



PERTH & KINROSS INTEGRATION JOINT BOARD

1 May 2019

TAYSIDE PRIMARY CARE IMPROVEMENT PLAN - IMPLEMENTATION UPDATE REPORT

Report by Dr Hamish Dougall, Associate Medical Director (Report No. G/19/70)

PURPOSE OF REPORT

The purpose of this report is to update the IJB on progress made in respect to the implementation of the Tayside Primary Care Improvement Plan in so far as it relates to Perth and Kinross Health and Social Care Partnership.

1. RECOMMENDATION(S)

It is recommended that the IJB:

- 1) Notes the progress made to date
- 2) Approves plans for continued service development into year 2 of the programme 2019/20.
- 3) Seeks a further update on progress in 12 months.

2. SITUATION/BACKGROUND / MAIN ISSUES

The pan-Tayside Primary Care Improvement Plan (PCIP) seeks to develop primary care services in direct support of general practice under the terms of the 2018 General Medical Services (GMS) contract so that GPs can be more focussed on their role as expert medical generalist. The IJB approved the plan 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.

Following approval of this overarching plan, a more detailed plan was produced which set out the initial allocation of funding per project and an outline of proposed models for delivery. These proposals were drafted in the early stages of engagement with stakeholders and were provided to the Scottish Government in September 2018 to set out the aspirations of the programme.

The programme is split into a number of distinct projects which cover key areas of the GMS contract as follows:

- Vaccination Transformation Programme
- Pharmacy (Pharmacotherapy)
- Community Care and Treatment Services
- Urgent Care
- Additional services:
 - o Musculoskeletal Physiotherapy
 - o Mental Health
 - o Community Link Workers

The development of these services in support of General Practice is supported by the Primary Care Improvement Fund (PCIF). This is a new budget provided directly to Integration Authorities from the Scottish Government. 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 but are registered and receive care in another.

Table 1				
Perth and Kinross Primary Care Improvement Fund				
Year	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s
P&K allocation from Scottish Government	1,249	1,500*	3,004*	4,232*
Local adjustment in respect to cross boarder patient care	-21	-26	-52	-72
Totals	1,228	1,476^	2,952^	4,160^

^indicative only

It can be seen in table 2 that there is slippage against the in year budget. This is largely due to the whole year effect of the budget combined with projects taking longer to progress through planning and stakeholder engagement phases.

It is anticipated that expenditure against each of the projects (new services) will increase substantially in 2019/20 and more detail on progress to date as well as the future plan is provided below in respect to each aspects of the programme.

Table 2	2018/19	
	Planned £000s	Actual £000s
PCIF Budget	1,228	1,228
Supplementary income**	178	178
Total Budget	1,406	1,406
Service		
Vaccination Transformation	88	65
Pharmacotherapy	294	186
Community Care and Treatment	180	6
Urgent Care	24	0

MSK First Contact Physiotherapy	49	21
Mental Health**	93	12
Community Link Workers	99	99
Vision Anywhere	0	0
Potential Superannuation Increase	0	0
Total Expenditure	827	389
In Year Variance	579	1017
Cumulative Variance		1017

* The Primary Care Improvement Fund is a ring fenced budget which can only be used to deliver the Primary Care Improvement Plan which encompasses the implementation of the 2018 GMS Contract. Expenditure against this resource is jointly agreed between Integration Authorities and the Local Medical Committee. Under spends carried forward and planned to be fully utilised in future years.

** includes Action 15 monies

3. PROPOSALS

The PCIP sets the scene in respect to the need for this work to be undertaken. It describes:

- The demands for services in respect to the area's demography.
- It also describes the need for sustained stakeholder engagement to ensure services meet the needs and aspirations of the contract and the wider Primary Care landscape.
- Additional information is also provided covering the opportunities and barriers which are faced in undertaking this large piece of work.

Against this backdrop the PCIP then sets out the broad aspirations for the delivery of these new services, by Health and Social Care Partnerships, in direct support of General Practice.

3.1 Vaccinations Transformation Programme (VTP)

Initial plan

The VTP seeks to shift responsibility for the delivery of routine vaccinations away from general practice. This is being taken forward in a staged process across NHS Tayside over a number of years starting in advance of the PCIP i.e. since 2016 the service has delivered school age and pre-school immunisations.

In year 1 of the PCIP (2018/19) the VTP planned to expand the delivery of vaccines by including the following:

- Children's immunisation for catch-up and, "out of sequence"
- Maternity pertussis

This period has also been utilised to undertake planning in respect to the delivery of wider vaccines which are scheduled to come onto the programme in 2019/20-2020/21.

What has been achieved

The VTP programme has been successful in undertaking all planned work within year 1 and has returned a small under spend which will be carried forward into the future years. The finance section of this report sets out planned and actual expenditure for 18/19 and planned expenditure for future years.

Future plan

The service plan for 2019/20 sees the continued delivery of all vaccines already contained within the programme and seeks to further expand the service by bringing additional vaccines onto the programme, as follows:

- Maternity Flu
- Pre-school Flu
- Conduct a test of change for Flu in over 65s and at risk groups. This may also include pneumococcal and shingles for those eligible groups

This period will also be used to future plan for rolling out the Adult Flu vaccinations as this represents the largest group and presents the largest logistical challenge. The learnings from the planned test of change which will cover a number of clusters from across Tayside will be pivotal in gaining the understanding needed to roll out the programme in its entirety.

3.2 Pharmacotherapy

Initial plan

This project seeks to create and provide a uniformity of pharmacy services to all General Practices. This will address considerable variance in the services delivered to different practices and by increasing the staffing cohort to deliver these services, the burden on GPs will be reduced.

In early 2018 a workforce planning exercise was undertaken in order to understand the current workforce delivering pharmacy services within Perth and Kinross. It became clear that there was a significant shortfall in the number of pharmacists and pharmacy technicians undertaking this work. This was largely due to a number of unfilled establishment posts as well as the establishment not being large enough to adequately address the demand.

The findings of this work led to a planned expansion of the service by increasing the establishment by 6WTE pharmacists and 3WTE technicians.

What has been achieved

Additional pharmacy resource has been secured through several rounds of recruitment, however it was recognised in the PCIP that delivering against the aspirations of expanding this workforce was going to be a challenge and this has proven to be the case. This is a national issue.

Nonetheless, there are now 12.3WTE pharmacists and 2.4WTE technicians (14.7WTE) delivering pharmacy services within Perth and Kinross. This compares to 8.5WTE pharmacists and 0.8 WTE technicians in the middle part of 2018. Although this is a significant expansion there are still a number of unfilled positions and this has led to significant slippage against the planned expenditure.

In terms of service delivery the pharmacy team undertook an extensive test of change which sought to establish what could be achieved against the contract's aspirations for pharmacotherapy services. These are separated out into different levels (3 in total with a range of services contained within each).

The test of change was a success and practices which were in receipt of the "new" pharmacotherapy service reported favourably their experience. The challenge however is to expand that level of service to all practices in a sustainable way.

The first step in doing so started in February 2019 with a staged approach to implementing the initial elements of Level one services to all practices. The roll out is progressing well however it is recognised that without continuing to expand the pharmacy team considerably it will be difficult to meet the contract's aspirations.

Future plan

The future plan for this service is to continue to recruit to the posts needed to expand the new pharmacotherapy service i.e. the range of services set out in the contract, to all practices in a sustained way. Each round of recruitment to date has yielded some success and there is reason to expect that this should continue albeit at a rate slower than would be desired.

Recognising these issues and the need to deliver on the service set out in the contract, there are also a range of additional measures being taken for example:

- Alternative, more proactive, methods of recruitment are being explored.
- Alternative workforce composition is being explored to establish what could be achieved by for example up-skilling existing staff to undertake tasks. This would then necessitate recruitment into vacated lower grade positions which are generally more favourable in the recruitment market.

3.3 Community Care and Treatment

Initial plan

The new GMS contract places new responsibility on Integration Authorities for the delivery of a wide range of services which have routinely been provided in General Practice e.g. phlebotomy, wound care, blood pressure monitoring, suture removal, electrocardiograms (this is not an exhaustive list). This project

remodels the delivery of these services so that they remain close to patients but are delivered by the Health and Social Care partnership.

The aspirations of the contract are that this is done in a holistic manner so that services are designed, set-up and delivered sustainably. This is a complex undertaking and a planned level of engagement has been undertaken with individual GPs, with Clusters, the Local Medical Committee and with wider Primary and Secondary Care healthcare providers.

Additionally an audit of general practice nursing was undertaken and this provided valuable data which has allowed for services to be designed robustly with a reasonable level of accuracy in terms of:

- demand per practice/cluster/locality,
- the duration of appointment types
- The variations in the types of appointments across the HSCP area.

In the early stages of planning, the following services were identified as priorities for delivery by the HSCP:

- 1) Phlebotomy
- 2) Wound Dressing
- 3) Electrocardiograms

What has been achieved

Having conducted a significant level of engagement, where a large variety of views were expressed, it became clear that a whole-system model for delivery was necessary. This type of approach to service planning is recognised by the national oversight group as more favourable than seeking to implement smaller scale incremental changes.

It was clear that such a model would need to cater for all care and treatment services and that modelling services based on demand using the audit(s) undertaken would allow the HSCP to set up sustainable services. The service modelling approach employed has now been recognised by Health Improvement Scotland as an exemplar. It is nonetheless accepted that progress to the delivery of services has been slower as a consequence of the extension to the planning phase.

The model for delivery is based on a “hub and spoke” approach with services based within, Perth City (location(s) to be finalised), our Community Hospitals and individual GP practices.

Perth and Kinross, has a diversity of physical resources with some GP practices sited very close to Community Hospitals and some which are more remote with infrequent transport links. This diversity is being catered for within the care and treatment model being developed so that patients are able to see the right healthcare provider in a location which is close to their GP practice or is of their choosing i.e. patients may work some distance from their home, the GP practice or their local care and treatment hub. These patients should be

able to access services from any of the hub locations, improving significantly patient access to services. Conversely this will reduce the demand for these same services to be delivered within practice settings.

This approach ensures that patients have much greater access to the right healthcare provider in a setting which is convenient for them. In many instances this will be at or near to their GP practice as is required by the contract and Memorandum of Understanding which underpins its implementation.

The model does not however suit all types of services. For example where patients need regular appointments for leg ulcer care or phlebotomy. These types of services, which require regular and frequent treatments, additional outreach to practices from locality hub facilities may be necessary.

This will see staff outreaching to those GP practices which are some distance from locality hubs in order to cater for such service demand. Consultation and engagement with practices is ongoing to identify which services practices feel are caught in this bracket. This is necessary to ensure that the demand for those services can be understood and appropriate staffing models developed.

It is also recognised that this model means that patients may have to travel to locations other than their GP practice for some services. In many instances, this will be appropriate in terms of efficiency of service, clinical expertise and greater access for patients in terms of appointment availability.

In terms of service delivery, CCATS services have been split in terms of those to be delivered directly by NHSTayside/HSCP employed staff and those to be delivered by commissioned services i.e. existing secondary care services being expanded to outreach into communities to deliver services.

Diagnostic services are currently provided for secondary care in Perth and Kinross by the Medical Diagnostics service based in PRI. This service is being commissioned to expand their workforce to undertake the following services on an outreach to Community Hubs:

- Electrocardiograms
- Spirometry
- Blood pressure monitoring

Planning for the delivery of these services in this manner is at an advanced stage and it is anticipated that the service will start seeing patients in early to mid 2019/20.

A number of General Practices in Perth and Kinross have indicated that they are no longer able to provide some services for their patient populations, for example leg ulcer and wound care.

Plans are now being developed and implemented which will see such dermatology (and aural care) related CCATS services being delivered by NHS Tayside/HSCP employed community nursing staff in early 2019/20.

There is an acute need to cater for this within Perth City initially, however plans are also being developed and implemented in North and South Perthshire and Kinross. These plans are not interdependent and will be taken forward on a locality basis.

Future plan

As set out above, 2018/19 has seen significant engagement, service modelling, and planning activity for CCATS. The plan for 2019/20 will see these services start to become operational.

It is recognised however that not all services will be started at the same time for all practices/patients. There are a broad range of services caught under CCATS and these need to be delivered across a diverse geography in differing settings. This will take time and will be built-up throughout this period.

The long term plan for CCATS for Perth City is for a single hub facility to be developed and work to progress towards this is being taken forward with NHS Tayside. Alongside this work, interim local arrangements will be put in place which may see a range of facilities being used across Perth City.

3.4 Urgent Care

Initial plan

In order to allow GPs to focus on more complex patient needs, a range of other roles will be necessary to support the patient population. Advanced Nurse Practitioners (ANPs) and Specialist Paramedics may both have a future role as a core element of the wider multi-disciplinary teams aligned to practices.

It was initially anticipated that ANPs would be brought into posts within 2018/19 to support GPs. This has not been possible within the timescales originally planned as it has taken longer to gain a consensus of support for envisaged models.

What has been achieved

Through extensive engagement with GPs and wider primary care healthcare professionals, a model which would see Advanced Nurse Practitioners undertaking work, seeing patients predominately in care homes, supporting general practice has been developed iteratively.

Although progress on this has been slower than planned three ANP roles have been advertised and are recruited to. It is now anticipated that the successful appointments will be in place by July 2019.

This will see these ANPs work closely with practices across their localities to assist with urgent and unscheduled patient care, particularly in respect to domiciliary visits. This model aligns well with HSCP plans for Enhanced Community Support, anticipatory care planning, and alignment with Medicine for the Elderly clinicians.

Little progress towards Specialist Paramedic support to general practices has been made. Nonetheless, more recent engagement with Scottish Ambulance Service has taken place and early plans are being discussed to test the use of Specialist paramedics within one cluster in Perth and Kinross. It is not however anticipated at this time that this will be funded from the PCIF and so does not feature in the future financial modelling at this stage.

Future plan

With the successful recruitment of ANPs into post, this new service will be evaluated throughout 2019/20 to ensure it is delivering against the aspirations of the contract and is in keeping with expectations of GPs and patients alike. This will be critical to the potential further future expansion of this service which could see the number of ANPs rise significantly. This is of course dependant on the available workforce and the other demands on the PCIF.

3.5 Musculoskeletal (MSK) first contact service

Initial plan

This project alters the patient pathway for MSK presentations so that patients initially see an MSK physiotherapist rather than a GP in appropriate circumstances.

The plan for 2019/20 in terms of the introduction of this new services was to ensure that the service is delivered in one cluster within Perth and Kinross and that this would then roll out to other clusters over the course of the programme implementation.

What has been achieved

This new service started in early January 2018 with 1.5 WTE staff delivering 13 clinical session covering;

- 4 of the practices in the Perth City cluster, and
- 2 of the practices in the South Perthshire and Kinross-shire cluster.

Additional clinical sessions across Perth and Kinross are planned to commence from April 2019 dependant on the available workforce to deliver the increase in sessions.

This project has required less resource initially due to delays in project/service start-up. This is largely related to recruitment and the suitability of IT resources. Although this has resulted in accumulation of slippage, lessons have been learned in these early stages and will assist in the future roll out of

the service. In particular, this project now forms part of a wider eHealth IT systems Test of Change which will see the “Vision Anywhere” system being used to streamline access to services for patients and appropriate access to records for healthcare providers.

Future plan

Additional budget resource from April 2019 is available for this project to accelerate services to patients from other clusters. This will see an additional 2.5WTE posts (3.5WTE in total) delivering these services across Perth and Kinross. This escalation in service delivery will nonetheless be done in a controlled and sustainable manner throughout 2019/20.

3.6 Mental Health

Initial plan

PCIF funding and funding received under the Scottish Governments Mental Health Strategy, known as “Action 15” has been combined in order to appoint six Primary Care Mental Health Nurses. The aim is to improve access to mental health professionals and increase the capacity of GPs. Two nurses will be allocated to each locality in Perth and Kinross and will be aligned to GP clusters.

What has been achieved

After advertising the six posts and conducting interviews, four appointments have been made with two nurses taking up roles in the North Locality and the other two in Perth City. There have been initial discussions with a number of GP Practices and a draft pathway developed to ensure the seamless introduction of this new service to GP practices. This work complements the work being undertaken in respect to Social Prescribers (Community Link Workers).

Future plan

The remaining posts have been re-advertised in the hope that all positions can be filled. If it is still not possible to recruit, alternative models of support will be investigated which may be more attractive to those seeking to work in more rural settings.

3.7 Social Prescribers (Community Link Workers)

Initial plan

Consultation with relevant stakeholders including Community Learning and Development, Community Capacity Team and Healthy Communities found that there are numerous community based support group throughout Perth and Kinross. It was however identified that there can be issues for people in accessing the support available.

To address this, three full time Social Prescribers have been employed using fixed term funding from Perth and Kinross Council. In addition, three workers from the Healthy Communities Team have a Social Prescribing role.

Similar to the model for Mental Health Nurses two Social prescribers have been located in each locality and aligned to individual GP practices. Their role is to link people to appropriate community based support to help address factors which contribute to health issues. The aim of these roles is to improve health and wellbeing by providing a response to the increasing demands on health and social care services that does not involve prescribing medication or referring to statutory services.

What has been achieved

As stated above the Social Prescribers are aligned to individual GP practices. They have been in place since late 2018 and have built relationships with fellow professionals and expanded their knowledge base in respect to the availability of community based support within their locality.

There is an ongoing promotional campaign to increase awareness of the work being undertaken. This includes leaflets which are being distributed to all GP practices in Perth and Kinross.

This service is still at an early stage of establishment but it can be seen from activity data that since July 2018 the average number of cases initiated per month is 27. In respect to 2019 only, the average number of cases has increased to 35 per month.

Future plan

It is anticipated that once the Primary Care Mental Health Nurses (referred to above) become established in post, the demand for this service will continue to increase, as will its value to service users. The promotion of the service will also continue through the ongoing promotional campaign and networking with fellow professionals.

It is recognised that the funding for this service is currently provided by Perth and Kinross Council on a fixed term bases. Anticipating the value that this service provides, sufficient funding has been set aside within the PCIF to sustain this service in the longer term.

4. FINANCE

The Primary Care Improvement Fund is provided directly to Integration Authorities. Its purpose is to fund the implementation of our Primary Care Improvement Plan, encompasses the creation and delivery of services in direct support of General Practice under the terms of the 2018 General Medical Service Contract. This fund cannot be used for any other purpose than this.

Table 3 below sets out the size of the fund, the initially planned expenditure for 2018/19 against the actual in year expenditure, and provides future plans for expenditure in 2019/20. This assumes that the indicative budget provided by the Scottish Government is as was indicated in May 2018.

Expenditure against this indicative budget is dependent on the availability of the necessary skilled workforce as well as the availability of appropriate premises and infrastructure, for example IT (the interoperability of practice based software).

Table 3	2018/19		2019/20
	Planned £000s	Actual £000s	Planned £000s
PCIF Budget*	1,228	1,228	1,476^
Supplementary income**	178	178	198
Total Budget	1,406	1,406	1,674
Services			
Vaccination Transformation	88	65	200
Pharmacotherapy	294	186	294
Community Care and Treatment	180	6	372
Urgent Care	24	0	154
MSK First Contact Physiotherapy	49	21	232
Mental Health**	93	12	245
Community Link Workers	99	99	102
Recruitment and Retention	0	0	170
Vision Anywhere	0	0	15
Potential Superannuation Increase	0	0	85
Total Expenditure	827	489	1,869
In Year Variance	579	1017	(195)
Cumulative Variance		1017	821

* The Primary Care Improvement Fund is a ring fenced budget which can only be used to deliver the Primary Care Improvement Plan which encompasses the implementation of the 2018 GMS Contract. Expenditure against this resource is jointly agreed between Integration Authorities and the Local Medical Committee. Under spends are carried forward and planned to be fully utilised in future years.

** includes Action 15 monies

^ This is an indicative figure

5. Challenges

Workforce

The Primary Care Improvement plan highlighted that a lack of availability in terms of suitably skilled workforce, of the size needed to undertake the necessary work was a key risk to the full and successful implementation of the contract.

This risk remains very high and has already been experienced particularly in relation to Pharmacotherapy and Mental Health. It is however anticipated that there may be further recruitment issues in other areas of the programme, for example;

- MSK due to a shortage in qualified and experienced physiotherapist,

- Community Care and Treatment due to the number and diversity of skill set required in respect to Nursing provision.
- Vaccination Programme due to the seasonality of the service.

This challenge is being managed manifoldly, across the programme, with innovative approaches being taken to both recruitment and the modelling of the skill mix within teams seeking to deliver services.

Premises

There are a number of facets in the contract which relate to premises and the responsibility for the supply of appropriate premises to deliver the necessary services under the contract. These include the long term shifting of responsibility away from General Practitioners to own or rent the premises in which the operate, to a model where this responsibility falls to Health Boards. This is a long term strategy and at this early stage of the contract's implementation is still very much in its infancy.

There are however shorter term issues which need to be overcome in respect to the shifting of responsibility for the delivery of services (those caught under Community Care and Treatment). This requires the sourcing of premises to host the necessary services.

As set out above, the CCATS sees services being delivered using a "hub and spoke" model across Perth and Kinross utilising existing premises in the form of Community Hospital sites and GP practices.

Work on the suitability of these sites to accommodate these new services is ongoing and it is likely that a degree of capital investment will be necessary to make premises suitable. This will require to be funded separately as the PCIF cannot be used for such purposes.

In respect to Perth City, which covers approximately half of the patient population, a single site solution for the delivery of CCATS service is the preferred model for delivery. However, given the magnitude of such a service (in excess of 1600 patient appointments per week) and the lack of an immediately available physical asset, a split site solution may be necessary initially. Work on this solution is being undertaken currently, including the potential remodelling and repositioning of existing services.

Similar to above, it is anticipated that this may incur capital costs which will require to be funded separately from PCIF.

IT Infrastructure

The PCIP explains that there is a "need for systems that can allow both primary and secondary care clinicians to appoint patients where and when they need to be seen. We need IT processes that return necessary clinical information about test results and procedures to those who have requested them."

Allied to this requirement we need to consider the models for service delivery being implemented and design our processes, systems and patient pathways appropriately. These issues are being taken forward together with a “test of change” of the “Vision Anywhere” system. “Vision” is used by 22 of the practices within Perth and Kinross (two practices use EMIS as their patient records system) and the test of this advanced version of that system is to establish its capabilities in respect to the following (this is not exhaustive):

- Remote and mobile access to patient records
- Federated appointment booking, whereby practices can book appointments for patients to see healthcare providers in locations other than their own practice.

The test of change covers two clusters in the early stages and where possible will be accelerated to cover other clusters and practices.

The success of this test has a significant bearing on the future efficiencies of the services to be delivered, it does not however inhibit the development and implementation of services. This is particularly relevant for the “EMIS” practices within Perth and Kinross.

6. Stakeholder/Patient Engagement

The PCIP places responsibility on the HSCP and GP clusters to ensure the interests of patients are integrated with “the delivery and further evolution of the plan”.

There has been a high level of engagement, throughout 2018/19, between the HSCP and GPs individually, as well as within practices, within clusters and more broadly via the Perth and Kinross Primary Care Group which includes a broad range of primary care healthcare providers and managers. It is however recognised that patient groups have not been directly represented throughout this early stage of the PCIP and contract implementation.

The Perth and Kinross Primary Care Board has overseeing responsibility for the delivery of the PCIP and the contract implementation. To address the gap in direct engagement with patients, the Board is developing a stakeholder engagement and communications plan. This seeks to ensure that all stakeholders are engaged in the most appropriate way and at an appropriate time as the programme develops.

7. Evaluation

The overarching principle of the programme is to ensure the timely availability of services so that patients can be seen by the right healthcare provider in the right location at a convenient time.

The contract sets out a broad range of key deliverables and benefits and the services being implemented are designed to meet those aspirations. More broadly, services are being created which are well aligned to the HSCP’s Strategic Plan and they will be measured in terms of their effectiveness to meet these complementary requirements.

An evaluation tool has been developed which captures the key desirable benefits and records the performance of services. At this early stage of implementation it is not possible to robustly evaluate the services which are just coming into effect. However, with the expected escalation of services in the coming 6 to 12 months, broader evaluation will be possible

8. CONCLUSION

The programme of work to implement the Perth and Kinross Primary Care Improvement Plan which encompassed the implementation of the 2018 General Medical Services Contract is now well established and is making good progress.

The 7 projects which make up the programme are at varying stages of development and implementation.

It is important to note the 2018/19 budget, which has full year effect, was allocated partway through the year and that planning for services could only begin in full once the allocation was understood. This, combined with the difficulties referenced above, has led to slippage on planned budget expenditure in this first year of the programme. The expectation however is to see new services phased in over a three year period.

There are still substantial challenges to be overcome if the programme is to be wholly successful and the contract is to be fully implemented. Not least of which relate to the available workforce, but also to the capabilities of IT systems and infrastructure and the availability and suitability of premises. These issues are well understood and are being managed within the programme in a controlled manner with appropriate escalation as is necessary.

It is anticipated that year 2 of the programme 2019/20 will see an escalation of the services being delivered. This will see more practices being supported across a broader range of services. In turn this means that more patients will see a broader range of healthcare professionals all of whom form part of the multi-disciplinary team which is wrapped around their general practice.

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	Yes
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	Yes
Other assessments (enter here from para 3.3)	
Consultation	
External	No
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	No
Corporate Governance	Yes
Communication	
Communications Plan	No

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report highlights the work of the Primary Care Board in support of the Health and Social Care Partnership's Strategic Commissioning Plan

- 1 prevention and early intervention,
- 2 person centred health, care and support
- 3 work together with communities
- 4 inequality, inequity and healthy living
- 5 best use of facilities, people and resources

2. Resource Implications

2.1 Financial

The Primary Care Improvement Plan is supported by the Primary Care Improvement Fund. This fund is provided by the Scottish Government directly to the Integration Authority and cannot be used for any other purpose.

The available budget for 2018/19 was £1.406m (£1.228m of which comes from PCIF). The total indicative available budget for 2019/20 is £1,674m (£1,476m being the indicative PCIF allocation). This does not including the 2018/19 carry forward.

2.2 Workforce

The PCIP will see the creation of around 60 new posts within the HSCP. The programme is managed via the Perth and Kinross Primary Care Board which is appropriately supported by HR.

Initial steps have also been taken to engage with staff side representatives and this will continue throughout the development of the programme.

3. **Assessments**

3.1 Equalities Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

The service re-design elements of the GMS implementation are required to consider equalities as a key element of any proposed development.

3.2 Risk

Each project within the programme is risk managed as an integral part of the programme approach being taken.

3.3 Other assessments

Measures for Improvement – The success of the Primary Care Improvement Plan will be measured using a broad range of evaluation metrics (including patient experience) which are currently being developed in collaboration with NHS Tayside colleagues, including Dundee, and Angus HSCPs.

Health and Safety – There are currently no major health and safety concerns when considering the work being undertaken in respect to PCIP and contract implementation.

Healthcare Associated Infection - This heading must be included with adequate detail if the report will impact on Healthcare Associated Infection in NHS Tayside.

Benefit Realisation – The evaluation measures being developed encapsulate the benefits realisation plan and will be available for future reporting.

Quality – The evaluation measures being developed are both quantitative and qualitative in nature and will be available for future reporting.

IT – The availability of appropriately enabled IT software and infrastructure is imperative to the success of this programme. An initial test of the “Vision Anywhere” product will be carried out on a relatively small scale throughout 2019/20. If this is successful, a planned accelerated roll out will be undertaken.

This is however predicated on the availability of appropriately sourced finance resource. The PCIF cannot be used to fund the procurement of such software.

An additional solution will also require development in order to cater for the needs of practices using alternative software programmes (EMIS). There are two such practices in Perth and Kinross.

4. Consultation – Patient/Service User first priority

4.1 External

N/A

4.2 Internal

The following people/roles have been consulted in the preparation of this report:

- 1) Associate Medical Director
- 2) Chief Finance Officer
- 3) Head of Health
- 4) Locality Managers
- 5) Lead Nurse
- 6) Service representatives:
 - Vaccination Services,
 - Pharmacy
 - Urgent Care
 - Mental Health
 - Physiotherapy
 - Community Link Workers

4.3 Impact of Recommendation

Approving plans to continue with the programme of work being undertaken to implement the 2018 GMS contract as part of the Primary Care Improvement Plan, will impact on patients in respect to:

- how they access services,
- where they access services, and
- which healthcare provider they will

This is however a positive development with patients having much greater access to the right healthcare provider in a setting which is convenient for them. In many instances this will be in or close to their GP practice. There will however also be additional capability and flexibility of service availability for

patients to access a broad range of services at locations which are suitable for them i.e. not necessarily within or near their GP practice. This will improve patient access particularly for patients who work remotely from their GP practice. In this scenario patients will be able to access services in a location which is more convenient.

In order to engage and communicate these changes to patients a communication and engagement plan is being developed by the Primary Care Board.

5. Legal and Governance

This is a large piece of partnership work and each element of service redesign will consider appropriate Governance arrangements.

6. Directions

This report does not require the IJB to give directions to either parent body.

7. Communication

This is a large piece of partnership work which is being taken forward in collaboration with a wide cohort of stakeholder.

8. BACKGROUND PAPERS/REFERENCES

- IJB [cover report](#) for Primary Care Improvement Plan
- [Pan-Tayside Primary Care Improvement Plan](#)

9. APPENDICES

N/A