

## TEMPLATE

**Note: The following template may be helpful in constructing your response. We expect your response to cover all relevant strategic themes and the resource shift identified.**

**NHS Board:** NHS Greater Glasgow and Clyde

Consideration: Strategic Theme:	Current Service Strengths	Current Barriers to Achieving the Future Vision	Proposed Local Interventions	Necessary resource shift identified
<b>Service planning</b>	<p>Primary Care strategy group involving representatives from all 4 contractor groups and leading production of annual <a href="#">Primary Care</a> Planning Framework</p> <p>Locality arrangements well established in each CH(C)P linking to local services</p> <p>Primary Care involvement in Clinical Services Review planning</p> <p>Establishment of primary / secondary care interface group</p> <p>MCNs fully engaged in informing design and content of CDM programmes in primary care</p> <p>Access: local indicator and monitoring; planned work with LMC</p> <p>Extensive work on ES programme to</p>	<p>Workload pressures within primary care</p> <p>Lack of mechanism to review workforce and funding for primary care</p> <p>Lack of flexibility with current contract to meet local needs</p> <p>Limited incentive for cross system development</p> <p>Workforce preparedness to deliver new ways of working</p>	<p>Major 17c development programme</p> <p>Primary / secondary care interface group work programme</p> <p>Primary care framework actions on access, primary care team.</p> <p>Clinical Services Review development programme: evaluated programme in Renfrewshire to implement integrated models of care across acute, community and primary care</p> <p>Implement Recommendations of CDM review <a href="#">Chronic Disease Management Enhanced</a></p>	<p>Major resource issues as pressure to invest in acute care continues and new pressures are imposed.</p> <p>We currently spend above allocation on primary care (including Local Enhanced Services)</p>

	ensure fit with local priorities  Established systems for delivering individualised CDM consultations to patients with multimorbidity, supporting evidence based person centred approaches which fit with the patient's needs and social circumstances <a href="#">Chronic Disease Management Enhanced Services Review</a>		<a href="#">Services Review</a>  Implementation of learning from Keep Well evaluation into mainstream CDM processes and systems <a href="#">South Asian Anticipatory Care Project</a>	
<b>Interfaces and Integration</b>	Work to review catchment areas  Series of initiatives to improve connection to the wider community and primary care team, including Community Oriented Primary Care and connections to the new LINKS project  Health improvement directory and app development  Substantial work on inequalities and primary care approaches to inequalities, including well established Deprivation Group and framework to link activities <a href="http://www.phru.net/pcd/default.aspx">http://www.phru.net/pcd/default.aspx</a>	Different catchment areas and focus of teams  Demand pressures in acute and primary care challenging ability to agree and resource new pathways  End of Keep Well funding will challenge a number of key services and connections	Process in place to agree a shared record between pc and secondary  Primary / secondary interface group  Support to localities in the transition to integration	Non recurrent funding propping up change initiatives
<b>Infrastructure</b>	Premises review undertaken  Significant Hub developments to create flexible spaces in primary care for modern service delivery  Well developed IMT infrastructure to support clinical decision support for CDM programmes in primary care	Outstanding challenges re premises and ensuring high quality and availability of sufficient space for new activity  Shift of focus of support from contract administration to development		Future premises strategies will have to enable expansion of primary / community services and services being provided on a locality basis

<p><b>Workforce</b></p>	<p>Board wide redesign of our employed teams working with PC</p> <p>Process to work together on nursing workforce</p> <p>Overall workforce structure is an issue</p>	<p>Lack of knowledge about workforce hindering planning for primary care</p>	<p>Primary care team work</p> <p>Identification of core competencies required for effective delivery of CDM LES programme</p> <p>Development of a matrix of training, development and support tools available to meet competencies identified for CDM</p> <p>Multifaceted training &amp; support initiatives for workforce delivering CDM, based on principles of adult learning</p>	
<p><b>Leadership</b></p>	<p>Existing and future leadership investment</p> <ul style="list-style-type: none"> <li>- Dedicated CD and localilty lead roles, deprivation group lead, CSR development programme clinical leads</li> </ul> <p>FTFT and leadership development – includes those in primary care leadership roles</p>	<p>Releasing time for practising GPs to engage in service development and leadership</p>	<p>17c development – supporting local leadership and professional roles</p> <p>GP clinical lead role for Clinical Services Review development programme</p>	
<p><b>Data and improvement</b></p>	<p>Practice Activity Reports implemented</p> <p>Development activity in Inverclyde and Renfrewshire informed by robust data on service use and population</p> <p>Patient safety in primary care</p>	<p>Lack of data about primary care activity and outcomes</p> <p>Lack of connection to hospital, social care and other community systems</p>		

	<p>programme</p> <p>Catchment areas information</p> <p>CDM and ES programme enabling data collection and analysis for improvement</p> <p>Well developed system of primary care prescribing advisors working closely with general practitioners on prescribing practice. Plan to continue to develop this cross cutting approach</p>			
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**What support / facilitation / action does the health board consider is necessary at a national level in order to address the challenges that you have identified during the consideration of the above themes?:**

17c – support for the approach in NHSGGC, including sharing learning

National contract – process which engages Board in development and enable future changes to enable more responsive to local patient priorities development

Comprehensive review of national funding formula to fully reflect deprivation and complex needs

Review PTI and nationally collected data on primary care data to ensure there is high quality information about services and demand, beyond QOF information

Boards to be fully involved in decisions about small scale pilots and projects

Understanding of impact of different approaches to integration – specifically inclusion (or otherwise) of children’s services which challenges interaction with the universal primary care service

Clear national vision on role of primary care and expectations of expansion (or otherwise)

Understanding of impact on primary care of direction of travel re acute services (RTT, 24/7 services) and how this may challenge ability to invest in primary care and community services

Join up policy and planning of primary care with other strands of Scottish Government , particularly understanding how future policy drivers will enable additional investment in primary care