

# Primary Care Performance Update - Quarter 1 2024/25

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# 1. Key Performance Indicator Summary

KPI	Target	Actual	Period	RAG Status	Direction in Last 12 Months
Prescribing Costs: <b>Compliance with Formulary Preferred List</b> (reported in arrears)	78%	73.46%	Q1 24/25	Red	Formulary compliance <b>decreased</b>
Prescribing Costs: <b>Annualised cost per weighted list size</b> (reported in arrears)	At/Below NHSGGC average	£178.3	Q1 24/25	Green	Costs have <b>increased</b>

## 2. Performance Achievements & Areas for Improvement

### Achievements

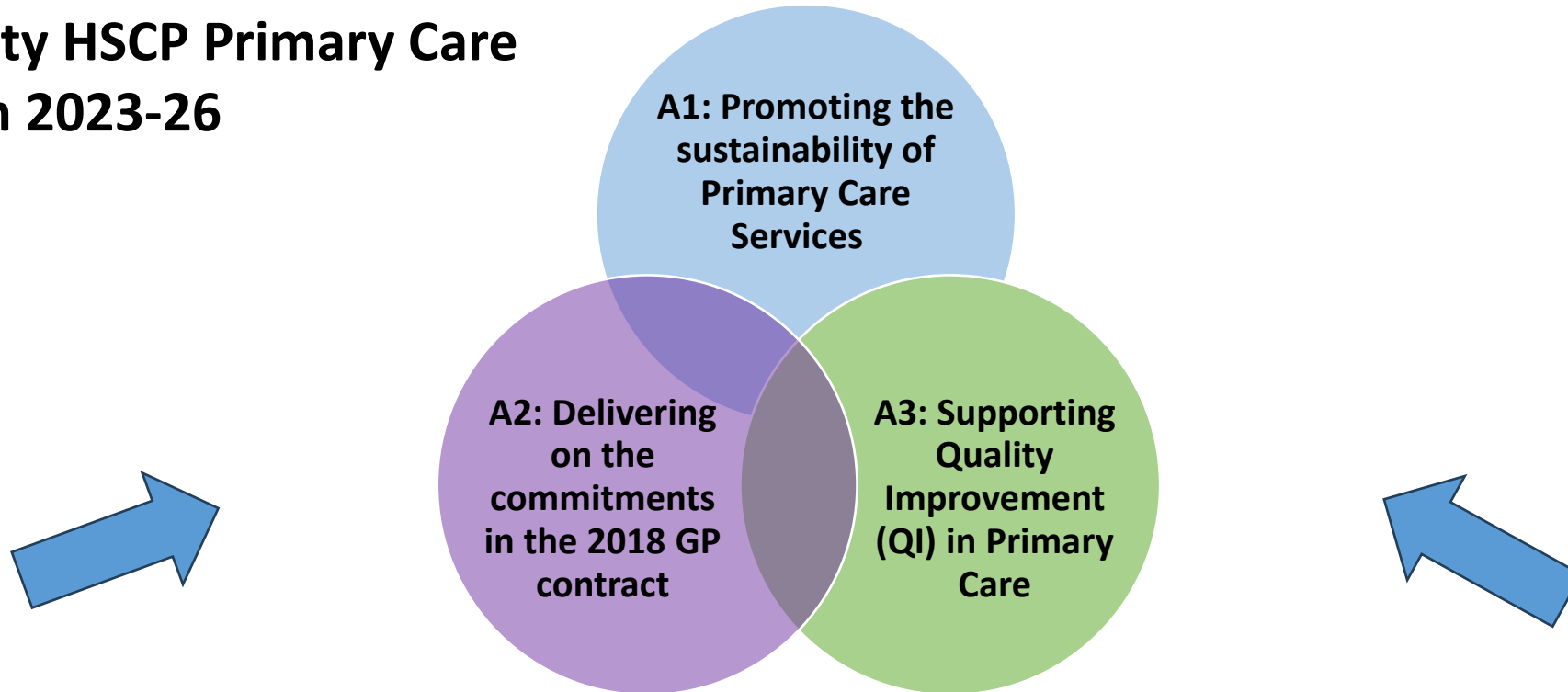
- 1155 Polypharmacy Reviews during Q1, with an annual target of 6000 (20% uplift year-on-year)
- Managed transition to dry powder inhalers
- 2024/25 – Despite cost and volume increases in drugs, efficiency programme delivered £2m+ of savings so far this year

### Areas for Improvement / Key challenges

- Ongoing prescribing expenditure pressures
- 25/26 efficiency programme (2024/2025 plan captured all large switches)
- Working hours reduction for staff & recruitment

# 3. Taking Forward the HSCP Strategic Priorities

## Glasgow City HSCP Primary Care Action Plan 2023-26



**Enabler 1:** Making sure we have a high quality of [engagement and collaboration](#) with [primary care workforce \(contractors\)](#), third sector networks, our locality engagement forums & equality groups

**Enabler 2:** Ensuring that our primary care plan is connected to the HSCP's other transformation programmes and to the policy developments by the Health Board and Scottish Government

**Enabler 3:** Improving our performance management framework for those primary care functions where we have a responsibility

# 3. Taking Forward the HSCP Strategic Priorities

## Primary Care Action Plan – *Action 1: Supporting sustainability of primary care services*



GENERAL PRACTICE  
LOCALITY SUPPORT &  
ENGAGEMENT



LEARNING AND  
EDUCATION PLAN



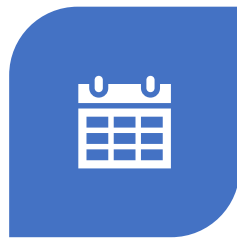
PC ORGANISATIONAL  
DEVELOPMENT PLAN



PROPERTY



COMS & ENGAGEMENT



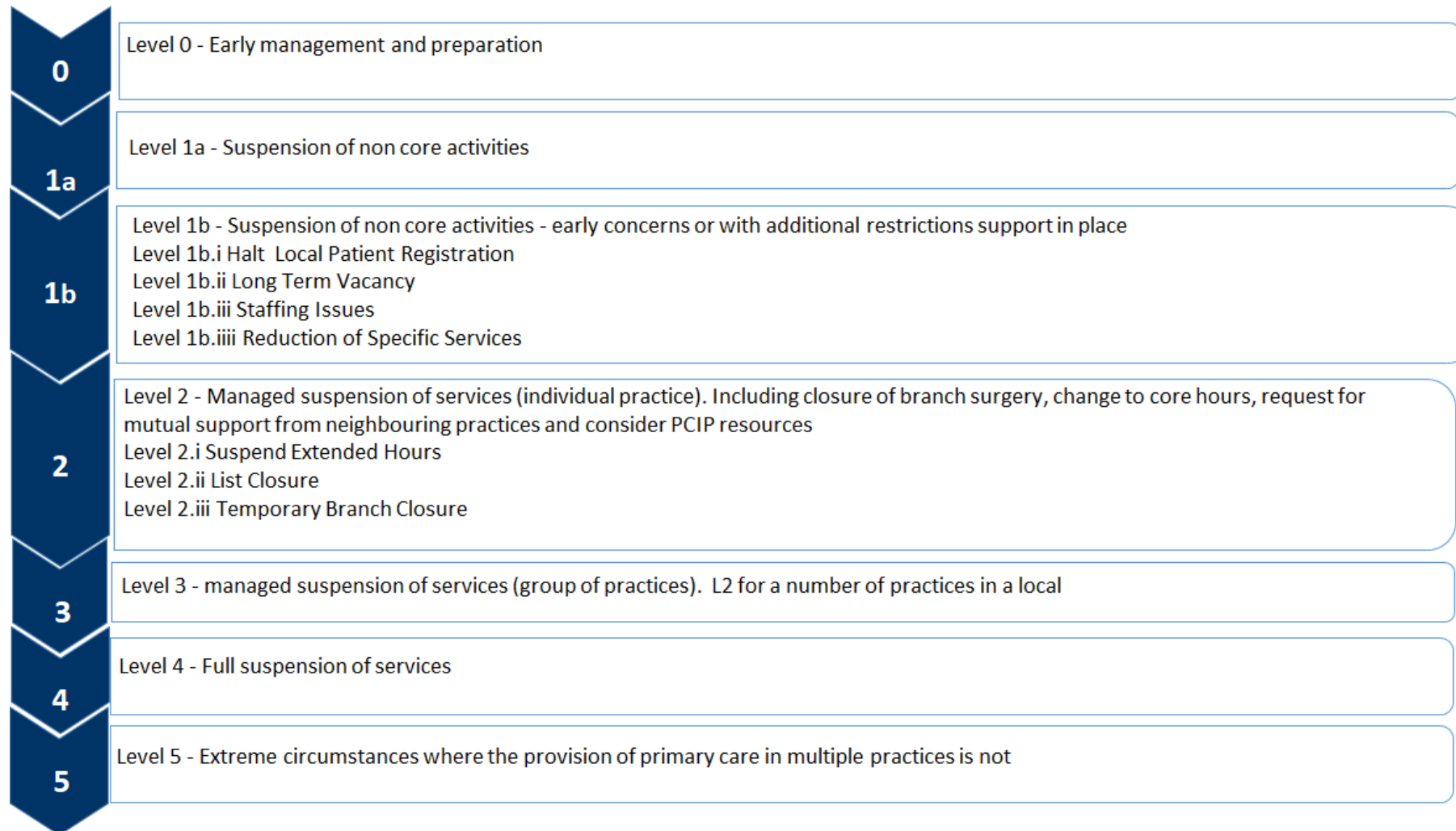
E HEALTH DEVELOPMENTS



ESCALATION FRAMEWORK  
& SUSTAINABILITY  
WORKPLAN

# Primary Care Action Plan – *Action 1: Supporting sustainability of primary care services* Most recent GP escalation levels as at 07/10/24

		Level 0	Level 1a	Level 1b	Level 2	Level 3	Level 4	Level 5	List Closures
Glasgow City	139	0	95	37	7	0	0	0	6



# 3. Taking Forward the HSCP Strategic Priorities

## Primary Care Action Plan – *Action 2: Delivering on the commitments in the 2018 GP contract*

Vaccination Transformation Programme (VTP)	Pharmacy	Community Treatment & Care Centres	Urgent Care	MSK Advanced Practice Physios	Mental Health	Community Link Workers (CLW)
<ul style="list-style-type: none"> <li>• Ongoing service dev to support sustainable service</li> <li>• Public Health Scotland (PHS) visit – Excellent feedback re uptake rates &amp; engagement work to improve uptake (staff &amp; public).</li> <li>• Mobile vax bus used to target areas of lower uptake</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacy Hubs</li> <li>• Skill changes</li> <li>• Growing our own staff</li> <li>• Digital solutions/ options (testing Zendesk)</li> <li>• Ongoing QI activities: Practice educator programme; COPD project; Lidocaine.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Phlebotomy Test of Change (TOC):</b> Weekend Pilot/ In-reach proof of concept</li> <li>• <b>Treatment Room QI:</b> Leg Ulcer clinic/ B12 injections/ Sayana Press</li> <li>• <b>Single Point of Access:</b> Development of QR code to support access</li> </ul>	<ul style="list-style-type: none"> <li>• Full recruitment to team with plan in place to support expansion back to all 5 HSCP homes</li> <li>• Introduction of Scottish Care Information (SCI) gateway referral pathway to facilitate GP referrals to team</li> </ul>	<ul style="list-style-type: none"> <li>• Development of web based self-management support and self-referrals pathway</li> <li>• Trialled hosted practice model – requires singular IT sys</li> <li>• Review of back pain pathway to streamline patient journey &amp; simplify process of referral from primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Recommissioned Mental Health Services: Life Link, Compassionate Distress Response Service (CDRS) and Youth Health Service</li> <li>• Within Lifelink in Q1 24/25: <ul style="list-style-type: none"> <li>○ 1,622 referrals</li> <li>○ 4,310 counselling appts</li> <li>○ 1,811 pple supported</li> <li>○ 77 wellbeing classes with 970 attendees</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Recommissioned CLW service</li> <li>• Q1 24/25 stats: <ul style="list-style-type: none"> <li>○ 10,562 appts</li> <li>○ Av time referral to contact 2 days</li> <li>○ Av time referral to apt 8 days</li> <li>○ Evidence of wellbeing improvement for patients</li> </ul> </li> </ul>

# 3. Taking Forward the HSCP Strategic Priorities

## Primary Care Action Plan – *Action 3: Supporting Quality Improvement (QI) in Primary Care*



### 1. Build evidence to understand local and national context & ensure connection

- 9 GP Practices and 4 GC HSCP Teams signed up for Health Improvement Scotland Primary Care Improvement Collaborative.
- Supporting NHSGGC Quality Improvement Network - Shared Primary Care platform being developed.
- Mapping of QI work across GP clusters.



# 3. Taking Forward the HSCP Strategic Priorities

## Primary Care Action Plan – *Action 3: Supporting Quality Improvement (QI) in Primary Care*



**2. To develop a culture of continuous improvement across primary care settings**

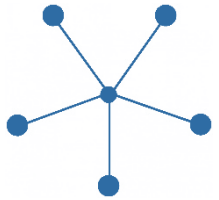


**3. Support delivery and spread of QI initiatives across Primary Care**

- Refresh of Cluster Quality Lead Job Description / job purpose.
- Learning from Primary Care Access Programme in 2023.
- Working with GGC Clinical Effectiveness Team to test a Rapid Improvement methodology.
- Ongoing support and enablement of QI across PCIP workstreams.

### 3. Taking Forward the HSCP Strategic Priorities

#### **Primary Care Action Plan – *Action 3: Supporting Quality Improvement in Primary Care***



#### **4. Share, scale and spread our learning and experiences**

- Launch of the NHSGGC QI Network as a virtual hub or one stop shop for QI Learning, training, sharing and networking for all primary care staff.
- Launch of PC Support Communication site with link to QI network hub on 31<sup>st</sup> October:  
[GGC Primary Care Support Communications Site - Home \(sharepoint.com\)](#)
- Testing approach in NE to support more effective sharing of QI across clusters/ between MDTs/ between practices.

## 3. Taking Forward the HSCP Strategic Priorities

### Examples of wider work being progressed by colleagues in primary and community health care

- **Podiatry:** Digital technology and telecare to reduce need for face-to-face appointments, group education for foot care, supporting waiting well and supported self-care.
- **Family Well-being:** Piloting a national Whole Family Well-being Fund through Primary Care, an innovative family well-being service with 12 Deep End Practices (2024-26). Family Well-being Support Workers in participating practice and wrap-around interventions.
- **Health Inequalities:** Delivering financial advice 1-day wk/fortnight (Welfare Advice in Health Partnership) in 79 practices. 2024, Q1 1,259 referrals gains equating to £1,872 per patient supported.
- **Community Optometry:** 387 optometrists in GGC, 118 are Independent Prescribing (IP) Optometrists, the number is increasing each year. On-going roll out of Community Glaucoma Service.
- **Community Pharmacy:** Delivery of flu vaccinations and provision of Buvidal (200 patients). 148 Independent Prescribers in GG&C with 84 in Glasgow.

## 4. Future Service Plans and Challenges

### Future Plans

- Continue to implement our Glasgow City Primary Care Action Plan and NHS GGC Primary Care Strategy.

### Challenges

- Prescribing cost pressures and identifying efficiency savings.
- The Primary Care Improvement Fund (PCIF) allocation is not sufficient to fully implement the 2018 GP contract.
- The annual approach to the awarding the PCIF to IJBs, significantly restricts the ability of the HSCP to effectively plan and expand services. Magnified by the delays in receiving the PCIF allocation.
- Impact on independent contractors from financial challenges.
- Models of service do not allow us to address health inequalities in a broader sense.
- Responding to demographic trends, health inequalities and increasing needs/demands for primary care services.
- Lack of capital investment for primary care accommodation, lease assignments & sustainability loans.
- Interface with secondary care and waiting times for appointments.
- Public and stakeholder expectations of what can be delivered within the resource available.