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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 26 September 2022
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde HSCP</b>	<b>Report No:</b> IJB/43/2022/AS
<b>Contact Officer:</b>	<b>Allen Stevenson Head of Health &amp; Community Care</b>	<b>Contact No:</b> 01475 715212
<b>Subject:</b>	<b>Primary Care - Update on Vaccination Transformation Programme and General Dental Services</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) with an update on the vaccination transformation programme and general dental services within Inverclyde.

## **2.0 SUMMARY**

- 2.1 In 2017 as part of the commitment to deliver a new General Medical Services (GMS) contract, the Scottish Government and Scottish General Practitioners Committee (SGPC) agreed that all vaccinations would move away from a model based on GP delivery, to one based on NHS board delivery through NHS board teams. This has been delivered through a Vaccination Transformation Programme (VTP) with full delivery being achieved in April 2022.
- 2.2 Health Boards have assumed overall responsibility for the delivery of vaccination programmes. All vaccinations are now delivered through a range of models, including board and local arrangements. NHS GG&C have a range of delivery models, some of which are still being fully developed.
- 2.3 NHS general dental services (GDS) are provided by general dental practitioners. These dental practitioners are either in contract with, or employed by, their local NHS Board to provide general dental care and treatment. The public dental service (PDS) is the service provided by NHS board employed dental practitioners.
- 2.4 Across Scotland the impact of the covid-19 pandemic on dental care has been significant, due to complete closure of practices in the first wave and also additional infection control measures that were required to be put in place. This has resulted in a lack of capacity and within Inverclyde. It is currently not possible to register with a dental practitioner for preventative treatment. This has led us into a challenging position with a lack of routine dental care. Emergency dental treatment is still available through NHS24, for those not already registered with a dentist.

### **3.0 RECOMMENDATIONS**

3.1 The Integration Joint Board is asked to;

1. Note the contents of this report; and
2. Note the ongoing work which is underway with NHS GG&C to improve local access to vaccinations and primary dental services.

## 4.0 BACKGROUND

### 4.1 VACCINATION TRANSFORMATION PROGRAMME

- 4.2 In 2017 as part of the commitment to deliver a new General Medical Services (GMS) contract, the Scottish Government and Scottish General Practitioners Committee (SGPC) agreed that vaccinations would move away from a model based on GP delivery to one based on NHS board delivery. This includes travel vaccinations, vaccinations for pregnant women, routine childhood and routine adult vaccinations, seasonal vaccinations (e.g. influenza, covid) and all other ad-hoc vaccinations. Covid-19 vaccinations and the extended cohorts for influenza were later included in the planning and delivery of the Vaccination Transformation Programme (VTP).
- 4.3 Within NHS GG&C, the Vaccination Transformation Programme (VTP) planning was undertaken by a programme board, in close collaboration with the Primary Care Programme Board and HSCPs. The different services have been implemented at periods over the last 3 years with full delivery being achieved in April 2022 as per the terms of the updated GMS contract Memorandum of Understanding. The outcome of this is a range of delivery models noted below:

Vaccinations	Delivery Model	Site / Base	Current Challenges
Travel	NHSGG&C Commissioned service – City Doc is the provider	To be fully delivered in HSCP area.	No local venue currently available however scoped out and timescale imminent. To date, 46 people have attended Glasgow appointments since 1 <sup>st</sup> April 2022.
Pregnant women	Via maternity services	Offered at antenatal venues	None
Routine childhood	Via childhood immunisation team (hosted by Glasgow City HSCP)	Offered at local clinic venues	None
Routine adult (shingles and pneumococcal)	Delivered by NHS GG&C teams in town hall vaccination clinics	e.g. Greenock Town Hall	Catch-up of those who missed these vaccinations due to covid
Seasonal (influenza and covid)	Delivered by NHS GG&C teams in town hall vaccination clinics	e.g. Greenock Town Hall	Logistics of venues and staffing / workforce planning
Ad-hoc vaccinations (all adult only), e.g post exposure tetanus / missed MMR	Delivered by NHS GG&C Board	Central Glasgow location	Numbers currently being monitored. Engaging with NHS GG&C, via the Boards Adult Vaccination Group (AVG) to deliver a local solution
Housebound (all adult vaccinations, including routine / seasonal)	Delivered by Inverclyde HSCP	At home, for those unable to attend a clinic	Financial and staffing resources

- 4.4 Planning and progressing the Vaccination Transformation Programme (VTP) has been extremely challenging, especially in light of the covid-19 pandemic. The increased staff and financial resources to plan and deliver Covid vaccinations, an extended cohort of flu vaccinations and the associated venue and home visiting logistics were not anticipated at the start of the programme. Data for planning purposes such as demand for travel and ad-hoc vaccinations is not always robust leading to planning based on best estimates.

4.5 To ensure clear and equitable user access, there should be one single point of contact within each Health Board to direct patients to the necessary service. This is being progressed at Board level and we are currently working to explore options for local arrangement to be put in place. Our goal is to provide a safe and sustainable model for our Inverclyde patients. We expect the first quarter's data detailing the demand for ad-hoc vaccinations to be available in July. This will support a capacity model to be considered for a permanent local service solution. The terms of the City Doc contract require an Inverclyde base from which to deliver their travel vaccination service and we expect this to be in place imminently.

#### 4.6 **GENERAL DENTAL SERVICES**

Across Scotland the impact of the covid-19 pandemic on dental care has been significant, due to complete closure of practices in the first wave and also additional infection control measures that were required to be put in place. This significantly impacted capacity and waiting times and within Inverclyde it is currently not possible to register with a dental practitioner for routine preventative care. NHS general dental services (GDS) are provided by general dental practitioners who are either employed by their local NHS Board (Public Dental Service) or have a contract with the NHS Board to provide general dental care and treatment. Inverclyde HSCP does not have a role in managing these contracts and East Dunbartonshire HSCP host the Primary Care General Dental Services functions of the NHSGGC Oral Health Directorate.

4.7 There are currently 11 dental practices within Inverclyde and at the moment none of these dental practices are taking on new routine NHS patients. There is a current range of availability across the practices, ranging from being put on a waiting list to the practice being completely private. In the past 2 years, two practices have resigned their contract and become private. This brings the total to three dental practices now being private. Currently Envisage in Kilmacolm are the only dental practice who will take on newly registered patients on the NHS, however you must join as private and when you are deemed dentally fit, the practice will then transfer you to an NHS plan. The public dental service (PDS) is the service provided by NHS board employed dental practitioners which is available to those who have clinical, functional or deprivation needs which mean they are unable to attend a high street dental service. Emergency dental treatment is still available through NHS24 for those not already registered with a dentist however this may require attending an appointment in Glasgow. Public Health Scotland reported in April 2022 that dental contacts and treatments had not yet recovered to pre-pandemic levels and that socio-economic inequalities in access had increased across Scotland.

4.8 The British Dental Association (BDA) argues that the current remuneration model for Dentists means that practices currently supply NHS treatment at a loss resulting in increasing numbers of practices leaving the NHS contract framework. Dental practices are also facing the same infrastructure and workforce recruitment and retention challenges seen across the health and social care sectors. The Scottish Local Dental Committee has called for contract reform and an interim model of remuneration which will ensure future availability of NHS Dentistry. Inverclyde HSCP has little opportunity to influence this however the HSCP does administer a local Dental Practitioners Forum and is able to have regular dialogue with the forum Chair and members. The HSCP Primary Care and Health Improvement Teams work closely with the Oral Health Directorate team within East Dunbartonshire HSCP. This promotes delivery of the ChildSmile and Caring for Smiles programmes and offers opportunity to feed in concerns such as the availability of general dental services within Inverclyde.

## 5.0 PROPOSALS

### 5.1 VACCINATION TRANSFORMATION PROGRAMME

The primary care team within Inverclyde HSCP will continue to work closely with NHS GG&C to review activity and demand data and ensure local arrangements for vaccination delivery are implemented in a timely manner. The primary care team will provide an update for committee at the next meeting.

### 5.2 GENERAL DENTAL SERVICES

The primary care team within Inverclyde HSCP will continue to work closely with the Lead General Dental Practitioner for Inverclyde and also the Oral Health Directorate regarding local access issues for Inverclyde residents. A meeting has been arranged with East Dunbartonshire HSCP and Inverclyde's Clinical Director. The primary care team will provide an update for committee at the next meeting.

## 6.0 FINANCE

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

## LEGAL

6.1 None

## HUMAN RESOURCES

6.2 There are no specific human resources implications arising from this report.

## EQUALITIES

6.3 Has an Equality Impact Assessment been carried out?

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4 How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

6.5 There are no clinical or care governance implications arising from this report.

**NATIONAL WELLBEING OUTCOMES**

6.6 How does this report support delivery of the National Wellbeing Outcomes?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None

Resources are used effectively in the provision of health and social care services.	None
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## 7.0 DIRECTIONS

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 8.0 CONSULTATION

- 8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## 9.0 BACKGROUND PAPERS

None.