

Lanarkshire Primary Care Improvement Plan (PCIP)

Update – July 2019

DRAFT

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Foreword

The initial Primary Care Improvement Plan (PCIP) 2018-2021 was a reflection of Lanarkshire's ambition to take a system-wide approach to transforming General Medical Services (GMS) and wider primary care services, in the context of localities and wider health and social care systems. The commitments within the programme are responsive to the desired outcomes of the GMS Contract 2018. The operational and corporate workstreams it provides are the cornerstone of a successful primary care of the future.

The programme of work continues to support the implementation of NHS Lanarkshire's health strategy Achieving Excellence and both South Lanarkshire Health and Social Care Partnership and Health and Social Care North Lanarkshire's Strategic Commissioning Plans and engage the population of Lanarkshire in the design and delivery of our future services to ensure we meet expectations, as well as demands of the population. We are focused on ensuring that we will do the best we can for the people who require our services, as well as for those who deliver them.

As detailed in the January 2019 update, learning up to that point highlighted the need to alter some of the original workstreams to ensure maximum synergy across the programme, and during the past six months these alterations have been progressed. The PCIP is being delivered in the challenging context of changing times within general practice and the wider health and social care system that will drive the need for change – for example, increase in demand, availability of workforce and constrained resources feature. We know that there is a workforce of talented and skilled people working within Lanarkshire who are committed to meeting these challenges and who will adapt to these changes in a positive way.

As we publish our second PCIP update, we want to acknowledge the thoughtful contributions of our NHS Board, Integration Authorities and GP Sub-committee members alongside key partner organisations and all staff whose suggestions have been invaluable in helping us develop our plan.

The updated Primary Care Improvement Plan, which builds on the versions published in July 2018 and January 2019, is agreed with Lanarkshire's GP Sub-committee.

Val de Souza
Director, Health and Social Care
South Lanarkshire Health and Social Care
Partnership

Keith McIntyre
Chair,
Lanarkshire GP Sub-committee

31 July 2019

1. Purpose of this document

Lanarkshire's Primary Care Improvement Plan is a working document. This third release provides the second update on the initial document released in July 2018.

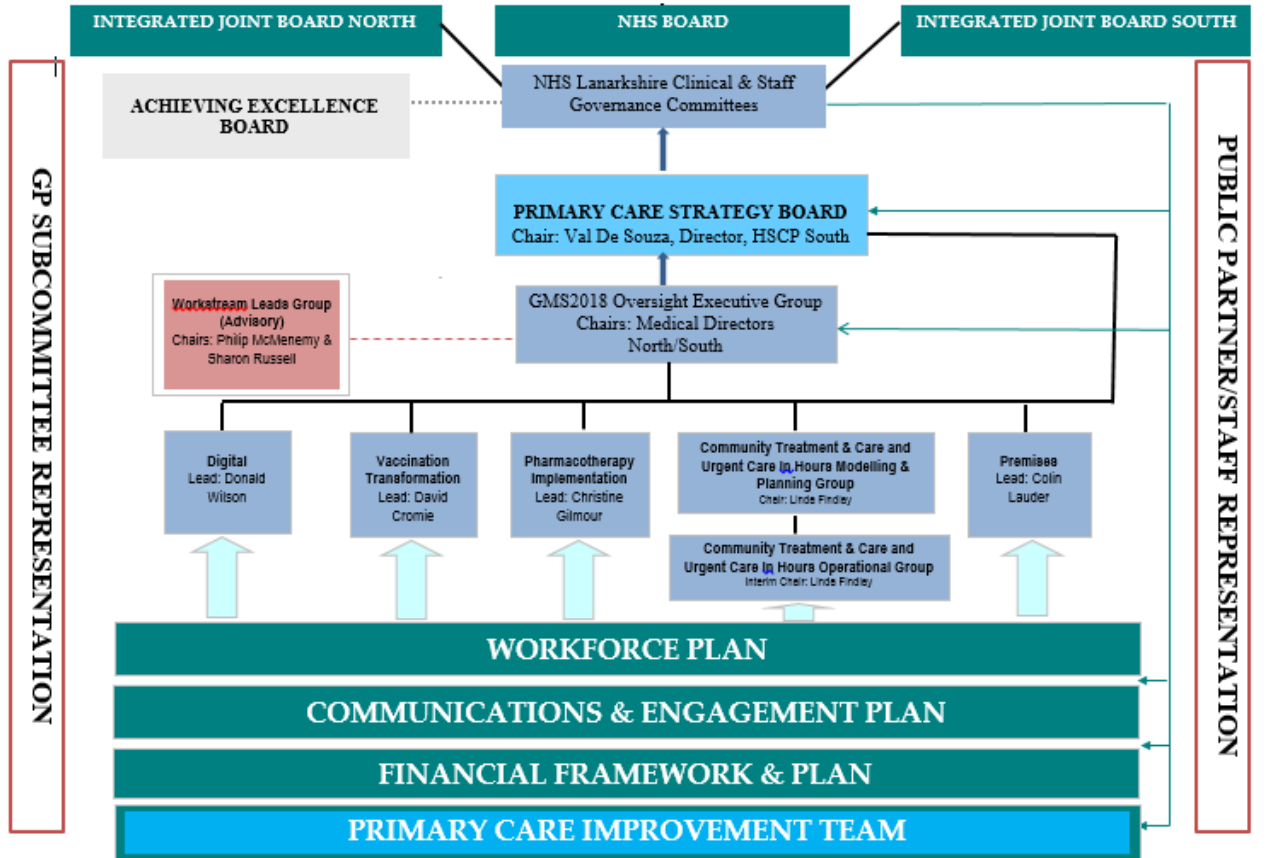
The purpose of this document is to provide an update on the work undertaken so far, the challenges, and to further set out the scope, scale and function of the GMS Improvement Programme (GMSIP). The PCIP is designed to support a smooth and planned transition through the programme.

This is a working document and is Lanarkshire's second of six updates to be completed over the programme of work. The PCIP will be continually revised as plans for the workstreams develop, it is anticipated that the fourth release in January 2020 will provide a final version of all associated implementation timelines which will go for approval to the South Integration Joint Board (IJB), the North IJB, Lanarkshire NHS Board and GP Sub-committee, with further updates detailing progress against the plan.

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2. Governance

GMS governance structure within Lanarkshire:



3. Programme approach

3.1 Overview of the programme approach

The programme approach supports each workstream to meet its deliverables, while at the same time acknowledging the need for a systems-wide approach. Many of the workstreams need to ensure functions are in place that will be provided by the same multidisciplinary workforce, namely Vaccination Transformation Programme (VTP), Urgent Care and Community Treatment and Care.

As primary care is an individual's most frequent point of contact with the NHS, its influence on population outcomes and the function of the wider health and social care system cannot be overstated. Well functioning primary care services are the cornerstone of the NHS. Links with secondary care cannot be underestimated and this is recognised in our aim to refresh our interface groups and work collaboratively across the health and social care system. This ensures that there is maximum benefit across localities, modernising outpatients and the various areas of pathway work.

“Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life. Primary care is provided by generalist health professionals, working together in multidisciplinary and multiagency networks across sectors, with access to the expertise of specialist colleagues. All primary care professionals work flexibly using local knowledge, clinical expertise and a continuously supportive and enabling relationship with the person to make shared decisions about their care and help them to manage their own health and wellbeing. Primary care is delivered 24 hours-a-day, seven days-a-week. When people need urgent care out of core service hours, generalist primary care professionals provide support and advice which connects people to the services they need, in a crisis, in a timely way.”¹

¹ *The Future of Primary Care: a view from the professions* (2017), <https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-future-of-primary-care-1-sept>

The way in which the objectives of the PCIP underpin the wider health and social care objectives are captured in the table below:

NATIONAL OUTCOMES				
Our children have the best start in life and are ready to succeed	We live longer, healthier lives	Our people are able to maintain their independence as they get older	Our public services are high quality, continually improving, efficient and responsive	
We start well	We live well	We age well	We die well	
PRIMARY CARE VISION		Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services.		
HSCP OUTCOMES		People can look after own health	Live at home or homely setting	Positive Experience of Services
Services mitigate inequalities	Carers supported to improve health	People using services safe from harm	Engaged Workforce Improving Care	Efficient Resource Use
PRIMARY CARE OUTCOMES				
We are more informed and empowered when using primary care		Our primary care services better contribute to improving population health		Our experience as patients in primary care is enhanced
Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care		Our primary care infrastructure – physical and digital – is improved		Primary care better addresses health inequalities

Key contact

Dr Linda Findlay, Medical Director South Lanarkshire Health and Social Care Partnership

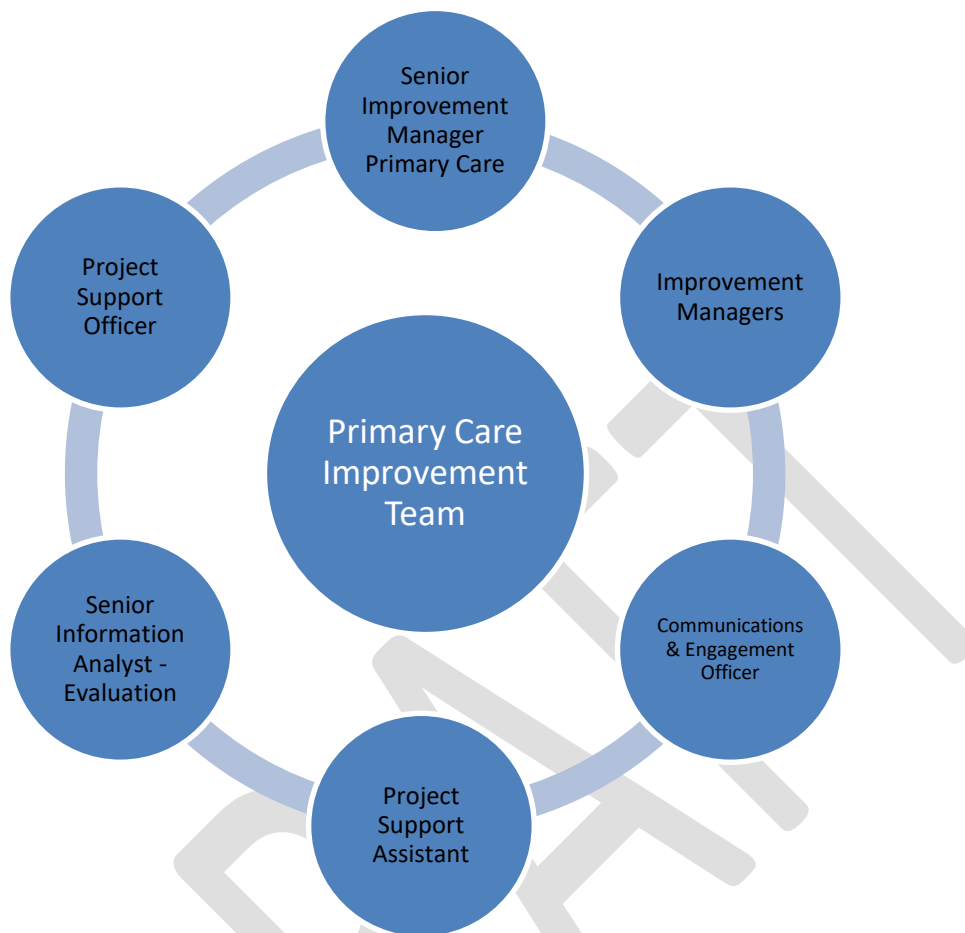
Linda.findlay@lanarkshire.scot.nhs.uk

3.2 Primary Care Improvement Team

In Lanarkshire, a dedicated Primary Care Improvement Team has been established to provide the drive required for the programme to meet its transformational aims, using a combination of both project management expertise and quality improvement expertise.

The Senior Improvement Manager sits on all programme associated workstreams, and the Primary Care Strategy Board. The Improvement Managers are aligned to priority objectives and support the teams who are taking these forward.

A Project Support Officer and Project Support Assistant provide an invaluable support across the programme. Finally, a dedicated Communications and Engagement Officer and Senior Information Analyst further support the programme.



The team now have detailed workplans that are maintained and revised according to the progress of the programmes workstreams and direction of the Oversight Group regards priorities. Since April 2019 a flash report update has been produced to share detail of activity and contribution by the team.

Primary Care Improvement Team flash report – June 2019

Health & Social Care North Lanarkshire | NHS Lanarkshire

<p>Team update The monthly flash reports provide an oversight of the work the Primary Care Improvement Team has been supporting, focusing on quality improvement and communications and engagement.</p> <ul style="list-style-type: none"> Started drafting the next release of the Primary Care Improvement Plan. Team development day – discussed how we would manage the team's workload over the summer. Team building exercise and a presentation on appropriate use of social media. 		<p>Communications and engagement</p> <ul style="list-style-type: none"> Filmed a patient on their experience for ANP test of change short video. Edited and published workflow optimisation event feedback video. Started planning comms for this year's flu season. Created and shared flyer and questionnaire for the 'Grow your career in Lanarkshire' peer support group for primary care staff. Attended South Lanarkshire's Older People's Assembly to share the PCIP message. Article also appeared in their magazine 'The Chronicle'. Attended website training for newly refreshed www.itslanarkshire.org website. Continued to update @LanPCIP twitter account to increase engagement and the number of followers. Chart shows we have a median of 5 new followers a week and peaks when involved in activity linked to national events. 			
<p>Community treatment and care</p> <ul style="list-style-type: none"> MDT paper drafted. Attended national community treatment and care event. Useful forum for health boards to discuss challenges and share learning. Progress with GMS contract requirements varied between boards. Measurement plan and new data collection tool developed for the QT in GP test of change. Mentoring five GPs in primary care as part of ASQIP. Their project aims to use the QT service as a first point of contact to support both patients and GPs. 	<p>Vaccination transformation</p> <ul style="list-style-type: none"> Analyst granted access to BadgenFast maternity system which will facilitate reporting on the uptake of the pertussis vaccine for pregnant women. Drafted first version of the pertussis 'how to guide' for the community midwifery teams, to capture learning across existing texts of change. Facilitated process mapping workshop for 10 vaccinations and draft process maps produced. 	<p>Urgent care in-hours</p> <ul style="list-style-type: none"> Planning underway for the second ANP home visit test of change. An updated charter, measurement plan and data collection tool have been created. Developing a one day QI workshop to support QI capability building within Advanced Nurse Practitioners. The workshop will run in August. 	<p>Pharmacotherapy</p> <ul style="list-style-type: none"> Analyst granted access to the NPS prescribing information system datamart which will enable serial prescribing reporting. Serial prescribing training delivered in Airdrie and Clydesdale. 	<p>Workflow optimisation / Care navigation</p> <ul style="list-style-type: none"> Developing care navigation session in September. Practices which attended workflow optimisation learning session in May have been contacted with the offer of support. 	<p>Contact us</p> <p>@lanarkshire.scot.nhs.uk 01698 454561 @LanPCIP or #LanPCIP on Twitter</p> <p>LanGMS2018</p>

Key contact

Judith Cain, Senior Improvement Manager, Primary Care Improvement Team

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3.4 Evaluation

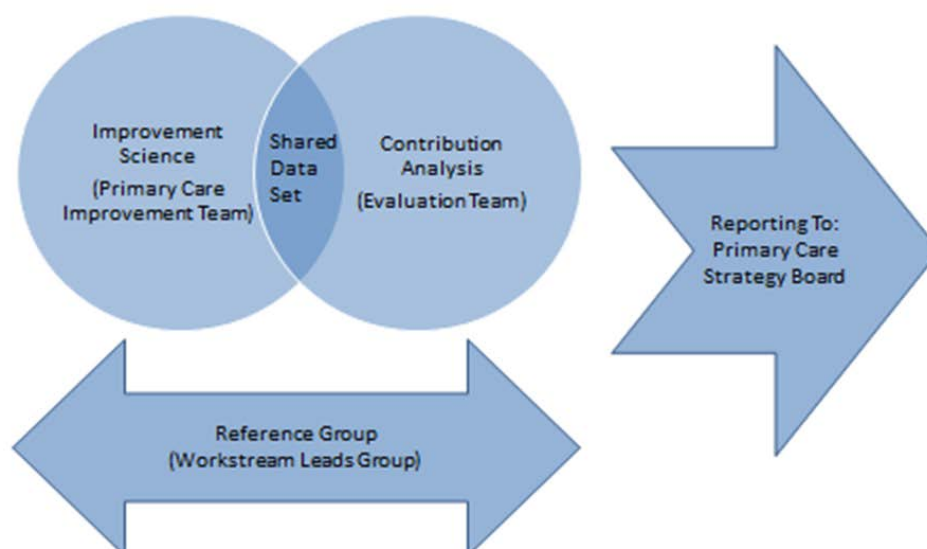
The Primary Care Improvement Plan in Lanarkshire is an ambitious transformational programme and robust evidence will be needed to demonstrate how effectively the agreed outcomes in the PCIP have been achieved. Lanarkshire successfully deployed a contribution analysis approach to evaluate the Primary Care Transformation Programme and continuing with this for the Primary Care Improvement Plan meets the recommendations in the National Monitoring and Evaluation Strategy. This guidance includes an outcomes framework with a focus on people using primary care, the workforce, and the system as a whole and it enables Lanarkshire to generate evidence of our contributions to national outcome achievement.

The evaluation will dovetail with the Primary Care Improvement Team's approach, utilising improvement science. While there will be differences in the data requirements, there is a considerable cross-over of information useful to both teams (see diagram) that proved successful during the Primary Care Transformation Programme. The resulting close working relationships created a level of efficiency that reduced the burden that might otherwise have been felt by the workstreams.

The Evaluation Team includes the dedicated role of Senior Information Analyst – Evaluation which is jointly hosted with the Primary Care Improvement Team. The team also has qualitative and quantitative expertise, both of which can be deployed to augment the data being gathered across the programme.

The Workstreams Leads Group will be used as a reference group for the Evaluation Framework that is being developed. Regular updates on progress will be provided to the Executive Oversight Group and the Primary Care Strategy Board.

Evaluation Framework



A paper detailing the Evaluation Framework will be presented to the Primary Care Strategy Board in September 2019. Following its approval interim evaluation reports will be provided in February 2020 and September 2020 with a final evaluation produced in May 2021.

Key contact

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4. Pharmacotherapy Workstream

4.1 Overview

A pharmacotherapy service model will be developed and established that will deliver a level one (core) provision including acute and repeat prescribing and medication management activities aligned to all practices by 2021.

Agreed workforce investment (up to July 2019):

Year one	27 wte (whole time equivalent)
Year two	63 wte
Total	90 wte

4.2 Year one summary

Year one saw the establishment of a Pharmacotherapy project team and project management arrangements that has enabled the progress and achievement of the following, and extend to:

- establishment of a baseline of resources currently deployed to provide pharmacotherapy services across NHS Lanarkshire;
- agreement of workforce allocation based on 1 per 15,000 patients for first phasing in of staff;
- establishment of comprehensive education, training and staff development for pharmacotherapy pharmacists and technicians;
- consider at a stakeholder workshop the service delivery model scope and design, identifying areas for further exploration and testing;
- carried out testing of Pharmacotherapy Service in four practices which are providing valuable learning to inform the Level 1 model; and
- developed a serial prescribing process and improvement toolkit which, after successful testing at one practice, scale to a cluster and then locality is to now be spread across all ten localities.

4.3 Year two focus and progress

Year two has seen the progress made in year one being built on, with activity and priorities being identified and progressed, including:

- continued testing of Pharmacotherapy Service with learning being captured to inform the establishment of high level process maps for each aspect of Level 1 model;
- recruitment of staff against the agreed wte continues on a rolling programme;
- serial prescribing process and improvement toolkit established and spread across all localities commenced;
- considering the learning from the Practice Administrative Staff Collaborative and the supporting foundation it offers for the development of the pharmacotherapy model;
- pharmacotherapy model including staff skill mix for Level 1 to be finalised to inform year 3 funding requirement;

- monitoring of high risk medicines guidelines drafted and circulated via NHS Lanarkshire governance structures for approval;
- commencing the development and establishment of a governance framework for staff education, training and development to support staff to deliver this new service and ensure patient safety; and
- identification of the need for alignment at an operational level of the pharmacotherapy with the Primary Care Multidisciplinary Team Model.

4.4 Year three aim

The final year will require a focus on continued progress of the delivery of the agreed Level 1 model. With the aim of establishing safe and effective provision to all GP practices. The following activities can already be identified and these will be reviewed and amended in the next release of the PCIP. These include:

- recruitment of staff against the agreed wte on a rolling programme;
- continued refinement and implementation of a governance framework for staff education, training and development to support staff to deliver this new service and ensure patient safety;
- alignment at an operational level of the pharmacotherapy service with the Primary Care Multidisciplinary Team Model; and
- commencement of scoping of future development of service to expand to Level 2 and Level 3.

4.5 Timeline

The following GANTT describes, as a timeline, the projected timescales for the delivery of the commitments and outcomes of this priority area.

Year	Start month	End month	Descriptor
Year 1 (April 2018 – March 2019)			
1	July	September	Recruitment round 1
1	September	December	Pharmacotherapy model scoping
1	October	December	Recruitment round 2
1	November	January	Induction cohort 1
1	January	June 2019	Pharmacotherapy model testing
1	February	March	Induction cohort 2
1	February	February	Serial prescribing scoping
1	February	March	Cohort 1 into practice
1	March	March	Serial prescribing testing
Year 2 (April 2019 – March 2020)			
2	April	May	Serial prescribing testing (scale-up)
2	April	May	Cohort 2 into practice
2	April	June	Recruitment round 3

2	June	August	Serial prescribing testing – spread phase 1
2	August	October 2020	Serial prescribing roll-out to all localities
2	August	October	Pharmacotherapy model development
2	August	September	Induction cohort 3
2	August	October	Recruitment round 4
2	October	November	Cohort 3 into practice
2	November	December	Induction cohort 4
2	January	February	Cohort 4 into practice
Year 3 (April 2020 – March 2021)			
3	April	June	Recruitment cohort 5
3	August	September	Induction cohort 5
3	August	October	Recruitment cohort 6
3	October	November	Cohort 5 into practice
3	November	December	Induction cohort 6
3	January	February	Cohort 6 into practice

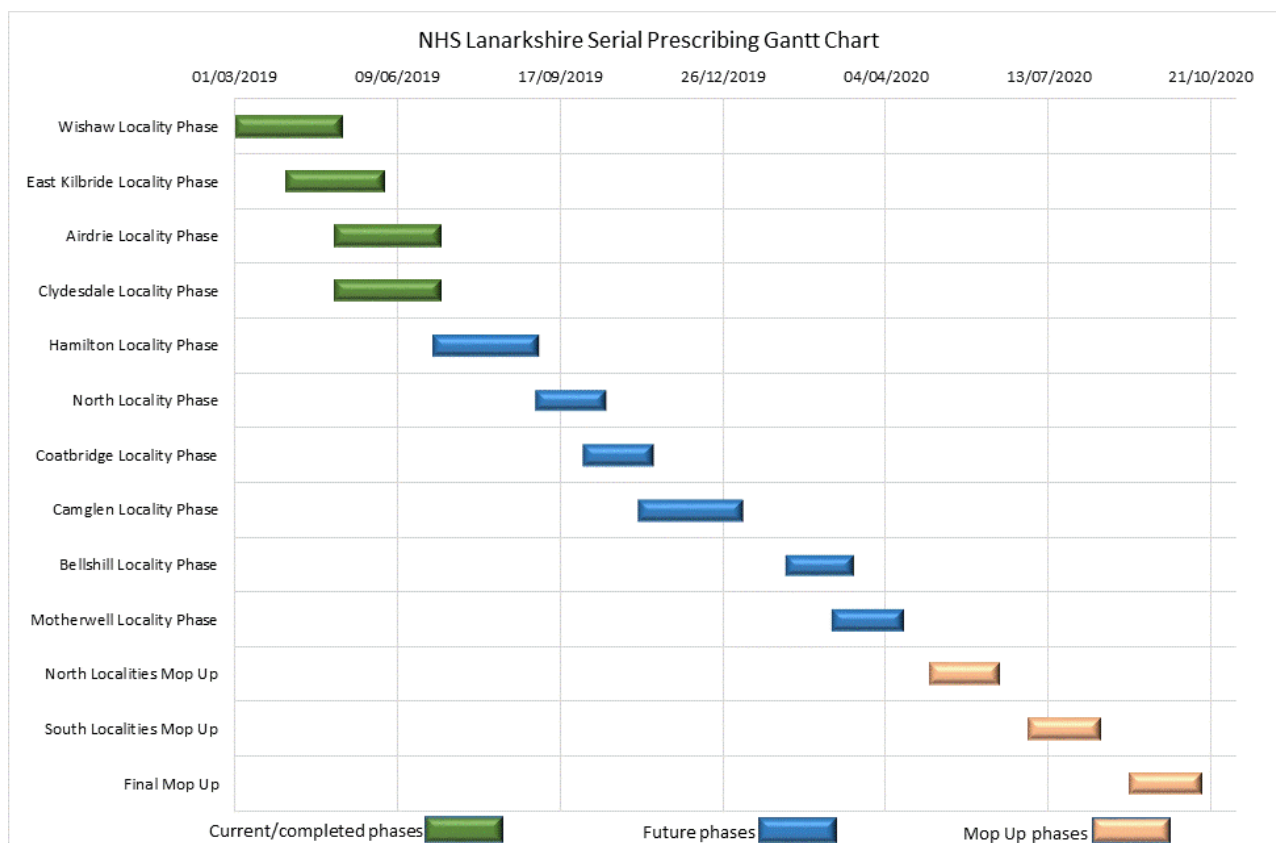
4.6 Data and measurement

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun; these are shared under Section 13. It should be noted that at this stage these are draft and being shared for information; with further revision and sign-off planned between now and the next PCIP release. At this point, final data and measurement plans will be shared along with reporting out against measures being included on a phased bases in the next and further releases.

4.7 Highlight – serial prescribing toolkit

It was recognised that the introduction of serial prescribing across practices and the support of effective serial dispensing by community pharmacy would both immediately have an impact on workload across general practice and reduce the volume of repeat prescribing, allowing effective utilisation of pharmacotherapy service resources.

A project group was formed to develop a process and toolkit to support the establishment of a consistent and effective approach to serial prescribing. The process and toolkit have been tested, starting at a practice level, scaling up to cluster level, and then across locality. Implementation of serial prescribing in a GP practice with a list size of approximately 10,000 has been found to reduce workload by 7.5 hours if 10% of suitable patients on one to two medications were put on a serial prescription. Some of the practices which took part in the initial testing are now moving onto reviewing patients on three to four medications. The process and toolkit are now being finalised and a plan for spread across all ten localities is detailed below.



Locality	Roll-out start date
Wishaw Locality Phase	March 2019
East Kilbride Locality Phase	April 2019
Airdrie Locality Phase	May 2019
Clydesdale Locality Phase	May 2019
Hamilton Locality Phase	July 2019
North Locality Phase	September 2019
Coatbridge Locality Phase	October 2019
Camglen Locality Phase	November 2019
Bellshill Locality Phase	February 2020
Motherwell Locality Phase	March 2020
North Localities Mop Up	May 2020
South Localities Mop Up	July 2020
Final Mop Up	September 2020

Key contacts

Lead: Christine Gilmour, Director of Pharmacy, Christine.gilmour@lanarkshire.scot.nhs.uk

Co-Lead: Ann Auld, Lead Pharmacist Prescribing Management, ann.auld@lanarkshire.scot.nhs.uk

5. Vaccination Transformation Programme Workstream

5.1 Overview

The Vaccination Transformation Programme will establish a service model that will transfer the vaccine delivery associated with the three identified workstreams that are not already delivered by NHS Lanarkshire; travel vaccination and travel health advice, influenza programme, at risk and age group programme, from GP practices by 2021.

Workforce investment (up to July 2019):

Year one	0 wte
Year two	38.68 wte
Total	38.68 wte

(Note: Year two wte allocation is aligned to the delivery of VTP for four months of the year, with the other eight months being aligned to GMS Community Treatment and Care services.)

5.2 Year one summary

Year one saw considerable focus on scoping in relation to the three identified workstreams along with involvement in national groups aligned to the vaccination transformation programme. Progress and achievements have included:

- for pregnancy (pertussis and flu) - testing delivery through community midwifery was conducted and this informed the model that will be rolled out in year two;
- key stakeholder scoping workshops regarding influenza programme and at-risk and age group programme;
- key stakeholder scoping workshops regarding travel vaccination and travel health advice held; and
- three-tier model for travel vaccination and travel health advice identified – this contributed to the national business case.

5.3 Year two focus and progress

Year two has seen the progress made in year one being built on, with activity and priorities being identified and progressed. These include:

- continuing to support the roll out of pregnancy (pertussis and flu) through community midwifery. Model implementation and pertussis switch over from GP practice by October 2019 to allowing immediate introduction of flu;
- clinical model for influenza programme delivery developed and identification of first phase cohort that can be delivered this year concluded and approved;
- recruitment of first cohort influenza programme staff commenced;
- planning for delivery of influenza programme, first phase cohort commenced. Delivery will commence in October 2019 and learning will be captured to allow review of model and amended as necessary to allow second phase in next year; and

- reviewed progress of national solution on the regional or national model of travel vaccination and travel health advice; initial scoping of local solution to commence September 2019 to allow sufficient time to implement if national solution is not aligned with Lanarkshire requirements.

5.4 Year three aim

The final year will require a focus on continued progress towards delivery of three programmes required to be established in Lanarkshire. With the aim of establishing a safe and effective provision for the entire Vaccination Transformation Programme across Lanarkshire. Activities can already be identified and will be reviewed and amended in the next release of the PCIP. These include:

- progressing with implementation of full provision for influenza and at-risk and age group programmes; and
- reviewing level of immunisation and vaccination uptake across each programme and identify possible areas for improvement.

5.5 Timeline

The following GANTT describes a timeline of the projected timescales for the delivery of the commitments and outcomes of this priority area.

Year	Start month	End month	Descriptor
Year 1 (April 2018 – March 2019)			
1	December	October 2019	Initial test of change and roll-out of training to enable maternity delivered pertussis vaccination for all pregnant women in Lanarkshire.
Year 2 (April 2019 – March 2020)			
2	July	October	Training for maternity teams in flu vaccine administration in order to start delivery of same in time for 2019/20 flu season.
2	February	October	Preparation for the delivery of >65 – 74 year old flu programme and also the 2 – 5 not in school flu programme by the managed service in time for the flu season.
2	September	December	Local model for delivery of travel health vaccination to be developed.
2	October	March	Delivery of flu programme across localities in collaboration with GPs – delivery of maternity, >65 – 74 year old flu programme and also the 2 – 5 not in school flu programme by the managed service.
2	January	March	Preparation for delivery of travel health vaccination.
Year 3 (April 2020 – March 2021)			
3	March	April	Learning from flu delivery analysis and report produced.

3	April	May	Scoping and planning for phase 2 flu programme delivery (winter 2020) with full programme by winter 2021.
3	April	March	Phasing in of travel health vaccination.
3	June	October	Preparation for the delivery of phase 2 flu programme by the managed service in time for the flu season.
3	October	March	Delivery of phase 2 flu programme across localities in collaboration with GPs.

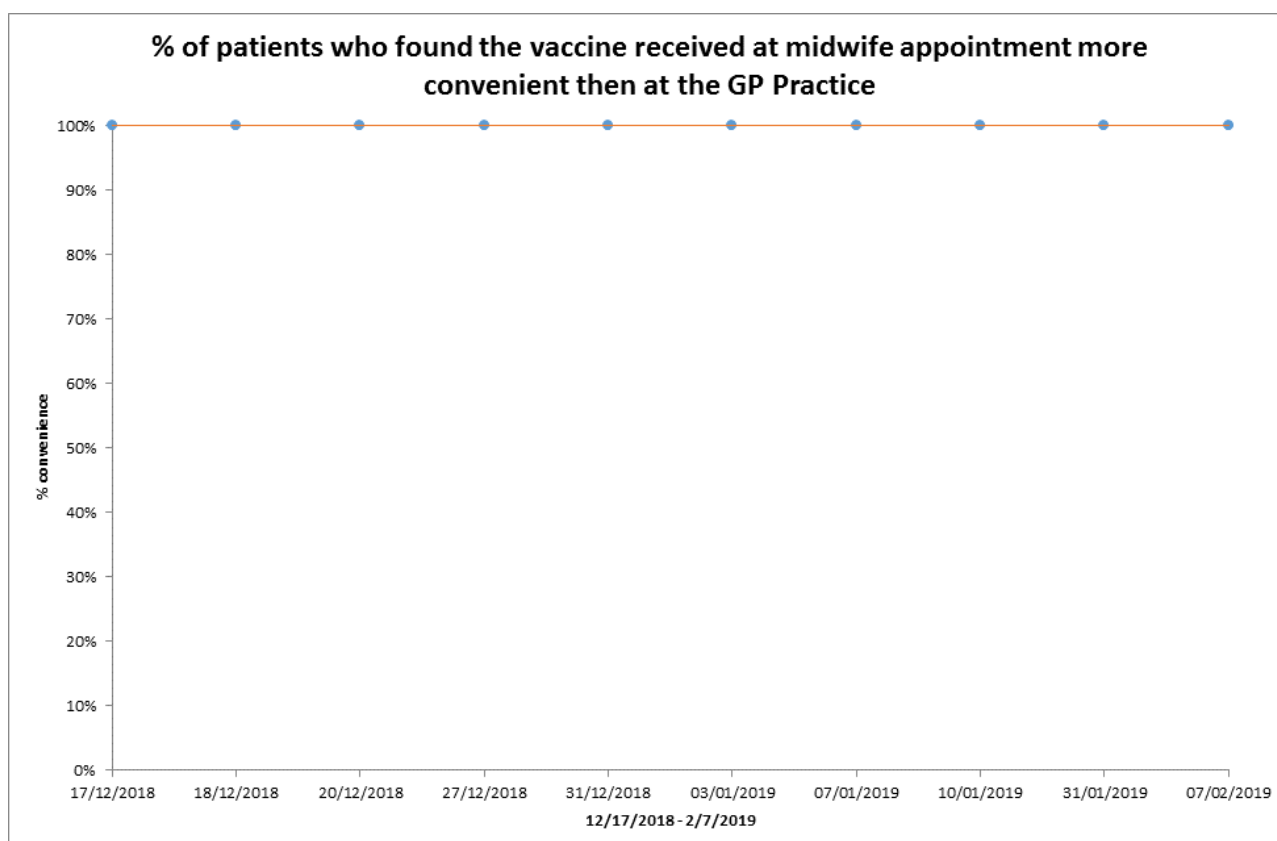
5.6 Data and measurement

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun; these are shared under Section 13. It should be noted that at this stage these are draft and being shared for information; with further revision and sign-off planned between now and the next PCIP release. At this point, final data and measurement plans will be shared along with reporting out against measures being included on a phased bases in the next and further releases.

5.7 Highlight – Pregnancy (pertussis)

One area that could have an immediate impact of workload across GPs and GP practices and could improve the uptake rates amongst patients, was the delivery of pertussis vaccination.

The tests were conducted by the Best Start Community Midwifery Teams in Larkhall and Strathaven, and in Blantyre. The results show that patients prefer the delivery of the vaccination as part of their routine midwife appointment. Another key learning was that this element of the Vaccination Transformation Programme can be delivered within the existing structures of the Community Midwifery Teams with minimal change to the standard operating protocols. With this in mind, the learning is currently being collated into the 'How-to guide' outlining the elements required to deliver this vaccination within the Community Midwifery Teams. This can then be used with the teams in other localities.



Team name	Pertussis vaccine in place by
Strathaven/Larkhall	31 January 2019
Blantyre	30 April 2019
Motherwell	19 August 2019
Lanark	30 August 2019
Bellshill	30 August 2019
Wishaw	6 September 19
Camglen	13 September 2019
Airdrie	13 September 2019
Cumbernauld	13 September 2019
Coatbridge	27 September 2019
East Kilbride	30 September 2019
Hamilton	30 September 2019

Key contact

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 Medicine david.cromie@lanarkshire.scot.nhs.uk

6. Community Treatment and Care and Urgent Care Workstream

6.1 Community treatment and care element overview

This workstream's focus is considerable in its remit due to the interdependencies of key deliverables within the contract. The workstream structure has been revised to have a Modelling and Planning Group, and an Operational Group and to ensure maximum synergy across the programme being aligned to the Urgent Care workstream. The workstream focus is on the following priority areas:

- treatment room services; and
- multidisciplinary team - additional professional roles and community link workers.

Agreed workforce investment (up to July 2019):

Year one	73.04 wte
Year two	41.18 wte
Total	114.22 wte

(Note: The year two wte allocation aligned to delivery of VTP for four months of the year, with the other eight months being aligned to GMS Community Treatment and Care services, is detailed under VTP.)

6.2 Year one summary

Year one saw considerable focus on scoping in relation to the priority areas, with progress and achievements being made. These included:

- commencing scoping to identify the resources currently deployed in these services across the localities and the different models of working between services and practices currently;
- establishing a sub-group to take forward the work on expansion of phlebotomy to provide a consistent service across Lanarkshire, which has carried a six-step workforce analysis and service scoping with associated resource approved;
- commencing development of the MDT model of working in partnership with the other workstreams, particularly the urgent care and vaccine transformation workstreams, in anticipation that each locality will have a primary care multidisciplinary team that performs multiple functions rather than multiple separate teams;
- considering and aligning learning from the Practice Administrative Staff Collaborative in model development; and
- planning further recruitment for years two and three of the programme.

6.3 Year two focus and progress

Year two has, using the revised workstream structure, seen the progress made in year one being built on with activity and priorities being identified and progressed. These include:

- recruitment and deployment of the phlebotomy and advance practitioner staff agreed in year one. Locality management teams working closely with GP

practices in their locality to agree the best use of these resources. Learning from this initial deployment will help localities establish relationships and ways of working that will support future developments;

- continuing to develop the MDT model of working in partnership with the other workstreams, particularly the urgent care, vaccine transformation workstreams and pharmacotherapy, in anticipation that each locality will have a multidisciplinary team that performs multiple functions rather than multiple separate teams;
- commencing a programme to spread learning from the Practice Administrative Staff Collaborative across Lanarkshire GP practices who wish to utilise it, including providing improvement support;
- new teams in each locality will begin to be established and ways of working with the practices in the locality will be agreed;
- planning and carrying out further recruitment of advanced practitioners and other MDT staff aligned to 'Grow your career in Lanarkshire';
- reviewing the mechanisms and alignment with the Urgent Care Workstream to ensure revisions continue to be effective; and
- scoping of treatment room services with a view to increasing over the next year.

6.4 Year three plan

The final year will require a focus on continued progress towards delivery of the priority areas required to be established in Lanarkshire. The following activity can already be identified and these will be reviewed and amended in the next release of the PCIP:

- Significant recruitment to extend the model of working in each locality across Lanarkshire.

6.5 Timeline

This will be provided in the next release of the PCIP following approval of the associated Primary Care Multidisciplinary Team Model paper in August 2019.

6.6 Data and measurement

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun; these are shared under Section 13. It should be noted that at this stage these are draft and being shared for information; with further revision and sign-off planned between now and the next PCIP release. At this point, final data and measurement plans will be shared along with reporting out against measures being included on a phased bases in the next and further releases.

6.7 Highlight – Phlebotomy

Both the North Phlebotomy Implementation Group and South Treatment Room Group are attended and supported by the Primary Care Improvement Team.

North treatment rooms

North localities have been supported by the Primary Care Improvement Team to process map their current patient journey helping them to identify opportunities for service improvement. A number of teams are testing new referral processes to improve transfer of information between referrer and phlebotomy staff. Others are looking to adopt drop-in clinics in order to offer a more person-centred approach.

The Houldsworth phlebotomy service has tested TrakCare as a possible patient appointment system. The previous MRBS system did not meet service requirements, crashing on a regular basis and providing no means of reporting. A summary of learning from this test is as follows:

Successes:

- TrakCare did not crash like MRBS does.
- TrakCare facilitates data extraction and reporting to support service and workforce planning.
- Time to book in a patient on TrakCare reduced from a median of four minutes at the start of the two-week testing period to two minutes at the end.

Challenges

- Some functions on TrakCare make it more difficult to move patient appointments around when required or view clinics on one screen.
- Two different booking systems (TrakCare and MRBS) make it time consuming for staff to book appointments if the patient requires multiple procedures (for example, bloods and wound management).

Learning from this test has been fed into the GMS Digital Workstream Group to inform discussions regarding next steps.

South treatment rooms - 'Bloods and Go' at Hunter Community Health Centre

The Phlebotomy team in Hunter Community Health Centre (HCHC) has been on a journey over the past two years improving outcomes for both patients and staff. With an average three-week waiting time for bloods, patient complaints, poor morale among staff and a need for clearer direction within the team; the service agreed that it was time for change!

The overall aim was to re-design the East Kilbride Treatment Room Service in order to reduce patient waiting times and improve staff experience. Quality Improvement training was provided and a monthly user group formed with representation from treatment room staff, GP practices and service users. A new drop-in service was tested with one GP practice with an accompanying standard operating procedure. A number of changes were made to the existing staffing structure providing leadership roles, additions to the nursing/phlebotomy team and dedicated admin support. Referral paperwork was revised to improve communication between

referrer and the service. Adaptations were made to both the waiting area and treatment rooms allowing for more timely flow of patients.

The drop-in service is now offered to all six practices in HCHC and across East Kilbride. A three-week wait has been reduced to on-the-day bloods. The DNA rate has been reduced from 235/month in May 2018 to 40/month in May 2019. Positive patient feedback was gained, the following being just one example: *“The drop in service for blood test is excellent. Quick, efficient and with professional and warm welcome.”*

Learning is being captured and will be shared locally for wider phlebotomy teams to consider testing and adaptation.

Key contact

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6.8 Urgent care in-hours element overview

By 2021 there will be a sustainable provision available to assess and treat urgent and unscheduled care presentations and home visits across Lanarkshire. To ensure maximum synergy across the programme the workforce for this deliverable will be hosted within the Primary Care Multidisciplinary Team. This workstream will specifically concern itself with the development of a service that will provide support for urgent unscheduled home visits, in the first instance.

As the model for delivery for the current focus of in-hours urgent care is aligned to the Primary Care Multidisciplinary Team, the workforce investment (up to July 2019) is contained within the figures detailed under Section 6, Community Treatment and Care.

6.8.1 Year one summary

Year one saw considerable focus on scoping in relation to the identified priority of home visits. Progress and achievements have included:

- scoping to understand current models and develop new ones undertaken;
- consideration of the development of a new workforce to undertake advanced and extended scope practice as well as the development of effective governance and assurance mechanisms to be established;
- baseline survey to inform the model development by the workstream, carried out sent out to all GP practices in mid-November 2018;
- engaged in discussion with Scottish Ambulance Service regarding the opportunity to include both training opportunities for Specialist Paramedics and Advance Paramedics and the allocation of Specialist Paramedics and Advance Paramedics within the urgent care in-hours model;
- reviewed the mechanisms and alignment with the Community Treatment and Care Workstream to ensure urgent care is considered as part of the primary care multidisciplinary team, ensuring full utilisation of this workforce and ensuring that the workforce recruited as part of this workstream have fully delivered the requirements of urgent care as agreed by oversight group in accordance nGMS2018 principles; and
- commenced Advanced Nurse Practitioner (ANP) tests of change looking at the ability of resource sharing across a number of GP practices for urgent home visits.

6.8.2 Year two focus and progress

Year two has seen the progress made in year one being built on, with activity and priorities being identified and progressed. These include:

- the conclusion and evaluation of the Advanced Nurse Practitioner (ANP) tests of change looking at the ability of resource sharing across a number of GP practices for urgent home visits;
- considering the learning of Practice Administrative Staff Collaborative, specifically Care Navigation, and the supporting foundation it offers to the model being delivered;

- completing the workforce plan detailing those members of the Primary Care Multidisciplinary Team who will have roles in urgent care as well as those of advance practitioners;
- agreeing and beginning the implementation of roll-out across practices, with GP practices at the centre of the triage model, as agreed with the GP Sub-committee; and
- continuing engagement with Scottish Ambulance Service regarding the opportunity to include both training opportunities for Specialist Paramedics and Advance Paramedics and the allocation of Specialist Paramedics and Advance Paramedics within the urgent care in-hours model.

6.8.3 Year three plan

The final year will require a focus on continued progress towards achievement of a sustainable provision available to assess and treat urgent and unscheduled care presentations and home visits across Lanarkshire. The following activities can already be identified and these will be reviewed and amended in the next release of the PCIP:

- Finalise recruitment roll-out to all practices.

6.8.4 Timeline

This will be provided in the next release of the PCIP following approval of the associated Primary Care Multidisciplinary Team Model paper.

6.8.5 Data and measurement

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun; these are shared under Section 13. It should be noted that at this stage these are draft and being shared for information; with further revision and sign-off planned between now and the next PCIP release. At this point, final data and measurement plans will be shared along with reporting out against measures being included on a phased bases in the next and further releases.

6.8.6 Highlight – ANP test

Three practices (St Luke's, Highmill, and Woodstock) in the semi-rural Clydesdale cluster were chosen to participate in the first test of ANP home visits from 8 April 2019 to 17 May 2019.

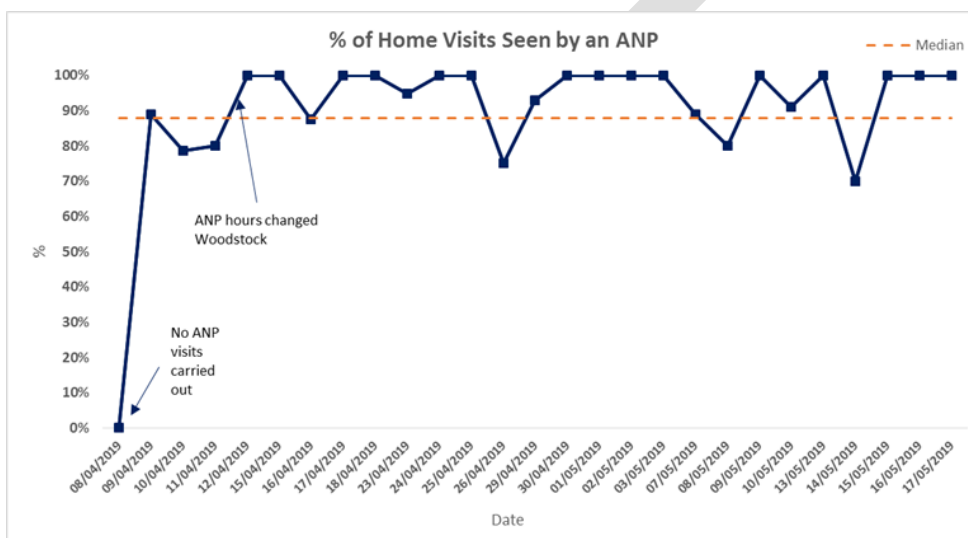
Overall the test was very positive and has shown that GP time has been released across all three practices:

- 92% (234) of all home visits have been carried out by an ANP (*figure 1*).
- The ANPs spent approximately 39 hours travelling to patients.
- The ANPs spent approximately 103 hours with patients.
- The ANPs spent approximately 56 hours updating clinical records and admin related tasks.
- This is a combined total of 198 hours.

- The majority of the patients (64%) seen by an ANP were assessed and discharged with or without a prescription.
- 14% of the patients seen by an ANP were admitted to hospital. Admissions were reviewed on a regular basis and it was agreed that all were appropriate admissions to hospital. The average length of stay for those patients admitted was three days.

Next steps;

- Reflect on results and feedback and review and update the process map.
- Planning for test two in North Lanarkshire.
- Update the measurement plan based on findings from test.



Key contact

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7. Premises Workstream

7.1 Overview

This workstream has the function of providing a mechanism to administer GP sustainability loans, transfer of leases and transfer of ownership of premises, which are key enablers of the GMS contract. Its aim is to implement the National Code of Practice for GP premises in-line with the mandate of the General Medical Services (GMS) 2018 contract in order to:

- reduce the risks associated with GPs as independent contractors owning or leasing practice premises, thereby removing barriers to GP recruitment, retention and retirement and enhancing GP sustainability; and
- facilitate delivery of multidisciplinary arrangements as envisaged in the Primary Care Improvement Plan.

The workstream also provides a point for consideration of GMS / primary care property issues, with existing corporate structures being fed into - these being the Programme Boards for Primary Care Service and then onto the Property Strategy Group, if necessary.

7.2 Year one summary

Year one saw the establish of the workstream group and progress and achievement of:

- reviewing, prioritising and processing to Scottish Government the first tranche of applications for sustainability loans;
- a register of applications for NHS Lanarkshire to take over leases or form new ones has been established and applications prioritised. The process of progressing the first five has commenced;
- identifying concern that the above is all very new and uncharted for the GPs and further information and advice is needed;
- additional resource for the Property and Support Services Division (PSSD) to support current and forthcoming changes to leaseholder/ownership of primary care premises established; and
- all workstreams identifying premises needs and possible challenges as PCIP workforce develops.

7.3 Year two focus and progress

Year two will build on the progress made in year one with activity and priorities being identified and progressed. These include:

- continuing to progress the re-assignment of leases from GP partnerships to NHS Lanarkshire; and
- working with other PCIP workstreams to scope the accommodation requirements for the future primary care workforce.

7.4 Year three plan

The final year will require a focus on continued progress of the delivery and continuation of the activity detailed under year two along with integrating the work of this workstream into the overarching NHS Lanarkshire Property Strategy 2020.

7.5 Data and measurement

Number of sustainability leases applications made (round 1)	16
Number of sustainability leases applications approved by Scottish Government (round 1)	16
Number of sustainability leases applications being progressed GP practices (round 1)	15
Number of applications received registering leases identified as possible transfers	9
Number of assignments being investigated / scoped	3
Number of assignments completed	1

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun; these are shared under Section 13. It should be noted that at this stage these are draft and being shared for information; with further revision and sign-off planned between now and the next PCIP release. At this point, final data and measurement plans will be shared along with reporting out against measures being included on a phased bases in the next and further releases.

Key contact

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8. Communications and Engagement Plan

8.1 Overview

The delivery of effective communications and engagement will support the development and implementation of the Primary Care Improvement Plan (PCIP). All support will use the OASIS (Objectives, Audience, Strategy, Implementation, Scoring) approach created by the Government Communication Service, to ensure consistency. Communication needs to be timely and appropriate and takes the public / staff / services users along on the journey.

8.2 Year one summary

Year one saw a focus on developing a high level communications and engagement strategy and recruiting to deliver this aspect of work. Priority activity and achievements have included:

- communications and engagement strategy developed and approved;
- development of a communications implementation plan (based on the strategy) which details the key messages, audiences and methods. This has been signed off by the Workstreams leads group and will be updated every quarter to reflect workload;
- refreshed Twitter account to attract more followers and use as an engagement tool;
- used the established 'iN TOUCH' newsletter to cascade messages to GP colleagues. This will be issued regularly; and
- creating a short animation to introduce the PCIP, along with various frequently asked questions documents to give an overview of the plan. These have been used at various events.

8.3 Year two focus and progress

Year two will focus on more detailed communications to support the workstreams. The progress of the plan will also allow more engagement with the public. Priority activity and achievements so far, have included:

- continued updates for GPs through 'iN TOUCH' newsletter. Distribution list for this has been reviewed and it is now circulated more widely, with positive feedback;
- updates also provided through NHS Lanarkshire staff magazine and in magazines for local community groups;
- attendance at various community and staff groups, further dates are scheduled and looking at other opportunities;
- supporting tests of change – for example, Advanced Nurse Practitioner – created weekly infographic to share on twitter, developing short video on the overall work;
- continued support for workstreams to ensure details of their work is being communicated appropriately;
- more of a focus on 'Grow your career in Lanarkshire' – to encourage people to work and develop their career locally;

- www.thisislanarkshire.org website has been reviewed and refreshed to give it a more modern feel and make it more user-friendly. This will be continually reviewed and updated;
- more focus on social media and use of short videos for engaging with staff / stakeholders / service users / public; and
- creation of flash report template to provide regular updates to groups overseeing the work of the PCIP.

8.4 Year three plan

The Communications and Engagement plan and accompanying implementation plan will be reviewed and updated at the end of year two to ensure it meets all requirements and will be shared in subsequent releases of the PCIP.

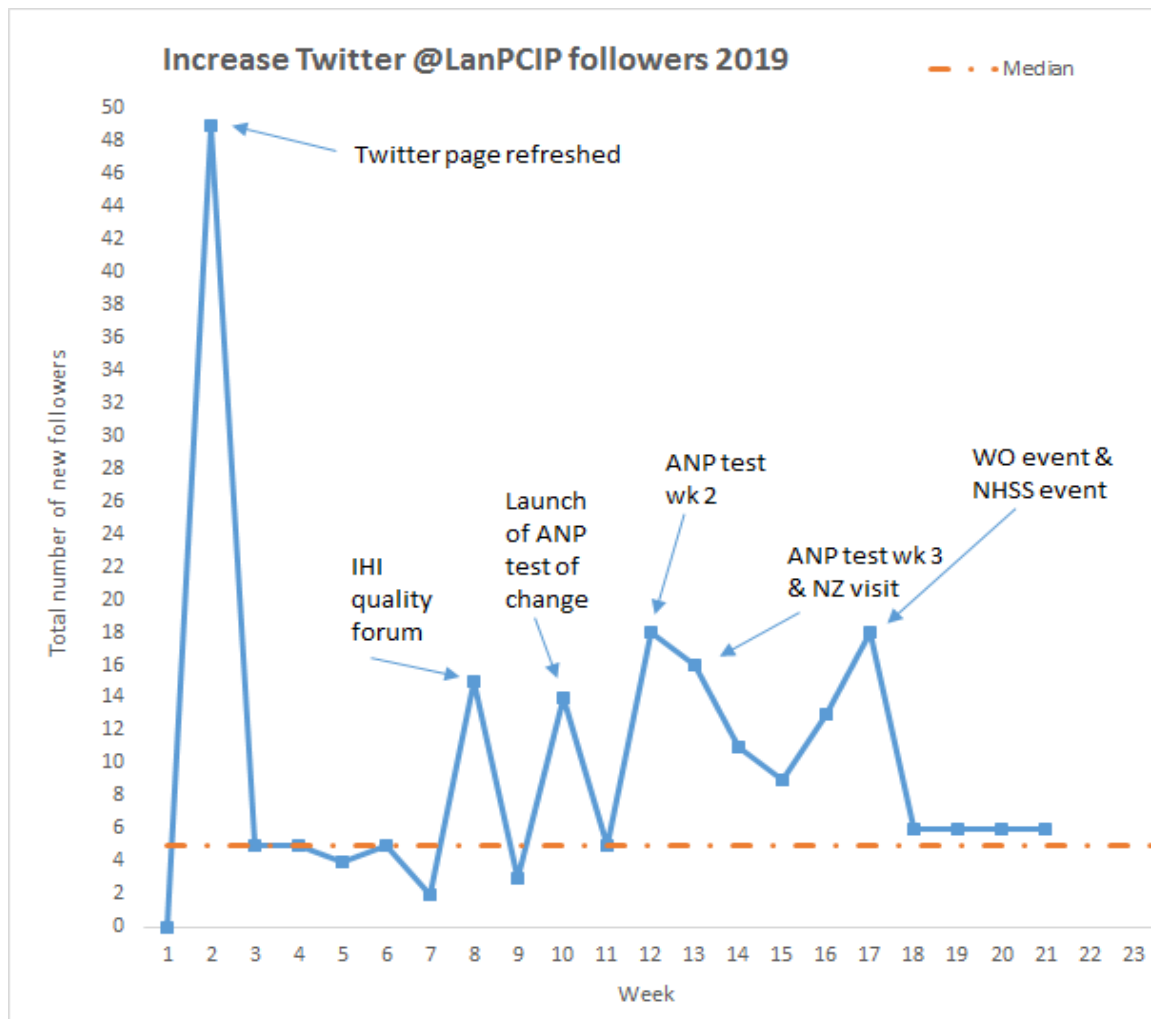
8.5 Data and measurement

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun; these are shared under Section 13. It should be noted that at this stage these are draft and being shared for information; with further revision and sign-off planned between now and the next PCIP release. At this point, final data and measurement plans will be shared along with reporting out against measures being included on a phased bases in the next and further releases.

8.6 Highlight – twitter

The main highlight so far has been the refresh of the Twitter account @LanPCIP in February 2019. Since then the number of followers has more than doubled and continues to rise, with an average of five new followers a week. The most successful tweets include pictures and video content.

So far, the account has been successfully used for sharing learning, recruitment, attending events, feedback, highlighting awards, training and team development.



Median = five new followers a week

Key contacts

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Louise Nicol, Communications and Engagement Officer, Primary Care Improvement

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9. Workforce Plan

9.1 Overview

It is recognised that effective workforce planning is required to support the achievement of the PCIP.

9.2 Year one summary

Year one saw a focus on establishing a resource to support all aspects of workforce planning and considering a plan that will deliver an approach aligned to the PCIP.

Priority activity and achievements have included:

- recruitment of a fixed-term Senior Workforce Analyst to work alongside Workforce Planning Manager was attempted, but as yet has been unsuccessful;
- one WTE Band 3 Recruitment Assistant is in place to support the recruitment process for PCIP;
- recruitment of fixed term 0.6 WTE Band 3 Workforce Planning Administrator, allowing Workforce Planning Manager to maintain momentum for workforce planning support to GMS workstreams; and
- engagement with Senior Improvement Manager to draft, collate and analyse workforce information requests where required.

9.3 Year two focus and progress

Year two will focus on more detailed workforce planning support. Priority activity and achievements so far, have included:

- continued engagement with Senior Improvement Manager to draft, collate and analyse workforce information requests where required;
- hosting training and information sessions on 6 Steps Methodology for Workforce Planning to workstream leads, and provide guidance and structure for completing Workforce plans for each workstream;
- providing assistance to compile data from workstreams into a single overarching GMS Workforce plan; and
- engaging with the Medical Director, South Lanarkshire Health and Social Care Partnership and Senior Improvement Manager to assess any ongoing need for workforce planning assistance beyond the initial draft of the GMS Workforce Plan.

9.4 Year three plan

The workforce plan will be revised based on the assessment of any ongoing need for workforce planning assistance beyond the initial draft of the GMS Workforce Plan.

9.5 Data and measurement

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun; these are shared under Section 13. It should be noted that at this stage these are draft and being shared for information; with further revision and sign-off planned between now and the next PCIP release. At this point, final data and measurement plans will be shared along with reporting out against measures being included on a phased bases in the next and further releases.

Key contacts

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10. GP Digital Plan

10.1 Overview

The purpose of the GMS Digital workstream is to enable alignment of technology solutions with the wider GP Digital Transformation Group and the associated Digital Plan. A key challenge in year one has been the marrying of local service re-design objectives with the timeliness of technology solutions which are nationally led and not yet available. This has led inevitably to the exploration and development of work around solutions for certain areas – for example, use of Trakcare for treatment rooms and use of established remote access systems for ANP nursing to access the GP system. A considerable amount of work is underway in respect of the digital infrastructure which will support, but is not part of, the work of the PCIP.

The main priority areas for digital in respect of the GMS2018 Contract are the GP IT re-provisioning, Community System Replacement and GP Joint Data Controller support from the Board for practices. In the case of the latter this is in the process of being established with the addition of one member of staff to the Board's Data Protection Team and another scheduled for early autumn 2019. The Community System replacement programme has been underway from April 2019. The GP re-provisioning programme is scheduled to commence as a formal programme of work, involving significant GP practice engagement in the autumn/winter of 2019. In the medium term (2020/2021) the Digital workstream of the PCIP will seek to leverage these system developments to address many of the issues and requests that arise from the other workstreams in the programme.

10.2 Year one summary

Year one has seen progress and achievements being made, these are improvements to systems that are important in supporting practices but are not necessarily part of the PCIP. These included:

- GMS Digital workstream established;
- meeting with workstream leads to ensure feed into the Digital Plan held and further activity to continue this feed in identified;
- GP joint data control being progressed through the formation of a GP GDPR group as well as changes in respect of key policy documentation including information security information to make it align more closely with GP practices;
- community system replacement progressed with business case completed and approved. Supplier identified and implementation plan for set-up and migration being developed;
- SPIRE roll-out to all GP practices being progressed by e-Health Applications Team. In final stages of completion, audit being conducted to test practice access;
- GP2GP roll-out for Vision practices is currently on hold until the supplier resolves a known issue. EMIS is understood to be in a state of readiness but not rolled-out;

- Docman 75500, a pre-requisite for GP2GP, has been fully rolled out across all practices in NHS Lanarkshire;
- Cyber Essentials Accreditation achieved October 2018;
- national GP website development, led by NHS24. Hosted a number of workshops with NHS24 to seek the views of general practice staff and practitioners as well as separate events involving members of the public to assist NHS24 to understand requirements;
- Windows 10 PC migration as a whole commenced early 2019, testing is ongoing within GP practices due to issues with supplier software;
- key stakeholders workshop held, identified a need to wider communications of Digital Plan; 'road map' to be developed in conjunction with Communications and Engagement Officer;
- Trakcare booking system testing commenced to consider fit as appropriate support to phlebotomy / treatment room;
- Vision Anywhere testing in respect of its use in treatment rooms and MDT working scoped and agreed; and
- participated nationally in GP system re-provisioning programme.

10.3 Year two focus and progress

Year two has seen the progress made in year one being built on with the activity and priorities being identified and progressed. These include:

- GP Joint Data Control activity continuing to be progressed with associated posts identified and recruitment being undertaken; once team in place activity will focus on policy and protocol development in the provision of a Data Protection service to practices;
- Trakcare booking system testing to continue in order to determine if it is appropriate support to phlebotomy / treatment rooms. Decision to be taken as part of review as to whether the Trakcare solution should be further extended;
- support for remote access to GP systems provided for ANP for urgent care in-hours test. Learning captured and identified opportunity to include in further test in September;
- Vision Anywhere/Central services solution for MDT and treatment room working being technically configured with a view to testing commencing in the autumn of 2019;
- GP IT pe-provisioning in implementation phase, NHS Lanarkshire to progress engagement activities with practices as well as agree process for cohort formation and mini competition;
- PCIP workstream IT Digital requirements to be captured and considered against Digital Plan to ensure shared understanding of current and future function and timeline for future function availability;
- work commenced to acquire Cyber Essentials Accreditation Plus;
- serial prescribing being rolled out across NHS Lanarkshire;
- Windows 10/Office 2013 and PC asset replacement to be rolled out to all practices during 2019/2020;

- commencing migration of GP Windows 2008 servers;
- completion of SPIRE rollout following access audit to SPIRE Central, July/August 2019;
- continuing to monitor position of GP2GP with InPractice Systems. Seek resolution of existing technical issues and commence roll-out;
- roll-out Niche product in support of SARs in GP practices; and
- commencing initial roll-out of MORSE system.

10.4 Year three plan

Many of the activities identified in years one and two will still be in delivery in year three, including MORSE and GP IT provisioning. It is also likely that as workstreams acquire a mature understanding of their intended operating requirements this will inform the GMS Digital workplan.

The final year will require a focus on continued progress towards delivery of PCIP priority IT Digital solutions as part of the wider Digital Plan.

10.5 Data and measurement

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun. While these are shared under Section 13 further consideration of areas captured under Digital IT is required and will be contained in future releases.

Key contact

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11. Finance Framework

Year one 2018/19

Year one funding identified for the programme was £4.70m together with £0.948m of mainstreamed pharmacy funding, a total funding stream of £5.649m. Scottish Government only allocated 70% of the new funding.

NHS Lanarkshire was allocated £3.291m together with pharmacy funding, now mainstreamed at £0.976m, a total of £4.267m.

The balance of the 30% is still available to be called down in future years at £1.410m. Spend in year one against the allocated funding was £3.479m resulting in a declared underspend of £0.788m.

Programmes initially started through the Primary Care Transformation funds continued with spend from the Primary Care Improvement Fund as well as new initiatives identified from the 2018 GMS Contract. This included additional pharmacy support, Advanced Nurse Practitioners and permanent improvement support staff.

The balance of the 30% funding not yet allocated of £1.410m, as well as the underspend declared at £0.788m which has been ring-fenced in the reserves position will be available in year two, a total of £2.198m.

Year two 2019/20

Year two funding has not yet been allocated by the Scottish Government, but the original plan identified that £6.791m would be allocated to NHS Lanarkshire. The mainstreamed pharmacy fund is still included over and above that value with a total fund expected of £7.767m. This assumes 100% funding will be available for year two.

Year two has continued to allocate additional pharmacy support as well as additional nursing posts to increase capacity in treatment rooms, particularly additional capacity in phlebotomy. Additional nursing staff have been approved to support the first phase of the vaccination programme as well as additional support for the treatment room.

Non-recurring spend has also been approved to support premises alterations to support the treatment room capacity. Premises spend continues to be approved to support the transfer of leases to NHS Lanarkshire and to-date one has been successfully transferred, with at least another two expected to be transferred before the end of year two. The funding approved included a property manager and costs for maintenance and legal and survey fees associated with these.

Some additional support posts have also been approved, particularly to support Primary Care Administration and HR/Workforce support.

Continued funding is also included to support the digital agenda with an additional GP IT facilitator post and some funding continues to be allocated to cover a small amount of recruitment and retention areas.

Currently spend in year two is identified at £10.748m with funding available for year two at £7.767m. This assumes an overspend position of £2.981m.

This funding gap will be funded with the £2.198m of year one funding not yet utilised and also assumes that the resultant balance of £0.783m will be taken from the Primary Care Transformation fund in reserves. This will be paid back to the transformation fund over the next two years.

Updates on current spend will continue to be monitored throughout the year.

Year three 2020/21

Total funding is expected to be £14.587 in year three and this will cover the full year impacts of all those areas funded up to year two.

Additional funding from the transformation fund is also expected to be used in year with a forecast at this stage reflecting a spend programme of £16.157m

Key contact

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12. Data and measurement plans

The need to measure progress and improvement is critical. To this end, the drafting of data and measurement plans has begun; these are shared under Section 13. It should be noted that at this stage these are draft and being shared for information; with further revision and sign-off planned between now and the next PCIP release. At this point, final data and measurement plans will be shared along with reporting out against measures being included on a phased bases in the next and further releases.

Name of measure	Concept being measured and why it's important to look at this	Operational definition	Data collection	Presentation
Vaccinations				
<p>Process measure</p> <p>Whole time equivalent of staff employed to deliver agreed vaccinations across NHS Lanarkshire.</p>	<p>This measure will ensure that the correct staffing level is in place to deliver the aims of the GMS Contract.</p>	<p>This will be displayed as a count of all staff in post having completed mandatory induction and assigned to their team/site.</p>	<p>All data will be collected via the Primary Care Improvement Team.</p>	<p>This data will be displayed on a line chart showing a cumulative count each month for the 'corporate recruitment' – for example, all staff across all localities.</p>
<p>Process measure</p> <p>Whole time equivalent of staff recruited but not yet in post to deliver agreed vaccinations across NHS Lanarkshire.</p>	<p>This measure will ensure that the correct staffing level is in place to deliver the aims of the GMS Contract.</p>	<p>This will be displayed as a count of all staff who have been recruited, including at the induction stage, but are not yet in post/assigned to their team or site.</p>	<p>All data will be collected via the Primary Care Improvement Team.</p>	<p>This data will be displayed on a line chart showing a cumulative count each month.</p>
<p>Outcome measure</p> <p>Number of vaccinations given across NHS Lanarkshire.</p>	<p>This measure will show progress made towards agreed vaccinations being delivered by the vaccination team and not GPs.</p>	<p>Numerator: Total number of eligible patients who receive vaccination from the vaccination team.</p> <p>Denominator: Total number of patients eligible</p>	<p>There will be no sampling. National HPS data will be used.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • House bound patients under the 	<p>This data will be displayed on a run chart showing monthly numbers.</p>

		for agreed vaccination This measure will displayed as a %	care of district nursing • Travel vaccinations	
Balancing measure Number of vaccinations given across NHS Lanarkshire year on year.	This measure will show the change in uptake rate of vaccinations across Lanarkshire.	This will be displayed as a count of the vaccinations delivered to patients across Lanarkshire per year.	The data is accessible via HPS in the Vaccination portal.	This data will be displayed on a run chart.
Balancing measure % of vaccination workforce leaving post.	This measure will show the turnover of staff delivering on the vaccinations programme.	Numerator: Total number of vaccination staff who have left post. Denominator: Total number of staff required to deliver the vaccination programme. This measure will displayed as a %	All data will be collected via the Primary Care Improvement Team.	This data will be displayed on a run chart. Monthly data will be displayed.
PASC				
Process measure % of practices are engaged in care navigation.	This measure will show the spread of care navigation across NHS Lanarkshire against agreed trajectory.	Numerator: Total number of GP Practices in NHS Lanarkshire engaged care navigation. Denominator: Total number of GP practices in NHS Lanarkshire. This measure will displayed as a %	There will be no sampling. All data will be collected via the Primary Care Improvement Team. There are no planned exclusions.	This data will be displayed on a line chart showing a cumulative count each month of practices actively delivering care navigation.

Outcome measure Qualitative outcomes from patients and staff.	This measure will show the impact of the care navigation on the patient and staff in practices.	This will be presented as a series of case studies.	The data will be sampled from the participating practices.	This data will be displayed as case studies.
Process measure % of practices engaged in workflow optimisation.	This measure will show the spread of workflow optimisation across NHS Lanarkshire against agreed trajectory.	Numerator: Total number of GP practices in NHS Lanarkshire engaged in workflow optimisation. Denominator: Total number of GP practices in NHS Lanarkshire. This measure will be displayed as a %	There will be no sampling. All data will be collected via the Primary Care Improvement Team. There are no planned exclusions.	This data will be displayed on a line chart showing a cumulative count each month of practices actively delivering workflow optimisation.
Outcome measure % of documents diverted safely away from the GP.	This measure will show the % of documents no longer reviewed by the GP and the potential time saved.	Numerator: Total number of patient related documents not sent to GP. Denominator: Total number of patient related documents sent to Docman across NHS Lanarkshire. This measure will be displayed as a %	All data will be collected from docman, locally from the practices. There will be a sampling strategy in place.	This data will be displayed on a run chart.
Community Treatment and Care				
Process measure Whole time equivalent of staff employed to deliver community treatment and care across NHS Lanarkshire.	This measure will ensure that the correct staffing level is in place to deliver the aims of the GMS contact.	This will be displayed as a count of all staff in post having completed mandatory induction and assigned to their team/site.	All data will be collected via the Primary Care Improvement Team.	This data will be displayed on a line chart showing a cumulative count each month for the 'corporate recruitment' – for example, all staff

				<p>across all localities.</p> <p>Each discipline will be shown on an individual line chart.</p>
<p>Process measure</p> <p>Whole time equivalent of staff recruited but not yet in post to deliver community treatment and care across NHS Lanarkshire.</p>	<p>This measure will ensure that the correct staffing level is in place to deliver the aims of the GMS Contact.</p>	<p>This will be displayed as a count of all staff who have been recruited, including at the induction stage, but are not yet in post/assigned to their team or site.</p>	<p>All data will be collected via the Primary Care Improvement Team.</p>	<p>This data will be displayed on a line chart showing a cumulative count each month.</p> <p>Each discipline will be shown on an individual line chart.</p>
<p>Process measure</p> <p>Spread of community treatment and care across GP practices in NHS Lanarkshire</p>	<p>This measure will show the spread of community treatment and care across NHS Lanarkshire against agreed trajectory.</p>	<p>Numerator: Total number of GP practices in NHS Lanarkshire with a [enter discipline] in post</p> <p>Denominator: Total number of GP practices in NHS Lanarkshire.</p> <p>This measure will be displayed as a % for each discipline.</p>	<p>There will be no sampling. All data will be collected via the Primary Care Improvement Team.</p> <p>There are no planned exclusions.</p>	<p>This data will be displayed on a line chart showing a cumulative count each month of practices with a MDT in place.</p> <p>Each discipline will be shown on an individual line chart.</p>
Pharmacotherapy				
<p>Process measure</p> <p>Whole time equivalent of staff employed to deliver pharmacotherapy across NHS Lanarkshire.</p>	<p>This measure will ensure that the correct staffing level is in place to deliver the aims of the GMS contact.</p>	<p>This will be displayed as a count of all staff in post having completed mandatory induction and assigned to their team/site.</p>	<p>All data will be collected via the Primary Care Improvement Team.</p>	<p>This data will be displayed on a line chart showing a cumulative count each month for the 'corporate recruitment' – for example, all staff across all localities.</p>
<p>Process measure</p>	<p>This measure will ensure that the</p>	<p>This will be displayed as a</p>	<p>All data will be collected via the</p>	<p>This data will be displayed on a</p>

Whole time equivalent of staff recruited but not yet in post to deliver pharmacotherapy across NHS Lanarkshire.	correct staffing level is in place to deliver the aims of the GMS Contact.	count of all staff who have been recruited, including at the induction stage, but are not yet in post/assigned to their team or site.	Primary Care Improvement Team.	line chart showing a cumulative count each month.
Process measure Spread of pharmacotherapy across GP practices in NHS Lanarkshire.	This measure will show the spread of pharmacotherapy across NHS Lanarkshire against agreed trajectory.	Numerator: Total number of GP practices in NHS Lanarkshire with pharmacotherapy services in place Denominator: Total number of GP practices in NHS Lanarkshire This measure will be displayed as a %	All data will be collected via the Primary Care Improvement Team. There are no planned exclusions. This includes levels 1, 2 and 3.	This data will be displayed on a line chart showing a cumulative count each month of practices with pharmacotherapy services in place.
Urgent Care				
Process measure Whole time equivalent of staff employed to deliver urgent care services across NHS Lanarkshire.	This measure will ensure that the correct staffing level is in place to deliver the aims of the GMS Contact.	This will be displayed as a count of all staff in post having completed mandatory induction and assigned to their team/site.	All data will be collected via the Primary Care Improvement Team.	This data will be displayed on a line chart showing a cumulative count each month for the 'corporate recruitment' – for example, all staff across all localities. Each discipline will be shown on an individual line chart.
Process measure Whole time equivalent of staff recruited but not yet in post to deliver urgent care services across NHS Lanarkshire.	This measure will ensure that the correct staffing level is in place to deliver the aims of the GMS Contact.	This will be displayed as a count of all staff who have been recruited, including at the induction stage, but are not yet in post/assigned to their team or site.	All data will be collected via the Primary Care Improvement Team.	This data will be displayed on a line chart showing a cumulative count each month. Each discipline will be shown on

				an individual line chart.
<p>Process measure</p> <p>Spread of urgent care services across GP practices in NHS Lanarkshire.</p>	<p>This measure will show the spread of urgent care services across NHS Lanarkshire against agreed trajectory.</p>	<p>Numerator: Total number of GP practices in NHS Lanarkshire with a [enter discipline] in post.</p> <p>Denominator: Total number of GP practices in NHS Lanarkshire.</p> <p>This measure will be displayed as a % for each discipline.</p>	<p>There will be no sampling. All data will be collected via the Primary Care Improvement Team.</p> <p>There are no planned exclusions.</p>	<p>This data will be displayed on a line chart showing a cumulative count each month of practices with a MDT in place.</p> <p>Each discipline will be shown on an individual line chart.</p>

13. Wider primary care developments **changed title to reflect contents page**

It is recognised that the PCIP will be implemented in a complex health and social care landscape. There are a number of initiatives across the system which are progressing change and improvement, while not part of the PCIP, will impact significantly on its aim of providing better services for patients by changing the way primary care is delivered to support GPs in their expert medical generalist role. It is important to give examples of this wider system working and the opportunity has been taken here to highlight the progress being made by the Telehealth Programme.

13.1 Telehealth

The development of the Telehealth programme has rapidly expanded over the past four years.

The use of Florence text messaging for remote monitoring of hypertension has been set up in 80 general practices. More than 3,800 patients have been recruited saving approximately 15,000 appointments, resulting in faster clinical decision-making and improved condition management. A number of other conditions including COPD, diabetes, health improvement and mental health (supporting the Beating the Blues on line resource) have benefitted from this system.

Attend Anywhere virtual consultations have been made available to the community teams, including their links with social care partners, specialist nurses and AHPs and community mental health linking with Ward 20 in Hairmyres Hospital. The introduction into general practice as an improvement study is underway. Links between primary and secondary care, social services and carers are already improving discharge liaison, communication and access to resources.

The recruitment of a Band 7 Improvement Manager (Telehealth) will lead the aspects required to ensure sustainability of this programme.

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