



INTEGRATION JOINT BOARD

Date of Meeting	22 August 2023
Report Title	Primary Care Improvement Plan- Governance arrangements
Report Number	HCSP.23.041
Lead Officer	Fraser Bell, Chief Operating Officer
Report Author Details	Name: Jess Anderson Job Title: Team Leader, Regulatory and Compliance, Legal Services, Aberdeen City Council Email Address: JeAnderson@aberdeencity.gov.uk Phone Number: 01224 053608
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself;

1. Purpose of the Report

1.1 This report sets out the governance and decision making around the Primary Care Improvement Plan (PCIP) for Aberdeen City Integrated Joint Board (IJB) and the IJB's role within that.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes the content of the report;
- b) Notes that the IJB receives an annual report on the progression of PCIP;



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- c) Notes that its Risk, Audit and Performance Committee (RAPC) receives a biannual report on the progression of PCIP and the Primary Care Improvement Fund (PCIF), and any other relevant funding streams; and
 - d) Notes the intention to work with partners to increase the resilience and sustainability of partners.
- 2.2 At its meeting on 29 November 2022, the IJB had before it an update on the Primary Care Improvement Plan (PCIP). The IJB was asked to note the progress with regard to the plan. Further to this, IJB members sought clarification on the governance arrangements with respect to PCIP, and in particular, the IJB's role and remit around accountability and decision making. The Legal Adviser to the IJB was asked to report back to a later meeting. This report sets out the governance around the PCIP, together with the decision-making arrangements with respect to the Plan and the Primary Care Improvement Fund. The IJB is being asked to note the content of the report.

3. Strategic Plan Context

- 3.1 This report supports the modernisation of services which the Aberdeen City Health and Social Care Partnership (ACHSCP) particularly around the delivery of the General Medical Services Contract (GMS 2018) and the Primary Care Improvement Plan (PCIP) as set out in the Strategic Plan 2022-2025.

4.1 Summary of Key Information

What is PCIP?

- 4.1.1 PCIP sets out the high-level intentions of how the IJB and ACHSCP intend to deliver and modernise the provision of primary medical and community health services in Aberdeen, with particular focus on the refocusing of the role of a General Practitioner in support of other collaborative arrangements. Aberdeen City IJB approved its PCIP 28 August 2018¹. The IJB receives annual updates on the PCIP and its progress, the last being reported to the IJB in November 2022.

¹ [Agenda for Integration Joint Board on Tuesday, 28th August, 2018, 10.00 am \(aberdeencity.gov.uk\)](https://www.aberdeencity.gov.uk/agenda-for-integration-joint-board-on-tuesday-28th-august-2018-10-00-am)



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4.1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare a Strategic Plan² for the carrying out of functions delegated to it. The integration functions are contained within the Aberdeen City Integration Scheme. The Scheme sets out at Annex 1, Part 1 and Part 2, that Primary Care Medical Services (the planning, design and commissioning of primary care functions (including general medical services)), are, with some specific exceptions, delegated to the IJB. As part of the IJB's wider responsibilities for planning, designing and commissioning primary care functions, the Scottish General Medical Services Contract 2018 (GMS) and MoU (referred to below) place a responsibility on IJBs to develop a primary care improvement plan on six key services in collaboration with local GPs and others, as advisers on primary medical care. The PCIP outlines how the IJB implements and delivers these priorities. It also demonstrates how funding will flow/ be used, to enable the redistribution of work from GPs to others and optimise the role and functionality of the Multi-Disciplinary Team (MDT).

Who is involved in PCIP?

4.1.3 Whilst the responsibility to approve, and thereafter deliver, the PCIP sits with the IJB/ACHSCP, there are a number of bodies/organisations involved in the development and delivery of it.

NATIONAL GOVERNMENT

4.1.4 The Scottish Government shape the strategic direction and development of commissioning guidance in respect of primary care in line with the aims and objectives set out in the National Clinical Strategy and the Health and Social Care Delivery Plan. The Scottish Government also provides financial resources in support of the Scottish General Medical Services (GMS) Contract and the primary care transformation programme in line with the spending review process and agree the metrics and milestones against which progress will be measured, with regular progress reporting.

²At section 27. [achscp-strategic-plan-2022-2025-final.pdf \(aberdeencityhsc.scot\)](https://www.aberdeencityhsc.scot/achscp-strategic-plan-2022-2025-final.pdf)



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REGIONAL BODIES

- 4.1.5 The Area Medical Committee (AMC)³, is a statutory advisory representative body for doctors and its functions are to support the work of the NHS Grampian Board (NHSG) and the IJB and provide professional medical advice to NHSG, and effective liaison between GP's and NHSG. Under section 9(8) of the 1978 Act, the AMC can set up sub-committees for the carrying out of specific functions. The GP Sub-committee is constituted under that provision with a specific remit to consider and act upon those matters delegated by the AMC relating to General Practice in the NHS Grampian area. It provides advice on the operation of general medical services and advises the AMC accordingly. The GP Sub-Committee's role in the PCIP is as advisors on general medical service matters, and as such, their involvement, agreement and contribution to the PCIP is critical.
- 4.1.6 The Local Medical Committee (Grampian) (LMC)⁴ is a locally elected representative body of GPs. It has no statutory footing, unlike LMC's in England, however, it is recognised by NHS Boards and the British Medical Association (BMA) as a group which represents the interests of its members in General Practice. The LMC represents the interests of all general medical practitioners within the Grampian area in matters affecting their remuneration and conditions of service to a number of bodies and NHSG. The LMC's role in respect of PCIP is set out in the *Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards – General Medical Services (GMS) Contract Implementation in the context of Primary Care Service Redesign*⁵ and relates to the delivery of the GMS contract against the priority areas of the MoU. In practice, the ACHSCP collaborate with the LMC in respect of the priority areas set out in the MoUs.

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³ under section 9 of the National Health Service (Scotland) Act 1978 as amended

⁴ Known as Grampian Local Medical Committee Limited.

⁵ [Delivering+GMS+contract+in+Scotland+-+Memorandum+of+understanding.pdf \(www.gov.scot\)](http://www.gov.scot/Resource/0044/0044.pdf)



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4.1.7 The Primary Care Delivery Group (PCDG) is an operational working group which sits within the ACHSCP. Its Executive Lead is the Medical Lead for the City IJB. The Group meets monthly and its membership consists of:

From Grampian

- representatives from the LMC

From the city IJB

- Medical Lead,
- Primary Care Lead,
- PCIP Programme Manager,
- Practice Management and the Workstream Leads for the six priorities under the MoU (Vaccinations, Pharmacotherapy, Community Treatment and Care Services (CTAC), Urgent Care, Additional Professional Roles and Community Links Service).

4.1.8 The Group's remit is to review and monitor progression of the PCIP, give workstream updates, evaluate risks and implement any mitigating actions, consider innovative ways of delivering services, monitor resources allocated under the Primary Care Improvement Fund (PCIF), collaborate with all key partners e.g. the GP sub-committee, and escalate any issues which may require further development or input. The Group is chaired by the PCIP Programme Manager who manages the programme and all its varying parts. The PCIP Programme Manager is a member of ACHSCP's Primary Care team.

4.1.9 The provision of general medical services is delivered by GP's, PCIP staff, (for example, pharmacists, nurses, healthcare support workers, and psychological therapists) and health and social care community based service providers. The IJB, under its power to direct NHS Grampian and Aberdeen City Council, directs NHSG to provide these services and, where appropriate, enter into arrangements to do so. The Scottish Government and Scottish General Practitioners Committee (SGPC) of the British Medical Association (BMA) negotiated changes to GP contracts in 2018 (GMS Contract 2018). Those changes were accepted by the profession and the Scottish Government then introduced the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018. The 2018 Regulations consolidated all previous amendments to the National Health Service (General Medical Services Contracts) Regulations 2004 and set out for Scotland, the framework for



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general medical services contracts under section 17J of the National Health Service (Scotland) Act 1978⁶. Thereafter, NHS boards entered into contracts with GP practices for the provision of services. The GMS contract therefore is a policy document. This sits alongside the MoUs and the contracts between NHSG and GP Practices in Aberdeen (which are negotiated under the National Health Service (General Services Contracts) (Scotland) Regulations 2018).

What does the PCIP focus on?

4.1.10 The GMS contract (2018)⁷, negotiated nationally by the Scottish Government, refocused the role of the GP and required some tasks previously undertaken by GPs to be carried out by members of the wider primary care multi – disciplinary team (MDT). The MDT are employed or commissioned by either NHSG or Aberdeen City Council under the direction of ACHSCP. In 2018, a statement of intent known as the MoU was produced. This sets out how the statutory role of IJB's under the 2014 Act as commissioners of primary care services and service re-design, NHS Boards as service providers, employers and parties to the GMS contract, and the role of GPs as an expert medical generalists would enable the move towards a new model for primary care services.

4.1.11 The MoU (as the principal document) sets out clearly there is an intention for key stakeholders to work collaboratively to contribute to the PCIP. The MoU is a statement of intent by the parties signed up to it, it is not legally binding. It sets out priorities for IJBs which are determined by the Scottish Government and agreed with IJBs and the SGPC. The MoU creates an expectation that the PCIP should be developed with the local GP subcommittee of the AMC, with the arrangements for delivering the new GMS contract being agreed with the LMC. The MoU provides that IJBs should establish local arrangements to provide advice and professional views on the development and delivery of the PCIP. These local arrangements within Aberdeen take the form of the PCDG referred to at paragraph 4.1.7 above.

4.1.12 The six priority areas set out in the MoU are; Vaccination Transformation Programme (VTP), Pharmacotherapy services, Community Treatment and Care Services (CTAC), Urgent Care (advanced practitioners), Additional

⁶ Under the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018

⁷ [The 2018 General Medical Services Contract In Scotland \(www.gov.scot\)](http://www.gov.scot)



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Professional Roles, and Community Links Service. In December 2020, a Joint Letter from the Scottish Government and SGPC was issued advising that the focus for 2021-2022 was the VTP, Pharmacotherapy and CTAC. A revised MoU was issued for the period 2021- 2023 to reflect the Joint Letter. Whilst the revised MoU expired on 31 March 2023, the Scottish Government have confirmed that the governance arrangements agreed in the MoU and the revised MoU will continue to apply. ACHSCP and NHSG are awaiting further information regarding the plans post 31 March 2023 although, the Scottish Government has advised that it is undertaking an exercise to collect and analyse data on the recurring annual budget and workforce requirement needed to support implementation of the MoU underpinning the GP contract. A further update will be provided once further information is provided by the Scottish Government.

Who is responsible for the PCIP?

4.1.13 As the IJB has been delegated, subject to some specific exceptions, the planning, design and commissioning of primary care functions (including general medical services through the Integration Scheme), it is therefore ultimately responsible for the PCIP and its delivery. The IJB, through the ACHSCP⁸, develops, collaborates and then consults on its PCIP⁹ with a number of stakeholders which includes (but is not limited to)¹⁰;

- Patients, their families and carers
- Local communities
- Scottish Ambulance Service and NHS 24
- Primary care professionals (through, for example, GP subcommittees of the AMC and also the LMC)
- Primary care providers
- Primary care staff who are not healthcare professionals
- Third sector bodies carrying out activities related to the provision of primary care.

The flowchart below highlights the collaboration process that PCIP undergoes before the PCIP is approved.

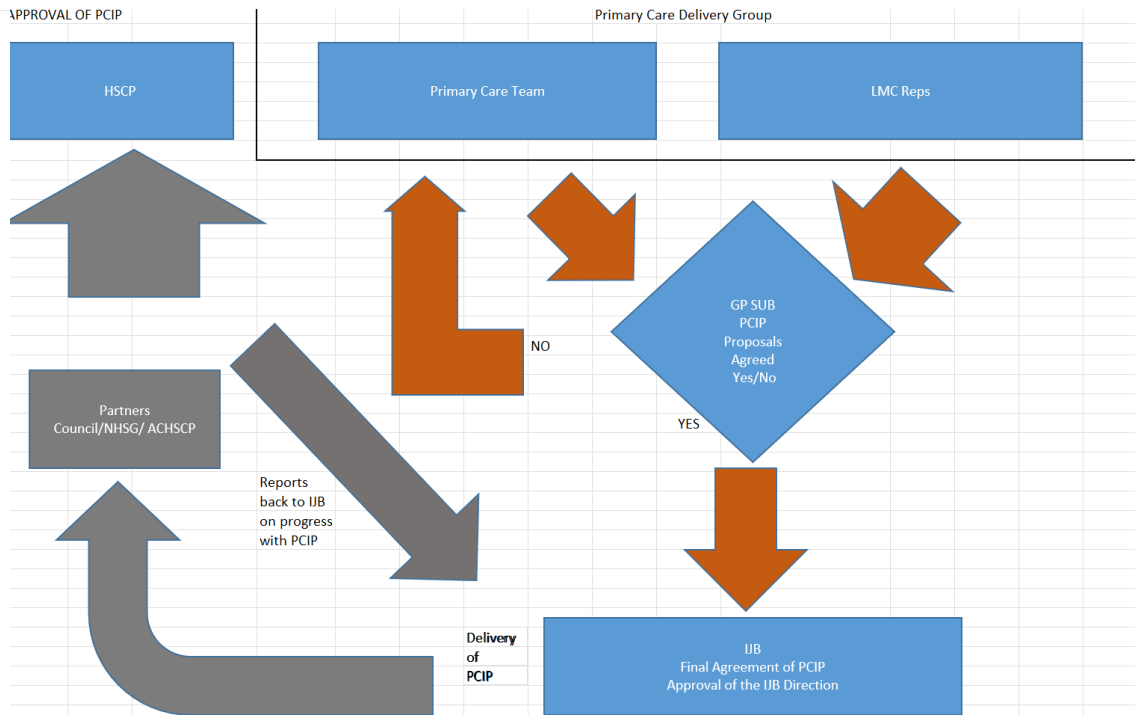
⁸ National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2018/94

⁹ [primarycareimprovementplan.pdf\(aberdeencityhsc.scot\)](https://www.aberdeencityhsc.scot/primarycareimprovementplan.pdf)

¹⁰ The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014

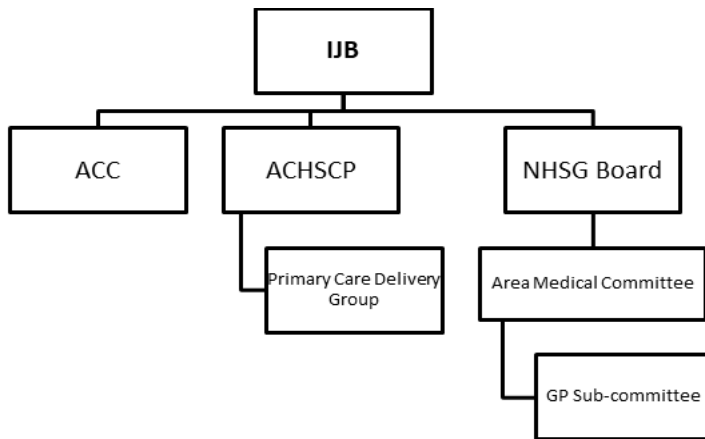


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Thereafter, the IJB approves the PCIP.

The organogram below shows the governance structure in respect of the PCIP



4.1.14 The annual reporting cycle for PCIP is set by the Scottish Government. The Scottish Government determine when the IJB is required to report to them on the progression of the PCIP and the priorities therein. Tracker returns to the Scottish Government take place twice per year, as it directs.

4.1.15 At a local level, the IJB receives an annual update on progress with the PCIP against the MoU and the PCIF. Further, the IJB's Risk, Audit and Performance



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Committee (RAPC) monitors progress with the PCIP biannually. The IJB is discharging its responsibilities under the PCIP by the local arrangements it has in place to monitor and report on progress with the plan, both annually and via RAPC biannually. The IJB meets the requirements of the Annual Funding letter from the Scottish Government by submitting the returns required in respect of the PCIP and PCIF drawdown.

4.1.16 As can be seen from this report, the arrangements (both nationally and locally) around PCIP are complex. A reporting line to Scottish Government exists because the Scottish Government are responsible for the MOU and negotiations over the GP contract. A local line of reporting and accountability exists because of the delegated responsibility which the IJB holds. There is scope for stream-lining these current arrangements. These will be considered locally and there may also be an opportunity to consider whether national arrangements could be made when the Scottish Parliament resumes its scrutiny of the National Care Service Bill.

What is the Primary Care Improvement Fund (PCIF) and who is responsible for it?

4.1.17 The PCIF is funding provided to the IJB, through NHS Boards, by the Scottish Government. This funding is ring fenced for the priorities under the MoUs and is spent by IJBs in line with the PCIP and must be delegated entirely. Scottish Government have advised that IJBs should endeavour to ensure that ring-fenced PCIF funding supports the delivery of the three priority areas in the revised MoU before further investment of PCIF monies in the other MoU commitments.

4.1.18 The Scottish Government negotiate the GMS contract with NHS Boards and SGPC, set out the priorities under the MoU to deliver the GMS Contract and provides the funding source (through PCIF) for those priorities. The IJB approves the PCIP for Aberdeen City, as referred to in paragraph 3.13 of this report, and in doing so, ensures the implementation of the priorities set down in the MoU in line with the funding source provided.

4.1.19 In the annual update the IJB receives¹¹ (the last being November 2022) an overview of the drawing down of funding against those priorities is provided. Though from 2022-23, the PCIF can be used for a wider range of costs (such

¹¹ [\(Public Pack\)Agenda Document for Integration Joint Board, 29/11/2022 10:00 \(aberdeencity.gov.uk\)](#)



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as premises, training, digital, fixed-term contracts and redesign and change management) providing it is still relevant to the delivery of PCIP.

4.1.20 In addition to the annual update, IJBs are required to provide data on increases in workforce numbers and spread of services every six months through an agreed tracker template to the Scottish Government. In practice, the data provided within a tracker is consulted on with the PCDG. The PCIP Programme Manager then sends it to NHSG who share it with the GP Sub-Committee for consideration prior to submitting it to the Scottish Government. The return of the tracker satisfies the terms of the Annual Funding Letter from the Scottish Government. As of this year, data is uploaded on behalf of Aberdeen IJB to a Sharepoint site by the PCIP Programme Manager. Officers from the Scottish Government confirmed that the mechanisms regarding how returns are made is up to localities. Consideration is being given to the most appropriate means of submitting data to the Scottish Government to ensure that it remains appropriate and efficient.

What happens after the IJB has approved the PCIP and endorsed the PCIF?

4.1.21 The ACHSCP delivers the approved PCIP and associated PCIF and is responsible for the operational management of the delegated services.

4.1.22 As noted in paragraph 3.7 to this report, the PCDG supports the delivery of the PCIP and PCIF. The PCDG is collaborative by design, implements the agreed PCIP, manages operational risk and mitigations for all priority workstreams and makes recommendations on how best to deliver the priorities under the MoU. This also includes consultation and collaboration on the use of PCIF against those priorities.

4.1.23 Whilst the IJB is responsible for approving the PCIP and managing the PCIF, collaboration, consultation and participation with other bodies remains necessary. In the unlikely event that agreement cannot be achieved between the relevant forums set out above regarding the PCIP and application of the PCIF, the matter may ultimately be escalated to the National Oversight Group.

4.2 Future Improvements



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4.2.1 In Grampian, the delivery of the 2018 GMS contract and the MoU referred to above has been challenging. This is due to a number of factors, including, recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. Whilst the number of practices and General Practitioners (GPs) has reduced in number during the last ten years, the list size per GP has increased by approximately 10%.

4.2.2 General practices in Grampian also share national pressures including:

- high patient expectations;
- newly qualifying GPs not wishing to commit to the traditional partnership model;
- a decreasing gap in earnings between partner and salaried GPs;
- restrictions around the work that locums can do;
- increased premises and energy costs;
- liability for premises which are not conducive to a modern practice and which exist in a poor commercial property market impacted by the oil & gas downturn and the lasting impact of Covid-19 restrictions; and
- Agenda for Change uplift to NHS staff not been mirrored in the uplift to staff within general practice.

4.2.3 In light of the challenges set out above, and given the critical role that General Practice plays in the wider health and care system, the three chief officers across Grampian's three Health and Social Care Partnerships intend to develop a local vision for primary care with associated strategic objectives and implementation plan. The aim is to work with the general practitioners to create a more resilient and sustainable sector. It is anticipated that as part of this work, the findings of this paper in respect of PCIP and PCIF will be taken into account, such as the opportunity to streamline the governance and to bring more clarity to roles, responsibilities and accountability. It is anticipated that the Integration Joint Board will receive an update on the development of this work on or before its meeting scheduled for January 2024.

5. Implications for IJB

5.1 Equalities, Fairer Scotland and Health Inequality



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This report is a noting paper. It is not strategic in nature, nor does it affect policy or service delivery and therefore does not warrant a Health Inequalities Impact Assessment.

5.2 Financial

There are no financial implications arising from this paper. This paper sets out who is responsible and accountable for the PCIF and any drawn down from that funding. The IJB, through NHSG accounting methods, required to utilise the PCIF for the terms set down in the Annual funding letter and the MoUs.

5.3 Workforce

This report does not impact upon the workforce. Rather it highlights the expectation from the Scottish Government and the British Medical Association that collaboration with key groups, such as the NHSG Board, ACHSCP, AMC and GP-Subcommittee, is essential to the delivery of primary care medical services under the PCIP.

5.4 Legal

This report clarifies that the IJB is legally required to plan for functions delegated to it. It does this through its Strategic Plan and associated PCIP. The IJB approves both of these plans and directs NHSG and Aberdeen City Council (where appropriate) to deliver services. The IJB seeks assurances that progress is being made with PCIP and that the PCIF is being used in accordance with the funding letter, through progress reports annually, but also on a biannual basis to its RAPC.

5.5 Unpaid Carers

There are no implications for unpaid carers from this report.

5.6 Information Governance

There are no direct information governance implications arising from the recommendations within this report.

5.7 Environmental Impacts



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There are no direct environmental implications arising from the recommendations of this report.

5.8 Sustainability

There are no direct sustainability implications arising from the recommendations of this report.

6 Management of Risk

Risk Appetite Statement

Authors should look at the Risk Appetite Statement which has been approved by the IJB. The IJB recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the Board in decision making and to enable members to consider the risks to organisational goals of not taking decisions as well as of taking them.

6.2 Identified risks(s)

The risks associated with this report relate to the governance of PCIP and the PCIF. In particular, the progression with the PCIP, but also the management of the PCIF against the requirements of the Annual Funding Letter and MoUs. This risk is managed by the IJB by reports on progression with the PCIP being considered in detail by RAPC but also by the IJB itself annually and it is therefore considered as a low likelihood.

The IJB also ensures that it is accountable for the use of the PCIF by instructing its Chief Finance Officer to submit relevant documentation to the Scottish Government which is required under the Annual Funding Letter.

6.3 Link to risks on strategic or operational risk register:

The relevant risk within the scope of this report is *Risk 1* of the Strategic Risk Register “*The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people*”. This risk is currently assessed at Major. The Operational Risk Register also highlights the provision of GMS services as a high risk.



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How might the content of this report impact or mitigate these risks:

This report highlights the governance and methods of escalation around the approval and progression of the PCIP and associated PCIF. This ensures that there are mechanisms in place with the ACHSCP for dealing with and addressing, any risks with the delivery of PCIP and the MoU priorities.

Approvals	
<i>These will be added once your report has final approval for submission to committee.</i>	Sandra MacLeod (Chief Officer)
<i>These will be added once your report has final approval for submission to committee.</i>	Paul Mitchell (Chief Finance Officer)