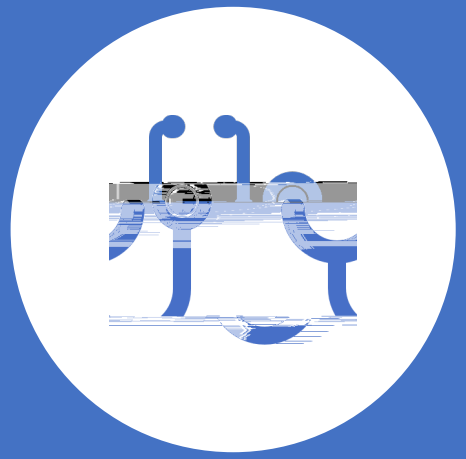


Primary Care Modernisation Update

Evan Beswick, Head of Primary Care, Dr Alida MacGregor, GP Principal, Kyles Medical Centre and Clinical Lead – Cowal Locality, Denise McDermott, Programme Manager – Primary Care Modernisation

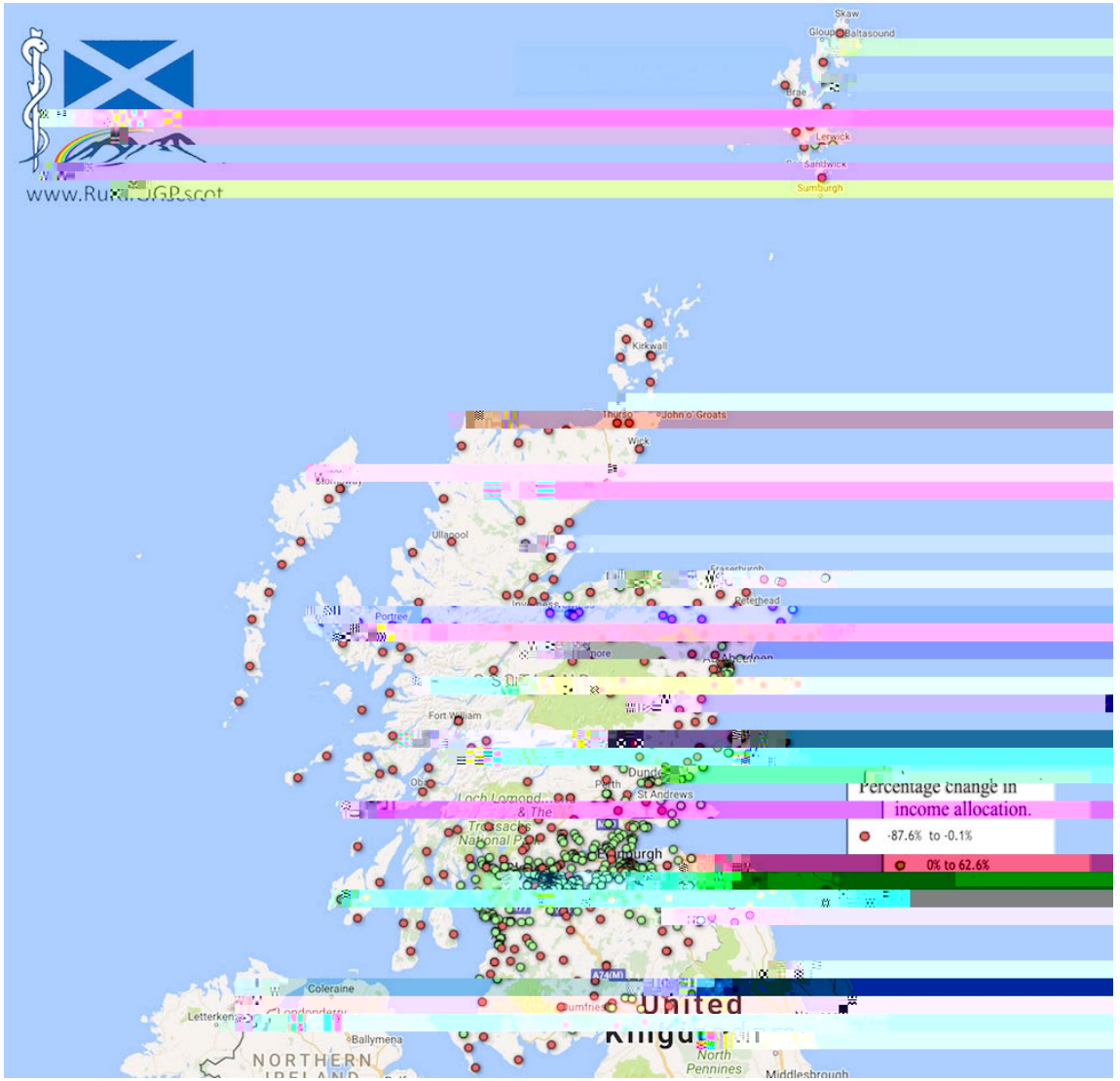
IJB Development Session, 24th August 2022

Historical Context

- Since the inception of the NHS, the vast majority of General Practices have operated on an independent contractor model.
- Each practice holds a General Medical Services (GMS) contract with the Board and receives an allocation of funding based on a nationally agreed formula.
- The GMS contract outlines the services which the Practice must provide but allows for flexibility in how this is achieved.
- Practices are therefore free to employ a variety of staff and set up services in a way which they feel best meets the needs of their patient population.
- Increasing pressure, particularly on urban practices, lead to a wholescale redesign of the GMS contract.

Scottish Workload Allocation Formula

- New funding formula which altered weighting for particular demographic factors
- Removed the rural weighting, negatively impacting majority of Practices within Argyll and Bute
- Income topped up to previous level with 'Practice Income Guarantee'
- Significant damage to morale as perceived 'life support' funding and no recognition of complexities of providing Primary Care in Remote and Rural areas



Memorandum of Understanding

- The original MOU set out an agreement between GP practices and integrated authorities to deliver a specified set of services across 6 Key Priority areas with an expectation that they would transfer to the HSCP by March 2021.

    - Vaccination Transformation
    - Pharmacotherapy
    -

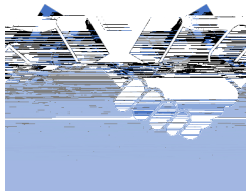
Memorandum of Understanding 2 (2021)

- Recognised the challenge of delivering all 6 key priority areas against the background of the Covid pandemic.

- 3 key areas of implementation were highlighted in a revision of priorities

  - Vaccination Transformation and CTAC (Community Treatment and Care)

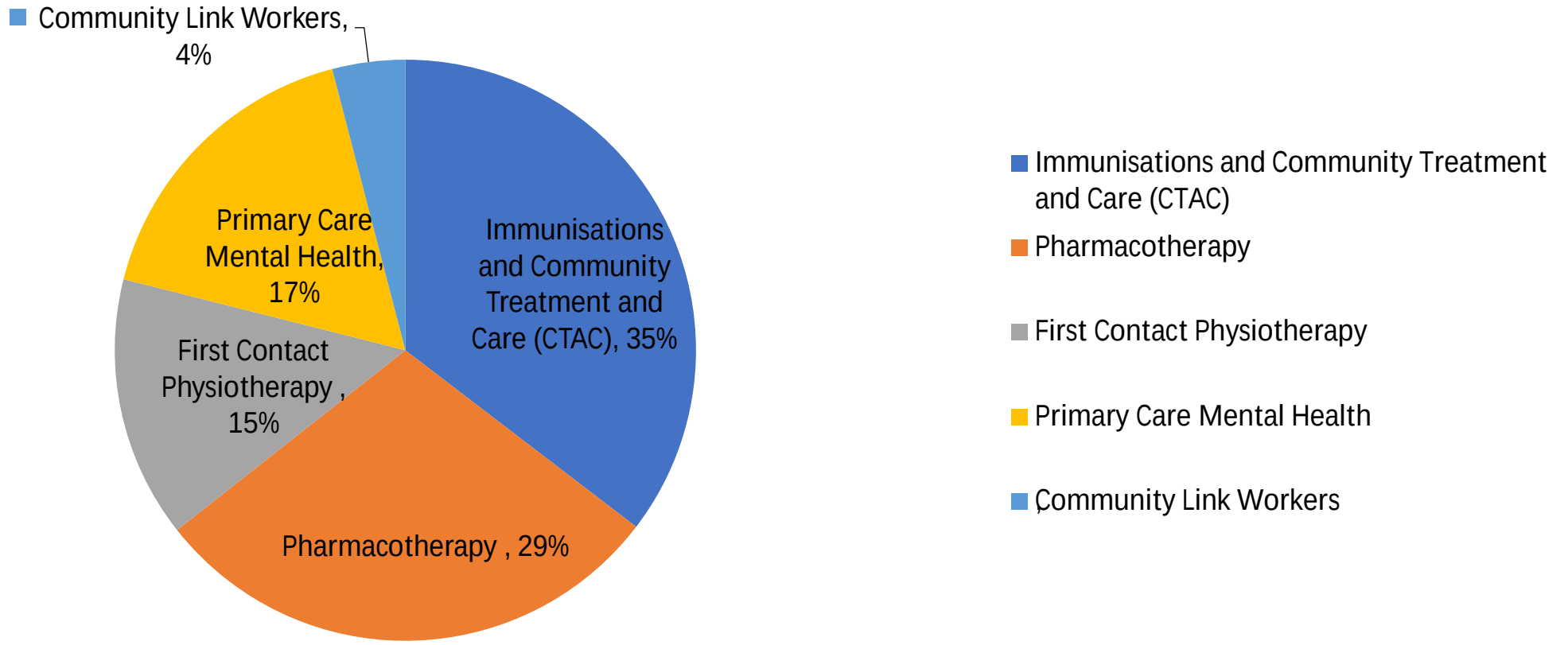
  - Pharmacotherapy



Argyll & Bute HSCP

- 31 GP Practices, 28 are considered to be remote and rural.
- 103 GP principals, 25% of Argyll and Bute GPs are over 56 years of age.
- 89,400 Population
- 4 Localities/ Locality Planning Groups and 6 GP Cluster Groups
- 4 GP run Community Hospitals, including A&E
- Continued requirement for GP Out of Hours cover on Islands and Remote Areas
- Practice list sizes range from 142 patients on the Island of Colonsay to 11,149 patients in Lorn Medical Centre, Oban
- Argyll and Bute is challenged by recruitment and retention difficulties.
- 4 GP Practices, Kintyre Medical Group, Carradale, Kilcreggan and Garelochhead are now managed by the

Argyll and Bute HSCP
2022-2023
Primary Care Improvement Fund Budget - £3,199,000

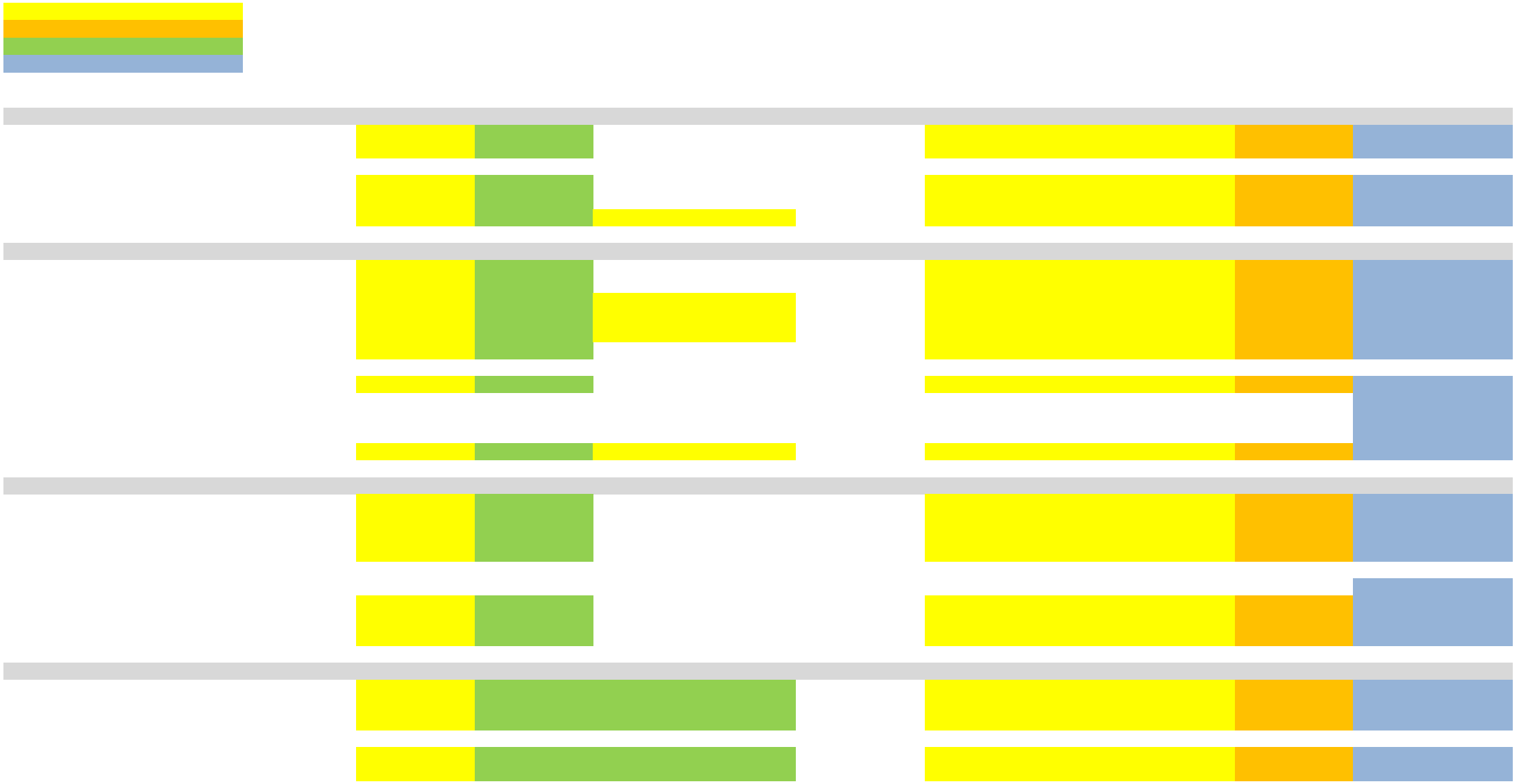


Rural Flexibility

February 2022 – Approval was obtained from the Scottish Government to exercise rural flexibility in Argyll and Bute.

- Full Flexibility - 4 small island practices (Coll, Colonsay, Jura and Tiree)
- Partial Flexibility - 14 remote and rural practices (Mull and Iona – 4 GP Surgeries, Islay – 3 GP Practices, Bute, Port Ann, Arrochar)

Transfer of Vaccination and CTAC Workload to HSCP from GP Practices



Primary Care Pharmacotherapy Service

Argyll and Bute HSCP Pharmacotherapy Team– 7.80wte Pharmacists, 4.00wte Pharmacy Technicians and 2.40wte Pharmacy Assistants	Pharmacists	Pharmacy Technicians and Assistants
Level 1 (Core Service – Partial Provision to 20 of 31 GP Practices)	Authorise/Action ƒ Acute Prescribing Requests ƒ Repeat Prescribing Requests ƒ Hospital Discharge Letters Safety Reviews/Recall High Risk Medicine Monitoring Non Clinical Medication Reviews	ƒ Arrange Clinics ƒ Manage Prescribing Requests ƒ Manage Repeats ƒ Manage Serial Prescribing ƒ Action Medicines Reconciliations
Level 2 (Additional – Advanced Service – Partial Provision to 23 of 31 GP Practices)	ƒ Medication Reviews ƒ Resolving High Risk Medicines Problems	
Level 3 (Additional – Specialist Service – Partial Provision to 6 of 31 GP Practices)	ƒ Polypharmacy Reviews ƒ Specialist Clinics – Direct Patient Engagement	

Additional Professional Roles

Physiotherapy First Contact Practitioners (FCP) – 7.00wte providing a service to 9 of 31 GP Practices

- Focused on Musculoskeletal (MSK) Conditions
- MSK conditions frequently cause repeat appointments with GPs
- Majority of GPs MSK Caseload can be Safely and Effectively Managed by FCPs
- Extended Scope Physiotherapists in Each Locality

Primary Care Mental Health Workers – 11.65wte providing a partial service to 26 of 31 GP Practices

- Access to Expert Assessment and intervention for Adults with mild to moderate mental health difficulties
- 1 in 3 GP Appointments involve a Mental Health Component – Common Alignment with Long Term Conditions
- Locality Teams – Primary Care Mental Health Nursing, Occupational Therapists, CBT Therapists, Art Therapy and Guided Self-Help Workers

Community Links Workers

- Contract awarded to an independent service provider ‘We Are With You’ for engagement of 5.00wte Community Link Workers to provide a service to 11 of the 31 practices in Argyll and Bute
- The service builds on Existing and Developing Relationships between the HSCP and Third Sector Organisations
- Coordinates Social Prescribing Solutions supporting people to live well through strengthening connections between community resources and primary care
- Interface with GP IT Systems to Enable Referrals and for GP to Monitor Patient's Progress

Next Steps

- The Autumn/Winter Covid and Flu vaccine campaign will be delivered to the patients of 23 of the 31 Practices in Argyll and Bute