

iN TOUCH



Primary Care Improvement
Plan (PCIP) update



November 2022

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

This edition also features the next of our ‘focus pieces’ which take a more in-depth look at a specific part of the PCIP. This month the focus is on the reviewing of patients on intramuscular vitamin B12 injections.

This edition contains updates on:

- [Community treatment and care](#)
 - Chronic disease monitoring
- [Pharmacotherapy](#)
 - Hubs update
- [Urgent care](#)
 - Service level agreement with Scottish Ambulance Service
- [Additional professional services](#)
 - Community link workers
- [Other news](#)
 - Retirement of Dr Linda Findlay
 - GP Sub-committee representation on workstreams – clarification
- [Contact us](#)



Focus on... **Reviewing patients on IM B12**

- [Why did this work start?](#)
- [What did the work aim to do?](#)
- [How was the work carried out?](#)
- [What benefits has the work shown?](#)
- [What are the next steps?](#)
- [Feedback from staff](#)

Why did this work start?

An initial pilot in one locality identified a significant number of patients on a District Nursing caseload as receiving long-term treatment with intramuscular (IM) vitamin B12, with no clear review process in place.

After an initial review of 50 patients, 44% no longer required injections and were appropriately removed from the active caseload. The results highlighted the lack of local guidance and an opportunity to develop a process for the management and review of IM B12 injections across primary care.



The majority of patients attended the treatment room (TR) for their injections, so it was appropriate to progress the review process through this route.

What did the work aim to do?

By reducing the number of people on inappropriate B12 injections, the work aimed to:

- improve patient care by ensuring treatment is clinically indicated;
- release treatment room capacity;
- reduce unnecessary testing; and
- reduce costs in treatment room, labs and prescribing.

How was the work carried out?

A multidisciplinary team with representation from acute and primary care developed new guidelines. These are now available on the NHS Lanarkshire Guidelines website and app – [click here](#) to read the guidelines.

Following this, an improvement group tested the guidelines across treatment rooms in the Airdrie and Hamilton localities. The group met regularly to review data, discuss ongoing learning and address challenges as they happened.



Standing operating procedures and a quick reference algorithm were also developed.

The group experienced challenges in accessing patient records and data collection. To address these, they developed an alternative tri-party review model between the Pharmacy Team, GP practice and treatment room.

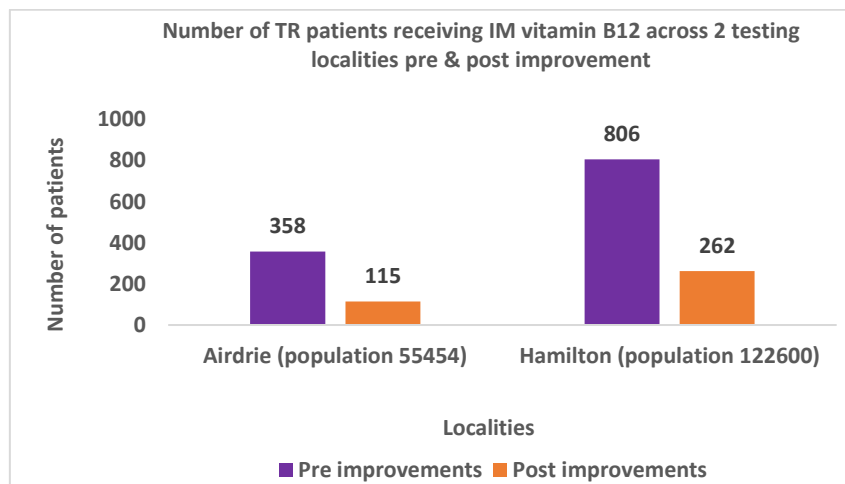
Different methods were tested to let patients know about the changes. These included phone calls and letters sent prior to the appointment and face-to-face discussions during patient reviews.

Progress was regularly reported across the relevant structures.

What benefits has the work shown?

- Outcomes from the initial testing confirmed that a significant number of patients required review. Both treatment rooms involved substantially reduced the number of patients requiring IM vitamin B12.

Graph below shows the reduction in the number of patients receiving B12 injections.



- Relationships with GP practices were reinforced, with a clear path of communication which was essential for a successful review process.
- Cost-efficiencies were achieved by stopping inappropriate B12 prescribing. If patients require a trial of oral cyanocobalamin in line with the NHS Lanarkshire guideline, while this is more expensive than the B12 (hydroxocobalamin) injection, the oral preparation is only given for a short two-month diagnostic course and therefore cost-efficiencies are still released when long-term inappropriate B12 injections are stopped.
- A reduction in TR waste and increased capacity creates an effective model for delivery of care.
- A multidisciplinary improvement group with input from nursing, pharmacy, locality management and improvement was hugely beneficial in terms of knowledge required to move the work forward.
- Acute guidelines are being developed to ensure patients are clinically indicated at point of commencement on medication, in line with the principles of realistic medicine. Collaboration between acute and primary care continues to ensure a joined-up approach.
- The project demonstrates a safer process for the management of patients. It represents a person-centred approach and ensures mutually beneficial partnerships between patients and professionals delivering care.

What are the next steps?

- B12 reviews will be a staged process across localities over the rest of the year, requiring a co-ordinated approach from pharmacy, treatment room and practice teams.
- Prescribing advisors are working with pharmacy teams across localities to resume data collection.
- Locality pharmacy teams will update GP practices, locality management teams and GP leads on work being progressed, through relevant forums – for example, Locality Quality Medicines Action Groups.
- Prescribing advisors will liaise with locality/treatment room leads to ensure an awareness of current activity in their area.

- The B12 Improvement Group will reconvene to review the process across localities as part of the wider implementation of the guidance.
- Prescribing Team contact details are available on FirstPort for further discussion: <http://firstport2/staff-support/prescribing-support/prescribing-team-contacts/default.aspx>

Feedback from staff

Staff involved in B12 work have provided feedback on how they feel they are working. Click on the link below to watch the short videos to hear their feedback.

- [Liz Savage, Prescribing Adviser and Heather Miller, Prescribing Support Pharmacist](#)

Community treatment and care

Chronic disease monitoring

Work is progressing on the scale and spread of chronic disease monitoring. The order localities will come on board will follow the same order as the roll-out for the Vision Anywhere appointment system for treatment room services – this work is being led by the eHealth department.

The Primary Care Improvement Team will contact localities and practices in due course to discuss the roll-out in their area.

Pharmacotherapy

Hubs update

As per last month's update, eight out of ten localities have hub sites identified. Work is continuing at pace to bring the hubs online and to identify suitable accommodation / solutions for the remaining two sites.

Urgent care

Service level agreement with the Scottish Ambulance Service

A service level agreement with the Scottish Ambulance Service has been concluded and will see the arrival of the first advance paramedic in early December. Advance paramedics (APs) in primary care will provide autonomous, within their scope of practice, assessment and care for patients within the primary care setting.

This will include attending home visits on behalf of NHS Lanarkshire urgent care in-hours (general practice) and reviewing patients in general practice (across NHS Lanarkshire). APs will work within their scope of practice and competency, while complying with NHS Lanarkshire urgent care in-hours and Scottish Ambulance Service guidelines and protocols.

Additional professional services

Community link workers (CLW)

October 2022

Of the 62 practices who referred into the programme during October 2022; 31 practices were in the north and 31 were in the south. This is 74% of the 84 live practices.

There were 294 referrals made to the GP CLW programme. 171 in the north (58%) and 123 in the south (42%).

Total referrals received by the service to date (March 2021- October 2022) is 5,650.

Other news

Retirement of Dr Linda Findlay

After a 32-year career in the NHS, colleagues have bid a fond farewell to Dr Linda Findlay, Medical Director South Lanarkshire Health and Social Care Partnership. To read more, [click here](#).

GP Sub-committee representation on workstreams – clarification

In the September edition of iN TOUCH it was highlighted that following a review of the workstreams' terms of reference, there would be two representatives of the GP Sub-committee at each workstream meeting.

For clarification, there is now **space** for two representatives at each meeting. However, there may not always be two representatives at the meeting, but it gives the GP Sub-committee representatives more flexibility to attend PCIP meetings.

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

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