

Introduction from Gary Dover, Assistant Chief Officer for Primary Care and Early Intervention

Since our last edition, it has been a difficult and challenging time for everyone, and we thank you all for the work and effort that has been made to keep services available.

As we start to ease our way forward into new ways of working, we thought it would be helpful to use this bulletin to describe some of the learning that has been identified in the various PCIP workstreams. We are very keen to learn your thoughts and ideas about the future implementation of the plan and your experiences of the changes you have made in your own practices, and your views on those that have been made in the services that you and your patients use.

Workstream: Urgent Care

At the peak of the outbreak, our ANPs in the HSCP's residential care homes provided cover for seven days per week. They are now providing a five day service again, continuing to support residents, care homes, and practices. A recent advert for an additional 5 ANPs received significant interest although not all positions were filled and the remaining posts will be re-advertised. These posts will be targeted at non-HSCP care homes and the HSCP Commissioning and Planning Teams are assisting with identifying those most likely to benefit.

Workstream: CTAC and Phlebotomy

Prior to the Covid outbreak the Phlebotomy Service was continuing to expand and Treatment Room Services were starting to open up to practices which had not previously had access to them. As practices adapted their work patterns as part of their contingency planning, it was agreed that the services, including newly introduced Domiciliary Services for both Treatment Room and Phlebotomy, would be made available to all practices within Glasgow City. This has proved very challenging as demand has been high and

the limited staffing capacity available has been constrained by the need for social distancing, use of PPE, support for training and staff induction.

We know that practices are considering carefully all requests and ask that they continue to do this – and to ensure that all referrals include the patient's CHI number and, if for bloods, that they are entered on GP Order Comms. In order to make best use of Phlebotomy capacity, it is essential that only bloods that are urgent and cannot be undertaken by someone else, are referred to this Service.

We are aware how difficult it has been for practices and patients to get through to the Single Point of Access to make appointments – however, the capacity of the SPOA is being increased and a SCI gateway option is being developed. These measures, alongside careful considerations of the requests for bloods, should ensure that the Phlebotomists can manage the demand.

Referrals for Treatment Room Services are considered on a case by case basis and are focusing on essential wound care, injections and patient education. As part of recovery planning additional components will be incorporated; however this will be dependent on clinic space and staff capacity for domiciliary visits.

Workstream: Community Link Workers

Community Links Workers are working remotely, following resolution of challenges in enabling remote access. They are providing telephone consultations and continue to receive referrals. CLWs have also provided support for shielding patients; in two clusters we have been able to offer non-CLW practices some additional support to provide social and wellbeing check-ins for shielding patients. CLWs have been circulating regular communication to all practices in their clusters on the support available locally to patients and this has been well received.

We are exploring online groups, and will be working with CLWs to establish areas of practice which we may wish to continue moving forward. "We Are With You" (formerly Addaction) have

successfully recruited our thematic CLW (Asylum Seekers) who will be working with asylum seekers in three practices initially.

Workstream: Mental Health

From late March, Lifelink and Money Advice moved to telephone and/or online formats. Feedback from those using the services has been positive and these options will continue to be offered. The pilot projects within the Mental Wellbeing Model – Learning on Prescription and Exercise / anti-depressants - have been delayed.

Resources to help patients who have experienced bereavement have been issued to all practices and methods for delivery of bereavement training for practice staff are being explored.

The research to quantify those presenting with acute distress to general practice & exploration of understanding of psychological trauma has almost concluded. An “in-hours” distress response for primary care is being developed. This will be an additional component to the new out of hours ‘Compassionate Distress Response Service’ delivered by Glasgow Association of Mental Health (GAMH) and is likely to be available in late summer.

Further discussions are to take place in relation to the trauma needs assessment.

Additionally, the steering group have been working to develop an evaluation framework for the programme.

Workstream: Pharmacotherapy

Over the last weeks, we have found that the majority of prescription management activity can be done working remotely and this provides significant learning for how the service could be delivered in the future. For example, “Near Me” will be explored as an option for supporting patient polypharmacy reviews – though the presence of members of the pharmacy team within practices will continue.

We have recruited new pharmacy support workers, and more pharmacy technicians and pharmacists to support the development of pharmacotherapy. New staff are being inducted through MS teams; the LMC have arranged virtual training on EMIS. Training is delivered by the pharmacy teams in their localities with new members shadowing them virtually.

The team is keen to explore potential for different ways of working with practice colleagues, including the development of the hub model. We are also engaging in review of work done to support “just in case” prescribing for respiratory patients and care homes around future pharmaceutical care needs.

Workstream: Advanced Practice Physiotherapy

Staff were initially withdrawn from practice to enable them to support the Covid effort. They are now beginning to return to practice and have been using both telephone and video consulting. Practices have undertaken systematic triage since the beginning of the outbreak and this has supported the effective working of the APP model. There is much learning from this experience for the implementation of the small practice / hub model, and for the potential for agile and remote working.

Workstream: Vaccination Transformation Programme (VTP)

The deadline for the completion of the VTP has been extended to 2022 as a result of the Covid outbreak. There has been a focus on maintaining uptake of routine childhood immunisations through changes to systems and the use of targeted messages, and work is commencing on planning for the coming flu season. We are keen to support general practice to deliver the adult/at risk flu programme, given the challenges that will be imposed as a result of social distancing on the model for delivery of vaccinations.

Cross Cutting Issues

Collaborative Learning and Leadership

Coaching for Wellbeing – a virtual coaching service for all health and social care staff

Designed to help you with issues you may be facing during these challenging times, experienced coaches will support you in building resilience and improving your well-being, and if you lead others you can explore how you support your staff too. Coaching will bring new ways of understanding yourself and your situation, and strategies for staying on track. Available to all staff, including GPs, practice staff and MDT workers. To find out more go to:

<https://www.knowyoumore.com/wellbeingcoaching>

Want to keep momentum and buy-in for new ways of working and changes with your teams? Or learn more about best practice for effective management / leadership of home workers, or working with teams remotely / online? Please contact Josephine Dick, Senior Organisational Development Officer at Josephine.Dick@ggc.scot.nhs.uk for sources of support in these areas.

iHub Collaboratives

The collaborative programmes (Practice Administrative Staff, Frailty, and Pharmacotherapy) have been paused. But please keep an eye on your inbox as Health Improvement Scotland and others have been offering webinars on a range of topics such as resilience and how general practice may look in the months and years to come.

Communication & Engagement

The production of this bulletin marks the refocusing of effort on recovery after the initial Covid 19 outbreak, and we are working on a number of options for future meetings – we are very keen to find ways to bring people together to share learning and to hear your views on the implications of the changes that have been made for future practice and for the PCIP.

Collaborative Learning and Leadership

A number of events and programmes have been cancelled or paused – work is underway to consider how best to restart these and or to offer learning opportunities in different ways and formats.

Covid Assessment Centre

As part of the Covid-19 response, the Scottish Government instructed Boards to set up assessment centres for those presenting with symptoms, to support both primary care and acute services. The HSCP, with support from general practice rose to the challenge and opened Barr St on 23rd March 2020.

A huge thank you to everyone for all their support, and to the many GPs who undertook shifts at the centre and continue to do so.

Backscanning

Many practices within the city have now had their paper records backscanned. Work is now commencing for those remaining and it is hoped that all will be completed by March 2021.

A new role and a goodbye

Dr Fiona Kinnon has taken on the role of interim Clinical Director for the NW and many thanks to her for stepping up to the plate at such a challenging time; and many thanks to Kerri Neylon who has taken on the role of Interim Deputy Medical Director for Primary Care for NHSGGC – we are sorry to lose her in the city but delighted that she is able to represent primary care within the Board.

Getting involved

If you would be interested in becoming involved in any of these workstreams, please contact your local Primary Care Development Officer or Lynsey McSorley at lynsey.mcsorley@ggc.scot.nhs.uk or Ann Forsyth, Programme Manager, at ann.forsyth@ggc.scot.nhs.uk

Further information

If you require any further information on the content of this bulletin then please contact your locality Primary Care Development Officer:

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Margaret, Caroline and Susan can also be contacted via Microsoft Teams.