

Primary Care Improvement Plan: GMS 2018

Urgent Care (In Hours) Work Stream



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1. Purpose of this Document

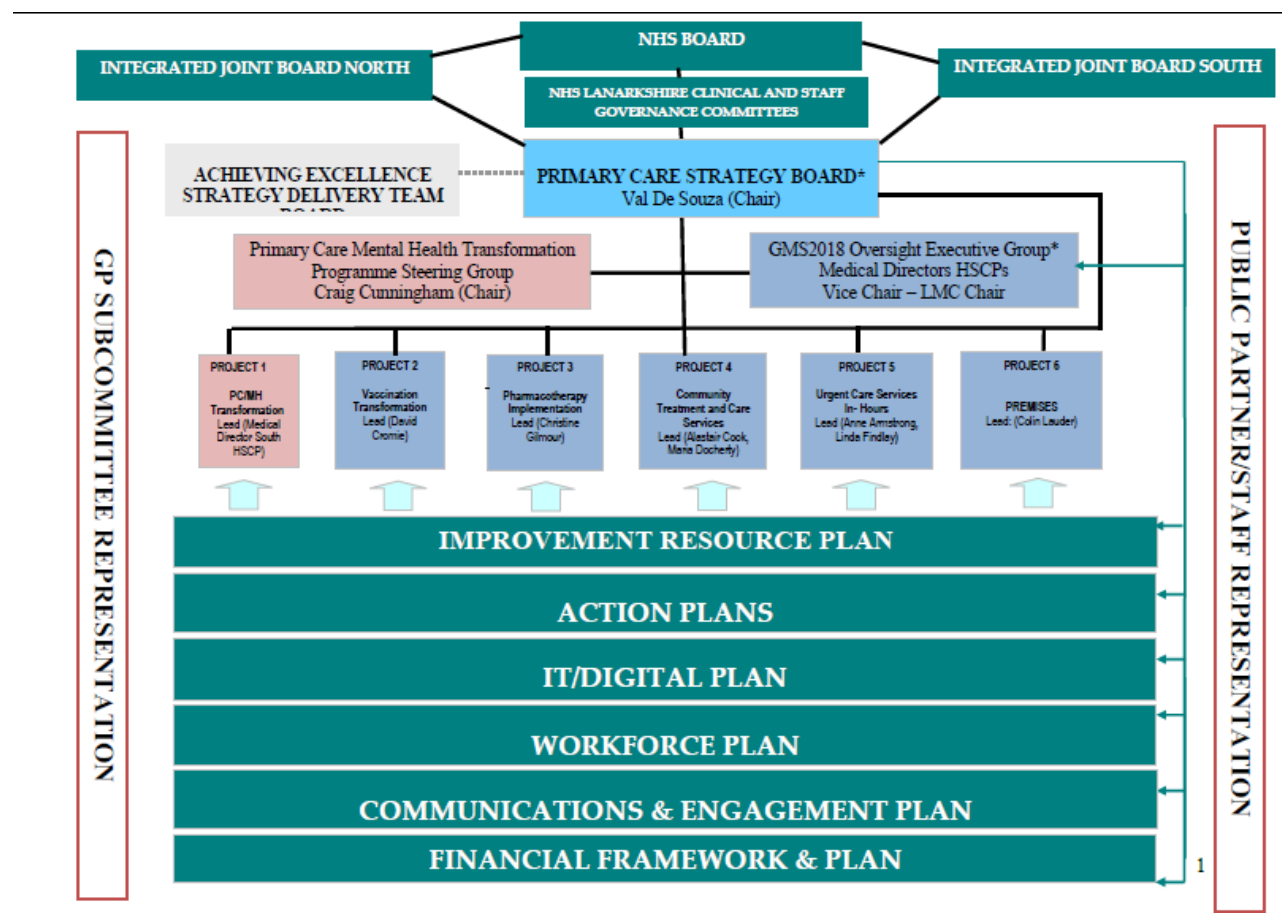
The purpose of this document is to provide a broad overview and serve as a baseline which sets out the scope, scale and function of this work stream to support a smooth and planned transition from 1st April 2018. The document also sets out assumptions and constraints and highlights key risks and dependencies with other work essential to this work stream.

This Brief sets out the aims, objectives and plans of the workstream to deliver the mandate of the GMS2018 contract and associated MOU within Lanarkshire. The document is a working document and will be continually revised with updated information as plans for this work stream are developed until a final version is approved by the Primary Care Strategy Board.

2. Governance and Terms Of Reference

Linda Findlay, Medical Director (HSCP South Lanarkshire) & Anne Armstrong, Director of Nursing (HSCP North Lanarkshire) will act as leads to develop and implement this work stream within Lanarkshire. The work stream leads have established an 'NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group' to oversee this work as detailed in the Terms of Reference (ToR) within Appendix C.

This work stream will report to the Primary Care Strategy Board and will be integral to and supported by the governance structure shown below.



To deliver this project over the period of the programme (2018-2020/1) sufficient project management and quality improvement must be factored into future resource plans. Communication, engagement and evaluation are similarly critical supports to deliver successful change.

3. Background

General

The GMS2018 contract aims to refocus the role of GPs as expert medical generalists. This will require some 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. These priorities include:

- vaccination services,
- pharmacotherapy services,
- community treatment and care services,
- Urgent Care in hours services, and
- additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services.

GPs will retain a 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, and sets out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen, 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 the priority work streams within the plan.

Urgent Care (In Hours)

Definition: Urgent Care (In Hours) is defined as a service operating within the agreed general practice hours of 8am-6pm, Monday- Friday (exclusive of public holidays)¹. This service, provided by a multi disciplinary team will assess, treat and refer patients with emergency needs for physical and mental health problems as appropriate and within the same day whilst ensuring patients are referred to 'the 'right person, first time' for their needs.

Throughout NHS Boards and services there are various definitions and understanding of what constitutes 'urgent' and/ or 'unscheduled' care. The report - *'Pulling Together: Out of Hours Services Transforming Urgent Care for the People of Scotland'* defines urgent care as "care in the community that requires a response before the next routine care service is available." It is recognised that the scope of work for this group needs to take account of when unscheduled care begins and then crosses over and becomes scheduled care.

Within Lanarkshire the current Urgent Care (In Hours) service provision is managed by individual general practices and is fragmented with roles and responsibilities in relation to urgent care (in hours) being unclear and undefined beyond this. By 2021 it is expected that the provision of this service and associated responsibilities will transfer (or be in the process of transferring) to a multi disciplinary team directed by the Health & Social Care Partnerships (HSCP) and employed by the NHS Board. The implementation of this service will assist in distributing workload across appropriate staff and services, whilst also aiming to achieve an enhanced patient service and ultimately reducing GP workload. It is anticipated that a reduction in GP workload will allow for

¹ Throughout this document the 'in hours' period refers to this agreed timeframe.

GP's to deal with undifferentiated diagnoses and complex care, whilst also providing a senior clinical leadership role to the multi disciplinary team.

The MOU further states that Urgent Care (In Hours) services will provide support for urgent unscheduled care within the primary care setting, such as advance practitioner resource e.g. nurse or paramedic for GP clusters and practices as first response for home visits, response to urgent call outs for patients and working with practices to provide appropriate care to patients.

Vision: Urgent Care (In Hours) in Lanarkshire will provide a multi disciplinary team (MDT) approach to urgent and unplanned care needs for both physical and mental health which will safely and effectively meet the needs of patients. The Urgent Care (In Hours) workstream will create and implement a sustainable model which will work efficiently alongside primary care, secondary care, health and social care interfaces, relevant healthcare providers and that is further compatible with the out of hours service provision. Although unlikely available in the short term it is expected that this workstream would seek to create a future service model with a single point of entry into the urgent care (in hours) service and enhanced IT provision that allow for real time data and information sharing to aid service providers.

By 2021, in collaboration with NHS Boards and HSCPs it is mandated within the GMS2018 contract that there will be a sustainable advance practitioner provision, based on appropriate local service design. These practitioners will be available to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care, where it is safe and appropriate for them to do so.

Although not within scope for this work stream initially, but with strong interdependencies will be the work of NHS24 and other NHS Public Health organisations and third sector agencies developing new ways of working to engage the public in i.e. self-care/self-management approaches to improve prevention and reduce demand on general practice. This will also be geared towards improving access to healthcare such as self-care and self-management; on-line information and support; preventative solutions sign-posting people direct to the right place first time. At this time this work stream will not implement an Urgent Care 24/7 model but recognise that their needs to be an understanding of the impact of this work on the out of hours service and seek to understand how the services will align. In time how an Urgent Care 24/7 service model could be implemented will be reviewed in line with the development of Urgent Care (In Hours) services and ongoing policy drive.

4. Work Stream Aims and Objectives

Aim: To develop and implement a safe, efficient and sustainable model of Urgent Care (In Hours) for Lanarkshire which prioritises the needs of the patients and is delivered as agreed to time, budget and the mandate of the GMS 2018 contract.

Objectives for Urgent Care (In Hours) service in Lanarkshire;

- To establish a sustainable Urgent Care (In Hours) model to support the operation of multidisciplinary teams in Lanarkshire (as defined by the workforce allocation model) and allow GPs an increased focus on complex care by March 2021;
- To ensure that this model provides patients access to the 'right person at the right place at the right time' within the most appropriate and safest pathway of care;
- To increase the pool of relevantly qualified professionals in order to appropriately staff the Urgent Care (In Hours) model and deliver this within the defined timescales of the GMS2018 contract;

In order to meet the aims and objectives the workstream will deliver the following;

Year 1

- Agreed, efficient and sustainable urgent care (in hours) service and workforce models;
- Phased implementation of urgent care (in hours) service care home/ home visits;
- Urgent care (in hours) recruitment, training and retention framework;

Year 2

- Review and redesign of implemented services (where appropriate) based on learning and experiences in year 1;
- Continued roll out of services across Lanarkshire, adapted as required to meet differing population needs.

Year 3

- Delivery and implementation of an agreed, equitable and consistent level of urgent care (in hours) services which dovetails with urgent care out of hours services across Lanarkshire by March 2021;
- Agreed continuous improvement and sustainability plan;
- Review of implementation and measure achieved benefits including reduction in unplanned care workload for GPs.

5. Work Stream Scope

The scope of this work stream is as defined in the GMS2018 Contract and associated MOU, including mental health. It excludes all other work streams within the Primary Care Implementation Plan programme whilst recognising these involve key inter-dependencies.

At this time the scope of this workstream is Urgent Care (In Hours) as but it is recognised in line with the ongoing policy drive that in time this workstream will be working towards achieving an Urgent Care service in the context of an Urgent Care (24/7) model and that in any changes made now must align with the out of hours services.

The scale of this work stream is Lanarkshire-wide. No differentiation is made between North and South Lanarkshire.

<u>In Scope:</u>	<u>Out of Scope:</u>
<u>Organisations:</u> NHS Lanarkshire NHS General Practices Lanarkshire Health and Social Care Partnerships – North & South Lanarkshire Integrated Joint Boards- North & South Scottish Ambulance Service (SAS) NHS24	<u>Organisations:</u> Any organisations not listed as in scope
<u>Divisions/Departments:</u> Property and Support Service Division (PSSD)	<u>Divisions/Departments:</u> Any divisions/ departments not listed as in scope
<u>Groups:</u> Urgent Care (In Hours) Multi Disciplinary Teams Integrated Locality Teams (Health & Social Care) Community Treatment & Care Workstream	<u>Groups:</u> Voluntary Sector Any other groups not listed as in scope
<u>People:</u> Advanced Practitioner Paramedics	<u>People:</u> Any people not listed as in scope

<p>Advanced Nurse Practitioners Nurse Practitioners Integrated Community Support Teams Hospital at Home Teams District Nurses General Practice Nurses Secondary Care Practitioners Treatment Room Staff Optometry Dental Community Pharmacists Allied Health Professionals Mental Health Services Advanced Practitioners</p> <p><u>Systems/ Processes:</u> General Practice Based Urgent Care (In Hours) Home/ Care Home Visits IT Systems Cross cover within practices Data Sharing/ Availability Public Engagement/ Communications PSSD- Collection and transportation of samples PSSD- Premises to accommodate Multi Disciplinary teams Roles and Responsibilities of MDT workforce NHS Inform & National Service Directory Organisational Interfaces</p> <p><u>Deliverables</u> Urgent Care Workforce Model & Implementation Plan Urgent Care (In Hours) Patient Pathway and Service Model Urgent Care (In Hours) Training Framework, Recruitment and Retention Plan Locality Service Profiles Urgent Care (In Hours) Governance Structure</p> <p><u>Project Management:</u> Work stream Brief Terms of Reference 3 Year High Level Action Plan Communications and Engagement Strategy</p>	<p><u>Systems/ Processes:</u> Community Based Urgent Care Urgent Care (Out of Hours) Locality based responses Phlebotomy services/ provision Scheduled Care Roles and Responsibilities of externally provided resource & services Pharmacy Phlebotomy</p> <p>Any other systems/ processes not listed as in scope</p> <p><u>Deliverables</u> Any other deliverables not listed as in scope</p> <p><u>Project Management:</u> Any Project management documentation/ processes not listed as in scope</p>
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6. Action Plan

Based on input from the work stream leads and key stakeholders, high level actions have been identified to support the implementation of the Urgent Care (In Hours) work stream - Appendix A.

7. Assumptions, Constraints, Dependencies & Risks

Assumptions

- GP's and associated workforce will collaborate fully in the development and implementation of the Urgent Care (In Hours) Service;

- Key stakeholders including patient & carer representatives will participate in relevant meetings etc and will provide a high quality of expertise and input to the process as and when required;

Constraints

- The workstream is constrained by the amount and availability of funding to implement changes as required to meet the GMS2018 contract and associated MOU;
- This group must maintain close links and understanding of the status of GP IT re provisioning work to ensure clarity around available IT and associated timescales for implementation;
- 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 due to ongoing national recruitment and competitive salaries. This could further constrain the ability of the service to retain experiences and skilled staff;
- Availability of required stakeholders and service staff to engage and participate in the work stream may be restricted by operational requirements, competing priorities and capacity for change;
- The GMS2018 contract mandates delivery of Urgent Care (In Hours) work stream by 2021.

Dependencies

- There is a dependency on the ongoing GP IT re-provisioning work and the availability of technology and systems in order for multi disciplinary teams to work effectively and share information and data;
- There is a dependency on the quality, availability and accessibility of appropriate data held to inform the decisions to be made by the work stream. The quality and accessibility of data will vary due to a number of factors and if unavailable or of insufficient quality this could lead to a significant impact on the scale of the programmes being delivered and the workforce availability/ capacity to deliver the programmes;
- There are strong interdependencies on this workstream and the work carried out by interdependent organisations such as NHS24 and SAS in order to ensure a robust and efficient Urgent Care (In Hours) model is appropriately designed and consulted on. This is key to ensure expansion of the service model to an Urgent Care (24/7) model as and when appropriate. Appropriate representation and consultation from these key organisations should be sought through project governance groups;
- There are key dependencies within the Community Treatment & Care Work stream, IT/Digital work stream and the work as defined in scope by the Urgent Care (In Hours) Group. A clear understanding and definition of the services provided by each of the work streams is required in order to ensure clarity around service provision, roles and responsibilities and to identify where services may crossover.

Risks

Initial risks have been identified for the Urgent Care (In Hours) workstream and have been logged in the risk register as embedded below.



2018-05-15 GMS
2018 Urgent Care Ris

8. Future Stages of Work and Primary Care Improvement Plan

This Action Plan for the Urgent Care (In Hours) work-stream will contribute to the Primary Care Improvement Plan.

9. Appendices: High Level Action Plan, Stakeholders & Communications, Terms of Reference

Appendix A - URGENT CARE (IN HOURS) HIGH LEVEL ACTION PLAN AND MILESTONES

Action	Lead (s)	Lead Timescale for Completion (Year)		
		Year 1 2018-2019	Year 2 2019-2020	Year 3 2020-2021
Early review of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group ToR to ensure appropriate representation (as work stream and SG guidance develops) and ensure all members are aware of and in agreement with their roles and responsibilities.	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	April 2018 Reviewed quarterly	Reviewed quarterly	Reviewed quarterly
Establish Project Management arrangements, documentation and reporting requirements	Head of Service Change and Transformation/ Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	April 2018		
Review, develop and agree workstream scope	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire / Communications Lead	May 2018		
Initial Work stream Risk Analysis Workshop Held	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	June 2018		
Conduct Stakeholder Analysis	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire / Communications Lead	April 2018		
Develop Communications Plan (aligned with PCIP Communications Strategy) <ul style="list-style-type: none"> Undertake regular review of Communications Strategy to ensure meeting stakeholder needs 	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire / Communications Lead	September 2018- December 2018	Ongoing Review	Ongoing Review
Review of current data availability and establish 'current situation' in regards to urgent care (in hours) requests and associated workload.		December 2018		

Establish 'minimum viable product' for implementation by March 2021 ensuring agreement and buy in from key stakeholder groups.	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	December 2018		
Establish benefits / 'success criteria' for Urgent Care (In Hours) work stream	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	December 2018		
Creation of subgroups (as required) to carry out associated Urgent Care (In Hours) workload in order to fully scope and implement changes required to meet the mandate of the GMS2018 contract and successful delivery of Urgent Care (In Hours) service in NHS Lanarkshire.'	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	June 2018		
Review and further develop Work stream Brief	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	Ongoing	Ongoing	Ongoing
<p>Define and understand urgent and unscheduled care definitions in regards to service provision within NHS Lanarkshire.</p> <ul style="list-style-type: none"> Produce an agreed definition of Urgent Care (In Hours) to assist in patient public understanding of what services are provided by whom and situations constituted as urgent, unscheduled etc. 	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire/ Communications Representative	March 2019		
<p>Implement learning from successful tests of change and what works in Lanarkshire across wider areas</p> <ul style="list-style-type: none"> Review lessons learned from unsuccessful projects and consolidate 	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	March 2019		
Produce and map current and future Urgent Care (In Hours) Service provision		March 2019		

Review and understand actions and 'quick wins' that can be carried out in the short term in order to effectively enable wider scale changes to be implemented as a result of this work stream, e.g. consider referral rights from wider multi disciplinary team to improve links and ease of referrals to secondary care e.g. mental health services.	Medical Director South Lanarkshire/ Nurse Director, North Lanarkshire	March 2019		
<p>Define existing service provision within practices and community setting in order to incorporate into plans for workforce model and roles/ responsibilities of multi disciplinary teams for Urgent Care (In Hours) going forward.</p> <ul style="list-style-type: none"> Review how development of multi disciplinary teams will impact the composition of the existing workforce. 		<p>March 2019</p> <p>Ongoing Review</p>	Ongoing Review	Ongoing Review
Scope, develop and define a robust and efficient workforce model for Urgent Care (In Hours) multi disciplinary team.		March 2019		
Develop and define an agreed measurement for workforce configuration and how this will be calculated.		March 2019		
<p>Define and agree workforce requirements and planned implementation and recruitment in Year 1, Year 2 and Year 3</p> <ul style="list-style-type: none"> Production of workforce model and plans in collaboration with external organisations e.g. SAS & NHS24 to ensure alignment of workforce plans and models; Develop and agree governance and processes with relevant external organisations and interfaces for urgent care (in hours) Develop and agree Service Level Agreements (SLA's) with external organisations and NHS Boards 		March 2019	Review Ongoing	Review Ongoing
Phased recruitment and implementation of appropriately skilled staff and teams to deliver Urgent Care (In Hours) service.		March 2019		
Continued recruitment of staff to allow for continued			March 2020	March 2021

expansion of the Urgent Care (In Hours) services.				
Develop a robust, efficient and sustainable financial model for Urgent Care (In Hours)				
<p>Define training needs for existing and new workforce and develop a pathway to ensure qualified, specialist staff are employed within roles as appropriate.</p> <ul style="list-style-type: none"> Define roles and responsibilities of new workforce in order to understand education and training requirements. 				
Production and implementation of recruitment, retention and training plans to ensure skilled workforce to deliver services;		March 2019	Ongoing Review	Ongoing Review
Establish the impact of implementation of Urgent Care (In Hours) service on secondary care provision.				
Develop, test and agree systems and processes for urgent care (in hours) services		Ongoing	March 2020	
Governance and assurance of clinical quality and standards throughout workstream ensuring services are safe, effective, person centred in line with Scottish Government NHS Quality Strategy		March 2019		
<p>Begin implementation of a phased Urgent Care (In Hours) service model in Lanarkshire aligned with a system wide approach</p> <ul style="list-style-type: none"> Implementation of Urgent Care (In Hours) Service Care Home & Home Visits as per agreed scope and scale 		March 2019		
Review phased implementation of urgent care (in hours) service to date and scale up as agreed and appropriate			March 2020	
Scope and understand data availability, restrictions and requirements for sharing of information to ensure patient information is relevant and in 'real time' or as up to date as possible.				
Review of current available IT and collaborate with Digital workstream to define requirements, ensure availability of suitable IT and processes to enable the successful implementation of an urgent care (in hours) service that		March 2019		

allows staff to work efficiently and meet the needs of patients.				
Scope and understand the feasibility and process of introducing practice cross cover and the IT required to successfully facilitate this.				
Review current Urgent Care (In Hours) provision with a view to understand the impact and requirements to implement Urgent Care (24/7) service provision in Lanarkshire.			April 2019- March 2020	
<p>Delivery and implementation of an agreed, equitable and consistent level of Urgent Care (In Hours) services which dovetails with Urgent Care Out Of Hours services across Lanarkshire by March 2021;</p> <p><i>(This will be continually built upon and services implemented and/or expanded upon as appropriate across Lanarkshire.)</i></p>				March 2021

Appendix B – STAKEHOLDER ENGAGEMENT

This is an initial list of stakeholders for this work stream. It should be reviewed regularly to reflect the development stages of the work stream and used to inform Communications Planning in line with the PCIP Communications Strategy.

Stakeholder	Goals/ Motivation	Interest	Influence	Communication s/ Engagement approach
Medical Director, South Lanarkshire HSCP	Workstream Co- Lead	High	High	Chair of NHS Lanarkshire Urgent Care (In Hours) Group
Nurse Director, North Lanarkshire HSCP	Workstream Co- Lead	High	High	Co-Chair of NHS Lanarkshire Urgent Care (In Hours) Group
NHS Lanarkshire	Key delivery organisation for Community Treatment and Care services in Lanarkshire	High	High	NHS Lanarkshire Primary Care Strategy Board and robust reporting mechanisms
Lanarkshire Health & Social Care Partnerships (North & South)	Key delivery organisation for Urgent Care (In Hours) workstream in Lanarkshire	High	High	NHS Lanarkshire Primary Care Strategy Board and robust reporting mechanisms
Lanarkshire Integrated Joint Boards (North & South)	Responsible for implementation of PCIP (incorporating Community Treatment and Care work stream)	High	High	Communications and engagement will be through agreed governance routes and robust reporting mechanisms
Scottish Government	Ensure local PCIP adheres to GMS2018 contract	High	High	
NHS Lanarkshire Chief Executive Officer	Strategic direction and delivery of PCIP (incorporating Community Treatment and Care work stream) in line with mandate of GMS2018 contract	High	High	
Chief Officers Lanarkshire Health & Social Care Partnerships (North & South)	Strategic direction and delivery of PCIP (incorporating Community Treatment and	High	High	NHS Lanarkshire Primary Care Strategy Board and robust reporting mechanisms

	Care work stream) in line with mandate of GMS2018 contract			
NHS Lanarkshire Director of Finance	Implementation of Urgent Care (In Hours) work stream within allocated budget	High	High	Member of Primary Care Strategy Board / GMS2018 Oversight Group. Attendance at work stream meetings as/ when required
NHS Lanarkshire Primary Care Strategy Board	Governance Body	High	High	Communications and engagement will be through agreed governance routes and robust reporting mechanisms
NHS Lanarkshire GMS Oversight Group	Governance Body	High	High	Communications and engagement will be through agreed governance routes and robust reporting mechanisms
Local Medical Committee (LMC)	Advise, support and inform decisions in relation to General Practice	High	High	Professional links, representation on governance groups and across NHS Lanarkshire GMS2018 work streams
Locality Lead GP's	Provide links and professional leadership within localities	High	High	Professional links, representation on governance groups and across NHS Lanarkshire GMS2018 work streams
Allied Health Professionals (AHP)		High	High	Professional links, representation on governance groups and across NHS Lanarkshire GMS2018 work streams
Scottish Government Oversight Group (Name TBC)		High	High	National oversight and direction of changes in relation

				GMS2018 contract
General Practitioners	Professional role in their capacity as expert medical generalists	High	High	LMC, Locality Clinical Directors and Allied Health Professional representation within NHS Lanarkshire Primary Care Strategy Board, GMS2018 Oversight Group and NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group
General Practice Nurses	Professional role in their capacity as general practice nurses	High	Low	Communications and engagement through professional links
Hospital at Home Teams	Establish links with the new MDTs	High	High	Communications and engagement through professional links
Integrated Community Support Teams	Establish links with the new MDTs	High	High	Communications and engagement through professional links
District Nurses		High	High	Communications and engagement through professional links
Secondary Care	Work with primary care to improve working and relationships at the interface	Medium	High	Communications and engagement through professional links and membership on Urgent Care (In Hours) Group
NHS Lanarkshire GMS2018 IT/ Digital Group (Name TBC)	Key dependency work stream	High	High	Communications and engagement will be maintained through cross cutting workstreams and Primary Care Strategy Board
NHS Lanarkshire GMS2018 Pharmacotherapy	Key dependency work stream	Low	Low	Communications and engagement will be maintained

Group				through cross cutting workstreams and Primary Care Strategy Board
NHS Lanarkshire GMS2018 Community Treatment & Care Group	Key dependency work stream	High	High	Communications and engagement will be maintained through cross cutting workstreams and Primary Care Strategy Board
NHS Lanarkshire Area Advisory Group on Immunisation (AAGI)	Key dependency work stream	Low	Low	Communications and engagement will be maintained through cross cutting workstreams and Primary Care Strategy Board
NHS Lanarkshire GMS2018 GP Premises Group	Key dependency work stream	High	High	Communications and engagement will be maintained through cross cutting workstreams and Primary Care Strategy Board
NHS Territorial Boards	Consistency across all territorial health boards to ensure the health of population	High	Low	Communications and engagement will be through professional links and Scottish Government National Oversight Groups
Scottish Ambulance Service (SAS)	Key delivery organisation. Clarity and robust processes around role of Advanced Practitioner Paramedics in Urgent Care (In Hours) workstream and services going forward.	High	High	Communications and engagement through professional links and representation on NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group
NHS24	Key delivery organisation for Urgent Care in out of hours period. Must have awareness/	High	Medium	Communications and engagement through professional links and representation

	clarity and detailed up to date information as to service provision in local areas			on NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group
General Public	Understanding changes to services and location of services/ clarity around what is the impact to them.	High	High	NHS Lanarkshire Communications & Engagement



Terms of Reference

1. Title

NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group

2. Accountable to

Primary Care Strategy Board

3. Reports to

GMS 2018 Oversight Executive Group

4. Aim of Workstream

To meet the aims as set out within the mandate of the GMS2018 contract GPs will look to move away from immediate response to unscheduled care in order to focus on more complex care and scheduled care provision. This requires optimising and developing a multi disciplinary team approach for Urgent Care (In Hours) to ensure patients are appropriately directed to the 'right person in the right place at the right time'.

5. Roles and Responsibilities of Group

The roles and responsibilities of the NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group are as described below;

- own the vision for the workstream and provide clear direction and leadership;
- plan, monitor and oversee development and delivery of the Urgent Care (In Hours) service in Lanarkshire;
- develop and maintain detailed action plans for the workstream/s;
- oversee and direct the work of any Urgent Care (In Hours) programme subgroups to ensure adherence to agreed plans and timescales;
- ensure adherence to the overarching Primary Care Improvement Plan (PCIP);
- ensure appropriate levels of resourcing are available;
- responsibility to manage the budget of the GMS2018 Urgent Care (In Hours) workstream;
- approve documentation and processes as appropriate to reflect the Workstream Plan;
- provide advice and approve key decisions as required;
- manage any project interdependencies and identify and recognise synergies with work ongoing at both a local and national level, including but not limited to other GMS2018 workstreams;

- responsible for management and sign off of communications in relation to Urgent Care (In Hours) workstream;
- manage any risks and issues in relation to the implementation of Urgent Care (In Hours) services;
- members must take responsibility for, and lead where appropriate on relevant activities, and report on progress to the Group. Members are expected to consult more broadly within their organisation / professional group on areas of particular interest to the group, and report on their findings.

6. Membership

Name:	Organisation/ Division:	Responsibilities:
Dr Chris Mackintosh / Dr Linda Findlay	Medical Director (South), Lanarkshire HSCP	<ul style="list-style-type: none"> • Co- Chair of the NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides direction, leadership and expert advice in relation to implementation of the Urgent Care (In Hours) in Lanarkshire • Provide links and advice in regards to Lanarkshire Health & Social Care Partnerships • Medical subject matter expert • Provision of subject matter expertise in relation to mental health services
Anne Armstrong	Director of Nursing, North HSCP	<ul style="list-style-type: none"> • Co-Chair of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provide links and advice in regards to Lanarkshire Health & Social Care Partnerships • Provision of subject matter expertise in relation to nursing
Philip McMenemy	Associate Medical Director, North Lanarkshire	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provision of clinical subject matter expertise
Alastair Cook/ Maria Docherty	Medical Director, North Lanarkshire HSCP/ Nurse Director South Lanarkshire, HSCP	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Co Chair of interdependent Community Treatment and Care Workstream • Provides updates and information to Urgent Care (In Hours) workstream in relation to interdependencies
Tyra Smyth/ Keith McIntyre (deputy)	GP Sub Committee/ LMC representative	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides subject matter expertise in relation to Primary Care • Represents the interests of primary care doctors (General Practitioners, Locums, Out of Hours Doctors, GP Registrars) • Provides communication and engagement links to LMC/ Lanarkshire GP Sub committee

Sharon Russell	Locality Lead GP	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group
Mark Russell	Locality Clinical Director	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group
Ruth Currie	Advanced Physiotherapist, Allied Health Professional (AHP) Representative	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group
Karen Hunter, Health & Social Care Integration Manager, Wishaw Locality/ Deborah Mackle HSCP Manager	Operations Manager/ Locality Manager (x2 North & South)	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group
Joanne Jenkins	Senior Nurse	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group Provision of subject matter expertise in relation to nursing
Heather Campbell	Lead Nurse	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group Provision of subject matter expertise in relation to nursing
Fiona Porter	NHS Lanarkshire, Director of Finance	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group (attendance as required) Provides subject matter expertise on Finance as/when required
TBC	Practice Manager Representation x2 (North & South)	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group Provides advice and support on managing and implementing change within General Practice
Dahrlene Tough, Consultant Paramedic/ Andy Graham, Area Manager SAS	Scottish Ambulance Service (SAS) Representatives	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group Provides subject matter expertise on paramedic advanced practitioner resources Provide communication and engagement links between NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group and SAS
Graham Ellis	Secondary Care Representative	<ul style="list-style-type: none"> Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group Provides subject matter expertise on secondary care services and provision Provide communication and engagement links between NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group and Secondary Care

		Groups
Marianne Hayward	Head of Health, South HSCP	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides subject matter expertise on healthcare services and provision in HSCPs • Provide communication and engagement links between NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group and associated HSCPs Healthcare Groups
TBC	Social Care Representative North	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides subject matter expertise on social care services and provision • Provide communication and engagement links between NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group and Social Care Groups
Tom Bryce/Stephen Conroy/Frances Brownlee	OOH General Manager, Out of Hours Representatives	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides subject matter expertise on out of hours services
Karen McCaffrey/Teresa Hunt	Mental Health Representatives	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides subject matter expertise on mental health services
Caroline Spence/Nicola Paterson	NHS24 Representatives	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides subject matter expertise on NHS24
Graham Ellis	Hospital at Home representative	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides subject matter expertise on Hospital at Home
George Lindsay	Chief Pharmacist	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group • Provides subject matter expertise on Pharmacy
TBC	NHS Lanarkshire Communications Representative	<ul style="list-style-type: none"> • Member of NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group (attendance as required) • Provides subject matter expertise on communications as/when required

TBC	Staff Partnership Representative	<ul style="list-style-type: none"> Provides expertise and guidance in relation to staff partnership Communion link between NHS Lanarkshire GMS2018 Urgent Care (In Hours) Group and Partnership
TBC	Public Partnership Forums	<ul style="list-style-type: none"> Chair/ Co Chair of the Group will attend the PPF meetings at an agreed frequency in order to update and gather information as required. Attendance at Urgent Care (in Hours) Group meetings as/when required will be requested through agreed processes
Audrey Hillock	Improvement Support Team, NHS Lanarkshire	<ul style="list-style-type: none"> Provide additional project management, access to IST support and resources
Project Management & Support (TBC)	TBC	<ul style="list-style-type: none"> Responsible for providing subject matter expertise on project management Reports on progress, highlighting any upcoming milestones and any appropriate risks Produces and maintains the Project Brief, Risk, Issue & Dependency (RID) Log and Project Plans, etc Prepares the Lessons Learned and End Project Reports as appropriate Provides project management support Establishes document control procedures

The Group shall have the right to invite representatives from other organisations/ departments and expertise to any of its meetings when deemed appropriate.

7. Chair

The Medical Director, South Lanarkshire HSCP and Nurse Director H&SC North Lanarkshire shall act as Co Chair with the authority to nominate a deputy in their absence.

8. Decision Making

Decisions and actions from the meeting will be recorded within an action and decision log. It is the responsibility of each of the members to ensure actions assigned to them are completed and an update provided.

9. Frequency of Meetings

Meetings will take place **monthly** with a review of the frequency taking place by the Chair at an appropriate stage. Meetings of this group will last approximately 2 hours and the appropriate quorum of membership is at the discretion of the Chair. A confirmed meeting schedule for this group is detailed within Appendix A.

10. Meeting Organisation & Delivery

Organisation

- Workstream leads in collaboration with their admin will be responsible for arranging meetings, issuing and managing calendar invitations and associated tasks for GMS workstream meetings. All meetings should be arranged in line with the agreed frequency as set out within the group ToR and calendar invitations should be issued to group members up to 1 year in advance.
- Agendas and relevant papers (with the exception of the meeting action note which is the responsibility of the GMS Project Support Officer (PSO) to produce) should be developed by workstream leads in collaboration with their admin.
- The LanGMS2018 mailbox (LanGMS2018@lanarkshire.scot.nhs.uk) should be included within all meeting invitations and relevant correspondence including meeting papers.
- Distribution lists for each workstream should be maintained by workstream admin ensuring all invitees/ recipients are required and removing/ adding those who no longer require to receive correspondence in regards to the workstream.
- Each workstreams' dedicated project management support and/or admin are responsible for maintaining all other project documentation including version control and ensuring documents are uploaded to the R: drive as appropriate.

Delivery

- The GMS PSO will attend all workstream group meetings to develop and maintain an action and decision note. The GMS PSO will be responsible for the version control and accuracy of the decision note and will be responsible for following up with action owners to provide updates on outstanding actions. The GMS PSO will also be responsible for ensuring the most up to date action note document is provided to the workstream admin prior to the next meeting for circulation alongside other relevant meeting papers to the members of the group.
- The Project Manager for the workstream will capture actions and decisions in the PSO's absence. An up-to-date action log will be contained within the papers for the meeting. This should be updated following the meeting and a new version dd-mm-yyyy draft v0.1 created for the date of the meeting. A final version dd-mm-yyyy v1.0 will be created following approval by the project lead(s) and circulated to group members no later than one week after the meeting.

11. Confidentiality

Organisation confidentiality will be maintained. Any papers resulting from these meetings will be open to public scrutiny.

12. Lifespan

This group will meet until 2021 in line with the timescales set out within the GMS2018 contract.

13. Changes to the Terms Of Reference (ToR)

Changes to the ToR, functions or membership of the group may be proposed at any meeting of the group with due notice of the proposed change having been issued with the agenda of the meeting. Any such change shall only become operative after approval of the Chair of the Group in consultation with the Primary Care Strategy Board. Any proposed change to the scheduling of meetings should be co-ordinated via the Primary Care Strategy Board.

Terms of Reference Agreed: _____

Date: _____

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Terms of Reference - Appendix A

2018 Meeting Dates

Meeting Day	Meeting Date	Time	Location
Tuesday	22 May 2018	2-4pm	Boardroom, Coathill Hospital, Hospital Street, Coatbridge, ML5 4DN
Tuesday	3 July 2018	2-4pm	Boardroom, Kirklands
Tuesday	31 July 2018	2-4pm	Boardroom, Coathill Hospital, Hospital Street, Coatbridge, ML5 4DN
Tuesday	28 August 2018	2-4pm	Interview Room, Coathill Hospital, Hospital Street, Coatbridge, ML5 4DN
Tuesday	25 September 2018	2-4pm	Boardroom, Kirklands
Tuesday	23 October 2018	2-4pm	MR5, Kirklands
Tuesday	20 November 2018	2-4pm	MR5, Kirklands
Tuesday	18 December 2018	2-4pm	MR5, Kirklands
Tuesday	22 January 2019	2-4pm	Tbc
Tuesday	19 February 2019	2-4pm	Tbc
Tuesday	19 March 2019	2-4pm	Tbc

DOCUMENT CONTROL SHEET:

Key Information:

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Author:	Sarah Gibson/ Marianne Paget
Quality Assurance, approver	Kate Bell, Head of Service Change & Transformation
Owner:	Medical Director, South Lanarkshire HSCP
Approver:	Medical Director, South Lanarkshire HSCP
Approved by and Date:	Medical Director, South Lanarkshire HSCP/ Nurse Director, North Lanarkshire HSCP
Contact:	
File Location:	

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
V0.1	16/02/2018	First draft	SG	No
V0.1	18/02/2018	First draft amended	KB	Yes
V0.2	18/02/2018	Updates made as per comments/ feedback	SG	No
V0.3	01/02/2018	KB feedback incorporated: governance chart and standard text across all briefs. KQ feedback incorporated: layout, presentation	MP	No
V0.4	07/03/2018	Action Plan and High Level Milestones table moved to appendix/ nGMS2018 Governance Chart updated, updates made to action plan table and stakeholders matrix updated. Updates made as per changes received from KB (12/03/2018) post meeting with project lead AA	AM/SG	No
V0.5	15/03/2018	Updates made as per KB update re scope. Formatting of document and appendices updated(not marked)	SG	Yes
V0.5	16/03/2018	Review updates and acceptance of tracked changes	KB	N/A
V0.6	22/03/2018	Final changes/ updates made	SG	No
V0.7	26/04/2018	Updates made to ToR- Section 10 Meeting Organisation and Delivery	SG	No
V0.8	03/05/2018	Updates made as per Linda Findlay feedback	SG	No
V0.9	11/05/2018	Updates made as per stakeholder workshop held on 8 th May.	SG	Yes
V0.9	16/05/2018	Version agreed with Workstream Leads	SG	No
V0.10	31/05/2018	Updates to Brief Section 5 and Appendix C- ToR as per workstream meeting held on 22/05/2018	AMcP	Yes

Approvals: This document requires the following signed approvals.

Name:	Signature:	Title:	Date:	Version:
Dr Linda		Medical Director, South	16/05/2018	V0.9

Findlay		Lanarkshire HSCP		
Anne Armstrong		Divisional Nurse Director, North Lanarkshire HSCP	16/05/2018	V0.9
Chair (s)		GP Oversight Group		

Distribution: This document has been distributed to

Name:	Title/Division:	Date of Issue:	Version:
Kate Bell	Head of Service Change and Transformation	22/03/2018	0.6
Calum Campbell	NHS Lanarkshire, Chief Executive	26/03/2018	0.6
Val de Souza	Director HSCP South Lanarkshire	26/03/2018	0.6
GMS2018 Urgent Care (In Hours) Workstream Group	N/A	16/05/2018	0.9

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Document Title:	Document File Path: