



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	23 rd June 2022
Report Title	Primary Care Improvement Plan (Update)
Report Number	HSCP22.044
Lead Officer	Alex Stephen, Chief Finance Officer / Depute Chief Officer
Report Author Details	Sarah Gibbon, Programme Manager
Consultation Checklist Completed	Yes
Appendices	Appendix A - Scottish Government PCIP 5 Tracker Report

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. The report presents a copy of the latest Scottish Government Tracker submission, submitted in May 2021 which provides a good overview of the work to date implementing the PCIP. The format of the report is set by Scottish Government however a summary is provided in the body of the covering report.

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) Note that a workshop is planned for a Primary Care Improvement Plan session for wider IJB members.
 - c) Requests that a further PCIP performance update is presented to the committee in Spring 2023 (unless required by exception).



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3. Summary of Key Information

3.1. Background

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, with a revised version approved in 2019. Whilst work delivering the PCIP was progressed over the following years, the PCIP plan has not been refreshed due to the pressures of the COVID-19 pandemic.

A new memorandum of understanding (MOU 2021-2023) for the GMS contract implementation for Primary Care Improvement was published, taking into account the learning and experience to inform next iteration. [The MoU2 is accessible via. this link.](#)

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

- a) Vaccination Transformation Programme
- b) Community Treatment & Care (CTAC) Services
- c) Pharmacotherapy Service

The GMS contract also saw Scottish Government undertake a reform for the funding of General Practice in Scotland. Phase 1 introduced a new funding formula accompanied by an additional £23m million investment in GMS to improve services for patients.

Phase 2 of the contract seeks to implement a GP income scale comparable to consultants and to directly reimburse agreed expenses; factoring in the 800 additional GPs required to help establish a baseline number of GPs. Discussions of Phase 2 have recommenced between the BMA and Scottish Governments and PCIPs leads have been invited to consultation events in early June.

3.2. PCIP Implementation Update

The report at appendix A is the PCIP 5 Tracker report which was submitted to Scottish Government in early May, following consultation with the Local Medical Committee (LMC) / GP sub-Committees.



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3.2.1. Vaccination Transformation Programme

The Vaccination Transformation Programme saw responsibility for delivering the following vaccination services transfer from General Practices:

- Pre school
- School age
- Out of schedule
- Adult routine immunisations
- Adult flu
- Pregnancy and travel

All services have been successfully transferred from practices, with the remaining services (adult routine immunisations and travel) transferring from practice in Jan-Mar 2022.

The PCIP vaccination programme works closely with the COVID-19 vaccination programme, though it is important to recognise the different funding streams for these areas.

3.2.2. Pharmacotherapy

The pharmacotherapy service is now providing partial access to all of the services required by the GP contract. All practices have access to pharmacists and pharmacy technicians who work within the practice. This will be supported by a hub to provide remote cover for unplanned absences (once IG issues have been resolved).

The funding model agreed in ACHSCP is 1 WTE pharmacy team member per 10,000 patients (+25% additional to cover for leave etc). The service has recruited to approximately 93% of the pharmacist workforce and 49% of the pharmacist technician workforce required to deliver the agreed model. The model required to deliver the full pharmacotherapy services outlined in the contract is likely to be closer to 2WTE per 5,000 patients. Currently this is unachievable both in terms of financial resource and availability of workforce.

There have been difficulties nationally recruiting to the pharmacy technician roles, though there is recent positive progress with the provision of funding from Scottish Government, for the recruitment of pre-registration trainee technicians. ACHSCP was allocated 2 posts



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in cohort one, who are in post at the time of writing. Posts are for a fixed term of 2 years, which is the duration of the training program.

Nationally there have also been difficulties relating to the clarity on the levels of services, in particular what the definition of some of the core elements of the pharmacotherapy service actually mean. These are being interpreted differently across different health board areas. This has been raised nationally through the PCIP tracker reporting.

3.2.3. *Community Treatment & Care (CTAC) Services*

CTAC services include, but are not limited to, phlebotomy, management of minor injuries and dressings; ear syringing; suture removal; chronic disease monitoring; diabetic foot screening and other locally agreed services. Aberdeen's CTAC service has agreement from LMC to also undertake catheter care; PICC lines; warfarin monitoring and spirometry.

The CTAC service will be delivered through both centralised hubs and through practice-based staff:

- **Practice-based model:** The Community Treatment and Care service has successfully TUPE transferred approximately 24 WTE staff members from general practice to NHS Grampian employment in April and May 2021, providing some access to a CTAC service directly in the practices. Approximately 2/3 of the service will be provided this way. These staff will continue to be based in the practices, following the results of practice and patient engagement activities in 2020.
- **Hub-model:** The CTAC service is also recruiting to an additional capacity of six health care support workers and nine registered nurses¹ to support delivery in centralised hubs for CTAC services. Once these are operational, the CTAC service will be fully delivering based on the assumptions of the 'Week of Care' audit undertaken in 2019 to estimate the demand for these services across the city. The hubs will provide patients with a greater choice of times and locations for their appointments, as well as the opportunity to centralise certain specialist procedures such as ear irrigation. The hubs will be based in each locality, and the roll out will commence in Summer 2022 with the North

¹ Six Band 5 nurses and three Band 6 nurses



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locality, followed shortly by Central and South. The main challenge to overcome for the implementation of the hubs is to find a suitable IT solution to allow proportionate and appropriate access to GP IT systems for patient information. Colleagues from NHS Grampian are working on this on a pan-Grampian basis.

3.2.4. Urgent Care

Through PCIP, Aberdeen provides a 'City Visits' service for general practice. All GP practices now have access to the service, which provides clinical assessment, diagnosis, and initial management in patients' own homes by a team of qualified and trainee Advanced Clinical Practitioners. Healthcare Support Workers provide support to GPs and the City Visits Practitioners with phlebotomy, clinical observations, ECG monitoring and bladder scanning that will contribute to diagnosis for on-the-day urgent consultations. There is an ongoing recruitment drive as vacancies arise for both Health Care Support Workers and Advanced Clinical Practitioners.

3.2.5. Community Link Workers

The Aberdeen City Community Link Workers service has been in place since 2018 and is delivered by the Scottish Association for Mental Health (SAMH) on behalf of ACHSCP.

GPs and Primary Care staff can refer patients when they assess a social issue is having a bearing on a patient's medical condition. The most common referrals are for the following categories: Money and Finance; Benefits; Housing and Homelessness; Mental Health; and Managing Conditions.

There have been 1747 referrals in 2021-22 which is an increase of 16.2% from previous year.

The initial contract was awarded in 2017 and was extended by direct award for 1 year and 3 months by the IJB on 24 August 2021. Work has commenced to retender the contract, undertaking a collaborative commissioning approach. A summary of key steps in the project are included below:



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Project Timeline



March-April 2022: Stakeholder Engagement

May– June 2022: Collaborative Commissioning

30 August 2022: Report to IJB for tender approval

1-30 September 2022: Invitation to Tender

11-13 October 2022 Clarification Presentations and Evaluation

14-24 October 2022: Standstill period

25 October: 2022 Contract Award

1 November 2022 31 March 2023: Transition period

1 April 2023: New Contract begins

3.2.6. *Additional Professional Roles – Physiotherapy / MSK*

The Musculoskeletal First Contact Physiotherapy service provides experienced physiotherapists who have the advanced skills necessary to assess, diagnose and recommend appropriate treatment or referral for MSK problems on a patient's first contact with the healthcare service. The team are undertaking training to allow the physiotherapists to attain their advanced clinical qualification.

The service is currently being delivered in 10 of 27 practices in Aberdeen City.

Recruitment to the services is ongoing on a rolling basis, though there have been some difficulties recruiting suitable candidates, despite national advertising. As a result, the MSK FCP Delivery Group has been asked by the PCIP Group to consider how the future capacity can be more equally distributed across practices whilst recruitment is ongoing. The service will allocate their future workforce from ongoing recruitment to provide closer to 50% of a



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practice's allocation to allow more practices to benefit from the service. There will be no change to existing levels with practices.

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

This is applicable to the PCIP Programme.

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 is expected that additional, recurring funding will be announced shortly.

<u>PCIP ALLOCATION 21/22</u>			
<u>Fund available</u>			
c/forward reserve	19/20		72764
c/forward reserve	20/21		2468070
Total b/forward to 21/22			2540834
21/22 Tranche 1	recd June 21		2656364
Recurring pharmacy allocation			298317
21/22 Tranche 2	recd Jan 22		2954681
Total PCIP allocation held by IJB			8450196
<u>Actual spend</u>			
Actual expenditure as at end March 21			4615942
Aberdeenshire contribution			-424931
			4191011
Reserve to be carried forward to 22.23			4259185



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- 4.3. **Workforce:** There is ongoing recruitment to acquire the appropriate workforce to support implementation of the PCIP. Recruitment remains a challenge, particularly for Pharmacy Technicians and First Contact Physiotherapists.
- 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. **Other:** NA

5. Links to ACHSCP Strategic Plan

- 5.1. The PCIP is identified as a key delivery plan within both the current and revised 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)

- 6.2. **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.



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- 6.3. **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)