Covid PCIP 3

Health Board Area: NHS Lanarkshire
Health & Social Care Partnership: North Lanarkshire HSCP and South Lanarkshire HSCP
Number of practices: 100

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices with PSP service in place				0		
Practices with PSP level 1 service in place	1	99	0		100	0
Practices with PSP level 2 service in place	1	99	0		100	0
Practices with PSP level 3 service in place	0	0	0		0	0

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

Please note - PSP service is prescribing support pharmacist resource, this resource is funded by the board to deliver cost efficiency work and is not used to deliver pharmacotherapy. The figures given are the pharmacist (GPCP) /technician resource funded to deliver pharmacotherapy. Level one and level two pharmacotherapy are impossible to differentiate. Whilst clinically assessing the appropriateness of high risk medications under level one, if any issues are identified the pharmacist has a professional responsibility to resolve these issues (categorised under level 2 in the pharmacotherapy table) in the interest of patient safety. Year 3 funding was for an altered skill mix introducing pharmacy support workers and trainee technicians. The aim is to establish locality based clinics where medicines reconciliation and queries will be completed centrally. Covid has delayed recruitment and identifying premises for the HUBs is a challenge to account for social distancing.

The one practice with no access was due to engagement by the practice with the offer, this has been address and now being implemented.

2.2 Community Treatment and Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices with access to phlebotomy service	0	100	0	0	100	0
Practices with access to management of minor injuries and dressings service	0	100	0	0	100	0
Practices with access to ear syringing service	100	0	0	0	100	0
Practices with access to suture removal service	100	0	0	0	100	0
Practices with access to chronic disease monitoring and related data collection	100	0	0	0	100	0
Practices with access to other services	0	100	0	0	100	0

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

We were at 100% access to treatment room services for GP practices prior to covid. At this point Lanarkshire was in a favourable position with treatment and care services across all ten localities which delivered on an agreed 22 provisions; this included all aspects on this return except chronic disease monitoring and related data collection. A survey had been completed across GP practices to identify tests and task activities still being carried out in practices with a view of addressing through levelling up of provision and early scoping around long term conditions and chronic disease monitoring and related data collection had begun.
Treatment and care services activity altered during the first wave of the pandemic and an urgent/ emergency service was put in place through domiciliary services. Currently treatment and care services are being 'stood up' on a phased bases across Lanarkshire; phlebotomy, dressings and injections being the first provisions to recommence. Capacity has been greatly reduced by the requirement of physical distancing and increased infection prevention and control measures required.
Scoping of long term conditions and chronic disease monitoring and related data collection has recommenced and testing will commence during October for 3 conditions with the aim to scale and spread across all of Lanarkshire by March 2020.

Acces to treatment and care services by 31/03/20 is dependent on the ongoing pandemic and the responses required to manage it.

2.3 Vaccine Transformation Program	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Pre School - Practices covered by service	0	0	100	0	0	100
School age - Practices covered by service	0	0	100	0	0	100
Out of Schedule - Practices covered by service	0	100	0	0	100	0
Adult imms - Practices covered by service	100	0	0	100	0	0
Adult flu - Practices covered by service	0	0	100	0	0	100
Pregnancy - Practices covered by service	0	0	100	0	0	100
Travel - Practices covered by service	100	0	0	100	0	0

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

Note - Out of Schedule. This year only the flu out of schedule will be covered, with practices continuing to deliver all other out of schedule school age vaccinations. This will be adressed in future years.

Delivery of flu vaccination this year will be through a mass vaccination model which is very to different to our intended delivery of VTP. Due to Covid restrictions around physical distancing and IPC measures there has had to be a shift in planning to use mainly health service premises and Local Authority and Leisure Trust facilities. This has involved sourcing and assessing appropriate venues perspective and also challenges in ordering and transporting vaccines to these venues. Lanarkshire had also planned to work with national colleagues to pilot a travel health vaccination service towards the end of 2020, but due to Covid pressures this work has been paused.

2.4 Urgent Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices supported with Urgent Care Service	87	13	0	TBC	TBC	TBC

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

Currently there are ANPs in training within 13 practices in NHSL. They are supporting care delivery within their working day, however the planned urgent care model has been stood down and the team are supporting the covid community assessment centres, It should be noted that the covid community assessment centres model was reliant on this redirection.

These number of ANPs available to support the in practice model will vary depending on the response required to the pandemic. Furthermore there remains a concern that the covid pause will detrimentally effect recruitment and retention of ANPs.

The Covid pandemic and resultant working in different ways allows an oportunity to revisit the urgent care model, and this will be taken forward ovr the coming months

Additional professional services

2.5 Physiotherapy / MSK	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices accessing APP	94	3	3	94	3	3

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

Current practice allocation is on a ratio of 1 wte APP to 15,000 practice population. We have a desire to have a service across all practices but will be dependent on further additional funding from Scottish Government.
Acces to MSK provision across the system has been adversely affected with the standing down of the national number. This has impacted negatively on practice workload

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices accessing MH workers / support	12	0	88	12		88

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

Funded and led under Primary Care Workstream of Action 15 programme. Figures taken from the PCMH Liaison Nurse Service (pan Lanarkshire) & the SAMH GP link worker project (North Lanarkshire) based on progress to date and planned expansion in the remaining period up to 31/3/21. Under this Action 15 workstream, an additional 23 wte MH Workers have been employed and it is our aspiration to increase this to 30wte MH workers employed by 31/3/21.
The mental health impact of the pandemic and the response to it has increased the workoad in general practice

2.7 Community Links Workers	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices accessing Link workers	100	0	0	0	0	100

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2 co-ordinators were in post pre covid with recruitment commenced for 18wte link workers and contracting of 10wte of specialty finical advisors with aim to have full access in places by July 2020. Recruitment and commissioning has recommenced in September with ambition to have full service in place for 31/03/21.

2.8 Other locally agreed services (insert details)	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices accessing service			12			Dependent of substantive funding being secured.

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery:

There is a test of change and prof of concept of Occupational Therapists in GP practices across 12 practices; it should be noted that this is not funded out of PCIP fund but funded out of the Primary Care Mental Health Transformation fund, and is short term test of change with no identified recurring funding.

2.9 Overall assessment of progress against PCIP

Specific Risks

Workforce Risk
Lack of a workforce trained to the appropriate level increases the risk of being unable to deliver the PCIP
Recruitment
ANPs. There is not the number of ANPs required and NHSL is looking towards "growing our own" by training practitioners, this clearly takes longer than simply employing trained ANPs.
GPCP. There are not the number of GPCPs required and NHSL is now looking at a skill mixed model to ensure practitioners are supported to work at the top of their licence. There is a further risk that practices will be unable to offer support and training as previously due to the impact of the pandemic
Retention
There is a risk that once staff are trained they will be employed by GPs who are able to offer more favourable T&Cs
There is a risk that people nearing retirement may seek to retire sooner due to the stress of the pandemic
Finance Risk
The current financial envelope does not allow for recruitment of necessary workforce.
Infrastructure Risk
There is a risk that premises to house the new workforce will not be available
Premise availability was a concern pre Covid and the impact of social distancing and IPC increases the risk.
There is a risk that the IT infrastructure to support new ways of working will be suboptimal. The delay of the GPITRP has increased concern with the need for local workarounds to be sought.
Covid pandemic
The ongoing pandemic and response increase the risk of being unable to deliver the PCIP by 2021 due to new ways of working introduced to manage the pandemic and the risk that staff may again be redeployed to manage subsequent waves.
Competing National Priorities
The current redesign of urgent care, as well as the need to enhance the Covid pathway through winter may both delay the delivery of PCIP

Barriers to Progress

Please detail any barriers to progress and what could be done to overcome those barriers.

Management of the ongoing Covid pandemic
There is a need to balance the Covid response, with stepping up services and working in different ways. There is increased pressure on Primary and Community Care who are having to manage an increased number of patients due the impact of Covid on Secondary leading to service working at less of their previous capacity
Barriers mentioned under risks, namely recruitment and retention, IT infrastructure, premises and finance.
Pre-existing practice sustainability issues may have been exacerbated by the pandemic with a risk that a stressed and ageing workforce may seek to retire early.

Issues FAO National Oversight Group

There is a need to ensure a more coordinated approach to workforce planning at a national level.

Clarification as to whether funding for workforce and maintenance of GP premises which have been taken over by the board is to come from PCIP funding or another funding stream, noting that this will affect different boards differently. , in Lanarkshire 19 possible lease transferred have been identified, of which 9 have submitted applications registering leases they wish to transfer, 2 assignations have been completed and a 2 further assignations are being progressed.

Acceptance that delivery of the PCIP by March 2021 is highly unlikely and communication of the same.

Delays in progressing sustainability loans is causing concern for example Sustainability loans processing was initiated by NHSL / practices 18 months ago - we are not aware of any practices being paid out for these - the delays in pay out has hindered planning at a practice / board level further reducing confidence in sustainability of General Practice as a partnership entity - given the new covid environment, we would expect that this process should be delivered on a timeous basis remotely or otherwise. We are expecting at some time that boards will be expected to take practice premises wholly into public ownership as the loan schedule increments - given this, clarity around timescale would allow both boards and practices to plan for the future post covid world with confidence.

The Pandemic is likely to continue to impact on the delivery of PCIP.

Health Inequalities

Covid has highlighted existing health inequalities and without mitigation the response to Covid is likely to increase health inequalities. Ministers are keen to see all sectors renewing their efforts on this and will be encouraging all sectors to work together. HSCPs and GPs are already taking significant actions to close the gap. HSCPs are using their position to bring sectors together to help take a whole-system approach to big issues. GPs are playing their part - whether through referrals to services for weight management or smoking cessation, or through outreach to the communities which are hardest to reach and where most inequality is experienced.
Please provide any comments on the impact of Covid on health inequalities and any measures taken to mitigate this impact.

There is now evidence that the direct disease burden from COVID-19 is disproportionately affecting those who are more socio-economically deprived and vulnerable. Evidence is also building of the negative indirect impacts on the wider economic and social determinants of health inequalities. These include the short and long term impact on incomes, the mental and physical health impacts of social isolation, and the disruption to essential services and education. These impacts are likely to be borne disproportionately by people who already have fewer resources and poorer health.

At the start of the COVID-19 outbreak many of the population health programmes and services delivered by NHSL had to be paused and Health Improvement staff were deployed to support management of the pandemic. All population health programmes were risk assessed and mitigating actions were put in place. Many of these programmes are delivered within community settings thus delivery had to be significantly modified and reduced using other mechanisms such as postal delivery, online platforms and telephone support. The recovery of these population health programmes is now being prioritised through the Public Health and HSCP Recovery process on a programme by programme basis in line with community restrictions being eased.
In recognition of the need for a system wide approach to addressing health inequalities the interim Chief Executive of NHS Lanarkshire has agreed to take a lead role for bringing together Community Planning Partnerships from North and South Lanarkshire to work with local communities to coproduce a set of values and principles and refresh our joint priorities and ambitions post COVID. We will build on the strengths of the networks and community mobilisation we have seen throughout the pandemic and work together to reduce inequalities and build a fairer, safer, greener Lanarkshire with a growing and sustainable economy. The first phase of this joint work will commence in early autumn.

Further Reflections

Please add any other reflections on the impact of the pandemic, for example:
New developments (e.g. IT, services) which were brought in during Covid which support contract delivery and aims.
Any other services / developments which are locally agreed.
Any other general comments.

While considerable challenges were and continue to be faced due to the pandemic benefits have also been realised. Shift in model of delivery to include triage first by telephone or Near Me, have in some cases been beneficial, however there is also a note of caution in that the use of telephone and video technology does not necessarily increase capacity within practice, as these consultations can take longer than similar face to face consultations.
There has been an improved public understanding of right service right time, is not always a GP appointment. However ongoing reinforcement of this message is required.
There have been improvements in relationships across some areas with closer Local Authority, health board and partnership working which can be built on.
New ways of working in secondary care have had unintended consequences in both primary care and wider community care who are currently holding patients whilst they await appointments
The competing demands by government, notably Emergency Care redesign, OOHS and Respiratory Centres place additional pressure on Practices and require support from whole system if they are to be realised.

During the first wave a number of practies positively reported being able to build on the work that been undertaken around workflow optimisation, care navigation and serial prescribing, and all practices who wish to explore what contribution this can make to new ways of working and new normal are being encourage and supported to do so.