



Meeting: Highland Health & Social Care Committee

Meeting date: DATE 2024

Title: Primary Care Update

Responsible Executive/Non-Executive: Pam Cremin, Chief Officer

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1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well	Stay Well	Anchor Well
Grow Well	Listen Well	Nurture Well	Plan Well
Care Well	Live Well	Respond Well	Treat Well
Journey Well	Age Well	End Well	Value Well
Perform well	Progress well		

2 Report summary

2.1 Situation

This report provides Committee with an update in relation to primary care.

2.2 Background

The primary care division covers General Practice, Dental and Community Optometry services across North Highland.

2.3 Assessment

Community Optometry

Community Glaucoma Service

The Community Glaucoma Service (CGS) is a new national NHS service in Scotland that provides a means by which patients who have lower risk glaucoma or ocular hypertension, and who have been under the care of the Hospital Eye Service, may be discharged to receive care from CGS accredited providers in the community.

Presently within NHS Highland there are 6 Accredited Clinicians, who have achieved the NES Glaucoma Award Training (NESGAT) qualification and 5 Accredited Providers (Community Optometry Practices). A further cohort of NESGAT training is due to commence early in 2025.

Open Eyes, the preferred Electronic Patient Record (EPR) access for the Community Glaucoma Service Accredited clinicians are specified in the legal directions for this service. Discussions are on-going with the hospital eye service in North Highland to support the delivery of this service.

Stroke/TIA Pathway

We are currently engaging with the Stroke Team to develop a clear pathway for Community Optometrists to follow in the event of a diagnosis/suspicion of a recent Stroke/TIA.

Governance Visits

The 3-yearly practice governance visits have re-commenced following suspension during the pandemic. These visits are a requirement under General Ophthalmic Services and Community Glaucoma Service.

NES Foundation Training

Following the GOC changes on how undergraduate Optometrist training is being delivered, the Primary Care Team is engaging with relevant stakeholders to ensure the delivery of this is supported across Highland.

Care Portal

The team are in early discussions with e-Health colleagues to support the development and roll out of Care Portal for Community Optometrists.

Dental Services

Access

There is continued demand for access to NHS dental registration within many communities throughout the HSCPA where people are unable to register with a GDP Dental Practice. In the Inverness city, Lochaber, Alness and Invergordon areas there are GDP practices currently accepting new patients for NHS registration and this information along with contact details for the practices is available on the NHSH website.

In early June a new 3 surgery NHS dental practice opened in Inverness city centre with the support of grant assistance from the Scottish Dental Access Initiative (SDAI)

scheme. The new practice has the capacity to accept 4,500 patients for NHS registration and this is a welcome improvement for the population of Inverness as currently no other practice in the city has the capacity to accept new adult patients for NHS registration.

Sadly the one remaining GDP Dental Practice in Kyle is to close at the end of August 2024. The practice is owned by a Dental Body Corporate (DBC) which has a network of practices throughout Scotland. The DBC cited recruitment challenges and financial pressures as the reason for the closure of the Kyle practice and a number of its other practices in Scotland. NHS is in discussions with a local Dentist to explore the potential for alternative access for the 3000 patients that will be de-registered at the end of August.

The SDAI grant assistance scheme has contributed to improved access in many localities and is the means by which NHS, in partnership with GDP colleagues, may address access issues throughout the HSCP area. In the absence of dental registration data at intermediate zone or practice level a mapping of dental registrations has been commissioned from the Health Intelligence Unit to inform future targeting of SDAI grant assistance and to avoid destabilisation of existing practice provision. It is relevant to note that the Scottish Government holds the SDAI grant assistance budget and that 12 Health Boards have areas designated as being eligible for SDAI grant assistance. The total budget available is undisclosed at this time.

Payment Reform

The payment reform of the GDP contract introduced by Scottish Government in November 2023 has in the main been welcomed by Dentists. At this time there is no national data available to assess any impact of the reform on access to NHS dental services.

Public Dental Service

Successful recruitment to clinical PDS posts is very poor, many posts do not attract any suitable applications. The PDS continue to prioritise dental care, including provision of Emergency Dental Services (for registered/unregistered dental patients), Referral Services, General Anaesthetic/Sedation/Domiciliary Services and Dental Public Health functions. Numbers of patients waiting for access to GA services is steadily increasing, including children waiting for admission to Hospital for dental GA procedures. The PDS GA Team continue to review current waiting lists and prioritise care.

National Dental Inspection Programme

The recently published National Dental Inspection Programme October 2023 report showed an increase in the number of caries free children within the area and which was consistent with the national trend. It also identified a significant increase in unrestored teeth and which related directly due to the delayed recovery of primary care dental services post-Covid.

Oral Health Improvement

The Oral Health Improvement teams continue to deliver national programmes throughout the HHSCP area and these include:

Childsmile

Following redesign of services due to recruitment challenges the Childsmile programme has restarted in the Lochaber, Skye & Lochalsh areas.

Childsmile Sustainability Programme - Recycle & Smile

The OHI teams continue to collect used toothbrushes and toothpaste tubes from nurseries and schools which are then recycled. The recycled materials are then used for the construction of fire engine parts, plant pots and childrens’ climbing frames.

Caring for Smiles

On line oral health raising awareness training has been successfully delivered to NHS and health care partner staff including those undertaking Modern Apprenticeships, NHS Reserves, Care@Home teams and Adult Social Care Fundamental Skills at induction.

General Practice

Board-managed GP Practices

The list of GP Practices under Board management is noted below:

District	Practice Name
Sutherland	Tongue Medical Practice
Sutherland	Armadale Medical Practice
Sutherland	Scourie, Kinlochbervie and Durness Medical Practice
Caithness	Three Harbours Medical Practice (Wick, Thurso, Lybster)
East Ross	Alness/Invergordon Med Practice
Skye, Lochalsh & West Ross	Applecross Surgery
Skye, Lochalsh & West Ross	Torridon Medical Practice
Skye, Lochalsh & West Ross	Carbost Medical Practice
Skye, Lochalsh & West Ross	Glenelg Health Centre
Skye, Lochalsh & West Ross	South Skye Medical Practice
Inverness West	Drumnadrochit Medical Practice
Lochaber	Ballachulish Medical Practice
Lochaber	Mallaig And Arisaig Medical Practice
Lochaber	West Highland Medical Group (Lochaline & Acharacle)

There have been several mergers of practices to support sustainability and resilience:

- Three Harbours Medical Practice – (Riverview Wick, Riverbank Thurso, Lybster)
- West Highland Medical Practice – (Acharacle and Lochaline)

GP recruitment remains challenging with vacancies across some of the remote and rural areas being covered by locum (including Rediscover the Joy GPs).

A success story has been the turnaround of the Alness & Invergordon Medical Practice over the last 18 months (the second largest GP practice in North Highland). This has been led by the Clinical Director and Primary Care Manager. Recruitment to the team is not almost at full complement with all GP posts recruited to. This will allow the practice development plan to continue to focus on embedding excellence

across the primary healthcare team. One of the GP appointments has a special interest in lifestyle medicine and this is something that is being developed within the practice with some positive early results.

A quality improvement project focussing on asthma care is being implemented across the Board-managed practices. The two test sites are Mallaig and Aness & Invergordon. Patients with a diagnosis of asthma will have a clinical review to ensure treatment is optimised. A summary report will be developed to highlight population benefit (40,000 combined population across all sites).

GMS Lease Assignation

The new GP Contract premises directions include lease assignations and several practices have expressed an interest. One is near completion and two others are progressing. Dedicated Primary Care Management resource has been allocated to support this work.

Culloden Medical Practice and Culloden Surgery

Culloden Medical Practice and Culloden Surgery have applied to close their patient lists, due to space constraints within the existing premises (GP owned). Work is on-going to seek alternative nearby facilities to support the practice teams.

Local Enhanced Services

Work is progressing on a revised set of enhanced service specifications with discussions active with Highland Local Medical Committee. Agreement has been reached on five service specifications which will be implemented over coming months. The remainder of service specifications are due to be signed off by end July 2024.

Primary Care Improvement Plan

PCIP 7 tracker document was completed and submitted to Scottish Government in May 2024. The tracker provided information about the primary care workforce funded through PCIF and other funding streams, the services being delivered by these staff as well as collecting financial information. A new additional section was included inviting reflection on the top three achievements in financial year 23/24, and also any persisting barriers to work to overcome.

Premises

A dedicated resource has been recruited to a 12 month fixed term post of Primary Care Manager (Premises), and started in May 2024. The initial focus is on GP Premises leases and the immediate requirements for Portree, Armadale, Ullapool and Lochcarron.

Finance

We are awaiting notification of the PCIF allocation for year 24/25 and unlikely to receive that determination until after the election on July 4, 2024. Indications are that payment to Boards is in one, single tranche.

Pharmacotherapy Workstream

A total of 16 x GP practices are receiving support from the Inverness-based Pharmacy Hub. Positive recruitment levels have been observed for the Inverness base, and the employment of Trainee Pharmacy Technicians is contributing to the

development of the workforce. Pharmacotherapy transitional payments to GP Practices for financial year 2023/24 were approved making a one-off payment to GP Practices using Pharmacotherapy PCIF in-year slippage in recognition of variation in levels of service delivery across the financial year. Practices with a partial service across the year received their single payment in May. Nearing completion, a live dashboard detailing the allocation of resources to GP Practices from the Pharmacotherapy service (both planned and current) which will be accessible on the NHSH intranet.

First Contact Physiotherapy (FCP) Workstream

The FCP service has successfully achieved a full staffing establishment of 18.5 WTE (30 staff).

A total of 22 out of 30 FCPs now hold their NMP qualification and 26 out of 30 FCPs have completed their joint injection training.

The PHIO Access trial continues apace, offering a digital MSK self-referral pathway to GP Practice patients. By mid-June 2024 996 patients engaged with the product from 94% of all GP Practices. 76% patients have entered PHIO rehab programme, 18% put back to GP and only 5% experiencing tech limiting issues. Patients returning to GP Practice/FCP will be identified through the creation of a new guideline.

Community Link Workers

The contract retendering process is complete and correspondence issued to practices advising that the current service provider, Change Mental Health, continues. The service will extend to all GP Practices from August 2024. The CLW year two annual report is being compiled and will include patient input and an evaluation based on data from when the service commenced.

Referral rates into the service remain high, 411 referrals received in 3 months February to April 2024, producing 855 social prescriptions. The main reasons for referrals remain unchanged, being mental health and well-being, loneliness and social isolation. The majority of referrals are from female patients aged 35 to 65 years, and the three most commonly prescribed therapies are Listening Ear, Highland Council welfare support, and Decider skills.

Primary Care Mental Health (PCMH)

The PCMH Service Specification now including the breakdown of the team's roles, responsibilities and sessional detail is finalised shared with all GP Practices. Successful recruitment has been made to 2 x Band 6 Nurse vacancies covering Tain to Dingwall and 1 x Guided Self Help worker vacancy covering Wester Ross, Skye and Lochalsh. Nearing completion, a live dashboard detailing the allocation of resources to GP Practices from the Mental Health service (both planned and current) will be accessible on the NHSH intranet.

Vaccination Transformation Programme (VTP)

Childhood vaccination data from Public Health Scotland (PHS) has identified that NHSH is tracking below the Scottish national average. There are operational constraints and significant resource pressures affecting capacity to provide additional

clinics. PHS conducted a peer review in June 2024 and an action plan is in development.

Community Treatment and Care (CTAC)

A CTAC Rural Options Appraisal SBAR was submitted to Scottish Government along with the PCIP 7 tracker in May 2024. Feedback has been received on this which will be submitted to SG for discussion with the GMS Oversight Group in August 2024. Transitional payment arrangements to GP Practices continues during 2024/25.

2.4 Proposed level of Assurance

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

Recruitment challenges remain across Dental and General Practice.

3 Impact Analysis

3.1 Quality/ Patient Care

General Practice vacancies require locum deployment which creates budgetary cost pressures whilst maintaining local service provision. This will reduce as posts are filled on an substantive basis.

3.2 Workforce

The number of vacant GP posts across 2C practices remain around 12WTE.

3.3 Financial

Locum expenditure is an area of scrutiny in line with the efficiency and transformation programme. Significant work has been undertaken on a locum rate card and a centralised booking process is being implemented to provide more corporate oversight. Use of expensive agency locums are being phased out.

3.4 Risk Assessment/Management

Workforce and finance risks are noted in the primary care risk register which is reviewed monthly.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

Recruitment is continually under review across all aspects of primary care.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

This report has been compiled specifically for the purpose of reporting and updating HHSCP Committee.

3.9 Route to the Meeting

As above.

4 Recommendation

- **Awareness** – For Members' information only.
Members are requested to note these developments across primary care.

4.1 List of appendices

The following appendices are included with this report:

None