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Agenda Item: 13

Integration Joint Board

Date of Meeting: 6 November 2024.

Subject: Primary Care Services Update.

1. Purpose

1.1. To improve visibility of Primary Care Services.

2. Recommendations

The Integration Joint Board is invited to note:

2.1. This initial update in respect of Primary Care Services, which is both high level and broad in its approach, recognising that this subject cannot be adequately addressed in a single paper, and is designed to provide members with improved insight into the Primary Care landscape, create an opportunity to generate discussion and inform the content of future detail of Primary Care Services updates.

It is recommended:

2.2. That the IJB consider what content would be most informative for future reports to the Board.

3. Background

3.1. Primary Care in the UK is defined as the first point of contact with the NHS. This includes contact with community-based services provided by general practitioners (GPs), community nurses (isles), long term condition (LTC) nursing, dentists, dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians.

3.2. In Orkney, the primary care division is specifically responsible for adequate provision of the following services:

- General Practice.
- Dentistry.
- Optometry.
- LTC Nursing.
- Community Nursing (ferry-linked Isles only).

4. General Practice

4.1. General Practice in Orkney is delivered by a total of 15 practices which can be split into two distinct groups:

4.1.1 Independent Practices (listed by size of registered patient list, largest first):

- Skerryvore Practice – located in Kirkwall.
- Heilendi Practice – located in Kirkwall with a service level agreement in place with NHS Orkney to provide GP services to Shapinsay and North Ronaldsay.
- Stromness Surgery – located in Stromness with a service level agreement in place with NHS Orkney to provide GP services to Flotta.
- Dounby Surgery – located in Dounby with a service level agreement in place with NHS Orkney to provide GP services to Rousay.
- Daisy Villa Surgery – located in St Margaret's Hope, South Ronaldsay with a dispensary function attached.

4.1.2. Board Run Practices (all located on ferry-linked Isles, split by geography but operating under the collective banner of 'OrcaDes'):

- Stronsay – GP led.
- Eday – Advanced Nurse Practitioner (ANP) led (GP support from Stronsay).
- Westray – GP led.
- Papa Westray – ANP led (GP support from Westray).
- Hoy – GP led.
- Sanday – GP led.

4.1.3. In previous years, there have been significant challenges recruiting to the Isles General Practice teams and this resulted in considerable financial expense to maintain safe levels of care for patients. In the last 12-18 months, this situation has improved considerably as the introduction of a rotational workforce model, staffed with visiting resident clinicians, has resulted in consistently good rota fill. The model remains arguably expensive in terms of cost per patient, but does ensure that the most remote and rural communities have access to General Practice and continuity of care.

4.2. All Practices, board run and independent alike, operate core hours of 0800-1830 Monday to Friday (excluding public holidays). Outside these times, out of hours provision is provided by a Board run service which is led by GPs on the mainland and via a resident clinician model on the ferry connected isles.

4.3. As part of the development of this update paper, both the Chair of the GP Subcommittee (a statutory Committee that represents the general practice voice to NHS Orkney) and the practice managers of all five independent practices, were invited to contribute and the following themes were identified.

4.4. Positives – good teamwork within each Practice, lots to be proud of in terms of patient experience/satisfaction and the training of new GPs.

4.5. Challenges – IT support, lack of established Standard Operating Procedures and pathways into secondary care services, difficulties in delivering the Primary Care Improvement Plan, a feeling of being isolated and not part of the wider health board, lack of support to engage with local communities. At a national level it has been highlighted that the recent (October 2024) report from the Remote and Rural Healthcare inquiry describes some of the challenges and failings of the 2018 GP Contract, Digital Infrastructure in Remote and Rural healthcare settings and the significant limitations of the resource allocation formula (NRAC).

4.6. It should be noted that there are undoubtedly many more positives than the ones received via feedback. A great example of this would be the outstanding news published in the 2024 Accounts Commission IJB Finance and Performance report which detailed 90.1% of people having a positive experience of care at their GP Practice. This was the best result of all IJBs and is significantly higher than the Scottish average of 68.5%.

4.7. Delivery of the Primary Care Improvement Plan (PCIP) for General Practice has proved to be challenging as the principles of the Plan do not easily apply to the size of the registered list and the complex geography. The Head of Primary Care Services has reviewed areas of the Plan that have previously been unsuccessful and subsequently engaged with GP colleagues (GP Sub-committee, 16 October 2024) with a view to co-design PCIP services that will better fit the needs of General Practice and patients in the future.

4.8. The vaccine transformation programme sits within PCIP and there is a need for improved data to demonstrate the effectiveness and impact of the centralised service. At this time, there is a data challenge as the new types of vaccines have been introduced and more established vaccines have been subject to a change in eligibility criteria. Where data is available, the outcomes appear to be reassuring. For example, the immunisation uptake for 5-in-1/6-in-1 vaccinations in children is currently 95.4% in 2024 compared to 93.95% in the same period of 2023. Prior to this the average uptake over the same period in the years 2016-2022 was 93.60%.

4.9. While there is a lot to celebrate and be proud of, it must equally be recognised that there is a lot of work still to do and the IJB must engage with GP stakeholders and respond positively to the challenges as described.

5. Dentistry

5.1. Much like general practice, there are two distinct areas of dentistry in Orkney:

5.1.1. Public Dental Service (PDS).

5.1.1.1. The role of the PDS is to provide dental services for people who cannot access care from an independent dentist. This includes patients:

- With special care needs, such as mental health conditions or physical disabilities.
- Resident in long-stay care.
- Referred by another dentist for specific/specialist treatment.
- Who are not registered/unable to register with an NHS dentist.

5.1.1.2. Public dental services operate from sites in Kirkwall and Stromness and operate under increasing demand with insufficient numbers of Orkney based Dental Officers (registered dentists) to meet the demand. As a result, the service is increasingly reliant on the support of locum dentists to help tackle waiting times, particularly those waiting lists associated with Orthodontics, Oral Surgery and Restorative Dentistry.

5.1.2. General Dental Service (GDS).

5.1.2.1. GDS are usually the first point of contact for NHS dental treatment. People registered with a dentist can receive the full range of NHS treatment available under the scope of the GDS contract. In Orkney, general NHS services are provided by Clyde Munro dental group who operate from three practices:

- Orkney Dental, Kirkwall.
- Orkney Dental, Stromness.
- Daisybank Clinic, Kirkwall.

5.2. At the time of writing this report, there is no capacity for new NHS dental registrations in Orkney. While out of scope of this paper relating to NHS services, members should also note that the lack of capacity within independent dentists also extends to private patients where new registrations are also being turned away.

5.3. NHS dental services across the country are widely recognised to be facing a monumental challenge in terms of recruiting enough dentists to meet the ever-increasing demand and Orkney is no exception to this rule and, if anything, our rurality makes it even more challenging to recruit and retain dentists and the problem is felt equally in both public and general contracts.

5.4. In recent weeks, dental services in Orkney reached a crisis point which saw PDS clinics at The Balfour with very little clinical cover due to an unfortunate combination of annual leave and sickness within the team. The situation is now much improved although members should note it gathered the attention of local press at the time and continues to be questioned by the media.

5.5. Despite the very difficult challenges, we can be very proud of our teams who ensured that patients received robust clinical triage and were appropriately prioritised based on clinical need. This has ensured that patient safety has not been compromised.

5.6. Moving forward, there is a great deal of work to be done to improve access to NHS dental services for the communities in Orkney and there must be honesty when addressing the problems as they will take several years to fix. A formal plan will be developed in due course, but it will have a primary focus on:

- Reinstating the Area Dental Committee (ADC). This is a statutory committee but, for a variety of reasons mostly outside the control of the independent practices, has not been able to operate effectively in the last two years.
- Improving communication between PDS and GDS providers to ensure a cohesive approach for our patients and teams alike.

- Recruitment and retention of dental officers.

6. Optometry

6.1. Community Optometry is provided by a single provider at a single location at Clarks Optometrists Ltd, Kirkwall.

6.2. Clarks is a second generation family-run Orcadian business with a well-respected history of providing optometry services for our communities.

6.3. Much like the areas of Dentistry and General Practice, there is a national shortage of optometrists, and this problem is amplified within Orkney's remote and rural geography.

6.4. Despite the challenges, the team at Clarks have worked exceptionally hard to grow the business and improve access for patients. In a recent meeting it was established that not only are they providing examination for 10% more patients than the same period last year (approximately 500 patients per month), but have also reduced the average wait to six weeks when it was previously, during the worst post COVID-19 times, several months.

6.5. There are still capacity issues to resolve within community optometry, including the absence of a domiciliary service, but the partners at Clarks have recently provided assurance to the Head of Primary Care Services and clarified that there is a wish to work with the Primary Care team to further improve services. This includes consideration to fill the long-standing gap created by a lack of domiciliary provision.

7. Long Term Conditions (LTC)

7.1. Community based LTC support is as follows:

- Cardiology – 1 full time equivalent (FTE) Nurse.
- Diabetes – 2 FTE Nurses.
- Heart Failure – 1 FTE Nurse.
- Multiple Sclerosis / Motor Neuron Disease – 0.8 FTE Nurse.
- Parkinsons – 0.5 FTE Physiotherapist.
- Dementia – 1 FTE Nurse.

7.2. As described, each speciality 'service' is a very small team. This has its advantages as patients receive outstanding levels of continuity from specialist practitioners, but small teams also result in no resilience. Apart from the Diabetic team who manage holiday cover etc between themselves as two practitioners, all other services default to the patient's registered GP when the single practitioner is not available. The numbers of patients are comparatively small but, in some cases, the number of patients does outstrip the capacity of the health care professionals who inevitably end up taking on more work to ensure patients receive the best care.

7.3. The LTC specialists all work very hard for the benefit of our patients. IJB members should note that this work has particularly been recognised in Amanda Manson, Cardiology Specialist Nurse, who is one of two Orkney nurses nominated for the national Nurse of the Year award.

8. Community Nursing (Ferry-Linked Isles)

8.1. In addition to the resident general practice model provided by GPs and ANPs on the Isles, further support is provided in the form of Community Nurses on the Isles where there are larger populations, and the skills of a nurse are required to support patients.

8.2. Much like community nursing provision on the mainland, recruitment and retention of nurses is a significant challenge. When fully established, the Isles community nursing team operates with 6 FTE but at the time of writing the team is operating with an almost 50% vacancy rate and a little over 3 FTE. Work remains ongoing to improve recruitment where possible.

9. Primary Care team

9.1. The administrative and leadership team for the Primary Care department are based at The Balfour and supported to work from home when appropriate. The Head of Primary Care Services sits in the Orkney Health and Social Care Partnership leadership team and is based at the Council Offices with regular weekly attendances at The Balfour.

9.2. There is considerable talent and experience within the team, and this is a great support to the Head of Service as an 'incomer'. As a directorate however, there are some gaps in the leadership and governance structure that will need addressing in the future if the service is to be well placed to deliver the support and transformation the primary care community requires. There are two key roles to be considered:

- Associate Medical Director (Community) – previous attempts to fill this vacancy have been unsuccessful and a newly worded advert is about to be published in the hope of attracting a doctor to this part time position in the new year. Should we be unsuccessful, an alternative role will be explored as the gap in governance and clinical leadership is a high priority to address.
- Deputy for the Head of Primary Care Services – the current structure does not include a position that can be reasonably identified as a deputy and the absence of such a person results in insufficient leadership capacity within the directorate and a reduced ability to move focus from day to day operations and onto longer term improvement workstreams. The IJB has previously agreed an additional leadership post within the Primary Care structure but, unfortunately, due to the current challenging financial situation, it has not been possible to draw the money down to fund this as yet.

10. Primary Care Priorities

10.1. The priorities for Primary Care Services now and for 2025/26 are as follows:

- Improved communication and visibility within teams.
- Consider targeted recruitment via social media for hard to fill posts and develop long term strategies, particularly for the Isles.
- Take an honest and collective approach when communicating with our communities – describe the challenges and ask for understanding but also describe the work underway to improve where required, for example dental services.
- Build on existing relationships and create new partnerships.
- Ensure the ADC is effectively reinstated to fulfil its advisory role.
- Work with General Practice to ensure Orkney has a deliverable PCIP that is realistic and fit for purpose in the remote and rural setting.
- Work with all Primary Care stakeholders to review recruitment and retention plans in recognition of shared challenges.
- Review Service Level Agreements in relation to ferry-linked isles and explore opportunities to expand Orcades.
- Improve access to activity data across Primary Care services.
- Develop a dedicated IT support mechanism for Primary Care within the NHS Orkney's eHealth team.

11. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	Yes.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	No.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	No.

12. Resource and financial implications

12.1. There are no resource or financial implications directly arising as a result of this report.

13. Risk and equality implications

13.1. There are no risk or equality implications directly arising as a result of this report.

14. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

15. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

16. Authors and contact information

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