

Item No: 7

Meeting Date: Wednesday 12th December 2018

Glasgow City Integration Joint Board

Report By: Sharon Wearing, Chief Officer, Finance and Resources

Contact: David Walker, Assistant Chief Officer (Corporate Strategy)

Tel: 0141 420 5590

PRIMARY CARE IMPROVEMENT FUND: PLANNED EXPENDITURE 2018-19

Purpose of Report:

To seek IJB approval for expenditure in support of implementation of the city's Primary Care Improvement Plan (PCIP) in 2018-19.

Background/Engagement: In September the IJB approved the PCIP for the city noting that the purpose of the plan was to deliver on commitments associated with the introduction of a new national GP contract

by putting in place over the next three years additional services to divert appropriate workload away from GPs

(https://glasgowcity.hscp.scot/publication/item-no-9-primary-care-improvement-plan). Implementation of the PCIP will be enabled by the allocation of additional funding in the form of the Primary Care Improvement Fund (PCIF) which by 2021-22

will amount to £18.7M for the city.

Recommendations: The Integration Joint Board is asked to:

- a) approve the proposed PCIF expenditure for 2018-19;
- approve delegation to the Implementation Leadership Group to make any further changes as necessary in spend within the annual budget including draw down of carry forward as necessary based on the requirements of the PCIP; and
- note the receipt by the IJB of further reports on future spending within PCIP allocations as implementation planning develops.

Relevance to Integration Joint Board Strategic Plan:

The delivery of the PCIP is integral to progress on the priories of the strategic plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Relevant to outcomes 1-9		
Personnel:	Additional staff to be recruited in 2018-19 are: - 9 additional Community Links Workers (CLWs) - 6 Advanced Practice Physiotherapists (APPs) - 3 Advance Nurse Practioners (ANPs) - A phlebotomy team of 11 nursing staff		
Provider Organisations:	The CLWs will be recruited by the Health and Social Care Alliance.		
Equalities:	An EQIA has been completed on the PCIP. All protected groups are affected.		
Financial:	Funded from within the PCIF allocation for 2018-19		
Legal:	N/A		
Economic Impact:	Extensive recruitment to new posts.		
Sustainability:	PCIF is recurring.		
Sustainable Procurement and Article 19:	N/A		
Risk Implications:	Delivery within timescale and overall affordability against allocation.		
Implications for Glasgow City Council:	N/A		
Implications for NHS Greater Glasgow & Clyde:	Recruitment and in premises changes.		
Direction Required to Council, Health Board or Both	Direction to: 1. No Direction Required 2. Glasgow City Council 3. NHS Greater Glasgow & Clyde 4. Glasgow City Council and NHS Greater Glasgow & Clyde		

1. Purpose

1.1 To seek IJB approval for expenditure in support of implementation of the city's Primary Care Improvement Plan (PCIP) in 2018-19.

2. Background

In September the IJB approved the PCIP for the city noting that the purpose of the plan was to deliver on commitments associated with the introduction of a new national GP contract by putting in place over the next three years additional services to divert appropriate workload away from GPs. Implementation of the PCIP will be enabled by the allocation of additional funding in the form of the Primary Care Improvement Fund (PCIF) which by 2021-22 will amount to £18.7M for the city.

3. Primary Care Improvement Plan Funding

- 3.1 Table A below shows funding and expenditure in relation to the work streams associated with the Primary Care Improvement Plan. The current projection is that £5.414m of the allocation of £5.529m will be spent in 2018-19. The spend comprises inherited existing commitments and planned new commitments which will incur part year spend in 2018-19. The PCIP funding is supplemented with carry forward Primary Care Transformation fund income which has been carried forward from previous financial years.
- 3.2 Table A illustrates the significant initial headway being made in 2018-19 to advance elements of the new contract into GP practices across the City. Progress is predictably varied at this stage and a major challenge is to design and roll out a process for implementation which matches the work stream plans and readiness for implementation with fairness and equity across GP clusters and practices.
- 3.3 For 2019-20 Table A represents what is known currently regarding further spend in that year. This is a dynamic process with plans subject to further refinement, negotiation and external factors like supply of skilled staff. Consequently the projected spend in 2019-20 can be expected to change.

Table A

Primary Care Improvement Fund

Existing Commitments	Expenditure 18/19	Projected 19/20	Comments
PCIP Workstreams			
Vaccination Transformation Programme	0	0	
Pharmacotherapy	1,425	1,468	23 wte Band & Pharmacists already recruited
Community Treatment and Care Services(Phelbotomy) - Phase 1	0	0	
Urgent Care	0	0	
Advanced Practice Physios	0	0	
Mental Health	686	117	Lifelink, PH4MH,SHIP,Psycis, Jigsaw and programme support
Community Link Workers	415	896	50% of 18/19 costs transferred to Alliance Health Care, as Glasgow Share of Funding. 18 wte staff

PCIP Development			
CQL Cluster Support	221	300	147 practices @ £1500 per practice. To provide 2 sessions of GP time and admin support for each practice
Cluster Tests of Change	200	0	£5k per cluster to support quality and improvement initiatives
OOH GP	252	0	Costs to transfer from East Renf
Urgent Care OOH	388	363	Project Manager, Project Team and Admin Support
PC Support	94	0	Costs to transfer from East Renf
Total	3,681	3,144	

New Commitments PCIP Workstreams

Total Existing and New Commitments	5,414	6,072	
Total	1,733	2,928	
MDT Development	100	100	To support MDT working in GP practices
GP Sustainability	50	50	To enable additional support for vulnerable practices
Organisational Development	100	100	To prepare GP practices for PCIP implementation
Supplementary Back Scanning Programme	300	0	Back Scanning of Patient Case Notes to free up clinical space
Improvement of Clinical Space	300	0	Improve clinical space to accomodate new staff
GP engagement	40	80	To fund GP backfill to allow attendance at events regarding PCIP
PCIP Development			
PCDO Locality Posts	74	148	10 Iuliu 2 PCDOS part year 16/19
Project Team PCDO Locality Posts	_		To fund 3 PCDOs part year 18/19
Project Team	48	95	To fund 1 B8a and 1 B3 from Oct
DOID Infrastructure			
			18/19 and development costs , evaluation and management fees
Community Link Workers	90	371	To fund 9 additional CLW for the last quarter of
Mental Health	0	0	
Advanced Practice Physios	155	665	To fund 7 B7 physios and 1 B8a from Nov. Year 2 a further 4 B7 and a further 1 B8a
Urgent Care	59	148	To fund 3 B7 ANPs for care home liaison from November
Community Treatment and Care Services(Phelbotomy) - Phase 1	221	368	To fund 11 plebotomists, 1 team lead and training
Pharmacotherapy	0	0	
Vaccination Transformation Programme	196	803	Pre -School/ School/ Pre 5 Flu immunisation programme. Additional Staffing 4.4 B5, 12.8 B3 and Nrac Share of 1B7 4 B6 and 1B3 = 1.90 wte

Total	5,529	6,647
Primary Care Improvement Plan	5,529	6,647
Funded Via	2018/19	2019/20

- Table B below represents the expected growth in the funding allocation for the Primary Care Improvement Plan Fund rising from £5.5m in 2018-19 to £18.7m in 2020/21.
- 3.5 Critical items arise from implementation within the allocations. These were mostly recgonised within the PCIP
 - o firstly is the overall issue of affordability. The PCIP identified that based on a preliminary assessment the requirements of the plan to deliver the new contract could exceed the available allocation. Those other risks may look to have receded these remain uncertainties not least pending the start of discussions with GPs.
 - Secondly the headroom available each year once existing commitments have been deducted from the allocation will control the pace of implementation.
 - Thirdly beyond the money recruitment of key staff such as pharmacists and physiotherapists continuous to represent a significant leading factor on delivery within the GP contract timescale.
 - Fourthly the allocations are not currently subject to any inflation or pay uplift meaning that the real volume of the allocation declines over time.

All of the issues continue to be worked on by the Primary Care Implementation Leadership Group and will be the subject of future reports to the IJB.

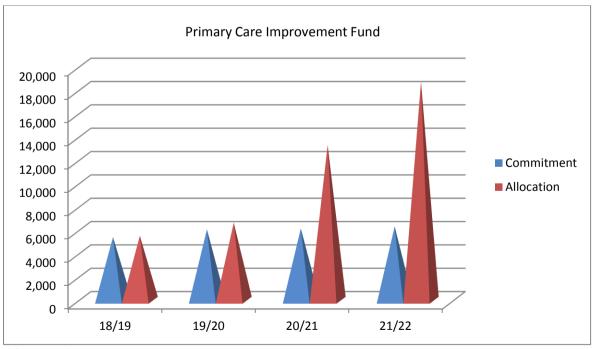


Diagram 1

	18/19	19/20	20/21	21/22
Commitment	5,414	6,072	6,153	6,335
Allocation	5,529	6,647	13,294	18,732
Headroom	115	576 *	7,141	12,397
*				

Potential to access further earmarked reserves circa £2.8m in relation to PCTF to accelerate 2019/20 schemes

4 Recommendations

- 4.1 The Integration Joint Board is asked to:
 - a) approve the proposed PCIF expenditure for 2018-19;
 - b) approve delegation to the Implementation Leadership Group to make any further changes as necessary in spend within the annual budget based on the requirements of the PCIP; and
 - c) note the receipt by the IJB of further reports on future spending within PCIP allocations as implementation planning develops.



DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	121218-7-a
2	Date direction issued by Integration Joint Board	12 th December 2018
3	Date from which direction takes effect	12 th December 2018
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Nursing, physiotherapists, support staff, pharmacists and commissioning.
7	Full text of direction	To recruit the required staff and commission the required services.
8	Budget allocated by Integration Joint Board to carry out direction	Subject to the form of the Primary Care Improvement Fund allocated by Scottish Government to IJBs.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	June 2019