

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 30 October 2019

Report By	Kevin Buchan, Chair GP Sub Committee and GP Executive Sandra Pratt, Assoc. Director, Strategic Change, NHS Borders (Executive Lead for PCIP)
Contact	Sandra Pratt, Assoc. Director, Strategic Change, NHS Borders (Executive Lead for PCIP)
Telephone:	01896 825584

PRIMARY CARE IMPROVEMENT PLAN UPDATE

Purpose of Report:	To inform the Integrated Joint Board of the progress to date, current status and designated priorities of the local Primary Care Improvement Plan (PCIP) linked to the GMS Contract introduced in 2018 and to share the Implementation Tracker and updated PCIP document required by Scottish Government.
---------------------------	---

Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note and support the information and progress to date of the Primary Care Improvement Plan as outlined above and contained within the revised PCIP document. b) Support the submission of the revised PCIP document to Scottish Government.
-------------------------	---

Personnel:	New posts within the programme – identified within Workforce Plan
------------	---

Carers:	n/a
---------	-----

Equalities:	HIIA to be undertaken
-------------	-----------------------

Financial:	Financial tables within document
------------	----------------------------------

Legal:	PCIP is a core element of the new GMS Contract 2018 agreed with Scottish Govt and BMA
--------	---

Risk Implications:	Lack of accommodation for new posts Inadequate access to IT systems at every location Recruitment challenges Wider engagement of GPs
--------------------	---

1. **BACKGROUND**

While some progress was made initially across the PCIP workstreams, at the end of 2018/19 it was acknowledged that this had not been at the pace we would have wished. Scottish Government had also indicated that this was also their view. To address this issue and in liaison with the GP Sub Committee it was agreed to re-invigorate the process.

A GP Executive was therefore established in April 2019 with membership from GP Sub Committee, NHS Borders and the Health & Social Care Partnership with the remit to oversee and steer the development and implementation of the Primary Care Improvement Plan (PCIP).

2. **ASSESSMENT**

Alongside the introduction of the GP Executive, NHS Borders identified an Executive Lead external to Primary & Community Services (P&CS) to help drive forward progress; this post began in June 2019. A Project Manager for the programme was subsequently appointed and started at the end of August.

Governance and planning

Since its inception, the GP Executive has introduced a number of steps to ensure more robust planning, reporting and governance arrangements:

- The GP Executive receives standardised highlight reports from each of the workstreams each month. Scrutiny of progress in each workstream takes place in line with the overarching programme plan. Any proposed changes to the workplans and workforce plans must be agreed by the GP Executive.
- The GP Executive includes a designated Business Partner who has comprehensively reviewed the budget and commitments to date and has presented a confirmed financial outlook; this has been formally agreed by the GP Executive and allows robust forward planning. Finance reports are taken at each meeting where all proposed financial commitments must be approved.
- A delivery map has been developed; this is a dynamic working document which plots where the new posts are being sited and services are being delivered across practices as an aid to ensuring equitable provision across Borders.
- A Communications Plan is in development and will incorporate processes to raise the profile and awareness of the PCIP locally.
- The GP Executive has previously reported at the Primary Care Strategy Group, however this Group is under review and may not continue in its current format. The GP Executive will continue to provide regular update reports to GP Sub Committee and IJB as well as to BET / NHS Borders Board as appropriate.

Submissions to Scottish Government

Regular Scottish Government returns are required via an implementation tracker. Dates and parameters around the reporting timetable have been changed over the course of

recent weeks, however it was agreed locally to submit an interim tracker on 30th September as previously required in order to provide some reassurance to Scottish Government that pace and progress has improved over recent months. Following this submission Scottish Government have confirmed the release of Scottish Borders' funding allocation, which they had previously held in reserve until they could be assured of progress and that more robust plans had been put in place.

The revised formal submission date to Scottish Government of the Implementation Tracker and an updated PCIP document has been set at no later than 30th October. The tracker has been updated since the interim September submission and a revised draft of the PCIP document has been produced. Both the October Implementation Tracker and revised PCIP document are attached separately.

Scottish Government representatives from the Primary Care Division are planning to visit Borders on 12th December to discuss our PCIP. No programme for or details of the visit have yet been received.

Update on Workstreams

The revised PCIP document and Implementation Tracker describes the detail about the workstreams established and the associated new posts approved and planned in line with the Memorandum of Understanding for the 2018 GMS Contract. Some key points are:

- Vaccination Transformation Programme (VTP): the process for delivery of school age vaccinations and vaccinations for pregnant women has been agreed and is in place. Work is still underway to address a model for travel vaccinations and out of hours is still to progress. A lot of work had been done previously on a potential model for <5 yrs and <5 yrs flu and adult vaccinations and adult flu vaccinations. However, following assessment of this by GP Executive a new proposal has been put forward and is currently under consideration by Scottish Government. Initial feedback has been cautiously optimistic but with support for the proposed model to be worked up in more detail. This is now in hand.
- Urgent Care: Advanced Nurse Practitioners (ANPs) are the first phase of this; recruitment is underway with approval for 10 posts by December 2019 (4 posts appointed to date) and a further 5 by end of the financial year.
- Pharmacotherapy: the furthest ahead in terms of progress against agreed outcomes and recruitment to posts. There have been some problems with recruitment of Technicians but a training programme has been developed and skill mix arrangements are supporting the programme to move on.
- Additional Roles:
 - First Contact Physios: Approval to recruit 8 by Dec 2019; 3.4wte (5 staff) recruited to date. There have been some issues with the availability of accommodation for FCPs in health centres. The service will be evaluated

after recruitment to this level before approval for further appointments and roll out.

- Mental Health workers – a delivery model has been developed and is being trialled and evaluated in one First Implementer site (O'Connell Street GP practice) Recruitment is underway to further Band 6 CPN posts.
- Community Link Workers: recruitment is underway. All practices have access to this service currently, however referral pathways will be firmed up and more flexible access will be developed as the additional staff are appointed.
- Community Treatment & Care Services: The development of a service model for NHS Borders treatment rooms (informed by the Clinical Productivity programme) will be established and evaluated in the first phase, with plans to be developed for the next phase of roll out across GP practice treatment rooms. It is envisaged that VTP services will eventually be delivered through the Community Treatment & Care services and that there will be an interface with the development of ANP roles.

N.B. The GP Executive have agreed that all new posts will be funded at 52 weeks to ensure full year service provision.

A proposal by NHS 24 around a Triage and redirection service was shared with the GP Executive. If this is agreed for implementation locally, then the GP Executive's view is that it would be developed alongside the PCIP and would be an enabler for the wider MDT development.

Issue / Challenges

- Accommodation. Space within local health centres is at a premium and the introduction of additional posts through PCIP will impact further. Discussions are underway with colleagues in capital planning and the P&CS Primary Care Premises Group to address the issues.
- IT / Data Collection. Similarly, new posts and new services will place additional demand on IT systems and information sharing processes. The Head of IM&T has proposed the development of a designated primary care team within the IT service to provide a more consistent and co-ordinated approach and will work with GP Executive to support progress.
- Recruitment. While there may be approval and funding for the new posts described, there may not be the personnel available in the wider recruitment market. This may cause delays in the establishment of new services and / or delays in accessing services equitably across the area.
- GP Involvement in delivery. Involvement in the development and delivery of the PCIP to date has fallen mainly to a small cohort of GPs. It has proved challenging to attract additional GPs willing to undertake a more formal role in delivering the contract with the associated risk to ensuring wider engagement and ownership as implementation progresses.

Next steps

The GP Executive will agree future phases of priorities within the PCIP based on the confirmed financial plan and will update the document, workforce plan and programme plans accordingly. Further reports will be brought to IJB on a regular basis and similarly to GP Sub Committee, with update reports to the NHS Borders Board and Board Executive Team as appropriate.

3. SUMMARY

While there is ongoing work to do, progress across the PCIP has been made over recent months and pace has improved. The revised PCIP document and tracker reflects the improved position planned future commitments.