

PCIP Recovery Plan – 24/08/2020

This is a live working document that captures each area of the PCIP and details the position pre, during and progress post, covid pause period; furthermore it gives detail of considerations around step up to a 'new normal' of covid secure provision and should a step down be required to realign staff to future covid responses.

| Ref | Workstream | Pre COVID position and next steps plan | Position during COVID pause | Step up options and considerations post COVID pause – transition to parallel health provision during COVID | Progress – update on transition to parallel health provision post COVID pause | Step down considerations during continuation of parallel healthcare provision during COVID |
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| 1 | Community Treatment & Care and Urgent Care | | | | | |
| 1.1 | MDT Model | <p>Model approved and each individual aspect being progressed across the PCIP. Next steps:</p> <ul style="list-style-type: none"> ○ Discussion to progress operational implementation of the MDT model working closely with each locality. ○ Staffing levels agreed and recruitment to extend spread of the model across Lanarkshire. | <p>Progressing the MDT during Covid was paused and components in place were realigned during the Covid response. Further detail for each aspect can be found under the relevant section below (1.2 – 1.10).</p> | <p>Will be detailed further under each aspect but current model will need to be revised to deliver within available staffing component and service delivery under physical distancing requirements.</p> | <p>Progressing the MDT has now recommenced. Progress for each aspect is detailed under the relevant section below (1.2 – 1.10).</p> | <p>Will be detailed further under each aspect but step down will be influenced by any future call to realign staff prioritised covid response status and indeed peaks which will further delay the development and implementation of MDT.</p> |
| 1.2 | Phlebotomy Services | <p>Staffing and provision implemented.</p> <p>Under the CTAC work plan the next steps had been identified as:</p> <ul style="list-style-type: none"> ○ Review & agree Data & Measurement Plan ○ Data collection processes to be established. ○ Identify the current staffing levels against partnership updates provided. ○ Identify any issues with recruitment and retention of staff. | <p>Delivery of treatment room services were revised to one of reduce urgent provision via domiciliary model.</p> <p>Some staffing capacity was realigned to COVID response work.</p> | <p>Link in with wider step up of locality treatment room services that will be planned to strike a balance of physical distancing, and prioritisation of services and patients. Revised capacity needs to be understood and then detailed shared with GP practices.</p> <p>As identified pre COVID undertake the next steps detailed in the CATC work plan:</p> <ul style="list-style-type: none"> ○ Review & agree Data & Measurement Plan ○ Data collection processes to be established. ○ Identify the current staffing levels against partnership updates provided. ○ Identify any issues with recruitment and retention of staff. | <p>Phlebotomy services have recommenced as part of the step up of treatment room services.</p> | <p>Any return to prioritised covid response status and indeed peaks in infection rate will result in revision and withdrawal in part of stepped up provision.</p> <p>Review risk of stepping down treatment room services against managing a second Covid wave and impact on harm caused by long term conditions.</p> |

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| 1.3 | Treatment Room Services | <p>Building on phlebotomy services the wider treatment room services were identified as the next area for progressing.</p> <p>This would both utilise the first phase of band 5 nurses (VTP / flu – 4 months of year) and second phase of nurses (VTP / flu – 4 months of year). Clarification and definition of duties outwith flu season and sign off of the nursing training and competency framework to be worked up.</p> <p>Under the CTAC work plan the next steps had been identified as:</p> <ul style="list-style-type: none"> ○ Reassess what is being completed by Practice Staff within each GP following the work carried out by Improvement Manager – Years 2/3 delivery programme to be initiated. ○ Identify services being carried out by NHSL Treatment Room Nursing staff ○ Agree the list of tests/tasks to be carried out by the compliment of additional nursing staff (aligned to CTAC/VTP work programme) ○ Confirm the number of staff to be appointed for Year 2/3 delivery (aligned to CTAC/VTP work programme) | <p>This review and associated levelling up of treatment room services was paused.</p> <p>Further requirement and recruitment of staff was paused.</p> | <p>Priority will be to review and determine what level of service will be provided post lockdown. Link should be made to this group with a view that they can following this consider future levelling up and development opportunities offered by future increased PCIP capacity.</p> | <p>Recruitment of staff has recommended.</p> <p>Scoping of a couple of Test of Change and getting it right for those conditions has been identified as a next step.</p> | <p>Availability of the membership of this group to progress development of treatment room services will be influenced by any return to priorities covid response status and indeed peaks in infection rate related activity.</p> |
| 1.4 | Advanced Practice Physiotherapists (APPs) | <p>Small cohort of staff testing first point of contact musculoskeletal.</p> <p>Following approval of MDT the next step was identified as:</p> <ul style="list-style-type: none"> ○ Model of service that delivers a first contact provision for musculoskeletal | <p>During the first wave staff were relocated to other areas.</p> <p>It should be noted that in relation to the wider MSK provision NHS24 did not operating their usual MSK physiotherapy self-referral line during this period.</p> | <p>Review of model required given limitation of available space in practice; also require to ensure alignment of first point of contact via GP with any post COVID revisions to wider primary care and indeed secondary care physiotherapy model. APPs to be viewed as core component of Urgent Care Model. Any revision</p> | <p>Discussion to be held with physiotherapy leads.</p> <p>Also note while MSK service isn't PCIP, MSK physiotherapy self-referral line, including NHS24 component, is currently being reviewed by MSK service leads.</p> | <p>Any return to prioritised covid response status and indeed peaks in infection rate will result in revision and withdrawal in part of stepped up provision.</p> |

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| | | presentations within GP practice is to be scoped and tested. | | will reduce capacity and as such revised model and capacity needs to be understood and then detailed shared with GP practices. Link should be made to physiotherapy leads to carry out review and produce scoped out model and delivery plan, plus commence recruitment. | | |
| 1.5 | Community Link Workers | <p>CLW Co-ordinators in place and leading on scoping and working up the service.</p> <p>Under the CTAC work plan the next steps had been identified as:</p> <ul style="list-style-type: none"> • Recruitment programme for 18WTE CLWs. • Development of service delivery plan; communication and engagement plan • Mapping exercise of patient journey. • Agree locality allocation. • Establish referral processes and criteria. • Clarity of all link worker programmes to work collaboratively including third sector service mapping exercise. | <p>Service scoping and development has continued in part, however CLW Co-ordinators were partially realigned to COVID response, specifically the Community Assessment Pathway (HUB).</p> <p>The 18 CLW posts were advertised and shortlisted but interviews postponed.</p> | <p>Initial timeline of commencement of delivery of service in August requires to be revised to allow for delays caused by slowing down of required development work to be concluded, this included requirement and training of staff. Revised date end of November. Model of delivery should be reviewed to ensure that remote working is harnessed where possible. Digital platforms should be harnessed to support approach to awareness raising and practice and patient engagement with service.</p> | <p>Recommended planning and scoping activity that will in turn allow for recruitment to be recommenced.</p> | <p>Consideration to be given during the development of the model of delivery to allow for fit and adaptability if there is a return to prioritised covid response status and indeed peaks in infection rate.</p> |
| 1.6 | Chronic Disease Management | <p>Initial discussions and paper was drafted. It was identified that there was the need for further consideration and a requirement to align with the treatment room services work.</p> <p>Furthermore there was the need access GP data.</p> | <p>Agreement over data access as per discussion at Oversight Executive Group Feb 2020, is to be via the establishment of a data sharing agreement.</p> <p>This work was paused, although there is some learning from agreement progressed for HoC by Evaluation Team.</p> <p>See note below under GPN about learning during lockdown.</p> | <p>Link to Treatment Room Service activity required, as the delivery will required to be considered in wider plans for treatment room service and primary care community services. Requires to feed into Digital – Treatment Room Services, detailed below.</p> <p>See Information Sharing Agreements between GP practices and the Health Board re wider data access.</p> <p>It has been recognised that the progress of this area requires a data set to be identified that will support and then guidance will be taken if an individual request should be made under current</p> | <p>Review of the LTC/chronic disease management aspect of CTAC progressing.</p> <p>Short life working group established to scope out required data set.</p> | <p>As with wider treatment room services any return to prioritised covid response status and indeed peaks in infection rate will result in revision and withdrawal in part of any stepped up provision.</p> |

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| | | | | arrangements rather than await data sharing agreement. | | |
| 1.7 | ANPs | <p>ANP programme, testing of Urgent Care Home Visiting model and further recruitment was ongoing.</p> <p>ANP home visiting 2nd TOC report written up. Scale and spread planned drafter.</p> <p>SAS involvement to support ANP TOC / model was being explored.</p> | <p>ANPs were realigned to provide COVID response, specifically the Community Assessment Pathway (CAC). As a result the ANP programme and the development of the Urgent Care Home Visit model was paused.</p> <p>Recruitment continued and communication out to all GP practices for expressions of interest to host a trainee have been followed up to ensure arrangements are in place for when successful candidates come into post.</p> | <p>Review of model required given limitation of available space in practice and careful consideration required to GP practices Urgent Care models, are home visits the key area now required to be supported? ANPs to be viewed as core component of Urgent Care Model. Any revision may reduce capacity and as such revised model and capacity needs to be understood and then detailed shared with GP practices.</p> <p>Trainee ANPs who had been realigned during COVID response have returned to host practices in turn enabling the return to their studies.</p> | <p>ANPs now returning to practices, including 7 trainee ANPs who will have competencies signed off over the next 2 months.</p> <p>Review of the urgent care aspect of MDT ongoing.</p> | <p>Dependent if revision of focus is part of step up return to prioritised covid response status and indeed peaks in infection rate may result in revision and withdrawal in part of stepped up provision.</p> <p>It is likely that any future step down will include the relocation of ANPs to Covid Community pathways. Depending on the need to staff this pathway, revision of the pathway ANPs may also be able to continue to deliver urgent care in practice in different ways (e.g. via seasonal respiratory centres).</p> |
| 1.8 | GPNs | <p>Work around programme of support and development for GPNs ongoing.</p> | <p>Post associated with this work were aligned to COVID response, both around GPNs and the Community Assessment Pathway. As a result the original GNP programme was paused.</p> | <p>Support to GPN is focusing on their education, awareness of transforming nursing roles, support and guidance as they progress step up of provision in practices.</p> <p>During lockdown there were examples to different approaches to service delivery by GPNs especially around chronic diseases management, these will be captured and learning shared and feed into work around CMD (see above).</p> | <p>Support to GPN has recommenced with advice available on request both in the areas of education and transforming nursing roles and support and guidance around stepping up aspects of their provision in practice.</p> | <p>As with wider PCIP activity any return to prioritised covid response status and indeed peaks in infection rate will result in revision and withdrawal in part of any stepped up provision.</p> |
| 1.9 | CTAC Digital Requirements | <p>Following approval of MDT the CTAC work plan detailed that next steps would be to build on initial scoping and establish digital requirements for the delivery of the respective service provision.</p> <p>Breakdown of areas is given under Digital.</p> | <p>This work has been paused.</p> | <p>Detail of new digital position across primary care following COVID response investment required to be feed into inform review and revision of previous exercises and papers, along with review and revision to considered aspects of models that will be altered under step up plans.</p> | <p>This work has now been recommenced.</p> | <p>Availability of staff to progress this area of work will be influenced by any return to priorities covid response status and indeed peaks in infection rate related activity.</p> |
| 1.10 | CTAC Property Requirements | <p>Following approval of MDT the CTAC work plan detailed that next steps would be to establish property requirements for the delivery of the respective service provision.</p> | <p>This work has been paused.</p> | <p>See Scoping Accommodation under PCIP Aligned (7.3).</p> | <p>See Scoping Accommodation under PCIP Aligned (7.3).</p> | <p>See Scoping Accommodation under Premises (7.3).</p> |

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| 2 | Digital | | | | | |
| 2.1 | Remote working and appointment booking | Initial scoping sessions facilitated e-health to capture requirements, to differing levels of detail, for all areas of PCIP. Further scoping was to be undertaken and a business case / costed plan for implementation and support was to be formulated, this would detail both interim solutions and long term options. | This work has been paused. However it should be noted that there has been considerable developments and enhancements implemented to enable remote working as part of the COVID response. | Detail of new digital position across primary care following COVID response investment required to be feed into inform review and revision of previous scoping exercises and papers, along with review and revision to considered aspects of models that will be altered under step up plans. Consideration will have to be given to interim solutions and long term options on two levels; step up plan and post COVID service provision. | Workstream has recommenced and this area of work will be picked up in the business plans that are being scoped for PCIP. | Availability of staff to progress this area of work will be influenced by any return to priorities covid response status and indeed peaks in infection rate related activity. |
| 2.2 | Treatment Room Services | Testing and scoping concluded Trakcare did not offer a suitably flexible solution for treatment rooms. Next step was to draft a full specification and Business Case for a treatment room solution. | This work has been paused. | As above (2.1). | This work relates to all aspects of treatment service and as such will be progressed through the wider e-health prioritised recovery plan. | As above (2.1). |
| 2.3 | Information Sharing Agreements between GP practices and the Health Board | Formulation of Information Sharing Agreements between GP practices and the Health Board as joint data controllers in support of system and technical developments in support of new models of care. Agreement finalised and adopted by all but 2 GP practices as of Feb 2020. | Data Protection Officer services agreements in place with all Lanarkshire practices. Staff associated with this team have been realigned across a number areas of COVID response work, however DPO service still maintained on as required. | Information Governance SBAR re progressing the data sharing agreement has been approved and a group is to be established to progress. | Establishing and first meeting of group as detailed under step up to be arranged. | As with wider board activity any return to prioritised covid response status and indeed peaks in infection rate will result in revision and withdrawal in part of any stepped up provision. |
| 2.4 | Vision Anywhere | Deployment on a phased basis planned; scheduled first quarter 2020, determined by service readiness and following successful testing. Testing with physio in EK determined that current set up did not give full service access i.e. no access to Docman remotely which some will need to work safely. | This work was paused to allow focus on priority are of COVID response. | As above (2.1). | Further update to be sought via next workstream meeting. | As above (2.1). |
| 2.6 | Serial Prescribing | GP IT Advisors supporting the roll out of serial prescribing across all practices and community pharmacies in Lanarkshire. | GP IT Advisor (and other project team) posts associated with this work were is part aligned to COVID response. | See detail under Pharmacotherapy – Serial Prescribing (3.3). | See detail under Pharmacotherapy – Serial Prescribing (3.3). | See detail under Pharmacotherapy – Serial Prescribing (3.3). |

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| | | | Serial Prescribing was initially paused given staffing position detailed above, however aspects of support continued that address practice specific requests. For further detail and step up and step down options and considerations see Serial Prescribing under Pharmacotherapy. | | | |
| 2.7 | Scanning contact | Deployment of scanning solution to GP Practices on a selective basis to be implemented. Framework contract awarded to Ricoh in January 2020. Process to be devised for prioritisation of practices. | The development of process to prioritise practices has paused, however procurement process to award contract was pursued and awarded. | Contract awarded and allocation of availability to practices via Primary Care Office, delivery of solution via e-health. | Further update to be sought via next workstream meeting. | Need to explore and understand if there are any funding period constraints and possible impact of delay through any future prioritised covid response status. |
| 3 | Pharmacotherapy | | | | | |
| 3.1 | Pharmacists in Practice | Programme of recruitment, development and deployment of pharmacotherapy pharmacist across all practice in Lanarkshire was ongoing. Alignment at an operational level of the pharmacotherapy service with the Primary Care Multidisciplinary Team Model was agreed and to be undertaken. | Pharmacists have remained in place, albeit working remotely. Recruitment was paused during commencement of covid response and then efforts to progress re-started. Alignment at an operational level of the pharmacotherapy service with the Primary Care Multidisciplinary Team was paused. | Remote working model to continue, with option of some practice based time / activity to be discussed and agreed at an individual practice bases. Recruitment to be recommenced / continued, induction and development and deployment programme will require to be revised to a primary remote model. Alignment at an operational level of the pharmacotherapy service with the Primary Care Multidisciplinary Team discussions to be recommenced. | Pharmacists continue to remain in place, albeit working remotely. Recruitment has recommenced. | If current remote based model remains then step down will be limited as it has demonstrated that it allows for considerable fit and adaptability to return to lockdown status and indeed peaks in infection rate. Availability of the staff required to progress alignment to MDT will be influenced by any return to priorities covid response status and indeed peaks in infection rate related activity. |
| 3.2 | Implementation of Hub model | Hub model approved and recruitment of new skill mix against the agreed WTE on a pharmacotherapy programme detailed above. Preparations for testing of Hub had begun - premises identified in Monklands for the Hub in Airdrie locality, IMT requirements had been identified but not installed, and Band 3 Pharmacy Support Worker posts undergoing job evaluation. | This work was paused to allow focus on priority are of COVID response. | This area of work has been stepped up with a focus on identify accommodation and digital requirements. Anticipated that first Hub area will be Airdrie. | Further update to be sought via next workstream meeting. | To be considered. |

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| | | No premises yet identified for Hubs in other localities, to be feed in / capture under the wider Scoping Accommodation exercise detailed in Premises section. | | | | |
| 3.3 | Serial Prescribing | <p>Roll Out Programme that was working around all localities by October 2020 was ongoing.</p> <p>Review of progress and learning had identified the need to test practice enablement funding.</p> | The roll out was paused. Staff associated with supporting have all been realigned to COVID response work. | <p>National team have indicated an indeed drive nationally to rapidly deploy serial prescribing as it has been identified that had this been in place it would have been supportive in reducing the 'rush' and resultant pressures on practices and community pharmacies due to patients early repeat repeats. In turn this would reduce pressures on medication supplies.</p> <p>Discussions required to consider both the approach that will be taken in national drive, is it aligned to learning in Lanarkshire of what works, if adaptation required to Lanarkshire plan, and also capacity of the team to support.</p> <p>Across Lanarkshire the roll out has been stepped back up and offer to practices who wish to engage.</p> | Further update to be sought via next workstream meeting. | Availability of staff to progress this area of work will be influenced by any return to priorities covid response status and indeed peaks in infection rate related activity. |
| 4 | Premises | | | | | |
| 4.1 | Leases | <p>Continuing to progress the re-assignment from GP partnerships to NHS Lanarkshire for those leases approved by Oversight Group.</p> <p>Long term rolling programme remaining identified leases – subject funding availability. Background information being gathered on the understanding that transfer will only take place as budget allows.</p> | Further update to be sought via next workstream meeting – confirm if re-assignment has continued. | Further update to be sought via next workstream meeting. | Further update to be sought via next workstream meeting. | Further update to be sought via next workstream meeting. |
| 4.2 | Administration of Sustainability Loans | Loans awarded by Scottish Government in 2019. | Further update to be sought via next workstream meeting – confirm if details of process for paying out provided and being progressed by Scottish Government. | Further update to be sought via next workstream meeting. | Further update to be sought via next workstream meeting. | Further update to be sought via next workstream meeting. |

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| 5 | VTP | | | | | |
| 5.1 | Influenza | First year / cohort (19/20) was being concluded and learning collated and session to scope / plan the progression of implementation of full provision for influenza and at-risk and age group programmes during second year / cohort (20/21). | This work was paused; gathering of learning not fully completed and workshop to scope / plan second year / cohort (20/21) cancelled. | Previous mixed model of delivery will need to be revised to deliver within available staffing component and service delivery under physical distancing requirements. Working Group to be established as a PCIP step up priority be to review and determine what level of service will be provided post lockdown, second year / cohort (20/21). Revised model and capacity needs to be understood and then detailed shared with GP practices, in a timely manner to allow who influenza programme delivery. | Being progressed as a priority and as a Board response. Steering and Operation Groups established and project plan in place with all associated actions and timelines being monitored. | Revised model and plan for second year / cohort (20/21) must be mindful and ensure inbuilt mitigation to reduce and respond rapidly to any return to prioritised covid response status and indeed peaks in infection rate. |
| 5.2 | Travel Vaccinations | Model option approved to be scoped up and tested. | Scoping up paused and as such testing not being planned. | Given the wider impact of COVID on travel this area of work place on delivery timeline should be revised to allow focus on other areas of both VTP and the wider PCIP programme. Working Group to be established commence scoping and then testing of model. | Remains paused as Influenza delivery is prioritised. | Once stepped up availability of staff to progress this are of work will be influenced by any return to priorities covid response status and indeed peaks in infection rate related activity. |
| 6 | Primary Care Improvement Team | | | | | |
| 6.1 | PCIT Team | <p>PCIP supported by:</p> <ul style="list-style-type: none"> ▪ 1 WTE Service Manager (Band 8B) ▪ 1 WTE Senior Improvement Manager (Band 8A) ▪ 1 WTE (out of 3 WTE) Improvement Managers (Band 7) (plus 0.8 WTE on Maternity Leave – 25 July) ▪ 1 WTE Senior Data Analyst (Band 6) ▪ 1 WTE Communications Manager (Band 6) ▪ 1 WTE Project Support Officer (Band 5) ▪ 0.6 WTE Project Admin Officer (Band 4) | <p>Deployed as follows:</p> <ul style="list-style-type: none"> ▪ 1 WTE Service Manager (Band 8B) – realigned to Community Assessment Pathway ▪ 1 WTE Senior Improvement Manager (Band 8A) – realigned to Community Assessment Pathway ▪ 1 WTE (out of 2.6 WTE) Improvement Managers (Band 7) Note;- 1 WTE off long term sick with return date of 18 May, 0.8 WTE new appointment with start date of 6 July, 0.8 WTE maternity leave start back to be agreed, expected end of August. | Team to return to substantive posts and support the delivery of PCIP as detailed in this plan. | Team have returned on a phased bases, albeit currently straddling and providing scaled down support to Community Assessment Pathway and identification of future support requirements to Community Assessment Pathway being reviewed with a view that full return can be completed. | Availability of staff will be influenced by any return to priorities covid response status and indeed peaks in infection rate related activity. |

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| | | | <p>- 1 WTE part realigned of Community Assessment Pathway</p> <ul style="list-style-type: none"> ▪ 1 WTE Senior Data Analyst (Band 6) – realigned to Community Assessment Pathway ▪ 1 WTE Communications Manager (Band 6) – realigned to Communications Directorate as part of the COVID response. ▪ 1 WTE Project Support Officer (Band 5) – maintenance admin relation to PCIP activity and supporting Community Assessment Pathway. ▪ 0.6 WTE Project Admin Officer (Band 4) – maintenance admin relation to PCIP activity and supporting Community Assessment Pathway. | | | |
| 7 | PCIP Aligned | | | | | |
| 7.1 | Near Me Roll Out | <p>Additional posts to support roll out appointed.</p> <p>Link with Senior Improvement Manager to discuss QI programme support made.</p> | <p>National accelerated roll out of Near Me undertaken as part of the COVID response.</p> <p>All practices set up for but note that many more have opted for telephone triage.</p> | <p>Undertaking an exercise to capture the learning from top 5 GP practices to understand the how and identify what practice / process could be shared with others who wish to improve utilisation.</p> | <p>Improvement Manager support being provided to support detailed step up approach.</p> | <p>Roll Out completed so as such this solution can now utilised to support the new normal and maintain service provision during any future prioritised covid response status.</p> |
| 7.2 | OT in GP Practices Test | <p>Second phase of testing to scale up across two localities approved, model scoping had commenced and plan for testing was drafted, and recruitment had been undertaken.</p> | <p>All staff have were realigned to COVID response in the community.</p> <p>4 staff remained in practice and summary of learning has been captured and is available in flash report.</p> | <p>Staff are now returning to posts and review and revision of next phase been undertaken.</p> | <p>Improvement Manager support being provided to support detailed step up approach.</p> | <p>Consideration should be given to the learning of the impact made by OTs who stayed in practice and what approach should be taken re staff redeployment during and future prioritised covid response status or indeed peaks.</p> |
| 7.3 | Scoping Accommodation | <p>Working with other PCIP workstreams to scope the accommodation requirements for the future primary care workforce.</p> | <p>This exercise was paused during covid response period.</p> | <p>Detail of new estate position across primary care and indeed system wide including HSCP following COVID response required as this will inform review.</p> | <p>SBAR submitted, further detail of spread of staff to be worked up.</p> | <p>Availability of staff to progress this are of work will be influenced by any return to priorities covid response status and indeed peaks in infection rate related activity.</p> |

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| | | See CTAC Property Requirement entry under Community Treatment & Care. | | It should be noted that detail of property requirements will have changed under step up plans. SBAR detailing staffing who will require accommodation progressed through relevant governance and planning structures. | | |
| 7.4 | GP IT Re-provisioning | <p>Next steps planned were the production of Business Case and local specification for re-provisioning.</p> <p>NHSL was also required to define its position in respect of cohort formation and mini competition.</p> <p>Business case for funding of re-provisioning project team within NHSL completed. This funding was not approved as the need was to be taken to the national group for clarification.</p> | National work on the GPIT re-provisioning has continued throughout the pandemic. The issue is currently one of what and when the bidders may be able to deliver | Consideration and identification of mitigation in relation to when bidder may be able to deliver required. | Further update to be sought via Primary Care Strategy Board. | Further update to be sought via Primary Care Strategy Board. |
| 7.5 | Action 15 - Primary Care Mental Health & Wellbeing service | 27 of GP practices in Lanarkshire had access to the Primary Care Mental Health & Wellbeing service, with plans in place to expand into a further 13 by December 2020. | Some elements were paused during this period as staff were realigned to covid response. | Further detail to be sought via lead. | <p>Work Stream group met for the first time at start of August since March.</p> <p>Further detail to be sought via lead.</p> | Further detail to be sought via lead. |