



Item No. 9

Meeting Date

Wednesday 20th October 2021

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

Report By: Gary Dover, Assistant Chief Officer, Primary Care and Early Intervention

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Primary Care Improvement Plan (PCIP) Programme - Update

Purpose of Report:

To provide Committee with an update on two key developments with the Primary Care Improvement Plan (PCIP).

Background/Engagement:

The IJB and IJB Finance, Audit and Scrutiny Committee (FASC) have received regular reports on progress with the implementation of our PCIP programme which began in 2018/19. The most recent update was given via a presentation on primary care performance at the last FASC meeting in September 2021. Previous plans and reports can be found at:

<https://glasgowcity.hscp.scot/primary-care-improvement-plan-bulletins-and-additional-information>

This report provides more details on two important aspects of PCIP for 2021/22.

The first is the **revised Memorandum of Understanding** between the Scottish Government, the British Medical Association, IJBs and NHS Boards which makes a commitment that those GPs that have not benefited sufficiently (at nationally agreed levels) from the transfer of vaccinations, community treatment and care services and pharmacotherapy, will receive **transitional payments** by April 2022. These payments will need to be made from our PCIP fund.

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	The second is the work that will be progressed to reconfigure and repurpose the layouts and rooms in seven of our health centres to provide additional consultation, treatment and agile working rooms .
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none">a) Note the proposals for the improvements and works to the health centres;b) Note the significant risks associated with the revised Memorandum of Understanding, and specifically, the transitional payments for general practices; andc) Note that a report on the implications of the transitional payments will be presented to the IJB when more detail is known.
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Relevance to Integration Joint Board Strategic Plan:
Transforming primary care services is a vital element of the IJB's strategy, given that a significant volume of patient contacts take place within primary and community care each year, with the majority of patient contacts and episodes of care taking place entirely within this setting. Estimates suggest that up to 90% of health care episodes start and finish in primary and community care.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	All
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Personnel:	The health centre changes will impact on how our staff deliver services and manage the way they work by offering additional consultation and treatment room space and new arrangements to promote agile working. Briefing sessions for staff will take place in the following few months.
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Carers:	Will benefit as patients from improved and additional treatment and consultation rooms.
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Provider Organisations:	Consultation space will provide rooms for Community Links Workers to meet their clients. The CLWs programme is provided by two external providers.
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Equalities:	An EQIA was completed for the original PCIP in 2018/19.
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Fairer Scotland Compliance:	The socio-economic impact of decisions was included as part of the Equality Impact Assessment.
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Financial:	<p>The investment in health centres is being financed by a combination of PCIP funding, IJB earmarked reserves and health board capital budgets and has been agreed through the HSCP and Health Board capital planning groups. The total cost is estimated at £8.1m.</p> <p>The amount of funding for transitional payments that will need to be found for GP transitional payments is not known as the Scottish Government is undertaking work to agree a mechanism for calculating them. This is a key risk to the IJB as the Scottish Government has advised that the funding will need to be found from our existing PCIP budget. If insufficient funds are available this would impact on our ability to meet our contractual commitments under the MOU.</p>
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Legal:	Not applicable.
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Economic Impact:	Short term economic impact from the establishment of the new posts within community and primary care services through the PCIP investment and longer term outcomes related to health and wellbeing of our population and its contribution to economic development.
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Sustainability:	Promotion of sustainability through repurposing space in existing health centres.
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Sustainable Procurement and Article 19:	Good practice in procurement will be used to promote sustainability.
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Risk Implications:	<p>MoU 2 and Transitional payments for general practice:</p> <ul style="list-style-type: none">• There is still a lack of clarity and consensus on the definition of “full delivery” of the pharmacotherapy and community treatment and care services workstreams.• The methodology for calculating payments is not known which means we do not have basis for assessing the financial exposure of the IJB.• If the total amount of transitional payments cannot be met from the PCIP, then there would need to be savings made in the PCIP budget.• There will be delays in implementing the overall plan as we would have less money to recruit additional staff.• One of the main barriers to implementation of the PCIP has been the difficult labour market conditions, especially for highly skilled practitioners, such as pharmacists. There is no indication that individual GP practices will have any more success than NHSGG&C in recruiting the staff. <p>Our oversight group for PCIP (the Implementation Leadership Group) taking a prudent and careful approach to programme management and financial planning, to</p>
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	<p>(where possible) mitigate the risk to the IJB/NHSGG&C from the impact of the transitional payments.</p> <p>Health Centre proposals:</p> <ul style="list-style-type: none">• Without additional space we will not be able to implement fully some aspects of the PCIP, such as community treatment and care, Community Links Workers and MSK workers.• The impact of Brexit and the pandemic may delay the construction programme and may increase the costs of the work.
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	<ul style="list-style-type: none">• Providing the capital planning and project management leadership for the construction works in health centres.• The financial risk associated with the funding of transitional payments to general practice.
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1. Purpose of Report

- 1.1 To provide Committee with an update on two key developments with the Primary Care Improvement Plan (PCIP).

2. Background to the Primary Care Improvement Plan

- 2.1 The Scottish Government introduced a new contract with GPs in 2018 in response to 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. The aim of the 2018 contract is to enable GPs to operate as “expert medical generalists”. This will be achieved by diverting work that can best be done by others, leaving GPs with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams.
- 2.2 To support the introduction of the new contract a **Memorandum of Understanding (MoU)** covering the period 1st April 2018 to 31st March 2021 was signed by the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards. The MoU covered 6 workstreams:
- Vaccination Transformation Programme
 - Community Treatment and Care Services
 - Pharmacotherapy
 - Urgent Care
 - Additional practitioners to expand multi-disciplinary teams in primary care
 - Community Links Workers
- 2.3 The MoU committed integrated joint boards to develop for each HSCP a **Primary Care Improvement Plan (PCIP)** in collaboration with GPs and other stakeholders. The PCIP sets out how we will deliver on the MoU’s priorities over

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the 3 year period and how we intend to use the additional funding from the Scottish Government. From 2021/22 Glasgow's recurring funding to support the PCIP is expected to be £18.5 per year.

3. Revised Memorandum of Understanding (MoU 2)

- 3.1 Earlier this year, the Scottish Government, BMA, IJBs and the NHS Boards agreed a revised MoU (MoU2). The focus of this renewed Memorandum of Understanding remains the delivery of the General Practice Contract Offer, specifically the transfer of the provision of services from general practice to HSCP/Health Boards. A copy of the MoU2 can be found at https://www.sehd.scot.nhs.uk/publications/Memorandum_of_Understanding%202-GMS_Contract_Implementation_for_PC_Improvement%2030_July_2021.pdf
- 3.2 The MoU 2 confirms the overall direction of travel set by the first MoU and provides clarity on the three key priorities for 2021/22:
- GP practices will not provide any **vaccinations (VTP)** under their core contract from **1 April 2022**, with responsibility having been transferred by then to NHS Boards for all the programmes apart from travel advice/vaccinations. The Travel Health sub-group will consider how these remaining vaccinations will be transferred from GP delivery. A separate options' paper has been prepared outlining alternative arrangements for the delivery of travel advice and travel vaccinations.
 - Regulations will be amended by Scottish Government in early 2022 so that NHS Boards are responsible for providing a **pharmacotherapy service** to patients and practices by **April 2022**.
 - Regulations will be amended by Scottish Government in early 2022 so that Boards are responsible for providing a **Community Treatment and Care service (CTAC)** from **April 2022**. These services will be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients.
- 3.3 The MoU states further that plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, but the expectation for 2021-22 is that their further development may progress at a slower pace to allow the commitments around VTP, CTAC and pharmacotherapy to be accelerated.
- 3.4 The MoU explains that **transitional service and payment arrangements** where practices and patients still do not benefit from nationally agreed levels of HSCP/HB vaccination, pharmacotherapy, and CTAC services after 1 April 2022.
- 3.5 Transitional service arrangements are not the preferred outcome or seen as a long-term alternative. All parties locally should remain focused on the redesign of services and delivery of the MoU commitments and transitional arrangements should not be seen as a desired alternative.

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- 3.6 Scottish Government and SGPC¹ will develop a set of principles for how transitional services and payment arrangements will work in practice by the end of summer 2021.
- 3.7 Integration Authorities should endeavour to ensure that ring-fenced Primary Care Improvement Fund ("PCIF") funding supports the delivery of the three priority areas for 2021-22 before further investment of PCIF monies in the other MoU commitments. Other services delivered to date, or planned and signed off by the IJB, should continue to be maintained and only developed where there is available funding to do this.
- 3.8 NHS Boards and Integration Authorities should assume that the PCIF and any associated uncommitted reserves would potentially meet any funding required for transitional service arrangements that are negotiated between Scottish Government and SGPC. Boards and Integration Authorities should also consider where wider resources may support the delivery of MoU services as well as other earmarked funds such as Mental Health Action 15 monies.

4. Glasgow City Response to MoU2

- 4.1 Despite the challenges that we have faced over the past three years, Glasgow City HSCP has made substantial progress in implementing all workstreams in the original MoU commitments. Key achievements were presented to the Finance, Audit and Scrutiny Committee at its meeting in September and included:

- We had **340 whole time equivalent staff** in post delivering on the commitments in the MoU.
- Apart from travel vaccinations/advice, Shingles and Pneumococcal the **other elements of the vaccination transformation programme (VTP)** had been transferred (or was in the process of being transferred) to the NHS Board/HSCP.
- **Community treatment and care service (CTAC) can be accessed** by all practices, although there is significant variation in usage across practices.
- **Pharmacotherapy was providing a partial service to 133 out of 143 practices.**
- **Advanced Nurse Practitioners were operating in our 5 HSCP care homes** and reducing the need for GPs to attend to see patients.
- We had **completed our original phase of Community Links Workers with 43 practices** benefiting and we had started recruitment of additional CLWs for two years using non-recurring funding.
- We had externally commissioned a number of services for patients with **mental health and well-being concerns.**

¹ Scottish General Practice Committee

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- 4.2 Glasgow City HSCP anticipated the focus on the three priorities (VTP, CTAC and pharmacotherapy) last year when we reviewed our PCIP budget. Although we had to reduce our planned expenditure to bring it into line with our expected budget, we made sure that the funding for VTP, CTAC and Pharmacotherapy would be maintained at the previously agreed levels and, instead, reduced planned expenditure for urgent care and MSK Physiotherapy.
- 4.3 However, given the scale of mental health and wellbeing problems faced by patients in Glasgow we decided to maintain the projected expenditure for the mental health workstream and released additional funding from unutilized PCIP funding to expand on a temporary (2 year) basis the Community Links Workers' programme.
- 4.4 At this stage we do not have any information on what the methodology for calculating transitional payments will look like or how much of our PCIP budget will need to be set aside to fund them. It is clear that the vaccination programme will be largely transferred by April 2022 but there is less clarity in relation what full delivery will look like for the Pharmacotherapy and Community Treatment and Care Services workstreams. Therefore, there are a number of inherent risks for the IJB and NHS GG&C with the MoU 2:
- There is still a lack of clarity and consensus on the definition of "full delivery" of the pharmacotherapy and community treatment and care services workstreams.
 - The methodology for calculating payments is not known which means we do not have basis for assessing the financial exposure of the IJB.
 - If the total amount of transitional payments cannot be met from the PCIP, then there would need to be savings made in the PCIP budget
 - There will be delays in implementing the overall plan as we would have less money to recruit additional staff.
 - One of the main barriers to implementation of the PCIP has been the difficult labour market conditions, especially for highly skilled practitioners, such as pharmacists. There is no indication that individual GP practices will have any more success than NHS GG&C in recruiting the staff.
- 4.5 Our oversight group for PCIP (the Implementation Leadership Group) is taking a prudent and careful approach to programme management and financial planning, to (where possible) mitigate the risk to the IJB/NHS GG&C from the impact of the transitional payments.

5. Health Centre Improvements

- 5.1 The investment to support the introduction of the 2018 GP contract has resulted in an expansion of our community treatment and care services, pharmacy teams, physiotherapists and community links workers. By March this year we had recruited an additional 340 staff. This expansion in workforce is planned to increase further over the coming months but our capacity to deliver on the recruitment plans is severely hampered by the lack of accommodation in health centres and in GP owned/leased premises.

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- 5.2 Where GPs own or lease their premises they have been able to access improvement grants (at 100% of costs) to remodel their surgeries to provide additional space and facilities for PCIP-funded staff. This investment was additional to the normal improvement grant programme. By March this year, 11 practices had obtained improvement grants.
- 5.3 In addition the HSCP is now planning to make improvements to some of our health and care centres in response to the pressure to provide additional accommodation. We are intending to take this work forward in a number of phases with the first phase planned to be completed by April 2022.
- 5.4 In addition to providing space for the PCIP-funded services the project will have a number of wider outcomes:
- To support the provision of high quality of care and support for patients and service users.
 - Provide improved staff facilities for agile working and make best use of the available space.
 - We are likely to see even more demands on our accommodation as services that were once based in hospitals move out into community settings to provide care and support for people nearer to their homes and communities.
 - We need to address outstanding backlog maintenance, and minor works in these premises to improve the standard of accommodation, with the aim of producing modern, fit-for-purpose buildings.
- 5.5 The health and care centres that are included in the first phase will be:
- Baillieston (North East Locality)
 - Bridgeton (NE)
 - Shettleston (NE)
 - Govanhill (South Locality)
 - Govan/Elderpark Clinic (S)
 - Thornliebank (S) and
 - Woodside (North West Locality).
- 5.6 The project will increase the space available for agile working / hot desks, increase the number of consultation and treatment rooms for those services. To achieve this expansion there will be reductions / changes to some meeting room spaces to increase clinical areas and the re-location of some rooms to free-up space to allow the re-configuration. We are planning to run a series of briefing sessions with all the staff affected prior to the completion of the construction contract.
- 5.7 43 rooms will be created, a mixture of consulting and treatment rooms, plus agile working and touch down space, as well as breakout areas, new receptions at some sites, increased practice rooms and an upgraded physiotherapy area.

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- 5.8 The building work is planned to take place between January and April 2022. The project team is finalising the details for each room. The total estimated cost is £8.1m with £3.5m from our PCIP budget, earmarked reserves and the remainder from the NHSGG&C capital budgets.

6. Recommendations

- 6.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the proposals for the improvements and works to the health centres;
 - b) Note the significant risks associated with the revised Memorandum of Understanding, and specifically, the transitional payments for general practices; and
 - c) Note that a report on the implications of the transitional payments will be presented to the IJB when more detail is known.

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