Summary of HIS Primary Care Work – 2019/20

Healthcare Improvement Scotland are committed to supporting better quality health and social care for everyone in Scotland. We are working with communities, people who use services, clinical and care services, and leadership teams to develop and deliver improvements to services across a range of primary care supports and settings. This paper summarises the focus of our work with primary care in 2019/20.

THEME 1: CREATING THE CONDITIONS FOR LOCAL SYSTEMS TO DELIVER HIGH QUALITY PRIMARY CARE

In autumn 2016, Healthcare Improvement Scotland contributed to the Scottish Government consultation on Improving Together: A National Framework for Quality and GP Clusters in Scotland, subsequently published in January 2017. Shortly afterwards, it was announced that Healthcare Improvement Scotland would lead the development and implementation of this work.

- **Primary Care Quality Improvement Faculty**: having previously delivered Cluster Quality Lead QI training, we are now working with NES to develop a Primary Care Quality Improvement (QI) Faculty. Over time, this will provide responsive and planned quality improvement, coaching and mentoring support to GP clusters across Scotland.

- **QI in Primary Care Networking Events**: we deliver regional events which are aimed at participants with an interest or involvement in delivering QI in Health and Social Care Partnerships (H&SCPs), NHS boards, clusters and localities. These events provide key opportunities to share learning across Scotland.

- **Improving Together interactive (ITi)**: we provide an online platform to share resources, key learning, relevant information and best practice through case studies and evaluations.

We lead the Scottish Patient Safety Programme in Primary Care (SPSP-PC).

- The aim of the Scottish Patient Safety Programme in Primary Care is to reduce the number of events which could cause avoidable harm from care delivered in any primary care setting. This year we have expanded the **non-steroidal anti-inflammatory drugs** (NSAIDs) toolkit to every community pharmacy.

- We are working with **all general dental practices** to deliver the safety climate survey supporting whole practice teams to better understand and measure their safety, and identify where improvements can be made.

Key to the delivery of high quality primary care is the effective engagement of individuals in the design and provision of their care. In addition to embedding these principles into our national improvement programmes, through our Scottish Health Council local offices and national Service Change Team, we also provide support to help NHS boards and health and social care partnerships (H&SCPs) to engage people and communities around the design and delivery of primary care services.

- The **Scottish Health Council** (SHC) supports the establishment and development of Patient Participation Groups within general practice (supporting on average 20 per month).

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During May 2019, SHC sent a survey to all (944) general practices across Scotland asking for information on the types and methods of public engagement being carried out. There has been a 40% response rate and we will publish a report of the findings and develop tailored engagement tools and techniques.

**We provide independent assurance of the quality of primary care services.**

There is a clear commitment in our Driving and Supporting Improvement in Primary Care strategy to “explore current and new mechanisms for quality assurance in primary care which support improved quality of care in the future”. We are commencing a piece of work to develop and test a model for external quality assurance of primary care in H&SCPs, beginning with a scoping exercise to understand how the quality of care is currently monitored. Through this, we will identify current practice, areas of innovation, opportunities and constraints. Using this learning, we will work with 2-3 H&SCPs to develop and test the quality of care approach in primary care.

Our ongoing community and primary care assurance activity includes:
- Joint inspection of adult health and social care services.
- Inspecting the care of older people in community hospitals.
- Inspection of wholly private primary care medical and dental services.

**THEME 2: SUPPORTING THE DEVELOPMENT AND IMPLEMENTATION OF NEW MODELS OF CARE**

We run a number of national improvement programmes that support the implementation of new ways of working.

**Practice Administrative Staff Collaborative (PASC):** Phase 1 of PASC completed in June 2019. Supporting six H&SCPs, we developed toolkits and resources to support:
- **Workflow Optimisation** (Correspondence Management) to free up GP time from unnecessary documentation review. Data from 17 practices in PASC pilot phase found that on average GPs reviewed 44% less documentation after implementing workflow optimisation.
- **Care Navigation** (which includes directing patients to new multidisciplinary teams within GP practices and to health and care providers in the community).

Copies of both toolkits are being sent to every GP practice in Scotland and digital versions, including templates and motion graphics, are available to download from the PASC website.

**Phase 2 of PASC** is currently recruiting up to 200 practices to spread the learning.

**Pharmacotherapy:** a new service to expand the role of pharmacists and pharmacy technicians working in primary care. We will lead an improvement collaborative to support the implementation of Pharmacotherapy Level 1 by developing QI skills and improving GP practice processes to manage Level 1 Pharmacotherapy tasks. Activity will focus on acute/repeat prescriptions, discharge letters and medicines reconciliation, and applications are currently open.

**Community Treatment and Care Services (CTAC)**
In spring 2019, we ran a 90 day learning cycle to pull together expert opinion and evidence to inform the design and development of CTAC services. We produced a report and held an event in June to share and discuss the findings and benefits in providing holistic community based patient care.
We have a portfolio of improvement work focused on enabling people with complex care needs to live well in their community longer. The work of our Living Well in Communities includes:

- **Living and Dying Well with Frailty Collaborative**: in April 2019, H&SCP s were invited to apply to become part of the new collaborative aimed at improving outcomes for people with frailty through early identification, anticipatory care planning and community multidisciplinary team working. Anticipated benefits also include reduced unscheduled demand on GPs and acute services. Nineteen H&SCPs have applied to be part of the collaborative and confirmation of collaborative members will be no later than 16 August 2019. More information about the collaborative and interventions delivered by the collaborative can be found on the [collaborative page](#) of the ihub website.

We are supporting work to develop and test new models of providing post diagnostic support in primary care for individuals with dementia.

- **Focus on Dementia** is working with three GP clusters across Scotland (Shetland, East Edinburgh and Nithsdale in Dumfries and Galloway) to test the relocation, or closer alignment, of post-diagnostic support (PDS) into primary care. This work involves 27 GP practices and each cluster has been encouraged to try new ways of working. This is enabling earlier diagnosis and timely support to people and their families. To date, over 100 people have benefited from this support with the test sites seeing improvements including:
  - One site is showing a 47% increase in uptake of PDS.
  - Reduced waiting times for PDS in some cases from 12 months to 3 months.
  - Experience of high quality PDS from a primary care setting.

The remaining year of the project involves working closely with external evaluators Blake Stevenson capturing and reporting on the impact of relocating PDS to primary care with the full report available in November 2020.

You can view the latest Impact Report [here](#).

**Health Technology Assessment** — we provide advice to Scottish health and social care organisations on the value of new medicines and technologies.

- The **Scottish Medicines Consortium** review new medicines that have received a licence from the Medicines and Healthcare products Regulatory Agency (MHRA — the licensing body for the UK) or the European Medicines Agency (EMA — the licensing body for the European Union). We also review new formulations of, and new ways to use, established medicines. Before a medicine can be prescribed routinely in Scotland, it has to be accepted for use by SMC. Our advice helps the health service plan for the quick, uniform introduction of beneficial treatments across NHSScotland.

  We also carry out horizon scanning to ensure NHS boards are aware of new medicines expected to come to market over the next financial year. This helps NHS boards plan their budgets more effectively.

- The **Scottish Health Technologies Group** provides evidence support and advice to NHSScotland on the use of new and existing health technologies which are not medicines and which are likely to have significant implications for people’s care. The definition of a health technology is broad, and includes medical devices, diagnostics, procedures or patient pathways. We seek to align our technology assessments with the needs of health and social care organisations and the people they serve, working closely with stakeholders to help ensure our assessments contribute to health policy and decision-making.

  We also strive to contribute to the improved consideration of health technologies across Scotland, linking with local, regional and national board structures to develop the role of health technology assessment for decision-making.
THEME 3: CAPTURING AND SHARING EVIDENCE AND DATA TO ACCELERATE IMPROVEMENT

We capture generalisable learning to support the spread of improvement.

- The Evidence and Evaluation for Improvement Team (EEvIT) works closely with the primary care improvement portfolio. It has developed standardised evaluation forms for economic analysis of ear suctioning in CTAC centres as well as gathering and reviewing published evidence on a range of subjects such as the recent 90 day cycle in CTAC centres.

EEvIT also receives requests that are primary care related like the ‘Evidence review on interventions for reducing unplanned admission to hospital of community dwelling adults’ which we are working on with the University of Dundee.

Other EEvIT publications of relevance to primary care colleagues include:

- Community interventions for frail people to inform commissioning
- Continuity and care co-ordination in palliative and end of life care
- Evaluation of a new service model – Forres neighbourhood care team
- Midlothian wellbeing service evaluation

- Learning from adverse events is captured and shared by boards through the HIS Adverse Events ‘Community of Practice’ site.

We produce practical implementation tools which support spread of good practice.

- We have developed a range of toolkits including Workflow Optimisation, Care Navigation, NSAIDs and Pressure Ulcers Reduction.

We develop clinical guidelines, standards and indicators which define best practice and provide these in formats suitable for both professionals and others who have an interest, including people using services, their families and carers.

- The Scottish Antimicrobial Prescribing Group (SAPG) produces evidence-based guidance informed by consensus amongst clinicians in Scotland to support best practice in managing common infections, including urinary tract infections in various patient groups and advice on using antibiotics in the frail and elderly. We have established a steering group to develop advice on using antibiotics towards the end of life.

Following a successful pilot of providing personalised feedback reports on antibiotic prescribing to GP practices across 4 board areas, quarterly reports were initiated for all practices in 2018. These reports provide practice teams with their own data on antibiotic use benchmarked with their own board and with Scotland.

- The Scottish Intercollegiate Guidelines Network (SIGN) works with multidisciplinary groups to develop national clinical guidelines that make recommendations for effective practice based on current evidence.

Our recently updated guideline on the management of asthma, produced jointly with the British Thoracic Society since 2003, provides recommendations based on current evidence for best practice in the management of asthma. It makes recommendations on management of adults, including pregnant women, and adolescents and children with asthma.

Our current programme includes a number of guidelines of interest to primary care including managing epilepsy in children, management of bacterial urinary tract infection in women, and aspects of managing diabetes including preventing type 2 diabetes, glycaemic control in people with type 1 diabetes and diabetes in pregnancy.

August 2019