

Funding and Workforce profile

Health Board Area: NHS Grampian  
Health & Social Care Partnership: Aberdeen City

Table 1: Spending profile 2018 - 2022 (£s)

Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	61755	966	137521	484238	0	0	55833	-2213	227671	13679	492517	1591
2019-20 actual spend	271317	17754	316887	157744	0	0	111214	346	264676	-16811	690908	3175
2020-21 actual spend	416592	78988	608701	115103	35950	32421	237073	4503	253835	-160257	777349	9525
2021-22 actual spend	973777	19328	939933	102680	765966	80056	514662	48860	401723	-415462	759638	0
Total actual spend to March 2022	1723441	117036	2003042	859764	801916	112477	918782	51496	1147906	-578851	2720412	14291
2022-23 planned spend i.e. projected annual recurring cost	1200000	20000	1587000	120000	1577000	100000	735000	28000	505000	-425000	800000	

Table 2: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 6: Community link
TOTAL headcount staff in post as at 31 March 2018	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	19
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	3
INCREASE in staff headcount (1 April 2020 - 31 March 2021)	1
INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	0
TOTAL headcount staff in post by 31 March 2022	23

Service is at full roll-out - recruitment will be ongoing as vacancies occur. 1 WTE funded by ADP for custody suite link practitioner and may not be continued

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 3: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers (PPTs)	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	3.9	0.0	0.0	0.00	0.0	0.0	0.0	0.0	0.0	0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	2.0	0.0	2.0	0.00	0.0	0.0	0.5	0.0	0.0	1	1.0	19.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	6.4	2.0	3.7	0.00	1.1	2.0	0.0	1.0	0.0	3	0.0	3.0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	-0.7	0.0	5.3	0.0	3.9	0.5	1.0	1.0	0.0	2	0.0	1.0
INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	4.8	4.8	13.3	29.8	1.4	3.0	2.0	0.0	0.0	3.0	0.0	0.0
TOTAL staff WTE in post by 31 March 2022	16.4	6.8	24.3	29.8	6.4	6.0	3.0	2.0	0.0	5.8	1.0	23.0
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	4.0	4.0	3.7	1.7	9.1	1.0	0.0	0.0	0.0	9.2	0.0	0.0
TOTAL future recurring staff WTE [c]	20.4	10.8	28.0	31.5	15.5	7.0	3.0	2.0	0.0	15.0	1.0	23.0

[a] please specify workforce types in the comment field

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

[c] automatically calculated as staff as at 31 March 2022 plus additional staff to be recruited by March 2023

Pharmacotherapy planned increase for 22-23: 3WTE pharmacist posts include 1WTE x Band 6 Foundation post funded using PCIP underspend. 2WTE x B7 posts increase capacity in the team while unable to fully recruit to technician posts.  
Pharmacy technician posts include 2WTE x Band (Annex 21) Trainee Pharmacy technician posts funded by SG (2 year fixed term posts), plus re-advertising for trained technician staff (still have c.5WTE unfilled tech posts for our proposed model). Our full model is more than that displayed in Line 40, but this is best estimate of what is likely to be recruited given workforce constraints  
Please note that the majority of costs under the 'Other costs' heading do relate to provision of staffing under SLA with a small number of practices (which predate PCIP)  
The Primary Care Psychological Therapists service has 9.4 WTE funded through the Action 15 funding.