Healthcare Improvement Scotland

Primary Care Phased Investment Programme: Final report

Appendix 10: Conclusions on the potential evaluation measures

The measures listed below were initially selected, as outlined in the evaluation plan, because they were highly relevant and aligned with the evaluation objectives. However, it became clear that several of these measures could not be included because of limitations in data availability, data quality and overall feasibility within the scope of the evaluation. The team assessed the feasibility of each measure and retained only those that could be collected reliably and efficiently, without placing excessive burden on staff.

Data sources that were not included in the report are shaded in grey.

Table 1: Impact on service users

Measure(s)	Rationale	Data source	Relevant workstream	Notes
Anticholinergics Mental health triple whammy Poor asthma control Type 2 Diabetes and Atherosclerotic Cardiovascular Disease (ASCVD) management Wound care	National Therapeutic Indicators (NTI) use prescription data to provide a measure of prescribing activity across different therapeutic areas. They are overall indicators of quality of care which would improve through effective multidisciplinary (MDT) working and more time for general practitioners (GPs) to be medical expert generalist. Further information on the rationale for the five NTIs selected can be found in the	National Therapeutic Indicators (National data published by Public Health Scotland (PHS))	Workstream 7: National data	Analysed as part of workstream 7 but results not included in this report. These measures have the potential to be useful for assessing trends over a longer timescale, rather than during the lifespan of the PCPIP. Limited data points beyond the start of the programme and the complexity of general practice systems meant that it was not possible to highlight statistically significant changes in the data that were attributable to the PCPIP.

	Primary Care Phased Investment Programme (PCPIP) evaluation overview.			
Number of acute prescriptions issued/requested	Indicates improved medicine management through improved working between GP and pharmacotherapy. Reducing the number of acute prescriptions by moving them to repeat or serial is expected to improve care experience in the GP setting and reduce workload/increase capacity.	Scottish Therapeutics Utility (STU)	Limited data as part of Workstream 1: Quality Improvement (QI) data	Historic data on acute prescriptions was not available on STU. Data about acutes was collected locally by some practices, but it was not possible to collect data nationally for this indicator.
Total number of repeatable acute prescriptions	Increasing the percentage of repeats that are switched to medicines care and review (MCR) are expected to improve care experience, medicine management in the GP setting and reduce workload/increase capacity.			
Percentage of all dispensed prescriptions that are serial prescriptions	An increase in the proportion of patients being prescribed medication who have a serial prescription is an indication that the practice has been able to devote capacity to carrying out medication reviews and moving patients from acute/repeat prescriptions to a serial prescription.	Prescribing Information System (PIS)	Workstream 6: Local system and record sampling	
Service-user survey on experience and awareness	Indicator of service user experience.	Citizens' panel survey	Workstream 5: Service user views	Health and Care Experience Survey (HACE) questions relating to the system-level measures on experience and awareness were scoped, but this was not feasible within the timeline, so citizens’ panel was selected as an alternative source. In addition, this has

				supplemented the qualitative data provided by the service user interviews.
Local sampling of service user contact with MDT, by Scottish Index of Multiple Deprivation (SIMD)	Indicator of inequality gap between service use and local population to determine if there is an inequality in service access.	Direct encounters extracted from EMIS/VISION systems	Workstream 6: Local system and record sampling	This is included in Workstream 6 however it was not possible to differentiate between Board employed and Practice employed MDT staff.
Percentage of long-term condition reviews attended: • chronic obstructive pulmonary disease (COPD) annual review • COPD breathlessness score • Type II diabetes foot screening • Type II diabetes HbA1C test	Indicators for improved management of long-term conditions which, over time, should improve patient outcomes and quality of life.	Local sampling of practice EMIS/Vision systems for patients with COPD. SCI diabetes used for sampling patients with Type II Diabetes	Workstream 6: Local system and record sampling	
Time to third GP and general practice nurse (GPN) appointments	The 'time to third appointment' (3NAA) is an indicator of access issues. It is a standard measure used to assess the average number of days to the third next available appointment for a face-to-face appointment.	Local sampling of appointment systems	Workstream 6: Local system and record sampling	Scoped as part of workstream 6: Local system and record sampling. It is not possible to routinely extract this information from the GP EMIS/Vision systems. This would have required practice staff to record manually and therefore was not pursued.
Proportion of consultations with the person's regular care provider out of all consultations	Continuity of care is associated with higher quality care and better clinical outcomes.	Direct encounters extracted from	Workstream 6: Local system and	Adjusted St Leonard's Index of Continuity of Care (aSLICC) was used for this indicator. This indicator is calculated for GP's only and is now available to all

		EMIS/Vision systems	record sampling	practices in Scotland by downloading the GP In Hours Activity dashboard.

Table 2: Impact on workforce

Measure(s)	Rationale	Data source	Relevant workstream	Notes
Number of service user contacts for GPs, GPNs and members of the wider MDT	Indicator of implementation of general medical services (GMS). These data can be used to give a broad overview of contacts with different members of the MDT, which can help us understand changes in service provision over time.	General Practice in-hours activity dashboard (PHS)	Workstream 7: National data	Data were analysed at demonstrator site level as part of workstream 7; however, they were not included in the report. These measures have the potential to be useful for assessing trends over a longer timescale, rather than during the lifespan of the PCPIP programme. Limited data points beyond the start of the programme and the complexity of general practice systems meant that it was not possible to highlight statistically significant changes in the data that were attributable to the PCPIP.
Time spent by GPs, GPNs and other members of the wider MDT on appropriate cases	To assess the amount of time GPs and GPNs spent on activities that were in line with expert medical generalist and expert nursing generalist roles vs. time spent that could potentially be transferred from GPs and GPNs to other, more appropriate members of the MDT.	Week of care audit	Workstream 2: Week of care audit	
Time spent by GPs and GPNs that could have been delivered by another member of the wider MDT				

Count of types of activity delivered by MDT members outwith GPs and GPN	To understand the current level of service of MDTs in practices.			Counts of appointments for MDT members, plus pharmacotherapy activity were collected. Appointment data were incomplete and are therefore not presented in this report.
Count of days at each Operational Pressures Escalation Levels (OPEL)	An indicator of system pressure in primary care. It would focus on the OPEL of a sample of GPs.	Local sampling	Workstream 6: Local system and record sampling	Scoped as part of Workstream 6: Local system and record sampling. It was excluded after the initial feasibility assessment, as it was not possible to collect these data within the defined scope.
Turnover rate Number of vacancies Absence rate	The introduction of MDT working was expected to make the workload more manageable and enhance working conditions. This impact may be reflected in workforce measures, including turnover rate, vacancy rate and absence rate.	Sources explored: Practice annual returns for Public Services Delivery Scotland (formerly NHS Education for Scotland (NES)) Workforce Survey or request from practices directly	Workstream 6: Local system and record sampling	Scoped by PHS and NES as part of Workstream 6: Local system and record sampling. Issues with the consistency of the data submissions and small numbers meant that these data were not suitable for inclusion.
Time spent by staff member given context described in each "vignette" and preferences for time taken	Indicator of efficiency (health economics) and capacity limitations.	Local sampling of staff estimates of time taken to	Workstream 3: Economic analysis	Scoped by health economists as part of Workstream 3: Economic analysis. The pilot for the Discrete Choice Experiment

		complete a sample of tasks		did not demonstrate the questionnaire's suitability.
Staff experience and awareness of MDT roles	Indicator of staff experience. Questions related to feeling valued, supported and fulfilled, as well as awareness of other roles in MDT.	Workforce survey	Workstream 5: Service user views	A bespoke survey was not considered feasible; however, data was collected via workstream 4: Qualitative data.

Table 3: Impact on the wider system

Measure(s)	Rationale	Data source	Relevant workstream	Notes
Number of people who attend accident and emergency (A&E) that are not admitted to hospital	Indicator of the implementation of GMS. Improved management of care through GMS would reduce A&E attendance and admissions and use of out of hours (OOH) and NHS 24 for people with long-term conditions.	National unscheduled care data publications (national data published by PHS)	Workstream 7: National data	Analysed as part of workstream 7 but results not included in this report. These measures have the potential to be useful for assessing trends over a longer timescale, rather than during the lifespan of the PCPIP programme. Limited data points beyond the start of the programme and the complexity of general practice systems meant that it was not possible to highlight statistically significant changes in the data that were attributable to the PCPIP.
Potentially Preventable Admissions				
NHS24 and GP OOH service activity				
Number of referrals to elective care specialties	Indicator of the implementation of GMS. Improved management of care through GMS may change referral trends, especially with improved management of long-term conditions.	National elective care data publications (national data published by PHS)		
Change in costs because of de-prescribing and medicines optimisation	Improved management of care through GMS would reduce number of service users with inappropriate repeated acutes	Scottish Therapeutics Utility	Workstream 3: Health economics	Explored as part of workstream 3: Health economics, however, it was not feasible.

Cost consequence analysis of MDT working	Indicator of resource use (health economics)	Local sampling of costs	Workstream 3: Health economics	Explored as part of workstream 3: Health economics, however, it was not feasible as the data was not robust enough.
Proportion of repeat prescriptions not requested or no longer required	Non-clinical medication review, multidisciplinary medication review and polypharmacy review will result in medicine optimisation with the aim of improving patient outcomes.	STU and Local sampling of pharmacotherapy services	Workstream 6: Local system and record sampling	Scoped by PHS, for Workstream 6: Local system and record sampling but not possible to get the data. Data is required from 2022; this is not available historically in STU.

Full report

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