

# East Lothian Primary Care Improvement Plan

# UPDATE

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## Introducing the new East Lothian Primary Care Improvement Plan newsletter



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Interim Director  
ELHSCP

**W**elcome to our first *Primary Care Improvement Plan UPDATE*, which I hope will keep you up to date with the progress of the Primary Care Improvement Plan, local developments and models of good practice that might work well in East Lothian.

Most importantly, we hope you will use it as a tool for getting involved in the development of the Implementation Plan, either by feeding back through the reference group or contacting us directly. East Lothian is a small county— very rural but with large urban populations too; very well-off in some parts and on the Scottish Index of Multiple Deprivation in others. Across the county, all areas are experiencing increasing populations and more complex health needs. Each practice has its own individual, local challenges to address. My hope is that by having good channels of communication and lots of opportunities to consult and engage, the implementation plan will help to meet local pressures for patients, improve access to primary care and drive up the health of our communities. Just a small ambition ... and one that puts you at its heart. So please keep in touch, give us your ideas and feedback. It's central to the safe delivery of first class primary care for East Lothian.

## Building the East Lothian Primary Care Family

**T**he new GMS Scotland is focused on developing multidisciplinary practice teams of practice nurses, advanced nurse practitioners (ANPs), advanced physiotherapy practitioners (APPs), pharmacists and others, to provide certain services to patients. We want to make sure that these teams will support the transfer of workload from general practitioners, freeing GPs up to develop their role as an *'Expert Medical Generalist'*. This should generate development and modernisation of services that are tailored to patient need and delivered through innovative approaches. General practice nursing will continue to have a vital role under the proposed new contract. There will be new enhanced roles for practice managers and practice receptionists.

The new GMS contract brings some new funding for primary care and it will lead to significant change. East Lothian Health and Social Care Partnership is very clear that this change is not to be imposed but developed and delivered in partnership with GPs and Allied Health Professionals—our East Lothian Primary Care Family.

We have been criticised for the way in which we consulted in drafting the East Lothian Primary Care Improvement Plan—we did consult with GP, AHP, patient and carer representatives, but we're sorry if you don't think that was adequate. However, it has always been our intention to involve GPs and AHPs in planning and implementation, which is where the real differences for local outcomes for patients and staff are to be made. This is where the hard work begins.

# Sharing innovation and good practice

## New software trial helps GPs to collect activity data easily



**M**odern primary care delivery is increasingly dependent on

activity data, not just on how service is delivered, but on demand for access. Yet we still do not have a clear method of recording not just total demand, but patterns and timings of demand. ELHSCP are currently working with a provider to test a software in the county which provides data at the point of patient's telephoning their GP Practice. The software is able to identify the patient from the phone number at the outset, and to directly open the patient record and record the contact therein. The technology also allows voice recording of calls, which enhances both patient, administrative staff, and clinician experience of encounters, and is used routinely in the Out of Hours setting. The software records overall patterns of demand and activity, and

allows individual patient access journeys to be followed.

The PCIP recognises the need to match resource to demand in East Lothian, and thereby reduce inequalities. While there is no currently agreed, recognisable model for doing this, it is hoped that this software will help ELHSCP compare patient activity across the county. Furthermore, investment in this software will be beneficial to the business planning of GP Independent Contractors. GP Practices currently using traditional phone systems have increasingly come under difficulties during periods high demand, with systems simply unable to cope with patient flow, phone systems effectively creating a bottleneck. This has also created problems for clinicians phoning out for referrals etc. By working more closely with telephone providers on access issues, we hope to ensure a more sophisticated telephone infrastructure for the county.

## Substance Misuse Team supports GP practices

**T**he PCIP recognises the need to focus on patient groups with specific needs, particularly those that do not fit easily into the wider model of Primary Care Service delivery for larger populations. Patients who present with problems relating to substance misuse, including alcohol, are an example of this. Following the demise of Eskbridge Medical Practice in 2015, extra support from the Substance Misuse team was put in by ELHSCP to manage the needs for these patients in the Musselburgh area.

The success of this service has subsequently been recognised and formalised. Parallel to this has been the increase in drug-related deaths in East Lothian. It is recognised that this is more likely to affect patients on multiple substances, including prescribed medications.

**From this need, and the success of the extra input into care for these patients in Musselburgh, the Substance Misuse team are now working in collaboration with MELDAP to support GP Practices in other parts of the county, particularly those areas that have had a higher rate of drug-related deaths.**

# Addressing health inequalities

## Meeting increasing demands for access to primary care services

One of the ambitions of the Primary Care Improvement Plan is to address Health Inequalities, especially those relating to patient access to Primary Care Services. A two yearly patient survey is carried out by Scottish Government, and one of the most striking features of the results of this over the years have been the disparity in results to the question *“Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?”* with negative responses ranging from 0% to 38%, depending upon the practice. While the survey questions do not necessarily directly reflect local service arrangements, it has given a useful indicator to help identify areas where access to Primary Care is more difficult, and further support is needed.

Now that the test period of CWIC moves into a wider implementation phase, discussion with local practices regarding the mechanism of this has commenced. The Harbours Medical Practice in Port Seton has faced recent challenges with providing equitable and prompt access to

services, and also with service delivery itself. A high demand population and lack of suitable premises have been contributory factors to this.

Meantime, due to the success of their partnership with ELHSCP and Riverside Medical Practice, NHS 24 have expressed an interest in expanding their operation into East Lothian. Having identified The Harbours as a practice likely to fit well with the model at this stage, discussions are now under way about how best to achieve this aim. The process will give an opportunity to explore methods of joint working between Practices, and to build working relationships which will help service delivery for the existing patient population, as well for the anticipated population growth in the county.

It is hoped that, if successful, other Practices which feel they may benefit from this will be able to join this working partnership and develop service delivery for the modern era. The ambition is to see a county where ease of access to Primary Care is not dependent upon the location of a patient’s residence.

## Planning for Blindwells—working with contractors on care delivery

The large housing development planned for Blindwells has been long anticipated. There have been many years of uncertainty regarding starting dates and subsequent timelines on population growth. However, with the appearance of diggers, ELHSCP is now looking forward to meaningfully plan for this development. There has already been one clear expression of interest in providing Primary Care Services from an East Lothian Practice. Since this was referred to in the PCIP, there have been three further practices expressing interest in further discussion regarding service provision. Due to a need by ELHSCP to work with the Primary Care Contracts Organisation, local building developers, and other relevant parties, the production of an options appraisal has been agreed. To reach that point, a work plan within ELHSCP is currently being followed to gather together as much of the relevant information as possible at this stage. Once an initial options appraisal paper has been completed, it will be submitted to the Primary Care Joint Management Group for discussion and further action thereof. Of significance in this process, is the obvious change in thinking towards this large development. Before the new GP contract and the PCIP there was an air of caution from GP Contractors regarding the development. With greater confidence in the ongoing sustainability of Primary Care coupled with the success of the CWIC service delivering care in line with, but ahead of, the new GP contract, ELHSCP can look forward to productive working with contractors to delivery care in Blindwells.

# Primary Care Improvement Plan

## Primary Care Implementation Plan Working Groups

The completion of process of agreement of the Primary Care Improvement Plan (PCIP) was marked by its passage through the LMC and submission to, and acceptance by, Scottish Government. The process involved two weekly meeting alternating between the PCIP steering group, and the larger PCIP Reference group.

The Memorandum of Understanding (MOU) entitled *GMS Contract Implementation in the context of Primary Care Service Redesign*, was signed by representatives of the Scottish Government, the British Medical Association, Integration authorities, and NHS Boards. The expectation of the MOU was a PCIP design that encompassed the view of “all relevant stakeholders” in Primary Care. In respect of this the PCIP steering and reference groups contained a broad range of representatives from the multi-disciplinary team, as well as third sector, patients, carers, and no less than eight General Practitioners.

Following completion of this phase, East Lothian Health and Social Care Partnership (ELHSCP) now moves on to a three-year implementation period. To facilitate this, there will be the formation of four working groups to cover all aspects of PCIP implementation. These are:

- Primary Care Access and Service Delivery
- Pharmacotherapy
- Link Workers and Third Sector
- Primary Care Nursing and CTACs

The PCIP steering and reference groups will be amended slightly to align fully with the wider HSPC/IJB strategic planning structure. Representation of key stakeholders will remain key across the primary care groups.

The working groups are expected to have some challenging discussions over the implementation period, and from these discussions make recommendations to the PCIP reference group. The new GP contract and, therefore, the PCIP are generally recognised as being ambitious, and inevitably some difficult decisions regarding priorities will need to be made along the way.

The groups are in their infancy at present and the respective chairs welcome any contact for further information and updates. The stakeholders will continue to have a responsibility to engage with their represented groups.

### How to contact working group chairs

To make sure that your views are represented, contact our working group chairs direct.

- Alan.Millarvie@nhslothian.scot.nhs.uk  
0131 537 6067—pharmacotherapy
- Alastair.Clubb@nhslothian.scot.nhs.uk  
07530 354246—primary care access
- krista.clubb@nhslothian.scot.nhs.uk  
01620 823183—nursing and CTACs
- joanna.smail@nhslothian.scot.nhs.uk  
01875 610697—link workers/3rd sector

# Our people

## Aleisha Hunter—Primary Care Development Manager

**A**leisha Hunter has made her career in NHS Lothian and has been with East Lothian Health and Social Care Partnership (ELHSCP) since its inception. She is our new Primary Care Development Manager, a post she took up in May this year.

She is a key member of the ELHSCP Primary Care Team, working to deliver the Primary Care Involvement Plan. She also has operational management responsibility for CWIC. A major part of her role is working with local GP practices on a range of issues and service developments, ranging from the everyday such as sourcing document storage for practices to the strategic, for example, working with practices on local implementation of the East Lothian Primary Care Plan.



She says:

*'Recently, I have been out and about visiting practices across the county – I'll be visiting everyone in the next six months. This lets me find out from practices directly about the things that are important for them. As the role develops, establishing good links with practices will be very important.'*

*'I am really excited about my job—it's a new challenge and I look forward to working with primary care partners closely as we work together to deliver the new GMS contract and transform primary care for staff and patients alike.'*

Contact Aleisha at [Aleisha.Hunter@nhslothian.scot.nhs.uk](mailto:Aleisha.Hunter@nhslothian.scot.nhs.uk) or phone 0131 446 4184.

## Fiona Graham—Mental Health Occupational Therapist, CWIC

**F**iona has worked for the NHS for 30 years in a number of roles, all mental-health related. Currently, she is the team lead for the OT teams at Herdmanflat and the Adult and Older Adult OT teams. Eight weeks ago, she also began working with CWIC half-time across five days. She says:



*'With CWIC, I work as a Mental Health OT. I assess people in a holistic way – looking for both mental and physical health difficulties. OTs are quite distinctive – when registered, we are qualified in physical and mental health and this really helps with the holistic approach. At CWIC, I assess both mental health and the way that impacts on people's lives. I see a very mixed case load, including people who are signed off sick from work. In fact, using the **AHP Fitness for Work** report, I can sign people off. Then I can work with them, looking at vocational rehab with goals. I aim to get people well and back to work. Using an MHOT means that people can get counselling and support straight away. It's also good for employers, helping them to support people's return to work and enabling them to make reasonable adjustments and offer ongoing support. We are reducing the reliance on the rest of the primary care team and offering an approach that doesn't rely on pharmacotherapy.'*

*'I am also dealing with quite a lot of 18 – 22 year olds who are struggling with transitions from school to uni, self-esteem and confidence issues and social media pressures. I do brief interventions with them to build self-esteem and self-confidence and resilience. Mental health resilience-building is a big factor in mental health these days – supporting people to bounce back.'*

*'I really enjoy it here and I think I am doing some really good clinical work. I feel that I can leave work at the end of the day having done some good preventative work – promoting good self-management. It's more rewarding than I had actually expected because the people I have been seeing could potentially end up with serious mental health problems and I think what we do here is preventing that escalation.'*

# Looking ahead

## Blindwells



*East Lothian Health and Social Clinical Director Jon Turvill says:*

If you have driven down the A1 lately, and who in East Lothian hasn't, you'll have seen that groundworks have commenced in the former open cast site. Before too long we will see houses follow, so we are beginning to plan for future Primary Medical Care support for the new town. We are in active discussions with a

number of East Lothian practices. It has long been planned that there will be a Primary Care Centre there, and we are exploring options regarding the size and scope of the centre, and the services it will offer. With an expanding CWIC service and the possibility of Community Treatment centres, as well as GP Practice services, we can envisage the possibility of a substantial facility to serve the local population. We will be exploring additional funding options for our ambitious plans for premises and new services, with NHS Lothian and the Scottish Government.



# Taking the strain

## The East Lothian Care Home Team

East Lothian Health and Social Care Partnership's Care Home Team offers practical support and training to social care workers in council and private care homes. They provide an enhanced service, leading on prescribing and physical care for residents. Training focuses on upskilling care workers' clinical skills, for example, skin care. They support anticipatory care planning with residents and families, ensuring that wishes regarding end-of-life care are understood, providing sensitive support and the medical care needed whenever it is needed.

It was set up in December 2015 to find a practical response that would ease pressures and benefit care residents and staff, and medical practices. The team, which consists of nurse practitioners and health trainers now visit care homes in the Musselburgh, Gullane and Haddington areas several times a week, supporting and building relationships with residents and staff. They provide clinical support and can also identify training needs and action them.

With care home staff, they form an informed caring team for each resident. They are:

- able to intervene earlier with changes in residents' health and provide treatment themselves (for example, wound care, prescribing)
- immediately call in another appropriate health professional or recommend admission to hospital if necessary
- cutting down on unnecessary admissions to hospital

- supporting earlier discharges back to care homes
- promote anticipatory care planning with residents and relatives
- provide end-of-life care in care homes rather than in hospital
- certify deaths quickly (rather than relatives having to wait for a GP visit)
- share good practice on a daily basis with care home staff.

They work closely with other key health professionals, including district nurses, community pharmacists, occupational therapy and physios. Their work means that when other medical support is required they can give an up to date and consistent picture of the residents' health problems, enabling more effective and efficient onward care.

The trainers in the team provide care workers with a wide range of training that improves the general health and wellbeing of residents, including keeping residents as mobile as possible, wound care, pharmacy issues, feeding etc.

The Care Home team has also played a key role in helping several private care homes in East Lothian to raise low grades in Care Inspectorate inspections, for example, Tranent Care Home and Drummohr. By increasing knowledge, understanding amongst care workers and sharing good practice,

they have brought these homes back to a good standard and helped them to sustain and continue to improve their Care Inspectorate gradings. See more about the Care Home Team at

<https://vimeo.com/215801376>



It is a fantastic, futuristic view of how we can look after elderly, frail patients.'



## East Lothian Primary Care Summit

# New Horizons—The GMS Contract and East Lothian Programme

09.00-09.30	Registration, tea and coffee
09.30-09.45	<b>Welcome</b> —Alison Macdonald, Interim Director of Health and Social Care
09.45-10.00	<b>New GMS contract—the story so far</b> —Dr Lewis Morrison, Chair BMA Scotland, and Dr Amy Small, Lothian LMC
10.00-10.05	Q&A
10.05-10.25	<b>The Lothian perspective on contract implementation</b> —David Small, NHS Lothian Director of Primary Care Transformation
10.25-10.30	Q&A
10.30-10.45	<b>GMS and addressing health inequalities</b> —Dr Philip Conaglen, Public Health Consultant
10.45-11.00	Q&A
11.00-11.20	Coffee and networking
11.20-10.25	<b>CWIC video</b>
11.25-11.45	<b>The Musselburgh pilot</b> —Dr Laura Ryan (Medical Director, NHS 24), Dr Richard Fairclough (Riverside Medical Practice), Dr Alastair Clubb (Primary Care Strategic Development, ELHSCP)
11.45-11.50	Q&A
11.50-12.10	Round-up from Primary Care Sub-Groups—access, pharmacotherapy, li Links workers and nursing with Dr Alastair Clubb, Alan Millarvie, Krista Clubb and Dr Jo Smail
12.10-12.15	Q&A
12.15-12.50	<b>Over to you</b> —roundtable discussion of the morning’s topics and the opportunity to feedback on the issues that are most important to you
12.50-13.05	<b>Feedback and open forum discussion</b>
13.05-13.10	<b>Round up and next steps</b> —Peter Murray, Chair, East Lothian IJB
13.10-14.00	Lunch and networking