



**Item No: 11**

**Meeting Date: Wednesday 28<sup>th</sup> September 2022**

## **Glasgow City Integration Joint Board**

**Report By:** Gary Dover, Assistant Chief Officer, Primary Care and Early Intervention  
Margaret Hogg, Assistant Chief Officer, Finance

**Contact:** Gary Dover/Margaret Hogg

**Phone:** Gary Dover 07944346004  
Margaret Hogg 07557 801419

### **Funding for the Primary Care Improvement Plan 2022/23**

**Purpose of Report:**

The purpose of this report is to:

- Advise the IJB on the content of the Scottish Government's funding allocation letter for PCIP for 2022/23 and the subsequent arrangements that we have agreed with the Scottish Government, to ensure that we have sufficient funding to deliver our programme this financial year.
- Seek IJB approval for the PCIP programme for 2022/23 based on projected funding of £25.536m.

**Background/Engagement:**

This report provides details of the negotiations that have taken place with the Scottish Government to reach agreement on Glasgow's City's funding allocation for 2022/23 and the outcome of these discussions.

**Governance Route:**

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team
- Council Committee

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	Update requested by IJB <input type="checkbox"/> Other <input checked="" type="checkbox"/> HSCP Executive Team PCIP Leadership Group Not Applicable <input type="checkbox"/>
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) Note the funding allocation letter and outcome of subsequent discussions on the funding methodology for 2022/23; and b) Agree to the PCIP programme for 2022/23 outlined in table 1.
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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:

<b>Reference to National Health &amp; Wellbeing Outcome(s):</b>	All
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<b>Personnel:</b>	This agreement on funding will enable us to continue with the recruitment programme for the PCIP workstreams.
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<b>Carers:</b>	The expansion of services in primary care will provide additional help for patients including carers.
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<b>Provider Organisations:</b>	This agreement on funding will enable us to continue to honour the contractual commitments with a number of provider organisations.
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<b>Equalities:</b>	An EQIA was completed for the original PCIP in 2018/19 and is being updated for our next plan.
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<b>Fairer Scotland Compliance:</b>	The socio-economic impact of decisions was included as part of the Equality Impact Assessment.
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<b>Financial:</b>	The programme will be funded from Scottish Government funding that is being provided to support delivery of this programme, including the commitment to fully meet legal contractual commitments in place as at 11 August 2022. This is estimated to be £16.873m and will be supplemented with reserves earmarked to support this
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	programme of £8.663m, providing total funding of £25.536m.
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<b>Legal:</b>	This agreement will ensure that we continue to honour our contractual commitments with our providers.
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<b>Economic Impact:</b>	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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<b>Sustainability:</b>	Good practice in procurement will be used to promote sustainability.
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<b>Sustainable Procurement and Article 19:</b>	Investment in locally based community services to promote the wellbeing of our local population will reduce requirements for more intensive forms of care and treatment leading to a longer term reduction in impact on the environment.
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<b>Risk Implications:</b>	<p>There is a risk that the on-going constraints on public spending will lead to future reductions in the funding available for PCIP.</p> <p>The on-going difficulties in recruiting and retaining staff result in underspends on the budget.</p>
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<b>Implications for Glasgow City Council:</b>	None.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Board is responsible for the recruitment of staff and ensuring that the capital investment programme in our accommodation is progressed. The Board undertakes the procurement process for a number of workstreams and this will be required in the future once existing contracts come to an end.
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<b>Direction Required to Council, Health Board or Both</b>	
<b>Direction to:</b>	
1. No Direction Required	<input type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

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### 1. Purpose

1.1 The purpose of this report is to:

- Advise the IJB on the content of the Scottish Government's funding allocation letter for PCIP for 2022/23 and the subsequent arrangements that we have agreed with the Scottish Government, to ensure that we have sufficient funding to deliver our programme this financial year.
- Seek IJB approval for the PCIP programme for 2022/23 based on projected funding of £25.536m.

### 2. Background

2.1 In 2017/18 agreement was reached by the Scottish Government and the profession on the new GP contract. The principal elements of the 2018 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 practice staff-nurses, managers and receptionists to contribute to patient care.

2.2 To support the introduction of the new contract a **Memorandum of Understanding (MoU)** was signed by the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards (the MoU was updated in 2020). The MoU covers 6 workstreams:

- **Vaccination Transformation Programme** - transfer of responsibility for vaccination delivery from GPs to health boards.
- Transfer of responsibility for delivering **community treatment and care services** from GPs to health boards, including **phlebotomy** (CTAC).
- Transfer of responsibility for delivering **pharmacotherapy services** from GPs to health boards
- Development of **urgent care services** by health boards to support general practice.
- Recruitment of additional practitioners employed by health boards to **expand multi-disciplinary teams in primary care**, such as acute musculoskeletal physiotherapy services, community mental health services.
- Development of **Community Links Workers'** support for primary care.

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- 2.3 The Vaccination Transformation Programme is now substantially delivered, with GP practices only continuing to deliver vaccinations on a transitional or remote basis. The Scottish Government anticipates that Health Boards will have completed the remaining elements of the programme by the end of this financial year allowing HSCPs to intensify their focus on other transformational activity.
- 2.4 The **Primary Care Implementation Plans (PCIPs)** were intended to explain how this will happen in each HSCP area over a three years period until full delivery in 2021/22. Glasgow City's most recent Primary Care Improvement Plan was agreed as a **draft plan** by the IJB on [27 April 2022](#).

### 3. Scottish Government Funding for 2022/23

- 3.1 The funding allocation letter from the Scottish Government was issued on the 11 August 2022 (attached as Appendix 1).
- 3.2 The overall funding for Glasgow City IJB has been increased by approximately £2m to £20.381m, in proportion to the national increase from £155m to £170m. When calculating the amounts that will be paid to IJBs the Scottish Government has deducted the monies held in earmarked reserves. The letter used a figure for earmarked reserves from October 2021 of £3.438m. While the Scottish Government plans to issue further guidance around tranche 2 allocations, once they have updated the financial data on reserve positions as at 31 March 2022, for the purposes of planning, the SG has advised that it would be prudent for IJBs to assume that tranche 2 allocations will be altered accordingly, due to any increases in reserves since October 2021. It is therefore anticipated that the final reduction will reflect our **final reserves position of £8.663m**.
- 3.3 The £8.663m was carried forward in earmarked reserves to fund commitments linked to an expanded model of community link workers, winter planning funding and accommodation works, to support the additional staff who have been recruited and to provide space for the delivery of care and treatment for patients.
- 3.4 Using our latest forecasts for spend, the inclusion by the Scottish Government of the PCIF reserves, when calculating the net amounts that will be paid to IJBs, would have left Glasgow City IJB with a **deficit in funding of £5.155m** this financial year. This deficit arises because our PCIF reserves are all legally committed to contracts which commenced last financial year and will conclude this financial year.
- 3.5 Our approach to the use of PCIF reserves has been explained in previous PCIF returns to the Scottish Government. We have been clear on the basis in which we are planning and proceeding to deliver our PCIF programme. This approach has been outlined in our PCIF Plans which have been discussed and approved by the IJB and submitted to the Scottish Government through our regular updates.

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3.6 After a number of recent discussions with the Scottish Government, we have arrived at a funding agreement that will enable us to progress this year’s programme on the following basis (see Appendix 2 for Scottish Government letter):

- The Scottish Government’s position on IJBs utilising their existing reserves as part of the funding envelope for 2022-23 remains in place. The Scottish Government recognises, however, that here is an exceptional circumstance in Glasgow City’s case and they are keen to work with us to resolve this problem.
- The Scottish Government has confirmed that they we will work with us to ensure that Glasgow City IJB has financial cover for the legal commitments entered into prior to 11 August 2022, above the value of our 2022-23 entitlement and that we had intended to fund through PCIF reserves. This will result in funding being made available which will meet our projected deficit of £5.155m and is reflective of the fact that all legal commitments are already in place.
- The Scottish Government has asked that we continue to re-evaluate “in year” costs and keep them updated on projections reflecting any movements through slippage in the programme, forthcoming recruitment plans, and any other sources of funding available (e.g. wider Board funds). The Scottish Government will discuss our position ahead of tranche 2 allocations and make any necessary adjustments. There is no additional funding for PCIF other than the amounts set out in the allocation letter, therefore any further funding would have to come from savings in other areas.

3.7 This means that we can progress the following funding programme:

<b>Table 1 – Funding for 2022/23</b>	<b>£millions</b>
Expanded Model of CLW – c/f	£1.228m
Winter Planning – IT Equipment	£0.143m
Infrastructure Works	£7.292m
Core Programme Costs – Collaborative Lead and Learning	£0.030m
<b>Total expenditure from earmarked reserves</b>	<b>£8.693m</b>
Core Programme Costs – Community Link Workers	£1.794m
Core Programme Costs – Community Treatment and Care	£5.444m
Core Programme Costs – MSK Physiotherapy	£0.640m
Core Programme Costs – Pharmacotherapy	£5.386m
Core Programme Costs – Primary Care Mental Health	£1.100m
Core Programme Costs – Urgent Care	£0.479m
Core Programme Costs – Vaccination Transformation	£2.000m
<b>Estimated Expenditure on core programme</b>	<b>£16.843m</b>

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<b>Table 1 – Funding for 2022/23</b>	<b>£millions</b>
<b>Total Estimated Expenditure</b>	<b>£25.536m</b>
Funded by: total committed reserves	£ 8.663m
Funded by: Tranche 1 and 2 PCIP allocations (to be finalized based on on-going discussions with Scottish Government prior to the release of tranche 2 allocations)	<b>£16.873m</b>

3.8 We intend to submit a report to the IJB for the next meeting on our future Primary Care Improvement Plan and this will include a more detailed update on progress with the implementation of the investment programme that is outlined in table 1.

**4. Recommendations**

4.1 The Integration Joint Board is asked to:

- a) Note the funding allocation letter and outcome of subsequent discussions on the funding methodology for 2022/23; and
- b) Agree to the PCIP programme for 2022/23 outlined in table 1.

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**Direction from the Glasgow City Integration Joint Board**

1	<b>Reference number</b>	280922-11
2	<b>Report Title</b>	Funding for the Primary Care Improvement Plan 2022/23
3	<b>Date direction issued by Integration Joint Board</b>	28 September 2022
4	<b>Date from which direction takes effect</b>	28 September 2022
5	<b>Direction to:</b>	NHS Greater Glasgow and Clyde only
6	<b>Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)</b>	Yes (reference numbers: DA240122-02 and 240321-09) Supersedes
7	<b>Functions covered by direction</b>	<ul style="list-style-type: none"> <li>• <b>Vaccination Transformation Programme</b> - transfer of responsibility for vaccination delivery from GPs to health boards.</li> <li>• Transfer of responsibility for delivering <b>community treatment and care services</b> from GPs to health boards, including <b>phlebotomy</b> (CTAC).</li> <li>• Transfer of responsibility for delivering <b>pharmacotherapy services</b> from GPs to health boards</li> <li>• Development of <b>urgent care services</b> by health boards to support general practice.</li> <li>• Recruitment of additional practitioners employed by health boards to <b>expand multi-disciplinary teams in primary care</b>, such as acute musculoskeletal physiotherapy services, community mental health services.</li> <li>• Development of <b>Community Links Workers'</b> support for primary care.</li> </ul>
8	<b>Full text of direction</b>	The NHSGG&C should continue to implement the Primary Care Improvement Plan.
9	<b>Budget allocated by Integration Joint Board to carry out direction</b>	£25.536m

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<b>10</b>	<b>Performance monitoring arrangements</b>	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
<b>11</b>	<b>Date direction will be reviewed</b>	31 March 2023

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**Integration Authority Chief Officers  
NHS Board Chief Executives  
Integration Authority Chief Finance Officers  
NHS Board Director of Finance**

11 August 2022

Dear Colleagues

## **PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2022-23**

I am writing to confirm the 2022-23 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund (PCF). As in previous years, funding will be allocated on an NRAC basis via Health Boards to Integration Authorities (IA's).

### **Background**

The Scottish Government remains committed to the aims and principles which underpinned the 2018 GP Contract Offer. This letter relates to the PCIF component of the PCF, setting out our expectations as we continue to improve primary care. This should be read in conjunction with the Memorandum of Understanding 2 (MoU2) on GMS Contract Implementation for Primary Care Improvement<sup>1</sup> and the Amendment Regulations<sup>2</sup>.

### **Primary Care Improvement Fund (PCIF)**

#### *Available Resources*

Having assessed Primary Care Improvement and spending Plans, I can confirm that £170 million will be available for Integration Authorities in 2022-23 under the auspices of the Primary Care Improvement Fund (PCIF). In-year delivery and expenditure will be monitored by my team to account for both slippage and funding pressures.

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<sup>1</sup> [Memorandum of Understanding \(MoU\) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association \(BMA\), Integration Authorities \(IAs\) and NHS Boards](#)

<sup>2</sup> [The National Health Service \(General Medical Services Contracts and Primary Medical Services Section 17C Agreements\) \(Scotland\) Amendment Regulations 2022 \(legislation.gov.uk\)](#)

**Given the overall financial pressures across health and social care, and taking into account the Resource Spending Review, it is prudent and sensible to use existing reserves that have been built up over time. On this basis, we have agreed with the Cabinet Secretary for Health and Social Care that Integration Authorities should draw down existing reserve balances in the first instance, and therefore 2022-23 allocations will reflect reserves held. Please note, therefore, that the £170 million envelope takes account of the funds already held by Integration Authorities by means of these existing PCIF reserves.**

#### *Methodology for Tranche One Allocation*

We will be making two in-year allocations on a 70:30 basis. The initial tranche of £119 million in August 2022 will take account of IA reserve balances at October 2021 as well as baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the Primary Care Improvement Fund.

Annex A shows the initial allocation of the fund, by Health Board and by IA. The funding must be delegated in its entirety to IAs.

#### *Methodology for Tranche Two Allocation*

Any locally held reserves should be invested in the implementation of PCIPs in 2022-23 before new funding is requested. Further funding will be made available to IAs later this year, subject to reporting confirming latest spend and forecasts required by Friday 4 November 2022.

Robust assessments of future resourcing requirements to support implementation of the PCIPs helps to inform central financial planning and policy development, enabling the Scottish Government to target funds as efficiently and effectively as possible, ensuring best value for the public purse. Reporting using national templates should detail how this initial 70% (comprising new funding plus utilisation of any local reserves) has been spent, providing a breakdown of spending by category (staff and non-staff costs) and detailing what benefits have been created.

Second tranche allocations will follow in Autumn 2022, subject to supporting data and evidence (in particular Primary Care Improvement Plans) regarding additional PCIF funding required in 2022-23. The approach to second tranche allocations will also be informed by updated financial data on the reserve positions as at 31 March 2022, which Scottish Government officials have separately requested from IAs. Second tranche allocations will be accompanied by any further guidance, as required.

### *Scope of PCIF*

For 2022-23, PCIF should continue to be used to deliver the priority services set out in the Memorandum of Understanding:

- Pharmacotherapy
- Vaccination Transformation Programme
- Community Treatment and Care Services
- Community Links Workers
- Additional Professional Roles
- Urgent Care services

There should be a particular focus on Pharmacotherapy, CTAC and Urgent Care given existing or planned regulations for these services. Please also note the following changes in the scope of the fund:

- The Memorandum of Understanding 2 noted Pharmacotherapy, CTAC and the Vaccination Transformation Programme should be prioritised. The Vaccination Transformation Programme is now substantially delivered with GP practices only continuing to deliver vaccinations on a transitional or remote basis. We anticipate that Health Boards will have completed the remaining elements of the programme by the end of this financial year allowing Primary Care Improvement Plans to intensify their focus on other transformational activity. Where possible, Partnerships are advised to consider synergies between PCIF-funded VTP activity and wider Board governance and funding.
- With the introduction of the Mental Health and Wellbeing in Primary Care Services programme, partnerships are requested to use this additional funding to build on the existing investment from PCIF and other funding streams to create additional capacity. Partnerships are asked to use this year to consider whether there are any practical challenges in allocating and reporting on Mental Health Workers across different funding streams (PCIF, MHWPCS and other funding streams) and whether there would be benefits/opportunities to aligning reporting. We would ask partnerships to feedback as appropriate and we will write out with further guidance at financial year-end working alongside Mental Health and Wellbeing policy colleagues.
- We note that current investment projections from PCIP trackers assume the majority of the PCIF will be spent on MoU MDT staff. From 2022-23, new investment in the Primary Care Improvement Fund can be used for a wider range of costs (such as premises, training, digital, fixed-term contracts and redesign and change management) as long as they support delivery of the MoU MDT and are agreed with the GP Sub-Committee.

### *Future PCIF Funding*

As previously noted, robust financial planning is critical to support effective and efficient use of resources and to enable continued investment in PCIF. To this end, the Scottish Government, in collaboration with other MoU Parties, will be reviewing and updating the PCIP trackers and financial reporting templates this year to ensure

they remain fit for purpose. Using this information, we will review the PCIF position mid-year, during the process of allocating tranche 2 of the funding.

Scottish Government will also work with Public Health Scotland and local evaluators to understand the current evaluation landscape, the work already underway at local level and any gaps that might exist. This work will inform further development of the monitoring and evaluation of PCIPs at the national level, in turn allowing us to better target investment in future years. **However, the Cabinet Secretary has agreed that £170 million will be the minimum budgeted position for future years. In future years, where Partnerships have used the full £170m minimum budgeted position, Scottish Government will ensure additional funding is available to apply agenda for change uplifts to staff recruited through the PCIF and ensure fulfilment of the terms of the MOU2 dated 30 July 2021. Any further investment will be subject to joint assessment and benefits case at each annual budget round.**

To help inform our ongoing review of the current monitoring and evaluation landscape, we also request sharing of Primary Care Improvement Plans this year. These can be sent to: [PCImplementation@gov.scot](mailto:PCImplementation@gov.scot)

#### *GP Sustainability Payment – 2022-23*

The second tranche of the GP Sustainability Payments will be paid out later in the year.

I look forward to working with you as we continue to drive forward on delivering primary care reform.

Yours faithfully

**Naureen Ahmad**  
Deputy Director - Primary Care Directorate

## ANNEX A

### PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

#### Allocation By Territorial Health Board

NHS Board Name	NRAC Share 2022-23	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less PCIF baselined funds (£)	less PCIF IA reserves (£)	PCIF initial allocation 2022-23 (£)
Ayrshire & Arran	7.32%	12,440,274	8,708,191	-569,300	-4,050,213	4,088,679
Borders	2.15%	3,647,718	2,553,403	-161,300	-79,201	2,312,902
Dumfries & Galloway	2.97%	5,043,683	3,530,578	-229,100	0	3,301,478
Fife	6.86%	11,663,366	8,164,356	-521,800	-3,453,067	4,189,489
Forth Valley	5.46%	9,286,259	6,500,382	-415,000	0	6,085,382
Grampian	9.81%	16,672,511	11,670,758	-755,400	-10,567,097	348,261
Greater Glasgow & Clyde	22.18%	37,705,607	26,393,925	-1,718,200	-11,434,501	13,241,224
Highland	6.58%	11,188,302	7,831,812	-494,100	-2,785,450	5,239,790
Lanarkshire	12.28%	20,878,060	14,614,642	-947,700	-5,216,468	8,450,474
Lothian	14.97%	25,449,756	17,814,829	-1,132,000	-5,578,785	11,104,045
Orkney	0.49%	838,060	586,642	-75,000	-886,857	0
Shetland	0.48%	809,431	566,602	-76,200	-125,574	364,828
Tayside	7.80%	13,258,304	9,280,813	-601,900	-8,946,318	522,576
Western Isles	0.66%	1,118,667	783,067	-103,000	-318,806	361,261
<b>Total</b>		<b>170,000,000</b>	<b>119,000,000</b>	<b>-7,800,000</b>	<b>-53,442,336</b>	<b>59,610,387</b>

*\*Pharmacists in GP practice funding was baselined in 2018-19, this has been removed from the 2022-23 allocation in the above table.*

## Allocation by Integration Authority

NHS Board Name	IA Name	IA NRAC Share 2022-23 (£)	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	PCIF initial allocation 2022-23 (£)
Ayrshire & Arran	East Ayrshire	2.37%	4,032,636	2,822,846	-186,694	-1,777,911	858,240
	North Ayrshire	2.70%	4,587,529	3,211,270	-209,033	-1,302,178	1,700,059
	South Ayrshire	2.25%	3,820,108	2,674,076	-173,573	-970,124	1,530,379
Borders	Scottish Borders	2.15%	3,647,718	2,553,403	-161,300	-79,201	2,312,902
Dumfries & Galloway	Dumfries and Galloway	2.97%	5,043,683	3,530,578	-229,100	0	3,301,478
Fife	Fife	6.86%	11,663,366	8,164,356	-521,800	-3,453,067	4,189,489
Forth Valley	Clackmannanshire and Stirling	2.57%	4,367,222	3,057,055	-195,164	0	2,861,891
	Falkirk	2.89%	4,919,037	3,443,326	-219,836	0	3,223,490
Grampian	Aberdeen City	3.81%	6,480,253	4,536,177	-298,317	-4,232,528	5,333
	Aberdeenshire	4.27%	7,251,701	5,076,191	-324,766	-4,714,534	36,891
	Moray	1.73%	2,940,557	2,058,390	-132,317	-1,620,035	306,037
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,150,460	2,205,322	-140,141	-837,807	1,227,374
	East Renfrewshire	1.58%	2,685,569	1,879,898	-120,632	-1,233,315	525,951
	Glasgow City	11.99%	20,381,275	14,266,893	-928,315	-3,438,308	9,900,270
	Inverclyde	1.62%	2,747,032	1,922,922	-126,472	-1,223,070	573,380
	Renfrewshire	3.37%	5,721,487	4,005,041	-261,903	-3,161,668	581,470
	West Dunbartonshire	1.78%	3,019,783	2,113,848	-140,737	-1,540,333	432,778
Highland	Argyll and Bute	1.88%	3,199,436	2,239,605	-141,683	-2,785,450	0
	Highland	4.70%	7,988,867	5,592,207	-352,417	0	5,239,790
Lanarkshire	Lanarkshire combined	12.28%	20,878,060	14,614,642	-947,700	-5,216,468	8,450,474
Lothian	East Lothian	1.87%	3,173,726	2,221,608	-140,067	-75,922	2,005,619
	Edinburgh	8.35%	14,191,963	9,934,374	-634,173	-3,921,067	5,379,134
	Midlothian	1.63%	2,765,128	1,935,589	-120,660	-486,844	1,328,086
	West Lothian	3.13%	5,318,940	3,723,258	-237,100	-1,094,952	2,391,206
Orkney	Orkney Islands	0.49%	838,060	586,642	-75,000	-886,857	0
Shetland	Shetland Islands	0.48%	809,431	566,602	-76,200	-125,574	364,828
Tayside	Angus	2.16%	3,674,043	2,571,830	-165,208	-2,700,440	0
	Dundee City	2.86%	4,858,691	3,401,084	-226,196	-3,671,050	0
	Perth and Kinross	2.78%	4,725,571	3,307,899	-210,496	-2,574,828	522,576
Western Isles	Western Isles	0.66%	1,118,667	783,067	-103,000	-318,806	361,261
<b>Total</b>			<b>170,000,000</b>	<b>119,000,000</b>	<b>-7,800,000</b>	<b>-53,442,336</b>	<b>59,610,387</b>

E: naureen.ahmad@gov.scot

**15 September 2022**

Dear Margaret,

I am writing following your discussions with my colleagues on the Primary Care Improvement Fund. Our position on IA's utilising their existing reserves as part of the funding envelope for 2022-23 remains. However, we recognise there is an exceptional circumstance in Glasgow City's case and we are keen to work together to resolve.

We can therefore confirm we will work with you to ensure you have financial cover for the legal commitments entered into prior to 11 August, above the value of your 22-23 entitlement and that you had intended to fund through PCIF reserves.

We would ask that you continue to re-evaluate in year costs and keep us updated on projections reflecting any movements through slippage in the programme, forthcoming recruitment plans, and any other sources of funding available (e.g. wider Board funds). We will discuss your position ahead of tranche two allocations and make any necessary adjustments. There is no additional funding for PCIF other than the amounts set out in the allocation letter, therefore any further funding would have to come from savings in other areas.

We hope this gives you the planning assurances needed to inform your IJB meeting at the end of the month.

Kind Regards,  
Naureen Ahmad,  
Deputy Director of General Practice Policy