



Perth and Kinross Integration Joint Board

23 September 2020

PRIMARY CARE IMPROVEMENT PLAN *FINAL V1.5*

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PURPOSE OF REPORT

This report updates the IJB on the progress made in implementing the Tayside Primary Care Improvement Plan (PCIP) in its second year (2019/20), as it relates to the Perth and Kinross HSCP and on the proposed actions to progress implementation in year three.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Notes the positive progress in the implementation of Perth and Kinross HSCP's PCIP (2019/20), recognising the significant developments and the financial commitments made.
- Notes the actions the HSCP proposes to advance in respect of the PCIP in 2020/21 and the funding allocation, recognising that there will be some impact from the Covid19 pandemic.

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 The Tayside PCIP seeks to develop primary care services to support general practice under the terms of the 2018 General Medical Services (GMS) contract, so that GPs can be more focussed on developing their role as 'expert medical generalist'. Perth and Kinross IJB approved the PCIP in June 2018 and it was subsequently approved by the other Tayside IJBs and the Local Medical Committee, before being submitted to the Scottish Government.
- 2.2 This report outlines progress against the actions set out in year two of the Perth & Kinross HSCP's PCIP, associated expenditure, and details the proposed actions and spend for year 3 (2020/21). The Tayside PCIP was previously approved for years one and two; this report updates on progress and outlines the priorities for implementation in year 3.

The nationally agreed priorities for PCIP, to be delivered between 2018-2021, are as follows:

- The Vaccination Transformation Programme (VTP)
- Pharmacy (Pharmacotherapy Services)
- Community Treatment and Care Services (CCATs)
- Urgent Care
- Additional Services
 - Musculoskeletal Physiotherapy
 - Mental Health
 - Community Link Workers (referred to as Social Prescribers).

2.3 The Primary Care Improvement Fund (PCIF), a new budget provided directly to Integration Authorities from the Scottish Government, supports the delivery of these priorities. *Table 1* sets out the budget (indicative in future years) from 2018/19 to 2020/21 and includes detail on a local adjustment, which has been applied within Tayside to account for service demand from patients residing in one HSCP area who are registered and receive care in another.

Table 1

	2018/19	2019/20	2020/21	2021/22	Optimum Implementation 2021/22
	Actual	Actual	Planned	Anticipated	
	£'000	£'000	£'000	£'000	£'000
SG Allocation	1,228	1,475	2,952	4,160	4,160
Expenditure -					
VTP	66	147	152	331	449
Pharmacotherapy	187	369	698	859	1,691
CCATS	4	201	1,466	1,524	1,528
Urgent Care	0	125	208	216	912
FCP / MSK	18	80	208	216	642
Mental Health	0	96	177	265	810
Link Workers	0	0	86	113	332
Other	0	168	271	256	257
Total	275	1,186	3,267	3,780	6,620
In Year (Over)/Underspend	953	289	-315	380	
Cumulative (Over)/Under	953	1,242	928	1,308	-2,460

2.4 The development of the Perth and Kinross PCIP and the associated financial plans for 2020/21 and recurring plans from 2021/22 are summarised in *Table 2* below. These figures continue to change as learning is gained from the changes that are taking place and as the new models are developed.

Table 2

	<i>Approved PCIF Allocation</i>	<i>Actual Income / Expenditure</i>
	<i>£'000</i>	<i>£'000</i>
SG Allocation	1,475	1,475
Plus B/F underspend	953	953
Forecast Expenditure -		
VTP	200	147
Pharmacotherapy	294	369
CCATS	372	201
Urgent Care	154	125
FCP / MSK	232	80
Mental Health	148	96
Link Workers	0	0
Other	270	168
Total	1,670	1,186
Carried Forward (Over)/Underspend	758	1,242

2.5 There are a number of national policy and guidance documents supporting the reform of health and social care and the delivery of the new GP contract:

- **Premises** - the National Code of Practice for GP Premises delivers a new model for general practice premises. GPs will no longer be expected to own or lease their own premises and the responsibility for this will transfer to NHS Boards
- **Information sharing arrangements** - The Information Commissioner's Office (ICO) now accepts that GPs are joint data controllers along with their contracting NHS Board for GP records. There are now agreed information sharing agreements in place for Perth and Kinross practices.
- **Workforce** - The National Health and Social Care Workforce Plan (Part 3) provides guidance on workforce planning to support the reform of primary care.
- **Mental Health** - Action 15 of the Mental Health Strategy allocates funding to increase the availability of mental health workers in GP practices, police station custody suites, prisons and emergency departments. Mental health and wellbeing is a significant component of GP workload and it is anticipated that the current pandemic will increase this. A number of new primary care developments are being funded by the PCIF and Action 15 funds.

3. PROGRESS (2019/20)

3.1 The HSCP made significant progress in 2019/20, with elements of all the priority workstreams now implemented, in at least in some GP practices. However, it is important to recognise that the COVID 19 pandemic has impacted on service development. Our focus for the past six months has been on maintaining critical services and redeploying staff to deliver an

effective response to Covid-19 and care for those affected. At this stage, many PCIP service developments are affected by the ongoing uncertainties from the pandemic, in terms of recruitment, learning from tests of change and progressing intended changes to working practices.

- 3.2 General Practice has been core to the Covid-19 response. They have adapted their ways of working to ensure that those who needed urgent care received it, while those who could manage and monitor their own conditions have been supported to do so. Teams have increased their use of technology to support people, including an increased use of '*Near Me*' video and telephone consultations.
- 3.3 Primary Care was also responsible for setting up and operationally managing and delivering the Covid Community Assessment Centre, based on the PRI site from March to June 2020.
- 3.4 The overall impact is that some service developments have been accelerated, while others have been delayed. This creates challenges and opportunities for delivery of the PCIP for the remainder of the programme;

3.4.1 The Vaccination Transformation Programme (VTP)

VTP 'Tests of Change' were planned for the adult flu programme, based on the learning from a pilot in Angus HSCP. However, from March 2020 the Vaccination Transformation Programme (VTP) has been put on hold for a year by the Scottish Government in 20/21 due to COVID19. The seasonal flu vaccination program however has been expanded and accelerated.

3.4.2 First Contact Physiotherapy/Musculoskeletal (MSK) Physiotherapy

The First Contact Physiotherapy (FCP) team who assess for musculoskeletal issues was expanded to operate across all three localities, with the number of sessions increasing to 15 in 19/20. Funding was secured for 3.5 whole time equivalent First Contact Practitioners and with new recent recruitment the service is now supporting all 23 P&K GP practices with currently 24-28 sessions per week.

3.4.3 Pharmacy (Pharmacotherapy Services)

The programme was at amber status pre-Covid and while it was on track, there was a critical risk around the ability to fund and recruit sufficient staff to roll out the service equitably across Tayside.

3.4.4 Urgent Care

The GP Sub-Committee of the LMC approved the financial plan for this project in June 2019. This led to the recruitment of four Advanced Nurse Practitioners, one of whom is in a trainee role and being

supported by the Lead ANP. While this limits operational delivery meantime, the project will still be implemented by March 2021.

The ANP Service has received 491 referrals during the period September 2019 to March 2020 (241 Perth City, 142 Strathearn, 55 North and 23 Kinross) with 98% of referrals received from General Practice.

3.4.5 GP Clusters

The new GP contract and supporting national documentation have set out a vision for how GP Quality Clusters should support quality improvements and the development of local community healthcare services. The HSCP Primary Care Lead GP is working with the GP Cluster Quality Leads (CQL) to produce a framework to clarify roles and responsibilities so that clusters can thrive in the right supported environment.

3.5.6 Community Care and Treatment Services (CCATS)

In November 2019, the Tayside GP-Sub Committee approved PCIF expenditure for 2020/21 to deliver comprehensive Community Treatment and Care Services. This enables the HSCP to begin to introduce these services in support of General Practice, subject to workforce and premises challenges, 12 months ahead of the contract's 31 March 2021 implementation deadline.

3.5.7 Mental Health

The HSCP has recruited six Band 5 nurses, two in each locality and providing triage and initial assessment and support for people with mental health issues presenting at G.P. surgeries. The feedback has been very positive

4. **PLANS (2020/21)**

- 4.1 Given the impact that the pandemic has had on the plans that were in place workstream leads are revising their plans to prioritise the developments that can be delivered this year. The key elements of this are:

4.1.1 Vaccination Transformation Programme (VTP)

The Scottish Government have increased the influenza vaccination age cohorts to include people aged 55-64 years for 20/21. This has led to a doubling of vaccinations required, from approximately 30,000 to 60,000. This is more challenging given the need for physical distancing and PPE to administer vaccines.

The Scottish Government and BMA have indicated that it will be for the NHS and HSCPs to lead on the delivery of the programme. While GP practices are continuing to deliver aspects of the vaccine programme,

there is a shortfall of approximately 30,000 vaccinations to be picked up by the HSCP. This will be achieved by HSCP running local clinics, supported by NHS Tayside.

4.1.2 First Contact Physiotherapist

It is anticipated that the fully funded PCIP service will be delivered will be in place across Perth and Kinross by March 2021. A further physiotherapist has been recruited which brings the service up to the full complement of funded PCIP posts. The service is now available to all 23 GP practices across Perth and Kinross. Over the current pandemic period, the service has increased capacity with staff providing additional sessions.

4.1.3 Pharmacotherapy

The Service was sustained throughout pandemic period to date with remote access in place as part of contingency planning. The service model being developed consists of a skill mix of pharmacists, technicians and administrative staff. In addition to the pharmacotherapy service as outlined in the GMS contract, there is a requirement locally to maintain prescribing support to practices. Funding has been secured for additional staffing for 2020/21.

4.1.4 Urgent Care

Given the success of the introduction of Advanced Nurse Practitioners we are looking at how they can integrate more effectively with the new LInCS model. The ANPs are picking up an increased workload in relation to supporting and providing the clinical direction/leadership of the LInCs model and wider pathways and this should be noted as a key success of the ANP role.

An ANP Service Specification has been completed and shared with all GP practices, with whom we will consult to design the final model of care.

4.1.5 Community Care and Treatment Services (CCATS)

Progress in the delivery of CCATS has been delayed due to the pandemic, but also because of the challenges around identifying suitable premises. In the North and South Localities a hub and spoke model will be delivered, using the Community Hospitals, with in-reach to the more rural G.P. practices. The CCATS workforce continue to be recruited.

Efforts to identify suitable premises in Perth City continue, including in partnership with Perth and Kinross Council. Subject to which it is intended to deliver Minor Injuries (In Hours), Phlebotomy, Catheter Care, Medical Diagnostics, Wound/Leg Ulcer Management and Ear Syringing all by March 2021.

5. RISKS

- 5.1 Given the scale and pace of change required to deliver PCIP improvements and developments, there remains a significant ongoing risk to timely delivery. This is not only a local issue and representations are being made nationally to invite the Scottish Government to recalibrate what should be achieved this year, given the impact of the pandemic. The risks are recorded on the PCIP project risk register along with other HSPC risk registers
- 5.2 Prior to the pandemic in January 2020, the Scottish Government had sought information from all NHS Boards and HSCPs on the adequacy of the financial allocations to deliver on the aspirations of all the workstreams included within the PCIP.

In Perth and Kinross this resulted in identifying a likely funding gap in the region of £2.7m (*Table 3* below) which would either require implementation to be scaled back or for the Scottish Government to make additional funding available.

Table 3

Cost of full GMS implementation in Perth and Kinross	£ 7,000,000
TOTAL 2021/22 Budget	£4,300,000
SHORTFALL	£ 2,700,00
Shortfall as a % of budget	61%

6. GOVERNANCE

- 6.1 The Perth & Kinross Primary Care Board was established in 2018 with a remit to develop the local PCIP and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board and to Transforming Tayside.
- 6.2 The financial management of the PCIP is delegated to the Chief Officer, Chief Finance Officer and Clinical Director. The Perth & Kinross PCB has responsibility for the distribution and monitoring of the use of the Perth & Kinross allocation of the PCIF in consultation with GP colleagues and Tayside LMC.
- 6.3 The HSCP reports to the Scottish Government every 6 months for both financial governance and more detailed progress of delivery. A risk assessment is also required in respect of workstreams and outcomes.
- 6.4 A number of additional requests have been received in connection with the financial allocations, and likely projections. In 19/20 funding was changed to give HSCPs the funding they said they would spend, if within their allocation, rather than the allocation as such. This reflects that many areas had

underspends in the first year that were carried forward. The expectation is that all of the funding allocated will be available over the four years of the programme.

7. CONCLUSION

- 7.1 This report updates members of the IJB on progress in relation to the delivery of the Primary Care Improvement Plan in Perth and Kinross and on future plans. The positive progress that had been made has inevitably been impacted on by the global pandemic, in response to which we are re-calibrating our plans, assessing priorities, determining and managing risks with the programme's delivery.
- 7.2 Our primary focus for the remainder of this year will be on the delivery of the flu immunisation programme, given the priority it demands, by necessity while there is still a significant risk from Covid-19.

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