



## **Perth & Kinross Integration Joint Board**

**22 June 2018**

### **Tayside Primary Care Improvement Plan 2018 to 2021**

**Report by Dr Hamish Dougall, Clinical Director (G/18/98)**

#### **PURPOSE OF REPORT**

This report seeks approval from the Integration Joint Board for the NHST Tayside Primary Care Improvement Plan (PCIP).

#### **1. RECOMMENDATIONS**

It is recommended the Integration Joint Board:

- 1.1 Approve the content of the Tayside Primary Care Improvement Plan in so far as it pertains to Perth and Kinross (Appendix 1).
- 1.2 Endorse the programme management approach being taken in Perth and Kinross in respect to the ongoing delivery of changes to General Medical Services.

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

- 2.1 The PCIP is a pan Tayside collaboration which sets out the work being undertaken across Tayside and within each partnership area to implement the new General Medical Services contract which came into effect on 1 April 2018. Once approved by each Tayside IJB, the PCIP will be submitted to the Scottish Government for approval. The timescale for this is 1 July 2018.
- 2.2 The provision of GMS (General Medical Services) in Scotland is changing and the catalyst for this is the new contract for General Practitioners; "[The 2018 General Medical Services Contract in Scotland](#)". The initial draft of the GMS contract was released for consultation across Scotland in late 2017 and was approved, following feedback, in early 2018. It came into effect on 1 April 2018.
- 2.3 The contract offers the opportunity to refocus GP activities away from areas of work which can be undertaken by other healthcare professionals and onto delivering more holistic and person centred care as "expert medical generalists".

- 2.4 What this means for patients is that they may come into contact with a wider range of professionals within GP practices as multi-disciplinary teams become more established. In turn this will free up GP time so that they can undertake work dealing with more complex and challenging patient care.

### **3. PROPOSALS**

#### **Structure/Methodology**

- 3.1 The implementation of the new contract is a large and complex undertaking requiring a whole system view of primary care; the services delivered; the professionals engaged and the dependent relationships between primary and secondary care.
- 3.2 There are also variances across practices in terms of how the same/similar services are delivered for patients and these need to be understood in significant detail to ensure that transitions to new arrangements can be managed seamlessly. This work needs to be undertaken in consultation with GPs at a practice level, taking into account the needs of patients and the availability of specialist staff.
- 3.3 In terms of service design, the contract is split into a number of key elements listed below. These elements each represent an opportunity to ensure practice sustainability is secured and patient care is improved:
- Vaccination Services
  - Pharmacotherapy Services
  - Community Treatment and Care Services
  - Urgent Care Services
  - Additional Professional Role:
    - o Physiotherapy focussed on Musculoskeletal conditions
    - o Community Mental Health Services
    - o Community Link Worker Services
- 3.4 NHS Tayside has taken a lead in coordinating the drafting of the PCIP and with significant input from across partnership areas including Perth and Kinross. It is recognised however that the budget for GMS implementation is held by partnership IJBs.
- 3.5 It is clear that, when considering service developments, future resource requirements are better understood in some areas than they are in others. The PCIP notes the overall budget allocations for each partnership and sets out areas where more detail is known about future plans and commitments.
- 3.6 Within Perth and Kinross each element of the PCIP which requires funding in order to implement the GMS contract will be worked into a business case proposal before resources can be reasonably and responsibly allocated. The partnership will undertake this work using a coordinated programme

management approach by splitting the contract into its constituent elements and dealing with them as projects in their own right. In doing so it is important to understand local needs across Perth and Kinross and so each element will be considered in locality context. This work will be undertaken over the coming weeks and months with robust financial plans being developed.

## **2018/19 Scottish Government Funding**

- 3.7 In late May the Scottish Government confirmed earmarked recurring funding for the Primary Care Improvement Fund for 2018/19. A total of £45.75m has been allocated to Integration Authorities across Scotland on an NRAC basis. The Perth & Kinross IJB share of this important investment is £1,249k. Spending plans are currently being developed and the overall scrutiny and approval of investment decisions will be the responsibility of Perth and Kinross Health and Social Care Partnership Executive Management Team.
- 3.8 The Primary Care Improvement Fund is designed as a facilitator to enable and accelerate change with the intention to directly support General practice by enabling work to shift away from practices. This income stream can be enhanced by local provision or re-configuration, but cannot be reduced and is not subject to the application of savings targets. There is an expectation that all money allocated by the Scottish Government to fund the plan each year is spent within year. Money not spent from this income stream can be carried forward – but a carry forward of unspent funding should be considered as exceptional.
- 3.9 It is recognised that IJB's have the ability to collaborate where appropriate at a regional level where it is acknowledged that regional development is both necessary and an efficient use of funding.

## **4. CONCLUSION**

- 4.1 The GMS contract represents an opportunity to improve the provision of primary care services across Perth and Kinross. This will be done by improving the accessibility of services to patients while allowing GPs to focus on more complex care needs.
- 4.2 Contract implementation is nonetheless a significant undertaking requiring a coordinated approach which takes into account the needs of all stakeholders including patients and GPs as well as the wider GP cluster groups and Localities.

### **Author(s)**

| <b>Name</b>    | <b>Designation</b>                                  | <b>Contact Details</b>   |
|----------------|---|--|
| Chris Jolly    | Programme Manager                                   | <a href="mailto:christopher.jolly@nhs.net">christopher.jolly@nhs.net</a> |
| Hamish Dougall | Clinical Director, Health & Social Care Partnership | <a href="mailto:hdougall@nhs.net">hdougall@nhs.net</a>                   |

## 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>No</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 on an NRAC basis. The Perth & Kinross IJB share of this important investment is £1,249k. Spending plans are currently being developed and will be brought back to the IJB for approval in September 2018.

## 2.2 Workforce

The Lead for Human Resources and the partnership representatives for each area affected by this work have been and continue to be engaged in this significant piece of work.

## 3. **Assessments**

### 3.1 Equality Impact Assessment

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

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

### 3.2 Risk

Each 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 proposed 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

N/A

## 4.2 Internal

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

- 1) Chief Officer
- 2) Chief Finance Officer
- 3) Clinical Director
- 4) Head of Health
- 5) Locality Managers
- 6) 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. **Legal and Governance**

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

## 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**

Appendix 1 – Tayside Primary Care Improvement Plan 2018 to 2021