

Primary Care Performance Update Q1 23/24 and Progress Report 2023/24

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HSCP Performance Indicators Q4 22/23 – Summary

Quarterly KPI	Target	Actual	Period	RAG Status	Direction in Last Period
Prescribing Costs: Compliance with Formulary Preferred List	78%	76.41%	Q4	Green	Q4 -slight decrease in performance across city, with North West moving GREEN to AMBER, the other localities and the city wide remained GREEN.
Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/ Below NHSGGC average	GC at £160.2 versus Board at £187.7 in Mar 23		Green	Costs in all localities increased between Dec and Mar -all localities and the city GREEN, below the HB average.

Annual Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 23	N/A	78.1% (G)	78.4% (G)	60.9% (G)	-Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. -Figures in 2022 were 100% (NE); 96.08% (NW); 98% (S). Next update due for Jan-Mar 2024 in June 2024.

Key Progress Areas

**Primary Care
Engagement exercise
undertaken and findings
presented to Public
Engagement Committee**



**Primary Care Action Plan
2023-26 developed and
approved by GC IJB**



**Priority actions
identified and
workplan/
implementation plan in
development**

June 2022-Feb 2023

Jan 2023-Sept 2023

May 2023-Dec 2023

Action 1: Promoting the sustainability of primary care services

- HSCP staff support delivery of the Health Board's Sustainability work plan for general practice
- General Practice Escalation Framework, regular monitoring of trends against levels 1 to 5
- October 2023 - 2 out of 141 practices at level 2, 103 at 1a and 36 at 1b
- 8 practices with temporary patient list closures
- Some only register non-local patients or have changed catchment areas
- Supported a small number of practices to merge
- No practice in Glasgow in past few years has handed back its contract.
- Supported practices in relation to business continuity e.g. UCI World Cycling Championships
- Established group with GCC planners on impact of housing developments on health and care services,
- Investment in property to provide additional clinical and office space.
- Glasgow City HSCP staff contributing to development of 1st NHSGGC Primary Care Strategy with other 5 partnerships

Progress with implementing our 2023-26 Action Plan

Action 2: Within our overall Scottish Government funding implement the requirements of the 2018 GP contract

- Focus on **embedding** new services & **continuous improvement**
- Treatment and Care - 2200 treatment room & 3800 phlebotomy (clinic/home) appointments per week
- Positive pilot completed for patients with leg ulcers at Gorbals Health Centre - streamlined process for direct referrals to vascular teams
- Completed spring Covid booster campaign - 7,657 people vaccinated in care homes and own homes and expanded children's programmes
- July/Aug - vaccinated approx. 500 people for Shingles and Pneumococcal
- "Growing our own staff" trained Advanced Nurse Practitioner
- Q1 2023/24, the CLWs received 2,856 referrals with 9,648 appointments. 1,296 people attend group sessions.
- GP Advanced Physiotherapy Practitioners (APP) to issue fit notes, working with practices to implement this, supporting training of GPs in musculoskeletal pathology.

Case Study – Primary Care Pharmacy Service

- 80% practices supported by pharmacy hubs
- 6,200 Medicines reconciliation on IDLs (all with medicines changes)
- 4,780 Outpatient clinic letters processed in roll out phase
- 5,848 Reviews of acute prescriptions
- 401 Polypharmacy Medication Reviews with focus on supporting frailty
- Only 15% of time for clinics and medication reviews because of high volume prescription management activities. Use of technology, process automation, digital prescribing have potential to release significant additional capacity, which we continue to explore
- 4 trainee pharmacy techs completed training in April 23
- Designated Prescribing Practitioners supported pharmacists to achieve prescriber status. The DPP role reduces the training burden on GPs
- Community Pharmacy Discharge Pilot at Glasgow Royal Infirmary proof of concept - patients collecting discharge medicines from local pharmacy at convenient time. On average patients able to be discharged approx 2 hours earlier

OFFICIAL

Action 3: Progress our support for quality improvement (QI) in primary care

- Draft Improvement Framework has been developed
- We have trained members of the Primary Care Improvement Team (PCIT) in Quality Improvement (QI) methodology.
- Summer 2023, we co- delivered Cohort 4 of the Primary Care Access Programme with Health Care Improvement Scotland (HIS) for practices in Glasgow
- We will work with NHSGCC QI team to develop our own QI programme for Glasgow City, based on learning from the Primary Care Access Programme.
- Leadership, mentoring and coaching programme and support for organisational development.
- Communications activity – “Listening and Learning sessions”, bulletins, locality forums with contractors

Case Study – increasing uptake of serial prescribing

To reduce the practice workload and enhance patient outcomes, a practice administration team from Glasgow were trained to introduced a new process for transferring patients to serial prescriptions. The Scottish Therapeutics Utility (STU) dashboard was used to help identify suitable patients who may benefit. With supervisory support, the team started to look at patients on 1-2 medications who used one local community pharmacy. This has progressed to include patients on multiple medications (10+) and across all local community pharmacies. The practice's GPs and some Community Pharmacists are now also identifying suitable patients.

Within the first 3 months the percentage of patients with an active safe serial prescription had **increased from 1% to 7%**.

By 5 months this had increased to **11%**.

Action 4: Develop and implement the Primary Care Mental Health and Wellbeing teams for all GP clusters

- Overall project currently on hold pending SG funding is available but
- PCIF being used to provide additional services for patients suffering stress and distress
 - ✓ Adult Stress Service (Lifelink) – in 22/23 highest number of referrals yet to the service (**7,783**) with **1670 people on the waiting list**
 - ✓ Youth Health Services – in 22/23 **1895 referrals** were made to the YHS, around **750 young people on the waiting list** for mental health support
 - ✓ Compassionate Distress Response Service (CDRS) delivered by GAMH. It has an out-of-hours service, an in-hours service (PCIF funded) and a young person's service. During 2022-23, 4868 people were referred to the overall service, **2678 referrals were made to the in-hours service for general practice, 93%** of GPs in Glasgow have referred patients to this service.

EQIA Action Plan

- 1. Staff training- awareness & specialist**
- 2. Equality Data collection & Monitoring**
- 3. Engagement- build on previous consultations**
- 4. Communication- support consultations
and information in other languages & formats**
- 5. Share our learning**
- 6. Support service/ workstream's own EQIA's**
- 7. Report & review equalities performance**

Broader Context and Challenges for Primary Care



UNSUSTAINABLE
DEMAND &
DEMOGRAPHIC CHANGES



INCREASES IN HEALTH
INEQUALITIES



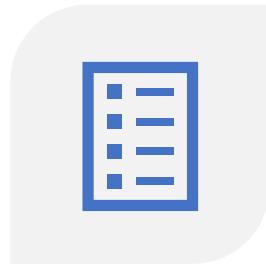
BUDGETARY & FUNDING
CHALLENGES



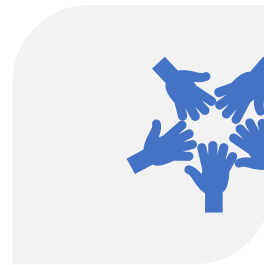
WORKFORCE
CHALLENGES



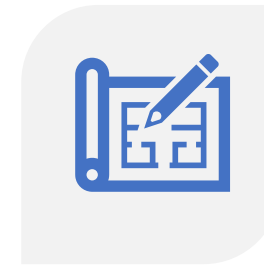
PROPERTY



SUSTAINABILITY
WORKPLAN &
ESCALATION
FRAMEWORK



NATIONAL CARE SERVICE



NHS GGC PRIMARY CARE
STRATEGY