



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 27 JUNE 2018

**DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES IN THE CONTEXT OF
PRIMARY CARE DEVELOPMENT IN ANGUS**

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to detail the development of the Primary Care Improvement Plan and seek approval of the plan.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) approves the Tayside Primary Care Implementation Plan;
- (ii) instructs the Chief Officer to progress actions within the plan within the overall outlined financial allocation;
- (iii) requests a progress update report in August prior to submission of the first national financial monitoring report in September 2018.

2. BACKGROUND

The details of the new 2018 General Medical Services contract were fully outlined in paper IJB 19/18 presented to the Board on 21 February 2018.

The contract aims to develop a sustainable model of general practice through the development of a multi disciplinary support team working in and around general practice, enabling GPs to have more capacity to fulfil their role as Expert Medical Generalist.

All primary care development must accord with seven key principles:

- Safe
- Patient centred
- Equitable
- Outcome focused
- Effective
- Sustainable
- Affordability and value for money

The key priority areas between 2018-21, the agreed implantation timeline for this contract, identified nationally are:

- The Vaccination Transformation Programme (VTP)
- Pharmacotherapy Services
- Community Care and Treatment Services
- Urgent care (advanced practitioners)
- Additional professional roles- such as musculoskeletal focused physiotherapy services

- Community Links Workers (referred to in Angus as social prescribers)

A number of national documents provide further context regarding the national planning to support reform within health and social care. All are key enablers for delivery of the new GP contract:

- Premises - as outlined in the National Code of Practice for GP Premises, a new model for general practice premises is planned within 25 years, whereby GPs will no longer be expected to own their own premises. Currently in Angus we have 4 Board owned, 3 practice owned and 6 leased (with 9 general practices included) properties.
- Information sharing arrangements - The Information Commissioner's Office (ICO) now accepts that GPs are not the sole data controllers of the GP records but are joint data controllers along with their contracting NHS Board.
- Workforce - The National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland, provides guidance on workforce planning to support the reform of primary care.
- Mental Health - Action 15 of the Mental Health Strategy allocations have been announced, bringing a further £11m nationally to improve availability of mental health workers in GP practices, police station custody suites, prisons and emergency departments.

The Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards, signed in November 2017 provided a statement of intent, recognising the statutory role of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist and the NHS Boards role in service delivery and as NHS staff employers and parties to General Medical Services.

The Memorandum of Understanding outlines the responsibilities of the Integration Authority as:

- Planning, design and commissioning of the primary care functions (including general medical services) delegated to them under the 2014 Act based on an assessment of local population needs, in line with the Health & Social Care Partnership (HSCP) Strategic Plan.
- The development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and Cluster level, and that reflects local population health care needs.
- Collaboration with NHS Boards on the local arrangements for delivery of the new Scottish GMS contract.
- Section 2c of the National Health Service (Scotland) Act 1978 places a duty on NHS Boards to secure primary medical services to meet the reasonable needs of their NHS Board area. To achieve this, NHS Boards can enter into GMS contracts. HSCPs will give clear direction to NHS Boards under sections 26 and 28 of the 2014 Act in relation to the NHS Board's function to secure primary medical services for their area and directions will have specific reference to both the available workforce and financial resources.
- Where there is one or more HSCP covering one NHS Board area, the HSCPs will collaborate under section 22 of the 2014 Act in relation to the effective and efficient use of resources (e.g. buildings, staff and equipment) to achieve coherence and equity across service planning, design and commissioning.
- Ensuring that patient needs identified in care plans are met.

NHS Territorial Boards' responsibilities are outlined as follows:

- Contracting for the provision of primary medical services for their respective NHS Board areas.
- Ensure that primary medical services meet the reasonable needs of their Board area as required under Section 2c of the NHS (Scotland) Act 1978.
- Delivering primary medical services as directed by HSCP as service commissioners.

- Arrangements for local delivery of the new Scottish GMS contract via HSCPs.
- As employers, NHS Boards will be responsible for the pay, benefits, terms and conditions for those employees engaged in the delivery of the priority areas.

The Memorandum of Understanding outlines that the Primary Care Improvement Plan should be determined based on population healthcare needs, taking account of existing service delivery, available workforce and available resources. The expectation is that reconfigured services, as outlined above, continue to be delivered in or near GP practices.

The key requirements of the Primary Care Improvement Plan are outlined as follows:

- To be developed collaboratively with HSCPs, GPs, NHS Boards and wider stakeholders;
- To detail and plan the implementation of key priorities, with reference to agreed milestones over a 3 year time period;
- To give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas and in particular to include intended timescales for the transfer of existing contractual responsibility for service delivery from GPs;
- To provide detail on available resources and spending plans (including workforce and infrastructure);
- To outline how the MDT will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract;
- Initial agreement for the Primary Care Improvement Plan secured by 1 July 2018.

3. CURRENT POSITION

Angus has a strong and long standing relationship with Angus practices through the Clinical Partnership Group and wider planning structures. Angus development priorities over recent years, as well as the innovative service developments to aid the sustainability of Brechin Health Centre, has positioned us well for the implementation of the new contract. Examples of this would include Enhanced Community Support, development of the Advanced Nurse Practitioner roles within Medicine for the Elderly and general practice as well as the first point of access physiotherapy service within Brechin Health Centre. However, the significant challenge the contract places on Angus HSCP and NHS Tayside cannot be underestimated.

Locally, planning for the new contract has been a collaborative approach and has consisted of the following:

- A series of presentations to a number of forums to increase all staffs awareness of the new contract and its implications.
- The Local Intelligence Support Team (LIST) are working with a number of practices to gather data to aid the planning of new service.
- Public discussions within Angus Care Model roadshows and within a number of local peer support groups. Significant and ongoing public engagement and consultation will be required between 2018-21.
- Ongoing involvement and leadership from key service managers who will be responsible for supporting the accelerated multi disciplinary teams outlined in the contract and within our improvement plan.
- Discussion as a standing item within the Clinical Partnership Group.
- A series of exceptional meetings of the Clinical Partnership Group, with an extended invitation to all GPs and practice managers, to discuss and develop proposals around the contract implementation.
- A survey, completed and returned by all practices provided valuable information about the practices preferences both with regards initial priorities and longer term service configuration.
- A GMS Contract Implementation Working Group has been established, with a remit to support the ongoing development and implementation of the plan going forward. This group has senior managers of the services supporting implementation, GP Sub Committee and

primary care representation. It includes representation from mental health to ensure a collaborative approach to maximise gain from both the primary care improvement monies and those available under Action 15 Mental Health Strategy allocations, It will report to the Clinical Partnership Group, where the contract implementation will be a standing item on the agenda with a written update report shared for approval at each meeting, to ensure cluster lead and GP Sub Committee approval and involvement in the governance of this process on an ongoing basis.

To increase efficiency and reduce inequalities, a regional GMS Implementation and Advisory Group has been established, as part of an overall review of current primary care organisational structures led by the Primary Care Transformation Board (See Appendix 1). Like many other Board areas across Scotland, agreement has been reached to prepare a single Primary Care Improvement Plan for NHS Tayside with each HSCP describing local aspects within a chapter of the Plan. This will reduce unwarranted variation and inequalities and supports aspects of the contract where NHS Tayside has specific and direct areas of responsibility, such as premises and IT. Specifically we recognise the importance of planning for vaccination transformation and pharmacotherapy services regionally, given current management arrangements and respective accountabilities. The GP Sub Committee has also been supportive of this approach for the reasons outlined above.

4. PROPOSALS

On approval of the implementation plan a more detailed performance tracker will be developed and maintained over the next 3 years to enable local monitoring of progress and performance.

The proposed NHS Tayside Primary Care Improvement Plan, outlining in detail the key milestones over the 3 year period, is attached as Appendix 2.

In summary Angus improvements against the agreed priority areas are proposed as follows:-

Priority Area	Summary
Vaccinations	<p>National Vaccination Transformation Programme - led regionally by public health with representation from each HSCP. NHS Tayside introduced a Children's Immunisation Service in 2016.</p> <p><u>Plans for 2018/19:</u> Expand remit of Children's Immunisation teams to cover all children's vaccinations Begin shift of adult immunisations away from general practice eg vaccinations in pregnancy Expand community pharmacy administration of vaccinations for residents in care homes.</p>
Pharmacotherapy services	<p>Planning being led regionally by the Director of Pharmacy with representation from each HSCP.</p> <p>The first phase of Primary Care Transformation Monies supported increases in pharmacy WTE input pan Tayside - this will continue over coming years to deliver the range of pharmacotherapy support outlined in the contract- but national workforce challenges well recognised.</p> <p><u>Plans for 2018/19:</u> Test of change in 2018/19 will scope workload resulting from level one service and estimate resource requirements for roll out between 2019-2021. An additional 5 wte pharmacist posts will be advertised in 2018/19 to continue to increase the pharmacy support available to practices.</p>
Community Care & Treatment Services	<p>Regional planning and development of the enablers required to support this development - fit for purpose IT particularly is critical. Local ownership of modelling of services within each HSP in light of geographical and demographic variances.</p> <p><u>Plans for 2018/19:</u> Baseline data collection to support modelling Stabilisation of minor injury services within each cluster as per agreed</p>

	<p>Angus Care Model</p> <p>Development of leg ulcer service model with implementation in one cluster</p> <p>Development and implementation of ear syringing service within each cluster</p> <p>Testing of a cluster level spirometry service in North West Angus Council</p> <p>Testing of a cluster level ECG service in South East Angus</p> <p>Testing of IT within a virtual Community Treatment and Care Service in South West Angus (which will inform regional planning)</p>
Urgent Care Services	<p>Regional planning and development of the enablers required to support this development- fit for purpose IT particularly is critical. Local ownership of modelling of services within each HSP in light of geographical and demographic variances.</p> <p><u>Plans for 2018/19:</u></p> <p>Test within one cluster of a cluster based specialist paramedic supporting enhanced community support and provision of urgent in-hours care.</p>
Additional professional services	<p>First Point of Contact Physiotherapy:</p> <p>Regional planning led by Director of Allied Health Professions with representation from each HSCP.</p> <p><u>Plans for 2018/19:</u></p> <p>Different models being tested in each HSCP- which will be reviewed to agree principles for future service delivery from 2019 onwards.</p> <p>Within Angus practice funded tests within 3 practices will continue in 2018/19.</p> <p>Mental Health & Wellbeing:</p> <p>Local planning with regional collaboration. Being developed in conjunction with mental health services in conjunction with planning for utilisation of resources allocated separately to support Action 15 of the mental health strategy.</p> <p><u>Plans for 2018/19:</u></p> <p>Develop a sustainable model for Mental Health & Wellbeing Nurse deployment across Angus to build on existing successful models.</p> <p>Maintain Angus wide access to 'Do You Need to Talk' and increase appointment capacity within each cluster.</p>
Community links workers(known locally as social prescribers)	<p>Being developed within each HSCP with sharing of learning.</p> <p>Within Angus social prescribing roles within practices by Voluntary Action Angus, with short-term financial contributions via Primary Care Transformation.</p> <p><u>Plans for 2018/19:</u></p> <p>Maintain current levels and models of service provision in 2018/19</p> <p>Stakeholder event planned for August 2018 to agree future modelling, in context of wider social prescribing within localities, with phased roll out of agreed model from 2019.</p> <p>Social prescribing to be accessible to all practices by 2021.</p>

All of the above is dependent upon the recruitment and retention of workforce, accessibility of suitable premises

5. FINANCIAL IMPLICATIONS

The development of the services and infrastructure to deliver the Plan outlined is significant. The Scottish Government issued guidance on the financial allocation on 23 May 2018. The Angus allocation for 2018/19 is £986,000, with a predicted £1,185,000 in 2019/20 and £2,370,000 in 2020/21. All monies are to be allocated in direct support of general practice, with approval of the Local Medical Committee on all spend.

For 2018/19, allocations will be released in two tranches although we are to plan on the basis of the full amount being released to us (70% will be released initially and a further 30% in November subject to confirmation that we are able to spend our full allocation).

It is recognised that the longer term funding implications to support the breadth of development required by the contract is likely to exceed this allocation, and services, and the IJB, will require to identify how to support this mandated work in the longer term.

6. OTHER IMPLICATIONS

While this contract provides an exciting and much welcomed opportunity to accelerate the transformation of primary care services within Angus, it should continue to be considered as part of the wider HSCP Strategic Plan with a continued drive to improve the health and resilience of our local populations, reducing health inequalities and improving self-management opportunities.

Related risks have been highlighted and are detailed within the attached improvement plan, particularly in relation to workforce, IT and premises.

REPORT AUTHORS: Rhona Guild, Primary Care Manager/Long Term Conditions Lead
Dr Alison Clement, Clinical Director
Alexander Berry, Chief Finance Officer

EMAIL DETAILS: hsciangus.tayside@nhs.net

14 June 2018

List of Appendices:

Appendix 1: Proposed Contract Implementation Structure
Appendix 2: NHS Tayside Primary Care Improvement Plan

Appendix 1: Proposed GMS Contract Implementation Structure

TAYSIDE IMPLEMENTATION APPROACH

