

PRIMARY CARE Q1 PERFORMANCE REPORT

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Last year we said we would.....

- Make further progress with primary care improvement plan (PCIP) including:
 - Make hard choices about expenditure
 - Progress evaluation and performance monitoring
 - Plan for life after PCIP and phase 2 of GP contract
 - Improve connectivity between primary care developments and the other HSCP transformation, such as Maximising Independence
- Support MDT development and leadership in primary care
- Improve joint working between mental health & primary care
- Respond to COVID 19, winter planning, flu and impact of changes in approach to unscheduled care

- Over 340 Full Time Equivalent staff recruited
- Roll out of pharmacy hubs
- CTAC: Aug 2020, 94% of practices used Phlebotomy Services
- CTAC full Interventions' list offered, including ear care and Vitamin B12
- HSCP Vacc. plan - recruitment underway. HSCP making significant input into planning and implementation.
- Advanced Nurse Practitioners in care homes
- Staff turnover a concern requiring on going recruitment.

	Progress by 31 Mar 2021		
	no access	partial access	full access
2.1 Pharmacotherapy			
Practices with NO Pharmacotherapy service in place	10	0	0
Practices with Pharmacotherapy level 1 service in place	10	133	0
Practices with Pharmacotherapy level 2 service in place	10	133	0
Practices with Pharmacotherapy level 3 service in place	10	133	0
2.2 Community Treatment and Care Services	no access	partial access	full access
Practices with access to phlebotomy service	0	0	143
Practices with access to Treatment and Care Services	0	0	143
2.3 Vaccine Transformation Program	no access	partial access	full access
Pre School - Practices covered by service	0	0	143
School age - Practices covered by service	0	0	143
Out of Schedule - Practices covered by service	0	0	143
Adult imms - Practices covered by service	143	0	0
Adult flu - Practices covered by service	0	143	0
Pregnancy - Practices covered by service	0	0	143
Travel - Practices covered by service	143	0	0
2.4 Urgent Care Services	no access	partial access	full access
Practices supported with Urgent Care Service	71	72	0

- Agreed extension to Compassionate Distress Response to meet demand
- Continued roll out of Youth Health Services
- Proposal agreed for phase 1 investment in health centres to increase clinical and agile space to allow expansion of MDT working in primary care (NE/S)
- Temporary expansion of Links Worker programme underway.

	Progress by 31 March 2021		
	no access	partial access	full access
2.5 Physiotherapy / MSK			
Practices accessing APP	113	0	30
2.6 Mental health workers (ref to Action 15 where appropriate)	no access	partial access	full access
Practices accessing MH workers / support through PCIF/Action 15		143	
2.7 Community Links Workers	no access	partial access	full access
Practices accessing Link workers	87	15	41
2.8 Other locally agreed services (insert details)	no access	partial access	full access
Back scanning - Practices accessing service	0	0	143
Improvement Grants - Practices accessing service	0	0	11
OD Advice - Practices accessing service	0	116	27
OD Courses - Practices accessing service	0	50	0

MDT development and leadership in primary care

- PCIP not just recruitment and transfer of services
- **But about transforming services**
- Development of multi-disciplinary teams (MDT)
- Draft MDT working agreement and induction pack
- Leadership in Primary Care – OD support for: Change Management, Staff and Stakeholder Engagement, Strategy and Leadership behaviours
- Supporting learning with ‘Practice Managers Collaborative and Sharing Sessions’
- Listening and Learning Sessions
- Primary care bulletin
- Supporting Cluster Leads
- Support with Health Improvement Scotland to review workflow optimisation and sign posting

‘At a time with lots going on/ my unmanageable diary and on a treadmill I signed up for the Strategic influencing course. This was an enlightening experience at a time when I needed to change my approach to work, giving me a good place to reflect, try out new tools/ approaches. This gave me the space to identify the issues frustrating me and key the courage to be brave to tackle and target my communications with senior managers which has resulting in a change in the way we communicate to understand each other perspectives to effect change’.

The interactive sessions have equipped me with a greater understanding of the key considerations, empowering me to engage in conversations that I may previously may have shied away from. I see this as an essential skill for us all to have to ensure we are engaging with each other in an effective way to transform services.’

Joint working between mental health & primary care

- MH and wellbeing made a priority as part of discussions with GPs
- Focus on responding to stress and distress
- Positive feedback about new services – Lifelink, Compassionate Distress Response, Youth Health Services
- Mental Health Assessment Units opened up to primary care referrals
- Starting to develop local mental wellbeing teams – multi-disciplinary, including third sector
- Plans in place to pilot new approach later this year – one per NE – Springburn, NW - Dumbarton Road, South – Govanhill/East Pollokshields
- Awaiting next MH funding announcement from Scottish Government
- Recruitment process for project manager almost completed

Respond to COVID 19, winter planning, flu and impact of changes in approach to unscheduled care

Service User Satisfaction with Barr Street Assessment Centre

Service users were asked: "How would you rate your experience at Barr Street", with a rating of 1-5, with 1 being poor and 5 being excellent. Patients who responded rated the service at 4.77 on average.

Examples of individual patient feedback include:

"Staff were so welcoming and made me feel so calm and comfortable from the second I walked in to the second I walked out"

"Amazing teamwork and leadership skills"

"I was blown away by the effectiveness and organised structure of the centre and staff. The staff had the ability to put me at ease with their friendliness and empathic skills, my nurse Kim, was so kind and caring as well as informative and the doctor really amazed me by how he also possessed those skills."

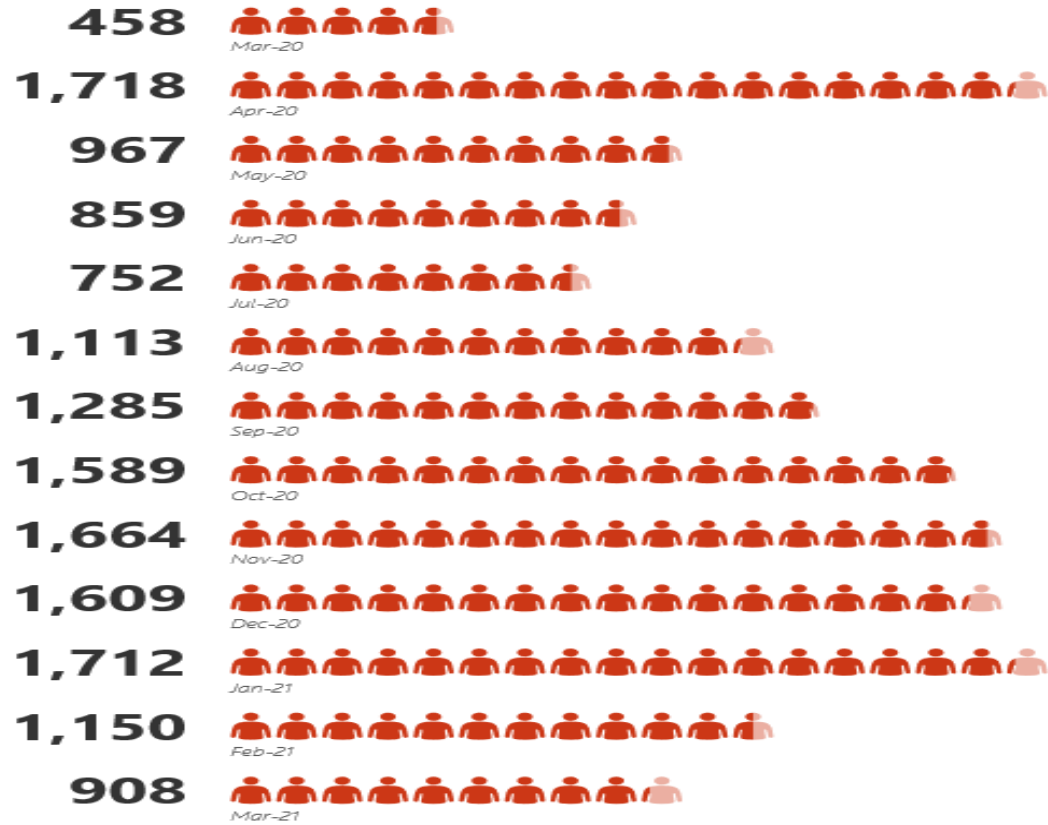
"Friendly staff and a great system put in place, due to pandemic."

"Would just like to thank the staff for making myself and daughter feel safe"

- COVID 19 Community Pathway (Barr Street)
- Approx 16,000 patients between March 2020 and March 2021
- Each day 80-85% of patients discharged home
- Helping to protect practices and acute hospitals

CAC Activity 2020-21

BARR STREET - CAC ACTIVITY



*March incomplete

Respond to COVID 19, winter planning, flu and impact of changes in approach to unscheduled care

- May 2020 - March 2021 over 23,000 Covid 19 test kits were generated for pre-admission to care homes and symptomatic testing
- In March 2021 - 6,438 testing kits were issued to care home staff
- COVID 19 vaccs - 3500 residents and 2000 staff in care homes, over 400 residents in homeless accommodation, 580 people who are seeking asylum and over 7,000 housebound patients.
- HSCP adult flu vac 2021/22 – HSCP plan has been agreed
- Work within the NHSGG&C framework – HSCP focus on specific target groups (e.g care homes, housebound, homeless people etc)
- Survey of practices completed and action plan developed in response to the issues raised.

Priorities for the year ahead 2020 and 2021

- PCIP – 3 priority workstreams of CTAC, Pharma and VTP
- Working within significant PCIP budget constraints
- HSCP contribution to adult flu and Covid 19 booster vaccs
- 3 pilots of MH & Wellbeing teams underway
- Further roll out of embedded financial inclusion service in practices
- Complete phase 1 of health centre investment plan for phase 2
- Responding to GP practice survey
- Supporting quality improvement in primary care
- Barr St CV 19 Assessment Centre - possible decommissioning
- Engagement with primary care contractors and teams
- Performance reporting for service/ workstreams
- Development of Team/ Support for PC