



# Strategic Delivery Plan

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## Primary Care

Perth & Kinross Health & Social Care Partnership

2023 - 2026

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## EXECUTIVE SUMMARY

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This report details the Perth & Kinross Health & Social Care Partnership (HSCP) Primary Care Strategic Delivery Plan (SDP) 2023 - 2026. This is the first SDP to be drafted within Perth & Kinross and builds on our progress with the delivery of the 2018 GMS contract; the desire to meet the objectives outlined within the Perth and Kinross Health & Social Care Partnership Strategic Commissioning Plan 2020-2025, and gives consideration of the key local drivers for change.

This document encompasses the broader scope of Primary Care rather than focussing solely on General Medical Services (GMS) delivered by General Practice. This document specifically excludes non GP independent contractor services (Dentistry, Optometry and Pharmacy), GP Out of hours services, Community Nursing & Prison Healthcare.

We recognise that Implementation of the GMS Contract is of paramount importance and that delivery against the promised changes detailed within the Primary Care Improvement Plan (PCIP) underpins the direction of travel detailed in this SDP. We will continue to operationally manage progression against the PCIP; however, the intention of this SDP is to outline our longer-term strategy.

The Perth and Kinross HSCP Strategic Delivery Plan for Primary Care has been developed:

- to provide a vision for primary care services in Perth and Kinross over the next 3 years;
- to set out the actions being taken to achieve the objectives relating to the Perth and Kinross HSCP Commissioning Plan;
- to develop a Performance Management Framework which will provide an organisational mechanism for planning, monitoring, maintaining and improving the quality and standard of Primary Care delivery, in line with the objectives above.

This SDP sets out both the national and local context, the importance of primary care services within the wider health and social context and describes the challenges that are currently being faced.

Our vision is aligned to the National Primary Care vision and aims to achieve the following:

Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services. Our teams and those we work alongside; will be highly skilled, well motivated and fairly rewarded, operating from modern fit-for-purpose premises.

The SDP focuses on delivery of 3 strategic outcomes; for people, for the workforce and for systems and identifies 4 priority areas.

## OUTCOMES FOR THE PEOPLE

#### PRIORITY 1

We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.

### **OUTCOMES FOR THE WORKFORCE**

#### PRIORITY 2

We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated, aligned and better co-ordinated with community and secondary care.

### **OUTCOMES FOR THE SYSTEM**

#### PRIORITY 3

We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

#### PRIORITY 4

We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.

Within each of these priority outcomes, a number of high level actions have been described.

The SDP is underpinned by a Performance Management Framework and routine monitoring of progress will be undertaken.

# 1. INTRODUCTION

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Primary care is an individual's most frequent point of contact with the NHS. Its influence on population outcomes and the function of the wider health and social care system is significant. It acts both as a first point of contact and as a 'gateway' to a wide variety of services.

There are many definitions of primary care. The definition of Primary Care according to NHS Scotland is:

*Primary care is **the first point of contact with the NHS**. This includes contact with community-based services provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians. It can also be with allied health professionals such as physiotherapists, occupational therapists & midwives. (nhs.scot.gov)*

Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life. Primary Care is delivered 24 hours a day, 7 days a week. When people need urgent care out of core service hours, the national 111 service (NHS 24) as well as local generalist primary care professionals within the out of hours service provide support and advice which connects people to the services they need, in a crisis, in a timely way.

There is clear evidence that strong primary care systems are positively associated with better health and better health equity<sup>1</sup>. Looking to the future, it is essential that there is clarity of vision and purpose in order to ensure that all the people and organisations providing care or treatment know how they can contribute to securing maximum impact and benefits for all concerned. It will also assist people who use and benefit from these services to be aware of both the services available to them and how they can influence the planning of their care and the delivery of services.

To this end, the Perth and Kinross Health and Social Care Partnership (HSCP) Strategic Delivery Plan for Primary Care has been developed:

- to provide a vision for primary care services in Perth and Kinross over the next 3 years;
- to set out the actions being taken to achieve the objectives relating to the Perth and Kinross HSCP Commissioning Plan, and connect them to the Perth and Kinross HSCP Financial Framework;
- to develop a Performance Management Framework which will provide an organisational mechanism for planning, monitoring, maintaining and improving the quality and standard of Primary Care delivery, in line with the objectives above.

This document encompasses the broader scope of Primary Care rather than focussing solely on General Medical Services (GMS) delivered by General Practice. This document specifically excludes

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<sup>1</sup> Primary Care: National Monitoring and Evaluation Strategy, Scottish Government 29 March 2019

non GP independent contractor services (Dentistry, Optometry and Pharmacy), Out of hours, Community Nursing & Prison Healthcare.

## NATIONAL CONTEXT

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The last four years has seen significant reform in primary care, which provides the bedrock for what we do now, and in the future. [The 2018 General Medical Services \(GMS\) Contract](#) for General Practitioners (GPs) establishes a refocused role for all GPs as Expert Medical Generalists (EMGs) and as the senior clinical decision maker in the community.

The contract is supported by a [Memorandum of Understanding \(MoU\)](#) between Integration Authorities, the British Medical Association, NHS Boards and the Scottish Government. The MoU represents a statement of intent from all parties to support the delivery of the EMG role through service redesign and the expansion of the multidisciplinary workforce. Ring-fenced resources were allocated to enable the changes to happen, along with new national and local oversight arrangements, and agreed priorities.

Locally agreed Primary Care Improvement Plans (PCIPs), produced for the first time in summer 2018, outlined how Perth and Kinross HSCP, working with their partners, would deliver the aims of the MoU/MoU2.

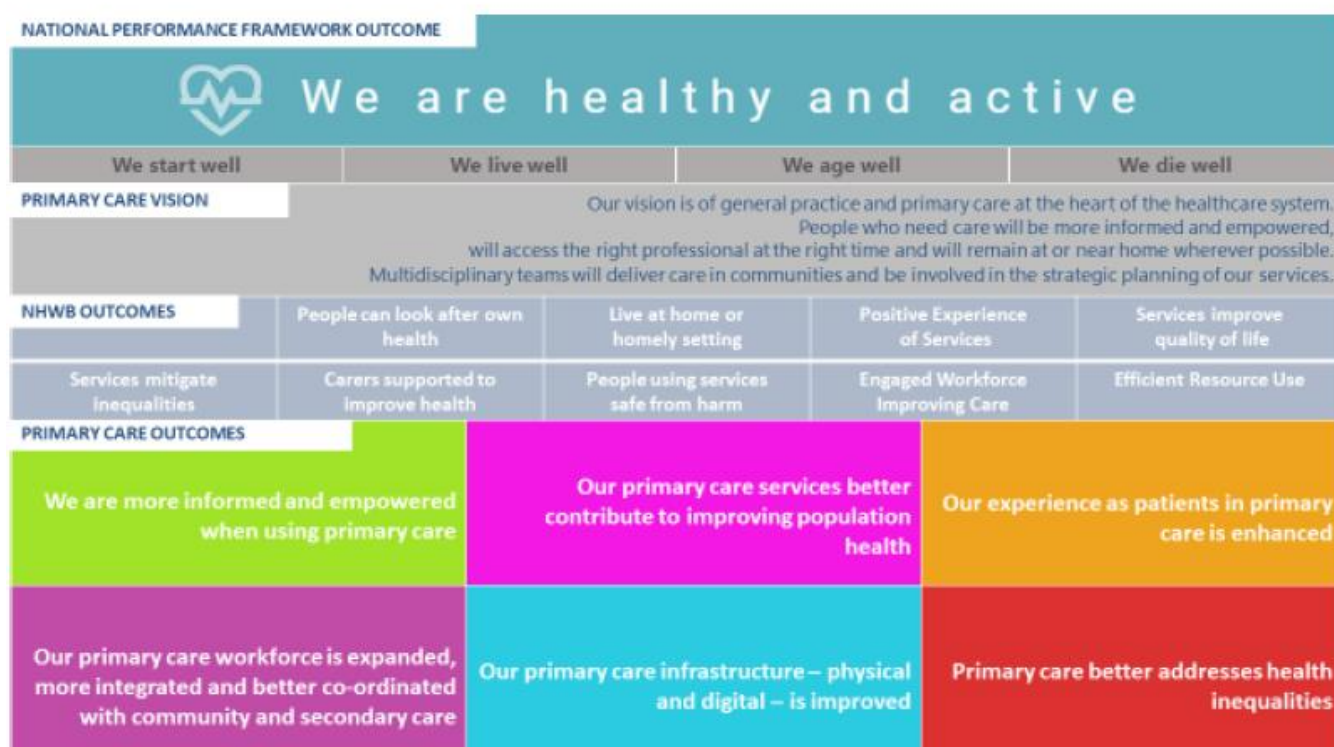
As set out in the Scottish Government's [The Health and Social Care Delivery Plan](#) their vision for the future of primary care is for enhanced and expanded multi-disciplinary teams, made up of a variety of roles across health, social and community services, each contributing their unique skills to improving outcomes for individuals and local communities. This will help deliver our aspiration of care being provided at home or in a homely setting and help ensure rewarding, well-supported careers for our healthcare workforce. Developing the digital and physical infrastructure in primary care to help facilitate these reforms also continues to be a key long-term strategic priority.

Getting primary and community care right is an essential component in ensuring the health and social care system is sustainable, helping to deliver the right care, in the right place, at the right time. Figure 1 illustrates the Scottish Government's vision for primary care, the six Primary Care Outcomes, and how they align to the National Health and Wellbeing Outcomes. This forms the basis of our Primary Care Strategic Plan locally within Perth and Kinross.

Our Primary Care Strategic Delivery Plan supports the work that has been done nationally to develop a Realistic Medicine approach to health care and drive forward the concept of value-based health & care (VBH&C) to help ensure the long-term sustainability of NHSScotland. We recognise that we need to invest in people, education, tools and training so that professionals can understand the principles and practices of VBH&C, tackle unwarranted variation, reduce harm & waste and provide services where people are fully involved in decisions about their care and what matters to them.

The National Clinical Strategy for Scotland 2016 <sup>2</sup> sets out a vision for health and social care services in Scotland up to 2030 which includes '*planning and delivery of primary care services around individual communities.*'

Figure 1: Scottish Government Primary Care Outcomes



## LOCAL CONTEXT

### MEETING THE CHALLENGE – A VISION FOR THE FUTURE

This three year plan for 2023-2026 is the first Strategic Delivery Plan for Primary Care to be developed within Perth and Kinross. It is therefore based on the needs and effectiveness of our current primary care service, and in particular builds on our progress with the delivery of the 2018 GMS contract; the desire to meet the objectives outlined within the Perth and Kinross Health & Social Care Partnership Strategic Commissioning Plan 2020-2025, and with consideration of the key local drivers for change.

This Plan is consistent and supports the principles and direction of travel outlined in the NHS Tayside Primary Care Strategic Framework.

The Primary Care Strategic Delivery Plan cannot sit in isolation of other services delivered in a primary and community care setting. The Perth & Kinross Strategic Delivery Plan for Older People 2022-2025 makes reference to a wide range of integrated services that are accessible from within a Primary Care

<sup>2</sup> [A National Clinical Strategy for Scotland, Scottish Government February 2016](#)

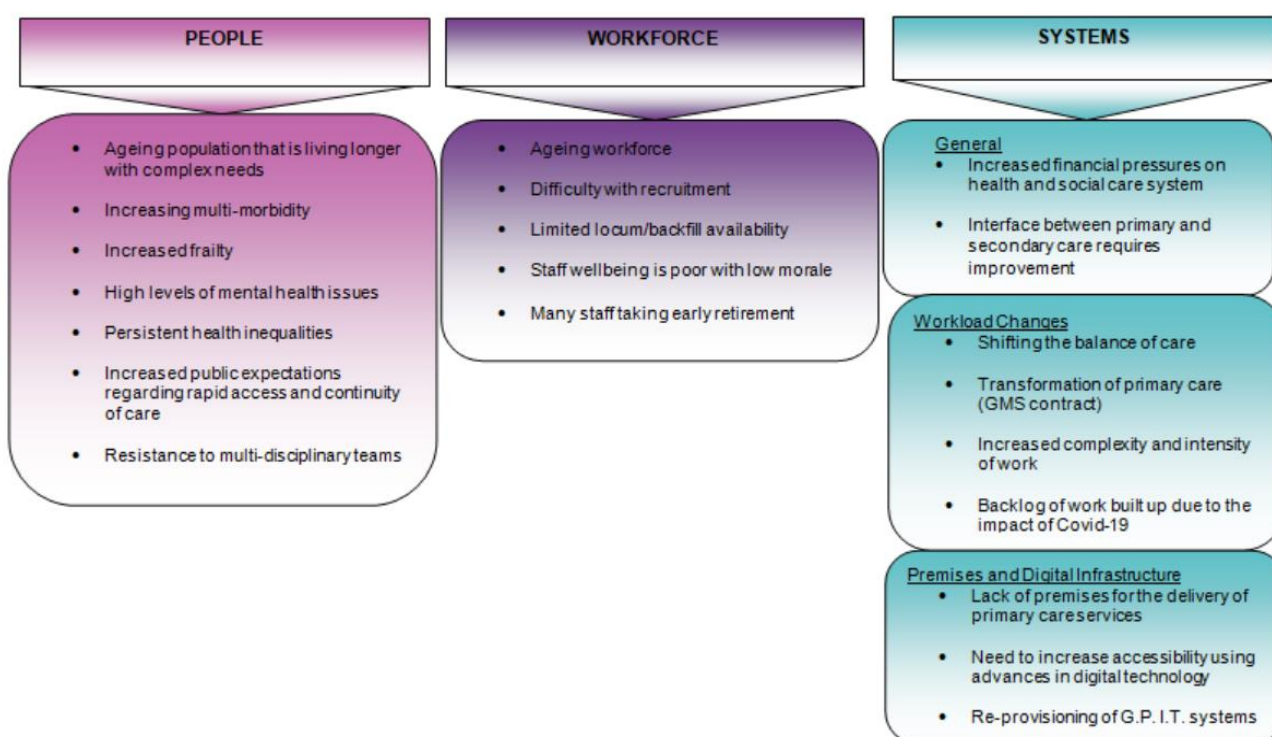
setting to support older people to remain in their homes for as long as possible and avoid an unnecessary admission to hospital. ([P&K Older Peoples SDP 2022 -2025](#))

The Perth & Kinross Community Mental Health & Wellbeing Strategy 2022.2025 outlines how high quality care will be delivered and promotes good mental health & wellbeing for all. Plans are described across 5 themes. ([P&K MH&W Strategy 2022-2025](#))

NHS Tayside is currently refreshing its Primary Care Strategy. Early indications suggest that the refresh will be based on the format adopted for this Perth & Kinross SDP and that both documents will therefore be consistent.

There are key factors driving change in Scotland's primary care system, however, it is important to examine these at a local level to provide some clarity about what they mean for the future shape of primary care in Perth and Kinross. The key factors currently driving change locally are shown in Figure 2 below:

Figure 2: Perth and Kinross Primary Care Drivers for Change



## 2. DEMOGRAPHICS

Perth and Kinross has a diverse mix of urban and rural communities and had a population on 30 June 2021 of 153,810 (an increase of 1.3% from 151,290 in 2020<sup>3</sup>) living across the area of 5,268 square

<sup>3</sup> NRS Scotland.gov.uk July 2022



kilometres. Perth and Kinross has an urban centre and a large rural and remote hinterland. As at June 2021 there were 36,998 people aged 65 and over, 24.1% of the population in Perth & Kinross<sup>4</sup>;

As seen in the figures 3 & 4, our over 75+-year-old population is projected to increase by 30.8%, by 2028 and by 76.2% by 2043. This is higher than the Scottish average which is 25.3% and 70.5% respectively<sup>5</sup>. This will place considerable pressure on health and social care services due to the complexity of need e.g. acute hospital admissions, dementia diagnosis and support, prescribing budget, GP and multi-disciplinary team pressures, whilst recognising the overall population projections show a 1% decline. This is coupled with a projected reduction in working age population. Whilst local actions will help to mitigate the risks identified, it is important to note that action at national level will also be required.

P&K has a higher rate of employment compared to much of the rest of Scotland, with a large tourism and hospitality sector that attracts people who might otherwise consider a career in health and care;

Figure 3: Perth and Kinross population by age group <sup>6</sup>

Age Group	2018	2023 (projected)	2028 (projected)	2035 (projected)	2040 (projected)	2043 (projected)
0-14	22,807	22,238	20,705	19,199	18,695	18,539
15-29	23,988	22,642	22,132	21,646	20,727	19,941
30-44	25,396	26,654	26,477	24,703	23,294	23,059
45-59	33,623	31,400	29,093	28,744	30,033	29,788
60-74	29,214	30,816	33,094	33,281	30,729	29,789
75 & over	16,262	18,942	21,278	24,089	27,050	28,655
All ages	<b>151,290</b>	<b>152,692</b>	<b>152,779</b>	<b>151,662</b>	<b>150,528</b>	<b>149,771</b>

Figure 4 Projected percentage population change for Perth & Kinross by age band (2018-2043) from baseline<sup>7</sup>

Age Group	2018	2023 (projected)	2028 (projected)	2035 (projected)	2040 (projected)	2043 (projected)
0-14	-	-2.5%	-9.2%	-15.8%	-18.0%	-18.7%
15-29	-	-5.6%	-7.7%	-9.8%	-13.6%	-16.9%
30-44	-	5.0%	4.3%	-2.7%	-8.3%	-9.2%
45-59	-	-6.6%	-13.5%	-14.5%	-10.7%	-11.4%
60-74	-	5.5%	13.3%	13.9%	5.2%	2.0%
75 & over	-	16.5%	30.8%	48.1%	66.3%	76.2%
All ages		<b>0.9%</b>	<b>1.0%</b>	<b>0.2%</b>	<b>-0.5%</b>	<b>-1.0%</b>

The geographical distribution of the population is important as it brings challenges for the delivery of services to rural and remote communities, and also in relation to staff recruitment.

<sup>4</sup> NRS Perth & Kinross Council Area profile (July 2022)

<sup>5</sup> ibid

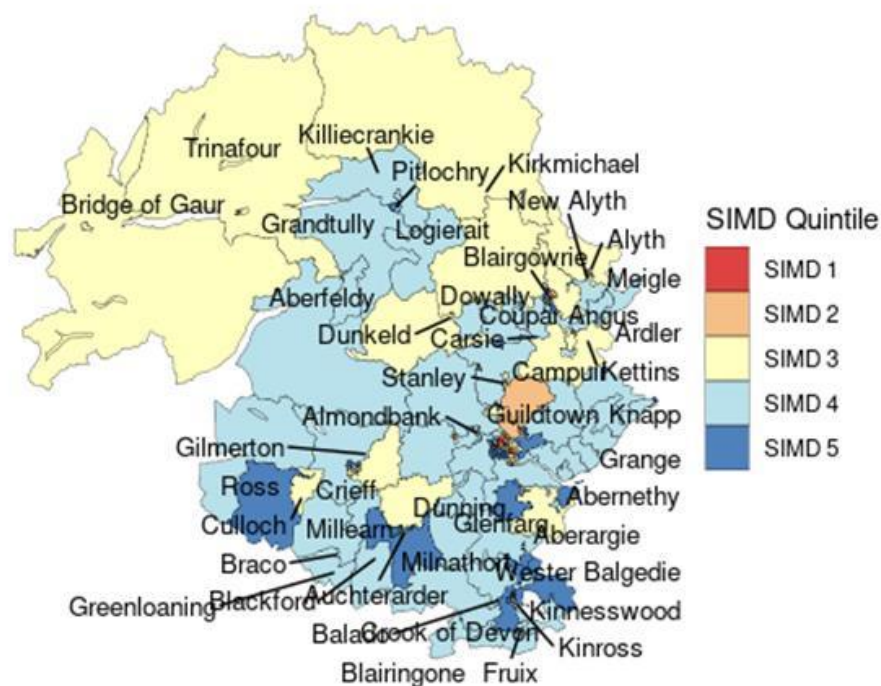
<sup>6</sup> NRS 2018 based summary datasets – population projections for Scottish areas.

<sup>7</sup> ibid

The Scottish Government Urban Classification ranks Perth & Kinross as 8th most rural Local Authority area across Scotland. Rurality drives a more extreme workforce recruitment challenge in our rural areas, further increasing the challenge to deliver existing or redesigned models of care;

In terms of deprivation, figure 5 shows a map of deprivation across Perth & Kinross. The Scottish Index of Multiple Deprivation (SIMD) ranks data zones by a number of factors Access, Crime, Education, Employment, Health, Housing and Income. Of the 2021 population in Perth and Kinross, 6% live in the most deprived Quintile (SIMD 1), and 23.2% live in the least deprived Quintile (SIMD 5). Whilst P&K has a lower rate of deprivation overall compared to Scotland, there are four postcode areas in the highest deprivation category (ranked SIMD 1). Although poverty is one of the key drivers of ill health, the rural nature of much of Perth & Kinross contributes significantly to inequality of access to services.

Figure 5 Map of data zones within Perth & Kinross coloured by SIMD quintiles



Source: Scottish Government, Public Health Scotland

Figure 6 – Enlarged SIMD 1 red area of map in figure 5.



Figure 6 highlights the areas in the most deprived 10% of population within Perth City, within the Tulloch, Hillyland, Inveralmond and Muirton areas. Source SIMD 2020 data. [see here](#)

Figure 7 - Percentage of the Perth & Kinross population living in the 2016 and 2020 SIMD Datazone Quintiles in 2016 and 2021 respectively.<sup>8</sup>

Quintile	Percent of 2016 Population (SIMD 2016 Ranking)	Percent of 2021 Population (SIMD 2020 Ranking)	Difference
SIMD 1	5.4%	6.0%	0.6%
SIMD 2	11.3%	12.5%	1.1%
SIMD 3	23.8%	21.5%	-2.3%
SIMD 4	41.3%	36.8%	-4.5%
SIMD 5	18.1%	23.2%	5.1%

Source: Scottish Government, Public Health Scotland, National Records Scotland.

Within P&K, there are 23 General Practices, operating out of 17 separate buildings (5 G.P. owned; 1 NHS owned; 1 PKC owned; 10 leased to third party developer), spread across both rural and urban areas, which brings challenges for the delivery of primary care services, especially in the remote and rural areas. There are also 4 branch surgeries.

Invergowrie Medical Practice, which, due to its location and medical configuration was managed under a 17c contract with Dundee HSCP is excluded from these figures. GP Partners from the practice submitted a notice to terminate their contract with effect from 23 June 2023. This was approved by the Tayside NHS Board on 1 June 2023. The vast majority of P&K HSCP patients registered with

<sup>8</sup> PHS LIST Locality Profiles February 2023

Invergowrie Practice will be dispersed to Ancrum Medical Practice in Dundee and 2 other practices local to where they live. Other primary care services will continue to be provided by Dundee HSCP from the NHS Tayside premises in Invergowrie.

To ensure patients in the Carse of Gowrie area continue to receive high quality, person centred and safe services, P&K and Dundee HSCP will jointly be conducting a Strategic Health Needs Assessment for the local area, working with NHS Tayside.

### **3. STRATEGIC PRIORITIES**

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#### **Our Vision for 2026**

Our vision is aligned to the National Primary Care vision and aims to achieve the following:

Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services. Our teams and those we work alongside; will be highly skilled, well motivated and fairly rewarded, operating from modern fit-for-purpose premises.

This Strategic Delivery Plan focuses on the following key priority areas in order to realise this vision:

#### **OUTCOMES FOR PEOPLE**

##### **PRIORITY 1**

We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.

#### **OUTCOMES FOR WORKFORCE**

##### **PRIORITY 2**

We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.

#### **OUTCOMES FOR THE SYSTEM**

### PRIORITY 3

We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

### PRIORITY 4

We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.

## **4. PROGRESS TO DATE**

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### **Primary Care Improvement Plan**

The 2018 Scottish General Medical Services Contract (GMS) offer and its associated Memorandum of Understanding (MoU & MoU2) was a landmark in the reform of primary care in Scotland. It committed to a vision of general practice being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower and deliver services in communities for those people in need of care. It recognised the statutory role of Integration Authorities (IAs) in commissioning primary care services and service redesign to support the role of the G.P. as an expert medical generalist. This refocused role will incorporate the core existing aspects of general practice and introduce a renewed focus on:

- undifferentiated presentations;
- complex care in the community;
- whole system quality improvement and clinical leadership.

The Perth and Kinross Primary Care Improvement Plan (PCIP) set out in detail how implementation of the six priority services (Pharmacotherapy, First Contact Physiotherapy, Social Prescribing, Urgent Care, Primary Care Mental Health Services and Community Care and Treatment Services) would be achieved. Vaccination is now a centrally managed service. Independent Authorities (IAs) are required to provide updates on their progress on an annual basis, and data on increases in workforce numbers, finance and spread of services and activity every six months through an agreed standard tracker template.

The pace of service redesign has been impacted by the Covid-19 pandemic across all areas, with some services and recruitment paused during 2020/21. This included the reduction of appointment times, reduction to programme management capacity, restrictions to patient capacity and workforce reallocation. Many appointments shifted to telephone or Near Me video consultations, with face-to-face appointments offered following telephone triage where necessary.

The current progress towards implementation of the MoU as reported to the Scottish Government in the latest return completed in May 2023 is shown in Annex A, Figure 4.

The majority of PCIP services were available to all 23 GP Practices at 31 March 2023.

- patients from all 23 practices have partial access to level 1, level 2 or level 3 Pharmacotherapy services, in other words, although all practices have access to a degree of pharmacotherapy support not all practices have full access to all levels and not all practices are offered services 100% of the time. For example, all 23 practices have access to medication review (level 2) but these tend to be done as required and are not offered on a routine or timetabled basis;
- patients from all 23 practices have full access to First Contact Physiotherapy services;
- patients from all 23 practices have full access to Social Prescribing services;
- patients from all 23 practices have access to urgent care support via the Locality Integrated Care Service (LInCS) approach. 15 of the 23 practices in Perth & Kinross have access to an ANP Home Visiting service. The service is also provided to the Abernethy Practice (NHS Fife). A number of tests of change are taking place around the Urgent Care model and approach.
- patients from 20 practices have full access to mental health & wellbeing nursing services. A review of current service provision is being undertaken that aims to provide an equitable service to all 23 practices in Perth & Kinross in the foreseeable future;
- patients from all 23 practices have full access to all vaccination services;
- with regards Community Care and Treatment Services (CCATS), the following is available:
  - patients from 23 practices have access to phlebotomy service;
  - patients from 23 practices have access to management of minor injuries and dressings service.
  - patients from 23 practices have access to ear syringing service;
  - patients from 23 practices have access to suture removal service;
  - patients from 23 practices have access to chronic disease monitoring and related data collection.

We recognise that Implementation of the GMS Contract is of paramount importance and that delivery against the promised changes detailed within the PCIP underpins the direction of travel detailed in this SDP. We will continue to strategically manage progression against the PCIP; however, the intention of this SDP is to outline our longer term strategy. Operational management of these PCIP services rests within the operational line management structure for each service.

### **Workforce Profile**

At 31 March 2022 there were 76.4WTE Primary Care Improvement Fund (PCIF) posts in place to support the implementation of the six priority services in Perth and Kinross, agreed in the MoU within the GMS contract.

By 31 March 2023 there were a total of 76.77 WTE posts funded through PCIF posts with a further 37.60 WTE posts supporting delivery although not funded through PCIF.

The forecast establishment to 31 March 2024 is for 87.70 WTE posts funded through PCIF and a further 42.50 WTE posts not funded through PCIF.

PCIF funded posts have remained fairly static between 2022 and 2023. This position reflects the existing and very challenging financial landscape and national recruitment challenges, particularly in pharmacotherapy services.

The current Scottish Government scaling back of financial commitments is impacting on the ability across Scotland to fully implement the intentions of the PCIP.

The service intentions based on the staffing complement required to deliver against each of the MoU services as defined in Section 7 of the guidance for pharmacotherapy, vaccinations and community care and treatment services are 138.67 WTE posts funded through PCIF. This includes existing WTE commitments within CCATS and Pharmacotherapy, the majority of which have already been recruited to. Note that the figures for pharmacotherapy are indicative and the opinion of NHS Scotland Directors of Pharmacy is that it is not possible to complete the MoU implementation profile due to a number of external factors and constraints.

Details of the workforce profile are provided in Annex B and Annex C.

A Perth & Kinross HSCP Workforce Plan has been completed which incorporates the requirements of Primary Care. Whilst there is in general no expectation of specific workforce levels which are required across Scotland, it should be recognised that there may be variation in appropriate staffing numbers depending on the clinical model developed, the skill mix of the workforce and local population needs.

The pace of recruitment has been impacted by the COVID-19 pandemic across all areas. Many multi-disciplinary team (MDT) members were redeployed to support the pandemic response and vaccine roll-out, directing resources away from services listed in the MoU. Almost all services are remobilised with recruitment complete or underway. It should be noted that recruitment to many of these roles remains a challenge and reflects the workforce crisis being experienced across the whole system.

## **5. NEXT STEPS: STRATEGIC DELIVERY PLAN**

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Over the next 3 years we will continue to build on the significant progress already made in working together to support people living in Perth & Kinross to lead healthy and active lives and to live as independently as possible with choice and control over their care and support. Our aim is to improve their wellbeing and outcomes, to intervene early and to work with the Third and Independent sectors and communities to prevent longer-term issues arising.

This will include learning from the experience of responding to the Covid pandemic and taking account of any ongoing impact. There is evidence of increased demand and an increase in complex presentations, which are, at least partly, caused by the pandemic and people having restricted access to health, social care and community services and supports during lockdown.

Sustainability issues within General Practice are well known, and tackling this is one of our key priorities for action in Perth and Kinross. Other priority areas include addressing the lack of suitable premises for the delivery of primary care services and ensuring that there is adequate staffing resource to provide positive outcomes for both users of the service, and those involved in the delivery of the service.

With consideration of our four key priority areas, the key actions below have been identified and are in no particular order.



# 1 OUTCOMES FOR PEOPLE - KEY ACTIONS 2023-26

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## PRIORITY 1 -

**“We will endeavour to ensure that our patient’s experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.”**

- 1.1 Effective user, staff and community participation, collaboration & engagement in local planning decisions is essential if public and staff confidence in the primary care system is to be maintained and strengthened. It is also essential that the public fully understand the services being delivered and any transformation within these systems. It is also important that we think people, not process. Therefore, one of our key actions is to develop a Perth and Kinross Communication, Participation and Engagement Plan which will ensure:
- the promotion and development of the role of all multidisciplinary professionals within our primary care teams, the G.P. becoming one of a number of services that a patient may be sign-posted to, rather than the person doing the signposting;
  - links and greater collaboration are developed and maintained between the HSCP, General Practice, the Local Medical Council (LMC), G.P. Sub Committee, G.P. Clusters and Cluster Quality Leads (CQL’s);
  - engagement with local communities and front line staff to co-design & produce solutions, which will build community health, capacity and resilience and take into consideration the impact of accessibility in rural Perthshire; and
  - the particular needs of our rural communities are understood and taken into account.
- 1.2 With appropriate resourcing being made available we would aspire to deliver in full, the Primary Care Improvement Plan, which will provide extended primary care services into localities. This is intended to re-invigorate general practice and help people access the right person in the right place at the right time. In particular, it focuses on maintaining and improving access, introduces a wide range of health professionals to support the expert medical generalist, and enables more time with the G.P. for patients with complex needs. Currently this is limited to what can be delivered with the envelope of the available PCIF budget.
- 1.3 We will work to provide or convene a range of preventative health and social care services, through working with the third sector and other organisations.
- 1.4 We will promote self-management, prevention, and early intervention within the primary care services we deliver through our Communication, Participation and Engagement Plan.
- 1.5 We will develop a Primary Care Mental Health and Wellbeing (MHWPC) Service and provide a centralised management structure for all mental health and wellbeing services and teams. The MHWPC Service will provide timely support and treatment for people in that setting with the G.P. providing clinical leadership and expert general medical advice where needed. Where more specialist input is required the resources of Community Mental Health Teams or other appropriate secondary care Mental Health services would be accessed in partnership with the wider Practice Primary Care team, where appropriate. This will be dependent on the



funding allocation received from the Scottish Government. Irrespective of funding we will seek opportunities to better integrate with community mental health teams that will allow opportunities for more efficient and effective working relationships.

- 1.6 We will seek to improve quality, safety and efficiency in prescribing, resulting in a reduction in harm and waste, a reduction in side-effects and in deterioration of long-term conditions, which should reduce unnecessary G.P. appointments and hospital admission. Our key actions involve:
- engagement with G.P. practices, looking at areas of significant prescribing variance;
  - annually, develop a portfolio of prescribing initiatives which promote practice engagement, high quality and cost-effective prescribing;
  - engagement with, and contribution to, the wider NHS Tayside prescribing agenda.
- 1.7 The NHS as a whole is facing unprecedented challenges. Through active communication and engagement we hope to create a better balance between public expectation and our capacity to deliver safe and effective services within primary care.

## 2 OUTCOMES FOR WORKFORCE - KEY ACTIONS 2023-26

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### PRIORITY 2 -

**“We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.”**

- 2.1 Sustainability issues within primary care are widely recognised. The RCGP Scotland report *‘Retaining our GP Workforce in Scotland’* published in December 2022 details a number of recommendations which offer solutions to the current crises of workforce, workload and wellbeing in general practice by improving retention in the workforce. ([Retaining our GP Workforce](#))

The risks to GP sustainability are well documented. We recognise there is no single solution to improving recruitment & retention within general practice. We have already started to develop a local action plan driven by our Sustainability Group and will incorporate the findings and recommendations from this RCGP report into our plan.

Managing G.P. primary care services that are at or beyond capacity risks locking practices into responding reactively and inhibits effective strategic leadership, ability to plan effectively and time for proactive practice management. During this period of sustained uncertainty, it is essential that we protect the work-life balance of our GPs and other staff which will encourage stability of service provision and greater prospect of collaboration.

Recruitment challenges exacerbate these difficulties and, with a significant proportion of Perth and Kinross GPs in the last 5 years of their career, the likelihood is that increasing numbers of practices may struggle to maintain safe and effective services in the coming years. This has been laid out within the 3-year Workforce Plan in relation to Primary Care.

Perth and Kinross HSCP has set out a proactive plan for supporting practices in a wide range of ways to maintain them, keep practices 'healthy' and to increase the likelihood of successful G.P, nurse, pharmacist and ANP recruitment to Perth and Kinross. We recognise the severe impact that destabilisation can have on the whole system and will ensure mechanisms are in place to reduce the risk, wherever possible, of this situation arising. We continually look for ways to build stronger relationships between GP Practices, the primary care team and the HSCP so the connection moves from a 'them and us' to one where people share common values and a common purpose.

Key actions include:

- engagement with practices/clusters/CQLs to co-design options for development of a Primary Care Resilience Model which will provide capacity resilience over a number of primary care roles;
- development of a sustainability plan for general practice with timescales for review and monitoring and routes of escalation of issues to the Primary Care Board;
- ensuring that those services delivering primary care support have adequate resources, including staffing and training needs.

- 2.2 Making sure that we have a resilient workforce and that our GPs and our staff feel supported is of fundamental importance. It is vital that we allow staff to take the time to look after their health & wellbeing. We want to encourage the concept of kindness and positivity amongst our workforce which has shown can support improved staff retention & recruitment. The Scottish Government has developed a Wellbeing Hub which offers a range of resources to support. ([Wellbeing Hub](#))
- 2.3 In line with commitments made in the MoU/MoU2, NHS Tayside and the HSCP will provide a wider primary care multidisciplinary team (MDT) in G.P. practices and the community that will work alongside and be better integrated with G.P.'s and practice staff to reduce G.P. workload and provide a more person-centred experience.
- 2.4 It is important to ensure effective working between primary and secondary care. Interface working will be better achieved through well-functioning primary and secondary care interface groups which will support the HSCP to reduce G.P. workload and provide a better patient experience. The recommendations include:
- improved processes for routine follow-up of hospital procedures and test results;
  - encourage and promote the issuing of fit note certificates by secondary care providers or other primary care MDT's at the time of discharge;
  - more efficient use of the primary care MDT by ensuring that the patient is seen by the most appropriate professional for their condition e.g. social care or district nurse.
- 2.5 We will continue to develop integrated and co-ordinated pathways of services and support by ensuring that the services we provide are person centred, easier to access and avoid delay, repetition and duplication as far as possible. Reducing gaps and inefficiencies in care requires:

- better planning;
- more involvement with service users;
- access to good information.

In respect of this, we are working collegiately with secondary care to review what opportunities there may be to take some medical diagnostic services into communities.

- 2.6 People overwhelmingly state that they wish to remain in their own homes for as long as possible and receive support at home or in their local community rather than institutions such as hospitals or care homes.

Over the last three years there has been a focus on shifting the balance of care, which has involved developing integrated models of care to provide health and social care support in local communities where people live. This includes providing alternatives to admission to hospital and care homes. The key mechanism for delivering elements of this within Primary Care has been the implementation and expansion of the Advanced Nurse Practitioner (ANP) role, to assess and proactively manage frail adults with complex needs, to prevent further deterioration and to ensure that the right care is provided in the right place by the right person. They have provided this support to general practice by establishing an ANP home visiting service within the urgent care service model. It is clear that this service requires additional investment to enable the service to function as intended, releasing time for GPs to see more complex patients and reduce time spent travelling to attend home visits. This issue will become more acute given the anticipated number of new homes projected to be built over the coming years and the risk to practices that may have to extend their boundaries should neighbouring practices have to close their lists. It is our aim to:

- build on the existing Advanced Nurse Practitioner model to enhance integration and coordination between primary and secondary care;
- continue to support the review of the wider Urgent Care model to ensure that GPs can safely manage & reduce their workload in line with the MoU/MoU2 expectations;
- ensure that our patients safely receive the urgent care they need at a time when they need it the most.

- 2.7 Every 6 months, G.P. practices across Tayside will engage in a sustainability survey which will be disaggregated to HSCP and Cluster level. This will involve the collection or extraction of information on activity and capacity and will continue to inform and influence the development of the extended primary care teams and primary care resilience model. Results of the January 2023 NHS Tayside survey are awaited.

In January 2022, the Perth & Kinross survey showed the lack of resilience within General Practice and the stark reality facing the medical workforce as follows: The survey included Newburgh practice (NHS Fife) as approximately 1300 patients of their 4000 list size reside in P&K local authority and would become the responsibility of NHS Tayside if that practice was ever to cease to exist.

- there are at least 22 GP partners (18% of workforce) in P&K over the age of 55 years;

- there are at least 17 GP partners (14%) who plan to retire within the next two years;
- 17 out of 24 practices deliver over 75% of their weekly clinical sessions through GP partners alone;
- 17% of practices have one or more vacant GP posts;
- in the event of GP absence from the practice, 13 practices could not provide more than three additional sessions per week.

### 3 OUTCOMES FOR THE SYSTEM - KEY ACTIONS 2023-26

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#### PRIORITY 3 -

**“We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.”**

- 3.1 This Strategic Delivery Plan has shaped and is underpinned by the Perth and Kinross Primary Care Premises Strategy. The Premises Strategy will support us to provide modern, fit-for-purpose premises where we can deliver appropriate and effective primary care services.

From the information described earlier in this Strategic Delivery Plan and contained within the Premises Strategy, it is clear that a number of key priority areas will require focus over the coming months and years in order for Primary Care to continue to sustainably provide safe and effective services to the population it serves.

One of our biggest challenges is the lack of suitable and / or sufficient accommodation to deliver all our primary care services. Whilst it is the responsibility of NHS Tayside (NHST) to ensure suitable premises are in place for Primary Care services, in order to ensure P&K GP practices continue to deliver sustainable and high quality services, it is beholden on P&K HSCP to ensure it has a clear picture of the current situation and a strategic plan for premises going forward to inform NHST on the HSCP priorities.

We will work closely with NHST and other partners to enable robust planning to take place which will include a review of the entire Tayside Health Board and Perth & Kinross Local Authority premises footprint to seek opportunities that maximise effective use of the existing property portfolio.

Our Premises Strategy details the extent of local housing planned in the Perth & Kinross area. We recognise the implications of this increasing demand to GP Practice sustainability which is why we will need to develop options in collaboration with others. The HSCP are now being asked by Perth & Kinross Council to comment on planning applications and will make every effort to ensure that our request for builders to take into account any health requirements is heard.

Options for each of the following areas will be developed through engagement with stakeholders to address:

- the impact of the Perth western and southern housing expansion on GP Practices & the ability to deliver safe and efficient patient care;
- Service Provision for the Bridge of Earn / Abernethy area;
- the need for permanent suitable accommodation for the delivery of an effective Community Care & Treatment Service (CCATS) model in Perth City;
- the need for purpose-built premises in the Carse of Gowrie;
- balancing the need to maintain GP sustainability with the importance of branch surgeries to the community;
- the need for clarity of the lease assignation process and a better understanding of lease liabilities to enhance G.P. recruitment options; and
- the need to review and examine the impact of redefining existing practice boundaries and / or the closure of practice lists.

- 3.2 We will ensure that the Technology underpins all transformation within primary care. This focuses on citizen facing digital solutions where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality, cost effective care and support.
- 3.3 We will expand the use of a federated system to encompass all of the primary care managed services.
- 3.4 Modern, secure G.P. IT. systems which will support the evolving models of care will be provided by the re-provisioning of these systems. The new systems are designed to be more user friendly and intuitive, focussed on offering improved functionality including: better online services for patients; improved monitoring and reporting and remote and mobile access for primary care teams.
- 3.5 We will look to include environmentally friendly solutions within our plans to acknowledge the Scottish Government pledge towards net zero carbon emissions.

#### PRIORITY 4 -

**“We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.”**

- 4.1 ‘Improving Together’ is a new quality framework for G.P clusters in Scotland, which offers an alternative route to continuously improve the quality of care that patients receive by facilitating strong, collaborative relationships across G.P clusters and localities. At the heart is learning, developing and improving together for the benefit of local communities. Within Perth and Kinross, we have developed a new meeting and governance structure, which will maintain and develop further, the work of the G.P. clusters and include the work of our wider multi disciplinary teams who together actively contribute to the ongoing improvement of primary care services. We will adopt quality improvement methodology as a systematic approach to improving the quality of our services.
- 4.2 By the development and regular update of our Primary Care Programme Plan and service tracker, we will identify issues, risks, milestones and further actions required in a more

effective way. This will lead to a more responsive and effective service and provide better outcomes for patients and staff.

- 4.3 A fundamental part of the solution to health inequalities is a strong, well resourced general practice and wider primary care service at the heart of the community, with the means to provide both proactive and reactive care, supported by a wider integrated health and social care system. We recognise the need for better links to housing, social care, education and addiction services as examples of early predictors of health inequalities. Living in remote and rural areas can lead to social isolation and in some cases; it means that patients face longer distances to travel to health care services.

Over many years, there has been little improvement in the differences in health outcomes due to the increasing pressures on general practice. Many of our previous actions, along with some additions contribute significantly to improvement in this area, as follows:

- People who need care will be more informed and empowered, will access the right care, at the right time, and will be able to remain at or near home wherever possible;
- Expansion of the primary care workforce;
- Development of primary care sustainability plan;
- Empowering patients to have greater engagement with their own care;
- Locality working providing services more locally;
- Deployment of 9 social prescribers across all localities, linked to G.P. practices, to help people to access community based groups, welfare teams and activities in their area. This service will continue to be developed in order to strengthen these community links.

## 6. STRATEGIC ENABLERS

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This Primary Care Strategic Delivery Plan will be driven by the components above, but will require to be underpinned by a series of strategic enablers in order to execute the plan, including:

### 6.1 Workforce Plan

A Perth and Kinross H&SC Workforce plan has been developed which includes the workforce requirements for Primary Care.

### 6.2 IJB 3 Year Financial Plan

A 3 year Financial Plan which will be developed from financial frameworks underpinning our strategic delivery plans.

### 6.3 Primary Care Infrastructure

To support service delivery a primary Care infrastructure will be developed incorporating:

- A Primary Care Premises Strategy.
- We will work with the NHST Digital Strategy to ensure Digital Technology underpins all transformation within primary care.

### 6.4 Sustainability Plan

A Sustainability Plan for general practice will be developed with timescales for review and monitoring and routes of escalation of issues to the Primary Care Board included. This is further detailed under key priority 2.

#### **6.5 Communication, Participation and Engagement Plan**

A communication, participation and engagement programme will be required to promote and develop the contents of the Strategic Delivery Plan and enable meaningful conversations to take place with the public about how and why the delivery of primary care services is changing.

#### **6.6 Performance Management Framework**

The Performance Management Framework for Primary Care is detailed later in this plan.

#### **6.7 Perth and Kinross HSCP Primary Care Improvement Plan (PCIP)**

The Perth and Kinross PCIP which is routinely updated sets out in detail how implementation of six priority services would be achieved. Progress so far is detailed earlier in this plan.

## **7. PERFORMANCE MANAGEMENT FRAMEWORK**

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In order to provide the necessary assurance, that our actions are making the impact so desired, we have developed a strategic, outcomes focussed, Performance Management Framework. This framework considers the key outcomes we seek to deliver through the implementation of this strategic delivery plan and links them directly to key performance indicators, which are themselves linked to the overall National Health and Wellbeing Outcomes. The table overleaf demonstrates how, in the first instance, we will measure our progress towards the outcomes we seek to deliver. We will review the effectiveness of the key performance indicators as we work to continually develop our Performance Management Framework.

### **7.1 Monitoring & Evaluation**

The Primary Care Team has a responsibility to report progress with the PCIP to the Scottish Government and through local governance and assurance routes on progress against delivery of PCIP services which includes analysis of demand, activity & capacity. Assurance is required that the new services within the PCIP are providing value for money, have delivered against anticipated benefits and are contributing to the overarching aims of the GMS Contract as well as meeting the expectations of both general practice and our patients. The report will aid management decision making, evidence utilisation and help identify areas for improvement.













The Scottish Government, working with all parties to the MoU/MoU2 on the GMS Contract, is planning to undertake a qualitative analysis supported by Public Health Scotland to assist with developing a clear, evidence based understanding of the impact of multi – disciplinary work including both outputs and outcomes for patients, staff and the healthcare system.

## Performance Management Framework

				NATIONAL HEALTH and WELLBEING OUTCOMES								
STRATEGIC OUTCOME STATEMENTS	STRATEGIC OUTCOMES	KPI's	THEMES	1	2	3	4	5	6	7	8	9
We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.	Patients are more informed and empowered when using primary care services	1. Increase in the % of people who agreed or strongly agreed with the statement "I understood the information I was given" (HACE) 2. Increase in the % of people who agreed or strongly agreed with the statement "The health professional checked I understood what I had been told" (HACE) 3. Increase in the % of people who feel their health or social care support was well communicated 4. Increase in the % of people who feel they had a say in how their health or social care support was provided	OUTCOMES FOR PEOPLE									
	The patients experience of primary care services are enhanced	1. Increase in the % of people who rate their care or support as excellent or good (HACE) 2. Increase in the score for people who rate the overall health or social care support they received (0-10)										
	The right care is delivered in the right place at the right time	1. Increase in the % of people who feel their health or social care support was easily accessible 2. Decrease in the waiting time length and/or number of people on waiting lists for Primary Care Managed Services 3. Decrease in A&E attendances per 100,000 population										



## Performance Management Framework (cont.)

We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.	Our workforce is expanded and maintained to provide Primary Care Services	1. Increase in the % of "new posts" within Primary Care Services recruited 2. Increase in the number of new job roles created within Primary Care Services	OUTCOMES FOR WORKFORCE									
	Our primary care workforce is more integrated and co-ordinated with community and secondary care	1. Increase in the % of people who feel their health or social care support was well coordinated 2. Increase in the % feedback from staff pulse surveys re services being more integrated										
We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.	Our Primary Care have improved premises infrastructure	1. Increase in the % of positive feedback from staff pulse surveys re improved premises infrastructure 2. Increase in the % of positive feedback from Primary Care Sustainability Survey Q: "Condition and capacity of premises"										
	Our Primary Care services have improved digital infrastructure	1. Increase in the % positive feedback from staff pulse surveys re improved digital infrastructure 2. Decrease in the % of negative feedback from Primary Care Sustainability Survey Q: "Is the practice aware of any barriers which restrict the ability to plan, develop and implement management/organisational systems to ensure the smooth and efficient running of the practice?"										

## PERTH AND KINROSS MOU PROGRESS (Position as reported to Scot Gov at May 2023)

<b>Pharmacotherapy</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Level 1 : Authorise / action acute prescribing requests	11
Level 1 : Authorise / action repeat prescribing requests	3
Level 1: Authorise / action hospital discharge letters / outpatient requests	23
Level 1 : Other	23
Level 2: Medication review (more than 5 medicines)	0
Level 2 : Other	0
Level 3: poly pharmacy reviews and specialist clinics	3
Level 3 : Other	0

<b>Vaccine Transformation Programme</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Pre-School, School Age, Out of Schedule, Adult Immunisations, Adult Flu, Pregnancy and Travel	23

<b>Physiotherapy / MSK</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Practices accessing Advanced Practice Physiotherapists (APP) – First Contact Physiotherapists	23

<b>Community Care &amp; Treatment Services</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
General Practice Phlebotomy	23
Chronic Disease Monitoring	23
CCATS Treatment services including but not linked to ear syringing, suture removal etc	23

<b>Mental Health Workers</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Practices accessing MH workers / support through PCIP	20

<b>Urgent Care Services</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
In-Practice	0
External appointments e.g. house visits or care homes	23

<b>Community Link Workers (Social Prescribers)</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Practices accessing Link Workers	23

PRIMARY CARE IMPROVEMENT PLAN WORKFORCE PROFILE (WTE) as reported to Scot Gov May 2023

ANNEX B

Financial Year	Service 2: Pharmacotherapy			Services 1 Vaccinations			Service 3 Community Care & Treatment			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Social Prescribers
	Pharmacist	Pharmacy Tech	Pharma Asst / Other Pharmacy Support Staff	Nursing	HCA	Other	Nursing	HCA	Other	ANPs	Advanced Para-medics	Other	MH Workers	MSK Physios	Other	
WTE staff in post at 31 March 2022 funded through PCIF	7.60	6.60	0.00	5.30	5.30	0.00	17.40	19.00	0.70	3.60	0.00	0.00	4.40	3.50	0.00	3.00
WTE staff in post at 31 March 2023 funded through PCIF	5.60	7.49	0.00	7.32	2.21	2.80	17.28	13.76	3.21	3.60	0.00	0.00	6.00	5.50	0.00	2.00
FORECAST WTE staff in post at 31 March 2024 funded through PCIF	10.00	8.51	2.00	7.32	2.21	2.80	19.60	13.95	3.21	3.60	0.00	0.00	6.00	5.50	0.00	3.00
WTE staff in post at 31 March 2022 <u>not funded through PCIF</u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	0.00	11.00	3.00	0.00	0.00	6.00
WTE staff in post at 31 March 2023 <u>not funded through PCIF</u>	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.65	6.00	0.00	17.00	3.00	3.95	0.00	5.00
FORECAST WTE staff in post at 31 March 2024 <u>not funded by PCIF</u>	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.65	6.00	0.00	20.90	3.00	3.95	0.00	6.00

**MOU IMPLEMENTATION PROFILE** – Service Intentions based on staffing complement required to deliver against each of the MoU services as defined in section 7 of the Guidance. Figures as reported to Scot Gov in May 2023.

Funding Category	Service 2 – Pharmacotherapy			Service 1 - Vaccinations			Service 3 – Community Care & Treatment		
	Pharmacist	Pharmacy Technician	Pharma Asst / Other Pharmacy Support Staff	Nursing	HCA	Other	Nursing	HCA	Other
WTE Service intentions funded through PCIF	38.00	29.00	8.00	7.32	2.21	2.80	33.33	14.80	3.21
WTE Service intentions <u>not</u> funded through <u>PCIF</u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

## Notes

Annex A, Figure 4: The Scottish Government did not require a differentiation about whether there would be full or partial service provision as this had been criticised as being too ambiguous in earlier returns.

Annex C, Figure 6 – Figures quoted for Pharmacotherapy are indicative and the opinion of NHS Scotland Directors of Pharmacy is that it is not possible to complete the MoU implementation profile due to a number of external factors and constraints.