

WEST LOTHIAN INTEGRATION JOINT BOARDDate: 29th November 2016

Agenda Item: 11

PRIMARY CARE REPORT**REPORT BY DIRECTOR****A PURPOSE OF REPORT**

The purpose of this report is to provide an overview of the current challenges being experienced in Primary Care and the actions being taken to support and sustain service provision.

B RECOMMENDATION

. The Integration Joint Board is asked to

- 1. Note the contents of the report*
- 2. Note the current challenges facing Primary Care*
- 3. Support the management team in their actions*
- 4. Support the proposed Primary Care Summit event in February 2017*

C TERMS OF REPORT

GP practices are facing a number of challenges which are affecting service delivery and capacity to meet demand. This paper outlines the current issues impacting on West Lothian practices and provides overview of the measures taken to support General Practice provision.

Changing Practice Populations

GPs are facing rising patient demand from an ageing population with multiple complex health conditions who are supported to live in community settings. Care of frail elderly patients in community settings takes up a very significant and expanding proportion of GP time. As the number of frail older people living with complex medical needs continues to increase this places additional demands on GP practices.

In addition, population growth in the core development areas of Armadale, East Calder, Whitburn, Bathgate and Winchburgh is having significant impact on General Practices and their capacity to manage the demand and increase in list size associated with population growth.

Workload

There is good evidence nationally of substantial increases in practice consultation rates, average consultation duration and total clinical workload. Between 1998 and 2012 GP consultations increased by 24%. The average member of the public sees a GP six times a year; this is twice the number compared to a decade ago.

Recruitment

There are significant challenges in recruitment and retention to GP posts across the country for partner, salaried, locum, and out of hours' positions.

West Lothian has 22 practices and current level of GP vacancies is equivalent to 10 WTE. These vacancies are spread over several GP Practices.

Scottish Government GP Recruitment and Retention Fund

Over £2 million of funding has been allocated to recruitment and retention projects across the country, as part of the Government's Primary Care Investment Fund.

In Lothian two proposals were supported:

- *WISEDOCS* - a locum pool of recently retired GPs, supported to return to work for a period of time doing locum sessions in local practices, and
- A *Clinical Development Fellow Scheme* combining work in a daytime contractor GP practice with either Out of Hours work or A&E work, and participation in the NHS Lothian Quality Academy.

General Practice Education and Training

NES has advertised 100 additional three-year training programmes through the upcoming recruitment round, starting in February 2017.

The fill rate for trainee posts has dropped significantly over recent years and in a number of specialties, including general practice, there are substantial shortages. This year for the first time around 20% of GP training places in the south-east region are unfilled.

Immigration policy changes have also caused a decline in the number of international medical graduates from outside the European Union working in the NHS. Surveys suggest that difficulty in recruitment is likely to continue and the planned increased GP training places are unlikely to be filled. Even if all training places are filled, pressures will continue in the short to medium term.

NES Scotland Returner and NES Enhanced Induction Programmes

These schemes are for doctors who have previously worked in UK general practice (but have not practiced for 2-5 years) and who intend to return to work in Scotland and for doctors who have trained in general practice (usually abroad) and who are included on the GMC GP Register but have never worked in UK General Practice. There is also a local induction scheme run by Lothian.

Workforce

Increasingly practices are staffed by GPs working part time. This is driven in part by the increasing number of female GPs, who on return from maternity leave often reduce their hours of work. In addition, 40% of female GPs leave GP employment before age 40. The majority of GP trainees (65%) are now female. The average age of the GP workforce has increased from 43 to 47 and 60% of

GPs intend to retire early.

Morale

In the SGPC national survey:

54% of GPs felt their current workload was unmanageable or unsustainable

54% felt there had been an inappropriate and unrecorded transfer of work

71% felt their workload had a negative impact on their quality of life

43% felt they had insufficient time with patients

54 % reported their morale being low or very low.

Work life balance for GPs was worse than for doctors in training and hospital consultants, with GPs reporting working outside their regular hours very often and is a common issue highlighted when practices are requiring support.

OOH Primary Medical Services

Out of Hours (OOH) primary medical services in Lothian are delivered by Lothian Unscheduled Care Service (LUCS) over evenings, overnight, weekends and public holidays. Demand on the service has increased by 18% since its establishment in 2005/06.

For West Lothian, the service is based in St John's Hospital in OPD 2 and is delivered by a multidisciplinary team including salaried GPs and ad hoc (independent contractor) GPs. The current ratio of ad hoc to salaried GPs is around 70:30. There are significant difficulties in recruitment and retention and although previous shortages were limited to specific periods such as Christmas and summer holidays, there are increasingly regular occasions when bases have to run on less than a full complement of staff, offer a reduced service or even close for short periods.

Anecdotally there appears to be an overspill of work from day time GP practice presenting to the OOH service. This may be a reflection of the difficulty that patients may have in accessing daytime general practice.

A national review of OOH primary care recommends establishment of a network of Urgent Care Resource Hubs and Urgent Care Centres. Planning is underway on how this will be delivered in Lothian.

Community Nursing

Staff shortages are also experienced in those nursing positions that work in or with GP practices.

District Nursing and Health Visiting play a key role in delivery of primary care services, but there are also significant challenges in recruitment and retention for these staff groups. For health visitors, district nurses and practice nurses around 50% of the workforce are 50 years of age or older. This is older than the age profile for nursing in the acute sector.

Practice Nursing

Practice nurses' roles include chronic disease management, travel advice, contraception and non-medical prescribing. The proportion of consultations handled by nurses or other general practice staff has increased from 25% in

1995/96 to 38% in 2008/09. Further expansion could be explored.

Over recent years, primary care Advanced Nurse Practitioner (ANP) posts have been established, with these practitioners managing a similar acute caseload to GPs in both daytime and out of hours' general practice. An educational programme is being delivered locally. Fourteen places were funded in 2015/16, and eleven are funded for 16/17.

A national survey of practice nurses conducted in 2015 reported that one in three (33.4%) practice nurses were due to retire by 2020.

Changes to the GMS Contract

The Scottish Government and the BMA in Scotland have over recent years agreed on an increasingly Scottish version of the national GMS contract. In 2016/17, the Quality and Outcomes Framework (QOF) was retired in Scotland and replaced by a Transitional Quality Arrangement (TQA) pending agreement of a new Scottish GMS contract from 2017/18 onwards.

These changes are intended to cut bureaucracy for practices to allow a shift towards quality improvement based around small clusters of GP practices working together to review data and plan improvements.

The coming GP contract is expected to strengthen and reinforce the role of GPs as expert generalists and senior clinical decision makers in the community. Primary care utilisation of a wider workforce and encouragement for all disciplines to work to the upper limit of their practice should allow GPs to focus on complex care and undifferentiated presentation.

Practice Numbers

Of the 123 GP practices in Lothian, over 95% operate as independent contractors; only six are directly managed by HSCPs under Section 2c of the contract. All of the 22 GP Practices in West Lothian operate as independent contractors.

As a reflection of the pressure on list sizes 40 practices in Lothian now have some degree of restriction on new registrations two of whom are in West Lothian. No practice in Lothian has formally closed their list.

LEGUP (List Expansion Grant Uplift Scheme)

This scheme provides a short term financial incentive for practices to take on more patients. The expectation is that once practices have been supported to expand, the increased list size will generate the increased income needed to maintain service provision.

The HSCP have distributed this funding across 6 practices in the last two years

Integrated Care Pharmacists

The introduction of Clinical Pharmacists (Integrated Care Pharmacists) working in GP practices is a widespread development that appears to help in addressing capacity and workload issues in General Practice. Clinical Pharmacists, who may have non-medical prescriber training, are able to take on a wide range of clinical work at practice level including: medication reviews, polypharmacy reviews,

medicines reconciliation and review of repeat prescribing. Scottish Government funding has allowed recruitment of around eight Band 8A clinical pharmacists deployed initially within practices at greatest need of support.

Skill Mix

Research suggests that 27% of GP appointments were potentially avoidable – including patients who could have been seen by another member of practice staff. A range of practitioners could help to support GP workload by helping with clinical management in a range of areas:

- Physiotherapy – for musculoskeletal problems
- Optometry – for acute eye problems
- Community Pharmacy – for minor illness and medication queries
- Advanced Nurse Practitioners – for all acute presentations
- Practice Nursing – skill development to include non-medical prescribing
- Healthcare assistants – not widely used in GP practice
- Dentists – for dental and oral health problems

These practitioners already provide services in primary care and these services need to be actively promoted so the public use them as the first point of contact for appropriate problems.

West Lothian practices are keen to explore how signposting can ensure patients are directed to right resource first time to improve access and promoted best use of resources. Posters have been developed and information is being promoted through range of media. In addition, we are exploring staff training options for practice staff to enhance their skills in signposting patients.

IT and eHealth

GP practice clinical IT systems are provided and maintained by NHS Lothian eHealth. Most practices in Lothian use VISION, a smaller number of practices use EMIS. There is widespread agreement that IT provision to GP practices could be improved. GP systems are very slow, prone to crashing and have poorly compatible software. These limitations are operationally inefficient as they impact on GP consulting time with time spent waiting for systems to load and reboot. In addition the GP systems have no connectivity with those used in the out of hours service, community nursing and acute sector. The use of technology in patient care needs to be further explored, for example:

- Use of email and text messages to communicate with patients
- On line appointment booking and prescription request management
- Email surgery consultations
- Web based patient enquiries e.g. Ask My GP
- Use of mobile devices e.g. for home visits and care home work
- Wi-Fi networks for decision support and internet access.

Although there may be operational and information governance concerns around many of these initiatives, they are not insurmountable and are supported by professional bodies such as RCGP Scotland.

Premises

Premises are critical to the development of Primary Care and models of care to support patients in the community and need to be of sufficient standard and meet the clinical accommodation requirements.

Over the past two years the HSCP have undertaken refurbishment and created additional clinical capacity in Stoneyburn, Carmondean, Linlithgow and Whitburn (with further works planned over next 2 years) Health Centres and work is currently in progress on substantial programme of refurbishment at Dedridge Health Centre.

Work has commenced on the new Blackburn Partnership Centre which will be completed in 2017 and we are progressing work to develop new premises in East Calder and Armadale.

In addition, the GP in Murieston has completed and moved into new premises at the beginning of July.

Risk Register

To inform our plan and priorities for support each practice has been assessed on risk rating scale and the findings shared with the practices. This has enabled the management team to initiate early dialogue with the most vulnerable practices and to offer various packages of support.

Currently six West Lothian practices are receiving some degree of support from the HSCP such as help with managing the list size; financial support; help with recruitment and staffing; premises; and business support to maintain service provision.

Primary Care Summit

A pan Lothian Primary Care Summit was held in Musselburgh on 29th September 2016 to provide an opportunity for system wide reflection on the challenges in Primary Care, highlight positive work underway and to agree actions for delivery with NHS Lothian, secondary care and other partners in the short and medium term.

The themes emerging from the summit highlight the need for

- Workforce and skill development
- Public information and public education
- Transfers of work from GPs to an expanded multidisciplinary team
- Better electronic information exchange
- Continuing interface work between primary and secondary care
- Improved professional to professional communication.

A full report on the summit is in preparation and will be made available in due course.

It is proposed that West Lothian hold a local primary care summit to build on the emerging themes from the pan Lothian event and to look in more detail at the current issues affecting primary care in West Lothian. The main aims will be to identify local priorities and specific actions to support sustainability in general practice and to agree how these will be developed and delivered locally and to identify those priorities which will require wider engagement with NHS Lothian and the Scottish Government and how these will be taken forward.

It is intended that this will be held during the protected learning time session on

22nd February 2017 to enable the primary healthcare teams to fully participate. Invitations will be extended to a wide range of stakeholders to maximise the opportunities to inform development of our primary care plan and next iteration of the IJB Strategic Plan.

D CONSULTATION

Primary Care & Community Forum
Strategic Planning Group

E REFERENCES/BACKGROUND

Primary Care Summit 2016

F APPENDICES

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	All National Health and Well Being Outcomes
Strategic Plan Outcomes	Primary Care is critical to all Strategic Plan Outcomes
Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	Mutual Aid, Management of Risk
Resource/finance	Within available resources
Policy/Legal	None
Risk	The sustainability of Primary Care remains a high risk on the HSCP NHS Risk Register and a very high risk on the NHS Lothian Risk Register.

H CONTACT

Contact Person:
Carol Bebbington, Senior Manager Primary Care & Business Support
<mailto:carol.bebbington@nhslothian.scot.nhs.uk>
Tel 01506 281017
22nd November 2016