



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST AUGUST 2024

REPORT ON: DUNDEE IJB GENERAL PRACTICE STRATEGY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB40-2024

1.0 PURPOSE OF REPORT

1.1 This is a progress update on the General Practice Strategy (DIJB68-2023) which was approved by the IJB on the 13th of December 2023 Article VI of the minute of meeting of 13th December 2023 refers. The Chief Officer was asked to give 6-monthly updates.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the progress to date made in implementing the General Practice (GP) Strategy.

2.2 Instructs the Chief Officer to continue to update the IJB on 6-monthly basis.

3.0 FINANCIAL IMPLICATIONS

3.1 Dundee IJB has responsibility for the provision of the full range of general practice services across the city, working with NHS Tayside Board and Primary Care Contractors.

3.2 The cost associated with the work is funded through a combination of mechanisms and funding sources, including Government capital funds and specific funding held by the IJB (e.g. Primary Care Improvement Funds).

3.3 Any additional areas requiring further development with financial investment implications will be progressed in line with HSCP processes.

4.0 BACKGROUND

4.1 The scope of the Dundee General Practice Strategy is general medical services and services covered by the GP 2018 Contract and Memorandum of Understanding.

4.2 There are major challenges within the city. Dundee has the second lowest life expectancy in Scotland. Furthermore, since 2019 life expectancy in Dundee for men has fallen from 75.6 years to 73.5, and for woman it has fallen from 80.06 to 78.5 years.

Additionally, 37% of the population are living in 20% of the most deprived areas of Scotland. There are high levels of non-prescribed drug use and, relative to Scotland, an increased prevalence of common conditions such as diabetes and heart disease.

4.3 There is a national challenge to the sustainability of general practice which is reflected in Dundee. The contributing factors include:

- Increasing practice list sizes as practices close and patients are allocated to other practices. We recently saw this with Park Avenue Medical Practice closing as the practice was unable to recruit GPs to vacancies.
- There are challenges to workforce recruitment and retention across general practitioners, practice nurses and those with the skills needed to provide the services. Around half of Dundee practices have at least 1 GP vacancy. This is compounded by the numbers of clinical colleagues due to retire within the next 5 years.

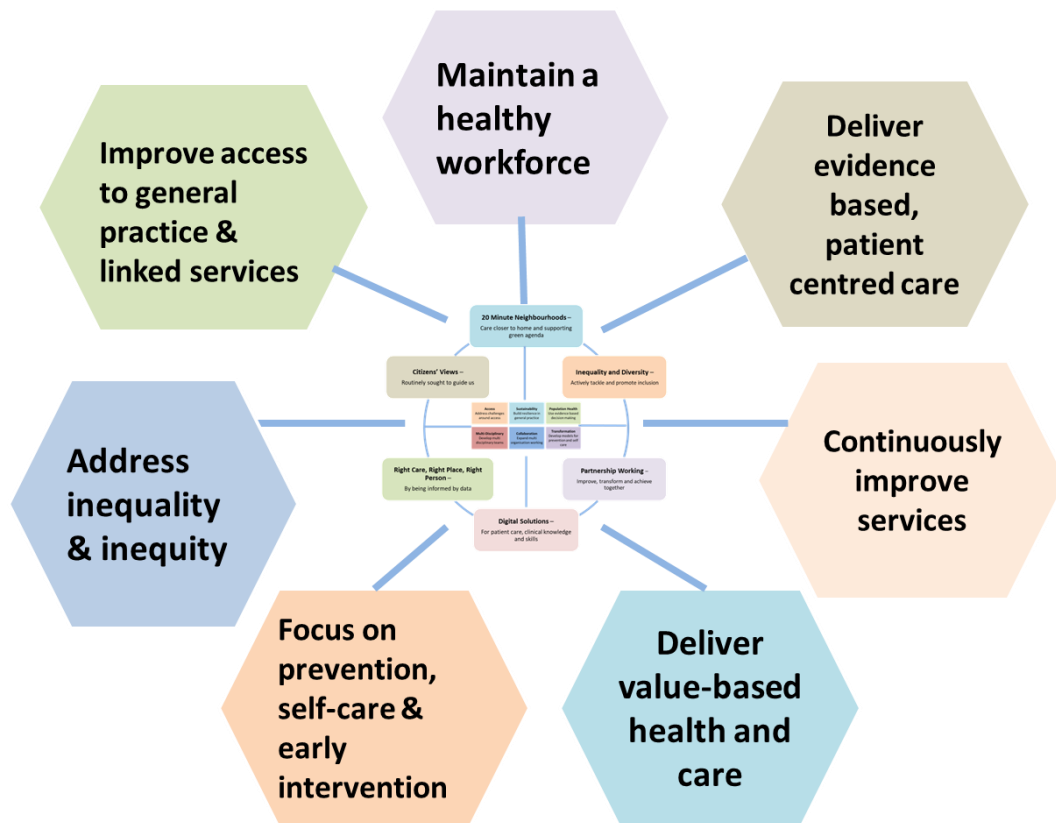
4.4 It is against that background of challenges the General Practice Strategy set out the Areas of Focus which are shown below:



4.5 The Strategy used those Areas of Focus to develop 6 Guiding Principles. These linked to other strategies and reflected views captured from public consultation:

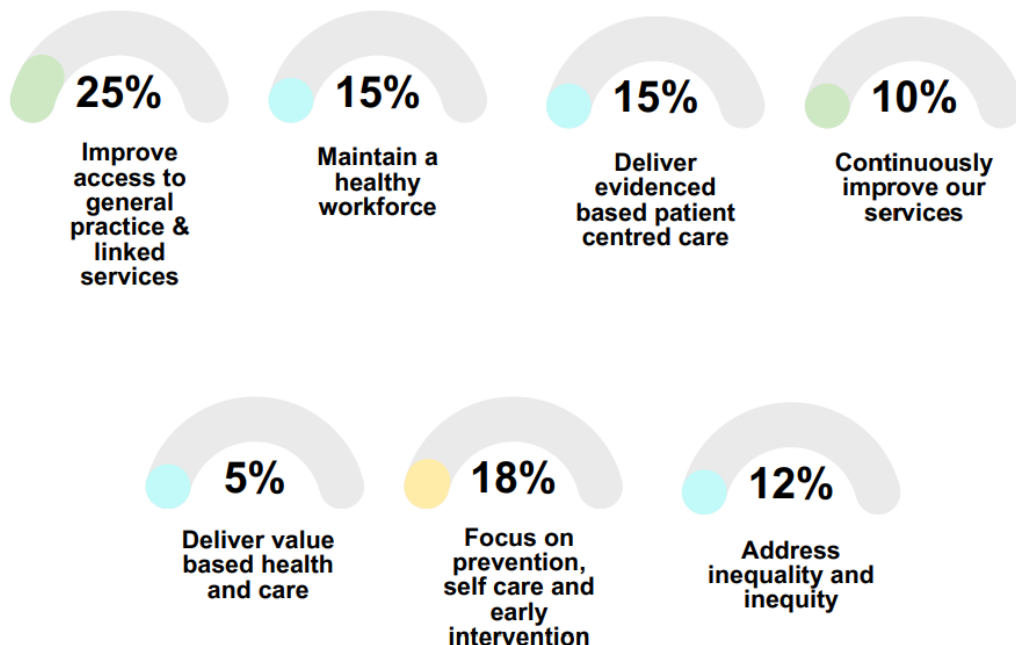


4.6 There was a keenness the GP Strategy was action focused. A 5-year work programme, covering the period 2024 to 2029, set out the key activities falling under seven areas shared below:



5.0 PROGRESS UPDATE

5.1 This document is a Progress Update on those key activities. The infographic below gives an indication of how activity has been assigned across those areas since the Strategy was approved.



As the indicators highlight, activities have been more focused on improving access because the feedback from the public consultation was that improving access is the key priority. Additionally, the sustainability of general practice depends upon steering patients to the right person, at the right time and at the right place. Below we share the detail of the activities for each indicator.

5.2 Improve Access to General Practice and Linked Services

The following activities have been undertaken to improve access:

Information and Education

i) Care Navigation Training

During May and June 2024, Reception Colleagues in general practices across Dundee had an opportunity to be trained in care navigation. The purpose of this training was to build knowledge, confidence, and resilience in this front-line staff group. This in turn, enables them to be better able to direct patients to the most appropriate services in primary care.

The training was provided by an external company, Prima Linea, who have successfully delivered to other Health Boards. There were 2 cohorts, each attending 3 sessions. 95% of Dundee practices fielded at least one candidate, with 74% of attendees attending all the 3 sessions.

ii) Service Specific Training

To increase the knowledge about the services, Reception Colleagues have opportunities to spend time with their colleagues who deliver those services. Bringing colleagues together is an opportunity to learn from one another, to discuss issues, achieve a better understanding of each other's perspective and develop relationships. For example, in June at the General Practice Learning Time event, the Sources of Support team shared with practice staff how their service supports patients.

iii) GP TVs and Media Players

Televisions with media players have been installed into practice waiting rooms. Only 1 practice was unable to take part due to space and 1 is awaiting some remedial work to enable the install. Installations are also happening in Community Health Centres (MacKinnon, Ardler, Ryehill, and Wallacetown).

Public consultations highlight patients' lack of awareness about services and the TV units is one way we are looking to inform patients about services and how to access them. The benefit of media players is to enable information about services to be presented in more engaging ways, helping to inform and educate patients. Screens can be split so several pieces of information can be displayed at once. Each location can tailor what is displayed to provide information relevant to them. Information can easily be updated.

The screens can be used for other purposes. Outside of practice opening times, the screen could support staff education, Patient and Carer Involvement meetings and sessions around prevention and self-management. The information being displayed continues to be developed, keeping at its heart its purpose to support and inform the public's understanding of wider services linked to primary care.

Access to Appointments

The public consultation, undertaken as part of the GP Strategy, found that when patients were asked to rank the 7 key activities (set out at item 4.6), 66% of responses asked for improvements in accessing appointments. This is ongoing work but to date:

i) Asynchronous Consulting

Funding has been provided to enable six GP Practices to test asynchronous consulting. This is where a health assessment is done remotely, with the patient completing an online assessment form which is then reviewed by a clinician who responds within 72 hrs.

By offering this alternative route it is anticipated it will reduce telephone traffic making it more straight forward for those that prefer to telephone and to support practices to manage incoming requests.

Asynchronous consulting complements care navigation by signposting patients to the most appropriate clinical provider. For example, directing eye related concerns to a community optician as the first point of contact.

ii) **Medlink**

All Practices in Dundee have an opportunity to test a digital solution called Medlink. It has a variety of functions, including the ability to do bulk text messaging, online medication reviews (e.g., contraception checks), to share information with patients (e.g., videos on asthma inhaler techniques) and the ability for patients to submit information (e.g., blood pressure or blood sugar readings). Patients receive a message by text or email and respond by clicking on the link. Patients do not need to download any software.

Evidence suggests using Medlink enables routine work to be done more efficiently including reducing unnecessary appointments. Apparently patients find the app helpful and easy to use with those needing regular reviews finding it convenient. We will update on the Dundee experience and outcomes.

iii) **Self Check-In at Reception**

Use of Self-Check kiosks e.g., at Broughty Ferry practice, enable patients to confirm they have arrived for their appointment at the practice. The clinician can then call the patient through to the consulting room. This frees up Reception Colleague time to answer and respond to other patient enquiries.

5.3 **Maintain a Healthy Workforce**

Staff wellbeing is vital to a well-run service. Improving working lives links to the Dundee HSCP Workforce Plan 2022-25 which includes tools and opportunities to help colleagues nurture their mental health and take care of their physical health. The aim is for colleagues to thrive and feel valued in their role and to support them to deliver the service. It is noted the DHSCP workforce are largely female (87%) with the largest staff group being nurses and across each service at least 40% is aged 50+ years, a challenge already recognised.

Examples of work under this action include:

- A training framework to improve the experience of the physiotherapists and build resilience into the system to assist with cover.
- New ways of working with a multi-organisation approach being explored including a possibility of some Multi-Disciplinary Team development.
- Providing colleagues with the opportunity to learn about quality improvement and the opportunity to work across different teams. For example, bringing together Physiotherapy colleagues, GP Practice teams and members of the Primary Care team to improve patient access to First Contact Physiotherapy.
- A Staffnet page to host educational material and links which provide a central repository of information for GPs is under development.

5.4 **Deliver evidence based, person centred care**

The Primary Care Mental Health and Wellbeing Framework is an example of person-centred care offering easy-to-access locality-based care, advice, and support and utilising a multi-disciplinary team.

The approach focuses on early intervention to prevent mental health issues from occurring or escalating, addressing the underlying causes, adversities, and inequalities where possible and seeking to promote positive mental health and wellbeing. Key activities include developing seamless referral pathways to substance use, mental health services, and social care, responding to emotional distress, and offering person-centred, trauma-informed support.

Work includes the establishment of Hope Point, in South Ward Road. Hope Point is a self-referral and free service, offering practical and emotional support. Additionally, Distress Brief Intervention training has been rolled out to GP practices to improve their response to people presenting in distress.

A Children and Young People Mental Health and Wellbeing Multi-Agency Quality Forum has been formed, and specialist services and pathways around neuro-developmental problems are in development. Also, Connect: The Early Intervention in Psychosis service is now established to support access to essential services.

5.5 Continuously Improve Services

Improvements to the physical environment of General Practice Premises

Ancrum, Broughty Ferry and Muirhead practices recently had improvements to create additional clinical or administrative space. There has also been remedial work completed at Nethergate, Hillbank and Princes Street practices. GP Premises is covered under the GP Premises Strategy and reported to IJB separately.

Improving Patient Pathway

DHSP Primary Care colleagues are working with the Health Improvement Scotland Collaborative to learn and use quality improvement tools to map and improve patient pathways. The initial project focused on First Contact Physiotherapy and working with 2 practices to improve the patient pathway to give optimal patient and staff outcomes including shorter waiting times and reduced non-attendance.

GP Clusters

The 4 GP Clusters have funding opportunities to do quality improvement projects. Current projects are pain, diabetes, cervical screening, and reception processes.

5.6 Deliver Value Based Health and Care

Value based health and care delivers better outcomes and experiences for people through equitable, sustainable, appropriate, and transparent use of resources.

The Primary Care Mental Health and Well-being Delivery Plan 2024 - 2027 is now developed with several actions relating to the priority aims.

- Raising awareness and improving the navigation of what is available for mental health and wellbeing support, ensuring people know how to access this.
- Service development to maximise resources and efficiency and identifying further areas of need and developing services.
- Further developing mechanisms for governance through the creation of an assurance framework with a range of measures.

It links with Realistic Medicine which supports shared decision making between clinician and patient. By practising Realistic Medicine, we deliver value-based health and care and where there have been opportunities, we have shared benefits of Realistic Medicine with citizen groups.

Outcome measures across service, professional and personal are a key component of all the activities being undertaken. For example, some services are collecting patient stories as part of their regular reporting.

5.7 Focus on Prevention and Self Care

The Primary Care Clinical Management Team is working up a programme of work to support Prevention and Self Care. We recognise the importance of enabling the citizens of Dundee to take care of their health and to live more quality years. There are several initiatives underway across the city:

- The Family Medical Group practice in Douglas is trialling Group Consultations where several patients with similar health needs come together. The practice is also developing lifestyle advice for patients with complex needs.
- The Health Defence team are to be based in Douglas and will be providing health checks.
- Dundee has the highest hospital admission for falls in Scotland. Work is underway to raise awareness of simple measures anyone over 45 years should consider to protect themselves from falls. Citizens' feedback on this has been very positive.

- The use of digital health technologies to support diagnosis, treatment and monitoring is on the radar. Work will align with ambitions set out in the NHS Tayside Digital Health and Social Care Strategy.
- Cluster 3 practices (Ancrum, Ancrum 1, Coldside, Downfield, Hillbank and Lochee) have undertaken works aiming to increase the uptake rate of cervical screening as rates are lower in more deprived areas. The impact of this to be assessed.
- We are looking to the work programme in Angus on Prevention and Proactive Care for how we might work in Dundee, recognising that Dundee already has elements of this in place.

5.8 Address Inequality and Inequity

In the latest data period available from 2017 - 2021 (5-year aggregate), the average life expectancy in Dundee was 74 years of age for men, and 79.1 years of age for women. In Scotland the average life expectancy was 76.5 years of age for men and 80.7 years of age for women.

The Ferry had the highest average life expectancy for men and woman, 80.4 years, and 84.3 years respectively. East End had the lowest average life expectancy for men and woman, 70.5 and 76 years respectively.

4 localities were lower than the Dundee average for male life expectancy, these were Maryfield, Lochee, Coldside and East End. Those same 4 localities were the same or lower than the Dundee average for female life expectancy.



Source: ScotPHO (2017 - 2021 aggregated years for the locality; 2020 - 2022 aggregated years for Dundee and Scotland)

As part of work to address inequality and inequity, there is ongoing work with the Health Inclusion Team. An options appraisal is underway with the Health Inclusion Service Lead. It is looking at how best to support general practice and offer health checks and advice to those citizens who are harder to reach and do not contact health services. This builds on work that has been done over several years where the Keep Well Nurses, who are part of the Health Inclusion Team, provide health and wellbeing checks to more complex, vulnerable patients across the city.

6.0 POLICY IMPLICATIONS

- 6.1 This report is an update, so an Equality Impact Assessment is not required. It is recognised that each work programme will require an Equality Impact Assessment to be undertaken.

7.0 RISK ASSESSMENT

Risk 1 Description	Sustainability of General Practice - The risk reflects the huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues.
Risk Category	Operational, Workforce
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk scoring 20 (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<p>Programme of work around Sustainability includes annual surveys to keep abreast of the issues and challenges together with a work programme to address issues where possible.</p> <p>Part of the solution is to improve access to other services within primary care that support general practice thereby relieving pressure on GPs. The work includes informing patients about those services and educating Reception Teams on service availability and access.</p> <p>There is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).</p> <p>The Regional Audit of the NHS Tayside strategic risk relating to Sustainability of Primary Care Services has a current risk exposure on the Risk Log of 20. More detailed actions are noted in this Tayside risk.</p>
Residual Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (which is a Extreme risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	Note and accept risk – this is a risk reflected nationally.

Risk 2 Description	Quality Information - The risk of not having readily available high-quality analytics to inform decision making.
Risk Category	Governance, Workforce, Operational
Inherent Risk Level	Likelihood 4 x Impact 3 = Risk scoring 12 (which is an High risk level)
Mitigating Actions (including timescales and resources)	<p>There is a Working Group bringing together and linking information teams including Dundee HSCP colleagues, Public Health Scotland, and Local Intelligence teams to provide the data and analyses to inform improvements. There may also be a technological element to ensure systems are linked and accessible. This is work in progress but the data and heatmap from the Tayside Sustainability Survey provides key insights into the risk for Dundee practices. This is used to inform the Dundee Sustainability Work plan</p>
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (which is a Moderate risk level)
Approval recommendation	It is recommended to accept this risk.

Risk 3 Description	Accommodation - The ongoing risk of good quality accommodation for services to enable patients to access primary care services near to home.
Risk Category	Operational, Governance, Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk)
Mitigating Actions (including timescales and resources)	<p>The Dundee GP Premises Strategy outlined the plan going forward and this work has begun.</p> <p>The Primary Care Premises Improvement Programme oversees the property portfolio used to deliver general practice and actively works to resolve issues as they arise.</p> <p>There is ongoing work compiling information on the Dundee general practice premises so that premises that require attention are flagged early and remedial action planned.</p> <p>A process to review and assign leases from General Practice to NHS Tayside is being developed to streamline this process and assess the financial risk this creates.</p>
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	This risk should be accepted and monitored as actions develop

8.0 CONSULTATIONS

8.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

The work programme will include ongoing consultation with the citizens of Dundee.

9.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

10.0 BACKGROUND PAPERS

10.1 N/A

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DATE: 8 August 2024

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