



## **PERTH & KINROSS INTEGRATION JOINT BOARD**

**28 September 2018**

### **Primary Care Improvement Plan and General Medical Services Contract Implementation: Progress Update**

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#### **PURPOSE OF REPORT**

This report provides the Integration Joint Board (IJB) with an update on progress made to date in respect to implementing the Primary Care Improvement Plan (PCIP) which encompasses the 2018 General Medical Services (GMS) Contract.

#### **1. RECOMMENDATION(S)**

The IJB is asked to:

- 1) Note the proposed allocation of Primary Care Improvement Funds (PCIF) across the programme of projects which seek to implement the Primary Care Improvement Plan and the 2018 General Medical Services.
- 2) Seek further progress reports to each sitting of the IJB as the implementation programme develops.

#### **2. SITUATION/BACKGROUND / MAIN ISSUES**

The 2018 Scottish General Medical Services (GMS) Contract was developed by the SGPC (Scottish General Practice Committee) and the Scottish Government to re-invigorate general practice and to re-energise its core values. The aim of the contract is to create a dynamic and positive career for doctors and to ensure that patients continue to have accessible, high quality general medical services.

At its meeting of 22 June 2018, the IJB approved the pan-Tayside Primary Care Improvement Plan and following the meeting of the 22 June the plan was approved by the Local Medical Committee (LMC) and was subsequently submitted to the Scottish Government. This paper outlines the initial spending proposals for the implementation of the PCIP in Perth and Kinross.

Table 1 sets out the available budget and currently proposed spend in order to deliver a balanced budget in year 3 of the programme. In order to deliver a balanced

budget across years 1 and 2 projects will be phased according to priority, this work is being carried out currently in time for submission to the LMC and the Scottish Government in September 2018. Bearing in mind slippage in this financial year there will be significant carry forward to 2018/19. This carry forward will be fully committed along with the in year budget in order to scale up projects started in year 1 of the programme.

**Table1**

| <b>FUNDING SUMMARY</b>                     | <b>2018/19<br/>£000's<br/>CYE</b> | <b>2019/20<br/>£000's</b> | <b>2020/21<br/>£000's</b> | <b>2021/22<br/>£000's</b> |
|--|-----------------------------------|---------------------------|---------------------------|---------------------------|
| Primary Care Improvement Fund              | 1249                              | 1502*                     | 3004*                     | 4232*                     |
| Shifting the Balance of Care funds (SBC)** | 70*                               | 72*                       | 74*                       | 76*                       |
| <b>TOTAL BUDGET</b>                        | <b>1319*</b>                      | <b>1574*</b>              | <b>3078*</b>              | <b>4308*</b>              |
| <b>TOTAL SPENDS</b>                        | <b>748</b>                        | <b>TBC</b>                | <b>TBC</b>                | <b>TBC</b>                |
| <b>BALANCE (carry forward)</b>             | <b><u>571</u></b>                 | <b>TBC</b>                | <b>TBC</b>                | <b>TBC</b>                |

\* Note these are indicative amounts not yet confirmed

\*\* Discussion and agreement on any redistribution of the existing SBC funds has still to be reached

() = Overspend

In reference to this financial year the Scottish Government has requested a return in September 2018 which sets out the Integration Authority's proposed spend across each element of the programme. Table 2 details the current proposal setting out the full year effect and the current year effect (CYE) for 2018/19.

**Table 2**

| <b>FUNDING DETAIL</b>   | <b>2018/19<br/>£000's<br/>FYE</b> | <b>2018/19<br/>£000's<br/>CYE</b> |
|---|-----------------------------------|-----------------------------------|
| <b>PCIF</b>   | <b>1249</b>                       | <b>1249</b>                       |
| <b>SBC (Shifting Balance of Care) funds</b>                               | <b>70*</b>                        | <b>70*</b>                        |
| <b>TOTAL BUDGET</b>   | <b>1319*</b>                      | <b>1319*</b>                      |
| <b>PROPOSED EXPENDITURE</b>   |                                   |                                   |
| Vaccination Service   | 88                                | 88                                |
| Pharmacy  | 481                               | 160                               |
| Community Care and Treatment (**)(***)                                    | 484                               | 161                               |
| Urgent Care   | 489                               | 163                               |
| Musculoskeletal   | 233                               | 81                                |
| Advanced Nurse Practitioner (In practice)                                 | 0                                 | 0                                 |
| Mental Health   | 200                               | 67                                |
| Community Link Workers/Social Prescribers (funded for 2 yrs outwith PCIF) | 0                                 | 0                                 |
| Programme Support   | 56                                | 28                                |
| <b>TOTAL SPENDS</b>   | <b>2031</b>                       | <b>748</b>                        |
| <b>TOTAL BUDGET</b>   | <b>1319</b>                       | <b>1319</b>                       |
| <b>BALANCE (whole year effect)</b>  | <b><u>(712)</u></b>               | <b><u>571</u></b>                 |

\*SBC available funding to be confirmed

\*\* IT provisioning not included at this stage

\*\*\* Based on 22 practices across Perth and Kinross. Data for the 2 additional practices will increase these figures

() = Overspend

### 3. PROPOSALS

The entirety of the PCIF funds provided from Scottish Government are to be spent on the purpose for which they were intended as described by the 2018 GMS Contract and as outlined in the PCIP.

It is stated that the PCIF (including baselined GP pharmacy funding being treated as PCIF) is not subject to any general savings requirements and must not be used to address any wider funding pressures. A key statement in the Memorandum of Understand which supports the contract's implementation is that: "*The HSCP [Health and Social Care Partnership] Plans must demonstrate how the funding will flow/be used to enable the redistribution of work from GPs to others and to optimise the role and functionality of the wider MDT [Multi-Disciplinary Team]*"

The initial design of the services which will be developed, and are subject to ongoing consultation and scoping, are described in the following chapters with indicative spending set out in tables 1 and 2 above:

#### **Vaccination Programme**

The Scottish Government's strategic vision for vaccination services is that the service is increasingly moved out of general practice to be delivered at NHS Board level across HSCPs. The new contract continues this move with a further role out of services via the vaccination's team managed by Public Health.

The aim of this programme is to reduce workload for GPs and their staff by delivering vaccinations as part of a wider multi-disciplinary team.

The early stages of this project will consolidate the vaccination service currently provided before then scaling up the delivery of a wider number of vaccinations over the 3-year implementation period. The ongoing costs of this service are based on that which is already budgeted within Public Health however PCIF funding is needed to sustain the service in the long term.

#### **Pharmacotherapy**

Every GP practice is to receive pharmacy support in the form of a pharmacotherapy service, evolving over a 3 year period with pharmacists and pharmacy technicians becoming embedded members of the core practice clinical teams to establish a sustainable service.

##### a. Pharmacy workforce

There are currently 8.5 WTE (whole time equivalent) Perth and Kinross Pharmacists in post although recent recruitment means that this will soon rise to 11.1. There is currently recurrent funding in place for 12.7. This project seeks to increase the establishment by recruiting an additional 6.3 WTE Pharmacy posts.

In addition, there are currently 3.6 funded technician (Band 5) posts and it is proposed that this complement be increased by 2.5WTE to allow for 1 per locality with additional required workforce capacity.

It is also worth noting that there is a test of change underway in 2 practices in Perth and Kinross as part of a wider service design process taking place across NHS Tayside. The findings of this work will to some extent inform the desired future make-up of the service and the necessary detailed staffing cohort to deliver the service. It is nonetheless recognised that we have a very significant shortage of pharmacy staff and early steps are needed to recruit staff to new posts as part of this project.

b. 'Pharmacy First' scheme

Pharmacy First enables community pharmacists to treat some additional self-limiting conditions such as uncomplicated urinary tract infections and impetigo by use of Patient Group Directions (PGDs). This service is currently funded from other non-HSCP funding streams however to ensure the ongoing development and embedding of this service across Perth and Kinross, the HSCP is being asked to set-aside **£27,000** (at 2018 rates) to sustain the delivery of the service from year 2 (19/20) onwards.

**Community Care and Treatment Service (CCATS)**

A comprehensive Week of Care Audit was carried out across Perth and Kinross in June / July 2018 to identify the varying types of work being undertaken within General Practice. In particular the audit sought to understand the number of appointments which could have been dealt with as part of a CCATS. The data from this has been used to inform the initial stages of this project in order to understand the various models of delivery which might exist for the service and critically to understand which of these is favoured by each practice across our 5 GP cluster groups.

Notwithstanding the options available, it is important to understand the investment needed from the HSCP to deliver the Community Care and Treatment Service as set out in the contract. The data from the week of care audit has assisted in producing a proposed budget for the staffing cohort needed to deliver the service. Work is currently underway to understand the priorities for GP clusters, the preferred models of delivery and any additional costs needed to deliver the service in the long term. This work will inform plans for phasing the introduction of the service across Perth and Kinross.

**Urgent care**

The 2018 GMS contract provides for the opportunity to benefit from "utilising advanced practitioners to respond to urgent unscheduled care within primary care, including being the first response to a home visit or responding to urgent call outs, freeing up GPs to focus on their role as expert medical generalists. These practitioners will be available to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care. Home visits can take a disproportionate amount of GP time and early assessment of the very ill at home may also give more leeway for exploring alternatives to admission or admitting promptly.

#### a) Paramedics

Pilots of bringing paramedics into the primary care team have required significant 'start up' work to be undertaken to establish how best to deploy the resource. However, following this start up phase they were found to provide a very useful service, releasing GPs from house calls: both the paramedics and practices felt that following the initial 'start up' phase they rapidly became integral members of the team. Considerable work is required to test and model the provision most likely to benefit primary care and impact on GP workload. Initial scoping might suggest that funding should initially be reserved for a paramedic per cluster (2 for the larger Perth city) which, with leave cover, would require 7.35WTE posts by year 3 of the programme.

#### b) Advanced Nurse Practitioners (in the community)

Where service models are sufficiently developed, advanced nursing practitioners (ANP's) may also directly support GPs' expert medical generalist work by carrying out routine assessments and monitoring of chronic conditions for vulnerable patients at home or living in care homes.

Significant workload for GPs is generated by Care Homes resulting in requests for "home" visits, often daily. This workload could be supported by ANPs undertaking these visits routinely. In combination with this it may be possible to appropriately align this work with enhanced MFE (Medicine for the Elderly) arrangements, and GP's, to more pro-actively manage Care Home patients

It would be anticipated that a similar number of ANPs as that designated for paramedic services would be likely to be required. The exact number and distribution/alignment would be subject to further testing and discussion with GP clusters. Meantime a notional number of ANPs of 7.35-11.0 might be considered necessary to deliver this service in Perth and Kinross. The final compliment necessary will be informed and refined as the service develops with a smaller number of posts being utilised initially.

### **Additional Professional Roles**

#### a) Musculoskeletal (MSK) First Contact Model

There is strong evidence to suggest that many patients with musculoskeletal (MSK) problems can, in many instances, be treated effectively by an MSK specialist in the first instance without the need for a GP appointment. This provides swifter access to the necessary services and relieves a significant burden from GP practices.

In Perth and Kinross we will seek to develop the 'First Contact' model where patients can be triaged directly to an MSK appointment whereby they will receive direct first contact specialist physiotherapy care.

Considering both the recent Week of Care audit of General Practice and a recent pilot of the First Contact model within GP practice, it can be seen that between 3.54 and 6.7 physiotherapists would likely be needed to meet the demand for the service across Perth and Kinross.

We will seek to recruit staffing resources at the lower end of this spectrum initially in order to role the service out. As the demand is measured and practices and patients becoming more familiar with the new service it is anticipated that additional resources may be necessary. In this regard the funding for implementation of the First contact model is planned to scale up across the 3 years of the programme.

a) Advanced Nurse Practitioners (in practice)

ANPs may also have a crucial role to play in practices, managing patients alongside GPs in the surgery. This represents a very direct way of increasing front line capacity and needs to be expanded. They can also take on complex chronic condition care, traditionally done by GPs eg diabetes management.

Further consultation is needed to scope this out over the first 2 years of the programme. This work is necessary to ensure the appetite, funding and service demands are aligned.

b) Community Clinical Mental Health Professionals

Mental Health services in Perth and Kinross are currently experiencing a high demand for service and this is in-line with that which is being experience across Scotland. At present many of the services offered are dealing with crisis situations with no real opportunity to engage patients before the crisis occurs. This project seeks to implement a new approach in supporting GPs in practices, “upstream” of the crisis situation, to assist patients experiencing low-level anxiety issues, loneliness and other social related stresses which ultimately affect mental health adversely.

The contract states that: *‘Community clinical mental health professionals (eg nurses, occupational therapists) based in general practice, will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.’*

We would seek to develop a new model of service delivery by contracting the services of individuals able to assess and deliver services including signposting low level mental wellbeing issues in order to manage appropriate patients within their locality.

c) Counselling

Similar to that discussed under C above, it is not clear which model of service delivery would provide the biggest gains in terms of support to GPs and positive outcomes for patients. C and D could however be taken together to design services which best meet the needs identified.

Although the preferred model is still in the development phase it is prudent to set aside a reasonable budget to be used to deliver the new service.

Separate to the PCIP and associated funding, the HSCP has also recently submitted, to the Scottish Government under “Action 15” of the Mental Health

Strategy 2017-2027, proposals for a new distress service which will assist in bridging the gap in services which currently exists in out of hours. Work will now be undertaken to bring the priorities under Action 15 together with those within the PCIP to ensure that the future services best meet the needs of patients and in doing so supports General Practice by providing appropriate access to mental health professionals.

#### d) Community Link Workers/Social Prescribing

Social prescribing has been shown to provide social and practical support for people with a wide range of social problems and health conditions whose needs are not currently being met through existing services.

Perth and Kinross Health and Social Care Partnership has funded 3 Social Prescriber posts in Perth and Kinross for a 2-year period, with one worker based each in Perth City, North Perthshire and South Perthshire. These posts are currently funded separately to the Primary Care Improvement Fund. The project nonetheless forms part of the wider programme of service redesign and provides significant opportunities to better understand the value that such services can deliver for patients in support of general practice.

Social Prescribers in Perth and Kinross will offer signposting and support to people to access and use community based activities. These help to address factors which contribute to health problems, with the aim of improving health and wellbeing. The service provides a different response to the increasing demands on health and social care services including general practices.

#### **District Nursing Services**

District Nursing is a pivotal part of Primary Care, and although the new contract does not address District Nursing directly, it is important that District Nurses are understood as integral to the transformation of Primary Care. There is considerable scope for differently organising current services and this work is already embraced within the profession. Some of the elements of the new contract could bring new opportunities if we approach the potential thoughtfully. District Nursing has a long-established focus on skill mix, building stronger clinical leadership within teams with better integration. This work could be enhanced and accelerated through the new contract with the emphasis on ANPs (Urgent care) and CCATS in particular. The design of these new elements should be taken forward with the full and earliest involvement of District Nursing colleagues.

#### **Programme Management**

It is recognised that the implementation of the PCIP represents a significant strategic, managerial and administrative challenge for all stakeholders. The necessary work is in addition to that which the various stakeholder groups already undertakes. This has been recognised in respect to the provision of additional funding to the GP Sub group for example.

In order to adequately resource the management of the programme the HSCP is seeking to attribute £28K (current year effect) to support the delivery of the programme of work this year with a similar pro-rata investment needed in the years thereafter.

#### 4. CONCLUSION

This report covers the proposed allocation of Primary Care Improvement Funding per project for 2018/19.

It has been necessary to undertake significant work to understand the likely necessary budget allocation for the programme. Given the indicated up-scaling of budget allocation in future years, this work has concentrated on that which is needed to support established services by year 3 of the programme. A phasing approach is being taken to understand what is then needed to deliver a balanced budget in earlier years.

Work is continuing with stakeholders to better understand preferred service designs to ensure investment is made in areas most likely to provide the biggest impact.

The outlined proposals are projected to deliver a significant budget surplus in 2018/19 as a consequence of in year slippage. Any under spend accrued will however be fully committed in future years.

##### Author(s)

| Name           | Designation       | Contact Details |
|----------------|-------------------|-----------------|
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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

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

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

The Primary Care Improvement Plan seeks to implement the 2018 General Medical Services Contract. Consequently this report impacts on all areas of the 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 Chief Finance Officer has been consulted on the drafting of this report.

A total of £45.75m has been allocated to Integration Authorities across Scotland. The Perth and Kinross Integration Joint Board share of this important investment for 2018/19 is £1,249k.

## 2.2 Workforce

The Lead for Human Resources and the partnership representatives for each area affected by this work were engaged in the development of the Primary Care Improvement Plan. Each project within the implementation programme has its own HR and staffing implications and as such HR and staff side representation will be invited to contribute throughout project/programme delivery.

## 3. **Assessments**

### 3.1 Equality Impact Assessment

Under the Equality Act 2010, Perth and Kinross Council and NHS Tayside are 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 chapter of the PCIP will be developed into individual business case proposals which make the case for change including, amongst other elements the risks borne by taking proposals forward.

### 3.3 Other assessments

The following assessments will be undertaken as part of the programme management approach being taken to manage the implementation of the GMS contract:

Measures for Improvement

Patient Experience

Health and Safety

Healthcare Associated Infection

Benefit Realisation

Quality

IT

#### **4. Consultation – Patient/Service User first priority**

##### **4.1 External**

The following external groups have been consulted on the development of these plans.

- 1) The GP Quality Cluster Leads
- 2) The Local Medical Committee
- 3) The GP Sub Group

##### **4.2 Internal**

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

- 1) Chief Finance Officer
- 2) Clinical Director
- 3) Head of Health
- 4) Heads of Service, Service Managers, Lead Professionals and Third Sector representatives for:
  - a. Vaccination Services
  - b. Pharmacy
  - c. Urgent Care
  - d. Mental Health
  - e. Physiotherapy
  - f. Community Link Workers
- 5) NHS Tayside Finance representation

#### **5. Legal and Governance**

This is a large piece of partnership work and each element of service re-design will consider appropriate Governance arrangements. The whole programme will however be reported through the Primary Care Board for Perth and Kinross as well as the General Medical Services Implementation and Advisory Group and the Primary Care Board within NHS Tayside

#### **6. Communication**

This a large piece of partnership work and each element of service re-design will require significant communications with stakeholders. This will be taken forward throughout the implementation phase of this programme of work.

#### **7. BACKGROUND PAPERS/REFERENCES**

[“The 2018 General Medical Services Contract in Scotland”](#)

#### **8. APPENDICES**

None.