



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	02 November 2021
<b>Report Title</b>	General Practice Update (including Primary Care Improvement Plan)
<b>Report Number</b>	HSCP.21.113
<b>Lead Officer</b>	Sandra Macleod, Chief Officer
<b>Report Author Details</b>	Emma King, Lead for Primary Care Sarah Gibbon, Programme Manager
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	A) Joint Letter – BMASG to General Practice

### 1. Purpose of the Report

- 1.1. This report is presented to the Integration Joint Board (IJB) to provide an update on general practice in Aberdeen City, including an update on the Primary Care Improvement Plan (PCIP).

### 2. Recommendations

- 2.1. It is recommended that the IJB:

a) Note the content of the report.

### 3. Summary of Key Information

- 3.1. Primary care has faced increased pressures during the Covid-19 pandemic, with changes in working and increasing demand resulting in a continuing narrative on a national scale that primary care is not meeting the needs of our population – there remains a perception for some that general practice is closed.
- 3.2. Since March 2020, there have been changes in how general practice has been working which may have led to this perception including:



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- 3.2.1. Reducing footfall to the practice and allowing entry on clinical grounds;
  - 3.2.2. Compliance with social distancing, use of PPE and full risk-assessments;
  - 3.2.3. Increased use of triage; and
  - 3.2.4. Increased use of remote consultations such as phone and Near Me.
- 3.3. General Practitioners (GPs) practices remain open and accessible to patients.

### **Appendix A - Joint Letter – BMASG to General Practice**

- 3.4. Appendix A contains a joint letter from the Cabinet Secretary for Health & Social Care and the British Medical Association sent on 5 October 2021. It highlights the considerable challenges and pressures that general practice has been under throughout the pandemic and commends and thanks the teams for their continued efforts adapting as requested to telephone triage and a reduction in face-to-face appointments.
- 3.5. The letter strongly states that “*any suggestion that GPs have not been seeing people face-to-face because they do not want to is false and dangerous*” and condemns increasing abuse directed towards practice staff.
- 3.6. Going forward, it emphasises how there is an aspiration for a return to greater availability of face-to-face appointments, balanced with remote alternatives, that allows for the type of appointment to be agreed through shared decision making.

### **Primary Care Improvement Plan (City) Update**

- 3.7. The PCIP sets out how the Aberdeen City Health and Social Care Partnership (ACHSCP) intends to transform general practice services, utilising the Primary Care Improvement Fund (PCIF) to release capacity of GPs to allow them to undertake their role as Expert Medical Generalists (EMG) as set out in the new General Medical Services (GMS) Contract. The initial PCIP was approved by IJB in August 2018.



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- 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 learning and experiences to inform the next iteration of the contract. The new MoU highlighted those prioritised services for delivery in 2021/2022 include the vaccination transformation programme; pharmacotherapy and community treatment & care services.
- 3.9.** 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 Health and Social Care Partnerships (HSCPs) in Autumn/Winter 2021. Colleagues from ACHSCP are represented as appropriate at these meetings.



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### 3.10. Primary Care Improvement Plan Update September 2021:

a) Vaccination Transformation Programme	
Summary	<ul style="list-style-type: none"> <li>• Pre-school vaccinations, the school-based vaccination programme and the influenza programme have all been transferred successfully from GP practice delivery.</li> <li>• The travel vaccination and At-Risk age group services are on track to be transferred in line with MoU2 requirements.</li> <li>• A refreshed Immunisation Blueprint was approved by the IJB on 24 August 2021.</li> <li>• 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.</li> </ul>
MoU Impact	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 are in-line with this.
Next Steps	In NHS Grampian, travel health services have been approved for transfer to community pharmacies from 1 <sup>st</sup> October 2021.
b) Pharmacotherapy Services	
Summary	<ul style="list-style-type: none"> <li>• 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, with the following outstanding: 5.5 WTE Band 5 technicians; 1 WTE Band 7 pharmacist; 2.4 WTE Band 8a pharmacist</li> <li>• The project lead is 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.</li> </ul>
MoU Impact	<ul style="list-style-type: none"> <li>• New MOU recognises that a balance between Level 1, 2, and 3 services is important for delivery of a sustainable service and for recruitment &amp; 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.</li> <li>• Highlights the need for national workforce plans that reflect the staffing requirements to deliver the pharmacotherapy service.</li> <li>• 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.</li> </ul>



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Next Steps	<ul style="list-style-type: none"> <li>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)</li> <li>Discussion required on whether finance could / should be diverted from other areas of the PCIP to provide additional resource for pharmacotherapy.</li> </ul>
<b>c) Community Treatment &amp; Care Services (CTAC)</b>	
Summary	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>A Doppler ABPI<sup>1</sup> clinic is in development with the podiatry service.</li> <li>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.</li> <li>A potential IT solution has been identified and is being scoped.</li> <li>Initial conversations with secondary care colleagues are taking place to identify how CTAC services can be aligned with the secondary care phlebotomy work.</li> </ul>
MoU Impact	<ul style="list-style-type: none"> <li>The new MoU highlighted that this is a priority for delivery, so CTAC services should be higher priority within the infrastructure group priorities.</li> <li>Closer working is required with the vaccination transformation programme and with secondary care phlebotomy hubs</li> </ul>
Next Steps	Deliver the 'hub' element of the CTAC model by April 2022
<b>d) Urgent Care</b>	
Summary	<p>All GP practices within Aberdeen City now have access to the City Visits service which provides home visits to those patients with an urgent, unscheduled need. There is an ongoing recruitment drive for both Health Care Support Workers and Advanced Clinical Practitioners. This service is provided by 4.5 whole time equivalents (wte) Advanced Clinical Practitioners (ACP).</p> <ul style="list-style-type: none"> <li>There are 5.5 wte ACP vacancies.</li> <li>The team have access to 2 fully equipped GMED Out of Hours service cars only.</li> <li>1.0 wte Band 7 ACP post has been redesigned to provide 2.0 wte 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.</li> </ul>



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	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.
MoU Impact	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	Recruitment process currently ongoing to recruit 4.5wte ACPs and 1.0wte ACP position with a rotational post for an Advanced Paramedic Practitioner from the Scottish Ambulance Service
<b>e) Community Link Practitioners (CLW)</b>	
Summary	<p>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.</p> <p>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.</p>
MoU Impact	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	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.
<b>f) Additional Professional Roles: Chaplaincy Listening Service (CCL)</b>	
Summary	The service has successfully delivered the CCL Training in May and June 2021 with 4 Volunteers and 2 Chaplains attending. Recruitment to the co-ordinator vacancy is being progressed.



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MoU Impact	Minimal impact.
Next Steps	For the CCL Lead to meet with the Volunteers and discuss future placements. GP Practices awaiting new Volunteers: Calsayseat Medical Practice; Carden Medical Practice ; Old Aberdeen Medical Practice; Garthdee
<b>g) Additional Professional Roles: Psychological Therapists <sup>1</sup></b>	
Summary	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.
MoU Impact	N/A – partially funded by Action 15.
Next Steps	Continuous improvement and service delivery.
<b>h) Additional Professional Roles: Musculoskeletal First Contact Physiotherapists</b>	
Summary	<p>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 further service development. A rolling programme of recruitment will allow the service to expand to further practices as additional staff join the team. Aberdeen City has now employed the following First Contact Practitioners (FCP):</p> <ul style="list-style-type: none"> <li>• 2 x Band 8A's (2.0 WTE)</li> <li>• 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.</li> </ul>
MoU Impact	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	Continued recruitment and roll out

<sup>1</sup> 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.)



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3.11. The following table shows, at a high-level, the progress towards implementation of the PCIP. This performance matrix is based on the Scottish Government tracker updates.

	Number of Practices	%
Vaccination Transformation Programme		
<i>% practices covered by pre-school service</i>	28	100
<i>% practices covered by school age service</i>	28	100
<i>% of practices covered by out of schedule service</i>	28	100
<i>% of practices covered by adult service</i>	0	0
<i>% of practices covered by adult flu service</i>	28	100
<i>% of practices covered by travel service</i>	0	0
Community Treatment & Care Services		
<i>% of practices with access to phlebotomy service</i>	28	100
<i>% of practice with access to minor injuries &amp; dressings service</i>	varying*	NA
<i>% of practices with access to ear irrigation service</i>	0	0
<i>% of practices with access to suture removal service</i>	varying*	NA
<i>% of practices with access to chronic disease monitoring service</i>	28	100
<i>% of practices with access to other services*</i>	28	100
<i>Note: Practices have partial access to CTAC services. Implementation of hubs will provide additional capacity. *Doppler clinic</i>		
Pharmacotherapy		
<i>% of practices with level 1 service in place</i>	27	96
<i>% of practices with level 2 service in place</i>	27	96
<i>% of practices with level 3 service in place</i>	27	96
<i>Note: Partially delivering elements of each level in 27/28 practices (no current allocated time to Mary well due to very small patient population)</i>		
Urgent Care		
<i>% of practices with urgent care services</i>	23	82
Additional Professional Roles		
<i>% of practices accessing mental health workers / support</i>	27	96
<i>% of practices accessing advanced practitioner physiotherapists</i>	10	36
<i>Note: Marywell declined access to Primary Care Psychological Therapies Service</i>		
Link Practitioners		
<i>% of practices accessing community link workers</i>	28	100





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### 4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequality:** 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](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 transitional arrangements paid to practices in light of the new MoU will also need to be funding from the PCIF underspend.

Budget allocation	2020/21	2021/22	2022/23
<b>Total Available Funding</b>	<b>5,055</b>	<b>6,234</b>	<b>8,055</b>
<b>Commitments</b>			
Vaccinations	496	905	1100
Pharmacotherapy	723	1078	1,707
CTAC	68	500	1,577
Link Workers	787	790	850
Additional Professional Roles			
MSK FCP Physio	202	533	876
Visiting Service	242	547	763
<b>Total Recurring Commitment</b>	<b>2,518</b>	<b>4,353</b>	<b>6,873</b>
<b>Total surplus/(deficit)*</b>	<b>2,537</b>	<b>1,881</b>	<b>1,182</b>

*\*funding received AND carried forward to next year*



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- 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 group.
- 4.4. Legal:** The PCIP seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. The GP Contract is help with NHS Grampian and therefore implementation is a contractual requirement. 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. Covid-19:** The Covid-19 response prompted necessary changes in primary care, with practices adopting remote consultation and a triage-based model. Delivery of the immunisation element of PCIP will need to be aligned with longer-term delivery of Covid19 immunisations and boosters (though funded separately).
- 4.6. Unpaid 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.
- 4.7. Other:** NA

### 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".



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### 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)