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Agenda Item: 17.

Integration Joint Board

Date of Meeting: 3 October 2018.

Subject: Primary Care Improvement Plan 2018-2021.

1. Summary

1.1. This report introduces the Primary Care Improvement Plan.

2. Purpose

2.1. To present the revised version of the Primary Care Improvement Plan for consideration and approval.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Consider the Primary Care Improvement Plan, attached as Appendix 1 to this report.

3.2. Seek assurances that we are complying with the Memorandum of Understanding associated with the new GP Contract

4. Background

4.1. Following the Board meeting held on 27 June 2018, the Primary Care Improvement Plan has been updated through collaboration with both the GP Sub Committee and the Local Medical Committee. It is recognised both locally and by Scottish Government that each board area is still working through the changes outlined within the GP Contract. It is important therefore to note that this plan is dynamic and will be adapted going forward.

4.2. The GP Sub Committee and the Local Medical Committee approved this Plan on 19 September 2018.

5. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	No.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.
Promoting equality: To encourage services to provide equal opportunities for everyone.	No.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	No.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	No.

6. Resource implications and identified source of funding

6.1. The Scottish Government is investing a total of £45.750 million in the Primary Care Fund in 2018/19. Allocation is calculated using the NRAC formula and as the smallest board it could be argued we are disadvantaged by this.

6.2. The Primary Care Improvement Fund is a successor fund to previous funded initiatives including:

- Pharmacy Teams in General Practice.
- Vaccination Transformation Programme.
- Primary Care Transformation Fund.
- Community Links Workers.
- Mental Health Primary Care Fund.
- Pharmacy First.

6.3. The total funding for Orkney in 2018/19 is £220,000. This will be issued in two tranches starting with allocation of 70% of the funding (£102,028) in June 2018. The outstanding allocation will be released subject to a report on our anticipated ability to spend within our current year allocation.

6.4. Additional to the Primary Care Fund there is a separate fund around Section 15 of the Mental Health Strategy. This is to support employment of further mental health workers. It is important that we work collaboratively to ensure this links into the Primary Care Improvement Plan as part of this planning process.

6.5. Strictly as a planning assumption and subject to change Scottish Government has provided indicative figures of increased funding for the Primary Care Fund over the following 3 years. This would again be based on an NRAC formula. If this were to be delivered the funding stream for Orkney will increase as below:

- 2019/20 - £264,000.
- 2020/21 - £528,000.
- 2021/22 - £744,000.

7. Risk and Equality assessment

7.1. Failure to develop a Primary Care Improvement Plan would mean the statutory strategic planning responsibilities of the Integration Joint Board are not being delivered. There is a risk that the level of funding is insufficient to deliver the required changes locally to support the new contract.

8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	Yes.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Author

9.1. Maureen Firth, Head of Primary Care Services, Orkney Health and Care.

10. Contact details

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11. Supporting documents

11.1. Appendix 1: Primary Care Improvement Plan.

Primary Care Improvement Plan 2018-21

Orkney Health and Care

Contents

Foreword

This plan sets out the key elements for change in Primary Care services linked to the Scottish Government's new GMS Contract policy documents. It provides a high level outline of how the transformation will take place in Orkney and what we expect the final outcomes to be.

This is our first Primary Care Improvement Plan and it will link with the new Orkney Health and Care strategic commissioning plan for health and care services, and other ongoing plans relating to improving Primary Care Services in Orkney. This plan is a dynamic document which will be updated as we move forward.

It is clear from initial discussions that the true cost of implementing plans to fully achieve all of the high level deliverables described in the allocation letter and Memorandum of Understanding will be significantly greater than the funding being made available. The nature of service delivery in remote and rural Orkney is such that economies of scale cannot be achieved in a way that is possible in urban areas. It is likely that our plans will need to be significantly curtailed to contain costs within available funding. This will inevitably run the risk of restricting what can be achieved and could result in outcomes falling short of expected high level deliverables.

Introduction

NHS Orkney Health and Social Care Partnership (HSCP) known locally as Orkney Health and Care (OHAC) recognises the fundamental importance of Primary Care services in Orkney. This plan enables and supports transformation in the services, initiating new work streams and further developing work already underway to improve the quality of care delivery to the population.

The quality of services is key and ensuring that the plan supports changes to services which are provided in a safe, effective, recipient-centred, timely, equitable, and recovery-oriented fashion is paramount. We know that our services must change and we should grasp this opportunity to ensure they are aligned with future need.

The promotion of realistic medicine allows us to reframe care undertaken in partnership with patients and supports appropriate use of services. This is particularly important in this period of changing demographics, rising multi-morbidity and financial constraints of health boards and councils. Focusing on the “quadruple aim” approach of enhancing patient experience, improving population health, and reducing costs, whilst improving the work life of health care providers, will ensure a balanced approach.

The plan will enable local tests of change to occur to support General Practitioners to deliver expert medical generalist care in conjunction with multidisciplinary teams.

This plan will evolve over the next three years as we gather further information on current need and delivery, explore options and gain input from a range of stakeholders. Of note this plan is focused on elements related to the contract implementation rather than any broader changes in Primary Care services and should be read in conjunction with other local plans in particular the new strategic commissioning plan and the regional delivery plan.

Background

- On 13 November 2017 the new GP contract was published and this centres around four key documents:
- The Scottish GMS Contract Offer Document.
- The National Code of Practice for GP Premises.
- The National Health Service (GMS Contracts)(Scotland) Regulations 2018.
- Memorandum of Understanding (MoU) – to cover the transition period between 2018 and 2021.

The aims of the Scottish GMS Contract 2018 are to achieve sustainable funding to General Practice, achieve manageable workload for GPs, reduce risk associated with independent contractor status, improve being a GP and improve GP recruitment and retention.

There are particular challenges associated with implementing the new GP contract in remote and rural areas. The BMA and Scottish Government have acknowledged this and state that the new GP contract as it stands currently does not easily fit remote and rural general practice. A “one size fits all” approach will not work across

Scotland and will not work across Orkney given our unique geographical challenges and variations between practices. The planning of services will need to take in to account the fact that there are nGMS practices employing the majority of their own staff and 2c practices working with NHS Orkney employed staff.

Currently NHS Orkney has two 2c isles practices and 5 nGMS mainland practices some of whom provide additional outer island cover.

In developing the plan we have been mindful of the expectation that the contract workload reduction measures and new services must be made available to every practice where it is reasonably practical, effective and safe to do so. Clearly there are challenges for this in the rural, remote and island communities but we will ensure that we will redesign services as equitably as possible to meet the needs of our communities. The new contract aims to support the development of the Expert Medical Generalist (EMG) role for GP's, with a shift over time of workload and responsibilities to enable this. A key enabler is investment in a wider multi-disciplinary team (MDT) and measures to reduce workload that will support general practice. Ensuring staff are equipped to undertake new roles will be key to the success of any change. To achieve the aims of the Scottish GMS Contract 2018 we will work with the GP Sub-Committee and the LMC and utilise national support such as NHS Education for Scotland as appropriate.

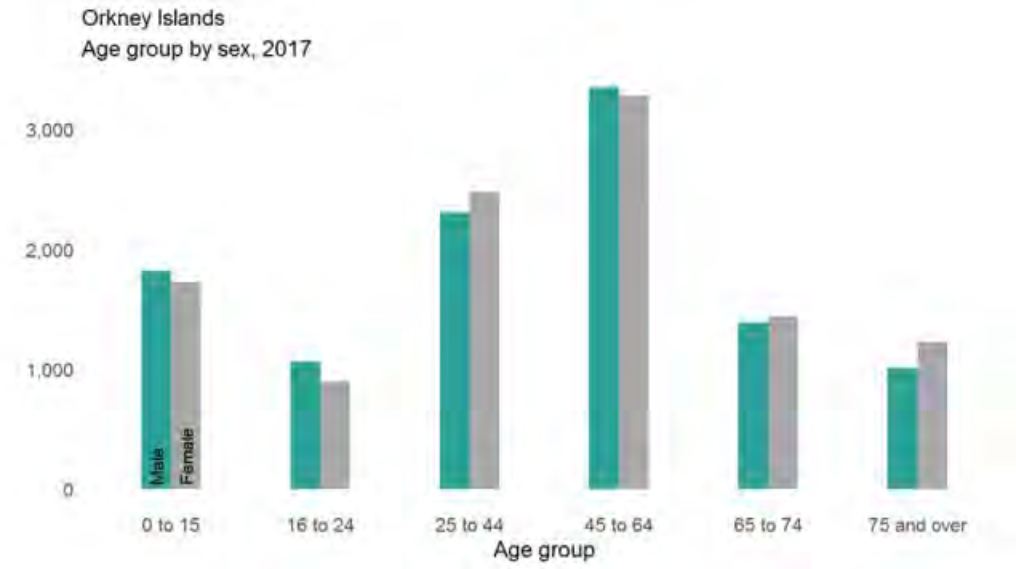
The aim of this plan is to identify and integrate all the key areas relating to the contract that are to be transformed to achieve the contract goals. The main expectation from the documents provided by the Scottish Government is that, if possible, reconfigured services will continue to be provided in or near GP practices. That transition will take place over a period of 3 years in a phased and controlled manner with multiple stakeholder consultation. Through close working between Primary Care improvement plan work stream leads and service managers we will ensure that patient needs are met appropriately and the work of the primary care improvement plan links to the wider plans for the IJB's commissioned services.

Meanwhile it is important that as we enter a period of transition local GP's continue to work to their responsibility ensuring that premises are fit-for-purpose, services remain accessible to patients, responsive to local needs and continuity of care is maintained until new services are implemented.

Orkney Context

OHAC has responsibility for strategic commissioning for a range of services for the local population. The local population estimate by National Records Scotland for June 2017 was 22,000. In terms of overall size, the 45 to 64 age group was the largest in 2017, with a population of 6,635 (Figure 1). In contrast, the 16 to 24 age group was the smallest, with a population of 1,961.

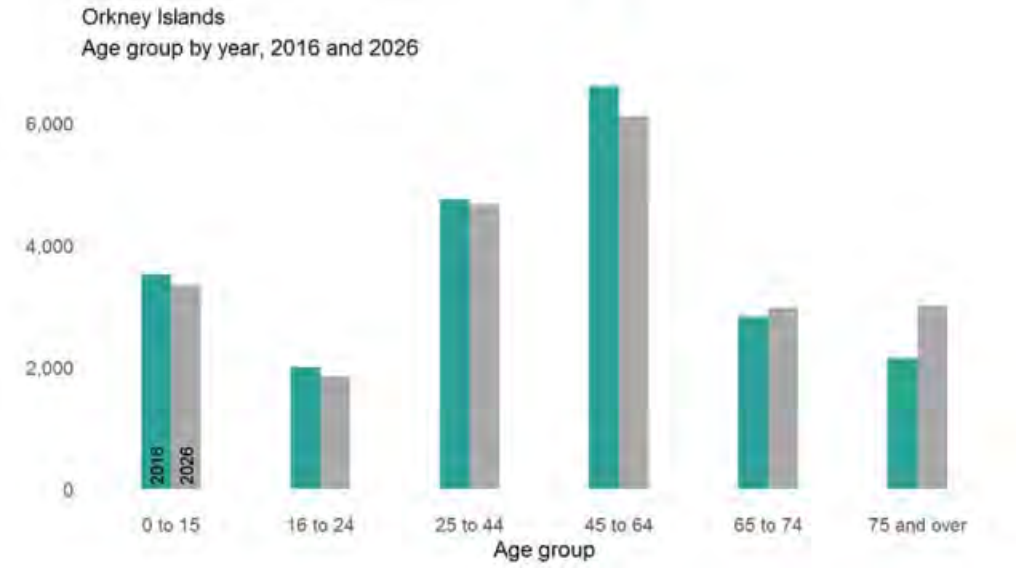
Figure 1: Age distribution by sex 2017.



Source: National Records Scotland 2018.

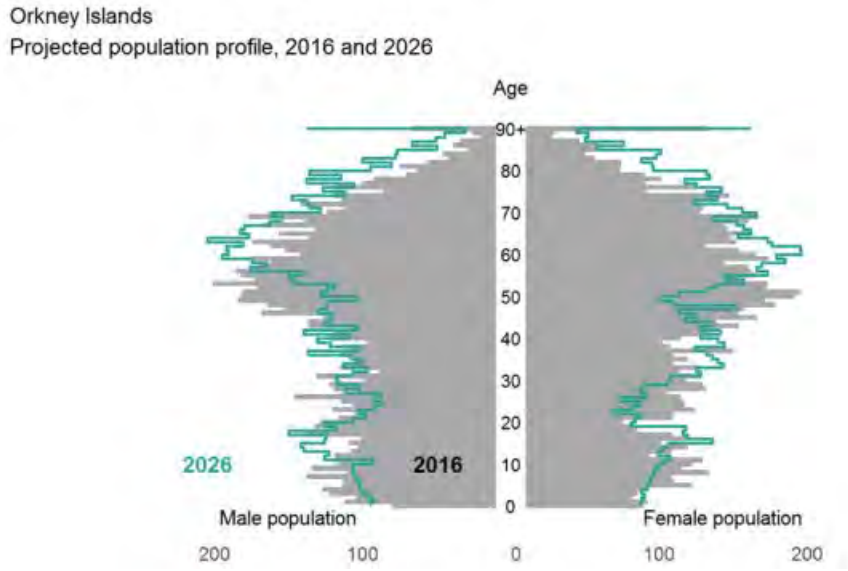
The average age of the population is projected to increase as the baby boomer generation ages and more people are expected to live longer (Figure 2, 3).

Figure 2: Age group by year 2016 and 2026.



Source: National Records Scotland 2018.

Figure 3: Projected population profile 2016 and 2026.

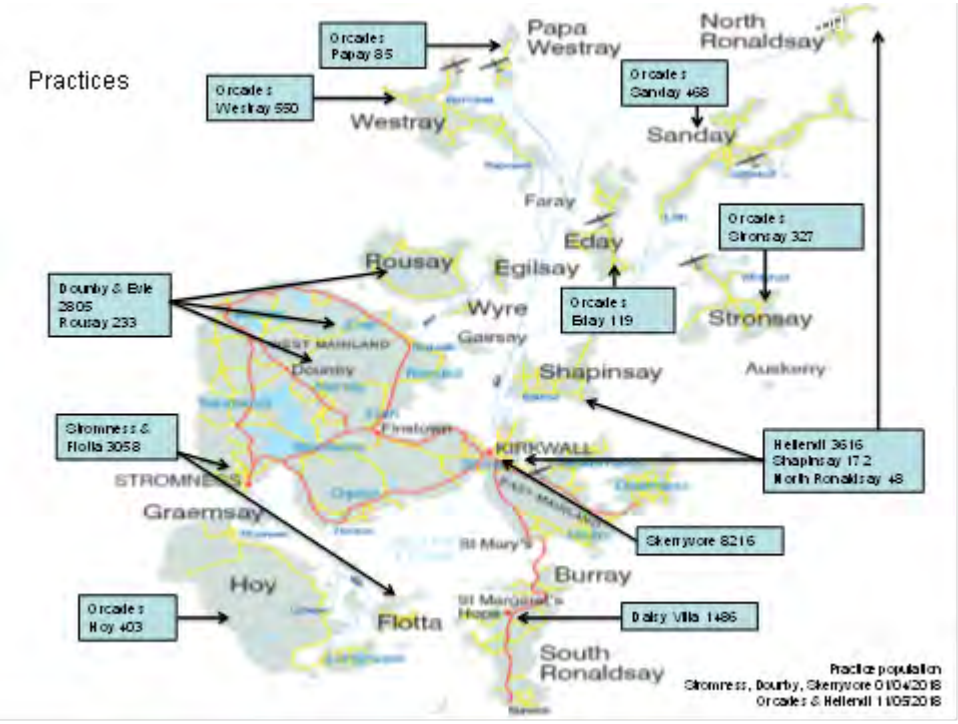


Source: National Records Scotland 2018.

With this potential aging of the population comes increasing health need, although the impact of multi-morbidity needs to be factored in as well.

The GP practices and practice populations from combined local and NHS NSS data are shown in Figure 4.

Figure 4: GP Practices in Orkney.



Source: NHS Orkney primary care and NHS National Services Scotland 2018.

One GP cluster exists in Orkney which brings together the GP practices. The cluster has a key focus on quality improvement and reduction of avoidable variation and broader engagement in service planning.

This plan covers a period of three financial years (2018/19, 2019/20 and 2020/21) focussing on the six key work streams and two enablers of IT/data and premises key priority areas (summarised on Appendix 1). Further prioritisation of work will take place during the year.

Six key work streams underpin the plan:

- The Vaccination Transformation Programme (VTP).
- Pharmacotherapy Services.
- Community Treatment and Care Services.
- Urgent Care (Advanced Practitioners).
- Additional Professional Roles:
    - Musculoskeletal (MSK) focused physiotherapy.
    - Community Clinical Mental Health Professionals.
- Community Links Worker (CLW).

There are two enabling work streams:

- Information Technology and Information Sharing.
- Premises.

We see the change occurring with the new contract as an opportunity, and we are framing our discussions around the work streams using a Three Horizons approach as outline by the International Futures Forum (www.iffpraxis.com/3h-approach). This is an intuitive framework for thinking about the future. It helps discussions around the established patterns in the health system at the moment and elements of the potential ideal future which exist today and can encourage and inspire us.

It is recognised that much of this plan is high-level and further engagement and discussion is required. It is important at this stage to keep options open recognising that solutions for practices in urban areas may differ from those in rural, and within Orkney itself there are differing situations and demands in practices. The GP Sub Committee will play a key role in advising and the GP representative on the board of the IJB will help ensure they prioritise work and support development of options. It is important that all work streams are appropriately funded to achieve their outcomes and that the overall direction of the Primary Care Improvement Plan links with the IJB strategic commissioning directions.

Work stream 1: The Vaccination Transformation Programme (VTP)

High level national deliverable: All services to be Board run by 2021.

The Scottish Government announced in March 2017 the intention to develop a Vaccination Transformation Programme (VTP). This recognises both the increasing complexity of the vaccine programmes in Scotland and the changing role of the GP.

New funding of an additional £5m was invested nationally during 2017/18 to start the programme. NHS Orkney is linked in to the national programme in relation to this work stream and recruitment to a VTP Business Change Manager has commenced. Discussion will be held between Management and the GP Sub around funding for this post.* The aim is to carry out a scoping exercise prior to an options appraisal and followed by the implementation of an updated service. This will take into account the expectation that, where appropriate, the programme of delivery should continue to be conducted in or near GP practices.

Key strands of work will include:

- Reviewing the current delivery models of delivery (e.g. via GP's including LES arrangements on a payment per item basis).
- Considering options for each vaccination type.

The Vaccination Transformation Programme includes vaccination programmes not currently delivered by Primary Care. The scoping exercise therefore needs to consider different models for each vaccination type (influenza, childhood immunization, HPV, shingles, travel, pneumococcal etc.). The options appraisal exercise will include key timelines/dates, quality markers and cost. It should be noted that at the current time it is felt that the Vaccination Transformation Programme around Primary Care delivered vaccination services would be a lower priority as part of our Implementation plan and that our GP Practices consider retaining vaccine delivery within the practice. Option appraisals will also be drawn up for delivery of any vaccination services that are not currently paid for under the GP Contract which will include consideration of practices receiving appropriate reimbursement for these Until the scoping exercise is completed the programme of change is currently scheduled over 3 years in order to recognise the length of time required to provide robust processes to ensure the safety of the public (our main priority) with assurances that structures, roles and governance will be established within the first year of the programme. It is anticipated that year's 2 and 3 will put into place the baseline work that has take place during the first 6 months to 1 year.

The VTP has been separated into different work streams. These are:

- Pre-school programme.
- School based programme.
- Travel vaccinations and travel health advice.
- Influenza programme.
- At risk and age group programmes (shingles, pneumococcal, hepatitis B).

Each of these work streams will be incorporated into the local programme.

As indicated by the GMS contract document there is a national group that has been established in order to oversee programmes within Health Boards. This is in the form of the Scottish Immunisation Programme Group and Business Change Manager's

(BCM) Group. These have the role of developing national strategies (e.g. information, monitoring, quality, risk management etc.) blueprints and plans that will influence local decision-making.

Locally there is a vaccination local implementation group and when the business change manager is in place the role of this committee will be reviewed and an additional Vaccination and Immunisation Committee group set up if required to oversee the Orkney plan. Communication and engagement will be key with this work stream to ensure a safe and appropriate service.

Work stream 2: Pharmacotherapy Services

High level national deliverable: Pharmacotherapy Service to the patients of every practice by 2021.

The contract states that “From April 2018, there will be a three year trajectory to establish a sustainable pharmacotherapy service which includes pharmacist and pharmacy technician support to the patients of every practice. This timeline will provide an opportunity to test and refine the best way to do this, and to allow for new pharmacists and pharmacy technicians to be recruited and trained.”

This is a fundamental change in the delivery and management of pharmacy services as they are to be positioned at individual practice level. By April 2021 all practices will benefit from pharmacy delivering key core services, with some practices (staffing permitting) receiving additional services where possible.

Core services to be delivered by 2021 include:

- Authorising and actioning all acute and repeat prescription requests.
- Authorising / actioning hospital immediate discharge letters.
- Medicines reconciliation.
- Medicine safety reviews/recalls.
- Monitoring high risk medicines.
- Non-clinical medication reviews.

Acute and repeat medicine prescription requests is a large area which includes the authorising and actioning of:

- Hospital outpatient requests.
- Non-medicine prescriptions.
- Installment requests.
- Serial prescriptions.
- Pharmaceutical queries.
- Medicine shortages.
- Review of use of ‘specials’ and ‘off-licence’ requests.

This is to be carried out by pharmacists. Beyond this, pharmacy technicians will concentrate more on:

- Monitoring clinics.
- Medication compliance reviews (patient's own home).
- Medication management advice and reviews (care homes).
- Formulary adherence.
- Prescribing indicators and audits.

The MoU covered some of the transition period from 2018 to 2021 but local negotiation and engagement with all relevant parties is the priority for the initial period of this improvement plan.

To date since the introduction of The 'Prescription for Excellence' (2013) and updated with, 'Achieving Excellence in Pharmaceutical Care' (2017), 'Realistic Medicine' (2017) and polypharmacy have been key elements for consideration for NHS Orkney. As a result there are a number of developments which have been implemented some of which specialist in nature are taking place within practices and the community setting including: It is noted that due to financial challenges discussions will need to take place to agree developments going forward.

- The introduction of Independent Prescriber Pharmacist input to the Substance of Misuse Clinics.
- Test of change pharmacist input into one GP practice undertaking polypharmacy reviews, therapeutic reviews, medicines reconciliation on discharge and a prescribing advisory role.
- Previous introduction of a Remote and Rural Pharmacist Development post to provide appropriate training and experience to become a General Practice Pharmacist. This post is currently vacant and it is intended to recruit to a substantive post in line with the GMS contract.
- Newly employed Care in the Community Pharmacy Technician who will undertake pharmaceutical care reviews and medicines management for high risk patients in their own home or community care, referred on discharge from the acute setting, from GP practices and from other MDT members including the intermediate care team. It is intended that this role will interface with newly introduced General Practice Pharmacists.
- Medicines management and administration training for healthcare support workers providing domiciliary care within social services.
- Community Pharmacist undertaking an Independent Prescriber (IP) course and learning in practice. This will complement future pharmacist IP roles from the managed service within GP practices.

It is important to note that we do not see the more specialist roles particularly around substance misuse clinics forming part of the funding element of Primary Care Improvement Plan but will link closely nevertheless to the work being carried out by the Alcohol and Drugs Partnership and Primary Care.

The annual NHS Orkney Pharmaceutical Care Strategy deployment matrix will provide more detail on the transition process as it identifies the pharmaceutical care needs for both Community Pharmacy and Primary Care as a whole. It is assumed that funding will be continuing for pharmacy services.

For consistency across the North of Scotland, the shaping of the pharmacotherapy services will be led by Directors of Pharmacy. This will enable workforce planning to be supported regionally.

Work stream 3: Community Treatment and Care Services

High level national deliverable: A service in every area, by 2021, starting with phlebotomy.

Community treatment and care services is to include basic disease data collection and biometrics (e.g. blood pressure), chronic disease monitoring, the management of minor injuries and dressings, phlebotomy, ear syringing, suture removal and some elements of minor surgery. The transition is to take place on a safe and sustainable basis over 3 years with the initial focus as set nationally on phlebotomy in the first year (2018/19).

Again work in the first year will be of a scoping nature to understand demand and options available for potential reshaping care. Key will be understanding current staffing structures and training needs utilising the Transforming Nursing, Midwifery and Health Professionals roles guidance and approach. This programme nationally is focusing on Advanced Nurse Practitioners (ANP's) and developing an integrated community nursing team. Currently we do not see moving phlebotomy from General Practices as a high priority in year 1. We do however envisage as part of our scoping exercise to discuss options around reviewing workload associated with secondary care blood requests, tests and dressings to determine how we could limit the transfer of this work from secondary to primary care.

Work stream 4: Urgent Care (Advanced Practitioners)

High level national deliverable: A sustainable advanced practitioner service for urgent unscheduled care as part of the practice or cluster based team, based on local needs and local service design.

In order to reduce GP workload and free up GP capacity the MoU supports the redesign of urgent and unscheduled care services. This work stream aims to consider options around the provision of advanced practitioner resource (nurse or paramedic) to act either as first response to home visits or may in fact work within surgeries seeing undifferentiated "urgent" walk in problems.

Work stream 5: Additional Professional Roles

High level national deliverable: In most areas, the addition of new members of the MDT such as physiotherapists or mental health workers acting as the first point of contact.

- Musculoskeletal (MSK) focused physiotherapy services.

Pilot tests of change are already occurring in this area. The overall aim will be to imbed a musculoskeletal service within practice teams in order to support practice workload. Further scoping work will take place during 2018/19. A report of the pilot will be collated and learning from the pilot will be discussed. It will be vital that any such service is focused within GP Practice settings and not be diverted into helping

clear waiting lists for generic physiotherapy. General Practice considers an early advice/treatment service that is responsive to same day appointments directly made by reception staff as a priority area.

- Community clinical mental health professionals (e.g. nurses, occupational therapists) based in general practice.

There have been a number of local reviews of the mental health service and this plan aims to build on work already undertaken. The overall aim is to improve access to services and support delivery in the community with emphasis placed on the availability of direct access to mental health services for patients. This may include consideration of the role of Primary Care Clinical Associate in Applied Psychology (CAAP) post. Action 15 of the Scottish Government Mental Health Strategy 2017-2027 includes the commitment to increase the workforce to give access to dedicated mental health professionals in emergency departments and GP practices and other settings through additional investment for 800 additional mental health staff and further work is required to dovetail this with the plan. Action 23 of the strategy is also relevant "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019".

Work stream 6: Community Link Worker (CLW)

High level national deliverable: Non-clinical staff, totalling at least 250 nationally, supporting patients who need it, starting with those in deprived areas.

The CLW programme has been established to make connections between individuals and their communities via their GP practice. The aim is to mitigate the impact of the social determinants of health in people that live in areas of high socioeconomic deprivation and as such plays a key role in tackling health inequalities. In rural areas geographical markers of deprivation can work less well but care will be taken to ensure the implementation of the PCIP plan supports a reduction in avoidable health inequalities. However, as currently, the ways of access to services may vary by location and there is an overall commitment to develop new ways of working aligned with enabling technology. An equalities impact assessment has been undertaken on this plan.

The CLW role will assist people with financial, emotional or environmental problems. These may include housing, debt, social isolation, stress or fuel poverty problems. By providing advice, direction to other organisations / activities in the community or alternatively coping strategies the CLW will ensure people feel more supported in their community.

The Scottish Government manifesto is to provide 250 CLW’s over the life of the Parliament and it will be important to ensure such roles are adapted to the remote and rural setting working across our cluster.

Work in Orkney will focus initially on promoting a service directory that meets local needs and development of a virtual ‘services map’ to show the physical location of the services in the community working with support from the NHS improvement hub (iHub). A pilot through public health (and therefore funded from outwith the PCIF) is occurring around a coaching approach to health and well being and the potential

links with this work stream will be explored. Whilst it is vital we explore all technological avenues it is important we take account of the fact that often patients appreciate face to face contact and that this is reason why they attend GP Practices for this advice. It is imperative therefore that we include this in any options appraisal going forward.

Enabling work stream 1: Information technology and information sharing

Ensuring up to date, accessible IT systems to support delivery of care and ensuring appropriate sharing of information between professionals will be critical in delivery of the Primary Care improvement plan. Nationally procurement for the next generation of GP clinical IT systems is being undertaken by NHS National Services Scotland. All GP practices will transition to the new systems by 2020. NHS Orkney has a substantial eHealth programme of work occurring and ensuring appropriate prioritisation of work relating to this plan will be important. Identified areas for progress funded from outwith the PCIF include:

- The new contract shares the responsibility for patient data between GP's and Health Boards. The Scottish Government will provide further guidance on the responsibilities for each party and this is to be published in 2018.
- Move some practices from an old server infrastructure to a hosted arrangement.
- Implement SPIRE data system.
- Standardization of versions of software.

Enabling work stream 2: Premises

The National Code of Practice for GP Premises was published by the Scottish Government in November 2017. The main aim of the document is to highlight sustainability pressures around the GP workforce and premises liabilities. Given the current arrangement of Health Board owned and maintained premises this is less of an issue for NHS Orkney than for some other areas. The Health Board's approach to practice premises is outlined in its Property Asset Management Strategy.

The opening of the new hospital and healthcare facility in Kirkwall in 2019 will be one key change in premises, facilitating greater integration across SAS, primary and secondary care services.

Supporting Activities

Additional aspects of the contract will require review or updated processes as more details become available. Operationally the Primary Care team within NHS Orkney will evaluate these, consult with the wider stakeholder group and incorporate changes as necessary. Identified areas include:

- An annual assessment of the Enhanced Services.
- Certificates and fee charges (Scottish Government guidance is to follow on this).
- Ensure the Primary Care strategy deployment matrix covers key areas of development.

- Workforce planning is integral to all elements of the PCIP and key to more detailed plans is the National Health and Social Care Workforce Plan: Part 3 Primary Care.
- Liaise with the cluster to help provide quality assurance) and ensure synergy in working on key areas.

Evaluation

Scottish Government is publishing a 10-year Primary Care Monitoring and Evaluation Strategy in June 2018, setting out our overarching approach to evaluating primary care reform, along with a Primary Care Outcomes Framework and we will utilise these to support local evaluation of the changes made.

Funding

An in-year NRAC allocation to IAs (via Heath Boards) will comprise £45.750 million. The allocation to OHAC Integration Joint Board is £220,754 for year one of the plan, which consists of £75,000 in the baseline and a further allocation of £145,754 released in two tranches. It is expected that the Primary Care Improvement Fund will increase to approximately £55 million in 2019-20, £110 million in 2020-21, and £155 million in 2021-22. This will, as this year, be distributed on an NRAC basis. The Primary Care Improvement Fund is a successor fund to activities previously funded including:

- Pharmacy teams in General Practice.
- Vaccination Transformation Programme.
- Primary Care Transformation Fund.
- Community Links Workers.
- Mental Health Primary Care Fund.
- Pharmacy First.

Flexibility in the financial bundle will be maintained to support work streams as work develops and costs become clearer. The IJB will allocate the funding bundle to recognise the strategic priorities of achieving the Primary Care Improvement Plan outcomes in line with the desired outcomes of the new GP contract.

From the perspective of the Orkney Local Medical Committee (LMC) and the GP Sub Committee the key areas at this stage are pharmacy, musculoskeletal physiotherapy and mental health. Vaccine transformation and community treatment and care services were considered to be of lesser importance as it was felt they would not appreciably improve the work of the general practices. The role of the Community Link Worker was agreed to be potentially useful especially if the worker was able to bring experience in benefits and social issues rather than a generic health worker. The GP Subcommittee and the LMC agree it is essential to fully cost all new services that are agreed upon. This will increase the chances of sufficient future funding coming to Orkney, but would also clearly demonstrate any funding shortfalls.

The Integration Joint Board must balance these views with ensuring it delivers on its requirement to commission and deliver the six services in support of the new

contract and be mindful that responsibility for the vaccine transformation programme, pharmacotherapy service and community treatment and care service will be fully transferred to the IJB by the end of April 2021 (Primary Care Improvement Fund: Annual Funding Letter 2018-19, 23 May 2018 pg 21).

A joint meeting will be held between the GP Subcommittee and the Management team to agree priority spend including establishment of posts to deliver this plan.

Governance

A new National Oversight Group with representatives from the Scottish Government, the SGPC, Integration Authorities and NHS Boards is overseeing implementation by NHS Boards of the GMS contract in Scotland and the Integration Authority Primary Care Improvement Plans, including clear milestones for the redistribution of GP workload and the development of effective multidisciplinary team working, including with non-clinical staff. Directors of Pharmacy are leading on the implementation of the pharmacotherapy services during the three year trajectory, to ensure governance arrangements are in place, workforce planning and capacity issues are addressed, and the initial momentum is maintained. This will be taken forward through the recently established Pharmacotherapy Service Implementation Group which will form part of the governance arrangements under the new National Oversight Group.

The Vaccination Transformation Programme is overseen by a Programme Board with representatives from the Scottish Government, BMA Scottish GP Committee (SGPC), Trade Unions, Health Protection Scotland, Health Boards, and Directors of Nursing. It is responsible for realising the benefits of vaccination transformation nationally, and managing, monitoring and evaluating progress made by each Health Board. The Vaccination Transformation Programme Board links into the National Oversight Group by reporting to the Primary Care Programme Board.

Locally the integrated joint board will play a key role in governance with regard to the overall plan along with the Clinical and Care Governance committee.

Summary

The updated GP contract that was released in November 2017 and agreed by the GP community in January 2018 has provided the opportunity for transformation in Primary Care services across Orkney. This three year Primary Care Improvement Plan highlights the main areas of focus over the next few years. It is important to note that this plan will be fluid and will develop and change over the next 3 years. It is unlikely that the current funding streams will allow all developments to proceed as we would require but we will ensure that robust business plans and costings are developed around each contract service area to ensure that we cost out what a full service provision under the Contract will be to avoid underestimating what will be required for Phase 2 of the Contract.

In Orkney the delivery of MSK, pharmacists in general practice, mental health support workers and community link workers have been identified as the key immediate priorities. We are however mindful that all areas need to have option appraisals carried out as responsibility for commissioning these will be fully

transferred to the Integrated Joint Body by the end of this transition period in April 2021.

Good communication, transparency and collaboration will be important if the gains in patient health underlying the new contract are to be realised. Transforming the multidisciplinary teams and services around the role of the Expert Medical Generalist will enhance our primary care services. However, this has to be carried out in an informed, measured and sustainable way. Therefore, service delivery will continue in the same manner until a seamless safe change is possible. Many projects and pilots schemes are already taking place with the opportunity to continue those that add value to service we provide.

Appendix 1: Work Streams

Work stream 1 – Lead: Carol Stewart.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
Vaccination Services.	The aim is to reduce workload for GPs and their staff. Other parts of the system may begin to deliver vaccination services instead of GPs, if this is the agreed model. This will be a step towards enabling GPs to focus their time on expert medical generalism, whilst ensuring that patients' needs are met through the reconfiguration of services which will make the best use of the mix of skills in primary care. How this programme is delivered will vary regionally, depending on local circumstances and factors. The Vaccination Transformation Programme will take three years to complete. It has the following work streams:	The VTP working group will be established and will be actively involved in the planning and implementation of the programme. Evaluation of the school vaccination programme will have been undertaken and any recommendations implemented. Evaluation of the Maternity delivered vaccination programme will have been undertaken and any recommendations implemented.	Options appraisal for the preschool immunisation programme will have been developed. Options appraisal for the at risk population immunisation programme will have been developed. Options appraisal for the travel immunisation programme will have been developed (including travel advice). Baseline figures and options appraisal for the seasonal flu programme will have	The preferred option for the preschool immunisation programme will be operational. The preferred option for the travel immunisation programme will be operational (including travel advice). The preferred option for the seasonal flu programme will be operational. The preferred option for the at risk populations immunisation programme will be operational (including

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
	• Pre-school. • School based. • Travel vaccines. • Influenza. • At risk groups (shingles, pneumococcal, Hep B).	Baseline figures of preschool immunisation uptake will be mapped. Baseline figures of the at risk populations immunisation uptake will be mapped (including shingles and pneumococcal vaccines). Baseline figures of the travel immunisation uptake will be mapped (including travel advice).	been mapped and developed.	shingles and pneumococcal vaccines).

Work Stream 2 – Lead: Wendy Lycett.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
Pharmacotherapy Services.	From April 2018, there will be a three year trajectory to establish a sustainable pharmacotherapy service which includes pharmacist and pharmacy	Engage stakeholders to ensure alignment of objectives including national and regional post outlines.	Review Services from Year 1 and Three Horizons Model Identify in year funding (including additional).	Review Services from Year 2 and Three Horizons Model. Agree in year funding

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
	technician support to the patients of every practice. By April 2021, every practice will benefit from the pharmacotherapy service delivering the core elements as described below. This will be dependent on PCIP funding being allocated against this: • Level One (core). • Level Two (additional advanced). • Level Three (additional specialist). Pharmacy services will be integrated to promote patient centred, seamless care and ensure cross sector service provision	Agree in-year funding for service provision. Design service model for practices within allocated resources. Consider logistics for service delivery to multiple remote and rural sites. Recruit to any agreed posts. Identify and address training and development needs. Work with individual practices to prioritise work streams as defined in GMS contract. Introduce Services Level 1 minimum.	Consider opportunities and challenges associated with New Balfour. Identify Service gaps areas for improvement / development. Develop interface with care in community technician role. Consider potential Community Pharmacy roles. Prioritised level 2 / level 3 services where staff experience and qualifications allow.	Additional regional / national drivers. Identify service gaps from all three levels defined in GMS contract, areas for improvement / development. Consider logistics of full service delivery. Appoint to any agreed additional posts. Introduce any additional service provision. Review.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
			Assess additional training and development needs. Develop potential technical services (if funding permits). Appoint to additional posts. Introduce additional advanced and specialist services where appropriate.	

Work Stream 3 – Lead: Judy Sinclair.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
Community Treatment and Care Services.	There will be a three year transition period to allow the responsibility for providing the services noted below to pass from GP practices to community based services. By April 2021, these services will be commissioned by	1. Having an ongoing shared and detailed understanding of current situation and activity for both mainland Orkney and island practices.	1. Having an ongoing shared and detailed understanding of current situation and activity for both	1. Having an ongoing shared and detailed understanding of current situation and activity for both

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
	IA's, and delivered in collaboration with NHS Boards that will employ and manage appropriate nursing and healthcare assistant staff. Scottish Government sees Phlebotomy as a priority in the first stage of PCIPs. Currently based on local priorities our GP Practices are looking at alternative areas of the contact as a higher priority. An options appraisal will be carried out on the following work streams to consider the best way to take these areas forwards based on local priority setting: • Phlebotomy. • Minor injuries and dressings. • Ear syringing. • Suture removal. • Chronic disease monitoring.	2. Using data and best practice/evidence base where accessible, building in systems and processes to capture relevant data over the course of the 3 year plan to meet each milestone. 3. Ensuring consultation and discussions with appropriate groups / people using existing structures where possible. 4. Workforce considerations to include training and development / recruitment and retention and different ways of working – across professional boundaries. **Arrange for any agreed Phlebotomy changes to be transferred by April 2019:** • As points 1 – 4.	mainland Orkney and island practices. 2. Using data and best practice/evidence base where accessible, building in systems and processes to capture relevant data over the course of the 3 year plan to meet each milestone. 3. Ensuring consultation and discussions with appropriate groups / people using existing structures where possible. 4. Workforce considerations to include training and development / recruitment and retention and different	mainland Orkney and island practices. 2. Using data and best practice/evidence base where accessible, building in systems and processes to capture relevant data over the course of the 3 year plan to meet each milestone. 3. Ensuring consultation and discussions with appropriate groups / people using existing structures where possible. 4. Workforce considerations to include training and development / recruitment and retention and different ways of working –

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
		• Collect and analyse data and activity by first quarter June 2018. • Work up service delivery options, patient pathways, governance and assurance. • Training needs analysis for HCSW. • Consult / agree on work bases / premises and workforce using workload tool data. **Minor injuries and dressings plus Suture removal:** • As points 1 – 4. • Isles – maintain skills and service delivery locally. • Mainland - Identify areas that are duplicated i.e. A and E / Community Nursing / Practice Nursing and	ways of working – across professional boundaries. **Minor injuries and dressings plus Suture removal delivered within community services:** Options considered. **Ear syringing:** Ear syringing where required delivered within community services. **Chronic disease monitoring:** Ongoing development of GPN and Community staff as Transforming roles agenda.	across professional boundaries. Any agreed Minor injuries and dressings plus Suture removal to be delivered within community services. Ear syringing where required delivered within community services. Chronic disease monitoring.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
		develop pathways and processes that meets need. **Ear syringing:** • As points 1 – 4. • Isles – maintain skills and service delivery locally. • Mainland - Identify areas that are duplicated i.e. Audiology / Community Nursing / Practice Nursing and develop pathways and processes that meets need. **Chronic disease monitoring:** • As points 1 – 4. • Understand current GPN workforce – recruitment and retention.		

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
		• Understand GPN Training needs. • NHSO are supporting current GPN's meet educational requirements for Transforming Roles/PC Improvement plan agenda – this is currently underway – (3 attending Advanced Clinical Skills course 2017/18 – 2 to continue with NMP 2018/19).		

Work Stream 4 – Lead: Dr Charlie Siderfin.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
Urgent Care.	Alternative ways of providing urgent unscheduled care are to be explored and developed. The potential staff resource to deliver this may be Advanced Nurse Practitioners, Paramedics,	Develop detailed options around the development of urgent care services with focus on advanced practitioner role.	Embed new ways of working (Ensure good public engagement and awareness of the changes).	Continue to embed and develop new ways of working to provide Urgent Care Services.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
	General Practice Nurses and Community Nurses. This will allow GPs to focus on scheduled appointments with patients most in need of their skills as expert medical generalists. It has the following work streams: • First response for home visits. • Assessment and treatment of urgent or unscheduled care presentations.	Identify professional groups to undertake urgent care assessments. Delineate training requirements. Identify appropriate training programmes. Develop closer working between relevant professional groups		

Work Stream 5 and 6 – Lead: Moraig Rollo.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
Additional Professional Services.	Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include	Evaluation of new MSK first point of contact Physiotherapist in Stromness. Work alongside the mental health team to assist in the implementation of	If evaluates well potential for extension to other areas of Orkney explore County-wide models. Explore option for other professions as	Alternative models of MDT in Primary Care evaluated for potential spread and sustainability. Spread and sustainability from pilot and local evaluation.

Priority set out in Memorandum of Understanding.	Objective from the contract and work streams.	Year 1 Objectives.	Year 2 Objectives.	Year 3 Objectives.
	(but are not limited to) the following work streams: • Physiotherapy Services for MSK. • Community Mental Health Services. • Community Link Worker Services.	Behavioural Activation Therapies. Establish named GP practice liaison leads. Establish expectations and demand for role and develop a deeper understanding of how this would work in Orkney. Explore examples from other areas.	first point of contact and part of MDT for example OT Dietetics and Podiatry. Agree pilot and local evaluation. Implement direct access for patients to mental health services, and improved GP referral routes. Promotion of service directory and exploration of links with public health.	