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Health and Social Care Moray

Primary Care Improvement Plan for Moray

2018 - 2021

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Introduction

Demand on primary care services is rising given the profile of our ageing population, increasing levels of frailty and the strategic goal of shifting care from hospital to home or homely settings. Reforming the way health and social care services are delivered is necessary and we can expect to see services change over the next few years.

With the progression of the new General Medical Services (GMS), contract, we will see the old model of general practice transition into a new model of care, where the GP will become the Expert Medical Generalist. We envisage the GP actively leading multi-disciplinary teams to ensure they are fully informed about all active cases.

This new model requires a change in culture; we all need to think and work differently around the way we deliver services. This requires a real shift from reactive to preventative care, improving collaboration with services and their communities; making the best use of resources, including digital technology.

The new GMS contract, is to be implemented over a 3 year transition period, and is part of a wider primary care transformation that will change the way GP services are delivered. The benefits of the proposals in the new contract for the GP profession are:

- ***Improved experience of being a GP*** - a refocusing of the GP role as Expert Medical Generalist - GPs will become 'less involved' with routine tasks to allow them to take on more complex work, deal with undifferentiated presentations and fulfil a leadership role.

- ***Manageable Workload*** – additional Primary Care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care.

- ***Improvement in recruitment and retention*** - the Scottish Government will aim to increase the number of GPs in Scotland by at least 800 over the next decade. The Scottish Government announced £7.5 million in 2018-19 to recruit and retain GPs, particularly in rural areas. Support will be available for all rural and remote practices, including 'golden hello' payments of £10,000 to GPs taking up their first post in a rural practice and relocation packages of up to £5,000.

- ***Reducing risk and improving infrastructure*** - including management/ownership of premises, shared responsibility as data controller for information sharing, responsibilities for new staff.

- ***Secure income*** - phase 1 of Pay and Expenses, including new workload formula and increased investment in general practice.

Health and Social Care Moray (HSCM) are committed to working with all stakeholders to ensure active participation and collaboration in developing effective primary care multi-disciplinary working.

A Local context

The population in Moray is growing. We have a responsibility to redesign our services to meet the changing needs of our communities. Over the next 10 years, the size of our population will increase, including a **34.2%** rise in those over 65 years of age by 2026, as well as the number of people with complex long-term conditions. Most long-term conditions have a strong association with age and as result there is a significant projected increase in prevalence over the next 10 years.

People are living longer and therefore we can see a parallel in the number of people living with a range of long term conditions. These range from the most common conditions like cancer, chronic heart disease and stroke, to a variety of other chronic physical or mental health conditions including dementia, depression, diabetes and asthma.

GP Practices

The GP caseload will vary day-to-day, practice to practice. GPs will see a variety of presentations each day. For example, it is estimated musculoskeletal (MSK) problems account for as many as one in four of presentations to GPs, and a similar proportion present with mental health problems.

The 2017/18 bi-annual patient survey indicates that in Moray, **95%** of respondents rated the care provided by their GP as positive. It is also evident however, that there has been a decrease in satisfaction levels (based on previous years), in terms of access to the GP with 18% respondents reporting a negative experience in the arrangements for getting to see a doctor in the GP practice (in comparison to the Scottish average of 15%).

The level of GP provision in Moray has remained fairly constant over recent years although this perhaps masks quite significant challenges we have faced in sustaining the GP workforce.

KEY HIGHLIGHTS

1. ***GP practices will need to be supported to respond to a growth in long-term conditions associated with older age.***

2. ***There are some diagnostic categories such as MSK that would benefit from a wider primary care team being in place to support patients.***

3. ***Integrated health and social care teams attached/aligned to practices will be critical in delivering anticipatory care and self-management approaches.***

4. We need to build community capacity so that the primary care team have access to a range of support options for patients who present with long-term conditions.

Primary Care within a wider Health and Social Care System

For the improvements set out in this plan to work effectively, primary care must be firmly seated within the wider health and social care system. There is emerging evidence internationally that a well-resourced primary care system often sits at the heart of well-performing healthcare systems. For example, in New Zealand, the District Health Board for Canterbury has been engaged on a mission to deliver an integrated system of care. It is a system that has good-quality general practice that is keeping patients who do not need to be in hospital out of it; is treating them swiftly once there; and discharging them safely to good community support. Its success lies in part because primary care understands its role in the wider healthcare system and is an efficient means of supporting people in their local communities. The primary care system is highly connected to other sectors and is as capable of linking with community institutions like schools and libraries as it is formal healthcare services.

In Moray, we are seeking to deliver a similarly situated whole-system primary care approach which is connected to communities and the third and independent sectors, who all have a role to play in ensuring that the people who rely on primary care have strong and sustainable community support as well.

B Aims and priorities

Our vision is that by 2021 and beyond, the people of Moray will be living longer, healthier lives in a supportive and self-managing community. We will have a well-resourced and sustainable primary care system delivered by a network of GP practices, which sit at the heart of our local health and social care system.

Multi-disciplinary teams will be connected to our GP practices, which will collectively focus on anticipating care needs, support self-management and the co-ordinated operational delivery of care. We will offer a wider range of primary care services, developing the advanced nursing workforce and professionals such as pharmacists and physiotherapists to provide a range of clinical services from initial assessment to completion of treatment.

GPs themselves, as Expert Medical Generalists, will oversee the delivery of integrated care in community settings and providing clinical direction to the work of local teams. In this role, the GP will focus on undifferentiated presentations and the most complex care so that our local system achieves the greatest benefit from their skills.

Person-centred care will be provided to the highest standards of quality and safety, and we will personalise support arrangements, to maximise the individual's ability to exercise choice and control over the lives they lead. We will build on peer-led support groups and support patients who do not need services but who would nonetheless benefit from additional support to manage their health and well-being.

We will prioritise support for people to stay at home or in community settings for as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible. We will work with unpaid carers as equal partners, and include them in all planning and care management decisions.

Primary care services will be planned and delivered as locally as possible. This means the day-to-day services that people rely on to support their personal independence will be organised and coordinated within localities.

Realistic Medicine

Realistic Medicine puts the person receiving health and care at the centre of decision-making and creates a personalised approach to their care. It aims to reduce harm and variation, while managing risks and innovating to improve. These concepts will be essential to a well-functioning and sustainable primary care for the future and they connect to 7 broad questions, which will drive quality improvement within primary care in Moray:-

- *How can we further reduce the burden and harm that patients experience from over-investigation and overtreatment?*
- *How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients?*
- *How can we ensure value for public money and prevent waste?*
- *How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?*
- *How can we work to improve further the therapeutic relationship?*
- *How can we better identify and manage clinical risk?*
- *How can all healthcare professionals release their creativity and become innovators improving outcomes for people they provide care for?*

The 2018 General Medical Services Contract

The 2018 GMS contract in Scotland was implemented on 1 April 2018 and represented a significant change in how general practice operates and its relationship with HSCM and the professionals working within our communities. Unlike the majority of healthcare professionals who work in the NHS, GPs are not normally employed by Health Boards but are independent practitioners who are compensated through a nationally agreed contract. At the beginning of 2018, the Scottish Government agreed a new GMS contract, with the Scottish General Practices Committee of the British Medical Association, the professional body which represents GPs.

The new contract is intended to help people access the right person, at the right place, at the right time, in line with the Scottish Government Primary Care Vision and Outcomes. In particular, this will be achieved through:-

- Maintaining and improving access
- Introducing a wider range of health and social care professionals to support the GP
- Enabling more time with the GP for patients when it is really needed
- Providing more information and support for patients

We will extend the range of services that can be provided within a primary care setting. The new GMS contract aims to support the development of the Expert Medical Generalist and senior clinical decision maker role for GPs, with a shift over time of workload and responsibilities to enable this. A key enabler for this is investment in a wider multi-disciplinary team in support of general practice. The vision is to increase focus on patients having access to a multi-disciplinary team rather than the GP functioning as a conduit to all other services. The GP will focus on undifferentiated presentations, complex care in the community, and whole system quality improvement and clinical leadership – which is where the skills of the GP matter most. This means:-

- GPs will be part of, and provide clinical leadership to, an extended team of primary care professionals
- GPs will be more involved in influencing the wider system to improve local population health in their communities, having a clear role in quality planning, quality improvement and quality assurance
- GPs will have contractual provision for regular protected time for learning and development.

Memorandum of Understanding (MoU)

A Memorandum of Understanding supporting the new contract was established and can be viewed at http://www.gov.scot/Resource/0052/00527517.pdf. It sets out agreed principles of service redesign, ring-fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities.

The MOU states the Primary Care Improvement Plan (PCIP) is to:-

- *be developed collaboratively with HSCPs, GPs, NHS Boards and the stakeholders detailed above*
- *detail and plan the implementation of services and functions listed as key priorities below with reference to agreed milestones over a 3 year time period;*
- *give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas and in particular to include intended timescales for the transfer of existing contractual responsibility for service delivery from GPs.*
- *provide detail on available resources and spending plans (including workforce and infrastructure);*
- *outline how the MDT will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract.*

Moray's approach to developing the PCIP

The PCIP outlines how our primary care services will change over the next three years, and will include clear milestones for the redistribution of GP workload and the development of effective primary care multi-disciplinary working.

The PCIP will be developed in the context of wider transformation and redesign of services across Moray. Most of the existing programmes and tests of change in primary care are described in the Moray General Practice Strategic Plan 2016-2019 and these will be subsumed into the PCIP.

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The Strategy was developed in consultation with GP practices and incorporated established work between general practice and partners and described planned actions. It was developed to address many of the key pressures affecting general practice which are the same pressures the new contract seeks to resolve. Consequently, the strategic programme forms the foundation for the Moray PCIP. The key actions from the strategy reflect both practical support as well as implementing new ways of working.

The GP contract and associated MoU describes the areas where support must be provided to practices and on occasion in which year this should happen. There is flexibility available locally to agree the level and timing of support within the three-year timeframe of the PCIP. Largely, this will be down to availability of funding and workforce for the new roles and the time required testing models and establishing new teams and services.

HSCM intend to support practices to improve prescribing indicator performance, active participation in quality improvement and demonstrable progress in the changes in practice teams expected from the contract (maintaining and improving access, provision of key information on practice websites, enhanced role of the practice manager and practice teams).

C Engagement process

The requirement for engagement in the development of the plans is clearly set out in the MoU:

HSCPs should establish local arrangements to provide them with advice and professional views on the development and delivery of the Primary Care Improvement Plan. Arrangements will be determined locally and will take account of the requirement to engage stakeholders. The HSCP Primary Care Improvement Plan should be agreed with the local GP subcommittee of the Area Medical Committee

HSCM is leading a timetable of meetings and events during the development of the PCIP to inform the final plan.

There have been 3 events held in Moray to date: a GP event, a Primary Care Services staffing event and a public event. Key feedback included:

- the need for a whole-system approach
- digital enhancement in Moray
- continuous engagement with all stakeholders

Staff Partnership involvement has taken place and will continue to do so throughout the development of the plan.

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Engagement Events

"Very useful event allowed sharing of ideas and collaborative working – exactly the principles we want to bring forward."

"Digital technologies/IT is going to be extremely important in facilitating the data sharing and collaborative working that is required going forward."

"There is a real requirement for multidisciplinary teams collaborating on a bigger scale. Professionals out with the practice should be able to have access to patients' data."

"The improvements within the PCIP need to be promoted more to increase patient participation."
"Children and young people with additional/complex needs/LAC need to be improved within the community."

"Lots of potential in the system to get it right for patients. Development of a "one system" approach in Moray."

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D HSCM delivery of MOU commitments

The initial implementation requirements are set out in the MoU for the first three years (April 2018 – March 2021).

The Moray Integration Joint Board (MIJB) is responsible for the strategic planning of health and social care services for the Moray population including primary care services.

Changes to services will only take place when it is safe to do so and when resources have been identified. These services are; as outlined in the MoU as 6 priority areas are:

- Vaccination Transformation Programme
- Pharmacotherapy services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional Professional roles
- Health and Wellbeing Workers

Vaccination Transformation Programme (VTP)

The VTP was announced in March 2017 to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing role of those, principally GPs, historically tasked with delivering vaccinations.

There is an existing Grampian-wide co-ordinated approach for the VTP. In **Year 1** the current workload on practices will be identified and options developed, in line with recommendations from NHS Grampian's Immunisation Transformation Group.

Development of initial vaccination programmes under a new model will include:

- Travel vaccinations
- Pregnant women
- High risk neonatal BCG

Flu immunisations will transfer from practices in **Year 3**. The process, cost and provision of adequate resource must be developed by HSCM to ensure safe transfer of workload. Vaccination under direction of oversight group.

Pharmacotherapy Services

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The new contract includes an agreement that every GP practice will receive pharmacy and prescribing support. There is an established programme of investment in Practice Support Pharmacists across Grampian. In Moray, all practices receive some support from either a pharmacist or a pharmacy technician. HSCM will continue the programme to increase the pharmacotherapy service to practice teams using the experience gained from the current service.

By April 2021, all practices will benefit from HSCM pharmacotherapy service delivering the core elements in level one and some will also continue to benefit from a service which already provides additional elements in level 2 and level 3 (as outlined in the MoU).

HSCM see two distinct roles in practice teams that the pharmacotherapy service provides: prescribing support and pharmacy support.

Prescribing support is a well-established service that practices will be familiar with. It provides practices with advice on safer prescribing or formulary adherence. It is about safe, high quality, cost efficient prescribing in Moray. This service will continue to support practices during implementation of the Plan with pharmacy queries, medicines shortages, review the use of 'specials' and 'off-licence' requests, safety reviews and recalls.

The pharmacy support is the dedicated support that practices receive from HSCM and has been used for activities such as medicine reconciliation, polypharmacy reviews and pharmacist-led chronic disease clinics. It is difficult at this time to determine what level of support HSCM will be able to provide practices but the ambition of HSCM in this plan is that practices will receive up to an average of 5 pharmacist sessions per 10,000 patients, and two pharmacy technician session per 10,000 patients by the end of year 2. Where practices already receive support then this would be included in this total.

The rate of introduction of pharmacotherapy team services will be dependant upon successful recruitment to new posts, and subsequent training to upskill successful applicants.

A number of Moray practices have self-invested in pharmacy time and this resource will not be included in the pharmacotherapy teams without discussion between HSCM and the practices.

The development of the pharmacotherapy service in Moray will not be detrimental to existing pharmacy services provided to practices in Moray. A number of practices already receive services from HSCM pharmacists listed above in level 2 and 3 services and this level of support will not be reduced during or after the introduction of level 1 pharmacotherapy service.

The established pharmacotherapy service in Moray has allowed testing how this service can support and augment the General Practice workload and improve patient experience and

outcomes. This has identified the following roles and ways of working which will make up the priorities for this service:-

- The pharmacist and pharmacy technician will be visible in the practice team to enable development of professional confidence and trust, but remote working practice will be explored and developed for appropriate services.

- All medicines reconciliations from hospital discharge will be completed by the pharmacist or pharmacist technician and by the end of year two, more medicine reconciliations for all practices will be completed by the pharmacotherapy team

- Pharmacy Technicians will increasingly take on prescribing support, formulary adherence and prescribing improvement projects

- Practice Admin teams will be trained to complete 'non clinical medication reviews' following development of a training programme. Training will begin in **year 2** with full implementation by the end of **year 3.**

Community Treatment and Care Services

Community Treatment and Care services include many non-GP services that patients may need, including (but not limited to):

- management of minor injuries and dressings
- phlebotomy
- ear syringing
- suture removal
- chronic disease monitoring and related data collection

By April 2021, these services will be commissioned by HSCM and will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the PCIP. It is expected that many of these services will be provided in GP practices for patient convenience and the benefits of having these services carried out with close support of the practice team.

Work is required in 2018 between the practices and HSCM to develop options for these services. This will require information from practices on current workloads to understand demand for these services. The scoping out of phlebotomy will be priorities in **year 1**.

The Health and Social Care Delivery Plan (2016) states that District nurses, along with General Practice nurses and mental health nurses, play a pivotal role within our integrated community teams. The contract states that community treatment and care services should be prioritised for use by primary care. They should also be available for secondary care referrals if they would otherwise have been workload for GPs (i.e. if such use means they are directly lifting workload from GPs). It is essential that the new funding in direct support of General Practice is only used

to relieve workload from General Practice. Work from secondary care sources should be funded from other streams.

NHS Grampian are currently undertaking a review of their Elective Care work. One of the outcomes of this project has been to scope out Community Diagnostic and Treatment Centres, dovetailing with the theme of Community Treatment and Care Services. A workshop will be held at the end of August 2018 to consider the impact of priorities established for Moray communities.

Urgent Care (advanced practitioners)

There will be work to redesign services focussed on urgent and unscheduled care to allow GPs to focus on their expert medical generalist role. The Scottish Government and SGPC have agreed that the provision of advanced practitioner resource should be developed as first response for home visits.

We will continue to develop our nursing workforce in line with the Advanced Clinical Academy. Scoping work with the nursing services across our communities to understand current service models and staffing numbers/skill mix is required.

Our redesign work will be in line with national policy for urgent care services as set out in the report, 'Pulling Together: transforming urgent care for the people of Scotland, 2016', which recognised the difficulty in sustaining GP involvement in out of hours services. The service will continue to test new ways of working to ensure a safe, high quality, effective and efficient out of hours service is delivered to our communities.

We recognise that changes to in hours and out of hours urgent primary care will require extensive engagement and communication with our communities to support them to access the right care, first time.

Additional Professional Services

The introduction of multi-disciplinary working is complex and the scale of change required across professions is a unique opportunity to progress a longer-term strategy of transformational change to deliver the vision for Primary Care. The teams within General Practice will also link closely with the wider locality teams.

The ambition of the MDT is to deliver care to the patient in a seamless way, reducing the number of visits and number of professionals working with a person and their family, as well as reducing the amount of times a person needs to repeat the same story to a range of professionals.

There is agreement that during the initial investment and recruitment, additional resource should be directed to the areas in most need, resource will be allocated using the local population data

and intelligence from GP Practices, along with clusters, to ensure resource is fairly spread to the areas of need.

As the GP Clinical Pharmacist and MSK Physio roles have been tested, and the services models defined on evidenced based outcomes for patients and GP workload, there is agreement that these two services should be invested in within **Year 1** of the programme.

Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services and community mental health services.

We are committed to working with teams to develop their skills and support development opportunities to grow and invest in our workforce during this transition towards more community based care models. In order to deliver the extended teams in the community, an increased level of training and development is required to attract, retain and support staff.

Musculoskeletal Advanced Physiotherapist Practitioner

The majority of a GP's MSK caseload can be seen safely and effectively by a physiotherapist without a GP referral. Highly Specialised Physiotherapists are already well suited to work collaboratively with primary care multi-disciplinary teams and support the GP role as senior clinical leader. Under the new contract, HSCM will develop a model to embed a MSK service in practice teams.

General Practice Mental Health Services

Community Mental Health professionals, based in General Practice will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.

The aim for HSCM is to develop a mental health service in practices and will do so at a slower pace than other support (pharmacotherapy, MSK, Wellbeing). By **year 3** all practices will have mental health practitioners within the multi-disciplinary team.

Link Workers

A Link Worker is a non-clinical practitioner based in or aligned to a GP practice who works directly with patients to help them navigate and engage with services.

It has now been a year, since 6 Mental Health GP Link Workers were recruited across Moray to signpost to a range of alternative community and non-medical resources, services and opportunities that can contribute to people's mental health and wellbeing. Contract monitoring of these commissioned services show that people are being supported with issues such as self-

help, signposting to mental health information and services and issues relating to employment, benefits, housing, debt, advocacy support, legal advice or parenting. The GP Link Workers are based in GP surgeries and provide direct support to the primary care team by taking referrals for people with mental health distress and providing a holistic assessment, early intervention and signposting and ongoing support and recovery focus to address any ongoing health and socio economic aspects that impact on good mental health.

E Existing Transformational Activity

Digital Transformation - HSCM is working in partnership with the Glasgow School of Art regarding future design of services. A Digital Transformation Group has been established and we are currently piloting the Attend Anywhere software in one of our GP practices. We will continue to see further roll out of this and other developments in **year 1**. We know digital transformation is not about technology but about change. As the meaning of digital transformation suggests, we will transform our legacy system to more of a digital business for primary care service delivery. This is not about 'replacing the GP or primary care professional' but to improve care for the individual.

Out of Hours - In Moray, we have tested enhanced out of hours provision, running from 4pm – 12 midnight (Sunday – Thursday) and 4pm – 2am (Friday and Saturday) offering a more responsive service, reducing the volume of referrals to GP practices during 'normal' working hours. The project will continue to be evaluated and reported back through the Operational Management Team.

Redirection – the redirection pilot was introduced to reduce the workload of the Emergency Department and Primary Care Out of Hours (GMED) GPs and ANPs at the Emergency Care Centre in Aberdeen Royal Infirmary. An experienced clinician (GP or ANP) conducts the initial reception of patients presenting to Emergency Department (ED) and redirects patients to the most appropriate service for the time of day.

Community based elderly medicine model – in the past 18 months, there have been major shifts in the provision of elderly medicine in Moray. We have commissioned a community based model with hospital in-reach which has led to the appointment of an additional Consultant in 2017. We will further enhance this model with the appointment of 2 ANPs in elderly medicine who will have roles both in Dr Gray's Hospital and in the community assisting the development of practice/locality attached MDTs. Dr Gray's itself has seen the creation of a 10 bedded Acute Care for the Elderly Unit (ACE). This identifies frail elderly admitted via ED/Acute Medical Assessment Unit (AMAU) who would benefit from augmented bespoke care to keep hospital stays minimum.

We will continue to work alongside our Acute colleagues to implement a whole system approach and collaborate where any change could be perceived as having an impact on acute services.

Mental Health Wellness Centre - Penumbra have successfully opened the Mental Health and Wellness Centre in Elgin. The service acts as a single access point for a range of adult services designed to promote positive mental health and support people to recover from mental ill health, concentrating on prevention, early intervention and education whilst also supporting people to access a range of advice and information in other areas, such as finances, benefits, housing, healthcare, and employment and educational services. Penumbra have developed programmes and held events in communities across Moray and have plans for 2018/19 roll out the Mental Health and Wellness Centre model and activities to Keith, Forres and Buckie.

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Mental Health and Wellbeing Practitioners – Children and Young People - we have created 2 Primary Care Psychologist posts to support children and young people and develop the universal workforce in Tier 1 presentations such as:

- Adjustment difficulties following bereavement and loss
- Low mood
- Anxiety
- Self-harming behaviours
- Behaviour problems that have not responded to interventions in primary care
- Relationship difficulties with family or peers where these difficulties are having a significant impact on an individual's functioning.

In **year 2,** we will develop the service further to support the needs of children and young people at Tier 2 presentation across the whole of Moray.

F Additional Content

We have long established links with all our primary care contractors.

Optometry - the Community Eyecare Services Review required Integration Authorities to consider the full eyecare needs of their communities when planning and commissioning services. Work is now underway in taking forward the recommendations, particularly around revising the General Ophthalmic Services Regulations. We will continue to work with optometrists and NHS Grampian's Optometric Advisor in considering how eyecare services can be delivered more effectively in Moray, as work to implement further recommendations around clinical and quality improvement will continue in 2018/19.

The Moray PCIP will allow for linked developments and priorities and reflect on our collaborative working with Optometry over the next 3 years. Optometry already operates an unscheduled care ethic where a patient is found a 'home'. However there is no contract, local or national for this and finding a home for out of hours can often be challenging. The Moray PCIP will consider how we collaborate more fully for these patients and organise a local OOH Optometrist/s.

As Ophthalmology demand continues to grow and referral times get longer, more shared care in the community could evolve. Access to patient notes continues to act as a barrier for this initiative and so collaborating with General Practice may be a solution by using cluster Optometrists in Health Board practices. A National Ophthalmology Electronic Patient Record (EPR) business case is being created by the Scottish Government as a 'once for Scotland Ophthalmology EPR' which could open up access to community based optometrists to input and access notes. The new web front-end system replacing VPN tokens by end 2018 in Optometry practices could mean access through an EPR icon on the internet to Ophthalmology notes, so that shared care would become more possible. The three year Moray PCIP aims to take advantage of these changes to coordinate more collaboration with Optometry and Pharmacy.

Dentistry - On 24 January 2018, the Scottish Government published the Oral Health Improvement Plan (OHIP). The OHIP sets the direction of travel for oral health improvement and NHS dentistry for the next generation, and has a strong focus on preventing oral health disease, meeting the needs of the ageing population and reducing oral health inequalities. Developing models within our PCIP will reflect the delivery of commitments within the OHIP.

Care homes in Moray are linked to a Public Dental Service (PDS) clinician to support routine or urgent care services for residents.

Mental Health – Good Mental Health for all in Moray 2017-2027 has an impact across all service areas and is recognised as a key commissioning strategy within HSCM. The concept of recovery includes connectedness, hope & optimism, identity, empowerment & meaning, none of which can be achieved through the support of statutory services alone. Community Link

Workers will have a large part to play in enabling the commissioning of services which deliver outcomes for individuals requiring this support.

Other linked local priorities – the implementation of the PCIP will make the role of the GP as an Expert Medical Generalist more attractive, helping to reduce recruitment and retention challenges which currently impact on practice sustainability.

Assumptions

- GPs and our wider primary care teams will collaborate fully in the development of the new services.
- The key stakeholders will participate in relevant meetings and workshops and will input to consultation and provide information when required.
- Adequate funding will be available to implement the identified actions required to deliver fully functioning and sustainable primary care services in Moray.

Dependencies

- There is a significant interdependency with the work to be undertaken by all implementation groups - clinical and management colleagues must ensure close working and clarity around the roles and responsibilities of all stakeholders.
- There is a dependency on the availability of suitable premises by which to deliver a new model of care. We must ensure close collaboration with the Premises Group to ensure the infrastructure going forward can support additional staff and their requirements to deliver the future models of care.
- There is a dependency on appropriate IT in order to deliver transformation in Moray. The work streams outlined in our PCIP will provide detailed requirements in order to address this dependency.
- There is a dependency with the wider healthcare system - the proposed changes will fit with the priorities of providing more care closer to home and in the community and modernising care.
- The funding being available to undertake the various redesign plans. There is a dependency with the wider social care system. One example of this is the development of the link worker role.

Constraints

- Recruitment of workforce to carry out work and associated actions for PCIP within Moray.
- 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 GMS 2018 contract.
- A constraint will be the availability of suitable premises from which to deliver the newly redesigned services. This represents an increased dependency with the Premises Group.
- Key actions to be put in place to proactively respond to GP Sustainability
- Availability of required stakeholders and service staff to engage and participate in the programme may be restricted by operational requirements and competing priorities.

Risks

Our PCIP will enable our Implementation Groups to identify and manage risks associated with delivery and address actions required to mitigate the risks identified using a risk assessment methodology. A Risk Register will be developed encompassing identified risks across the implementation groups with oversight and management by the Operational Management Team.

G Inequalities

Whilst we recognise that the key determinants of health inequality lie outside general practice services and health care generally, there remain opportunities to strengthen the role of general practice and primary care in mitigating inequality.

Current lifestyles contribute a serious threat to health, affecting use of health care, particularly amongst disadvantaged group; there is therefore a need to focus on:

- Early Intervention/ Primary prevention activities which can stop people becoming ill and reduces the need to use clinical service, maximising the opportunity to make lifestyle changes as easy as possible.
- The shift to more self-care/self-management of long term conditions and to maintain health and wellbeing and maximise multi-agency cross-system working. Implementation of existing programme such as, Making every Opportunity Count (MEOC) which is an inequalities sensitive 'light touch' brief intervention which is designed to enable all practitioners to be confident and competent to engage with individuals routinely and consistently, as appropriate on issues affecting their health and wellbeing. The intervention facilitates connection with non-clinical issues of life circumstance or lifestyle which can best addressed by the person, with relevant support, in the community. It is designed to 'reach' people and is a key approach to tackling health inequalities; acting as a trigger to assist and nudge people to think about how to look after themselves 'self-care'
- Delivery of secondary prevention priorities (systematically and at scale) that address inequalities in health (screening programmes; Alcohol Brief Interventions, Smoking Cessation Support and weight management programmes.)
- Maximising the health improvement resource (staff teams) to reach those more vulnerable within communities and delivering services differently utilising the outreach mobile information bus.

The MIJB, like other Integration Authorities is also subject to the new Fairer Scotland Duty which came into force from April 2018. The duty aims to ensure that public bodies take every opportunity to reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. We will therefore consider how we can meet our obligations under the duty as we further develop our PCIP.

There is no doubt that our services are facing unprecedented financial and operational challenges. A key factor of success for Moray's PCIP will be to reduce variation in service, including access, quality and outcomes of care, relative to particular social determinants of health. The PCIP aims to modernise our primary care services to address these challenges head on.

H Enablers

The PCIP will consider the impact of the new GMS contract on the infrastructure, including premises, enabling factors and workforce.

House of Care

The House of Care programme is a collaboration between the ALLIANCE, six partnership areas across Scotland (Lothian/Thistle Foundation, Greater Glasgow & Clyde, Tayside, Lanarkshire, Ayrshire & Arran, and Grampian), the Scottish Government, and Year of Care Partnerships.

It helps people be more involved in decisions about their care and identify what matters most to them. It also identifies and aligns self-management resources within communities in support of their goals.

In Moray, we are developing this model and local evaluation suggests it improves public and practitioner satisfaction, develops meaningful person-centred quality improvements, and enhances system transformation.

Important information is gathered about individual support needs. This information can be aggregated at locality level to inform the provision of self-management support (more than medicine) in local communities and help realise enhanced public health.

We would expect to see a Whole System Leadership programme in time, with the aim of improving their leadership skills and learning how to build relationships, influence and negotiate with key colleagues across Health and Social Care.

Workforce

The National Health and Social Care Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland was published in April 2018. This Plan sets out recommendations and the next steps that will improve primary care workforce planning in Scotland. These complement the recommendations in parts one and two and, taken together, will form the basis of the integrated workforce plan in 2018.

The challenges for the GP workforce nationally are reflected in Moray. Moray, like other parts of rural Scotland, faces ongoing challenges around the sustainability of GP practices. We have seen some practices come together over time to create greater resilience – small and single-handed practices are very much dependent on the life plans of the resident GPs and many of our GPs are only a few years away from retirement age. So we recognise that further work will need to be done. An assessment of the current Primary Care workforce in Moray will take place and will inform the workforce plan which will form part of the PCIP. Areas of development

already underway include a review of recruitment with the aim of making Moray an attractive place to work in and early recruitment to key posts.

Our workforce framework being developed around our aims and priorities will need to support the release of workload from general practice and building capacity across all professional roles. We will plan our approach to maximise the competencies of our professionals, ensuring the sustainability of the workforce whilst ensuring they can respond to local need.

The availability of additional suitably skilled and trained staff to recruit is a significant risk factor in implementing the PCIP in Moray. We recognise that all areas in Scotland will also be seeking to expand their multi-disciplinary workforce to support Primary Care services at the same time, and therefore the ability to recruit staff will be a major concern.

Premises

The National Code of Practice for GP Premises sets out how the Scottish government will support a shift, over 25 years, to a new model for GP premises in which GPs will no longer be expected to provide their own premises. The measures outlined in the Code represent a significant transfer in risk of owning premises away from individual GPs to the Scottish Government. Therefore, premises and location of the workforce are an important component on the 3 year PCIP for Moray.

In Moray, there are existing pressures identified with some of our estate with feedback received from GPs regarding the future sustainability of their premises. We will continue to work with all our stakeholders in the planning of the NHS Grampian Primary Care Premises Plan to ensure primary care needs are met.

A detailed review of current Primary Care premises will be undertaken, once further direction is received from Scottish Government, in order to identify the current condition and use, future suitability for use and any changes required to create positive environments for patients and staff (investment, vacation etc.).

An understanding of other suitable community based premises is also required in order make best use of facilities, for example to establish locality/ cluster treatment hubs and resource centres. Opportunities to use the premises of partner organisations should be considered.

As outlined previously in this plan, we will continue to plan and build services locally, close to people's homes, utilising digital technologies to enhance our model of service delivery.

Appendix 1

I Implementation

The Moray Primary Care Group (MPG) continues the collaborative approach that has been reflected in the Moray General Practice Strategic Plan 2016-2019.

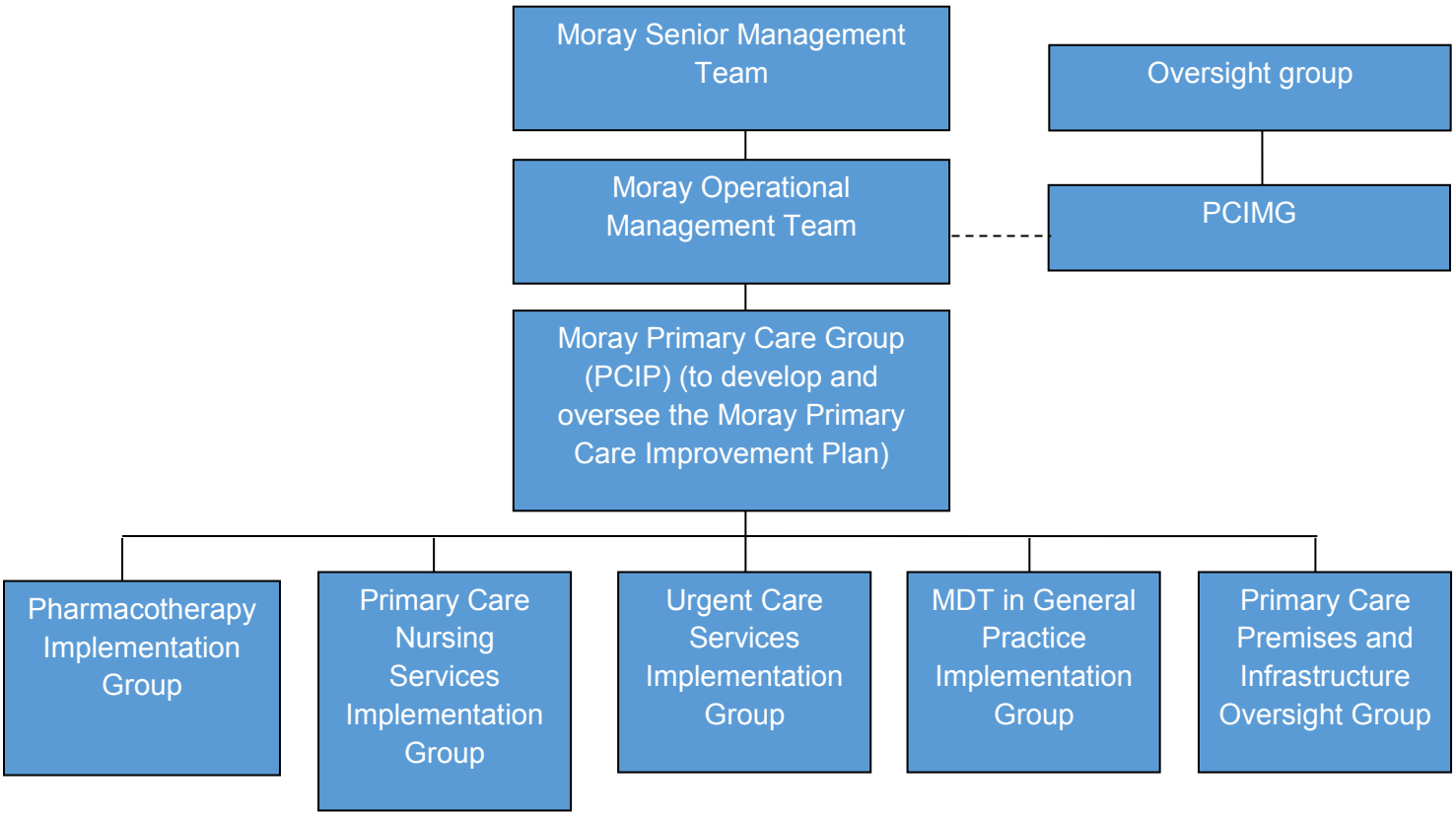
The MPCG will establish Workstream Implementation Groups to design and implement the required changes to meet the priorities set out in the MoU.

These include:

- Pharmacotherapy Service
- Primary Care Nursing Services (will include two sub groups for the delivery of vaccinations and Community Treatment and Care services)
- Urgent Care
- Practice Based Multi-disciplinary Team (includes Community Link Workers)

It is evident that a significant amount work is required in 2018/19 to scope the priority areas outlined in the MoU, to review current roles, processes and workload to determine future actions and timescales. Timescales of this scoping work will vary across areas, but will allow the Workstream Implementation Groups to be in a better position to develop clear project plans with implementation milestones.

Regular review processes will be implemented to ensure resources, risks and deliverables are identified and tracked. Our reporting framework is below:



Appendix 1

IMPLEMENTATION PLAN

PRIORITY: Pharmacotherapy ***Pharmacotherapy service to the patients of every practice by 2021***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Establish a sustainable pharmacotherapy service by 2021	Establish a project structure and governance arrangements.	✓	
	Pharmacotherapy Implementation Group to focus on meeting this objective in order that existing service provision and improvements continue and transition can be managed safely and effectively.	✓	
	Further delivery of level one core elements of service outlined in the contract across all practices.	✓	
	All medicines reconciliations from hospital discharge will be completed by the pharmacist or pharmacist technician and by the end of year two, more medicine reconciliations for all practices will be completed by the pharmacotherapy team		✓
	Pharmacy Technicians will increasingly take on prescribing support, formulary adherence and prescribing improvement projects.		✓
	Practice Admin teams will be trained to complete 'non clinical medication reviews' following development of a training programme. Training will begin in year 2 with full implementation by the end of year 3.		✓
	Test the staffing level assumptions and produce standard service processes	✓	

	and procedures. Fill existing vacancy with Community Pharmacy Team. Create a refreshed structure to reflect eventual model of pharmacotherapy services.	 ✓	 ✓
PRIORITY: Primary Care Nursing Services **Vaccination Transformation Programme*: all services to be HSCM run by 2021*** **Community Treatment and Care Services: *a service in every area by 2021, starting with phlebotomy***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Vaccination Programme	Establish a project structure and governance arrangements. Primary Care Nursing Services Implementation Group to focus on meeting this objective in order that existing service provision and improvements continue and transition can be managed safely and effectively. Assessment of Community Care and Treatment Centres to deliver vaccination programmes through MDTs. Development of initial vaccination programmes under a new model will include travel vaccinations, pregnant women and high risk neonatal BCG. Phased delivery of vaccination programmes by MDTs in line with NHS Grampian's Immunisation Transformation Group including:	✓ ✓ ✓ ✓ ✓	 ✓

Pre-school programme	Pre-school vaccinations – scope and cost Moray model.		
School based programme	School vaccinations.	✓	
Travel vaccinations	Travel vaccinations – scope current services and develop criteria for assessment of minimum requirements for safe and effective delivery of potential options.		✓
Influenza programme	Influenza programmes – scope planned programme approach to delivery nurse development roles.		✓
At risk groups (eg shingles, pneumococcal)	Design proposed workforce models to share with services.		
Community Treatment & Care Services			
Phlebotomy	The development of a new model for phlebotomy services will be scoped as a priority in year 1.	✓	
Management of minor injuries and dressings *Ear syringing* *Suture removal* *Chronic disease monitoring*	Scoping exercise to understand the current workforce and requirements. Scope options for the roll out of other community care and treatment services. This will require information from practices on current workloads to understand demand for these services. Outputs from scoping exercise to develop an implementation plan.	✓ ✓	✓
Elective care *Self-management*	Link with NHS Grampian's Elective Care Project and develop a business case for implementation.	✓	

	Further development and evaluation of House of Care model.	✓	
PRIORITY: Urgent care service ***A sustainable advanced practitioner service for urgent unscheduled care as part of the practice, based on local needs and local service design.***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Advanced practitioner resource to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model.	Link to MDT Implementation group to establish standardised pathways for AP resource to assess and treat urgent or unscheduled care presentations.	✓	
	Develop policy on joint data controller.	✓	
	Review IT infrastructure to maximise redirection pathways.	✓	
Reduce GP delivered home visits (including care homes)	Scope model with paramedics and ANPs		✓
	Scope home visit activity, demography, ANP involvement and practice protocols, learning from good practice.	✓	
	Link to MDT Implementation group to enable continuing development of community nursing and engagement of ANP for care home visits.	✓	
	Develop signposting pathways linked to clinical decision making in line with MDT development.		✓
Advanced Care Academy	Take forward the learning from the Advanced Nurse Academy which was taken forward as part of the Future Proofing of the Multi-Professional Workforce for Primary Care through the Primary Care Transformation Fund.	✓	

Out of Hours	Continue further development of the out of hours pilot in Moray which provides cover during 'normal' working hours of the GP practice.	✓	
Redirection	Evaluation of the Redirection pilot in ARI with outcomes studied for future provision.	✓	
Mental Health	Develop mental health pathways for PC MDT and CMHT Implement new ways of integrated working and test of change models.		✓
Build capacity and resilience in local community to avoid individuals seeking urgent care services.	Maximise digitally enabled support to reduce GP attendance (continued rollout of Attend Anywhere).	✓	
PRIORITY: Additional professional roles ***In most areas, the addition of new members of the MDT such as physiotherapists or mental health staff (i.e. CPNs, OTs) acting as first point of contact***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
MSK Physio	Physiotherapists: work collaboratively with primary care multi-disciplinary teams and develop a model to embed a MSK service in practice teams.	✓	
Mental Health	Mental Health: pilot test of change models with Mental Health professionals (i.e. CPN) aligned/attached to GP practices.		✓
Primary care mental health workers	Primary Care Mental Health Workers for children and young people: develop the universal workforce for children and young people with Tier 1 presentations.	✓	
	In year 2, develop the Primary Care Mental Health Workers to work with		✓

	children and young people with Tier 2 presentations.		
PRIORITY: Link workers ***Non-clinical staff, supporting patients who need it, starting with those in deprived areas.***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Link Workers	Implementation Group to evaluation current model.	✓	

J Funding profile

Change Funds & Primary Care Transformational Fund

Since 2016/17, the Scottish Government has made available a sum of money within the Primary Care Fund to test out new approaches in the delivery of primary care. We have developed the usage of this resource and in 2017/18 MIJB were allocated **£416k** for this purpose including Link Workers, Wellbeing Practitioners, Out of Hours service and pharmacy input.

The Scottish Government has set aside £45.8m nationally to support this work in 2018/19 which incorporates the Primary care Fund and increases this funding to **£788k** in Moray. The MIJB will utilise this funding to meet development across the six priority areas and to include Pharmacy First and Vaccination Transformation Programme. The Scottish Government have indicated that for planning purposes only a further increase can be assumed as expectation overall fund will increase to £55m in 2019/20 and £110m in 2020/21.

Primary Care Investment			
	2018/19	**2019/20**	**2020/21**
Moray IJB allocation	788	TBC	TBC

Shifting Our Resources

One of the strategic priorities of the MIJB is to shift resources from building-based services like hospitals to community based settings, where people are supported in their own homes. While the detailed work will be taken forward within the context of the aims set out in this plan, we would expect to see the amount we invest in primary and community care grow over time.

The consequence of this shift will not just be our budgetary provision changing over time but also how we deploy our staff.

We will continue to work with our staff teams to support the transition towards community based care, including consideration of any training and support arrangements that have to be put in place.

Priority for investment in **year 1** will be in areas where there is a clear model or tested approach where early impact can be expected.

In order to deliver against this wider objective, we will also take forward key workforce policies designed to attract, retain and support people to deliver high quality health and social care.

K Evaluation and outcomes

The change process will need to be driven through leadership across our primary care system, supported by healthcare management.

Reporting and Performance Management Arrangements

All implementation groups will report to the Moray PCIP Group.

Reporting templates will be developed to enable the work streams to report on progress (highlight report) and for groups to provide feedback. The MPCG will report to the Operational Management Team using a Performance RAG report. We will review the PCIP at monthly intervals at MPCG meetings, with reporting on progress through our framework described on page 27.

One of the key elements of the primary care agenda nationally is to gather better data about primary care performance and to ensure that is used to improve services. We are therefore committed to building on national developments to ensure that our system and our changes are appropriately captured and measured over time, working alongside our HIS and LIST colleagues.

Key success indicators over the life of the plan will be agreed and we are currently developing our performance management framework and systems to collect data around local tests of change. A key challenge will be to ensure that the all data can be collected electronically which is not currently possible and limits what can be collected and can affect quality. Key indicators to be developed will include:

- *Workload shift for GPs*
- *Recruitment and retention of GPs*
- *Effective integration of additional healthcare professionals within the practice team*
- *Patients have access to the right professional at the right time*
- *Link workers*
- *MSK Physiotherapy*
- *Urgent care*
- *Improving Health and Inequalities*

Delivering the Change

Our success will also be dependent on creating the conditions for professionals to use their experience and judgement to maximum effect in improving outcomes for service users. This will be focused on improving the coordination of care across different professional roles; the

effectiveness of communication within and across disciplines; and the empowerment of professionals to make effective evidence-based decisions.

We will ensure we have assurance at every stage that each priority activity is sustainable, we have listened to our communities in the development stages and we have a clear measurement framework in place to measure our success. At every stage, we want to be adaptable to change and able to articulate easily how well we are doing in delivery of primary care services.

The actions we are proposing are intended to move us towards that operational environment, where multi-disciplinary teams are the norm and where interventions are built around the needs of the individual.

It is extremely important that we understand the impact of our transformation process and our services on the outcomes that people experience. We will therefore put arrangements in place to measure this impact over time.

National Health and Social Care Standards

The National Health and Social Care Standards describe what people using a range of services in Scotland should expect. The principles of these will be reflected throughout our PCIP.

Communicating Change

It is hugely important that as we change our services and support arrangements over the next few years, we communicate effectively with members of staff, stakeholders and communities. To that extent, we are committed to:-

- Providing regular updates, newsletters and media articles that can be disseminated to inform people about our work.
- Hosting regular meetings with stakeholders to allow for feedback about the changes we're introducing, including engagement with trades unions and other staff representatives.
- Active collaboration with local communities in the development of our services.
- Update reports to the MIJB to ensure it is kept up-to-date with our work.
- Contributing to Locality Planning Groups and to public engagement sessions about programmes of change.

Outcomes

Our vision is that by 2021 and beyond, the people of Moray will be living longer, healthier lives in a supportive and self-managing community. We will have a well-resourced and sustainable

primary care system delivered by a network of GP practices, which sit at the heart of our local health and social care system.