

*Scottish Borders Health & Social Care
Integration Joint Board*



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Report By:	Chris Myers, General Manager, Primary and Community Services
Contact:	Chris Myers, General Manager, Primary and Community Services Dr. Kevin Buchan, Chair of GP Subcommittee Paul Mcmenamin, Deputy Director of Finance Cathy Wilson, Primary Care Clinical Services Manager
Telephone:	01896 826 455
PRIMARY CARE IMPROVEMENT PLAN UPDATE	
Purpose of Report:	The purpose of this report is to provide an update to the IJB on progress with the implementation of the Primary Care Improvement Plan, along with a note on the risks relating to the delivery of the programme.
Recommendations:	The Health & Social Care Integration Joint Board is asked to note the report, the risks, and actions being undertaken to reduce these risks.
Personnel:	Circa 70wte new posts will be established across a number of clinical and support services. All posts are resourced at a 52 week level in order to provide year round services.
Carers:	Patient safety is a core element of PCIP. PCIP will support patients to access the right care delivered by the most appropriate service in a timely fashion.
Equalities:	A Healthcare Inequalities Impact Assessment for the whole programme has been undertaken. For new workstreams, service specific Healthcare Inequalities Impact Assessments will be undertaken to ensure that the services appropriately ensure that the new services are not discriminating in their approach, that they widen access to opportunities, and promote the interests of people with protected characteristics.
Financial:	A ring fenced resource allocation of £3.2m over the PCIP programme from Scottish Government with the direct instruction from them that this cannot be used for saving targets or for any other purpose than the delivery of the PCIP. There is financial risk associated to insufficient recurrent funding for NHS Borders to either deliver all of the mandatory workstreams of the PCIP, and to not deliver these workstreams. Should these workstreams not be delivered, NHS Borders will be required to compensate GPs to deliver activity that will no longer be

	contractually obliged, at rates yet to be negotiated by the BMA and Scottish Government. The Scottish Government has been clear that should this be the case, GPs cannot be expected to be the default provider of these services in the future and it is expected that the expectation for GPs to deliver services within phase 1 of the MOU will cease at some point in the middle of 2022/23.
Legal:	The delivery of PCIP is part of the national GP Contract (2018) through a Memorandum of Understanding between BMA and Scottish Government (Health and Integrated Authorities).
Risk Implications:	<ul style="list-style-type: none"> • Financial risk • Availability of accommodation for staff • IT infrastructure • Recruitment issues

Primary and Community Services
Chris Myers, General Manager



SCOTTISH BORDERS INTEGRATED JOINT BOARD

PRIMARY CARE IMPROVEMENT PLAN OPERATIONAL AND FINANCE UPDATE

1. Executive Summary

The IJB is asked to note the report, the risks, and actions being undertaken to reduce these risks.

The purpose of this report is to provide an update to the IJB on progress with the implementation of the Primary Care Improvement Plan, along with a note on the risks relating to the delivery of the programme.

2. Background

2.1. GMS Contract

The Scottish Borders Primary Care Improvement Plan (PCIP) was originally developed in 2018 in line with the National Memorandum of Understanding between the Scottish Government, BMA, Integration Authorities and NHS Boards linked to the introduction of the 2018 GMS Contract in Scotland.

The agreed GMS Contract (2018) proposed a refocusing of the GP role as Expert Medical Generalists. This role builds on the core strengths and values of General Practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership.

The aim of the GMS Contract (2018) is to enable GPs to do their job to the top of their license and enable patients to have better care. This refocusing of the GP role requires some tasks currently carried out by GPs to be carried out by members of an enhanced Primary Care Multi-Disciplinary Team, where it is safe, appropriate, and improves patient care.

The key priorities developed in order to develop the broader Primary Care Multi-Disciplinary Team, are managed through individual workstreams under the Primary Care Improvement Plan Executive Committee. The following workstreams were agreed to transfer from General Practitioners to the developing Health and Social Care Partnership Primary Care Multi-Disciplinary Teams as part of the National Memorandum of Understanding by April 2021 at the latest:

- Pharmacotherapy Services
- Urgent Care Services
- Community Treatment and Care Services
- Vaccination Services
- Additional Professional Roles:
 - Community Link Workers
 - First Contact Practitioner Physiotherapists
 - Community Mental Health Services

2.2. Joint Letter - GMS Contract Update for 2021/22 and Beyond

As noted above, the original contractual position as part of the National Memorandum of Understanding was that all priority workstreams noted would be implemented by April 2021.

In December 2020, the Cabinet Secretary for Health and Wellbeing and the Chair of the BMA Scotland circulated a letter to Health and Social Care Partnerships and NHS Boards, noting an

updated position in relation to the timescales for the implementation of the transfer of the priority services from GPs to enhanced Primary Care Multi-Disciplinary Teams. In addition, this noted the contractual footing of the non-delivery of these workstreams.

Whilst the implementation order changed, the Cabinet Secretary and Chair of BMA Scotland were clear that NHS Boards and Health and Social Care Partnerships, and the public at large, to ensure the changes proposed here are done in ways that remain true to the Contract Offer commitments. We understand that this means that funding cannot be vired out of services that have been developed in line with the contract offer in 2018, even if they are not reflected in the updated deadlines on contractual delivery.

3. Updated deadlines for implementation of workstreams

This is summarised in the new chronological order associated to the updated deadlines for implementation in the table below:

Workstream	Implementation deadline (local RAG)	Contractual implication of non-delivery	Local commentary
Vaccination Services: Childhood and travel	1 October 2021 (Amber)	Historic income from vaccinations will transfer to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services	Green for delivery, but amber due to recurrent financial risk.
Vaccination Services: All other	April 2022 (Amber)	Should Practices continue to provide vaccinations, a new Transitional Service will apply (to be negotiated by SGPC and the Scottish Government), and payments will be made to practices providing these services from 2022-23	Non-recurrent funding available for 2021/22, and additional funding to be received for influenza vaccination, but insufficient recurrent funding for 2022/23
Pharmacotherapy Services: Level One	April 2022 (Green)	Transitional Service for practices without a Level One Pharmacotherapy service	Services not currently fully level one, however the PCIP Executive Committee is now confident that this will be implemented within the required timescales
Community Treatment and Care Services	2022-23 (Amber)	Transitional Service for practices without access to the Community Treatment and Care Service	Amber for delivery and recurrent financial risk. Non-recurrent funding available for 2021/22, but insufficient recurrent funding for 2022/23
Urgent Care Services	2023-24 (Green)	Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24	ANP recruitment challenges, but green overall for delivery and service is funded
Additional Professional Roles: <ul style="list-style-type: none"> Community Link Workers First Contact Practitioner Physiotherapists Community Mental Health Services 	To be confirmed (Green)	An 'endpoint' for the additional professional roles commitment in the Contract Offer will be established by the end of 2021	Service in place and service is funded

3.1. Operational progress

3.1.1. Vaccination

The Vaccination Transformation Programme can be divided into five different work streams:

1. pre-school programme
2. school based programme
3. travel vaccinations and travel health advice
4. influenza programme
5. at risk and age group programmes (shingles, pneumococcal, hepatitis B)

It is expected that the Vaccination Transformation Programme will be delivered as required within the contractual timescales committed. This will be delivered in parallel with the Covid-19 booster programme, and with an expanded influenza vaccination programme.

Much experience has been developed through the longstanding delivery of the school immunisation programme and the pregnancy immunisation programme, along with more recent experience in delivering influenza and Covid-19 vaccinations at pace and scale since last Autumn. A Healthcare Inequalities Impact Assessment has been developed for vaccination that will be considered to ensure appropriate access for the population of the Scottish Borders. It is worth noting that the model of delivery will be varied depending on the cohort, informed by findings of the Healthcare Inequalities Impact Assessment and recent experience.

There is significant work associated to the development of the Vaccination Transformation Programme, and as a result the Primary and Community Services Clinical Board and NHS Borders Programme Management Office have brought in staff to support this work.

3.1.2. Pharmacotherapy

Level one pharmacotherapy describes the core elements of service. At present, significant work is being undertaken between the Pharmacotherapy Lead, the PCIP Executive General Practitioner Workstream Lead, the Pharmacotherapy Team and General Practices to ensure an even distribution of level one service to all GPs within the Borders by April 2021.

3.1.3. Community Treatment and Care Services

Community treatment and care services include many non-GP services that patients may need, including (but not limited to):

- management of minor injuries and dressings
- phlebotomy
- ear syringing
- suture removal
- chronic disease monitoring and related data collection

Within the Scottish Borders, these treatments are provided by GP Practices, the existing NHS Borders Treatment Room infrastructure, along with secondary care Acute and Mental Health Services. In line with the principles of the Memorandum of Understanding, responsibility will transfer from GP Practices into HSCP delivered enhanced Treatment Rooms (Community Treatment and Care services). Work is being undertaken in a phased approach across Localities, Practices and Treatment Rooms in the Scottish Borders to standardise and enhance the process and increase the capacity to be able to deliver this service, starting with a pilot that has commenced in the Tweeddale Locality, which will be followed by expansion to the Teviot Locality, and across the Borders by the end of the year. There is significant work associated to the development of the service, and as a result a Project infrastructure is being recruited to with non-recurrent funding to support this.

The Community Treatment and Care Service will have a significant impact on shifting the balance of care, and improving local access to services. At present, we anticipate in the region of 145,000 treatments a year when this service is fully operational across this new Community model, but further detail will be confirmed in due course once we have more data from the pilots.

3.1.4. Urgent Care Services

There is an establishment of 15 Advanced Nurse Practitioners to deliver urgent care. This currently comprises of one lead ANP, plus 13 ANPs in training, with one vacancy. Once fully trained, Advanced Nurse Practitioners (ANPs) based in GP Practices will work to support unscheduled care (house visits or appointments) across all practices. It is challenging to recruit and retain staff, however, the Lead ANP, GP Lead for the Workstream and Associate Director of Nursing for Primary and Community Services continue to work with the ANP service to ensure that the risk is reduced and the service continues to develop. It is expected that by the updated deadline of 2023-24, following training of all ANPs, the service will be fully operational.

3.1.5. Additional Professional Roles

The Additional Professional Roles comprise Community Link Workers, First Contact Practitioner Physiotherapists and Community Mental Health Services. All three services are fully operational and working to good effect.

3.2. Finance

3.2.1 Recurrent funding

The Integration Authority received its annual PCIP funding letter from the Scottish Government on 29 June 2021. This letter outlined an earmarked-recurring allocation to the Scottish Borders of £3.296m for 2021/22. To date, £3.226m has been committed across 7 workstreams, leaving a residual balance of £0.070m unallocated.

Of the £3.226m committed, £0.105m relates to Community Treatment and Care Services (CTAC), whilst £0.000m has been committed towards the Vaccine Transformation Programme (VTP). At the current time, projected costs of these two workstreams / programmes are not yet clear as their model of delivery remain at the scoping and development phase. Nonetheless, there is likely to be a substantial gap between the level of funding allocation and forecast costs on a recurring basis, which at the time of the last return to the Scottish Government in late May 2021, was projected to be £2.946m, based on initial costed models for both CTAC and VTP. On-going development of delivery models, regular and frequent reporting to the Scottish Government and discussions between both the PCIP Executive Group and with the Scottish Government remain on-going in regard of prioritisation of resources and the funding of any projected shortfall in resource requirement.

On 5 July, the Scottish Government Vaccines Division confirmed in writing that for influenza vaccination (a component part of the Vaccination Transformation Programme), that:

“Work will continue between Scottish Government and Health Board Directors of Finance to assess and to validate the financial additional costs and funding implications, both recurrent and non-recurrent, of the resourcing requirements that have been set out, which we expect will continue to develop, and from there to confirm any further financial allocations for 2021/22 and beyond.”

In addition, the letter notes that:

“The established funding and financial allocation processes the Scottish Government has in place will support and promote the process of building a permanent workforce. This should ensure that there are no barriers or delays in you progressing recruitment activities.”

It is expected that this will reduce the financial risk to the implementation of the Primary Care Improvement Plan by in the region of £0.500m, although this has yet to be confirmed.

In separate correspondence, the Scottish Government notes that they have previously committed to the PCIF growing from £110 million to £155 million in cash terms between 2020-21 and 2021-22. This commitment has been met in full with the PCIF increasing to £155 million this year. In addition, the Scottish Government expect the PCIF funding to continue beyond this into 2022-23 and will write to Health and Social Care Partnerships with further detail on this in due course.

There is financial risk associated to insufficient recurrent funding for NHS Borders to either deliver all of the mandatory workstreams of the PCIP and / or an inability to deliver these workstreams as a direct result. Should these workstreams not be delivered, NHS Borders will be required to compensate GPs to deliver activity that will no longer be contractually obliged, at rates yet to be negotiated by the BMA and Scottish Government. The Scottish Government has been clear that should this be the case, GPs cannot be expected to be the default provider of these services in the future and it is expected that the expectation for GPs to deliver services within phase 1 of the MOU will cease at some point in the middle of 2022/23.

Nonetheless, due to the on-going uncertainty associated to the recurrent resourcing available, there remains ongoing risk of associated to a funding gap against the required delivery of the Primary Care Implementation Plan, with the potential for a cost pressure. A paper will be taken to the NHS Borders Board for further consideration of this risk, once further information is available.

3.2.2. Non-recurrent funding

The Scottish Government Health Finance wrote to all NHS Boards in February to notify them of an allocation of funding being made to Integration Authorities in respect of outstanding balances on the Primary Care Improvement Fund. The allocation represents the sum of Scottish Government held unused funding accumulated over the three years of the MoU 2018-2021. For NHS Borders this figure is £1.097m from 2018 to 2021. This is supplemented by carry forward of uncommitted non-recurring funding of £0.172m, amounting to a total non-recurring balance of resource available of £1.269m. To date, £0.993m of this spend has been committed to support the delivery of the priority areas of the Memorandum of Understanding on a non-recurrent basis as outlined in the table below, of which £0.745m has been notionally split between CTAC* (£0.545m) and VTP* (£0.200m).

On 29 June, the Scottish Government confirmed that any 2020-21 unused allocation should be invested in the implementation of PCIP in 2021-22 before new funding is used. It was also reiterated that spend must be directed on services in the Memorandum of Understanding, and that the PCIF is not subject to savings requirements and therefore cannot be used to address wider funding pressures.

As a result, there is no perceived ability for the IJB to carry forward this funding as any unspent funding will be offset against remaining allocations in 2021/22. There currently remains £0.276m uncommitted non-recurrent spend, however the use of this will be determined shortly for non-recurrent enabling initiatives. There is a requirement to report on spend to the Scottish Government by the 6 November at the latest.

3.2.3. Anticipated required funding by workstream, 2021-22

The table below outlines the funding committed by workstream, along with estimated costs/ income streams which are yet to be confirmed, highlighted with an asterix. Costs for the Community Treatment and Care (CTAC) Service and Vaccination Transformation Programme (VTP) are not yet clear as the model is being developed based on a developing pilot. In addition, the non-PCIP income is yet to be determined, albeit it is expected that this will be confirmed by August at the latest.

For 2021-22, the recurrent and non-recurrent funds available are expected to cover the costs of the PCIP's required commitments.

Workstream	PCIP R	PCIP NR	Enhanced CTAC / Winter NR*	SG Vaccination R*	Total	
	£m	£m	£m	£m	£m	
CTAC*	0.105	0.545	0.150		0.800	1,2
CTAC Workstream Development		0.069			0.069	
VTP*		0.200		0.536	0.736	3,4
Urgent Care	0.883	0.082			0.965	
Pharmacotherapy	0.896				0.896	
FCP	0.510				0.510	
RENEW	0.669				0.669	
CLW	0.150				0.150	
PCIP Programme	0.012	0.097			0.109	
Currently uncommitted	0.070	0.276			0.346	5
Total	3.295	1.269	0.150	0.536	5.250	

1 Commitment of £0.545m by PCIP Executive 15/04/21 to CTAC NR

2 £0.150m bid for NHS Borders Winter Plan funding yet to be formally confirmed

3 Commitment of £0.200m by PCIP Executive 15/04/21 to VTP NR

4 £0.536m additional recurring vaccination funding yet to be confirmed

5 £0.346m remains uncommitted of which £0.070m is recurring and £0.276m is non-recurring

4. Recommendations

The IJB is asked to note the report, the risks, and actions being undertaken to reduce these risks.