

Item No: 11

Meeting Date: Wednesday 30th October 2019

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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PRIMARY CARE IMPROVEMENT PLAN (PCIP) – PROGRESS APRIL TO SEPTEMBER 2019

Purpose of Report:	The purpose of this report is to update the IJB Finance, Audit and Scrutiny Committee on the progress made since April 2019 to implement Glasgow's Primary Care Improvement Plan.
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Background/Engagement:	<p>The IJB approved the PCIP at its meeting on the 19th September 2018 and the subsequent Equality Impact Assessment was agreed in January 2019. These reports and subsequent progress reports can be found at:</p> <p>https://glasgowcity.hscp.scot/search?keys=Primary+Care+Improvement+plan</p> <p>The implementation of the PCIP has continued during 2019/20 and the attached report provides information on:</p> <ul style="list-style-type: none"> The progress tracker that will be submitted to the Scottish Government and will be available following tripartite discussion with GP Subcommittee. A summary of areas where we have made progress since April 2019. A summary of some of the main risks, challenges and opportunities that we face in implementing the PCIP.
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Note the progress made during 2019/20 in progressing the PCIP for Glasgow;</p>
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	<p>b) Note that the progress tracker attached at Appendix 1 has been submitted to the Scottish Government; and</p> <p>c) Note the main risks and challenges associated with the PCIP at section 5 of the report.</p>
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Relevance to Integration Joint Board Strategic Plan:

Transforming primary care services is a vital element of the IJB/HSCP'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 9 health and wellbeing outcomes are relevant.
Personnel:	The PCIP identifies the need for over 450 additional staff, in particular pharmacists, pharmacy technicians, nurses, advanced nurse practitioners, advanced physiotherapy practitioners, mental health workers and community links workers. In our PCIP we highlighted the challenges that we are likely to face in recruiting sufficient numbers of qualified and experienced staff within the 3 to 4 year timescale. The recruitment programme is included in the HSCP workforce plan.
Carers:	By extending care in the community carers should see benefits and increased levels of support for them in their caring role.
Provider Organisations:	Third sector/independent organisations have been given an opportunity to tender for the provision of Community Links Workers.
Equalities:	<p>Sections 4 and 7 of the PCIP provided details of the health inequalities and equality implications arising from the PCIP. We have completed a strategic equality impact assessment on the plan and there is a requirement for equalities to be considered as part of the implementation process for each of the workstreams.</p> <p>The EQIA can be found at the following: https://glasgowcity.hscp.scot/search?keys=Primary+Care+Improvement+plan</p>
Fairer Scotland Compliance:	The socio-economic impact of decisions has been adopted as part of the Equality Impact Assessment.

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Financial:	<p>Glasgow City IJB has been allocated £6.630m from the Primary Care Improvement Fund for 2019/20 and £0.602m for GP Premises Funding. Our current projection is that we will incur expenditure of £8.119m in the Primary Care Improvement Fund (PCIF). Scottish Government have requested that we drawdown earmarked reserves in relation to these funds in the first instance, which equates to £5.508m. This will require a balance of £2.611m from this year's Primary Care Improvement Fund allocation, leaving a balance of £4.019m which will be accessed from the Scottish Government in 2020/21.</p> <p>The late notification of the funding for GP Premises (at the midpoint of the financial year) presents us with substantial challenges and we are working with NHSGG&C to investigate ways to fully utilise the additional resources in a co-ordinated way.</p> <p>Our concerns regarding the eventual affordability of the programme have not receded. While the pattern fluctuates across the planning term the projected end point demonstrates that the final financial allocation of £18.8m is insufficient to fund the full programme of commitments without significant compromise. The programme continues to be estimated at £4.1m above the allocation from the Scottish Government. PCIF funding allocations are not subject to inflationary increases and therefore need to self-finance inflationary pressures such as superannuation and pay awards. Current estimates are that this is costing the programme £1.6m and this could rise as plans are further developed.</p>
Legal:	Not applicable
Economic Impact:	Short term economic impact from the establishment of over 450 new posts within community and primary care services and longer term outcomes related to health and wellbeing of our population and its contribution to economic development.
Sustainability:	Sustainability should be assured as the additional Scottish Government funding will be made available on a recurring basis after 2021.
Sustainable Procurement and Article 19:	Not applicable
Risk Implications:	This report provides details of the main strategic risks associated with the PCIP. These are included in our risk register with details of mitigating actions where these are

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	possible and we continue to engage proactively with practices, clusters of GPs, the 3 locality groups and the LMC GP subcommittee and the national oversight group to manage expectations and maximise the local ownership of the solutions, that work best for practices and local populations (and therefore for the IJB and Board).
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Implications for Glasgow City Council:	The implementation of the PCIP provides opportunities to improve joint working between primary care and wider council services for the benefit of those patients with multiple and/or complex needs - especially in relation to the role of Community Links Workers and expansion of multi-disciplinary team working.
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Implications for NHS Greater Glasgow & Clyde:	The PCIP is being led by the HSCP with the GP Sub Committee and in the context of a partnership arrangement with the Health Board. The Health Board is required to ensure that the total funding from the Scottish Government is made available for the implementation of the PCIP and is responsible for the timely recruitment and employment of new staff. The HSCP is working with the Health Board to deliver on its responsibilities, for example, the provision of health care premises to provide sufficient accommodation for staff or to respond to changes in how services are provided. In addition, the procurement process for any externally procured services will be undertaken through the NHSGG&C arrangements.
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1. Purpose

- 1.1 The purpose of this report is to update the IJB Finance, Audit and Scrutiny Committee on the progress made since April 2019 to implement Glasgow's Primary Care Improvement Plan..

2. Background

- 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 rising demands on the service and concerns about GP recruitment, early retirement and retention. The aim of the new 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 The principal elements of the new contract are to re-design primary care services to enable longer consultations by GPs with people with multiple morbidities requiring complex care; for Health Boards to take on responsibility for GP leased and owned premises; to reduce the risk to GPs from information sharing, improved use of new information technology; to give GP clusters a role in quality planning, quality improvement and quality assurance; to provide new opportunities for other practice staff-nurses, managers and receptionists. GPs voted to support

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introduction of the new GP contract and this came into force from April 2018. A further poll of GPs on the new contract is due to take place in 2020.

- 2.3 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 purpose of the MoU is to facilitate the introduction of the new contract by setting out how additional funding will be used over the next three years to reconfigure services.
- 2.4 The MoU was followed up by the Scottish Government with a funding letter which outlined how the additional investment through the Primary Care Improvement Fund (PCIF) would be allocated to each Integration Authority and conditions attached to the funding. Based on NRAC, Glasgow City's allocation for 2019-20 is £ 6.630m rising to £18.7M by 2021-22.¹
- 2.5 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 Glasgow City HSCP will deliver on the MoU's priorities. Glasgow's PCIP was approved by the IJB in September 2019 and the key priorities for the PCIP are as follows:
- A **vaccination transformation programme** to transfer work from GPs to the HSCP for children, adults and travel.
 - **Pharmacotherapy services** with the transfer of acute, repeat prescribing and medication management to HSCP employed pharmacy support staff
 - **Community treatment and care services** to be undertaken by the HSCP, including phlebotomy, ear syringing, suture removal and management of minor injuries and dressings.
 - **Urgent care** with the employment of advanced practitioners providing first response for home visits and for urgent call outs.
 - **Additional professional roles as part of the Multi-Disciplinary Team** including physiotherapists and community clinical mental health professionals to see patients as a first point of contact.
 - **Community Links Workers** to help patients navigate and engage with wider services.
- 2.6 Given the large scale and complexity of the PCIP, to support the implementation of the 6 priorities listed in the previous paragraph we are progressing the following work streams:
- Premises
 - Workforce
 - Collaborative leadership and learning
 - Communication and engagement
 - Evaluation

¹ Although described as "earmarked recurring funding" it is emphasised in the Scottish Government funding letter that we should treat these figures as planning assumptions and subject to amendment by Ministers without notice. Future funds will also be subject to the annual parliamentary budget process. The allocation of PCIF requires to be planned alongside separate funding allocated for out of hours primary care and for Action 15 of the national mental health strategy (a part of which is intended for primary care).

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3. Summary of progress during 2019/20 and next steps

3.1 The PCIP tracker must be completed on a six monthly basis and a draft is attached as an appendix to this report. The most recent version has been submitted to the Scottish Government on the 25th October 2019 following agreement with GP Sub Committee. To date we have funded 56.26 wte posts across the workstreams and central support. This excludes the 18 Community Link Workers, which are commissioned through third sector and those pharmacy post that were in post prior to the PCIP.

3.2 Some key points to note for each of the main workstreams are outlined in the following section:

3.2.1 Vaccination Transformation Programme

- Children's pre 5 routine vaccination have been removed from practices
- 2-5 year olds flu – a pilot in 10 community clinics for 45 GP practices started in October 2019.
- Maternity – at the time of writing this report the transfer of vaccination provided in pregnancy was planned to transfer to maternity services in October 2019.
- Flu vaccinations for people over 65 years old, and who are housebound, is being led by community nursing services.
- Community pharmacy for opportunistic flu pilot will begin in November 2019 and 184 pharmacies have signed up to test this approach across NHS GGC.
- Adult vaccinations are at the planning stage.
- The model for travel advice and vaccinations is being developed nationally.

3.2.2 Pharmacotherapy

- Sixty two practices now have full or partial support from pharmacists and pharmacy technicians.
- Our plan is that all practices will have input by the end of the second quarter of 2020. However, our ability to achieve this may be affected by recruitment rates, maternity leave and long term absences.
- It can take up to 6 months for some new recruits to develop sufficient knowledge and experience of primary care to work autonomously.
- Pharmacists undertaking independent prescribing qualification require time out of practice and practices to provide clinical supervision and accommodation
- Tests of change are being progressed to ascertain the optimal skill mix for the service

3.2.3 Community Treatment and Care Services

- This is being implemented in two phases: phase 1 will see all phlebotomy services moved from GPs to the HSCP; phase 2 will result in the current treatment and care services delivered by GPs transferred to the HSCP.
- Fifty nine practices based in health centres have access to treatment room and phlebotomy as these are pre-existing services.

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- Fourteen practices have access to the new phlebotomy service and the number will increase in the autumn as staff come into post.
- We anticipate that all practices based outwith health centres will have access to a phlebotomy for planned bloods by March 2020
- Fourteen rooms are now ready for use and 4 are being prepared
- Three treatment room co-ordinators are in post and one being recruited
- Eight band 5 nurses started in September 2019.
- We are progressing the induction, training and development of staff
- We will be developing a single point of access
- The main challenges are the turnover of staff, availability of space and the ICT infrastructure.

3.2.4 Urgent Care

- Between June and August 2019, 3.6 wte Advanced Nurse Practitioners (ANPs) were recruited to provide responses to urgent calls for patients in our residential care homes instead of GPs.
- The initial homes covered were Riverside, Hawthorn House, Orchard Grove with Victoria Park and Meadowburn coming on stream at the end of October.
- By September 2019, 552 visits to the three homes had been undertaken with an estimated saving of 242 GP hours.
- Feedback from the care homes about the quality of the care has been very positive.
- We are working in partnership with the Scottish Ambulance Service to look at how paramedics based with practices can undertake urgent house calls.
- “Know who to turn to” re-direction posters and pop ups have been delivered to over 100 practices and will be sent out to housing association and other locations used by the public.

3.2.5 Additional Professional roles as part of the MDT

Advanced Practice Physiotherapy (APP) MSK

- Last year 6.1 whole time equivalent posts were filled and provide input to thirteen practices
- 3 whole time equivalent posts are being filled with start dates in September and October 2019.
- Depending on the locality between 69% to 75% of patients were able to self manage their condition after their appointment.
- Difficulties have been experienced in recruiting for vacancies and a second round of recruitment is taking place.
- In response to concerns raised by small practices that they would not benefit from the current model we are about to pilot a hub/hosted approach to the provision of APP support.
- Given the difficulties in recruiting to the APPs we will need to consider future alternative options to providing this type of support as part of MDTs.

Mental Health

- In response to the feedback from GPs we are developing a model for helping people who present to practices with low mood/depression (an audit estimated that 6000 (20%) of consultations every week in Glasgow were related to these concerns)
- A review of evidence and best practice has been completed.
- We are recruiting to three posts who will work with clusters to design packages of support to meet needs of patients.
- We are scoping out requirements in relation to trauma training, in hours urgent distress response, learning on prescription, anti-depressant and exercise pilot, bereavement support and employability support; discussions with GP colleagues in each locality will enable identification of pilot clusters for each one.
- Funding has been agreed for additional Lifelink service for 2019/20 (up to 900 people), to expand the youth health services to South and North East, and to sustain the GP embedded financial inclusion service.
- We have incorporated the facility for an optional additional stress service for 2020/21 onward as part of HSCP contracting process.
- Work has begun to commission a audit of specialist mental health pathways (funded by Action 15) to improve management and support for patients requiring and receiving specialist mental health services treatment.

3.2.6 Community Links Workers

- Funding is available for forty one Community Links Workers.
- We have commissioned the Health and Social Care Alliance to continue to provide the existing eighteen posts and they have recruited to a further 9 posts.
- The tender was awarded to Addaction to provide CLWs for 2 clusters (11 posts)
- We intend to commission thematic posts for asylum seekers & youth health
- GPs and practice staff have been involved in the commissioning process.
- We will continue to raise the need for additional funding with the Scottish Government as we do not have sufficient funding to cover the many practices in Glasgow with large deprived populations.

3.2.7 Supporting work

Back Scanning

The **back scanning** of paper documents to free up space and to support more efficient, electronic working, we gave a commitment that all practices would have their files scanned electronically by the end of 2020/19. An earlier programme completed back scanning for 40 practices. The current programme is underway and 14 practices out of planned total of 57 practices have been completed with 32 in progress. Subject to the availability of funding we are planning that the remaining practices will have back scanning completed by the end of 2020/21.

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Premises

To create the **additional office and clinical accommodation in health centres** we identified the initial priority projects and these are being progressed by NHS Estates. This is an on-going process as we identify additional space requirements and the minor works programme will be updated regularly to support the PCIP programme.

One of the major constraints on achieving the objectives of the PCIP is the lack of suitable **accommodation in GP owned/leased premises**. Even where space is available work may be required to make it fit for purpose. Eighty one practices are based in GP owned or leased premises and, therefore, this presents us with a major task to plan and deliver the required level and quality of accommodation, especially as the responsibility for commissioning the work and applying for improvement grants resides with these practices. We have completed a survey of practice accommodation and we obtained a 62% response rate (90 practices). A national survey of GP accommodation has also been completed. We are working with NHS GG&C to improve the co-ordination of the upgrading work to ensure it is closely aligned with the roll out of the PCIP workstreams.

Collaborative Leadership and Learning

We are developing a framework of **support and development** that will be available for the cross section of stakeholders involved in the Primary Care Improvement Plan to meet both the individual and team development needs. The framework will include development interventions that are currently available and funded within the NHS GG&C Organisational Development Framework and external programmes, including team effectiveness, leading and coaching for improvement, quality improvement methods and developing facilitation skills.

We have coordinated successful applications to the ihub for **Pharmacotherapy Level 1 and Practice Administrative Staff (Phase 2) Improvement Collaboratives** and we are working with ihub to expand the programme to more practices. If implemented fully, these programmes have the potential to improve the efficiency of practices through improvements in work flow and supporting care navigation for patients.

Communication and Engagement Action Plan

- Two quarterly bulletins have been published.
- Key messaging document for staff about the aims and objectives of the PCIP
- Face to face meetings with the wide range of groups within primary care both at a locality and cluster level.
- We held two events at Hampden for GPs, practice staff and HSCP staff. Over 200 people attended the events and we are drafting an action plan in response to the issues raised.
- We are preparing public information materials to explain the changes that are taking place.
- We are involving the Community Engagement Officers to help support the engagement of members of the public in our three localities.

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4. Financial Position

4.1 Primary Care Improvement Fund

4.2 Glasgow City IJB has been allocated £6.630m from the Primary Care Improvement Fund for 2019/20 and £0.602m for GP Premises Funding.

4.3 Our current projection is that we will incur expenditure of £8.119m in the Primary Care Improvement Fund (PCIF). Scottish Government have requested that we drawdown earmarked reserves in relation to these funds in the first instance, which equates to £5.508m. This will require a balance of £2.611m from this year's Primary Care Improvement Fund allocation, leaving a balance of £4.019m which will be accessed from the Scottish Government in 2020/21.

4.4 The late notification of the funding for GP Premises (at the midpoint of the financial year) presents us with substantial challenges and we are working with NHSGG&C to investigate ways to fully utilise the additional resources in a co-ordinated way.

4.5 Our concerns regarding the eventual affordability of the programme have not receded. While the pattern fluctuates across the planning term the projected end point demonstrates that the final financial allocation of £18.8m is insufficient to fund the full programme of commitments without significant compromise. The programme continues to be estimated at £4.1m above the allocation from the Scottish Government. PCIF funding allocations are not subject to inflationary increases and therefore need to self-finance inflationary pressures such as superannuation and pay awards. Current estimates are that this is costing the programme £1.6m and this could rise as plans are further developed.

4.6 GP Premises Funding

4.7 The Scottish Government announced on the 16 September 2019 that funding would be made available in 2019/20 for the following:

- The digitisation of paper GP records to release space for clinical, training and administrative uses.
- Increases to the space available in NHS owned or leased premises for primary care multi-disciplinary teams.
- The making of premises improvement grants to GPs who own their premises or lease them from private landlords.

4.8 Glasgow City's share of the additional funding is £0.602m. The payment will be allocated subject to confirmation via a high level report (required in November 2019) that the IJB will be able to spend its full 100% allocation by the end of March 2020.

4.9 The late notification of the funding (at the midpoint of the financial year) presents us with major challenges and we are working with NHSGG&C to investigate ways to fully utilise the additional resources in a co-ordinated way.

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- 4.10 The Scottish Government is revising the Primary Medical Services – (Premises Development Grants, Improvement Grants and Premises Costs) Directions 2004. When implemented this will enable health boards to provide grants to GPs above the current limit of 66% of costs

5. Strategic Risks

- 5.1 There are a number of strategic risks associated with the PCIP. These are included in our risk register, with details of mitigating actions where these are possible and we continue to engage proactively with practices, clusters of GPs, the 3 locality groups and the LMC GP subcommittee and the national oversight group to manage expectations and maximise the local ownership of the solutions.
- We cannot recruit sufficient numbers of experienced practitioners to fill the new posts and/or that the recruitment process is unduly delayed.
 - Potential displacement of employees from other services as a consequence of experienced staff moving to the new posts.
 - Likelihood that funding will not be sufficient to meet all the commitments in the new GP contract for all practices.
 - Future years' funding should be treated as planning assumptions and could be subject to amendment by ministers.
 - The PCIP has been developed in partnership with the GP Subcommittee and the continuation of the positive working relationship between the HSCP and the GP subcommittee will be vital to the success of the plan.
 - Not all the workstreams are within the gift of the HSCP; for example, the Vaccination Transformation Programme is being planned through both national and NHS GG&C arrangements.
 - Key infrastructure challenges include the lack of suitable premises for the new/expanded services; the need for the data sharing agreement between NHS GG&C and GPs to be in place; lack of an integrated ICT system to support information sharing between members of the multi-disciplinary teams.

6. Recommendations

- 6.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the progress made during 2019/20 in progressing the PCIP for Glasgow;
 - b) Note that the progress tracker attached at Appendix 1 has been submitted to the Scottish Government; and
 - c) Note the main risks and challenges associated with the PCIP at section 5 of the report.

Local Implementation Tracker Guidance

The following tracker should be used by Integration Authorities in collaboration with Health Boards and GP sub-committees to monitor progress of primary care reform across their localities, and in line with service transfer as set out within the Memorandum of Understanding.

The **MoU Progress tabs** should be used through local discussions between Integration Authorities and GP sub-committee to agree on progress against the six MoU priority services as well as enablers required to deliver these. This tracker should be completed using a RAG system, and comments boxes have been provided to supply further information.

If you are funding staff through different funding streams, for example, mental health workers through Action 15 funding, please include this information in the relevant section so we are aware that you are taking steps to recruit staff in this area.

The **Workforce and Funding Profiles tab** replaces the Template C returns that were provided to Scottish Government in 2018/19. These tables should allow Integration Authorities to consider financial and workforce planning required to deliver primary care improvement, and reassure GP sub-committee of progress. These tables will also support Integration Authorities in requesting the second tranche of the Primary Care Improvement Fund allocation in October 2019.

If you are funding staff through different funding streams, for example, recruiting mental health workers in Action 15, do not record these in Tables 1 and 2. However, they should be included in Tables 3 and 4 to inform workforce planning

We would also ask that this local implementation tracker be updated and shared with Scottish Government by **30th September 2019**.

Primary Care Improvement Plans: Implementation Tracker Autumn 2019

Health Board Area: NHS Greater Glasgow & Clyde Health & Social Care Partnership: Glasgow City HSCP Number of practices: 145 Implementation period	Completed by: Gary Dover For HSCP/Board: GC HSCP For GP Sub Committee: John Ip Date: 25th Oct 2019 Apr-19 Sep-19
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1.1 Overview (HSCP)	Progress to date
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	partially in place / some concerns
Comment / supporting information (include consideration of relationships, involvement in ongoing structures and monitoring) Engaging with GP Sub as members of City PCIP Implementation Leadership Group (ILG) and on some of the workstream groups. At NHSGGC PC Program Board both GP sub and HSCP represented on group	
PCIP Agreed with GP Subcommittee	partially in place / some concerns
Date of latest agreement	Aug-18
Transparency of PCIF commitments, spend and associated funding	fully in place / on target
Comment / supporting information Reported regularly to ILG and spend by agreement. Ongoing discussions regarding spend associated with enablers i.e. evaluation, premises, on staff cost as not directly reducing GP workload but vital to develop and deliver clinical services.	

1.2 Enablers / contract commitments	Progress to date
BOARD	
GP Owned Premises: Sustainability loans supported -	partially in place / some concerns
Number of applications	50 (27 GCHSCP)
Number of loans approved	50 (provisional) 27 GCHSCP
Comment / supporting information Funding available for all applications subject to finalising of loan agreement	
GP Leased Premises: Register and process in place	partially in place / some concerns
Number of applications	33 Expressions of interest (20 HSCP)
Number of leases transferred	0
Comment / supporting information All practices contacted to establish lease information. Process underway to assess priority	
Stability agreement adhered to	partially in place / some concerns
Comment / supporting information Enhanced Services agreed annually in line with stability agreement; interface group in place; some concerns expressed about changes to wider community services, in particular the provision of specialist sexual health services by the Board wide Sandyford Service, as well as the concern of workload shifting from secondary care to GP practices	
GP Subcommittee input funded	fully in place / on target
Comment / supporting information Agreement in place for use of additional earmarked funding in addition to continuation of core GP Subcommittee funding. Final agreement regarding balance of funding still to be confirmed using more standardised approach in 19/20 with local engagement of cluster / practices.	
Data Sharing Agreement in Place	not in place / not on target
Comment / supporting information Awaiting national data sharing agreement. This is required as a matter of urgency to support local agreements	
HSCP	
Programme and project management support in place	partially in place / some concerns

<p>Comment / supporting info</p> <p>Small PCIP Team in place to support but challenges given the scale and complexity of the programme and size of the City.</p> <p>Requires considerable support from HSCP resource i.e. Assistant Chief Officer, Heads of Service, Service Managers and support services.</p>	
Support to practices for MDT development and leadership	partially in place / some concerns
<p>Comment / supporting info</p> <p>Engaging with practices, clusters and localities to understand their needs to develop MDT working which is highlighting need for support for team working.</p> <p>Collaborative leadership and learning workstream developing a framework and suite of resources to support MDT working within limited resource.</p> <p>Due to be part of iHub collaborative for PASC and Pharmacotherapy</p>	
GPs established as leaders of extended MDT	partially in place / some concerns
<p>Comment / supporting info</p> <p>Building on existing strengths and links to national leadership programmes.</p> <p>Developing HSCP programmes to develop leadership capacity required to support PC in general practice and the growing HSCP workforce in PC.</p>	
Workforce Plan reflects PCIPs	partially in place / some concerns
<p>Comment / supporting info</p> <p>Recognised in HSCP workforce plans with NHSGGC overview.</p> <p>Due to significant challenges in recruitment there is ongoing review of workforce in response to workstream developments.</p> <p>Progress will be delayed due to availability of required workforce and turnover</p> <p>Turnover in staff now requires further consideration as demand outweighs supply of skilled workforce.</p>	
Accommodation identified for new MDT	partially in place / some concerns
<p>Comment / supporting info</p> <p>Back scanning for all practices continues and review of accommodation underway within HSCP estate and other providers.</p> <p>Using local and national survey to identifying gaps , qualify the extent of works required and develop local processes requires to be coordinated.</p> <p>Work is underway to secure some resource to support this work given small PCIP team.</p> <p>Progress could be delayed due to lack of availability of appropriate space.</p>	
GP Clusters supported in Quality Improvement role	partially in place / some concerns
<p>Comment / supporting info</p> <p>Lead at locality level in the City with recognition this requires support and time to develop QI further which is linked to collaborative leadership and learning workstream.</p> <p>Access to national programmes and due to commencing iHub collaborative with requirement for HSCP capacity to support.</p>	
EHealth and system support for new MDT working	partially in place / some concerns
<p>Comment / supporting info</p> <p>Continue to await national progress.</p> <p>Where able and safe to do so HSCP and Board are working on temporary local solutions which are inefficient in supporting MDT working</p>	

Primary Care Improvement Plans: Implementation Tracker Autumn 2019

Health Board Area: NHS Greater Glasgow & Clyde
Health & Social Care Partnership: Glasgow City HSCP
Number of practices: 145

MOU PRIORITIES

2.1 Pharmacotherapy	Progress to date
PCIP pharmacotherapy plans meet contract commitment	partially in place / some concerns
Pharmacotherapy implementation on track vs PCIP commitment	partially in place / some concerns
Number of practices with PSP service in place	63
Number of practices with PSP level 1 service in place	62
Number of practices with PSP level 2 service in place	60
Number of practices with PSP level 3 service in place	45
Total WTE staff/1,000 patients	0.05wte weighted population ratio
Pharmacist Independent Prescribers (as % of total)	56%
<p>Comment / supporting information</p> <p>Ongoing challenges in recruitment with ongoing review to identify optimal skills mix i.e. pharmacy, technicians and assistants to deliver the service with in the workforce and financial constraints.</p> <p>Service delivery is informed by discussion with practices against the limited resources.</p> <p>Recruitment rate and the development needs of recruits will affect proposed timescales for deliver i.e. ability to work autonomously and time out to undertake training.</p>	
2.2 Community Treatment and Care Services	Progress to date
PCIP CTS plans meet contract commitment	partially in place / some concerns
Development of CTS on schedule vs PCIP	partially in place / some concerns
Number of practices with access to phlebotomy service	73 (14 for planned bloods)
Number of practices with access to management of minor injuries and dressings service	58
Number of practices with access to ear syringing service	58
Number of practices with access to suture removal service	58
Number of practices with access to chronic disease monitoring and related data collection	0
Number of practices with access to other services	0
Total WTE staff/1,000 patients	
<p>Comment / supporting information</p> <p>Pilot of providing Phlebotomy services to patients in smaller practices currently been undertaken for 14 practice for planned bloods.</p> <p>Practiced based in Health Centres have access to Phlebotomy and treatment rooms services. Upscaling for other practices is dependant on recruitment, workforce and premises availability</p>	
2.3 Vaccine Transformation Program	Progress to date
PCIP VTP plans meet contract commitment	partially in place / some concerns
VTP on schedule vs PCIP	partially in place / some concerns
Pre-school: model agreed	fully in place / on target
Number of practices covered by service	145
School age: model agreed	fully in place / on target
Number of practices covered by service	145
Out of schedule: model agreed	partially in place / some concerns
Number of practices covered by service	Considered for Year 3
Adult imms: model agreed	partially in place / some concerns
Number of practices covered by service	In planning
Adult Flu : model agreed	partially in place / some concerns
Number of practices covered by service	
Pregnancy: model agreed	fully in place / on target
Number of practices covered by service	
Travel: model agreed	not in place / not on target
Number of practices covered by service	
Total WTE staff/1,000 patients	

<p>Comment / supporting information</p> <p>2-5 Year old Flu: Pilot project for delivery in community clinics from October 2019.</p> <p>Adult Imms: Model being developed for Adult following learning from other VTP projects. With scoping of demand and exploring opportunities for delivery.</p> <p>Deliver of flu continues to be developed over winter 2019/20.</p> <p>Adult flu: Pilot vaccination project to opportunistically offer flu to adults attending community pharmacy. 184 pharmacies across NHS GGC indicated that they will participate, pending final governance steps. Due to start on 4 November 2019</p> <p>Pregnancy: will be delivered by Maternity services this year, with operational issues being progressed to finalise a start date. Some residual responsibility by GPs for this year only to immunise eligible women who are beyond the identified touchpoints in maternity.</p> <p>Travel: Awaiting national developments</p>	
2.4 Urgent Care Services	Progress to date
Development of Urgent Care Services on schedule vs PCIP	fully in place / on target
Number of practices supported with Urgent Care Service	50
Total WTE staff/1,000 patients	0.59 (as per list size for attached practices)
<p>Comment / supporting information</p> <p>ANP into HSCP residential units with positive feedback.</p> <p>Requirement to build capacity to have training ANPs as part of urgent care response due to limited availability of staff</p> <p>In partnership with Scottish Ambulance Service due to trial for 1 year the rotation of 6 paramedics into practices to support urgent care</p>	
Additional professional services	
2.5 Physiotherapy / MSK	Progress to date
Development of APP roles on track vs PCIP	partially in place / some concerns
Number of Practices accessing APP	13
Total WTE staff/1,000 patients	
<p>Comment / supporting information</p> <p>Process remains slow due to recruitment of available staff with further 2 staff with start dates in Oct / Nov. Given recruitment challenges review of model being planned.</p> <p>New staff initially covering maternity leave in established practices so delay in taking on further practices. Testing of a model for smaller practices about to commence and for those without sufficient accommodation.</p>	
2.6 Mental health workers (ref to Action 15 where appropriate)	Progress to date
On track vs PCIP	partially in place / some concerns
Number of Practices accessing MH workers / support	
Total WTE staff/1,000 patients	
<p>Comment / supporting information</p> <p>Use of additional resource into commissioned service to provide up to 900 additional consultation until end March 2020 - focus on helping patients suffering low mood and depression</p> <p>Scoping work to be undertaken to inform development of the model</p>	
2.7 Community Links Workers	Progress to date
On track vs PCIP	fully in place / on target
Number of Practices accessing Link workers	18
Total WTE staff/1,000 patients	0.17
<p>Comment / supporting information</p> <p>Extended programme to support 38 CLWs in 2019/20 for practices with largest deprived patient populations but insufficient resource to meet the level of need for CLW in all deprived practices in Glasgow with 38 "Deep End" practices receiving no CLW support.</p> <p>Recruitment in 2019/20: 9 CLW will be starting in post during October 2019 and ongoing recruitment processes for a further 11 CLW.</p> <p>Two thematic CLW (Asylum seekers & Youth Health) are also being progressed to deliver a total of 41 CLWs by end 19/20.</p>	
2.8 Other locally agreed services (insert details)	Progress to date
Service	
On track vs PCIP	select one from....
Number of Practices accessing service	
Total WTE staff/1,000 patients	
<p>Comment / supporting information</p>	

2.9 Overall assessment of progress against PCIP	partially in place / some concerns
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Note: Include interdependencies, and indicate if local or national
Specific Risks
<p>Time needed for engagement with GPs and others balanced against pressure to accelerate spend.</p> <p>Providing quantifiable evidence of impact of additional services in reducing GP workload and benefiting patients.</p> <p>Responding adequately to effects of deprivation on GP workload.</p> <p>Maintaining sustainability of GP practices.</p> <p>Prioritisation of resources to support change programme and for delivery e.g. Admin resource at practice level</p>
Barriers to Progress
<p>Lack of sufficient funding to meet MoU commitments</p> <p>Complexity of the programme that has significant interdependencies that are not under the control of the IJB</p> <p>Availability and turnover of key skilled staff, ANPs, APPs and Pharmacists with competition between HSCP and Practices.</p> <p>Digital solutions to support PCIP.</p> <p>Lack of data sharing agreements.</p> <p>Loss of GP and succession planning across tripartite arrangements</p> <p>Availability of appropriate accommodation</p>
Issues FAO National Oversight Group
<p>National workforce planning, recruitment and training.</p> <p>Desire for local flexibility within the MoU parameter to provide GP input for local flexibility.</p> <p>Candour in the above with RCGP that fulfilment of plans will at present rate overshoot plan period (2020/21)</p> <p>No financial uplift to cover staff pay and superannuation costs</p> <p>Accommodation availability and funding process for GP practices through improvement grants.</p> <p>Need for national public messaging campaign around future changes to primary care services and appropriate use of primary health care.</p> <p>Need to consider extension to submission dates of tracker to support IJB and financial reporting requirements of HSCP i.e. only 4 weeks following year end.</p>

Funding and Workforce profile

Health Board Area: NHS Greater Glasgow & Clyde
Health & Social Care Partnership: Glasgow City HSCP

Table 1: Spending profile 2018 - 2022 (£s)
Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	112		485		605		2		712	191	467	
2019-20 planned spend	556	22	1735		1031	192	190	20	1469	1777	1428	68
2020-21 planned spend	1537	23	2758		4175	321	245	22	3125	1818	2114	69
2021-22 planned spend	2270	23	2958		5521	154	1112	24	3456	2074	2234	69
Total planned spend	4475	68	7936	0	11332	667	1549	66	8762	5860	6243	206

Table 2: Source of funding 2018 - 2022 (£s)

Financial Year	Total Planned Expenditure (from Table 1)	Of which, funded from:		
		Unutilised PCIF held in IA reserves	Current year PCIF budget	Unutilised tranche 2 funding held by SG
2018-19	2574			
2019-20	8488	5949	6630	4091
2020-21	16202		13294	
2021-22	19895		18792	
Total	47164	5949	38716	4091

Comment:
The programme continues to be estimated at £4.1m above the allocation from the Scottish Government to deliver the full programme. PCIF funding allocations are not subject to inflationary increases and therefore need to self-finance inflationary pressures such as superannuation and pay awards. Current estimates are that this is costing the programme £1.6m and could rise as plans develop

Table 3: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL headcount staff in post as at 31 March 2018	15.3	3.4	1	11	0	0	0	0	2	0	0	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	15.6	2.2	0	0	0	1	0	0	2	6	5	17
PLANNED INCREASE in staff headcount (1 April 2019 - 31 March 2020) [b]	16.9	5.8	28.7	54	12	2	6	0 n/a		3	16	18
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]	9	6.2	0	64	12	0	0	0 n/a		7	13	6
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	0	0	0	22	0	17.4	0	0 n/a		5	3	0
TOTAL headcount staff in post by 31 March 2022	56.8	17.6	29.7	151	24	20.4	6	0	4	21	37	41

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 4: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	15.3	3.4	1.0	11.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	15.6	2.2	0.0	0.0	0.0	1.0	0.0	0.0	2.0	5.8	5.0	17.0
PLANNED INCREASE in staff WTE (1 April 2019 - 31 March 2020) [b]	16.9	5.8	28.7	54.0	12.0	2.0	6.0	0.0 n/a		0.0	15.3	18.0
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	9.0	6.2	0.0	64.0	12.0	0.0	0.0	0.0 n/a		7.0	12.8	6.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.0	0.0	0.0	22.0	0.0	17.4	0.0	0.0 n/a		5.0	3.0	0.0
TOTAL staff WTE in post by 31 March 2022	56.8	17.6	29.7	151.0	24.0	20.4	6.0	0.0	4.0	17.8	36.1	41.0

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Comment: Flu delivered using bank and additional hours
Additional professional roles 'other' includes staffing from OOH initiative