Scottish Borders Health and Social Care Partnership Integration Joint Board

19th July 2023

Primary Care Improvement Plan Bundle Proposal

Report submitted by Cathy Wilson, General Manager for Primary and Community Services

1. PURPOSE AND SUMMARY

1.1. **To seek approval for the Health Board's plan to deliver services outlined in PCIP 6 Scottish Government direction, including temporary redirection of Polypharmacy efficiency savings to meet the shortfall in funding for PCIP from the Scottish Government; and to escalate concern that funding from Scottish Government is insufficient to deliver their PCIP 6 direction.**

1.2. The purpose of this report is to brief the IJB on the significant shortfall in Primary Care Improvement Funding (PCIF), which has been compounded by the impact of the vaccination funding shortfall. The shortfall in funding has limited our ability to deliver Community Treatment and Care (CTAC) and Pharmacotherapy, as outlined in recent SG PCIP 6 direction. Despite developing a phased approach for CTAC which prioritises key areas, the current level of PCIF funding is not sufficient to even offer Phase 1 CTAC (Phlebotomy, Blood Pressure and Weight Checks) and meet the requirements of the 2018 GP contract.

1.3. A funding model and delivery plan have been composed to ensure that the needs of patients are met, and the health system can deliver primary care services and support efficiencies through realistic medicine that are sustainable and financially sound. This was devised in response to a Borders Executive Team's request for an outline of the steps required to move incrementally towards full implementation of PCIP services, which are essential for delivering high-quality healthcare services to the population.

1.4. The funding model and delivery plan have been reviewed and endorsed at the meeting of Health Board on the 29th June 2023 and as such the Health Board are ready to accept direction from the IJB to implement this plan if it is approved according to the recommendations.

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) Strategic Planning Group is asked to:**

- **a)** Direct NHS Borders to implement the Bundle Proposal plan to deliver services outlined in PCIP 6 Scottish Government's direction.
- b) Approve and endorse the financial model supporting the PCIP Bundle Proposal, including temporary redirection of Polypharmacy efficiency savings to deliver against PCIP 6; and
- c) Escalate funding concerns and gap for PCIP 6 delivery with the Scottish Government.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
X	X	X	X	X	X

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
X	X	X	X	X	X

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is required to NHS Borders (enclosed in Appendix X)

5. BACKGROUND

5.1. New GMS GP Contract - 2018

In 2018, a new GP contract was introduced. A new primary care model was to be rolled out to make it easier for people to access care from a wide range of healthcare professionals. The New GMS GP Contract refocused the role of GPs as Expert Medical Generalists (EMGs) working within a Multi-disciplinary Team (MDT). The aim of this is to reduce GP and GP Practice workload. New staff will be employed by Health Boards and will work with practices and clusters.

5.2. The Health Board would be required to shift GP workload and responsibilities to members of a wider primary care multi-disciplinary team when it is safe and appropriate to do so, while also demonstrating an improvement for patient care.

5.3. It is a requirement of the MoU that Integrated Authorities develop and review a local Primary Care Improvement Plan (PCIP). The aim of the plan is to identify and integrate key areas to be transformed to achieve the GP contract goals with the expectation that reconfigured services will continue to be provided in or near GP practices.

5.4. MoU2

SG issued an updated Memorandum of Understanding (MoU2) to Health Boards in July 2021. The revised MoU for the period 2021-2023 recognised what had been achieved on a national level but also reflected gaps in delivering the GP Contract Offer commitments as originally intended by April 2021.

5.5. This revised MoU2 acknowledges both the early lessons learned as well as the impact of the Covid-19 Pandemic and that the delivery of the GP Contract offer requires to be considered in the context of Scottish Government remobilisation and change plans.

5.6. SG advised that all 6 MoU service areas should remain in scope, however following the SG/SGPC letter of December 2020, they agreed that the following services should be reprioritised to the following three services:

- Vaccination Transformation Programme (VTP)
- Pharmacotherapy
- Community Treatment and Care Services (CTAC)

5.7. It is important to note that prior to the MoU2 announcement, other PCIP Borders workstreams were well underway and PCIF commitments attached.

5.8. November 2021

In recognition that nationally several HBs were struggling with the March 2022 deadline, a GP sustainability payment was offered to help cover costs- giving an additional year for implementation of both CTAC and Pharmacotherapy.

5.9. March 2022

By March 2022 the Health Board had delivered VTP in full, partially delivered Pharmacotherapy (level 1 Acute Prescriptions) and CTAC was a still to be delivered. Modelling and planning were complete and implementation was waiting for funding allocation before it could go ahead.

5.10. August 2022

Allocation from Scottish was released in August 2022 and was insufficient for fully implementing CTAC. This triggered a review of the strategic plan as a new model was required to fit within the financial envelope. This led to a reduced model, CTAC Phase 1, providing only phlebotomy services.

5.11. March 2023

As a direct result therefore and without any dialogue with the Board / Partnership regarding how the position on these reserves may have changed since they were brought forward on 01 April 2022 or any legal, contractual or strategic commitments that may have been entered into during the year, the SG has unilaterally deducted the full £1.523m from Scottish Borders 2022/23 PCIF allocation, resulting in no Tranche 2 payment being made.

5.12. April 2023 – Current Position

The Health Board received the PCIP 6 letter and tracker in XXXX. This provided guidance outlining direction to deliver:

- Full CTAC
- Pharmacotherapy (all 3 levels)
- Any available PCIF funding should go toward Transitionary payments if services are not delivered.
- Admin to be provided for PCIP Services.
- VTP should be complete and maintained.
- Other MoU Services should be maintained and not decommissioned to fund priority workstreams.

5.13. Funding position

Please see accompanying end of year finance report 'PCIP Executive Tranche 2 Funding Allocation'.

5.14. **Wider Landscape in Primary Care**

Scottish Borders GP Sustainability

Primary Care is essentially the 'front door' to the health service and provides patients with the first point of contact when they feel they have a medical need. Without robust and accessible general practice there is a risk that patients will seek support from other areas of the heath system who are already under increasing pressure.

5.15. NHS Borders has been relatively lucky over the past years, whilst challenges remain in the provision of GP service, practices have been able to continue delivering a high quality service to their registered patients. Recently however we have locally been faced with sustainability concerns which are and will impact on the ability to deliver services e.g. Health Board 2C practice Duns Medical Group, closure of Chirnside Branch surgery.

5.16. Delivery of GP services has always been challenging – recruitment of all staffing groups, continued high patient demand, additional demand placed by the changing population demographics, and the local geographical area which services are to be delivered.

5.17. This year for the first time NHS Borders has seen practices pull out of delivering enhanced services to enable them to focus resources on core GMS services. For the remaining enhanced services NHS Borders have had to negotiate a pay uplift ensure continues provision of these services.

5.18. Multiple practices have continual adverts out for a range of clinical staff, especially challenging to recruit are GP partners and salaried GPs. Recruitment is a national issue, but given the rurality of NHS Borders it appears to be particularly difficult to attract clinical staff to the local area.

5.19. Recruitment

Recruitment and retention is a national issue affecting the full range of clinical positions in general practice. A number of practices have continuous adverts out for GP Partner and Salaried position and have been unable to attract candidates. Practices have been seeking to replace GPs

with ANPs, however this staff group are also in high demand with a limited pool of trained staff. In the past 10 years there has been an 11% reduction in performers, an increase of 136% in salaried GPs and nationally 31% of GPs are over the age of 50.

5.20. Patient Demand

Patient expectations are high and the changes to services being experienced in the delivery of the new GMS contract are not fully understood. Generally patients still wish to see their own named GP and expect to be seen quickly and locally. Anecdotally it is being reported that patient demand is higher than pre-pandemic levels with a smaller workforce.

5.21. Demographic Changes

There are several demographic changes which place additional pressure on the provision of primary care - the increasingly aging population placing additional demand on services, new housing developments, and the increasing diagnosis and management requirements of long-term conditions. List sizes have been increasing across the Board and whilst the general population is expected to increase by 1%, the number of over 75s expected to increase by 30%.

5.22. Shifting the Balance of Care

There is a drive to move more care into the community, however doing so places additional demand on primary care. If the balance of care is to shift from secondary to primary investment and resource also need to be moved. There is a need to ensure that primary care is sustainability and supported to enable this shift in provision – this is strategically aligned with the enhanced CTAC model.

5.23. Quality/ Patient Care

The majority of healthcare is provided within Primary Care, general practice is the 'front door' to the health services and is the first place a patient reaches out to if they have a need. Any reduction in primary care provision would lead patients to seek support by attending A&E.

5.24. Workforce

The ability to recruit and retain a workforce within general practice is one of the root causes of GP sustainability issues. The workforce within primary care is under increasing pressure to deliver more with less. There is a risk that the remaining workforce will no longer wish to work within primary care. There is a need to make general practice an attractive place to work, for all job roles.

5.25. Financial

The Health Board will be responsible for the provision of GMS to its local population, should a GP Partnership give notice on their contract it will be up to the Health Board to find a mechanism to continue service delivery. This may mean undertaking a Tender exercise to find another provider or it may mean the Health Board taking on responsibility for service provision and running the practice as a 2c model.

5.26. Risk Assessment/Management

There is a risk that primary care provision within general practice will be unsustainable and the local population will not have access to adequate primary care services. We will face increasing local issues which will require support from the Health Board, potentially having to take on further practices as 2c. This will require additional resource from the Health Board, and increasing time from P&CS Management Team.

5.27. The P&CS Team are working to fully understand the current and near future situation and will therefore be able to identify the risk and mitigating actions required.

5.28. GP premises

Implementation of PCIP has resulted in additional staff working within practices and requiring additional premises capacity. The Health Board has obligations to deliver appropriate accommodation for primary care. There are further issues in relation to future demand and capacity of existing estate to accommodate workforce.

5.29. GP IT

A GP Order Comms solution is required for the safe and efficient passage of requests for Phlebotomy. There are currently plans to replace EMIS PCS in practice with another solution in the next year to eighteen months. This will require full allocation of P&CS IM&T resource and so any smaller project need to be implemented before this time.

5.30. SG Policy commitments

A new enhanced service driven by Scottish Government direction is being implemented for GP practices. This requires GPs to provide anti overdose medication as part of the government's programme to reduce deaths from drug overdoses.

5.31. **NHSB Financial Challenges**

NHS Borders is projecting a financial challenge of £32.5 million in 23-24. It is recognised this financial pressure is driven by: unfunded acute beds; investment in digital infrastructure; and inflationary pressures on Service Level Agreements and prescribing expenditure. The Board is forecasting delivery of £10 million savings and other cost reduction measures to reduce this gap through its Financial Improvement Programme. This results in a net deficit currently assumed of £22.5 million for 2023-24. It remains the expectation of the Scottish Government that NHS Boards deliver a balanced financial outturn. Any financial assistance received by Boards to support achievement of a breakeven position will be provided on a repayable brokerage basis and should be minimised as far as possible. Scottish Government (SG) continues to expect delivery of the 3% recurring savings target, communicated as part of the Sustainability and Value programme, as a minimum requirement for the Board. For clarity, the 3% target is to be measured against the Board's full baseline funding. SG therefore expects the Board to continue to engage with the Sustainability & Value programme to support delivery of cost reduction and productivity related improvements that will help to reduce the financial gap.

5.32. Pharmacotherapy Services

Since the new Pharmacy staff allocations in July 2022, the subject of travel time and cost has regularly appeared on meeting agendas and prompted the re-allocation of clinical time to practices. This clinical time is being covered by the Pharmacy Technicians it is causing low morale and frustration amongst the team.

5.33. Recruitment of qualified Pharmacy Technicians is very difficult, due to a limited catchment area in the Borders and many already being employed by primary care.

5.34. With the progression of digital prescribing and the NHS Borders IT department currently working on solutions for remote prescription printing, it would suggest that a physical presence in practice will not be an on-going requirement.

5.35. This has led to suggestions that a Pharmacy Hub model may be a way to reduce travel time from BGH and allow the service to pool resource.

5.36. The Hub model of working is not an entirely new concept, it has been utilised in surrounding Health Boards for some time, with Greater Glasgow and Clyde, Lanarkshire and Dumfries and Galloway all having published findings of increased productivity and satisfaction amongst hub teams. The RPS/BMA have also released a joint statement that the model of staff allocation to

practices does not provide robust enough cover during sickness or holidays so the statement accepts that hubs are required to ensure continuity of Level 1 service.

5.37. Space for Pharmacotherapy staff is also unavailable in several practices. This impacts the times that pharmacy staff can provide support to practices. Pharmacists have to provide sessions when they can be accommodated, for instance when practices are quiet on a Friday afternoon, rather than when they could provide the greatest benefit to practices, such as a Monday morning.

5.38. Vaccination Transformation Programme
On 27th February 2023, NHS Borders/Scottish Borders Health and Social Care Partnership received notification from the Scottish Government with regard to its 2023/24 Vaccination Programme funding allocation.

5.39. The funding that has been allocated is considerably less than anticipated, based on previous submissions to the Scottish Government. As a result, this significant shortfall poses a strategic risk to the programme's ability to fully satisfy national requirements with regards to vaccination programmes.

5.40. NHS Borders has been delivering a singular consolidated vaccination service since late 2020. This team now also includes existing vaccination teams such as School Immunisation.

5.41. The programme has 5 main strands:

- Flu vaccination previously delivered across Primary Care at 2018 contract levels
- Non-Flu vaccination previously delivered across Primary Care at 2018 contract levels
- Expanded Flu vaccination beyond 2018 contract levels
- Covid-19 vaccination
- Established Board-directly provided vaccination e.g. School Immunisation

5.42. The parameters for vaccination are set by the Joint Committee for Vaccination and Immunisation (JCVI), Public Health Scotland (PHS) and Scottish Government, therefore locally there is very little control over timescales for delivery within certain programmes.

5.43. To date, NHS Borders are the highest performance mainland Scottish Health Board for flu and COVID-19 vaccination programmes.

6. IMPACTS

Community Health and Wellbeing Outcomes

6.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	How the proposal delivers improvements in this area?	How will we know it is delivering this improvement?
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Implementing a CTAC service will enable easier access for patients to independently access testing and treatment room care closer to home. The expansion to an enhanced CTAC model will further improve local accessibility of testing and monitoring activity by moving this into the community from secondary care.	This will be monitored using CTAC efficiency and productivity measures of the service over time.
		A fully implemented CTAC (includes Enhanced CTAC interfaced with Secondary Care) will support efficient management of long term conditions. This will release GP capacity and improve accessibility for patient GP appointments.	
		Polypharmacy will reduce the number of medications prescribed and reduce the risk of harm to patients from prescribing errors. This will in turn prevent unplanned admission and for complex elderly patients this should be considered as early intervention to prevent the deterioration that is well documented during inpatient stays in hospital.	Measured through the number of drugs prescribed per person and also by reduced admissions due to medication/prescribing harms
		Improving the efficiency of the Pharmacotherapy service to facilitate Band 3 and 5 Pharmacy staff taking on more level 1 prescribing activity will enable Pharmacists to work more frequently at the top of their remit - running specialist clinics for chronic pain and heart disease, and managing high risk medications - with obvious knock on impacts of patients being able to live in better health.	This will be measured using the newly developed template for capturing Pharmacotherapy activity and collated and reported using the new EMIS Enterprise tool. This will be monitored using CTAC efficiency and productivity measures of the service over time.
2	People, including those with disabilities or long term conditions, or who are frail, are able to	CTAC and Pharmacotherapy services continue to be practice based, and enhanced CTAC will move more activity into the community to be based in practices. This will facilitate easier access for patients as they can access more healthcare services locally. PCIP services can empower individuals to manage their health more effectively and promote self-care, which is vital for maintaining independence and living at	Measured using demand and capacity measures for the CTAC service.

	live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	home in a homely setting.	
		The further improvement of prescription management through regular reviews - to reduce harms from medication errors and improve the quality of life for patients living with long term conditions - means that complex and frail patients who are more likely to be prescribed more than 5 medications and who are therefore at higher risk of harms from medication, are safer and at less risk of their independence being impacted by unplanned spells in secondary care or having a poorer quality of life when the causes of this are preventable.	Measured through Datix reported medication incidents in the community, number of drugs prescribed per person and reduced admissions due to medication/prescribing harms.
		Accessibility: local access ensures that essential health care services are easily accessible to patients. This eliminates the need for long journeys to a central point (e.g. Borders General Hospital), which can be challenging for individuals with disabilities or frailty. Local access promotes a sense of familiarity and comfort for patients, allowing them to undergo treatments regularly while remaining in their preferred homely environment.	Measure through patient experience survey questions on accessibility and whether patients feel their care has been based around their need and promoting their overall wellbeing and independence.
		As an integral part of PCIP services, regular results taken from CTAC services can offer comprehensive care by collaborating with other healthcare professionals. This multidisciplinary approach addresses various aspects of patients' health and social needs, promoting overall wellbeing and independence.	

3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Having a local health centre with diverse facilities via a single point access (admin pathways) makes healthcare more accessible and convenient for individuals. They can easily access services like phlebotomy, treatment rooms for minor procedures and examinations, and pharmacy staff for medication-related support. The proximity of these services can save time, reduce travel costs, and ensure prompt care, leading to a positive experience for patients and their carers. This approach to health care can provide coordinated and integrated care. With access to various facilities under one convenient roof, people can receive comprehensive care and avoid the need for multiple appointments at different locations. The streamline approach enhances efficiency, reduces waiting times, and improves the overall experience for people seeking better control of their health. CTAC and Pharmacotherapy services enable the ability to have consistent follow-ups/reviews and assessments with healthcare professionals. This can strengthen the patient and care provider relationship and ensures that individuals receive continuous, personalised care. This regular engagement promotes a sense of trust, respect, and individualised attention, enhancing the overall positive experience. The combination of CTAC and Pharmacotherapy service will support the creation of personalised treatment plans. Whether it's conducting regular reviews, adjusting medications, or monitoring on going health conditions, individuals to receive comprehensive medication support and education. The pharmacy staff and other health practitioners can provide valuable information on medication usage, potential side effects, and interactions. This empowers individuals to make informed decisions about their health, enhances medication adherence, and promotes self-management, all while maintaining their dignity and autonomy. It is important to reflect that by not decommissioning other PCIP services, the additionality of both CTAC and Pharmacotherapy will offer a complete holistic approach to health. The availability of different services within a community-based health centre can support the goals and aspirations of Realistic Medicine. People will have access to allied health professionals, mental health workers and advance nursing teams. This multidisciplinary approach addresses various aspects of an individual's wellbeing, ensuring comprehensive care and demonstrating respect for the holistic health needs.	Impact will be measure using Survey data to assess patients' experience.

		Greater Pharmacotherapy capacity will enable pharmacists to engage more with patients. Specialist clinics will enable patients to have discussions with their pharmacists about their medication and how best to manage this, put patients at the centre of decisions. Polypharmacy is a focus of the board's programme to apply realistic medicine within the services we provide. At the core of this is a person-centred approach to care promoting safety and shared decision making. This approach is well evidenced as being core to patient's feeling they are being respected and treated with dignity.	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As covered above, the improvements to CTAC and Pharmacotherapy are designed to facilitate more proactive healthcare provision, focussed on early interventions to prevent harm and improve the quality of life for patients on long term medication or many different medications. The increased accessibility of care meaning reduced time spent seeking healthcare and inconvenience for the patient in the way that healthcare is provided will also bring additional improvements to quality of life for people that need to use the services we provide. CTAC services are also designed to be responsive for urgent care – offering local care for minor injuries or treatments (e.g. wounds management, ear care, etc.)	The methods of demonstrating the benefits within this area are the same as those for previous outcomes through the collection of data on PROM/PREM surveys.
5	Health and social care services contribute to reducing health inequalities.	Health inequalities often arise due to disparities in access to healthcare services. By providing CTAC and Pharmacotherapy services within comprehensive facilities, people who may have limited access to healthcare due to geographical, financial, or other barriers will be able to access essential services more easily. Lack of timely and prompt care can contribute to adverse health outcomes and exacerbate health inequalities. With local health centres equipped with CTAC, individuals can receive necessary tests, examinations and treatments in a timely manner. Early detection and intervention for health conditions can help prevent complications, reduce health inequalities arising from delayed or inadequate care, and improve overall health outcomes. Health inequalities can arise when individuals do not	The impact of the programme on health inequalities will be measured through data (SPARRA) captured on prescribing and split by demographics such as age and deprivation.

		receive continuous and appropriate care. By having local CTACs and Pharmacotherapy that conduct regular reviews, individuals can receive consistent follow-ups for their health conditions. This ensures continuity of care, on-going monitoring, and necessary interventions, helping to address health inequalities related to medication adherence and management. CTAC and Pharmacotherapy services can provide health education and empower individuals to take charge of their health. This can include providing information on preventative measures, lifestyle modifications, and disease management strategies. By empowering individuals with knowledge and tools to make informed decisions about their health, health inequalities can be diminished. Education and empowerment enable individuals to actively participate in their own healthcare, leading to better health outcomes and reduced disparities. More specifically: There will be an improvement to health inequalities by an increased capacity where previously a practice had fewer phlebotomists per 1000 registered patients. In this way areas with less accessible access to care will have increased access. Patients requiring a Polypharmacy Review are those with the highest number of prescribed medication and these are often the most complex patients whose lives are most significantly impacted by poor health. NHSBSA analysis of prescribing data from 20/21 for England[1] shows that the most deprived 20% of the population, defined by the Index of Multiple Deprivation, peak in the number of medications prescribed 15 years earlier than the rest of the population, with all the associated impacts of being on a greater number of medicines that this brings. They also found that in the age group of 65-69 year olds, 17.4% of patients within the 20% most deprived group were prescribed more than 10 medications. Only 7.8% of patients across the rest of the population were prescribed this many medications at this age. These statistics are heavily correlated with the overall health of these populations however there are the additional risks of being on this many medications that are further increasing the health inequalities of being in the most deprived group – according to the NHSBSA patients on more than 10	

[1] healthcareInequalitiesScrollytellR (shinyapps.io)

		medications are 300% more likely to be admitted to hospital. A focus on improving the condition of these patients by reviewing the medication they are prescribed and addressing the impacts of this medication will improve the quality of their lives and reduce health inequalities.	
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	It is expected that the implementation of CTAC, the improvements made to Pharmacotherapy Service and the reduction in overprescribing resulting from our Polypharmacy review programme will make accessing healthcare services easier for unpaid carers, both for themselves and those they care for, and also reduce the need to seek healthcare in the first place by improving health and reducing risks of medication harms. This will be through the improved health of any frail and complex patients that they care for with improved prescribing management as well as easier to access and more locally available care through the CTAC and enhanced CTAC services. A standardised way to book a CTAC appointment following the same process as vaccination will be implemented to make it straight forward and familiar for people to arrange their appointments and should reduce the negative impact of their caring role.	Impact to be assessed through data collected by the Carers Centre.
7	People who use health and social care services are safe from harm.	The implementation of a GP Order Comms IT system to handle bloods request from the CTAC service will standardise the process of bloods requests and making the results available. This will reduce the risk of harm from results not being available, requests for bloods being lost, or the wrong blood tests being run. Data collected from the Order Comms system and Datix to report against the impacts of this system on safety. - The Polypharmacy review programme will reduce the risk of harm from overprescribing, higher likelihood of admission to hospital and undetected contraindication of medication. Regular reviews from pharmacy staff and healthcare professionals can help identify potential health issues, monitor on going conditions, and detect any early signs of harm or complications. By identifying problems at an early stage, appropriate interventions can be implemented to prevent further harm or deterioration of health. Measures for this are already outline previously. Pharmacy staff will play a crutial role in ensuring safe and effective medication management. They can	Measures for this impact have already been outlined.

		review individuals' medication management – review medication regimens, assess for any drug interactions, allergies, or contraindications, and provide guidance on proper administration and potential side effects. This helps minimise the risk of medication-related harm and ensures that individuals receive the appropriate medications tailored to their specific needs. Increasing the capacity and efficiency of the Pharmacotherapy service will allow pharmacists to focus more of their workload on running specialist clinics for chronic pain and heart disease and managing high risk medications which will again reduce the risk of medication harms. CTAC services ensures that individuals receive appropriate and safe care in a timely manner. These dedicated spaces are equipped with the necessary equipment and resources to carry out procedures and treatments in a controlled and sterile environment. This helps reduce the risk of infections, complications, or errors during procedures, minimising harm to patients. Both CTAC and Pharmacotherapy services can provide patients with education and information on their health conditions, treatment options, and self-care practices. This empowers individuals to actively participate in their own healthcare decision-making, enabling them to make informed choices and take steps to reduce harm. By promoting health literacy and providing individuals with the knowledge to manage their health effectively, fully embedded PCIP services will contribute to reducing the risk of harm. Regular health monitoring reviews will allow for continuous monitoring of individuals' health status. This ensures that any changes or potential risks are promptly identified and addressed. By providing on going care and follow-up reviews, PCIP enabled Health Centres can reduce the likelihood of harm going unnoticed or untreated.	
8	People who work in health and social care services feel engaged with the work they do and are supported to	A well-equipped and complete PCIP service brings together different healthcare professionals with a multidisciplinary approach, creating an environment that fosters collaboration and teamwork. This collaborative approach encourages staff engagement as they work together towards a common goal of providing quality care and support to patients. Staff members within CTAC and Pharmacotherapy	This proposal will promote a culture of continuous improvement in healthcare delivery. Regular quality improvement (QI) by the management team will enable the identification of areas that require improvement, such as patient outcomes, adherence

	continuously improve the information, support, care and treatment they provide.	services are more likely to have access to training and professional development opportunities under a Health Board educational framework. Regular reviews provide a platform for learning and improvement, allowing staff to update their knowledge and skills. Continuous professional development contributes to staff feeling supported and valued in their role, enhancing their engagement with the work they do. A skills mix educational programme has already been identified for existing treatment room/GP staff should this proposal progress with their existing contracts transferring to CTAC. Most significant is the focus on redistributing the workload in the pharmacotherapy service to allow Pharmacists to take on more complex tasks. This is in response to feedback collected around satisfaction and the need to ensure development. It is thought this has an impact on our ability to retain staff. It is also worth highlighting the interface with public health. The data being generated through the PCIP Health Board services will be available to Public Health who can in turn access relevant information regarding disease prevalence, treatment outcomes, and patient demographics, which informs decision-making and resource allocation by the IJB. By working together, services can develop strategies, implement interventions, and monitor the impact of public health programmes more effectively.	to protocols, and overall quality of care. Staff involvement in quality improvement initiatives ensures that their expertise and suggestions are valued, fostering a sense of ownership and engagement. This will be measured through regular QI reporting. Regular reviews provide an opportunity for staff members to receive feedback on their performance, discuss challenges, and receive recognition for their contributions. We will continue to measure this through formal and informal collection of feedback as well as vacancy and turn over rates in out teams.
9	Resources are used effectively and efficiently in the provision of health and social care services.	In summary – having local health centres with an enabled PCIP service with CTAC and Pharmacotherapy will contribute to effective and efficient utilisation of resources in the provision of health services in the following ways: 1. Streamlined workflow: patients can receive comprehensive care in one location, minimising the need for referrals continuously initiated by a GP. This streamlining reduces unnecessary duplication of services and optimises resources allocation. 2. Timely and accurate diagnosis: the presence of phlebotomy services with GP order comms will allow a quick and accurate collection of blood samples. When paired with pharmacotherapy, this will enable timely diagnosis and treatment initiation. 3. Effective treatment management: health centre staff will be able to administer treatments efficiently on-site. This prevents the need for patients to visit multiple locations or travel to hospital for routine	We are very focussed on delivering extremely efficient services within an underfunded budget. We have identified sources of information for this and are developing an accurate and regularly updated system of reports to allow us to respond to issues as quickly as possible to target as efficient a service as possible - delivering the best positive impact within the proposed financial envelope.

		procedures. 4. Medication management and Realistic Medicine: Pharmacotherapy staff will focus on routine reviews of prescription and help monitor effects on patients at regular intervals. GPs will be able to focus on complex prescribing, leading to efficient resource utilisation – identifying safe medication changes, areas for improvement and promoting cost-effective prescribing practices. By continuously reviewing and monitoring resource utilisation, potential wastage can be identified and addressed promptly. 5. Integrated care and coordination: an integrated multidisciplinary team will promote collaboration, coordination and reduce fragmentation to patient care. 6. Data driven decision-making: regular reviews will lead to improved patient health outcomes, and treatment effectiveness. The data gathered can inform evidence-based decision-making and resource allocation – resources can be allocated where they are most needed, maximising their impact and efficiency.	

Financial impacts

6.2. The financial model presented below outlines the available resources, expected costs and potential savings derived from the proposed approach. Expenditure is phased on a two year basis from September 2023 in order to achieve 'steady state' by September 2025. Costs are described for the period April to March in each year.

6.3. The model assumes that the Polypharmacy review programme enhanced service will run for the two year period, with savings delivered recurrently over that period rising from £292k in year 1 to full year effect of £1m in year 3.

SUMMARY	**2023-24 £000s**	**2024-25 £000s**	**2025-26 £000s**
AVAILABLE RESOURCES			
PCIF	287	287	287
Enhanced Services DMARD	161	277	277
TOTAL AVAILABLE RESOURCES	**448**	**564**	**564**
EXPENDITURE			
Projected Expenditure	1,011	1,587	1,402
Offsets	(175)	(192)	(192)
TOTAL EXPENDITURE	**836**	**1,395**	**1,209**
SURPLUS/-DEFICIT BEFORE SAVINGS	**(388)**	**(830)**	**(645)**
Anticipated Savings	292	792	1,000

NET SURPLUS/-DEFICIT	**(96)**	**(38)**	**355**

Polypharmacy

6.4. The Polypharmacy enhanced service has been modelled on the basis of an assumed 8,000 patient reviews undertaken per year. GP LNC has provisionally advised to a rate of £39.60 per review, contingent upon delivery of the agreed PCIP investment. The position outlined by GP LNC is as follows:

> "Polypharmacy review rate is £70 per review but as long as CTAC delivery progresses as agreed the GP's will discount rate to £39.60 to support PCIP delivery. This discounted rate will remain provided agreed timelines are met."

6.5. The potential savings are described in the table below. This includes modelling of minimum, maximum and mid-range savings estimates based on the Polypharmacy guidance.

Polypharmacy	Per Unit	Per Year
Patient Population (target)	16,000	8,000
GP LES Payment		
GP LNC Rate - unabated	£70.00	£560,000
GP LNC Rate - abatement	-£30.40	-£243,200
GP LNC Rate (net)	**£39.60**	**£316,800**
Net Reduction in Drug Costs		
Minimum	£50.00	£400,000
Maximum	£200.00	£1,600,000
Mid-range	**£125.00**	**£1,000,000**
Potential Net Savings		
Minimum		£83,200
Maximum		£1,283,200
Mid-range		**£683,200**

6.6. The risk of non-delivery is highlighted within the risk section below.

Equality, Human Rights and Fairer Scotland Duty

Required – Stage 2 & 3 to be completed should proposal be approved

6.7. Stage 1 – Proportionality and Relevance of the Equality, Human Rights and Fairer Scotland Duty Impact Assessment is attached. Completed and endorsed by PCIP Executive Committee on 6th July 2023. Unable to complete Stage 2 & 3 due to current contract sensitivities. Pending IJB's decision to proceed with the proposal, we will proceed to complete Stage 2&3.

6.8. Once complete this is to be submitted to the IJB Equalities, Human Rights and Diversity Lead and then published publicly on the IJB website.

Legislative considerations

6.9. The primary legislative consideration is the delivery of the 2018 GMS contract through the PCIP contract. Implementing CTAC is a core element of this proposal. Delivery of this service will mean we will meet the stipulations in the contract by delivering the services outlined in the Primary Care Improvement Plan.

Climate Change and Sustainability

6.10. Reduced travel in provision of Pharmacotherapy and continued provision of CTAC locally in the community and making this sustainable long terms will mean reduced travel to for associated staff and patients respectively. This will have Carbon reduction impacts and will also decrease impacts of transport on air quality.

6.11. Overprescribing and pharmaceutical production are areas of growing environmental concern. A recent article on BJGP Life[2] drawing on research published in a number of academic journals reference the following statistics:

6.12.

> 'the environmental impact of medicines… contribute 25% to NHS emissions... 20% of medicines-related emissions are due to the pharmaceuticals and chemicals supply chain… Process and manufacturing improvements to the supply chain will be able to contribute to this reduction, but tackling overprescribing has the potential to vastly reduce emissions… A national review on overprescribing estimated that 10% of all medicines prescribed in primary care are overprescribed.'

6.13. Additionally to carbon counting, there are other environmental impacts of overprescribing that need to be considered and are particularly relevant within the Borders. NHS Highlands and Islands have been involved in an innovative programme of research (One Health Breakthrough Partnership) assessing the impacts of health centres on water courses. 'Pharmaceuticals in the water environment: baseline assessment and recommendations'[3] found significant impacts of pharmaceuticals to be present in water sources across Scotland. The research was as follows:

6.14.

> 'Mean concentrations for each monitored location were assessed against threshold values for environmental (ecotoxicological) risk and, for antibiotics, against threshold values above which the substance might act a driver for antimicrobial resistance (AMR). About half of all surface water data pertained to samples targeting high-risk settings, such as immediately downstream from a wastewater treatment works rather than 'typical' environmental concentrations in the water body. This enabled a worst case baseline position to be established.'

6.15. They found the following:

- Eight substances - ibuprofen, clarithromycin, erythromycin, diclofenac, EE2, metformin, ranitidine, and propranolol - were identified as posing a higher ecotoxicological risk in inland surface waters.

- Three substances - clarithromycin, erythromycin, and ciprofloxacin - were identified as posing a higher risk in terms of AMR. Two of these - clarithromycin, erythromycin – also posed a higher ecotoxicological risk'.

6.16. Although there are gaps in monitoring data it is very likely the same findings would be represented in Borders specific monitoring with the subsequent Public health and Environmental considerations that this would bring. A programme to reduce overprescribing in the Borders would help to reduce the carbon impact of prescribing and also the environmental impact on local water courses.

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[2] Tackling overprescribing: a must for climate action – BJGP Life

[3] CREW Phase 1 Report Summary_FINAL_0+link.pdf

Risk and Mitigations

6.17. Failure to deliver PCIP presents a number of strategic and operation risks to the IJB and Health Board:

Risk	Description
Access to Primary Care Services	Providing a CTAC service is essential to providing a safe, equitable and accessible community-based healthcare. By failing to deliver this, it is likely that patient access to primary care will be limited by capacity and that this may vary by practice/location.
Access to Secondary Care Services	The delivery of a primary care CTAC service provides the foundation for an enhanced CTAC model (Secondary Care access to CTAC services), moving workload away from hospital services. Without primary care CTAC this is unlikely to be deliverable.
GP engagement	GP Practices may choose to implement a work to rule approach to various pharmacotherapy and CTAC services – following BMA guidance[5]. This would push activity back to secondary and acute care services increasing pressure at Hospital front door.
GP Sustainability	There is a risk that primary care provision within general practice will be unsustainable and the local population will not have access to adequate primary care services. The Health Board is responsible for the provision of GMS to its local population. Should a GP Partnership give notice on their contract it will be up to the Health Board to find a mechanism to continue service delivery. This may mean undertaking a tender exercise to find another provider or it may mean the Health Board taking on responsibility for service provision and running the practice as a 2c model. There is evidence that 2c practices are more expensive than independent GP practices.
Contract Failure/-Penalties	The Health Board is responsible for delivery of the 2018 GMS Contract. Failure to implement PCIP will result in failure to deliver the contract. Should PCIF funds not be fully utilised, additional 'transitionary' payments will be incurred. These additional payments will represent additional expenditure at no added value.
Management Capacity	The capacity of the existing P&CS management team is insufficient to undertake the potential increased activity that arises from failure to meet the contract and the consequent impact on GP sustainability within Scottish Borders.
Polypharmacy Enhanced Service	Delivery of Polypharmacy savings is predicated on GP engagement. There is a risk that GPs do not have sufficient capacity, or otherwise do not wish to engage with the delivery of the polypharmacy programme.
Polypharmacy Fees	GPs have indicated a rate of £39.60 per review is contingent upon delivery of the proposed investment in PCIP. Should this fail to be delivered the proposed rate would revert to £70.00 per review at an additional cost of up to £243k.
Polypharmacy Savings	There is a risk that the level of savings achieved through polypharmacy reviews is

	insufficient to support the additional investments identified. Savings are modelled on information provided within the national polypharmacy guidance which indicates a range of between £50-£200 per review (net prescribing cost reduction). Should savings delivery be at minimum levels this would result in net benefit (after GP fees) of £83k. This is insufficient to deliver the required investment and it is likely that the GP fees abatement would therefore be removed and a further liability of £243k incurred in addition to failure to deliver the proposed model. This would result in a net deficit on the polypharmacy service of £160k, although recurring savings of £400,000 would be realised after year 2.

7. CONSULTATION

Communities Consulted

7.1. HIIAs currently exist in draft mode for previous CTAC and Pharmacotherapy models.

7.2. To engage with affected groups, and understand the impact of this proposal on relevant communities, a new engagement exercise will be carried out on this new proposal. The approval of this proposal is necessary to provide us with the resources and financial support to undertake this piece of work. If this proposal is approved, it will enable final modelling work to begin and an HIIA will be conducted to fully assess the impact of any changes.

Integration Joint Board Officers Consulted

7.3. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer and Corporate Communications have been consulted, and all comments received have been incorporated into the final report.

Health Board – 29th June 2023

7.4. The Health Boards endorsement of the plan came with a number of conditions that the PCIP Executive team will implement to mitigate against some of the inherent risks in this proposal:

1. Negotiations at the Local Negotiation Committee must be finalised as the agreement over the rate of payment to GPs per Polypharmacy review is currently only in principle.
2. A clearly defined and robust methodology must be designed for monitoring the savings made as a result of the Polypharmacy Review Programme.
3. An explicitly defined ceiling of investment for the exact amount of savings taken from the Polypharmacy Review Programme for the delivery of CTAC phases 1-3 must be agreed. Any additional savings must contribute to NHS Border's Bottom line position.
4. Any reserves identified from the IJB must be used to replace this investment of savings from Polypharmacy Review Programme so that these prescribing savings can be put back into NHS Borders bottom line position.
5. A clear and obvious cut-off and exit strategy must be outlined at 6 monthly intervals from the plan if the Polypharmacy Review Programme is not delivering the expected level of savings.

Approved by:

Chris Myers, Joint Director / Chief Officer, Scottish Borders Health and Social Care Partnership and Integration Joint Board

Author(s)

Cathy Wilson, NHS Borders General Manager Primary and Community Services
Owain Simpson, NHS Borders PCIP Senior Project Manager

DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014	
Reference number	SBIJB-170523-5
Direction title	PCIP Bundle
Direction to	NHS Borders
IJB Approval date	19 July 2023
Does this Direction supersede, revise or revoke a previous Direction?	Yes (SBIJB-020922-1 Direction PCIP) (Insert cross as appropriate to select) Supersedes: x; Revises: ; Revokes:
Services/functions covered by this Direction	This Direction covers a range of services provided as part of the bundled Primary Care Improvement Plan – specifically Scottish Government's most recent March 2023 direction highlighting the need to deliver the following services: • Community Treatment and Care (CTAC); • Pharmacotherapy (all levels); and • PCIP related administrative functions (appointment booking functions)
Full text of the Direction	NHS Borders is directed to: 1. Continue to escalate funding concerns and gap for PCIP 6 delivery with the Scottish Government. **2.** Implement the Bundle Proposal plan to deliver services outlined in PCIP 6 Scottish Government's direction. 3. Approve and endorse the financial model supporting the PCIP Bundle Proposal, including temporary redirection of Polypharmacy efficiency savings to deliver against PCIP 6, subject to the following actions being completed: a. Finalise negotiations at the Local Negotiation Committee must as the agreement over the rate of payment to GPs per Polypharmacy review is currently only in principle. b. A clearly defined and robust methodology must be designed for monitoring the savings made as a result of the Polypharmacy Review Programme. c. An explicitly defined ceiling of investment for the exact amount of savings taken from the Polypharmacy Review Programme for the delivery of CTAC phases 1-3 must be agreed. Any additional savings must contribute to NHS Border's and the IJB bottom line position. d. Any reserves identified from the IJB must be used to replace this investment of savings from Polypharmacy Review Programme so that these prescribing savings can be put back into NHS Borders and the IJB bottom line position. e. A clear and obvious cut-off and exit strategy must be outlined at 6 monthly intervals from the plan if the Polypharmacy Review Programme is not delivering the expected level of savings.
Timeframes	To start by: As soon as possible within this financial year To conclude by: April 2026 (based on 2 year modelling) Consider and note the deadlines by when the Direction is expected to be commence and conclude carried out at the latest
Links to relevant SBIJB report(s)	To be added

<table>
<tr><td>Budget / finances allocated to carry out the detail</td><td>To be provided within PCIP funding including anticipated allocation, carry forward, and the temporary redirection of Polypharmacy efficiency savings. The IJB Chief Finance Officer continues to escalate funding concerns and to support PCIP delivery with the Scottish Government Primary Care Division. Financial model below.

<table>
<tr><th>SUMMARY</th><th>2023-24
£000s</th><th>2024-25
£000s</th><th>2025-26
£000s</th></tr>
<tr><td>AVAILABLE RESOURCES</td><td></td><td></td><td></td></tr>
<tr><td>PCIF</td><td>287</td><td>287</td><td>287</td></tr>
<tr><td>Enhanced Services DMARD</td><td>161</td><td>277</td><td>277</td></tr>
<tr><td>TOTAL AVAILABLE RESOURCES</td><td>448</td><td>564</td><td>564</td></tr>
<tr><td>EXPENDITURE</td><td></td><td></td><td></td></tr>
<tr><td>Projected Expenditure</td><td>1,011</td><td>1,587</td><td>1,402</td></tr>
<tr><td>Offsets</td><td>(175)</td><td>(192)</td><td>(192)</td></tr>
<tr><td>TOTAL EXPENDITURE</td><td>836</td><td>1,395</td><td>1,209</td></tr>
<tr><td>SURPLUS/-DEFICIT BEFORE SAVINGS</td><td>(388)</td><td>(830)</td><td>(645)</td></tr>
<tr><td>Anticipated Savings</td><td>292</td><td>792</td><td>1,000</td></tr>
<tr><td>NET SURPLUS/-DEFICIT</td><td>(96)</td><td>(38)</td><td>355</td></tr>
</table>
</td></tr>
<tr><td>Outcomes / Performance Measures</td><td>See attached
Directions 2023\July 2023\PCIP Bundle Proposal - SBIJB paper.pdf</td></tr>
<tr><td>Date Direction will be reviewed</td><td>To be reviewed by Audit Committee in March 2024.</td></tr>
</table>

Scottish Borders Health and Social Care Partnership

Equality, Human Rights and Fairer Scotland Duty Impact Assessment – Stage 1 Proportionality and Relevance

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What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Primary Care Improvement Plan (PCIP) Bundle Proposal

The PCIP Bundle Proposal (The Bundle) seeks to deliver the services outlined in PCIP 6 Scottish Government direction by addressing the significant shortfall in Scottish Government funding. The Bundle aims to deliver the GP General Medical Services 2018 contract through an innovative solution by creating a symbiotic relationship between three workstreams:

- CTAC
- Pharmacotherapy
- Polypharmacy

In essence – the IJB is asked to redirect Polypharmacy efficiency savings to meet the shortfall in funding for PCIP from the Scottish Government.

In completing this Impact Assessment, considerations will be applied to the following components of The Bundle:

1. Transfer of Disease-Modifying Anti-rheumatic Drugs (DMARDS) from GPs to the Pharmacotherapy Service;
2. The transfer treatment-room related services provided by GPs to the Health Board;
3. The review of Polypharmacy for older people.

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Neurodiversity	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
x	x	x	x	x	x	x	x	x

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)

Education	**Work**	**Living Standards**	**Health**	**Justice and Personal Security**	**Participation**
Higher education Lifelong learning	Employment Earnings	Poverty Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*		Access to services Social and community cohesion* Family Life*

*Supplementary indicators

1. Transfer of DMARDS from GPs to the Pharmacotherapy Service

This proposal would see a shift of existing DMARDs workload from GP practices to a new Pharmacy Hub

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Age DMARDS are currently offered via a Local Enhanced Service – which is optional for GPs as a result some areas in the Scottish Borders may not offer local reviews of DMARDS. This approach would offer an equitable access of DMARDS for all applicable Scottish Borders patients. As GPs are independent contractors, there are local variations of DMARDS application across the Borders. By transferring these reviews to the Health Board, this would standardise DMARDS via a single Pharmacotherapy service. When paired with CTAC Phlebotomy service, improved accessibility for essential diagnosis tests – equitable service across Scottish Borders with enhanced convenience for people with a reliance on transport. More frequent monitoring of long-term conditions with ability to discuss issues in detail with Pharmacotherapy services remotely or in person via appointment in local setting.	Positive	Significant

Juvenile arthritis patients will have different pediatric pathways as assessed by their GP/Secondary Care consultant. However, this proposal would mimic current arrangement to allow local monitoring where possible. Younger patients with small veins may not be suitable for monitoring in local CTAC and may need to travel further to see a qualified practitioner. When accessing Pharmacotherapy Hub, patients may be first advised to contact by telephone which is an unfamiliar process and with different staff who may require additional time to understand their health needs. Confusion and upset because the service is now provided by a different healthcare professional than the one that patients knew and was familiar with. Perception that service provided by non-GPs is not as good as the service they received previously.	Negative	Insignificant
Disability Health Board run service would improve equitable access to services for all. Compatible with NHS Borders Values - recognising the need for person-centred approach, where required, monitoring of conditions could be offered via CTAC domiciliary visits.	Positive	Significant

Main service would be offered via telephone consultations, however, we are retaining some in-clinic capacity in all Health Centres on request and to accommodate those that may not be able to easily communicate via telephone due to a disability. There may be an increase in barriers to accessing Pharmacotherapy Hub as patients may be first advised to contact by telephone which is unfamiliar and with different staff who may need additional time to understand their individual health needs. Confusion and upset because the service is now provided by a different healthcare professional than the one that patients knew and was familiar with. Perception that service provided by non-GPs is not as good as the service they received previously.	Negative	Insignificant
All protected characteristics (Age, Disability, Gender, Gender Re-assignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief (including non-belief) & Sexual Orientation) The transfer of DMARDS to the Pharmacy team will ensure that individuals receive care from the appropriate a multi-disciplinary team (MDT) by	Positive	Significant

the 'right person, right place, right time', improving overall service delivery. By involving MDTs with the most suitable skills, individuals will receive enhanced continuity of care tailored to their specific needs – eliminating varied GP approach across the Scottish Borders. Additional capacity time will be released for better access to GPs and application of Realistic Medicine principles (e.g. Polypharmacy reviews). Staff will take more responsibility for the clinical care of patients they are treating – upholding NHS Borders' values of patient-centred care, ensuring that the diverse needs of all individuals are met in an inclusive manner. When people move within the Borders, this offer better continuity of care.		
Work/Education DMARDS monitoring to Pharmacy Hub presents an opportunity for the Pharmacy team to utilise their advanced skills and knowledge in a more focused and impactful manner: • Aim to provide staff with fulfilling roles that align with their training and enable them to contribute significantly to patient care. The shift in responsibility has the potential to enhance staff retention by offering the pharmacy team an avenue for professional growth and the opportunity to expand their expertise.	Positive	Significant

2. Transfer of treatment-room related services from GPs to the Health Board

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Age Health Board treatment-room services are not currently available to 8 GP practices causing inequitable access to services across the Scottish Borders. This could be disproportionally affecting older people or adults unable to travel further distances for treatment or may experience longer waiting times for treatment via their GP. This proposal will enhance the delivery of an equitable access to treatment room service and safeguard locally accessible services for all adults. Peripatetic/Domiciliary Health Board Services available where needed.	Positive	Significant
We will not be able to offer complete CTAC (especially pediatric phlebotomy) service for children due to variable workforce skill set. Different pathways will need to be arranged for some pediatric treatment services. Children may need to travel further to access these services. Additional work will need to be made in developing these pathways.	Negative	SIgnificant

All protected characteristics (Age, Disability, Gender, Gender Re-assignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief (including non-belief) & Sexual Orientation) Improve access to healthcare services for people with protected characteristics by promoting consistency and standardisation of care across the Health Board. Equitable access to treatment room facilities may be better distributed and equipped to accommodate the needs of diverse populations, ensuring equitable access for individuals with protected characteristics. Under health board framework, access to training modules supporting the provision of culturally competent and inclusive care. Introduction and use of GP Order Comms - seamless electronic blood ordering form. Resulting in paperless system and reducing harm caused by errors. Staff will be enabled to adopt a patient-centres approach, placing the patient at the centre of their healthcare decisions – treatment plans/schedules can be tailored to their unique needs and preferences, empowering them to take an active role in managing their health.	Positive	Significant

By equipping patients with knowledge about their conditions, treatment options, and self-care strategies, they can become active participants in their own healthcare, fostering a sense of control and empowerment.		
Work / Living Standard People in Scottish Borders with variable work shift patterns or with employment/education further away from home will have the choice to access treatment such as phlebotomy in a health center of their choice and will no longer be restricted to their GP based practice. Increased opportunities for training, education, and professional development (especially for TUPE GP Staff) for treatment room staff. TUPE staff will be transferred onto NHS Scotland's agenda for change contracts – securing Living Wage. Most staff will gain better terms and conditions with national pay, annual/parental leave, etc. Improved workplace policies – could offer greater job security in a culture that promotes wellbeing and inclusive work environment. This supports GP Sustainability. Help provide greater workforce balance and financial stability for GP Practices.	Positive	Significant
Poverty Through embedded QI analysis , data collection	Positive	Significant

and monitoring will inform PCIP Executive and enable key decision making in placing staff resource to meet patient need. E.g. areas with increased morbidity, etc that may be disproportionally affecting areas with deprivation		

3. The review of polypharmacy for older people

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Age Polypharmacy reviews can help identify and address potentially unnecessary medications, drug interactions, and duplications in older patients' medication regimen. This optimisation can lead to improved medication efficiency and reduced adverse drug reactions. GPs can minimise medication-related errors, such as wrong dosages or drug combinations. This can significantly improve patient safety, especially among older people who are more vulnerable to medication-related risks. Improved health outcomes for older people via better control of chronic conditions, reduced hospital admissions due to adverse drug events, and enhanced quality of life. Allows for improved communication and shared decision-making between GPs and older patients.	Positive	Significant

Patients can actively participate in medication-related discussions, making informed choices about their treatment options and potential modifications. Raise profile of serial prescribing. Can result in improved medication adherence among older patients. Simplified and reduced medication burden can contribute to better patient compliance and therapeutic effectiveness. GPs can develop long-term health plans for older patients, considering the appropriate use of medications and potential adjustments based on evolving conditions or changes in treatment guidelines.		
Health By minimising unnecessary or potentially harmful medications, polypharmacy reviews can contribute to cost savings for the health and social care services by: • Reducing the cost of overall medication • Reducing medication visits from care providers • Acute hospital admissions • Reduce risks of falls • Reduce prescription waste	Positive	Significant
Work / Living Standard Enhanced MDT collaboration – this will encourage collaboration between GPs, pharmacists, and other healthcare professionals.	Positive	Significant

This approach offers greater job satisfaction. Overall reduce burden for pharmacotherapy		

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes
E&HRIA to be undertaken and submitted with the report – Yes or No **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officer: Cathy Wilson, P&CS General Manager/PCIP Executive Chair** **Date: 6th July 2023**