Covid PCIP 3

Health Board Area: Scottish Borders

Health & Social Care Partnership: Borders Health & Social Care Partnership

Number of practices: 23

MOU PRIORITIES

n place / on target
partially in place / some concerns
lace / not on target

2.1 Pharmacotherapy	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices with PSP service in place						
Practices with PSP level 1 service in place	0	23	0	0	23	0
Practices with PSP level 2 service in place	0	13	0	0	23	0
Practices with PSP level 3 service in place	2	21	0	0	23	0

Comment / supporting information
We would value Scottish Government's definition of "partial access" so that we can be sure to measure and record figures accordingly. This will inform local discussions that are underway currently to define what percentage completion constitutes "partial access" and therefore the figures submitted above may be amended in the next return .
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery
Covid has seen some pharmacy staff repurposed to support wider Covid requirements. Across the service, during the Covid period the majority of pharmacists have been working remotely and face to face interventions have ceased. This has caused some issues for some staff because of dfficulties with IT infrastructure, however this is being addressed and wherever appropriate, pharmacotherapy staff are being enabled to work on site. Based on the evaluation of outcomes delivceered to date, it was agreed to fix investment in this workstream at 21.5wte new posts and to transfer some funding from the balance previously committed in the plan to allow the Additional Roles (Primary Care Mental Health Service element) workstream to be fully delivered. This is reflected in the Workforce Profile section.

2.2 Community Treatment and Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices with access to phlebotomy service						
Practices with access to management of minor injuries and dressings service						
Practices with access to ear syringing service						
Practices with access to suture removal service						
Practices with access to chronic disease monitoring and related data collection						
Practices with access to other services						

Comment / supporting information This workstream has not yet started therefore there are no PCIP services listed above. However all GP Practices will currently have access to all or most of the above list of clinical interventions either through their own practice team or through NHS Borders existing treatment room services.
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery submission
CTAC is the workstream least developed in Borders (see PCIP document) It has been highlighted that resources to enable full CTAC development form part of the identified respource gap previously submitted to Scottish Government. During Covid months work has been undertaken to explore the delivery of phlebotomy as a first deliverable. The PCIP Executive has developed a potential overarching CTAC model which the workstream group will develop collaboratively with Seconday Care. A practice survey is currently underway to determine which CTAC services are being delivered by existing services; results are expected by mid- October and will inform workshop discussion to develop an agreed service model.

2.3 Vaccine Transformation Program	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Pre School - Practices covered by service			23			23
School age - Practices covered by service			23			23
Out of Schedule - Practices covered by service			0			0
Adult imms - Practices covered by service						
Adult flu - Practices covered by service						
Pregnancy - Practices covered by service			23			23
Travel - Practices covered by service	0	0	0			0

Comment / supporting information VTP deferred by Scottish Govt for 12 months. It remains the intention locally to merge VTP with CTAC. Work has continued during the Covid period to develop contractual arrangements linked to the local proposal agreed with Scottish Govt.
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery NHS Borders has committed to supporting all practices by delivering Adult flu vaccinations in 2020/21 as part of an overall flu programme using a centralised team. This is to support delivery impacted by covid restrictions within GP premises and processes as well as GP capacity. Pre school and adults <65yrs at risk flu vacs are being delivered by GP practices.

2.4 Urgent Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices supported with Urgent Care Service	18 practices with no access to ANP	5 Practices (in two clusters - West & South) with access to Trainees or a Trained ANP			23	

Comment / supporting information
Recruitment is underway for further ANP posts. There have been no fully trained applicants but 12 trainees were shortlisted for interview early September; 6 successfully appointed and will be supported through the training programme. An open recruitment programme is in place and the expectation is to fill all 15wte (ie a further 4wte) by March 2021
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

There was a brief delay to recruitment at the start of Covid mostly due to HR capacity, however recruitment was fully resumed late June / early July 2020.
Covid has impacted availability of appropriate accomodation for ANP staff. Some infrastructure issues have impeded progress with remote working; these issues are being addressed and accommodation is now pririted for PCIP ANPs.

Additional professional services

2.5 Physiotherapy / FCP	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices accessing APP	15 practices with no access to FCP		8 practices (Central & East clusters)			23

Comment / supporting information
6.6wte x Band 7 anticipated in post by end of 2020/21. Band 8a now in post. Recruitment continues in order to achieve full complement by March 2021. The PCIP Executive has noted the impact of Covid on service delivery and learned lessons from this; consequently a revised centralised model is being developed to address the accommodation issues and the equity challenges due to ecomonomy of scale.
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

There was a brief delay to recruitment at the start of Covid, mostly due to HR capacity, however recruitment was fully resumed late June / early July 2020.
Covid has impacted the availability of appropriate accomodation for FCP staff. Some infrastructure issues impeded remote working; these issues are being addressed.

2.6 Mental health workers (ref to Action 15 where appropriate)	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices accessing MH workers / support		0	0			23

Comment / supporting information
Testing of a 'see & treat' psychological therapies model in Borders was completed Dec 2019. Following consultation and an option appraisal, decisions were taken about the level of PCIP funding (which required some movement of funds between workstreams) and the transfer of Action 15 staff to support an agreed 'see & treat' centralised psychological therapies model . This model will be delived by the Mental Health Service across the Scottish Borders and started w/c 05/10, with 50% staff recruited as at 1st Oct. Expectation is to recruit fully by January 2021.
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery servcie

Covid restrictionsh will bring challenges in delivering group therapies and access to accommodation for clinical intervention. However by working as a centralised service wider options can be explored which will help to mitigate some of the challenges Covid brings.

2.7 Community Links Workers	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices accessing Link workers		23				23

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery
Covid has impacted the ability for the team to undertake their work in community settings. The range of services and activities available in the community has been drastically reduced and the impact on clients wellbeing has been notable. The service is working through a process to maintain wellbeing and build individuals confidence in re-engaging with activities as they become available

2.8 Other locally agreed services (insert details)	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices accessing service						

Comment / supporting information
As reported in previous submissions NHS24 had been in discussion with NHS Borders and the PCIP Executive and had offered to deliver a triage service across all practices.
However in September 2020 NHS24 informed NHSBorders that this was no longer something they could pursue due to the national focus on the Redesign of Unscheduled Care.
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.9 Overall assessment of progress against PCIP

Specific Risks

Availability of accommodation for both clinical intervention and administrative work within Practice premises;
IT / Wi-fi connectivity;
Recruitment;
Pace of recovery to the new reality post COVID;
FLU/COVID Vaccs delivery pressure;

A risk to the delivery of the total PCIP is the shortfall in the level of funding - a shortfall of £1.9m was identified to Scottish Government in Nov/Dec 2019

Barriers to Progress

Please detail any barriers to progress and what could be done to overcome those barriers.

Funding - a shortfall in funding of £1.9m was identified to Scottish Government at their request in Nov / Dec 2019. This figure included resources to enable development of CTAC and VTP. No further communication about this has been received therefore progression of these workstreams continues to be an issue.
Within the response to Scottish Government re shorfall as request was made for Health Boards to receive additional ring-fenced capital allocation for Primary Care to assist in addressing the numerous premises and accommodation issues.

Recruitment - we have not intentionally delayed recruitment or work on PCIP because of Covid though recruitment has remained a consistent pressure across all workstreams throughout the programme. Over the last two months however, we have seen increased interest in advertised posts which has enabled workstreams to progress,

Accommodation - availability of suitable clinical space for PCIP posts has been an ongoing issue which has been compounded by the need to accommodate Covid restrictions.

Issues FAO National Oversight Group

Funding - a shortfall in funding of £1.9m was identified to Scottish Government at their request in Nov / Dec 2019. This figure included resources to enable development of CTAC and VTP. No further communication about this has been received therefore progression of these workstreams continues to be an issue and the delivery of the PCIP as a complete plan is at risk. It would be helpful if the National Oversight Group could update about this and secure the additional funding. Feedback about the request for specific Primary Care capital allocation would be welcome.

The PCIP Executive routinely scrutinises and monitors all workstreams and as circumstances change eg recruitment issues, failing to meet outcomes etc, makes decisions about and amendments to the plan in order to maintain overall progress and achieve the right results for patients and GPs. This has included the need to make some changes to resources previously allocated in the PCIP to individual workstreams which has seen some funding transferred from one workstream to another; these decisions are evidence-based but have also been impacted by the shortfall in PCIP funding as descrbed above. The most recent changes are reflected in the workforce profile and future financial profiles spreadsheets.

Ongoing Governance: The PCIP Executive Committe has identified that ongoing governance will be essential after completion of the national PCIP development and implementation programme at the end of March 2021as the new posts and services move into mainstream delivery. Therefore a proposal has been drafted to recommend the local establishment of a PCIP Ongoing Monitoring and Oversight Committee after March 2021 in order to protect the major investment in primary care delivered through PCIP and to safeguard the core aims and principles set out in the MoU as part of the national GP contract. This committee will have a membership reflective of the tripartite nature of the MoU.

Health Inequalities

Covid has highlighted existing health inequalities and without mitigation the response to Covid is likely to increase health inequalities. Ministers are keen to see all sectors renewing their efforts on this and will be encouraging all sectors to work together. HSCPs and GPs are already taking significant actions to close the gap. HSCPs are using their position to bring sectors together to help take a whole-system approach to big issues. GPs are playing their part - whether through referrals to services for weight management or smoking cessation, or through outreach to the communities which are hardest to reach and where most inequality is experienced.
Please provide any comments on the impact of Covid on health inequalities and any measures taken to mitigate this impact.
HIIA completed and signedd off by the PCIP Executive Committee

Further Reflections
Please add any other reflections on the impact of the pandemic, for example: New developments (e.g. IT, services) which were brought in during Covid which support contract delivery and aims. COVID has encouraged GPs and ckinical colleagues to make use of technology where appropriate and where IT infrastructure allows eg 'NearMe' to manage care of patients during and recovery from the first wave of the pandemic. Any other services / developments which are locally agreed. N/a Any other general comments. The ability and support locally to continue work on PCIP throughout the Covid period has been positive and appreciated by all involved. Recent improvement in recruitment has greatly contributed to progress across the workstreams. Oversight by the PCIP Executive Committee has been been a crucial element in enabling PCIP to develop at an improved pace and also in sustaining work on PCIP development throughout the Covid period. The PCIP Executive is particularly pleased about the pychological therapies model developed to deliver a primary care mental health service (Under Additional Roles) and whichbegan early October. This has been developed collaboratively and with joint funding PCIP / Action 15 monies.

Workforce profile

Health Board Area: Scottish Borders
Health & Social Care Partnership: Borders Health & Social Care

Table 1: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	FCP Physios	Other [a]	
TOTAL headcount staff in post as at 31 March 2018	3	2				0	0	0	0	0	0	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	3	1				0	0	0	0	0	0	0
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	5	5				8	0	0	0	5	0	5
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]	1	6				5	0	0	15	4	0	0
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	0	0				3	0	0	0	0	0	0
TOTAL headcount staff in post by 31 March 2022	12	14	0	0	0	16	0	0	15	9	0	5

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 2: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	FCP Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	2.3	1.4				0.0	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	3.0	0.2				0.0	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	3.4	4.2				7.8	0.0	0.0	0.0	3.4	0.0	4.5
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	1.0	6.0				5.2	0.0	0.0	14.3	5.8	0.0	0.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]						3.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL staff WTE in post by 31 March 2022	9.7	11.8	0.0	0.0	0.0	16.0	0.0	0.0	14.3	9.2	0.0	4.5

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Comment: