



Primary Care and Out of Hours Community Response Service

Service Improvement Plan 2019/20

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SECTION 1: INTRODUCTION

This Service Improvement Plans (SIP) is a key part of the wider performance and improvement framework of the East Ayrshire Health and Social Care Partnership. It sets out the strategic vision and priorities of the Primary Care Service; our performance framework; risks and opportunities; improvement actions for 2019/20; and an overview of the progress achieved in delivering against our key actions and achieving our targets in 2018/19.

Our Service Improvement Plan, covering the 2019/20 period provides detail on how we intend to support the improvements that are planned for Primary Care services including outlining the activities that we will undertake as part of the ongoing implementation of the 2018 General Medical Services contract and activities to support the required changes to meet the national priorities for Primary Care.

Primary Care Services remain committed to delivering improved levels of local care and building stronger, more sustainable and more integrated services across Ayrshire and Arran.

SECTION 2: SERVICE DESCRIPTION

The Service Area covers Primary Care and Out of Hours Community Response within East Ayrshire Health and Social Care Partnership.

Service coverage is as follows:

- General Practice
- Community Pharmacy
- Optometry
- Dental Services
- Ayrshire Urgent Care Service
- Governance

Primary Care refers to the four independent contractors which provide the first point of contact for people with the NHS. These contractors are General Practitioners, Community Pharmacists, Optometrists and General Dental Practitioners. 'Out of Hours' refers to services provided beyond the common working pattern of 9.00 am to 5.00 pm and includes both Primary Care Health and Social Work out-of-hours services.

There are currently a total of 55 GP Practices across Ayrshire with a registered practice population of 385,530 (as at 12/02/2019). In addition to traditional General Medical Services, our practices also deliver in excess of 30 Enhanced Services that deliver care to patients that would otherwise have required a hospital visit. There are 98 community pharmacy outlets across Ayrshire and Arran and these also provide 15 enhanced services to meet local needs. In addition, 67 dental practices are offering general dental services (5 of which are orthodontic practices) and 45 optometry practices are offering a range of optometry services across the area. Clinical Leadership arrangements are also well-established across contractor groups.

General Practice: General practice provides continuing, comprehensive, coordinated and person-centred healthcare to the communities of Ayrshire and Arran. A new General Medical Services (GMS) contract was agreed with GPs in 2018 and is currently in the process of being implemented across Ayrshire and Arran. As a result of the GMS contract clinical pathways, the role of the General Practitioner (GP), and other health and care professional roles and their workload will be redesigned to enable consultation and treatment by the right professional

GP Clusters, which were introduced in 2016/17, have a mandate to improve quality in the wider health and social care system, including the use of secondary care, and to ensure that the focus on quality improvement work is responsive to local needs and locally determined. In Ayrshire and Arran a total of 11 clusters have been established across the three Health and Social Care Partnerships.

Community Pharmacy: Community Pharmacy, through its national contract, provides a range of services for patients over and above the dispensing of medicines, taking full advantage of the skills of a pharmacist. These include four new NHS pharmaceutical care services, which have been introduced since 2006. These services are the Minor Ailment Service (MAS), Public Health Service (PHS), Acute Medication Service (AMS) and Chronic Medication Service (CMS). Across Ayrshire and Arran these new services are involving pharmacists in the community more

in the provision of direct patient-centred care as part of the wider primary care team. Across Ayrshire and Arran all 99 community pharmacies are participating in the 'Pharmacy First' initiative enabling community pharmacists to treat a number of common conditions without a prescription.

Optometry: Community optometrists provide a comprehensive eye examination service model to care for an aging population. The eye examination is universally funded and therefore free of charge to all eligible patients. Geographical access to eye care at optometrist practices across all HSCPs in NHS Ayrshire and Arran is good. In Ayrshire and Arran accredited optometrists provide locally enhanced eye care services reducing the burden on secondary care. These include: Low Visual Aids (Visual Impairment); Bridge to Vision (Learning Disability); Post-Operative Cataract Surgery Assessment; Medical Contact Lenses and Diabetic Retinopathy Screening.

The 'Eyecare Ayrshire' re-direction initiative was launched in 2017 with the aim of shifting the balance of care for eye problems from GP practices and EDs to local optometry practices and the number of people using the service has continued to increase with typically 1,100 items being dispensed per month.

Dental Services: Dental services are provided by the General Dental Service (GDS) and the Public Dental Service (PDS) which includes Oral Health Promotion and actions across all ages including increasing dental registration, promoting equity of access and ensuring effective referral pathways to acute care. The *NHS Ayrshire and Arran Oral Health Strategy 2013-2023* is closely aligned with the national Oral Health Improvement Plan and aims to ensure the 'best oral health possible for the people of Ayrshire and Arran'. The strategy covers stages of life (children and adults) and targets oral health promotion work for priority groups, such as the homeless and prisoners, people in care homes and those with specific care needs.

Ayrshire Urgent Care Service: AUCS provides a range health, social care and social work services across Ayrshire during the periods when day services are closed. Primary care out of hours undertakes a significant level of activity with current average demand per week is 627 centre visits and advice cases and 373 home visits.

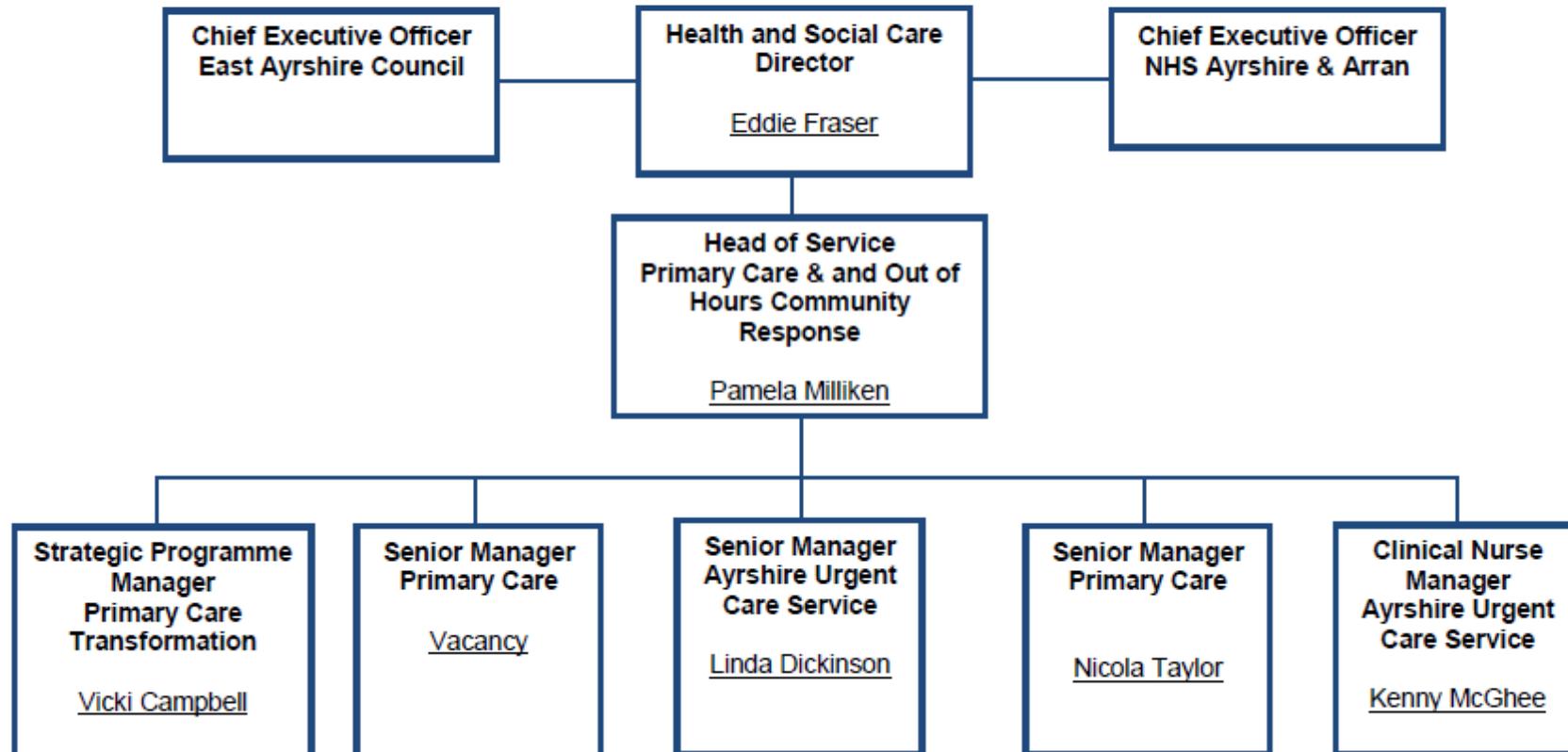
Along with the rest of Scotland, Ayrshire has increasing difficulty in staffing the primary care out-of-hours service. There is a decreasing number of GPs working in-hours and, as the out of hours service staffing depends on GPs who also work in-hours, fewer of these GPs can, or are willing to work both.

Governance: The East Ayrshire Integration Joint Board and the Primary Care Programme Board are the main bodies with responsibility for shaping and influencing the development of Primary Care services across Ayrshire and Arran. The Primary Care Programme Board currently oversees the Primary Care Programme – Ambitious for Ayrshire. The terms of reference of the Board have recently been revised to reflect its role as the governance group overseeing the implementation of the GMS contract, which it co-chairs with the GP Sub Committee.

Highlighted overleaf is an organisational structure chart for Primary Care highlighting key areas of service responsibility.

Primary Care and Out of Hours Response

Organisational Structure



The budget for the service for 2019/20 is shown below:

Service	Total Delegated Budget 2019/20 (£m)
East Ayrshire Prescribing	27.301
East Ayrshire GMS	15.638
Ayrshire and Arran Primary Care (including dental)	76.904
East Ayrshire Standby (including Community Alarms)	0.522

Proposed 2019-20 Cash Release Efficiency Savings (CRES) for Primary Care and Out of Hours Services are shown below:

Following Primary Care exclusions (for General Medical and Primary Medical Services) the proposed 3% CRES savings for 2019/20 totals £368,000. Details are shown below.

Division of Service	Total (£)
Ayrshire Urgent Care Service (AUCS)	50,000
Primary Care Management & Administration	52,000
Primary Care Contracts (Administration)	100,000
Pharmacy	39,000
Optometry	75,000
Dental Services	41,000
Primary Care Digital Services	11,000
TOTAL	368,000

3. POLICY CONTEXT

National Policy Context

This section provides an overview of the key Scottish Government strategies and plans that inform how primary services are being planned, developed and delivered across Ayrshire and Arran.

2020 Vision for Health and Social Care: The vision for health and social care has been set out by the Scottish Government to respond to the twin challenges of the growing number of people with complex health and social care needs and continuing financial constraints in relation to public sector budgets/both the Health Service and Local Government.

National Clinical Strategy for Scotland: The Strategy sets out the case for: planning and delivery of primary care services around individuals and their communities; planning hospital networks at a national, regional or local level based on a population paradigm; providing high value, proportionate, effective and sustainable healthcare; transformational change supported by investment in e-health and technological advances.

Health and Social Care Delivery Plan: The Delivery Plan sets out a series of key actions for government and local health and care services to deliver better patient care, better population health and better value. The key principle at the heart of the Delivery Plan is that better patient outcomes and more efficient, consistent and sustainable services for citizens can be achieved through NHS Boards, Integration Joint Boards and other partners working more collaboratively and effectively to plan and deliver services.

National Primary Care Outcomes: The Outcomes Framework maps out the changes that need to happen to deliver the Scottish Government's vision for Primary Care over the next nine years, to 2028. The Scottish Government's vision for the future of primary care services is for multi-disciplinary teams, made up of a variety of health professionals, to work together to support people in the community and free up GPs to spend more time with patients in specific need of their expertise.

Local Strategic Context

The following Plans provide the regional and local strategic context to the planning and delivery of Primary Care services across Ayrshire.

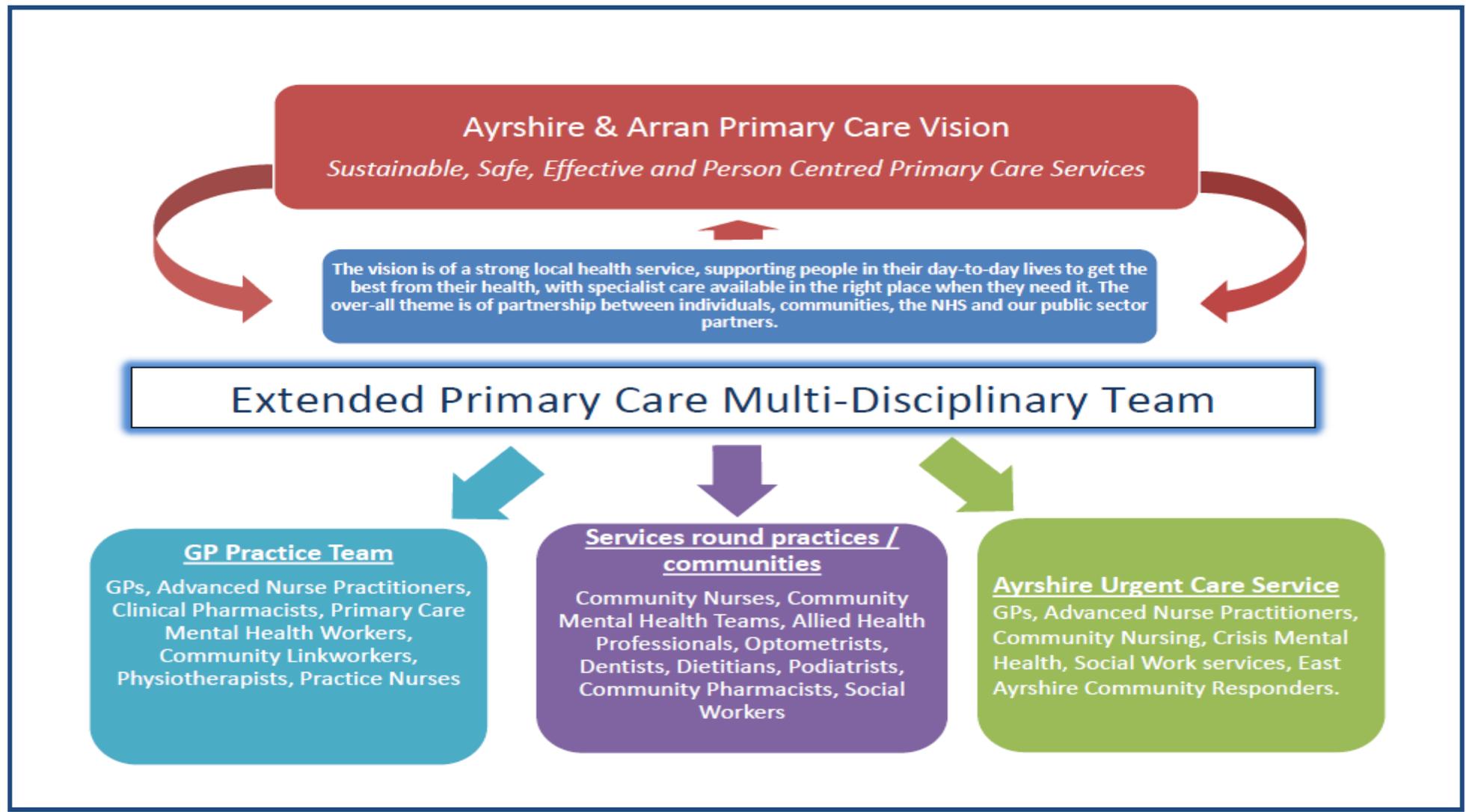
East Ayrshire Community Plan 2015-30: The East Ayrshire Community Plan 2015-30 is the sovereign and overarching planning document for the East Ayrshire area, providing the strategic policy framework for the delivery of public services by all partners. The Community Plan is implemented through three thematic Delivery Plans, namely Economy and Skills, Safer Communities, and Wellbeing.

NHS Ayrshire and Arran Primary Care Improvement Plan 2018-21: The Plan is the initial strategic document that sets out how the three Ayrshire Integration Joint Boards and the NHS Board will deliver the implementation of the new 2018 General Medical Services (GMS) Contract.

Health and Social Care Partnership Strategic Plan 2018-21: The Strategic Plan is focused on delivering transformational change to meet the increased levels of demand for health and social care services in East Ayrshire. The activities which will be undertaken over the next three years will centre on the triple aim of better care, better health and better value.

NHS Ayrshire and Arran Transformational Change Improvement Plan 2017- 2020: and associated Delivery Plan: The Transformational Change Improvement Plan describes NHS Ayrshire and Arran programmes of transformational change and sets out the Boards intention for the period of transformation from 2017 to 2020. The Plan is aspirational and seeks to make deliberate, sustainable improvement in the way health and care services are delivered in Ayrshire, in order to ensure better outcomes for the people who use these services.

Ayrshire and Arran vision for Primary Care (see diagram overleaf): The Ayrshire and Arran vision aligns to the Scottish Government's vision for the future of primary care services, which is for multi-disciplinary teams, made up of a variety of health professionals, to work together to support people in the community. This work will be delivered in partnership between communities, GP Practices, the three Ayrshire Health and Social Care Partnerships, Acute and Third Sector. These partners are committed to working collaboratively and positively to deliver real change in local health and care systems that support people to receive the right care at the right time.



SECTION 4: REVIEW OF PROGRESS 2018-19

During 2018/19 we have taken forward a range of work to deliver against the objectives outlined in the Primary Care ‘Ambitious for Ayrshire’ Programme and to progress the vision for Primary Care Services in Ayrshire and Arran. A number of our key achievements are shown overleaf.



Eyecare Ayrshire

Over 15,000 medications were supplied by community pharmacies from signed optometry orders.



Centre of Excellence Training Programme

In 2018 nearly 400 front line reception / administration staff from Ayrshire & Arran GP Practices undertook training to support triaging and redirecting patients who contact their surgery for an appointment.



Pharmacy First

In 2018, an average of 500 patients a month were treated through Pharmacy First.



Fairer Scotland Action Plan

The Public Dental Service (PDS) secured funding from the Scottish Government to extend coverage of the 'Childsmile' oral health improvement programme to reach even more comparatively deprived communities locally.



Development Programme for GPs with Enhanced Roles (GPwER)

A first cohort of 4 GPwER were in post as at April 2018 and a further 8 commenced in September 2018, each of whom has been matched with an acute specialty



Ayrshire Community Phlebotomy Service

The new Service went live in August 2018. The service supports taking blood for acute specialities for patients in the community.



Primary Care Nurse Service

We successfully recruited to 9 nurse graduate roles to develop Primary Care Nurse role. (3 in each of the Ayrshire HSCPs)

Other achievements in 2018-19 include the following;

- Extensive work has taken place to support GP Practices experiencing difficulties ensuring that the population of Ayrshire and Arran have the required access to general medical services.
- The “Quality Improvement Initiative in Dentistry” was established in May 2018 with the stated aim of bringing 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. The focus for 2018-19 was on Antimicrobial Stewardship.
- Ayrshire Urgent Care Services successfully adapted the out-of-hours records management system (Adatastra) to meet the needs of multidisciplinary team working, allowing different templates, case question sets, clinical codes, onward referrals etc. to be defined for each professional designation i.e. GPs, ANPs, District Nurses, Social Work, Physio and Pharmacy.
- A single call handling service was implemented for AUCS ensuring that all Health and Social care calls are now received by the AUCS administration team during office hours, or by a call handler during the out of hours period.

Performance 2018-19

The Primary Care Management Team has developed a suite of measures to better understand the primary care system in a balanced way and to provide improvement support. The key performance highlights for the service in 2018-19 are highlighted in the graph overleaf.



Primary Care Performance

In 2018/19 Primary Care Services met or exceeded its targets in the key areas highlighted below.

1 86%

of patients were successfully triaged within one-hour by the out-of-hours service (AUCS) home visiting service.

2 96%

of Ayrshire GP practices were signed up to the Scottish Patient Safety Programme in 2018/19

3 94%

of patients were successfully triaged within 30 minutes by AUCS at the two urgent care centres at University Hospital Ayr and Ayrshire Central Hospital

4 6723

fluoride varnish applications were provided to children across Ayrshire and Arran as part of the 'Childsmile' initiative

5 4309

patients were seen by MSK Physios at GP Practices across Ayrshire & Arran with 65.6% of these patients self-managing their condition following consultation

6 15023

medications were supplied to patients by community pharmacies as part of the Eyecare Ayrshire initiative

7 4154

items were dispensed by community pharmacists as part of the Pharmacy First initiative

In 2018/19, the service also met or exceeded its targets in a number of other key areas.

- The service successfully met its target in relation to the percentage of people on one or more disease register, with 39% of the Ayrshire population being on one or more disease register in 2018/19.
- The number of Optometry Practices in Ayrshire and Arran who underwent inspections in 2018/19 totalled 12.
- In 2018-19, 19 Dental Practice Inspections were carried out successfully. As part of the inspection process all 67 dental practices in Ayrshire are due to be inspected over the 3 years between January 2018 and January 2021.
- In 2017-18, 88.6% of relevant NHS staff within the H&SCP had completed an e-KSF PDP/Review. This was significantly ahead of the 80%target figure.

SECTION 5: IMPROVEMENT PLAN 2019/20

The content of this Service Improvement Plan (SIP) reflects the direction of travel set out in the 3 year Primary Care Improvement Plan (PCIP) and the workstreams directly align with the priority areas set out in the MoU. As a result, the actions and key areas of activity outlined below for 2019/20 are focussed on developing the model for MDT and on implementation of the priorities set out in the 3 year PCIP.

Each of the following workstreams and associated actions will be progressed in 2019/20.

Workstream 1: Pharmacotherapy Service Implementation		Expected Outcome	Timescale	Responsible
Leadership and training academy				
1.1	Establish a training academy to bring pharmacists and technicians through training based in primary care	We have a sustainable Pharmacotherapy Service where every GP practice in Ayrshire and Arran receives pharmacist and technician support.	2019/20	Alistair McInnes
1.2	Create a refreshed pharmacy management structure to reflect model of pharmacotherapy services	The Pharmacotherapy service is providing pharmacy support within general practice, managing 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.	2019/20	Alistair McInnes
Workstream 2: Primary Care Nursing Service Implementation		Expected Outcome	Timescale	Responsible
Establish Community Treatment and Care Service (CTAC)				
2.1	Test Primary Care Nurse model with new graduates	We have established a training programme for newly qualified nurses and are offering them the opportunity to gain further skills and experience on a rotational learning programme within General Practice and Community.	2019/20	Sarah Barbour
2.2	Design proposed workforce models to share with services	Community treatment and care services are applying strategic workforce forecasting to inform workforce development	2019/20	Sarah Barbour
Phlebotomy Secondary Care Blood Requests				
2.3	Commence Phase 2 of Phlebotomy workstream and extend to other Specialties	By 2021 community treatment and care services are undertaking all Secondary Care community	2019/20	Nicola Taylor

		phlebotomy requests.		
Workstream 3: Urgent Care Service Implementation		Expected Outcome	Timescale	Responsible
Access Multi-Disciplinary Team (MDT) Practitioner Resource to assess and treat urgent care presentations				
3.1	Develop policy on Joint Data Controller	A range of appropriate healthcare professionals are able to legitimately access or enter information into GP patients' medical records for direct care purposes.	2019/20	Pam Milliken
3.2	Review IT infrastructure to maximise re-direction pathways	IT infrastructure is effectively facilitating the redirection of patients.	2019/20	Vicki Campbell
3.3	Support implementation of NHS 24 Practice Websites which add value.	Signposting is supporting patients to access support for self-care and professional support from a range of primary care and community based services.	2019/20	Pam Milliken
Reduce GP delivered home visits (including to care homes)				
3.4	Create a local collaborative with clusters to undertake quality improvement activity including minimising home visits.	Establishment of a quality improvement collaborative as a means to support efficient MDT working within GP practices.	2019/20	Sarah Barbour
3.5	Scope home visit activity, demography, ANP involvement and practice protocols across practices, learning from good practice	We better understand home visit activity across Ayrshire and are supporting efficient working and effective utilisation of Advanced Practitioners and other health professionals.	2019/20	Sarah Barbour
3.6	Link to MDT workstream and enable continuing development of Community Nursing team and engagement of ANP for nursing home visits	We have fully implemented a training programme for newly qualified nurses who have trained in Ayrshire and Arran, offering them the opportunity to gain further skills and experience on a rotational learning programme within General Practice and Community.	2019/20	Sarah Barbour
Build capacity and resilience in local community to pre-empt and avoid individual seeking urgent care services				
3.7	Maximise digitally enabled support to reduce GP attendance	(TEC) such as telehealth, telecare, video conferencing and self-care and digital apps and web based platforms are transforming the way people engage in and control their own healthcare, empowering them to manage it in a way and a place that is right for them.	2019/20	Alistair McInnes
Workstream 4: Multi-disciplinary Team in General Practice		Expected Outcome	Timescale	Responsible

No.	Actions			
4.1	Complete work with mental health services teams to scope pathways and service models.	Completion of scoping exercise on Primary Care Mental Health pathways and service models is helping team to determine demand within practices and develop an agreed pathway and model for Mental Health Practitioners to see patients as a first point of contact within General	2019/20	Alistair McInnes
4.2	Establish equitable coverage of Community Link Workers across all Ayrshire HSCPS	Common understanding of the role of Community Link Workers / Community Connectors across Ayrshire and Arran, enabling common access for GP Practices and sharing good practice.	2019/20	Alistair McInnes
Workstream 5: Wider Primary Care		Expected Outcome	Timescale	Responsible
No.	Dental Actions			
5.1	Develop a self-managed team approach within the Public Dental Service	Teams will take responsibility for the day to day operation of their Hub, allowing managers to concentrate on service improvement	2019/20	Gordon MacBeth
5.2	Implement centralised IV Sedation Service at Ayr Hospital Dental Hub	Improved patient outcomes, more efficiently operated service with better peer support for the Dentists.	2019/20	Gordon MacBeth
5.3	Implement referral pathways for 3 rd Sector Groups into Dental Services	Patients who previously didn't engage with Dental Services will start to receive routine care.	2019/20	Gordon MacBeth
5.4	Develop a cohesive Children's Dental Service Plan	The plan will encompass all aspects of oral health interventions, including clinical treatment and preventative programmes. Identify opportunities for further development in prevention.	2019/20	Gordon MacBeth
5.5	Review Referral Pathways and Service Delivery	New Specialist Dental Officers for Special Care and Paediatrics will be reviewing services and developing training for both PDS Dentists and GDPs, which will improve patient experiences and treatment outcomes.	2019/20	Gordon MacBeth
5.6	Support the implementation of the Oral Health Improvement Plan for Scotland	We are providing training and ongoing support to GDPs providing Domiciliary care to patients and GDPs are referring between practices for treatments such as Sedation and Oral Surgery	2019/20	Gordon MacBeth
No	Optometry Actions			
5.9	Explore expansion of Eyecare Ayrshire service model by looking at co-prescribing pathways with GP for Optometrist non-	To determine whether community Optometrists (non IP) could manage a wider range of eye	2019/20	Catherine Taysum

	independent prescribers.	conditions within the community setting. Liaising with hospital eye service colleagues and General Practitioners in order to assess any potential for a co prescribing model of care for a range of eye conditions currently seen within Eye Casualty.		
5.10	Explore developing a care pathway for independent prescribing (IP) Optometrists to manage anterior uveitis within the community to appropriate clinical management guidelines.	To scope the development of a new service utilising the skills of independent prescribing Optometrists (IP) to manage anterior uveitis within a community setting. To explore the potential benefits and governance of this with hospital eye service colleagues.	2019/20	Catherine Taysum
5.11	Explore the potential for developing a signposting/referral pathway for patients who present to Optometrists practices and are identified as socially isolated. In particular those patients with visual impairment who access the adult Low Vision Service.	To link with community connectors to scope out the potential for community Optometrists to be able to effectively identify and then signpost/refer appropriate patients that are at risk of, or who are, socially isolated into services that can offer the appropriate support.	2019/20	Catherine Taysum
No	AUCS Actions			
5.12	We will develop an electronic referral record to streamline the referral process between the operational support staff and out-of-hours social workers.	Operational call handlers are the first point of contact for all incoming social work calls to the out-of-hours service.	2019/20	Charlene McLaughlin
5.13	We will implement and provide access to 'Attend Anywhere', providing a remote video consultation to appropriate service users during the out-of-hours period.	We have increased the number of remote video consultations as the end point for consultations.	2019/20	Charlene McLaughlin
5.14	We will test the concept of a Healthcare Support Worker (HCSW) administering insulin, patient specific, from their team caseload.	With adequate training, support and a robust governance framework, patients are receiving insulin from a HCSW.	2019/20	Charlene McLaughlin
5.15	We will complete a review of staffing levels within AUCS Social Work to ensure staffing levels are meeting the needs of the service	The service is getting the best value from staffing arrangements and these arrangements are meeting the demands of the service.	2019/20	Charlene McLaughlin
5.16	We will complete a review of the structure and competencies of the service support staff, to ensure that roles support multidisciplinary team working.	A team of individuals trained and skilled to support the management team and the range of professionals within the service.	2019/20	Charlene McLaughlin

SECTION 6: QUALITY ASSURANCE AND IMPROVEMENT

Primary care has an established quality assurance and improvement dashboard which is reviewed on a regular basis by the Primary Care management team to identify areas requiring support and quality improvement.

The dashboard consists of a range of measures, which have been designed to capture important aspects of Primary Care performance related to GP practices, independent contractor groups and associated primary care services. The measures reflect national Health and Wellbeing Outcomes.

The measures, which make up the Primary Care Quality Assurance and Improvement Dashboard are set around balanced scorecard themes of Customer, Outcomes, People and Efficiency and reflect national Health and Wellbeing Outcomes.

Primary Care Quality Assurance Framework 2019-20

Customers			
Measure	Baseline (2016/17)	Target	Commentary
GP Complaints (per 1000 pop)	0.28	Reduce	GMS 0.28 complaints per 1000 patients. .
Outcomes			
Measure	Baseline (2016/17)	Target	Commentary
Disease Registers	38.2%	38%	% of people on one or more disease register.
4C Prescribing (per 1000 patients)	8.46%	Reduce	4C Prescribing: Co-amoxiclav, Clindamycin, Clarithromycin, Cephalosporin.
Scottish Patient Safety Programme – GP Practices	90.7%	90%	% of GP Practices signed up to SPSP.
No. of Fluoride Varnish Applications (children aged 2 to 6)	6,320	Increase	All nursery children and majority of primary school children in Ayrshire participate in the Childsmile Toothbrushing Programme.
Eyecare Ayrshire	627	570	Count of medications supplied by community pharmacy from signed optometry order
People			
Measure	Baseline (2016/17)	Target	Commentary
GP Vacancies by Practice	21.1%	Reduce	Practices with vacancies as % of all practices. (12 month average).
EAGER Completed	92%	95%	% of relevant workforce with active EAGER, which has been completed.
eKSF/PDP	88.69%	80%	% of relevant workforce with e-KSF PDP/Review.
Efficiency			
Measure	Baseline (2016/17)	Target	Commentary
Optometry Inspections	100%	100%	Practice Inspections - % due inspection that were inspected.
AUCS - Home visits within 1 hour	90.3%	82%	AUCS Home Visits triaged as one-hour category
AUCS - PCTC within 30 minutes	96.7% (2017/18)	95%	AUCS PCTC triaged within 30 minutes.

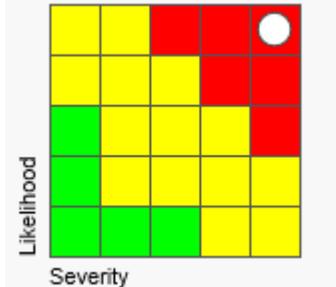
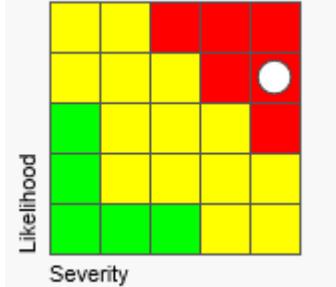
SECTION 7: WORKFORCE DEVELOPMENT

Workforce models are being developed with the support of workforce planning as it is recognised that there is a requirement to develop staff and provide opportunities for them to enhance their skills into new roles through a coordinated training approach of all professionals. This approach is being taken forward under a Training Academy Workstream across the whole transformation programme.

As outlined in the new GMS contract, the introduction of new services is reliant on the establishment of a new workforce that will be part of GP Practice teams. Practice Managers, receptionists and other practice staff will have key roles in supporting the development and delivery of local services. Practices Managers will be supported and enabled to contribute effectively to the development of practice teams and how they work across practices within Clusters and in enabling wider MDT working arrangements.

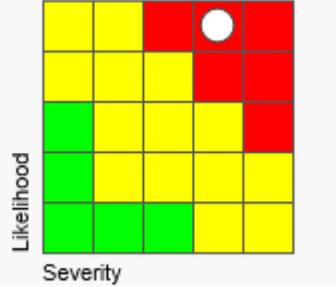
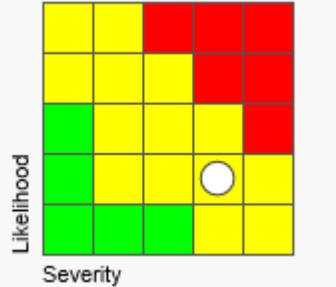
SECTION 8: RISK ASSESSMENT/ MANAGEMENT

Primary Care Risk Register 2019-2020

Code	Risk	Internal Controls	Matrix Score
PC RISK01	<p>Patient Experience/Outcome - General Practitioner Workforce</p> <p>Failure to recruit GP leading to practices failing and an inability to meet transformational change agenda resulting poor patient outcomes and significant costs.</p>	<ol style="list-style-type: none"> 1. Workforce and Sustainability Group established as part of the primary care programme. 2. GP Workforce Paper has been to the EA IJB and will be submitted to CMT and other IJBs in 2015. This has been updated and once finalised will be represented to these groups in 2017. 3. Development of MDT of other professionals working in practices, ANPs, Pharmacists, Physiotherapists, Mental Health Practitioners 4. GPwER programme 5. Implementation of new GMS contract 	
PC RISK02	<p>Patient Experience/Outcome – Primary Care Sustainability</p> <p>Failure to sustain and support primary care leading to primary care not being able to respond to</p>	<ol style="list-style-type: none"> 1. Ambitious for Ayrshire Primary Care Programme 2. Support for Practices in Difficulty 3. Supporting areas with Practices under pressure 4. Reduce practice workload through signposting / triaging activity to other professionals and services 	

	patient need.		
PC RISK03	Failure of IT healthcare systems including IT infrastructure, communication systems and online communication tools leading to failure to deliver essential healthcare services.	<ol style="list-style-type: none"> Improvements to rural broadband connectivity are being realised through a combination of commercial rollout and rollout that has been subsidised by Government funding. Resources have been allocated to minimise IT and ICT lead times and to develop primary care IT infrastructure and support. Ehealth is working with individual practices to maximize current infrastructure and practice contingency The issue of securing access to NHS online communication tools for community pharmacies and optometry practices is being progressed at the national level. Ehealth and Primary Care are working towards all Otoms having their own personal email NHS mail address. Phase 2 of this work will be to establish each practice with a practice NHS mail address. Alongside this eHealth will also work on optometry practices being able to access Athena. All Community Pharmacies have an NHS mail address but only the independent pharmacies have access to Athena. eHealth facilitator will encourage those with access to Athena to use it and will work with the multiples to encourage them to allow access to Athena by their pharmacies. Services are continuing to engage with the NHS Digital Team to be kept up-to-date with all ongoing developments. 	
PC RISK04	Failure to work collaboratively with H&SCPs on lead partnership arrangements leading to primary care services being destabilised.	<ol style="list-style-type: none"> Regular updates to IJB Engage with Heads of Service Fully utilise SPOG Delivery of H&SCP objectives Collaborative working on projects and programmes of change 	

PC RISK05	Failure to fill the AUCS clinical rota resulting in inability to respond to demand.	Development of new multi-disciplinary model of working and joint working with NHS24.	
PC RISK06	Failure to recruit and retain staff within the OOH DN Service.	<ol style="list-style-type: none"> 1. Introduction of different shift patterns 2. Recruitment of sessional staff 3. Provision of overtime opportunities for staff 	
PC RISK07	Failure to provide out of hours service for patients requiring input of Mental Health Officers.	<p>We are currently exploring all options to increase our pool of on call MHO's</p> <p>As at November 2018 we have established full MHO cover up to the end of January 2019. We are continuing to explore the full range of options to increase our pool of on call MHO's and establish a long term solution to ensure effective provision of an out of hours service for patients requiring input of Mental Health Officers.</p>	

PC RISK08	Failure in fiscal management around managing demand and CRES savings resulting critical service reductions and reduction in care or inability to meet CRES savings targets.	Monthly reporting on the delivery of CRES and service change proposals through routine performance reporting to the NHS Board, EA Strategic Commissioning Group and IJB	
PC RISK09	Failure to create a productive programme environment and to deliver against Programme milestones, leading to unsustainability of primary care services.	Framework of key strategic planning tools will enable effective management and performance monitoring of programme allowing milestones to be achieved. Continuous engagement with H&SCP Directors will promote a strong collaborative approach and help in creation of a productive programme environment.	
PC RISK10	Failure of GP Practices and Community Pharmacies to receive effective service allowing for timeous uplift of sharps and clinical waste.	Contingency arrangements currently in place to provide clinical waste services to GP Practices. New contractor will take over services to GP Practices and community pharmacies on 1 st August 2019, when normal services are expected to resume.	