



**AGENDA ITEM NO 7**

**REPORT NO IJB 70/21**

**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 8 DECEMBER 2021**  
**PRIMARY CARE IMPROVEMENT PLAN UPDATE**  
**REPORT BY GAIL SMITH, CHIEF OFFICER**

**ABSTRACT**

The purpose of this report is to provide an update on progress in the delivery of the 2020//21 Primary Care Improvement Plan (PCIP) and the overall indicative Angus Primary Care Improvement Fund financial commitments for 2021/22.

**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) Notes the overall indicative Angus Primary Care Improvement Fund financial commitments for 2021/22 including, as per previous years, delegating devolved authority to the Chief Officer to approve updated versions of the financial plans as required, nothing that Local Medical Committee agreement would also be sought to subsequent changes.
- (iii) Due to the imperative associated with deploying resources it is recommended that, with engagement with local GP Sub representatives an update regarding the reserves and the formulation of a spend plan is presented to the next meeting.
- (iv) Request a wider Primary Care update paper to be brought forward to the April 2022 meeting of the Angus Integration Joint Board.

**2. BACKGROUND**

The 2018 the GMS contract and associated [Memorandum of Understanding](#) (MoU) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards, 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 following areas were identified as key priority areas:

- The vaccination transformation programme.
- Pharmacotherapy services.
- Community care and treatment services.
- Urgent care (advanced practitioners).
- Additional professional roles - such as musculoskeletal focused physiotherapyservices.
- Community links workers (referred to in Angus as social prescribers).

The period of implementation for the GMS 2018 contract was originally set to complete by March 2021. However, in light of the COVID 19 Pandemic, an extension to the implementation period has been granted with a new delivery target for the end of this year for some priority areas of the contract and the end of 2022/23 for others.

### 3. CURRENT POSITION

Scottish Government issued an updated Memorandum of Understanding (MOU 2) to Health Boards in July 2021. The revised MoU for the period 2021-2023 recognises what has been achieved but also reflects on the fact that there is still a way to go to fully deliver the GP Contract Offer commitments as originally intended by April 2021.

This revised MoU acknowledges both the early lessons learned as well as the impact of the Covid-19 Pandemic and that the delivery of the GP Contract offer requires to be considered in the context of Scottish Government remobilisation and change plans. While the MoU runs until March 2023, the National GMS Oversight Group will review progress in March 2022 to ensure it remains responsive to the latest situation.

All six MoU areas remain priority in scope as commitments for the MoU signatories. However, following the joint SG/SGPC letter of December 2020, the parties acknowledge that the focus for 2021-22 should be reprioritised to the following three Services:

- Vaccination Transformation Programme (VTP)
- Pharmacotherapy
- Community Treatment and Care Services (CTAC)

Priority Area	Policy Position (including National Policies)
Vaccinations	<p>GP practices will not provide any vaccinations under their core contract from 1<sup>st</sup> April 2022. All vaccines provided under Additional Services have been removed from the Additional Services Schedules of the GMS Contract and PMS Agreement regulations in October 2021.</p> <p>General Practice should not be the default provider of vaccinations, a small number of practices may still be involved in the delivery of some vaccinations in 2022-23 and thereafter. Where it is not possible to provide these through alternative routes. There will be transitional service arrangements in the regulations for practices in areas where the programme is not fully complete. The VTP programme supports the redesign and implementation of vaccination delivery, including travel advice and travel vaccinations.</p> <p>The Travel Health Subgroup will determine a once for Scotland solution to be determined and put in place by April 2022. GPs will retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration.</p>
Pharmacotherapy	<p>NHS Boards are responsible for providing a level One Pharmacotherapy service to all practices for 2022-23. Whilst the contract offer and letter emphasise implementing the Level one pharmacotherapy, there are interdependencies between all three levels that require focus on the delivery of the pharmacotherapy service as a whole.</p> <p>The national Pharmacotherapy Strategic Implementation Group will design and support the ongoing development of the pharmacotherapy service in line with existing contract arrangements, enabling a national direction of travel with local flexibility supported by agreed outcome measures. The group will define GP, pharmacist, technician, managerial and administrative staff roles in the prescribing process and will report to the National GMS Oversight Group. NHS Directors of Pharmacy will support the delivery of national workforce plans that will reflect the staffing</p>

	requirements of the pharmacotherapy service. Focus will particularly be on what is required of a level one service for each practice and the appropriate use and mix of pharmacy professionals' skills.
Community Treatment and Care Services	All Boards will be responsible for providing a Community Treatment and Care service from April 2022. These services will be designed locally taking into account local population needs, existing community services as well as what brings the most benefit to practices and patients

Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place maintained but the expectation for 2021-22 is that their further development where required, may progress at a slower pace to allow the commitments around VTP, CTAC and Pharmacotherapy to be accelerated.

Urgent Care	Boards will be responsible for providing an Urgent Care Service from 2023-24. Evidence from Primary Care Improvement Plans suggests there is variation in how this service is being delivered. Further guidance will be provided by the National GMS Oversight Group on delivery of this commitment by April 2022. Consideration will be given to how this commitment fits into the wider system Redesign of Urgent Care work currently in progress.
Additional Professional Roles	Further work will be undertaken to articulate the 'end point' for the additional professional roles by the end of 2021.

#### 4. PROPOSALS

The current state with regards implementation of the agreed Angus Primary Care Improvement Plan can be summarised 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>This year an expanded Flu programme and concurrent COVID-19 booster programme has been delivered with collaboration between the Central Immunisation team and Angus Practices. Almost all Angus practices agreed to support Flu delivery where capacity allowed for the over 70s and Clinically Extremely vulnerable (16 plus age) groups.</p> <p>Care Home residents and staff have been immunised in the care home setting by NHS Tayside vaccination staff. Housebound patients are to be immunised at home by Tayside vaccination staff. All housebound patients have received a letter informing them that all immunisations will be completed by 14 December 2021.</p> <p>The VTP programme supports the redesign and implementation of vaccination delivery, including travel advice and travel vaccinations. The four travel vaccinations provided to patients and funded by the NHS are Hepatitis A, Typhoid, Cholera and Tetanus (Revaxis). Other vaccines and treatments in relation to travel are provided privately. A Service Level Agreement which will act as a contract between NHS Tayside and a Pharmacy contractor and commits the Pharmacy contractor to provide the services as defined by and using documents provided in the Patient Group Directions for the Administration of Travel Vaccinations has been</p>

	<p>developed. This is supported by Public Health and the Local Medical Committee and will be in place by 31 March 2022.</p> <p>Plans are being developed for the transfer of the remaining, small number, of other vaccinations previously provided for within GMS services and it is envisaged that these will be in place by March 2022.</p>
<p><b>Pharmacotherapy Service</b></p>	<p>Successful collaborative implementation of the Pharmacotherapy service continues. To support this a Working in Partnership document which will be implemented in all GP Practices in Tayside over the next 3 months to support collaborative working between GP Practices and the pharmacy team.</p> <p>All Angus Practices will have partial access to level 1, 2 and 3 pharmacotherapy services by 31 March.21. Full-service delivery would be all levels undertaken reliably and consistently by the pharmacy team 52 weeks of the year. Currently this is not on schedule to be delivered by 31 March 2022. The major barrier to achieving this is adequate staffing levels.</p> <p>The service, in line with most Health Board areas, continues to face challenges with recruitment and retention of pharmacists both to PCIP funded posts and the substantial core service. The addition of two Pharmacotherapy Hubs in North and South Angus has sought to address the growing workload from level 1 activity and provide structured time to develop the level 2 and 3 service. Skill mix has been optimised through pharmacy technician recruitment and the addition of two pharmacotherapy assistants in May 2021.</p>
<p><b>Community Treatment &amp; Care Services (CTCS)</b></p>	<p><b>Ear Service-</b> An ear care service was introduced on 16<sup>th</sup> 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><b>Leg Ulcer Service-</b> District nurse led service in place pan Angus with an in-reach delivery model to CTCS hubs or practices.</p> <p><b>Expanded CTCS Services (including phlebotomy, wound care, suture removal and disease monitoring).</b> Hubs have been created in 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 (opened 21<sup>st</sup> 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>For the Practices not directly covered by a Hub, an outreach “spoke service” is being implemented. Parkview was the first to go live on 1<sup>st</sup> November 2021, Monifieth and Friockheim are planned for early in the new year with recruitment currently taking place for Brechin and Kirriemuir. The Memorandum of Understanding for the spoke model developed in Angus has been shared with colleagues in Dundee and P&amp;K to replicate.</p> <p>The CTCs Service Specification is currently under review to ensure that the service continues to develop and reflect the improvements being made. A regional group has been established to ensure that services are developed consistently, and learning is shared between the three Partnership areas. In addition to the regional group a local Angus forum meets monthly where regular activity information and patient feedback is</p>

	<p>shared. The Service has been receptive to making improvements based upon the feedback received and has implemented a dedicated telephone line and mailbox and has increased admin capacity for appointments.</p>
<b>Urgent Care</b>	<p>Due to the significant impact of the COVID-19 pandemic this programme, following retraction of the paramedics provided by the Scottish Ambulance Service (SAS) in March 2020, has not been restarted or progressed. Urgent Care remains a concern locally and a regional meeting is planned for the 22<sup>nd</sup> November 2021 to revisit this area with SAS.</p> <p>Additionally refreshed work on this area and the links to the national re-shaping urgent care program are starting, with a QI focus which is being led as a project by one of the Scottish Quality Improvement fellows.</p>
<b>Additional Service- First Contact Physiotherapy</b>	<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.</p> <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. It was further agreed to fund two additional Band 7 physiotherapists initial recruitment over the summer proved unsuccessful and posts will be re-advertised shortly.</p> <p>A Tayside Stakeholder event is planned for mid January. This will discuss the results of the Traffic Light Evaluation survey which was circulated in November.</p>
<b>Additional Services- Mental Health</b>	<p>Mental Health peer workers in Angus who have been working remotely are continuing to relocate into Practices but there are challenges around space and accommodation.</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>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. This commenced 31 July 2021.</p>
<b>Social Prescribers</b>	<p>Contracting process concluded for Social Prescribers with recruitment commenced January 2020 and completed April 2020, with staff 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>

## 5. FINANCIAL IMPLICATIONS

### 2021/22

A summary comparison of approved programme allocation, actual programme spend to October 2021, and forecast spend for 21/22 is detailed in table 1 below.

Table 1	2021/22		
	£'000	£'000	£'000
	21/22 Indicative	Actual Spend to Oct '21 (7mths)	21/22 Projected Expenditure
<b>SG Allocation</b>	<b>3,319</b>		<b>3,349</b>
<b>Locally agreed rebalance of allocation to Dundee</b>	<b>-153</b>		<b>-153</b>
	<b>3,166</b>		<b>3,196</b>
Forecast Expenditure -			
VTP	261	91	155
Pharmacotherapy	736	326	601
CT&CS	643	282	596
Urgent Care	167	0	0
FCP / MSK	316	198	401
Mental Health	122	71	122
Link Workers	250	146	250
Other	85	0	61
<b>Total</b>	<b>2,580</b>	<b>1,114</b>	<b>2,186</b>
<b>In Year (Over)/Underspend</b>	<b>586</b>		<b>1,010</b>
<b>Total Reserve Held</b>	<b>1,666</b>		<b>1,666</b>
<b>Forecast 21/22 Reserve</b>	<b>2,282</b>		<b>2,676</b>

Slippage in plans has resulted in an increased forecast under spend of £1,010k.

A reserve of £1,666k relating to previous years' under spends (2018/19 £568k, 2019/20 £274k and 2020/21 £824k) is currently held within the IJB's reserves, and this continues to be available for Primary Care Improvement Plan purposes. The current forecast under spend of £1,010k would increase the total reserve held to £2,676k by the end of 2021/22.

The IJB were previously 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. This has not yet been done and is now more important than ever. Due to the imperative associated with deploying these resources it is recommended that an update regarding the formulation of these plans is presented to the next IJB meeting.

#### **2020 / 22 / 23**

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.

Table 2 below shows the planned expenditure for 2022/23, as presented previously

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

\*After locally agreed rebalance of allocation to Dundee IJB

The figures above are still to be adjusted to include inflationary increases and evolving issues, and work is currently being undertaken to refine these. It is likely that some projected under spends against the key priority areas will continue into 2022/23, related to staggered implementation plans and issues in relation to recruitment. Recruitment of sufficient staff at the appropriate skill-mix has been a major contributing factor in slippage to date and continues to be a significant risk. Actual planned spend information of 2022/23 will therefore be developed to reflect anticipated timing of recruitment.

As previously reported, 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 will continue to evolve as project plans develop.

As highlighted previously, 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 will be required to deliver on the full intent of the Memorandum of Understanding and GMS 2018 Contract.

A letter dated 22 October 2021, received from Scottish Government announced additional recurring funding made available to HSCPs who were able to demonstrate that they are on track to spend 2021/22 recurring PCIF allocations. Albeit there is forecast under spends on the recurring allocation for 2021/22, this does provide some reassurance that Scottish Government acknowledge the additional requirements. However, currently we are not eligible to receive this funding and therefore at risk of missing out for the longer term.

## 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 (IF APPLICABLE)**

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 and all aspects of programme have a focus on ensuring access for all population cohorts.

**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.

<b>Direction Required to Angus Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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