



Perth & Kinross Integration Joint Board

22 June 2018

GP Engagement Funding

Report by Dr Hamish Dougall, Clinical Director (G/18/97)

PURPOSE OF REPORT

To seek approval for 2018/19 GP Engagement Funds to support effective GP Prescribing.

1. RECOMMENDATION(S)

- 1.1 The IJB is asked to approve investment of £211k in 18/19 for the GP Engagement Programme.

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 In March 2017 the IJB approved a proposal to invest £312k/annum for a 3 year period to support additional GP time to focus on quality, safety and cost effectiveness of prescribing and transformation of unscheduled care.
- 2.2 The investment was regarded as an essential 'invest to save' initiative, key to improving the cost effectiveness of prescribing and bringing expenditure in line with budget.
- 2.3 The roll out plan for 2017/18 estimated spend of £156k. Actual spend was £41k with reasons for delay in spending as follows:
 - 2.3.1 It was always anticipated that finding additional GP capacity from either within or outwith GP practices was going to be a challenge in the current difficult GP recruitment climate, and so it has been the case.
 - 2.3.2 Lack of capacity within the HSCP team to deliver such an innovative program which has required personal visits to most of the 24 GP practices in P&K to discuss.
 - 2.3.3 Resistance to change from some GP practices.
- 2.4 Whilst financial investment in 17/18 has been lower than anticipated, the investment of time by the Clinical Director and others to set up a sustainable engagement approach, has been significant.

- 2.5 Overall in 17/18 there was a 0.19% decrease in GP Prescribing expenditure in Perth and Kinross compared to an increase of 1.7% across Scotland. Whilst this cannot be directly attributed to the establishment of the GP Engagement approach, it is likely that it is a significant contributing factor.
- 2.6 The 2018/19 Financial Plan for GP Prescribing assumes growth in volume of 0.5% (£140k) and price growth of 1.0% (£281k) which equates to an overall increase of £321k. A step up in investment in GP Engagement will seek to ensure that this level of growth is controlled with any further improvement helping to close the current £438k shortfall in the Financial Plan.

3. 2018/19 Proposed Investment

- 3.1 The proposed investment for 2018/19 on GP Engagement is set out in Table 1 below.

Table1: Programme Area	2018/19 Projected Cost £
GP Capacity	121,000
Specific Projects	27,000
Other incl. Programme Management Support	63,000
Totals	211,000

- 3.2 The basis of this model is to provide a blended approach to the establishment of the team tasked with accelerating the work already being undertaken.
- 3.3 In order to maximise the benefits of the programme we are seeking to vary our approach to accessing GP capacity. This involves using a range of methodologies including: salaried GPs; GPs undertaking “career start” (part funded by NHS Tayside); and others on a sessional basis.
- 3.4 In respect to project specific costs; a number of projects are already established and will continue to be supported to ensure maximum benefits are achieved. There are other projects which are being developed and small tests of change are being undertaken to establish their viability. These projects generally require a level of pump priming investment, for example for pharmacy support staff, and once rolled out across the partnership area they will individually contribute to the overall aim of controlling prescribing expenditure.
- 3.5 To assist in the efficient management of this activity and following the significant start up work undertaken by the Clinical Director, the programme will now be supported by a programme manager.

4. CONCLUSION

Significant progress on prescribing costs has been made but it is recognised that challenges still remain. A more coherent and dynamic team, inducing significant GP capacity, should soon be in place to focus on this and wider quality & safety prescribing issues, and to work with GP's on their use of unscheduled care.

Author(s)

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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	No
Risk	No
Other assessments (enter here from para 3.3)	No
Consultation	
External	No
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	Yes
Corporate Governance	No
Communication	
Communications Plan	Yes

1. Strategic Implications

1.1 Strategic Commissioning Plan

The approach being proposed in respect to investment in prescribing management impacts on the following areas.

- 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 and seeks to invest £211k in the prescribing management programme.

2.2 Workforce

This report details proposed new workforce arrangements for advancing the quality, safety and cost effectively prescribing agenda.

3. Assessments

3.1 Equality Impact Assessment

Assessed as **not relevant** for the purposes of EqlA

3.2 Risk

None

3.3 Other assessments

None

4. Consultation – Patient/Service User first priority

4.1 External

None

4.2 Internal

Chief Finance Officer has been consulted in the drafting of this report.

5. Legal and Governance

5.1 None

6. Communication

6.1 Communications with stakeholders is a key element to progressing this work both internally in respect to prescribers and externally with patients.

At a pan Tayside level staff engage with colleagues to ensure consistent prescribing communications messages are sent out. This work will continue but will be bolster by having greater capacity to influence communications which pertain more directly to Perth and Kinross.

7. BACKGROUND PAPERS/REFERENCES

None

8. APPENDICES

None.