Aberdeen City Health & Social Care Partnership
A caring partnership

Primary Care Improvement Plan

Update for EPB 02 September 2021

Contents

Submission Dates:

1. **Issued to Project Leads:** 23rd July 2021
2. **PCIP Group meeting:** 10th August 2021
3. **Executive Programme Board**: 2nd of September

Introduction

A new memorandum of understanding (MOU 2021-2023) for the GMS contract implementation for Primary Care Improvement has been published, taking into account the learning and experience to inform next iteration. The MoU2 is accessible via. this link. Progress will be reviewed in March 2022.

All six MoU areas remain areas of focus, however, the focus for 2021-22 should be on the following three priority services:

1. Vaccination Transformation Programme
2. Community Treatment & Care (CTAC) Services
3. Pharmacotherapy Service

Funding

Integration Authorities should endeavour to ensure that ring-fenced Primary Care Improvement Fund ("PCIF") funding supports the delivery of the three priority areas for 2021-22 before further investment of PCIF monies in the other MoU commitments.

Transitionary Arrangements

The MoU also describes the arrangements for transitionary payments to practices as the MoU is delivered. The funding for the transitionary payments will come out of the PCIF and any associated reservices.

Colleagues are currently trying to understand whether we will be provided with national guidance on determining the levels of transitionary payments to be made to practices.

There are several queries:

1. What if practices have fully developed access other services i.e. Link Practitioners?
2. What if the practice does not have the service due to a resignation from an existing team member i.e. a natural vacancy?

At the time of drafting this report, these queries were being discussed with colleagues from Scottish Government.

Underspend Proposals

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 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 September meeting. Proposals included:

- Promotion campaign for Pharmacy 1st
- 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 prescribers 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

Vaccination Transformation Programme

MOU Summary

- The programme should be implemented in full by April 2022
- Child Immunisations & vaccines / immunisation additional services to be removed from GMS contract in October 2021.
- All historic income from vaccinations will transfer to Global sum in April 22.
- Travel Health Group to determine solution for travel vaccinations by October 2021, and to be in place by April 2022.

Programme Overview

Current Position
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 Integration Joint Board (IJB) on 24 August 2021. The vaccination programme will focus on a mass 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.
Impact of the new MoU
ACHSCP have already successfully transferred child immunisations & vaccines, which are due to be removed from the GMS contract in October. Await outcomes of the travel health group and ensure solutions for travel vaccinations is in-line with this.
Next steps for implementation
Next steps: 1. Transfers of travel vaccination and at-risk age group services by end of March 2022 to ensure full delivery by timescales indicated in the MoU. 2. Additional resource for VTP has been identified in work on the PCIP Underspend Proposals. In line with the MoU, this should be prioritised ahead of spend on other non-priority elements of PCIP. Possible barriers to implementation: *Recruitment & workforce – mitigations for inability to recruit*

Pharmacotherapy

MOU Summary

- Focus on delivery of a pharmacotherapy service as a whole to ensure interdependencies between Level One service and Level 2/3
- Regulations amended by SG in early 2022 so that NHS board is responsible for service by April 22.

Programme Overview

Current Position
Working on the agreed model of 1WTE pharmacy staff member per 10,000 population (+25% additional to cover for leave). Recruitment outstanding: • 5.5 WTE Band 5 technicians • 1 WTE Band 7 pharmacist • 2.4WTE Band 8a pharmacist Confident in recruiting to the pharmacist posts. Full recruitment to remaining technician posts is unlikely due to shortage of available, trained workforce. From national discussions, the view is that a model of 2.5WTE pharmacy staff per 5,000 population is closer to what would be required for full delivery of Level 1 services.
Impact of the new MoU
• New MOU recognises that a balance between Level 1, 2, and 3 services is important for delivery of a sustainable service and for recruitment & retention to the team. This would seem to allow a move away from a total focus on Level 1 services and look at delivery of the service as a whole. • Highlights the need for national workforce plans that reflect the staffing requirements to deliver the pharmacotherapy service. • Further information and guidance from the national Pharmacotherapy Strategic Implementation Group should support a consistent 'direction of travel' in terms of delivery of the service across NHS Scotland. This would be welcomed as currently there is a wide range of staffing models and delivery of services.
Next steps for implementation
Next steps: • Revised MOU will be on the agenda at the next NHS Grampian Pharmacotherapy Service Development Group as there is a need to fully consider the implications (as 'NHS Boards' are responsible for providing the service to practices by April 22) • Discussion required on whether finance could / should be diverted from other areas of the PCIP to provide additional resource for pharmacotherapy. Possible barriers to implementation: 1. **Technician workforce:** Inability to recruit the required number of trained pharmacy technicians despite multiple rounds of recruitment. MOU highlights that Level One service should be delivered principally by pharmacy technicians rather than pharmacists. **Mitigation:** continuing to pursue the proposal to use PCIP funding for trainee pharmacy technician posts. National workforce plans should include a pharmacy technician training pipeline. 2. **Physical Hub:** Challenges in finding physical hub accommodation for the additional +25% staffing that will provide partial cover for periods of leave ('relief' cover would have to be provided remotely). **Mitigation:** currently being scoped

Community Treatment & Care (CTAC) Services

MOU Summary

- Regulations amended by SG in early 2022 so NHS board responsible for service by April 22.
- Given this service draws primarily on a nursing workforce, local areas should also consider how CTAC and the Vaccination Transformation Programme could be aligned to increase the pace of implementation and efficiency.

Programme Overview

Current Position
• All practices in Aberdeen City have partial access to a CTAC service. All existing staff whose role primarily delivering CTAC services have been TUPE'd into NHS Grampian employment as of May 2021. • A successful test of change delivered a temporary 'hub' to cover a period of high annual leave within the practices. • The CTAC team lead is working to deliver the doppler clinic.
Impact of the new MoU
• The new MoU highlighted that this is a priority for delivery, so CTAC services should be higher priority within the infrastructure group priorities. • Closer working is required with the vaccination transformation programme and with secondary care phlebotomy hubs
Next steps for implementation
Next steps: Work is ongoing to develop the supporting 'hub' element of the CTAC service model. Key priorities will be identifying suitable premises within the ACHSCP and designing the supporting IT solutions for appointments and information sharing. • CTAC services will need prioritised in premises allocations to facilitate delivery by April 2022. • Additional funding will be required to adopt IT solution, ideally working on a pan-Grampian basis Previous recruitment into the CTAC service has attracted a high volume of applicants at HCSW level , so recruitment is not anticipated to be a challenge for implementation. Discussion required on whether finance could / should be diverted from other areas of the PCIP to provide additional resource for CTAC service delivery. Additional resource for CTAC has been identified in work on the PCIP Underspend Proposals. In line with the MoU, this should be prioritised ahead of spend on other non-priority elements of PCIP. Possible barriers to implementation: • **IT systems solution** – proposal to explore dedicated IT project support resource • **Identification of suitable premises** – proposal to prioritise the CTAC service within the primary care premises group (alongside VTP / Pharm as per priorities)

Other

MOU Summary (Overall)

- Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, but the expectation for 2021-

22 is that their further development, where required, may progress at a slower pace to allow the commitments around VTP, CTAC and pharmacotherapy to be accelerated.

Urgent Care

MOU Summary (Urgent Care)

- The Scottish Government will bring forward secondary legislation so that Boards are responsible for providing an Urgent Care service from 2023-24.

Programme Overview

Current Position
23 GP Practices across Aberdeen now have access to the Urgent Care City Visiting Service which provides home visits to those patients with an urgent, unscheduled need. Workforce: • This service is provided by 4.5 wte Advanced Clinical Practitioners (ACP). • There are 5.5wte ACP vacancies. • The team have access to 2 fully equipped GMED Out of Hours service cars only. • 1.0wte Band 7 ACP post has been redesigned to provide 2.0wte Band 3 healthcare support worker roles. These HCSWs undertake urgent bloods, observations and monitoring which supports GPs with diagnosis following telephone / video consultations. The HCSW function is currently provided to those GP practices not yet accessing the ACP City Visiting service. The original evaluation of the pilot service highlighted the benefit of the Advanced Nurse Practitioner (ANP) attending with access to drug box should immediate drug therapy be required, venepuncture and other clinical equipment. The current team only have access to 2 drug boxes (from the GMED cars), the rest of the team providing only diagnosis and prescriptions.
Impact of the new MoU
The new MoU states that it will be the responsibility of NHS Boards to provide an Urgent Care service therefore further planning and development of the City Visiting service needs to be linked with local ongoing work in relation to the Redesign of Urgent Care services
Next steps for implementation
Next steps: Recruitment process currently ongoing to recruit 4.5wte ACPs and 1.0wte ACP position will a rotational post for an Advanced Paramedic Practitioner from the Scottish Ambulance Service Possible barriers to implementation: • Lack of available suitably qualified Advanced Clinical Practitioner workforce. *Mitigation*: Recruit to trainee posts under Annexe 21 conditions • Lack of clinical equipment and drugs as well as lack of storage facilities for storage of medicines. *Mitigation:* Allocate use of drug boxes/GMED cars on basis of triage of referrals. Lack of permanent staff base – the team are currently located in a temporary base at Woodend Hospital in a room in a closed ward, with no telephone/computer ports or appropriate facilities (e.g. storage, printer, blood label machines) *Mitigation*: Remaining close by to the Hospital at Home (H@H) team means they can share some facilities. Future planning needs to consider co-location with appropriate clinical services (e.g. H@H, GMED/OOH services)

Community Link Workers

MOU Summary (Community Link Workers)

- Consideration will need to be given by April 2022 as to how the Link Worker workforce interfaces with the Scottish Government's commitment to delivering 1,000 Mental Health Link Workers by the end of this Parliament

Programme Overview

Current Position
Aberdeen City has fully established Link Worker programme, delivered by SAMH, which has been successfully running for a number of years. A business case will be presented to the IJB. This is for direct award for 15 months b which will allow time to understand the impact of the commitment Scottish Government is keen to support a national CLW network, which will help to further develop the CLW programme of work. Initial scoping of a group has been undertaken on behalf of SG. This group could also help to shape the Scottish Government's commitment in relation to 1000 mental health link workers and what the CLW role means for this new commitment.
Impact of the new MoU
This is still being explored and it isn't clear yet whether these link workers will be building on the current programme or be additional workers
Next steps for implementation
Next steps: Explore the links between the local programmes that could impact on the Mental Health Link Workers and how they can be aligned to maximise impact. *Recruitment & workforce – mitigations for inability to recruit*

Additional Professional Roles

MOU Summary (Additional Professional Roles)

Programme Overview

Current Position
Aberdeen City has now employed the following First Contact Practitioners (FCP): • 2 x Band 8A's (2.0 WTE) • 7 x Band 7's (5.2 WTE), one of which is off on maternity leave and another 0.5 WTE awaiting a confirmed start date. We currently cover the following surgeries: • Torry - 4 sessions • Cove and Kincorth – 7 sessions • Elmbank – 5 sessions (2 not covered due to M/L) • Gilbert Road – 5 sessions

- Danestone – 3 sessions
- Carden – 4 sessions
- Rubislaw – 4 sessions
- Calsayseat - 4 sessions
- Oldmachar – 5 sessions

We are about to start 2 new staff into patient facing FCP roles in the next 2-3 weeks, to enable Oldmachar to increase to 9 sessions and also look at starting in Hamilton medical practice once further discussions take place.

Currently awaiting a further round of interviews/applications in near future.

Currently have 1 FCP successfully completed Non-Medical Prescriber course and another Band 8 FCP hoping to start in September- reduce further workload to rest of MDT for prescription requests/describing etc.

Impact of the new MoU

Unsure how it will impact FCP, current funding was agreed with increase in year 4 for further staff employment. Current roll out plan is discussed regularly with representatives from practice management and GP colleagues.

Next steps for implementation

Next steps:
Identify further appropriate staff from interview process.
Identify surgeries for staff to work in.

Further roll out is based on needs within localities and are done in a way to ensure equity across the city as best as possible

Possible barriers to implementation:
Recruitment can be troublesome as staff needed for FCP level are of Band 7 level.
Available workforce/successful recruitment. Funding available to support courses. Space in GP practices for implementing FCP services- Carden has previously offered use of the triage room as a potential FCP Hub area if needed although being part of the MDT on site for at least some of the sessions would be ideal.

Recruitment & workforce – mitigations for inability to recruit

Programme-wide limitations / barriers

- **Recruitment & Workforce** – there is a common theme of difficulty to recruit into certain roles such as pharmacy technicians / physiotherapy etc. Mitigations include developing alternative skills mixes; recruitment campaigns etc. However recruitment does drive the speed of delivery in some cases.

- **Infrastructure & Estates Capacity** – there is a limited estate for the new workforce, and competing priorities (including with acute phlebotomy hubs and other clinics). Many

practices do not have space to support hosting the additional services in practice. Mitigations include: remote working

- **IT solutions –** world-wide shortage of semi-conductors is impacting delivery of IT kit for proposals within the PCIP programme, for example for setting up a pharmacy hub or support remote working.

Governance Updates

Ensuring links to GMS Oversight group to keep linked in nationally