

Local Implementation Tracker Guidance

The following tracker should be used by Integration Authorities in collaboration with Health Boards and GP sub-committees to monitor progress of primary care reform across their localities, and in line with service transfer as set out within the Memorandum of Understanding.

The **MoU Progress tabs** should be used through local discussions between Integration Authorities and GP sub-committee to agree on progress against the six MoU priority services as well as enablers required to deliver these. This tracker should be completed using a RAG system, and comments boxes have been provided to supply further information.

If you are funding staff through different funding streams, for example, mental health workers through Action 15 funding, please include this information in the relevant section so we are aware that you are taking steps to recruit staff in this area.

The **Workforce and Funding Profiles tab** replaces the Template C returns that were provided to Scottish Government in 2018/19. These tables should allow Integration Authorities to consider financial and workforce planning required to deliver primary care improvement, and reassure GP sub-committee of progress. These tables will also support Integration Authorities in requesting the second tranche of the Primary Care Improvement Fund allocation in October 2019.

If you are funding staff through different funding streams, for example, recruiting mental health workers in Action 15, do not record these in Tables 1 and 2. However, they should be included in Tables 3 and 4 to inform workforce planning

We would also ask that this local implementation tracker be updated and shared with Scottish Government by **30th September 2019**.

Primary Care Improvement Plans: Implementation Tracker Autumn 2019

Health Board Area: NHS Tayside Health & Social Care Partnership: Angus Number of practices: 16 Implementation period From: April 2019 To : September 2019	Completed by For HSCP/Board: Rhona Guild For GP Sub Committee: Dr Andrew Thomson Date: 1st October 2019
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1.1 Overview (HSCP)	Progress to date
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	partially in place / some concerns
Comment / supporting information (include consideration of relationships, involvement in ongoing structures and monitoring)-GP Sub Committee represented on Angus IJB, Angus Clinical Partnership Group and Angus Contract Implementation Group. HSCP attendance at GP Sub Committee. GP Sub Committee co-chairing regional Contract Implementation and Advisory Group. Some concerns given challenges approving PCIP regionally for Year 2 and lack of explicit organisational interfaces with NHS Board.	
PCIP Agred with GP Sub Committee	fully in place / on target
Date of latest agreement	13th August 2019
Transparency of PCIF commitments, spend and associated funding	fully in place / on target
Comment / supporting information -Year Two allocations, including recurring spend arising from Year One, approved by IJB and LMC. Ongoing financial monitoring and reporting via HSCP and regional Contract Implementation and Advisory Group.	

1.2 Enablers / contract commitments	Progress to date
BOARD	
GP Owned Premises: Sustainability loans supported -	not in place / not on target
Number of applications	1
Number of loans approved	0
Comment / supporting information The Board & HSCP have approved in principle the loan application from one Angus practice. However, national negotiations between SG and BMA are on going with respect to the loan agreement and therefore loan not finalised.	
GP Leased Premises: Register and process in place	not in place / not on target
Number of applications	nil
Number of leases transferred	nil
Comment / supporting information. The Board is taking forward one lease assignation and taking on one new lease, both outwith Angus H&SCP. This will inform the the final process the Board will introduce to undertake lease assignations. The Board has identified three leases, in one property, that are due to conclude in < five years. A fourth lease in the same property, sits with the Board. It is also due to conclude in < five years.	
Stability agreement adhered to	fully in place / on target
Comment / supporting information -Despite pressures in relation to funding for Boards and HSCP's income streams have remained protected.	
GP Subcommittee input funded	fully in place / on target
Comment / supporting information - Scottish Government funding agreed and NHST have maintained funding for core functions.	
Data Sharing Agreement in Place	select one from....
Comment / supporting information	
HSCP	
Programme and project management support in place	partially in place / some concerns
Comment / supporting info- Overall programme managed by Primary Care Manager. Dedicated programme support by a number of service managers/programme leads. Post advertised for additional improvement officer to support PCIP and QI agenda within primary care. Good LIST analyst support.	
Support to practices for MDT development and leadership	partially in place / some concerns

Comment / supporting info- Support given to all practices/clusters where requested. Enhanced Community Support in area has supported develop	
GPs established as leaders of extended MDT	partially in place / some concerns
Comment / supporting info- Clinical leadership role of GP in coordinatng care of practice population well established. Many MDT members not co-	
Workforce Plan reflects PCIPs	partially in place / some concerns
Comment / supporting info Angus HSCP Workforce plan developing to include staffing required to deliver PCIP. Additional workforce planning prog	
Accommodation identified for new MDT	partially in place / some concerns
Comment / supporting info- All planning has for PCIP implementation has been progressed on basis of existing accommodation. Whilst staffing are	
GP Clusters supported in Quality Improvement role	partially in place / some concerns
Comment / supporting info - 4 sessions per month backfill funded per cluster lead to support QI role with additional sessions offered for specific QI	
EHealth and system support for new MDT working	not in place / not on target
Comment / supporting info- Vision Anywhere test of change (limited) is proving encouraging and acceptable to staff. Good level of support and con	

Primary Care Improvement Plans: Implementation Tracker Autumn 2019

Health Board Area: NHS Tayside
Health & Social Care Partnership: Angus
Number of practices: 16

MOU PRIORITIES

2.1 Pharmacotherapy	Progress to date
PCIP pharmacotherapy plans meet contract commitment	partially in place / some concerns
Pharmacotherapy implementation on track vs PCIP commitment	partially in place / some concerns
Number of practices with PSP service in place	16
Number of practices with PSP level 1 service in place	16
Number of practices with PSP level 2 service in place	16
Number of practices with PSP level 3 service in place	16
Total WTE staff/1,000 patients	0.155
Pharmacist Independent Prescribers (as % of total)	18%
Comment / supporting information. All Angus practices have partial implementation of level one services with regards to medicines reconciliation of IDLs. There are plans in place to add processing of ensembles and medicines queries by year end. All practices have partial level 2 and 3 services in place although this is not uniform across all. To date recruitment generally successful recruitment to posts.	
2.2 Community Treatment and Care Services	Progress to date
PCIP CTS plans meet contract commitment	fully in place / on target
Development of CTS on schedule vs PCIP	partially in place / some concerns
Number of practices with access to phlebotomy service	0
Number of practices with access to management of minor injuries and dressings service	16 MIIU and 2 Leg Ulcer service
Number of practices with access to ear syringing service	16
Number of practices with access to suture removal service	0
Number of practices with access to chronic disease monitoring and related data collection	0
Number of practices with access to other services	0
Total WTE staff/1,000 patients	
Comment / supporting information- Roll out of services happening in order of preference (based on a GP survey undertaken at outset). MIIU service available pan Angus with 3 sites covering Angus population- MIIU NES continues in practices furthest away from MIIU's. Ear care fully rolled out in Year One. Leg ulcer, dressings and suture removal on track for implementation in Year Two pan Angus. IT solutions to support practices with CDM monitoring and related data collection being agreed. Surgapex in use in a number of sites with scope to extend. Service	
2.3 Vaccine Transformation Program	Progress to date
PCIP VTP plans meet contract commitment	fully in place / on target
VTP on schedule vs PCIP	partially in place / some concerns
Pre-school: model agreed	fully in place / on target
Number of practices covered by service	16
School age: model agreed	fully in place / on target
Number of practices covered by service	16
Out of schedule: model agreed	fully in place / on target
Number of practices covered by service	16
Adult imms: model agreed	not in place / not on target
Number of practices covered by service	4
Adult Flu : model agreed	partially in place / some concerns
Number of practices covered by service	4
Pregnancy: model agreed	fully in place / on target
Number of practices covered by service	16
Travel: model agreed	not in place / not on target
Number of practices covered by service	0
Total WTE staff/1,000 patients	0.03

Comment / supporting information- Year One proposals achieved. Implementation of Year Two plans on track. Seasonal flu for pre-school and primary school flu being delivered by NHST Children's Immunisation Team. Midwives delivering flu for pregnant women. Test of change for adult flu and at risk groups in 1/4 clusters in Angus underway to support modelling of service expansion. WTE staffing shown is wte/1,000 pts not per 1,000 eligible pts- does not include temporary staffing used to deliver adult flu test of change.	
2.4 Urgent Care Services	Progress to date
Development of Urgent Care Services on schedule vs PCIP	partially in place / some concerns
Number of practices supported with Urgent Care Service	4
Total WTE staff/1,000 patients	1:25,000
Comment / supporting information- Paramedic test of change continues in North East Angus. ANP model being scoped in SEast Angus. Enhanced Community Support and ANP's within MFE services in primary care already support aspects of in hours unscheduled care and it is essential that further developments are complimentary. Risks related to availability of advanced practitioners and capacity to mentor those in training.	
Additional professional services	
2.5 Physiotherapy / MSK	Progress to date
Development of APP roles on track vs PCIP	partially in place / some concerns
Number of Practices accessing APP	6 in 1 hub
Total WTE staff/1,000 patients	0.03wte per 1,000 population
Comment / supporting information. CSP recommends 1 WTE per 10,000 population. In Tayside we have initially aimed for 0.3 WTE per 10,000 - this will be reviewed; expectation that some of current MSK workforce may be redeployed into FCP as the new model becomes embedded in practice (new service will reduce referrals into mainstream MSK service). The hub model in Angus has been implemented using Vision 360 which requires staff to log in and out of individual practice systems and does not allow a shared appointment calendar - several work arounds in place	
2.6 Mental health workers (ref to Action 15 where appropriate)	Progress to date
On track vs PCIP	partially in place / some concerns
Number of Practices accessing MH workers / support	9
Total WTE staff/1,000 patients	0.11 WTE
Comment / supporting information. Contract for 3rd sector peer support is planned to be fully implemented by Jan 2021, dependent on council contracting processes going to plan. 1 WTE staff member to 8750 practice population.	
2.7 Community Links Workers	Progress to date
On track vs PCIP	partially in place / some concerns
Number of Practices accessing Link workers	0
Total WTE staff/1,000 patients	0
Comment / supporting information - Contracting process being progressed to recruit 8 social prescribers this year to further develop social prescribing based on learning from existing 2 test practices (not funded from PCIP). Anticipated service introduction December 2019 dependent on council contracting processes going to plan .	
2.8 Other locally agreed services (insert details)	Progress to date
Service	
On track vs PCIP	select one from....
Number of Practices accessing service	
Total WTE staff/1,000 patients	
Comment / supporting information	

2.9 Overall assessment of progress against PCIP	partially in place / some concerns
Note: Include interdependencies, and indicate if local or national	
Specific Risks	
Premises, IT, workforce availability and delays in recruitment processes, retention of staff.	
Barriers to Progress	

Delays in recruitment of staff, due to HR backlog and staffing issues. Access to efficient IT to support MDT delivering care to practice population. Identification of funding to resources CTCS activity generated by secondary care. Availability of suitable premises and access to funding to support modification to existing premises and development of new premises to meet service needs. Challenges ensuring system wide prioritisation and commitment to agreement and delivery of PCIP, given competing pressures and priorities across the system.

Issues FAO National Oversight Group

IT solutions to support MDT working. Support to further increase academic institutes intakes and incentivise recruitment to healthcare professions to ensure sufficient availability of workforce.

Funding and Workforce profile

Health Board Area: NHS Tayside
Health & Social Care Partnership: Angus

Table 1: Spending profile 2018 - 2022 (£s)

Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care		Service 4: Urgent care (£s)		Service 5: Additional Professional roles		Service 6: Community link workers		7: Other (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	50584	1096	257178	2373	21984	11617	15692	0	12248	0	0	0	0	0
2019-20 planned spend	149275	1781	431656	3987	241353	25640	82558	7500	121557	8000	95797	0	154125	55875
2020-21 planned spend	273026	1834	703063	6180	787073	40280	253192	15570	653877	8304	298313	0	85000	0
2021-22 planned spend	270241	1889	724843	6365	875485	41968	350826	16155	744238	8616	309529	0	85000	0
Total planned spend	743126	6601	2116741	18906	1925895	119505	702269	39225	1531920	24920	703640	0	324125	55875

Table 2: Source of funding 2018 - 2022 (£s)

Financial Year	Total Planned Expenditure (from Table 1)	Of which, funded from:				
		Intra-UB Transfers	Unutilised PCIF held in IA reserves	Current year PCIF budget	Unutilised tranche 2 funding held by SG	PCTF
2018-19	372772	-44,878		417650		
2019-20	1379105	-54,000	321952	905653		205500
2020-21	3125713	-108,000		2,370,000	527,347	336,366
2021-22	3435158	-153,000		3340000		248158
Total	7932748	-359878	321952	7033303	527347	584524

Comment:

TABLE 1 - additional columns have been added as follows. '7 Other' - to capture items that cross across services, including GP Recruitment and Retention and a test of change for IT. This column also includes the expenditure related to Primary Care Transformation Fund

TABLE 2 - Columns have been added as follows 'Intra-UB Transfers' to capture transfers of PCIF between HSCP's to account for populations resident in one UB but registered in a GP in another. 'PCTF', 'Other to be identified' Current PCIF planning exceeds the indicative funding amounts. This balancing column details the difference which will require plans to be adjusted or funding secured.

Table 3: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services				Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]		
TOTAL headcount staff in post as at 31 March 2018	5	3	0	0	0	0	0	0	0	0	0	0	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	4	4	9	1	4	0	1	0	0	2	0	0	0
PLANNED INCREASE in staff headcount (1 April 2019 - 31 March 2020) [b]	4		8	6	0	3	0	0	0	3	0	8	
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]		2	3	7	1	3	-1	0	2	2	3	0	
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	0	0	-1	0	0	0	0	0	1	0	0	0	
TOTAL headcount staff in post by 31 March 2022	13	11	19	14	5	6	0	0	3	7	3	8	

[a] please specify workforce types in the comment field

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 4: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services				Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	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	2.5	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	1.6	3.1	3.3	0.5	0.8	0.0	1.0	0.0	0.0	1.3	0.0	0.0	
PLANNED INCREASE in staff WTE (1 April 2019 - 31 March 2020) [b]	3.1	1.5	7.9	6.0	0.0	2.5	0.0	0.0	0.0	3.0	0.0	8.0	
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	0.0	2.0	2.2	7.0	0.3	2.5	-1.0	0.0	2.0	1.7	3.0	0.0	
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.0	0.0	-0.3	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	
TOTAL staff WTE in post by 31 March 2022	7.2	8.9	13.2	13.5	1.1	4.9	0.0	0.0	3.0	6.0	3.0	8.0	

[a] please specify workforce types in the comment field

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Comment: For future years it is impossible to know the profile of part time versus full time staff. Therefore each wte has been assumed as 1 for headcount purposes. Staffing profiles for future years VTP are estimated.