**Primary Drivers**

(we need to ensure)

**Secondary Drivers**

(which requires)

**Change Ideas**

People have information on how services are being provided and why there have been changes since the outset of the COVID-19 pandemic - including face to face, digital, video and telephone services

National marketing campaign re Primary Care (National Conversation)

Local Messaging by practices, HSCPs, Health boards etc. to support national messaging

**Aim**

People will always be able to access the health and care services that are right for them, at the right time, from the right place.

People understand how they can access the care they need when they need it.

PEOPLE

All GP practices offer a range of accessible services and have a practice website with a minimum level of information

People can make an informed choice of how they can access services from their GP practice and are involved in shared decision making. Practices offer a range of accessible services, including face to face (where appropriate to meet people’s needs), telephone, video and asynchronous consulting.

Practices are encouraged to use multiple communication channels to engage with people and deliver practice services in a way that balances clinical needs, safety and individual preference

People have information to help them understand their care needs (including urgent care) and where to access the most appropriate care (including support available in the Third Sector and through the local community).

Practices utilise and promote NHS Inform and links where people can self-refer to other services including Third Sector and through the local community

People are supported to make informed choices. They are aware of what services are available, how they are provided and by whom.

**Outcomes**

* Improve people’s experience of accessing care
* Reduce number of complaints (formal & Informal)
* Increase job satisfaction for practice staff
* Avoiding harm though safer accessible care
* Avoid harmful delays or barriers to access
* Provide efficient access, avoiding waste
* Provide more equitable access to care
* Develop a system which learns from improvements and shares learning

Other national campaigns including ‘OK to Ask’, Redesign of urgent care, Realistic Medicine. Health literacy is supported

People understand the role of the wider MDT (external and internal).

Practices are supported to deliver people centred care, including via the [SPSP Essentials of Safe Care programme](https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/essentials-of-safe-care/)

People are aware of the benefits of person led care, realistic medicines, anticipatory care planning and self-management.

People are enabled to take responsibility for their own care and self-management.

Practices are supported and offered training on how to co-design services with People

People are involved in the co-design of practice changes and the development of new services

Consider development of PPGs

**Secondary Drivers**

(which requires)

**Change Ideas**

**Primary Drivers**

(we need to ensure)

Practices are delivering services in a person centred flexible way, supporting people to make an informed choice and shared decision making

Practices Implement HIS Care Navigation tool kit

Practices utilise Scottish Services Directory and NHS Inform (linked to practice website)

Staff are able to support People to navigate the system to access the most appropriate care to meet their needs

Practice staff know how to support people to access urgent care in and out of hours

WORKFORCE

**Aim**

People will always be able to access the health and care services that are right for them, at the right time, from the right place.

Practices and People have access to education and information about what services are available, where, when etc.

Practice staff are able to effectively help People to access the right services / care.

Practices ensure practice staff are trained in a breadth of communication techniques, including alternative and augmentative communication and in supporting people who are distressed.

Practice staff understand the roles of different members of the MDT (external and internal).

Practices are supported and offered training on how to co-design and agree communication protocols and processes with People.

Practices have agreed protocols, processes and messages for communicating with People.

**Measures**

* People satisfaction
* Practice activity data
* Number of Complaints
* Practice staff job satisfaction/staff turnover - staff questionnaire

Review of practices complaints process (formal and informal), and developing systems for learning from and improving based on feedback

iHub learning system for clusters/practices to share improvement work

Learning systems are in place across primary care to share knowledge and best practice.