south ayrshire
health & social care
partnership

Meeting of South Ayrshire Health and Social Care Partnership **Held on**	**Integration Joint Board** **15th June 2022**
Agenda Item:	**8**
Title:	**Primary Care Developments – update**
Summary: The purpose of this report is to update IJB members on progress linked to Primary Care most notably supporting General Practice	
Author:	**Phil White, Partnership Facilitator**
Recommendations: **It is recommended that the Integration Joint Board notes the progress in supporting Primary Care work in South Ayrshire**	
Route to meeting:	

Directions: **1.** No Directions Required ☐ **2.** Directions to NHS Ayrshire & Arran ☐ **3.** Directions to South Ayrshire Council ☐ **4.** Directions to both SAC & NHS ☐	**Implications:** Financial ☐ HR ☐ Legal ☐ Equalities ☐ Sustainability ☐ Policy ☐ ICT ☐

PRIMARY CARE DEVELOPMENTS UPDATE

1. PURPOSE OF REPORT

1.1 The purpose of this report is to update IJB members on progress linked to Primary Care most notably supporting General Practice.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

Notes the progress in supporting Primary Care work in South Ayrshire

3. BACKGROUND INFORMATION

3.1 Primary Care is a key strategic locus for reform and beginning to embody Caring for Ayrshire principles. There is significant investment from Scottish Government in Primary Care through Primary Care Improvement Funding and other monies and this short report sets out some of the work currently delivered, the priorities for the next period and some of the related challenges and constraints.

3.2 The previous IJB report on Primary Care (June 2021) has reported on progress and it is fair to say that Ayrshire as a whole is much further ahead in delivering parts of the General Medical Services (GMS) contract than many other parts of Scotland.

4. REPORT

4.1 The first part of this update report is a summary of progress on core parts of the GMS Contract.
The local development process is supported by:

- An MDT Development worker assigned to South Ayrshire – Claire Muir
- Partnership Facilitator – Phil White
- Stakeholder GP – Dr Simon Farrell

(There are efforts to recruit Clinical Director posts for all 3 HSCPs)

4.2 Progress on existing parts of Primary Care Improvement Plan

- **Vaccination Transformation Programme (VTP)**

The responsibility for delivering some adult vaccinations has been transferred from GP Practices in NHS Ayrshire and Arran: pneumococcal, shingles and hepatitis vaccinations will be delivered in GP Practices by CTAC staff. Responsibility for the delivery of travel health and non-routine

adult vaccinations is the only outstanding element of adult vaccinations requiring to be transferred from GP practices.

- **Community Treatment and Care (CTAC)**

  Following a recent recruitment, there are a total of 59 Primary Care Nurses (PCN) (55.3 WTE) and 34 Healthcare Support Workers (HCSW) (27.8 WTE) across the three HSCPs. Of the 53 GP practices across Ayrshire & Arran, 51 practices have either full or partial allocation of staff. One practice in south HSCP has no allocation of CTAC service due to accommodation issues. 3 remaining practices do not have their full resource allocation. A Test of change is being developed in North Ayr Health Centre (NAHC) to offer these 3 practices access to CTAC services. Each will be offered 15 hours of CTAC a week from NAHC. It is hoped to commence this by June 2022, depending on recruitment. One admin staff member has recently been appointed to support the CTAC service delivery. The Practice Educator role (2x Band 6 per HSCP) will be rolled out early summer funded for 2 years.

- **Pharmacotherapy –** Continuing to embed Pharmacotherapy teams across all practices. Generally, the service is very well received and GPs hoping this will free up capacity. Some areas of task transfer require further work and recruitment remains a challenge. GPs requesting increased Pharmacist resource to support resilience for the service.

- **Mental Health –** One if not two Mental Health Practitioners are available in all practices in south HSCP. Hoping to increase resource further with Mental Health and Wellbeing in PC monies. Assessment and signposting service. There is also access in 3 Practices for Distress Brief Intervention support from Penumbra.

- **Community Link Practitioners (CLPs) –** CLPs are now available to all practices in south HSCP. Further work is being carried out to promote the breadth of their role which is sometimes not fully understood at Practice level. People can be supported remotely and in practice dependent on space availability and patient choice.

- **Physiotherapy –** 6 practices in south HSCP currently have no access to MSK Physiotherapy. Space issues remain in practices; however, it is hoped to secure additional PCIF monies to proceed with further recruitment. There is a Test of change in North HSCP addressing skill mix (widening the range of Bands of posts) and it is hoped that positive outcomes might aid recruitment and retention of staff and the general resilience of the services. Exploring options for a hub model in rural areas. All GP practices are requesting increased resource as service very beneficial to practice needs.

- **Additional roles** – **OT** - recent Action 15 investment to support early intervention. Working into 7 practices across HSCP. Dual trained (mental and physical health) assessment and short treatment to support higher functioning lifestyle and positive wellbeing.

- **Advanced Nurse Practitioner for Care Homes**– New member of staff in post funded by PCIF. Working with 4 GP practices to support work into 2 Care Homes within Ayr cluster. Data collection and evaluation will potentially support further funding to roll this model across Troon and Carrick clusters.

- **Frailty work** – HSCP investment (6x Band 4, 5x Band 5 and 1x band 6 OT staff). Band 4 staff will be known within their locality to reach people with very early indication of frailty. Also working alongside FootcAyr as supported by the Life Curve work. Band 5 and 6 will be spread across GP practices, using data from the electronic frailty index to identify individuals who may be declining in daily function due to mild – moderate frailty. Effective MDT working essential.

It is fair to say that there are a number of common cross-cutting issues associated with the broad Primary Care Improvement programme:

- **Resilience** – some of the early iterations of the services have not had sufficient resilience built into the service modelling to be able to support short- and long-term absence for example (e.g., maternity leave, holidays, sickness)
- **Recruitment and Retention** – like all health and care contexts recruitment is highly challenging for some particular professions, but also, in some parts of the system there are higher rates of attrition which need to be addressed
- **Equity, consistency but not uniformity** – As the Primary Care Improvement Plan is jointly worked through with the NHS GP Sub-Committee, there is a call from GPs to ensure equity of access to services. This may not be 'uniformity' as rural and island contexts demand different solutions for MDT working
- **Seeking not to destabilise other parts of the NHS system** – As posts are recruited into Primary Care, there is an acknowledgement that this should be done mindful of the potential destabilising of other parts of the system such as acute care.
- **Premises constraints (dealt with below)**

4.3 Funding arrangements and priorities

Funding for Primary Care is complex and whilst a principle resource is Primary Care Improvement Funding, there is an increasingly diverse set of sources of finance – this includes separate SG funding for Primary Care Mental Health

work, additional SG funding for premises, Action 15 monies (Mental Health), and local HSCP investments (such as Frailty work).

4.4 Workforce Constraints and planning

As with all parts of the health and care system, there are significant constraints on workforce supply including GPs, ANPs, Physiotherapists, OTs, Pharmacists and Mental Health workers.

The investments in Primary Care are significant and there has been a conscious attempt to:

- support equitable distribution of workers across Ayrshire
- not to de-stabilise other parts of the system such as acute
- develop pipelines and other mechanisms to 'grow our own' workforce

This is especially important as Ayrshire competes from the same pool of workforce supply as Greater Glasgow and Lanarkshire.

4.5 Premises

Developing Multi-Disciplinary Teams in or linked to GP Practices is a core approach that supports national policy, Caring for Ayrshire and HSCP Strategic Planning.

Within parts of South Ayrshire (such as Ayr itself) there are very significant challenges to delivering this because of premises constraints.

There are SG funds available to undertake small adaptations to premises to allow for greater MDT presence and NHS A&A is currently undertaking a feasibility study in relation to potential MDT hub space in Ayr.

Small improvement grants approved for 10 practices across the south HSCP. These monies will fund premises adaptations to support the implementation of MDT working in the practices. Those who haven't applied for funding recognise that they have exhausted all options within their current premises.

4.6 Community Pharmacies

Whilst this paper is mainly about the Primary Care Improvement Plan work associated with GP Practices, it is important to report on the important contribution that other independent contractors make – most notable Community Pharmacy.

4.7 Wider Context of Locality based work

While this paper focuses on specific primary care development work, it fits within the overall 'team around the locality' work as set out in the Strategic Plan.

There will be significant development work at locality level over the next few months to build up local clinical and care leadership and explore ways of strengthening MDT working and operational relationships.

4.8 Assessing Impact

Each of the service delivery areas has in place a performance framework and this is monitored via the Pan Ayrshire Primary Care Multidisciplinary Implementation Group

4.9 Communication

Communicating the different approach to support patients is being communicated at a variety of levels:

- National based communications and campaigns such as Pharmacy First
- Ayrshire and Arran communications led through the Primary Care Central Team and NHS Comms
- South Ayrshire HSCP communications
- Locality based information
- GP Practice or other Independent Provider's own Communications, for example, websites

5. Next set of work

5.1 Identifying local priority areas for support

As well as the mandatory and legal requirements that deliver the GMS contract there has been active engagement through Stakeholder GP, GP Locality Forum and GP Cluster Groups, to identify priorities for the next phases of funding. These can be summarised as:

- Ensuring core GMS mandatory services are sufficiently resilient
- Expanding capacity for Mental Health Practitioners and SMK Physiotherapy
- Supporting additional OT work in GP Practices
- Supporting some 'urgent care' work including ANPs for Care Homes

5.2 Statutory elements and transition

There are key deadlines that SG has set out in relation to Vaccination, CTAC and Pharmacotherapy and it has been made clear that SG expects these to be prioritised so that contractual obligations are met.

5.3 Multi-Disciplinary Team expansion

Work will continue to expand capacity of MDT staff ensuring all GP Practices have access to core MDT services such as Mental Health Practitioners, Link Workers, Physiotherapists for MSK working, etc.

5.4 Learning from pilot work

New work will build from pilot work, for example, OT in General Practice, Frailty work in Troon and a pilot ANP for Care Homes.

5.5 Urgent Care development work

The GMS Contract also includes the imperative to support 'urgent care' work within Primary Care and this is the component that is least developed.
The next period will provide some opportunity to focus on urgent care and how investment might support GP Practices, for example, with Care Home supports and home visiting.

5.6 Linking to broader HSCP investments/development

There are significant IJB/HSCP investments in locality-based working (for example, linked to early intervention frailty work with OTs and OTAs) that will sit alongside work linked to the PCIP.
The next iteration of Primary Care planning will better integrate these two strands of working as locality working models are further developed.

5.7 Community Pharmacies and other Independent Contractors

The next development phase will also build from existing work within Community Pharmacies with more integrated working with GP Practices within locality working.
In time, there will also be greater development work with Optometry and Dentistry at locality level.

5.8 Development of PCIP (3)

During the next period, work will take place at Ayrshire-wide levels, informed by HSCP based work, to develop the third iteration of the Primary Care Improvement Plan.

This will be carried out jointly with Primary Care Management (led through East Ayrshire HSCP), the 3 HSCPs and representatives of the GP Sub-Committee in Ayrshire.

5.9 Links to Caring for Ayrshire

The Primary Care development work also forms an important component of the greater Caring for Ayrshire programme which will be re-mobilised in the next few months.

5.10 Fuller Primary Care report

A comprehensive Primary Care report will be tabled at all 3 IJBs in August 2022.

6 STRATEGIC CONTEXT

6.1 Summarise in this section how the report contents will further the IJB's current Strategic Plan Objectives.

We work together to give you the right care in the right place

7 IMPLICATIONS

7.1 Financial Implications
Financial implications are as outlined with the allocation of additional SG monies to support the PCIP.

7.1.1 **Human Resource Implications**
The key HR issues are related to recruitment and retention.

7.1.2 Legal Implications
n/a

7.2 Equalities implications
No equalities implications.

7.2.1 Sustainability implications
n/a

7.2.2 **Clinical/professional assessment**
n/a

8 CONSULTATION AND PARTNERSHIP WORKING

8.1 The process to develop Primary Care investments has involved engagement with Stakeholder GP, GP Locality Forum and individual GP Cluster meetings and leads as well as the professional leads for each service. It is also carried

out through a co-ordinated Ayrshire approach with links to the A&A GP Sub-committee.

At an Ayrshire level, work is co-ordinated through a Pan Ayrshire Primary Care Multidisciplinary Implementation Group.

9 RISK ASSESSMENT

9.1 Use this section to provide the IJB or the Committee/Group with your assessment of the risk to the IJB/Committee/Group arising from the content and recommendations of the report. These should include reputational, political and community considerations.

9.2 If you believe there are no risks state this here. If you believe there may well be risks summarise them here. They could, for example be financial, reputational, patient or service user risks, partner organisation risks, professional risks, legal risks, health and safety risks, personnel related risk, etc.

9.3 In terms of the IJB Risk Management Strategy would you categorise the level or risk as high, medium or low?

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BACKGROUND PAPERS

SG Funding letters


PCIF 2021-22 -
Funding letter - Tranc


PCIF 2021-22 -
Funding letter - Tranc


Letter to
Stakeholders from Mr

Provide details here or links to any supporting papers relevant to the report here and, if possible, include a web link.

Appendices to the report should not be provided as background papers. These should form part of the main report.

May 2022

https://hscp.south-ayrshire.gov.uk/media/2581/item-11-primary-care-improvement-plan-ijb-2021-06-23/pdf/item_11_-_primary_care_improvement_plan_ijb_2021_06_23.pdf?m=637654171228170000