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Item No: 10

Meeting Date: Wednesday 24th September 2025

Glasgow City Integration Joint Board

Report By: Stephen Fitzpatrick, Assistant Chief Officer Older People's Services & Primary Care
Gillian Hennon, Interim Assistant Chief Officer, Finance

Contact: Jenny McCann, PCIP Programme Manager

Phone: 07976670068

Funding for the delivery of the Primary Care Improvement Plan (PCIP) 2025/26

Purpose of Report:	The purpose of this report is to seek approval for the PCIP programme for 2025/26, based on funding of £22.674m.
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Background/Engagement:	<p>At its meeting in September 2023 the IJB approved the Primary Care Action Plan (PCAP) 2023 – 2026.</p> <p>This report follows on from the PCAP and 2024-25 PCIP Funding paper presented to the IJB and describes how we propose to allocate the PCIP budget for 2025/26, to meet our responsibilities laid out in the 2018 GMS contract and associated Memoranda of Understanding (MOUs).</p> <p>Members of the Primary Care Leadership Group and Local Medical Committee (LMC) representatives have been involved in the development of the budget for 2025/26.</p>
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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input checked="" type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p>
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	<ul style="list-style-type: none">- Primary Care Leadership Group- Primary Care Management Group Not Applicable <input type="checkbox"/>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>a) Approve the proposed programme for the Primary Care Improvement Fund (PCIF) for 2025/26 as outlined in Table 1 in section 3.</p>
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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.

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
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Personnel:	The agreement on the use of the proposed PCIP funding will enable us to continue with the recruitment programme for the PCIP workstreams.
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Carers:	The expansion of services in primary care will provide additional help for patients, including carers.
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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 funding will enable us to continue to honour the contractual commitments with several provider organisations.
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Equalities:	An EQIA has been undertaken for the. Primary Care Action Plan 2023-26
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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.
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Financial:	<p>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. This programme supports the implementation of the 2018 GP contract. The allocation does not include the 2025/26 Agenda for Change pay uplift because this has not been agreed with the trade unions. The allocation letter (appendix 1) advises that IJBs can assume that in future years we will continue to receive our 2023/24 NRAC share of 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 on the ability to maintain service levels if no further funding is identified.</p>
Legal:	<p>Agreement of funding will ensure that we continue to honour our contractual commitments with our providers.</p>
Economic Impact:	<p>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.</p>
Sustainability:	<p>Supporting practices based in local neighbourhoods so that patients do not need travel far for their care.</p>
Sustainable Procurement and Article 19:	<p>NHSGGC undertakes the procurement process using the health board's processes.</p>
Risk Implications:	<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>Formal allocation letters are issued by Scottish Government for the Primary Care Improvement Fund (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. The Scottish Government has indicated that this will happen no earlier than 2026-27 but has not published details of when and how this will be taken forward.</p>

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	<p>Key risks to the programme can be summarised as:</p> <ul style="list-style-type: none">• 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 Primary Care Improvement Funding (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, because of the increase in costs of prescribing - will lead 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 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 staff that request to be upgraded to B6 is still being quantified• Increase in the demand for primary care services, creating significant capacity challenges in terms of demand pressures that have the potential to impact on the ability of primary care to effectively provide services.• Despite recent investment to improve accommodation there remains a lack of consulting, treatment room and office space in some GP properties and health centres, to facilitate the expansion of multi-disciplinary working.• 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.• Service delivery risk because of Reduced Working week (RWW) – impact on service delivery resulting in fewer appointments (e.g. CTAC/ Vaccination services) or reduced coverage (Pharmacy or Urgent care).• The BMA's Scottish GP Committee (SGPC) has stated they are in formal dispute with the Scottish Government due to concerns over funding and access to general practice. This may impact service provision across primary care.
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Implications for Glasgow City Council:	None.
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Implications for NHS Greater Glasgow & Clyde:	NHS GGC 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.
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Direction Required to Council, Health Board or Both	
Direction to:	
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"/>

1. Purpose

- 1.1. The purpose of this report is to seek approval for the PCIP programme for 2025/26, based on funding of £22.674m.

2. Background

- 2.1. In 2017/18 agreement was reached by the Scottish Government and the GP profession to the new General Medical Services (GMS) contract. The contract was in response to growing pressures within primary care that were threatening sustainability, such as growing demands on the service and concerns about GP recruitment, early retirement and retention. The aim of the contract was to enable GPs to operate as “expert medical generalists”, 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 (MDTs). The principal elements of the 2018 contract are:

- To re-design primary care services to enable longer consultations by GPs for patients with multiple morbidities who require complex care.
- For health boards to take on responsibility for GP leased and owned premises.
- To reduce the risk to GPs from information sharing.
- To give GP clusters¹ 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.

¹ A GP cluster is a professional grouping of general practices to facilitate the improvement in the quality of health care. [The GP Cluster - Improving Together: A National Framework for Quality and GP Clusters in Scotland - gov.scot \(www.gov.scot\)](http://www.gov.scot/publications/the-gp-cluster-improving-together-a-national-framework-for-quality-and-gp-clusters-in-scotland/pages/12.aspx)

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2.2. Following the publication of the new GP contract in 2018, Glasgow City Health and Social Care Partnership (HSCP) has developed Primary Care Improvement Plans (PCIP), which set 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 available financial resources.

2.3. The plans are developed to deliver the commitments in Memoranda of Understanding (MOUs) 1 and 2, which were signed by the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards. MoU 1 covered 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 musculoskeletal physiotherapy services and community mental health services.
- Development of **Community Links Workers'** support for primary care.

2.4. The agreement of the MOU 2 in 2021, required IJBs to place emphasis on 3 priority areas: the Vaccination Transformation Programme, increasing pharmacotherapy support and delivery of Community Treatment and Care Services (CTAC). Glasgow City HSCP has been committed to supporting mental wellbeing initiatives as one of the priorities in our PCIP, because mental health problems present a substantial element of the needs of patients attending general practice.

3. Primary care Improvement Fund (PCIF) 2025/26

3.1. 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.

3.2. 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 1 outlines how we are proposing to allocate the PCIF between the workstreams.

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- 3.3. The approach to financial planning has accounted for the Scottish Government's guidance that priority must be given to the **Vaccination Transformation**, the **Community Care and Treatment (CTAC)** and **Pharmacotherapy** programmes. In total these three programmes will receive 76.8% of the total budget. In response, however, to the feedback from GPs, a strong focus on the mental health and Community Links Worker programmes (15.8% of the total budget) has been maintained within the funding that is available.
- 3.4. 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. Recognising that this higher level of investment is not likely to be forthcoming, a review of the projected expenditure has been undertaken, to bring it in line with Glasgow City IJB's funding allocation for 2025/26.
- 3.5. *Table 1: Proposed Primary Care Improvement Plan Expenditure 2025-26*

PCIP Programme Workstreams	2025/26 Proposed Spend £'000	What the funding covers
Vaccination Transformation Programme	3,018	Delivery of flu programs to all cohorts, travel vaccination programme. Infrastructure costs
Pharmacotherapy	7,415	Salaries of pharmacists & pharmacy technicians. Infrastructure costs.
Community Treatment and Care Services/ Phlebotomy	6,973	Salaries of phlebotomists & treatment room staff Infrastructure costs
Urgent Care	517	Salaries of advanced nurse practitioners (ANPs), Lead ANP and Professional Nurse Lead, plus supervision and training costs
Community Link Workers <i>*25/26 PCIF funding (not inc. additional £1,200 additional Scottish Government funding)</i>	2,186	Covers externally commissioned service via third sector partners, and staff directly employed via HSCP.
Mental Health	1,395	Includes externally commissioned services Compassionate Distress Response Service (CDRS), LifeLink and Youth Health Services
Advanced Practice Physio (APP)	806	10.44wte APP, plus 0.6WTE supervision costs
Sustainability & Programme Support	364	Programme Support costs, Infrastructure required to sustain PCIP programme and PCIP Premises Improvement Grants.

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PCIP Programme Workstreams	2025/26 Proposed Spend£'000	What the funding covers
Total costs	22,674	

The above budget has been developed and informed using anticipated expenditure forecasts, based on current planning. If during the year an underspend is reported, funding will be re-prioritised to ensure continued delivery of the MOU commitments.

- 3.6. To ensure that the allocation of funds aligns with general practices' priorities, the views of representatives from the Glasgow LMC and GP Subcommittee are sought each year on the allocation of the PCIF.
- 3.7. Glasgow City HSCP, like all HSCPs, has faced challenges with the development and delivery of PCIP workstreams to support implementation of the 2018 GP contract, because the funding is not enough to finance all the Scottish Government's commitments, and because the allocation is made on an annual (non-recurring) basis. The Scottish Government is exploring the potential for baselining the PCIP funding into core health board funds, to support better financial planning and to reduce administrative and reporting burdens. The Scottish Government has indicated that this will happen no earlier than 2026-27 but has not published details of when and how this baselining will take place.
- 3.8. ***Additional Primary Care Fund***

The Scottish Government has committed to providing an additional, £1.2m to support the delivery of the Community Link Worker Programme in Glasgow (funding letter confirming funding can be found at appendix 2). The Scottish Government's offer is on a recurring basis for three years up until the end of the financial year 2026/2027 and is subject to annual Parliamentary approval of the Scottish Government budget. This will be provided in addition to the HSCP's Primary Care Improvement Fund (PCIF) allocation. The funding is being offered to sustain Community Links Worker capacity at 2023/24 levels. Further detail of this agreement can be found in a report presented to the IJB on the [21st January 2024](#).

4. Recommendations

- 4.1 The Integration Joint Board is asked to:
- a) Approve the proposed programme for the Primary Care Improvement Fund (PCIF) for 2025/26 as outlined in Table 1 in section 3.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	240925-10
2	Report Title	Funding for the delivery of the Primary Care Improvement Plan (PCIP) 2025/26
3	Date direction issued by Integration Joint Board	24 September 2025
4	Date from which direction takes effect	24 September 2025
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, supersedes 250924-10
7	Functions covered by direction	Provision of services to enable the delivery of the Primary Care Improvement Plan workstreams outlined in section 3.5 of this report including: <ul style="list-style-type: none">- 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 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- Programme Support and infrastructure
8	Full text of direction	NHS GGC is directed to implement the Primary Care Improvement Plan workstreams outlined in section 3.5 of this report, utilising Primary Care Improvement Funding (PCIF) for the 2025/26 year.
9	Budget allocated by Integration Joint Board to carry out direction	The PCIF budget allocation for 2025/26 to carry out the direction is £22.674m as indicated in Section 3 of this report.

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10	Performance monitoring arrangements	<p>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.</p> <p>In addition, performance is monitored every 12 months aligned to the reporting of the Local Implementation Tracker to Scottish Government.</p>
11	Date direction will be reviewed	May 2026

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**Appendix 1: Primary Care Improvement Fund (PCIF) 2025-26
Allocation Letter June 2025**

Susan Gallacher
General Practice Policy Division
Primary Care Directorate
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

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**Integration Authority Chief Officers
NHS Board Chief Executives
Integration Authority Chief Finance Officers
NHS Board Director of Finance
Primary Care Improvement Plan leads
Primary Care Clinical and Management leads**

20 June 2025

Dear colleagues

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2025-26

Improvement Fund (PCIF) to support ongoing delivery of Primary Care Improvement Plans (PCIPs) and multidisciplinary team (MDT) services. MDT professionals, working alongside GPs and practice teams, play a vital role in providing care in our communities and improving outcomes for people, the workforce and the wider health care system. Our latest figures show that the MDT workforce now sits at over 5,000 WTE¹. The First Minister has recognised the importance of building capacity in primary care and community health settings and has committed to ensure a greater proportion of new NHS funding goes to primary and community care².

Given that the programme has now reached a more mature phase, and following agreement with CFOs, we are providing the full PCIF allocation in a single payment this year. Funding will be allocated based on 2023-24 NRAC shares and will be disbursed via Health Boards to IAs. **As agreed with CFO representatives, these shares will now be the basis for future allocations.**

¹ [Primary care improvement plans - implementation progress summary: March 2025 - gov.scot](#)

² [Improving public services and NHS renewal: First Minister's speech - 27 January 2025 - gov.scot](#)

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The PCIF is an earmarked fund which should be used to support the implementation of PCIPs and should not be used for other purposes.

Available Resources

I can confirm that we will allocate **£190.8 million** for IAs in 2025-26 under the PCIF. This comprises funding for PCIF inclusive of previous years' AfC uplift costs. The allocation will be reduced to account for baselined pharmacy funding. Note that

baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the PCIF.

Agenda for Change uplifts for 2024-25 have been provided to Health Boards as a single allocation which has been baselined. 2025-26 uplifts will follow the same process.

Reserves carried over into 2025-26 financial year will not be deducted from your allocation and can be used to support PCIP costs in 2025-26. We will continue to monitor reserve levels as part of our reporting arrangements in the context of the challenging financial position for public finances.

Legal Commitments

Any funding held in reserves for legal commitments in 2025-26, where these were agreed with Scottish Government in August 2022, will not be deducted from your 2025-26 allocation.

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

Planning Assumptions for 2025-26

HSCPs/Boards should continue to ensure that plans are developed and implemented through local engagement and collaboration with practices, Integration Authorities, Health Boards and GP Sub-Committees, and agreed with Local Medical Committees, to meet local population needs.

Plans should ensure that regulatory requirements on Pharmacotherapy and Community Treatment and Care services are met, while maintaining and developing other MoU services (i.e. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.

Baselining

Following agreement at the National GMS Oversight Group, we have agreed to explore the potential for baselining the full PCIF no earlier than 2026-27.

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In the interim, we have established a sub-group to explore the arrangements required to support baselining and the potential issues, opportunities, risks and mitigations. I can confirm that VTP will not be baselined in advance of other MoU services.

Primary Care Phased Investment Programme and Business Case for future investment

The [Primary Care Phased Investment Programme](#) (PCPIP) will conclude this year and Healthcare Improvement Scotland (HIS) will report on its findings in December 2025.

HIS has developed a national evaluation plan which will be informed by the outputs from the PCPIP. It will build on the existing evidence base and collect data on the impact of MDT working on people, the workforce and the wider system, as well as into providing insights into the context for implementation of the contract.

In parallel, the Scottish Government is developing a business case over the same time period, to consider the next steps on MDT delivery and ensure that we are taking an evidence-based approach to future investment decisions, following a robust, standardised process. We are working with key stakeholder groups, including PCIP leads, as part of this process and value the input we have already received from discussions to date.

Monitoring and evaluation

Thank you once again for completing the PCIP 8 tracker exercise. The data and insights that you share are very helpful and support our annual update publication that was [published on 17 June](#). They also allow us to provide updates for Ministers, officials and stakeholders on progress, trends, successes and challenges in MDT delivery.

At the same time, we recognise there are limitations and gaps in the tracker data collection. In parallel to the evaluation work being taken forward through the PCPIP, we are working closely with key stakeholders to consider what more we can do to address gaps in the evidence base, while recognising that in some cases the trackers may not be the best mechanism to obtain data where the requirements are more complex.

Peer learning

We plan to host a further series of HSCP engagement sessions later this year. We will be in touch in due course with arrangements.

The [Primary Care Improvement Collaborative](#) remains a resource open to all primary care teams, to receive updates on learning sessions, webinars and other resources as well as hear about future opportunities to request hands on support to use quality improvement tools and approaches to make process level improvements.

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I hope this update provides you with the assurances you need to continue to progress implementation of your PCIPs in 2025-26 in support of our shared goal of delivering improved care in our communities.

Yours faithfully

Susan Gallacher

Deputy Director, General Practice Policy
Primary Care Directorate

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ANNEX A

PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

Allocation By Territorial Health Board

Health Board	NRAC Share 2023-24	2025-26 Total Available	less PCIF baselined funds	2025-26 PCIF allocation (£)
NHS Ayrshire and Arran	7.31%	13,970,970	-569,300	13,401,670
NHS Borders	2.15%	4,108,639	-161,300	3,947,339
NHS Dumfries and Galloway	2.96%	5,733,527	-229,100	5,504,427
NHS Fife	6.85%	13,216,976	-521,800	12,695,176
NHS Forth Valley	5.47%	10,420,966	-415,000	10,005,966
NHS Grampian	9.74%	18,438,003	-755,400	17,682,603
NHS Greater Glasgow & Clyde	22.14%	42,000,815	-1,718,200	40,282,615
NHS Highland	6.59%	12,671,724	-494,100	12,177,624
NHS Lanarkshire	12.31%	23,219,062	-947,700	22,271,362
NHS Lothian	15.07%	28,940,369	-1,132,000	27,808,369
NHS Orkney	0.50%	973,053	-75,000	898,053
NHS Shetland	0.48%	927,856	-76,200	851,656
NHS Tayside	7.77%	15,038,219	-601,900	14,436,319
NHS Western Isles	0.66%	1,176,821	-103,000	1,073,821
		190,837,000	-7,800,000	183,037,000

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Allocation by Integration Authority

NHS Board	Integration Authority	IA NRAC Share 2023-24 (£)	2025-26 Total Available	less PCIF baselined funds	2025-26 PCIF allocation (£)
Ayrshire and Arran	Ayrshire combined	7.31%	13,970,970	-569,300	13,401,670
Borders	Scottish Borders	2.15%	4,108,639	-161,300	3,947,339
Dumfries and Galloway	Dumfries and Galloway	2.96%	5,733,527	-229,100	5,504,427
Fife	Fife	6.85%	13,216,976	-521,800	12,695,176
Forth Valley	Forth Valley combined	5.47%	10,420,966	-415,000	10,005,966
Grampian	Aberdeen City	3.78%	7,156,280	-298,317	6,857,963
	Aberdeenshire	4.23%	8,017,157	-324,766	7,692,391
	Moray	1.72%	3,264,566	-132,317	3,132,249
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,516,622	-140,141	3,376,481
	East Renfrewshire	1.58%	2,993,649	-120,632	2,873,017
	Glasgow City	11.95%	22,674,266	-928,315	21,745,951
	Inverclyde	1.60%	3,044,576	-126,472	2,918,104
	Renfrewshire	3.38%	6,416,904	-261,903	6,155,001
	West Dunbartonshire	1.77%	3,354,798	-140,737	3,214,061
Highland	Argyll and Bute	1.88%	3,613,485	-141,683	3,471,802
	Highland	4.71%	9,058,239	-352,417	8,705,822
Lanarkshire	Lanarkshire combined	12.31%	23,219,062	-947,700	22,271,362
Lothian	East Lothian	1.89%	3,632,986	-140,067	3,492,919
	Edinburgh	8.40%	16,126,765	-634,173	15,492,592
	Midlothian	1.64%	3,156,928	-120,660	3,036,268
	West Lothian	3.14%	6,023,690	-237,100	5,786,590
Orkney	Orkney Islands	0.50%	973,053	-75,000	898,053
Shetland	Shetland Islands	0.48%	927,856	-76,200	851,656
Tayside	Angus	2.16%	4,178,304	-165,208	4,013,096
	Dundee City	2.82%	5,466,457	-226,196	5,240,261
	Perth and Kinross	2.79%	5,393,458	-210,496	5,182,962
Western Isles	Western Isles	0.66%	1,176,821	-103,000	1,073,821
			190,837,000	-7,800,000	183,037,000

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Appendix 2: Scottish Government letter to Glasgow City HSCP confirming additional funding for Community Link Worker Programme during 2024/25

Primary Care Directorate
Susan Gallacher, Deputy Director
General Practice Policy Division



E: susan.gallacher@gov.scot

19 July 2024

Susanne Millar, Chief Officer, Glasgow City HSCP

Via Email: Susanne.millar@Glasgow.gov.uk

CC: Gary Dover, Margaret Hogg, Fiona Moss, Suzanne Glennie, Louise Feenie, Fiona MacDonald, Peter Lodge

Dear Susanne,

GLASGOW CITY HSCP – COMMUNITY LINK WORKER FUNDING 2024/25

I am writing to confirm funding of up to £1,200,000 for CLW provision from the Primary Care Fund, which will be included in the June allocation. This funding is being provided in addition to the HSCP's Primary Care Improvement Fund (PCIF) allocation.

Purpose of Funding

This funding is subject to the agreement reached between the HSCP and the Scottish Government. My letter of 14 November 2023 set out the conditions of the funding:

To fund 26 existing WTE CLW posts to sustain provision in General Practice within Glasgow City Health and Social Care Partnership in 2024/25 with the following conditions:

- a) It is provided to fund Community Link Workers in the city's most disadvantaged communities and will be used entirely for this purpose.*
- b) It cannot be used to offset other pressures or be redeployed.*
- c) The HSCP undertakes to continue, over three years from 2024/25, to commit a portion of future PCIF allocations which is in line with the HSCP's current PCIF investment in CLWs.*

Condition c) is stipulated on the basis that the HSCP will in the three-year period, continue to receive a PCIF allocation which is in line with its current allocation (subject to annual NRAC adjustments).

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Any changes to these outcomes should be pre-agreed with the Scottish Government Primary Care General Practice Policy Division in writing prior to implementation.

Monitoring and Evaluation

The Scottish Government is committed to improving the evidence base for Primary Care and to better capture and share learning and intelligence about what works. We also have a responsibility to show that investment is making an effective contribution to delivering primary care reform.

Please submit quarterly reports on in-year progress using the template at Annex A. Quarterly reports should be sent within 10 working days of the following dates:

31st July 2024
30th September 2024
31st December 2024

The report submitted for the quarter ending 31st March 2024 will be a longer year-end report evaluating progress over the financial year. Annex B contains the template for the year-end report.

Finance

A total of £1,200,000 will be included in the June allocation.

This funding is provided for the current financial year. If an underspend arises or is expected to arise in this financial year, this must be notified to us as soon as possible so we can arrange for this to be returned to Scottish Government. The funds should be used entirely for the purposes detailed above and should not be top sliced or used for any other purpose.

Any enquiries about the contents of this letter should be emailed to:
katrina.cowie@gov.scot

Yours sincerely,

Dr Susan Gallacher
Deputy Director, General Practice Policy Division
Primary Care Directorate

OFFICIAL