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North West LEF Engagement Report: GP Services and Primary Care Plans and Out of Hours Progress

30 January 2020 in Albany Centre, 44 Ashley Street, G3 6DS

Introduction

On the 30 January 2020 in the Albany Centre, Robert Smith, chair of NW Locality Engagement Forum (LEF), welcomed representatives from NW LEF, 3rd Sector Projects and the wider community to an engagement event focusing on changes to GP services, the Primary Care Implementation Plan and the Review of Out of Hours.

GP Services and Primary Care Implementation Plans

Kerri Neylon, Clinical Director, NW Locality and Margaret Black, NW Locality, Primary Care Development Officer provided the meeting with a very informative presentation (attached) covering the background, challenges, changes to services and expected outcomes of the Primary Care Implementation Plan. The following comments and discussion points were noted:

- The demand and waiting times for physiotherapy services were too long.
- The allocation of Link Workers in Glasgow is based on deprivation but there isn't enough funding to provide a Link Worker for all the areas of need in Glasgow. Therefore areas with 'pockets of deprivation' such as Knightswood miss out. However the GP Clusters, especially those covering a more diverse patient population, are looking at the best use of the additional funding they are allocated and it may make sense to 'pool' resources to develop a service. These are discussion and decisions for GP Practices in the GP Clusters (7 – 8 GP Practices in each Cluster). Kerri advised that both Link Workers and pharmacy support can make a huge impact on a GPs time.
- It was agreed that it was an advantage when Community Pharmacists (local chemists branches of Boots, Lloyds, etc) who are Independent Contractors, had space for a consultation room/facilities in their shop.
- There was a discussion on the role of physiotherapist and referral pathways into other services. It was noted that a full assessment by a qualified practitioner was the best way to determine the correct course of treatment.

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- There needs to be investment in a range of services such as, community supports to managing self care, encouraging exercise etc, to reduce reliance on anti depressants but GP's also need time 'within practice' to discuss options and supports that patients can access. The additional staff and multidisciplinary teams should help create time for GP's to spend time with patients with more complex needs.
- Link Workers 'map out' what community and voluntary services and supports are in their area. Building up knowledge and sharing information is a really important aspect to improving access to services and support for patients. Information about Waverly Care Support and Outreach Project will be circulated to all the Link Workers and GP's in NW Locality.
- An example was provided where a patient phoned into the GP for a repeat prescription however the prescription was not forwarded to the Community Pharmacist. It took 3 days, a lot of phone calls and a number of visits to the Community Pharmacist before the prescription was send by the GP Practice. This was not an isolated incident as other patients were experiencing the same delay. There needs to be better system/communication between GP Practices and local Community Pharmacist.
- There were worries expressed about increasing demands on GP Practices and that those patients with severe, enduring and multiple health concerns were least able to access the time and support of the GP. Kerri advised that investing in multi-disciplinary teams would hopefully 'free up' GP time in order to tackle health inequalities and support the patients most in need.
- There were a number of comments about the need for a general education campaign for the public on 'what health service to access and when'.
- There were concerns about the utilising the 'mish mash' of independent contractors. There were comments that some opticians are focussed on selling spectacles and some dentists seem to prioritise cosmetic treatments and that it is difficult for members of the public to know which practice to choose.
- As GP Practices change and develop so will the role of the receptionist and all the practice staff who will all become more knowledgeable and proactive at signposting patients to services. Additional training of all practice staff is ongoing and the education of the public on 'what to expect from your GP Practice' was noted. It was noted that leaflets / materials need to reflect that levels of literacy across the city are not high.
- It was noted that the physical health needs of people who have mental health issues can be neglected. There has been some inprovement in this regard with the introduction of a Physcal Health Policy, and it is hoped that as the new GP contract takes effect, it will be become much more usual to have 15 minute appointments with GPs and this should be helpful for more complex consultations.
- The introduction of the new contract will be evaluated both locally and nationally.

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- There was discussion of the lack of GP facilities in the city centre and that this reflects that until recently, there were few people living in the centre of the city. There are GP practices based in the Townhead Health Centre at the Glasgow Royal Infirmary, and in Argyle Street and St George's Cross.

Review of Out of Hours – Progress Update

Kirsty Orr, Planning Manager, Review of Out of Hours Services (OOH), provided the audience with a presentation on the work that has been undertaken so far in relation to the Review of Out of Hours Services. (attached)

The review covered the whole of the Greater Glasgow and Clyde Board area and encompassed a number of services across the Health and Social Care Out of Hours system including: Home Care; District Nursing, Mental Health Services, Emergency Social Work and GP Out of Hours service. After the scoping and mapping exercise and several development sessions with all the key partners the recommendation was to create a professional facing Urgent Care Resource Hub (UCRH). It was agreed that Glasgow City's HSCP would be the first to set up UCRH as Glasgow 'hosted' a number of Board wide OOH services. A location has been identified and is expected that the UCRH will 'go live' in the summer of 2020.

The UCRH is a professional facing development which should deliver a more streamline and co-ordinated OOH service to the public as there will be co location of some teams, linked IT systems and skilled call handlers. It is also anticipated that co-ordination between OOH services and 'daytime' services will improve along with closer links with 3rd sector provision in the community.

How patients and carers access OOH services will not change.

The following comments and discussion points were noted:

- Edinburgh Gateway is a good example of a single point of access to information and services for patients and service users.
- Kirsty reassured the audience that this review is not about a reduction of teams or services it's about better co-ordination and integration of exiting services. The review will also contribute to sustaining services as in recent years it has become increasingly difficult to recruit and retain staff to Out of Hours services and teams.
- There was reassurance that GPs would still provide home visits as required – the GP OOH service will be part of the UCRH.
- It was noted that the 3rd and voluntary sector projects and service have had cuts in budgets and funding over the last few years and find it difficult to meet demands. Kirsty advised the meeting that the HSCP had identified a sum of money which would be invested in 3rd and voluntary sector projects as part of the 'Maximising Independence' work stream.

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- There were a number of comments on 'when does the public know who and when to contact' for support especially 'out of hours'. It was agreed that information on where and how to access services needs to be accessible in order to reach patients and public with poor literacy skills, disabilities and for patients whose first language is not English etc.
- There will not be a change in telephone numbers of OOH services – the contact number for the Crisis Team will not change but the response will be better co-ordinated as many of the OOH teams and service will be co-located and virtually co-located via the new UCRH.
- The audience were reassured that a communication plan was in place for both the 'lead in' period and the launch of the UCRH – all key partners and services identified would be notified.
- The audience were reassured that the new UCRH would have access to interpreting services as normal.
- Support for people or carers affected by Learning disabilities would be covered by the UCRH during the out of hours periods.
- The GP Out of Hours Service was included in this review as maintaining GP OOH's services in recent years it has become increasingly difficult. The ability to recruit and retain GP to staff the Out of Hours service had been difficult resulting in the closure of some of the GP OOH services. Additional staff capacity and management support had been allocated to address this problem and attract GP's into the services. Employing salaried GPs the OOH service was being looked at as an option.

The meeting finished with a discussion on the need for additional support for carers and the suggestion of the HSCP providing the carers with a basic carers kit to support personal care and that Carers Services keeping in regular contact with known carers.

Robert thanked the speakers and audience for their participation in an informative and lively discussion.

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Appendix 3 – Attendance

NAME	ORGANISATION
Mariegold Akomode	Waverley Care
Andy Bell	NW Carers Team – Glasgow HSCP
Catherine Benton	Jordanhill Community Council
David Cowan	Merchant City and Trongate Community Council
Sadie Gordon	NW LEF
Alan Gow	NW LEF
Rita Hepburn	NW LEF
Mohammed Jamil	NW LEF
Anne Kilgour	NW LEF
Margaret Lance	Waverley Care
Elizabeth Lochrie	Glasgow City HSCP
Derek Manson-Smith	Woodlands & Park Community Council
Margaret Muir	Marie Curie
Gillian McCamley	Community Connectors – GCVS
Alan McDonald	NW LEF Member
Peter Goodwillie	(PA)
Gordon McInnes	NW LEF & MHN
Morag McKerrell	Broomhill CC
Mary Angela McKenna	Glasgow City HSCP
Thomas McKinlay	Local Resident
Raylene McLaggan	NHS GGC
Winnie McPhail	NW LEF
Mary McShane	NW LEF
John McVicar	NW LEF
Dr Alan Rodger	Community Representative
Mags Smith	NHS GGC
Robert Smith	NW LEF
Lillian Woolfries	NW LEF Member
Ellen Wright	High Knightswood & Anniesland Community Council
In Attendance	
Margaret Black	Glasgow City HSCP
Kerri Neylon	Glasgow City HSCP
Kirsty Orr	Glasgow City HSCP
May Simpson	Glasgow City HSCP

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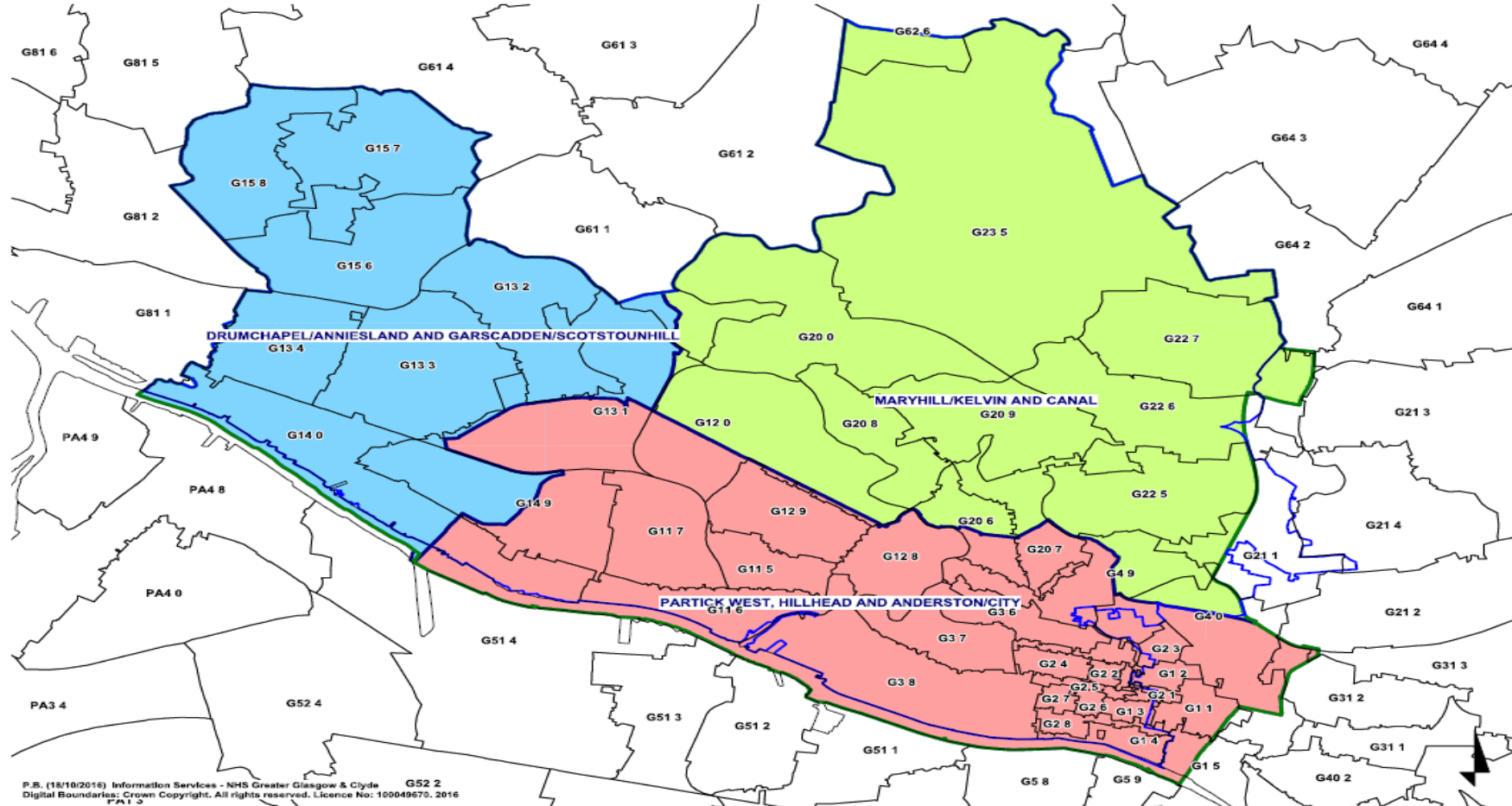
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Primary Care Improvement Plan
NW Local Engagement Forum
30th January 2020

What does the NW look like?

- Covers the area from Drumchapel to Possil, and from Yoker to the city centre
- More than 50 general practices and about 270,000 patients
- Approximately 60 dental practices, 55 community pharmacies and 40 optometry practices
- More patients than residents – and many students
- Areas for affluence and areas with great deprivation

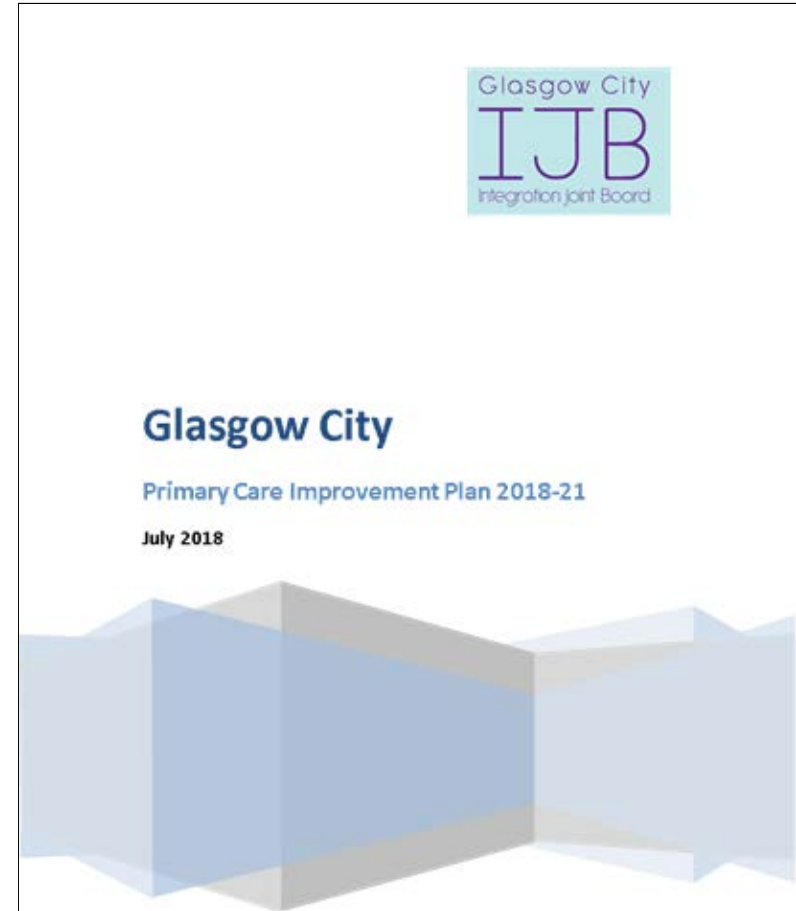
What does the NW look like?



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PRIMARY CARE IMPROVEMENT PLAN Update on progress January 2019

Kerri Neylon
Clinical Director
Glasgow City Health and
Social Care Partnership -
NW



Background

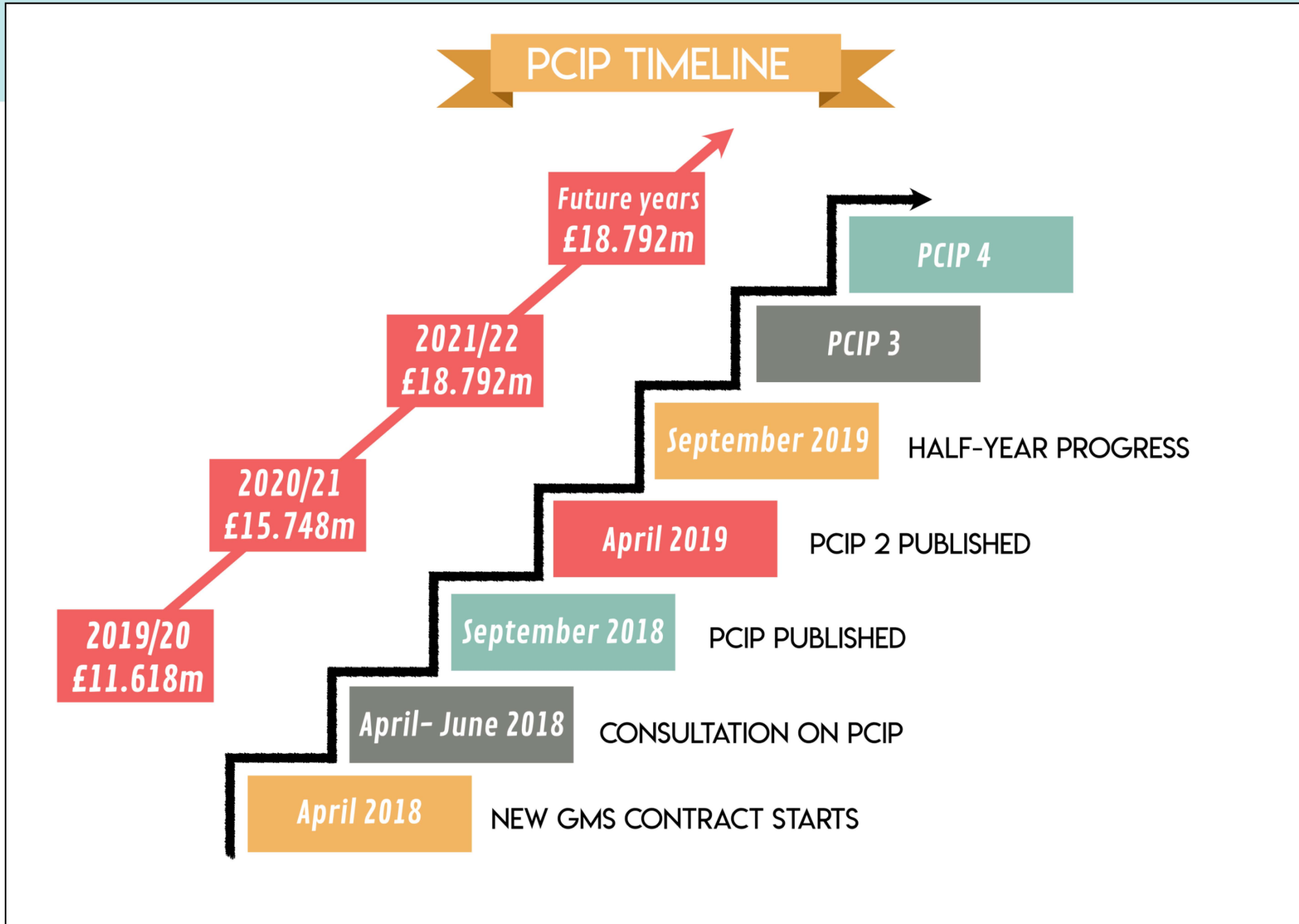
- The Primary Care Improvement Plan for Glasgow City HSCP was jointly developed in collaboration with our GP colleagues. It aims to enable development of the expert medical generalist role by reducing GP and practice workload.
- The plan provides a city wide overview of how the necessary work would be implemented in the city.
- It is expected that overall there will be an additional 450 staff or thereabouts providing support and care for patients
- Our aim is that there is a fair distribution of support across the three city localities, clusters and practices and that as much as possible of the decision making should happen locally

Multi-disciplinary Team Working (MDTs)

- What we are describing represents a significant change in general practice
- We need to ensure that patients can access the right professional at the right time .
- Teams will be based in or near to GP practices, and may be working with either individual practices or groups of practices.
- Need for good communication with patients – people will be aware of a different approach when they contact their practice
- We have experience (from Inverclyde, Govan SHIP and other initiatives) and are trying to learn from it

What will this mean for patients?

- Change will happen bit by bit – no “big bang”
- Some of the change will be longer term as enough of the staff needed are not yet available/trained
- Emphasis will be on patients seeing the person who is most able to help them first/sooner
- Sometimes that will be within the practice, sometimes it may be in another local setting
- GP time will be more focused on people who need to see a GP (less of them/more time for each)



The allocation of new staff

- The new staff will include pharmacists, physiotherapists, mental health workers and others
- Locality Primary Care Implementation Groups will work to agree the way in which the resources are allocated to practices
- Account will be taken of the resources that practices already have and and practical issues such as space
- Workstream leads for the different staff groups will work with the groups to share learning of what is working and the potential plans for recruitment of new staff
- We will be in touch with practices about the allocation of resources

Workstreams

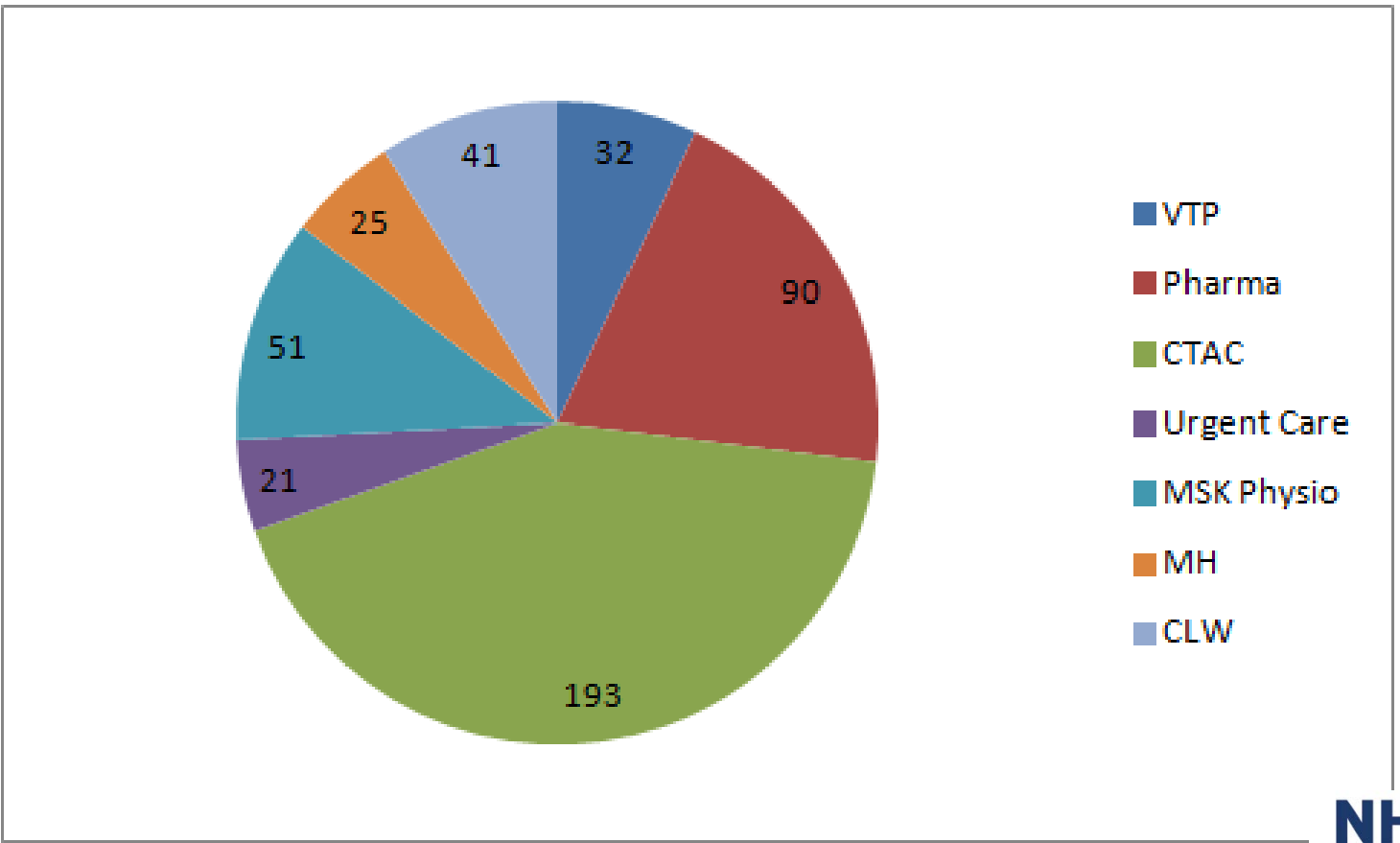
- Pharmacotherapy
- Vaccinations
- Urgent Care
- Community Links Workers
- Community Treatment and Care
- Multi-disciplinary teams



- Infrastructure
 - Premises
 - ICT
- Collaborative leadership and learning
- Sustainability
- Communication and engagement

Professions that will make up the increased workforce (planned)

VTP	32
Pharma	90
CTAC	193
Urgent Ca	21
MSK Physi	51
MH	25
CLW	41



Vaccination Transformation Programme

- **Pre 5 routine** - now provided at community-based clinics, including in the NW
- **2-5 year olds flu** - pilot in 10 community clinics for 45 GP practices this winter – NW was included in the pilot
- **Maternity** – now being offered by midwives across the city
- **Housebound over 65 year old flu** - provided by community nursing teams for all practices
- **Community pharmacy for opportunistic flu pilot** – from Nov - 184 signed up, including in the NW.
- **Adult** – currently working on plan for this to be delivered in the community
- **Travel** – being developed nationally

Now more than 60 practices with full/partial allocation of pharmacists & pharmacy technicians.

Plan that all practices, including in the NW, will have input by the end of the second quarter of 2020

- Working with different models to make sure we have the level of skill for the tasks being undertaken
- May be affected by recruitment rates, maternity leave and new staff coming from different backgrounds – for example, having worked in hospitals

Urgent Care

- Advanced Nurse Practitioners (4.6 whole time equivalent) now working with the HSCP residential care homes – reducing calls to practices and house call requests. This includes Victoria Gardens and Hawthorn House.
- Potential for paramedics to do urgent house calls
- Re-direction posters delivered to > 100 practices

Glasgow City HSCP

	<ul style="list-style-type: none"> • coughs and colds • sore throat • indigestion • diarrhoea or constipation • aches and pains 	Pharmacist
	<ul style="list-style-type: none"> • tooth pain • swelling to your mouth • painful or bleeding gums • injury to your mouth • advice on oral hygiene 	Dentist
	<ul style="list-style-type: none"> • blurred vision • irritated eyes: sticky or red eye • sudden change in vision 	Optometrist (Ophthalmic Optician)
	<ul style="list-style-type: none"> • For advice on muscle, joint or back pain please visit: www.nhsinform.scot/illness-and-conditions/muscle-bone-and-joints • If you need further help you can self-refer to Outpatient Physiotherapy Dept. (Adults only). Self-referral forms available from GPs and Physiotherapy Depts. 	Physiotherapist
111	When your GP and local pharmacy are closed, and you are too ill to wait for them to re-open, call 111	NHS 24 111
	Contact the Podiatry Service Referral Management Centre for ALL clinical foot & ankle problems on: <ul style="list-style-type: none"> • 0141 347 8909 • 8:00am – 8:00pm Mon-Fri • 9:00am – 1:00pm Sat (NHSG&C Podiatry Service does not provide Personal Foot Care)	Podiatry
	<ul style="list-style-type: none"> • cuts and minor burns • sprains and strains • suspected broken bones and fractures 	Minor Injuries Unit
	<ul style="list-style-type: none"> • suspected heart attack or stroke • breathing difficulties • severe bleeding 	999 or A&E
	<ul style="list-style-type: none"> • For any other illness that won't go away • Monitoring and management of on-going conditions 	GP Practice and GP

Know Who To Turn To
 For services near you visit: www.knowwhototurnto.org








Community Links Workers

- Community Link Workers support patients to improve their wellbeing and connect with local community groups and organisations.
- Funding available for 41 posts – 38 now in post in practices; there will be CLWs who have a thematic role – for example with the Youth Health Service and with asylum seekers
- Continue to raise the need for additional funding with the Scottish Government – focus is on practices in the areas of highest deprivation and 7 practices in the NW have such a worker

Community Treatment and Care

- **Phase 1 - Phlebotomy**

- 59 HC practices have access to treatment room and phlebotomy (pre-existing services)
- Anticipate that all non-HC practices will have access to phlebotomy for planned bloods in the coming months, including in the NW
- Single Point of Access now being introduced – patients will be able to make an appointment for the site in the city that is most convenient for them

- **Phase 2 treatment & care**

- Additional rooms have been identified – but space is a challenge
- Will be providing a service for all practices
- Time scale is longer than for phlebotomy

Multi-Disciplinary Teams (MSK Physio)

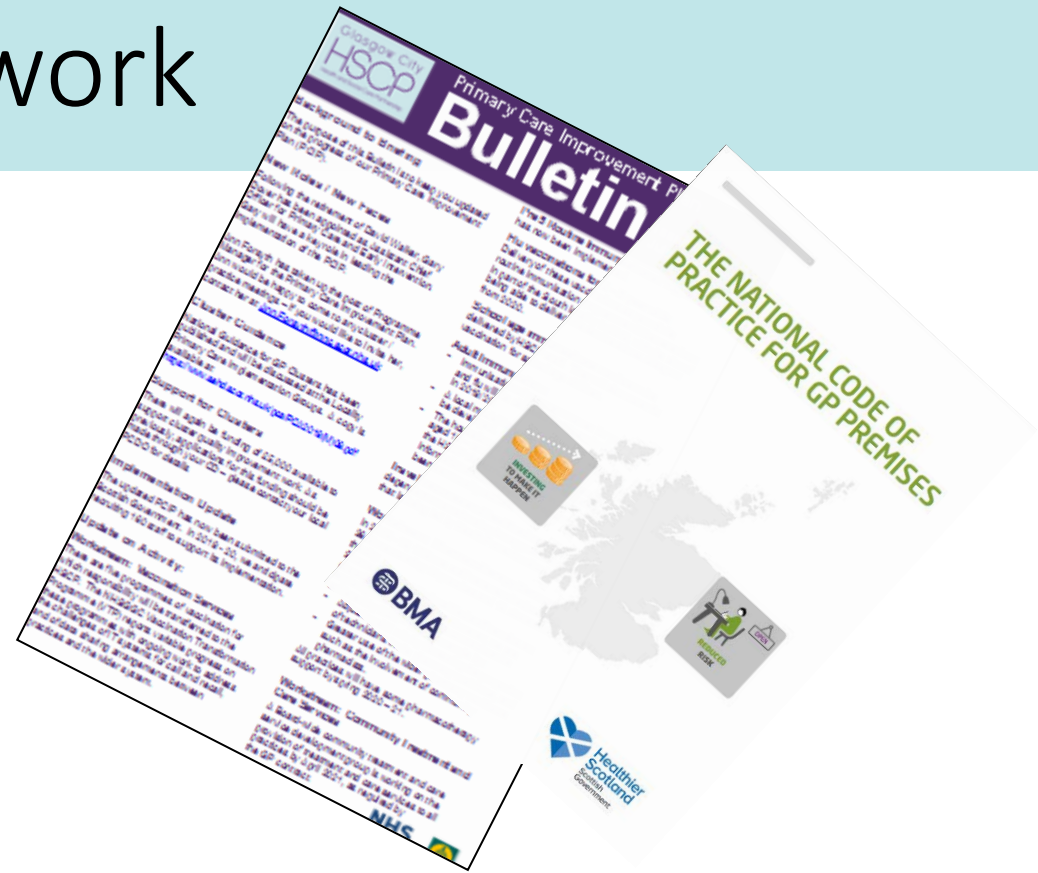
- Currently c 9 new MSK physios working in practices across the city
- More will be coming into post soon
- 5 practices in the NW currently have a physiotherapist working with them , and this will probably increase very soon
- About to test a way of sharing this resource amongst small practices – this test will be in the NW
- As with other professional groups – there are limits to the number of trained and experienced physios to recruit

Mental Health and Well-being –

- Significant work has been undertaken to understand current need
- A number of pilot projects are started or planned – in relation to bereavement, patients attending the GP with stress or distress, promotion of physical activity for its mental health benefits and so on, additional services from Lifelink.
- Some of this pilot work will take place here in the NW

Supporting work

- Premises
 - Back scanning
 - Survey – both local and national
 - Health Centres
 - GP premises



- ICT
- Collaborative Leadership and learning – package of support
- Sustainability
- Communications



And finally...

- Takes time to implement – not all practices and so not all patients have seen new staff or services available
- Strong commitment to implement the contract and to working with GPs and the Local Medical Committee to make it successful
- We are acutely aware of the pressures on general practice
- Huge amount of work going on and thanks are due to HSCP staff and to practices for what they are doing to make this all work





Greater Glasgow and Clyde Health and Social Care Out of Hours (OOHs)

West Dunbartonshire
Health & Social Care Partnership



Strategic Context

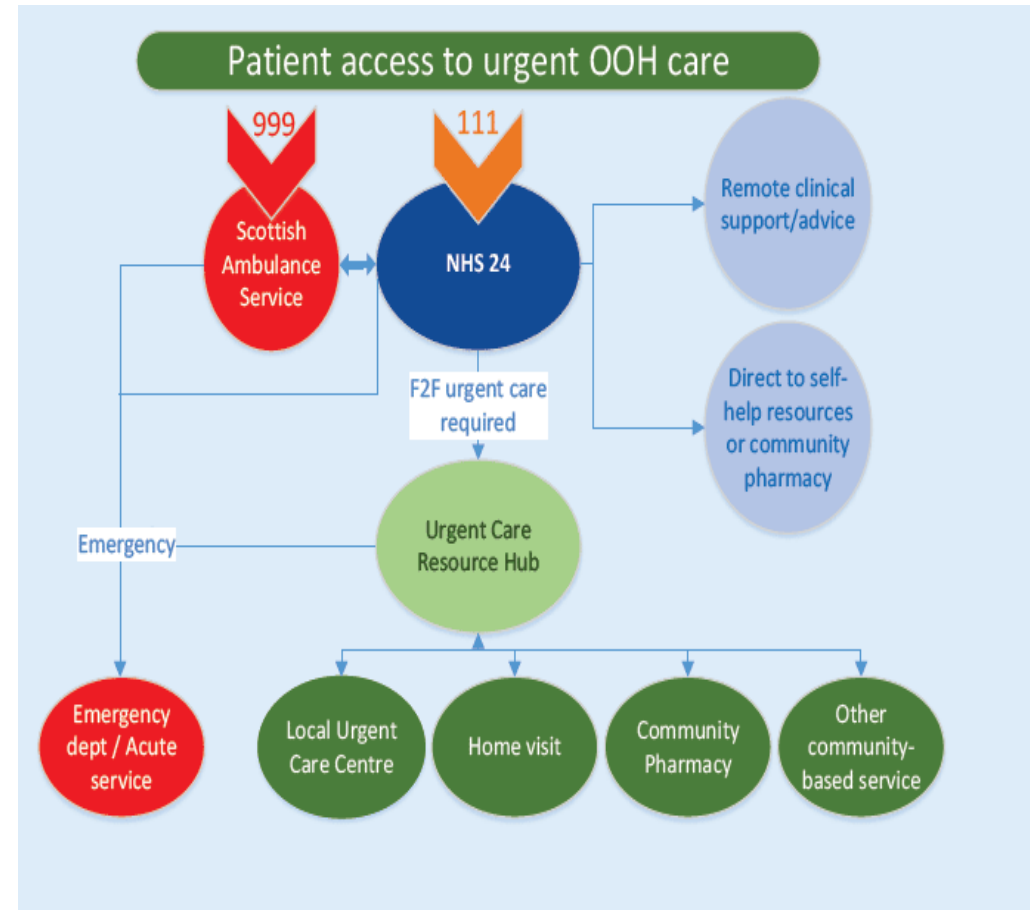
Pulling together: transforming urgent care for the people of Scotland

The Report of the Independent Review of Primary Care Out of Hours Services

Main Report

For more information on the National Review, please visit the Scottish Government website:

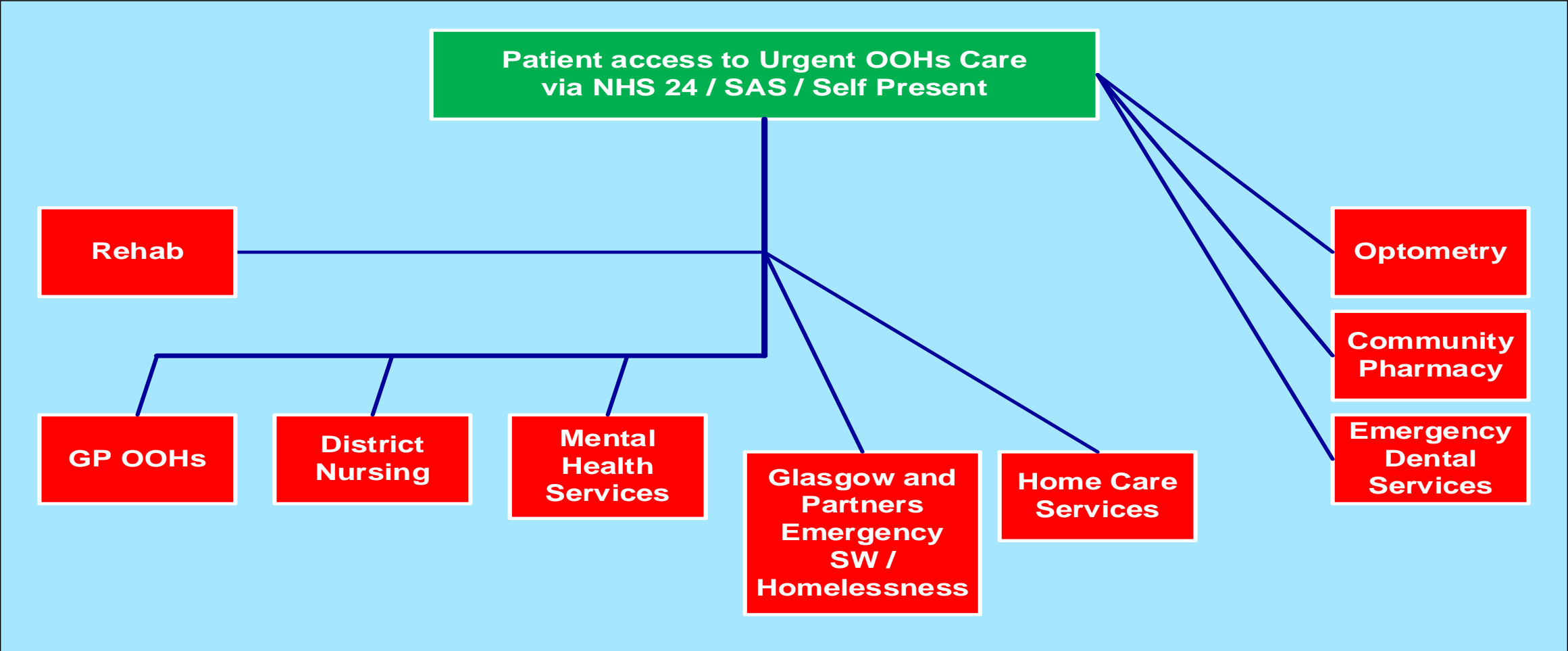
<http://www.gov.scot/topics/health/services/nrprooh>



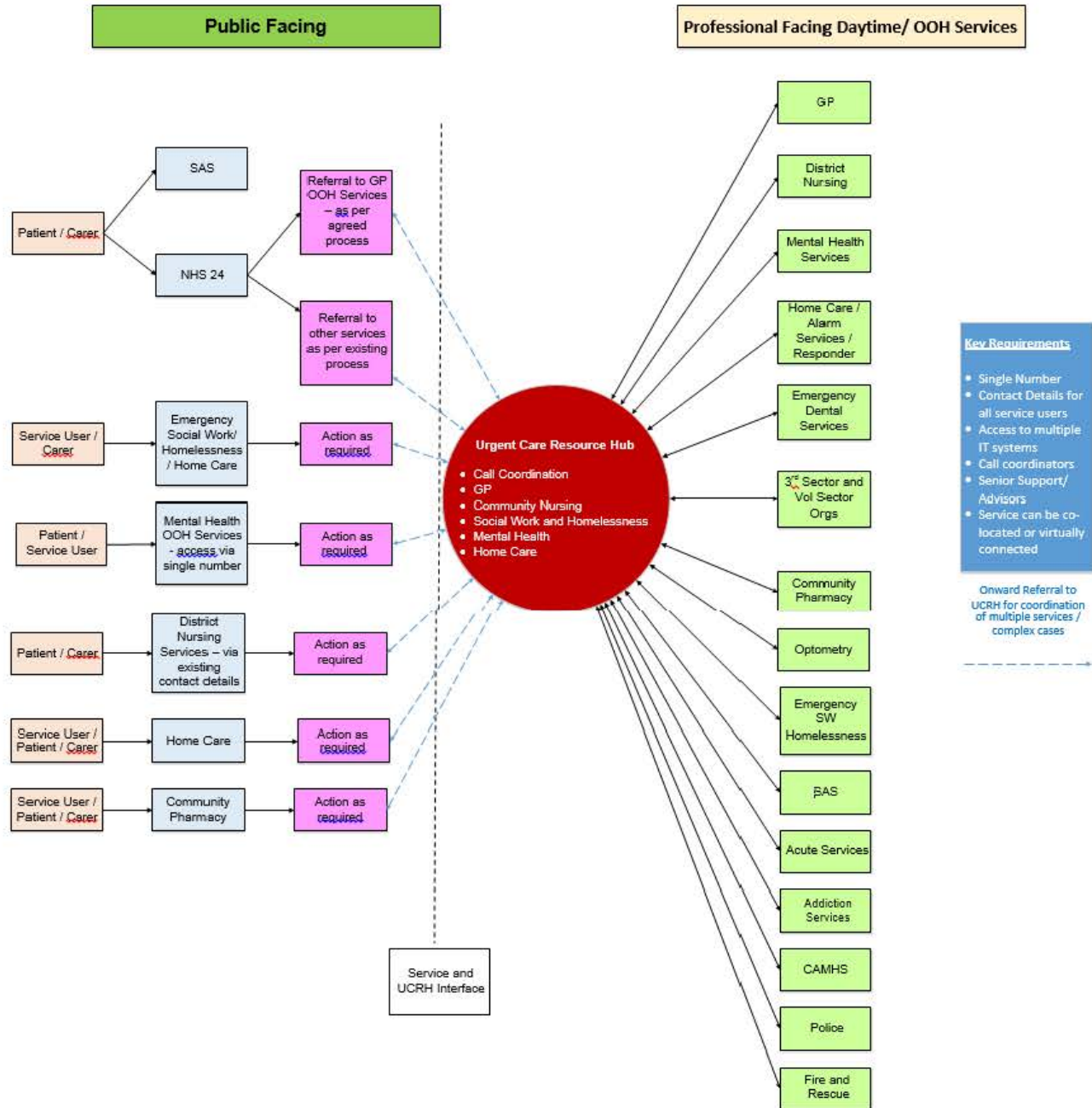
Greater Glasgow and Clyde Review

- A review of the OOHs services across the Health and Social Care System commissioned
- Commissioned by the 6 HSCPs and led by Glasgow HSCP
- 2 year programme – commenced September 2017
- Programme aim: to develop a more streamlined, integrated and efficient provision of HSCP Out of Hours Services for Greater Glasgow and Clyde

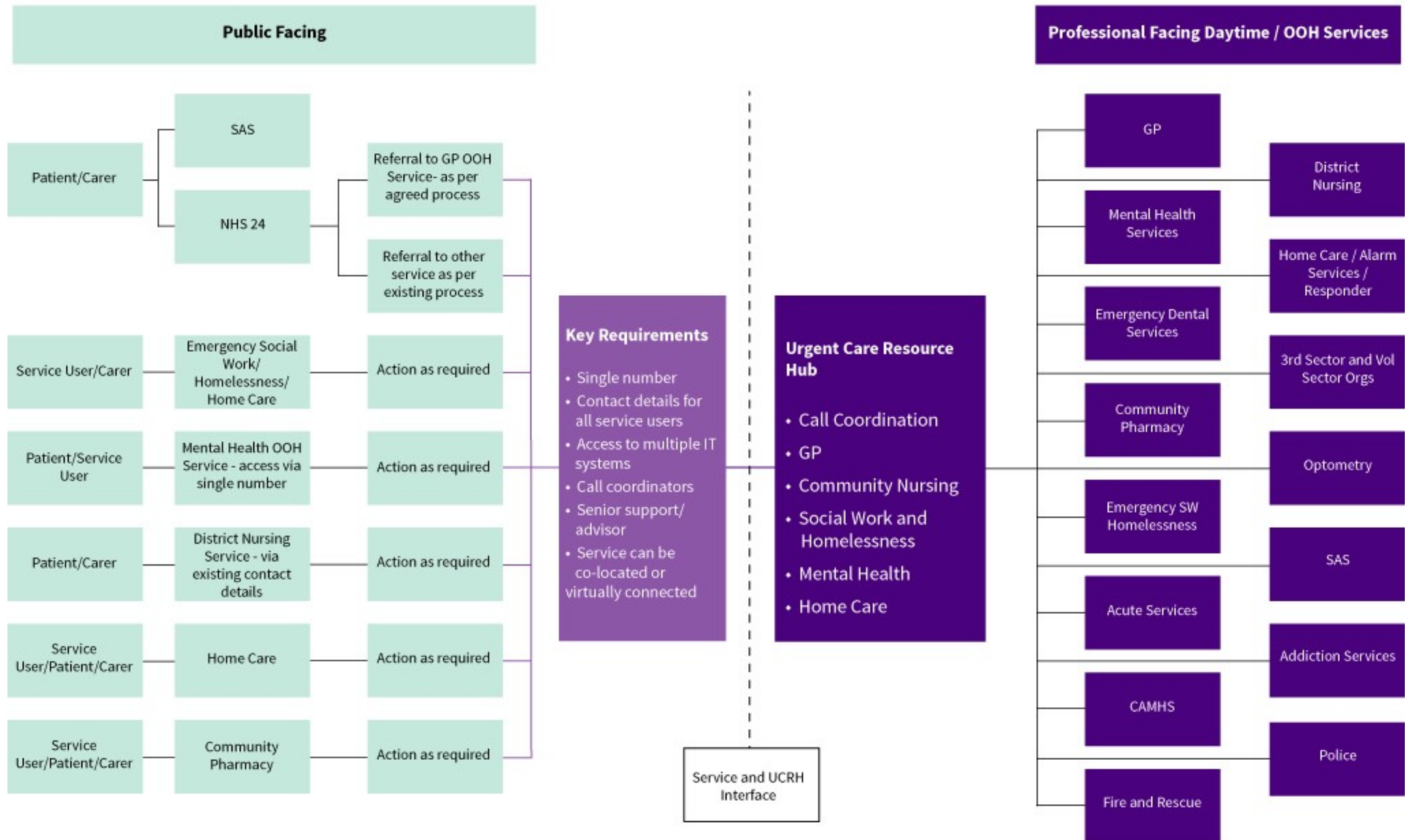
Current Configuration – Health and Social Care OOHs Services



Health and Social Care Services and Urgent Care Resource Hub Interface



Health and Social Care Services and Urgent Care Resource Hub Interface



URCH Implementation Progress

- Agreement that Glasgow City's HSCP Urgent Care Resource Hub will be implemented first
- Glasgow City UCRH location identified
- Go Live Summer 2020
- Developing the "to be" state across the system – planning and agreeing on how it will work

Glasgow Greater Clyde Urgent Care Resource Hub and satellite Model

