



Welcome to the iN TOUCH newsletter for September 2022 – providing an update on the progress of the Primary Care Improvement Plan (PCIP).

This edition features the first of our ‘focus pieces’ which take a more in-depth look at a specific part of the PCIP. This month the focus is on chronic disease monitoring.

This edition also contains updates on:

- [Vaccination Transformation Programme](#)
  - Travel health
  - Other vaccinations
- [Urgent care](#)
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  - Pharmacotherapy audit
  - Hubs update
  - Acute prescribing toolkit
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Recently, the GP Sub-committee sought clarification with regards the development of the chronic disease monitoring model that sees practices making patient appointments. These discussions are ongoing and we will provide a further update in a future edition. Meanwhile, work on chronic disease monitoring continues and this focus piece covers what has happened so far.

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### What are the changes to chronic disease monitoring?

Traditionally, chronic disease monitoring and chronic disease management are carried out at GP practices. These changes see the monitoring part move away from GP practices to treatment rooms, run by NHS Lanarkshire.

### What happened in the test of change?

We started testing the changes in May 2022 in the Hamilton locality, to inform the model that is being implemented across Lanarkshire.

The infographic shows the activity that has taken place during the first 12 weeks of the test of change.

### What conditions are included in the changes to chronic disease monitoring?

- Atrial fibrillation
- Cerebrovascular disease
- Chronic kidney disease stage three
- Coronary heart disease
- Heart failure
- Hypertension
- Lithium monitoring
- Peripheral arterial disease
- Thyroid monitoring
- Type 2 diabetes

### When is it being rolled out across Lanarkshire?

We are currently working with four GP practices in the Hamilton locality and are in discussions to agree the next practices that are coming on board.

The timescale for roll-out is being finalised and will be shared once it is complete. The aim is for all localities to be running this service by March 2023.

We will contact localities and practices directly to discuss the roll-out in their area.


Before going live with this new way of working, practices and localities will receive a 'Getting ready for chronic disease monitoring' pack. This includes a step-by-step guide of what they need to do to prepare, as well as data about appointments and number of patients.

## Chronic disease monitoring

### Test of change

30 May 2022 to 19 August 2022


Appointments took place at Douglas Street treatment rooms, Hamilton




**Participating practices:**

- Douglas Street Surgery from 30 May 2022
- Burnbank Medical Centre from 31 May 2022
- Wellhall Medical Centre from 16 June 2022
- Bothwell Medical Centre from 23 June 2022

- Number of booked appointments - 864
- Attendance rate - 94%









- Multi-condition appointments have reduced to 30 minutes, with a plan to reduce further after the test of change
- Short appointment slots started at 20 minutes and reduced to 15 minutes from week eight

**Conditions monitored:**

- Atrial fibrillation
- Cerebrovascular disease
- Chronic kidney disease stage three
- Coronary heart disease
- Heart failure
- Hypertension
- Lithium monitoring
- Peripheral arterial disease
- Thyroid monitoring
- Type 2 diabetes



## What do practices need to do?

Practices will continue to call, recall and appoint patients for their chronic disease monitoring appointments, as set out in the 2018 GMS contract. However, the appointments will be delivered by treatment room services, either in treatment rooms or peripatetically (including housebound), not GP practices.

There is a small amount of training for practice staff to complete before using the appointment system for chronic disease monitoring – Vision 360.

We are currently unable to offer this service to practices that do not use Vision. We are working towards a solution and hope to offer it to other practices in the future.

## What does this mean for chronic disease management?

Chronic disease management will continue to be carried out by GP practices.

The data from the chronic disease monitoring appointments will be sent to practices for review and follow-up, where appropriate. We recognise that is only one component of the holistic approach to patient care that the practice is responsible for.

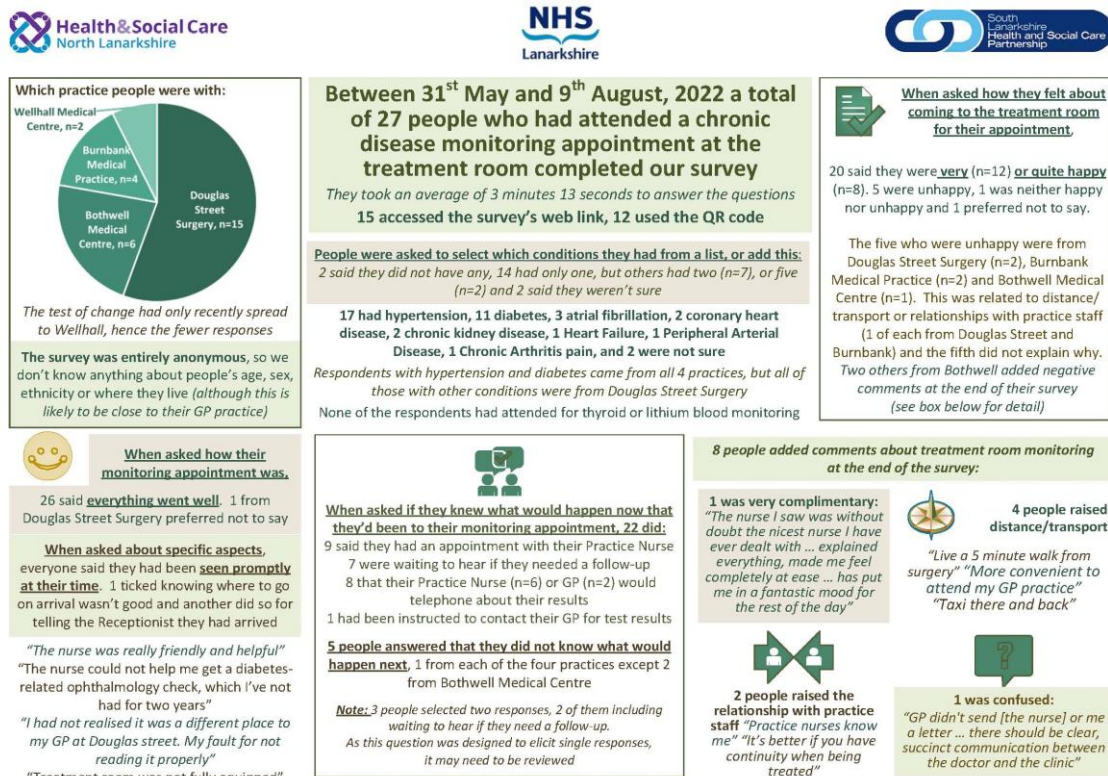


## What do staff think about the changes?

Staff involved in CDM changes have provided feedback on how they feel they are working. Click on the links below to watch the short videos to hear their feedback.

- [Pamela Carlin, Treatment Room Manager, Hamilton](#)
- [Claire Murdoch, Practice Manager Burnbank Medical Centre and Michelle Turnbull, Practice Manager Douglas Street Surgery](#)

The infographic below shows feedback from patients after they had attended their chronic disease monitoring appointment at Douglas Street treatment room.



Thanks to everyone who completed the survey. Report compiled by Helen Alexander, 12<sup>th</sup> August, 2022

## Vaccination Transformation Programme (VTP)

The VTP steering group met in September to agree a way forward, given that all vaccinations have now been transferred to the responsibility of NHS Lanarkshire. The group will meet again in November as it works through other aspects of VTP to make sure that processes are optimised.

### Travel health

Vaccinations needed for travel (excluding the covid-19 vaccine) are now provided by certain community pharmacists.

If you receive enquiries about travel vaccines, please direct them appropriately:

- Information on the vaccination requirements of different countries is available at [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)
- Local information and a list of participating pharmacies are available at [www.nhslanarkshire.scot.nhs.uk/services/travel-vaccinations/](http://www.nhslanarkshire.scot.nhs.uk/services/travel-vaccinations/)

Please refer any enquiries about travel vaccinations to the links above. If people don't have online access, you can refer them to the NHS inform helpline for travel health information on 0800 22 44 88.

### Other vaccinations

If you need to refer a patient for a miscellaneous vaccination, visit the Firstport page for more information and a referral form <http://firstport2/staff-support/vaccination-referrals/default.aspx>

## Urgent care

It was agreed at the Executive Oversight Group on 7 September that the advanced nurse practitioners (ANP) working in East Kilbride and Cumbernauld would revert to the agreed urgent care in-hours model of only providing home visits. We are linking with practices directly to discuss this transition.

There are also recommendations to consider other urgent care models and locations where the service is staffed by a wider multidisciplinary team – with input from partnerships, secondary care, admin, quality improvement, as well as protected professional leadership. Discussions are ongoing around this and an update will be provided when appropriate.

## Pharmacotherapy

The GP Sub-committee has highlighted a concern regarding the process of prescriptions being generated in the hubs which are then signed by GPs in the relevant practice.

Discussions are ongoing and a small group has been set up to look at options to address the concerns. An update will be issued when an agreement has been reached. Other pharmacotherapy work has continued.

## **Pharmacotherapy audit**

In June 2021 a one-week gap analysis audit was carried out to capture accurate data that provided information on what level of service was being delivered in practices by the PCIP pharmacotherapy resource in relation to level one services.

Since the hubs have been established, it was felt it would be beneficial to re-run the audit to determine the impact of the pharmacotherapy hub operating five days-a-week. The audit focused on the Airdrie hub and the five practices it supports.

Summary of audit findings:

- Assurance there is no negative impact within practices and day-to-day variation is within normal limits.
- Time has been freed-up time to complete more medication reviews and pharmaceutical queries.
- Staff from five health boards within Scotland (have enquired about or visited local hubs, to find out more about how they work and to scope the methodologies for their own boards.
- The demand for pharmaceutical queries items requiring review have increased.
- Discharges are being more efficient.
- Staff retention has improved.
- Service delivery has improved.
- An improvement in pharmacotherapy service delivery is shown by increases in medicines reconciliation, medications reviewed and queries actioned across a five-day service.
- The pharmacy team is currently completing 100% of 'pharmacy-appropriate' medicines reconciliation, compared to 90% last year.
- Total number of medication reviews increased by 59%.
- Total number of pharmaceutical queries increased by 76%.
- The hub delivered a five-day service with backfill over a three-month period.
- Acute prescriptions and reauthorisations actioned by the pharmacy team remained at similar levels as last year factoring in weekly variation.
- The hub rollout in 2022 has allowed the development of the pharmacist role within practices. In 2021, 44% (4/9) pharmacists resigned alongside an iMatter score of 72. To date in 2022, there have been no resignations, and the most recent iMatter score was 93. Improved staff retention has also reduced the training burden within GP practices

## **Hubs update**

Work is ongoing in trying to secure accommodation for the localities who still require a hub. This has been challenging due to a lack of appropriate accommodation. This issue has been escalated and discussions are ongoing with North and South Lanarkshire Health and Social Care Partnerships.

## **Acute prescribing toolkit**

The acute prescribing toolkit is now live and available on Healthcare Improvement Scotland's website at [ihub.scot/acuteprescribingtoolkit](https://ihub.scot/acuteprescribingtoolkit)

The toolkit has been developed in partnership with 11 health and social care partnerships and 75 GP practice teams – four of which were from Lanarkshire.

The main benefits of the toolkit include:

- helping teams to understand their prescribing system to identify change ideas to improving efficiency and effectiveness;
- reducing GP practice and pharmacotherapy staff workload; and
- helping to improve patient safety and reduce harm.

Locally, we supported the four practices to be involved in the collaborative and at the next pharmacotherapy QI group will be considering how best to share the learning and support further changes and improvements.

## **Additional professional services**

### **Community link workers (CLW)**

#### **August 2022**

Of the 56 practices who referred into the programme during August 2022; 30 were in north and 26 were in south. This is 66% of the 85 live practices.

There were 324 referrals made to the GP CLW programme. 198 in the north (61%) and 126 in the south (39%).

Total referrals received by the service to date (March 2021- August 2022) is 5,092.

## **Other news**

### **GP Sub-committee representation on workstreams**

Following a recent review of workstreams' terms of reference and a request from the GP Sub-committee, there will now be two representatives of the GP Sub-committee at each workstream meeting. This increase will ensure that the views of practices continue to be represented at all workstreams.

Lanarkshire's GP Sub-committee can be contacted at

[lanarkshirelmc@lanarkshire.scot.nhs.uk](mailto:lanarkshirelmc@lanarkshire.scot.nhs.uk)

### **Cluster Quality Lead (CQL) event**

Cluster Quality Leads across Lanarkshire have been invited to an event on 26 October, which will build on the successful CQL event in February 2020. The next steps from this event were derailed due of the pandemic, but there has been enthusiasm to pick this back up.

The event in October will look to support CQLs and clusters to influence quality and service improvement across the system. It will involve not only building links within localities, but also with secondary care services.

Feedback from the event will be provided in a future of edition of iN TOUCH.

### **Staffing changes**

Dr Sharon Russell, Associate Medical Director, South Lanarkshire Health and Social Care Partnership has recently retired after more than 20 years as a GP partner and four years in her Associate Medical Director post. To read The Pulse article, [click here](#).

The Primary Care Improvement Team has bid a fond farewell to Project Support Officer, Audrey McPetrie who has moved on to a promoted post with NHS Greater Glasgow and Clyde. Audrey has been with the team since it was established and her new role sees her continuing working on the primary care improvement plan in Glasgow.

Claire McLaughlan will provide project support to all PCIP workstreams going forward.

Carla Giaffreda, Community Link Worker Co-ordinator for South Lanarkshire has moved on to a new post in health promotion. Carla is now the Service Development Co-ordinator for the Weight Management Service.

Lynn Cunningham, Community Link Worker Co-ordinator for North Lanarkshire will also provide cover for South Lanarkshire to ensure continuity.

### **Contact us**

If you have an enquiry or would like further details about an article in this edition of iN TOUCH, please email [LanGMS2018@lanarkshire.scot.nhs.uk](mailto:LanGMS2018@lanarkshire.scot.nhs.uk)

To read previous PCIP updates, [click here](#) and scroll down to 'PCIP updates'.