Glasgow City Health and Social Care Partnership
Draft Primary Care Improvement Plan - 2022/23 to 2025/26

Content

Appendices

1. Introduction

This plan provides details of our primary care work plan for the period 2022/23 to 2025/26 and will form part of the HSCP's strategy for the next 3 years. In previous years, our primary care improvement plans have included only our activity in implementing the 2018 GP (general practices) contract. For this plan we are including a set of initiatives that cover our wider responsibilities in relation to primary care, including our responsibilities for managing the primary care prescribing budget, our role in working with primary contractors (GPs, optometrists, dentists and community pharmacists) and our support for promoting the sustainability of primary care in Glasgow.

This plan is being developed within the values and principles set out by the GSCP's **Maximising Independence** programme, which aims to enable people (who can and want to) to remain living safely at home for as long as possible with the right support in place for them and their carers if they have them.

2. Context for primary care in Glasgow City

Key opportunities, challenges and risks affecting primary care that have been well documented are:

The scale and impact of primary care services

Primary care services are a vital part of our health and care system with significant reach into our local communities. In Glasgow we have 162 general dental practices

(GDS), 163 community pharmacies (CP), 143 general practices (GPs) and 113 optometrist practices delivering primary care services to around 730,000 GP registered patient (over 100,000 more that the resident population).

Most people during their lifetime will use a primary care service, whilst not everyone will need to attend an acute or secondary care hospital. It is estimated that up to 90% of health care episodes start and finish in primary and community care. Each day in NHSGGC there are around 120,000 appointments with a GP or practice nurse.

The NHS Pharmacy First Scotland service allows patients to use a community pharmacy as the first port of call for treatment; pharmacists assess and prescribe medication for certain minor chronic conditions (such as urinary tract symptoms, impetigo, shingles and skin infections) so that patients do not need to see a doctor. Between November 2021 and March 2022 in community pharmacies in NHSGG&C area there were 21, 346 advice only consultations, 168,300 consultations with patients where the pharmacist recommended a non-prescription medication and 4618 referrals to a GP because the pharmacist was unable to deal with the patient's condition.[1]

Increasing demand/need for services because of demographic changes and health inequalities

- National data suggests that there has been more than a 70% rise in demand for GP appointments compared with 2019 levels.
- Of the 6 HSCPS in the Greater Glasgow and Clyde area, Glasgow City has seen the largest increase in patient list sizes for general practice since 2014. Whilst the overall increase for NHSGG&C was 6.75%, practice list sizes in northwest Glasgow, northeast Glasgow and south Glasgow grew by 12.89%, 8.54% and 5.57% respectively.[2]
- While Glasgow's population grew by 9% overall between 2001 and 2019, there was a clear deprivation-related gradient in growth. Population growth has been much stronger in the least deprived deciles in comparison to the most deprived deciles; while the population of the least deprived decile grew by nearly a third, the population of the most deprived decile dropped by 5% over the period.
- Based on SIMD2020, over one-quarter of Glaswegians live in the most deprived Scottish decile, the highest figure among the Scottish cities.
- Glasgow's population has become relatively less deprived in the last two decades compared to the rest of Scotland. However, we expect this to be reversed as the result of cost of living increases.
- In Scotland, mental ill health is at its highest level since 2008-09. Suicide has become the leading cause of death among 15-34-year-olds and the number of

[1] Community Pharmacy Services NHSGG&C

[2] General Practice Key trends and issues – February 2022, Greater Glasgow and Clyde NHS Board

adults who have ever self-harmed is increasing. In Glasgow, the rate of prescriptions and psychiatric hospitalisations associated with mental ill health is higher than the national rate.

- Stalling improvements in life expectancy have been evident in Glasgow, across the city region, in other Scottish and UK Cities, and in the different countries of the UK since 2011.
- In Glasgow, the gap in life expectancy at birth between the least and most deprived deciles has widened to a 15-year gap for males and a 12-year gap for females.
- In 2017-19 male life expectancy at birth was 4.8 years less than in Edinburgh and female life expectancy in Glasgow was four years less than in Edinburgh.
- Glasgow has the lowest healthy life expectancy among Scottish local authorities for both women and men.
- 18% of Glasgow's population were born outside the UK in 2019-20, compared to 7% or less in the other local authorities of the Glasgow City Region. [3]
- The way in which we measure the impact of illness and injury to consider the years of health life lost from death and illness. The leading causes of illnesses in Glasgow are Ischaemic Heart Disease (IHD), Lung cancer, Chronic Obstructive Pulmonary Disease (COPD), drug use, stroke, anxiety and alcohol dependence.
- High levels of premature deaths from IHD, lung cancer, COPD, drug use, stroke, chronic liver disease.
- Glasgow's residents suffer from chronic illness and disability related to depression, low back pain, anxiety, drug use, alcohol dependence.

Impact of the COVID 19 pandemic and lockdown

Whilst most services continued to operate during the pandemic during the early months of the pandemic some interventions (such as routine check-ups) were stopped completely because they could not be undertaken safely and care was provided only on an emergency/urgent basis. Not all activity has returned to normal and it is likely that this will continue for some time.

There have been changes to the way services have been delivered. A significant increase in the use of telephone consultations and remote working has meant that patient pathways have been re-designed. Furthermore, in general practice and in dental care alternative pathways were set up so that patients, who needed to have a face-to-face assessment and potentially treatment, could be seen by a GP or dentist. Community pharmacists experienced increase in demand during the pandemic, especially in the early months when people rushed to obtain their prescriptions prior to the lockdown.

[3] The data on deprivation and inequalities in this section has been taken from the Health in a Changing City, Glasgow Centre for Population Health, 2021 https://www.gcph.co.uk/assets/0000/8225/Health_in_a_changing_city_Glasgow_2021_-_report.pdf

GPs have reported an increase in the health needs of their patients, especially a growth in the numbers of patients experiencing mental health problems; GPs seeing people with conditions at a later stage because they have delayed making appointments; greater numbers of patients waiting longer for hospital appointments after being referred in by their GP.

We undertook a survey last year of general practice and of the 54 responses we received, 90% suggested that GP workload had increased by comparison with pre-pandemic levels, with 70% considering it had increased by more than 20%. The equivalent figures for practice nurses were 65% reporting an increase and approximately 45% rating this as more than 20%.

Sustainability concerns because of recruitment and retention challenges across the workforce in primary care and community services

The future sustainability of primary care and community services continues to be a risk because of gaps in the available workforce, such as general practitioners, nurses, pharmacists and allied health professionals.

Difficulties with the recruitment to key posts has delayed the implementation of our Primary Care Improvement Plan. It can be difficult to recruit new people to vacant posts as younger practitioners opt to become specialists rather than generalists as well as to find locums to cover for annual leave and periods of absence for sickness. There is a risk also that the pandemic will increase the rate of practitioners retiring early or leaving primary care and community services for less stressful occupations - 51% of GPs are considering taking early retirement or leaving the profession due to workload, mental wellbeing, and staff shortages.

Property

The planning for primary care-related improvement forms an important part of the HSCP's (Health and Social Care Partnership) property strategy and we have an on-going programme of investment in health and care buildings. Primary care contractors (GPs, dentists, community pharmacists and optometrists) are based in NHS health centres, properties that they own or properties that they lease. The HSCP's responsibilities related to primary care property differ depending on whether the contractor is based in an NHS health centre or in their owned/leased premises. One of the main concerns for many primary care contractors is the lack of good quality space in which they can deliver both their existing services and to enable them to expand services.

For the HSCP our challenge is the speed in which we must expand primary care services and the requirement to accommodate this extended workforce and to support the new ways or working and service delivery i.e., virtual consultation and hub working. Whilst we are expanding the primary care services, there are simultaneous requests

from secondary care to move services from hospital-based delivery to local communities that will also require access to the same space in health centres.

We have a programme of capital projects in our existing health centres and buildings to reconfigure space to meet new demands and ways of working. We have a specific budget for premises as part of our primary care improvement plan to provide improvement grants for GPs based on their owned and leased properties. Furthermore, we are developing our property strategy to seek funding for a programme of new health and care centre developments.

Finance and budgets

The HSCP manages the budgets for primary care as part of the delegated authority arrangements for integrated joint boards. This includes the expenditure through the Family Health Services and general practice prescribing. In addition, we receive funding from the Scottish Government to support the implementation of the 2018 GP contract.

The key risks and challenges associated with these budgets are:

- The prescribing budget can fluctuate depending on the global supply and prices for drugs as well as the introduction of new, expensive forms of treatment. Our Prescribing Support Team have extensive experience in making the most efficient use of the primary care prescribing budget and we have allocated reserves in 2022/23 in case we have an overspend in our prescribing budget.
- The PCIP budget will not be sufficient to fully implement the 2018 GP contract and there will be ongoing challenges in funding the increases in employment costs associated with the new staff.
- There is likely to be a requirement to make savings in our primary care budget on an on-going basis.

Integration of services

Over the years we have developed good networks for our primary care services to engage with the HSCP on key topics both in our three localities and through city wide groups and discrete meetings. These structures will be further developed and sustained over the next few years. One of the benefits of working in an integrated health and social care partnership is that it provides many opportunities for primary care services to work with colleagues across children's, adults and older people's services to make connections and join up work that is taking place by the HSCP for the benefit of service users and patients. This can be done within our three locality structures and when it comes to major city-wide transformation programmes.

National Care Service

The Scottish Government's consultation on the National Care Service proposed that GP contracts will be held by the National Care Service (rather than the NHS) and managed locally by reformed Integrated Joint Boards. It is not known at this stage what this will mean in practice until the detailed operational arrangements are known but is a sign that the context for this plan is likely to change again over the next few years.

3. Key goals for HSCP in relation to primary care

The HSCP has several responsibilities for primary care in Glasgow and these are outlined below. This primary care plan improvement plan sets out a series of actions that we will take forward to support the HSCP in delivering on its responsibilities to improve primary care services. The HSCP's role is as follows:

- Providing effective leadership for the **strategic development** of primary care services in Glasgow City.
- **Planning and performance** managing those primary care functions that are the responsibility of Glasgow City HSCP.
- **Improving the overall quality** of primary care health services in Glasgow City.
- **Leading, co-ordinating and implementing service change programmes** in primary care.
- Addressing ways in which the development of primary care services can **reduce health inequalities**.
- Promoting effective **care and clinical governance** arrangements.
- Ensuring that there are **strong connections** between primary care services and the wide range of other public and voluntary services that are available in Glasgow City so that patients receive help from joined up services.
- Ensuring that developments in primary care are integrated with the HSCP's **other transformational strategies**, such as Maximising Independence, the Mental Health Strategy, Children's Services Plan and our work with the acute/secondary care.

4. Work Plan for the period 2022/23 to 2025/26

Action 1: Promoting the sustainability of primary care services
Related National Health and Wellbeing Outcomes Number 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services Number 9 - Resources are used effectively and efficiently in the provision of health and social care services

Background

The HSCP has a role in working with the health board and primary care contractors to promote the sustainability of primary care services. This might be where there are immediate situations (such as responding to business continuity difficulties) or longer-term systemic problems (such as improving workforce planning).

Work Plan – the following actions will be progressed between 2022/23 and 2025/26:

- Establishing a primary care support team that will work with primary care contractors, HSCP services and the health board.
- Supporting civil contingency and business continuity responsibilities (for example during 2021 this involved working with local primary care contractors to help them respond to the restrictions to access that were introduced in the vicinity of the climate change summit).
- Planning responses to future pandemics that take account of our learning from COVID 19 (During the COVID pandemic we set up the COVID 19 Community Assessment Centre which meant that patients who had symptoms of the virus could be seen by a GP without the need to attend their normal surgery).
- Planning future primary care services to meet demographic changes in Glasgow, for example, where new neighbourhoods are created as a consequences of house building.

Action 2: Within our overall Scottish Government funding implement the requirements of the 2018 GP contract through our primary care investment fund
Related National Health and Wellbeing Outcomes Number 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. Number 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Background

In 2017/18 agreement was reached by the Scottish Government and the profession on the new GP contract. The Primary Care Implementation Plans (PCIPs) explained how this would happen in each HSCP area over a three-year period until full delivery in 2021/22. This was in response to the growing pressures within primary care that

are threatening sustainability, such as growing demands on the service and concerns about GP recruitment, early retirement, and retention.
In December 2020, the Scottish Government and the BMA issued a "Joint Letter - the GMS Contract Update for 2021/22 and Beyond" which required us to place emphasis on 3 priority areas i.e., Vaccination Transformation Programme, Pharmacotherapy and Community Care and Treatment and in PCIP (Primary Care Improvement Plan) 3 we also committed to consider the response to Mental Wellbeing given the growing demands within general practice.

Annual funding is distributed to each IJB (Integration Joint Board) with these conditions and is based on the NRAC funding formula, Glasgow City's allocation would rise over the three-year period to a final budget of £18.6 m from 2022-23.

Progress so far

Good progress has been made to implement our original plan despite some significant barriers:

- By last year we had recruited around 350 new employees across all 6 workstreams
- We completed a project to digitise patient paper records to free up accommodation in practices.
- Investment to remodel our existing health centre space to create more clinical, consultation and agile space rooms and funded PCIP improvement grants to expand GP owned premises.
- Re-designed services e.g., introducing skill-mixed teams and hubs in our pharmacotherapy teams to make the most efficient and effective use of staff.
- Commissioned and developed more mental health and wellbeing services i.e., expansion of our Youth Health Service, Lifelink and Compassionate Distress Response Service.
- Developed our own staff to fill gaps in our workforce that could not be filled directly through recruitment processes i.e., advanced nurse practitioners and pharmacy technicians.
- Offered access to community treatment and care services (CTAC) to all practices and introduced a single point of access for patients to access community treatment and care service so that patients can have some choice over where and when they attend for their appointments.
- Developed an extensive procurement framework for the community links worker programme that supported 4800 patients last year.
- Transferred responsibility for the delivery of vaccinations from GP practices to the health board/HSCP.

Work Plan – the following actions will be progressed during 2022/23

GP Contract PCIP response to MoU2 priorities

We will continue to progress our existing actions that were outlined in last year's Primary Care Improvement Plan. We still expect that the final funding from the Scottish Government's primary care transformation fund will not be sufficient to deliver all commitments in the 2018 GP contract. This means that to meet the requirements for the Vaccination Transformation Programme, the Community Care & Treatment (CTAC) programme and the pharmacotherapy service we have had to scale back on our support for multi-disciplinary working in general practice and for the urgent care workstream, to avoid overspending on future years' budgets. During 2022/23 we will review and update the original equality impact assessment. Appendix 1 provides a summary update for each workstream.

Action 3: Develop and implement the Primary Care Mental Health and Wellbeing teams for all GP clusters
Related National Health and Wellbeing Outcomes Number 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer. Number 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected Number 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services Number 5 Health and social care services contribute to reducing health inequalities.

Background

Many people seek help from primary care for problems of stress and distress that don't correlate with "clinical" forms of mental illness and would not benefit from traditional mental health service input and there are indications that there will be an increasing number of people with these needs as we recover from the pandemic.

Work Plan – the following actions will be progressed between 2022/23 and 2025/26:

In response to the increasing numbers of patients presenting at surgeries with mental health and wellbeing needs, we will set up multi-disciplinary Primary Care Mental Health and Wellbeing teams. These teams will be based around clusters/groups of GP practices and will provide assessment, advice, support, and some levels of treatment for people who have mental health, distress, or wellbeing needs.

In 2022/23 this approach will be piloted (and then evaluated) for clusters of practices in three localities before being rolled out more widely across the city (the pilot clusters will be Springburn in the northeast, Whiteinch/ Scotstoun in the northeast and Govanhill/Pollokshields in the south areas). The expectation is that we will have city wide coverage by 2026.

Action 4: Making sure we have a high quality of engagement with primary care contractors, third sector networks, our locality engagement forums and equality groups
Related National Health and Wellbeing Outcomes Number 8 - 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.

Background

We want to make sure that primary care contractors can be engaged with the work of the HSCP and we achieve this through a variety of ways.

Work Plan – the following actions will be progressed between 2022/23 and 2023/24

- Further developing our locality primary care groups and forums led by our Clinical Directors.
- Continuing the lunchtime “Listening and Learning drop-in sessions”
- Holding consultation and engagement conferences to discuss specific topics (our first one for 2022/23 will take place in May).
- Running a programme of webinars on topics of interest
- Publishing a regular bulletin on progress with taking forward our primary care work plan.
- Use of Smartcrowds to set up and run communities of interest.
- Ensuring that the composition of the membership of our Primary Care Strategy Group reflects our key stakeholders.

Action 5: Progress our support for quality improvement (QI) in primary care
Related National Health and Wellbeing Outcomes Number 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Number 5 - Health and social care services contribute to reducing health inequalities. Number 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Background

We want to continue to support and progress continuous improvement in primary care by providing opportunities for learning, developing and networking to build skills, knowledge and confidence in our primary care workforce to deliver betters service, care and outcomes for patients.

Work Plan – the following actions will be progressed between 2022/23 and 2023/24

- We will continue to work with Cluster Quality Leads and Practice Quality Leads to support cluster working.
- Offering leadership and development opportunities as part of our Organisational Development Plan for primary care in Glasgow City.
- We will take part in the health board-wide work on primary care data and with our colleagues from public health to improve the information, intelligence and knowledge available for primary care contractors to support improvements in the quality of service provision in primary care.
- Progressing (as a priority) the actions to improve primary care's response to patients with Type 2 Diabetes.

Action 6: Ensuring that our primary care plan is connected to the HSCP's other transformation programmes and to the policy developments by the health board and Scottish Government
Related National Health and Wellbeing Outcomes All 9 national outcomes

Background

One of the benefits of working in an integrated health and social care partnership is that it provides many opportunities for primary care services to work with colleagues across children's, adults' and older people's services to make connections and join up work that is taking place by the HSCP for the benefit of service users and patients. The HSCP will continue to input to the Scottish Government and health board primary care planning and policy development activity.

Work Plan – the following actions will be progressed between 2022/23 and 2025/26

We have benefited from this integrated working and we wish to further develop opportunities over the next few years to develop a primary care focus on the HSCP's following initiatives:

- Maximising Independence
- Children's Services' mental health and wellbeing
- The adult mental health strategy,
- Health improvement and prevention programme, such as work to tackle inequality such as financial inclusion and employability programmes
- Unscheduled care delivery plan
- Alcohol and Drugs Recovery strategy
- HSCP Property strategy
- Workforce plan which takes into consideration workforce turnover and manages expectation of what can be delivered immediate, short and longer term.
- Shaping our local response to the recommendations of the national short life working group on health inequalities in primary care. https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-working-group/
- Further acceleration of digital and eHealth programmes with the updating of the new GP system and the need for more joined up systems to support multi-disciplinary working in primary care.
- A stronger focus on public messaging at local and national levels about what patients can expect from primary care and clear information on the diverse ways people can obtain help for their health conditions, including alternative forms of support.

Action 7: Improving our performance management framework for those primary care functions where we have a responsibility
Related National Health and Wellbeing Outcomes Number 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Work Plan – the following actions will be progressed between 2022/23 and 2023/24

This will be an action for further development during the next few years. Current areas of focus are:

- On behalf of the 6 HSCPs (Health and Social Care Partnership) in NHSGG&C, we will complete the evaluation of the Primary Care Improvement Plans (PCIPs) in 2022/23.
- Producing key performance indicators for phlebotomy, financial inclusion services and patient satisfaction with primary care services.
- Promoting improvements for people with glaucoma through implementing a new community-based care pathway by optometry services.
- Improving the visibility of the performance reporting for optometry and community pharmacy through our primary care network.

5. Equality Impact Assessment of Plan

An EQIA was undertaken for our original PCIP and we gave a commitment to undertake a review at the end of the programme, this will be completed once we have undertaken the consultation process during 2022 and will inform the final version of this plan.

6. Primary Care Budgets and Financial Plan

Prescribing & Family Health services (FHS)

The table below provides a high-level summary of the annual revenue expenditure on family health services (GPs, pharmacies, dental and optometry services). Much of the expenditure on primary care medical services relates to nationally agreed contracts with a limited role for the HSCP.

	Indicative annual funding £'000	Planned expenditure	Risks/Impact on delivery
Prescribing budget	130,000	GP prescriptions for all Primary Care practices and some Secondary services, including Complex Needs, Drug Court, invest to save budget.	HSCP has no discretion over volumes prescribed; impact of Brexit still to be fully realised; short-supply drugs and volatility of global pricing market.
General Medical Services	109,000	Payments to independent GP contractors for service delivery	non-cash limited i.e. Scottish Government funding matches expenditure
General Dental Services	54,000	Payments to independent dental contractors for service delivery	non-cash limited i.e. Scottish Government funding matches expenditure

	Indicative annual funding £'000	Planned expenditure	Risks/Impact on delivery
General Pharmacy Services	39,000	Payments to independent community pharmacy contractors for service delivery	non-cash limited i.e.. Scottish Government funding matches expenditure
General Ophthalmic Services	15,000	Payments to independent optometry contractors for service delivery	non-cash limited i.e.. Scottish Government funding matches expenditure
Total Expenditure	**347,000**		

Primary care expenditure on staff and engagement with primary care contractors

The HSCP has a budget of £2.588m for primary care staff (33 whole time equivalent posts) and the costs of engagement with primary care contractors. This budget covers the costs of clinical directors and prescribing teams. There will be a requirement to make a saving on these budgets for 2022/23 and these savings will be made from managing turnover in posts without any reduction in the overall workforce numbers.

Primary Care Improvement Fund (PCIF)

The PCIF is allocated to each IJB to support implementation of the 2018 GP contract and to facilitate the reduction in workload for general practice. In our previous primary care improvement plans we showed that our projected level of spend to deliver the full programme would breach the original end point funding allocation from the Scottish Government of £18.792m (reduced to approximately £18.5m in 2021 through an adjustment to NRAC[4]). In PCIP 2 we estimated that to achieve the objectives of the 2018 GP contract and the Memorandum of Understanding would cost in the region of £33.6m per year and, therefore, we reviewed the projected expenditure to bring it in line with final year's funding allocation. Our estimates include the costs of annual pay uplifts including changes in superannuation contributions and highlighted the necessity for additional funds to cover both this and the annual pay uplifts. These changes were discussed with GP Cluster Quality Leads (CQLs) at meetings between November 2020 and February 2021. The outcome of that exercise was included in our third PCIP published in 2021/22.

A draft budget has been set which reflects the funding which is anticipated. We are following the Scottish Government guidance by giving priority to the Vaccination

[4] National Resource Allocation Formula

Transformation, the Community Care and Treatment (CTAC) and Pharmacotherapy programmes. In total these three programmes will receive 73% of the total budget. However, we are responding to the feedback from GPs by maintaining a focus on the mental health and community links worker programmes (20% of the total budget).

The Scottish Government advised last year that the national funding for PCIPs will be increased. We will review our overall PCIP expenditure once allocations to HSCPs have been confirmed. A final budget will be the subject of a future report to the IJB later this year when funding allocations are issued by Scottish Government. The table below provides an updated version of the PCIF budgets and shows that there will be a difference of £15m between the funding we will need to fully implement the 2018 GP contract commitments and the funding we are likely to receive from the Scottish Government.

Program	Indicative annual funding £'000	Funding required for full delivery £'000	Surplus/ -Shortfall £'000	WTE	Planned expenditure
VTP	2,550	3,769	-1,219	37	delivery of flu programs to all cohorts, travel vaccination program
Pharmacotherapy	5,500	12,240	-6,740	110	salaries of pharmacists & pharmacy technicians. This excludes the additional funding of £1.0m for the 24 posts recruited as part of the Winter \funding programme. On confirmation of the PCIP allocation from the Scottish Government for 2022/23, this funding will be added to the annual funding for pharmacotherapy.
CTAC	5,500	5,674	-174	188.5	salaries of phlebotomists & treatment room staff
Urgent Care	598	2,860	-2,262	10	salaries of advanced nurse practitioners

Program	Indicative annual funding £'000	Funding required for full delivery £'000	Surplus/ -Shortfall £'000	WTE	Planned expenditure
Community Link Workers	1,960	3,776	-1,816	43	43 wte via partners, 2 directly employed. This figure excludes the temporary 2 year funding increase to CLWs to 66.4wte. On confirmation of the PCIP allocation from the Scottish Government for 2022/23 we intend to sustain the level of link work cover to 66.4 wte on a recurring basis.
Mental Health	1,702	2,867	-1,165		includes externally commissioned services Compassionate Distress Response Service, Lifelink, Youth Health Services plus funding for future mental wellbeing hubs
Advanced Practice Physio (APP)	660	2,458	-1,798	11	10wte APP + supervision
Sustainability & Program Support	30	30	0	0	infrastructure required to sustain PCIP program
Estimated total costs	**18,500**	**33,674**	**-15,174**	**379**	

Additional Primary Care Improvement Funding (PCIF)

The Scottish Government has provided more funding through non-recurring funds for:

- Glasgow HSCP made a bid for winter funding in November 2021 that totalled £1.394m in 2021/22, with recurring costs reaching a maximum of £5.791m from 2024/25. This bid covered a request for additional investment for pharmacotherapy posts, community links workers, MSK physiotherapists, occupational therapy and funding infrastructure and support (such as GP locum cover and ICT equipment). For the winter support money the Scottish Government was concerned only with expenditure that could be incurred this financial year and Glasgow City HSCP was awarded £0.050m to contribute to the funding for the additional pharmacotherapy posts (the subject of a separate report to the IJB on the 23 March 2022). The recurring funding in future years will be approximately £1m.
- £0.600m towards the temporary expansion for 2 years of Community Link Workers (CLWs). The HSCP will be using PCIF reserves amounting to £0.800m in 2022/23 to fund the expansion of the CLW programme to 81 GP practices. We continue to discuss with the Scottish Government to seek longer term funding to expand the CLW programme. However, on

confirmation of the increase in the overall PCIP allocation from the Scottish Government for 2022/23, we intend to sustain the level of link work cover to 66.4 wte on a recurring basis.

- Winter funding for the one off spends for ICT equipment for general practice of £0.143m which was announced late in 2021.
- Funding for the improvement and development of premises to support the implementation of the primary care improvement plans. The total funding for Glasgow City is £0.835m and is being used to finance the on-going programme of capital works to our health centres (a description of this programme was included in PCIP 3 for 2021/22) and to provide funding for GP improvement grants.

PCIF Reserves and commitments

We have been focusing on the use of earmarked reserves as non-recurring funds to support the delivery of the GP contract, for example to expand the consulting, treatment and office space in health centres premises with £3.5m for phase 1 and we are planning for a second phase from 2022/23.

7. Governance

Over the last 4 years the PCIP Implementation Leadership Group (ILG) has been leading on the development and implementation of the new GP contract. As we have expanded the scope of our Primary Care Improvement Plan to include the wider primary care agenda in our PCIP, we have reviewed our arrangements for the ongoing oversight and governance of this plan. We are proposing, therefore, that the ILG takes on this wider responsibility for monitoring the implementation of the PCIP for 2022 to 2025 and will report on progress to the HSCP's Senior Management Team. See Appendix 2

Appendix 1

Primary Care Improvement Plan – Summary update on workstreams

Vaccination Transformation Programme

Responsibility for vaccinations that were previously delivered in GP surgeries will have transferred to the health board/HSCP by the end March 2022. There will be on-going work at national level and through the health board's vaccination programme board to finalise the delivery models for the adult flu, shingles and pneumococcal vaccinations during 2022/23 and to ensure that these models are aligned with other vaccination programmes, such as the COVID 19 booster programme. There is still some uncertainty about the overall cost of the PCIP element of the vaccination programme; at this stage we have kept our original estimate for the purposes of this plan, but we may need to revisit this when the actual costs are known.

Pharmacotherapy

A NHSGCC wide group has produced a report on the expected delivery and staffing level of pharmacotherapy service by April 2022 in line with nationally agreed models. This description includes the pharmacy service provided via non-PCIP funding where this contributes to GMS contract objectives. The model describes at least 50% of practices being serviced by hubs working to a standardised model and providing annual leave cover for core level 1 service delivery elements. The proportion of GP practice aligned team time on level 1 will be no greater than 60% with the remainder on level 2/3.

Level 1 includes medicines reconciliation on immediate discharge letters where there are changes to medicines, medicines related queries and quality improvement to increase serial prescribing and reduce variation in acute prescribing. Level 2/3 is focused on medication review to targeted medicines review for high volume/ high risk medication, review for patients with moderate to high frailty and polypharmacy (including care homes).

The main barriers to delivery remain funding, availability of professionally qualified workforce and accommodation.

Community Care & Treatment

All practices in Glasgow can access CTACs standardised interventions' list and core service specification being offered in full. The pandemic has resulted in a delay to the implementation timescales for implementing the whole transfer of services due to staff retention, recruitment and premises pressures but investment in health centres should provide some of the additional space required to deliver the programme. The service continues to see growing demand which will require us to consider what level of service that can be provided within the current funding constraints.

Access to Chronic Disease Management (CDM) support is only done for requested bloods as part of the phlebotomy service and work is still needed to assess the feasibility for the full transfer of CDM and a solution to communicating patient details back to general practice. In phlebotomy there is growing requests from other specialisms (such as acute, mental health services) to transfer responsibility for taking patients' bloods to our service. These requests will be considered as part of the planning and model of community phlebotomy and will need to take account of our ability to expand the service within the resources that we have available.

Mental Health

We have not been able fund the embedding of workers in GP practices as this would not be achievable within the existing resource allocation. Instead, capacity has been increased to provide all practices with access to commissioned third sector services i.e., Lifelink and the Compassionate Response Distress Service (CRDS), including 1:1 and group support and Youth Health Service. While this model does not deliver the in-house support that some practices may aspire to, it has supported the reduction in waiting time to access these services.

Work is underway to work jointly with mental health service to develop a neighbourhood approach to responding to mental distress and ill health and implementation of 3 pilot sites involving 3 clusters is due to commence in 2022 to inform how we better respond to patient needs in this area and support general practice.

Community Links Workers

41 GP practices have full access, and 13 GP practices have partial access, through referring asylum seeker patients to the Specialist CLW for Asylum Seekers. 2 GP practices have a CLW one day per week. The HSCP has secured short term Scottish Government funding to extend the programme for a time limited period to a further 40 practices based on a shared CWL model. 36 of these have partial access (part time resources) and, unless additional recurring funding is secured in 2022/23, this additional support will be removed from practices. Our focus for 2022/23 will be to find funding for the continuation of the programme, and consider the contribution that CLWs funding from GP contract will contribute to the wider mental wellbeing hubs as part of the joint initiative described for above for mental health neighbourhood approach.

Urgent Care

The funding for urgent care remains focused on the Advance Nurse Practitioners (ANP) who are supporting GPs in caring for residents living in the 5 HSCP-managed residential care homes. Recruitment and retention of the ANPs continue to constrain

our ability to further develop the programme; given the lack of fully qualified ANPs in the labour market we continue to support trainee practitioners. This has prevented the extension of ANPs to the other care homes where there are no enhanced service agreements.

MSK Physiotherapy – Advance Practice Physiotherapists (APPs)

There is no intention to increase the number of MSK Physiotherapists from the existing posts because of the need to focus resources on the transfer of vaccinations, community treatment and care and pharmacotherapy. Furthermore, it has been very difficult to recruit to the existing vacant posts. Without a further boost in the physiotherapy workforce nationally, the ability to recruit further APPs is challenging without destabilising the core physiotherapy services, which is an important consideration to ensure patients continue to have access to Rehabilitation for MSK Conditions. Work is underway to consider an alternative model of delivery.

Appendix 2

Governance & Reporting Structure