NORTH AYRSHIRE
Health and Social Care Partnership

**Integration Joint Board**
**13 December 2018**

**Subject:** **Primary Care Services Update**

**Purpose:**

The purpose of this report is to provide an update on progress on:

- the Primary Care and Out of Hours Services strategic direction and implementation of the Ambitious for Ayrshire Programme from 2016-2018
- the Primary Care Improvement Plan (PCIP) that was signed off on 28 June 2018 by the three Integration Joint Boards (IJBs), GP Sub Committee, and NHS Board in Ayrshire.
- the progress and future strategic direction of the Public Dental Service (PDS)

**Recommendation:**

It is recommended that the Integration Joint Board:

(i) Consider the updates and receive assurance on progress

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| ANP | Advanced Nurse Practitioner |
| AUCS | Ayrshire Urgent Care Service |
| GDP | General Dental Practitioner |
| GP | General Practitioner |
| GPwSI | General Practitioner with Special Interest |
| GMS | General Medical Services |
| HSCP | Health and Social Care Partnership |
| IJB | Integrated Joint Board |
| LMC | Local Medical Committee |
| MDT | Multi Disciplinary Team |
| MoU | Memorandum of Understanding |
| MSK | Musculoskeletal |
| NDIP | National Dental Inspection Programme |
| OHIP | Oral Health Improvement Plan |
| OOH | Out Of Hours |
| PCIP | Primary Care Improvement Plan |
| PDS | Public Dental Service |
| VTP | Vaccination Transformation Programme |

## 1. EXECUTIVE SUMMARY

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| | In May 2016 a paper setting out the strategic direction for Primary Care was presented to the IJBs and NHS Board. This strategic direction was developed after two pan Ayrshire, 'Ambitious for Ayrshire' events that took place in 2015 with all stakeholders to review and understand the priorities as well as the challenge ahead for Primary Care and Out of Hours Services.<br><br>The Ambitious for Ayrshire Programme was established in 2016 to provide strategic oversight for the range of workstreams and projects that had been agreed to be taken forward within the Programme. Following the success of these projects in 2017/18, and with the introduction of the new GMS contract framework, the full spread and roll out of these services were included within the PCIP.<br><br>The PCIP was signed off on 28 June 2018 by the three Integration Joint Boards, GP Sub Committee, and NHS Board in Ayrshire. It was agreed when the PCIP was presented at these groups, a six month update would be provided in December 2018 to share the progress against all the actions outlined, as well as receive an update on the Primary Care Improvement Fund.<br><br>The PDS was formed in September 2013 by the merger of the Community Dental Service and Salaried Dental Service. The PDS ensures access to dentistry for all priority groups, with a specific focus on providing enhanced care to patients with complex physical, mental, medical and behavioural needs.<br>The Scottish Government's new OHIP was published in January 2018. The document provides the strategic framework for improving the oral health of the next generation. Consideration is evolving of a future model of PDS services in Ayrshire and Arran which will support the delivery of the OHIP.<br><br>This report provides an update on the range of work that has taken place 2016-2018 across Primary Care, including Dental Services, Out of Hours and the current progress of the PCIP that has been put in place to implement the new GMS contract in Ayrshire and Arran.<br><br>On update on each area is included in Sections 1 to 3. |

In May 2016 a paper setting out the strategic direction for Primary Care was presented to the Integration Joint Boards (IJBs) and NHS Board. This strategic direction was developed after two pan Ayrshire, 'Ambitious for Ayrshire' events that took place in 2015 with all stakeholders to review and understand the priorities as well as the challenge ahead for Primary Care and Out of Hours Services.

The Ambitious for Ayrshire Programme was established in 2016 to provide strategic oversight for the range of workstreams and projects that had been agreed to be taken forward within the Programme.

Following the approval of a new General Medical Service (GMS) Contract in January 2018, the Primary Care Improvement Plan (PCIP), which sets out how we plan to implement the new contract in Ayrshire and Arran, was presented and approved at the three IJBs and the NHS Board in June 2018, and was then submitted to Scottish Government on the 28 June 2018.

## 1. Ambitious for Ayrshire

Prior to the introduction of the new GMS Contract in January 2018, the Ambitious for Ayrshire Programme was structured around the identified high priority areas grouped into six workstreams, with a number of key projects within them. These were:

1) Placing Primary Care at the heart of health and social care
2) Increasing capacity in community
3) Workforce and contingency planning
4) Improved primary care infrastructure
5) Integrated and sustainable out-of-hours service
6) Address health Inequalities

The projects ranged across a number of services within Primary Care including General Practice, Community Pharmacy, Optometry and Dentistry. These were taken forward from 2016-2018. Many of them were funded as tests of change in 2016/17 through the Primary Care Transformational and Recruitment and Retention Funds. The aim of the tests of change were to enable patients to be seen at the right time, in the right place, by the most appropriate professional. Details of these tests are provided below and included: introducing Advanced Practitioner Physiotherapists, Independent Pharmacy Prescribers, Mental Health Practitioners, establishment of an Advanced Nurse Practitioner (ANP) Academy, Eyecare Ayrshire and Pharmacy First.

Following the success of these tests in 2017/18 and with the introduction of the new GMS contract framework, the full spread and roll out of these services were included within the PCIP and introducing a multi-disciplinary team in General Practice is now a standalone workstream within the implementation arrangements. A refined structure for the Programme was presented to the IJBs and NHS Board in March 2018. The sections below detail an update for each of the areas of work that were taken forward under the previous Ambitious for Ayrshire headings.

## 2. Placing Primary Care at the Heart of Health and Social Care

### 2.1 Establishment of GP Clusters

In 2016/17 eleven GP Clusters were established across the three Ayrshire and Arran H&SCPs, with each GP practice identifying a Practice Quality Lead and all GP clusters also nominating a Cluster Quality Lead.

In 2017/18 work continued to develop a bottom up approach to cluster improvement work and the Clusters, through localities, linked directly into locality planning arrangements. The Primary Care Team provided support to cluster improvement work as well as funding cluster administrative support. Currently Ayrshire and Arran is scoping with Healthcare Improvement Scotland establishing a local improvement collaborative and testing quality management system for Clusters.

### 2.2 Signposting and Redirection

A focussed piece of work to support the GP Practice, working with other Independent Contractors (Community Pharmacists, Dentists and Optometrists) in Stewarton commenced in August 2017. This was promoted to public through a number of platforms including, social media, local press and a young people's poster competition.

The campaign worked closely with the GP Practice supporting reception staff to be confident (via a suite of triage cards) in redirecting patients to the Optometrist, Pharmacy and Dentist. The campaign was evaluated after 12 months and this included speaking with patients and the local primary care contractors to determine its success as well as to take any learning for wider roll out. This approach is now being tested in Girvan.

Through the Centre of Excellence a training programme commenced in 2018 for front line reception/ administration staff in GP Practices to support triaging and redirecting patients who contact their surgery for an appointment. Three hundred staff have been trained (240 at level 1, 40 at level 2 and 3 at level 3 which is a train the trainer course so that Ayrshire and Arran can become self-sufficient at training) and the triage cards that were developed in Stewarton have now been circulated to a large number of practices. Feedback to date from the majority of practices has been that they are now encouraging signposting.

Redirection remains a key programme of work to support the implementation of the new GMS contract, ensuring patients are being seen by the right person, which can often be outside the GP Practice. Informing the public about the role and expertise of new practitioners working in GP Practices as well as that of other primary care contractors is essential and this will be progressed through the PCIP Engagement and Communication Plan.

### 2.3 Musculoskeletal Service in General Practice

In 2017 three Advanced Practitioner Physiotherapists were introduced across nine general practices to provide a first point of contact for individuals presenting with a musculoskeletal (MSK) conditions. These physiotherapists deliver assessments, diagnoses and brief interventions (e.g. exercise plans and corticosteroid injections).

NHS Ayrshire & Arran has the third highest rate of MSK demand per head of population in Scotland and MSK conditions relate to around 30% of patient of appointments within

General Practice. Over 12 months these practitioners have:Assessed 6013 patients presenting with an MSK conditions

- 66% were seen as a first point of contact with a direct saving of around 3900 GP appointments
- Following assessment by the physiotherapist only 1.3% were identified as requiring a GP intervention
- 72% of patients assessed were enabled to self-manage their condition**.**

Being based within a GP Practice also allows opportunities for the physiotherapists to work with other professionals within the Practice, as well as to signpost to community assets (e.g. weight management and local leisure facilities).

Following the early success of these new roles further recruitment has taken place. A further six physiotherapists have been appointed and will come into role December 2018/ January 2019 to provide Musculoskeletal care in more GP practices across Ayrshire.

## 2.4 Clinical Pharmacists in GP Practice

In line with the GMS contract there is a three year trajectory to establish a sustainable Pharmacotherapy Service where every GP practice in Ayrshire and Arran will receive pharmacist and technician support. The Pharmacotherapy service vision is to provide pharmacy support within general practice which will manage the medicine related tasks that arise in GP practices on a day-to-day basis whilst also developing specialist prescribing clinics to contribute to MDT working.

Following an existing workforce recruited with Primary Care Transformational Funding a three-year plan is in place to recruit a range of pharmacists and technicians which will maximise skill mix. Nine General Practice Clinical Pharmacists and eight Pharmacy Support Technicians have been appointed recently who will commence work following induction during December 2018 and January 2019. A further three General Practice Clinical Pharmacist posts are currently being advertised.

Focussed work will take place in four GP Practices to test the staffing levels and skill mix required for the new service model as well as to produce standard processes and procedures.

A training academy will be established to ensure comprehensive training is provided in primary care to enable pharmacy staff to develop the skills essential to provide a full pharmacotherapy service.

## 2.5 Mental Health Practitioners in GP Practice

In line with the GMS Contract the PCIP commits to develop Primary Care Mental Health Practitioners attached to the GP Practices. This proposal build on learning from tests of change involving Mental Health Practitioners in South Ayrshire.

A model has now been agreed to utilise around half of the new mental health Action 15 funds to develop Mental Health Practitioners who will be woven into General Practice multi-disciplinary teams, current mental health services and existing community assets to optimise their impact. Posts will provide the opportunity to test this developing model and produce evidence and data to support next stages.

## 2.6 Linkworkers / Community Connectors

Each H&SCP has developed Community Linkworker / Community Connector roles working in GP Practices. There has been a differing genesis of the role in each HSCP but they have significant common elements. Through the PCIP the roles developed are being reviewed with a view to evolve an approach for future pan-Ayrshire working. The number of Linkworkers / Connectors whole time equivalent in post and planned is 12 in North Ayrshire H&SCP, 8 in East Ayrshire HSCP and 6.5 in South Ayrshire HSCP.

These workers support individuals living with long term conditions, significant mental health challenges, socially challenging circumstances and social isolation. These roles have been received very positively by both the public and GPs.

## 2.7 Ayrshire Community Phlebotomy Service

The new Ayrshire Community Phlebotomy Service went live on 15 August 2018. The service supports taking blood for acute specialities for patients in the community. The introduction of this service means that GPs are not required to action the results of these tests. Initially the service was tested for renal patients with a cautious uptake, the first patient was seen by a Community Phlebotomist in North Ayrshire on 12 September. Urology has now commenced referring patients and the intention in October is to extend access across all Acute services.

The current thinking in the Primary Care Nursing Workstream is that the Ayrshire Community Phlebotomy Service may form a basis for the Care and Treatment Service planned in the PCIP.

# 3. Increasing Capacity in the Community

## 3.1 Eyecare Ayrshire

The Eyecare Ayrshire service was launched in February 2017. This service was developed to redirect patients from attending their GP Practice or an Emergency Department with any eye complaints or injury, recognising that the Community Optometrist is the most appropriate clinician to review and treat these conditions.

The service allows protected appointment slots to be held in high street Optometry practices and patients can access these normally within a 48 hour time frame depending on how their condition has been triaged. Where medication is required patients are provided with an order to take to a Community Pharmacy. Engagement with communities and GP Practices confirms that a very small number of patients are now attending their GP Practice with eye complaints and GP reception staff are able to redirect patients with a confidence that patients will be seen.

Since the introduction of the Eyecare Ayrshire initiative the number of people using the service has increased with typically 1,100 items being dispensed per month. This service continues to be invested in through the PCIP under the Urgent Care Workstream to ensure patients are being assessed by the most appropriate person at the first point of contact.

The Scottish Government *Community Eyecare Services Review* published April 2017 considered care currently provided within Community Optometry and identified examples of good practice across Scotland that could be replicated. NHS Ayrshire & Arran was commended in the report for the locally developed initiatives and examples of care already developed within Community Optometry.

### 3.2 Pharmacy First and expanded range of services in Community Pharmacies

As part of the national initiative, Ayrshire and Arran launched a Pharmacy First service in December 2017. The aim of the initiative is to make better use of Community Pharmacy skills and widen the range of services available in local pharmacies.

During 2018, 97 of 98 Community Pharmacy Practices in Ayrshire and Arran provided treatment for urinary tract infections and impetigo which are two of the most common conditions seen in primary care. Community Pharmacists are also open six days-a-week with some open in the evenings and on Sundays. On average 300 patients are treated per month through Pharmacy First. A national awareness campaign has promoted the service and a local campaign will be run as part of winter planning this year. Work is underway to sign up Community Pharmacies to extend the service to cover skin infections and shingles.

The publication of *Achieving Excellence in Pharmaceutical Care – A Strategy for Scotland'* in 2017 by the Chief Pharmaceutical Officer for Scotland, makes a commitment to increase access to Community Pharmacy as the first port of call for self-limiting illnesses and supporting self-management of stable long term conditions, in and out of hours. Through the Minor Ailment Service (MAS) Community Pharmacies are increasingly becoming the first port of call for eligible patients for a range of common clinical conditions. It has been announced that in 2019 the Minor Ailment Service will be available to all citizens free of charge.

A number of Community Pharmacists are qualified as Independent Pharmacist Prescribers (IPPs), providing clinics from their community pharmacy, in conjunction with local GP practices. These clinics include respiratory clinics, as well as hypertension and sexual health clinics. In 2018 a Community Pharmacy in Kilwinning began working in partnership with a GP Practice enabling patients to be appointed to a consultation with the Community Pharmacist in his pharmacy rather than the GP Practice, to do so he accesses the GP Practice system.

### 3.3 General Dental Services and Oral Health Plan

During the last two years NHS Ayrshire & Arran has implemented its *Oral Health Action Plan 2016-2019*. The next plan will be informed by the national *Oral Health Improvement Plan*, issued in January 2018.

The national plan sets the direction of travel for oral health improvement for the next generation and has a strong focus on reducing oral health inequalities, moving to a preventive based approach for NHS dentistry and meeting the needs of the ageing population. Dentists have also been involved in the redirection work outlined above.

A separate report is provided to the IJB in relation to dental services due to strategic change envisaged in this service.

## 4. Workforce and Contingency Planning

### 4.1 GP Recruitment

In 2016 a General Practice Workforce Plan was developed and then subsequently updated in early 2017. This was informed by a workforce survey conducted across all GP Practices which had a 98% return rate and identified a projected gap of around 80 General Practitioners in total from 2016 until 2022.

The GP Practice workforce survey also showed a high number of Practice Nurses, Practice Managers and Administrative Staff would be of retirement age before 2027. This workforce data is now collated on an annual basis, either from a national data collection or locally. The availability of this data will inform future workforce planning to assist with implementation of the new GMS contract.

The workforce paper helped inform where additional MDT support was required and the Primary Care Transformation Fund tests of change.

A main test of change was the creation of a GP with Special Interest (GPwSI) Development Programme commenced in 2017 with four GPs in post during 2017/18. In March 2018 additional posts were advertised in conjunction with Acute Services. There were nine post holders appointed, eight of which commenced in August and one is due to take up post early 2019.

This programme has been highly successful in attracting young GPs to the area, by allowing them to have the opportunity to work across a range of services and gather different experience

The Board developed a new website in conjunction with the Local Medical Committee to promote living, working and training in Ayrshire and Arran. Social media platforms have also been used to promote vacancies. Ayrshire and Arran is also part of the Scottish Rural Collaborative which seeks to improve recruitment in rural boards.

A number of focus groups were run to identify what would attract and retain GPs as well as a Networking and Educational Event on 4 November 2017 for GP in training and practices and a further event is planned for the New Year.

### 4.2 Support for Practices in Difficulty

Extensive work has taken place to support GP Practices experiencing difficulties. This is key to ensure that the population of Ayrshire and Arran have the required access to general medical services. Since 2016, ten Practices have had a range of support to ensure sustainability and continuity of patient care. This work has been progressed on a practice by practice basis.

Actions taken have included taking over the management of three practices, splitting one of these and returning half to independent contractor status and dispersing a practice. On-going GP Practices have been supported to consolidate the use of their workforce, provided administrative support, arranging locums and sourcing GPs, working with the H&SCPs to provide other professionals to support practice workload, managing patient lists and reducing practice risks including those relating to premises.

### 4.3 Advanced Nurse Practitioner (ANP) Academy

One of the proposals in the GP Workforce Plan was to develop a new workforce of Primary Care Advanced Nurse Practitioners. Following an initial test of change in EAH&SCP in 2015 a plan was made to train and develop existing General Practice Nurses to an advanced practice level. In order to achieve this an Advanced Nurse Practitioner Academy was established in conjunction with NHS Dumfries & Galloway. This Academy has now expanded across the West of Scotland.

There are 14 Ayrshire and Arran Practice Nurses included within ANP Academy Cohort 1 training places which commenced in September 2017. Cohort 2 commenced in September 2018, with six nurses. It is recognised that formal ANP training takes around 18 months to two years to complete and key to its success is mentoring and supervision from GPs in the host practice in order to develop new competencies and confidence.

## 5. Improve Primary Care Infrastructure

### 5.1 Premises

Primary Care Premises Group oversees the strategic direction of travel for Primary Care Premises within Ayrshire and Arran. The Group has representation from each of the H&SCPs who also feed into the Partnership Premises Group. The new GMS Contract seeks to reduce the risk relating to premises for general practice with a view to offer loans to practices and support for lease arrangements. Details of this national support are emerging.

Between November 2016–January 2017 a *Review of Primary Care Premises, IT infrastructure and Digital Technology in NHS Ayrshire & Arran* was completed with the findings included in NHS Ayrshire & Arran Property and Asset Management Strategy (PAMS). In addition, each H&SCP has reviewed their premises, risks and future plans for developments to contribute to PAMS and the Health Board's estate masterplan.

Premises will feature as a focussed piece of work within the PCIP to encompass the risk to GP Practices as well as to progress the space requirements for the additional MDT consultations.

### 5.2 Information Technology Infrastructure

Work is currently underway to improve network connectivity for General Practices including the implementation of a Community of Interest Network (CoIN) which is in effect a private Wide Area Network.

Support has been given to practices through a national digital fund including providing dual screens for more efficient working and remote access to allow GPs to complete documentation management at home.

Telehealth has been rolled out across some GP practices. There are currently forty-eight GP practices using, or trained to use, telehealth protocols for hypertension, Chronic Obstructive Pulmonary Disease (COPD) or Beating the Blues, computerised Cognitive Behavioural Therapy (cCBT). Across the HSCPs, this equates to nineteen in South, thirteen in East and sixteen in North. With regards to breakdown per protocol, 45 are using, or trained, for hypertension and 43 for cCBT. The COPD protocol is currently suspended. Not all practices currently trained to use telehealth are currently making referrals, as there is ongoing capacity issues within the TEC Hub.

The Attend Anywhere video consulting platform is currently in the development phase, with system tests ongoing. There currently no practices using Attend Anywhere for consultations.

## 6. Establish an Integrated and Sustainable Out of Hours Service

NHS Ayrshire & Arran and EAH&SCP launched, the "Ayrshire Urgent Care Service" (AUCS) in November 2017. This brings together Out of Hours (OOH) Primary Care, District Nursing, Social Work, Crisis Mental Health Resolution Team and Community Alarms for East Ayrshire services into an 'urgent care hub', operating from the Lister Centre at University Hospital Crosshouse.
This is supported by local urgent care centres and the home visiting service. In partnership with NHS24 there will be continued promotion of self-care and redirection to the most appropriate service, for example local pharmacies.

This redesign was in-line with national policy for urgent care services as set out in the report *Pulling Together: transforming urgent care for the people of Scotland, 2016*, which recognised the difficulty in sustaining GP involvement in out-of-hours services.

A key ambition of integration is to enable professional joint working and to empower the professionals working in the service to provide the best care for the population. Also to develop continuous improvement, innovation and a learning environment.

As part of the OOH Integration Programme, tests of change and improvements have been undertaken:

- Skill mixing of professionals providing care (testing community pharmacists and physiotherapists working in the OOH Hub)
- Testing the role of a clinical coordinator
- Undertaking improvements in efficiency and more flexible working
- Moving administration tasks away from district nurses freeing up clinical time
- Further ANPs have continued to be recruited and trained
- Use of technology to support individuals with **Chronic** Obstructive Pulmonary Disease who have a pattern of high use of OOH services
- Planned use of Attend Anywhere between the AUCS Hub and Centres and appointing patients to Community Pharmacists
- Opening the Crosshouse Centre overnight for appointments
- Supporting call handling for Social Work, freeing up professional time.

These tests of change were informed by extensive engagement events with GPs, staff and other stakeholders. An Action Group is in place, which is led by frontline staff, and GP user group is commencing. The lack of sustainability in the service has, however, made introducing any changes very difficult with GPs risk adverse about testing new ways of working.

Action to improve the sustainability of the service has continued and this included an option appraisal considering service configuration in 2017 and work is underway to identify if utilising an enhanced service to provide the clinical aspects of AUCS would be effective and efficient.

Ayrshire and Arran was also the test site for the successful launch of the new NHS24 platform and model office working in 2017.

## 7. Health Inequalities

A number of initiatives within Ambitious for Ayrshire sought to contribute to reducing health inequalities, in particular the introduction of Linkworkers / Community Connectors. In addition, the process for allocating additional staff will be carried out with General Practice and the H&SCP teams striving to ensure equitable services pan Ayrshire, targeting the areas in most need.

Key information for planning at a Cluster and Partnership level has been provided by the Public Health Department working with Primary Care to map the distribution of primary care resources against deprivation, multi-morbidity and age. The national GMS funding formula was updated in 2018 and this lead to a greater, but not exact, correlation between practice funding and assessed need.

Addressing health inequalities will be a key focus throughout the programme and will be considered as part of each workstream.

## 8. Primary Care Improvement Plan

The Primary Care Improvement Plan sets out a number of priorities to be delivered in year one (2018/19). The two main areas are the roll out of the Pharmacotherapy Service and enhancing the MSK Physiotherapist Service, with these professionals being based in GP Practices where possible.

Implementation is being driven through the following workstream groups:

- Pharmacotherapy Implementation Group
- Primary Care Nurse Service Implementation Group
- Urgent Care Implementation Group
- MDT in General Practice Implementation Group

Ayrshire and Arran undertook a wide recruitment exercise jointly with the Intermediate Care and Enablement Teams throughout July 2018 to attract as many applicants as possible to the area. This was successful and a high number of staff have been interview and appointed as preferred candidates.

### 8.1 Summary of Progress from each Workstream

Below is a high level summary outlining the progress within each workstream since the end of June 2018. There is an appendix for each workstream which shows the progress against each action set out in the PCIP for cross reference.

The Programme Implementation Support Team took up post on 3 September 2018, and have been working on detailed programme plans/tracker with each of the workstream implementation groups. This will be finalised over the coming weeks and monitored through the next Primary Care Programme Board meeting.

An evaluation framework is being developed for the PCIP. This will be informed by an external evaluation completed in September 2018 by the Scottish School of Primary Care of the new models of care developed in Ayrshire and Arran through the Primary Care Transformation Fund. This is now available and shows that good progress has been made. Ayrshire and Arran was also used as a “deep dive” area for their national Advanced Nurse Practitioner Case Study. This report will be published imminently.

It should be noted that throughout July – October, the main focus of the workstream implementation groups was to work with the high level actions that were set out in the PCIP, and work with the relevant teams and stakeholders to start identifying the ‘how’ and the actions/work required to deliver on the actions.

Work is also underway with the wider Primary Care Team and Health and Social Care Partnership (HSCP) teams to determine and highlight throughout the detailed programme plans what actions are planning actions, and what are implementation and delivery. To date many of the actions have been planning, with the programme now reaching implementation in some areas.

## 8.2 Pharmacotherapy Service

The lead role to develop the Pharmacotherapy Service came into post in October. Following the successful recruitment campaign throughout July and August 2018, 11 Band 7 GP Clinical Pharmacists were appointed along with 7.4 wte Band 5 Pharmacy Technicians. The total number of pharmacists now in post in Ayrshire and Arran to deliver the pharmacotherapy service is 32 wte Band 7 GP Clinical Pharmacists and 16.4 wte Band 5 Pharmacy Technicians.

Due to a large number of internal appointments and promotions, this left a gap of around 3.5 wte Band 7 GP Clinical Pharmacists against the aspired number for Phase 1 in 2018/19. These posts are currently out to recruitment. The resource that is in place now will allow pharmacy input to all GP Practices across Ayrshire and Arran to begin to develop the Pharmacotherapy Service and transfer the tasks outlined in the GMS Contract.

A pilot has commenced with four GP Practices whilst the new posts are being developed to test the staffing level and skill mix assumptions required to deliver level 1 and level 2 pharmacotherapy services with the inclusion of level 3 polypharmacy reviews only, and excluding level 1 authorising/action all repeat prescribing requests.

An engagement event with local community pharmacists took place which included a presentation on the benefits of the CMS serial prescribing from the national lead. A focus on roll out of serial prescribing will be built into the plans along with the employment of pharmacy rolls to ensure maximum benefit of both parts of the service working together.

# 9. Primary Care Nurse Service

## 9.1 Community Treatment and Care

The Implementation Group had a single item agenda on 22 August to discuss the requirements to scope the current workforce who deliver community treatment and caretasks, and understand the demand for these services. Outcomes from this exercise are still on track to be reported back by December 2018 with a view to proposing the workforce models by March 2019.

A formal sub group of the Primary Care Nurse Implementation Group has been created to oversee and deliver the required actions to develop the Community Treatment and Care Service.

An engagement event is scheduled for all practice nursing teams to attend on 6 December 2018 to discuss the requirements in the contract for community treatment and care and share the vision for this service.

Interviews took place in October for 9 new Primary Care Nurses that were recruited as part of the new graduate development programme, interviewing students from University West of Scotland.

## 9.2 Ayrshire Community Phlebotomy Service

The new Ayrshire Community Phlebotomy Service went live on 15 August 2018. The service supports taking blood for acute specialities for patients in the community. The introduction of this service means that GPs are not required to action the results of these tests. Initially the service was tested for renal patients with a cautious uptake, the first patient was seen by a Community Phlebotomist in North Ayrshire on 12 September. Urology has now commenced referring patients and the intention in October is to extend access across all acute services.

The current thinking in the Primary Care Nursing Workstream is that the Ayrshire Community Phlebotomy Service may form a basis for the Care and Treatment Service planned in the PCIP.

## 9.3 Vaccination Transformation Programme (VTP)

The VTP was split into 5 main areas (Pre-school, travel, influenza, school based and at risk groups).
Timescales for review of each delivery model are included within the PCIP, with the two areas identified to progress in 2018/19 being pre-school and pregnant ladies. The vaccinations required by pregnant ladies (at risk group) transferred to the Ayrshire Maternity Unit on 1 October 2018. All vaccinations are either carried out at the 20 week scan or by the community midwife.

## 10. Urgent Care

The list of high level actions had been agreed in this area were against what was outlined with the GMS contract document for this section. Through carrying out a range of actions focussing on practice triage, signposting, home visits and urgent presentation pathways, a lot of these actions will be addressed.

The Urgent Care Implementation Group considered the first priorities in 2018/19 based on feedback from practices on the main areas of demand for urgent care attention. These were:

1. To reduce demand for home visits
2. Focus on redirection and signposting, and
3. Develop and Ayrshire and Arran Collaborative to share best practice and learning from triaging and pathway development, as well as a range of other processes within the GP Practice.

An audit questionnaire has been created for each practice to undertake that will analyse their home visit demand and learn from best practice whilst trying to introduce a consistent approach. This week long audit will take place 5-9 November 2018 to understand the demand and need from each practice, as well as review how they triage home visits.

Within the PCIP it was outlined that a focussed piece of work was underway in Stewarton, working with the GP Practice, other independent contractors in the area, along with community resources to maximise the redirection processes and pathways. The focussed piece of work allowed close engagement the practice and contractors to identify efficient processes for triaging and signposting that could be captured into quick reference cards for practice reception staff to use.

Materials on the range of services available were also shared with the community, school children, and a local campaign to highlight the range of services that could be accessed as an alternative to the GP Practice when appropriate.

The pilot in Stewarton has now concluded and an evaluation available. The cards that were developed for use at triage by the reception staff have now been cascaded across GP Practices to be used. This approach is now being tested in Girvan.

Around 280 receptionist / administration staff have now attended triaging and signposting training that was hosted by the Centre of Excellence locally. This has equipped reception / administration staff to ask patients for brief information when they contact the practice for an appointment to ensure they are directing to the most appropriate place, whether this be in the practice or the community. Further work has been discussed and agreed through the Communication and Engagement Group targeted social media campaigns to the public to share with them the range of professionals they can see.

In conjunction with the Scottish Ambulance Service the input of a Specialist Paramedic is being tested in a GP Practice in Kilmarnock and working with AUCS.

The first meeting has taken place with Healthcare Improvement Scotland and NHS 24 to discuss the quality improvement initiative to support Clusters to test improvements in documentation management and prepare for triaging to the MDT and other community resources.

## 11. MDT in General Practice

### 11.1 Advanced MSK Physiotherapy Service

There was commitment in the PCIP to recruit to 6 wte Advanced MSK Physiotherapists. As four Advanced MSK Physiotherapists were already in post, this took the total number to 10 wte roles. There was also a commitment to recruit to a lead MSK Advanced Physiotherapist role.

The lead post was recruited to from the existing cohort of Advanced MSK Physiotherapists which created a gap of seven posts. Interviews took place in September 2018 and three posts were not filled. These are currently back out to advert through another recruitment campaign.

### 11.2 Mental Health Service in GP Practice

There are currently a range of models across General Practice in Ayrshire and Arran which includes low level support, and in some practices mental health practitioners. Part of the aim through the PCIP and the implementation of the actions, and funding associated with Mental Health Strategy Action 15, is to implement a fair and equitable mental health service available in all GP Practices.

As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons.

There was agreement to spend £2.5 million between now and 2021/22 on Mental Health workers based within GP Practices. A core sub group with key representation from each HSCP has been established to plan the investment of the Mental Health Action 15 for primary care mental health workers, based within GP Practices. The first meeting took place on 5 October and this group will report to the MDT Implementation Group.

For 2018/19 this equates to 2x Band 6 MH workers for each HSCP area. Recruitment for these roles is being led by each HSCP with support from the Implementation Support Team.

### 11.3 ANP Academy

Cohort 1 of the ANP Academy will run in 2019/20 with students scheduled to finish their modules around July 2019. There were delays with students accessing the V300 non medical prescribing course due to the availability of courses being provided by UWS.

It was agreed that up to 10 students could sign up for Cohort 2 of the ANP Academy. Out of 10 places, eight students expressed an interest to attend from GP Practices across Ayrshire and Arran, with four students progressing with the application process with UWS in September 2018.

Arrangements for the ANP Academy are considered and discussed under the working group that is a formal group of the MDT Implementation Group, chaired by the Associate Nurse Director for Primary Care.

### 11.4 Allocation of new MDT Staff

Discussions to date with HSCP teams and GP colleagues have highlighted that the allocation of this resource should be done in an open and transparent way, involving all stakeholders, and considering all the data we have available to make the best informed decisions.

An engagement session took place with all GP Practices on 31 October 2018 as part of Protected Learning Time. This allowed an opportunity for practices to come together in their clusters with HSCP colleagues to discuss the resource available and how this could be prioritised in a cluster, aligned to the wider aims of the HSCPs.
Feedback and themes from discussions will be summarised and reported back no later than the end of November 2018.

### 11.5 Induction of new Staff

It is recognised that, for new individual staff members to be embedded into a GP Practice teams, there will be a requirement to invest time in supporting the individuals as well the wider practice team in the new ways of working.

Corporate Induction dates have been protected to try and ensure all new staff are on induction days together, and there will be a separate induction day for the new staff to meet with the key staff to understand how general practice works and what is required from their roles.

## 12. Memorandum of Understanding

Core to developing the new GP contract will be effective multidisciplinary team working and clinical leadership. To ensure everyone understands their team's roles and responsibilities, it is proposed that a local memorandum of understanding is developed to outline what these areas are and will include:

- HSCP role and responsibilities
- The service responsibilities
- The professional line management responsibility
- Day to day management responsibility within the GP Practice
- The individuals responsibilities
- Supervision needs
- Mentoring needs (professional and peer support)
- Absence management

## 13. Evaluation of Outcomes and Actions

The programme team have been working with East Ayrshire HSCP performance team, as the Lead Partnership for the Programme, and the NHS Programme Management Office performance team to review the actions and planned outcomes within the Primary Care Improvement Plan.

The teams are working jointly with the Workstream Implementation Groups to develop measures that can be captured on an ongoing basis against each of the areas outlined. National measures are also being considered that will demonstrate and evidence the transfer of tasks that are currently carried out by GPs move to being carried out by another professional or service.

## 14. Primary Care Improvement Fund

The Primary Care Improvement Fund of £2,820,385 was allocated to Ayrshire and Arran as a ring fenced allocation. For workforce and financial planning the PCIP was planned as an initial funding profile over 2 years 2018-2020 at a total cost of £7,407,473 as £4,074,685 is expected in 2019/20.

Due to timing of the allocation being received (month 4 of the financial year), Scottish Government wrote to all Health Boards and IJBs advising that they could draw down 70% of funding and leave 30% of the funding with Scottish Government for 2019/20. Ayrshire and Arran knew that due to recruitment of workforce being the main spend, it was likely only 70% of the allocation would be required for 2018/19, and this was in line with the funding profile within the PCIP. 2019/20 will see the remaining 130% of spend being required.

A large proportion of cost in the first two years was for a large workforce that in June hadn't been advertised yet so was best projection based on timescales for staff taking up post. Following approval of the PCIP on 28 June, we moved to recruitment on 6 July with posts being advertised until early August to gather interest through the social media campaigns.

This resulted in a large amount of interest for each posts and a successful round of interviews. Due to notice periods and following up of paperwork with new employees/referees, many of the start dates are 1 -2 months later than first anticipated.

This delay in recruitment will allow £272,720 to be reinvested into other developmental projects on a non-recurring basis in 2018/19 and bringing forward investment in additional support to GP practices. Options for this investment will be considered with the implementation groups, HSCPs and GP Sub Committee over the coming weeks.

Planning and discussions over the next six month period will be focussed on the investment and allocation due to be received in 2020/21.

All the projections and spend to date, against the funding profile is shown in Appendix 5.

## 15. Communication and Engagement

A Communication and Engagement Group has been established and is chaired by the Head of Primary Care and Out of Hours. The Group has met twice and includes representation from the Programme, HSCPs, and NHS Board to develop an effective Communication and Engagement Plan for key stakeholders and the public.

Key actions have already been taken forward to develop the Communication and Engagement Plan which is undergoing some final refinements before being published.

There have been a number of engagement events or opportunities to discuss the PCIP in more detail following the sign off in June. These include:

- Presenting at the Strategic Planning Groups for each of the HSCP
- Regular attendance or feedback to the GP Sub Committee on progress
- Monthly reporting to the NHS PMO which is shared with the Strategic Planning and Operational Group and NHS Corporate Management Team
- Presenting at the Practice Managers Conference on 6 September 2018
- PLT session with GPs and Practice Managers on 31 October 2018
- Attendance at team meetings across Ayrshire and Arran as requested

## 16. Interdependencies with other Programmes across Ayrshire and Arran

Primary Care has close links to a range of work across Ayrshire and Arran. For service improvement and change the main programmes are the Unscheduled Care Programme, Intermediate Care Programme and Transforming Outpatients.

The transformation work that is taking place through the implementation of the PCIP should be considered throughout these programmes and vice versa to ensure planning is interlinked and not duplicated.

## 17. Risk Register

There was previously a risk register in place for the Ambitious for Ayrshire Programme that is under review.

A session has taken place to review the previous risks, PCIP and risks that have been highlighted through the Implementation Groups to refine and present the revised Risk Register. This will be monitored through the Primary Care Programme Board and escalated where required to East IJB Risk Management Committee and if appropriate the NHS Board Strategic Risk Group. It has been agreed across the IJBs and NHS Board that an update will be provided every six months on the progress of the PCIP.

## 18. Public Dental Services

The Public Dental Service (PDS) was formed in September 2013 by the merger of the Community Dental Service and Salaried Dental Service. The PDS is a safety net service that ensures access to dentistry for all priority groups, with a specific focus on providing enhanced care to patients with complex physical, mental, medical and behavioural needs. These patients require a level of care that cannot appropriately be provided in General Dental Practices.

The PDS operates from three Hubs in Ayr Hospital, Ayrshire Central Hospital and Northwest Kilmarnock Area Centre. In addition there are currently clinics in Dalmellington, Patna, Cumnock, Lamlash, Crosshouse Hospital and HMP Kilmarnock.

### 18.1 Special Care Dental Service

The PDS provides a service to patients of all ages who require specialised dental care that is not available in a General Dental Practice. Patients in this category include those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability. The service seek to meet the individual's needs through the provision of dental hubs and highly skilled staff. Through acclimatisation and desensitisation appointments trust can be developed between staff and patient to successfully treat patients and have a positive outcome. Staff have further developed their skills by attending training specific to this patient group. Staff have researched and purchased aids which have made a significant difference in engagement from children and adults with additional needs/learning disabilities. The PDS is in the process of recruiting a Specialist in Special Care Dentistry

### 18.2 Phobic and Anxious Patients

The PDS offers a referral based service for phobic and anxious patients. Using de-sensitising skills and techniques can sometimes allow a patient to receive dental treatment that previously the patient would not be able to tolerate. If these are unsuccessful then treatment with the use of a type of sedation would be tried, however it would be hoped that by using sedation and de-sensitising through time the patient would be able to have treatment normally.

### 18.3 Inhalation Sedation Service

This service is provided at all three hubs to both paediatric and adult patients who require a mild form of sedation in order for them to be able to tolerate dental treatment.

The PDS had two of its sedationists retire at the beginning of the year with replacement staff coming into post in April 2018. Unfortunately as the result of long term absence the waiting list has increased. A review of the appointing process and waiting list management has taken place and it is anticipate that in early 2019 the list will have notably reduced. The current waiting time for assessment is between 20 to 35 weeks depending on locality.

### 18.4 Intravenous Sedation Service

This service is provided at all three hubs to adult patients who require a stronger form of sedation in order for them to be able to tolerate dental treatment. This service is time intensive with treatment appointments lasting two hours to allow the patient to be sedated, have treatment and then recover enough to be able to go home. The PDS has been under increased demand with limited resources which makes providing this time consuming service challenging. The current waiting time from referral to assessment is between 38 to 46 weeks depending on the locality.

The Scottish Governments Oral Health Improvement Plan 2018 (OHIP) includes a commitment to introduce a system of accreditation for General Dental Practitioners (GDPs) with enhanced skills, for example sedation. It is anticipated that these GDPs would be able to provide a level of care in a Primary Care setting which is currently provided by the PDS or Secondary Care.

### 18.5 Paediatric General Anaesthetic Service

The service operates from Crosshouse Day Surgery Department on a Tuesday and Wednesday, providing treatment sessions in the morning and assessment clinics in the afternoon. The service is to treat children (aged approximately between 1 year and 14 years) who have pain and/or sepsis as a result of decay, abscessed teeth or trauma that require extraction. These children would not be able to tolerate treatment in a general practice setting.

At the assessment clinic a Dental Health Support Worker provides advice to the child and family to help ensure positive oral health messages are reinforced. Links between the dental department and Health Visitor or School Nurse are in place to ensure follow-up where required. The PDS is in the process of recruiting a Specialist in Paediatric Dentistry.

### 18.6 Adult General Anaesthetic Service

The service operates from Crosshouse Day Surgery Department. There are two sessions, the Wednesday session is in the main for phobic/anxious adults that require all their remaining teeth extracted.

The Friday session is for adults with additional needs; these patients can be challenged by general treatment and therefore require a general anaesthetic for examination and comprehensive dental treatment that ensues.

### 18.7 Chaotic Lifestyles

The PDS is a safety net services and is therefore able to offer treatment within the dental hubs in each locality, ensuring access to dental care for patients who are unable to maintain NHS registration with a GDP. This situation can be compounded by dental phobia, addiction or homelessness.

### 18.8 Daldorch House School

The health provision, including dental, for the residents of Daldorch is covered by a service level agreement with the Health Board. These residents are some of the most challenging patients the PDS treat.
There is regular intervention by a hygienist to support tooth brushing and provide de-sensitising to patients to try and increase engagement within the clinical environment. This has been hugely beneficial as it has improved client engagement when oral screening is carried out. The patients within Daldorch are screened bi-annually by one of the PDS dentists.

### 18.9 Undergraduate Outreach Service

Since 2007 the Teach and Treat Dental Centre in Northwest Kilmarnock has provided an Undergraduate outreach service in conjunction with the University of Glasgow, which allows final year dental students to gain experience in providing care in a dental clinic rather than in a teaching hospital environment.

The service operates during university term time with four students providing free dental care to their patients while gaining the valuable competencies they require to ensure they have the necessary skills to treat patients upon graduation as a dentist.

### 18.10 Prison Dental Service

The PDS currently provides six dental sessions within HMP Kilmarnock which is made up of dentists and hygienist time. This needs of these patients are high and demand for this care is significant.

### 18.11 Doon Valley & Arran General Dental Service

The PDS currently operates three salaried dental practices in Dalmellington, Patna and Lamlash, Isle of Arran. The future of these practices is to transition patient care to a general dental practice model and work is currently underway to progress this.

### 18.12 Millport

The PDS provides a twice yearly dental service to those patients who cannot travel to the mainland due to their physical or mental health wellbeing.

### 18.13 Inpatients and support to other Specialities

The PDS provides care as required to inpatients within any ward across all hospitals in Ayrshire and Arran. Currently a clinic operates at Crosshouse Hospital twice monthly treating medically compromised patients who require to be made dentally fit prior to surgery. Links are in place with Consultants in Haematology and Oncology providing training and support to staff on best oral health practice.

The PDS has also provided advice and support to the Intensive Care Unit at Crosshouse Hospital on how to provide effective oral healthcare to their patients as improving oral cleanliness during critical illness has been to shown to reduce the incidence of ventilator acquired pneumonia.

The PDS has further rolled this training out to the wider Intensive Care Unit team at Ayr Hospital and continue to support the teams to deliver effective oral healthcare. Each unit continues to be provided with oral care packs for each patient admitted.

The PDS attends the Cleft Lip Palate Clinic on a quarterly basis to provide dental support to the multi-disciplinary team, guidance to patients and their family, and discuss registering the patient with the PDS should this be the appropriate service for the patient to be cared for.

### 18.14 Comprehensive Medical Assessments

As dental health is a good indicator for overall health and wellbeing of a child, the PDS has liaised with a Paediatric Consultant to develop an understanding of what dental health information would be advantageous when completing a comprehensive medical assessment. A robust process is in place for gathering dental health information from multiple sources, these include, the registered GDP, Out of Hours Emergency Dental Service attendance, referral and treatment for General Anaesthetic and any Childsmile interventions. This information is collated and forwarded to the Paediatric Consultant who will review this in conjunction with all other relevant information on a child's health. The PDS is contributing to the development of an oral health pathway for care for children and young people with Public Health.

### 18.15 Additional Needs Schools

Within Additional Needs Schools the PDS provides several services, these include resources for the school to operate a daily tooth brushing programme, a monthly visit from our hygienists to undertake a hands on tooth brushing and de-sensitising session, bi-annual fluoride varnish programme and provide the staff with any training or development they require to help support the child's oral health.

### 18.16 Out of Hours Emergency Dental Service (OOHs EDS)

The service operates on Weekends and Public Holidays, in three areas;

- Crosshouse Hospital 9am – 12 noon
- Ayrshire Central Hospital 11am – 2pm
- Ayr Hospital 12noon – 3pm

The service is provided by GDPs who provide cover at weekends with a rota in place of a session once every 70 weeks. Ayrshire Central Hospital is staffed from weekday PDS Dentists who rota on once every four weeks, they provide clinical guidance and basic operational management. The service is supported by dental nurses. Patients are triaged and appointed to this service by NHS24.

Patients who are unable to attend the clinic (i.e. are in hospital or are unable to leave home), are care for by the staff at Ayrshire Central Hospital and are treated by the PDS Dentist. This service also provides clinical cover during the festive and Easter public holiday

## 19. Tests of Change

### 19.1 Domiciliary & Care Home Service

Domiciliary care is provided throughout Ayrshire and Arran covering 64 residential Care Homes. The PDS provides dental care to 57 out of the 64 residential care homes in Ayrshire. In addition domiciliary care is provided to those patients who are unable to travel to dental clinics.

The PDS works in collaboration with an independent GDP in Largs adopting the domiciliary care scheme which has been very successful. The executive summary is attached **(Appendix 1)** with the full evaluation report available on request.

### 19.2 Oral Surgery Pilot

A pilot oral surgery service (one day per week) based in Primary Dental Care was introduced in Kilmarnock in May 2016 with a view to reducing waiting times for patients requiring Minor Oral Surgery procedures and facilitating treatment closer to patients' homes. The service was supported by Integrated Care Fund to address the initial outlay for equipment and provide salaries on a time limited basis for staff providing the service until December 2017. It was hoped that this initial supported stage would pump-prime continued delivery of the service on an independent contractor model following the pilot phase.

Patients were seen and treated by the service from May 2016 to December 2017. Data collection for evaluation purposes began in November 2016 once the service had become established, during which time 537 referrals were accepted. Evaluation of the service was based on a database of referrals, R4 practice management system, interviews with stakeholders and patient evaluation questionnaires.

The pilot demonstrated that it was possible to provide an oral surgery service within Primary Care, with a significant reduction in waiting times for those attending the service. Treatment provided covered a range of procedures, with high patient attendance rates. The service received positive feedback from patients and referring GDPs who were happy with the service delivered and the clinic's location.

Some challenges were encountered during the course of the pilot but most were easily overcome. Direct referrals from GDPs were found to be appropriate and were the preferred pathway for all stakeholders.

"Virtual" fee per item claims generated through R4 demonstrated that the service was not financially viable in its current format. Unfortunately this eliminated the possibility of the service continuing beyond the pilot phase and the service ceased on 19th December 2017. There is a will for the service to be reinstated, however consideration will be required as to the most appropriate model and how this could become a more attractive business proposition. The executive summary is attached **(Appendix 7)** with the full evaluation available on request**.**

## 20. Quality

### 20.1 Clinical Governance

The PDS clinical governance structure is a reporting line from the Clinical Director of Dental Services to the Associate Medical Director for Primary Care.

### 20.2 Quality Improvement Initiative in Dentistry

The “Quality Improvement Initiative in Dentistry” was set-up in May 2018 to bring together colleagues from primary and secondary care to work collaboratively to improve dental care and prevent poor care. Each year, the initiative will focus on a different theme. In the first year, the focus is on Antimicrobial Stewardship.

Representatives from Public Health, Public Dental Service, General Dental Service and the acute sector with colleagues in Pharmacy have identified a number of activities where whole-systems change could drive reductions in antimicrobial prescribing for oral pathology and encourage more appropriate patient management. This includes:

- audit and peer review;
- circulation of evidence-based guidelines;
- programme of education for individuals and teams in dentistry and across primary and secondary care;
- developing care pathways for patients presenting out-of-hours and as in-patients with oral pathology;
- agreement on quality indicators.
- The group has also established contacts with National Education Scotland and the national Dental Stewardship Steering Group. The group’s activity will also mean that NHS A&A is prepared for the introduction of a national database of quality indicators in 2020 that includes antimicrobial prescribing patterns in dentistry.

### 20.3 National Dental Inspection Program

The PDS is required to support the National Dental Inspection Program (NDIP) requiring a clinician to inspect over 9000 children in their primary school annually. This epidemiological inspection is used to assess the dental health of children and to inform new ways to improve paediatric oral health

## 21. Future Strategic Direction

### 21.1 Service Demand

The numbers and proportion of patients with more complex needs are increasing. The treatment needs for children with medical or support needs, was recognised in 2017, by the Scottish Dental Needs Assessment Programme (SDNAP) Report, which stipulated the need for a Specialist in Paediatric Dentistry.

The number of adults with a long-term health condition or disability is increasing, too. As the population ages (33% in 2016) with the number of registered places in care homes increasing by 4% in East Ayrshire and by 22% in South Ayrshire between 2006 and 2016.

The PDS will need to maintain and increase the current level of care delivery, while also providing an enhanced level of service to meet the needs of these additional patients.

### 21.2 Scottish Government Oral Health Improvement Plan 2018

The Scottish Government's new Oral Health Improvement Plan (OHIP) was published in January 2018. The document provides the strategic framework for improving the oral health of the next generation. Ayrshire and Arran is represented on the national OHIP steering group. This gives an opportunity to share best practice, learn from local work and pilot small tests of change proposed.

In order to plan for the improvement in the oral health of the Scottish population, the OHIP has laid out ten workstreams:

- Challenge Fund Programme
- Domiciliary Care Implementation Programme
- Making the Connections with Health Boards and Health & Social Care Partnerships
- Preventive Care and Oral Health Risk Assessment
- Care Pathways and Flows
- Clinical Assurance and Governance
- Regulation of General Dental Services
- Allowances
- Remote and Rural Areas
- Communicating Better with Dentists

These workstreams are further broken down into 41 Actions. The national Chief Dental Officer has identified the first five prioritised Actions for the coming financial year. These are described briefly below;

- Action 7. Community Challenge Fund - This fund will initially be a three-year test of change programme to reduce oral health inequalities. Third sector organisations will be invited to help formulate the approach and agree appropriate outcomes. The national fund is for £2.5m (total over three years) which includes financing for central evaluation and administrative support. It will be available to community-led interventions with an emphasis on improving oral health outcomes for children.

- Action 11. Domiciliary Care – Scottish Government will introduce arrangements to enable accredited GDPs to provide dental care in care homes. These practitioners will also work with care home staff and the PDS to ensure the maintenance of good oral health and hygiene.

- Action 20. Director of Dentistry role in each NHS Board area – Further guidance is expected to be provided nationally with regard to this role. The Scottish Government will work with NHS Boards to introduce a Director of Dentistry in each Board area. The role is intended to provide a single professional source of dental advice and accountability, through the oversight of Board functions which include GDP listing, practice inspections, compliance with the NHS Terms of Service, Payment Verification, and overall Clinical Governance, including NHS Discipline or Tribunal.

  Through this, the role would ensure a more co-ordinated approach to local assurance and a strategic approach to primary and secondary care service planning, oral health improvement and public health across each of the Board functions.

- Action 25. Local disciplinary procedures - SG will publish a pathway to support dental practitioners locally; and, when appropriate, ensure that NHS Boards use local disciplinary procedures and NHS Tribunals.

- Action 34. Occupational Health – SG has introduced an occupational health service for GDPs, members of the dental team and other practice staff. Ayrshire and Arran currently has a ten-year Oral Health Strategy that was first developed in 2013. The OHIP will be taken into account when developing the final Action Plan for 2019-23.

Ayrshire and Arran has already made progress against these priority actions as described below:

- Action 7. Community Challenge Fund – The PDS has an award-winning Oral Health Improvement Team which is known for innovative work with communities and has expertise in community development. As more detail of the Fund becomes known, discussion with the three Health and Social Care Partnerships (HSCPs) and key Third Sector stakeholders will take place.

- Action 11. Domiciliary care – as above Ayrshire has piloted a shared care model on this.

- Action 25. Local disciplinary procedures – The Scottish Government will publish a pathway to support dental practitioners locally; and, when appropriate, ensure that NHS Boards use local disciplinary procedures and NHS Tribunals. Ayrshire and Arran has robust processes in place for performance support for independent contractors.

- Action 34. Occupational Health – Scottish Government has introduced an occupational health service for GDPs, members of the dental team and other practice staff, which is available locally.

## 21.3 Workforce Development

The implementation of the newly produced Oral Health Improvement Plan is dependent on an effective and skilled PDS workforce, with the Specialist post holders providing enhanced training to the PDS, as well as the envisaged 'enhanced GDP'.

Without an enhanced layer of care provided by the PDS patients would be inappropriately referred to secondary care for treatment resulting in:

- An increased reliance for dental treatment under General Anaesthetics
- Teeth extracted rather than filled
- Increased risk of chronic pain, infection and clinical complications
- Reduced quality of life
- This would mean that access to care would be become service driven, not person centred.

The appointment of the two Specialist posts:

1) Specialist in Special Care Dentistry
2) Specialist in Paediatric Dentistry

will enhance the care of the current patients in Ayrshire, and would allow even more complex patients to be treated locally rather than be referred to the Secondary Care or out of Ayrshire. These Specialist post would also afford the opportunity to provide training to enhance dental practitioners, both in the PDS and the General Dental Service.

## 21.4 Implementation of the Oral Health Improvement Plan

Consideration is evolving of a future model of PDS services in Ayrshire and Arran. This is shown diagrammatically in Appendix 8. Under this model at each level of dental services, specialist acute, local secondary care, PDS and general dental services expertise would be maximised. The model envisages shared care and development support between these levels which will maximise capacity and enable patients to be cared for as close to home as possible.

In order to explore this model and seek wider engagement, a wide engagement event is proposed with a range of stakeholders including the public and local dental professionals to raise awareness of the evolving PDS and engage stakeholders in the implementation of the Scottish Government Oral Health Improvement Plan which will impact on both the PDS and General Dental Practitioners.

The programme of work will be reported to and governed through the Primary Care Programme Board and Senior Dental Management Team. Implementation will be whole-system and pan-Ayrshire.

## 9. Implications

| | |
|---|---|
| **Financial :** | The implementation of the 2018 General Medical Services contract for Scotland will see additional investment of £250million per annum in support of General Practice by the end of this Parliament. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this parliament. |
| **Human Resources :** | The new GMS Contract, Oral Health Improvement Plan, Community Eyecare Review and Achieving Excellence in Pharmaceutical Care support the development of new roles and competencies within Primary Care. These changes will require local and national workforce planning and the development multi-disciplinary teams working.<br><br>Additional capacity as outlined within the PCIP will be deployed over the period of the plan to ensure effective delivery. |
| **Legal :** | The central purpose of the 2018 GMS contract is to provide better service to patients by providing stability and sustainability to General Practice. In so doing it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible. |
| **Equality :** | Our aim is to achieve a strong local primary care service, supporting people in their day-to-day lives to get the best from their health, with the right care available in the right place when they need it, in line with the Scottish Government Primary Care Vision and Outcomes.<br><br>This will require a partnership between individuals, communities, the health and social care and with partners. |
| **Environmental & Sustainability :** | None. |
| **Key Priorities :** | None. |
| **Risk Implications :** | A key risk will be the availability of the identified additional professional staff to fill the new roles. By working in partnership within the professional groups we will seek to make the posts attractive and that Ayrshire and Arran becomes a workplace of choice.<br><br>A second key risk is the continued sustainability of GP practices while the new GMS contract is being implemented. |
| **Community Benefits:** | The Wellbeing of people and communities is core to the aims and successes of Community Planning. Primary Care services are delivered as an integral part of the Wellbeing Delivery Plan, Integration Authorities Strategic Commissioning Plans and the Transformation Plan of both the NHS and Council, will contribute to support this wellbeing agenda. |

| | | |
|---|---|---|
| **Direction Required to Council, Health Board or Both** | Direction to :- | |
| | 1. No Direction Required | x |
| | 2. North Ayrshire Council | |
| | 3. NHS Ayrshire & Arran | |
| | 4. North Ayrshire Council and NHS Ayrshire & Arran | |

# Pharmacotherapy Service Implementation – Update at 4 November 2018

**Appendix 1**

| Action set out in PCIP June 2018 | Timescale set | Update on Progress as at November 2018 | Status of action |
|---|---|---|---|
| **Establish Arrangements to scope what the Pharmacotherapy Service will look like** | | | |
| Create a Pharmacotherapy Planning and Innovation Team to focus on the design of the service | In 2018/19 | The Planning and Innovation Team have had a series of workshops to explore the pharmacotherapy model and develop thinking to take into the 3 month pilot. | Complete |
| Undertake a 3 month pilot to test the staffing level assumptions and produce standard processes and procedures. | In 2018/19 | A 3 month pilot in four practices has commenced to explore skill mix and time required to achieve all core tasks set out within the GMS contract.<br><br>Work with practices as the service develops to further develop and refine the model that is required. | Live – on track |
| **Roll out Serial Prescribing and Dispensing** | | | |
| Fill vacancy within the Community Pharmacy Team to lead the enabling and rollout of serial prescribing | In 2018/19 | Job description revised and have recruited to vacancy. | Complete |
| Establish a systematic and standard approach for initial identification and take up of patients.<br>1. Undertake pilot in three practices<br>2. Agree shared care agreement with practices and community pharmacies<br>3. Develop checklist and specific guidance for tasks that identifies accountabilities and responsibilities.<br>4. Agree roll out plan for achieving 60-70% for all practices by 31 March 2021<br>5. Adapt checklist and associated guidance during pilot period. | 2018/19 – 2021 | 1. Have identified three practices<br>2. | Live – on track |
| **Leadership and Training Academy to develop Pharmacotherapy Service** | | | |
| Establish a Pharmacotherapy Education and Training Leadership Structure | 2018/19 | A Pharmacotherapy Lead role has been developed and recruited to with the leadership structure in place. | Complete |
| Establish a training academy to bring pharmacists and technicians through training based in Primary Care and develop them towards a role in the pharmacotherapy service. | 2018-2020 | Working with the current ANP Academy model in Ayrshire and reviewing the competency framework for developing pharmacy roles to develop business plan for training academy. Also reviewing possibilities for cross board collaboration. | Live – on track |

| **Workforce Recruitment for Service** | | | |
|---|---|---|---|
| Recruit to the Band 8b Lead post | 2018/19 | In post | Complete |
| Recruit Band 5 Project Support to assist with implementation | 2018/19 | Recruitment in progress | Live |
| Recruit Band 8a for leadership structure | 2018/19 | Start date in place | Complete |
| Recruit 4 Band 6 Pharmacists to test training and growing our own method | 2018/19 | Recruitment in progress | Live |
| Recruit up to 14 Band 7 Pharmacists to mix with current group already in post | 2018/19 | 11 recruited in September 2018. Recruitment in progress for an additional 3 – 4 wte (vacancies created due to internal promotions) | Live |
| Recruit up to 8 Band 5 Pharmacy Technicians | 2018/19 | Recruited to 7.4 wte in September. Further recruitment will take place early 2019. | Complete |
| Phase 2 recruitment 2019/20<br>• 12.5 x Band 5 Pharmacy Technicians<br>• 14.5 x Band 7 GP Clinical Pharmacists | 2019/20 | | For 2019/20 |

# Primary Care Nurse Service Implementation – Update at 4 November 2018

**Appendix 2**

| Action set out in PCIP June 2018 | Timescale set | Update on Progress as at November 2018 | Status of action |
|---|---|---|---|
| **Establish Community Treatment and Care Service** | | | |
| Group to be established to carry out full scoping exercise to understand the workforce requirements | May – December 2018 | • Group has been established to carry lead scoping and data collection before the end of December 2018.<br>• Engagement event is scheduled for 6 December for all practice nursing staff to share the vision for Community Treatment and Care, and discuss the scoping work. | Live – on track |
| Test Primary Care Nurse model with new graduates providing training and development in community and primary care nursing | 2018-2019 | • 9 preferred candidates have been advised they were successful at interviews that took place in October 2018.<br>• 3 x graduate nurses will be allocated to each HSCP area. Discussions are taking place with GP Practices and HSCP teams to identify development placements.<br>• The Senior Primary Care Nurse is working with NES to finalise the framework and development programme. | Live – on track |
| Design proposed workforce models to share with services | March 2019 | Will be developed between December and March | Live – on track |
| **Community Phlebotomy – Secondary Care Requests** | | | |
| Phase 1 – Test sites Renal and Urology | June – October 2018 | Renal test site went live on 15 August 2018<br>Urology Test site went live.<br>Standard operating procedures to be tested and amended during test period. | Complete |
| Phase 2 – Extend to other specialties | October – March 2019 | Plans to be confirmed on evaluation of the test sites. | Live – on track |
| Phase 3 – Provide Phlebotomy Service for General Practice | 2019-2020 | | For 2019/20 |
| **Vaccination Transformation Programme** | | | |
| Pre-school Programme | March 2019 | A pan Ayrshire model has been scoped and costed. Decision still to be reached for new model | Live – on track |
| Travel Vaccinations and Travel Advice | March 2019 | Awaiting national guidance on options that can be considered for safe potential options. | Live – on track |
| Influenza Programme | January 2019 | Programme to be scoped using Primary Care Nurses | Live – on track |
| At risk groups. Pregnant ladies agreed as first at risk group to be transferred from GP Practice. Other groups to be considered and proposed from the Vaccination Transformation Programme. | October 2018 | Service to immunise pregnant ladies has transferred to the Ayrshire Maternity Unit from 1 October 2018. | Complete |

# Urgent Care Implementation – Update at 4 November 2018

**Appendix 3**

| Action set out in PCIP June 2018 | Timescale set | Update on Progress as at November 2018 | Status of action |
|---|---|---|---|
| **Advanced Practitioner Resource to Assess and Treat Unscheduled Care Presentation and Home Visits with an agreed Model** | | | |
| Link to MDT workstream to establish standardised pathways for advanced practitioners to assess urgent care presentations and support home visits.<br><br>Develop signposting algorithms/pathways linked to clinical decision making in line with MDT development | 2018-2020 | • An audit is taking place week of 5 Nov in all GP Practices to understand the demand for home visits as well as who carries these out, or could carry them out.<br>• Link to the planning and development of the first point of contact roles in the MDT to ensure the advanced practitioners are assessing and treating wherever appropriate. | Live – on track |
| Develop policy on Joint Data Controller | 2018-2019 | A short life working group has been developed and chaired by the Head of Primary Care and Out of Hours. National guidance and requirements have still to be announced to allow the policy to be developed. | Live – on track |
| Review IT infrastructure to maximise redirection pathways | 2018-2020 | IT infrastructure system requirements continue to reviewed by practices and the services who will be based in them. This will be taken forward as a sub piece of work under the MDT workstream, linked to the eHealth Community and Primary Care Group. | Live – on track |
| Support Implementation of NHS 24 Practice Websites | 2018-2020 | Will work NHS 24 and practices as the implementation of this rolls out | Live – on track |
| Provide infrastructure and pathways to support consistent signposting and navigation across Ayrshire from practice triage, NHS 24/HSCP directories, and community link workers/connectors to maximise community assets and resource | 2018 – 2019 | • A specific piece of redirection work has been carried out on a pilot site and evaluated to develop triaging pathways/procedures and quick reference cards for staff and patients. The reference cards have now been shared across all GP Practices to assist with triaging.<br>• Local directories continue to be utilised by GP Practices, HSCPS and Community Connectors to direct patients to the most appropriate services or groups to meet their needs.<br>• There is a separate piece of work being taken forward under the MDT Workstream to review the role and evaluation of community link workers/connectors to ensure a consistent core service is provided to patients within GP Practices. | Live – on track |
| Continue to promote Eyecare Ayrshire | 2018-2021 | • A relaunch of the service is due scheduled to take place during Nov/Dec 2018. | Live – on track |

| | | | |
|---|---|---|---|
| Continue to promote Pharmacy First and maximise the uptake of community pharmacy as a first port of call for common clinical conditions by utilising the Minor Ailment Service | 2018-2021 | • A relaunch of the service is due scheduled to take place during Nov/Dec 2018.<br>• Pharmacy First covers a range of conditions such as uncomplicated UTIs in women and skin conditions including impetigo and shingles. Patients who call the GP Practice for an appointment can be redirected straight the pharmacist using the triage cards that have been developed through the redirection work. | Live – on track |
| Undertake a social media campaign for right care, right person, right time linking to the national work as appropriate | 2018-2021 | • The Engagement and Communication Group has been established and chaired by the Head of Primary Care and Out of Hours, with a Communication and Engagement Plan in place.<br>• This Group reports to the Urgent Care Implementation Group. | Live – on track |
| **Reduce GP Delivered Home Visits (including care homes)** | | | |
| Seek to become a test change site for NHS 24 Advanced Paramedics | 2018/19 | An Advanced Paramedic is based in a practice within East Ayrshire HSCP. The Scottish Ambulance Service are hosting the paramedic in the practice aligned to their Kilmarnock hub, linked also to AUCS, sharing a range of best practice from other site areas such as Inverclyde. The test is being overseen and evaluated by the Head of Primary Care and Out of Hours. | Live – on track |
| Create a local collaborative with clusters to undertake quality improvement including minimising home visits. | 2018/19 | Work is underway with Healthcare Improvement Scotland and NHS 24 to become a host Board area to develop a local collaborative and work with a range of representative from their Boards to….<br><br>A number of initiatives outlined in the urgent care implementation plan will be covered within the collaborative for GPs and Clusters to share learning and implement best practice. | Live – on track |

# MDT Team in General Practice Implementation Plan – Update at 4 November 2018

**Appendix 4**

| Action set out in PCIP June 2018 | Timescale set | Update on Progress as at November 2018 | Status of action |
|---|---|---|---|
| **Advanced MSK Physiotherapy Service in General Practice** | | | |
| Recruit to 1 Band 8a Advanced Practice Physio lead post to develop and lead the service. | 2018/19 | • Recruitment took place July – October and the post has been appointed to. | Complete |
| Recruit to 6 Band 7 Advanced MSK Physiotherapists | 2018/19 | • Recruitment campaign July – September 2018. One of the current in post Band 7s was successful in being promoted to the Band 8a Lead post. This led to 7 posts being available. 5 of which were filled (one of which was part time).<br>• Advert is currently out to fill the remaining roles.<br>• Development work continues within the MSK service to ensure large gaps in workforce are not created through current roles applying for advanced posts. This will continue to be kept under review. | Live – on track |
| **Primary Care Mental Health Services** | | | |
| Further work required with operational community mental health teams to scope pathways and models before other investment could be agreed. | 2018-2019 | • Action 15 monies allocation letter has been received by all HSCPs.<br>• Agreement to spend £2.5 million between now and 2021/22 on Mental Health workers based within GP Practices. This investment will be allocated on gradual basis each year.<br>• For 2018/19 this equates to 2x Band 6 MH workers for each HSCP area. Recruitment for these roles is being led by each HSCP with support from the Implementation Team.<br>• A sub group of the MDT Implementation Group has been formed with representation from the HSCP teams and GP Practices to plan for the additional investment in future years, and service models/pathways. | Live – on track |
| **Community Link Workers** | | | |
| Group established with HSCP Leads to review the number of link workers in post and scope current roles. | 2018-2020 | A report has been circulated and discussed with the MDT Implementation Group on early findings and evaluation. The evaluation will assist with developing core principles that the service will offer members of the public, recognising there will be additional services provided that will be HSCP specific to population need. | Live – on track |

| | | | |
|---|---|---|---|
| **Development of ANPs** | | | |
| Cohort 1 of 14 students commenced September 2017 | July 2019 | • It is predicted the students in cohort 1 will complete their modules by July 2019.<br>• An evaluation has been carried out involving all GP Practices and students from cohort 1. This will be reviewed to continue to enhance the academy and take any learning into further cohorts. | Live – on track |
| Cohort 2 to commence in September 2018 – up to 10 students | September 2018 | 8 students have joined cohort 2. | Live – on track |
| Cohort 3 – 10 students September 2019 | September 2019 | | For 2019 |
| Cohort 4 – 15 students 2020 | September 2020 | | For 2020 |
| **Training and Development Academy** | | | |
| Develop and academy approach, following a similar model to the recognised ANP academy model and framework to grow our own required workforce from existing staff and trainees. | 2018/19 | Discussion to take place with all professions 12 November 2018 to scope possibility. | Live – on track |
| **Allocation of Resource of Staff** | | | |
| Discuss key principles for allocating resource with the Writing Group | September 2018 | Key information on principles was discussed and developed into an SBAR for SPOG. | Complete |
| Discussion with SPOG on process for allocation and agree approach | 14 Sept 2018 | The SBAR was discussed with the three HSCP Directors on 14 September and it was agreed the protected learning time (PLT) scheduled for all GP Practices should be used as engagement event to discuss practices thoughts on the MDT structure and resource available. | Complete |
| Develop a draft local Memorandum of Understanding (MoU) that outlines the roles and responsibilities for the HSCPs, services, GP Practices, and NHS Board for discussion across all areas. | 9 October 2018 | • An early draft has been developed with Pharmacy and MSK Physio colleagues.<br>• There are ongoing discussions nationally on potential content and this will be developed further in the coming weeks and shared with other stakeholders for comment and consideration of further content. | Live – on track |
| Meet with GP Practices and HSCPs to explore priorities | 31 October 2018 | • The session with GPs took place on 31 October 2018<br>• Most GP Practices had two representatives from their practice, and discussions took place as a cluster with HSCP reps also in attendance.<br>• Feedback from each cluster is being collated into a summary report and will be shared with colleagues no later than 20 Nov 18 | Live – on track |
| Ensure the appropriate supervision and mentoring arrangements are in place | December 2018 | • Requirements are being progressed with each profession to be followed with allocated GP Practices.<br>• Will be outlined with the MoU | Live – on track |

# Summary of Primary Care Improvement Fund as at 4 November 2018 (Project 2017/19 position)

**Appendix 5**

| Priority in MoU | PROGRAMME COMITTMENT (£) | 18/19 COMMITTMENT (£) | 18/19 COMMITTMENT (WTE) | 18-19 PROJECTED SPEND | 18/19 POTENTIAL CARRY FORWARD (£) |
|---|---|---|---|---|---|
| **Pharmcotherapy Service** | **3,880,163** | **1,506,815** | **40.99** | **1,181,610** | **325,206** |
| GP Clinical Pharmacist - Band 8b | | | | **31,508** | |
| GP Clinical Pharmacist - Band 7 | | 429,531 | 12.50 | 134,952 | |
| Pharmacy Technician - Band 5 | | 131,658 | 8.00 | 70,245 | |
| Pharmacy pre-reg trainees - Band 6 | | 73,526 | 3.99 | 16,471 | |
| Pre-existing PCTF pharmacists | | 872,100 | 16.50 | 928,433 | |
| **Primary Care Nurse Service** | **575,996** | **185,730** | **11.49** | **104,072** | **81,659** |
| **Urgent Care Service** | **451,500** | **203,500** | **-** | **197,650** | **5,850** |
| **MDT in General Practice** | **2,202,939** | **917,266** | **19.49** | **696,021** | **221,245** |
| **Programme Delivery** | **296,875** | **98,958** | **3.50** | **91,498** | **7,460** |
| **COMMITTED PROJECTS** | **7,407,473** | **2,912,269** | **75.47** | **2,270,849** | **641,420** |
| **FUNDING (100%)** | | | | **3,389,685** | |
| **FUNDING (70%)** | | | | **2,543,570** | |

| **Funding Profile** | |
|---|---|
| Total Allocation | £3,389,685 |
| Baseline Budget (from existing Pharmacy) | £569,300 |
| Amount due from Scottish Government | £2,820,385 |
| Allocation (70%) | £1,974,270 |
| Budget received in total | £2,543,570 |
| Available to draw down in 2019/20 (30%) | £846,116 |
| Funding available to invest in non-recurring projects 2018/19 | £272,720 |

**Appendix 6**

# GDS/PDS Shared Care, Care Home Pilot – Evaluation


Executive Summary

Since early 2017, a "shared care" arrangement has been operating to ease the burden on the Public Dental Service, by supporting a General Dental Practitioner to treat patients in a Care Home environment. Of the 20 residents in Auchinlea Care Home in Largs, around half now receive routine dental treatment from a local GDP rather than the PDS team based in Ayrshire Central Hospital. Under the arrangement, a nominated GDP liaises with a named Senior PDS dentist who continues to care for patients with the most complex needs and who can provide advice and support to facilitate care by the GDP where appropriate.

This evaluation report is based on findings from the working group who met regularly during the course of the pilot and feedback from key stakeholders: the nominated GDP, the Senior PDS Dentist, the Care Home manager and a local Oral Health Improvement Lead.

The pilot demonstrated that a shared care arrangement between PDS and GDS is feasible and was successful in enabling more patients to receive dental treatment from a GDP. A number of learning points became apparent during the pilot which will be important to consider if this type of arrangement is to be introduced on a larger scale.

Training for the GDP in working in the Care Home environment was recognised by all as a key factor, with particular value placed on time spent shadowing the experienced PDS dentist. Close links were established between the GDP and PDS dentist and the value of having a named single point of contact within the PDS was highlighted. Links between general dental services and oral health improvement activities did not appear to have developed to the same degree, highlighting a need to raise awareness of Caring for Smiles among the wider dental profession.

Differences in working arrangements between PDS and GDPs were also highlighted which could present some challenges for GDPs wishing to provide dental care in Care Homes. The need for visits to fit around Care Home schedules, and possibility of late cancellations were mentioned as difficulties. Increasing awareness of the Adults with Incapacity (2000) Act among GDPs was fully supported, however the ability to sign a Section 47 certificate was not felt to be essential for the GDP as the certificate could be issued by another professional.

The most significant challenge encountered was that under current arrangements, it was not possible for patients to receive care from the PDS dental hygienist whilst remaining registered with the GDP. A solution to this will be required to ensure patients in Care Homes have access to the valuable services of DCPs.

The service will continue in its current format, with potential interest for a similar model in another area. This will provide an opportunity to explore how well these arrangements can be transferred to another Care Home.

**Appendix 7**

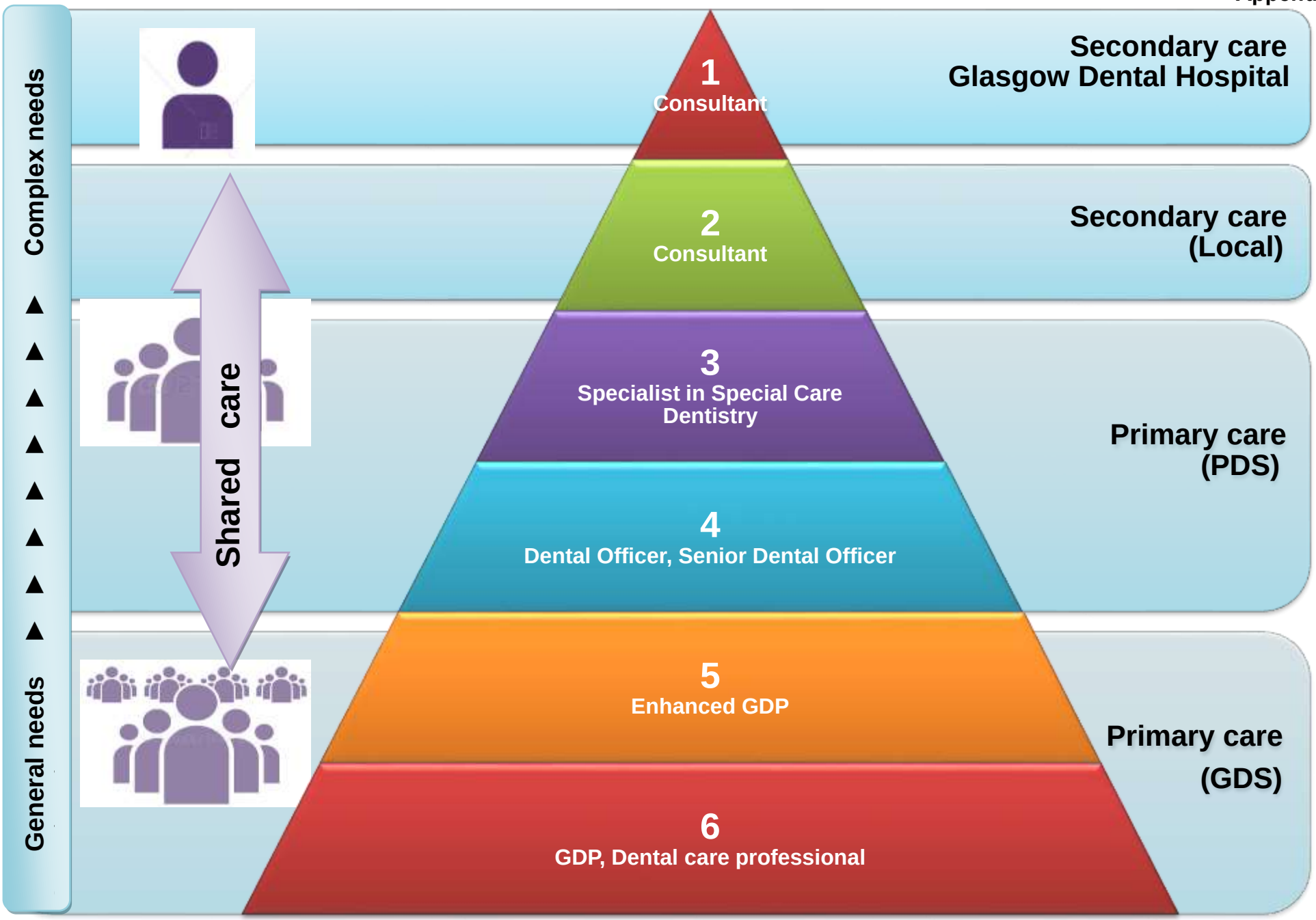
# Oral Surgery Pilot – Evaluation

## Executive Summary

A pilot oral surgery service (one day per week) based in Primary Dental Care was introduced in Kilmarnock in May 2016 with a view to reducing waiting times for patients requiring Minor Oral Surgery procedures and facilitating treatment closer to patients' homes. The service was supported by Integrated Care Funding to address the initial outlay for equipment and provide salaries on a time limited basis for staff providing the service until December 2017. It was hoped that this initial supported stage would pump-prime continued delivery of the service on an independent contractor model following the pilot phase.

Patients were seen and treated by the service from May 2016 to December 2018. Data collection for evaluation purposes began in November 2016 once the service had become established, during which time 537 referrals were accepted. Evaluation of the service was based on a database of referrals, R4 practice management system, interviews with stakeholders and patient evaluation questionnaires.
The pilot demonstrated that it was possible to provide an oral surgery service within Primary Care, with a significant reduction in waiting times for those attending the service. Treatment provided covered a range of procedures, with high patient attendance rates. The service received positive feedback from patients and referring GDPs who were happy with the service delivered and the clinic's location.
Some challenges were encountered during the course of the pilot but most were easily overcome. Direct referrals from GDPs were found to be appropriate and were the preferred pathway for all stakeholders. Shared oversight of the service by OMFS and DMT did not work particularly well, with consideration required to the most appropriate leadership structure for any future service.

"Virtual" fee per item claims generated through R4 demonstrated that the service was not financially viable in its current format. Unfortunately this eliminated the possibility of the service continuing beyond the pilot phase and the service ceased on 19th December 2017. There is a will for the service to be reinstated, however consideration will be required as to the most appropriate model and how this could become a more attractive business proposition.


Complex needs
General needs
Shared care
1
Consultant
2
Consultant
3
Specialist in Special Care Dentistry
4
Dental Officer, Senior Dental Officer
5
Enhanced GDP
6
GDP, Dental care professional
Secondary care
Glasgow Dental Hospital
Secondary care
(Local)
Primary care
(PDS)
Primary care
(GDS)