



**ANGUS HEALTH AND SOCIAL CARE**

**INTEGRATION JOINT BOARD – 26 AUGUST 2020**

**UPDATE REPORT- PRIMARY CARE IMPROVEMENT PLAN- ANGUS**

**REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER**

**ABSTRACT**

The purpose of this report is to provide a year end report for the 2019/20 Angus Primary Care Improvement Plan approved by the Integration Joint Board in April 2019 and seek approval of the 2020/21 Angus Primary Care Improvement Plan.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) Note progress made in delivery of 2019/20 Angus Primary Care Improvement Plan.
- (ii) Approve the overall indicative Angus Primary Care Improvement Fund Financial commitments for 2020/21 (section 5) including, as per 2019/20, 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).
- (iii) Request a report regarding the emerging Primary Care Premises priorities and risks in October 2020.
- (iv) Seek assurances regarding the planned provision of the adult flu and at risk programme for staff and wider eligible population in October 2020.
- (v) Request a further progress report in February 2021 with regards the Primary Care Plan Implementation.

**2. BACKGROUND**

The 2018 General Medical Services contract and associated Memorandum of Understanding, aims to create 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).

The NHS Tayside Primary Care Improvement Plan 2018-21 provides a regional strategic framework for implementation, with an annual Angus HSCP Primary Care Implementation Plan to outlines the annual action plans required to address the priorities outlined.

### 3. CURRENT POSITION

Nationally Scottish Government delayed all PCIP and national tracker returns in March 2020, recognising the significant impact of Covid-19. The guidance encouraged continuation of implementation where feasible to do so, whilst recognising the possible requirement for redeployment of teams to deal with the Covid pandemic.

The current state with regards implementation of the agreed Angus Primary Care Improvement Plan is as follows:

Priority Area	Status Update
<b>Vaccination Transformation Programme (VTP)</b>	<p>Pre-school programme &amp; school-based programme, including seasonal flu delivered by childhood immunisations team.</p> <p>Midwifery delivery of pertussis and flu vaccination for pregnant woman.</p> <p>Test of change (adult flu and at risk) completed in NW Angus.</p> <p>Only school-based programme temporarily impacted by Covid pandemic.</p> <p>National extension of VTP programme to 2022. Clear guidance provided to NHS Boards in SGHD/CMO (2020)<sup>10</sup> regarding management of Scottish Immunisation Programmes during the pandemic, to avoid outbreaks of vaccine preventable diseases. National CMO flu vaccination guidance awaited- anticipated widening of eligibility criteria which will increase eligible cohort significantly.</p>
<b>Pharmacotherapy Service</b>	<p>Full recruitment to approved positions. Current establishment 24.65wte, of which 12.38wte are PCIP funded. Expansion of services across Angus prior to the Covid pandemic. No staffing redeployed during Covid but roll out of services, and cluster level participation in the HIS Pharmacotherapy Collaborative suspended during pandemic.</p> <p>A cluster level provision of pharmacotherapy through a hub model is being tested in North East Angus.</p>
<b>Community Treatment &amp; Care Services (CTACS)</b>	<p><b>Ear Service</b> - An ear care service was introduced on 16<sup>th</sup> January 2019 offering micro-suction for patients in each cluster (9 sessions per week), with a centralised booking service to enable patient booking at a time/site that suited their needs. Waiting lists and DNA rates low, with high levels of patient satisfaction reported.</p> <p>The Covid pandemic impacted on service delivery, with suspension of all but urgent management since the end of March 2020, with a phased reintroduction of service from 3<sup>rd</sup> August 2020.</p> <p><b>Leg Ulcer Service</b> - Service in place in SE/SW Angus. Delayed implementation in NE/NW Angus but plans agreed and outlined below.</p> <p><b>Wound care/Suture removal</b> - Delays in introduction of service Plans agreed and outlined below.</p> <p><b>Disease Monitoring and Data Collection</b> - National bid for inclusion in National Scale up BP Monitoring Programme successful. National Docman integration solution awaited, which is reducing potential uptake by practices, which has increased because of the Covid pandemic and the increased requirement for remote monitoring.</p>
<b>Urgent Care</b>	<p>Paramedic Service in North East Angus contract extended due to its success:</p> <p>100% GPs receiving service want it to be continued and expanded. Services provided to a majority of patients over 60 years of age. Only 4% required subsequent GP visit, with 12% having a direct admission arranged by paramedic.</p>

	<p>Service suspended since March due to Covid pandemic.</p> <p>Volunteer driver scheme tested in NW to support patients requiring GP review but with no access to transport. Service demand low but helpful in reducing housecall demand. Extended to all Angus practices from October 2019.</p> <p>Proposed test of Integrated Overnight Service in Angus (IONA) service in SE delayed due to recruitment challenges.</p>
<b>Additional Services- First Contact Physiotherapy</b>	<p>Successful recruitment to posts allowed First Contact Service to be delivered to SE/SW Angus.</p> <p>Service retained during Covid pandemic through telephone consultations and then with Near Me being introduced. Vision Anywhere introduced. Expanded to cover all Angus practices in June 2020.</p>
<b>Additional Services- Mental Health</b>	<p>Contracting process for Mental Health Peer Support Workers concluded as proposed to enable roll out of service in 2020/21. This programme is jointly resourced by PCIP/Action 15.</p>
<b>Social Prescribers</b>	<p>Contracting process concluded for Social Prescribers with recruitment commenced January 2020 and completed April 2020.</p>

Whilst significant progress has been made with regards further roll out of the Primary Care Improvement Plan, delays have been encountered particularly in relation to Community Treatment and Care Services and Urgent Care as a combined result of recruitment challenges, sickness absence and more recently the Covid pandemic.

The Covid pandemic has provided huge learning opportunities and has necessitated and increased pace of change in consultation styles and use of IT. The significant collaboration between primary and secondary care services, provides us with huge opportunities to be more ambitious with our service redesign proposals and as such some of the delays outlined above may be fortuitous in the longer term. Discussions are ongoing across Tayside regarding opportunities for redesign of services to support increased delivery of care closer to home, with a patient centred focus.

#### 4. PROPOSALS

As outlined above, modelling of services shall continue to rapidly evolve over the coming year due to the ongoing restrictions, and national guidance, related to the Covid pandemic and the related local learning. Whilst taking this into account the proposed PCIP plans for 2020/21 are as follows:

<b>Priority Area</b>	<b>2020/21 Proposals</b>
<b>Vaccination Transformation Programme (VTP)</b>	<p>Whilst timescales for implementation of VTP have been extended, The Provision of Routine Vaccination and Immunisations (Coronavirus Outbreak) (Scotland) Directions 2020 places a responsibility on Health Boards to ensure ongoing delivery of routine vaccinations and immunisations.</p> <p>It is therefore proposed in 2020/21:</p> <ul style="list-style-type: none"> <li>i) To maintain services as outlined above.</li> <li>ii) To support adult flu and at-risk vaccinations through a collaborative cluster level service model with practices also continuing to deliver vaccines alongside support from HSCP commissioned staffing. This programme aims to ensure delivery of vaccine for this high-risk population, whilst recognising models of delivery will need to be adapted to meet Covid related preventative measures.</li> </ul> <p>Planning is progressing regionally and locally, and the first Angus virtual workshop held on 29<sup>th</sup> July to ensure sharing of information locally.</p>

	<p>NHS Tayside Vaccination Transformation Board are leading regional discussions to ensure sufficient resources are available to deliver this high-risk programme as part of the Covid contingency measures and an integral part of the winter planning process. While learning will support planning for future Board delivery of adult and at-risk flu immunisation, this is not considered appropriate use of PCIP funding in 2020/21. SGHD/CMO (2020) 19 outlines the adult flu immunisation programme for 20/21 including an extension of the national programme to households of those who are shielding, social care staff who deliver direct personal care and all aged 55-64 years old, with further extension to include those aged 50-54 if vaccine supply allows. Within Angus a collaborative, practice led, HSCP and outpatient department supported model of delivery is planned.</p>
<p><b>Pharmacotherapy Service</b></p>	<p>Current modelling suggests that a total of 33.4 wte, including core establishment (9.3wte), HSCP funded posts (3 wte) and current PCIP funded posts (12.38wte) are required to deliver all aspects of the pharmacotherapy service as outlined in the MoU. The previous estimation, based on the Caithness modelling outlined in the MoU, was a total of 24.9 wte.</p> <p>Recognising the financial impact of this additional staffing request, we propose approving a further 2 of the requested 5 additional posts in 2020/21, whilst the service undertakes further modelling work to consider any further potential efficiencies. These additional 2 posts will support equal distribution of resource across clusters.</p> <p>A review will be undertaken in December 2020, taking into account redesign and the outcome of the North East cluster level pharmacotherapy service, to enable a detailed review of the workforce requirements, risks and associated financial implications for the PCIP and wider service budget.</p>
<p><b>Community Treatment &amp; Care Services (CTACS)</b></p>	<p>Recognising both the delays in roll out encountered and the opportunities arising from the learning from the Covid pandemic we have reviewed and modified the proposals for the Community Treatment and Care Services (CTACS). We are confident these form an improved basis for future further developments of the CTACS / local integrated care pathways, in collaboration with secondary care colleagues as part of a system wide approach, and taking into account the exciting service redesign opportunities arising from learning from the Covid pandemic.</p> <p>In 2020/21 we will introduce a Community Treatment and Care Service in Arbroath Infirmary, Links Health Centre, Stracathro Hospital and Whitehills Hospital, which will deliver, in the first instance, phlebotomy, wound care and suture removal services. Surgerypods will be provided in each site to provide patients access to a range of chronic disease monitoring options accessible throughout outpatient opening hours. While these clinics will be accessible to all Angus practices, we will continue conversations with practices in towns without outpatient departments about additional developments required by April to compliment the above services. Secondary care services will also have access to the above facilities to support care as close to home as possible, albeit funded through central NHST funding. Phlebotomy clinics have been introduced in outpatient departments across Angus resourced by secondary care as a direct consequence of Covid-19.</p> <p>The leg ulcer service, currently in place in most of Angus, will be extended to be available in all sited by April 2021, delivered by District Nurses within practices or the above Community Treatment and Care Services.</p> <p>The ear care service will continue to be delivered by the specialist</p>

	nurses as per the original plan but aligned, as currently to the above Community Treatment and Care Services.
<b>Urgent Care</b>	Recognising the success of the NE cluster paramedic test of change, we remain keen to progress a phased plan for reintroduction and expansion of the service, taking into account the implications and impact of Covid restrictions on SAS, with a reintroduction of the service in North East Angus initially and expansion pan Angus, with an indicative staffing level of 3.5wte paramedics at full implementation.  Moving forward the shape of services delivering in hours urgent care will further develop through the agreed Angus Care Model, and includes care home specific services, community nurses with Advanced Nurse Practitioner qualifications and Advanced Paramedics.
<b>Additional Service - First Contact Physiotherapy</b>	A further 2 wte posts were recruited in May 2020 with one vacancy remaining to complete the planned 6 wte staff to compliment core services to deliver First Contact Physiotherapy. Ongoing modelling of the service based on patient and staff feedback and learning from the Covid pandemic is planned.
<b>Additional Services- Mental Health</b>	Following a successful contracting process, two providers have been selected. One provider will provide cover to North Angus and another to South Angus to aid sustainability. Following recruitment to posts the service will be rolled out to all Angus practices providing 285 hours of cover per week across Angus with resources initially allocated on an NRAC basis with ongoing review.
<b>Social Prescribers</b>	Following a successful contracting process Voluntary Action Angus have recruited 8 social prescribers to provide a service across Angus. Staff are currently being trained and deployment to clusters being agreed considering current Covid related restrictions.

## 5. FINANCIAL IMPLICATIONS

### 2019/20

The financial plans for the 2019/20 Primary Care Improvement Plans were approved in report 19/19. A summary comparison of approved programme allocation and actual programme spend is detailed in the table below.

	<i>Approved PCIF Allocation</i>	<i>Actual Income / Expenditure</i>
	<i>£'000</i>	<i>£'000</i>
<b>SG Allocation *</b>	<b>1,133</b>	<b>1,133</b>
Forecast Expenditure -		
VTP	158	148
Pharmacotherapy	586	432
CT&CS	325	113
Urgent Care	170	52
FCP / MSK	166	74
Mental Health	61	0
Link Workers	216	36
Other	5	5
<b>Total</b>	<b>1,686</b>	<b>859</b>
<b>In Year (Over)/Underspend</b>	<b>-553</b>	<b>274</b>

\*After locally agreed rebalance of allocation to Dundee IJB

The original plans reflected the required expectation to utilise the brought forward underspend from 2018/19 of £568k; however due to further in-year slippage, the cumulative underspend has now increased to £842k with this balance partly held in the IJB's reserves and partly held on the IJB's behalf with the Scottish Government. This funding continues to be available for Primary Care Improvement Plan purposes.

## 2020/21

At this stage, the formal Scottish Government Allocation has not been issued to Health Boards / Integration Authorities, therefore it is assumed that existing guidance in relation to annual allocations continues to be relied upon.

The following table shows the planned expenditure for 2020/21, along with the recurring position from 21/22.

	2020/21	2021/22	2022/23
	£'000	£'000	£'000
<b>Assumed SG Allocation *</b>	<b>2,262</b>	<b>3,187</b>	<b>3,187</b>
Forecast Expenditure -			
VTP	120	261	261
Pharmacotherapy	681	793	793
CT&CS	386	678	678
Urgent Care	174	261	261
FCP / MSK	274	340	340
Mental Health	89	122	122
Link Workers	250	250	250
Other	40	85	85
Inflationary Pressures and Evolving Issues			397
<b>Total</b>	<b>2,014</b>	<b>2,790</b>	<b>3,187</b>
<b>In Year (Over)/Underspend</b>	<b>248</b>	<b>397</b>	<b>0</b>

\*After locally agreed rebalance of allocation to Dundee IJB

At this stage, many of the programme plans continue to be fluid and dynamic, due to ongoing uncertainties following the Covid-19 pandemic, both in terms of delayed recruitment and project progress as well as the learning opportunities and working practice changes that have been identified. As a result, the financial implications continue to evolve as project plans develop.

The indicative in-year recurring underspend for in 20/21 and 21/22 will then be available to meet potential inflationary and pay award pressures from 2022/23 and also to address evolving issues / priorities around the contract. This will be refined during 2021/22. Based on these projections it is anticipated that the contract requirements can be delivered within the available funding although there remain underlying risks.

While the above shows some projected under spends against the key priority areas there remain a number of non-recurring pressures and risks associated with the implementation of the GMS contract including examples such as infrastructure. The IJB will liaise with the Scottish Government to regarding flexibilities around this.

Recruitment of sufficient staff at the appropriate skill-mix continues to be a significant risk, and this has been a major contributing factor in slippage to date.

As highlighted earlier, VTP contract requirements have been extended and the detailed modelling for full rollout during 2021/22 has not yet been clarified. The increased expenditure includes a high-level assumption regarding potential resource implications; however, this remains a significant risk.

## 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 2019/20.

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. Vision Anywhere is being deployed regionally to support the IT requirements of the Primary Care Improvement Plan, with relevant Data Sharing Agreements in place to support. Learning from the Covid pandemic in relation to both the benefits and challenges related to the use of wider digital solutions and the ongoing restrictions to options for modelling of care provision, will continue to inform service modelling and demand moving forward.

Primary care premises requirements are changing in light of the evolving models of healthcare with some significant emerging pressures both within some general practices and wider healthcare sites. A premises review is ongoing to inform and further develop the existing Primary Care Premises Strategy.

Despite a challenging year as a result of some recruitment challenges and the significant impact of the Covid pandemic it is pleasing to report the significant progress with implementation of the Primary Care Implementation Plan made within Angus and the minimal impact of the implementation timescales.

Evaluation of all services is ongoing and further details will be shared in the next update paper.

## 7. RISK ASSESSMENT

With any significant investment or change programme there are multiple risks. The risks associated with this programme partly relate to: -

- 1) Workforce – both General Practice recruitment which was an existing feature within Primary Care but also recruitment to other associated professional roles.
- 2) Finance – the IJB to be able to deliver this programme within available resources.
- 3) Premises – current service modelling is significantly impacted by availability of suitable room space. The HSCP premises Improvement allocation in 2019/20 enabled adaptations to be made to a number of existing sites to increase clinical room space to enable the implementation of the programme. Lack of access to such improvement funding will limit future development opportunities.
- 4) Whilst not specifically PCIP related in 2020/21 the criticality of the successful delivery of the flu vaccination and any future Covid vaccination programmes, and the associated risks related to workforce, PPE requirements and financial impact is noted.

## 8. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	
	Angus Council	
	NHS Tayside	X
	Angus Council and NHS Tayside	

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