AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**30 January 2018**
Report By:	**Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/04/2018/AS**
Contact Officer:	**Allen Stevenson Head of Service: Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No:**	**01475 715283**
Subject:	**MAINSTREAMING *NEW WAYS INVERCLYDE* – TOWARDS THE NEW GMS CONTRACT**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the intended direction of travel in the proposed new General Medical Services (GMS) contract, and to consider each aspect of this alongside the New Ways Inverclyde work from the last two years.

1.2 The report illustrates where the proposed new model of primary care, linked to the draft nGMS contract, would be funded via central funding or where an investment decision by the IJB is required. This is shown in brief at Appendix 1 to this report

2.0 SUMMARY

2.1 New Ways Inverclyde has been running as a transformation programme since October 2015. IJB members have routinely received updates and information on the programme, most recently, and in some detail, at the IJB development session on 23rd November 2017.

2.2 An annual review event for New Ways was hosted in Inverclyde on 1st November 2017. At this event stakeholders from General Practice, Community Health and Care Services, secondary care, service users/carers and the community, Scottish Government and Healthcare Improvement Scotland were able to review and scrutinise the work which has been funded via New Ways over the last two years. This also included workstreams associated with the New Ways Programme.

2.3 In mid-November 2017 the Scottish Government and the Scottish GP committee of the British Medical Allocation (SGPC) issued a policy statement on the proposed 2018 General Medical Services Contract in Scotland. This policy statement has been consulted on widely and is currently in the final stages of consideration by BMA members and a vote to accept it is expected. The proposed new contract is heavily informed by the work of the New Ways Inverclyde Programme, and advocates the implementation across the country of a number of developments tested here. Local Inverclyde GPs are being consulted on the New Ways Programme outcomes and the way forward with the proposed new contact at the Inverclyde GP Forum on 25th January 2017. – this will confirm the local clinical view and the beginning of discussions on how primary care delivery plan will be delivered, if the GP contract is agreed.

2.4 The New Ways Programme Governance Group has routinely scrutinised the available budget and spend for the programme. At this point it is anticipated that at year end there will be £245,000 of accrued funding to carry forward into 2018/19. It is not yet known what allocation Inverclyde HSCP will receive from the Scottish Government in relation to primary care transformation in that year. If, however, there is an allocation in line with recent years (prior to the new contract being made live), which has been £300,000, approximately £500,000 may be available to fund ongoing primary care development in 2018/19. Some advance calls have been made on this sum, however, which are articulated in this paper.

3.0 RECOMMENDATIONS

3.1 That the Integration Joint Board notes the progress made in advance of the new GMS Contract and agree to fund all current workstreams.

3.2 That the Integration Joint Board approves the funding of the pharmacy posts until the HSCP receive confirmation of funding levels from the new primary care fund.

3.3 That the Integration Joint Board notes HSCP officers will continue to work with local GPs to implement and deliver the recommendations of the new GMS Contract.

3.4 That the Integration Joint Board notes implementation of associated work streams linked to New Ways, such as Community Link Workers.

Louise Long
Corporate Director, (Chief Officer),
Inverclyde HSCP

4. BACKGROUND

4.1 The proposed new General Medical Services (Scotland) Contract highlights the shared intention of the Scottish Government and the SGPC to transform the role of the General Practitioner and General Practice over a 3 year period (2018/21). There will be a refocussing of the GP role and the development of a wider multi-disciplinary team (MDT) in primary care, more closely integrated with other health and social care services. It is intended that this will ensure patients can see the right person at the right time and have more effective and high quality care. It is also intended that this transformation will ensure the sustainability of primary care in Scotland, retaining GPs in their profession and improving their ability to do their best by their patients amidst rising demand, expectations and clinical complexity.

4.2 A number of the proposals in the draft new contract will require a change in the way GPs and GP employed staff work. Additionally, the proposals require significant change in the way the Scottish Government view and co-ordinate primary care. Most significantly, however, the proposals require a change in the way Integration Authorities (our IJB) 'commission' primary care services as part of the wider system of health and social care for which they have responsibility. A Memorandum of Understanding (MOU) is expected to be drawn up between the IJB, local primary care, the health board and the Scottish Government to direct how primary care is developed, organised and delivered locally. This Memorandum is then subject to routine joint review to ensure it is meeting needs. It is expected that there will be two strands of funding; one directly to General Practice to deliver the terms of the nGMS contract and a second to the IJB to deliver aspects of primary care for which they will be responsible such as the wider MDT.

5.0 What is proposed in the draft contract?

5.1 The contract policy statement referred to above proposed that there be a suite of service redesigns which will deliver a change in the way primary care services are delivered jointly between GPs, GP employed staff, and staff employed by the HSCP. In order to ensure that GPs can take up their proposed role as expert medical generalists working on complex and scheduled care, the following developments are proposed:

- Vaccination Services
- Pharmacotherapy Services
- Community Care and Treatment Services
- Urgent Care Services
- Additional Professional Services (the wider Primary Care Team).

5.2 Most aspects of the development proposed have been tested in Inverclyde over the last 2 years, meaning this partnership is in a very strong position. The following sections of this report explore each dimension and illustrate how these could be mainstreamed in Inverclyde going forward as part of our Primary Care Improvement Plan. It should be noted that where reference is made to the wider primary care team, staff are anticipated to be employed by the HSCP and not by individual General Practices.

6.0 Vaccination Services

6.1 It is proposed that the range of vaccinations currently delivered by General Practice is removed to managed services in the HSCP (e.g. health visiting) however the extent of this cannot yet be quantified and we will begin work to establish this. Work has been undertaken locally to test this in relation to pre-school and school age vaccinations, via the Vaccination Transformation Programme across NHSGG&C. Evidence of this test is available and will be used to inform the roll out of the vaccination service in

Inverclyde as part of wider NHSGG&C roll out. It is anticipated that there will be central funding from the Health Board to support this however we await the detail based on agreement to be reached between NHSGG&C and Scottish Government. The move towards managed services delivering Travel Vaccinations, however, requires to be worked through in detail and will have an impact. The potential for Community Pharmacies to run Travel Vaccination clinics may be an option as might signposting to established services such as The Brownlee Centre (Gartnavel Hospital), The Travel Clinic adjacent to Glasgow Airport and other private options.

7.0 Pharmacotherapy Services – Prescribing Support to GP Practices

7.1 It is proposed in the draft contract that all practices will have access to increased pharmacy support to ensure efficient and effective medicines management. The increase in Prescribing Support to GP practices linked to New Ways has been of significant benefit to GPs and delivered time back to GPs to undertake work only they can do. Funding was held centrally for the Prescribing Support Pharmacists (PSP) test of change and does not form part of the Inverclyde New Ways budget. The PSP test has been managed via Pharmacy Services and the central prescribing team.

7.2 PSP staff allocated to Inverclyde are employed until 31st March 2018. These 7wte Band 7 staff were allocated over and above the 4wte Band 8a permanent Prescribing Support Pharmacists already in place in the Inverclyde HSCP Prescribing Support team. The two groups of PSP staff deliver different aspects of what will be a Pharmacotherapy Service. The permanent staff have traditionally focussed on efficient medicines management (to reduce drug costs, for example) and the new staff have supported GPs around acute prescriptions and medicines reconciliation to improve patient care and reduce GP workload. It is considered essential by local clinical leaders that both aspects remain in place.

7.3 On 1st April 2018 the allocation to Inverclyde HSCP will reduce to 4wte Band 7 Prescribing Support Pharmacists to complement our permanent 8a PSPs. The table below illustrates the two options for our Pharmacotherapy Service from 1st April. Option 1 illustrates our resource if there is no local top up funding and Option 2 illustrates the resource if there is additional local investment (option 2 keeps things as close to the current state as practical).

7.4 Interim Pharmacotherapy Service Options from 1st April (the nGMS is expected to fund this in the longer term).

Option	*Band 8a PSP*	*Band 7 PSP*	*Resource to practices*	*Funding required from IIJB*
Current state	4 wte	7 wte	As test of change	-
1 – central funding only	4 wte	4 wte	0.2wte (one 7.5 hour day per week) PSP (band 8a) per 5000 list size for traditional prescribing support and 0.2wte (one 7.5 hour day per week) PSP (band 7) per 5000 list size for the nGMS Pharmacotherapy service.	Nil
2 – central funding plus local top up	4 wte	7 wte	0.2wte (one 7.5 hour day per week) PSP (band 8a) per 5000 list size for traditional prescribing support and 0.4wte (two 7.5 hour days per week) PSP (band 7) per 5000 list size for the nGMS Pharmacotherapy service.	£200,00 for 1 year until longer term funding resolved.

7.5 The local clinical view from GPs and prescribing leads is that Option 2 represents value for money and offers continuation of significant improvements for local patients, whilst maintaining the focus on driving prescribing efficiencies and safety.

7.6 The ***Pharmacy First*** service piloted in Inverclyde has already been mainstreamed by

the Scottish Government nationally. This means that community pharmacies can offer an extended minor ailments/ minor illness service so that the public can access health advice and information, and some prescriptions, from their local chemist instead of having to see their GP.

8.0 Community Care and Treatment Services

8.1 The proposed new contract intends that all HSCPs run a Community Care and Treatment Service in support of General Practice. This service would receive transfer of some activity traditionally undertaken by GPs and GP employed staff. Inverclyde has a Treatment Rooms service linked to the Community Nursing Service, which delivers some elements of what is envisaged for the proposed Community Care and Treatment Service. Significant development of our Treatment Rooms Service would be required, however, to deliver all that is aspired in the draft contract.

8.2 A service review has recently been undertaken on the HSCP Treatment Room Service and a draft report is being considered by service management. This review will inform the development of a Community Care and Treatment Service in the next 12 – 18 months. In the short term, however, it is anticipated that the HSCP will seek to develop a standalone Community Phlebotomy (blood taking) service building on the experience of the Community Phlebotomy test of change funded by New Ways. This will develop a service which GPs and GP employed staff can refer patients to to have blood taken removing this task from routine primary care. The costs of setting up this standalone service are still being developed as part of the financial modelling flowing from the review of Treatment Rooms service. It is likely that to be able to deliver a standalone phlebotomy service and the Community Care and Treatment Service will require additional investment from nGMS funding.

9.0 Urgent Care Services – Specialist Paramedics in General Practice (GP Paramedics) and Advanced Nurse Practitioners (ANPs)

9.1 Local GPs reported that responding to the demand for Home visit requests, particularly those which come later in the day, is challenging and other members of the MDT potentially have the skills to respond and assess the situation. A test of change involving Advanced Nurse Practitioners working within GP clusters was developed and the opportunity to undertake a similar test using Specialist Paramedics arose. Prior to these tests commencing, a small test of nursing triage within one practice was undertaken which showed the ability to reduce both home visits and the need for appointments. Subsequently this evidence was utilised to ensure that all practices involved in tests of change around urgent care have a triage system in place.

9.2 There is currently one **Specialist Paramedic** (Band 6 - Banding under review and may increase) and three trainee Specialist Paramedics (Band 6) working within two GP practices. Whilst this equates to four whole time equivalent staffing, due to the requirement to maintain unsocial hours payments, a shift system is in place which involves weekend working within the core ambulance service. This has reduced the potential impact as only two staff are on shift on any week day - one within each practice. The two GP practices that volunteered to host and supervise the Paramedics were Gourock Medical Practice in Inverclyde West Cluster (registered population 7779) and Regent Medical Practice in Inverclyde Central Cluster (registered population 9426). Since July 2017 the team of Paramedics have undertaken 519 home visits which equates to 47.4% of all visits in the 2 practices, averaging 5 visits per day. We estimate this as a saving in the region of 302 hours of GP time.

9.3 Within the East cluster one whole time equivalent trainee **Advanced Nurse Practitioner** was seconded to undertake the test of change with the Port Glasgow practices (registered population 17,599). Subsequently the two Kilmacolm practices joined this cluster raising the population to 24,033 and an additional 0.4 whole time equivalent ANP was secured via the nurse bank. Trainee ANPs work at band 6 and once fully qualified are expected to work at band 7 or above. From July 2017 – November 2017 the ANPs completed 483 home visits equating to 40.2% of all visits,

averaging 5.5 visits per day. We estimate this as a saving in the region of 281 hours of GP time.

9.4 **Breakdown of costs and activity ANP and GP Paramedic tests July - Nov 2017**

The table below illustrates a comparison between the Paramedics test of change and the ANP test of change. It should be noted that the Paramedics test was funded by the Scottish Government directly to the Scottish Ambulance Service. The HSCP funded the ANP test from the New Ways budget. The HSCP had limited opportunity to influence any change to the working arrangements of paramedics because they remained employed by the Scottish Ambulance Service, who carry the governance etc for these staff.

	Characteristics	wte staff in place	Staff cost to date (£)	Set up costs cost to date	Total practice population covered	No. visits	Time saved (hrs)
Paramedics	• Trained to degree level with defined post graduate qualification • Not currently licensed to prescribe	4.0	64,545 (est)	2x liveried Hyundai SUV vehicles fully equipped	17,205	519	302
ANP	• Registered nurses • Trained to post graduate masters degree level. • Licensed to prescribe	1.0 July - Oct 1.4 Oct onwards	21,352	Laptop/IT	17,599 to October '17 24,033 from October '17	483	281

9.5 Initial feedback from practices and patients is positive for both tests, however formal evaluation of qualitative evidence has just begun. NHSGGC Clinical Effectiveness are undertaking patient questionnaires within the ANP test and have scheduled interviews with GPs and practice staff for both the ANP and Paramedic tests. Scottish Ambulance Service have responsibility for patient experience evaluation within the Paramedic test and questionnaires will be distributed in early January. Data presented above shows time freed up for GPs with this allowing additional time to be spent with palliative patients, bereaved families and undertaking essential administrative work within the practice.

9.6 It is recognised that GPs still wish to undertake home visits to the most complex patients and those requiring palliative and end of life care and facilitating them to do this is central to the aspirations of the new contract. It is difficult to establish the most appropriate level of home visits any multi-disciplinary model should potentially undertake however the judgement of the HSCP Clinical Director is that we should aim to cover around 50% with the additional resource expected through nGMS.

9.7 The greatest difficulty in developing these tests further is the requirement to identify and train enough staff to the appropriate levels in the timescales required. This takes anything between 1 year (paramedics) and 2 years (nurses) with time needed for study leave and supervision from medical staff and other individuals working in advanced roles. Work is on-going to clarify the governance arrangements with the Scottish Ambulance Service. Unfortunately, a clinical incident within the paramedic test of change has led to the initiation of a Significant Clinical Incident review by NHS Greater Glasgow & Clyde with a number of steps already being put in place since the incident to address concerns identified.

9.8 The table below illustrates the costs that would be involved if scaling up the tests of change to cover the whole population of Inverclyde. The costs have been calculated based on GP Paramedics being employed by the Scottish Ambulance Service in the current model. A significant shift in culture and working practices is required to be considered by the Scottish Ambulance Service to deliver a fit for purpose model and it is understood that this is being considered.

	wte required	cost	
Paramedic	19.1wte*	£879,000	* the actual number required to deliver the paramedic service across all clusters on a Monday - Friday basis is 17.8wte if model of employment was changed (no weekend cover in mainstream SAS)
ANP	7.3wte	£344,761	

These calculations include the standard 22.5% on top of crude whole time equivalent to cover leave, absence and study time required to deliver a service across 52 weeks. We have also considered the effect of any 2018/19 pay uplift.

9.9 A skill mixed approach could be taken which would see a team of either nurses, paramedics or a combination of both with Band 6s supported by senior clinicians at Band 7. This would costs in the region of £344,000 and would be dependent on changes made within the Scottish Ambulance Service for a viable multi-disciplinary approach.

9.10 The current full time trainee ANP is employed until May 2018. To bring that post in line with the other New Ways programme funded posts it is proposed that the contract be extended to September 2018 from current New Ways reserves. This will cost approximately £20,000. There are significant challenges to mainstreaming the ANP model due to national shortages of adequately trained and experienced staff, and the lead in time for training. There is a risk therefore, that current ANP staff in Inverclyde primary care may leave or not seek employment here if the posts are always temporary in nature.

10.0 Additional Professional Services (the wider Primary Care Team)

10.1 Advanced Practice Physiotherapists

10.1.1 The advanced practice physiotherapist has been able to successfully divert musculoskeletal (MSK) activity away from the GP. The current population covered by the APP test of change is 46,173 across 50% of the Practices in Inverclyde. The test of change has been delivered in three phases - Over the course of the three phases there have been 2,017 patient consultations (to Oct '17) with the physiotherapists seeing over half of all MSK patients across the 7 participating practices. A total of 57% of referrals were appointed direct from GP reception (requiring no GP consultation).

10.1.2 Qualitative feedback from the pilot is that the outcomes for MSK patients are better for those who have seen the physiotherapist, rather than the GP. The physiotherapist is:

- Less likely to refer to imaging, mainstream physiotherapy services or orthopaedics;
- Less likely to refer for prescription (or prescribe);
- More likely to provide reassurance, self-management advice and peace of mind to patients about their musculoskeletal condition.

Comparison of baseline GP data and Phase 1 pilot data (1540 patients) showed that the Physiotherapist was less likely to request pain relief and anti-inflammatory medication than the GP (63.3% of consultations compared to 12.8%). Estimates suggest that this represents a saving of £2,309 during the initial test phase. Imaging was also less likely to be requested by the Physiotherapist (16.7% compared to 5.7%), again representing a saving estimated at £5,081.

10.1.3 Patients have responded positively to the pilot project with 95% of patients saying they were happy or very happy with their physiotherapy consultation. GPs have identified that they are able to spend more time on conditions that require GP review as opposed to trying to deal with MSK conditions that can be safely managed by another member of the practice team.

10.2 Moving forward, roll out to the whole Inverclyde population would require the adoption of a cluster based approach to the deployment of APP resources; development work with practices to ensure robust buy-in to encourage patient uptake and GP confidence; and the establishment of closer links with mainstream MSK service and orthopaedics to maintain MSK skills and peer support for therapists.

10.2.1 To cover the whole population (14 practices) 5.3wte Advanced Practice Physiotherapists would be needed, working on a cluster basis. The table below illustrates the investment needed compared to current level of resource.

	Coverage	wte	costs
Current state (to Sept 2018)	46,173 population	2.77wte	£94,518
Full coverage (FYE)	82,025 population	5.3wte	£288,00

10.2.2 The current APP staff are in place until June 2018, December 2018 and March 2019 respectively depending on the start time of the phase of the test of change to which they have been deployed. There are significant challenges to mainstreaming the APP model due to national shortages of adequately trained and experienced staff. Other services and partnership areas are starting to offer permanent posts to attract the right staff. There is a risk therefore, that current APP staff in Inverclyde primary care may leave (one has done so, and only been partially replaced at this stage) or not seek employment here if the posts are always temporary in nature. It is recommended that current staff are all employed from current New Ways budget to March 2019 to buy time to ensure these staff might be employed permanently for Inverclyde once funding is released from the new contract. The costs of this require to be worked out in detail but are in the region of £50,000.

10.3 **Community Link Workers**

10.3.1 Inverclyde was allocated 6 wte Community Link Workers to cover 6 practices from the national role out of the Community Link Worker model. These CLWs have started in post and are making good links. Initial feedback from GPs from the first month of the workers being in place is good. The Scottish Government intend to fund another 5 CLWs for Inverclyde from March 2018. This will mean that there is specified overage to 11 of the 14 GP practices in Inverclyde with only those not considered to be deprived (Gourock, New Surgery and Dorema in Kilmacolm) not being allocated a nationally funded CLW. It is expected however that there will be latitude in the capacity of the CLW team to see patients from these practices as a by-product of development. If this is not accepted by the Scottish Government, however, the named practices may not have access to CLW input. Funding is currently committed by Scottish Government for the three year lifetime of this parliament.

11.0 Culture Change – the 4 'Cs'/ Better Health in Communities

11.1 Underpinning the delivery of a new model of primary care and successful implementation is population behaviour change. People are required to increase their capacity to look after their own health, and have increased knowledge in regards to how to seek the appropriate help should they need it. The new contract described the 4 Cs of Primary Care, namely Contact, Comprehensiveness, Continuity and Co-ordination. The culture change work taken forward through New Ways has significantly enhanced Inverclyde's positon in relation to these strands.

11.2 Our *Choose the Right Service* campaign has been delivered over a phased and

incremental basis since November 2016. Almost £70,000 has been invested to date on the campaign alongside the underpinning practice development and community engagement. A full report on all the culture change work is available on request which demonstrates the benefit of investing on an ongoing basis on culture change work as the new model of primary care is developed and rolled out. We are also working in partnership with healthcare Improvement Scotland to produce further evidence. Ongoing investment is recommended.

12.0 IMPLICATIONS

12.1 FINANCE

Financial Implications:

The financial implications are detailed in the paper above. All short term additional costs would initially be expected to continue to be funded through New ways. Longer term it is anticipated that funding would be through the new GP contract allocation to IJBs.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
	ANP contract extension	2018/19 (June – Sept)	20,000	New Ways EMR	To bring full time ANP in line with other New Ways funded developments.
	APP contract extensions	2018/91 (to March 2019)	£50,000	New Ways EMR	To bring all APP into line with latest funded post
	Culture Change/Practice Development	2018/19	£50,000	New Ways EMR	To continue second stage of development work to change behaviour and bed in new models

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
	Pharmacotherapy Service	1st April 2018	200,000		Temp funding through new ways- longer term funded through new Gp contract
	Community Care and Treatment Service – standalone phlebotomy service	1st April 2018	*N* tbc		Funded through new GP contract to enhance redesigned Treatment Room Phlebotomy service
	Urgent Care – Home visits support Advanced Nurse Practitioners	1st Oct 2018	345,000		Funded through new GP contract
	Wider multi-disciplinary team – Advanced	1st Oct 2018	288,000		Funded through new GP contract

	Physiotherapy Practitioners				

12.2 **LEGAL**
There are no legal issues within this report.

12.3 **HUMAN RESOURCES**
There will be individual HR implications for currently employed or potentially employed staff linked to the mainstreaming of New ways tests of change from April 2018. Each will be worked through individually in detail.

12.4 **EQUALITIES**
There are no equality issues within this report. Has an Equality Impact Assessment been carried out? No.

13.0 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

13.1 The HSCP will take responsibility for clinical and care governance around any services delivered via any Memorandum of Understanding.

14.0 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

15.0 CONSULTATION

15.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation as below:

- New Ways Annual Review event 1st November 2017
- IJB development Session 20th November 2017
- GP Forum 20th January 2018
- Various patient and public engagement around tests of change

16.0 LIST OF BACKGROUND PAPERS

16.1 New Ways Inverclyde – Presentation to IJB Development Session (23.11.17)

16.2 The 2018 General Medical Services Contract in Scotland (November 2017)

16.3 Culture Change (Choose the Right Service) Our Story (December 2017)

Inverclyde HSCP – Towards a New Model of Primary Care
(Mainstreaming New Ways and implementing the nGMS contract)

Contract Dimension/ Strand	***Development***	***Timescales***	***Costs***	***Funding source (options for consideration)***
4(a) Manageable Workload	Vaccination Service – Preschool and School Age Vaccines	2018 - 2021	Not known	NHSGG&C Central fund (Vaccinations Transformation Programme)
4(b) Manageable Workload	Vaccination Service – Travel Vaccinations	2021	Not Known	Not Known
4(c) Manageable Workload	Vaccination Service – Flu Vaccinations	2021	Not Known	Not Known
4(d) Manageable Workload	Pharmacotherapy service – Prescribing Support Pharmacists	2018	£200,000	PCTF nGMS contract allocation
4(e)(i) Manageable Workload	Community Care and Treatment Service – Community Phlebotomy Service	2018	Being developed	PCTF New Ways EMR IJB from treatment room review resource reallocation nGMS contract allocation
4(e)(ii) Manageable Workload	Community Care and Treatment Service (full scope)	2021	Not known	nGMS contract allocation from treatment room review resource reallocation IJB
4(f)(i) Urgent Care	Urgent Care – GP Paramedics	2018 -2021	£880,000 (based on top end estimate)	From increased allocation to SAS IJB top up/ nGMS allocation
4(f)(ii) Urgent Care	Urgent Care – Advanced Nurse Practitioners (continuation	2018 (to run to September 2018)	£20,000	New Ways EMR 2017/18
4(f)(iii) Urgent Care	Urgent Care – Advanced Nurse Practitioners (roll out)	2021	£345,000	nGMS contract allocation PCTF IJB

Inverclyde HSCP – Towards a New Model of Primary Care
(Mainstreaming New Ways and implementing the nGMS contract)

Contract Dimension/ Strand	***Development***	***Timescales***	***Costs***	***Funding source***
4(g)(i) Additional Professional Services	Wider MDT – Advanced Practice Physiotherapists (continuation)	2019 (to March 2019)	£50,000	New Ways EMG 2017/18
4(g)(ii) Additional Professional Services	Wider MDT – Advanced Practice Physiotherapists (Roll out)	2019 - 2021	£288,000	nGMS Contract allocation PCTF IJB
4(g)(iii) Additional Professional Services	Wider MDT – Community Link Workers	2019	£28,000 pa per CLW (current funded for 6 will receive for 5 more in 2018/19) (recurring for lifetime of this parliament)	Centrally funded by Scottish Government
6(a) Better Care for Patients (6)	Culture Change and Practice Development	2018/19	£50,000	New Ways EMR 2017/18

£120,000 (leaves £125,000 from current total underspend projected to year end)	*Required from 2017/18 New Ways EMR ('current' money)*
£310,000	*From SG committed funding (CLWs)*
£1,713,000	*Would be required from 'new money' if approved (range of potential sources listed*