



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	10/10/2023
<b>Report Title</b>	PCIP Update report
<b>Report Number</b>	<i>HSCP.23.070</i>
<b>Lead Officer</b>	<i>Susie Downie, Interim Primary Care Lead</i>
<b>Report Author Details</b>	<i>Alison Penman Job Title: PCIP Programme Manager Email Address: alison.penman1@nhs.scot</i>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	<i>A. Summary of Scottish Government funding for 23/24 B. Summary of actual PCIP spend for 22/23</i>
<b>Terms of Reference</b>	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 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:



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- Notes the content of the report as an update on current progress against the Primary Care Improvement Plan (PCIP).

### 3. Strategic Plan Context

- 3.1. The PCIP is identified as a key priority within the IJB's Strategic Plan 2022-2025. The delivery of PCIP is recognised as an important transformational tool for creating capacity and improving patient experience of General Practitioner (GP) services. It seeks to add additional capacity in the form of alternative professional roles to support GPs as well as delivering some services in a different way, improving access for patients and improving outcomes.

### 4. Summary of Key Information

- 4.1. An agreement between the Scottish Government and the Scottish General Practitioners Committee of the British Medical Association (SGPC) (known as the Revised Memorandum of Understanding 2021-2023), is designed to enable improvement within primary care as envisaged by the General Medical Services (GMS) contract. It was published in July 2021, taking into account the learning and experience from previous iterations of the contract.

The MOU 2021-2023 identifies three priority workstreams:

- Pharmacotherapy;
- Community Treatment and Care Services (CTAC)
- Vaccination Transformation Programme (VTP)

- 4.2. The Aberdeen City PCIP was agreed and approved by the IJB in 2018 and in collaboration with the Local Medical Committee (LMC) and the GP Subcommittee (which sits within the governance structures of NHS Grampian).

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). The PCIP seeks to deliver the three priority areas set out in the MOU 2021-2023 to enable GPs to undertake their role as Expert Medical Generalists as envisaged in the General Medical Services (GMS) Contract.



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The last update was provided to the IJB at the meeting, November 2022 as part of the PCIP annual report

### 4.3. Primary Care Improvement Plan (City) Update

#### General Update

It has been 5 years since the PCIP was agreed.

In terms of the MOU 2021-2023, which the PCIP supports the delivery of, we are aware that it is due to end in 2023 and we await a communication from the Scottish Government in terms of a future MOU for 2024. The role of the PCIP will also be the subject of consideration by a Grampian General Practice Vision Board which is looking at longer term options for a more sustainable general practice model.

Currently all city practices receive at least a partial PCIP allocation from one or more of the workstreams. It was agreed the most recent Aberdeen City PCIP Project Delivery group meeting that there would be work undertaken to ensure equity and best use of resources by reviewing the levels of input for all practices i.e. how much of each workstream has been allocated to each practice. The PCIP allocations are based on individual workstream models and varies in terms of how the original calculations were done for each plan.

### 4.4. Engagement and Communication

**To support the delivery of the ACHSCP, there is a local programme of work and this is in the form of an Engagement and Communication Plan. This informs stakeholders and most importantly patients to keep them informed and engaged.**

**All points below have or are continuously delivered.**

- **PCIP Newsletter** – A regular newsletter has been developed with relevant updates and this is distributed to all city GP Practices and the PCIP Project delivery group.



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- **Citywide events** – The PCIP has the opportunity to use the Bi-monthly citywide event as a platform to deliver updates and to engage with GP practice staff.
- **CTAC Video** – Recently completed a video with staff and patients to promote the service. The final version will now be streamed on YouTube.
- **shmu radio** – recent recording by the Listening Service (formerly The Chaplaincy Listening Service).

### 4.5. PCIP Workstream Updates – September 2023

The Scottish Government (SG) confirmed via the MOU 2021-2023 that there are 3 workstreams of priority which are CTAC (Community Treatment and Care), Pharmacotherapy and the VTP (Vaccination Transformation Programme). Please see updates for these workstreams below:

#### CTAC

The CTAC service provides basic cover for phlebotomy, suture removal, basic wound care, chronic disease monitoring and blood pressure monitoring.

A service review was conducted over summer using the CTAC blueprint (2019) as a benchmark with its aim to deliver 4,000 x 15 minute appointments per week within the ACHSCP. In order to understand current demand and activity a “Week of Care audit” was completed during the w/c 5<sup>th</sup> June, 2023 and the outcome was the service delivered 3,855 appointments during one week and this is across the practices in ACHSCP.

There is on-going work around processes and a new ECG (Electrocardiogram) policy has been distributed to all practices (31<sup>st</sup> July). This is enabling ECG's to be available in 3 CTAC clinics in addition to the practices.

CTAC is now being delivered in 8 clinic sites although the South of the city is using a shared space and this is a risk to this not being a sustainable option in the longer term. The South accommodation is a priority and alternative accommodation is being actively looked at.

In terms of recruitment all posts have been filled to meet the blue print that is the current plan.



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As part of the improvement to service delivery a project to implement Shared Services (Federated Vision) has gained pace and is a Grampian wide initiative that is being led by the ACHSCP. Shared Services is an IT platform that will enable PCIP staff to safely access patient details from the GP practice IT system. It is a streamlined approach to logging into practice systems. This will be particularly helpful to CTAC staff as they will be able to access patient information at any practice by using a single sign on thus saving time that can be allocated to clinical appointments. The project is in the early stages and an implementation date will be agreed in the project plan.

### Pharmacotherapy

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. The model is flexible in terms of what individual practices choose to use the service to deliver.

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 service model approved by the IJB in the 2018 PCIP is insufficient to deliver all the demands on the service. Nationally and locally it is recognised that a model that is closer to be able to deliver the full remit of the MOU 2021-2023 would realistically need to be a ratio of 2.5 WTE PCIP staff per 10,000 patients (double the current capacity). This is due to the long term trends nationally with patients living longer and use of medicines to support chronic disease management. In addition longer outpatient waiting lists also impact medication requirements in the community as people await treatment.

The service still faces the on-going challenges in terms of recruitment and the recent position (June 2023) was a vacancy level of 9.1 WTE. Recruitment is on a rolling basis and is based on the 1.25 WTE PCIP staff per 10,000 patients as in the current plan.

### VTP – Vaccination Transformation/Immunisation Programme



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The VTP has been delivered and is supported by the PCIP. The programme currently includes schools age, adult routine i.e. adult flu, and pregnancy and travel vaccinations.

The service has recently moved into a new premises within the city centre giving the opportunity to set up a Priority Intervention Hub and enabling a Making Every Opportunity Count (MEOC) approach across the city. MEOC is a simple intervention, a light touch health conversation, being rolled out in Grampian to enable service users to live as well as they can. The new Priority Intervention Hub uses this approach to signpost service users to appropriate services when attending the hub for vaccination appointments.

**Under the MOU 2021-2023, the remaining Multi-disciplinary Team services listed below should be maintained but progressed at a slower pace.**

### Community Link Workers

The monitoring of the contract with SAMH is now being undertaken by the PCIP Programme Manager from the 1st April, 2023.

A review of the service is currently being undertaken by the PCIP project team. Reviewing activity for last financial year and looking at communication processes to practices are the highest priorities to ensure engagement with the GP practices and maximising capacity.

Additional capacity has been identified within the Vaccination Centre located within the Bon Accord Centre. This will provide 2 safe spaces for face to face appointments and also space for Link workers to do the admin elements of the service they provide. This will be a benefit with the lack of available space within GP practices meaning it is difficult to gain access.

The referral criteria remains the same i.e. GP practice referrals and the criteria for referral is as follows:

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



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### **Urgent Care/City Visits (Advanced Practitioners)**

Services are delivered within the patient's own home and the team have their 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. The service is delivered by a team of qualified and trainee Advanced Clinical Practitioners and Health Care Support Workers (HCSWs).

A review of the service was undertaken earlier in the year with an aim to confirm equity of allocation to practices. A number of recommendations were identified and agreed and work continues to look at a "Week of Care audit" and the unmatched demand which will assist in identifying any gap in delivery.

The GP practices were fully engaged with the review process and a presentation was given by the service lead at a recent citywide event.

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

The FCP is a Primary Care model that provides patients with direct access to a physiotherapist and most commonly for the assessment and management of musculoskeletal disorders, without the need for prior assessment or referral from a GP.

The funding in the current plan is for 15 WTE posts and currently there are 10.7 WTE FCP staff in post. This is a vacancy level of 33% and securing a skilled workforce is the main issue to recruitment.

A review of the current delivery model is underway and the PCIP Project Delivery group suggested that the service should explore different models of delivery of service and this will assist in understanding the on-going recruitment issue and the allocation of support to practices.

A questionnaire was distributed to all city practices requesting feedback on three models of delivery. The most favoured option was to remain as status quo and continue to deliver the service within the GP practices.

This will now move to a review of the allocations to practices as it had previously been agreed that due to the recruitment difficulties allocations



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would be 50% of the original plan. The current review of allocation will consider an equitable percentage of input to all practices and the output for this work is due to be presented at a forthcoming PCIP project delivery group.

### **Additional Professionals: Listening Service (formerly the Chaplaincy Listening Service)**

The service is not funded by PCIP but from Action 15 and is delivered by a full-time Co-ordinator and 12 volunteers. Although PCIP has no investment of staff or funding there is historically a good working relationship and collaborative approach with GP Practices, PCIP and the Listening Service. Activity data is reported in the SG tracker at the request of the SG. The practices received positive anecdotal feedback from service users. However, following COVID19 restrictions being lifted referral rates have dropped. Although the service continues to deliver a quality service the Co-ordinator is working proactively to resurrect the pre-COVID19 rate of referrals. There is an issue in terms of available space in practice premises. The service has managed to secure space at the Aberdeen Community Health and Care Village and also at the Vaccination Centre - Priority Intervention Hub.

## **5. Implications for IJB**

A Governance paper has recently been presented to the IJB to provide clarity and the report set out the governance around the PCIP, together with the decision-making arrangements with respect to the Plan and the Primary Care Improvement Fund. The paper noted the continued collaboration with the LMC and GP Subcommittee. The paper was presented to the IJB on 22<sup>nd</sup> August, 2023 and its content was welcomed and noted.

### **5.1. 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.

### **5.2. Financial**





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Confirmation of funding for the financial year 2023/24 was received in August, 2023. The percentage of the NRAC (NHS Scotland National Resource Allocation formula) has been reduced across the Partnerships and for ACHSCP the negative impact is £55,000 in the total allocation.

The letter from the SG confirmed the budget for this financial year and stated that any underspend would require to be used initially for any expenditure. The SG has confirmed that there is £170 million allocated across Scotland as a minimum budget position going forward, but this takes into account existing PCIP reserves. Any existing PCIP reserves must be used before further funding is released.

Funding is being closely monitored across the 3 Grampian HSCPs and a reporting template has been created and implemented to ensure all areas are reporting in the same format. This process of reporting on a monthly basis will assist in monitoring vacancies and spend within the workstreams. Recruitment in the North East of Scotland is challenging and unpredictable. Monthly reports relating to the Primary Care Improvement Fund are presented to the PCIP Project Delivery Group by the Finance Manager giving updates and a forecast position.

The Scottish Government requires a performance monitoring tracker to be completed bi-annually and includes a workforce update and financial update. The next version of the tracker is due to be completed by 17<sup>th</sup> November, 2023.

At this stage the budget forecast if all workstreams have recruited to the blue print plans for the ACHSCP PCIP is a £36,000 overspend at the end of this financial year. The budget is based on the PCIP and the aim is to review the budget throughout the financial year. We are currently planning to recruit to all post in the current plan but the outputs from the Visioning Programme and the financial position will be part of the planning process.

The forecast position for this financial year is in Appendix A and a breakdown of actual spend for the financial year 22/23 is in Appendix B of this report.

The table below compares the funding allocations for last financial year, 22/23 and this financial year, 23/24.

£'000	22/23	23/24
<b>Allocation of funding</b>	£6,480	£6,425



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<b>Outcome/forecast</b>	£216 underspend	£36 forecast overspend
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The PCIP spend will be managed through continual financial scrutiny of the budget, management of any vacant positions that arise and redesign of services.

### 5.3. Workforce

There is ongoing recruitment to acquire the appropriately skilled workforce to support the implementation of the PCIP. This is progressed by each workstream with an overview by the PCIP Project Delivery group.

### 5.4. Legal

The IJB is responsible for the delivery of the PCIP and does that collaboratively with partners. As such it is responsible for the operational management of delegated services that sit under PCIP.

### 5.5. Unpaid Carers

There are no direct implications as this is a noting report.

### 5.6. Information Governance

As part of the Shared Services project a Data Protection Impact Assessment (DPIA) will be required to enable staff to access GP practices systems. There has been engagement with NHS Grampian's Head of Information Governance and a process has been agreed to take this forward at an early stage in the project plan.

### 5.7. Environmental Impacts

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

### 5.8. Sustainability



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



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### 5.9. Management of Risk

The key risks to delivering the PCIP have been identified as Financial and Workforce.

Financial Risk – Insufficient funding available to deliver the MOU 2021-2023.

Workforce Risk – Inability to recruit to essential posts with the required skills.

Category	Description of risk	Mitigation	RAG status
<b>Finance</b>	Insufficient funding available to deliver the MoU2021-2023	<ul style="list-style-type: none"> <li>Review options for the PCIP in terms of service delivery as part of the Visioning programme.</li> <li>Close monitoring of budget spend and forecasting.</li> </ul>	
<b>Workforce</b>	Inability to recruit to posts with the required level of skills and restricting the ability to progress service delivery.	<ul style="list-style-type: none"> <li>Continually advertising posts through the recruitment process.</li> <li>Opportunity to review how services are delivered and may be part of a redesign process as outputs from the Visioning programme.</li> <li>Explore opportunities to develop technology.</li> </ul>	

In Grampian, the delivery of the 2018 GMS contract, the Memorandum of Understanding 2021-2023 and the Aberdeen City PCIP 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%.



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In light of the challenges NHS Grampian with the Integration Joint Boards has commissioned work to develop the new vision with associated strategic objectives for General Practice in Grampian. The output of this will be a delivery plan for a Grampian General Practice Strategy. This will provide an opportunity to deliver General Practice in a way influenced by local needs and pressures.

A Programme board has been set up with representation from NHS Grampian, the HSCP's, GP Sub and LMC. To ensure that the views and opinions of key stakeholders across the system are taken account of we have set up a series of Facilitated Workshop Events to gather this information.



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### Appendix A

The table prepared by the Finance Manager explains the PCIP funding stream for this financial year 23/24 and includes pay awards for both financial years. The pay award funding was allocated for 23/24 in the financial year 22/23.

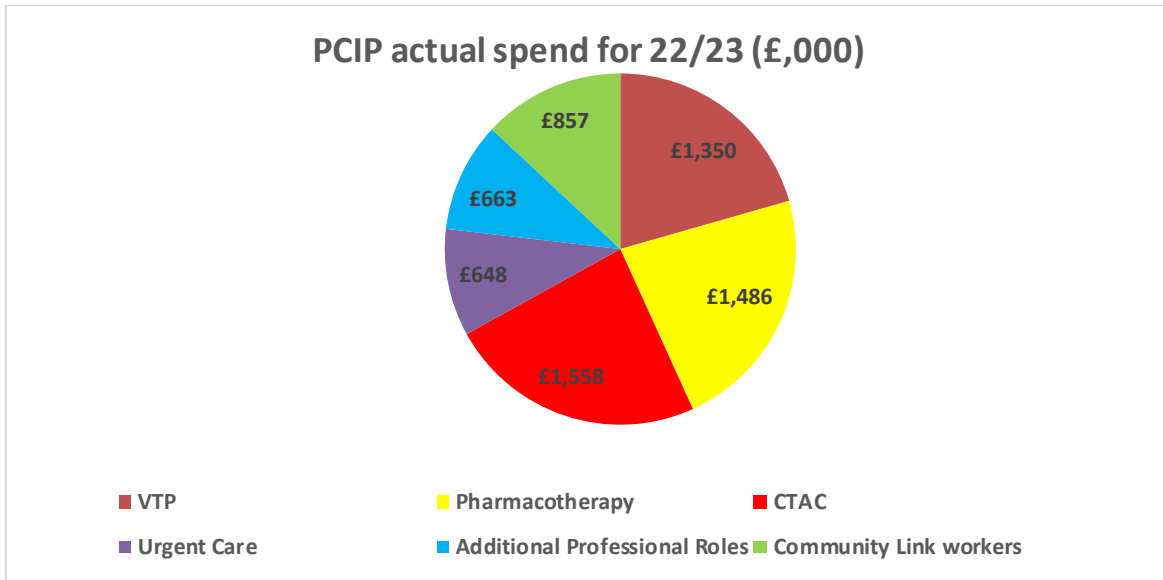
ACHSCP Funding Allocation & Forecast Spend Summary	Initial	PCIP	PCIP	Internal	Total	Total	Funding
	PCIP	Pay Award	Pay Award	transfer	PCIP	Projected	Shortfall
	Allocation	2022/23	2023/24	2023/24	Allocation	Spend	2023/24
	£'000	£'000	£'000	£'000	2023/24	2023/24	£'000
					£'000	£'000	£'000
Aberdeen City	6,425	342	389	425	7,581	7,617	36
	<b>6,425</b>	<b>342</b>	<b>389</b>	<b>425</b>	<b>7,581</b>	<b>7,617</b>	<b>36</b>



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### Appendix B

Actual spend from 22/23 funding allocation for each of the workstreams and represented in the graph below.



Budget allocation for 22/23 represented as a percentage of actual spend and by workstream

