



## RISK AUDIT & PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	28 November 2023
<b>Report Title</b>	Primary Care Improvement Plan (Update)
<b>Report Number</b>	HSCP 23.079
<b>Lead Officer</b>	Susie Downie Acting Primary Care Lead susie.downie1@nhs.scot
<b>Report Author Details</b>	Alison Penman PCIP Programme Manager alison.penman1@nhs.scot
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	None
<b>Terms of Reference</b>	<p>4. Approve, monitor and review a performance framework for the IJB in respect of its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other appropriate local objectives and priorities.</p> <p>5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.</p>



## RISK AUDIT & PERFORMANCE COMMITTEE

### 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).

### 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.
  - b) Notes that the annual PCIP Update report was presented to the meeting of the Integration Joint Board at its meeting on 10th October 2023.

### 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. Background to the PCIP

An agreement between the Scottish Government (SG) 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.

A new memorandum of understanding (MOU2 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](#).

The MOU2 2021-2023, which the PCIP supports the delivery of, is due to end in 2023. The role of the PCIP will 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.

An update letter was received on 27 September 2023 from the SG addressing the MOU2 and going forward all Health and Social Care Partnerships in Scotland have



## RISK AUDIT & PERFORMANCE COMMITTEE

been invited to submit a bid to enhance the delivery of Pharmacotherapy and CTAC services. It should be noted that only three HSCP's will be selected to take this initiative forward and to demonstrate realistic models for delivery of services that may be rolled out to all partnerships. Funding will be available to the successful bidders and the timescale to deliver the project will be 18 months. Successful bidders will be informed by the end of the year.

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

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

### 4.2. ACHSCP PCIP Implementation Update

In terms of progress against MOU2 all city practices receive at least a partial PCIP allocation and detailed commentary is in the sections below with operational updates. The Scottish Government letter (September 2023) stated that the three Priority Areas which are to be focused on will remain as Vaccination Transformation Programme, Community Treatment & Care centres, and Pharmacotherapy. Therefore our planning process going forward will take cognisance of this.

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%.

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 Committee 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. The first workshop has taken place on the 27th September, 2023 and 2 further workshops if November, 2023

### CTAC



## **RISK AUDIT & PERFORMANCE COMMITTEE**

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 the summer of 2023 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 June, 2023 and the outcome was the service delivered 3,855 appointments during one week across the practices in ACHSCP.

There is on-going work around processes and a new ECG (Electrocardiogram) policy has been distributed to all practices (at 31s July 2023). This is enabling ECG's to be available in three CTAC clinics in addition to the practices.

CTAC is now being delivered in eight clinic sites although the South of the city 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.

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



## **RISK AUDIT & PERFORMANCE COMMITTEE**

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 (at 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**

The VTP has been delivered and is supported by the PCIP. The programme currently includes school 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 as the lack of available space within GP practices meaning it is difficult to gain access space to see patients.



## **RISK AUDIT & PERFORMANCE COMMITTEE**

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 Condition

### **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 maintain the status quo and continue to deliver the service within the GP practices





## RISK AUDIT & PERFORMANCE COMMITTEE

5.5. **Other:**  
None.

### 6. Management of Risk

#### Risk Appetite Statement

##### 6.1. **Identified risks(s)**

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. **Link to risks on strategic or operational risk register:**

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.