and a focus on prevention and reducing inequalities is required. As we have moved forward with integration and with the imminent new 2017 GP contract more emphasis will be required on the patient journey, requiring locality teams to develop communication between a wide range of partners, patients and carers.

Clusters

GP clusters were introduced in Scotland with the 2016/17 General Medical Services (GMS) agreement between the Scottish GP Committee and the Scottish Government. NHS Grampian has now identified a Practice Quality Lead for each practice and now have Cluster Quality Leads identified who will have a coordinating role within the cluster. The GP Clusters will have direct involvement and influence in improving the quality of all health and social care services provided to patients registered within their locality.

Primary Care Transformation Fund

Across Grampian, the 3 partnerships have developed local initiatives to underpin the five key themes:
1) Development of Multidisciplinary Capacity in General Practice
2) Development of Co-ordinated Care and Support models
3) Primary Care based Mental health
4) Redirection of General Practice Demand to Wider Primary Care Services
5) Rural models.
Some of these initiatives are now links into local redesign models to try and achieve greater effect in the wider Health and Social Care arena.

Health and Social Care

The 3 partnerships are testing out new models of care that will contribute to the extended multi-disciplinary teams approach. In Aberdeen City a large scale transformation programme is underway with a hospital at home model central to change. In Aberdeenshire the virtual ward model has been rolled out through the use of a Local Enhanced Service (LES) and seeks again to integrate local teams to achieve positive outcomes particularly in the frail elderly. In Moray virtual wards are in place in the majority of practices. The emphasis is on models of care associated with housing associations or the housing department to try and shift how we deliver care, e.g. Hanover Extra Care facility in Forres with augmented care beds and Jubilee Cottages in Elgin for intensive rehabilitation. All of these initiatives seek to achieve improved models of care built around the populations of local practices and the extended primary and community care services.

National Out-of-Hours Review

Sir Lewis Ritchie is undertaking a National Engagement Programme in which he will travel around Scotland to discuss Health and Social Care Partnerships’ bids for Urgent Care Transformation Fund money in more detail. NHS Grampian is focusing
on various initiatives across the 3 local partnerships. Currently, the GMED Out of Hours service is under review. The North East Partnership (the forum for the 3 Integration Joint Boards, 3 Council Chief Executives and NHS Grampian Executives) has also met to discuss and consider the future of out of hours across Grampian and endorsed the review currently underway. There is also a lot of thought strategically at a partnership level in terms of what a transformed model could look like. Some interim arrangements are being worked up to address immediate risks and sustainability concerns.

**GP Recruitment and Retention Programme**

Investment was made in a GP Recruitment and Retention Fund to support the recruitment, retention and return of GPs in NHS Scotland. The three IJBs are engaged in a broad range of initiatives to address the workforce challenges and opportunities, working with all partners. However, this does require further review as we increasingly find a very variable situation across Grampian in recruitment and retention. Supporting disciplines are also a risk in practice sustainability. All these aspects contribute to the attractiveness of posts. This remains one of our high risk areas, in common with the rest of Scotland.

**Improving Practice Sustainability**

The recommendations from the National Practice Sustainability Group that were accepted by the Cabinet Secretary on 30 November 2016 included:

- Enact a Sustainability Action Plan for managing General Practice workload that contains short, medium and longer term actions.
- Develop a Practice Sustainability Network that both shares and supports current and future learning on practice sustainability across Scotland.
- Promote the use of, and share the learning from, a Practice Sustainability Assessment Tool.

In order to progress the recommendations we are now focusing our attention on establishing a longer term Practice Sustainability Group that first met on 17 January 2017, to provide oversight and advice on the progression of the recommendations.

**General Medical Services**

Contract negotiations between the Scottish Government and the British Medical Association (BMA) are ongoing with two significant announcements setting the direction for discussions. On 15 October, the First Minister announced that annual investment in primary care will be increased by £500 million by the end of this Parliament. This will see 11% of NHS frontline spending dedicated to primary care.

As part of the plans, the Scottish Government has committed to pay stability for GPs up to April 2018 while a full review of pay and expenses can be carried out next year. There will also be work with health and social care partnerships and health boards to see which services currently provided by GPs would be better transferred to the wider healthcare system. The aim will be to meet patients’ needs in the best way by reconfiguring services to make use of the mix of skills in primary care.
Optometry

In relation to Optometry, over the next 10 years, premises developments are largely dependent on independent practitioners. National developments in care and treatment will influence internal premises redesigns. Examples are highlighted below.

By early 2017 most Optometry practices were using SCI Gateway system for referrals.

The aging demographics in Grampian, as in the whole of Scotland, have led to increased demand for wet Age Related Macular Degeneration (ARMD) treatment. Firstly with more Ophthalmologists in the Eye Out Patient Department (EOPD), there is now capacity for more clinics to run in peripheral hospitals. Secondly, these peripheral clinics commission local Optometrists who can also help with follow-up appointments in their own practices. The aspirations of an updated and fit-for-purpose General Ophthalmic Services Regulations will have come to fruition allowing shared care in wet ARMD, Glaucoma and other conditions which will underpin the principles behind NHS Scotland ‘The Modern Outpatient: A Collaborative Approach’, where shared care can truly occur in the community.

In the past few years the General Ophthalmic Services (GOS) contract has incorporated ocular coherence tomography (OCT) as an examination prior to referral of ARMD, allowing accurate diagnosis and appropriate urgency of referral for this condition. This has been aided by the addition of funding to Optometry practices to install OCT machines. Financial assistance for scanners has also assisted appropriate referrals for visual field plots by scanning results from suspect glaucoma patients.

Currently there is a spread of 59 practices throughout Grampian. Although each practice has its own patient base, this is fluid as there is no registration of patients. Indeed, the same patient may attend several practices over the years throughout Grampian. The Eye Health Network is a successful model of care for those needing unscheduled appointments for eye emergencies. The spread of practices means that patients can attend locally and if an appointment is not available, the practice can find the patient a ‘home’ at a nearby practice.

Through NHSG Premises monies, many of Grampian community Optometry practices have been made more compliant with the Equality Act 2010 e.g. wheelchair ramps.

Dental

Improved recruitment of independent dental practitioners has followed significant investment by Scottish Government in expanding capacity.

The strategic vision for e-dentistry is aimed at improving the quality of care received by the patient. There are a number of significant outcomes still to be achieved but the immediate ones for 2016/17 are the acceptance of E-Signatures for dentists by April 2016 and the development of the SCI Gateway referrals by April 2017.
We are working with Medicines Management to better understand the prescribing practices of our dental practices in order to improve their antimicrobial stewardship.

From the period 31 March 2008-31 March 2015, there was a 104.53% increase in NHS registered patients in Grampian. Our focus is on reaching people who are not currently accessing dental care. Registrations for children have steadily increased year on year and programmes such as Childsmile ensure good oral health habits are developed at an early age.

There is now open access to the independent sector for NHS treatment enabling the Public Dental Service to evolve back to being a support service for vulnerable and special care patients.

**Pharmacy**

As part of the Prescribing Strategy, services continue to work in multi-disciplinary teams to support appropriate prescribing and review of treatment of high risk patients using iSPARRA data and other risk assessment tools.

The Scottish Patient Safety Programme has been implemented in specified GP practices and selected community pharmacies.

We are currently developing NHS Grampian prescribing guidance on repeat prescribing within general practice to minimise wastage of unused medicines and support efficient use of medicines.

The service maximises generic prescribing through use of ScriptSwitch and other initiatives, utilising generic savings to target appropriate areas.

**Prescription for Excellence**

Following engagement with a range of stakeholders over the last 12 months, the programme has been focused on the objective to renew and build on the impetus for change in the content, quality and how we deliver NHS pharmaceutical care services, as first set out in the publication of Prescription for Excellence in September 2013.

Much has changed since the publication of Prescription for Excellence in terms of the Scottish Government’s strategic approach to what and how we should now be planning for in delivering healthcare services. The new strategic document will be aligned to those developments and the timing of its publication will be agreed with Scottish Government (SG) Primary Care Division.

**Non-Medical Prescribing – Multi-disciplinary working**

Legislation came into place on 1 January 2017 to allow Therapeutic Radiographers to train as independent prescribers and Dieticians to become supplementary prescribers. This follows on from previous work which enabled appropriately qualified Nurses, Physiotherapists and Podiatrists to prescribe. This extended skill will improve patient care and reduce the burden on the GP for prescription requests and has further potential for the development of Dietician-led Diabetes and Irritable Bowel Syndrome (IBS) clinics.
4. **Risk Mitigation**

The risks and challenges that Primary Care aims to address include:

- Improving quality and safety, ensuring good clinical outcomes.
- Ensuring sustainability of service provision.
- Ensuring greater alignment and joint working is achieved between health and social care services.

5. **Responsible Executive Director and contact for further information**

If you require any further information in advance of the Board meeting please contact:

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<tr>
<th>Responsible Executive Director</th>
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**28.03.2017**