



**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 30 March 2017

**BY:** Chief Officer

**SUBJECT:** Primary Care Priorities in East Lothian

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## 1 PURPOSE

- 1.1 To inform the Integration Joint Board of the intended focus of work in 2017-18 to support, stabilise and develop General Practitioner (GP) primary care services across East Lothian. This follows on from a range of actions taken during 2016-17 to support GPs and their teams.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note that general practitioner managed services across East Lothian remain under pressure as the result of a number of local and national factors.
- 2.3 The IJB is asked to approve plans to focus primary care development input and available funding on the following priority areas, all of which are described in more detail in section 3.0:
- Musselburgh Primary Care Access Service
  - East Lothian Care Home Team
  - Primary care nurse training
  - Practice-based pharmacists
  - LEGup support for list size growth
  - Provision of IT hardware
  - Future planning for a new practice in Blindwells
  - Diabetes LES.

## 3 BACKGROUND

### Issues Affecting Primary Care Services

- 3.1 Responsibility for primary care is shared between the NHS Board and the IJBs. The NHS Board has a duty to ensure that its population receives general medical services and can register with a General

Practice. The NHS Board through the Primary Care Contracts Organisation (PCCO) also holds contracts with practices and is responsible for delivery of services through the HSCPs and the PCCO, with IJBs responsible for the strategic planning and direction of primary care in their areas.

- 3.2 In recent years, general practice has been faced with capacity and sustainability problems because of the increasing volume and complexity of workload, GP recruitment and retention issues, reducing profitability of general practice and premises and IT issues.
- 3.3 The rising patient demand is in part the result of a growing and ageing population and in part the drive to provide care in community settings as an alternative to hospital admission.
- 3.4 The increasing frailty of the ageing population and the growth in long term conditions places increasing demands on GPs and the practice team. These changes are happening at the same time as GPs are moving to part-time working, there is growing interest in salaried rather than GP Partner posts and senior, experienced GPs are considering early retirement to avoid taxation penalties and NHS pension impacts.
- 3.5 Across Lothian many practices have restricted their lists to limit the impact of population growth on their practice. This however transfers demand to neighbouring practices, with the potential of resulting knock on list limitations across to further practices. East Lothian is alone among the four HSCPS in Lothian in having no current list restrictions. Discussions are however underway on LEGup (see 3.16) and other supports to maintain open lists across the County.
- 3.6 The vast majority of practices in Lothian still operate on an independent contractor basis, managing their business without direct NHS Lothian or HSCP input. However, for some practices the recruitment, patient demand, financial, premises and other challenges are such that they have required practical and financial support from the IJBs and the PCCO to maintain services.
- 3.7 In some cases, HSCPs have had to take over direct management of practices under Section 2c of the GMS contract and the direct employment of the practice staff under TUPE (Transfer of Undertakings (Protection of Employment) Regulations 1981) arrangements. In East Lothian, it was necessary to take Eskbridge Medical Practice into direct HSCP management on 1<sup>st</sup> December 2015 following retirement and resignation of partners. In common with other HSCPs, East Lothian HSCP has taken the position that the practice may be returned to a 17j (GP managed) arrangement once the practice is sufficiently stable to allow this change.
- 3.8 Practice premises development has provided purpose built accommodation across the Health and Social Care Partnerships. However, some practices are subject to inflexible and expensive lease arrangements or are within buildings that are too small or otherwise

unsuitable for modern GP Practice. In East Lothian there have been premises developments in Musselburgh, Tranent, Ormiston, Gullane and Prestonpans in recent years with a development at Cockenzie under planning. Further development is required in Haddington, North Berwick, Blindwells and East Linton. Across all practices, IT systems are badly in need of upgrades to equipment, infrastructure and software inter-connectivity with clinical systems.

3.9 In recognition of these issues, on 29 September 2016 East Lothian HSCP organised and hosted on behalf of all IJBs, the first Lothian Primary Care Summit. This sought to develop a shared set of primary care priorities for the IJBs and NHS Lothian. A report on the summit was produced and distributed to the IJBs and to primary care teams across Lothian. At this summit NHS Lothian committed to investing £5m in primary care over 2017-18 to 2019-20. The themes emerging from the summit highlighted the need for:

- Workforce and skill development
- Public information and public education
- Transfer of work from GPs to an expanded Multi-disciplinary Team
- Better electronic information exchange
- Continuing interface work
- Improved professional to professional communication; and
- Resolution to key premises issues.

3.10 Work on these issues is being undertaken at local IJB and at Lothian level.

3.11 An East Lothian Health and Social Care primary care workshop in November 2016 provided local perspectives on the issues facing primary care and gave the opportunity to consider possible actions.

3.12 In addition the HSCP has met with the GP forum to consider in detail the proposals emerging from these events.

3.13 There is national work underway to negotiate a new contract for general practice, but this is not expected to impact on 2017/18.

3.14 In addition there is likely to be national funding for additional pharmacists in practices, additional link workers in practices, nurse training and possible other areas. Details have not yet been announced by the Scottish Government.

## **Primary Care Developments in East Lothian**

### **Musselburgh Primary Care Access Service**

3.15 Having taken over management of Eskbridge Medical Practice, East Lothian HSCP has been considering options for joint working with the two other practices in the Musselburgh Primary Care Centre (MPCC)

and the re-modelling of service provision to help all the practices to cope with increasing demand.

- 3.16 The issue of 'same day demand' has been identified as a key area to focus on. It is recognised that long term conditions management and ongoing care are both important from clinical, cost and patient experience aspects. The view from General Practice is that if by adequately accommodating same day demand, then chronic illness can be more effectively managed under existing contractual and resource arrangements.
- 3.17 Various strategies to address same day demand have been tried across Scotland and further afield. In Scotland, these have tended to be small in scale and often temporary crisis-related approaches.
- 3.18 The Musselburgh Primary Care Access Service is part funded by the Primary Care Transformation Fund and is being developed in partnership between East Lothian HSCP, the MPCC practices, NHS 24 and the Scottish Ambulance Service and will fully utilise primary care, community and voluntary sector resources, working together to respond to same day demand in order to direct patients to the right point of contact to meet their care needs.
- 3.19 The development will provide a telephone-based Primary Care Access Service, whereby all patients seeking unscheduled care will receive initial assessment via a central service delivered by ELHSCP. Following this there will be referral into a relevant pathway, which may be the patient's own GP-led service or one of a number of other options.
- 3.20 Assessment of requests for clinical input will be carried out in partnership with NHS 24 who already work with robust protocols and have extensive experience in self-management advice and signposting. This partnership will allow patients in East Lothian to benefit from this expertise. Experience shows that patients often simply require telephone advice and the historical model, based on the face to face consultation, primarily with a GP is not designed with this need in mind.
- 3.21 Patients needing further face to face medical assessment will see the most relevant clinician. Work will be carried out with NHS 24 to develop their protocols to suit the different arrangements for in-hours clinical teams compared to out-of-hours, while improving access to non-urgent services, such as phlebotomy and treatment room nursing.
- 3.22 It is recognised that many service users contacting GP practices would be better managed elsewhere, e.g. optometry, pharmacy, dentistry, and these would be signposted at an earlier stage.
- 3.23 NHS 24 is working in partnership with ELHSCP to help deliver these objectives. As expected, the process of integrating NHS 24 into an in-hours model is complex and not without challenges. However the NHS 24 has received Scottish Government funding to test the Musselburgh

Hub model and has allocated considerable staff and technical resources to the project. If successful the model may be rolled-out across the country.

### **East Lothian Care Home Team**

- 3.24 Most medical care within care homes is provided by GP surgeries under the GMS contract. However, not all practices offer this service. The contract arrangement has provided funding to participating GP surgeries using essentially the same framework as members of the community living at home. Increasingly, the care home contract funding on offer does not cover the demands placed on practices in delivering complex care in this setting. Latterly, a contract for GP surgeries to offer anticipatory care has provided further funding, but despite this, there is increasing reluctance to provide what are termed 'optional' services to this important patient group. As activity in GP surgeries increases, it becomes more challenging to deliver a quality service to care homes.
- 3.25 The nurse-led East Lothian Care Home Team was primarily established to provide support and advice and training to the staff of care homes to ensure the wellbeing and good nursing care of residents. Further to this, they were available to liaise with and advise GPs managing the same patients on various aspects of care. This service helped forge positive links between ELHSCP and GP providers.
- 3.26 Following the withdrawal of the Eskbridge Medical Practice from their GMS contract in December 2015, the Care Home Team took over most day to day medical management of patients in the majority of Musselburgh Care Homes, greatly reducing the need for GP input and so reducing demand on the practice. The service provides assessment, diagnosis and prescribing, as well as admissions, referrals and care planning. The Eskbridge Medical Centre GPs provide medical support and advice where necessary.
- 3.27 This arrangement has ensured a regular Care Home Team presence within the Musselburgh Care Homes and a greater emphasis on anticipatory care and prevention, rather than reactive medical care. The scope of knowledge of the nurse-led team also means that nursing aspects of patient management can be given greater consideration in individual patient management planning and in admissions avoidance.
- 3.28 In the coming year, the opportunity will be taken to expand the team to other care homes across the county. As the elderly population expands and as other care homes come on stream (for example the sixty bedded nursing home in Haddington, due in late 2017) this will ensure that primary care receives support in providing care to this important patient group. Initial priorities will be Haddington, Gullane and North Berwick.

### **Primary Care Nurse Training**

- 3.29 As illustrated by the role of the nurse-led Care Home Team, nurses have an important role to play in the modernisation of primary care services and in the development of the multidisciplinary team to provide a full range of primary care services.
- 3.30 Opportunities must be taken to further develop the role of nurses in primary care if primary care is to continue to cope with increasing demand.
- 3.31 The strategic development of primary care services is heavily dependent on having a sufficient supply of nurses trained at an advanced level. At present, there is Lothian-wide training available (some funded through the Primary Care Transformation Fund). However this funding is limited, so will not provide enough staff for the aspirations of ELHSCP. The potential career opportunities available in an East Lothian primary care service which offers nurses development opportunities would be attractive to any nurses wishing to increase their role in autonomous decision making as part of a nurse-led team.
- 3.32 To further develop such a nurse role, ELHSCP needs to encourage GP Practices to actively engage in Primary Care Nurse training. They themselves need to be adequately incentivised to this and to be confident that their efforts will ultimately result in an improved primary care nursing model.
- 3.33 In the coming year ELHSCP will look at the development and training opportunities in locally managed services, such as the care home team, or deployed in GP practices to be trained in Chronic Disease Management and/or acute illness. The development of the Primary Care Nurse team will put the Partnership in a stronger position to both develop services and to support population growth within GP practices.

### **Practice-based Pharmacists**

- 3.34 To date the Scottish Government funded Practice Pharmacists have been allocated to East Lothian health centres according to need. Their success in transferring medicines-related work from GPs and in medicines management demonstrates the merit of extending such posts to other practices.
- 3.35 The role of the pharmacist in practices is an evolving one which needs to make full use of their specialist knowledge. This particularly applies in relation to developing an alternative patient pathway for patients to consult direct with a pharmacist on a full range of medicines matters instead of having a GP appointment. This will be beneficial for patients and will improve the quality and cost-effectiveness of primary care prescribing.
- 3.36 As the Practice Pharmacist roles become more established, there needs to be a period of evaluation with a view to consolidating the role

and to developing it in partnership with the Practice Quality Leads, the GP Quality Clusters and pharmacy leads.

### **LEGup Support for List Size Growth**

- 3.37 List Extension Growth Uplift (LEGup) is a funding stream managed by the Primary Care Contracts Organisation (PCCO) and overseen by the Primary Care Joint Management Group (PCJMG). This aims to “...encourage structured and supported growth of GP Practices.” The scheme provides a number of one off, non-recurring payments of £25,000 to support lists size growth of 500 patients in one year.
- 3.38 East Lothian’s pro-rata share of the Lothian-wide LEGup is one per year. It has been most recently used in two parts, termed half LEGup. This has provided two practices (Prestonpans and North Berwick) with half the usual sum to support growth of 250 patients each.
- 3.39 With the current and projected housing growth across East Lothian there is a need to provide more practices with LEGup support. It is proposed that ELHSCP directly funds a further LEGup in 2017-18, allowing extension of support to practices to accommodate 1,000 patients and to maintain unrestricted lists. This funding would be flexibly allocated according to where the growth pressures are being most acutely experienced.

### **Provision of IT Hardware**

- 3.40 Following on from feedback received from the primary care workshop in November 2016, ELHSCP has been exploring the option of providing practices with dual screen computer workstations. Dual screens give the clinical user the ability to see different clinical software programmes at the same time, without the need to constantly minimise and maximise different views. Typically, this means, for example, being able to view patient records and hospital letters at the same time. Such an arrangement will provided a significantly enhanced patient consultation and improved efficiency with clinical administration and patient records management.
- 3.41 It is expected that reception and administrative staff will also benefit from a dual monitor arrangement, giving them the ability to view appointment screens at the same time as, for example workflow documentation, so improving productivity.
- 3.42 In addition, the HSCP primary care team is considering approaches to enable reception desk staff to easily capture activity data to monitor patient demand and access. This information will allow individual practices to match their resources to demand. Such information, if available at East Lothian level, will inform HSCP decision making on resource allocation at a county level.

### **Future planning for a new practice in Blindwells**

- 3.43 There will be a need (depending on planning applications and pace of development) to meet the additional need of between 5,000 and 10,000 new patients at Blindwells.
- 3.44 At some point this will require new premises in the Blindwells development and this will be the subject of a separate business case.
- 3.45 In the early stages it is proposed to work with another local practice to provide facilities and support to 'incubate' a new practice that will then move to Blindwells.
- 3.46 This will require specific funding to meet step costs that will occur before the list size reaches a financially viable level.

### **Diabetes LES**

- 3.47 Support to the Diabetes Local Enhanced Service (LES) needs to continue in order to sustain and develop GP and Practice Team clinical and lifestyle management support to the growing population of people living with Type 2 diabetes. Work will also be carried out in 2017-18 to 'repatriate' to primary care those East Lothian residents with Type 2 diabetes who are receiving this care in secondary care diabetes clinic settings. Funds released by such activity transfer will be used to offset the increased cost of community based activity.

## **4 POLICY IMPLICATIONS**

- 4.1 Primary care has been subject to gradual policy change in recent months including the ending of elements of the GP contract (such as the Quality Outcomes Framework) and the introduction of GP Quality Clusters. With the introduction of the new General Medical Services contract in late 2017 into 2018-19 there will be further change. East Lothian's developing Primary Care Strategy will need to respond to these changes and will need to set out how the Partnership will utilise current and future funding streams that will accompany the contract changes.

## **5 INTEGRATED IMPACT ASSESSMENT**

- 5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy



## 6 RESOURCE IMPLICATIONS

- 6.1 Financial - It is not possible at this stage to set out the detailed financial implications since how much new national funding will be available is not yet known. However, it is assumed that East Lothian will be funded at 12% of the NHS Lothian investment (£0.24m in 2017/18, additional £0.24m in 2018/19 and additional £0.12m in 2019/20). The priorities set out above will be progressively funded from these sources as funding becomes available.
- 6.2 Personnel - Developments will be progressed by the East Lothian HSCP Primary Care Team
- 6.3 Other - There may be a need for communications support, particularly in relation to the introduction of the Musselburgh Primary Care Access Service.

## 7 BACKGROUND PAPERS

- 7.1 None

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