



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 23 JUNE 2021
PRIMARY CARE PLAN IMPLEMENTATION UPDATE REPORT
REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) Notes progress made in delivery of 2020/21 Primary Care Improvement Plan (PCIP).
- (ii) Approves the proposed Angus Primary Care Improvement Workplan for 2021/22 which reflects the updated General Medical Services (GMS) contract guidance issued jointly in December 2020 by Scottish Government and the British Medical Association (BMA).
- (iii) Approves the overall indicative Angus Primary Care Improvement Fund financial commitments for 2021/22 (Section 5) including, as per previous years, delegating devolved authority to the Chief Officer to approve updated versions of the financial plans as required, noting that Local Medical Committee agreement would also be sought to subsequent changes.
- (iv) Approves the development of a plan, in conjunction with Local Medical Committee, to ensure the deployment of the available PCIP underspends in a manner that is consistent with PCIP purposes and reflecting that this is non-recurring funding including, as above, delegating devolved authority to the Chief Officer to approve plans associated with these non-recurring resources.
- (iv) Requests a further progress report in December 2021 including detail of the updated national Memorandum of Understanding and its implications.
- (v) Approves the direction attached at Appendix 2.

2. BACKGROUND

The 2018 the GMS 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 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

The COVID-19 pandemic has impacted on the delivery plans for implementation of the 2020-21 plans approved by Angus Integration Joint Board in August 2020.

Nationally a joint letter issued by Scottish Government and BMA in December 2020, emphasised the commitment to the 2018 GMS contract and its intentions as outlined below:

Priority Area	Policy Position
Vaccinations	Those vaccinations included in the Additional Serviced Schedule, such as childhood vaccinations and immunisations and travel immunisations to be removed from GMS Contract regulations by 1 st October 2021. Where GPs remain involved in the delivery of some vaccinations on 2022-23 this will be covered by a nationally negotiated Transitional Service arrangement.
Pharmacotherapy	NHS Boards are responsible for providing a level One Pharmacotherapy service to all practices for 2022-23, with a nationally negotiated Transitional Service arrangement in place where this is not achieved.
Community Treatment and Care Services	A Community Treatment and Care Service must be provided by the Board by 2022-23 with a nationally negotiated Transitional Service arrangement in place where this is not achieved.
Urgent Care	Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24 with recognition this must fit with wider urgent care redesign work regionally and nationally.
Additional Professional Roles	Further work will be undertaken to articulate the 'end point' for the additional professional roles by the end of 2021.

The above update, which considers the impact of the COVID-19 pandemic, and the challenges faced across all Board areas implementing this large-scale programme, provides an extension on timescales for delivery of the Primary Care Improvement Plan. It also recognises the valuable impact new roles such as social prescribers and mental health peer workers have proven to be in supporting the pandemic response.

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

Priority Area	Status Update
Vaccination Transformation Programme (VTP)	Pre-school programme & school-based programme, including seasonal flu delivered by childhood immunisations team. Midwifery delivery of pertussis and flu vaccination for pregnant woman. A successful accelerated and expanded flu programme was delivered as a collaborative between NHS Tayside, Angus HSCP and Angus general practices in 2020 with high update rates achieved. The principles of this programme formed the basis of the initial COVID-19 vaccination programme, which was greatly supported by general practices and local teams while vaccinator capacity was increased locally and regionally.
Pharmacotherapy Service	17.6 Whole Time Equivalent (WTE) posts have been funded through the Primary Care Improvement Programme to enhance the core establishment of 9.3 WTE Angus posts. The service, in line with most Health Board areas, continues to face challenges with recruitment and retention of pharmacists and as a

Priority Area	Status Update
	<p>consequence has carried significant vacancies throughout the last year.</p> <p>Angus HSCP have participated in the national Pharmacotherapy Collaborative and also developed pharmacotherapy hubs, which are currently being evaluated, to maximise the effectiveness and efficiency of the service.</p>
<p>Community Treatment & Care Services (CTCS)</p>	<p>Ear Service- An ear care service was introduced on 16th January 2019 offering micro-suction services in each cluster (9 sessions per week), with a centralised booking service to enable patient booking at a time/site that suited their needs. The COVID-19 pandemic impacted on service delivery, with suspension of all but urgent management until April 2021 when services were fully reintroduced.</p> <p>Leg Ulcer Service- District nurse led service in place pan Angus with an in-reach delivery model to CTCS hubs or practices.</p> <p>Expanded CTCS Services (including phlebotomy, wound care, suture removal and disease monitoring). Hubs have been created within towns with outpatient departments, namely the Links Health Centre (opened May 2021), Arbroath Infirmary and Whitehills Health and Community Care Centre (opened June 2021) and Stracathro Hospital (opening 21st June). This is collocated with secondary care phlebotomy hubs, designed to support local access to monitoring for those under the care of specialist acute services.</p> <p>Patient feedback is being gathered on an ongoing basis regarding the changes to services. Very positive patient feedback from Links' service with high levels of satisfaction reported.</p> <p>Plans for the outreach 'spoke' services planned for remaining towns are outlined below.</p>
<p>Urgent Care</p>	<p>Due to the significant impact of the COVID-19 pandemic this programme has not progressed, following retraction of the paramedics provided by the Scottish Ambulance Service in March 2020.</p>
<p>Additional Service- First Contact Physiotherapy</p>	<p>This programme roll out was accelerated due to the COVID-19 pandemic, with appointed staff supplemented by core staff while vacancies were appointed too. All practices have had access since June 2020 but demand currently exceeds capacity impacting on consistency of delivery of a first contact service.</p> <p>Over 6,500 appointments within the service over the last year with most appointments offered remotely with face-to-face follow up where required.</p> <p>A sessional Career Start GP joined the service in May 2021.</p> <p>Robust evaluation process to measure responsiveness, clinical outcomes, and patient satisfaction.</p>
<p>Additional Services- Mental Health</p>	<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> <p>All practices now have access to mental health and wellbeing peer support workers with a collective capacity of 285 sessions per week pan Angus. Detailed evaluation shows 100% access to service within a maximum of 14 days and a 90% patient satisfaction rate.</p>
<p>Social Prescribers</p>	<p>Contracting process concluded for Social Prescribers with recruitment commenced January 2020 and completed April 2020, with staff</p>

Priority Area	Status Update
	<p>providing invaluable support throughout the pandemic.</p> <p>There have been 1560 referrals into the service between October 2020 and March 2021 with 100% access to service within a maximum of 14 days.</p>

4. PROPOSALS

For those services that have been fully implemented 2021/22 will provide an opportunity for consolidation, evaluation, and improvement, allowing further refining of services following further reduction in COVID-19 related restrictions.

Priority Area	2021/22 Proposals
Vaccination Transformation Programme (VTP)	<p>The vaccination requirements for 2021/22 are not yet fully clarified. SGHD/CMO (2021) 7 (Appendix 1) provides guidance regarding the extended adult flu campaign. Further COVID-19 booster vaccinations although anticipated have as yet not been clarified. Regional planning groups are established to develop and agree vaccination delivery models that deliver on these exceptional vaccination requirements whilst being cognisant of the PCIP requirements for all vaccinations including travel. It is anticipated that a blended delivery model involving general practices and the developing adult vaccination teams will deliver the required adult vaccination programmes in 2021/22.</p> <p>The vaccine services developed to support childhood immunisations and the midwifery led programmes will continue.</p> <p>This is currently a Health Board coordinated, HSCP supported programme. It is critical to clarify future responsibilities and governance arrangements for this programme.</p>
Pharmacotherapy Service	<p>Recruitment to vacancies to fully staff service at currently agreed and funded levels is the initial priority in 2021/22 with ongoing development of the pharmacotherapy hubs using a quality improvement approach to maximise efficiency. Extensive evaluation work will be continued to inform modelling and workforce modelling.</p> <p>The pharmacotherapy assistant role will be tested.</p> <p>This is a Health Board coordinated, HSCP supported programme</p>
Community Treatment & Care Services (CTCS)	<p>There will be ongoing evaluation of the recently established CTCS hubs established within Angus Outpatient departments to ensure efficiency and effectiveness, collaborating with neighbouring CTCS's in Tayside to standardise where required.</p> <p>Medlink, an online clinical review tool, successfully trialled in 2020/21 will be provided to all practices who wish to have access for a further year to support review and educational support for those living with long term conditions.</p> <p>To ensure local access to CTCS across Angus CTCS outreach 'spokes' will be created in Kirriemuir, Monifieth, Carnoustie, Friockheim, Brechin and Edzell.</p>
Urgent Care	The delayed legislation amendments mean Health Boards will not be

Priority Area	2021/22 Proposals
	<p>responsible for provision of Urgent Care services to practices until 2023-24. This is largely in recognition of the wider Redesigning Urgent Care work currently in progress nationally and regionally.</p> <p>Planning will be progressed within 2021/22 to review pre-existing plans with the GP clusters and through the established Angus Care Model planning discussions, considering the above and the requirements of the awaited updated Memorandum of Understanding.</p> <p>Provisional resource of 4 advanced practitioners has been included in 2021/22 plans in the event service development can progress in year.</p>
Additional Service- First Contact Physiotherapy	<p>Full allocation of staffing in place as of June 2021 – 6.0 WTE equating to 48 sessions per week.</p> <p>Sessional Career Start GP started May 2021 to aid further development of service.</p> <p>Further evaluation of service and ongoing collaboration with practices to refine service and pathways in light of learning from COVID-19.</p>
Additional Services- Mental Health	<p>Return workers to practice and progress Vision access to support effective communications.</p> <p>Increase use of service through a series of promotional approaches.</p> <p>Children and Young People's Services are funding a test of change to extend service to 11–16-year-olds with an additional 71 sessions weekly across Angus.</p>
Social Prescribers	Continue delivery and evaluation of service.

5. FINANCIAL IMPLICATIONS

2020/21

The financial plans for the 2020/21 Primary Care Improvement Plans were approved in report IJB 60/20. A summary comparison of approved programme allocation and actual programme spend is detailed in the table below

	Approved PCIF Allocation	Actual Income / Expenditure
	£'000	£'000
SG Allocation *	2,262	2,266
Forecast Expenditure -		
VTP	120	124
Pharmacotherapy	681	517
CT&CS	386	162
Urgent Care	174	0
FCP / MSK	274	221
Mental Health	89	119
Link Workers	250	257
Other	40	43
Total	2,014	1,443
In Year (Over)/Underspend	248	823

*After locally agreed rebalance of allocation to Dundee IJB

Slippage in plans has resulted in an underspend of £823k which, added to previous years' underspends (2018/19 £568k, 2019/20 £274k), has resulted in a carried forward reserve of £1,666k. This is held within the IJB's reserves (see IJB Finance Report) and continues to be available for Primary Care Improvement Plan purposes. The IJB are asked to approve the development of a plan in conjunction with Local Medical Committee to ensure the deployment of these resources in a manner that is consistent with PCIP purposes and reflecting that this is non-recurring funding.

2021/22

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 2021/22, along with the recurring position from 2022/23.

	2021/22	2022/23
	£'000	£'000
Assumed SG Allocation *	3,166	3,166
Forecast Expenditure -		
VTP	261	261
Pharmacotherapy	736	793
CT&CS	643	678
Urgent Care	167	261
FCP / MSK	316	340
Mental Health	122	122
Link Workers	250	250
Other	85	85
Inflationary Pressures and Evolving Issues		376
Total	2,580	3,187
In Year (Over)/Underspend	586	0

*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 underspend for 2021/22 will then be available to meet the full year cost of the rollout, the 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.

While the above shows some projected under spends against the key priority areas, this is largely related to staggered implementation plans and consequent reduced financial impact in 2021/22, with the full year effect in 2022/23 showing full commitment of available resources.

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 has not yet been clarified. The increased expenditure includes a high-level assumption regarding potential resource implications; however, this remains a significant risk.

Modelling of services have been based on available resources, but it has become increasingly apparent in Angus, as has been the case nationally, that additional investment may be required to deliver on the full intent of the Memorandum of Understanding. A series of national engagement events have been held by Scottish Government to gather feedback regarding progress and challenges, and the information will be used to inform an updated Memorandum of Understanding later this year. Angus plans will be reviewed in light of the updated requirements.

6. RISK

A number of risks are associated with this programme:

- (i) Recruitment and retention of required workforce. There are concerns regarding availability of several key staff groups including pharmacists, physiotherapists, and advanced nurse practitioners.
- (ii) Availability of suitable premises capacity to deliver preferred models of care.
- (iii) Financial risks associated with long term delivery of services within currently available resources and also in relation to the Transitional Service Arrangements should services not be in place prior to the agreed dates of transfer of responsibility from practices to Health Boards / HSCPs.

7. OTHER IMPLICATIONS

While the well-developed federated Information Technology (IT) solutions have greatly supported the implementation of the Primary Care Improvement Plan, GP IT Re-provisioning has the potential to impact on future functionality.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required as this report reflects delivery of a national contract.

9. 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	
	Angus Council and NHS Tayside	x

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List of Appendices:

Appendix 1 SGHD/CMO (2021) 7

Appendix 2 Direction