



INTEGRATION JOINT BOARD

Date of Meeting	03 September 2019
Report Title	Primary Care Improvement Plan (Update)
Report Number	HSCP.19.049
Lead Officer	Sandra Ross, Chief Officer
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Aberdeen City Primary Care Improvement Plan Year 2

1. Purpose of the Report

- 1.1. The Primary Care Improvement Plan (PCIP) sets out how the Partnership intends to transform general practice services, to release capacity of General Practitioners to allow them to undertake their role as Expert Medical Generalists as set out in the new General Medical Services Contract.
- 1.2. The initial Primary Care Improvement Plan was approved by IJB in August 2018. An annual update of the Primary Care Improvement Plans is now required, and this report brings the updated Primary Care Improvement Plan forward for approval by the IJB.
- 1.3. A draft of this document has already been submitted to the Scottish Government to meet the timeline within the process as set out by the Scottish Government.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:



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- a) Approve the revised Primary Care Improvement Plan as attached at Appendix A.
- b) Note the identified risk around workforce and the mitigating actions that are being developed,
- c) Instruct the Chief Officer to invite the Director of Workforce from NHS Grampian to provide an overview of the workforce planning they are undertaking and how this may impact on the delivery of the PCIP in Aberdeen.

3. Summary of Key Information

- 3.1. As reported to IJB in May 2018, the new General Medical Services (GMS) contract came into force from April 2018. This has required changes in the way the contract is delivered by practices and how the contract is monitored by both NHS Grampian and the Health and Social Care Partnership (HSCP).
- 3.2. Related to this new contract was the provision of transformation funding to help provide GPs with the capacity to undertake their roles as Expert Medical Generalist as set out in the new contract. Each IJB was required to set out aims and priorities for releasing GP capacity within a Primary Care Improvement Plan (PCIP).
- 3.3. The Aberdeen City PCIP was approved in August 2018 and sets out the aims, priorities and strategic intent for delivery of the 2018 GMS Contract in Aberdeen City from 2018-19 to 2020-21.
- 3.4. The plan, developed through a collaborative partnership approach, identifies priorities for the city across six pre-identified areas. These are:
 - The Vaccination Transformation Programme
 - Pharmacotherapy Services
 - Community Treatment and Care Services
 - Urgent Care
 - Additional Professional Roles
 - Community Links Practitioners



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- 3.5.** The plan is based on the seven key principles for the redesign of primary care as set out in the GMS Contract Memorandum of Understanding, to deliver services which are: safe, person-centred; equitable; outcome focused; effective; sustainable; and ensure affordability and best value.
- 3.6.** Over the last year multi-disciplinary short-life project teams have developed each priority area, to produce more detailed proposals and business plans for how these services can be delivered in the most effective, equitable and sustainable way for primary care across Aberdeen City. Delivery of a number of these projects is now underway.
- 3.7.** The updated PCIP sets out progress during year 1 (2018-19) and implementation plans for the next two years. The document also provides detail on planned budget allocations and an assessment of how this compares to estimated resource required to fully implement the Memorandum of Understanding (MOU). This document also seeks to demonstrate the workforce requirements (and potential challenges) in order to fully implement the MOU.
- 3.8.** The final, updated PCIP is attached at Appendix A. A draft of this was submitted to Scottish Government at the end of July 2019 along with equivalent plans for Aberdeenshire and Moray Integration Authority areas.
- 3.9.** To meet submission timelines, the Scottish Government requested that a “local agreement” be put in place with the GP Sub Committee with IJB sign off coming later, subject to the next available IJB meeting. The PCIP was presented to the Local Medical Committee and GP Sub Committee with provisional approval granted in August 2019. Full approval is dependent on a letter being submitted alongside the three Grampian PCIPs to Scottish Government which highlights GP Sub Committees concerns around the ability of this plan (and the plans of Aberdeenshire and Moray IJBs) to address challenges around infrastructure, IT and consumables for the new roles.
- 3.10.** The development of this plan continues to be considered in conjunction with the Action 15 Plan, our capital build programme and the Technology Enabled Care Framework which provide clarity around the prioritisation of a number of activities, all of which contribute towards the delivery of our Strategic Plan.
- 3.11.** The PCIP projects are currently at varying stages from business case development to implementation. In line with usual process, proposed directions will continue to be brought to IJB for approval supported by detailed business cases, and implementation progress and benefits realised



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will be reported through the Audit and Performance Systems Committee to provide assurance of progress.

- 3.12.** A local evaluation framework is being developed in order to help demonstrate the impact of the PCIP. Learning will be taken from existing projects within the PCIP that have established project specific frameworks, for example Community Link Workers.

4. Implications for IJB

4.1. Equalities

It is anticipated that the implementation of this plan will have a neutral to positive impact on the protected characteristics as detailed by the Equality Act 2010.

4.2. Financial

- 4.2.1** There is specific ringfenced funding available in respect of the implementation of the Primary Care Improvement Plan. A high-level summary of the available funding allocated to deliver the PCIP, actual spend for 2018/19 and an indicative expenditure profile for 2019 - 2022 is as set out below in Table 1:

Table 1: PCIP actual and forecast spend 2018-2022

	2018/19 (actuals)	2019/20 (forecast)	2020/21 (forecast)	2021/22 (forecast)
Vaccination Transformation Programme	62,721	181,447	236,705	242,173
Pharmacotherapy Services	321,759	580,600	835,926	1,336,650
Community Treatment and Care Services	129,000	170,400	812,267	1,589,534
Urgent Care	53,620	118,512	366,228	732,456
Additional Professional Roles	159,804	210,847	381,168	977,109
Community Link Working	451,591	730,000	811,200	843,648
Programme Support Costs & to be Allocated*		345,022	837,926	249,971



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PCIP Total	1,178,495	2,336,828	4,281,420	5,971,541
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**The unallocated amounts include a transfer of £150,782 in 2019/20 and £150,000 in 2020/21 and 2021/22 from Aberdeenshire HSCP to allow for the net total of Aberdeenshire residents that are registered with Aberdeen City practices (15,933).*

Note: These figures are projections based on the available information at the current time. These figures will continue to be updated as business cases are developed, and projects implemented and are therefore likely to change over time.

Financial summaries in relation to this plan are required to be submitted to the Scottish Government in October 2019. With further financial reports required to be provided to the Scottish Government bi-annually.

4.2.2 There are 16,338 Aberdeenshire residents registered with Aberdeen City practices and 405 City residents registered with Aberdeenshire practices). To allow for this total net (15,933) Aberdeenshire/ Aberdeen City cross boundary flow, an agreement has been finalised in August 2019 with Aberdeenshire HSCP that will see the transfer of £150,782 to ACHSCP for the 2019/20 financial year. A recurring allocation is expected annually, pending a review of changes in practice population.

4.2.3 The PCIP plan has been developed based on the financials listed within the plan (Appendix A) and in Table 1 above. However, if we were able to take into account the total underspend (including the amount we did not draw down from Scottish Government and the amount held in reserves) from the 2018/19 allocation, and the transfer from Aberdeenshire, the total amount available to deliver PCIP would total £2,951,000. This is represented in Table 2 below:

Table 2: Total funds available to support the delivery of PCIP in 2019/10

	Allocated in 18/19 £'000	Received in 18/19 £'000	Spent in 18/19 £'000	Held in Reserves £'000	Allocated in 19/20 £'000	Transfer from Aberdeens hire	Available in 19/20 £'000*
PCIP	1,793	1,298	1,178	120	2,186	150	2,951**

** Total underspend from 18/19 = £615,000*

***Available in 2019/10 is calculated by totalling the underspend from 2018/19, the transfer from Aberdeenshire in August in 2019 and the allocation for 2019/20*



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4.2.4 The Scottish Government has indicated that they will continue to fund PCIP at previously agreed levels. Whilst it is not yet confirmed, it is anticipated that as with Action 15 and ADP monies, Scottish Government will only provide the whole amount available for PCIP in 2019/20 if the spend is forecast and once reserves carried forward have been spent. It is unlikely that £2,336,828 will be fully spent in this financial year, due to appropriately qualified workforce not being available locally. The amount due from the Scottish Government will be monitored by finance colleagues and reported regularly to the IJB. Work will continue to determine how the unclaimed funds could be spent and whether it would be possible to bring forward projects from later financial years or identify new projects of a one-off nature.

4.3. Workforce

The PCIP will result in significant changes to our workforce, including additional staff and new ways of working.

Workforce has been identified as a significant risk to this workstream. There are a range of activities ongoing including mapping existing workforce available against existing services and exploring different ways of providing services that are not reliant on recruiting new members of staff.

As part of our future planning process we will identify and plan on an operational basis the specific posts that we require to deliver the PCIP and will feed this into our workforce plan and reflect this in future refreshes.

The Scottish Government has included projections for funding for future years and has advised that it should be assumed that the funding will be recurring and that workforce recruitment to deliver the plans can be progressed as permanent posts where appropriate. Business Cases take this assumption into consideration.

4.4. Legal

The PCIP seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. Any commissioning and procurement of services, required to implement the plan, has and will continue to be progressed in a compliant manner.

4.5. Other

There are no other anticipated implications as a result of this report.



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5. Links to ACHSCP Strategic Plan

5.1. This plan links to the following aims as set out in our Strategic Plan:

- **Prevention**

The PCIP is a high-level plan, looking to modernise primary and community care in Aberdeen to support and improve the health, wellbeing and quality of life of our local population.

- **Resilience**

Activities identified in the PCIP, for example Link Practitioners have self-management at their core. The PCIP states an aim to ensure patients are better informed how to manage their long term-conditions using technology enabled care.

- **Personalisation**

The provision of the additional professional roles such as MSK First Contact Practitioner, Community Chaplaincy Listeners and Activities within the PCIP will help to ensure that the right care is provided in the right place and at the right time when people are in need.

- **Connections**

Activities in the PCIP such as Link Workers, and support in using digital technologies will help support people, make meaningful connections and relationships to promote better inclusion, health and wellbeing.

- **Communities**

Again, activities identified in the PCIP, such as the introduction of Link Practitioners, will help strengthen and signpost to existing community assets.

6. Management of Risk

6.1. Identified risks(s)

Workforce: There is a risk that the workforce required to deliver the aims that are the subject of this report may not be available. This risk will be



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mitigated through ongoing engagement with key stakeholders and the ongoing refinement of implementation proposals to deliver the plans.

Infrastructure: There is a risk that we lack infrastructure to enable new ways of working set out within the PCIP (i.e. building space/ICT). There are a number of live projects in the Capital Programme progressing through the 3 stage Business Case process to the Scottish Government. Work is underway to develop an Infrastructure Plan by early 2020 to ensure we have identified the priorities for future investment in infrastructure (i.e. buildings, ICT, equipment and transport links) to enable integration and the delivery of new ways of working at a City and Locality level. The risk will be further mitigated by ensuring a more aligned planning approach across Community Planning to maximise capital investment opportunities to best achieve the PCIP objectives.


Financial: The risk of not approving the PCIP may result in the loss of funding to the partnership as set out in the financial implications of this report.

6.2. Link to risks on strategic or operational risk register:

- Workforce planning across the Partnership is not sophisticated enough to maintain future service delivery
- There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend


6.3. How might the content of this report impact or mitigate these risks:

The PCIP sets out ACHSCP's intentions in relation to releasing capacity of General Practitioners which help mitigate the workforce risks as outlined in the strategic risk register. Furthermore, approving the PCIP will help ACHSCP make use of the additional funding to address these issues.

Approvals	
	Sandra Ross (Chief Officer)



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	Alex Stephen (Chief Finance Officer)
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