



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	29 <sup>th</sup> November, 2022
<b>Report Title</b>	PCIP (Primary Care Improvement Plan)
<b>Report Number</b>	HSCP22.099
<b>Lead Officer</b>	Sandra Macleod, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	A. PCIP Implementation tracker

### 1. Purpose of the Report

- 1.1. This report is presented to the Integration Joint Board (IJB) to provide an update on the Primary Care Improvement Plan (PCIP).

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

Note the content of the report as an update on current progress against the PCIP.

### 3. Summary of Key Information

- 3.1. A revised Memorandum of Understanding (MOU 2021-2023) is an agreement between the Scottish Government and the Scottish General Practitioners Committee of the British Medical Association (SGPC). This agreement is for the General Medical Services (GMS) contract implementation for Primary Care Improvement was published in July 2021, taking into account the



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learning and experience to inform the next iteration of the contract. The new version of the MoU highlighted those prioritised services for delivery in 2021/2022 and are identified as the Vaccination Transformation programme (VTP), Pharmacotherapy and Community Treatment & Care (CTAC) services.

However, the funding letter received from the Scottish Government in August 2022 realigned the services with a particular focus to be on Pharmacotherapy, CTAC and Urgent Care with continued input to VTP, Musculoskeletal (MSK) Physiotherapy and Community Link Practitioners.

- 3.2. 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 General Practitioners (GPs) to allow them to undertake their role as Expert Medical Generalists as set out in the new General Medical Services (GMS) Contract.
- 3.3. The last update was provided to the IJB at the meeting, November 2021 as part of an annual report.

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

- 3.4. As it has been four years since the last PCIP Plan, the project team are currently working on an updated and refreshed plan for financial year 2023-2024. The Plan will be approved by the LMC/GP Sub (Local Medical Committee/General Practitioner Sub-Committee) of the NHS Grampian Board in line with the process for approval. The LMC/GP Sub will evaluate any plan against the requirements as stated in the MoU. The Plan is not approved by the IJB but is presented to the IJB for information and update. All workstreams, in line with the updated financial situation are reviewing priorities, plans and budgets for future staffing and services going forward. This plan is to be available in January 2023 and will be presented to the LMC/GP Sub at the soonest opportunity.



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### Scottish Government Funding

- 3.5.** In August 2022, a letter was received from the Scottish Government stating it was reviewing all budget plans nationally. The letter confirmed the budget for this financial year and stated that any underspend would require to be used initially for any expenditure. It has confirmed that there is £170 million available across Scotland as a minimum budget position going forward, but this takes into account existing reserves. And that any existing reserves must be used before further funding is released.
- 3.6.** The current 2021/22 annual budget is £6.480 million for Aberdeen City which includes the £4.2 million underspend. 1<sup>st</sup> tranche allocations (70% total) have been confirmed and 2<sup>nd</sup> tranche allocations (30% total) should be confirmed in November subject to detailed forecasts. The budget is fully committed, and any further slippage is being tightly managed and avoided wherever possible. We will have revised forecasts submitted to Scottish Government (SG) in November although board areas await confirmation of a new reporting tracker.

### Engagement Sessions

- 3.7.** In order to understand priorities, the PCIP delivery team have engaged with stakeholders over the last couple of months to understand challenges and opportunities for the PCIP as well as proactively managing the financial risks. Attendance at Practice Citywide events, two open digital workshops and a survey has been set up to gather people's views. This will be incorporated into the plan.
- 3.8.** Feedback from the two Engagement sessions held in September was generally very positive. There is a very clear message from practices that when at full capacity the PCIP services are a huge asset in terms of freeing up GP time and ensuring patients are accessing and benefitting from care from the right person.



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However, where there is not enough PCIP services it is very difficult for practices to achieve permanent changes to their models as the default is that work has to fall back on the practices themselves.

GP practices particularly mentioned;

- Pharmacotherapy service - overall practices are very happy with the service. The general feeling was that the cover provided was complete in terms of quality and delivery with no work being left for the substantive practice staff.
- The Urgent Care/City Visits had positive feedback in terms of the concept of the service and what it delivers is excellent, clinically sound and with great communication.
- CTAC were praised for their work thus far, with only a concern in terms of cover if staff based in the practices are on unplanned leave. This has been picked up by the CTAC team for review and any possible options. The question raised in terms of allocation will be addressed in the forthcoming service review.
- Although not in the group of focused services MSK Physiotherapy was praised for their service delivery and clinical judgement in terms of the referral pathway and clinical outcomes.

### Risks to delivery

**3.9.** The PCIP programme manager looks to mitigate any challenges or risks operationally with workstream leads on an ongoing basis. For the purposes of this update the main risks are financial and recruitment and explained to the IJB within this report.

### **3.10. Primary Care Improvement Plan – Workstream Update – October 2022**

Multidisciplinary Team services of priority are the 3 services below and confirmed in the MoU2 update letter. Appendix “A” gives a high level update of implementation by services.



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### Pharmacotherapy service

- 3.11.** The Pharmacotherapy service provides support to GP Practices and this includes medicines reconciliation. The service also supports the practices by proactively taking actions from hospital discharge letters, medication reviews and this includes acute and repeat requests.
- 3.12.** The service is mainly practice based and the majority of pharmacotherapy support will continue to be provided by pharmacists & technicians working within the practices, developing relationships with the practice teams. This is now being supported by a hub to provide remote cover for annual leave & unplanned absences.
- 3.13.** The service is delivered by Pharmacy Technicians and Pharmacists based on a ratio of 1.25 wte PCIP staff per 10,000 patients. However, the agreed service model is insufficient to deliver the full remit of the MoU and realistically would need to be a ratios of 2.5 wte PCIP staff per 5,000 patients.
- 3.14.** The service has a continual recruitment drive and all successful candidates have now joined the team.

### Community Care and Treatment Services (CTAC)

- 3.15.** The service provides basic cover for phlebotomy, suture removal, basic wound care, chronic disease monitoring and blood pressure.
- 3.16.** Additional services are a Doppler clinic, diabetic foot screening, spirometry, catheter care, Peripherally Inserted Central Catheter (PICC) lines and Warfarin monitoring. Ear irrigation has also been introduced with a high level of demand and the criteria for GP practices offering this service has been revisited with Practice staff being reminded that only patients meeting the criteria are suitable for a CTAC appointment.
- 3.17.** The service has been set up as a “Hub and Spoke” model of practice based and clinic-based services and is delivered by Band 3 HCSW’s and Band 5 and Band 6 nurses and is based on the ratio of 1.25 wte PCIP staff per 10,000 patients.



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- 3.18.** The North locality CTAC clinics are now available at the Bridge of Don Clinic, Inverurie Road Clinic, and the newest to open; Healthy Hoose, Middlefield Hub, which opened on the 3 October, 2022.
- 3.19.** The first Central locality CTAC Clinic opened in the College Street Hub in September, with our remaining Central CTAC Clinic opening at Carden House in November 2022.
- 3.20.** The practices dislike the workload that falls to them when CTAC staff are off sick. Whilst practices like having done CTAC in house this particular issue is making some practices consider a move to more central CTAC rather than in house. It causes difficulties when CTAC staff are off sick with almost no cover available.
- 3.21.** Implementation of the CTAC Clinics in the South locality are currently being planned for early 2023 as there is a lack of capacity to offer practices in the South cluster. Going forward to scope the potential for integration of the CTAC service with the hubs in Secondary Care.

### **Urgent Care (Advanced Practitioners)**

- 3.22.** Services are delivered within the patient's own home and the team have a base at Woodend Hospital. The service provides Assessment, diagnosis and initial management in patients' own home for on the day urgent consultations. This includes phlebotomy, clinical observations, ECG monitoring and bladder scanning. Delivered by a team of qualified and trainee Advanced Clinical Practitioners and HCSWs.
- 3.23.** The service has worked innovatively and in collaboration with the Scottish Ambulance Service and there is an ongoing recruitment drive as vacancies arise for both Health Care Support Workers and Advanced Clinical Practitioners.
- 3.24.** There is a very clear message from practices that when at full capacity the PCIP services are a huge asset in terms of freeing up GP time and ensuring patients are accessing and benefitting from care from the right person. However, there are no PCIP services who actually manage to achieve a robust



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enough service to allow practices to make permanent changes to their models as the default is currently that work falls back on the practices.

- 3.25.** A review of the service will be taken forward as a short-term plan and will look at service model and delivery. The outcomes of the review will be shared with all City Practices. Attempts to deliver this work has been delayed due to staff sickness absence and 2 vacant Band 7 Advanced Practitioner posts.

**Under the MOU2, the remaining Multi-disciplinary Team services listed below should maintain progress as in the workstream plans.**

### Community Link Practitioners

- 3.26.** Link Practitioners are aligned to practices and work with a blend of home-working and in practice.

The service is delivered by approximately 23 wte Link Practitioners and by SAMH as an external care provider. The contract with SAMH will come to an end in April 2023, and the retendering is currently going through the procurement, evaluation, and selection process.

Examples of referral criteria for Link Practitioners includes the following issues:

- Money/Finance
- Benefits
- Housing/Homelessness
- Mental Health
- Managing Conditions.

### Additional Professionals: Chaplaincy Listening Service (CLS)

- 3.27.** The service is delivered by a full-time Co-ordinator and 10 volunteers. The practice received positive anecdotal feedback from service users. However, following COVID19 restrictions being lifted referral rates have dropped. Although the service is still viable the Co-ordinator is working proactively to resurrect the pre-COVID19 rate of referrals. There is also an issue in terms of available space in practice premises as the service should be delivered face to face.



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### Vaccination Transformation Programme

**3.28.** In terms of service delivery, the Vaccination service has met the requirements as stated in the MoU2.

The Vaccination Programme includes schools age, out of schedule, adult routine i.e. adult flu, and pregnancy and travel vaccinations. The service does not include extended flu and COVID 19. The service is delivered by Band 3 Health Care Support Workers (HCSW) and Band 5 and 6 nurses. In September 2022, a Band 8a, Lead Nurse for Immunisations & CTAC joined the Delivery Team to work on Service Objectives and Clinical Assurances.

The service is mainly delivered out-with practices and delivered in the ACVC, locality-based clinics, mobile unit and “mop up” clinics.

### MSK (Musculoskeletal): First Contact Physiotherapists (FCP's)

**3.29.** The service provides a pathway for MSK patients and assess, diagnose and recommend appropriate treatment or referral for MSK problems. The FCPs aim to be the patient's first contact within the Primary Care health service. The service is delivered by Advanced Physiotherapists and the team are undertaking training for advanced clinical qualifications. The service is mainly practice based, though some services have been delivered remotely during the Covid-19 pandemic.

**3.30.** FCPs are only partially rolled out across city practices with current coverage providing only 46% of the service required. The service is on a continual recruitment drive which is critical to developing the service and have recently appointed to the Band 8a vacancy. The percentage of practice cover has increased by 6% and there is an anticipation of another 2 practices will be covered when the recently recruited Band 7 takes up post in January 2023. This should increase the coverage to 52%.

**3.31.** In addition, those practices who do have an FCP may only have half of their allocated wte. This means that although it is a great service due to lack of staff





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it is currently not robust enough to rely on. Practices are seeing long waiting lists for appointments to see the FCP due to the above reasons.

### 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](#). 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 ring-fenced funding available in respect to the implementation of the PCIP. Whilst the funding is currently non-recurring, HSCPs have been advised by Scottish Government to plan delivery as if the funding was recurrent. They have given a guaranteed minimum spend for future years and we are awaiting next year's allocations are to be confirmed. A high-level summary of the available funding allocated to deliver the PCIP is as set out in the table below. The underspend is now part of the funding for this financial year, 2022/23 and work to progress proposals to incorporate one-off or non-recurring projects to help PCIP delivery is being reviewed in line with costs.

It is forecast that if all vacant posts are recruited to within this financial year (2022/23), a deficit of £529k is predicted. However, the risk is deemed to be low and will be mitigated by monitoring the financials and the Workstream leads will prepare monthly reports. Any requests for recruitment will follow the process in place for recruiting staff and will be discussed with the Finance Manager to confirm funding. The inclusion of a pay award is an estimate until confirmation is received as is the figure against Increased Property Costs \*energy costs. The table below is reflective of the current position and the SG instruction to use reserve monies first and projection costs for 22/23 include underspend commitments.



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Budget allocation	2021/22	2022/23	2022/23 FYR
<b>Total Available Funding</b>	6,234	6,859	6,859
<b>Commitments</b>			
Vaccinations	905	1,257	1,370
Pharmacotherapy	1,078	1,396	1,610
CTAC	500	1,699	1,838
Link Workers	790	847	800
Additional Professional Roles			
MSK FCP Physio	533	550	930
Visiting Service	547	707	840
Pay award estimate		375	
Increased Property cost		*15	
Recurring Commitment	4,353	6,846	7,388
Total surplus/(deficit)	1,881	13	(529)

- 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 held 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).



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**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:** N/A

### 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 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.



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### Appendix A

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.

Implementation tracker	Number of Practices	%
Vaccination Transformation Programme		
<i>% of practices covered by pre-school service</i>	27	100
<i>% of practices covered by school age service</i>	27	100
<i>% of practices covered by out of schedule service</i>	27	100
<i>% of practices covered by adult service</i>	27	100
<i>% of practices covered by adult flu service</i>	27	100
<i>% of practices covered by travel service</i>	27	100
Community Treatment & Care Services		
<i>% of practices with access to phlebotomy service</i>	27	100
<i>% of practice with access to minor injuries &amp; dressings service</i>	27	100
<i>% of practices with access to ear irrigation service</i>	27	100
<i>% of practices with access to suture removal service</i>	27	100
<i>% of practices with access to chronic disease monitoring service</i>	27	100
<i>% of practices with access to other services*</i>	27	100
Note: Practices have partial access to CTAC services. Implementation of hubs will provide additional capacity. *Doppler clinic		
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
Note: Partially delivering elements of each level in 27/28 practices (no current allocated time to Mary well due to very small patient population)		
Urgent Care		
<i>% of practices with urgent care services</i>	27	100
Additional Professional Roles		
<i>% of practices accessing mental health workers/ support</i>	27	96
<i>% of practices accessing advanced practitioner physiotherapists</i>	12	44
Note: Marywell declined access to Primary Care Psychological Therapies Service		
Link Practitioners		
<i>% of practices accessing community link workers</i>	27	100