



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 24 APRIL 2019**  
**UPDATE REPORT- PRIMARY CARE IMPROVEMENT PLAN- ANGUS**  
**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

The purpose of this report is to provide a year end report for the 2018/19 Angus Primary Care Improvement Plan approved by the Integration Joint Board in June 2018 and seek approval of the 2019/20 Angus Primary Care Improvement Plan.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board: -

- (i) note progress made in delivery of 2018/19 Angus Primary Care Improvement Plan (Appendix 1).
- (ii) approve the proposed 2019/20 Angus Primary Care Improvement Workplan for 2019/20 (Appendix 2).
- (iii) approve the overall indicative Angus Primary Care Improvement Fund Financial commitments for 2019/20 (section 5) including as per 2018/19, delegating devolved authority to the Chief Officer to approve updated versions of financial plans as more complete information becomes available (noting the Chief Officer will still have to meet obligations re approval from Local Medical Committee).
- (iv) request a further progress report in September 2019 prior to the submission of the national local Implementation tracker.

**2. BACKGROUND**

The details of the new 2018 General Medical Services contract and Memorandum of Understanding were outlined fully in a paper presented to the Board on 21 February 2018. The Tayside Primary Care Implementation Plan was approved by the Board in June and the 2018/19 Angus Primary Care Improvement Plan was approved in August 2018.

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

The key priority areas for address between 2018-2021, the agreed implementation timeline for this contract identified nationally are:

- The vaccination transformation programme.
- 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).

### **3. CURRENT POSITION**

General practices, service managers, cluster leads, and GP Sub Committee representatives have provided ongoing support throughout 2018/19 to enable continuous planning and review of the 2018/19 Angus Primary Care Improvement Plan, considered as a standing item at Angus HSCP Clinical Partnership Group and in Exceptional Clinical Partnership Group meetings. Project implementation and monitoring has been progressed through the Angus GMS Contract Implementation Group. Regional planning continues to be coordinated through the NHS Tayside GMS Contract Implementation and Advisory Committee, and several associated working groups, which reports into the NHS Tayside Primary Care Board. Staff side representatives are included in the membership of both the Angus GMS Contract Implementation Group and regional GMS Contract Implementation and Advisory Committee.

Public engagement and communication have taken place through a range of methods including media releases, Continuing the Conversation events, attendance at public groups and Patient Participation Groups and through service specific surveys.

Appendix 1 summarises the 2018/19 Angus Primary Care Improvement Plan approved by the IJB and progress made with its implementation, including some initial performance data.

Given funding approval was granted only in August 2018, and the well-recognised challenges related to workforce availability the progress made to date is welcomed. There remains a significant amount of work to do to deliver on all aspects of the contract as outlined in the Memorandum of Understanding.

Scottish Government has issued guidance on behalf of the GMS Oversight Group regarding reporting cycles for Primary Care Improvement Plans, which includes submission of Local Implementation Trackers, with the first covering July 2018 to March 2019 to be submitted by 30<sup>th</sup> April 2019 as an annex to the 2019/20 plans after collaborative completion by local partners including GP Sub Committee. A subsequent tracker is required for the period April to September 2019 by 30<sup>th</sup> October 2019.

### **4. PROPOSALS**

Scottish Government in their guidance for 2019/20 Primary Care Improvement Plans have emphasised the requirement for:

- plans to be based on population healthcare needs, considering existing service delivery, available workforce and available resources.
- evidence of option appraisals in support of any recommendation to continue delivery of services by general practice through locally agreed contract options.
- reconfigured services to continue to be delivered in or near GP practices, to support continuity of care.
- clear description of local actions related to workforce planning and supply and how potential gaps will be addressed.
- provision of information about patient engagement.
- Health Board plans for premises developments to support provision of new services models within primary care and digital infrastructure developments.
- Clear overview of local monitoring and evaluation processes.

Appendix 2 provides an overview of the proposed Angus Primary Care Improvement work plan for 2019/20, the content of which was discussed and agreed through the Angus Clinical Partnership Group. Section 5 below provides details of the associated financial commitments. This financial plan requires approval by the IJB and Local Medical Committee.

## 5. FINANCIAL IMPLICATIONS

### 2018/19

The financial plans for the 2018/19 Primary Care Improvement Plans were approved in report 59/18. The original plans reflected an assumed level of slippage and it was originally estimated that c£300k of funds would transfer from 2018/19 to fund activity in subsequent years. As implementation has progressed there has been further slippage on a range of projects as described in the table below.

Project	2018/19 Approved PCIF Allocation	2018/19 Forecast Expenditure	2018/19 Forecast Variance
Vaccination Transformation Programme	83,000	51,383	31,617
Pharmacotherapy			
- Pharmacotherapy Service	299,000	259,551	39,449
- Pharmacy First	21,000	TBC	21,000
Community Treatment and Care Services			
- Ear Care	32,000	15,005	16,995
- Leg Ulcer/Wound care	22,000	11,987	10,013
Urgent Care			
- Scottish Ambulance Service	20,000	16,188	3,812
Additional Professional Roles			
- MSK	83,000	10,143	72,857
- Mental Health	100,000	0	100,000
Vision Anywhere Test of Change	4,500	0	4,500
<b>TOTAL</b>	<b>664,500</b>	<b>364,257</b>	<b>300,243</b>

This suggests additional slippage, beyond original expectations, of a further £300k. This is a feature in a number of IJBs and this increased slippage will also be carried forward to fund activity in future years.

### 2019/20

The funding available in 2019/20 is c£1185k (2018/19 - £986k). This will be augmented by funds carried forward from 2018/19 to allow a marked increase in investment which will phase into 2020/21 when Scottish Government funding steps up significantly to £2370k (2021/22 - £3340k).

One major element of uncertainty is regarding the funding of increased superannuation contributions. These are currently estimated at placing an additional c6% burden on this funding stream. Report 59/18 did note that some additional local or regional funding may need to be applied to some work streams. Given the issue with superannuation and the breadth of the contract implementation task, there is a risk that by the final year of the implementation programme there will be a challenge regarding containing required spend within available resources. It is expected that the next report to the IJB will consider this issue.

The current planned expenditure commitments for 2019/20 for approval are described in the table below.

Project	2019/20 Cost of 2018/19 Approvals	Additional Commitments Proposed 2019/20	Total Proposed Expenditure 2019/20	Recurring Impact of 2018/19 and 2019/20 Approvals
Vaccination Transformatio Programme	97,354	60,280	157,634	268,824
Pharmacotherapy				
- Pharmacotherapy Service	542,000	43,948	585,948	678,045
-Pharmacy First	0	0	0	22,279
Community Treatment and Care Services				
-Ear Care	72,312	7,688	80,000	84,930
-Leg Ulcer/Wound care	42,891	64,337	107,228	166,954
-Spirometry	0	22,229	22,229	53,398
-Phlebotomy	0	115,710	115,710	240,000
Urgent Care				
-SAS	31,435	0	31,435	0
-ANP	0	138,735	138,735	138,735
Additional Professional Roles				
-MSK	166,000	276	166,276	191,030
-Mental Health	119,000	-57,929	61,071	126,783
Link Workers	0	215,544	215,544	298,313
Vision Anywhere Test of Change	4,500	0	4,500	0
<b>TOTAL</b>	<b>1,075,492</b>	<b>610,818</b>	<b>1,686,310</b>	<b>2,269,291</b>

This table shows the 2019/20 impact of commitments made in 2018/19, the impact of new 2019/20 commitment, the total expenditure therefore planned for in 2019/20 and the total recurring impact of that expenditure. It is expected that further slippage will be a feature in 2019/20 and recruitment will be managed to contain spend within available resources (being a combination of in year funding and funds carried forward from 2018/19). The impact of superannuation and the transfer of funds to neighbouring IJBs (re Angus residents registered with General Practices in neighbouring IJBs) will also be allowed for in plans.

As per 2018/19, it is suggested that delegated devolved authority is given to the Chief Officer to approve updated versions of financial plans as more complete information becomes available (noting the Chief Officer will still have to meet obligations re approval from Local Medical Committee).

## 6. OTHER IMPLICATIONS

Despite well documented national challenges related to workforce availability, Angus have succeeded to date in recruiting most of the additional appointments approved in 2018/19. The work undertaken by the pharmacy service to further define local workforce needs has supported a number of skill mix options to be considered at the recruitment phase, resulting in successful recruitment in Angus. Regionally it has been asked that regional recruitment processes within NHS Tayside are as efficient and as responsive as possible to support timely progression through the recruitment process considering national competition for available workforce. Retention of staff will also be monitored to ensure that posts developed offer attractive roles that support staff retention. There are concerns regarding the current indicative timescales for local contracting processes and the anticipated impact on mental health services particularly.

Delivery of the most effective and equitable services is dependent on the availability of the physical and digital infrastructure. Many aspects of the plan cannot be safely delivered without well-developed federated IT solutions. Both this and the premises requirements are being progressed regionally via NHS Tayside.

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### List of Appendices:

Appendix 1: Angus HSCP- Primary Care Improvement Fund Workplan - 2018/19 – End of year update.

Appendix 2: Angus HSCP- Primary Care Improvement Fund Workplan – 2019/20.