

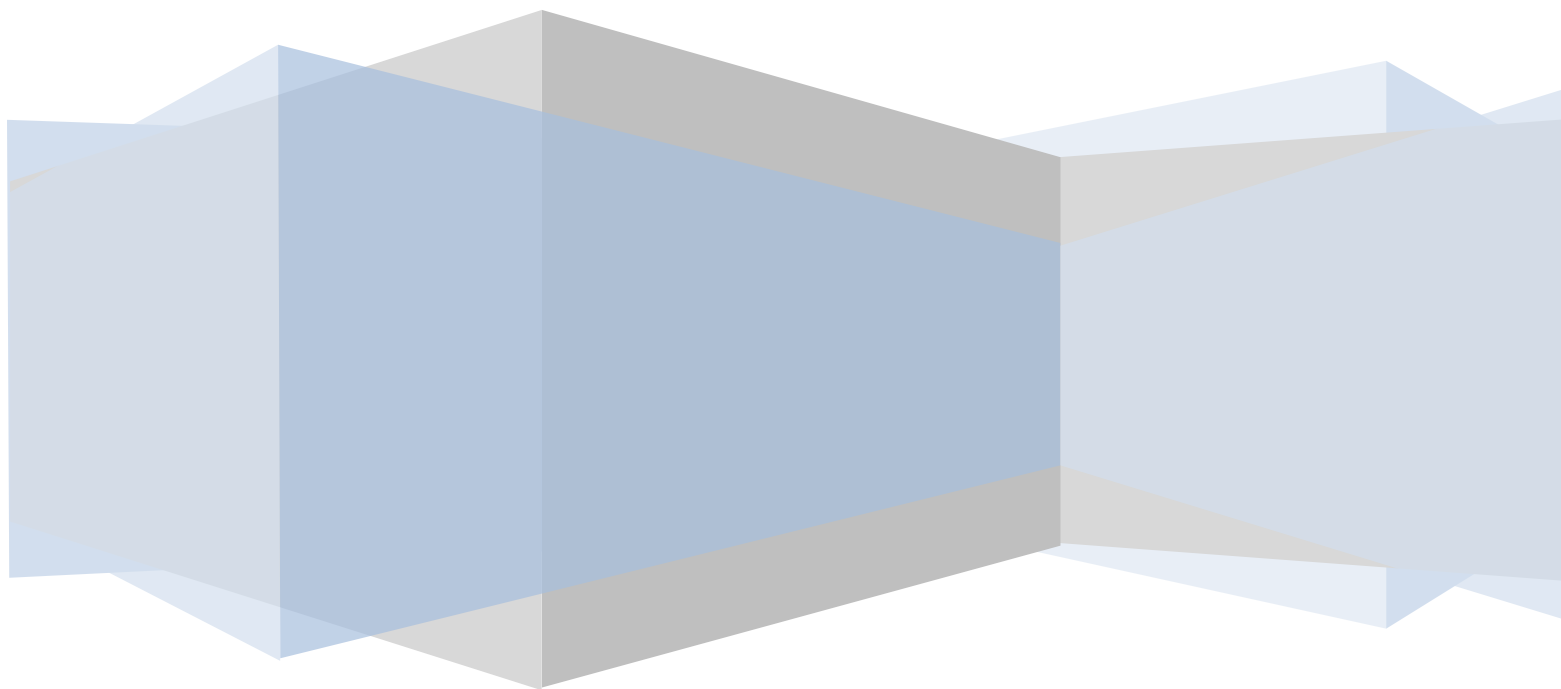
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Glasgow City

Primary Care Action Plan (PCAP) 2023 - 2026

September 2023



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1. Introduction

This plan provides details of our primary care work plan for the period 2023/24 to 2025/26 and will form part of the Glasgow City's Integration Joint Board's (IJBs) Strategy for the next 3 years. In previous years, our Primary Care Improvement Plans (PCIP) have included only our activity in implementing the 2018 GP (general practices) contract. For this Primary Care Action Plan (PCAP) we are including a set of initiatives that cover our wider responsibilities in relation to primary care, including our roles in: managing the primary care prescribing budget; working with primary contractors (GPs, optometrists, dentists and community pharmacists) and our support for promoting the sustainability of primary care in Glasgow.

We recognise that engaging with stakeholders is essential in the planning, delivery and evaluation of primary care services. As a result, the PCAP priorities have been shaped by the eight recommendations identified in the Glasgow City Health and Social Care Partnership Primary Care Engagement Report¹. The engagement exercise provided an opportunity for Primary Care contractors, staff and patients to share their thoughts and suggestions for improving primary care services within Glasgow City HSCP and influence the PCAP 2023 – 2026

This plan also recognises the vital role that primary care services can play in helping to address health inequalities.

This plan is being developed within the values and principles set out by the Glasgow City HSCP's **Maximising Independence** programme, which aims to enable people (who can and want to) to remain living safely at home for as long as possible with the right support in place for them and their carers if they have them.

2. Context for primary care in Glasgow City

Key opportunities, challenges and risks affecting primary care that have been well documented are:

The scale and impact of primary care services

Primary care services are a vital part of our health and care system with significant reach into our local communities. In Glasgow we have 159 general dental practices (GDS), 163 community pharmacies (CP), 141 general practices (GPs) and 105 optometrist practices delivering primary care services to around 780,919 GP registered patients (well over 100,000 more than the resident population).

¹ [Glasgow City HSCP - Primary Care Engagement Report.pdf](#)

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Most people during their lifetime will use a primary care service, whilst not everyone will need to attend an acute or secondary care hospital. It is estimated that up to 90% of health care episodes start and finish in primary and community care. Each week in NHSGGC there are around 120,000 appointments with a GP or practice nurse.

The NHS Pharmacy First Scotland service allows patients to use a community pharmacy as the first port of call for treatment; pharmacists assess and prescribe medication for certain minor chronic conditions (such as urinary tract symptoms, impetigo, shingles and skin infections), so that patients do not need to see a doctor. Between May 2022 and April 2023 in community pharmacies in the NHS GGC area, there were 112,768 advice only consultations, 681,288 consultations with patients where the pharmacist recommended suitable treatment(s), and 28,887 referrals to another health care professional because the pharmacist was unable to deal with the patient's condition.² Across the year around 13 million prescription items are dispensed annually within Glasgow City.

Increasing demand and need for services because of demographic changes and health inequalities

- National data suggests that there has been more than a 70% rise in demand for GP appointments compared with 2019 levels.
- Of the 6 HSCPS in the Greater Glasgow and Clyde area, Glasgow City has seen the largest increase in patient list sizes for general practice since 2014. Whilst the overall increase for NHS GGC was 6.75%, practice list sizes in north west Glasgow, north east Glasgow and south Glasgow grew by 12.89%, 8.54% and 5.57% respectively.³
- While Glasgow's population grew by 9% overall between 2001 and 2019, there was a clear deprivation-related gradient in growth. Population growths have been much stronger in the least deprived deciles in comparison to the most deprived deciles; while the population of the least deprived decile grew by nearly a third, the population of the most deprived decile dropped by 5% over the period⁴.
- Based on SIMD2020, over one-quarter of Glaswegians live in the most deprived Scottish decile, the highest figure among the Scottish cities⁴.

² Community Pharmacy Services NHSGG&C

³ General Practice Key trends and issues – February 2022, Greater Glasgow and Clyde NHS Board

⁴ The data on deprivation and inequalities in this section has been taken from the Health in a Changing City, Glasgow Centre for Population Health, (2021)

https://www.gcph.co.uk/assets/0000/8225/Health_in_a_changing_city_Glasgow_2021_-_report.pdf

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- Glasgow's population has become relatively less deprived in the last two decades, compared to the rest of Scotland. However, we expect this to be reversed as the result of cost of living increases⁴.
- In Scotland, mental ill health is at its highest level since 2008-09. Suicide has become the leading cause of death among 15-34-year-olds and the number of adults who have ever self-harmed is increasing. In Glasgow, the rate of prescriptions and psychiatric hospitalisations associated with mental ill health is higher than the national rate⁴.
- Stalling improvements in life expectancy have been evident in Glasgow, across the city region, in other Scottish and UK Cities, and in the different countries of the UK since 2011⁴.
- In Glasgow, the gap in life expectancy at birth between the least and most deprived deciles has widened to a 15-year gap for males and a 12-year gap for females⁴.
- In 2017-19 male life expectancy at birth was 4.8 years less than in Edinburgh and female life expectancy in Glasgow was four years less than in Edinburgh.
- Glasgow has the lowest healthy life expectancy among Scottish local authorities for both women and men⁴. This means that Glaswegians spend a larger proportion of their life with chronic illness.
- 18% of Glasgow's population were born outside the UK in 2019-20, compared to 7% or less in the other local authorities of the Glasgow City Region⁴.
- The way in which we measure the impact of illness and injury to consider the years of health life lost from death and illness. The leading causes of illnesses in Glasgow are Ischaemic Heart Disease (IHD), Lung cancer, Chronic Obstructive Pulmonary Disease (COPD), drug use, stroke, anxiety and alcohol dependence⁵.
- High levels of premature deaths from IHD, lung cancer, COPD, drug use, stroke, chronic liver disease.
- Glasgow's residents suffer from chronic illness and disability related to depression, low back pain, anxiety, drug use, alcohol dependence⁵.
- People living in the poorest two-fifths of households are almost eight times as likely to report poor health as the richest fifth. The association between income and health has potentially grown stronger in Scotland over the past decade.⁶

⁵ Scottish Burden of Disease Study 2019 Summary of health loss in Glasgow City (September 2021): [2021-09-21-scottishburdenofdisease-glasgow-city.pdf \(scotpho.org.uk\)](https://www.scotpho.org.uk/scottishburdenofdisease-glasgow-city.pdf)

⁶ Leave No One Behind [Leave no one behind - The Health Foundation](https://www.health.org.uk/publications/leave-no-one-behind) (January 2023): <https://www.health.org.uk/publications/leave-no-one-behind>

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Sustainability concerns in Primary Care and Community Services

Impact of the COVID 19 pandemic and lockdown

Since the COVID 19 pandemic and the emergence from lockdown GPs have reported an increase in the health needs of their patients, especially a growth in the numbers of patients experiencing mental health problems; GPs seeing people with conditions at a later stage because they have delayed making appointments; greater numbers of patients waiting longer for hospital appointments after being referred in by their GP.

In 2021 we undertook a survey of general practice and of the 54 responses received, 90% suggested that GP workload had increased by comparison with pre-pandemic levels, with 70% considering it had increased by more than 20%. The equivalent figures for practice nurses were 65% reporting an increase and approximately 45% rating this as more than 20%.

This demonstrates the considerable strain being placed on primary care and community services. General practice continues to face significant and ongoing challenges, particularly in relation to practice sustainability and resilience. The increase in demand and pressure on appointments is creating significant capacity challenges in terms of demand pressures and has the potential to impact supply.

Despite these significant challenges, primary care has shown great resilience. Very few providers have had to close, and those that have, have been through managed processes (e.g., mergers). We recognise, however, that there are considerable challenges with maintaining the current levels of service and this is why we need to work across the system to support the primary care providers in the medium to longer term.

Escalation Framework and Sustainability Workplan

In response to the sustainability challenges being faced by general practice, NHS Greater Glasgow & Clyde (NHSGGC) has developed and is implementing a standardised approach of escalation to ensure robust governance and to better understand the impact on patient care. The General Practice Escalation Framework is built upon the NHSGGC Covid 19 Escalation Plan, and sets out measures to enable General Practices to continue delivery of services and manage increased demand. The Sustainability Work Plan has been developed in partnership with key stakeholders from NHSGGC, HSCPs, LMC/GP Sub-committee, clinical leads, and contractors, all of whom play a critical role in maintaining general medical services locally within communities. The work plan aims to help strengthen primary care and direct appropriate resources to address the challenges within general practice.

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Workforce

The future sustainability of primary care and community services continues to be a risk, because of gaps in the available workforce, such as general practitioners, nurses, pharmacists and allied health professionals.

Difficulties with the recruitment to key posts has delayed the implementation of our Primary Care Improvement Plan. It can be difficult to recruit new people to vacant posts as younger practitioners opt to become specialists rather than generalists, as well as to find locums to cover for annual leave and periods of absence for sickness. There is also a risk that the pandemic will increase the rate of practitioners retiring early or leaving primary care and community services for less stressful occupations - 51% of GPs are considering taking early retirement or leaving the profession due to workload, mental wellbeing, and staff shortages⁷.

Property

The planning for improvements to primary care-related accommodation forms an important part of the IJB's Property Strategy and we have an ongoing programme of investment in health and care buildings. Primary care contractors (GPs, dentists, community pharmacists and optometrists) are based in NHS health centres, properties that they own or properties that they lease. The HSCP's responsibilities for primary care property differ, depending on whether the contractor is based in an NHS health centre or in their owned or leased premises. One of the main concerns for many primary care contractors is the lack of suitable space to deliver their existing services and to allow them to expand services.

For the HSCP, our challenge is the speed in which we must grow primary care services, and the requirement to accommodate this extended workforce as well as supporting the new ways of working and service delivery i.e., virtual consultation and hub working. In parallel with our plans to expand the primary care services, there are likely to be simultaneous requests from secondary care for access to the same space in health centres, so that services from hospital-based locations can be delivered closer to communities, as part of the health board's Moving Forward Together Programme.

Over the past few years, we have been implementing a programme of capital projects in our existing health centres and buildings to reconfigure space to meet new demands and new ways of working. Phase 1 of this work has seen over £7m invested from PCIF, HSCP and GG&C Capital monies to increase capacity across 6 health centres Baillieston, Bridgeton, Shettleston, Govan/Elderpark; Govanhill and

⁷ MDDUS healthcare professionals' workplace experience survey (April 2022): [MDDUS survey finds pandemic stress and abuse from patients taking a toll | MDDUS](#).

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Thornliebank. There has been work at Woodside H&CC to provide additional space. In addition, we continue to identify future priorities, aligning these with the property strategy, and exploring options to seek funding for a programme of new health and care centre developments. There is recognition that securing finance to progress this work is both a risk and limiting factor to the successful implementation of this plan.

Finance and budgets

The HSCP manages the budgets for primary care as part of the delegated authority arrangements for integrated joint boards. This includes the expenditure of the Family Health Services budget and general practice prescribing. In addition, we receive Primary Care Improvement Funding (PCIF) from the Scottish Government to support the implementation of the 2018 GP contract (the 2023/24 PCIF allocation letter can be found at Appendix 2). The key risks and challenges associated with these budgets are:

- The prescribing budget can fluctuate depending on the global supply and prices for drugs as well as the introduction of new, expensive forms of treatment. Our Prescribing Support Team have extensive experience in making the most efficient use of the primary care prescribing budget, however the IJB started 2023/24 with a cost pressure of £15m, which has already required us to allocate £6.6m of reserves and identify and deliver savings during 2023/24. There remains a significant risk in 2023/24 and beyond, with prescribing volumes remaining extremely volatile, and prices continuing to fluctuate due to short-supply, leading to additional cost pressures, which we do not have sufficient funding to meet. This would lead to the requirement of a recovery plan and for additional savings to be made, within the prescribing budgets and across the broader HSCP.
- The PCIF allocation is not sufficient to fully implement the 2018 GP contract, including the priorities laid out in the Memorandum of Understanding 2 (MOU2). The non-baselining of funding will also present an on-going challenge in relation to funding the increases in employment costs associated with the new staff.
- The annual approach to the 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). This challenge is magnified by the delays in receiving the PCIF allocation, which has varied between two and five months into the financial year.
- Models of service do not allow us to address health inequalities in a broader sense.
- The challenging financial outlook for IJBs will mean that there will also be a requirement to make savings in our primary care budget on an on-going basis, which will add to the challenges faced by the service.

Integration of services

Over the years we have developed good networks and planning structures so that our primary care services can engage with the HSCP on key topics. These structures will be further developed and sustained over the next few years. One of the benefits of working in an integrated health and social care partnership is that it provides many opportunities for primary care services to work with colleagues from children's, adults and older people's services to make connections, and join up work that is taking place by the HSCP for the benefit of service users and patients.

National Care Service

The Scottish Government introduced the National Care Service (Scotland) Bill to the Scottish Parliament on 20 June 2022. Significant work is ongoing as part of a co-design process to develop the National Care Service (NCS). Following discussions, the Scottish Government has reached an initial partnership agreement with local government and the NHS about accountability arrangements for the National Care Service (NCS). It is not yet clear what the establishment of the NCS and the local care boards will mean for primary care in the wider sense. As an ever-evolving area of work, it is indicative that the context for this plan is likely to change again over the next few years. We will continue to engage in any consultation and engagement activity with the Scottish Government. As arrangements are clarified, and our understanding of the impact of the NCS on primary care becomes clearer, we will update our plan as appropriate.

NHS GGC Primary Care Strategy

The NHS GGC Primary Care Strategy is being developed and will be the one of the first in Scotland. The strategy will define the future contribution of primary care, supporting wider transformational change of health and social care in NHSGGC. The principal direction and objectives of primary care in NHSGGC are informed by the national vision for primary care at the heart of the healthcare system.

The aim of the Primary Care Strategy is to create a shared vision for primary care, set the strategic direction for transformation, shape policy and service department and create a blueprint for change. This will require a whole system, collaborative approach, to deliver the strategy aims and ambition, and ensure appropriate linkages are made.

Staff from across Glasgow City HSCP have played a key role in shaping and informing the development of the Primary Care Strategy. We will maintain linkages to ensure alignment and connection between the work to deliver the strategy and this Primary Care Action Plan.

3. Key goals for Glasgow City Health and Social Care Partnership in relation to primary care

The Glasgow City IJB has several delegated responsibilities for primary care in Glasgow and these are outlined below. This Primary Care Action Plan sets out a series of actions that we will take forward to support the Glasgow City IJB in delivering on its responsibilities to improve primary care services. The Glasgow City HSCP's role is as follows:

- Providing **leadership** for the implementation of the **primary care strategy** in Glasgow City.
- **Planning and performance** managing those primary care functions that are the responsibility of Glasgow City HSCP.
- **Improving the overall quality** of primary care health services in Glasgow City.
- **Leading, co-ordinating and implementing service change programmes** in primary care.
- Addressing ways in which the development of primary care services can **reduce health inequalities**.
- Promoting the **sustainability** of primary care services
- Promoting effective **care and clinical governance** arrangements.
- Ensuring that there are **strong connections** between primary care services and the wide range of other public and voluntary services that are available in Glasgow City, so that patients receive help from joined up services.
- Ensuring that developments in primary care are integrated with Glasgow City HSCP's **other transformational strategies**, such as Maximising Independence, the Mental Health Strategy, Children's Services Plan and are aligned to the NHS Greater Glasgow and Clyde Primary Care Strategy (currently in development) and the Moving Forward Together Programme and other relevant workstreams within acute/secondary care.

4. Recommendations from Glasgow City Health and Social Care Partnership Primary Care Engagement Report

Engagement with Primary Care contractors, staff and patients within Glasgow City HSCP was fundamental to the development of the PCAP 2023-2026. Following the development of the draft version in April 2022. A structured approach to engagement was developed and implemented, with all feedback collated and analysed, and presented to the IJBs Public Engagement Committee in February 2023. The findings from the Primary Care Engagement Report¹ have been used to inform this PCAP 23-26.

¹ [Glasgow City HSCP - Primary Care Engagement Report.pdf](#)

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During a four-month process we engaged with over 700 PC contractors, staff and patients within Glasgow City HSCP.

Primary care contractor and staff feedback was categorised into five key areas for improvement: the sustainability of primary care, quality improvement, communication and engagement, collaborative working and property. The need to develop, improve or increase accessibility to primary care services were also identified.

Patients' feedback was categorised into three key areas for improvement: access to services, communication and other areas for improvement. The patient feedback identified the need for easier access to primary care services, in particular GPs and dentists, effective communication from and between Primary Care services and improved mental health services.

As a result of the findings, the eight recommended actions are:

1. Promote the sustainability of primary care services.
2. Support the ongoing implementation of the GP Contract 2018.
3. Review primary care services and increase access to services.
4. Support the establishment of mental health and chronic disease management hubs.
5. Progress support for quality improvement (QI) in primary care.
6. Improve communication and engagement with primary care contractors, staff and patients.
7. Improve / increase collaborative working, including multi-disciplinary working
8. Address lack of suitable property to deliver existing and future enhanced services (office and clinical spaces).

These recommendations align with the priority actions identified within this report, and will serve as a focus for the Work Plan being developed to deliver this action plan.

5. Work Plan for the period 2023/4 to 2025/26

Taking into account the current context within primary care, we worked with our primary care stakeholders to identify priority deliverables.

The priority deliverables, as part of the Primary Care Action Plan, fall under four key **Actions** and three **Enablers** detailed below:

Action 1: Promoting the sustainability of primary care services.

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Action 2: Within our overall Scottish Government funding, implement the requirements of the 2018 GP contract through our primary care investment fund.

Action 3: Progress our support for quality improvement (QI) in primary care groups.

Action 4: *Develop and implement the Primary Care Mental Health and Wellbeing teams for all GP clusters.*

Enabler 1: Making sure we have a high quality of engagement and collaboration with our primary care workforce (contractors), third sector networks, our locality engagement forums and equality groups, supporting leadership and collaboration.

Enabler 2: Ensuring that our primary care plan is connected to the HSCP's other transformation programmes and to the policy developments by the health board and Scottish Government.

Enabler 3: Improving our performance management framework for those primary care functions where we have a responsibility.

In the following sections, further detail is provided about each of the actions and enablers, including contextual background information about how they link to the 9 National Health and Wellbeing Outcomes and planned actions.

Action 1: Promoting the sustainability of primary care services
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Related National Health and Wellbeing Outcomes

Number 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Number 9 - Resources are used effectively and efficiently in the provision of health and social care services

Background

The HSCP has a role in working with the health board and primary care contractors to promote the sustainability of primary care services. This might be where there are immediate situations (such as responding to business continuity difficulties) or longer-term systemic problems (such as improving workforce planning).

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Progress so far

- We established the Primary Care Improvement Team (PCIT) to work with primary care contractors, HSCP services and the health board to promote the sustainability of primary care services.
- NHSGGC is implementing a standardised approach of escalation to ensure robust governance and to better understand the impact on patient care. The General Practice Escalation Framework builds upon the Covid 19 escalation plan, and sets out measures to enable General Practices to continue delivery of services and manage increased demand.
- PCIT Team and Clinical Directors are supporting the delivery of the Primary Care Sustainability Work Plan. The Sustainability Work Plan has been developed in partnership with key stakeholders to help strengthen primary care and direct appropriate resources to address the challenges within general practice.
- We have been working with the City Council to develop short, medium and longer responses to the increases in demands on some practices to register more patients, as a consequence of new housing developments.
- In 2021 during COP26 and in 2023 during the World Cycling Championships we worked with local primary care contractors to help them respond to the restrictions to access that were introduced in the vicinity of the climate change summit/ championships.

Work Plan – the following actions will be progressed between 2022/23 and 2025/26:

- Supporting civil contingency planning, responses to future pandemics and business continuity responsibilities.
- Planning future primary care services to meet demographic changes in Glasgow, for example, where new neighbourhoods are created as a consequences of house building.

Action 2: Within our overall Scottish Government funding implement the requirements of the 2018 GP contract through our primary care investment fund

Related National Health and Wellbeing Outcomes

Number 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Number 9 - Resources are used effectively and efficiently in the provision of health and social care services.

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Background

In 2017/18 agreement was reached by the Scottish Government and the profession on the new GP contract. The Primary Care Implementation Plans (PCIPs) explained how this would happen in each HSCP area over a three-year period until full delivery in 2021/22. This was in response to the 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.

In December 2020, the Scottish Government and the BMA issued a “Joint Letter - the GMS Contract Update for 2021/22 and Beyond” which required us to place emphasis on 3 priority areas i.e., Vaccination Transformation Programme, Pharmacotherapy and Community Care and Treatment. In Glasgow City’s third Primary Care Improvement Plan, we also committed to prioritising funding for services that help patients with with mental health problems (mostly stress and distress) because this was presenting increasing pressures on general practice.

Annual funding is distributed to each IJB (Integration Joint Board), with a number of conditions about how the funding must be used, and the methodology for allocating money is based on the National Resource Allocation Formula (NRAC). Glasgow City’s allocation of the national funding of £170m in 2023/24, is £20.3m plus an additional £2.35m for the Agenda for Change (AfC) uplifts in 2022-23 and 2023-24.

Progress so far

Good progress has been made to implement our original plan despite some significant barriers:

- By 31st March 2023, we had recruited around 438 new employees across all 6 workstreams to expand services in primary care and to reduce workload in practices.
- We completed a project to digitise patient paper records to free up accommodation in practices (back scanning).
- We had remodelled existing health centre space to create more clinical, consultation and agile space rooms, and funded PCIP improvement grants to expand GP owned premises.
- We had re-designed services e.g., introducing skill-mixed teams and hubs in our pharmacotherapy teams to make the most efficient and effective use of staff.
- We had commissioned and developed, in-house, more mental health and wellbeing services i.e., expansion of our Youth Health Service, Lifelink and Compassionate Distress Response Service.

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- Trained up our own staff to fill gaps in our workforce that could not be filled directly through recruitment processes i.e. advanced nurse practitioners and pharmacy technicians.
- Offered access to community treatment and care services (CTAC) to all practices, and introduced a single point of access for patients to access community treatment and care service, so that patients can have some choice over where and when they attend for their appointments.
- Supported 15,657 individuals through the community links worker programme, providing 43,847 appointments during 2022/23.
- Transferred responsibility for the delivery of vaccinations from GP practices to the health board/HSCP.

Work Plan – the following actions will be progressed during 2023/24 to continue to deliver on the commitments made in the 2018 GP Contract the priorities in the second Memorandum of Understanding

We will continue to progress our existing actions that were outlined in our last Primary Care Improvement Plan within the current level of resources. It is expected that the funding from the Scottish Government's Primary Care Transformation Fund will not be sufficient to deliver all commitments in the 2018 GP contract. This means that to meet the requirements for the Vaccination Transformation Programme, the Community Care & Treatment (CTAC) programme and the pharmacotherapy service, and to avoid overspending on future years' budgets, it has been necessary to scale back support for multi-disciplinary working in general practice and the urgent care work streams. The additional short term funding to expand the community links worker programme will no longer be available after 2023/24, and this will mean a retraction of the current level of service from 2024/25.

We continue to review and develop short, medium and long term priorities for each of the work streams, and to ensure the implementation of sustainable models and services. The original equality impact assessment has been reviewed and updated. Appendix 1 provides a summary update for each workstream.

Action 3: Progress our support for quality improvement (QI) in primary care
Related National Health and Wellbeing Outcomes
Number 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Number 5 - Health and social care services contribute to reducing health inequalities.

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Number 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Background

We want to continue to support and progress continuous improvement in primary care, by providing opportunities for learning, developing and networking to build skills, knowledge and confidence in our primary care workforce to achieve better service, care and outcomes for patients.

Progress

- We have trained members of the Primary Care Improvement Team (PCIT) in Quality Improvement (QI) methodology.
- During summer 2023, the PCIT co- delivered Cohort 4 of the Primary Care Access Programme with Health Care Improvement Scotland (HIS) colleagues for practices in Glasgow.
- We have implemented our organisational development plan. This has included co-designing, organising and commissioning a number of leadership development interventions and team development opportunities to support our primary care workforce, including providing Facilitation for Collaboration, Coaching Conversations and running bespoke team development sessions.

Work Plan – the following actions will be progressed between 2022/23 and 2023/24

- We will continue to work with Cluster Quality Leads and Practice Quality Leads in general practice to support cluster working on improvement.
- We will develop an *Improvement Framework* to facilitate Quality Improvement across primary care services in Glasgow City
- We will progressing (as a priority) the actions to improve primary care's response to patients with Type 2 Diabetes
- We will offer leadership and development opportunities as part of our organisational development plan for primary care.
- We will take part in the health board-wide work on primary care data and with our colleagues from public health to improve the information, intelligence and knowledge available for primary care contractors, to support improvements in the quality of service provision in primary care.

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Action 4: Develop and implement the Primary Care Mental Health and Wellbeing teams for all GP clusters

Related National Health and Wellbeing Outcomes

Number 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Number 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Number 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Number 5 Health and social care services contribute to reducing health inequalities.

Background

Many people seek help from primary care for problems of stress, anxiety and distress that do not correlate with “clinical” forms of mental illness and would not benefit from traditional mental health service input, and there are indications that there will be an increasing number of people with these needs as we recover from the pandemic.

Ambitions

In response to the increasing numbers of patients presenting at surgeries with mental health and wellbeing needs, we have identified an ambition to establish multi-disciplinary Primary Care Mental Health and Wellbeing teams. These teams would be based around clusters/groups of GP practices and will provide assessment, advice, support, and some levels of treatment for people who have mental health, distress, or wellbeing needs.

Work Plan – the following actions will be progressed between 2023/24 and 2025/26 (dependent on funding):

The intention would be to pilot and evaluate this approach for clusters of practices in three localities, before rolling it out more widely across the city. The pilot clusters have been identified as Springburn in the North West, Whiteinch/ Scotstoun in the North East and Govanhill/Pollokshields in the South areas).

It should be noted that (at the time of writing, September 2023) planning and development has been paused following guidance from the national Mental Health and

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Wellbeing in Primary Care Services (MHWPCS) Group, which is yet to be reconvened by the Scottish Government. As a result, currently there is no direction on funding for 2023/24 (or beyond) and any changes to the level of national MHWPCS investment will require refreshed local plans to be developed.

Enabler 1: Making sure we have a high quality of engagement and collaboration with our primary care workforce (contractors), third sector networks, our locality engagement forums and equality groups, supporting leadership and collaboration

Related National Health and Wellbeing Outcomes

Number 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Background

We want to make sure that primary care contractors can be engaged with the work of Glasgow City HSCP and we achieve this through a variety of ways.

Progress so far

- We have continued (and adapted in response to feedback) the lunchtime “Listening and Learning drop-in sessions”
- We have completed an engagement exercise with primary care workforce, contractors and the public about our Primary Care Action Plan in autumn 2023.
- We have refined our Organisational Development Plan.

Work Plan – the following actions will be progressed between 2023 and 2026

- We will further developing our locality primary care groups and forums led by our Clinical Directors.
- We will run a programme of webinars on topics of interest
- We will continue to publish a regular bulletin on the progress with the implementation of our primary care action plan.

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Enabler 2: Ensuring that our primary care plan is connected to the HSCP's other transformation programmes and to the policy developments by the health board and Scottish Government

Related National Health and Wellbeing Outcomes

All 9 national outcomes

Background

One of the benefits of working in an integrated health and social care partnership is that it provides many opportunities for primary care services to work with colleagues from children's, adults' and older people's services to make connections and join up work that is taking place by the HSCP for the benefit of service users and patients. The HSCP will continue to input to the Scottish Government and health board primary care planning and policy development activity.

Work Plan – the following actions will be progressed between 2023/24 and 2025/26

We have benefited from this integrated working and we wish to further develop opportunities over the next few years to develop a primary care focus on the HSCP's following initiatives:

- Glasgow City Integration Joint Board Strategic Plan for 2023-26
- Maximising Independence
- Children's Services' mental health and wellbeing:
- Glasgow City Integrated Children and Young People's Services Plan 2020-23
- Glasgow's Family Support Strategy 2020-2023
- The Adult Mental Health Strategy (2018-23)/ Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028,
- Health Improvement Strategic Direction 2023 to 2028 and associated prevention programme, including work to tackle inequality such as financial inclusion and employability programmes
- Glasgow Integration Joint Board's (IJB) Equalities Mainstreaming Report 2020-2024
- Shaping our local response to the recommendations of the national short life working group on health inequalities in primary care.
<https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-workinggroup/>
- Unscheduled care delivery plan
- Glasgow Alcohol and Drugs Partnership Strategy

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- Implementation of the Medication Assisted Treatment (MAT) Standards
- Glasgow City IJB Property Strategy 2023-26
- Glasgow City HSCP Domestic Abuse Strategy 2023-2028
- Moving Forward Together (MFT) (NHS GGC)
- NHS GGC Primary Care Strategy
- NHS GGC Sustainability Plan and Escalation Framework
- Workforce planning, which takes into consideration workforce turnover and manages expectation of what can be delivered in the immediate, short and longer term.
- Maximising and further acceleration of digital and eHealth programmes with the updating of the new GP system and the need for more joined up systems to support multidisciplinary working in primary care.
- A stronger focus on public messaging at local and national levels about what patients can expect from primary care and clear information on the diverse ways people can obtain help for their health conditions, including alternative forms of support.

Enabler 3: Improving our performance management framework for those primary care functions where we have a responsibility

Related National Health and Wellbeing Outcomes

Number 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Progress

- We have worked with the other 5 HSCPs (Health and Social Care Partnership) in NHSGGC to complete staff and GP surveys during 2022/23, as part of evaluation of the Primary Care Improvement Plans (PCIPs),
- An evaluation of Compassionate Distress Response Service (CDRS) was completed to inform the services ongoing development.

Work Plan – the following actions will be progressed between 2023/24 and 2025/26

This will be an action for further development during the next few years. Current areas of focus are:

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- On behalf of the 6 HSCPs (Health and Social Care Partnership) in NHS GGC, we will complete a patient experience survey to support the evaluation of the Primary Care Improvement Plans (PCIPs)
- We will produce key performance indicators for primary care functions we have responsibility for e.g., phlebotomy and patient satisfaction with primary care services.

5. Equality Impact Assessment (EQIA) of Primary Care Action Plan

An [EQIA](#) has been undertaken for our Primary Care Action Plan and has informed the final version of this plan.

Sections 2 of this plan provides details of the health inequalities facing the citizens of Glasgow which and equality implications arising from the work being undertaken in primary care. We have completed a strategic equality impact assessment on the plan and there is a requirement for equalities to be considered as part of the implementation process for each of the key actions. A summary of the actions from the EQIA can be found in Appendix 3. These actions will be monitored and reported on via the Primary Care Improvement Plan (PCIP Leadership Group).

6. Primary Care Budgets and Financial Plan

Prescribing & Family Health services (FHS)

The table 1 below provides a high-level summary of the annual revenue expenditure on family health services (GPs, pharmacies, dental and optometry services). Much of the expenditure on primary care medical services relates to nationally agreed contracts with a limited role for the HSCP.

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Table 1: High-level summary of the annual revenue expenditure on family health services

	Indicative annual funding £'000	Planned expenditure	Risks/Impact on delivery
Prescribing budget	137,984 (2023-24)	GP prescriptions for all Primary Care practices and some Secondary services, including Complex Needs, Drug Court, invest to save budget.	HSCP has limited discretion over volumes prescribed but responsible for management of costs within budget, The impact of pandemic recovery, ageing population, volatility in global market supply and pricing of drugs, fuel costs, transportation and packaging, Brexit factors all contribute to higher costs. c70% of population of GGC receive a medication via prescription.
General Medical Services	116,000 (2023-24)	Payments to independent GP contractors for service delivery	Cash limited – HSCP to manage costs within set funding
General Dental Services	58,000 (2023-24)	Payments to independent dental contractors for service delivery	Non-cash limited i.e. Scottish Government funding matches expenditure
General Pharmacy Services	39,000	Payments to independent community pharmacy Contractors for service delivery	Non-cash limited i.e. Scottish Government funding matches expenditure
General Ophthalmic Services	15,000	Payments to independent optometry contractors for service delivery	Non-cash limited i.e. Scottish Government funding matches expenditure
Total Expenditure	365,984		

Primary care expenditure on staff and engagement with primary care contractors

The HSCP has a budget of £3.228m for primary care staff (44 whole time equivalent posts) and the costs of engagement with primary care contractors. This budget covers the costs of clinical directors and pharmacy staff. The IJBs challenging financial position means that there will be a requirement to make savings on these budgets in the next few years.

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Primary Care Improvement Fund (PCIF)

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.

The national allocation for PCIF is £170m, Glasgow City IJBs share of this in 2023/24 is £20.3m, plus £2.35m for the 2022/23 and 2023/24 AfC uplifts.

A budget has been set below in table 2, based on our 2023/24 allocation letter, which reflects the funding which is anticipated for PCIF going forward, and on which we are basing our future financial modelling and service planning. We are following the Scottish Government's guidance by giving priority 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. However, we are responding to the feedback from GPs by maintaining a focus on the mental health and Community Links Worker programmes (17% of the total budget).

We have estimated that to achieve the objectives of the 2018 GP contract and the Memorandum of Understanding, would cost in the region of £56.8m per year. Recognising that this level of investment is not likely to be forthcoming, we have reviewed the projected expenditure to bring it in line with Glasgow City IJB's funding allocation for 23/24.

We have sought views from LMC and GP Sub on the allocation of the PCIF, to ensure that the allocation of funds aligns with their priorities.

Glasgow City HSCP, like many HSCPs, has faced challenges with the development and delivery of the PCIP; this is because the funding made available is not sufficient to meet all the commitments in the 2018 GP contract, and the non-recurring nature of the annual allocation means that it is difficult to plan ahead and enter into contractual commitments with providers, as discussed in section 2. The Scottish Government is considering baselining this funding into core Health Board funds to support better financial planning and to reduce administrative and reporting burdens.

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Table 2: Primary Care Improvement Plan Budget

PCIP Programme Workstreams	Total Indicative Annual Funding (inc. pay award) £'000	Funding required for full delivery £'000	Shortfall £'000	No. of Planned Whole time equivalent wte staff (based on annual funding)	What the funding covers
Vaccination Transformation Programme	3,018	5,952	-2,935	63.97	Delivery of flu programs to all cohorts, travel vaccination programme
Pharmacotherapy	7,415	26,294	-18,889	144.21	Salaries of pharmacists & pharmacy technicians.
Community Treatment and Care Services/ Phlebotomy	7,036	10,154	-3,128	188.5	Salaries of phlebotomists & treatment room staff
Urgent Care	716	1,726	-1,010	8.6	Salaries of advanced nurse practitioners (ANPs), Lead ANP and Professional Nurse Lead, plus supervision and training costs
Community Link Workers <i>*23/24 funding (not inc. additional £1,350 Scottish Government funding)</i>	2,055*	5,226	-3,171	43	During 23/24 we have 42 WTE via commissioned third sector partner, 1 directly employed via HSCP. <i>This figure excludes the temporary funding provided by the SG to continue the increase of CLWs by 23.8WTE to 65.8wte.</i>

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PCIP Programme Workstreams	Total Indicative Annual Funding (inc. pay award) £'000	Funding required for full delivery £'000	Shortfall £'000	No. of Planned Whole time equivalent wte staff (based on annual funding)	What the funding covers
Mental Health	1,290	2,867	-1,577	25	Includes externally commissioned services Compassionate Distress Response Service (CDRS), Lifelink and Youth Health Services, plus funding for future mental wellbeing hubs
Advanced Practice Physio (APP)	854	4,295	-3,441	11.04	10.44wte APP, plus 0.6WTE supervision costs
Sustainability & Program Support	289	289	0	0	Infrastructure required to sustain PCIP program:
Estimated total costs	22,673*	56,803	-34,151	485.48	

***This is anticipated expenditure based on current planning*

Additional Primary Care Improvement Funding (PCIF)

The Scottish Government has provided more funding through non-recurring funds:

- £1.350m additional funding was received from the Scottish Government in 2023/24 to maintain the temporary expansion of Community Link Workers (CLWs) to 80 GP practices.
- We are not anticipating that this funding will be received in future years, this will mean that in 2024/25 the funding available from the PCIF to support the Community Link Worker Programme will be limited to £2.186m, resulting in a reduction in the provision of the CLWs. Therefore, from 24/25 we are estimating that we will have 41 WTEs via commissioned third sector partner(s), 1 directly employed via HSCP.

7. Governance

Over the last 4 years the PCIP Implementation Leadership Group (ILG) has been leading on the development and implementation of the new GP contract. As the Primary Care Action Plan has expanded upon the scope of the previous Primary Care Improvement Plans to include the wider primary care agenda, we have reviewed our arrangements for the ongoing oversight and governance of this plan. We are proposing, therefore, that the ILG takes on this wider responsibility for monitoring the implementation of the Primary Care Action Plan for 2023 to 2026 and will report on progress to the HSCP's Senior Management Team, please see Appendix 4.

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Appendix 1: Primary Care Improvement Plan – Summary update on workstreams

Vaccination Transformation Programme

Responsibility for vaccinations that were previously delivered in GP surgeries transferred to the health board/HSCP by the end March 2022. There is ongoing work at a national level and through the health board's vaccination programme board to finalise future, sustainable, delivery models for the adult flu, shingles and pneumococcal vaccinations and to ensure that these models are aligned with other vaccination programmes. There is still some uncertainty about the overall cost of the PCIP element of the vaccination programme; we continue to work collaboratively within the HSCP and with the Health Board to develop a financial framework that ensures best use of resources across the system.

Pharmacotherapy

A NHSGCC-wide group agreed the specification for those elements of the 2018 GP (GMS) contract that could be implemented from within the funding that is available to pharmacotherapy. This description includes the pharmacy service provided via non-PCIP funding where this contributes to GMS contract objectives. It recognises the expansion of skill mix to further develop a technician-led hub service with pharmacy support workers. The model describes practices being serviced by hubs, working to a standardised model and providing annual leave cover for core level 1 service delivery elements. The proportion of GP practice aligned team time on level 1 will be no greater than 60% with the remainder on level 2/3.

Level 1 includes medicines reconciliation on immediate discharge letters where there are changes to medicines, medicines related queries and quality improvement to increase serial prescribing and reduce variation in acute prescribing. Level 2/3 is focused on medication review to targeted medicines review for high volume/ high risk medication, review for patients with moderate to high frailty and polypharmacy (including care homes).

Development in technology and advancement in automation of processes may see the breadth of level 1 activities more closely aligned to that defined by the contract.

Community Care & Treatment

All practices in Glasgow can access CTACs standardised interventions' list and core service specification being offered in full. Challenges with staff retention, recruitment and premises pressures, continue to impact the service, but investment in health centres should provide some of the additional space required to deliver the

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programme. The service continues to see growing demand which will require us to consider what level of service that can be provided within the current funding, accommodation and staffing constraints.

Access to Chronic Disease Management (CDM) support is only done for requested bloods as part of the phlebotomy service and further scoping is still needed to assess the feasibility for the full transfer of CDM and a solution to communicating patient details back to general practice safely and effectively. In phlebotomy there is growing requests from other specialisms (such as acute, mental health services) to transfer responsibility for taking patients' bloods to our phlebotomy service. These requests will be considered as part of the planning and model of community phlebotomy and will need to take account of our ability to expand the service within the resources that we have available. We continue to work to improve pathways for patients booking appointments.

Mental Health

We have not been able fund the embedding of workers in all GP practices, as this was not achievable within the resource allocation. Instead, capacity has been increased to provide all practices with access to externally commissioned third sector services. These include: Lifelink, referral and signposting to community stress services providing counselling and a programme of wellbeing classes: Youth Health Service, open referral to Youth Health Service in 9 hubs across Glasgow City, three in each locality and Compassionate Distress Response (CDRS), direct referral by GPs (during the day) to support for patients in need of an urgent response (within 24 hours) for distress (extension of original out of hours service). While this model does not deliver the in-house support that some practices may aspire to, it has supported the reduction in waiting time to access these services.

During 2023/24 we will be undertaking a recommissioning process for Lifelink and CDRS.

Community Links Workers

During 2023/24 80 GP practices have access to a Community Links Worker (CLW), and a small number of GP practices have partial access, through referring asylum seeker patients to the Specialist CLW for Asylum Seekers. In 2023/24 the programme is funded through a combination of PCIP and additional non-recurring Scottish Government monies.

During 2023/24 we will be undertaking a recommissioning process for the CLW service. Funding constraints mean there will be a reduction in the provision of the CLWs from 2024/25.

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Urgent Care

The funding for urgent care remains focused on the Advance Nurse Practitioners (ANP) who are supporting GPs in caring for residents living in the five HCSP-managed residential care homes. At present the ANP team provide cover for two of the five HCSP homes. Recruitment and retention of the ANPs continue to constrain our ability to further develop the programme; given the lack of fully qualified ANPs in the labour market we continue to support trainee practitioners. This has prevented the extension of ANPs to the other care homes where there are no enhanced service agreements. However, a significant amount of work has gone into both developing the governance and supervision arrangements, and ensuring the agreement of sustainable model for the delivery of the service is established going forward. The Professional Nurse Lead is arranging to attend GP cluster meetings to provide an update on current service provision.

MSK Physiotherapy – Advance Practice Physiotherapists (APPs)

APPs in primary care work in GP Practices, to help manage those presenting with MSK conditions that would otherwise request to see their GP. Recruitment has been challenging and allocations have been flexed to reflect space available and practitioners working patterns. The allocation of staff was linked to practice list size and demographics. At present APPs are in 35 practices within Glasgow City, providing coverage to 23% of practices (31% of Glasgow city population). There is no intention to increase the number of MSK Physiotherapists from the existing posts because of the need to focus resources on the transfer of vaccinations, community treatment and care and pharmacotherapy. Furthermore, it has been very difficult to recruit to the existing vacant posts. Without a further boost in the physiotherapy workforce nationally, the ability to recruit further APPs is challenging without destabilising the core physiotherapy services, which is an important consideration to ensure patients continue to have access to Rehabilitation for MSK Conditions. Work is underway to consider an alternative model of delivery.

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Appendix 2: Primary Care Improvement Fund (PCIF): Annual Funding Allocation Letter 2023-24



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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

9 August 2023

Dear colleagues

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2023-24

Thank you for providing the data requested through the Primary Care Improvement Plan (PCIP) 6 tracker exercise which has been used to produce our annual statistical publication setting out implementation progress.⁹ In line with our commitments in the First Minister's policy prospectus¹⁰ to sustain our investment in general practice through the Primary Care Improvement Fund and to improve outcomes for people in primary, community, and social care, through enhanced integrated multi-disciplinary teams, we will be writing shortly to set out our plans for enhancing delivery of the programme.

In the meantime, I am writing to confirm the 2023-24 funding allocations for the

⁹ Primary Care Improvement Plans: Summary of Implementation Progress at March 2023 - gov.scot (www.gov.scot)

¹⁰ A fresh start for Scotland - gov.scot (www.gov.scot)

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Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund (PCF). As in previous years, funding will be allocated on an NRAC basis via Health Boards to IAs.

Background

As previously set out to NHS Board Chief Executives and Integration Authority Chief Officers, there is a considerable financial challenge in 2023-24. While the Scottish Government remains committed to supporting the service in delivering the best outcomes for patients, there is a need to remain agile within our financial management, ensuring that we utilise all fiscal levers available, including the use of available reserves.

The Scottish Government remains committed to the aims and principles which underpinned the 2018 GP Contract Offer. This letter relates to the PCIF component of the PCF and should be read in conjunction with the Memorandum of Understanding 2 (MoU2) on GMS Contract Implementation for Primary Care Improvement¹¹ and the Amendment Regulations¹² and supplemented by the Scottish Government communication of 31 March 2023.

Primary Care Improvement Fund (PCIF)

Available Resources

Having reviewed the financial data from PCIP 6 tracker returns, I can confirm that up to **£189.5 million will be available** for Integration Authorities in 2023-24 under the auspices of the Primary Care Improvement Fund (PCIF). This comprises up to £170 million funding available through the PCIF and £19.5 million funding for AfC uplift costs. In-year delivery and spending against the £189.5m will be monitored by my team to understand any potential slippage against the £189.5m.

As with last year, **reserves carried over into 2023-24 financial year will contribute to your overall 2023-24 allocation** and your allocation has been adjusted accordingly to reflect this. The adjustment is based on data we currently hold on your reserve position as at 31 March 2023. **Please note, therefore, that the £189.5 million envelope takes account of the funds already held by Integration Authorities by means of these existing PCIF reserves.**

¹¹ Memorandum of Understanding (MoU) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards

¹² The National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2022 (legislation.gov.uk)

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Where we have agreed to make funding available to you to cover any shortfall relating to legal commitments entered into prior to August 2022, you will have access to this funding in addition to your 2023-24 allocation. In these cases, funding was made available through the PCIF 2022-23 tranche two allocations to cover the quantum of funding agreed with you in August 2022. You should have this funding in your reserves to meet the remainder of any shortfall relating to legal commitments costs.

While we appreciate that it will be disappointing that you are unable to use reserves carried forward to supplement your allocation this year, this has been a difficult but necessary decision given the overall financial pressures across health and social care. It is also taken in the knowledge that we are protecting the core funding for PCIF of £170 million and that we are making additional funding available to support Agenda for Change (AfC) uplifts for PCIF staff.

Methodology for Tranche One Allocation

We will be making an initial tranche one allocation on the basis of allocating **£160 million** of the £170 million available through the PCIF on an NRAC basis and **£19.5**

million for AfC uplift costs for 2023-24, giving a total tranche one allocation of **£179.5 million**. The additional AfC funding of £19.5m is being allocated on the basis of figures submitted to SG Health Finance by NHS Boards.

The tranche one allocation will be reduced to deduct IA reserve balances as at March 2023 (based on PCIP 6 tracker data), as well as baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the Primary Care Improvement Fund.

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

Methodology for Tranche Two Allocation

A further allocation of **the remaining £10 million** of the overall PCIF will be made available on an NRAC basis to IA's later this year, subject to reporting confirming latest spend and forecast data **required by Friday 17th November**. Robust assessments of your forecast resourcing requirements are vital in supporting central financial planning, sound financial management and providing best value for the public purse. We will issue a reporting template in advance of this deadline for completion.

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Second tranche allocations will follow, subject to assessment of the data provided. Allocations will also be reduced to reflect any increases in your reserve position not reflected in the tables annexed.

Scope of PCIF

For 2023-24, the policy and governance arrangements as set out in MoU2 and supplemented by the PCIP6 communication on 31 March 2023 continue to apply. This requires ensuring that plans are developed and implemented through local engagement and collaboration with practices and GP Sub-Committees to meet local population needs - prioritising Pharmacotherapy and CTAC services whilst maintaining other MoU services (e.g. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.

As before, PCIP funding can be used for a wider range of costs (such as premises, training, digital, fixed-term contracts and redesign and change management) as long as they support delivery of the MoU MDT and are agreed with the GP SubCommittee.

Baselining

The minimum funding position for PCIF is £170 million with additional funding being made available to provide Agenda for Change uplifts for recruited staff. While the minimum funding position gives you the assurances you need to continue to recruit and implement your PCIPs, we are considering baselining this funding into core Health Board funds, to provide further assurances, to support better financial planning and to reduce administrative and reporting burden. We will continue to work with Chief Financial Officers and National Oversight Group to scope out the option to baseline, including the necessary governance arrangements to support this and possible timeline.

Monitoring and evaluation

Developing a clear and evidence-based understanding of the impact of multidisciplinary team work, including both the outputs and outcomes for patients, staff and the healthcare system remains a key ambition. The evidence base is vital in supporting best practice discussions and future investment decisions in the programme in collaboration with all partners. We continue to work with all partners to consider next steps on national monitoring and evaluation.

I trust this update gives you the assurances you need to continue to progress implementation of your Primary Care Improvement Plans in 2023-24 and I look forward to working with you towards our shared goal of delivering improved care in our communities.

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Yours faithfully

A handwritten signature in cursive script that reads "Susan Gallacher".

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	PCIF NRAC Share 2023-24 (£)	Pay uplift 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	less £10m NRAC retention (£)	PCIF initial allocation 2023-24 (£)
NHS Ayrshire and Arran	7.31%	12,419,970	1,551,000	-569,300	0	-730,586	12,671,084
NHS Borders	2.15%	3,659,639	449,000	-161,300	-383,000	-215,273	3,349,066
NHS Dumfries and Galloway	2.96%	5,039,527	694,000	-229,100	0	-296,443	5,207,985
NHS Fife	6.85%	11,648,976	1,568,000	-521,800	0	-685,234	12,009,942
NHS Forth Valley	5.47%	9,291,966	1,129,000	-415,000	0	-546,586	9,459,380
NHS Grampian	9.74%	16,554,002	1,884,000	-755,400	-1,707,000	-973,765	15,001,838
NHS Greater Glasgow & Clyde	22.14%	37,638,815	4,362,000	-1,718,200	-1,324,000	-2,214,049	36,744,566
NHS Highland	6.59%	11,203,724	1,468,000	-494,100	-609,000	-659,043	10,909,581
NHS Lanarkshire	12.31%	20,931,062	1,000,000	-947,700	-3,063,000	-1,231,239	16,689,123
NHS Lothian	15.07%	25,611,369	3,329,000	-1,132,000	-1,389,000	-1,506,551	24,912,818
NHS Orkney	0.50%	851,053	122,000	-75,000	-362,000	-50,062	485,991
NHS Shetland	0.48%	813,856	114,000	-76,200	0	-47,874	803,782
NHS Tayside	7.77%	13,211,219	1,827,000	-601,900	-169,000	-777,131	13,490,188
NHS Western Isles	0.66%	1,124,821	52,000	-103,000	0	-66,166	1,007,655
		170,000,000	19,549,000	-7,800,000	-9,006,000	-10,000,000	162,743,000

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Allocation by Integration Authority

NHS Board	Integration Authority	IA NRAC Share 2023-24 (£)	PCIF NRAC Share 2023-24 (£)	Pay uplift 2022-23 (£)	less PCIF baseline d funds (£)	less PCIF local reserves (£)	less £10m NRAC retention (£)	PCIF initial allocation 2023-24 (£)
Ayrshire and Arran	Ayrshire combined	7.31%	12,419,970	1,551,000	-569,300	0	-730,586	12,671,084
Borders	Scottish Borders	2.15%	3,659,639	449,000	-161,300	-383,000	-215,273	3,349,066
Dumfries and Galloway	Dumfries and Galloway	2.96%	5,039,527	694,000	-229,100	0	-296,443	5,207,985
Fife	Fife	6.85%	11,648,976	1,568,000	-521,800	0	-685,234	12,009,942
Forth Valley	Forth Valley combined	5.47%	9,291,966	1,129,000	-415,000	0	-546,586	9,459,380
Grampian	Aberdeen City	3.78%	6,425,049	731,231	-298,317	-261,000	-377,944	6,219,019
	Aberdeenshire	4.23%	7,197,962	819,195	-324,766	-830,000	-423,410	6,438,981
	Moray	1.72%	2,930,992	333,574	-132,317	-616,000	-172,411	2,343,837
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,151,403	365,219	-140,141	-100,000	-185,377	3,091,105
	East Renfrewshire	1.58%	2,682,743	310,906	-120,632	-628,000	-157,808	2,087,208
	Glasgow City	11.95%	20,319,427	2,354,839	-928,315	0	-1,195,261	20,550,690
	Inverclyde	1.60%	2,728,381	316,195	-126,472	-98,000	-160,493	2,659,611
	Renfrewshire	3.38%	5,750,476	666,428	-261,903	-472,000	-338,263	5,344,738
	West Dunbartonshire	1.77%	3,006,385	348,413	-140,737	-26,000	-176,846	3,011,215
Highland	Argyll and Bute	1.88%	3,194,868	418,617	-141,683	-609,000	-187,933	2,674,869
	Highland	4.71%	8,008,856	1,049,383	-352,417	0	-471,109	8,234,712
Lanarkshire	Lanarkshire combined	12.31%	20,931,062	1,000,000	-947,700	-3,063,000	-1,231,239	16,689,123
Lothian	East Lothian	1.89%	3,215,085	417,901	-140,067	-80,000	-189,123	3,223,797
	Edinburgh	8.40%	14,271,709	1,855,056	-634,173	-518,000	-839,512	14,135,080
	Midlothian	1.64%	2,793,788	363,140	-120,660	-212,000	-164,340	2,659,927
	West Lothian	3.14%	5,330,787	692,903	-237,100	-579,000	-313,576	4,894,014
Orkney	Orkney Islands	0.50%	851,053	122,000	-75,000	-362,000	-50,062	485,991
Shetland	Shetland Islands	0.48%	813,856	114,000	-76,200	0	-47,874	803,782
Tayside	Angus	2.16%	3,670,680	507,624	-165,208	-137,000	-215,922	3,660,174
	Dundee City	2.82%	4,802,335	664,122	-226,196	-32,000	-282,490	4,925,771
	Perth and Kinross	2.79%	4,738,204	655,254	-210,496	0	-278,718	4,904,244
Western Isles	Western Isles	0.66%	1,124,821	52,000	-103,000	0	-66,166	1,007,655
			170,000,000	19,549,000	-7,800,000	-9,006,000	-10,000,000	162,743,000

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Appendix 3: Primary Care Action Plan (PCAP) 23-26 Equality Impact Assessment (EQIA): Summary of Actions

Actions – from the additional mitigating actions identified during the completion of the EQIA
<p>Provide or support access to awareness sessions/ training in the HSCP and wider primary care workforce on issues affecting marginalised groups to ensure competence with regard to the protected characteristics and that staff are able to understand and recognise the needs of marginalised groups.</p> <p><i>Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1 and 2, Enabler 1</i></p>
<p>Provide or support access to more specialist training in the HSCP and wider primary care workforce on issues affecting specific marginalised groups to ensure staff are knowable and skilled at responding to the needs of specific marginalised groups.</p> <p><i>Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1 and 2, Enabler 1</i></p>
<p>With an increasing BME and asylum seeking population, 80 different languages are spoken within Glasgow. We will:</p> <ul style="list-style-type: none"> - Support the pathway for GP practice requests for information in other languages and formats. - Provide information to practice staff with regard to the use of interpreters in primary care settings. <p><i>Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1 and 2, Enabler 1</i></p>
<p>Opportunities will be identified to encourage both primary care contractors and HSCP staff leading the PCIP workstreams to gather standardised data related to the nine protected characteristics. This will also include incorporating the requirement for equalities data to be collected when commissioning services from other organisations.</p> <p><i>Relevant for the following Action(s) and Enabler(s) in PCAP: Action 2 and 3, Enabler 1 and 3</i></p>
<p>We will encourage, support and monitor the additional EQIAs undertaken by individual PCIP workstreams, programmes and services in the future.</p> <p><i>Relevant for the following Action(s) and Enabler(s) in PCAP: Action 2, Enabler 1 and 3</i></p>
<p>We will continue to look to other data sources in the city and nationally to benchmark and assess the equalities data as required.</p> <p><i>Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1, 2, 3 and 4, , Enabler 1 and 3</i></p>
<p>It is important that we understand the experience of equalities groups who access our service. We will build on our previous engagement events to gather the views of primary care contractors, HSCP staff and service users on primary care services. We will continue to progress our engagement work to seek to capture patient and service users experiences and perspectives across equalities groups.</p> <p><i>Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1, 2, 3 and 4, Enabler 1, 2 and 3</i></p>

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Throughout the duration of this Primary Care Action Plan, and the previous Glasgow City Primary Care Improvement Plan, we have committed to build on and share learning from the PCIP workstreams and programmes. Glasgow remains the most deprived city in Scotland, sharing our local research and PCIP evaluation findings with other HSCPs and wider provides opportunity for all to benefit from our learning.

Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1, 2, 3 and 4, Enabler 1 and 3

We will continue to review and report on equalities performance to Glasgow City PCIP Leadership Group, Glasgow City HSCP Equalities group and to the Scottish Government on a 6 monthly and/or as required basis.

Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1, 2, 3 and 4, , Enabler 1 and 3

Provide or support access to awareness sessions/ training in the HSCP and wider primary care workforce on issues affecting marginalised groups to ensure competence with regard to the protected characteristics and that staff are able to understand and recognise the needs of marginalised groups.

Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1 and 2, Enabler 1

Appendix 4: Governance & Reporting Structure

