

Lanarkshire Primary Care Improvement Plan (PCIP)

GMS Contract 2018

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Foreword

The initial Primary Care Improvement Plan 2018-2021 is a reflection of Lanarkshire's ambition to take a system wide approach to transforming General Medical Services (GMS) and wider primary care services. 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 will support the implementation of Lanarkshire Health and Social Care Strategies 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 those who deliver them.

The initial PCIP is being delivered in the challenging context of changing times within General Practice and the wider health & social care system that will drive the need for change i.e. 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 initial PCIP we want to acknowledge the thoughtful contributions of our NHS Board, IJB and GP Subcommittee members alongside key partner organisations and all our staff whose suggestions have been invaluable in helping us develop our plan.

The initial Primary Care Improvement Plan, July 2018 is approved on behalf of the noted organisations by:



Phil Campbell

Chair of Integrated Joint Board
South Lanarkshire



Calum Campbell

Chief Executive
NHS Lanarkshire



Councillor Paul Kelly

Chair of Integrated Joint Board
North Lanarkshire



Keith McIntyre

Chair of GP Subcommittee
Lanarkshire

Date: 18th July, 2018

1. Purpose of this Document

The purpose of this document is to provide a broad overview and serve as a baseline which sets 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 from 1st April, 2018 to March 2020 before revising progress with the Memorandum of Understanding (MoU) and into stage two of the GMS Contract and into 2020/21.

This is a working document and is Lanarkshire’s *initial* Primary Care Improvement Plan (PCIP), one of six to be completed over the period of the programme of work – see table 3, page 20. This document will be continually revised with updated information as plans for the work streams are developed until a final version is approved through the agreed process.

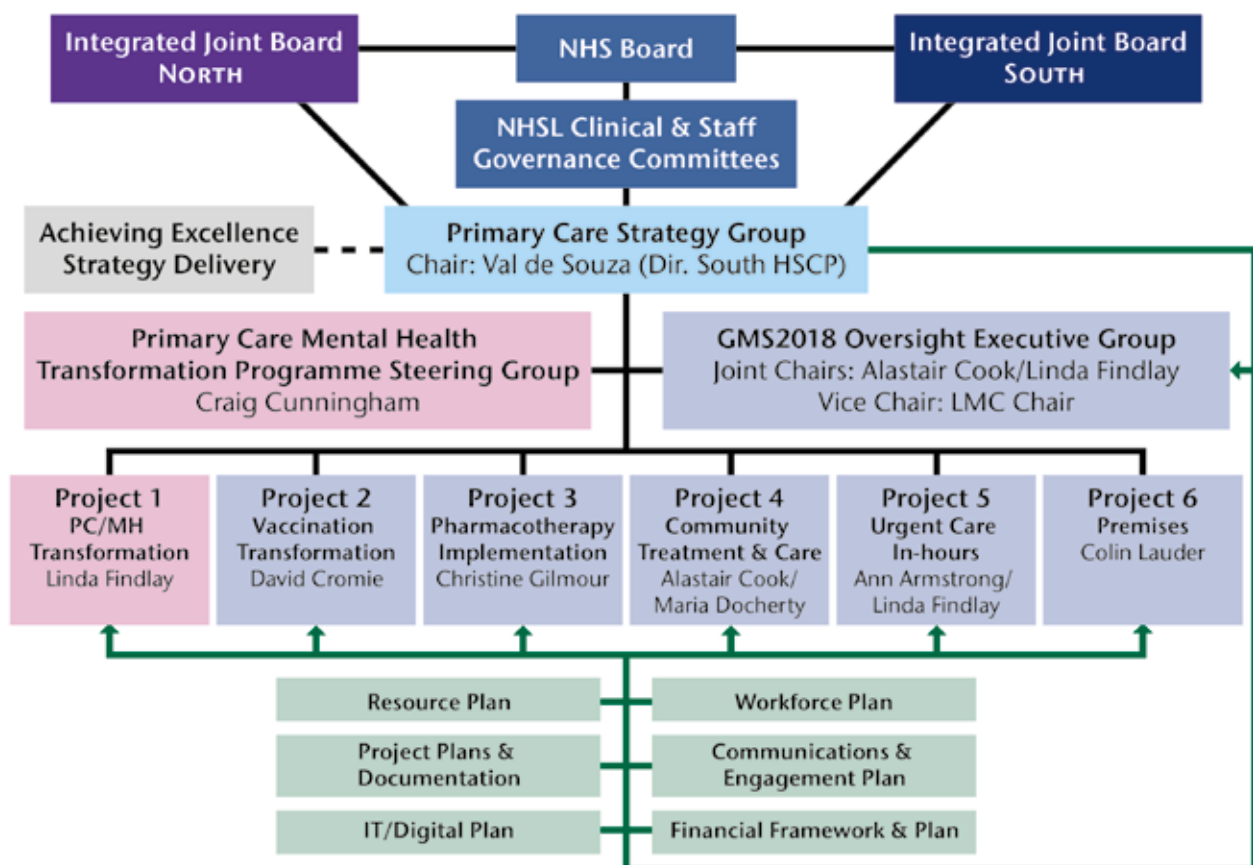
2. Governance & Programme Approach

2.1 Hosting arrangements

Health & Social Care Partnership South Lanarkshire host Primary Care Services and as such will lead for the GMS Improvement Programme of work. The PCIP will be produced through the GMS Oversight group as a reflection of the six workstreams and three cross cutting workstreams (Workforce/IT/Digital and Comms and Engagement), within Lanarkshire.

The GMS Oversight group work is accountable to the Primary Care Strategy Board and will be integral to and supported by the governance structure shown below in figure 1.

Figure 1 – GMS Governance Structure



2.2 Governance

The GMS 2018 Governance paper (see page 21) describes the programme approach and infrastructure and the relationships with the NHS Lanarkshire Governance Committees and recognises the role of the Population Health and Primary Care Governance Committee and the Area Clinical Forum and Clinical Advisory Structure which advises the Health Board on clinical issues.

This structure consists of the Area Clinical Forum (ACF), which is populated by two members from each of the parent committees. These committees represent the Allied Health Professions, Dental, Healthcare Scientists, Medical and Nursing, Optometric, Pharmacy and Psychology professions. Links will also be made with the Staff Governance committee to ensure workforce plans are developed with staff groups and staff representation. Professional Governance responsibilities are carried out by the Professional Leads through to the professional regulatory bodies.

Health Professional Leads (Nursing and Medical Directors) are also accountable to the Executive Nurse and Medical Director who are accountable to the Scottish Government Health Department. The Director of Health and Social Care (Chief Officer) will have access to professional advice from the Chief Social Work Officer, Medical Director, Nurse Director and Allied Health Professional Director.

Throughout the implementation of the GMS2018 contract, the Area Clinical Forum and in particular the GP Subcommittee with input from the associated advisory committees will provide the mechanism for the clinical community to raise issues relating to the provision of patient care and gain assurance that the services are safe, effective and person centred. The link to the full Governance paper can be accessed at page 21.

The GMS Oversight group will oversee the production of the PCIP as detailed in the Terms of Reference (ToR) can be accessed at page 21.



3. Background

The GMS2018 contract aims to refocus the role of GPs as expert medical generalists: for GP practices to lead multidisciplinary teams: and for GPs to be involved in Quality. This will require a wide range of tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. Building on WS1 – PCMHTP the priorities include:

- WS2 vaccination services,
- WS3 pharmacotherapy services,
- WS4 community treatment and care services including phlebotomy,
- WS5 urgent care in hours services, and
- WS6 Premises

GPs will retain the lead professional role in these services in their capacity as expert medical generalists.



A Memorandum of Understanding (MoU), has been developed between Integration Authorities, SGPC, NHS Boards and the Scottish Government. The MoU sets out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen with new national and local oversight arrangements and agreed priorities over a 3 year period, 2018–2021.

The intention, set out in the MoU, is that the funding for service transformation will be allocated on an NRAC basis. This will require local engagement by NHS Lanarkshire with Integrated Joint Boards (IJBs) or Health & Social Care Partnerships (HSCPs) to agree the funding that will be received to deliver the Primary Care Improvement Plan and prioritize the work streams within the plan.

There are 6 Key Points to provide guidance on what success looks like:

1. GP and GP Practice workload will reduce.
2. New staff will be employed by NHS Boards and attached to practices and clusters.
3. Early priorities will include pharmacy support and vaccinations transfer.
4. Workstreams will engage all key stakeholders and involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience
5. Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
6. Transform Primary Care Service to best meet population needs

There will be national and local oversights of service redesign and contract implementation involving SGPC and Local Medical Committees. This will be aligned to NHS Board and IJBs as per the governance structures within the programme.

4. GMS and Community Health & Social Care

4.1 Overview

The Contract describes the place of General Medical Services within a wider context, but is explicit about a much broader group of clinicians and services. This acknowledges the need to shift the balance of work from GPs to relevant multi-disciplinary teams, in the wider primary care managed services. There is also an understanding of the requirement for service transformation and redesign to meet population need with ring-fenced resources to enable the change to happen.

The programme of work will fundamentally transform and bridge the gap between current GP based and primary care services and elements of secondary care currently provided by hospital out-patients services. The work streams are key to building community capacity and capability and establishing multi-disciplinary teams (MDTs) which will provide the foundation and structure for the future of primary care services and ensure that the expanded range of services within this programme will result in patients seeing the 'right person, in the right place, at the right time'. The expansion, transformation, redesign and development of new services will build on existing local plans and include many services that patients currently access by alternative means.

Arrangements will be made locally to determine how services are to be provided, whilst adhering to the principles of the national Quality Strategy (May, 2010), ensuring the provision of patient centred, safe and effective services.

Services will evolve over a 3 year period building community capacity and capability allowing the relevant transfer of responsibility from GP practices by April 2021. Services within scope of the work streams will by then be commissioned by HSCPs, and delivered in collaboration with NHS Boards as employers of MDTs. It is expected that phlebotomy and treatment rooms will be delivered as a priority within the first stage of the action plans.

The GMSIP workstreams recognise the interface with the acute services and in time the need to shift the balance of care. In accordance with Lanarkshire's Healthcare Strategy 'Achieving Excellence' and the HSCP's Strategic Plans this programme of work will be an enabler within local health & social care systems to ensure people have access to the right care at the right time in the right place, and are supported to stay in their own homes and communities for as long as possible.

The PCIP has been developed following significant engagement and development work. There has been additional input project management, project support and change management and leadership provided by NHS Lanarkshire to support the governance and programme approach. There have been engagement events for all workstreams to set out and understand the scope and scale (what services, pathways are included) in each workstream. There have been workstream meetings to understand, and start to plan out the work required, Firstly, to understand the desired outcomes and the current starting point for the work. In short, a great deal of work has gone on to get the PCIP to its current position.



4.2 Locality Driven

There are strong interdependencies between all workstreams, crucially the work being carried out within the wider GMS improvement programme 2018–2021 with the development work being centred in and driven by localities. The workstreams must ensure regular communications and strong links with each other and work closely over the coming years within clusters, practices and community services.

4.3 Collaboration with National Boards

There are also strong interdependencies between the delivery of the GMS Contract and the work of NHS24, Scottish Ambulance Service, National Health Boards and other NHS Public Health organisations with third sector agencies playing a key role in developing and delivering new ways of working across the primary and social care system. This will be geared towards improving access to the right person, first time, and access to advice, support, care and services. On-line self-care information and digital technology will feature in our work more and more over time, on-line information self-management support; and preventative solutions sign-posting people direct to the right place first time.

4.4 Current Situation in Lanarkshire

'Achieving Excellence' summarises our future plans, which will play an important role in improving health and social care alongside – and integrated with – the two Strategic Commissioning Plans for Health and Social Care North Lanarkshire and South Lanarkshire Health and Social Care Partnership. Other key influences on this work are both The National Clinical Strategy for Scotland, and the Health and Social Care Delivery Plan, both published by the Scottish Government in 2016.

Lanarkshire has a total of 103 GP practices and 411 GPs, there are 682,459 registered patients. Geographically 49 practices are in HSCP South and 54 practices are in the North HSCP. There are 10 localities in Lanarkshire with 6 in the North and 4 in the South.

Lanarkshire has 17 clusters which are groups of practices working together on a range of quality improvement areas. GP cluster quality improvement was introduced in the 2016/17 GMS contract in Scotland with an objective to improve care for their practice populations through peer led review and to meaningfully influence services. In Lanarkshire, the approach is very much in line with national guidance where GP clusters will have a clear role in quality planning, quality improvement and quality assurance.

Currently within Lanarkshire some services are hosted by Health and Social Care Partnerships – see page 21.

The pressure relating to the sustainability of general practice is a UK wide issue. Within Lanarkshire there is an immediate issue affecting the sustainability of several GP practices but there is also a further issue of general sustainability. Any assessment of solution to the current issues concerning the sustainability of general practice across Lanarkshire will be managed and delivered in a joined-up approach to produce transformational system wide changes.



4.5 GP Sustainability

At the moment there is no spare capacity within General Practice or primary care and any request to move work to these services will not be possible until there is spare capacity and it is safe and effective to do. The spare capacity will occur when we build in additional staff and multi-disciplinary working to increase capacity. This will remain a focus and be kept under review.

4.6 Programme Scope/Scale

The scope of the GMSIP and consequently this PCIP is all priorities as defined in the GMS2018 Contract and associated MoU, including mental health. To achieve system wide transformational change the programme is being seen as interdependent with the delivery and successful implementation of the national, regional and local health and social care strategies.

The scale of the programme is Lanarkshire-wide. No differentiation is made between North and South Lanarkshire.

4.7 Developing the service model

Significant work is ongoing and will be required within Lanarkshire to improve access to primary care services and optimise the impact of general practice through developing the current services to work in new ways. This is emerging through the many tests of change across eight different workstreams currently in progress as part of the primary care and mental health transformation programme. This programme of work will integrate with the wider programme of work to transition to the new model of primary care as agreed under the GMS2018 contract and support delivery of Achieving Excellence vision.

Exit or sustainability plans have been developed (June, 2018) for all existing tests of change/ projects within the transformation programme describing what we will embed and spread to be sustained and what be stopped with an exit plan in place.

Table 1 – The workload will transfer from one programme to the other as below:

| | PCMHTP 2016–2018 | No of Tests | GMS Improvement Programme 2018–2021 |
|-----|--|-------------|---|
| WS1 | General Practice & Community Redesign | 7 | Community Care & Treatment Services |
| WS2 | Urgent Care Out of Hours | 8 | Continue as is in year 1 of GMS |
| | | | Urgent Care In Hours – New ways of access year 1 Urgent Care 24/7 year 2 & 3 |
| WS3 | House of Care Approach | 10 | Community Care & Treatment Services |
| WS4 | Leadership Programme | 2 | Clinical Quality Leads + Business as usual |
| WS5 | Recruitment & Retention | 5 | Workforce Workstream |
| WS6 | GP/Digital & IT | 6 | Digital |
| WS7 | Clinical Pharmacists in General Practice | 5 | Pharmacotherapy |
| WS8 | Mental Health | 10 | Community Care & Treatment Services |

We will consolidate all available resources to reduce duplication and optimise all current improvement work the current improvement work being carried out in Health & Social Care Partnerships i.e Treatment rooms review and improvement in HSCP South. The future service model will move some work away from GP practice based staff to local multi-disciplinary teams (MDTs), allowing GPs to focus upon their role as expert medical generalists.

NHS Boards and HSCPs will work with General Practices the GPSubcommittee and relevant stakeholders to plan and manage the transfer of services in a way that ensures clear lines of clinical responsibility and governance and maximises benefits to patient care.

4.8 Planning

The benefits of developing locality based service needs assessments and a population segmentation model (to analyse health care conditions in the local population for the purpose of health conditions management) will be explored. It is envisaged that Locality implementation Plans will be developed over time to capture local needs and diversity.

4.9 Future funding allocated to meet locality need

Localities are the key mechanism with respect to delivering a new model of support, care and services ensuring maximum use of current resources and services. Needs assessment and analysis and effective workload and workforce planning will be required to ensure capacity & demand can be matched.

A fair and equitable approach to funding distribution between North and South Lanarkshire and then between the localities will therefore be developed in order to bring every locality up to a set standard. Diversity is represented through the historical practice arrangements meaning that different approaches have developed to certain areas e.g. Treatment Room services which are central to the ongoing assessment and management of long term health conditions (e.g. diabetes). An assessment of the current services is underway to inform new ways of working. This which will form a significant element of the early work across the vaccination, urgent care and community treatment and care services workstreams.

There is an acknowledgement that new funding will be required to “level up” and/or redistributed in a proportionate but pragmatic manner during the three year implementation period.

5. GMS 2018 Priority Areas

The commitments in the MoU sets out agreed principles of service redesign. These agreed principles include patient and staff engagement in the planning and delivery of the new services as critical to success.

The Programme management approach has been in place since January 2018 with input from the NHS Lanarkshire service change and transformation, additional project management staff, the current improvement team, work-stream leads and key stakeholders working together to establish an infrastructure (see figure 1) assembly of the project documentation, relevant memberships, relationships and deliverables. This period of work



(April 2018) has produced a suite of documents for each workstream including; project briefs and high-level action plans that will support the delivery of the three year programme.

An online filing system is in place with further developments to ensure all stakeholders can access the relevant documents. In various formats dependent on access requirements these documents will be held in secure folders at three levels within the programme; project team, programme members and public access. The workstream documents are the main source for assembling this initial Lanarkshire Primary Care Improvement Plan (PCIP). These can be viewed at page 21.

6. Lanarkshire Context

NHS Lanarkshire is committed to delivering world-leading, high-quality, innovative health and social care that is person-centred. Our ambition is to be a quality-driven organisation that cares about people (patients, their relatives and carers, and our staff) and is focused on achieving a healthier life for all. Through our commitment to a culture of quality we aim to deliver the highest quality health and care services for the people of Lanarkshire.

The population of Lanarkshire is 654,490 (as at 30th June, 2016) with 316,230 in South Lanarkshire and 338,260 people living in North Lanarkshire. There are more people aged less than 65 years living in North Lanarkshire when compared to South Lanarkshire, whereas more people aged 65 years and over live in South Lanarkshire when compared to North Lanarkshire. The NHS Lanarkshire total population is expected to increase by only 1% by 2025.

- a. There will be fewer children in the future population
- b. There will be fewer people of working age in the future
- c. The elderly population will be growing at the fastest rate in the future – while greatly welcomed, this population will proportionately need most healthcare resources
- d. The over 75s population is expected to grow by 11% by 2020 and 29% by 2025
- e. The growth rate for the elderly population is higher in Lanarkshire when compared to Scotland as a whole
- f. Life expectancy is increasing in Lanarkshire
- g. The life expectancy gap between Lanarkshire and Scotland is not closing
- h. There are stark differences in the life expectancy of those living in our most deprived areas compared with the least deprived

6.1 Health Inequalities

The Lanarkshire population health profile is poorer than the national average for many indicators; such as smoking attributable deaths, deaths from alcohol conditions, and children living in poverty.

Inequalities go beyond socio-economic deprivation issues. The fundamental causes of health inequality need to be addressed at both national and global levels. Health and Social Care Partnerships in collaboration with Community Planning Partners and the wider community must focus their efforts on preventing the wider environmental influences and taking action to mitigate individual effects through delivery of Local Outcome Improvement Plans.

Primary Care Services can play a key role in improving health and wellbeing in local communities at an individual level through the provision of health information, referral and

sign-posting to a range of social supports which can facilitate changes in life circumstances, lifestyles and build community resilience.

The work of the Health and Social Care Partnerships (HSCPs), the Community Planning Partnerships and of people in their communities is vital in addressing inequalities and is inextricably linked to the success of the GMS Contract.

The Fairer Scotland Duty, Part 1 of the Equality Act comes into force in Scotland from April 2018. In line with the Duty we will actively consider how we reduce inequalities of outcome caused by socio-economic disadvantage by putting tackling inequalities at the heart of all key decision making.

6.2 Vision and Aims

The future model of primary care in Lanarkshire will help all clinicians to spend more time with their patients, less time on unwarranted bureaucracy and have each professional individually and collectively working to their full potential. It will promote the aims at the core of Scotland's Quality Strategy. Safe, effective and person-centred care will be delivered within a more collaborative health and social care system, and increasingly shaped at a community level.

Stronger primary care services are essential to managing future demand; ensuring the success of community-based integrated working; and reducing the healthcare system's reliance on hospital beds. Multidisciplinary teams in health and social care will work together to meet the assessed needs of patients and it is this multidisciplinary team work which will deliver improved care for the future.

6.3 Aims

- To establish a robust plan that sets out sustainable General Medical Services within Lanarkshire to meet the requirements and commitments set out in the GMS2018 Contract to delivering to improve access to GP services and the clinical treatment and support services within the wider health & social care system.
- GMS services which will enable people to live safely and confidently in their own homes and communities, supporting them and their carers to effectively manage their own conditions whenever possible.



6.4 Programme Priorities

By April 2018

- Establish the infrastructure required to manage the large scale service transformation programme of work.
- Agree and approve the infrastructure according to the governance arrangements.

By May 2018

- Establish a quantified & costed resource plan for the delivery of the MoU priorities.

- Ensure set out the Priority Areas Commitment to MoU in the form of high level action plan for year 1, 2 and 3.
- Establish a communication and engagement strategy with agreement on relationships to patient, public and staff facing campaigns, events, materials etc.

By June 2018

- Develop mechanisms with all workstreams to develop a communication and engagement plan for year one of the GMSIP.
- Ensure sufficient capacity & capabilities are aligned to programme of work from current staff groups across Lanarkshire.

By July 2018

- Establish, develop and initiate a plan for all GMS and primary care services that are collaboratively provided by NHS Lanarkshire & Lanarkshire HSCP's to deliver the redesign necessary by March 2021.
- Set out the funding available for the future model of GMS Implementation programme to provide a detailed financial framework and Plan.
- Establish a quantified & costed resource plan for the delivery of the MoU priorities.

By September 2018

- Prioritise phlebotomy and redesign of treatment rooms to be delivered.
- Set out the development costs for the future model of GMS Implementation programme to provide a detailed financial framework and plan.
- Embed what works (PCMHTP) and develop the spread plan.
- Establish the requirements for redesign and expansion of service in Lanarkshire within Year 1 (2018–19), depending on available resources (funding), consider year 2 & 3 of the plan.

By December 2018

- Develop the workforce requirements for all work-streams and assessment of likely workforce availability, thereby contributing to the Primary Care Workforce Plan in collaboration with H&SCP and Board Workforce plans.
- Engage with GP, clinical staff and IM&T staff to determine the processes which will inform the IT requirements for all work-streams and contribute to the PCIP the period of the plan.

In year one (2018/19)

- Ensure alignment with other corporate programmes of work to ensure appropriate engagement and approval of delivery in line with Lanarkshire's health and social care strategies.
- Ensure the plans prioritise the current challenges to service delivery include workforce deficits across all professional groups including GPs and adequate development of the IT infrastructure required as well as focusing accommodation for greater multi-disciplinary working which will all be essential to address whilst we transition to transformation.
- Ensure a workforce plan is on track to develop the workforce required for the future service models.

- Ensure the required investment is in place to develop the changes to the provision of health & social care services in Lanarkshire required to support the transition and continue to build community capacity towards transforming services.
- Establish an education and training framework for all workstreams linked to career development pathways.
- Work with all stakeholders to undertake an inclusive approach to design and delivery of services.

6.5 Assumptions & Dependencies

Assumptions

- GPs will collaborate fully in the development of the new services.
- Development of the programme in Lanarkshire will include representation of all key stakeholders from the outset.
- GP Sustainability will be a priority area of work aligned to the GMSIP.
- The key stakeholders will participate in relevant meetings, workshops, etc., and will input to consultation and provide information when required.
- Adequate funding will be available to implement the identified actions required to deliver a fully functioning and sustainable 'general medical services' and transform primary care services in NHS Lanarkshire.



Dependencies

- There is a significant interdependency with the work being undertaken by all workstreams, including, improvement resource, clinical and management working relationships must ensure close working and clarity around the roles and responsibilities of all stakeholders to address inter-dependencies appropriately.
- There is a dependency on the availability of suitable premises by which to deliver a new model of care. Must ensure close collaboration with Premises workstream to ensure the GP infrastructure going forward can support additional staff and their requirements to deliver the future models of care.
- There is a dependency with the Locality Business Continuity Plans being developed to support GP practices and avoid 2c practice status
- There is a dependency on appropriate IT in order to deliver transformation in Lanarkshire. The six work streams will provide detailed requirements to the cross cutting workstreams in order to address this dependency.
- There is a dependency with the wider healthcare system. The proposed changes will be the first step in enabling transformation in support, care and services of providing more care closer to home and in the community and modernising outpatient care and ensuring current level of hospital provision remains adequate to cope with the increase in demand for health care and our aging population.

- f. There is a dependency on building leadership capability, capacity for change, working alongside / changing cultures.
- g. The funding being available to undertake the various redesign plans.

There is a dependency with the wider social care system. One example of this is the development of the link worker role.

Constraints

- a. Recruitment of workforce to carry out work and associated actions for PCIP within Lanarkshire.
- b. Planning and implementation is likely to be constrained by the ability to recruit staff at appropriate levels and within adequate timescales to carry out the roles as described within GMS2018 contract and support shifting the balance of care.
- c. A key constraint will be the availability of suitable premises from which to deliver the newly redesigned services. This represents an increased dependency with the Premises/Property work stream within the PCIP GMS 2018 Improvement Programme.
- d. Key actions to be put in place to proactively respond to GP Sustainability.
- e. Availability of required stakeholders and service staff to engage and participate in the programme may be restricted by operational requirements and competing priorities.
- f. There may be further workforce and staffing constraints if existing staff within GP practices cannot be moved to NHS Lanarkshire under TUPE regulations (Transfer of Undertakings Protection of Employment). There is further work required to understand the desire and need for this to happen. The concentration on the resource to develop the workforce requirements is a key timely development.
- g. The programme of work could suffer delays in delivery on the MoU and need to revisit and or reprioritise the plans and the timetable for delivery.

6.6 Engagement process GMS 2018

The GMS2018 Implementation Programme (GMSIP) was initiated in December 2017 by the Chief Executive, NHS Lanarkshire, and the Director of HSCP South Lanarkshire to meet the commitments of the MoU and the assembly of the PCIP as follows.

A GMS2018 Governance structure and programme approach were set out in a paper developed with contributions from all key stakeholders including CEO, Director of Health & Social Care, Medical Directors, Nurse Directors and Senior Managers, and GP Subcommittee and was supported, approved by NHS Board and IJB's (Jan–Feb 2018).

The set up stage (Jan–Apr 2018) for the programme approach commenced in late January. The infrastructure agreed is as at figure 1 on page 3. During this time the programme and project teams with project developed all aspects of the projects including wider engagement to produce the agreed documentation (project briefs, high level action plans, risk registers and Terms of Reference). These are all at an advanced stage or a work in progress for all five workstreams.

During this time the Governance paper has been presented to a wide range of groups and committees including patient partnership/health & social care forums (public, patient and carer representatives), the acute division management teams, through nursing directors and been subject to presentations and discussions at locality level with GPs and local teams.

Work has commenced on the PCIP in early April and has been assembled to align with the workstreams and the MoU. A draft version of the plan was shared with the workstream leads, support workstream leads, the primary care strategy board and colleagues for contribution.

The timetable for engaging key stakeholders in the approval process and any further development has been set out as follows:

- 14th May NHSL CMT briefing session
- (16th May Papers finalised for boards)
- 21st May GP Subcommittee for decision
- 23rd May Population Health & Primary Care Subcommittee
- 24th May Joint Boards briefing session
- 30th May NHSL Board for decision
- 5th June NL HSCP IJB for decision
- 25th June GP Subcommittee for update/approval
- 26th June SL HSCP IJB for decision, final feedback and approval
- 27th June Decision, final feedback and approval
- 4th July Primary Care Strategy Board
- 11th July LMC/GP Subcommittee Exec Group
- 18th July Population Health & Primary Care Governance Committee
- 31st July Final approved PCIP to Scottish Government

6.7 Delivery of MoU Commitments

For each of the six priority areas we have set out a high level action plan on how the GMS2018 Contract will be implemented and the new or extended teams will work with practices. The table embedded here is with reference to each priority area of work within the programme approach including:

- Rationale and detailed planning scope/scale
- Initial developments and approach in year 1
- Expected developments in years 2/3

A paper setting out the Commitments to MoU in the form of an action plan can be viewed at the link on page 21. A number of cross cutting workstreams have been identified as key enablers to the programme overall. These can viewed below embedded as follows.

Table 2 – Cross Cutting workstreams

| Cross Cutting Workstream | Appendix |
|--|------------------|
| Health Inequalities/Health Improvement | See page 21 |
| Digital Plan | See page 21 |
| Communication & Engagement Plan | See page 21 |
| Workforce Plan | See page 21 |
| Resource Plan | See page 21 |
| Finance Framework Plan | See section 6.12 |

6.8 Community Pharmacy, Optometry and Dentistry

All independent contractors work with NHS Lanarkshire and the H&SC Partnership through the Primary Care group which feeds into the Primary Care Leads group nationally. All linked developments and priorities will be discussed within these groups operationally and feed into the programme infrastructure through the Medical Director, H&SC Partnership South.

Community Pharmacy

Achieving Excellence emphasises the important role the pharmacy team in NHS Scotland has to play as part of the workforce, making best use of their specialist skills and much needed expertise in medicines. It describes how we see pharmaceutical care evolving along with the crucial contribution of community pharmacists and pharmacy technicians, working together with other health and social care practitioners, to improve the health of the population, especially for those with multiple long term and complex conditions.

To take this vision forward locally, there will be a need for engagement and discussion with specific professionals and groups to ensure there is a joined up and coherent strategy, for example between board pharmacy colleagues, who are responsible for delivering the pharmacotherapy service, and community pharmacy contractors who currently deliver a range of services to patients and who have the potential and expertise to deliver a wider range of services to patients.

As part of the PCIP, we will work with community pharmacy contractors to further consider how all NHS pharmaceutical services can be further improved and integrated more effectively across Lanarkshire. Examples include:

- the Chronic Medication Service (CMS) which can contribute to clinical care and efficiencies with the supply of repeat medication
- building upon the success of Pharmacy First which allows community pharmacists to treat uncomplicated urinary tract infections in women and impetigo in children without the need for a GP appointment or prescription
- involvement of community pharmacy services as contributors to vaccination programmes
- building on the success of the Medicines Management systems which facilitate health and social care teams to work together to improve the governance and efficiencies of caring for vulnerable patients living at home.

Optometry

The PCIP will build on the Lanarkshire Eye-health Network Service (LENS). Many optometrists are part of LENS; they can offer an appointment and assessment service for any concerns relating to eye health including eye injuries. An optometrist is the best person to assess urgent eye problems, check for eye disorders and treat eye conditions. They have the professional training and necessary equipment to assess most eye problems and the recent revision of the Clinical Management Guidelines and LENS Patient Group Directives (PGDs) will allow Community Optometrists to manage more complex cases of eye disease than ever before. The continued expansion of Independent Prescribing in Optometry, funded by NHS Education Scotland (NES), will further reduce the workload on Ophthalmology by retaining more patients with eye disease in the Community.



Dentistry

The Scottish Government have recently published the Oral Health Improvement Plan. The plan sets the direction of travel for oral health improvement and NHS dentistry for the long term, there is a strong focus on preventing oral health disease, meeting the needs of the ageing population and reducing oral health inequalities. As part of ensuring patients receive the right treatment at the right time from the right healthcare professional, the PCIP, through our Clinical Director for General Dental Services, we will work with other dental and healthcare colleagues to further consider how dental services can be delivered more effectively across Lanarkshire.



6.9 Community Services

The Health & Social Care Partnerships are working on the current service developments and improvement projects that describe changes to how wider community services will align to localities, practices and clusters. The primary care improvement plan will have a locality implementation plan.

6.10 Interface Plans

The Medical Directors within Health & Social Care, Chiefs of Medicine and acute colleagues are working as part of the interface infrastructure within localities and the three district general hospitals to ensure a system wide approach.

6.11 Implementation

The process for engaging with localities, clusters and practices as well as through the health and social care organisations will be subject to production of communication strategies and plans. These will dovetail with the current arrangements to develop an improved dialogue with GPs and the wider Health & Social Care system by the Val de Souza, Director of Health and Social, South Lanarkshire as the chair of the Primary Care Strategy Board.

The programme approach and infrastructure, leadership and change management capacity and support will be put in place to ensure GPs and community teams, project leads are well supported to deliver a successful programme of change over the next three years.

6.12 Financial Framework for PCIP

Primary Care Improvement Fund (PCIF)

Scottish Government has committed £115.5m of funding to support Primary Care in 2018/19.

This is not all new money and £77.5m was already allocated in 2017/18. However the use of this money has changed in 2018/19 and £45.8m will be allocated as the **Primary Care Improvement Fund (PCIF) in 2018/19**. This fund is intended to be used to implement the 2018 GMS Contract.

- The PCIF fund is expected to rise in each of the following 3 years but no formal confirmation of the increase has been notified to Boards yet.
- There will be no further allocation of Primary Care Transformation funding therefore projects started under this fund which we will want to continue will now need to be funded from the PCIF. The total allocation of this fund in 2017/18 was £23.5m
- The PCIF will be allocated to Boards on an NRAC basis and Lanarkshire is expected to receive £5.6m.
- The PCIF will be ring fenced by Boards and no savings can be taken from this fund.
- This allocation needs to fund the six workstreams which have been set up as part of the implementation of the GMS Contract and a mechanism agreed to prioritise the funding for each project.
- In 2017/18 additional funding for additional pharmacy support was allocated on a recurring basis therefore this commitment will be the first allocation of the PCIF. This is £1.5m.
- Management support to implement the GMS Contract needs to be taken into account and the GP Sub Committee have agreed in principal to use part off the PCIF to fund this on a non-recurring basis but over the life of the implementation of the contract. The value of this has still to be agreed.
- The balance of the funding available and agreement on how this will be allocated will take place via the structured process now in place. Agreement on allocations per annum will only be firmed up once funding for each of the next 3 years is known.
- Scottish Government has intimated that any unspent monies in 2018/19 will be retained by Scottish Government however Boards are not in agreement with this. Further detail on this will be included in the Allocation letter when received.
- The Board has now received formal confirmation of the allocation of the Primary Care Improvement Fund.

6.13 Performance Management

In order to know how the plan is performing a set of metrics and outcomes will be developed. We will also monitor our investments in resources and report on how we are making best use of the resources available to deliver effective, efficient and sustainable services The metrics and measures of success will be set out by the workstreams in accordance with the aims of the GMS Contract, the memorandum of understanding and to ensure improvements in patient satisfaction and health and wellbeing.

7. Approval of the PCIP

The three year action plans for all workstreams will be developed with the project leads and subject matter experts, following an iterative development process these will be collated into the primary care improvement plan (PCIP).

As an iterative process the PCIP will be subject to ongoing discussions with the various governance groups such as the Area Clinical Partnership Forums. In each period of the six month cycle changes to the PCIP will be through the GMS Oversight group and identified lead author. Any such change shall only become operative after approval of the Chair of the Group in consultation with the Primary Care Strategy Chair, Director of H&SCP South Lanarkshire (Senior Responsible Officer) and Chief Executive of NHS Lanarkshire (Chief Accountable Officer).

The PCIP will be agreed by GP Subcommittee of the Area Medical Committee for clinical input and Local Medical Committee (LMC), as the negotiating body.

8. Future Stages of Work (PCIP)

A development process will be adopted, tested and reviewed accordingly between the workstream leads and GMS Oversight group to monitor progress over time. As this is the initial PCIP we would look to continuously improve the process to promote a progressive and where possible innovative team based and collaborative approach.

Reporting templates have been developed to enable the workstreams to report on progress (highlight report) and for the GMS Oversight group to provide feedback (action notes). The GMS Oversight group will report up to the PCSB using a Performance RAG report.

It has been agreed that the PCIP will be reviewed at 6 monthly intervals at the GMS Oversight group and ultimately reporting on reaching these milestones to the Primary Care Strategy Board for onward reporting at IJB/NHS Board and Scottish Government level as required. At each milestone the PCIP will be base lined for future evaluation. The timetable is set out below:

Table 3 – timetable for PCIPs

| Stage | Dates |
|--------------------|-------------------|
| 1st Gateway Review | 31st July 2018 |
| 2nd Gateway Review | 30 January 2019 |
| 3rd Gateway Review | 31st July 2019 |
| 4th Gateway Review | 30th January 2020 |
| 5th Gateway Review | 31st July 2020 |
| 6th Gateway Review | 31st January 2021 |

These dates will be mapped across to the NHS Board, IJB meetings to ensure approval and sign off of each plan as it is developed.

9. Related Documents

Cross Cutting Workstreams

- **GMS Improvement Programme Governance Paper** (March 2018): www.nhslanarkshire.scot.nhs.uk/gms-governance-paper/
- **Lanarkshire GMS Oversight Group – Terms of Reference** (April 2018): www.nhslanarkshire.scot.nhs.uk/gms-oversight-group-tor-2018-05-02-v0-8/
- **GMS Programme Risk Register** (May 2018): www.nhslanarkshire.scot.nhs.uk/gms-2018-prog-raid-log-v0-12-risk-register/
- **Primary Care & Mental Health Transformation Programme – Update to Scottish Government** (April 2018): www.nhslanarkshire.scot.nhs.uk/pcmht-update/
- **Health Inequalities paper** (May 2018): www.nhslanarkshire.scot.nhs.uk/pcip-health-improvement-inequalities-draft-020518/
- **Digital Plan** (May 2018): www.nhslanarkshire.scot.nhs.uk/digital-pcip-cross-cutting-work-stream-brief/
- **Communication & Engagement Plan** (May 2018): www.nhslanarkshire.scot.nhs.uk/pcip-communications-and-engagement-paper-100518/
- **Workforce Paper** (May 2018): www.nhslanarkshire.scot.nhs.uk/nhs-lanarkshire-workforce-planning-support-for-gms-2018/
- **Programme Resource Plan** (June 2018): www.nhslanarkshire.scot.nhs.uk/gms-resource-plan/
- **Financial Framework** (see section 6.12)
- **Priority areas for delivery of the MoU**: www.nhslanarkshire.scot.nhs.uk/20180515-pcip-priority-areas-commitment-to-mou-v0-4/
- **Health & Social Care Partnerships – Devolved services**: www.nhslanarkshire.scot.nhs.uk/health-and-social-care-partnerships-responsibilities-2/

GMS Improvement Programme Documents 2018–2021

The following documents have been developed for each project within the programme – Project Briefs, Action Plans, Risk Registers and Terms of Reference.

- **Vaccination Project**: www.nhslanarkshire.scot.nhs.uk/2018-07-13-vaccination-work-stream-brief-v0-14/
- **Pharmacotherapy Project**: www.nhslanarkshire.scot.nhs.uk/2018-05-24-pharmacotherapy-work-stream-brief-v0-9/
- **Urgent Care In-Hours**: www.nhslanarkshire.scot.nhs.uk/2018-05-30-urgent-care-work-stream-brief-v0-10/
- **Community Treatment and Care Services**: www.nhslanarkshire.scot.nhs.uk/2018-06-18-community-treatment-and-care-brief-v0-10/
- **Premises**: www.nhslanarkshire.scot.nhs.uk/2018-06-06-premises-work-stream-brief-v0-5/

PCIP Document Control Sheet

Key Information:

| | |
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| Date Effective From: | 01 April, 2018 |
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| Document Status: | Initial Lanarkshire PCIP |
| Author: | Kate Bell, Head of Service Change & Transformation |
| Approvers: | GP Sub, IJB's, NHSL CEO |
| Approved by and Date: | All relevant governance groups completed – 18th July, 2018 |
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| Name | Title | Date | Version |
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| Chair/Vice Chair | LMC/GP SubCommittee | 18.07.18 | V1.0 |
| Director of H&SCP | H&SCP South Lanarkshire | 18.07.18 | V1.0 |
| Chairs IJB's | Chairs IJB | 18.07.18 | V1.0 |
| CEO NHS Lanarkshire | NHS Board | 18.07.18 | V1.0 |

Distribution: This document has been distributed to all relevant stakeholders.

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