



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	23 September 2021
Report Title	Primary Care Improvement Plan (Progress to Date)
Report Number	HSCP.21.106
Lead Officer	Emma King, Lead for Primary Care
Report Author Details	Sarah Gibbon, Programme Manager
Consultation Checklist Completed	Yes
Appendices	Appendix A - PCIP Update for EPB August 2021 Appendix B - Copy of GMS MoU 2

1. Purpose of the Report

- 1.1. This report presents the Risk, Audit & Performance Committee (RAPC) with an update regarding progress implementing the Primary Care Improvement Plan (PCIP).
- 1.2. It also presents a paper, which was considered by the Executive Programme Board in early September 2021, which outlines the potential impact of the revised Memorandum of Understanding (MoU) on delivery.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
 - a) Note the update presented on the PCIP, as outlined in this report and its appendices.
 - b) Requests that a further PCIP update is presented to the committee in Spring 2022 (unless required by exception).



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- c) Notes that an additional report will be presented to the Integration Joint Board at its meeting on 02 November 2021, with a supporting seminar on wider primary care to be delivered prior to the meeting.

3. Summary of Key Information

Background

- 3.1. The PCIP sets out how the Partnership intends to transform general practice services, utilising the Primary Care Improvement Fund (PCIF) 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. The initial PCIP was approved by IJB on 28 August 2018.

PCIP Implementation Update

The following services are being delivered as a part of the PCIP programme:

Vaccination Transformation Programme

- 3.2. Pre-school vaccinations, the school-based vaccination programme and the influenza programme have all been transferred successfully from GP practice delivery. The travel vaccination and At-Risk age group services are on track to be transferred by the end of March 2022. A refreshed Immunisation Blueprint was approved by the IJB on 24 August 2021. The vaccination programme will focus on a vaccination centre in the central locality (recently confirmed at the former site of John Lewis), supported by smaller venues in the North (Bridge of Don) and South (Airyhall) localities. Pop-up clinics will also be used to support uptake.

Pharmacotherapy

- 3.3. The model for pharmacotherapy delivery is based on 1 WTE pharmacy staff member per 10,000 population, with a skill mix of 60% pharmacist and 40% pharmacy technician time. Recruitment to the pharmacotherapy team is ongoing.

Community Treatment & Care (CTAC) Services



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- 3.4.** CTAC services will be delivered in a hub-and-spoke model, focusing on practice-based delivery supported by centralised hubs of CTAC services in each locality. Transfer of the practice-based CTAC services was completed in May 2021. This involved the TUPE transfer of existing staff from practice employment to NHS Grampian (NHSG) employment. A Doppler ABPI¹ clinic is in development with the podiatry service. Colleagues are identifying capacity within the existing ACHSCP estate to deliver services from hubs – this will focus on providing services across the GP practices and will allow for the specialisation of some services such as ear suction. Initial conversations with secondary care colleagues are taking place to identify how CTAC services can be aligned with the secondary care phlebotomy work.

Urgent Care

- 3.5.** All GP practices within Aberdeen City now have access to the City Visits service. There is an ongoing recruitment drive for both Health Care Support Workers and Advanced Clinical Practitioners.

Community Link Workers

- 3.6.** The Aberdeen Links service is well-established, with over 5,000 referrals received by the service since the commencement of the service in 2018. They have also made 6,588 onwards referrals to over 400 community-based services or resources. On 24 August 2021 the IJB approved a direct award to the Scottish Association of Mental Health (SAMH) until March 2023. This allows further stabilisation for the service in a time where it is anticipated that it will experience increased demand, as well as allowing the future re-tender to consider any implications of any changes from the Scottish Government Independent Review of Adult Social Care (Feeley) report.

Additional Professional Roles

- 3.7.** PCIP also funds the following additional professional roles (only a partial contribution to the psychological therapist service, which is also funded by Scottish Government via Action 15.

- a) *MSK Physiotherapy First Contact Practitioners:* Services are now being provided to 10 GP practices within the City. A member of the team has recently passed their non-medical prescribing course, which will allow

¹ Doppler is a service which checks the circulation of blood flow to the legs and feet.



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further service development. A rolling programme of recruitment will allow the service to expand to further practices as additional staff join the team.

- b) Psychological Therapists:* The team is now at full establishment and are working to reduce waiting times, with positive effect. Patients are still being seen virtually, by phone or video, and the team are keen to get back into practice when it is safe to do so.

Memorandum of Understanding (MoU)

- 3.8.** A new Memorandum of Understanding (MOU 2021-2023) for the General Medical Services (GMS) contract implementation for Primary Care Improvement has been published, taking into account the learning and experience to inform next iteration.
- 3.9.** Appendix A presents a report submitted to the Executive Programme Board on 02 September 2021, outlining the implications of the MoU on the projects within the PCIP Programme. A copy of the MoU is provided at Appendix B.
- 3.10.** The new MoU also makes provision for transitional payments to be made to practices, from the PCIF, and any associated reserves. At the time of drafting this report, meetings were ongoing with Scottish Government representatives to understand how exactly the transitional payments should be allocated and whether a formula will be provided to calculate the levels of payment required. It is hoped that advice and guidance will be provided to HSCPs in early autumn 2021. Colleagues from ACHSCP are represented as appropriate at these meetings.

Underspend Proposals

- 3.11.** Colleagues from the PCIP Implementation Group have developed a series of proposals for allocating the accumulated underspend to non-recurring projects or investments. They have been developed by the services and evaluated and scored by a sub-set of the PCIP group. The scoring reflected the prioritisation of the PCIP projects (CTAC, pharmacy & immunisations) as a part of the evaluation. The GP Sub Committee were due to consider the proposal on the 16th of August, but the discussion had to be deferred to their 20th September meeting. Proposals included:



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- Promotion campaign for Pharmacy 1st – *this has also been expanded to include wider messaging around the changes which implementing PCIP will mean for patients.*
- Pharmacotherapy IT equipment
- CTAC Hub equipment
- Doppler (ABPI) equipment
- Leadership training for practices
- Coaching training for practices
- Dedicated PCIP programme management support
- Immunisations IT equipment
- City Visits equipment
- Additional funding for back-scanning paper records in practices
- Funding for non-medical prescriber courses and supervision
- Clinical and/or non-clinical rooms at Torry Community Hub
- Additional staffing resource for vaccination transformation programme
- Mobile unit for delivery of PCIP services such as CTAC and immunisation

3.12. Proposals developed reflected the learning curve in the implementation of the PCIP, identifying resource required in relation to programme management and immunisations, which reflects a maturity of thinking and that there is a need for more management to ensure timely delivery of the PCIP outcomes.

3.13. The proposals were considered by the GP Sub Committee at their meeting on 20 September 2021.

Consultation and Engagement Activities

3.14. Overall, the implementation of the PCIP will change how patients access specific services in primary care, which will change the public's experience of primary care. There has been a lot of consultation and engagement work, both locally and nationally, to understand patients' perspectives and how the PCIP will affect them.

3.15. National surveys and consultations include the Health & Care Experience survey; the 'Creating a Healthier Scotland' survey and 'What Should Primary Care Look like for the Next Generation' survey.



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Service	Activity	Date
CTAC	Patient Survey (over 700 respondents); focus groups; discussions with locality empowerment groups; GP practice workshops	Autumn 2020
Pharmacotherapy	No noticeable difference from a patient perspective as it is a 'behind the scenes' service	NA
Immunisations	Patient survey (over 250 respondents) engagement sessions ²	Spring 2021
Link Workers	Interim evaluation gathered patient perspectives of impact and demonstrated improvement from baseline to 6 month follow up	Summer 2019
MSK FCP Physios	Patient feedback methods are in development and will be implemented shortly	Autumn 2021
Psychological Therapists	Patient experience questionnaires post-therapy. PHD student research	Ongoing
Urgent Care	Evaluation of the West Visits pilot service (precursor to the City Visits) ; ongoing patient feedback gathered.	2018

4. Implications for IJB

- 4.1. Equalities, Fairer Scotland Duty, Health Inequalities:** The National Health Service (General Medical Services Contracts)(Scotland) Regulations 2018 (GMS) has had a comprehensive, nationally led Equalities Impact Assessment completed and can be accessed here: https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia_20180066_en.pdf This is applicable to the PCIP Programme. Individual projects will have Health Inequality Impact Assessments completed for them as required.
- 4.2. Financial:** There is specific ringfenced funding available in respect to the implementation of the Primary Care Improvement Plan. Whilst the funding is currently non-recurring, HSCPs have been advised by Scottish Government to plan delivery as if the funding was recurrent. A high-level summary of the available funding allocated to deliver the PCIP is as set out in the table below. It demonstrates a large underspend, which the PCIP Implementation group has developed proposals for one-off or non-recurring projects to help PCIP delivery. It should be noted that any

² There were also a number of additional events / surveys related specifically to Covid19 vaccinations, but the lessons learned can be applied to the PCIP vaccinations where appropriate. These included community leaders meetings; 18-29 years survey; and public focus groups.



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transitional arrangements paid to practices in light of the new MoU may also need to be funding from the PCIF underspend.

Budget allocation	2020/21	2021/22	2022/23
Total Available Funding	5055	6234	7630
Commitments			
Vaccinations	496	905	1100
Pharmacotherapy	723	1078	1344
CTAC	68	500	1577
Link Workers	787	790	850
Additional Professional Roles			
MSK FCP Physio	202	533	876
Visiting Service	242	547	763
Total Recurring Commitment	2518	4353	6510
Total surplus/(deficit)*	2537	1881	1120

**funding received AND carried forward to next year*

- 4.3. Workforce:** There is ongoing recruitment to acquire the appropriate workforce to support implementation of the PCIP. This is progressed by each service, with an overview by the PCIP implementation, and is detailed for some services in appendix A.
- 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 is required to implement the plan has and will continue to be progressed in a compliant manner.
- 4.5. Carers:** There are no direct implications of implementing the PCIP for carers, however they and their cared for person will benefit from increased capacity of GPs to act as expert medical generalists, and from the increased range of services available in primary care.
- 4.6. Covid19:** Delivery of the immunisation element of PCIP will need to be aligned with longer-term delivery of Covid19 immunisations and boosters (though funded separately).
- 4.7. Other:** NA





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5. Links to ACHSCP Strategic Plan

- 5.1. The PCIP is identified as a key delivery plan within the ACHSCP Strategic Plan. It is also identified as a key priority within the strategic plan, demonstrating the importance of delivery of the PCIP to achieving ACHSCP's strategic aims and objectives, particularly to "*reshape our community and primary care sectors*".

6. Management of Risk

- 6.1. **Identified risks(s) and link to risks on strategic or operational risk register:** There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.
- 6.2. **How might the content of this report impact or mitigate these risks:** As recorded in the strategic risk register, delivery of the PCIP (and subsequently the implementation of the GMS contract) is a mitigating action against the risk identified above.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)