PCIP Borders
Primary Care Improvement Plan

ONGOING MONITORING & OVERSIGHT AFTER 31st MARCH 2021

AIM

This paper highlights the need for ongoing monitoring and oversight of the new posts and services introduced through the new GP Contract as the delivery of the Primary Care Improvement Plan (PCIP) programme concludes and these services become mainstreamed. It also proposes a potential draft model for this purpose.

BACKGROUND

National context

In 2018 the new GMS Contract was developed and agreed between the British Medical Association (BMA) and Scottish Government. As part of the new contract a Memorandum of Understanding ("MoU") was established between The Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards to deliver the Primary Care Improvement Plan (PCIP). As the responsibilities of the Integration Authorities will typically be delivered through the Health and Social Care Partnerships (HSCPs), for the purposes of the MoU, HSCPs are referred to as being responsible for the planning and commissioning of primary care services.

At a local level this translates into a tripartite agreement between HCSPs, Health Boards and GP Sub Committees to deliver the PCIP in collaboration with other relevant stakeholders.

Scottish Government have allocated recurring resources to support the delivery of PCIP; for Borders this equates to £3.2m at the time of writing and this is being allocated over the three years of the programme. In all Scottish Government allocation letters from the Primary Care Directorate, it has been stated explicitly that "PCIF (ie PCIP) funding (including the baselined GP pharmacy funding being treated as PCIF) is *not subject to any general savings requirements and must not be used to address any wider funding pressures."*

Local Context

While some progress was made initially across the PCIP workstreams within the plan, at the end of 2018/ 19 it was acknowledged that this had not been at the pace we would have wished and it was agreed to re-invigorate the process and subsequently to revisit and update the PCIP.

As part of the PCIP revitalisation process, it was evident that a more robust governance framework was required; aGP Executive Committee was therefore introduced in April 2019 with membership from GP Sub Committee, NHS Borders and Borders Health &Social Care Partnership at senior level and with delegated decision-making authority within the triumvirate agreed overall PCIP plan. The GP Executive Committee is chaired by the Chair of GP Sub Committee and has the remit to oversee and steer the development and implementation of the PCIP. In doing so, the GP Executive Committee ensures that the six priority areas for change within the PCIP are progressed and monitored in a meaningful way, according to an agreed timetable and with a level of scrutiny, thereby safeguarding the principles of the GP Contract and making sure that there will be equitable access to the new models of careacross Scottish Borders.

Change of title

During Covid 19, the four members of GP Sub Committee known as the GP Executive of the GP Sub Committee worked closely with NHS Borders and continue to do so as recovery and remobilisation progress. In July 2020, to avoid confusion over titles, it was agreed to rename the GP Executive Committee as the PCIP Executive Committee; as such this title is used from this point forward in this paper.

The PCIP Executive Committee meets monthly and provides regular reports to GP Sub Committee and IJB as well as to NHS Borders Executive Team and NHS Borders Board as appropriate. A governance diagram is at **Annex A** and membership list at **Annex B**

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

- The PCIP Executive Committee receives standardised highlight reports from each of the workstreams monthly. Scrutiny of progress takes place in line with the overarching programme plan and specifications laid down within the national contract. Any proposed changes to the workplans and workforce plans must be agreed by the PCIP Executive.
- The PCIP Executive Committee includes a designated Business Finance Partner who on a routine basis comprehensively reviews the budget and commitments in the plan and presents a confirmed financial outlook; this is formally agreed by the PCIP Executive Committee and allows robust forward planning. Finance reports are taken at each meeting where all proposed financial commitments must be approved.
- Post files have been established and specific financial coding has been attached to the PCIP posts so that the resources can be tracked and monitored.
- 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.

- NHS Borders agreed that all PCIP vacancies will be processed in an expeditious manner as they are resourced through ring-fenced PCIP funding which is not subject to any general savings requirements and must not be used to address any wider funding pressures. All PCIP vacancies are logged within NHS Borders processes so that they are noted as part of workforce records.

Clinical Governance

A consistent approach to the delivery of service and development of an appropriately skilled workforce is essential to ensure safe and appropriate patient care.Provision has been made within the PCIP funding plan for Band 8a roles in each workstream to manage this and to provide a clinical professional linefor the individual disciplines.Each workstream also has a named GP Lead from the PCIP Executive Committee who works in liaison with the Band 8a postholder.

In addition, resource has been allocated to allow time for GPs across practices to mentor and support the new staff appointed through PCIP, most particularly the Advanced Nurse Practitioners and Pharmacists.

Operational Governance

Working in GP practices may be a very different experience for the new PCIP staff members; having these new staff and services sited in general practice will also be a new experience for the service managers and practice staff. In order to enable consistency of approach and understanding for all of the new posts and services being established through PCIP, three "Handbooks" have been developed; one for the new postholder, one for the GP practice and one for the service manager and /or workstream lead. The Handbooks set out what to expect of each other, what to do on the first day on site, general staff governance and what to do in different circumstances e.g. when a staff member needs to take sickness absence or a complaint is received etc.

To ensure equity of service provision across practices, equity of access to services for patients and equity of workload for staff members, the PCIP Executive Committee has put in place agreed specifications, definitions of role and workplans for all PCIP services. Using the principles of the clinical productivity programme supported by NHS Borders,clear expectations of clinical vs non-clinical activity proportions within workplans for all posts have been agreed and require to be monitored.

In total,approximately 70wte new, permanent posts will be established across Borders through PCIP. These postholders will deliver a range of new or reconfigured primary care services which will allow patients to be seen by the most appropriate health or social care professional to meet their needs and in a timely manner. This will allow GPs to free up clinical time to focus on more complex patient care in their role as Expert Medical Generalists.

ASSESSMENT

The development of the new services and the governance framework described previously has required stringent oversight and monitoring by the PCIP Executive Committee in order to maintain a fair and

equitable approach across all GP practice areas, to ensure the appropriate use of the allocated resource in line with the specifications laid down within the MoU and to ensure that the principles and requirements of the MoU have not been eroded.

Recruitment to posts has not always been easy across the workstreams and where workforce plans have faltered because posts could not be filled, decisions have been required to agree a different approach / skill mix, how best to manage vacancies etc in order to ensure delivery of the new service.

There has been some general misunderstanding about what PCIP actually is and what it means for GPs, for patients and for existing health and social care services. During the course of the programme PCIP has often been seen as "something additional to do" rather than as a huge opportunity (with attached resource) not only to broaden primary care services but also tooffer new career pathways which will in turn support recruitment potential and professional growth. The PCIP Executive Committee has had a crucial role in managing these misperceptions, in improving knowledge and awareness about PCIP, its workstreams and as a true enabler for shifting the balance of care which is in line with local and national strategic direction.

It is evident therefore that the PCIP Executive Committee has been vital in steering the development and progress of PCIP in Borders within a robust governance framework and through appropriate scrutiny and monitoring.

The PCIP programme as a project is due to conclude on 31st March 2021, at which point the new posts and services will be mainstreamed and will then fall under the operational management of the relevant Heads of Service within Scottish Borders Council (for Community Link Workers) and NHS Borders.

It must be recognised that in May 2020 Scottish Government deferred the work on the Vaccination Transformation Programme for 12 months across Scotland which means that that workstream will require development and oversight post March 2021.

<u>After 31st March 2021</u>

The PCIP Executive Committee was established to oversee the PCIP Programme until its conclusion on 31st March 2021. However with reference to the points set out in this paper it is apparent that ongoing oversight and monitoring will be essential as the new posts and services move into mainstream delivery 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.

The risks of not establishing a robust oversight, governance and monitoring structure post 2020/21 have been summarised as:

- As vacancies arise and service managers change the understanding of what the posts were established to deliver may be lost and the posts (and associated resources) could then be used in other areas of service provision not linked to primary care or PCIP.
- Equity of provision across GP practices is a core element of the MoU and as services and organisational priorities change over time this focus may be lost which would be detrimental to patients and to GP practices.
- The Vaccination Transformation Programme will not develop.
- The Community Treatment and Care Service will only partially develop and lose focus.
- New career structures in clinical services and potential for professional growth will be limited.
- The progress in shifting the balance of care will be curtailed.
- The core values and principles of PCIP will be eroded.

These risks would lead to the default in delivery of the GP Contract in Borders.

It is therefore proposed that consideration is given to the establishment of an ongoing oversight and monitoring function to support the PCIP services after the end of the PCIP Programme in March 2021.

It will be important that any such function is made up of senior-level representation from GP Practice, NHS Borders and H&SCP withdelegated decision-making authority to ensure the continuation of the PCIP programme and framework.

RECOMMENDATION

It is recommended that a PCIP Monitoring & Oversight Committee is established once the PCIP Executive Committee has completed the PCIP development and implementation programme.

This new Committee would consist of senior level representation from GP Practice, NHS Borders and H&SCP to mirror the tripartite nature of the original MoU and in recognition that the posts and services introduced through PCIP, while mainstreamed, remain an integral part of the GP contract and require to be maintained as such.

Members would have the delegated authority to make decisions within the triumvirate agreed PCIP plan about any proposed changes to the established PCIP services, agree the management of vacancies and ongoing use of invested resources to ensure that the terms of the GP contract continue to be met and patients continue to benefit.

The vacancy management arrangements within NHS Borders as previously described would continue for all PCIP funded posts.

While the operational management and professional oversight of the posts would sit with the service managers in liaison with the practices, regular update and performance reports would be taken by the Heads of Service to the PCIP Monitoring & Oversight Committee who would provide a scrutiny and monitoring function as well as agreeing any proposed changes to the posts or services.

The Committee would also receive regular financial reports linked to the PCIP investment. These reports would use the post files and financial coding processes in order to track and monitor the specific resources committed through PCIP.

The Committee would provide regular updates and an annual report on PCIP services and the delivery of the agreed outcomes to GP Sub Committee, NHS Borders (via P&CS Clinical Board and BET) and the IJB . The proposed governance structure for the PCIP Monitoring & Oversight Committee is shown at **Annex C**

The Committee core membership would be:

- Chair of GP Sub Committee (Chair of Committee)
- 3 x GP Executive members
- General Manager, P&CS
- General Manager, Mental Health
- Chief Officer, H&SCP
- Business Finance Partner, H&SCP
- Associate Director of Nursing, P&CS
- Associate Director of AHPs
- Associate Medical Director, P&CS
- Contracts Manager

The PCIP Project Manager would continue to be a member of the Committee whilst in post (until August 2021) to provide co-ordination and continuity during the transition to mainstreaming of the programme and to support the Committee as currently.

It is acknowledged that the PCIP Monitoring & Oversight Committee will require to engage with public representatives and Partnership colleagues as PCIP services progress and develop. Where specific engagement is needed this will be put in place accordingly. The governance structure for the Committee will ensure overarching public and Partnership engagement.

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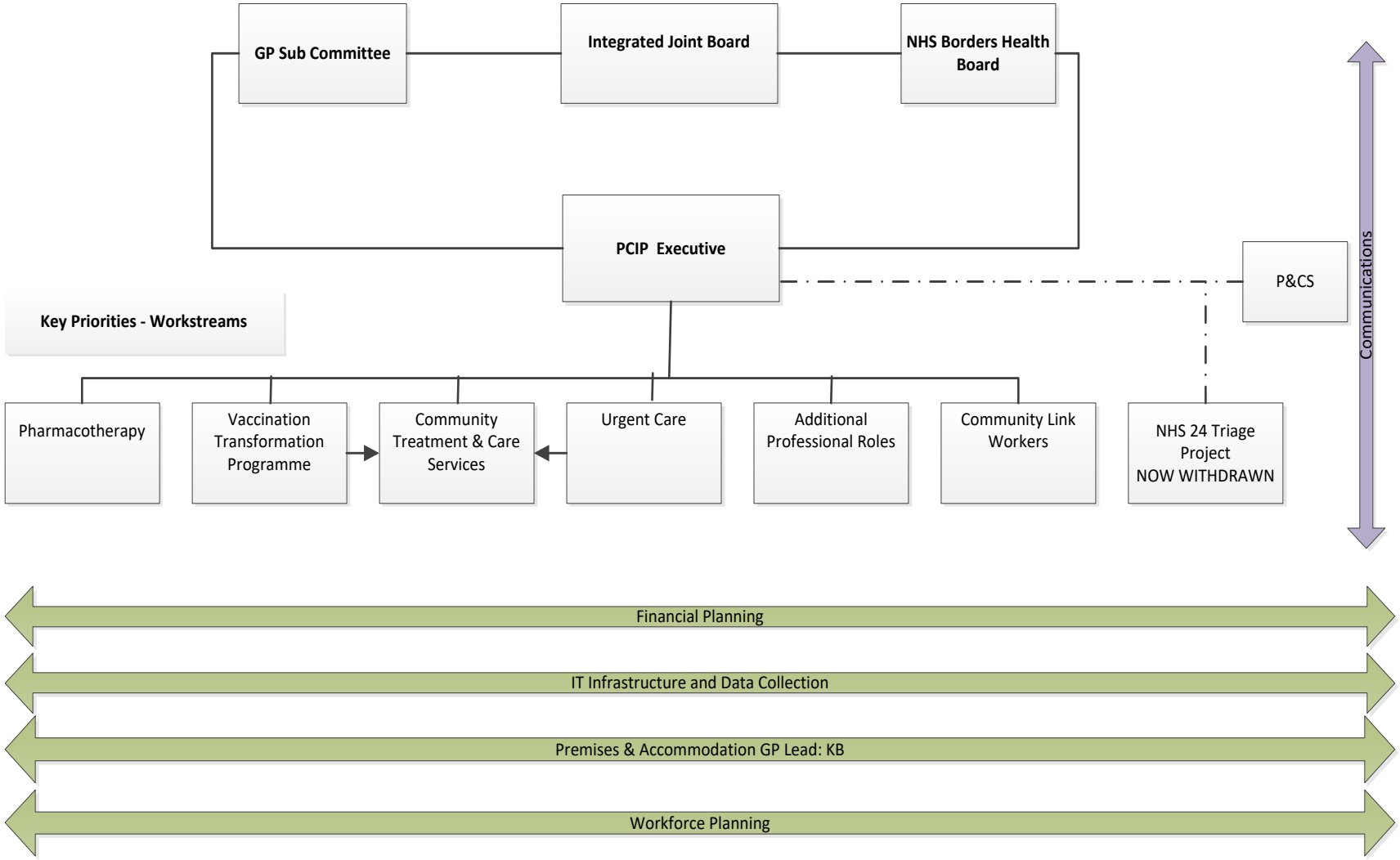
Executive Lead for PCIP. NHS Borders

8th October2020

Final Version 8th October 2020

Annex A Current PCIP Executive Committee Governance Structure



Annex B

PCIP Executive Committee: current membership

- Chair GP Sub Committee (Chair)
- 3 GP Executive members
- Chief Officer, H&SCP
- Executive Lead, NHS Borders
- General Manager, P&CS
- General Manager, Mental Health
- Associate Director of Nursing, P&CS
- Associate Director of AHPs
- Associate Medical Director, P&CS
- PCIP Business Finance Partner
- Project Manager

Annex C **Proposed PCIP Oversight & Monitoring Committee Governance Structure**