

Lanarkshire GMS 2018

Primary Care Improvement Plan:

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1. Purpose of this Document

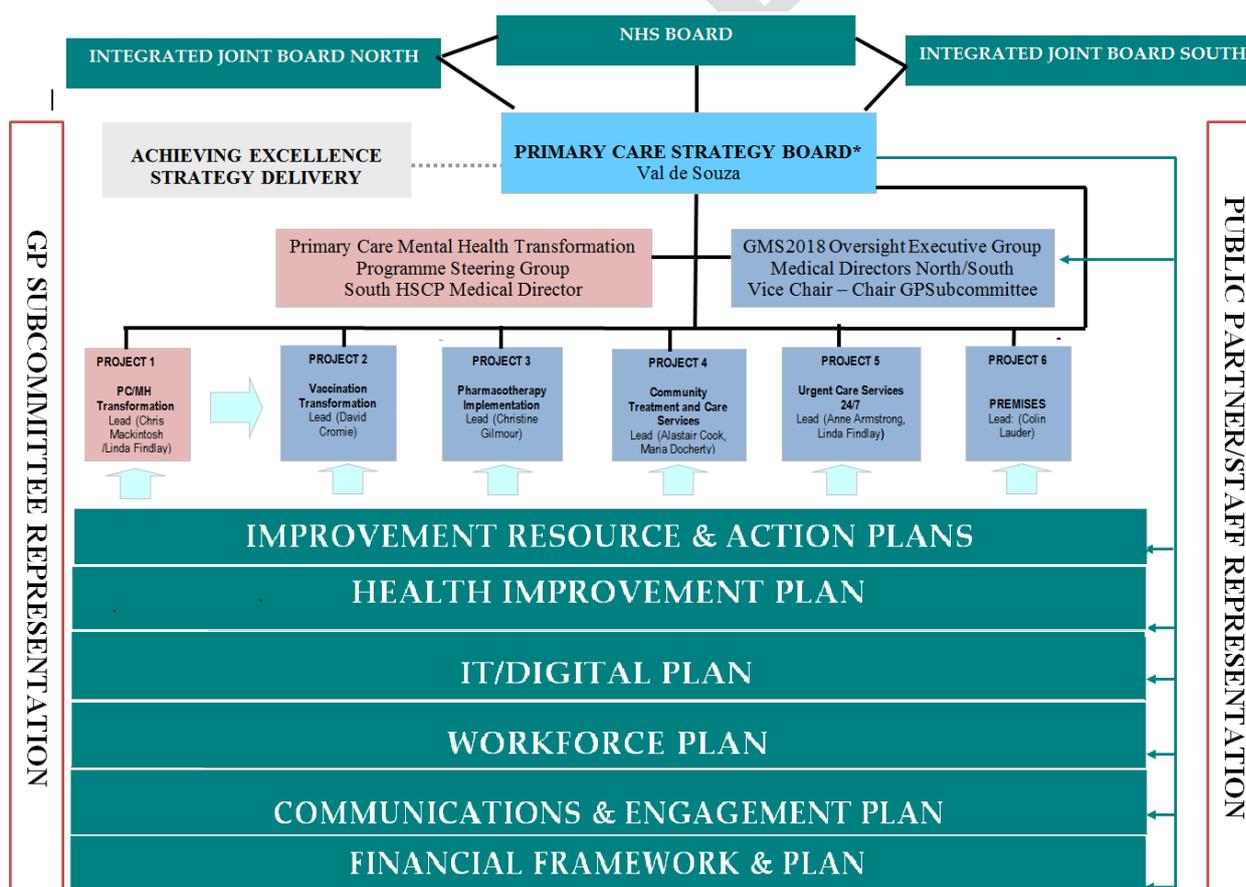
The purpose of this document is to provide a broad overview and serve as a baseline which sets out the scope, scale and function of the GMS improvement programme (GMSIP) to support a smooth and planned transition from 1st April, 2018.

This is a working document and is Lanarkshire's Primary Care Improvement Plan (PCIP). This document will be continually revised with updated information as plans for the work streams are developed until a final version is approved through the agreed process.

2. Governance

Val de Souza, Director Health & Social Care Partnership South Lanarkshire is the lead for the programme of work. The PCIP will be produced by the GMS Oversight group as a reflection of the six workstreams and three cross cutting workstreams (Workforce/IT/Digital and Comms and Engagement, within Lanarkshire. The GMS 2018 Governance paper is embedded at Appendix A. The GMS Oversight group will oversee the production of the PCIP as detailed in the Terms of Reference (ToR) embedded at Appendix B.

The GMS Oversight group work is accountable to the Primary Care Strategy Board and will be integral to and supported by the governance structure shown below in figure 1.



3. Background

3.1 General

The GMS2018 contract aims to refocus the role of GPs as expert medical generalists: for GP practices to lead multidisciplinary teams: and for GPs to be involved in quality improvement. This

will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. Building on WS1 – PCMHTP the priorities include:

- WS2 vaccination services,
- WS3 pharmacotherapy services,
- WS4 community treatment and care services including phlebotomy,
- WS5 urgent care in hours services, and
- WS6 Premises

GPs will retain a professional role in these services in their capacity as expert medical generalists.

A Memorandum of Understanding (MOU), has been developed between Integration Authorities, SGPC, NHS Boards and the Scottish Government, and sets out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen, new national and local oversight arrangements and agreed priorities over a 3 year period, 2018-2021.

The intention, set out in the MOU, is that the funding for service transformation will be allocated on an NRAC basis. This will require local engagement by NHS Lanarkshire with Integrated Joint Boards (IJBs) or Health & Social Care Partnerships (HSCPs) to agree the funding that will be received to deliver the Primary Care Improvement Plan and the priority work streams within the plan.

There are 5 Key Points to provide guidance on what success looks like:

1. GP and GP Practice workload will reduce.
2. New staff will be employed by NHS Boards and attached to practices and clusters.
3. Priorities include pharmacy support and vaccinations transfer.
4. Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
5. Workstreams will involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience

There will be national and local oversights of service redesign and contract implementation involving SGPC and Local Medical Committees.

4. General Medical Services and Community Health & Social Care

The Contract describes the place of GMS within a wider context, but is explicit about a much broader group of clinicians and services. This acknowledges the need to shift the balance of work from GPs to relevant multi-disciplinary teams, in the wider primary care managed services. There is also an understanding of the requirement for service redesign with ring-fenced resources to enable the change to happen.

The programme of work will fundamentally transform and bridge the gap between current GP based primary care services and elements of secondary care currently provided by hospital out-patients services. The work streams are key to building community capacity and establishing the multi-disciplinary teams (MDT's) which will provide the foundation and structure for the future of primary care services and ensure that the expanded range of services within this programme will result in patients seeing the 'right person, in the right place, at the right time. The expansion, redesign and development of new services will build on existing local plans and include many services that patients may need.

Arrangements will be made locally to determine how services are to be provided, whilst adhering to the principles of the Quality Strategy ensuring the provision of patient centred, safe and effective services.

Services will evolve over a 3 year period building community capacity and allowing the relevant transfer of responsibility from GP practices by April 2021. Services within scope of the work streams will by then be commissioned by HSCPs, and delivered in collaboration with NHS Boards as employers of MDTs. It is expected that phlebotomy and treatment rooms will be delivered as a priority within the first stage of the action plans.

The PCIP has been developed following significant and extensive work. There has been extra input with project management, project support, change management etc. There have been consultation events for the key workstreams to understand the scope and size of each workstream. There have been workstream meetings to plan out the work required and to understand the current starting point for the work. In short, a great deal of work has gone on to get the PCIP to its current position.

There are strong interdependencies between all work streams, the work being carried out within the wider GMS2018 programme and the development work in localities being led by HSCPs. The streams must ensure regular communications and strong links with other work ongoing within practices and community services. There are strong interdependencies between the work of NHS24 and other NHS Public Health organisations and also with third sector agencies developing new ways of working upstream. This will be geared towards improving access to healthcare such as self-care and self-management; new technologies; on-line information and support; preventative solutions sign-posting people direct to the right place first time.

4.1 Programme Scope/Scale

The scope of the GMSIP and consequently PCIP is all priorities as defined in the GMS2018 Contract and associated MOU, including mental health.

The scale of the programme is Lanarkshire-wide. No differentiation is made between North and South Lanarkshire.

4.2 Current Situation in Lanarkshire

Currently within Lanarkshire some services are hosted by Health and Social Care Partnerships. Embedded at Appendix D

The pressure relating to the sustainability of general practice is a UK wide issue. Within Lanarkshire there is an immediate issue affecting the sustainability of several GP practices but there is also a further issue of general sustainability. Any assessment of solution to the current issues concerning the sustainability of general practice across Lanarkshire will be managed and delivered in a joined-up approach to produce system wide changes.

4.2 Developing the service model

Significant work is ongoing and will be required within Lanarkshire to improve access to services in General Practice and optimise primary care services through developing the current services to work in new ways. This is emerging through the many tests of change across eight different workstreams currently in progress as part of the primary care and mental health transformation programme. This programme of work will integrate with the wider programme of work to transition to the new model of primary care as agreed under the GMS2018 contract.

Exit or sustainability plans are being developed by June, 2018 for all existing tests of change within the transformation programme to be sustained or stopped.

The workload will transfer from one programme to the other as below:

	PCMHTP	No tests of change	GMS Programme
WS1	General Practice & Community Redesign	7	Community Care & Treatment Services
WS2	Urgent Care Out of Hours	8	Continue as is in year 1 of GMS
			Urgent Care In Hours – New ways of access year 1, Urgent Care 24/7 year 2&3
WS3	House of Care	10	Community Care & Treatment Services
WS4	Leadership Programme	2	Clinical Quality Leads + Business as usual
WS5	Recruitment & Retention	5	For discussion
WS6	GP IT	6	Digital
WS7	Clinical Pharmacists in General Practice	5	Pharmacotherapy
WS8	Mental Health	10	Community Care & Treatment Services

The future service model will move some work away from GP practice based staff to local multi-disciplinary teams (MDTs), allowing GPs to focus upon their role as expert medical generalists. NHS Boards and HSCPs will work with General Practices and the GP Subcommittee to plan and manage the transfer of services in a way that ensures clear lines of clinical responsibility and governance and maximises benefits to patient care.

4.3 Planning

The benefits of developing locality based service needs assessments and a population segmentation model (to analyse health care conditions in the local population for the purpose of health conditions management) will be explored.

4.4 Future Funding allocated to meet locality need

Localities are the key mechanism with respect to delivering a new model of care and ensuring maximum use of current resources and services. Needs assessment and analysis will be required to ensure capacity & demand can be matched.

A fair and equitable approach to funding distribution between North and South Lanarkshire and then between the localities will therefore be developed in order to bring every locality up to a set standard. Diversity is represented through the historical arrangements mean that different approaches have developed to Treatment Room services which are central to the management of long term health conditions (e.g. diabetes) which will form a significant element of the early work across the vaccination, urgent care and community treatment and care services workstreams. There is an acknowledgement that new funding will need to be used to “level up” resources across Lanarkshire during the three year implementation period.

5. GMS 2018 Priority Areas – Workstream Project documentation

In line with the commitments in the MOU sets out agreed principles of service redesign. These agreed principles include patient engagement in the planning and delivery of the new services as critical to success. A programme approach has been in place since Jan 2018 with input from the NHS Lanarkshire service change and transformation, additional project management staff, the current improvement team, work-stream leads and key stakeholders to establish an infrastructure (see figure 1) and to develop a suite of documents for each workstream including; project briefs, high-level action plans to support the delivery of the three year programme. These documents will be held in an intranet folder for all within the programme to access. The workstream documents are the main source for assembling the Lanarkshire PCIP.

6. Primary Care Improvement Plan

6.1 Lanarkshire context

The population of Lanarkshire is 654,490 with 316,230 in South Lanarkshire and 338,260 people living in North Lanarkshire. There are more people aged less than 65 years living in North Lanarkshire when compared to South Lanarkshire, whereas more people aged 65 years and over live in South Lanarkshire when compared to North Lanarkshire. The NHS Lanarkshire total population is expected to increase by only 1% by 2025.

- There will be fewer children in the future population
- There will be fewer people of working age in the future
- The elderly population will be growing at the fastest rate in the future – while greatly welcomed, this population will proportionately need most healthcare resources
- The over 75s population is expected to grow by 11% by 2020 and 29% by 2025
- The growth rate for the elderly population is higher in Lanarkshire when compared to Scotland as a whole
- Life expectancy is increasing in Lanarkshire
- The life expectancy gap between Lanarkshire and Scotland is not closing
- There are stark differences in the life expectancy of those living in our most deprived areas compared with the least deprived

The Lanarkshire population health profile is poorer than the national average for many indicators; such as smoking attributable deaths, deaths from alcohol conditions, and children living in poverty.

Like many areas of Scotland the current challenges to service delivery include workforce deficits in order to guarantee GP sustainability whilst we transition to transformation. The required changes to the provision of health & social services care in Lanarkshire require change and investment now.

6.2 Vision and Aims

The vision / ideal model of the MDT for GP and Community based services will be developed which will allow the fair allocation of resources across North and South Lanarkshire and localities by 2021.

6.2.1 Aims

- To establish a robust plan that sets out an efficient, effective, person centred and sustainable GMS services within Lanarkshire to meet the requirements and commitments set out in the GMS2018 Contract to delivering to improve access to GP services and the clinical treatment and support services within the wider health & social care system.
- GMS services which will enable people to live safely and confidently in their own homes and communities, supporting them and their carers to effectively manage their own conditions whenever possible.

6.3 Programme Priorities

- By March 2018 establish the infrastructure required to manage the large scale service transformation programme of work.

- By May 2018 establish a quantified & costed resource plan for the delivery of the MOU priorities.
- By May 2018 ensure set out the Priority Areas Commitment to MOU in the form of high level action plan for year 1, 2 and 3.
- By May 2018 establish a communication and engagement strategy with agreement on relationships to patient, public and staff facing campaigns, events, materials etc.
- By June develop mechanisms with all workstreams to develop a communication and engagement plan for year one of the GMSIP.
- By June 2018 ensure sufficient capacity & capabilities are aligned to programme of work from current staff groups across Lanarkshire.
- By July 2018, establish, develop and initiate a plan for all GMS and primary care services that are collaboratively provided by NHS Lanarkshire & Lanarkshire HSCP's to deliver the redesign necessary by March 2021.
- By July, 2018 set out the funding available for the future model of GMS Implementation programme to provide a detailed financial framework and Plan.
- From July – Sept 2018 the community treatment and care services workstream will prioritise phlebotomy and redesign of treatment rooms to be delivered
- By September, 2018 set out the development costs for the future model of GMS Implementation programme to provide a detailed financial framework and Plan.
- By September 2018, embed what works (PCMHTP) and develop the spread plan
- By September establish the requirements for redesign and expansion of service in Lanarkshire within Year 1 (2018-19), depending on available resources (funding), consider year 2 & 3 of the plan
- By December 2018 develop the workforce requirements for all work-streams and assessment of likely workforce availability, thereby contributing to the Primary Care Workforce Plan.
- By (December 2018) engage with GP, clinical staff and IM&T staff to determine the processes which will inform the IT requirements for all work-streams and contribute to the PCIP the period of the plan.
- In year one (2018/19) ensure alignment with other corporate programmes of work to ensure delivery of Lanarkshire's health and social care strategies.

In year one (2018/19) establish an education and training framework for all workstreams linked to career development pathways.

6.4 Assumptions & Dependencies

- **Assumptions**
 - GPs will collaborate fully in the development of the new services.
 - Development of the programme in Lanarkshire will include representation of all key stakeholders from the outset.

- The key stakeholders will participate in relevant meetings, workshops, etc., and will input to consultation and provide information when required.
- Adequate funding will be available to implement the identified actions required to deliver a fully functioning and sustainable 'general medical services' in NHS Lanarkshire.
- **Dependencies**
 - There is a significant interdependency with the work being undertaken by all workstreams, including, improvement resource, clinical and management working relationships must ensure close working and clarity around the roles and responsibilities of all stakeholders to address inter-dependencies appropriately.
 - There is a dependency on the availability of suitable premises by which to deliver a new model of care. Must ensure close collaboration with Premises workstream to ensure the GP infrastructure going forward can support additional staff and their requirements to deliver the future models of care.
 - There is a dependency on appropriate IT in order to deliver transformation in Lanarkshire. The six work streams will provide detailed requirements to the cross cutting workstreams in order to address this dependency.
 - There is a dependency with the wider healthcare system. The proposed changes will fit with the priorities of providing more care closer to home and in the community and modernising outpatient care.

There is a dependency with the wider social care system. One example of this is the development of the link worker role.

- **Constraints**
 - Recruitment of workforce to carry out work and associated actions for PCIP within Lanarkshire.
 - Planning and implementation is likely to be constrained by the ability to recruit staff at appropriate levels and within adequate timescales to carry out the roles as described within GMS2018 contract.
 - A key constraint will be the availability of suitable premises from which to deliver the newly redesigned services. This represents an increased dependency with the Premises/Property work stream within the PCIP GMS 2018 Improvement Programme.
 - Availability of required stakeholders and service staff to engage and participate in the programme may be restricted by operational requirements and competing priorities.
 - There may be further workforce and staffing constraints if existing staff within GP practices cannot be TUPE'd to NHS Lanarkshire. There is further work required to understand the desire and need for this to happen. The concentration on the resource to develop the workforce requirements is a key timely development

6.5 Engagement process GMS 2018

The GMS2018 Implementation Programme (GMSIP) was initiated in Dec 2017 by the Chief Executive, NHS Lanarkshire, and the Director of HSCP South Lanarkshire to meet the commitments of the MoU and the assembly of the PCIP as follows:

A GMS2018 Governance structure and programme approach were set out in a paper developed with contributions from all key stakeholders including CEO, Director of Health & Social Care,

Medical Directors, Senior Managers, and GP Subcommittee and was supported, approved by NHS Board and IJB's (Jan- Feb 2018).

The set up stage (Jan – April, 2018) for the programme approach commenced in late January with project leads, project documentation (project briefs, high level action plans and ToR) at an advanced stage or a work in progress for all five workstreams.

During this time the Governance paper has been presented to a wide range of groups and committees including patient partnership/health & social care forums (public, patient and carer representatives), the acute division management teams, disseminated to nursing colleagues and been subject to presentations and discussions at locality level with GPs and local teams.

Work has commenced on the PCIP in early April and is being assembled to align with the workstreams and the MoU. A draft version of the plan was shared with the workstream leads, support workstream leads, the primary care strategy board and colleagues for contribution.

The timetable for engaging key stakeholders in the approval process and any further development has been set out as follows:

- 14th May NHSL CMT briefing session
- (16th May Papers finalised for boards)
- 21st May GP subcommittee for decision
- 24th May Joint Boards briefing session
- 30th May NHSL Board for decision
- 5th June NL HSCP JIB for decision
- 25th June GP subcommittee for update
- 26th June SL HSCP IJB for decision and any final feedback
- Any relevant amendments made and recirculated to committee chairs for approval
- 31st July Final approved PCIP to Scottish Government

6.6 Delivery of MOU commitments

For each of the six priority areas we have set out a high level action plan on how the GMS2018 Contract will be implemented and the new or extended teams will work with practices. The table embedded here is with reference to each priority area of work within the programme approach including;

- Rationale and detailed planning scope/scale
- Initial developments and approach in year 1
- Expected developments in years 2/3

This can be seen embedded at Appendix C. A number of cross cutting workstreams have been identified as key enablers to the programme overall. These can viewed below embedded as follows:

Cross Cutting Workstream	Appendix
Health Inequalities/Health Improvement	Appendix G
Digital Plan	Appendix H
Communication & Engagement Plan	Appendix I
Workforce Plan	Appendix J
Resource Plan	Appendix k
Finance Plan	Appendix L

6.7 Community Pharmacy, Optometry and Dentistry: linked developments and priorities (Alistair Mackintosh, Primary Care Services)

6.8 Community Services: Any proposed changes to how wider community services will align to practices / clusters (Marianne Hayward, Owen Watters, Heads of Health)

6.9 Interface Plans (Dr Chris Mackintosh)

6.10 Implementation

The process for engaging with localities, clusters and practices as well as through the health and social care organisations will be subject to production of communication strategies and plans. These will dovetail with the current arrangements to develop an improved dialogue with GPs and the wider Health & Social Care system by the Val de Souza, Director of Health and Social, South Lanarkshire as the chair of the Primary Care Strategy Board.

The programme approach and infrastructure, leadership and change management capacity and support will be put in place to ensure GPs and community teams, project leads are well supported to deliver a successful programme of change over the next three years.

6.11 Funding - Fiona Porter

- How new earmarked funding and any residual PCMHTP funding will be used in support of the plan
- How any other additional sources of funding will be used in support of the plan
- Other resources or realignment of funding

6.12 Evaluation, improvement metrics and outcomes

To be worked up

7. Approval of the PCIP

The three year action plans for all workstreams will be developed with the project leads and subject matter experts, following an iterative development process these will be collated into the primary care improvement plan (PCIP).

Changes to the PCIP will be through the GMS Oversight group and identified lead author. Any such change shall only become operative after approval of the Chair of the Group in consultation with the Primary Care Strategy Chair & Board.

The PCIP will be agreed by GP Subcommittee of the Area Medical Committee for clinical input and Local Medical Committee (LMC), as the negotiating body.

8. Future Stages of Work (PCIP)

A development process will be adopted between the workstream leads and GMS Oversight group to monitor progress over time.

Reporting templates have been developed to enable the workstreams to report on progress (highlight report) and for the GMS Oversight group to provide feedback (action notes). The GMS Oversight group will report up to the PCSB using a Performance RAG report.

It has been agreed that the PCIP will be reviewed at 6 monthly intervals at the GMS Oversight group and ultimately reporting on reaching these milestones to the Primary Care Strategy Board

for onward reporting at IJB/NHS Board and Scottish Government level as required. At each milestone the PCIP will be base lined for future evaluation. The timetable is set out below:

Stage	Dates
1 st Review Gate	31 st July 2018
2 nd Review Gate	30 January , 2019
3 rd Review Gate	31 st July 2019
4 th Review Gate	30 th January 2020
5 th Review Gate	31 st July, 2020
6 th Review Gate	31 st January, 2021

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Appendices

Appendix A	GMS Improvement Programme Governance Paper (March 2018)	 Final 12.03.18 PCGMS2018 Govern
Appendix B	Terms of Reference Lanarkshire GMS Oversight Group (April 2018)	 GMS Oversight Group ToR 2018 04 :
Appendix C	Priority areas for delivery of the MoU	 PCIP- Priority Areas Commitment to MOU
Appendix D	Health & Social Care Partnerships – Devolved services	 HSCP.docx
Appendix E	Primary Care & Mental Health Transformation Programme Update (April 2018)	 040418 LanPCMHTP HIS Submission.doc
Appendix F	Programme Risk Register (May 2018)	 MAY 2018 NHSL PCIP GMS 2018 Risk Regist
Appendix G	Health Inequalities paper	 PCIP - Health Improvement draft 0:
Appendix H	Digital Plan	 Primary Care - GMS2018 - Cross Cut
Appendix I	Communication & Engagement Strategy	 PCIP Communications and
Appendix J	Workforce Plan	 NHS Lanarkshire Workforce Planning S
Appendix K	Resource Plan	To Follow
Appendix L	Financial Framework/Plan	To Follow

PCIP DOCUMENT CONTROL SHEET:

Key Information:

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Dv0.1	23/04/18	Updates and amendments	VdS	Yes
Dv0.2	24/04/18	Amendments made as per comments	KB	No
Dv0.2	25/04/18	Suggested amendments provided	VdS	Yes
Dv0.2	26/04/18	Suggested amendments provided	LF	Yes
Dv0.3	26/04/18	Updates made	KB	No
Dv0.3	30.04.18	Comments received	CJM	Yes
Dv0.3	30.04.18	Updated and changes made	KB	No
Dv0.3	04.05.18	Cross cutting papers	DW, MR, CC	No
Dv0.4	10.05.18	Summary document re Priority areas for MoU	SG	No
Dv0.4	10/11th.05.18	Edit and re-write, format and update	KB	No

Approvals: This document requires the following signed approvals.

Name:	Signature:	Title:	Date:	Version:
		LMC Chair/Vice Chair		
		Chair PCSB		
		Chair IJB		

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