



PERTH & KINROSS INTEGRATION JOINT BOARD

30 June 2021

PRIMARY CARE IMPROVEMENT PLAN

Report by Dr Hamish Dougall
(Report No. G/21/96)

PURPOSE OF REPORT

This report updates the IJB on the progress made in implementing the Tayside Primary Care Improvement Plan (PCIP) in its third year 2020/21, as it relates to the Perth and Kinross HSCP and on the proposed actions to progress implementation in year four 2022/23

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Notes the progress in the implementation of Perth and Kinross HSCP's PCIP (2020/21), recognising the significant effect of the Covid19 pandemic on implementation and the financial commitments made.
- Notes the actions the HSCP proposes to advance in respect of the PCIP in 2021/22 and the funding allocation, recognising that there will be some impact from the Covid19 pandemic.

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 The Tayside PCIP seeks to develop primary care services to support general practice under the terms of the 2018 General Medical Services (GMS) contract, so that GPs can be more focussed on developing their role as 'expert medical generalist'. Perth and Kinross IJB approved the PCIP in June 2018 and it was subsequently approved by the other Tayside IJBs and the Local Medical Committee, before being submitted to the Scottish Government.
- 2.2 This report outlines progress against the actions set out in year three of Perth & Kinross HSCP's PCIP, associated expenditure, and details the proposed actions and spend for year 4 (2021/22). The Tayside PCIP was previously approved for years one, two and three; this report updates on progress and outlines the priorities for implementation in year 4.

The nationally agreed priorities for PCIP to be delivered between 2018-2022, are as follows:

- The Vaccination Transformation Programme (VTP)
- Pharmacy (Pharmacotherapy Services)
- Community Treatment and Care Services (CCATs)
- Urgent Care (*Now 2023*)
- Additional Services
 - Musculoskeletal/ First Contact Physiotherapy
 - Mental Health
 - Community Link Workers (referred to as Social Prescribers)

- 2.3 The Primary Care Improvement Fund (PCIF), a budget provided directly to Integration Authorities from the Scottish Government, supports the delivery of these priorities. *Table 1* sets out the budget (indicative in future years) from 2018/19 to 2021/22 and includes detail on a local adjustment, which has been applied within Tayside to account for service demand from patients residing in one HSCP area who are registered and receive care in another.

Table 1 Financial Overview of P&K PCIP Plan

	2021/22			
	Budget £000	Full Year Cost of Plan £000	In-Year Projection £000	Projected Variance Surplus / (Shortfall) £000
Annual Allocation (indicative)	4,173	3,988	3,745	428
Prior Year Carry Forward	1,674	0	476	1,198
Total	5,847	3,988	4,221	1,626

- 2.4 The annual budget allocation for Primary Care Improvement has increased from £1.249m in 2018/19, £1.501m in 2019/20, £2.976m in 2020/21 and the indicative allocation for 2021/22 is £4.173m. In addition, we have £1.674m of brought forward surplus from prior years. This non-recurring surplus is a result of underspends in previous years and was to some extent planned but is greater than anticipated due to the Covid impact in 2020/21 and also recruitment slippage.
- 2.5 IJBs are permitted to carry forward their non-recurring surplus for expenditure in future years. Therefore, the total available budget in 2021/22 is £5.847m. We currently have a recurring plan that, if fully delivered, would amount to £3.988m. However, due to recruitment delays it is already anticipated that planned commitments will be less than this at £3.745m and forecasting an underspend of £0.243m.

The breakdown of that plan is provided in the *Table 2* below:

Table 2 - PCIP Workstream Breakdown

	Planned Expenditure £000	Forecast Expenditure 2021/22 £000	Variance Over / (Under) £000
Vaccination Programme	341	332	(9)
Pharmacotherapy	897	791	(106)
Community Care and Treatment Services	1,641	1,539	(102)
Urgent Care	240	233	(7)
FCP/MSK	223	216	(7)
Mental Health	273	265	(8)
Link Workers	116	113	(3)
Other	257	256	(1)
Total	3,988	3,745	(243)

- 2.6 A non-recurring budget of £1.674m is available due to prior year underspends being carried forward. At present there is £0.476m of emerging plans requiring approval for this funding. They include the funding of:

- Additional short-term support for Community Treatment and Care
- Additional short-term support to First Contact Physiotherapists
- Additional Social Prescribers

Any emerging plans to utilise the non-recurring funding will require to be approved by the Executive Management Team and the LMC.

- 2.7 There are a number of national policy and guidance documents supporting the reform of health and social care and the delivery of the new GP contract:

- **Premises** - the National Code of Practice for GP Premises delivers a new model for general practice premises. GPs will no longer be expected to own or lease their own premises and the responsibility for this will transfer to NHS Boards
- **Information sharing arrangements** - The Information Commissioner's Office (ICO) now accepts that GPs are joint data controllers along with their contracting NHS Board for GP records. There are now agreed information sharing agreements in place for Perth and Kinross practices.
- **Workforce** - The National Health and Social Care Workforce Plan (Part 3) provides guidance on workforce planning to support the reform of primary care.
- **Mental Health** - Action 15 of the Mental Health Strategy allocates funding to increase the availability of mental health workers in GP practices, police station custody suites, prisons and emergency departments. Mental health and wellbeing is a significant component of GP workload and it is anticipated that the current pandemic will increase this. A number of new primary care developments are being funded by the PCIF and Action 15 funds.

3. PROGRESS ACHIEVED IN 2020/21

- 3.1 In 2020/21, the HSCP made progress with elements of all the priority workstreams now implemented, in at least some GP practices. However, it is important to recognise that the COVID 19 pandemic has had a major impact on service development. Our focus for the past sixteen months has been on maintaining critical services and redeploying staff to deliver an effective response to Covid-19 and care for those affected. At this stage, many PCIP service developments have been affected by the ongoing uncertainties from the pandemic, in terms of recruitment, learning from tests of change and progressing intended changes to practices.
- 3.2 General Practice has been core to the Covid-19 response. They have adapted their ways of working to ensure that those who needed urgent care received it, while those who could manage and monitor their own conditions have been supported to do so. Teams have increased their use of technology to support people, including an increased use of '*Near Me*' video and telephone consultations.
- 3.3 Primary Care was also responsible for setting up and operationally managing and delivering the Covid Community Assessment Centre, based on the PRI site from March to June 2020.
- 3.4 The overall impact has been that some service developments have been accelerated, while others have been delayed. This creates challenges and opportunities for delivery of the PCIP for the remainder of the programme:

3.4.1 The Vaccination Transformation Programme (VTP) and Covid 19 Vaccination Programme

Covid has impacted significantly on progression of the above workstream. VTP 'Tests of Change' were planned for the adult flu programme, based on the learning from the pilot model in Angus HSCP. From March 2020, the Vaccination Transformation Programme (VTP) as part of the GMS contract implementation was put on hold for a year by the Scottish Government due to COVID19. However, the HSCP planned and delivered flu vaccination clinics at Perth Royal Infirmary, Blairgowrie MIU and Pitlochry Community Hospital. Members of the Primary Care team remain on secondment to the CV19 vaccination team. Discussions are underway on the future model of vaccine delivery including Flu and CV19 vaccination boosters for 2021/22 and beyond.

3.4.2 First Contact Physiotherapy/Musculoskeletal (MSK) Physiotherapy

Funding was secured for 3.5 whole time equivalent First Contact Practitioners and with new recent recruitment, the service is now available to all 23 (from 15) GP practices across Perth and Kinross. Over the pandemic period, the service temporarily increased capacity within the service with existing MSK staff who have provided additional sessions to support the delivery of the

service. The service is being monitored through data collection, which is reported through the Primary Care Forum and Primary Care Board.

3.4.3 Pharmacy (Pharmacotherapy)

The Service was sustained throughout the pandemic period with remote access in place as part of contingency planning. The service model being developed consists of a skill mix of pharmacists, technicians and administrative staff. In addition to the pharmacotherapy service as outlined in the GMS contract, there is a requirement locally to maintain prescribing support to practices. The availability of premises to deliver services from continue to be an issue and barrier to implementation.

3.4.4 Urgent Care

The urgent care model is based on an Advanced Nurse Practitioner (ANP) model. The ANP Service received 491 referrals during the period September 2019 to March 2020 (241 Perth City, 142 Strathearn, 55 North and 23 Kinross) with 98% of referrals received from General Practice. However, following feedback and issues raised from General Practice through the GP forum, P&K HSCP is currently reviewing the current urgent care model.

3.4.5 GP Clusters

The new GP contract and supporting national documentation have set out a vision for how GP Quality Clusters should support quality improvements and the development of local community healthcare services. The HSCP Primary Care Lead GP worked with the GP Cluster Quality Leads (CQL) to produce a framework to clarify roles and responsibilities so that clusters can thrive in the right supported environment. The Lead GP has been working on developing a GP sustainability plan to indicate if a practice is need of support from the planned local Primary Care Resilience Team. An induction programme is also being developed for new CQL's.

3.4.6 Community Care and Treatment Services (CCATS)

The GMS contract aim was to ensure a sustainable CCATS service across Perth and Kinross HSCP, which provides for all medical treatments for patients insofar as they are caught under "*Community Care and Treatment*" section of the 2018 General Medical Service Contract (the contract) ie those treatments which are "*non-GP services*" but which are routinely provided for by GP practices.

Covid has impacted on planning for this element of the programme, although learning from Covid has significantly increased NHS wide interest and support for locality level hubs to support review and treatment for chronic diseases. In the North and South Localities, a hub and spoke model was developed, using the Community Hospitals, with in-reach to the more rural G.P. practices.

Covid has affected premises works in these localities, which have now been outstanding for over 12 months. A list has recently been re-sent to NHS Tayside. We also continue to be challenged to find appropriate premises to deliver locally CCATS service in Perth City. The CCATS centre is temporarily accommodated in a Perth and Kinross Council premise, Beechgrove, for a 15 month period until March 2022.

In March 2021, a Short Life Working Group (SLWG) was convened to progress the CCATS service following Covid19, to include plans on taking forward the implementation of Minor Injuries Unit (MIU) and chronic disease management. The SLWG met five times during May 2021, chaired by the Primary Care Service Manager. The report and recommendations were presented and discussed at the June 2021 Perth and Kinross Primary Care Board meeting. The report has made 14 recommendations, including leadership, governance, training needs and clinical workstream development.

3.4.7 Mental Health

Focus over the period has been on continuing the development of the HSCP Community Mental Health and Wellbeing Strategy (2022-2025). Key priorities have been identified and ratified enabling activity to get underway. They are:

- Increase resource and capacity to promote the Suicide Awareness and Prevention agenda
- Agree an evidenced-based model of Mental Health Advanced Nurse Practitioners who will form an integral part of our Community Mental Health services
- Implement and embed the Distress Brief Intervention (DBI) model across Perth and Kinross
- Focus upon having a robust Crisis and Distress Hub that will work with key partners and enable individuals across Perth and Kinross to access immediate help and support when in mental health crisis.
- Work with Key stakeholders to plan and implement a Health and Wellbeing Hub for all individuals across Perth and Kinross. This will offer help and advice as well as promote positive health and wellbeing and provide information on a range of service

3.4.8 Community Link workers (Social Prescribers)

Five out of the six Social Prescribers were re-deployed during Covid 19, only returning mid-April 2021. A review is being undertaken of , role and remit of Community Link workers. Primary Care gave recommendations to this review in April 2021, that Community Link Workers should be embedded in GP Practices. The issue of premises to locate social prescribers in Practice may also be a barrier to roll out.

4. PLANS FOR 2021/22

Given the impact that the pandemic has had on the plans that were in place, workstream leads are revising their plans to prioritise the developments that can be delivered this year. The PKHS CP Re-mobilisation Plan outlines the situation with regard to Primary Care Services.

4.1 Vaccine Transformation Programme and Covid 19 Vaccination

Primary Care continues to respond to significant demands that the COVID-19 pandemic presents. Of particular importance and focus currently is the COVID-19 vaccination. Programme which is being supported across Perth and Kinross by GPs, Health and Social Care staff, colleagues from statutory partners, as well as volunteers. The Scottish Government may continue to expand the influenza vaccination age cohorts to include people aged 55-64 years for 2021/2022.

As we consider future service delivery and our plans for 2021/22 sustaining this programme, along with future winter flu vaccinations programmes, the longer term will be of primary importance and hence a key focus across our Primary Care services. The Scottish Government and BMA have indicated that it will be for the NHS and HSCPs to lead on the delivery of the VTP programme. Discussions are underway on across Tayside on future model of vaccine delivery including CV19 vaccination, which will impact on the service delivery.

4.2 PCIP

In respect to our Primary Care Improvement Plan, all work streams continue to be progressed and we will consolidate each of the services to ensure their sustainability and to maximise their benefit to patients.

4.2.1 Community Care and Treatment Services (CCATS)

Progress in the delivery of CCATS has been delayed due to the pandemic, but also because of the challenges around identifying suitable premises. Efforts to identify suitable premises in Perth City continue, including in partnership with Perth and Kinross Council and NHS Tayside. Further work is planned for the integration of Primary and Secondary Care treatment rooms as part of the Community Care and Treatment Service for chronic disease monitoring/management and MIU.

4.2.2 First Contact Physiotherapy

This service is working well and has been well received by patients and GP's. To establish this model more extensively in all GP practices would require further investment as demand is exceeding capacity within the current model.

4.2.3 Primary Care Resilience Team

In recognition of the critical role that GPs play as expert medical generalists in the delivery of holistic primary care services we will develop a primary care resilience team that will bolster the HSPC workforce to respond to issues which may impact on the sustainability of General Practices. This new team, as well as Primary Care and General Practice more generally, will be further supported by the production of our primary care premises sustainability strategy for Perth and Kinross and will add resilience to our Quality, Safety and Efficiency in Prescribing Programme. This will ensure that NHS Tayside are sighted on the priorities for Primary Care to consider their response and responsibilities for investing in the premises infrastructure to better enable patients to access the right services, in the right location.

4.2.4 GP Clusters

The pandemic has challenged all services to respond in ways that may not have previously been envisaged. This has presented shared learning opportunities and using the existing GP cluster arrangements which are in place we will seek to improve information sharing and GP engagement across clusters. This work will focus on supporting Clinical Quality Leads and wider Localities to lead to improved practice across Multi-disciplinary Teams and Community based services.

4.2.5 Urgent Care

A review of the current urgent care model is being undertaken by HSPC and Lead GP.

4.2.6 Long Covid

As the pandemic continues and patients recover from illness, the effects of Long COVID are being seen. As learning continues around the complex and varied symptoms of this emerging condition, further plans to help manage and treat the condition will require to be developed. This work will capitalise on existing rehabilitation services, our review of AHP services, GP cluster arrangements and wider community-based services such as LInCS. This will be complemented by planned improvements in the approach taken to Chronic Disease Management across Primary and Secondary Care Pathways, including patient self management. This work may take into scope new learning in relation to developing and investing in the Tayside CARES service more locally, investing further in AHP roles in Chronic Pain service/ Post Traumatic Stress Disorder (PTSD) in relation to the impact of Covid experience and the delivery of low level psychological supports delivered by AHPs, for example CBT.

4.2.7 Community Link Workers/ Social Prescribers

The current review of Community Link workers will look to how best optimise their contribution and to embed this in General Practice, including now in

relation to the effects of long Covid. Our Social Prescribers work with community partners to identify the best way to support individuals and the HSCP is committed to looking to advance this approach as a contribution towards our preventative, health promotion activity.

4.2.8 Chronic Disease Management

We are considering the possibility of expanding the delivery of wider services, which may include AHP services beyond “first contact physiotherapy” for example: podiatry, vascular, dietetics, IBS and Mental Health Occupational Therapy. We will develop new models of collaborative working e.g. working with Live Active Leisure partners, to promote a rehabilitation and recovery approach. We will support Podiatry to provide timely identification, intervention and escalation of vascular and cardiovascular problems (reflecting the close correlation of peripheral arterial disease and cardiovascular incidence).

4.2.9 Deprivation and Health Inequalities

Whilst Perth and Kinross does not have the same levels of deprivation encountered in other areas we fully appreciate that the legacy of Covid will remain in our communities for some time and risks widening health inequalities. It is expected that Covid will impact on this especially due to increase in unemployment, and impact on mental wellbeing. We do not currently have any data directly for this in relation to PCIP and Covid, but the wider context linked to poverty and work undertaken demonstrates the effect people are feeling. We are planning to ensure implementation of social prescribing after the majority of Social Prescribers were re-deployed during in response to the Covid pandemic. This is in the recognition of the increased importance that these roles may have post-Covid pandemic and the need to ensure that resources are targeted where possible in a way that aims to reduce health and social inequalities.

5. KEY RISKS

5.1 Non- Delivery of GMS contract

Given the scale and pace of change required to deliver PCIP improvements and developments, there remains a significant ongoing risk to timely delivery. This is not only a local issue and the Scottish Government have issued an updated MOU to extend delivery for workstreams to 2022, with the exception of urgent Care, which will be 2023.

5.2 Financial Risks

Moving into 2022/23 the recurring commitment will increase due to pay cost uplifts. At present the PCIP budget has not been baselined by the Scottish Government and is therefore not subject to uplift. This means that pay cost increases in future years may need to be absorbed by the static annual budget allocation.

The above costs are based on a plan that is deliverable within budget, but this plan is not sufficient to deliver all the Scottish Government ambitions nor those of the overall intent of the 2018 GMS Contract. Indicative costs project the budget required to fully deliver on the ambitions would be £7.7m and therefore £3.5m more than the funding provided. The comparison of current plan to full delivery is provided in *Table 3* below:

Table 3 - The comparison of current plan to full delivery

	Current Plan Expenditure £000	Full Implementation Cost £000	Additional Amount Required above Plan
Vaccination Programme	341	451	110
Pharmacotherapy	897	2,362	1,465
CCATS	1,641	1,641	0
Urgent Care	240	933	693
FCP/MSK	223	642	419
Mental Health	273	890	617
Link Workers	116	487	371
Other	257	257	0
Total	3,988	7,663	3,675
Annual Allocated Budget (indicative)	4,173	4,173	
Shortfall / (Surplus)	(185)	3,490	

5.3 Workforce Risks

The Perth and Kinross HSPC Interim Workforce Plan describes the issues around workforce. In response to a national shortage of General Practitioners, the GMS contract of 2018 fundamentally altered the manner in which some of these services are delivered and critically passed responsibility for many of them over to the HSCPs. The implementation of the Primary Care Improvement Plan includes significant workforce redesign and investment in a range of services within PKHSCP. Progress has been significantly impacted by the pandemic. A Week of Care Audit is planned to determine the success of PCIP Implementation in transferring activity from GP's and where further action is required.

In Perth & Kinross it is estimated that almost 40% of GP's may be over 55 years old. Consideration must be given to the increased demand on General Practices with an increase of approx. 10% in practice population over the last 5 years. A more detailed General Practice Workforce Study is to be undertaken in 2021/22 to gain more current up to date workforce information. However during 2021/22, in recognition of the significant workforce issues, a General Practice Resilience Team is being established.

6. GOVERNANCE

- 6.1 The Perth & Kinross Primary Care Board was established in 2018 with a remit to develop the local PCIP and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and

Advisory Group supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board.

- 6.2 The financial management of the PCIP is delegated to the Chief Officer, Chief Finance Officer, Head of Health and Clinical Director. The Perth & Kinross PCB has responsibility for the distribution and monitoring of the use of the Perth & Kinross allocation of the PCIF in consultation with GP colleagues and Tayside LMC.
- 6.3 The HSCP reports to the Scottish Government every 6 months for both financial governance and more detailed progress of delivery. A risk assessment is also required in respect of workstreams and outcomes. The recent PCIP 4 return to the Scottish Government was completed on 31/05/2021.

7. CONCLUSION

This report updates members of the IJB on progress in relation to the delivery of the Primary Care Improvement Plan in Perth and Kinross and on future plans. The positive progress that had been made up to 2020, has inevitably been impacted on by the global pandemic, in response to which we are re-calibrating our plans, assessing priorities, determining and managing risks with the programme's delivery with an extended delivery date (with the exception of Urgent Care due in 2023) of March 2022.

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