Understanding the infrastructure required to support multidisciplinary team working in primary care

Primary Care Improvement Portfolio, Healthcare Improvement Scotland

Introduction

The General Medical Services (GMS) 2018 contract set out a vision to expand multidisciplinary team (MDT) working in primary care across Scotland. While this model supported growth in the MDT workforce, progress has been inconsistent. There have been challenges related to infrastructure, workforce availability, and variation in implementation.

The Scottish Government commissioned the **Primary Care Phased Investment Programme (PCPIP)** which was led by Healthcare Improvement Scotland to improve the implementation of pharmacotherapy and community treatment and care (CTAC) services through investment and quality improvement (QI) support.

PCPIP was delivered over 18 months across four demonstrator sites: **NHS Ayrshire & Arran, NHS Borders, a locality in Edinburgh City HSCP, and NHS Shetland**.

The **PCPIP final report** identified a range of findings that informed the development of 13 recommendations. This poster focuses on the findings and recommendations relating to infrastructure. Scan the QR code to access the PCPIP final report.

Aim

To explore how infrastructure influences MDT working in primary care settings using qualitative and QI data from the PCPIP evaluation.

Methodology

A mixed method approach was used to collect primary care data relevant to the expansion of the GMS contract with a strong focus on pharmacotherapy and CTAC.

Qualitative data was collected across demonstrator sites (October 2024–July 2025). A pragmatic, multi-method approach was used to recruit primary care staff, including interviews and focus groups **(Table 1).** Data was analysed thematically to identify infrastructure-related barriers and enablers.

Demonstrator site teams also collected **QI data** to understand their systems and measure the impact of changes they were testing.

Table 1: Total number of staff in an interview or focus group.

Staff group	Participants
GPs (including locums)	35
General practice nurses	15
Advanced nurse practitioners	15
Pharmacotherapy staff	55
CTAC staff	38
Practice managers	22
Administration staff	25
Additional services staff	16
Total number of staff	**221**

Results

Physical infrastructure

Suitable accommodation required

Limited availability of space within GP practices, including clinic rooms, was frequently reported as a barrier to accommodating newly allocated MDT staff.

"If we got more money from the health board, we couldn't invest it in another GP because we haven't got the room." (Practice manager interview)

Hubs can alleviate accommodation constraints

There can be challenges associated with staff working across different locations. However, the findings suggest that pharmacotherapy hubs can support practices by undertaking core pharmacotherapy work remotely, enabling practice-based staff to focus on more complex care.

"There is a pharmacy hub…. I don't know how on earth we would manage without them now, because of the level of prescriptions that are required." (GP interview)

Digital infrastructure

Integrated digital systems required

Unconnected, outdated and inaccessible electronic systems were barriers to communication and the coordination of care. This was a key challenge when MDT staff were not physically located within the GP practice.

"Our IT system is not fit for purpose… we remote into five or six different systems to be able to read patient documents, access clinical records and send referrals." (Pharmacotherapy focus group)

Accessible IT systems for all staff and health boards

Limited and inconsistent access to digital systems resulted in disrupted informational continuity of care, additional appointments for patients and increased workload for administrative staff.

Demonstrator sites with more coordinated systems developed dashboards, which facilitated efficient access to QI data.

"We can't see their notes and they can't see our notes. And then there's miscommunication. This could be easily avoided if we all just had the same system." (CTAC focus group)

Recommendations

Ensure enabling conditions for effective MDT working

Invest in IT system integration and Outcome Focused Monitoring

Conclusions

Infrastructure development must progress alongside workforce planning and QI capability to support sustainable and coordinated primary care services. Scottish Government will use the findings and recommendations from the PCPIP final report to inform future policy development.

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