



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	4 June, 2024
Report Title	Primary Care Improvement Plan (Update)
Report Number	HSPC.24.036
Lead Officer	Susie Downie, Deputy Primary Care Lead susie.downie1@nhs.scot
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Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	No
Terms of Reference	<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 AND 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 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 28 November 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 referred to as the MOU2), is designed to enable improvement within primary care as envisaged by the General Medical Services (GMS) contract. The MOU2 was published in July 2021, taking into account the learning and experience from previous iterations of the contract. In terms of any update to the MOU2 the SG have stated that there are no plans to do a further MOU at the moment and will continue with the current version.

[The MoU2 is accessible via. this link.](#)



RISK, AUDIT AND PERFORMANCE COMMITTEE

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.

All six MOU2 areas remain areas of focus. However, the Scottish Government has advised that the following three services should be considered as priority services:

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

4.2. ACHSCP PCIP Implementation Update

In terms of progress against the MOU2 all city practices receive at least a partial PCIP allocation and detailed commentary is in the sections below with operational updates. There is no change to the three Priority Areas which are to be focused on and they will remain as the Vaccination Transformation Programme, Community Treatment & Care, and Pharmacotherapy. Therefore, the planning process going forward will take cognisance of this.

In Grampian, the delivery of the 2018 GMS contract, the Memorandum of Understanding 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 and teams being spread too thin when it is in the city.

In response to current sustainability challenges and evolving needs within the NHS Grampian area, a new vision statement has been articulated as follows;

“A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health”

A set of objectives that capture the changes are required to move towards a more sustainable general practice sector within the area. This was approved by the three Grampian Integrated Joint Boards (IJB's) in March, 2024.

The vision and objectives will be delivered via the creation of a new Programme Board which in turn will be supported by project sub



RISK, AUDIT AND PERFORMANCE COMMITTEE

groups. Existing resource within the three Health and Social Care Partnership's (HSCP) has been identified and released to deliver on the prioritised objectives.

As part of the work around the key objectives a review of the PCIP's across Grampian will be undertaken and a project sub group has been set up to take this work forward. The PCIP review project is in its infancy but has commenced.

4.2.1 CTAC

The blue print written in 2019 and updated in 2022 planned to deliver 1000 hours of clinical time per week. As the service has recruited fully to the staffing number in the plan they have reached this level and have capacity for 4000 x 15 minute weekly appointment slots, at times exceeding this figure.

The CTAC service provides basic cover for phlebotomy, suture removal, basic wound care, chronic disease monitoring and blood pressure monitoring. However, the PCIP Programme Board has supported the implementation of Electrocardiographs (ECG's) in hubs and also establishing a service to support the delivery of Vitamin B12 Injections (Vitamin B12 deficiency anaemia). The GP practices had requested support to free up some capacity that the provision of these injections requires and this is initially being provided in the Vaccination and Wellbeing Hub in Aberdeen City centre. The staffing level required to implement this change has been planned with a collaborative approach across CTAC and the VTP programme and has seen an uptake since implementation in February of this year. This is an option for practices and patients have the choice in terms of location to have their injection.

CTAC is now being delivered in eight clinic sites across the city and they are at Bridge of Don, Inverurie Road, College Street, Northfield, Carden House, Airyhall, Kincorth and the City Vaccination Centre. Space has been allocated in the Torry Neighbourhood Centre for 2 days per week and the service will commence in May.

As part of the improvement to service delivery a project to implement Shared Services (Federated Vision) continues to move forward. Shared Services is an IT platform that will enable PCIP staff to safely access



RISK, AUDIT AND PERFORMANCE COMMITTEE

patient details from the GP practice IT system. A project manager has been aligned to take the work forward and is progressing a DPIA (Data Protection Impact Assessment) to minimise risk to the participating GP practices.

4.2.2. 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 has been identified as insufficient to deliver all the demands on the service. Nationally and locally it is recognised that a model that is closer to being able to deliver the full remit of the MOU2 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 challenge in terms of recruitment and has had to manage a high level of maternity leave. Recruitment to cover the maternity leave was supported by the PCIP Programme Board to mitigate the loss of this capacity to practices.

4.2.3. 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 vaccinations.

The service had a change of location, moving into the Bon Accord centre last year and this gave an opportunity to set up a Making Every Opportunity Count (MEOC) approach. 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.



RISK, AUDIT AND PERFORMANCE COMMITTEE

As mentioned in the CTAC update the staff in the VTP service are providing cross cover for the CTAC service and a training schedule is in place to upskill staff and maximise staffing availability. The aim is to work towards a multi-skilled hybrid workforce supporting GP practices.

Under the MOU2, the Scottish Government has advised that the remaining Multi-disciplinary Team services listed below should be maintained but progressed at a slower pace.

4.2.4. Community Link Workers

The contract is monitored on a quarterly basis and working in collaboration there has been agreement in the type of data that is presented and includes a dashboard. The data includes activity, outcomes for patients and patient and practice opinions. The information is broken down by localities and by practice so gives an in-depth level of detail.

Regular meetings take place to plan any service developments and opportunities and recent improvement work has been undertaken for the PDS (Post Diagnostic Support) for dementia patients. This element of the service has been streamlined in terms of the referral process and by doing so has implemented a more equal spread of capacity and an improvement to the waiting times. As part of this work the waiting times are monitored as part of the management of the contract.

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

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

4.2.5. Urgent Care/City Visits (Advanced Practitioners)

The service is 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



RISK, AUDIT AND PERFORMANCE COMMITTEE

monitoring and bladder scanning. The service is delivered by a team of qualified and trainee Advanced Clinical Practitioners.

As part of the improvement work identified in a review of the service undertaken in 2023 activity information is collated on a monthly basis and is broken down to practice level. A “Time and Motion” study was carried out recently and over a period of 4 weeks. The study looked at the following:

- Direct patient intervention time
- Acute admissions
- Total number of visits achieved
- Immediate life threatening SAS response.
- Indirect patients intervention time
- Travel time between visits

The detail in the data will form part of the PCIP review and also feedback to the PCIP Programme Board and GP practices.

4.2.6. MSK (Musculoskeletal): First Contact Physiotherapists (FCP’s)

The FCP service 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.

Although recruitment is challenging all practices have some FCP input. The team have recruited to the senior FCP posts and continue on a rolling basis to recruit to the shortfall of 2.64 WTE Band 7 posts.

Regular reviews of the current delivery model are on-going and enable an equitable allocation across the practices, this being flexed in line with the staffing establishment.

The FCP team have taken a pragmatic approach and have created a document called “*Top Tips on how to improve use of your FCP service*” and this is to support GP Practices to maximise their referral capacity.

Comparative data has shown that the percentage of contacts being true first contact appointments has risen from 50% in 2022/23 to 70% in 2023/24 which has freed up appointments for GP’s, more appropriate use of the service and improved the patient journey.



RISK, AUDIT AND PERFORMANCE COMMITTEE

5. Implications for IJB

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:

https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia_20180066_en.pdf

This is applicable to the PCIP Programme

5.2. **Financial** : There is specific ring-fenced funding provided by the SG to the Primary Care Improvement Fund in respect to the implementation of the PCIP. Whilst the funding is currently non-recurring, HSCPs have been advised by the SG to plan delivery as if the funding was recurrent. This information was included in a communication received on 28th March, 2024 and under the heading Planning Assumptions for 2024-25.

It should be noted that the funding allocation for 2024-25 has not been confirmed by the SG at the time this report was written.

£'000	22/23	23/24
SG allocation of funding	£6,480	£7,156
% used for PCIP activities	100%	100%

Funding is being closely monitored and updates presented at the monthly PCIP Programme Board meetings.

The SG requires a performance monitoring tracker to be completed bi-annually and this includes a workforce update and financial update. The recently completed version 7 was for submission by 10 May, 2024.

5.3. **Workforce** : There is ongoing recruitment to acquire the appropriate workforce with the required skills and experience to support implementation of the PCIP. Recruitment remains a challenge, particularly for pharmacist technician and first contact physiotherapist roles.

5.4. **Legal** : The PCIP seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. Any commissioning



RISK, AUDIT AND PERFORMANCE COMMITTEE

and procurement of services required to implement the plan has and will continue to be progressed in a compliant manner.

5.5. **Unpaid Carers** : Unpaid carers do not form part of the PCIP delivery.

5.6. **Information Governance** : As part of the Shared Services project a Data Protection Impact Assessment (DPIA) will be required to enable NHS staff to access GP practice 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 Impact** : There are no direct environmental implications arising from the recommendations of this noting report.

5.8. **Sustainability** : There are no direct sustainability implications arising from the recommendations of this noting report.

5.9. **Other** : NA

6. Management of Risk

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.