Primary Care Improvement Plan

Bulletin 1 (October 2018)

Background to briefing

As part of our commitment to keep stakeholders informed on progress with the Primary Care Improvement Plan (PCIP), we have prepared this bulletin to update you on the recent GP engagement sessions hosted at Hampden Park during September.

We will issue regular future bulletins to help to keep you up to date with progress.

Information from GP events

Firstly, thank you to everyone who was able to attend and participate in the engagement sessions. They were arranged to begin the conversation with General Practitioners about how best the PCIP can be implemented. Over the two sessions we welcomed 117 delegates from 101 practices across Glasgow.

Following collation and analysis of the feedback from the sessions, some common themes have emerged:

Workstream: Vaccination Services

- Concern that the Vaccination Transformation Programme is moving ahead without discussion, contrary to assurances on engagement being made at these meetings
- Concern about patients' willingness and ability to travel to different locations for services
- Some practices are keen to cease travel vacs – described as a complex issue and one often requested at short notice

Workstream: Pharmacotherapy Services

- Seen as having potential to decrease GP workload
- Increased pharmacy support has been beneficial and further pharmacotherapy support would be a priority – important that the resource is available daily
- Community pharmacy – views were expressed that the scope of their work could increase. However, some patients may then have to pay for a medication for which a GP could provide a prescription, and this could have an impact on uptake of some community pharmacy services.
- Community pharmacy – potential to improve communication and to enhance the quality of referrals made by them to GPs
- Provide backfill costs for undertaking mentoring of pharmacists especially in relation to IP (Independent Prescribing training
- IT issues – a single system across sectors could reduce the level of need for pharmacotherapy support, as would electronic prescriptions.

Workstream: Community Treatment and Care Services

- Concern about patients' willingness and ability to travel to different locations for services.

Workstream: Urgent care

- Questions were asked about how Advanced Nurse Practitioner (ANP) time might be used in clusters where there are relatively few house calls
- Care home liaison service would be more helpful – ANPs could undertake a range of interventions that would relieve GP workload
- ANPs could triage appointment requests
- Potential for ANP input to treatment of minor ailments
- Potential impact on in-hours services in relation to the strain under which Out of Hours services are operating
- Provide backfill costs for undertaking mentoring of ANPs especially in relation to IP training.

Workstream: Additional Professionals for Multi-Disciplinary Teams
Mental Health

- There were comments about the lack of mental health services for children and young people who do not meet Children and Mental Health Services criteria
- Expansion of the youth health service would be welcomed, and services such as play therapy for younger children
- In relation to children and young people's services, poor interface between educational and clinical services
- Key contacts for advice in relation to Mental Health would be very helpful
- Continuing challenges relating to the interface between PC, MH and addictions – Community Links Workers are seen as a key resource in supporting people to access these services.

Workstream: Community Links Workers (CLWs)

- CLWs seen as a resource that will reduce workload
- Provide contracts for CLWs beyond March 2019 so that experienced / trained staff are not lost due to uncertainty in relation to job security
- MH support is important in relation to crisis, social issues and addiction.

Workstream: Physiotherapy (focused on musculoskeletal conditions)

- Seen as having potential to decrease GP workload
- Key contacts for MSK advice
- Concern about waiting times for the mainstream service.

Cross cutting issue

- IT – systems that talk to each other
- Patient / public education (best use of services/professionals)
- Infrastructure (premises)
- Communication / consultation
- Equity/fairness (of access to services).

Learning from the sessions and moving forward

The feedback from the sessions will inform the way we move forward with the PCIP and how we ensure that we work together to address the areas of concern and priority that have been identified.

We intend to make best use of structures already in place to support a collaborative approach to this work. These include:

- Utilising the learning and expertise of the Clusters to address specific areas
- Establishing a Leadership Group of senior officers with representation from the LMC
- Working with GP practices who were/are unable to attend sessions to keep them updated and included in the process
- Build on existing communication structures to keep you updated, involved and able to contribute to the work as it evolves
- Building on the strong relationships that already exist between GPs and the Primary Care Development Officers.

If you require any further information on the content of this bulletin then please contact one of the following Primary Care Development Officers

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Next Steps

Further discussion regarding the approach to city wide roll out of PCIP implementation will take place with the CQLs and LMC before the end of this year and will be communicated to GPs