AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date: 17th May 2021**
Report By:	**Louise Long Chief Officer Inverclyde Health & Social Care Partnership**	**Report No: IJB/18/2021/AS**
Contact Officer	**Allen Stevenson Head of Service: Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715212**
Subject:	**Update on Implementation of Primary Care Improvement Plan**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on the implementation of the Primary Care Improvement Plan.

1.2 The report outlines the challenges to implementation experienced due to the Covid pandemic, the updated guidance issued from Scottish Government in December 2020 and the current plan for 21/22.

2.0 SUMMARY

2.1 The first Primary Care Improvement Plan was agreed in 2018 and continued the development of multi-disciplinary working following the *New Ways* project. This was updated for 2019/20 and has remained in place since then. Twice yearly reporting on workforce and spend are usually submitted to Scottish Government. There has been no update to the Integration Joint Board since November 2019.

2.2 The need for immediate and longer term responses to the Covid pandemic, restrictions on clinical practice and capacity have all meant that progress towards implementing the Primary Care Improvement Plan has been significantly curtailed during 202/21.

2.3 Despite the re-phasing of funding, there is still a challenge for the HSCP to develop a multi-disciplinary team (MDT) which can manage the demand required within primary care and meet the commitments contained in the MOU. This is reflected across the country.

2.4 A joint letter from Scottish Government and British Medical Association in December 2020 introduced contractual arrangements for delivery of the MOU between Health boards and practices with transitionary payments being introduced where service is not provided. Changes to implementation dates are also outlined.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board note the current position regarding implementation of the Primary Care Improvement Plan, associated challenges and changes to contractual commitments.

3.2 The Integration Joint Board note the recurring shortfall of £199, 499 should we commit to all of the essential and additional elements of the MOU.

3.3 That there be a further update report once consultation with GPs and LMC has concluded and an updated Primary Care Improvement and spending plan presented to the Integration Joint Board.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 The last update to the Primary Care Improvement Plan was for 2019/20 with no significant updates or reporting being requested by Scottish Government during 2020. At the end of 2019 a business case was submitted to Scottish Government with a request to increase funding to fully deliver the MOU commitments. This was not agreed. The challenges around levels of funding and recruitment and retention of appropriately skilled staff as described previously, remain.

4.2 Progress towards implementing the Primary Care Improvement Plan was curtailed during 2020/21 due to the Covid pandemic which saw the Primary Care team within the HSCP focus efforts on both day to day support for GP practices and the wider system and latterly significant planning for both flu and Covid vaccination delivery. All MDT services were required to significantly change the way they worked and supported practices and were also not in a position to focus on development of improvement plans. Despite this, some recruitment was possible and there is a focus on ensuing MDT staff can practice safely within the constraints of current clinical and social guidelines.

4.3 In December 2020 the Scottish Government and BMA issued a "Joint Letter- the GMS Contract Update for 2021/22 and Beyond" which outlines some changes to implementation dates (as described in the sections below). This letter also states that where practices do not benefit from implementation of particular commitments within the timescales, transitionary payments will be made in lieu of this. Further clarity is being sought on the exact nature of any transitionary arrangements & payments.

4.4 A review of our existing plan is underway. The Primary Care Implementation group met in March and the GP Forum in April will focus on reviewing current models and plans in order to make decisions on future spend and MDT developments. This will enable us to reflect on progress and significant learning since *New Ways* and prioritise within available budget. Along with GPs and the local LMC representative there will need to be pragmatic decisions on what can be delivered. Challenges and changes outlined in the December joint letter are outlined below.

4.5 **Challenges and updates to delivery of priority areas**

<u>The Vaccination Transformation Programme (VTP)</u>

Changes in December letter:

2022-23 practices no longer default provider of any vaccinations with transitionary payments available.

Prior to COVID-19 there was already an NHSGGC wide co-ordinated approach for the Vaccination Transformation Programme (VTP) however this was paused due to the Covid pandemic. Childhood vaccinations are delivered by a board wide service and no longer the responsibility of GPs. An accelerated response to the delivery of flu vaccinations was implemented within each HSCP and subsequently used to model delivery of Covid vaccinations. The learning from each of these will be taken forward as the VTP programme board resumes and the pace of change will need to be increased. There are national actions required around travel vaccinations before these can be removed from practices, a need to take in to account ongoing Covid vaccination 'boosters' and additions to the flu immunisation cohorts. These require decisions on a board wide model and will also require additional funding.

4.6 <u>Pharmacotherapy Services</u>

Changes in December letter:

Regulations will be amended so that Health Boards are responsible for providing a

Level 1 Pharmacotherapy service for 2022-23 with transitionary payments available.

There continues to be a positive shift in GP workload and an increase in patient safety through our local model however as models of pharmacy input to practices have developed and been tested elsewhere, our original local model to support Level 1 workload shift (processing and task based workload) is now seen as particularly top heavy in senior pharmacy grades. We continue to explore opportunities for skill-mix and the development of a hub for Level 1 workload which would provide economy of scale and better use of technician level staff, freeing up capacity to ensure full implementation of Level 1 workload and providing additional cover for practices when staff are on leave. This should enable renewed focus on level 2 and 3 implementation.

4.7 Community Treatment & Care Services (CTAC)

Changes in December letter:

Regulations will be amended so that Health Boards are responsible for providing a community treatment and care service for 2022-23 with transitionary payments available.

Our Treatment Room services are currently running at 70% capacity in line with COVID restrictions. The development of the service to undertake the full extent of CTAC within the MOU has always been limited by availability of the Primary Care Improvement Fund, accommodation and prioritisation of other parts of the MOU by local GPs. A stock take of progress following implementation of the Treatment Room review is underway along with analysis of practice data to quantify demand and future capacity. Planned building works within Gourock Health Centre financed through primary care premises improvement monies will also allow for some further development of CTAC. Developing this area of the MOU will remain our most significant challenge.

4.8 Urgent Care (Advanced Practitioners)

Changes in December letter:

Legislation will be amended so that Boards are responsible for providing an Urgent Care service for 2023-24. Consideration is required about how this fits in to other urgent care redesign work.

There are now 3.5 wte Advanced Nurse Practitioners (2.5 trainee) with an original plan to increase this to 7.5wte covering all practices. Availability for all practices has always been a priority for GPs however any future increase will impact on the ability to deliver other areas of the MOU and we will carefully consider this at our GP forum session.

The joint approach to providing specialist paramedics in practices has not resumed since staff were re-deployed from general practice to support the response to COVID by Scottish Ambulance Service. Whilst this was not funded by Primary care Improvement Fund it was a supportive response to urgent care for 2 of our local practices.

4.9 Additional Professionals -Advanced Physiotherapy Practitioners

Recruitment and retention has been the main issue for delayed roll out and delivering of the Advanced Physiotherapy service. We have now successfully recruited to vacant posts however this only takes us back to the pre-pandemic position. This service will not form part of new contractual commitments or transitionary payment arrangements and it may be as with other HSCP areas, GPs decide not to prioritise further investment or develop a different approach to the current model.

4.9.1 Additional Professionals – Mental Health

Our approach to supporting mental health within primary care has been to develop a Distress Brief Interventions (DBI) service. This innovative model is about offering timely *Connected Compassionate Support* to those in distress and an alternative to those who do not require Primary Care Mental Health Services but nevertheless require a short period of support to cope and reduce distress. The service has begun and is being delivered by SAMH moving to a fully commissioned model during 2021/22.

4.10 Community Link Workers (CLW)

Community Link Workers remain in place within all 13 practices. This service has now gone through a formal tender process with the contract being awarded to CVS Inverclyde. The addition of Welfare Rights Officers in to practices as outlined by Scottish Government in March will complement the CLW service.

5.0 IMPLICATIONS

5.1 FINANCE

Issues as described above mean that there was underspend during 2020/21 which will be available for non-recurring spend in support of progress during 21/22. There is a risk if we commit to delivering all essential and additional areas of the MOU that we will incur an overspend. In order to achieve financial balance we will negotiate with GPs on their priority areas which may include not further developing some areas of the MOU which are not contractually essential as stated within the December 2020 letter (such as Advanced Physiotherapy Practitioners) in order to fully deliver on, for example, Community Treatment and Care Services. Further detail of recurring and non-recurring spend agreed with GPs and LMC will be provided within the next report.

Our fully costed PCIP plan as agreed with GPs and LMC post *New Ways* should we achieve full implantation is not achievable on current funding.

TOTAL RECURRING COSTS of full implementation	2,756, 499
21/22 expected	£2557,000
Shortfall	(199,499)

Actual spend during 20/21 is as below. We will negotiate with GPs and LMC on non-recurring spend from EMR which directly supports implantation of the GMS contact and MOU.

FUNDING SUMMARY;	
NR c/f from 19/20 EMR	£123,800
20/21 allocation	£1,218,773
Baselined Pharmacy funding	£146,259
N/R funding re covid recognition payment	£8,799
Balance of prior years' unutilised funding from SG - received Feb 21	£458,389
Total available funding	£1956, 020
Full year costs	£1,396, 159
Balance unallocated which will be transferred to EMR	**£599,860**

LEGAL

5.2 There are no legal issues raised in this report.

HUMAN RESOURCES

5.3 As advised, recruitment and retention remains a significant factor in developing the multi-disciplinary teams.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time should improve.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Specific education and sessions around the range of primary care services is underway.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time
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	A wider MDT approach with additional/ extended skills to positively supporting individuals.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access and support within the communities with greatest need.
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.	Development of the MDT and additional investment will support practices and GPs to continue deliver primary care consistently and effectively.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with

- Local General Practitioners and their teams
- Primary Care Implementation Group

8.0 BACKGROUND PAPERS

8.1 None