



Item No: 14

Meeting Date: Wednesday 29th January 2020

Glasgow City Integration Joint Board

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PRIMARY CARE IMPROVEMENT PLAN (PCIP) – RISKS AND CHALLENGES TO ACHIEVING FULL IMPLEMENTATION

Purpose of Report:	The purpose of this report is to brief the IJB on the risks and challenges associated with full implementation of Glasgow City's Primary Care Improvement Plan (PCIP).
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Background/Engagement:	<p>The IJB Finance, Audit and Scrutiny Committee met on 30 October 2019 and discussed progress that has been made with the implementation of the Primary Care Improvement Plan since April 2019. The paper can be found at: https://glasgowcity.hscp.scot/publication/item-no-11-primary-care-improvement-plan-pcip-progress-april-september-2019</p> <p>The Committee, following its consideration of this matter, asked that a short paper be provided to the IJB to alert all members to challenges and risks in implementation and to how these are being managed.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) note the challenges and risks; and b) note that the IJB Finance, Audit and Scrutiny Committee will continue to consider the mitigation of these risks and challenges.
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Relevance to Integration Joint Board Strategic Plan:

<p>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.</p>
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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	All 9 health and wellbeing outcomes are relevant.
Personnel:	In our PCIP and the attached report we highlight the challenges that we are facing 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 employ the Community Links Workers.
Equalities:	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 the EQIA can be found at the following: https://glasgowcity.hscp.scot/publication/eqia-primary-care-improvement-plan
Fairer Scotland Compliance:	The socio-economic impact of decisions has been adopted as part of the Equality Impact Assessment.
Financial:	Our concerns regarding the eventual affordability of the programme have not receded. 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.
Legal:	Not applicable
Economic Impact:	Short term economic impact from the establishment of the 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:	None

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Risk Implications:	Risks associated with finance, recruitment and infrastructure are explained in the attached report.	
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.	
Implications for NHS Greater Glasgow & Clyde:	The Health Board is responsible for the delivery of the GMS contract and as employer of the staff is responsible for the recruitment of the new workforce.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 The purpose of this report is to brief the Integration Joint Board on the risks and challenges associated with full implementation of Glasgow City's Primary Care Improvement Plan.

2. Situation

- 2.1 The implementation of Glasgow City's Primary Care Improvement Plan (PCIP) has been underway since 2018 but there are some significant risks and challenges that have the potential to prevent the full implementation of the plan by March 2021. These risks and challenges have been brought to the attention of the IJB in a number of reports and to the Scottish Government - in 6 monthly tracker returns - and are summarised in this report.

3. Background

- 3.1 The IJB Finance, Audit and Scrutiny Committee received a progress report at its meeting on 30 October 2019 <https://glasgowcity.hscp.scot/publication/item-no-11-primary-care-improvement-plan-pcip-progress-april-september-2019>. The report describes the good progress that has been achieved but explains that there are major obstacles to the successful implementation of the PCIP, in spite of the considerable work by the HSCP staff to mitigate the risks and challenges. Given the intractable nature of some of these risks, the committee agreed to make the Integration Joint Board aware of the challenges and risks.

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In November the Scottish Government wrote to all HSCPs to ask them to submit - by the end of January 2020 - a projection of what they will be able to deliver, with the resources that are currently available, against what would be required to fully meet the Memorandum of Understanding (MoU) commitments. At the time of writing this report we had not completed drafting the Glasgow City submission but our overall message will be based on the contents of this report.

4. Risks and Challenges

4.1 There are a number of strategic risks associated with the PCIP included in our risk register, with details of mitigating actions where these are possible. The main risks are described below:

A. A lack of experienced and suitably qualified practitioners

We have experienced difficulties in recruiting pharmacists, advanced practice physiotherapists and advanced nurse practitioners. In interviews for physiotherapists last year we were not successful in recruiting to the posts and the vacancies had to be re-advertised. We were able to fill some of the vacancies as a result of the second advert but this was from candidates who came from the mainstream MSK physiotherapy service. For the pharmacy posts we could not initially fill vacancies in the North East Locality. For the advanced nurse practitioners we have recruited to trainee posts on the basis that the staff would become qualified when in post and are being supervised by fully qualified ANPs. Our view is that we will need to continue the use of trainee positions to fill our future vacancies.

There is growing evidence that the performance of the wider health system could be adversely affected by the displacement of experienced practitioners, such as the movement of pharmacists to primary care from the acute and community pharmacy sectors and physiotherapists being attracted to primary care from the mainstream MSK service.

Furthermore, the timescales for recruitment of new staff remain a barrier to maximising the full use of the funding as our experience is that the process can take up to 7 months to fill posts.

The actions we are pursuing (or plan to pursue) to mitigate the risks to the successful delivery of the PCIP are:

- Phasing recruitment so that we make the process controllable for the managers and the wider health system
- Making our local process for approving vacancies as efficient as possible
- Developing alternative models of service that consist of staff with different skills and experience – in pharmacy this would mean developing teams comprised of pharmacists, pharmacy technicians and pharmacy assistants
- Recruiting staff into trainee posts, such as trainee ANPs

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- Recruiting less experienced staff at a lower grade and then supporting them to obtain the necessary experience once in post
- We are investigating the potential to undertake a high profile recruitment campaign which would promote Glasgow as a great place to come to live and work
- Considering the recruitment of other types of practitioners who could add value to multi-disciplinary teams and reduce GP workload
- We have asked the localities and GP clusters to agree their priorities for future investment in the anticipation that they will devise innovative local solutions to the workforce recruitment challenges
- Considering the rate of turnover in unqualified staff and possible role type to support career development
- Considering the rate of recruitment to mitigate impact of staff leave, such as maternity on service delivery.

Nonetheless, regardless of the actions we take locally, we remain reliant on there being sufficient numbers of students in the educational system as well as fully qualified and experienced practitioners in the current employment market. The problems being experienced in Glasgow are replicated throughout Scotland and, therefore, require both national and local solutions based on robust workforce plans. The Scottish Government published its primary care workforce plan in December 2019 and outlined its commitments to increase the number of places for students in physiotherapy and pharmacy but these will take a number of years to make an impact on the overall number of experienced practitioners available across Scotland.

<https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/pages/1/>

B. Affordability of PCIP

Our concerns regarding the eventual affordability of the programme have not receded. Whilst 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 compromise on the MoU commitments.

We have made a number of projections for the funding required, that vary depending on how closely we follow the requirements of the MoU. If we were to implement the commitments exactly as laid down in the MoU, we would require in excess of £35m per year from 2021/22. In the anticipation that funding at that level will not be made available by the Scottish Government, we are developing a range of lower cost models of service delivery. Notwithstanding these alternative models we are still estimating that we will need between £4m and £5m per year above the funding allocation from the Scottish Government.

Furthermore, Primary Care Improvement Fund (PCIF) funding allocations are not subject to inflationary increases and, consequently, need to self-finance inflationary pressures, such as pay awards and the 6% increase to superannuation costs for all new posts from 1st April 2019.

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C. Infrastructure challenges

There are a number of infrastructure challenges associated with completing the PCIP within the MoU timescale, including the lack of an integrated ICT system to support Multi-Disciplinary Team (MDT) working. For example, in developing our pharmacotherapy service models, we would be keen to explore with the health board e-health solutions that promote automation of processes, interoperability of systems across the health system to reduce demand on workload and to better enable other parts of the system (such as community pharmacy) to support safe and effective use of medicines.

However, our most pressing challenge is the lack of suitable office and clinical accommodation, in GP owned/lease premises and in our own estate. In September, some additional funding was made available by the Scottish Government to invest in premises and we have allocated some PCIP budget to finance the upgrading of buildings. Since we received the notification of the funding we have commissioned two pieces of work to assess the current usage of our estate and to investigate how we could upgrade the existing buildings, to make best use of the accommodation for the expanded staff and clinical services. We are working with the NHSGG&C Capital Planning team to develop a programme of upgrading works informed by these investigations. Nevertheless, there are significant logistical and procedural problems associated with implementing the work to upgrade premises and these are resulting in long lead in times to plan and complete the refurbishment and construction work.

5. Assessment

- 5.1 We remain strongly committed to completing the implementation of the PCIP in line with our original plans. In certain respects Glasgow is ahead of other parts of Scotland. So far all pre-school vaccinations have been transferred; we are relatively more advanced in implementing our proposals for community treatment and care services and; good progress is being made with pharmacotherapy and community links workers.
- 5.2 However, this report has highlighted the main risks associated with the programme and has explained how these areas of risk present us with challenges in fulfilling all the commitments made in the GMS contract and the MoU within the original timescale. Moreover, as we explained in our original plan, it remains highly likely that we will need to scale back some of our original plans and/or overhaul the current models of service, unless we receive the required additional resources from the Scottish Government.

6. Conclusion

- 6.1 Over the next two months we will be reviewing our projections again to identify which elements of the programme would need to be reduced to ensure that we do not breach the final year financial planning assumption from the Government. In addition, officers will continue to raise their concerns with the Scottish Government via the National GMS Oversight Group and through the 6 monthly progress tracker.

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7. Recommendations

7.1 The Integration Joint Board is asked to:

- a) note the challenges and risks; and
- b) note that the IJB Finance, Audit and Scrutiny Committee will continue to consider the mitigation of these risks and challenges.