

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

As I write this, we are seeing some return to normality following the huge effort that is being made to vaccinate the population. Since the last bulletin we have asked you to complete two surveys and we are indebted to you for responding to them despite your workload.

Survey seeking views on this Bulletin: One survey was about this bulletin, upon which we were seeking brief feedback. We had more than fifty responses and most respondents confirmed that they think it to be about the right length, to be sent out at about the right intervals, and to be informative. There were some helpful suggestions in terms of other communication media that we could use, and ways to enhance the content, and we will be acting on those.

Survey of practice experiences: We also surveyed general practices about their current experiences.

There were a number of positives to be drawn from the responses. They really highlighted the creativity and innovation displayed by practices in responding to the pandemic, and the strength of team working that has enabled rapid and continuing change.

Equally, there were powerful messages about increasing workload and again, whilst the strategies that practices have employed have often been effective in meeting that challenge, there were concerns about the likely longevity of this increase in workload and its impact on team wellbeing. Perhaps most concerning of all were the comments on the nature of patient demand, not just the volume, and of changes in behaviour. Many responses detailed abusive and belittling behaviours and how difficult this has been, and its impact on morale.

We had asked if there would be interest in support on access issues, including learning with and from each other. Many respondents

were positive about this suggestion and we will come back to you soon with proposals for how this could be done. In the meantime, a practice manager network to support peer learning is being set up, and this should contribute to the sharing of knowledge and experience in relation to access. (More information about this included on the final page of this bulletin.) We will also be coming back to you about how we can help with some of the other issues raised by practices.

Workstream: Vaccine Transformation Programme

It has been agreed by the Scottish Government and the BMA that vaccinations still in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, will be removed from GMS Contract and PMS Agreement regulations by 1 October 2021.

In Glasgow City, transfer of children's routine immunisations to the HSCP has been completed. The delivery of vaccines for the various adult flu programmes by the HSCP has to date been delivered by the Older People and Primary Care Service Managers, District Nursing Team Leaders and Business Support managers, supported by the Primary Care Development Officers and vaccinators from a range of Teams; the support from practices during; the support from practices during the flu season in vaccinating their at risk patients, and again in vaccinating older age cohorts for Covid has been crucial, and we do not underestimate the logistical challenge this posed.

The position of the Scottish Government and the BMA is that general practice should not be the default provider of vaccinations, but understand that practices may still be involved in the delivery of some vaccinations in 2022-23. Where this is necessary, arrangements will be negotiated and

payment made to practices for undertaking this work.

Consequently, it is now time to consolidate the work into a single HSCP service. Our approach will be developed as part of the wider NHS GG&C framework for vaccinations; recruitment for the team has commenced.

For more information, please email [Ann Forsyth](#)

Workstream: Pharmacotherapy

As part of the GP contract, there is a requirement to provide a pharmacotherapy service to all practices. The contract describes the proposed activity of this service in detail, and includes a number of levels. We have successfully grown the service so that almost all practices now have some dedicated pharmacotherapy time as well as the pre-existing prescribing support. We have also tested alternative ways of meeting the contract requirements, within the constraints imposed by the funding and availability of staff, and have started to roll out a hub model.

The hub model is a centralised resource supporting a number of practices with predefined tasks as part of the pharmacotherapy service and the wider pharmacy service. It is technician-led, typically focusing on Initial Discharge letters and outpatient (OP) letters, and staff work remotely into practice systems. Hub teams work collaboratively with practice managers and administrative staff to optimise systems and processes, with a view to releasing additional GP capacity.

Most practices do not have prescribing input every day of the week; and would not have cover if a team member were absent for any reason – normally an item that is sent to the pharmacy team, when there was not cover, would not be actioned until the next time a team member was in practice.

However, with the hub model, Docman workflow in each practice covered by the hub is checked twice a day. Work is prioritised, but all work should be actioned within two working days of being sent to the pharmacy team. Twice daily review of Docman ensures that work is completed a lot sooner than was the case in the pre-hub model of working; practices will code and identify required bloods prior to work flowing to the hub. The hubs are staffed by technicians, with a support

worker organising and prioritising tasks – whilst a pharmacist is available to support staff with complex cases or clinical queries.

Our experience is that the model has released pharmacist time for work with complex patients, polypharmacy reviews, and clinical queries. Practice feedback is that they find the service to be more consistent, to have reduced GP workload, and that tasks are timeously completed. Communication has generally been good, and the hub teams have in place written profiles for each practice which detail their specific processes. Information about the hub team members and their roles has been shared with practices to support the building of relationships. Feedback from members of the pharmacy teams has also been positive.

Our pharmacy teams are working to develop the model more widely for practices that do not have other pharmacotherapy support and with those for whom IDLs and OP letters have been agreed as core work. Whilst the model is not the complete solution to the funding and staffing challenges we face, we believe that it is a positive element in the delivery of the contract, enabling practices to have at least some support each day. We continue to recruit technicians to enable the further roll out of the model; following recruitment, it takes time to train new staff members for this specific role.

For more information, please contact: [Sheila Tennant](#)

Workstream: Advanced Practice Physiotherapy

Within Glasgow North West we are piloting a hosted model of Advanced Practice Physiotherapy (APP) service delivery. At present we are piloting this within two practices. It has not been easy to launch a pilot in the current climate; times are challenging for all of us as we are adapting to new ways of working and dealing with many competing priorities and workload demands arising as a result of the pandemic. Some of the key things we have had to consider in setting up a hosted model of service delivery include;

- How do we create a booking system for APP appointments that all participating practices can access?
- How do we ensure APPs are integrated to all the practice teams in which they work?

- What support systems need to be in place to ensure patient safety where APPs are working offsite?

We continue to test this model of APP service delivery within North West, working closely not just with the practices involved, but also IT colleagues and others. Following on from successful recruitment of another APP we plan to test this concept further through piloting a cluster model within Glasgow South Locality.

For more information, please contact [Fiona Rough](#)

Workstream: Collaborative Leadership and Learning

Practice Manager Collaboration and Sharing Group: This has grown from discussions at the Listen and Learn sessions. It is a Community of Practice, co-developed by practice managers and HSCP staff, and will focus on how practices are facing their challenges and the sharing of good practice. The sessions will be monthly and there is an open invitation to managers and assistant practice managers to drop in to any of the sessions to discuss burning topics and share solutions and ideas. Sessions will be monthly and will begin **Thursday 8th July 12.30-1.30**. [Click here to join the meeting](#).

For more information, please contact [Josephine Dick](#)

Workflow Optimisation: Across the city, many practices took part in the PASC Collaborative and focused on workflow optimisation. Whilst it was a challenge for them to continue their involvement through the pandemic, practices have reported real improvement resulting from their effort and one commented “The staff we have trained up are fantastic at this task and have saved our GPs so much time during the pandemic which has been a god send.”

Some practices taking part in the collaborative had already started to change the way they work, whilst others had been workflowing almost all correspondence to GPs; both found scope for reductions. One practice quoted a reduction from 55% of all documents filed being workflowed to GPs to less than 10%, whilst another described moving from more

than 97% to less than 20%. This practice commented that when a GP was recently unwell and unable to work, they would not have been able to cope without workflow optimisation.

Practices have plans to train additional members of staff in the process and to widen the scope of documents that will be workflowed in this way. In practical terms, they note the importance of having two screens at the workstation; and of continuing to audit the process to ensure that documents are being workflowed correctly.

Looking ahead, whilst a further collaborative programme is not scheduled, resources are available on the iHub website [Preparing for Workflow Optimisation](#) and if there is interest we would be keen to support networking and sharing of learning. Please email [Lesley McCormick](#)

Bereavement Resources

Finally – following the bereavement training that has been offered recently, a poster on grief, available in 10 different languages, and a bereavement guide, are available at [NHSGGC : Loss and Bereavement](#) and [Mental Health Improvement Team website](#) respectively. A recording of the bereavement session is also available [here](#) – please use passcode: wDLy7D\$y

Getting involved

If you would be interested in becoming involved in any of these work streams, please contact [Lesley McCormick](#) or [Ann Forsyth](#)

Do you need further information?

Margaret Black

Primary Care Development Officer, North West Locality

Phone 07929 766 658

Email margaret.black@ggc.scot.nhs.uk

Susan Middleton

Primary Care Development Officer, North East Locality

Phone 07929 847 679

Email susan.middleton@ggc.scot.nhs.uk

For the South Locality, please email

lesley.mccormick@ggc.scot.nhs.uk and your query will be redirected