Aberdeen City Health & Social Care Partnership
A caring partnership

ABERDEEN CITY PRIMARY CARE IMPROVEMENT PLAN UPDATE 2019/20

20 MAY 2019

1. Introduction

The Aberdeen City HSCP Primary Care Improvement Plan (PCIP) set out the aims, priorities and strategic intent for delivery of the 2018 General Medical Services (GMS) Contract in Aberdeen City from 2018-19 to 2020-21.

This was based on the 7 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.[i] .

The purpose of this document is to set out progress during year 1 (2018-19) and plans for the next two years. This document also provides detail on planned budget allocations and also 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 difficulties) in order to fully implement the MOU.

2. Purpose

In line with guidance issued by the Scottish Government[ii] from the national GMS Oversight Group, the aims of this plan are:

1. To describe the progress achieved in 2018-19 towards delivery of Aberdeen City's PCIP.

2. To set out expected progress and objectives for 2019-20, to be agreed with the local GP Sub-Committee and Aberdeen City Integration Joint Board (IJB).

3. To provide updated workforce and expenditure projections providing assurance as to progress towards recruitment to primary care multi-disciplinary teams.

3. Summary of Progress in 2018-19

3.1 Organisational and Governance Arrangements

The Aberdeen City PCIP described the high-level actions and initial proposals for service delivery models for each of the 6 priority areas agreed nationally.[iii] Over the last year multi-disciplinary short-life working groups have led on each priority area, linking with NHS Grampian and national groups, to produce more detailed proposals for how these services can be delivered in the most effective, equitable and sustainable way for primary care across Aberdeen City.

The GMS City Implementation Leadership Group has provided strategic clinical oversight of the PCIP ensuring linkages to our GP Practice clusters via the Clinical Leadership structure. Modernising Primary and Community Care is also a key transformation programme of work driving operational delivery of the HSCP's strategic priorities.

The Aberdeen City HSCP Senior Management Team, comprising clinical, managerial, and professional leads, has provided governance and accountability with respect to decision-making and allocation of resource aligned to the PCIP. The HSCP has engaged with and updated the Integration Joint Board and GP Sub Committee as implementation has progressed.

Engagement has taken place with local GPs and Practice Managers through a variety of methods including practice visits, update events and involvement in development workshops for key priority projects. A dedicated workshop in March 2019 was used to report and discuss progress with local implementation of the PCIP. A follow-up workshop is planned for later in the year.

The GP Cluster Quality Leads are strongly encouraged to discuss the PCIP at their local meetings with Practices.

A communication plan for engagement with the public moving forward is in development.

3.2 Learning from Year 1

Considerable progress has been made during 2018-19 to deliver key objectives of the Aberdeen City PCIP, allowing for flexibility whilst ensuring adherence to the core aims and principles of the new contract. A key challenge has been to develop a model which is responsive to the significant variation across our 29 GP Practices in terms of size, population need/demographics, local systems and practice. In tandem with that, practices have been given opportunities to prioritise what projects and initiatives would make most difference to the practice itself.

Our approach has sought to build on the many strengths within primary care in Aberdeen City whilst being aware of potential risks, recognising the existing good outcomes for patients, and the need to ensure that outcomes must be maintained or improved through delivery of new services. Sustainability of General Practice has also been a priority - workforce pressures, in particular GP recruitment/retention, have continued to present significant challenges in Aberdeen City reflecting the national position.

The HSCP has also sought to maintain a whole system approach rather than the development of isolated services. This includes maintaining and further developing the well-established relationships and arrangements within our existing primary care teams.

3.3 Key changes from previous PCIP

- Amalgamation of Locality Diagnostic Hubs, Phlebotomy and Community Hubs (scope practice phlebotomy demand to inform allocation of extra phlebotomy time)
- Removal of Practice Aligned Care Management and Silver City as stand-alone headings – linked to Multi-Disciplinary Teams (MDT) membership inputting into MDT approaches.
- Removal of Integrated Triage as a stand-alone project – there are a number of barriers to the use of integrated triage (employment and IT issues when being considered across practices) and therefore it is felt that initiatives such as Workflow Optimisation (which may allow cross working between practices in due course), triaging of workload to additional professional roles within the practice and MDT

working are more appropriate and effective projects to concentrate our resources on.

3.4 Overarching risks

- Infrastructure: challenges with providing accommodation for new staff in practices and across communities. This risk will be mitigated by working with partners and key stakeholders to investigate sustainable options to work differently to best achieve the PCIP objectives.
- Workforce: challenges around availability, recruitment, ongoing training and management of staff. This risk will be mitigated through ongoing engagement with key stakeholders and the ongoing refinement of implementation proposals to deliver the plans.
- Practices have their own preferences/ priorities/ timelines. This risk will be mitigated by working with and consulting practices on the ever evolving development of PCIP and its delivery.
- Delays in the drawdown of financial resources. This risk will be mitigated through robust financial planning.

Table 1: Aberdeen City HSCP Primary Care Implementation Plan Review and Forward Planner

MOU 1 – Vaccinations			
Vaccinations			
18/19 Update	19/20 Planned Activity	20/21 Planned activity	Resource (Finance & People)
The following Vaccinations elements are resolved and now in place: • BCG administered at birth for 'at risk' babies • Pertussis for pregnant Women • School Vaccinations Team National guidance on Travel Vaccines central to progression of this area.	Transfer of responsibility for: • Pre-school Immunisations • Pre-school Flu • Flu for pregnant women Work progressing on a partnership approach across Grampian to agree Vaccinations model for region.	• Shingles • Pneumococcal • Adult Flu • At risk • Travel The delivery of vaccinations will be undertaken within a community hub model.	**Proposed allocation** 18/19: 104,776 | 19/20: 181,447 | 20/21: 236,705 | 21/22: 242,173 **Spend** 18/19: 62,721 | 19/20 | 20/21 | 21/22 **No. of Employees / FTE** Year: 18/19 – Number: 2 **Potential Cost of full MOU delivery** Scoping Ongoing – will join with Community Treatment and Care (CTAC) Services below for additional allocations **Potential No. of Employees / FTE of full MOU delivery** Scoping Ongoing – will join with CTAC below for additional allocations

General Comments	Issues experienced	Risks going forward	Additional narrative on costing of full MOU delivery
N/A	Difficulty in getting part-solution business cases approved through different governance structures (for example, transfer of pregnancy vaccinations to Midwives).	Cost is still uncertain. Model for delivery of Travel Vaccines requires national guidance which has yet to be given.	Above is an estimate of staffing levels to deliver Pre-natal and Pre-school vaccinations. Equipment costs to be determined once model and locations have been agreed. Additional immunisations capacity to be allocated to CTAC Hubs

MOU 2 – Pharmacotherapy Services			
Pharmacotherapy			
18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)
All practices now receive a small amount of additional pharmacist input, in addition to the original 'core' pharmacy hours (approx. total of 2 days per week per practice)	Currently, Proposed Allocation for 19/20 is fully recruited to for Pharmacotherapy Services workstream. Confidence that any additional allocation could be recruited to by year end.	If further funding allocation made available to the Pharmacotherapy workstream: • Recruitment to pharmacy & technician posts (as funding / availability of staff allows • Continuation of planned activity / managing risks etc as outlined for 19/20 • Further work with the existing pharmacy team and with practices to determine optimum deployment of staff across the HSCP	**Proposed Allocation (*21/22 Staff model based on 1:10000 rather than 1:5000)** 18/19: 410,000 | 19/20: 512,083 | 20/21: 835,926 | 21/22: 1,336,650 **Spend** 18/19: 321,759 | 19/20: [redacted] | 20/21: [redacted] | 21/22: [redacted] **No. of Employees / FTE** Year: 18/19 | [redacted]: 10.1 WTE **Potential Cost of full MOU delivery at 21/22 (based on 1:5000 model)** £2,673,300 - **£1,336,650 shortfall** **No. of Employees / FTE to fulfil MOU** Year: 21/22 | No.: Unknown – to be developed | FTE: 63.5 (see below) | [redacted]

General Comments	Issues experienced	Risks going forward	Additional narrative on costing of full MOU delivery
Planning ongoing by Pharmacotherapy Teams around the service that can be provided within the allocated resource. Lead Pharmacists will arrange to visit all practices over the next few months to discuss expectations. Regardless of available financial resources, it will take time to train and develop new members of the Pharmacotherapy Team.		**Financial:** There is a risk that the funding made available by Scottish Government (SG) to HSCPs for primary care transformation and therefore the funding allocated by HSCPs to pharmacotherapy stream of GMS will be insufficient to adequately resource a sustainable quality service. **Workforce availability:** Availability of registered pharmacy technicians and pharmacists will not meet the estimated staffing requirement. A new model is also required for pharmacy technician training. This cannot be carried out solely in primary care as	As recommended by the NHS Grampian Pharmacotherapy Services Group, costings estimated for 1WTE per 5000 patients. An additional 25% to be added to cover for planned & unplanned leave (Annual leave, sick leave, maternity leave). This model (including the appropriate skill mix) to be worked up in detail, however, based on 60/40 pharmacist /technician split and a 65/35 Band 7/Band 8a split for pharmacists, this would equate to an additional:

There is a particular issue with training pharmacy technicians, as this cannot be done solely in the primary care setting. Pharmacy technicians working in GP practices is a new role / concept for ACHSCP. Currently technicians are deployed in areas where we see their skills are best utilised (support to patients and carers (formal & informal) in their own homes or intermediate care or other homely settings) Practices are all independent contractors, however in order to provide a Pharmacotherapy service for the whole HSCP (& to support cover for leave) there will need to be an element of consistency between the way practices work in relation to the core areas outlined in the contract. Need to ensure that indemnity cover is in place for all members of the pharmacotherapy team (as NHS G / HSCP employees).		this sector cannot provide all the necessary experience / standards of training required. Recruitment of pharmacy teams (pharmacists and technicians) is already having an impact on hospital and community pharmacy staffing with potential for destabilisation of service delivery across secondary care & community services. **Workforce development capacity:** The current training, support and mentoring capacity within the managed pharmacy service and GP practices will not be adequate to meet staff development needs. There is a very limited availability of pharmacists who are already qualified as Independent Prescribers, so this will have to be factored into development time. **Signing prescriptions:** There is a gap in expectation between the national GP representative narrative and Pharmacy, that Pharmacotherapy teams will sign all prescriptions. The prevailing view within pharmacy teams is that the focus should be on improving systems of review and authorisation but without an implicit commitment to pharmacists signing all resulting prescriptions **Management capacity:** Introduction of significant numbers of new staff to current small HSCP pharmacy team will require a review of management and professional leadership capacity to provide appropriate support, performance management and professional assurance **Impact on current level 2 and 3 services** Resourcing and prioritisation of Level 1 services may put at risk sustainability of current Level 2 and 3 services. **Infrastructure:** Lack of Physical space for teams within practices. All opportunities arising from investment in infrastructure will maximised to enable colocation.	Band 8a x 10.7WTE £703,354 Band 7 x 12.8WTE £692,813 Band 5 x 20.3WTE £742,473 £2,138,640 With additional 25% allowance for annual leave, sickness, maternity £2,673,300 Further consideration still needs to be given to the following: • Role of current ‘core’ pharmacy team (4WTE pharmacists, 1.5WTE technicians) • Requirement for additional time for experienced staff for tutoring (Foundation / Advanced VT, Independent Prescribing) & mentoring new, less experienced staff. • Additional management time (team size will significantly increase)

		IT infrastructure and access to clinical systems will be required.	

Workflow Optimisation			
18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)
This is a training project to optimise internal information flow processes. No ongoing IT costs. This has been proven to reduce GP workload elsewhere. Business case developed and approved by IJB in December 2018, and put out to tender in January 2019. Bids considered and preferred provider appointed to train and implement model across all practices.	Initial introductory training sessions complete (April 19). Full roll out (in progress) will be complete within 6-12 months, with ongoing support from provider for 24months.	Business as usual for practices.	**Proposed Allocation** 18/19 | 19/20 | 20/21 | 21/22 0 | 68,517 | 0 | 0 **Spend** 18/19 | 19/20 | 20/21 | 21/22 0 | [redacted] **Potential Cost of full MOU delivery at 21/22** Within allocated resource **No. of Employees / FTE** Not applicable for this workstream

General Comments	**Issues experienced**	**Risks going forward**	**Additional narrative on costing of full MOU delivery**
N/A	IT challenges	Ongoing staffing costs for individual practices may restrict them rolling out fully	N/A

MOU 3 – Community Treatment and Care Services			
Self-management and Collaborative Care			
18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)
House of Care (HoC) Three practices recruited (beginning of 2018) for HoC cohort one. One of these practices went live in 18/19. Four signed up for cohort 3 (March 2019) Increased Use of Telecare and Telehealth – further development required	Cohort 3 of HoC sees 4 practices to begin training - two practices in April 2019, with a further two in May 2019. Increased Use of Telecare and Telehealth – further development required	Future Cohorts in development Increased Use of Telecare and Telehealth – further development required	**Proposed Allocation** 18/19: 15,000 | 19/20: 40,000 | 20/21: 35,000 | 21/22: 35,000 **Spend** 18/19: 0 | 19/20: [redacted] | 20/21: [redacted] **Potential Cost of full MOU delivery at 21/22** Within allocated resource **No. of Employees / FTE** Year | No. | FTE 18/19 | TBC | TBC 19/20 | TBC | TBC 20/21 | TBC | TBC

General Comments	Issues experienced	Risks going forward	Additional narrative on costing of full MOU delivery
N/A	N/A	Sustainability of HoC model going forward within practices – effect on nursing and administrator time of longer annual appointment and sharing of clinical information with patient ahead of this	N/A

Locality Diagnostic Hubs / Phlebotomy / Integrated Community Health & Care Hubs			
18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)
Scoping of need and demand	Project Team identified and	Scale-up of planned model.	**Proposed Allocation**

completed in addition to different models of delivery Practices visited and spoken to about phlebotomy. Scoped potential sites with room availability for community health and care hubs. Services to be delivered: • Biometrics (height, weight, BP) • Chronic Disease Monitoring (inc. Bloods) • Phlebotomy • Minor Injuries and dressings • Ear syringing • Suture Removal • Minor Surgery (some types)	established. Aim to have phlebotomy resource provided to practices to utilise, upskill and train phlebotomy staff in advance of moving to community health and care hubs (CHCH). Capital Projects will provide an opportunity to locate services in integrated Community Health and Care Hubs. The development of the HSCP Infrastructure Plan will ensure a City wide and Locality approach to the development of building, ICT, equipment and transport links to enable integration and colocation. Hubs will be based on a skill mix of B5 registered nurse, B3 HCSW and higher banded Immunisations Nurses Scoping has identified 7 possible existing locations – further modelling required. Two modelling workshops planned for July/ September 2019 which will agree model to be implemented	(Envisaged that modelling workshops will identify a city-wide model that will be tailored / tweaked to match local needs.)	18/19 | 19/20 | 20/21 | 21/22 40,000 | 130,400 | 777,267 | 1,554,534 **Spend** 18/19 | 19/20 | 20/21 | 21/22 0 | [redacted] **Potential Cost of full MOU delivery at 21/22** Within allocated resource **No. of Employees / FTE** Year | No. | FTE 19/20 | 5 | 5 20.21 | 20 | 19.5 21/22 | 39 | 39

General Comments	Issues experienced	Risks going forward	Additional narrative on costing of full MOU delivery
N/A	N/A	Inability to Recruit Availability of Physical Space	Year 21/22 - 6 Band 7 staff (£366,228); 3 band 6 staff (£155,382); 3 band 5 staff (£124,881); 24 B3 treatment / phlebotomy resource (£705,240); 3 B4 administrator (£97,803)

			Consumables budget £105,000 per year from 2021/22 onwards. *Note additional nursing resource to be inputted also completing Immunisations workload and supervising lower banded workers through Hub model.

MOU 4 – Urgent Care			
Unscheduled Visiting Service			
18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)
Advanced Nurse Practitioner (ANP) currently operating afternoon visiting service covering 8 GP practices.	As part of Unscheduled Care project this will be spread further to become scaled up to city-wide in 20/21. Demand modelled on current 'West Visits' Service. Adverts out presently for other Unscheduled Practitioners	Scale-up to city-wide by end of 20/21. Linkages with Acute Care at home which has a budget of £675,000 to a skill-mixed team to assess and treat patients in their own home.	**Proposed Allocation** 18/19: 88,814 | 19/20: 118,512 | 20/21: 366,228 | 21/22: 732,456 **Spend** 18/19: 53,620 | 19/20: [redacted] | 20/21: [redacted] | 21/22 **Potential Cost of full MOU delivery at 21/22** Within allocated resource **No. of Employees / FTE** Year | No. | FTE | [redacted] 20/21 | 6 | 6 21/22 | 12 | 12

General Comments	**Issues experienced**	**Risks going forward**	**Additional narrative on costing of full MOU delivery**
N/A	N/A	Ability to recruit workforce	Based on 6x B7 Urgent Care Practitioners in 20/21 and 12x B7 Urgent Care Practitioners in 21/22

MOU 5 – Additional Professional Roles

<table>
<tr><th colspan="5">Community Mental Health</th></tr>
<tr><td>18/19 Update</td><td>19/20 Planned Activity</td><td>20/21 Planned Activity</td><td colspan="2">Resource (Finance & People)</td></tr>
<tr><td rowspan="15">From 2018, from the excellent results of the pilot a permanent service was put into place. There continues to be a high demand for this service. The demand on the service is predominately 21-35 age range with a majority of those presenting problems of depressions, general anxiety or panic disorders.
The service is delivered in 3 tiers:-
Tier 1 – Mild to moderate mental health problem characterised by distress but with limited effect on functioning.
Tier 2 – Moderate Mental Health problem that is unlikely to improve without specialist therapy but does not prevent date to day functioning
Tier 3 – Complex mental health problem that is most likely longstanding and recurrent that significantly impairs the quality of life and some functions</td><td rowspan="15">Due to the current high demand. The service is looking to develop the model and increase capacity to support tier 2 individuals (mild-moderate) using Psychological well-being practitioners or equivalent type posts.

In addition, there is also some consideration for additional support at tier 3 with 2 additional psychological therapists.

Both these developments are currently at Outline Business Case stage and are going to the Action 15 Project Group for approval to take forward, or not.</td><td rowspan="15">Business as Usual</td><td colspan="2">Proposed Allocation (Note – PCIP contributes a small portion funding to Psychological Therapy service – Action 15 is main funding source)</td></tr>
<tr><td>18/19</td><td>19/20</td><td>20/21</td><td>21/22</td></tr>
<tr><td>204,337 (53% of total from PCIP)</td><td>110,847 (20% of total from PCIP)</td><td>131,168 (25% of total from PCIP)</td><td>102,109 (14% of total from PCIP)</td></tr>
<tr><td colspan="4">Spend</td></tr>
<tr><td>18/19</td><td>19/20</td><td>20/21</td><td>21/22</td></tr>
<tr><td>116,668</td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Potential Cost of full MOU delivery at 21/22</td></tr>
<tr><td colspan="4">Within allocated resource</td></tr>
<tr><td colspan="4">No. of Employees / FTE</td></tr>
<tr><td>Year</td><td colspan="2">No.</td><td>FTE</td></tr>
<tr><td>18/19</td><td colspan="2">12.86</td><td>12.86</td></tr>
<tr><td>19/20</td><td colspan="2">13+6 should developments be approved</td><td>13+6 should developments be approved</td></tr>
<tr><td>20/21</td><td colspan="2">13+6 should developments be approved</td><td>13+6 should developments be approved</td></tr>
<tr><td>General Comments</td><td>Issues experienced</td><td>Risks going forward</td><td colspan="2">Additional narrative on costing of full MOU delivery</td></tr>
<tr><td>The Psychological Therapies service is not an urgent service and therefore referrals are taken in date order for equity, with the exception veterans who receive priority as per SG directives.</td><td>Waiting lists are a challenge with a large demand on the service. Current striving towards a target of 18 weeks. However only 60% of practices are under that target at present. For clinical/counselling psychology this is currently waiting lists of up to 6months (providing Tier 1 interventions for moderate mental health problems).</td><td>The service has received good feedback and is meeting the needs however it is recognised that demand is on the increase and therefore waiting times will increase. Work is underway to look at further development of the service (see above).

Accommodation issues could restrict location of delivery.</td><td colspan="2">Within Allocation – bulk of funding comes from Action 15 monies.

Note – Plans to expand service in development through Action 15 (potential additional Clinical Psychotherapist roles and introduction of B5 roles).</td></tr>
<tr><td colspan="5">Community Listening Service</td></tr>
</table>

18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)
11 GP Practices in Aberdeen City have Community Chaplaincy Listeners (CCLs). All other practices can refer into sessions held at Aberdeen Health Village/ ARI or Woodend Hospital) Approval by ACHSCP IJB on 26th March to appoint Community Listening Service Coordinator (CCLSC)- P/T 0.5FTE in year 1 and 2 increasing to 1 FTE in year 3 and 4 to support growth in programme 5 additional interested practices with capacity	Recruit Community Listening Service Coordinator (Interviews scheduled for June 2019) Work with project team to develop reporting a evaluation framework Develop and implement volunteer recruitment, training and retention plan	Continue spread of service across interested practices in Aberdeen City	**Proposed Allocation** 18/19: 22,700 | 19/20: 48,100 | 20/21: 54,114 | 21/22: 59,013 *This funding comes entirely from Action 15 – not PCIP **Spend** 18/19: 0 | 19/20: [redacted] | 20/21: [redacted] | 21/22 **Potential Cost of full MOU delivery at 21/22** No cost to PCIP **No. of Employees / FTE** Year | No. | FTE 18/19 | 1 + vols | 1 19/20 | 1 + vols | 1 20/21 | 1 + vols | 1

General Comments	Issues experienced:	Risks going forward	Additional narrative on costing of full MOU delivery
N/A	N/A	Inability to recruit CCLSC and volunteers Lack of buy in from GP practices Lack of space in practices to host CCLs	Funded from Action 15 monies

MSK First Contact Practitioner (FCP)

18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)
Appointment to temporary Band 8a post to start work around FCP Physio in Aberdeen. This was to deliver FCP physio role in one practice in the south of the city and to provide capacity for city wide implementation planning work. This will be used to inform the model for a phased role out across the city.	To consolidate the Band 8a post into a permanent post (63K). Plan to appoint Band 7 for 8 months of this year (35K). To roll this out to one other practice and to look at how this skill mix will deliver the FCP role which in turn will inform the wider scale up across the city.	Further scale up across the city – final skill mix of 8a/7 still to be determined at this stage	**Proposed Allocation** 18/19: 84,825 | 19/20: 100,000 | 20/21: 250,000 | 21/22: 875,000 **Spend** 18/19: 42,489 | 19/20: [redacted] | 20/21: [redacted] | 21/22 **Potential Cost of full MOU delivery at 21/22** 875,000 **No. of Employees / FTE**

			Year	No.	FTE	[redacted]
			18/19	1	1	
			19/20	2	2	
			20/21	5	5	
			21/22	15	15	

General Comments	Issues experienced	Risks going forward	Additional narrative on costing of full MOU delivery
N/A	A pragmatic choice was made to the practice chosen. There was a necessity for rapid implementation due to challenges in one practice. The post was made on a temp basis to allow this to happen. This impacted the ability to forward plan for this service with resultant challenges for example access to IT systems, data gathering and Imaging.	Managing practices expectation relating to the phasing of the funding over the 4 years. Recruitment to these posts. Lag in training and development to deliver the full FCP model. Availability of demand data to inform accurate capacity planning. Accommodation issues could restrict location of delivery. Clarity around what FCP skills are required for what grade	Within Allocation Modelling completed on basis that clinical staff can telephone / see 25 patients per day. Pilot of service currently underway – first 6months of data suggests modelling is robust. This will be monitored as service expands and skill mix widens. Modelling based on city practice 8,800 practice population - appointment numbers using multiplier for City-wide figs. Assumption that 25% of all current GP appointments will be appropriate for MSK FCP. Modelling includes 25% additional capacity for 52-week cover (Annual leave cover, etc.)

MOU 6 – Community Link Practitioners						
Community Link Practitioners						
18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
All 29 GP Practices in Aberdeen City have been allocated a LP following a phased roll out of the Aberdeen Links Service - phase 1 in July 2018 and phase 2 in March 2019. We currently have 19 Link Practitioners in post (17.65 FTE)	Second phase practices will to start making referrals to the service as of 1st April 2019 Ongoing recruitment to ensure full complement of LPs in place (20.8FTE)	Business as Usual	**Proposed Allocation**			
			18/19	19/20	20/21	21/22
			730,000	780,000	811,200	843,648
			Spend			
			18/19	19/20	20/21	21/22
			451,174	[redacted]		
			Potential Cost of full MOU delivery at 21/22			

Overall buy in to the service has been strong across first of phase practices, with 761 referrals received up to 31/03/19. Most common reasons for referral are mental health (188), social isolation (135) and finance and benefits (131).	Complete 6-month service evaluation and use to inform continued service development Take steps towards embedding the "Links Approach" across Primary Care Test the placement of a Link Practitioner within a custody suite setting		Within allocated resource

No. of Employees / FTE

Year	No.	FTE	[redacted]
18/19	18	18	
19/20	22	20.8	
20/21	22	20.8	

General Comments	Issues experienced	Risks going forward	Additional narrative on costing of full MOU delivery
N/A	Challenges around information governance between multiple parties Recruitment of Link Practitioners within original timescales	Information Governance Retention of Link Practitioners	Within Allocation

4. Finance and Workforce Projections

In setting out the financial and workforce plan for year 2 of the PCIP it is important to acknowledge the potential risks in implementing such significant change over a relatively short time frame. Aberdeen City HSCP would identify the following as the priority areas of risk:

- The level of available funding is insufficient to implement all services as described within the new contract.

- Our ability to recruit and retain staff to new roles is hindered by lack of available workforce.

Whilst in these initial stages we are seeing a positive level of interest and successful appointments to many posts under the PCIP, this is against a backdrop of historic difficulties in recruiting to a number of disciplines. Meeting the workforce projections set out may prove very challenging. Neighbouring IJBs will also be recruiting to many similar posts. Many of these roles may require additional training and this will impact on developments. There is also a need to ensure that we do not destabilise other areas of our system during this transition stage.

Table 2 below provides current indicative figures on expenditure against the PCIP over the next 3 years.

Full Implementation Cost represents estimated funding required to fully implement all services as described under the new contract (desirable, as indicated by particular services).

There is a need to maintain some flexibility around implementation depending on availability of workforce and other factors. In turn this will enable the HSCP, where appropriate and in agreement with key stakeholders, to make decisions within years to allow some developments to progress more quickly than others.

Figures are indicative at this stage and will change as plans continue to develop.

It should be noted that underspends and ‘Unallocated’ budget line have been offered to both MSK FCP and Pharmacotherapy projects to bring forward recruitment timelines should the project teams feel they can do this. Plans being worked up presently.

Table 2: Aberdeen City PCIP Indicative Expenditure Profile, 2019 - 2022

Priority Area	2019/20	2020/21	2021/22	Current Spending Plan		Potential Full Implementation Cost	
				Cost (£)	Workforce	Cost (£)	Workforce
Vaccinations	181,447	236,705	242,173	242,173	Current indicative figure for pre-natal and pre-school, planned to link all other immunisations with CTAC services	Within planned resource	Current indicative figure, additional allocation for other immunisations within CTAC services
Pharmacotherapy Services *Pharmacotherapy* *Workflow Optimisation*	580,600 *512,083* *68,517*	835,926 *835,926* *0*	1,336,650 *1,336,6500* *0*	1,336,650 *1,336,650* *0*	1:10,000 model – exact skill mix tbc Costings based on 50% of Potential Full Implementation (1:5000)	1:5000 model = £2,673,300 **£1,336,650 shortfall**	* WTE/skill mix to be agreed - indicatively: Band 8a x 10.7WTE Band 7 x 12.8WTE Band 5 x 20.3WTE
Community treatment and care services *House of Care (HoC)* *Locality Diagnostic Hubs/ Integrated Community Health & Care Hubs*	170,400 *40,00* *130,400*	812,267 *35,000* *777,267*	1,589,534 *35,000* *1,554,534*	1,589,534 *35,000* *1,554,534*	6 Band 7 staff; 3 band 6 staff; 3 band 5 staff; 24 B3 treatment / phlebotomy resource; 3 B4 administrator (including £105,000 consumables p/yr)	Within planned resource	Within planned resource – allows for skills mix and for qualified nurses to supervise staff and also deliver immunisations
Urgent care	118,512	366,228	732,456	732,456	Based on 6x B7 Urgent Care Practitioners in 20/21 and 12x B7 Urgent Care Practitioners in 21/22	Within planned resource	Within planned resource – planned link with Acute Care at Home (Rapid Assessment element) ACHSCP funded budget of £675,000 allocated,
Additional professional roles *Community Mental Health*	210,847 *110,847* *100,000*	381,168 *131,168* *250,000*	977,109 *102,109* *875,000*	977,109 *102,109* *875,000*	Circa 15 WTE Physiotherapists with skill mix to be agreed 1 WTE Community Listening Co-ordinator	Within planned resource	Within planned resource

MSK First Contact Practitioner							
Community Link Working	730,000	811,200	843,648	843,648	20.8 WTE Link Practitioners	Within planned resource	Within planned resource
Programme Support Costs & to be Allocated*	345,022	837,926	249,971	99,971			
Total	**2,336,828**	**4,281,420**	**5,971,541**	**5,821,541**			

*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).

References

[i] Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards – GMS Contract Implementation in the context of Primary Care Service Redesign.

[ii] *Primary Care Improvement Plan Reporting Cycles* (18 February 2019), Correspondence from Richard Foggo, Head of Primary Care, Scottish Government.

[iii] British Medical Association / Scottish Government (2017) *The 2018 General Medical Services Contract in Scotland.*