



AGENDA ITEM NO 11

REPORT NO IJB 36/23

ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 21 JUNE 2023
PRIMARY CARE IMPROVEMENT PLAN
REPORT BY GAIL SMITH, CHIEF OFFICER

ABSTRACT

The purpose of this report is to provide members with an update on the progress made on the Primary Care Improvement Plan to date, confirm the outturn position of funds for 2022-23 and describe plans for 2023/24.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) Acknowledge the progress to date made on the Primary Care Improvement Plan.
- (ii) Acknowledge the position in relation to the Primary Care Improvement Fund (PCIF) allocation.
- (iii) Devolves authority to Angus GMS Contract Implementation Advisory Group (CIAG) and GP Sub Committee to approve decisions against 2023/24 funding.
- (iv) Agrees to direct in terms of Appendix 1 and requests the Chief Officer to issue the Direction to NHS Tayside.

2. BACKGROUND

The new GP Contract (2018) saw a refocussing of the role of the GP to that of expert Medical Generalist working alongside an extended multi-disciplinary team. 6 key areas were prioritised for service redesign: Pharmacotherapy, Vaccination Transformation, Community Care and Treatment Services, Urgent Care, Additional Professional Roles, and Community Link Workers.

In July 2021 Scottish Government issued a further Memorandum of Understanding (MoU2) which recognised that not all the 6 areas were deliverable by 31 March 2022. In MoU2 Scottish Government reiterated its commitment to the delivery of the Vaccination Transformation Programme, Pharmacotherapy and Community Care and Treatment Services in the first instance with a revised timescale set for the remaining areas. This was in recognition of the workforce challenges experienced across the country in relation to capacity across the multidisciplinary team professions.

3. CURRENT POSITION

The GMS contract regulations were amended last year to reflect the progress made to date to ensure Health Boards provide their GP Practices with support by providing Community Care and Treatment (CTAC), Pharmacotherapy and Vaccination Services. Under these three areas there is provision for Scottish Ministers to issue directives on the extent and manner those services are provided, with the expectation these will be issued to Health Boards this year.

Locally progress has been made in all three areas as follows:

Vaccination Programme: delivered regionally across Tayside and managed by a central team. And fully compliant.

Pharmacotherapy: all three Health and Social Partnership areas have continued to experience difficulty in achieving full compliance across all three levels of Pharmacotherapy as described in the contract. This is reflective of the position elsewhere across the country, mainly due to a lack of trained Pharmacists. It is now recognised that further investment in the training of pharmacists is required at a national level. Further guidance is awaited from Scottish Government.

CTAC: all three HSCPs have established a Community Care and Treatment Service. The delivery models vary dependent on local need and circumstances; however, at the moment none can offer the full range of activities with Practices continuing to deliver aspects of this care for their patients. Until recently the model in Angus was integrated with Outpatients and managed by Outpatients/ Access Directorate on behalf of Angus HSCP, however due to a change in OPD circumstances this is no longer possible. The model is currently in a transition phase with further engagement taking place with relevant stakeholders to ascertain how best to deliver the service going forward and where improvements can be made.

All Health Boards regularly report on the status of their Primary Care Improvement Plans by completion of a national Tracker, Tracker 6 was submitted to Scottish Government on 17 May 2023. For the first time this was to be signed off by the Chief Executive of NHS Tayside, Chief Operating Officer for the appropriate HSCP and Local Medical Committee (LMC). As with the last submission Tracker 5.5 (November 2022) the LMC although appreciative of local efforts and the work that has gone into PCIP across Tayside decided they were unable to fully support due to not all aspects being fully delivered.

4. FINANCIAL IMPLICATIONS

2022/23

The financial plans for 2022/23 PCIP were approved in report IJB 70/22. A summary of the actual programme of costs compared to approved planned spend is detailed in table 1 below.

During 2022/23 it became evident that expected spend was likely to be lower than originally forecast. On the basis, the Scottish Government reduced the Angus in-year funding by c£0.150m

In addition, further slippage in plans resulted in an under spend of £0.137m which the Scottish Government has advised verbally should be used in the first instance to fund our 2023/24 commitments. Hence this means that Angus IJB PCIF reserve of £0.137m will be withdrawn by Scottish Government in 2023/24.

2023/24

At this stage, the formal Scottish Government allocation has not been issued to Health Boards / Integration Authorities, however they have advised "*minimum budget position for PCIF in future years is £170m subject to Agenda for Change uplifts available for recruited staff*" and our plans are based on this assumption, as shown in Table 1 below against Planned Spend 2023/24.

From 2022/23 PCIF funding can be used for a wider range of costs (such as premises, training, digital, fixed term contracts, redesign, and change management) if they support delivery of MoU MDT and are agreed with the GP Sub Committee. As Angus develops their 2023/24 plan and to have the flexibility to maximise funding quickly, approval for delegated financial authority to be devolved to Angus GMS Contract Implementation Advisory Group (CIAG) and GP Sub Committee is requested.

It is anticipated 2023/24 further commitments/contingency spends will be consistent to similar one off costs incurred last year (such as fixed term contracts; digital, training etc) and support emerging initiatives aligned to PCIF guidance with all spend being approved by the GP Sub Committee.

Under the 2018 Contract, Transitional Services arrangements were established between BMA and Scottish Government confirming that practices would receive payments from 2022/23 for providing Pharmacotherapy and CTAC services until such time as the full service

is provided by the Board. However, on 17 March 2023 the “*Scottish Government advised they would not be establishing or fund transitional services to cover the ongoing gaps in Health Board provision of Pharmacotherapy and CTACs from 1 April 2023*”. In the current year Angus GPs have indicated they are not expecting to be paid for any gaps but longer term this position is not confirmed and may have an impact on the funding available for Primary care Improvement plans.

Table 1 Financial Position	Approved Planned Spend 2022/23	Actual Spend 2022/23	Planned Spend 2023/24
	£'000	£'000	£'000
Assumed SG Allocation	881	726	3,884
Utilisation of Reserves	2,648	2,648	137
Forecast Expenditure:			
VTP	321	320	347
Pharmacotherapy	683	676	779
Community Treatment and Care Services	772	796	913
Urgent Care	0	0	230
FCP/MSK	391	410	478
Mental Health	128	122	134
Link Workers	263	250	321
Other	128	92	79
Wider Use of Funds (premises, training, digital, fixed term contracts, redesign, and change management)	400	571	42
Further Commitments/Contingency	400		699
Projected Total Annual Spend	3,486	3,237	4,021
In Year Under spend	43	137	0

6. RISK

There are several risks associated with this programme including recruitment and retention of required workforce. As described most notably within Pharmacy which impacts on the ability of Boards to fully deliver Pharmacotherapy in particular.

A further risk is that of suitable premises in which to deliver preferred models of care. Expansion of the multidisciplinary team to deliver some tasks previously undertaken by GPs has led to a requirement for accommodation both within General Practices and on other sites. Few of our Angus Practices have sufficient capacity within their own premises to meet this.

Financial risks associated with the long-term delivery of services within currently available resources and in relation to the Transitional Services Arrangements for services not being in place prior to the agreed dates of transfer of responsibility from Practices to Health Board/HSCPs.

<u>Risk Description</u>	Failure to deliver core elements of the 2018 GMS Contract
<u>Risk Category</u>	Clinical, Operational, Financial, Governance and Reputational
<u>Inherent Risk Level</u>	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is a Very High Risk Level)
<u>Mitigating Actions</u>	Use of Quality Improvement focussed approach to PCIP plans working with range of stakeholders to co-design and prioritise actions.
<u>Residual Risk Level</u>	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is a High Risk Level)
<u>Planned Risk Level</u>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Medium Risk Level)
<u>Approval recommendation</u>	Given our developed understanding of the situation and in line with the IJBs risk appetite, the risk is deemed to be Moderate.

7. EQUALITY IMPACT ASSESSMENT

An Equalities Impact Assessment is not required.

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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List of Appendices

Appendix 1 Direction to NHS Tayside