



Item No: 10

Meeting Date: Wednesday 25th September 2024

**Glasgow City
Integration Joint Board**

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

Contact: Jenny McCann, PCIP Programme Manager

Phone: 07976670068

Funding for the delivery of the Primary Care Improvement Plan (PCIP) 2024/25

Purpose of Report:	The purpose of this report is to seek approval for the PCIP programme for 2024/25, 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 describes how we propose to allocate the Primary Care Improvement Plan (PCIP) budget for 2024/25, to meet our responsibilities laid out in the 2018 Scottish General Medical Services (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 2024/25.</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:	The Integration Joint Board is asked to: a) Approve the proposed programme for the Primary Care Improvement Fund (PCIF) for 2024/25 as outlined in table 1 in section 3.
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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> <p>Transforming primary care services is of relevance for the delivery of the partnership's priorities one and three:</p> <ul style="list-style-type: none">- 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 2024/25 of £22.674m, as outlined in the Scottish Government's funding allocation letter dated 5 July 2024. This programme supports the implementation of the 2018 GP contract. The allocation does not include the 2024/25 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 National Resource Allocation Calculation (NRAC) share of PCIF, uplifted to apply Agenda for Change pay rises and that we will be required to provide extended Multi-Disciplinary Team (MDT) support to practices with that funding.</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. The Scottish Government is considering baselining PCIF to provide greater certainty for IJBs but has not published details of when and how this will be taken forward.</p> <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

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	<p>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)</p> <ul style="list-style-type: none"> • 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. • 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. • Recruitment and retention difficulties across most practitioner groups in primary care and community 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.
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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"/>

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1. Purpose

- 1.1. The purpose of this report is to seek approval for the PCIP programme for 2024/25, 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.

- 2.2. Following the publication of the new GP contract in 2018, Glasgow City Health and Social Care Partnership (HSCP) developed a 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).

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/resources/documents/2016/06/16062016_gpcip_gpc_clusters_in_scotland.pdf)

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- 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) 2024/25

- 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 2024/25 national allocation for PCIF is £190.8m, Glasgow City IJB's share of the national allocation is £22.674m, plus an amount to be determined for Agenda for Change salary uplifts. Table 1 outlines how we are proposing to allocate the PCIF between the workstreams.
- 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% 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% 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 £56.8m 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 2024/25.

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3.5. Table: Proposed Primary Care Improvement Plan Expenditure 2024-25

PCIP Programme Workstreams	2024/25 Proposed Spend £'000	What the funding covers	Funding required for full delivery £'000	Shortfall (full delivery minus actual funding available) £'000
Vaccination Transformation Programme	3,018	Delivery of flu programs to all cohorts, travel vaccination programme. Infrastructure costs	5,952	-2,934
Pharmacotherapy	7,111	Salaries of pharmacists & pharmacy technicians. Infrastructure costs.	26,294	-19,183
Community Treatment and Care Services/ Phlebotomy	7,036	Salaries of phlebotomists & treatment room staff Infrastructure costs	10,154	-3,118
Urgent Care	487	Salaries of advanced nurse practitioners (ANPs), Lead ANP and Professional Nurse Lead, plus supervision and training costs	1,726	-1,239
Community Link Workers <i>*24/25 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.	5,226	-3,040
Mental Health	1,290	Includes externally commissioned services Compassionate Distress Response Service (CDRS), Lifelink and Youth Health Services	2,867	-1,577
Advanced Practice Physio (APP)	767	10.44wte APP, plus 0.6WTE supervision costs	4,295	-3,528

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PCIP Programme Workstreams	2024/25 Proposed Spend £'000	What the funding covers	Funding required for full delivery £'000	Shortfall (full delivery minus actual funding available) £'000
Sustainability & Programme Support	779	Programme Support costs, Infrastructure required to sustain PCIP programme and PCIP Premises Improvement Grants.	289	+490
Total costs	22,674		56,803	-34,129

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 Local Medical Committee (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 considering baselining the PCIP funding into core health board funds, to support better financial planning and to reduce administrative and reporting burdens, although there is no indication when this baselining will take place.
- 3.8. ***Additional Primary Care Fund***
- 3.9. 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, but 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 [21st January 2024](#).

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4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) Approve the proposed programme for the Primary Care Improvement Fund (PCIF) for 2024/25 as outlined in table 1 in section 3.



Direction from the Glasgow City Integration Joint Board

1	Reference number	250924-10
2	Report Title	Funding for the delivery of the Primary Care Improvement Plan (PCIP) 2024/25
3	Date direction issued by Integration Joint Board	25 September 2024
4	Date from which direction takes effect	25 September 2024
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: 270923-10) Supersedes
7	Functions covered by direction	<p>Provision of services to enable the delivery of the Primary Care Improvement Plan workstreams outlined in section 3.5 of this report including:</p> <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	The 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 2024/25 year.

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9	Budget allocated by Integration Joint Board to carry out direction	The PCIF budget allocation for 2024/25 to carry out the direction is £22.674m as indicated in Section 3 of this report.
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 Implementation Leadership Group (ILG); the ILG has responsibility for the oversight of Glasgow City HSCP's PCIP.</p> <p>In addition, performance is monitored every 6 months aligned to the reporting of the Local Implementation Tracker to Scottish Government.</p>
11	Date direction will be reviewed	May 2025

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**Appendix 1: Primary Care Improvement Fund (PCIF) 2024-25
Allocation Letter July 2024**

Susan Gallacher
General Practice Policy Division
Primary Care Directorate
Scottish Government
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E: susan.gallacher@gov.scot

**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**

5 July 2024

Dear colleagues

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2024-25

Thank you for providing the data requested through the Primary Care Improvement Plan (PCIP) 7 tracker exercise which has been used to produce our annual statistical publication. We continue to make good progress on implementation of primary care multidisciplinary teams with a workforce of over 4,900 whole time equivalent in post supporting service delivery in March 2024², of which there are over 3,500 funded through the Primary Care Improvement Fund (PCIF).

I am writing to confirm the 2024-25 funding allocations for the PCIF element of the wider Primary Care Fund (PCF) to help you develop your PCIPs to support our core aims of sustaining investment in general practice and improving outcomes for people, workforce and the wider healthcare system, in line with our commitments in the policy prospectus². The PCIF is an earmarked fund which should be used to support the implementation of PCIPs and should not be used for other purposes.

² [Primary care improvement plans: implementation progress summary - March 2024 - gov.scot \(www.gov.scot\)](#) ² [A fresh start for Scotland - gov.scot \(www.gov.scot\)](#)

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Given that the programme has now reached a more mature phase, and following agreement with CFOs, for the vast majority of Integration Authorities (IA's), we are providing the full PCIF allocation in a single payment tranche this year. Where an IA's 2023-24 PCIF spend was 90% or less than allocation, we have provided a 90% allocation in this payment, with a second tranche payment being made available later in the year, subject to reporting confirming latest spend and forecast data.

Arrangements for reporting will be provided in due course. Agenda for Change uplifts for all IA's will be provided in a separate allocation once pay negotiations have concluded.

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.**

Available Resources

I can confirm that we will allocate **£190.8 million** for IAs in 2024-25 under the auspices of 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.

2024-25 Agenda for Change uplifts have not been included in allocations at this stage as pay negotiations are currently ongoing. Funding allocations for 2024-25 pay uplifts will be provided in full as outlined in Richard McCallum's Scottish Government Budget letter to NHS Board Chief Executives on 19 December 2023.

Reserves

As in previous years, reserves carried over into 2024-25 financial year will contribute to your overall 2024-25 allocation. Where reserves are held, allocations have been reduced accordingly.

Legal Commitments

Any funding held in reserves for legal commitments in 2024-25, where these were agreed with Scottish Government in August 2022, will not be deducted from your 2024-25 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 2024-25

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HSCPs/Boards should continue to use the following planning assumptions for the year ahead:

- 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.
- Prioritise Pharmacotherapy and CTAC services to ensure [regulatory requirements](#) 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.
- Based on PCIP progress as well as progress with separate vaccination regulations and directions, the Vaccination Transformation Programme element of PCIPs is complete and should be maintained. [PCA\(M\)\(2022\)13](#) provides the current position on the programme.
- In line with MoU2, recognise the interdependences between all three levels of pharmacotherapy which require focus on the delivery of the pharmacotherapy service as a whole. CTAC services should continue to be designed locally, taking into account local population health needs, existing community services as well as what will deliver the most benefit to practices and people.
- Where necessary, continue with local transitional arrangements with practices from within the existing PCIF envelope on the condition that there must be a clear plan for how that MDT support will be delivered on a longterm and sustainable basis.
 - Working with local partners, IA's should ensure that they are not divesting from existing services or undermining the establishment or development of services in order to fund any transitional arrangements.
 - Surplus PCIF funding can be used to support time-limited transitional arrangements on the proviso that IA's are working to the planning assumptions set out in this letter as well as the policy framework of the Contract and MoUs; arrangements should be agreed locally, in line with local circumstances and need. This use of funding will be kept under review.
- Assume we will not bring forward regulations on Urgent Care services.
- Assume that in future years you will continue to receive your 2023/24 NRAC share of PCIF, uplifted to apply Agenda for Change and that you will be required to provide extended MDT support to practices with that funding.
- Note that reserves carried over into 2024-25 financial year will contribute to your overall 2024-25 allocation and your allocation will be adjusted accordingly to reflect this.

Baselining

The minimum funding position for PCIF is guaranteed at £190.8 million annually with additional funding being provided in full to support Agenda for Change uplifts

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for recruited staff. Following agreement at National Oversight Group, we have agreed to explore the potential for baselining the full PCIF in 2026/27. In the interim, we will establish a sub-group to further work through the issues presented by baselining including options to mitigate the risks that baselining could present, as well as to consider the processes for baselining the VTP element of PCIF prior to 26/27.

Monitoring and evaluation

We continue to work with all partners to consider next steps on national monitoring and evaluation. A key part of our approach over the next 18 months will be the evidence and learning from the [Phased Investment Programme](#) and we encourage all areas to join the [Primary Care Improvement Collaborative](#) to access learning and updates directly.

I trust this update gives you the assurances you need to continue to progress implementation of your PCIPs in 2024-25 and I look forward to working with you towards 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	2023-24 PCIF	2023-24 AfC uplift	2024-25 Total Available	Reserves	Retention	2024-25 Total less reserves & retention	less PCIF baselined funds	PCIF T1 allocation 2024-25 (£)
NHS Ayrshire and Arran	7.31%	12,419,970	1,551,000	13,970,970	0	0	13,970,970	-569,300	13,401,670
NHS Borders	2.15%	3,659,639	449,000	4,108,639	0	0	4,108,639	-161,300	3,947,339
NHS Dumfries and Galloway	2.96%	5,039,527	694,000	5,733,527	-162,916	0	5,570,611	-229,100	5,341,511
NHS Fife	6.85%	11,648,976	1,568,000	13,216,976	0	0	13,216,976	-521,800	12,695,176
NHS Forth Valley	5.47%	9,291,966	1,129,000	10,420,966	0	0	10,420,966	-415,000	10,005,966
NHS Grampian	9.74%	16,554,003	1,884,000	18,438,003	0	0	18,438,003	-755,400	17,682,603
NHS Greater Glasgow & Clyde*	22.14%	37,638,815	4,362,000	42,000,815	-227,000	-641,690	41,132,125	-1,718,200	39,413,925
NHS Highland*	6.59%	11,203,724	1,468,000	12,671,724	0	-905,824	11,765,900	-494,100	11,271,800
NHS Lanarkshire	12.31%	20,931,062	2,288,000	23,219,062	0	0	23,219,062	-947,700	22,271,362
NHS Lothian*	15.07%	25,611,369	3,329,000	28,940,369	-208,000	-602,369	28,130,000	-1,132,000	26,998,000
NHS Orkney*	0.50%	851,053	122,000	973,053	-209,000	-97,305	666,748	-75,000	591,748
NHS Shetland	0.48%	813,856	114,000	927,856	0	0	927,856	-76,200	851,656
NHS Tayside	7.77%	13,211,219	1,827,000	15,038,219	-96,000	0	14,942,219	-601,900	14,340,319
NHS Western Isles*	0.66%	1,124,821	52,000	1,176,821	-236,000	-117,682	823,139	-103,000	720,139
		170,000,000	20,837,000	190,837,000	-1,138,916	-2,364,870	187,333,214	-7,800,000	179,533,214

*Board with an IA where 10% of PCIF 2024-25 allocation has been retained and will be made available at tranche two, subject to reporting confirming latest spend and forecast data.

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Allocation by Integration Authority

NHS Board	Integration Authority	IA NRAC Share 2023-24 (£)	2023-24 PCIF	2023-24 AfC uplift	2024-25 Total Available	Reserves	Retention	2024-25 Total less reserves & retention	less PCIF baselined funds	PCIF T1 allocation 2024-25 (£)
Ayrshire and Arran	Ayrshire combined	7.31%	12,419,970	1,551,000	13,970,970	0	0	13,970,970	-569,300	13,401,670
Borders	Scottish Borders	2.15%	3,659,639	449,000	4,108,639	0	0	4,108,639	-161,300	3,947,339
Dumfries and Galloway	Dumfries and Galloway	2.96%	5,039,527	694,000	5,733,527	-162,916	0	5,570,611	-229,100	5,341,511
Fife	Fife	6.85%	11,648,976	1,568,000	13,216,976	0	0	13,216,976	-521,800	12,695,176
Forth Valley	Forth Valley combined	5.47%	9,291,966	1,129,000	10,420,966	0	0	10,420,966	-415,000	10,005,966
Grampian	Aberdeen City	3.78%	6,425,049	731,231	7,156,280	0	0	7,156,280	-298,317	6,857,963
	Aberdeenshire	4.23%	7,197,962	819,195	8,017,157	0	0	8,017,157	-324,766	7,692,391
	Moray	1.72%	2,930,992	333,574	3,264,566	0	0	3,264,566	-132,317	3,132,249
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,151,403	365,219	3,516,622	-11,000	0	3,505,622	-140,141	3,365,481
	East Renfrewshire	1.58%	2,682,743	310,906	2,993,649	-90,000	0	2,903,649	-120,632	2,783,017
	Glasgow City	11.95%	20,319,427	2,354,839	22,674,266	0	0	22,674,266	-928,315	21,745,951
	Inverclyde	1.60%	2,728,381	316,195	3,044,576	0	0	3,044,576	-126,472	2,918,104
	Renfrewshire*	3.38%	5,750,476	666,428	6,416,904	-126,000	-641,690	5,649,214	-261,903	5,387,311
	West Dunbartonshire	1.77%	3,006,385	348,413	3,354,798	0	0	3,354,798	-140,737	3,214,061
Highland	Argyll and Bute	1.88%	3,194,868	418,617	3,613,485	0	0	3,613,485	-141,683	3,471,802
	Highland*	4.71%	8,008,856	1,049,383	9,058,239	0	-905,824	8,152,415	-352,417	7,799,998
Lanarkshire	Lanarkshire combined	12.31%	20,931,062	2,288,000	23,219,062	0	0	23,219,062	-947,700	22,271,362
Lothian	East Lothian	1.89%	3,215,085	417,901	3,632,986	0	0	3,632,986	-140,067	3,492,919
	Edinburgh	8.40%	14,271,709	1,855,056	16,126,765	0	0	16,126,765	-634,173	15,492,592
	Midlothian	1.64%	2,793,788	363,140	3,156,928	0	0	3,156,928	-120,660	3,036,268
	West Lothian*	3.14%	5,330,787	692,903	6,023,690	-208,000	-602,369	5,213,321	-237,100	4,976,221
Orkney	Orkney Islands*	0.50%	851,053	122,000	973,053	-209,000	-97,305	666,748	-75,000	591,748
Shetland	Shetland Islands	0.48%	813,856	114,000	927,856	0	0	927,856	-76,200	851,656
Tayside	Angus	2.16%	3,670,680	507,624	4,178,304	-65,000	0	4,113,304	-165,208	3,948,096
	Dundee City	2.82%	4,802,335	664,122	5,466,457	-13,000	0	5,453,457	-226,196	5,227,261
	Perth and Kinross	2.79%	4,738,204	655,254	5,393,458	-18,000	0	5,375,458	-210,496	5,164,962
Western Isles	Western Isles*	0.66%	1,124,821	52,000	1,176,821	-236,000	-117,682	823,139	-103,000	720,139
			170,000,000	20,837,000	190,837,000	-1,138,916	-2,364,870	187,333,214	-7,800,000	179,533,214

*IA where 10% of PCIF 2024-25 allocation has been retained and will be made available at tranche two, subject to reporting confirming latest spend and forecast data.

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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

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