AGENDA ITEM NO: 11

Report To:	**Inverclyde Joint Integration Board**	**Date:**	**8 September 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde HSCP**	**Report No:**	**IJB/91/2025/AB**
Contact Officer:	**Alan Best Head of Health & Community Care Inverclyde HSCP**	**Contact No:**	**01475 715365**
Subject:	**NHS Greater Glasgow & Clyde Primary Care Strategy Implementation**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide Inverclyde Health and Social Care Partnership Board with an update on the NHS Greater Glasgow and Clyde Primary Care Strategy 2024 – 2029.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Inverclyde Health & Social Care Integration Joint Board:

- Note the progress against the Primary Care Strategy 2024-2029
- Note the performance across NHSGGC Primary Care Strategy in relation to the deliverables for year 1.
- Note ongoing efforts to support progression of whole system working to strengthen future delivery through Moving Forward Together Programme Board.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The NHSGGC's first Primary Care Strategy (2024-29) was approved by the Board on 30 April 2024. Overall progress with the Strategy set up and delivery is reasonable including:

- Good strategic support and buy-in within the current delivery resource and we will continue to negotiate support to progress work streams.
- The Implementation Plan was approved by Corporate Management Team (CMT) in August 2024 and will be refreshed annually. It sets out governance and delivery arrangements, as well as each work stream projects and outputs (deliverables).
- Support to the Strategy vision remains strong; engagement is ongoing to grow awareness and shared delivery with the wider system.
- Year 1 of delivery there has focused on establishing effective whole system working and medium-to-long term strategies for key enablers to meet our primary care ambitions, including sustainability.
- Consistent reporting format for monitoring i.e. 6 monthly was approved by CMT in February 2024
- Whole system strategic leadership capacity is building i.e. Director of Primary Care, and the Depute Medical Director for Primary Care roles have been appointed to in early 2025.
- The Primary Care Programme Board (PCPB) has adopted bi-annual, in-person extended meetings to also include public partner members, wider services and operational primary care. These will adopt a deep dive approach to consider challenging issues and reach consensus for next steps.

Development of engagement through a Primary Care reference group to enable collaborative working with independent contractor and provider member bodies.

3.2 Key strategic challenges and risks are largely in relation to the scale of the Strategy ambition, the level of resource in place to support delivery, the limited levers to effect change given independent contractor delivery model and delays in national programmes to remedy issues e.g. digital transformation.

3.3 Looking Forward over the next year the programme aims to have developed the following:

- A refreshed Implementation Plan due to be submitted to CMT in September 2025.
- Two strategies for Primary care i.e. *Optimising our Primary Care Workforce* Strategy and a 5-year *Communications, Engagement and Health Literacy strategy*.

4.0 PROPOSALS

4.1 The Primary Care Strategy's vision is one of sustainable primary care, at the heart of the health system. People who need care will be more informed and empowered, well access the right professional at the right time, and will remain at or near home whenever possible. Multi-disciplinary teams will deliver care in communities and be involved in the strategic planning of our services.

These aspirations are broadly aligned to Inverclyde HSCP specific priorities as set out in Inverclyde HSCP's Strategic Plan, including specifically empowering people and connecting communities and prevention and early intervention.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		
Clinical or Care Governance	x	
National Wellbeing Outcomes	x	
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 **Legal/Risk**

None

5.4 **Human Resources**

None

5.5 **Strategic Plan Priorities**

None

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

None

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Sustain and develop primary care provision
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	Improve access and experience of care; improved care journeys
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improve access and experience of care; improved care journeys
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Sustain and develop primary care provision
Health and social care services contribute to reducing health inequalities.	Reduces Health Inequalities
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.	Improve access and experience of care; improved care journeys and additional system capacity
People using health and social care services are safe from harm.	Keeps our community safe and well.
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.	Improve access and experience of care; improved care journeys and additional system capacity
Resources are used effectively in the provision of health and social care services.	Promotes additional system capacity

5.9 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

7.1 Board Wide GGC Consultation

8.0 BACKGROUND PAPERS

8.1 Appendix 1 – Board Report - Annual Update Primary Care Strategy 2024-29

Appendix 1

NHS Greater Glasgow and Clyde	**Paper No. 25/52**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**29 April 2025**
Title:	**Annual Update on Delivery of NHSGGC Primary Care Strategy 2024-29**
Sponsoring Director:	**Carron O'Byrne, Interim Chief Officer Renfrewshire HSCP** **Fraser McJannett, Director of Primary Care & GPOOHs**
Report Author:	**Ann Forsyth, Head of Primary Care Support**

1. Purpose

The purpose of the attached paper is to:

- Provide an update on the NHSGGC Primary Care Strategy 2024 -2029 to the Board.

2. Executive Summary

The paper can be summarised as follows:

The NHSGGC's first Primary Care Strategy (2024-29) was approved by the Board on 30 April 2024. Overall progress with the Strategy set up and delivery is reasonable including:

- Good strategic support and buy-in within the current delivery resource and we will continue to negotiate support to progress workstreams.
- The Implementation Plan was approved by Corporate Management Team (CMT) in August 2024 and will be refreshed annually. It sets out governance and delivery arrangements, as well as each workstream's projects and outputs (deliverables).
- Support to the Strategy vision remains strong; engagement is ongoing to grow awareness and shared delivery with the wider system.
- Year 1 of delivery there has focused on establishing effective whole system working and medium-to-long term strategies for key enablers to meet our primary care ambitions, including sustainability.

- Consistent reporting format for monitoring i.e. 6 monthly was approved by CMT in February 2024
- Whole system strategic leadership capacity is building i.e. Director of Primary Care and the Depute Medical Director for Primary Care roles have been appointed to in early 2025.
- The Primary Care Programme Board (PCPB) has adopted bi-annual, in-person extended meetings to also include public partner members, wider services and operational primary care. These will adopt a deep dive approach to consider challenging issues and reach consensus for next steps.
- Development of engagement through a Primary Care reference group to enable collaborative working with independent contractor and provider member bodies.

  Key strategic challenges and risks are largely in relation to the scale of the Strategy ambition, the level of resource in place to support delivery, the limited levers to effect change given independent contractor delivery model and delays in national programmes to remedy issues e.g. digital transformation.

  Looking Forward over the next year the programme aims to have developed the following:

  - A refreshed Implementation Plan due to be submitted to CMT in July 2025.
  - Two strategies for Primary care i.e. *Optimising our Primary Care Workforce* Strategy and a 5-year *Communications, Engagement and Health Literacy strategy*.

3. Recommendations

The NHSGGC Board is asked to consider the following recommendations:

- Note the progress against the Primary Care Strategy 2024-2029
- Note the performance across NHSGGC Primary Care Strategy in relation to the deliverables for year 1.
- Note ongoing efforts to support progression of whole system working to strengthen future delivery through *Moving Forward Together Programme Board*.

4. Response Required

This paper is presented for **assurance**.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Better Health** **Positive impact**
  (Sustain and develop primary care provision)
- **Better Care** **Positive impact**
  (Improve access and experience of care; improved care journeys and additional system capacity)

- **Better Value** **Positive impact**
  (Partnership working across NHSGGC, HSCPs and Contractors; increased efficiency/reduced duplication of efforts across HSCPs)
- **Better Workplace** **Positive impact**
  (Improved workforce recruitment, retention and progression; strengthened access to professional and system supports; increased trust and collaboration)
- **Equality & Diversity** **Neutral impact**
  (Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities)
- **Environment** **Positive impact**
  (More locally available care will reduce travel; Primary Care Asset strategy to contribute to the achievement of wider strategies, such as sustainability and climate change (net zero carbon) ambitions and targets).

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

Reporting to the CMT, Chief Officers group via the Primary Care Programme Board chaired by the Director of PC and GPOOHs and ensures alignment to the Boards ADP and national strategy developments.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

Primary Care Programme Board
Corporate Management Team 6th March 2025
Finance, Planning and Performance Committee 8th April 2025

8. Date Prepared & Issued

Date prepared: 10 April 2025
Date issued: 17 April 2025

NHS Greater Glasgow and Clyde	**Paper No. 25/52**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**29 April 2025**
Title:	**Annual Update on Delivery of NHSGGC Primary Care Strategy 2024-29**
Sponsoring Director:	**Carron O'Byrne, Interim Chief Officer Renfrewshire HSCP** **Fraser McJannett, Director of Primary Care & GPOOHs**
Report Author:	**Ann Forsyth, Head of Primary Care Support**

1. Introduction

The purpose of the attached paper is to:

- Provide an update on the NHSGGC Primary Care Strategy 2024 -2029 to the Board.

2. Background

The Primary Care Strategy

- The Board approved NHS Greater Glasgow and Clyde's first Primary Care Strategy on 30 April 2024 alongside a supporting Implementation Plan. The strategy and implementation plan cover the period 2024-2029.
- The strategy was developed through engagement with independent contractors, staff and the public.
- The Primary Care Strategy aligns to the NHSGGC Annual Delivery Plan and with medium and longer-term transformation plans under *Moving Forward Together's Clinical Roadmap* (2024).
- The Primary Care Programme Board provides oversight and governance on the delivery of the strategy and onward 6 monthly updates to the Corporate Management Team (CMT) and Board update on an annual basis.

Primary Care implementation plan 24/25

- The Strategy is delivered incrementally through an Implementation Plan which was approved by CMT in August 2024 following review and will be refreshed annually. It sets out governance and delivery arrangements, as well as each workstream's projects and outputs (deliverables).
- The Chief Officer for Primary Care acts as Corporate Sponsor for Strategy delivery.
- To meet the commitment to deliver within current resource, the Strategy sets out three priorities and five wider areas for development. These are as follows:

Strategy Priorities	**Wider Areas for Development**
• Optimising our workforce • Digitally enabled care • Effective integration and interfacing	• Improving our communications • Improving Access • Strengthening Prevention, Early Intervention and Wellness • Improving equity and reducing inequality • Optimising our estate

- Appendix A sets out the *Primary Care Strategy Action Tracker* for 2024/25. This is an adapted extract of the *Primary Care Strategy Implementation Plan, and it* includes the deliverables due this financial year and progress updates on each.
- In year 1 we have focussed on establishing effective whole system working and medium-to-long term strategies for key enablers to our primary care ambitions, including sustainability.

Governance

Prior to reaching the Board, this paper will have been reviewed by the following groups:

- Primary Care Programme Board
- Corporate Management team 6 March 2025
- Finance, planning and performance committee 8 April 2025

3. Assessment

Progress on delivering the Primary Care Strategy 2024-2029

Appendix A provides a summary of implementation across the following dimensions:

- a strategic assessment of progress and impact to date
- a summary of performance against milestones and measures
- key areas that are going well, and others that are in need of improvement
- a forward look on the next steps.

As delivery progresses monitoring reports will be updated to include metrics around impact (e.g. improved public understanding around how to access the right care at the right time).

3.1 Overall assessment

Overall there has been reasonable progress on delivery, with some challenges around capacity constraints and national factors. At the end of quarter 3 2024/25, 14 of the 34 deliverables are delivering against trajectory, 15 are rated as 'at risk' (amber) and 5 have been rated as 'delayed' (red).

Thresholds	Progress / Status key	Deliverables (in 2024/25)
On track and on time	On Schedule	14
Some delay; minor to moderate concerns	At Risk	15
Significant delay; and/or significant concerns	Delayed	5
	Completed	N/A
		34

An overview of progress for each workstream is provided below, alongside a RAG-rating for key deliverables:

Workstream	Overview of progress
1 – Optimising our workforce	• The workstream is established with senior leadership and staffside membership. • Agreed the approach to the Workforce Strategy i.e. adopt the 5-pillars approach used nationally and aligned to NHSGGC's wider *Workforce Strategy 2025-30*. • The strategy ambitions are agreed, and a project initiation documents e.g. terms of reference also in place for the group. • Commenced in depth work to agree measurable outcomes for its Strategy vision by 2029. • Interim lead arrangements and capacity presenting a level of risk to delivery (no major concerns at this stage). • Work to gather workforce data is also in its early stages; this aims to add significant, long-term capacity to system planning and workforce development. • Engagement sessions March – April 2025
	Q3 Start NHSGGC primary care workforce strategy development
2 – Digitally enabled care	• Due to national delays, target timeframes to roll out two new systems to general practice have been delayed, one at least nine months from target (Docman and GP IT Reprovisioning). • Following the entry of the GP IT reprovisioning supplier into administration, national work is underway to put in place recovery arrangements. • NHSGGC await outcome of this national work prior to further migration of practices. In the meantime, we continue to work on local technical preparations. The advice is that there is no current delivery risk to local Boards. • Locally controlled delivery had been progressing well with 19 practices migrated (18 Vision and 1 EMIS Practice) • The Senior Responsible Officer continues to work with eHealth to ensure appropriate oversight (strategic and operational) of primary care digital developments, into the medium term.
	Q2 Start roll out of GPIT re-provisioning, prioritising general practice
	Q3 Information sharing agreement(s) development and delivery
	Q1 Start pilot GP Digital Asynchronous Triage solutions
	Q3 Start phased replacement of Docman (GP Document Management)
	Q4 Deploy ANIA Digital Dermatology Referrals to GP practices
3/4 – Effective integration and interfacing	• This workstream is pending and due to start early 2025. The workstream group will be led by the incoming Deputy Medical Director for Primary Care with interim arrangements in place. • Following set up, two new pathways are planned for development: neuro

	diversity referrals and cardiology. Early engagement has taken place with clinical directors, GP Sub-Committee and Chief Officers around proposals for the new neurodiversity pathway. • Primary Care's Community Optometry stands ready to support increased numbers of glaucoma patients who are currently being cared for as outpatients. This increase will support NHSGGC's *Moving Forward Together clinical route map's* aims of shifting the balance of care from hospital to community, with more, locally available specialist care. • Work to strengthen alignment of this workstream with *Moving Forward Together* progressing.
	Q1 -4 Workstream set up - review and update of patient pathways into and from wider health and social care
Wider Areas for development	
Improving communications and engagement	• The workstream group is established with regular meetings enabling good progress. • A one-year communications plan has been developed with a programme of monthly public communications planned. This aims to raise public awareness of primary care and how to access the right care at the right time. • STV ran a dedicated piece to raise awareness of the availability and importance of Community Link Workers in NHSGGC, on 11 December 2024. • Work to develop the 5-year communications strategy commenced in Q4, with the key strategic outcomes including: inequalities informed approaches to improved patients' health literacy (both supported self-management and system navigation), and professional supports to directing patients to the right place at the right time.
	Q3 Start development of NHSGGC Primary Care Communications and Engagement Plan; wider activities
Improving access to care	• The workstream group is established with regular meetings resulting in good progress. • Scoping sessions with primary care leadership in NHSGGC and HSCPs identified a wide range of potential improvements to access, including digital, and increased effectiveness and efficiency. • A rapid review of literature around low value activity in primary care identified a number of areas for onward consideration in NHSGGC. • Work continues to embed realistic medicine across Primary Care, particularly in General Practice and Dentistry. • In December, the Primary Care Programme Board provided direction on areas to be shortlisted for more focussed planning, in Q4. These will be fully developed into proposals for Primary Care Programme Board approval in spring 2025 and include work to embed realistic medicine and shared decision making in primary care.
	Q3 Planning and definition of onward joined up action to: - Strengthen direct patient access to the right care at the right time; increase our efficiency and effectiveness
Strengthening prevention, early intervention and wellness	• Planning sessions to progress this workstream took place in Q4 to consider work to improve outcomes in a range of areas, including coronary heart disease, cancer, diabetes, drug harms, and respiratory conditions. • Vaccination programme delivery continues via Public Health and HSCPs with work underway to address low uptake (e.g. via education, additional

		vaccination sites) • Screening has focussed initially on cervical screening, with completion of a new cervical screening PowerBI dashboard providing programme, cluster and practice level monitoring visualisation/output. Work is in progress to enable GP practices/Cluster to access own data and expand to other screening programmes. Development of a cervical screening QI approach is also underway. • Scoping work to improve identification and support to carers is pending progression.
	Q3	Planning and definition of onward joined up action to: - Strengthen prevention - Increase strength-based approaches
Improving equity and reducing inequality		• This workstream is being stood up, with internal capacity creating some delay to initiation • This workstream aims to identify priority areas for action in relation to: o Our public sector equality duties o Improving the health and wellbeing of those worst off o Inequalities in NHSGGC most affecting access, health and wellbeing • This work has been initiated in Q4 24/25; long term resourcing options are actively being explored. • Scoping session will inform structure for delivery in March 2025
	Q3	Planning and definition of onward joined up action across PCS delivery to better target action in areas of greatest need
Primary Care Asset Strategy		• This work has not yet initiated. PCS team are meeting with Capital Planning colleagues on 9 March to consider next steps in relation to Primary Care Assets.
	Q2	Start development of a comprehensive Primary Care Asset Strategy to optimise the primary care estate, ensuring it supports existing care delivery, enhances the workplace environment, and adapts to the future care model by 2026/27
Monitoring, Evaluation and Intelligence		• The workstream group is established with regular meetings enabling good progress. • A five-year work plan is in development that aims to strengthen the availability and use of high-quality data in primary care strategic planning, delivery and improvement. This is on track to complete Q4. • It is recognised that there are significant opportunities to rapidly accelerate improvements across Strategy delivery (including in needs-led delivery in general practice), with a conservative level of additional investment (2-3 B5/6 posts). CMT is asked to support the exploration of opportunities to secure this/equivalent resource, via *Moving Forward Together Programme Board*. • A monitoring and evaluation project group has established with work underway to identify measures to operationalise monitoring and evaluation in readiness for year one baseline reporting. Constraints to capacity have delayed progress as planned; we continue to seek resource to deliver important learning around future investment / delivery. If this cannot be found, we will amend project scope until resource is in place to deliver within our means.
	Q3	Monitor and evaluate the impact of our actions – agree and operationalise framework
	Q3	Define relevant primary care intelligence population health indicators – scoping to inform onward development of strategic approach to data development

- Key strategic risks
    - The Primary Care Strategy is ambitious but there is no dedicated resource on its implementation. This poses a risk to successful implementation, as does the uncertainty around Primary Care at national level in relation to investment, IT etc.

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3.2 Areas of Successful Delivery

- Strategy delivery has established across all active workstreams by the target date of October 2024, with many starting earlier. Good progress has been made to develop medium-to-long term strategic plans for enablers; adopting a 'once for NHSGGC' approach that has enabled rapid development of patient-facing communications.
- There is support for the aims and vision of the strategy; engagement is ongoing to grow awareness and shared delivery with the wider system.
- Effective delivery of the Strategy will accelerate the timeframes and impact of *Moving Forward Together's Clinical Route map* implementation.
- Whole system leadership capacity is building:
    - A permanent Director of Primary Care started in post on 17 March and a new Deputy Medical Director for Primary Care is starting on 17 April.
    - The implementation of the Strategy requires support across the whole system. Options are being explored as part of the whole system planning review, with a view to receiving planning and implementation support for the strategy. It is envisaged that this will be provided through a combination of support from PC HSCP support and corporate planning.
    - Strategy workstream leadership is now almost fully in place. Knowledge and capacity is growing, and cross-workstream support is developing.
    - Medium to long term planning – the Primary Care Programme Board (PCPB) has adopted bi-annual, in-person extended meetings to also include public partner members, wider services and operational primary care. These will adopt a deep dive approach to consider 'wicked issues' and reach consensus for next steps. These sessions will be key forum in relation to Primary Care's contribution to wider Board reform plans.
    - A reference group is being established to enable collaborative working with independent contractor and provider member bodies in a cost effective way.
    - A HSCP primary care leads group is also being established to support timely input, shared awareness and effective 'once for NHSGGC working'.
- In December 2024 the Programme Board agreed that Primary Care should prioritise on a needs-led rather than demand-led basis and this approach was endorsed by the CMT in February 2025.
- A number of opportunities will require cross-system support to deliver. We will will progress these via *Moving Forward Together's Programme Board* and / or new reform infrastructure as it develops.
- Forward look:
    - A refreshed Implementation Plan will be submitted to CMT in July 2025. This will include approved proposals for delivery under *Improving Access, Strengthening Prevention and Early Intervention delivery, Monitoring, Evaluation and Intelligence* (all currently planning for delivery 2025/26 onwards). Proposals are due to Primary Care Programme Board by May 2025.
    - Two strategies are currently under development (*Optimising our Workforce* and a 5-year *Communications, Engagement and Health Literacy strategy*) and will complete later in 2025.

3.3 Key Areas of Focus / Improvement

- Capacity to progress the entirety of the strategy has and continues to be a challenge. At end of Q3 2024/25, there is requirement to stand up three workstreams.
- The Primary Care Strategy Implementation Plan was developed to deliver within available resource. Primary care leadership continue to work collaboratively with HSCP partners and others to identify any opportunities to use existing resources to drive forward the ambitions of the strategy.
- Active workstreams with red / amber ratings are managed by workstream leads. Issues are raised at monthly workstream lead meetings for awareness/shared resolution where possible. Delayed objectives are escalated to the Senior Responsible Officer for early awareness and management.

Recommendations are consistent with NHS Scotland values.

- **Better Health** **Positive impact**
  (Sustain and develop primary care provision)
- **Better Care** **Positive impact**
  (Improve access and experience of care; improved care journeys and additional system capacity)
- **Better Value** **Positive impact**
  (Partnership working across NHSGGC, HSCPs and Contractors; increased efficiency/reduced duplication of efforts across HSCPs)
- **Better Workplace** **Positive impact**
  (Improved workforce recruitment, retention and progression; strengthened access to professional and system supports; increased trust and collaboration)
- **Equality & Diversity** **Neutral impact**
  (Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities).
- **Environment** **Positive impact**
  (More locally available care will reduce travel; Primary Care Asset strategy to contribute to the achievement of wider strategies, such as sustainability and climate change (net zero carbon) ambitions and targets).

4. Conclusions

In the first year of the period covered by the Primary Care Strategy overall progress with the Strategy set up is reasonable, with good strategic support and buy-in for this significant change process. Delivery resource will continue to be negotiated to progress workstreams. The annual refresh of the Implementation Plan will continue to ensure the profile of Primary Care remains high within the Board and inform cross-system resourcing discussions and decisions, aligned to wider corporate objectives, including reform.

5. Recommendations

The NHSGGC Finance, Planning and Performance Committee is asked to consider the following recommendations:

- Note the progress against the Primary Care Strategy 2024-2029

- Note the performance across NHSGGC Primary Care Strategy in relation to the deliverables for this period.
- Note ongoing focus on whole system working to strengthen future delivery through *Moving Forward Together Programme Board*.

6. Implementation

- The NHSGGC Primary Care Programme Board continues to govern the delivery of the Primary Care Strategy.
- Progress and impact will continue to report to NHSGGC Corporate Management Team (CMT) and HSCP Chief Officers twice annually. Updates will also go to NHSGGC Moving Forward Together Strategic Programme Board twice annually to ensure cross-Board alignment and support to delivery.
- Rolling public and professional facing communications are underway and planned on a monthly basis.

7. Evaluation

Monitoring and evaluation will be overseen by the Primary Care Strategy monitoring, evaluation and intelligence group following development of a high-level monitoring and evaluation framework by led by Public Health. A project group is progressing identification and agreement of measures for onward impact reporting.

8. Appendices

Appendix A - NHSGGC Primary Care Strategy Summary Implementation Plan 2024-29

NHSGGC Primary Care Strategy Action Tracker
Reporting Period: To end Quarter 3 (Jan 2025)

Workstream 1	Optimising our Workforce (Priority 1)
Strategic objective:	By 2025/26, we will develop our first primary care workforce strategy for NHSGGC aimed at enabling a more sustainable, skilled and sufficiently staffed workforce in the medium to long term, and aligned to wider healthcare transformation.
Priority lead:	Brian Greene, Head of HR (Inverclyde and Renfrewshire HSCPs)
Board Aims & Objectives:	**Better Workplace** By working with our contractor groups and directly provided services we will work: • To treat those we work with fairly and consistently, with dignity and respect and value diversity • To ensure people are well informed • To ensure people are appropriately trained and developed

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
1.1	**NHSGGC primary care workforce strategy development and delivery**	1. Establish Strategy development group and ToR; delivery and reference structures 2. Engage nationally to raise awareness and strengthen alignment to PC Workforce Strategy 3. Ongoing national advocacy/influence to ensure sufficient trainee numbers including on the basis of 'good work'	Strategy draft completed September 2025 Workplan development approval and initiation 2026/27 (6-9m post completion of Strategy)	✓ Completion of draft strategy document	● Strategy development group set up with ToR and PID agreed with the membership which includes representation from contractor groups, PC, HR and APF ● Linking with national discussions through PC leads on primary and community care strategic development group and data intelligence group on WF data requirements ● Making connections to position NHSGGC in place of influence on workforce requirements for PC ● Scoping of data availability commenced and structure approach of WF strategy been agreed in line with national and NHSGGC WF strategies ● Consulting with wider PCPB on parameters of WF Strategy and maintain engagement with wider stakeholder with need for contractor reference group to check out developments with independent contractors ● Process of WF developments more complexed as work with contractor groups rather than directly employed NHSGGC workforce ● Risk and possible delays due to capacity and complexity of PC for stakeholder engagement i.e. independent contractors and nationally with variable time lines across professional groups on

Workstream 2	Achieving a Digitally Enabled Primary Care (Priority 2)
Strategic objective:	By 2026/27 we will make a shared care record accessible to all primary care, both in- and out of hours, to enable improved patient, workforce and system outcomes
Priority lead:	Mark Darroch, Strategic Development & Programmes Manager, eHealth Strategy & Programmes
Board Aims & Objectives:	**Better Value** · To reduce cost variation, improve productivity and eliminate waste through robust system of efficiency savings management · To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
2.1	All primary care read access to Electronic Patient Record (EPR)	1. Roll out access to Clinical Portal (EPR) to all primary care clinicians	Completion 2026 and beyond	✓ All general practices have been offered access to clinical portal	● National delays with commencing EMIS to Vision migrations as part of GP IT Reprovisioning has impacted commencing work on appropriate data sharing agreements. ● Status of Clinical Portal Electronic Patient Record (EPR) access for Primary Care clinicians is currently:

		2. Training, support and education to increase uptake and use; improve usability of systems through feedback 3. Data Sharing agreements for Vision Anywhere Shared Care and automatic sharing of information		✓ All practices signed up to data sharing agreements for Vision Anywhere	- General Practice - currently offered - Community Optometry - currently offered - Community Pharmacy - currently offered - Community Dentistry - rollout to commence, dependant on resource
2.2	GPIT re-provisioning	1. Priority rollout to general practice 2. Agreement and associated planning for wider primary care rollout 3. Federated configuration of new Vision system 4. Federated configuration of new Vision system for use with agreed HSCP-attached services and Out of Hours 5. **Support –** scope opportunities for integration of Chronic Disease Management (CDM) clinical decision support tools to support routine enquiry on health behaviours and social determinants on new eHealth system	Start September 2024 Completion June 2026 and rollout by HSCP	✓ 40% general practice adopted by ✓ 100% general practice adoption by June 2026	● All 18 existing Cegedim Vision GP Practices successfully migrated onto the new Vision Hosted environment by August 2024. ● Migrations for GGC's 207 EMIS PCS GP Practices onto Cegedim Vision have been delayed whilst NSS and Cegedim continue assurance on the data conversion tool (Stalis) and resolved issues that occurred at the first national EMIS to Vision migration within NHS Lanarkshire (Sept '24). ● GGC's first EMIS to Vision migration migrated on 09/12/24. ● Further migrations currently paused due to Cegedim Vision being placed into Administration on 10 Dec 24. Re commencement dates awaited via NSS National Incident Team.
2.3	Information sharing agreement(s) development and delivery	1. Review and scope existing information sharing agreements 2. Agree key service areas and sequencing of development 3. Partnership working to scope and agree data requirements 4. Board IG staff provide support to GP Practices for IG / data Protection Queries.	Initiation 2024 Completion 2026 (as part of GPIT Re	✓ Appropriate data sharing agreements and Rule based access controls (RBAC) access are signed off by all	● National delays with commencing EMIS to Vision migrations as part of GP IT Reprovisioning has impacted commencing work on appropriate Vision Anywhere data sharing agreements
2.4	Procurement of new Community Clinical Systems	1. Replacement of EMIS Web System (Scope: wider HSCP Services including Community Nurses and Children's Services)	By June 2026	✓ Replacement in line with agreed plans by June 2026	● The procurement process is ongoing with the issuing of the Invitation to Tender in January 2025.
2.5	Community Optometry access to Open Eyes Ophthalmic Electronic Patient Record	1. Training offer to NESGAT trained Optometrists to use Open Eyes EPR system (Glaucoma Service)	Training offer 2024/25	✓ 20 Optometrists trained to use Open Eyes (2024/25) ✓ 100% adoption of Open Eyes for NESGAT Trained	● 20 NESGAT Optometrists trained and using OpenEyes, and other involved in training. ● 749 patients sent to NESGAT Optoms, 585 patients have registered, 75 have been brought back into the Service and 89 patients yet to register.
2.6	Patient Remote Monitoring Pathway solutions	1. Learning from early adopter practices 2. Further roll-out based on evidence 3. Encourage further adoption of remote monitoring pathways to include blood pressure; blood glucose	Test of change reports 2024/25 Onward roll out pending test of change findings Promoting BP adoption year on year	✓(re remote monitoring roll out, Pt 3): Year on year 10% increase of general practice use of remote monitoring pathways (baseline 50%) report via delivery tracker to SG	● 64% of practices live with system ● 4499 patients live on the BP Pathway.
2.7	Increased use of GP Digital Asynchronous Triage solutions	1. Pilot established Q4 2023/24 2. Pilot delivery and reporting of results 3. Evidence informed scaling up	Pilot delivery 2024/25 and onward scaling 2025/26 based on results of pilot	✓ Pilot report informs future areas for development	● 10 GP Practices have gone live with Engage Consult Digital Triage solution since May 2024. ● Approximately 1,100 patient requests are currently dealt with per week across the 10 GP Practices currently live, with the volume increasing weekly as GP Practices enable additional services within the Digital Triage application. ● 9 other practices currently using historically purchased solutions. ● Benefits realisation to follow in the first quarter of 2025.
2.8	Docman (GP Document Management) Replacement	Replace the GP Document Management System to Docman 10 Cloud	Phased roll out from October 2024/25 and 2025/26	✓ 30% general practice adoption of new system by 2024/25	● National & supplier development and testing challenges have delayed commencing the rollout of the new GP Document Management System (Docman10) until April 2025 at the earliest. ● Deployment Plan to be agreed in conjunction with NSS and the supplier once accurate commencement date finalised. Depoyment anticipated to take approx 18 months.

				✓ 100% general practice adoption of new system by 2025/26	
2.9	Improvements e-prescribing and e-dispensing systems	Work with Scottish Government to progress national developments to e-prescribing and e-dispensing	Ongoing	✓• Time saved by GPs/pharmacist *(measure estimated to be in place from approx. 2027/28)*	• The Digital Prescribing and Dispensing Pathways (DPDP) Programme is being delivered jointly by NSS & NES and is moving forward with GG&C representation on the national Programme Board.
2.10	Digital Dermatology	Deploy ANIA Digital Dermatology Referrals to GP practices	By end 2024/25	✓· Number of referrals sent and change in number being refused due to lack of info ✓· Clinician feedback and treatment within Primary Care	• Renfrewshire HSCP launched on 11th November • East Renfrewshire & Inverclyde HSCP launched on 25th November • East & West Dunbartonshire HSCP to launch on 2nd December • Glasgow HSCP to launch on 9th December • Ongoing communication programme with practices to encourage use of diigital images with referrals

Workstream 3	**Effective Integration and Interfacing (Priority 3 - 1st of 2 workstreams)**
Strategic objective:	By 2029 we will have robust processes across our whole health and care system for pathway management.
Priority lead:	Kerri Neylon, Deputy Medical Director for Primary Care
Board Aims & Objectives:	**Better Care** • To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and to our people • To ensure services are timely and accessible to all parts of the community we serve • To deliver person centred care through a partnership approach built on respect, comparison and shared decision making • To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet needs • To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community

Deliverable		**What we will do**	**Delivery milestones**	**Measures**	**Progress to date**
3.1	Review and update of patient pathways into and from wider health and social care	1. Collaborative workstream and group set up, agree governance arrangements, detailed scoping with primary and secondary care / mental health / public health partners	1.Set up and scoping 2024/25	✓Review and redevelopment of workstream group 2024/25 i.e. interface group	Refresh of NHSGGC Interface group to be progressed with Interim Workstream lead until MDM appointed and agreement of co-chair from secondary care. Engagement with PC on the proposed ND pathway underway along with input from COs, CDs and GP Subcommittee.
		2. Whole system agreement for ownership and connect of group with secondary care and mental health		✓Agreement of two pathways in 2024/25 (Neuro Diversity (ND)	Agreement on process for pathways still to be developed and approved which will delay progress on 2024/25 milestones in light of personnel changes and need to align to Board / MFT programme at greeting in Jan 2025
	Scope:	3. Develop key principles for streamlined, effective and efficient pathways	2. Interface group (IISG) review and redevelopment	✓Agreed process for pathways across acute, primary and community care	
	· Primary care to Primary care	4. Identify care pathways for development		✓Set pathway priorities for 2025/26 and future years in line with board priorities and national developments	
	· Primary care to secondary care	5. Primary care and wider health and care collaboration to review and update pathways using best available clinical evidence, update as required	3. Principles developed and agreed within 1st year		
	· Secondary care to community services	6. Promote use of quality improvement approaches, implementation of evidence-based approaches and evaluation			

		7. Support for referrers and Right Decision Platform; link with GP Triage & Signposting; secondary care referral vetting	4. Wider milestones TBC through Pathways developments		
3.2	Develop and deliver NHSGGC-specific content on the national Right Decision resource (RDS)	1. Create and host clinical guidance on health and care pathways in RDS website 2. Link with Access & Equity Workstream re content/output development and support to dissemination 3. Work with wider system professionals to increase consistency of patient referral/direction	TBC through Pathways developments	✓ Clinical guidance added to RDS ✓ Establish if mechanism to measure uptake/access of information via RDS	Currently utilising existing forums for approval i.e. PC clinical advisory group (CAG), NHSGGC interface group and Referral management group for new and revised pathways were request is made for update to RDS. No mechanism to measure uptake /access of information via RDS
3.3	Build on success/activities of Community Glaucoma Service to grow numbers of patients **Lead:** Gen Mgr Surgery (Eye Care) Craig	1. Review and agree priority of increasing patient numbers within primary care and agree associated system resourcing for delivery; onward partnership working via West Dunbartonshire and Hospital Eye Services, oversight via Optometry Interface (sub-group),	Agreement of relative priority of work Q3 2024/25	✓ 1,000 secondary care outpatients move to primary care ✓ 3,000 secondary care outpatients move to primary care ✓ Maintain community glaucoma	689 patients registered with CGS across 21 location in NHGGC with hospital eyecare working to reach 1,000 patients by end March 2025 Late for Q3 target and again in the ADP SG guidance for next year; progress of this deliverable contingent on secondary care capacity and patient identification processes (primary care capacity available)
3.4	Targeted and tailored action	1. Building on primary care intelligence, focus quality improvement approaches firstly on those conditions and pathways that will bring greatest population health benefit.	*TBC pending wider planning*	✓ Scope conditions and pathway areas for action informed by intelligence data	Areas for priority to be explored with NHSGGC interface group i.e. Burden of Disease and by PCPB for approval through MFT /CMT

Workstream 4	**Effective Integration and Interfacing (Priority 3 - 2nd of 2 workstreams)**
Strategic objective:	By 2029, we will mainstream and standardise professional to professional decision-making across agreed primary care professionals
Workstream lead:	Kerri Neylon, Deputy Medical Director for Primary Care
Board Aims & Objectives:	**Better Care** **• To ensure services are timely and accessible to all parts of the community we serve** **• To deliver person centred care through a partnership approach built on respect, comparison and shared decision making** **• To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet needs** **• To shift the reliance on hospital care towards proactive and coordinated care and support in the community**

Deliverable		**What we will do**	**Delivery milestones**	**Measures**	**Progress to date**
4.1	Mainstream and standardise professional-to-professional *('Prof-to-Prof')* decision making across all services i.e. primary, community and acute services	1. Baseline Prof-to-Prof experience and referral activity 2. Agree priority for Prof-to-Prof 3. Extend access to Prof-to-Prof to include wider MDTs 4. Consider further extension of Prof-to-Prof with social care and wider stakeholders	TBC	✓ Baseline measure established for use of Prof:Prof ü Roll out of Prof:Prof to practice MDT for agreed ✓ Set targets for future year change in	Delay due to capacity within PC and wider system to scope and agree plan including priorities, process and timelines for developing Prof: Prof which requires to be part of wider planning through wider system planning i.e. ADP, MFT and unscheduled care

Workstream 5	**Improving our communications and engagement**
Strategic objective:	In 2025/26, we will develop a primary care communications and engagement plan, setting out how we will better support people to look after their own health to the best of their ability and to use primary care more effectively and sustainably.
Workstream lead:	Allen Stevenson, Interim Director of Primary Care
Board Aims & Objectives:	**Better Care** **• To ensure services are timely and accessible to all parts of the community we serve** **• To deliver person centred care through a partnership approach built on respect, comparison and shared decision making** **• To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet needs**

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
5.1	Primary care communications and engagement plan development and delivery	1. Develop and publish 5-year plan setting out what we will deliver, by when and how, including priority areas for action i. Workstream set up ii. Planning and development activity including engagement with public and professional partners; drawing on existing learning and planning iii. Existing priority areas include: - *Growing a shared primary care identity and purpose;* - Communications centred on the renewal of professional behaviours around trust, reciprocity and respect; - Helping staff and NHSGGC population understand how services will be delivered in the future 2. Scope vision, requirements and capacity to grow patient voice in planning and delivery forums	Communications and engagement plan completed by Q3 2025/26 First meeting September 2024 Approval and initiation by Q1 2026/27	✓ By 2025 have communication and engagement plan ✓ Communicate the shared identity of primary care	A series of Primary Care videos has been agreed and is being progressed with communication colleagues. The Inverclyde Primary Care Transformation film will be edited to suit the needs of GGC and priorities for the purpose of PCS. There will be 9 videos in total covering services including receptionist, GP and community pharmacy. •The introductory video being the role of Primary Care being released in December, with the other video roll out into the New Year. These will be hosted on NHS GGC website. Inverclyde service flyers will also be rebranded and edited to suit GGC branding to explain the supporting services surrounding General Practice. •Ongoing collaboration between workstream lead and Communications team •High level draft PCS for public facing communications underway •Inverclyde bi-fold Guide to Primary Care is being considered as a format to share the PCS with our populations. Communications will review and established if rework, redesign and standarise with GGC branding moving forward. •A similar exercise will be progressed for materials to suit workforce reading. •Clear for all team will guide on translation, easy read and accessible formats. •Group meeting monthly to keep momentum of this workstream.
5.2	Grow our offer of accessible health information for supported self-management	1. Lead development of new/improved information resources, including those that promote: a. supported self-management b. clear primary care role and remit ('primary care offer'); and c. alternative pathways to care 2. To support Workstreams, undertake public and professional communications and engagement activity to enable information resources and service developments to be person-centred, effective and equitable 3. Link with colleagues (e.g. NHSGGC public health and HSCP Primary Care) to identify and share existing resources on a board wide basis 4. Support dissemination via Right Decision resource (and wider)	TBC	✓ Completion of scope exercise ✓ Development of work plan in line with local and national programmes ✓ Timeline in development to support the delivery from December 2024	•Development of work plan pending. •The clear role of Primary Care and remit will be progress through the communication and engagement materials. •There will be reference to both self care, self management and alternative pathways within these materials which will be used to signpost our population to the Right Care in the Right Place. •Building on NHS Inform, Right Decision and Waiting Well platforms to facilitate this journey.
5.3	Embed patient voice in our strategic planning and delivery	1. Expand PCPB membership to include Patient/public and communications membership 2. Provide ongoing support to the meaningful use of patient feedback around 'what matters to me' in our strategy delivery, including in collaboration with independent contractors and providers	PCPB membership expanded 2024/25 Scoping – 2024/25-25/26	✓ Public Partner Representation on Primary Care programme board and priority workstreams	•Public Partner Representation on Primary Care Programme Board •Item 2 (Patient/public feedback) to be included in pending Communications plan
5.4	Monitor and evaluate the impact of our actions	1. Link with MEIG to support development and delivery of monitoring and evaluation framework, including: progress and impact measures 2. Regular monitoring, reporting and review.	5.4.1 - pending 5.4.2 - Q2/3 2024/25 and twice annually from January 2025	ü Monitoring & evaluation support	• Support provided to MEIG to develop monitoring and evaluation framework (approved June 2024) • Evaluation measures will be developed alongside the 5-year Communications Strategy and in collaboration with MEIG

Workstream 6	Improving Access to Care
Strategic objective:	In 2024/25, we will identify and progress joined up actions to strengthen direct patient access to the right care at the right time
Workstream lead:	Gary Dover, Assistant Chief Officer Primary Care, Early Intervention and Prevention (Glasgow City HSCP)
Board Aims & Objectives:	**Better Care** • To ensure services are timely and accessible to all parts of the community we serve • To deliver person centred care through a partnership approach built on respect, comparison and shared decision making • To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community

Deliverable	What we will do	Delivery milestones	Measures	Progress to date

6.1	**Increasing access to primary care**	1. We will scope opportunities to increase self-referral and direct access into primary care and define onward areas for development, linking with relevant Work streams as appropriate (e.g. Priority 3 & 4; Community Treatment and Care), supported by continued knowledge exchange/translation with National Primary Care Collaborative (NPCC)	Further discussion and development with key leads and onward development of Implementation Plan/delivery milestones 2024/25 High level 5 year workplan in place by end 2024/25	✓ Completion of scoping exercise ✓ Development of workplan and evaluation measures	**Key actions completed** ● Regular workstream meetings taking place. ● Scoping meetings held with NHSGG&C leads for four contractor groups, HSCP Primary Care leads and Primary Care Clinical Advisory Group. ● Standard presentation prepared outlining the aspirations of the workstream and the feedback from the scoping meetings. ● Collation of contextual information on access issues related to the contractor groups. ● Identification of cross-workstream issues and opportunities. **Risks and challenges** ● Lack of capacity to deliver on the aspirations of the PC Strategy ● Inability to influence key delivery bodies to participate in the change process ● The very broad agenda and the need to focus on what is on our power to change versus public expectations of what they should be able to access ● Reliance on the work of the other workstreams to facilitate improvements in access ● Further scoping required to agree efficiency and effectiveness actions ● Focused discussion planned at PC PB (12/12/24) to collaboratively agree priority actions and focus, including opportunities to support their delivery
6.2	**Increasing digital access**	1. Drawing on wider learning and developments, we will seek opportunities to promote and/or increase digital access to health and care services. Examples will include: a. remote assessment and triage; online appointments; b. prescriptions; c. contact with practices using technology, such as through asynchronous consulting; d. remote monitoring of patients with long term conditions to support self-management; and e. emerging opportunities in the community estate for patients to use Near Me Video Consultations with acute services.	To be agreed with the Digitally Enabled Care Group	✓ Measures to be developed with digital priority and in line with national development e.g. IT re provisioning & digital prescribing	● The scoping exercise has identified challenges and potential areas for further development.
6.3	Supporting patients to make decisions about the care that is right for them through realistic medicine (RM) **Deliverable Leads** Dr Jude Marshall Ashley McLaren	1. Shared Decision-Making a. **Training:** Provide comprehensive training on shared decision-making to Primary Care including multidisciplinary teams (MDTs) and through Health and Social Care Partnership (HSCP) Education Forums. b. **Comms and Engagement:** Promote Shared Decision-making framework - BRAN (**B**enefits/**R**isks/**A**lternatives and what happens if I do **N**othing) and 'it's ok to ask' campaign through our GGC wide Communication and Engagement Plan c. Conduct a survey to assess awareness levels among staff and the public regarding Realistic Medicine. d. **Future Care Plans:** Support embedding Future Care Plans within the community and promote the national direction for Future Care Plans 2. **Strategic Collaboration:** a. Link with relevant programmes to mainstream/accelerate changes to primary care culture and practice b. National Engagement with Realistic Medicine Primary Care Leads and share best practice where appropriate. 3. **Resources:**	1a. Begin Q3 2024/25 1b. Begin Q2 2024/25 1c. March 2025 1d. Ongoing 2a. Begin Q2 2024/25 2b. Ongoing	✓ Number of staff trained ✓ Feedback on training effectiveness. ✓ Reach and impact (surveys and feedback mechanisms) ✓ Adoption rate of Future Care Plans in the community. ✓ Possible further development aligned to 6-Monthly Scottish Government Realistic Medicine Progress Reports - activity and outcomes (date to be	**1. Shared Decision-Making** **1a. Training** on shared decision-making has been provided to Primary Care, including CLWs and through Health and Social Care Partnership (HSCP) Education Forums. Plans are underway to promote uptake of the new shared decision-making Turas module. **1b. Communications and Engagement** - Promotion of Shared Decision-Making Framework: The BRAN framework and the 'It's OK to Ask' campaign are being promoted through our GGC Boardwide Communication and Engagement Plan. **1c. Awareness Survey:** A survey will be conducted early 2025 to assess awareness levels among staff and the public regarding Realistic Medicine. **1d. Future Care Plans:** We continue to support the embedding of Future Care Plans in the community and promoting the national direction for Future Care Plans. This area of good work was highlighted in East Dunbartonshire HSCP during a visit by the CMO on 5th March '24. Note - Future Care Planning sits within the GGC HomeFirst Design & Delivery Plan as a key improvement action. As such this is led, directed, evaluated and reported via a well embedded governance structure. Interdependency with Realistic Medicine and TEPs is well understood in GGC with those connections and relationships well understood. **2. Strategic Collaboration** **2a. Programme Linkage**: We are linking with relevant programmes to align the vision for Realistic Medicine and Value Based Health and Care Boardwide. This includes GGC Quality Strategy, GGC Workforce Strategy, Moving Forward Together Programme, Climate Sustainability and Annual Delivery Plans. **2b. National Engagement:** Engaging with Realistic Medicine Leads nationally across Primary and Secondary Care continues and sharing best practices where appropriate. **3a. Resources Promotion-** Training and Education: Sharing and promoting realistic medicine training and education resources through Primary Care/HSCP communication channels. We are working with Public Health to deliver training and engagement to staff and public on Realistic Medicine and Health Literacy across Public Libraries. This includes supporting Public Health with the

		a. Share and promote realistic medicine training and education resources through Primary Care/ HSCP Communication channels. b. Utilise realistic medicine community engagement results to inform future areas for improvement.	3a. Ongoing 2024/25		Medicine and Health Literacy across Public Libraries. This includes supporting Public Health with the establishment of Health and Wellbeing Hubs in Libraries. **3b. Community Engagement Results** Informing Improvements: Following the Realistic Medicine Survey we will utilise realistic medicine community engagement results to inform future areas for improvement.
6.4	Action to maximise our efficiency and effectiveness	1. We will scope the key areas for possible change, i.e. evidence- and value-based approaches to identify work areas that could be reduced or stopped. 2. We will hold planning sessions to develop proposed change areas and next steps including considering the: i. Available evidence, benchmark against professional current experience, gap analysis and prioritisation process ii. Possible impacts on the wider health and care system iii. Development of options and recommendations for action for onward approval iv. Regular review and update in line with wider primary care system developments v. Oversight of local delivery, linking with relevant work stream/local leads	First scoping meeting - key leads and clinical directors: highest areas for change (clinical, processes, administrative, health systems) Q2-3 2024/25 Develop options and recommendations and undertake stakeholder engagement to be complete by end 2025/26.	✓ Completion of planning ✓ Development of workplan and evaluation measures	● Scoping of key areas undertaken with primary care stakeholders via engagement sessions reported via 6.1 (above). ● Rapid literature review undertaken, with findings intended to inform an evidence based approach to identifying areas of work that are low value and workstream actions. Evidence was low-quality with results used for discussion and reflection. A further more targeted search/review can be delivered on identification of areas for action, to inform design and delivery. ● Reporting to PCPB December 2024 with request for high level direction and onward delivery to follow.
6.5	Targeted and tailored action	1. As part of each *Improving Access* workstream activity, identify and seek support for action on barriers to equal and equitable access to care in line with the legal requirement to protect against discrimination, advance equality of opportunity and 2. Focus improvements on areas/populations where people can benefit most 3. Pay particular attention to the needs of equality and inequality groups for any digital developments, to avoid widening inequalities in health	Ongoing throughout delivery		

Workstream 7	**Strengthening Prevention, Early Intervention and Wellness**
Strategic objective:	We will work to strengthen prevention and early intervention to better protect wellbeing, avoid ill-health, and improve supported self-management.
Workstream lead:	Susan Hunt, GPN/ANP Professional Nurse Lead.
Board Aims & Objectives:	**Better Health** • To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment • To ensure the best start for children with a focus on developing good health and wellbeing in their early years • To promote and support mental health and wellbeing at all ages

	Deliverable	**What we will do**	**Delivery milestones**	**Measures**	**Progress to date**
7.1	Strengthen prevention to better avoid ill-health, protect wellbeing, and improve supported self-management Deliverable lead: Susan	1. Scope opportunities to improve management of existing health conditions in priority areas (e.g. Drug harms, chronic disease management, cardiovascular disease, cancer, diabetes) 2. Work with key NHSGGC strategies to map existing activity underway, undertake a gap analysis and identify priority areas for improvement. 3. Ensure alignment with pending national developments in related areas (e.g. Long Term Conditions)	1. Planning session with key leads Q3 2024/25 2. Collaborate to update Implementation Plan to include wider system action supporting this theme – 24/25 3. Make recommendations around any emerging work proposals to	✓ Completion of planning ✓ Updated Implementation Plan and inclusion of evaluation measures	● Stakeholders identified and contacted good engagement to attend planning session in Jan 2025 ● Small group scoping meetings scheduled with some clinical and service leads from priority areas on 3rd Dec ● Commenced collation of existing strategy priorities for each area and support meeting arranged with National SG Group chair for strengthening prevention and early intervention Jan 2025. ● Identification of cross-workstream priorities meeting with Access lead planned date Jan 2025 tbc to facilitate a standard equitable effective approach with common wider priorities for implementation at centre . Planned update of implementation plan, recommendations and evaluation methods be updated following engagement. This had initially been planned for 3rd Dec, but due to lack of capacity of attendees this was cancelled. Planned date now 28th Jan 2025

7.2	Increase strengths-based approaches Deliverable lead: Susan Hunt, Primary Care Support	1. With partners, scope and agree our vision for strengths-based approaches in primary care and make recommendations to the Primary Care Programme Board around how best we can empower people to look after their own health as well as possible, and to have a better experience of primary care. 2. Develop and deliver activities as approved by the Primary Care Programme Board 3. Link with related work streams/strategic ambitions e.g. realistic medicine	1. Discuss with key leads Q4 2024/25 2. Scoping sessions (2-3) in 2024/25 with options and recommendations later 2024/25 or 2025/26	✓ Complete scoping exercise and recommendations ✓ Develop a workplan	• Scoping exercise complete and agreement from Primary Care Programme Board to develop Long Term conditions programme which includes independent contractors and wider primary care services, using realistic medicine framework • Planned patient engagement via contact with Patient Participation lead, February 2025 to evaluate patient requirements and experiences in relation to self management (current pilots in place including using patient held care plans). • Discussions planned Jan to scope with relevant leads screening tools to support early intervention and risk stratification. • October 2024 engagement with Inclusion Health Action in General Practice leads at local and SG level, to scope and align ambitions which are inclusive and incorporate socio economic factors which will influence strength based approaches to implementation of recommendations • Workplan developed
7.3	Promote uptake of routine vaccination programmes across primary care Adult Board wide Immunisation Team – Bryan Forbes Childhood Immunisation Team – Mags Simpson / Nicole Moran, GCHSCP HSCP Housebound and Care Home Immunisation Teams	1. Through the existing public health vaccination programme, continue to deliver routine vaccination 2. Ongoing dedicated work with populations where there is known lower uptake e.g. MMR (Scope - excludes travel and non-routine vaccination; no denominator available) 3. Public health scoping of current and future opportunities to increase opportunistic promotion of vaccination by primary care contractors and providers (via existing oversight and delivery structures) – to include a. Early years/MMR b. Ethnic minority communities/communities in high deprivation where there is low uptake 4. Public Health liaison with HR/HSCPs re scoping of opportunities for improved staff uptake (flu/covid). 5. Ensure uptake of non-routine and promote uptake of travel vaccines by at risk cohorts, e.g. those visiting relatives and friends / close contacts of e.g. typhoid via HSCP clinical directors encouraging general practice signposting	Delivery milestones set annually by Scottish Government Financial framework for vaccination agreed 2024/25 Scoping delivery and reporting 2024/25 Pending approval and dependencies, progress increase opportunistic promotion of vaccination	✓ Monitoring reports on uptake of vaccinations per vaccination and population group	1) Financial framework for 2024/25 agreed. Planning for over 1 million Autumn/ Winter vaccinations within NHSGGC is sufficient to meet SG targets around proportion of patients offered appointments by mid and end of December. Offer of vaccination for newly eligible patients for Shingles and Pneumococcal across all 6 HSCP and 20 venues while also offering patients who had not partaken in a previous offer. delivery of RSV vaccination programme August 2024. 2) Education & Engagement Worker programme continuing to support outreach activities, evaluation of model underway. To address low uptake in Glasgow City, the number of venues has been increased (to 9 from 6 last year) and the locations revised (with 4 now operating in South compared to 1). Regular review of engagement data and telephone prompts in place to reduce DNAs and support attendance 3) Immunisation annual report with mid-year performance reporting arrangements in place, 2023/24 annual report went to Population Health & Wellbeing Committee March in October 2024. Measles elimination plan in place 4) Short life working groups set up to address uptake in Staff and Weakened immune system cohorts. Peer immuniser model and dedicated on site clinics are underway (with over 1,100 and 4,900 vaccines respectively delivered to date through these approaches). Further staff flu week w/c 16th December. 5) Continued offer of other non-routine vaccination as part of treatment across all 6 HSCP areas, supported by Education & Engagement workers for groups with known lower uptake. Ongoing communications/engagement activity - material in development, plan to launch Q4.
7.4	Screening Deliverable leads: Alison Potts, Consultant in Public Health Heather Jarvie, Public Health programme manager - screening	1. Opportunistic promotion of screening uptake by primary care independent contractors and providers to encourage participation with population groups / individuals with lower levels of uptake 2. Public health scoping of opportunities / priorities to increase participation in screening and address geographic inequalities in uptake, including: a. Bowel, breast, cervical b. Abdominal Aortic Aneurysm c. Diabetic eye screening 3. Public health oversight, monitoring and evaluation of programme delivery of test of change initiative by targeted clinic, with a focus on increasing cervical screening uptake by hard to reach groups	Ongoing (pre-existing) Scoping 2024/25 TBC	✓ Monitoring reports on uptake of vaccinations per vaccination and population group ✓ Development of cervical screening activity dashboard ✓ Development of Quality Improvement approach	**1) Initial focus on cervical screening:** ● Completed development of cervical screening activity PowerBI dashboard providing programme level, cluster and practice level monitoring visualisation /output. Work in progress to enable GP practices/Cluster to access own data directly and expansion to other screening programmes. ● Development of cervical screening QI approach- building on existing national & local resources/intelligence and learning from Inclusion Health Action in General Practice (IHAGP) programme. Initial meeting held with Practice Support Development Team to develop pro-active offer of QI support to those practices with lowest cervical screening uptake ● Early scoping work progressing with Public Health Pharmacy to identify Q4 and 2025/26 priority activities across community and PC pharmacy ● Targeted cervical clinics - due to limitation in service provision out with GP setting this work has been re-focused on GP QI activities detailed above and delivery of in MH inpatient settings and supporting existing My Body Back clinics for women who have experienced sexual trauma - out with scope and reporting of PC strategy. **2) All adult screening** ● Development of Adult Screening Communications plan in partnership with HSCPs, including calls to actions for Cancer, AAA and DES Screening programmes . Planning sessions progressing with CRUK and Bowel Cancer UK in order to coordinate community engagement and awareness activities in areas of high deprivation / lowest uptake. ● Commissioned CRUK delivery of Talk Cancer programme targeting non clinical staff. - ongoing engagement with PH Pharmacy and HSCPs to identify offer to key community, Primary care wider partners. - delivery from January 2025. ● Learning Disabilities - Enhanced routine screening questions included in Learning Disabilities Health

7.5	Identification of carer needs including carer health Deliverable lead: Jenny Watt	1. Via HSCP carer leads, cite primary care on existing SCI-Gateway carer support referral pathway 2. Public Health action and influencing to enable improved access to appropriate carer support through activity to increase routine enquiry, use of SCI gateway referral within general practice and signposting from community pharmacy; promotion of training Scoping of improvement opportunities (practice and data)	1. Engagement with Primary Care to promote and spread rolling programme activity 2024/25; onward TBC Promotion of NES Equal Partners in Care training package - ongoing	✓ Scope possibilities of carer status being part of EPR	● SCI-Gateway referral pathway is active and will be integrated into the PC communications plan. Training available via NES. Contact still to be made with HSCP carer Leads
7.6	Supporting children to have the best start in life, with a focus on the early years Deliverable lead: TBC	1. Grow Board-wide opportunities to strengthen support family wellbeing in general practice (through for example Community Link Worker Programme; Whole Family Wellbeing fund in HSCPs (learning/financial/wider support; and employability supports) 2. Generate and embed learning from Welfare Advice in Health Partnerships in future delivery through Primary Care Programme Board	1. Initiation of new activity on receipt of additional resource 2. Welfare Advice in Health Partnership Evaluation reporting and dissemination 2024/25	✓ Measures to be developed on initiation of new work	● Planned event with leads and wider as part of PC Programme Board meeting to direct focus for a collaborative approach to priorities. Engaged with Head of Health Improvement, Glasgow City HSCP, who will update if any change to resources. Also included as part of scoping meeting in section 7.1

Workstream 8	**Improving Equity & Reducing Inequality**
Strategic objective:	We will work to identify the key issues within Primary Care to better improve equity and reduce inequalities
Priority lead:	Ann Forsyth, Head of Primary Care Support
Board Aims & Objectives:	**Better Care** • To reduce the burden of disease on the population through Health Improvement Programmes that deliver a measurable shift to prevention rather than treatment. • To reduce health inequalities through advocacy and Community Planning • To reduce the premature mortality rate of the population and the variance in this between communities. • To ensure the best start for children with a focus on developing good health and wellbeing in their early years. • To promote and support mental health and wellbeing at all ages.

Deliverable		**What we will do**	**Delivery milestones**	**Measures**	**Progress to date**
8.1	Cross-cutting action across PCS delivery - strengthen prevention and better target action in areas of greatest need Deliverable Lead TBC	1. Work stream establishment 2. Scoping and analysis of key issues 3. Identification of priority areas for action in relation to: a. Our public sector equality duties b. improving the health and wellbeing of those worst off c. inequalities in NHSGGC most affecting access, health and wellbeing (e.g. by population group; intervention; communication supports such as interpreting) 4. resource measurable improvements/reduced inequalities in access and experience in key areas 5. With Workstream leads, support meaningful translation of equalities/inequalities learning into strategy delivery, particularly our responses to need and demand; health information development and dissemination.	Workstream set up Q3 24/25 Position statement and proposal for areas for action Q1 2025/26 Ongoing support to strategy delivery in line with wider work plan Ongoing translation of learning throughout implementation	✓ Completion scoping ✓ Identification key principles for delivery across the Strategy ✓ Measurements of inequality across the Framework	● Workstream set up as sub group of the MEIG it support scoping and identify key principles across the strategy. ● Require to then set measurement of equity within the framework.

Workstream 9	**Enhancing our Primary Care Accommodation and Property**
Strategic objective:	Develop and implement a comprehensive Primary Care Asset Strategy to optimise the primary care estate, ensuring it supports existing care delivery, enhances the workplace environment, and adapts to future care model by 2026/27
Workstream lead:	Gordon Love, Head of Property NHSGGC
Board Aims & Objectives:	**Better Value** • To reduce cost variation, improve productivity and eliminate waste through robust system of efficiency savings management • To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs • To utilise and improve our capital assets to support the reform of healthcare

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
9.1	Primary Care Asset Strategy	Phased growth of whole primary care system approach to estates optimisation, progressing existing estates challenges and opportunities with HSCPs, and undertaking additional planning to support Asset Strategy development and delivery, by: 1. Sector engagement and mapping of pharmacy, dental, optometry service delivery scope and scale (building on prior work with general practice); gap analysis between current and future delivery ambitions 2. Agree scope of Primary Care Asset Strategy in discussion with MFT (TBC if to form part of whole system transformation over 20-30 years, or more discrete primary care focus only) 3. Primary Care Asset Strategy development and delivery, to include: i. Work to maximise our patient-facing estate and refine administrative facilities, adopt the "Digital by Default approach" ii. Agreed ambition re utilisation of estate for clinical and non-clinical delivery; steps to implement iii. Work collaboratively across the whole system, including HSCPs, to address existing local challenges through the NHSGGC MFT Implementation Strategy and Primary Care Asset Strategy iv. Building on recent work within general practice to: ▪ resolve issues around the requirement to manage and maintain GP practice property on lease transfers ▪ support the national programme for access to sustainability loans, against the value of premises, where these are practice-owned. ▪ continue to support general practice in their own premises 4. Via the Asset strategy, contribute to the achievement of wider strategies, such as the NHS as an Anchor organisation, community wealth building aspirations, and sustainability and climate change (net zero carbon) ambitions and targets. 5. Work in partnership with local authorities to ensure that future development plans	1. Initial mapping of pharmacy, dental, optometry to commence 2024 2. Asset Strategy – target to commence development Q2 2024/25 3. (See point 2) 4. These are outlined in the Sustainability strategy and the Anchor Strategic Delivery Plan 5. This will be on-going depending for each of the 6 local authority areas	✓ Completion of mapping and gap analysis – timescale TBC on scoping with sector representatives on workstream initiation and development of baseline measures, e.g.: ✓ Baseline estate accessibility measure - Proportion of GPs, Pharmacies, Opticians, Dentists that are wheelchair-accessible. ✓ Mapping of location and services offered by health centres across GGC ✓ Trends in average travel time to nearest primary care setting □ Patient and public knowledge of service locations and options/routes to	● Due to capacity constraints this work is on pause, with start date to be advised - current delay is 3 months. ● Require to establish PC Strategy property in line with the development within MFT programme
9.2	Targeted and tailored action	1. Grow the use of good quality data on population need in our property planning – Asset Strategy development and delivery	Ongoing		See 9.1

Workstream 10	Monitoring, evaluation and intelligence
Strategic objective:	We will develop and deliver a Primary Care Strategy monitoring and evaluation framework to measure the progress and impact of our actions and to support continuous improvements between 2024/25-2028/29 and beyond.
Workstream lead:	Dr Matt Saunders, Consultant in Public Health
Board Aims & Objectives:	**Better Value** • To reduce cost variation, improve productivity and eliminate waste through robust system of efficiency savings management • To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
10.1	Monitor and evaluate Primary Care Strategy implementation and impact on population health **Lead:** Ann Forsyth	1. We will develop and implement a monitoring and evaluation framework in partnership with work stream/priority leads to assess the Primary Care Strategy progress and population impact	Monitoring and Evaluation Framework approval by summer 2024 Development of Primary Care Intelligence, Monitoring and Evaluation annual work plan Q3 2024/25	✓ Monitoring and evaluation framework agreed	● High level monitoring and evaluation framework agreed by Primary Care Programme Board ● Onward attempts to implement the M&E Framework delayed for want of resource / staff time to work through data sources and identify appropriate metrics to monitor progress. Templates developed for monitoring information. Several members of team including public health providing input but this aspect is likely to continue being delayed/at risk without identifying additional resource. ● Work is underway to both map out useful PC data sources (now almost complete) and undertake a gap-analysis identifying useful data sources for ongoing strategic and situational awareness and for evaluation.

10.2	Grow the availability and use of data in primary care	1. We will define relevant primary care intelligence population health indicators to inform ongoing primary care strategic planning and delivery, local quality improvement and strategy monitoring and evaluation.	Initial scoping of baseline and key challenges/opportunities to inform work plan for 2024/25-29 by Q3 of 2024/25 Workplan development Q4 2024/25	✓ Completion of scoping document (Q3) ✓ Agreement of next steps around strategic approach to primary care data development (Q3)	● MEIG meetings established on a 2-monthly cycle with good attendance and engagement chaired by Consultant in Public Health and resourced by PH admin. ● Role of MEIG developed to include provision of supportive high-level data/intelligence to inform whole-system and sub-system priorities, development of GGC-specific demographic trends and burden of disease paper to inform priorities within all PCS workstreams, oversight of PC data asks (to provide cross-system strategic support to prioritising same). ● December MEIG meeting to consider proposed workplan including timeframes, with further development in time for March milestone.