Covid PCIP 4

Health Board Area: NHS Grampian
Health & Social Care Partnership: Moray
Total number of practices: 13

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with NO Pharmacotherapy service in place	0	0	0	0	0	0
Practices with Pharmacotherapy level 1 service in place	0	0	13	0	0	13
Practices with Pharmacotherapy level 2 service in place	6	7	0	0	0	13
Practices with Pharmacotherapy level 3 service in place	7	6	0	0	0	13

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this?
7 practices have 100% implementation, 6 practices have 70-80% implementation. Continuing to aim for 1 full time equivalent per 10,000 patients. Work is continuing to ensure equity across all of Moray practices which will involve an additional recruitment phase. Recruitment progressing for additional 1 wte pharmacist and 1 wte tech. Lots of up-skilling/training/supporting/ of newer technicians and pharmacists, and encouraging experienced staff to develop areas of service.
L1 - All tasks well covered in all Moray practices, basic med revs, authorising repeat and acute scripts requirements, hospital discharges, safety recalls, drug shortages, high risk meds monitoring, patient advise, audits, formulary compliance, supporting GP prescribing. L2 - Still to cover in some practices - polypharmacy med reviews covered in larger practices until further recruitment. L3 - Specialist clinics taking place in 6 practices, diabetes, heart failure,AF,IHD,BP

2.2 Community Treatment and Care Services	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	1	0	12	0	0	13
Practices with access to management of minor injuries and dressings service	1	0	12	0	0	13
Practices with access to ear syringing service	1	0	12	0	0	13
Practices with access to suture removal service	1	0	12	0	0	13
Practices with access to chronic disease monitoring and related data collection	1	0	12	0	0	13
Practices with access to other services	1	0	12	0	0	13

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this?
At the end of April 2021, this service was fully resourced with 9.6 WTE band 5 nurses and 9.6 WTE band 3 nurse and operational across all the 13 Moray practices. Experiencing some minor issues regarding stock control and ordering but that is being progressed but in general this is working well. Line management of CTAC teams has been agreed locally and processes put in place for stock/consumables ordering. Practice with no access at 31/3/21 is due to recruitment process. Staff member left and new incumbent not due to commence in post until early April 2021.

2.3 Vaccine Transformation Program	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Pre School - Practices covered by service	0	0	13	0	0	13
School age - Practices covered by service	0	0	13	0	0	13
Out of Schedule - Practices covered by service	0	0	13	0	0	13
Adult imms - Practices covered by service	13	13	0	0	0	13
Adult flu - Practices covered by service	0	0	13	0	0	13
Pregnancy - Practices covered by service	0	0	13	0	0	13
Travel - Practices covered by service	13	13	0	0	0	13

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this?
A substantial amount of work has commenced in Moray in all 13 practices. However all areas need to be revisited for ongoing VTP transfer. With regards to Adult immunisations, guidance is being sought so that plans can be progressed. Travel immunisations, discussions and business case are ongoing but hopeful that plans should be in place by end of 2021.

2.4 Urgent Care Services	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22

Practices supported with Urgent Care Service	13	0	0	0	0	13

What assumptions are you using to determine full delivery, and what specific barriers that you are facing to achieving this?
Initial plans were to develop an Enhanced AHP service. 11 of the local practices currently have an ANP model for USC and an enhanced AHP model was the preferred option. Work on this has not as yet been implemented and much has changed in the last 12 months. Awaiting outcome of National work being developed on this workstream, but recognise that this may take some time and need to progress local work. Workshops are being planned with practices to develop a locality specific model based on what the practices feel they need. Links will be established with Operation Home First.

Additional professional services

2.5 Physiotherapy / MSK	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing APP	1 Glenlivet	13	0	0	13	0

Comment / supporting information.
Problems with recruitment has continued to impact on service delivery - both the lack of applications and suitable candidates have influenced success to date. Planning for another phase of recruitment in bid to improve. This highlights why we may not have any practices with full access within the timeline. Glenlivet scheduled to have partial access by 31/05/21. FCP recruitment has been challenging, we continuing with recruiting band 7, and the SLWG are looking at modifying the job description to make it more attractive and possibly redesign the model. To ensure best use of resources within primary care team some patients are being booked direct for F2F with FCP from triage. This requires good communication between triage teams and FCP with sound criteria for when this is indicated eg. differential diagnosis, neuro assessment, indications for further investigations. Some patients continue to access the FCP through sign posting by admin teams, while others are booked following GP consultation or triage.

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing MH workers / support through PCIF/Action 15	0	0	0	0	0	13
Practices accessing MH workers / support through other funding streams						

What are the specific barriers to your practices receiving a full MH service? Please attach a copy of your Mental Health action plan if you have one.
Distress Brief Interventions rolled out to GP practices – initially planned to start incrementally with small practices in March, but this has been rapidly upscaled and rolled out to all practices. Mental Health Wellbeing Practitioner role being developed for implementation to all practices (in house H&SC Moray / NHS G appointed) to support and sign post people with lower level mental health.

2.7 Community Links Workers	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing Link workers	0	0	0	0	0	13

Comment / supporting information
The Link worker contract ceased on the 31st December 2020 and there is a planned replacement for this service which will work within practices/localities and function in a coordinator role by assessing, assisting and signposting patients to the most appropriate help that is right for them. The new post holders will move away from a traditional caseload holding model, and instead act as enablers and coordinators to Mental Health and Wellbeing services following an initial assessment. Job descriptions have been written but and are currently going through HR processes prior to advertising. This has led to a delay in getting these posts in place and we have explored alternative options to support practices as an interim measure - The Wellness Service is available to provide 1:1 support for people experiencing mental health distress. It is a community version of the link worker role which can be used by GPs to signpost people for mental health support.

2.8 Other locally agreed services (insert details)	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing service						

Comment / supporting information

2.9 Issues FAO National Oversight Group

Please detail the impact of Covid on the PCIP process and where you are in that process. How has Covid impacted previous projected delivery.
Planning and implementation has been constrained by the ability to recruit staff at the appropriate levels. Focus has been on how to deliver services with staff being released from medical, pharmacy and AHPs to support vaccinations and other covid functionalities.

2.10 Health Inequalities

Covid has highlighted existing health inequalities and without mitigation the response to Covid is likely to increase health inequalities. Ministers are keen to see all sectors renewing their efforts on this and will be encouraging all sectors to work together. HSCPs and GPs are already taking significant actions to close the gap. HSCPs are using their position to bring sectors together to help take a whole-system approach to big issues. GPs are playing their part - whether through referrals to services for weight management or smoking cessation, or through outreach to the communities which are hardest to reach and where most inequality is experienced.
Please provide any comments on the impact of Covid on health inequalities and any measures taken to mitigate this impact. Please attach a copy of your EQIA/Fairer Scotland Duty Assessment /Health Inequalities Assessment if you have them The increase in the use of digital technologies and Virtual consultations during the pandemic has resulted in many significant changes to Primary care. The opportunities to expand the use of Near Me etc although this has been restricted by a lack of IT hardware. Practices across Moray embraced and continue to function with Remote Consulting.