

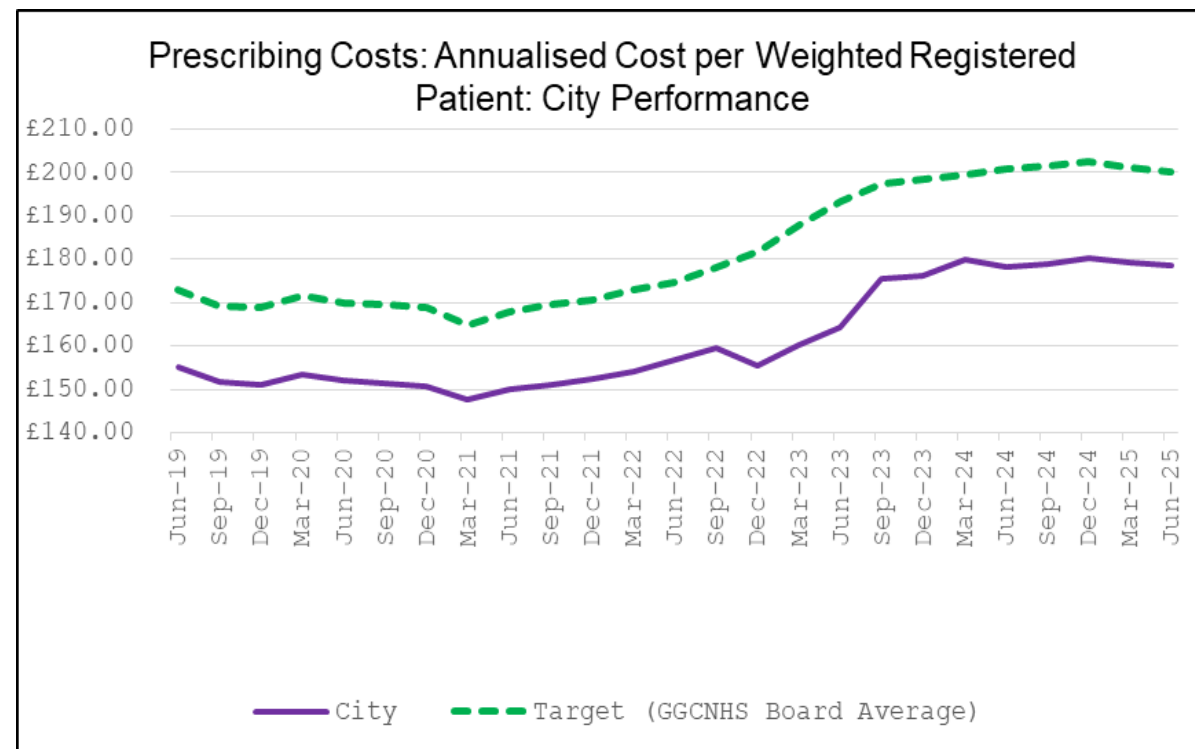
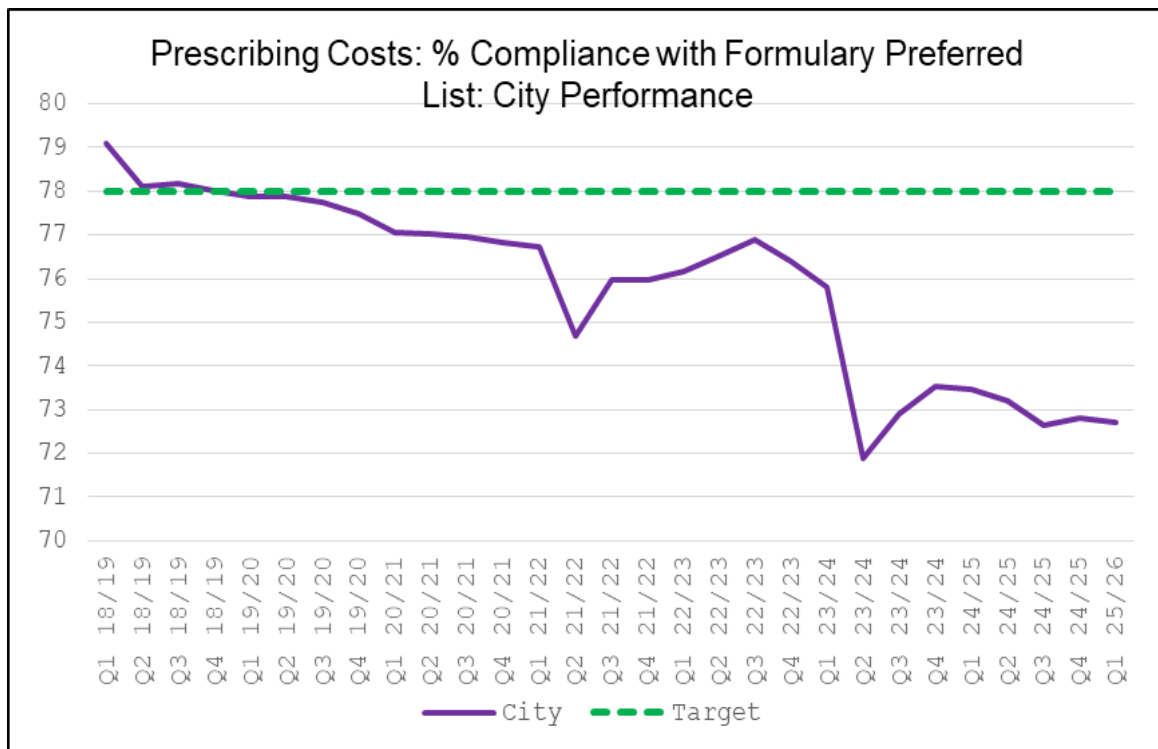
Primary Care Performance Update – Quarter 1 2025/26

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Key Performance Indicators – Summary

KPI	Target	Actual	Period	RAG Status	Direction in Last 12 Months
Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	72.72%	Q1 25/26	Red	Formulary compliance decreased
Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	£178.60	Q1 25/26	Green	Costs have increased

Key Performance Indicators – Trends



Performance Achievements & Areas for Improvement

Achievements

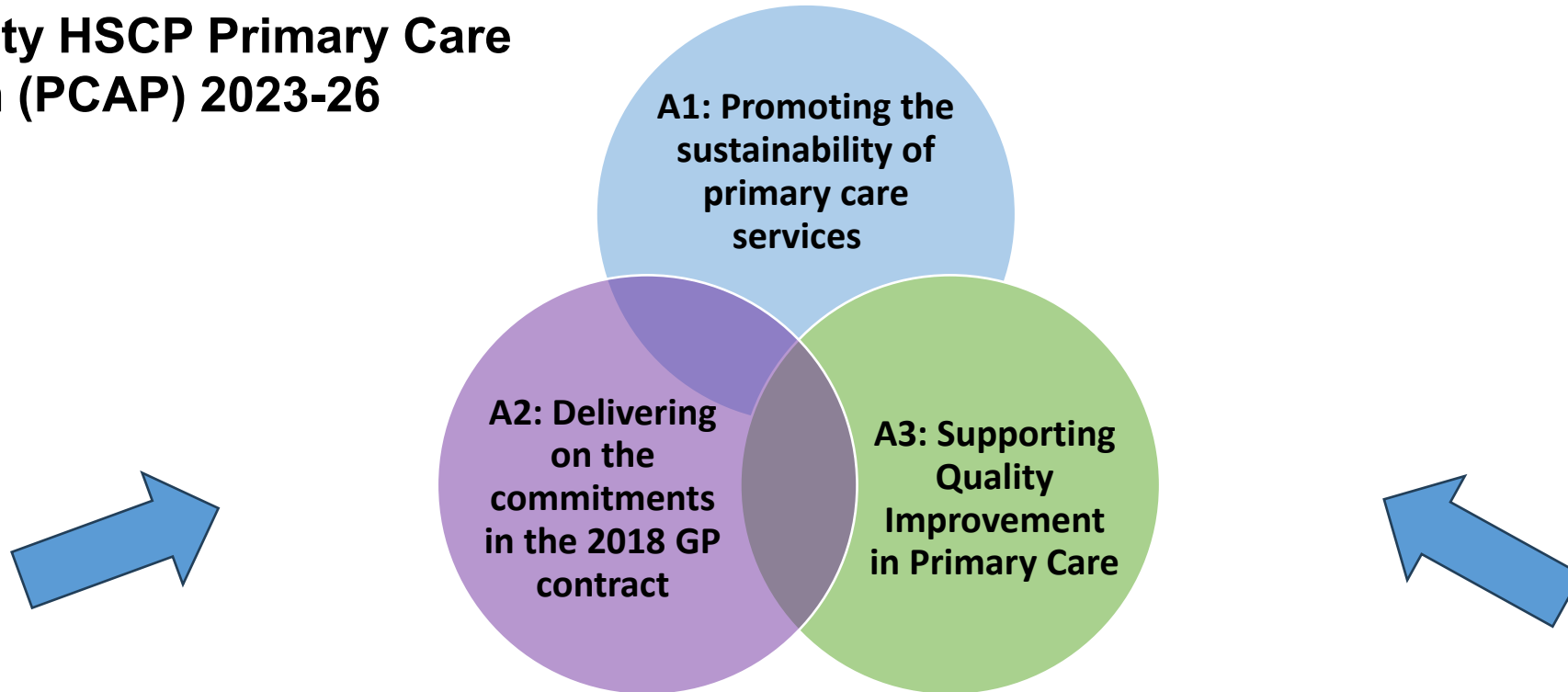
- 2504 Polypharmacy Reviews during Q1, with an annual target of 12,000 (Aiming for 100% uplift Year on Year)
- 2024/25 savings programme delivered £6.5m of savings
- 2025/26 Year To Date savings >£2m at Month 4

Areas for Improvement / Key challenges

- Ongoing prescribing expenditure pressures, including new requests for medicines of low or limited clinical value
- Reduced Working Week (177 hours to be lost citywide)
- Formulary applications/Requests for preferred list products

Taking Forward the HSCP Strategic Priorities

Glasgow City HSCP Primary Care Action Plan (PCAP) 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 HB and SG

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

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



PRIMARY CARE
ORGANISATIONAL
DEVELOPMENT PLAN



PROPERTY



COMMUNICATION &
ENGAGEMENT



E HEALTH
DEVELOPMENTS



NHS GGC PRIMARY
CARE STRATEGY &
ESCALATION
FRAMEWORK

3. Taking Forward the HSCP Strategic Priorities

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

Vaccination Transformation	Pharmacy	Community Treatment & Care Centres	Urgent Care	MSK Advanced Practice Physios	Mental Health	Community Link Workers (CLW)
• Ongoing service dev to support sustainable service • Boardwide Coms Group Established to coordinate coms and support increased uptake • Mobile vax bus used to target areas of lower uptake	• Pharmacy Hubs well established • Skill changes • Growing our own staff • Digital solutions – roll out of Zendesk across Glasgow City • Ongoing QI activities: Practice educator programme; COPD project; Lidocaine	• Phlebotomy: Added BP to house visits & planned Chronic Disease Measurement Pilot • Treatment Room: Est range of initiatives to support shared & self care e.g. B12 & Sayana Press/ Improved & accessible coms • Single Point of Access: QR code embedded to support access across city	• Full recruitment to team • Plan in place to support expansion back to all 5 GC HSCP homes by early 2026 • Improved and more accessible coms for practices, Care homes and staff	• Improved referral pathways from GP APP clinician to paediatric services & rheumatology • Demonstratable impact on reducing unnecessary referrals to orthopaedics and radiology • Completed back pain pathway to streamline patient journey & simplify process of referral from primary care	• Recommissioned Mental Health Services: Life Link, Compassionate Distress Response Service (CDRS) and Youth Health Service • Within Lifelink in Q1 25/26: ○ 1,371 referrals ○ 4,010 counselling appts ○ 1,7421 pple supported ○ 76 wellbeing classes with 709 attendees	• Recommissioned CLW service • Q1 25/26 stats: ○ 10,660 appts ○ Av time referral to contact 1.5 days ○ Av time referral to apt 7.3 days ○ Evidence of wellbeing improvement for patients (via SWEMWEBS score)

Taking Forward the HSCP Strategic Priorities

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



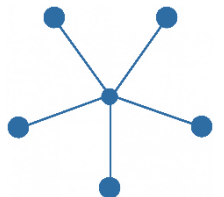
1. Build evidence to understand local and national context & ensure connection



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



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



4. Share, scale and spread our learning and experiences

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 practices and wrap-around interventions have supported 119 families in Q1 (409 children and adults)
- **Health Inequalities:** delivering financial advice 1-day wk/fortnight (Welfare Advice in Health Partnership) in 53 practices. 2025, Q1 1,178 referrals gains equating to £1,716 per patient supported
- **Community Optometry:** 562 optometrists in GGC (increase from 387 in 24/25) across 187 practices (170 in practice premises and 17 mobile practices to improve access), 163 are Independent Prescribing (IP) Optometrists (up by 45 from 24/25). On-going roll out of Community Glaucoma Service
- **Community Pharmacy (CP):** Significant efforts to increase number of Independent Prescribers in CP. Increase from 148 to 212 (43% increase) in GGC and 84 to 177 (111% increase) in Glasgow.

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, & 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 demands for services.
- Lack of capital investment for primary care in recent years has been a barrier to transformation
- Lack of traction with lease assignments & sustainability loans
- Need for senior leaders within the HSCP to spend time to in primary care and to understand it will be important, given that it is such a large proportion of our NHS services and key to our future strategy
- Interface with secondary care and waiting times for appointments
- Public and stakeholder expectations of what can be delivered within the resource available