Item No: 8

Meeting Date: **Wednesday 24th June 2026**

Glasgow City Integration Joint Board

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Delivery of the Primary Care Improvement Plan (PCIP) 2025-26

Purpose of Report:	The purpose of this report is to provide an update on delivery of the Primary Care Improvement Plan (PCIP) programme for 2025-26, based on Scottish Government PCIP 9 Tracker return and to seek approval for direction in 2026-27.

Background/Engagement:	At its meeting in September 2023 the IJB approved the Primary Care Action Plan (PCAP) 2023-2026. This report builds on the Primary Care Action Plan (PCAP) 2023-2026, the PCIP Funding paper approved by the IJB in September 2025 and the submission of PCIP 9 Tracker to Scottish Government in May 2026. Members of the Primary Care Leadership Group and GP Subcommittee representatives have been involved in monitoring and reporting of the PCIP 9 Tracker return in May 2026 and the proposed direction for 2026-27.

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 ☐ Update requested by IJB ☐ Other ☒

	– Primary Care Leadership Group – Primary Care Management Group Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) Note the update on delivery of the Primary Care Improvement Plan (PCIP) during 2025-26, based on the Scottish Government PCIP 9 Tracker return and Primary Care Action Plan (PCAP) monitoring; and b) Approve the proposed directions and priorities for PCIP delivery in 2026-27, as outlined in this report.

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. Estimates suggest that up to 90% of patient health care contacts and episodes start and finish in primary and community care. Transforming primary care services is of relevance for the delivery of the partnership's priorities one and three: – Prevention, early intervention and well-being; and – Supporting people in their communities

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	All.

Personnel:	The agreement on the use of the proposed PCIP funding will enable us to continue with the recruitment programme for the PCIP workstreams.

Carers:	The expansion of services in primary care has provided additional help for patients, including carers.

Provider Organisations:	Primary care services are provided under contract with the health board. Third sector/independent organisations have been given an opportunity to tender for the provision of some of the services to help patients. This agreement on future direction will enable us to continue to honour the contractual commitments for 2026-27, with several provider organisations and to progress planning for expected funding changed in 2027-28 i.e. Community Link Workers (CLW).

Equalities:	An EQIA has been undertaken for the. Primary Care Action Plan 2023-26

Fairer Scotland Compliance:	The socio-economic impact of decisions was considered as part of the Equality Impact Assessment and will be reviewed during the lifetime of this plan.

Financial:	This report provides details of the programme of expenditure for the Primary Care Improvement Fund for 2025-26 of £22.674m, as outlined in the Scottish Government's funding allocation letter dated 20 June 2025. The allocation does not include the 2025-26 Agenda for Change pay uplift. The letter advises that IJBs can assume that in future years we will continue to receive our 2023-24 NRAC share of Primary Care Improvement Fund (PCIF), uplifted to apply Agenda for Change pay rises and that we will be required to provide extended MDT support to practices with that funding. There has, however, been no associated increase to allow for uplift in pay for staff employed via contracted services (e.g. Community Link Workers), placing a risk in terms of the ability to maintain service levels if no further funding is identified.

Legal:	Agreement on future direction and associated funding will ensure that we continue to honour our contractual commitments with our providers.

Economic Impact:	Short term economic impact from the establishment of the new posts within community and primary care services. Longer-term outcomes related to health and wellbeing of our population and its contribution to economic development.

Sustainability:	Supporting practices based in local neighbourhoods so that patients do not need to travel far for their care.

Sustainable Procurement and Article 19:	NHSGGC undertakes the procurement process using the health board's processes.

Risk Implications:	There is a risk that the on-going constraints on public spending will lead to future reductions in the funding available for PCIP. Formal allocation letters are issued by Scottish Government for the PCIF on an annual basis. In the past few years, these letters have been issued later in the financial year, and this is making it more challenging to plan and deliver programmes. Following agreement at the National GMS Oversight Group, the Scottish Government has agreed to explore the potential for baselining the full PCIF to provide greater certainty for IJBs. There are no published details of when and how this will be taken forward.

	Key risks to the programme can be summarised as: • Insufficient funding to meet all the commitments in the 2018 GP contract – including future uplifts for pay awards - and the Scottish Government's annual approach to awarding the PCIF to IJBs, significantly restricts the ability of the HSCP to effectively plan and expand the priority services set out in the Memorandum of Understanding 2 (MOU2) • The challenging financial outlook for IJBs - for example, the volatile costs of prescribing and increased costs for General Medical Service (GMS) leading to a requirement to make savings in our primary care budget on an on-going basis, which will add to the challenges faced by the services. • Whilst the Agenda for Change uplifts have been fully funded, no additional funding has been provided for uplifts to external contracts e.g. Community Link Workers, which may potentially impact service provision. Similarly, the impact of the number of B5 HSCP staff that may request to be upgraded to B6 is still being quantified. • Service delivery risk because of Reduced Working week (RWW) – impact on service capacity resulting in reduction in fewer appointments (e.g. CTAC or Vaccination services) or reduced coverage (Pharmacy or Urgent care). • Potential reduction or withdrawal of time-limited national funding streams i.e. Community Link Workers (CLW) • Growing demand for primary care services creates significant capacity challenges in terms of demand pressures impacting the ability of primary care to effectively provide services. • Continued pressures on accommodation with a lack of consulting, treatment room and office space in some GP properties and health centres to facilitate the expansion of practice and multi-disciplinary teams. • Relatively slow pace of the introduction of digital technology (and significant variations in its use) to support new ways of working across primary care services, e.g. virtual consultations and e-prescribing. • Managing public expectations and gaining support to change the way primary care resources respond to need, given the growing demand for services.

Implications for Glasgow City Council:	None.

Implications for NHS Greater Glasgow & Clyde:	NHSGGC is responsible for the recruitment of staff and ensuring that the capital investment programme in our accommodation is progressed. NHSGGC undertakes the procurement process for several workstreams, and this will

	be required in the future, once existing contracts come to an end.

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 provide update on the delivery of the Primary Care Improvement Plan (PCIP) programme for 2025-26, based on Scottish Government PCIP 9 Tracker return and Primary Care Action Plan (PCAP) 2023-2026 and to seek approval for direction in 2026-27.

2. Background

2.1. In September 2023, the IJB approved the Primary Care Action Plan (PCAP) 2023-2026, setting out how Glasgow City HSCP would meet its wider primary care responsibilities, including delivery of commitments within the 2018 General Medical Services (GMS) Contract through the Primary Care Improvement Plan (PCIP).

2.2. PCIPs are a core delivery programme under the national Memorandum of Understanding (MoU) associated with the 2018 GP contract and sets out our plans for the implementation of the contract. The PCIP determines the priorities based on population healthcare needs, whilst taking account of existing service delivery, available workforce and financial resources.

2.3. Glasgow City HSCP is therefore responsible for planning, delivering and assuring PCIP services for General Practice (GP) and its population. The services which have been transferred from general practice and developed include:

- Vaccination Transformation Programme (VTP).
- Community Treatment and Care (CTAC) services, including Phlebotomy
- Pharmacotherapy services
- Urgent Care services
- Other multi-disciplinary teams in primary care, i.e. Musculoskeletal Physiotherapy services and Community Mental Health services.
- Community Links Workers

2.4. Delivery and oversight during 2025-26 have been supported through:

- The Primary Care Leadership Group and Primary Care Management Group
- Engagement with GP Subcommittee and Local Medical Committee (LMC) representatives

- Submission of the Scottish Government Local Implementation PCIP 9 tracker return in May 2026
- IJB through reports and established governance routes including national reporting.

3. Primary Care Improvement Plan Delivery 2025-26

3.1. Delivery Overview

3.1.1 During 2025-26, Glasgow City HSCP continued to prioritise delivery of the three MoU2 priority areas:

- Pharmacotherapy services
- Community Treatment and Care (CTAC), including Phlebotomy and Treatment Rooms
- Vaccination Transformation Programme (VTP).

Additional multidisciplinary team (MDT) services – including Urgent Care, Musculoskeletal (MSK) Advanced Practice Physiotherapy, Mental Health services and Community Link Workers (CLWs) – are sustained within available resources.

Across the city, 138 GP practices continue to have access to core PCIP services, although the extent and intensity of delivery vary by service due to workforce, accommodation and funding constraints**.**

3.2 PCIP Delivery Update 2025-26 (PCIP 9 Tracker)

Table 1: PCIP Service Access and Coverage – Position on 31 March 2026

PCIP Service Area	Access Position	Notes on Coverage
Pharmacotherapy	138 practices	All practices have access to Level 1–3 services; depth of delivery varies due to workforce and funding pressures
Community Treatment & Care (CTAC) – Phlebotomy & Treatment Rooms	138 practices	Core services available to all practices; limited scope for expansion
Chronic Disease Measurement (CDM)	9 practices	Pilot delivery only; constrained capacity for wider roll-out
Vaccination Programme	138 practices	Delivery models adapted to national programme change
Urgent Care - care-home based	Variable	Access determined by registered care-home population
MSK Advanced Practice Physiotherapy	34 practices	Coverage remains constrained by workforce availability
Community Link Workers	85 practices	Reduced access due to capacity constraints within thematic posts

3.3 Workforce and Capacity

3.3.1 PCIP 9 Tracker highlights that workforce capacity across PCIP services continues to be significantly affected by:

- Reduced Working Week (RWW) implementation, resulting in a real-term reduction in available capacity to deliver services
- Recruitment and retention challenges across several staff groups
- Lack of pay award uplifts for commissioned services i.e. CLWs and Mental Health
- Ongoing reliance on non-Primary Care Improvement Fund-funded management, leadership and support capacity.

Despite these constraints, services have continued to adapt delivery models, increase skill mix, and prioritise efficiency and value.

3.4 Financial Position

3.4.1 The Primary Care Improvement Fund (PCIF) is allocated to each IJB on an annual basis to support implementation of the 2018 GP contract and to facilitate the reduction in workload for general practice. Funding allocations are calculated using the National Resource Allocation Calculation (NRAC) funding formula.

3.4.2 The 2025-26 national allocation for PCIF is £190.8m, Glasgow City IJB's share of the national allocation is £22.674m, plus additional funding for Agenda for Change salary uplifts. Table 2 outlines the total spend on PCIP services including PCIF and non-PCIF spend across MoU service areas.

Table 2: PCIP Financial Position 2025-26 including AfC pay uplifts

PCIP Programme Workstreams	2025-26 PCIF Spend	2025-26 non PCIF Spend	2025-26 Total Spend
Vaccination Programme	3,570,104	1,593,000	5,163,104
Pharmacotherapy	5,902,604	2,000,433	7,903,037
Community Treatment and Care Services	7,162,131	840,388	8,002,519
Urgent Care	538,829	0	538,829
Additional Professional Roles (Including MSK Physiotherapy and mental health)	2,579,146	0	2,579,146
Community Link Workers	3,500,278	1,200,000	4,700,278
Sustainability & Programme Support	1,087,030	217,965	1,304,995
Total	**24,340,122**	**5,851,786**	**30,191,908**

3.4.3 The approach to allocation of PCIF across the Programme continues to follow national guidance to prioritise the Vaccination Transformation, the Community Care and Treatment (CTAC) and Pharmacotherapy programmes. In total, these three programmes receive two thirds of the total budget, with a strong focus remaining on mental health and Community Links Worker programmes within the funding that is available.

3.4.4 The PCIP 9 Tracker reiterates the long-standing position that current funding levels remain insufficient to deliver the full commitments set out in the 2018 GP contract and associated MoUs, particularly in the context of inflation, pay pressures and annualised funding arrangements. It has been estimated that it would cost in the region of £62.474m per year to achieve the objectives of the Memorandum of Understanding.

3.4.5 To ensure that the allocation of funds aligns with general practices priorities, the views of representatives from the GP Subcommittee are sought each year on the allocation of the PCIF.

3.4.6 There is continued challenges with the development and delivery of PCIP workstreams to support implementation of the 2018 GP contract, due to insufficient funding to meet all the Scottish Government's commitments, and the funding allocation being made on an annual (non-recurring) basis. The Scottish Government continues to explore the potential for baselining the PCIF into core health funding to support better financial planning and to reduce administrative and reporting burdens however there is no details of when and how this baselining will take place.

3.5 Community Link Worker Programme

3.5.1 Community Link Worker (CLW) provision currently includes time limited national funding which is not confirmed beyond 2026-27. In the absence of clarity on future national funding arrangements, 2026-27 will require early planning to manage potential financial risk and service impact from 2027-28. Key considerations include:

- The scale and profile of CLW provision that could be sustained within confirmed recurring resources
- The potential requirement for a phased reduction or remodelling of CLW provision should funding not be extended
- The implications for general practice, communities and partner services, including equality and prevention impacts
- Engagement with stakeholders, staff and national partners to support a planned and managed approach.

Any proposed changes to CLW provision will be subject to further options appraisal, equality impact assessment and approval through appropriate primary care governance routes.

3.6 Achievements and Barriers in 2025-26

3.6.1 Key achievements in 2025-26 include:

- Continued operation and incremental improvement of core PCIP services
- Improved access and uptake across vaccination programmes
- Service redesign and efficiency gains within pharmacotherapy and CTAC services
- Ongoing workforce development, education and quality improvement activities across MDT roles

3.6.2 Key barriers continue to include:

- Insufficient and non-recurrent funding
- Workforce supply, retention and capacity issues
- Premises and accommodation constraints limiting service expansion
- Gaps in digital and data infrastructure to support MDT working and demand management

3.7 Learning from PCAP 2023-2026

3.7.1 The PCAP 2023-2026 Monitoring and Evaluation, April 2026 reported to the primary care leadership group concluded that Glasgow City HSCP has delivered strong progress against its core objectives, with strengths in governance, engagement, service establishment and quality improvement infrastructure.

3.7.2 Overall delivery was assessed as Amber, reflecting ongoing external risks related to funding, workforce, digital and capital investment that remain largely outside HSCP control.

4. Proposed Direction for PCIP and PCAP 2026-27

4.1. In line with the PCIP 9 Tracker position and PCAP evaluation learning, the proposed direction for 2026-27 focuses on consolidation rather than expansion, sustaining delivery while preparing for the next phase of primary care reform. This is included in Table 3.

4.2. **Table 3**: Proposed Direction and Priorities 2026-27

Priority Area	Direction
Sustain Core PCIP Services	Maintain existing services within confirmed PCIF
MoU2 Priorities (Vaccination, Pharmacotherapy, CTAC)	Continued prioritisation
Access & Variation	Manage unwarranted variation within capacity
Community Link Workers	Plan for potential reduction post-2026-27
Future PCAP Development	Structured planning and engagement

5. National Primary Care Developments

5.1. In addition to sustaining core PCIP delivery, 2026-27 will require focused planning and progression of several national primary care developments, including:

- Consideration and implementation of New National Core Investment arrangements as these are clarified
- Development of a business case to support the future multidisciplinary team (MDT) model for general practice
- Implementation of the national Primary Care Route Map, including alignment with emerging expectations for delivery and access to services

- Continued digital enablement to support access, MDT working, data quality and IT reprovisioning for general practice and community services

Progression of these national priorities will be subject to further engagement, affordability assessments and appropriate governance approvals. With a focus on implication of New Core Investment into general practice from April 2026.

6. New National Core Investment

6.1. The new core general practice investment is expected to support longer term stability for practice, in particular given sustained financial, workforce and demand pressures. However, as funding is phased from 2026-27 and does not replace PCIP services, there will be no immediate improvement in access or relief of current pressures, requiring oversight, clear communication and expectation management.

7. Recommendations

7.1 The Integration Joint Board is asked to:

a) Note the update on delivery of the Primary Care Improvement Plan (PCIP) during 2025-26, based on the Scottish Government PCIP 9 Tracker return and Primary Care Action Plan (PCAP) monitoring; and
b) Approve the proposed directions and priorities for PCIP delivery in 2026-27, as outlined in this report.

Direction from the Glasgow City Integration Joint Board

1	**Reference number**	240626-8
2	**Report Title**	Delivery of the Primary Care Improvement Plan (PCIP) 2025-26
3	**Date direction issued by Integration Joint Board**	24 June 2026
4	**Date from which direction takes effect**	24 June 2026
5	**Direction to:**	NHS Greater Glasgow and Clyde only
6	**Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)**	Yes (reference number: 240925-10) Supersedes
7	**Functions covered by direction**	Provision of services to enable the delivery of the Primary Care Improvement Plan workstreams outlined in section 2.3 of this report including: - Vaccination Transformation Programme - Community treatment and care services (CTAC). - Pharmacotherapy services - Development of urgent care services - Recruitment of additional practitioners employed by health boards to maintain multi-disciplinary teams in primary care, such as acute musculoskeletal physiotherapy services, community mental health services. - Community Links Workers support for primary care - Programme Support and infrastructure

8	**Full text of direction**	NHSGGC is directed to implement the Primary Care Improvement Plan workstreams outlined in section 2.3 of this report, utilising expected Primary Care Improvement Funding (PCIF) for the 2026-27 year.
9	**Budget allocated by Integration Joint Board to carry out direction**	The PCIF budget allocation for 2026-27 to carry out the direction based on expected £22.674m as indicated in Section 3 of this report.
10	**Performance monitoring arrangements**	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership. There are on-going progress reports provided to the Primary Care Leadership Group; this group has responsibility for the oversight of Glasgow City HSCP's PCIP. In addition, performance is monitored every 12 months aligned to the reporting of the Local Implementation Tracker to Scottish Government.
11	**Date direction will be reviewed**	March 2027