Strategic Delivery Plan

Primary Care

Perth & Kinross Health & Social Care Partnership

2023-2026

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INTRODUCTION

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.

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, generalist primary care professionals 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. 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.

NATIONAL CONTEXT

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 (G.P.'s) establishes a refocused role for all G.P.'s 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.

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 below 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.

Figure 1: Scottish Government Primary Care Outcomes

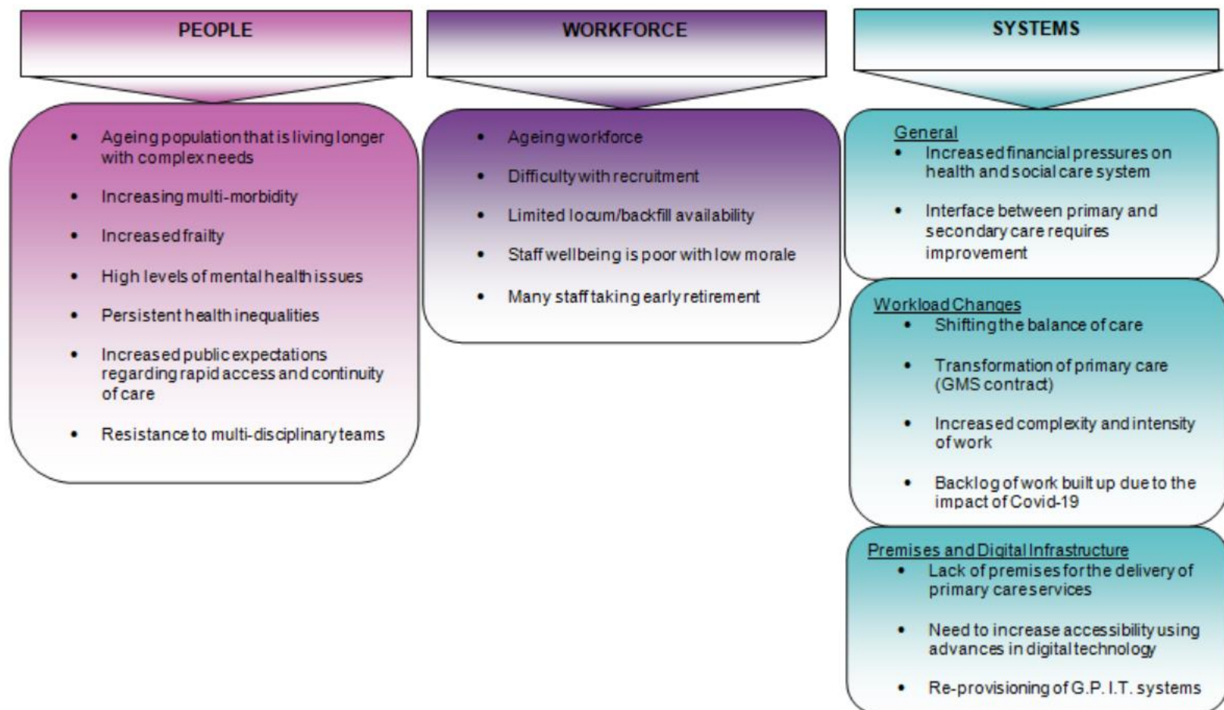
LOCAL CONTEXT

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, 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 Strategic Commissioning Plan, and with consideration of the key local drivers for change.

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



DEMOGRAPHICS

Perth and Kinross has a diverse mix of urban and rural communities and has a population of 151,290 (2018 NRS) living across the areas 5,268 square kilometres. Perth and Kinross has an urban centre and a large rural and remote hinterland.

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.

Some key demographics

- There are 35,199 people aged 65+, 23.3% of the population
- P&K population is projected to increase by just 1% in the next 10 years however the 0-14, 15-29, 45-59 age categories will reduce while 30-44, 60-74 and 75+ are set to increase

- Over the last 10 years P&K has experienced a 25% increase in the number of people aged 75+ and this is projected to increase by a further 31% in the next 10 years. This is significantly higher than the Scottish average of25% and will impact on our services e.g. acute hospital admissions, dementia diagnosis and support, prescribing budget, G.P.. and multi-disciplinary team pressures
- 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
- Whilst P&K has a lower rate of deprivation overall, there are four postcode areas in the highest deprivation category (ranked SIMD 1). Poverty is one of the key drivers of ill health.
- 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.
- 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 5 branch surgeries, one of which is currently under review.

Figure 3: *Perth and Kinross adult population by age group*

Age Group	2018 Population	2020 Population	2023 Projected Population	2024 Projected Population	2025 Projected Population	2028 Projected Population	% Change 2018 - 2028
0-14	22,807	22,652	22,238	21,911	21,654	20,705	-9%
15-29	23,988	23,765	22,642	22,486	22,395	22,132	-8%
30-44	25,396	25,607	26,654	26,812	26,794	26,477	4%
45-59	33,623	33,052	31,400	30,840	30,249	29,093	-13%
60-74	29,214	30,025	30,816	31,270	31,790	33,094	13%
75 & over	16,262	17,026	18,942	19,482	19,958	21,278	31%
Total	**151,290**	**152,127**	**152,692**	**152,801**	**152,840**	**152,779**	**1.0%**

(Source: Mid-Year Estimates (MYE) NRS (National Records of Scotland) 2018-based population projections)

As seen in the table above, our over 75+-year-old population is projected to increase by 31%, by 2028 and the 60–74-year-olds by 13%. This is higher than the Scottish average which is 25% and 14% respectively. This will place considerable pressure on health and social care services. 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.

STRATEGIC PRIORITIES

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

OUTCOMES FOR PEOPLE

PRIORITY 1

We will 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 deliver sustainable services by ensuring 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 develop a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

PRIORITY 4

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

PROGRESS TO DATE

Primary Care Improvement Plan
The 2018 Scottish General Medical Services Contract (GMS)offer and its associated Memorandum of Understanding (MoU) 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 (IA's) 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. IA's are required to provide updates on their progress on an annual basis, and data on increases in workforce numbers and spread of services 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 is shown in Annex 1, Figure 4.

By 31 March 2022, the following services were available:

- patients from all 23 practices had partial access to level 1, level 2 and level 3 Pharmacotherapy services;
- patients from all 23 practices had full access to First Contact Physiotherapy services;
- patients from all 23 practices had full access to social prescribing services;
- patients from 11 practices had partial access to urgent care support whilst patients from the other 12 practices had full access;
- patients from all 23 practices had full access to mental health services;
- patients from all 23 practices had 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 12 practices have access to chronic disease monitoring and related data collection

Workforce Profile

There are currently 76.4 WTE posts to support the implementation of the six priority services in Perth and Kinross, agreed in the MoU within the GMS contract, with a plan to increase staffing to 94.6 WTE. This is demonstrated within Annex 2, Figure 5.

The data shows that there has been a sustained increase in recruitment across all areas of the MoU. While increases in workforce may be indicative of progress towards delivery of the MoU, 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.

NEXT STEPS: STRATEGIC DELIVERY PLAN

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 it 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:

1 OUTCOMES FOR PEOPLE - KEY ACTIONS 2023-26

PRIORITY 1 - **"We will 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 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. Therefore, one of our key actions is to develop a Perth and Kinross Communications and Engagement Strategy 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 are developed and maintained with 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 co-production of 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 We will 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. This is limited to what can be delivered with the envelope of the available PCIF budget.

1.3 We will provide or arrange 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.

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 would 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.

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.

2 OUTCOMES FOR WORKFORCE - KEY ACTIONS 2023-26

PRIORITY 2 - **“We will deliver sustainable services by ensuring 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. Managing G.P. primary care services that are at or beyond capacity risks locking practices into responding reactively and inhibits effective strategic leadership and practice management. 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. These key actions include:

- development of, and recruitment to, a Primary Care Resilience Team 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 In line with commitments to be made in the MoU, NHS Tayside and the HSCP will provide a wider primary care multidisciplinary team in G.P. practices and the community, who will work alongside G.P.'s and practice staff to reduce G.P. workload and provide a more person-centred experience.

2.3 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;
- allow 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

2.4 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 Radiology diagnostic services into communities.

2.5 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, and 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 develop the Urgent Home Visiting Service with a single point of contact for G.P.'s to refer all patients that require an urgent review.

2.6 Annually, G.P. practices will engage in a sustainability survey developed by the HSCP. 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 team.

In June 2022, this survey showed the lack of resilience within General Practice and the stark reality facing the medical workforce as follows:

- there are around 20% of the G.P. partner workforce in P&K over the age of 55 years;
- there are 13% of G.P. partners who plan to retire within the next two years;
- 21 out of 23 practices deliver over 75% of their weekly clinical sessions through G.P. partners alone;
- 30% of practices have one or more vacant G.P. posts;
- in the event of G.P. absence from the practice, 11 practices could not provide more than three additional sessions per week.

3 OUTCOMES FOR THE SYSTEM - KEY ACTIONS 2023-26

PRIORITY 3 - **"We will develop a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery."**

3.1 This strategic delivery plan will be strongly linked to the Perth and Kinross Primary Care Premises Strategy, which we will continue to develop and publish in partnership with the Angus and Dundee Integrated Joint Boards. This will support us to provide modern, fit-for-purpose premises where we can deliver appropriate and effective primary care services. In particular, the key priority areas for actions are:

- Perth western expansion generates the need for either a new G.P. practice, or the relocation of a G.P. practice. This also requires that current practice boundaries are redefined;
- the need for suitable accommodation for the delivery of an effective community care and treatment service (CCATS);
- the need for purpose built premises in the Carse of Gowrie;
- the need for clarity of the lease assignation process to enhance G.P. recruitment possibilities.

3.2 We will ensure that the Technology Enabled Care Strategy 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. I.T. 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.

PRIORITY 4 - **"We will 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 will develop a new meeting and governance structure, which will maintain and develop further, the work of the G.P. clusters and actively contribute to the ongoing improvement of primary care 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. 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 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 provides 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.

STRATEGIC ENABLERS

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:

5.1 **Workforce Plan**

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

5.2 IJB 3 Year Financial Plan

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

5.3 Primary Care Infrastructure

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

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

5.4 **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.

5.5 **Communication and Engagement Plan**

A consultation and engagement programme will be required to promote and develop the contents of the Strategic Delivery Plan for key stakeholders. This will encompass the consultation and engagement work for the Older People Strategic Delivery Plan.

5.6 **Performance Management Framework**

The performance management framework for Primary Care is demonstrated later in this plan.

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

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

PERFORMANCE MANAGEMENT FRAMEWORK

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 below demonstrates how we will measure our progress towards the outcomes we seek to deliver.

STRATEGIC OUTCOME STATEMENTS	STATEGIC OUTCOMES	KPI's	THEMES	NATIONAL HEALTH and WELLBEING OUTCOMES								
				1	2	3	4	5	6	7	8	9
We will 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 socical 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 Services 3. Decrease in A&E attendances per 100,000 population			✓	✓		✓		✓		✓
We will deliver sustainable services by ensuring 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 develop 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"	OUTCOMES FOR THE SYSTEM			✓					✓	✓
	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?"				✓					✓	✓
We will deliver primary care services which better contribute to improving population health and addressing health inequalities.	Our primary care service improves population health and wellbeing	1. Increase in the % of people who feel the Health or Social Care service has helped support them to manage their condition as best as possible so that it doesn't get worse 2. Increase in the % of people who feel their health or social care support has helped them to live as independently as possible and maintain their quality of life 3. Decrease in rate of emergency admissions per 1000,000 population for adults (18+) 4. Dcecrease in readmissions to hospital within 28 days of discharge per 1,000 discharges (18+) 5. Decrease in A&E attendances per 100,000 population		✓	✓		✓	✓		✓		
	Our primary care service better addresses health inequalities	1. Increase in the % of people who feel the health or social care support has helped them to live as independently as possible and maintain their qualirt of life 2. Increase in the % of G.P. Practices with access to Social Prescribers and/or welfare advice services (Primary Care Workforce Survey) 3. Increase in Chronic disease monitoring appointments		✓	✓		✓	✓				

ANNEX 1.

FIGURE 4: PERTH AND KINROSS MoU PROGRESS (MARCH 2022)

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with NO Pharmacotherapy service in place	0		
Practices with Pharmacotherapy level 1 service in place	0	23	0
Practices with Pharmacotherapy level 2 service in place	0	23	0
Practices with Pharmacotherapy level 3 service in place	0	23	0

2.2 Community Treatment and Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	0		23
Practices with access to management of minor injuries and dressings service	0		23
Practices with access to ear syringing service	0		23
Practices with access to suture removal service	0		23
Practices with access to chronic disease monitoring and related data collection	12		11
Practices with access to other services			

2.3 Vaccine Transformation Program	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Pre School - Practices covered by service			23
School age - Practices covered by service			23
Out of Schedule - Practices covered by service			23
Adult imms - Practices covered by service			23
Adult flu - Practices covered by service			23
Pregnancy - Practices covered by service			23
Travel - Practices covered by service			23

2.4 Urgent Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care Service		11	12

Additional professional services			
2.5 Physiotherapy / MSK	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing APP			23

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing MH workers / support through PCIF/Action 15			23
Practices accessing MH workers / support through other funding streams			23

2.7 Community Links Workers	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing Link workers			23

ANNEX 2.

FIGURE 5 - PRIMARY CARE IMPROVEMENT PLAN WORKFORCE PROFILE 2018 – 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers	7: Other
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]		
TOTAL staff WTE in post as at 31 March 2018	0	2.3	0	0	0	0	0	0	0	0	0	0	0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	3	2.2	2.9	0	1	0	0	0	0	1.5	0	0	0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	2	3	7.6	3.8	1.2	4.6	0	0	3.3	0.7	0.8	0	0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0	0	10.6	10.4	1.2	-1	0	0	3.1	1.1	0	2	0
INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	2.6	-0.9	1.6	10.1	-2.7	0.0	0.0	0.0	-2.0	0.2	-0.8	1.0	0
TOTAL staff WTE in post by 31 March 2022	7.6	6.6	22.7	24.3	0.7	3.6	0.0	0.0	4.4	3.5	0.0	3.0	0.0
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	3.4	0.9	3.3	12.3	1.0	0.0	0.0	0.0	1.6	0.0	0.0	0.0	4.0
TOTAL future recurring staff WTE [c]	11.0	7.5	25.9	28.3	1.8	3.6	0.0	0.0	6.0	3.5	0.0	3.0	4.0