



## Primary Care Transformation & GMS2018 Implementation

### GOVERNANCE PAPER

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## 1. Purpose

This purpose of this paper is to enable the key partners to reach agreement on a structured Programme approach<sup>1</sup> to Primary Care Transformation and implementation of the General Medical Services contract 2018. The paper describes the programme approach, levels of authority and approval required to establish the Governance structure.

At a meeting chaired by NHS Lanarkshire Chief Executive, Monday 11<sup>th</sup> December, 2017 attended by a range of senior staff representative of GPs, the NHS Board and Health & Social Care Partnerships (HSCPs) it was agreed that working together as a collaborative partnership in the spirit of ‘the act<sup>2</sup>’ would enable Lanarkshire to develop a programme approach to the comprehensive body of work set out in the organisational structure at appendix 1.

This paper is the first step of a proposed programme approach designed to provide a high level description of the governance arrangements (structures/reporting processes) to be adopted and to set out how we will work together to share the workload. We recognised the fundamental challenges faced by general practice, not least growing workload and increasing risk. Given these challenges, in taking this approach we reinforce the need to ensure stability as we transform through taking a measured, step-wise, programme approach.

## 2. Context

For the purposes of this document we will describe the collaborative partnership using the terms and principles set out in the Memorandum of Understanding (MOU), and refer to Health and Social Care Partnerships (HSCPs) as responsible for the planning and commissioning of primary care services. The MOU also recognises the role of NHS Boards in service delivery and as NHS staff employers and parties to General Medical Services (“GMS”) contracts.

We acknowledge the words of the MOU when it states ‘*Delivering improved levels of local care in the community will have a clear benefit for patients and must rely on effective collaboration between GPs, HSCPs, NHS Boards and other partners, both in and out of hours, valuing the respective contributions of those who deliver these services*’.

As a collaborative partnership we will adopt the principles of optimal utilisation of all available resources. The contract offer proposes 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. All aspects are equally important.

Additionally we must take note of the requirement for clear articulation of the respective roles and responsibilities of all stakeholders in respect of setting out each of the project/workstream areas and as we progress towards defining, developing and assembling a Primary Care Improvement Plan.

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<sup>1</sup> The programme approach is a cluster/portfolio of related projects in the same sector or thematic area. It can be described as a complex or large-scale programme where initiatives are integrated into a programme framework and contribute to the achievement of the overall objective.

<sup>2</sup> Public Bodies (Joint Working) (Scotland) Act 2014

### 3. Background

The GMS 2018 Contract offer was made available November 13, 2017 and following the ballot of GPs a decision to accept was made 18 January 2018. Whilst the focus of the offer is the GMS Contract, the effect of implementation would be a radical change and expansion within primary and community care across Scotland.

The Contract describes the place of GMS within a wider context, but is explicit about a much broader group of clinicians and services. This acknowledges the need to shift the balance of work from GPs to relevant multi-disciplinary teams, in the wider primary care managed services. There is also an understanding of the requirement for service redesign with ring fenced resources to enable the change to happen.

Within Lanarkshire, we already have a comprehensive transformation programme of work within Primary Care and Mental Health, a further body of work under GMS Sustainability and if the contract is agreed there will be a new body of work in terms of implementation of GMS 2018 (see appendix 1). The programmes are as follows:

- ❖ PCMHTP – Lanarkshire programme approach commenced in April 2016 and consists of various funds for; Primary Care transformation, Out of Hours, Mental Health transformation funding, a number of primary care investment projects such as recruitment & retention and national programmes of work including leadership into integration. This work is funded till March 2019. This programme will continue testing new ways of working to embed in new service models of work till 2019.
- ❖ GMS Sustainability Group – Lanarkshire set up a group in response to the Scottish National GMS Sustainability paper and effectively there is no continuing requirement for an oversight group as the work will be subsumed within elements of this new consolidated programme of work 2018-2021.
- ❖ GMS 2018 Contract - the need for purpose and direction for this proposed new Contract are well rehearsed and recognised.
- ❖ PC & GMS Transformation – work derived from various transformation funds to continue as a distinct theme. There are three main reasons for this.
  - Firstly, we have entered into an agreement with Scottish Government about the way we are working within transformation and
  - Secondly it is useful to have a distinction between the transformation programme for primary care as a longer term deliverable (2021) of service change improvements and thus change to be widely implemented by 2021 and beyond.
  - Thirdly, to ensure design, development and implementation of the new model (s) of care required by the GMS2018 contract.

There is significant interdependency and some overlap between these pieces of work. The programme approach will enable smoother transitions and overall co-ordination of workload. It is acknowledge that successful service redesign and transformation of primary care is critical to the success of NHS Lanarkshire Healthcare strategy and also to the implementation of both HSCP's commissioning plans. As described in this paper an expansion and redesign of General Practice and Primary Care/Community services scope and scale of this redesign is set out in the infrastructure on page 10.

#### 4. Contract Recommendations

The Lanarkshire programme approach (PC & GMS Transformation 2018 -2021) will recognise the existing wider primary care work plan and merge this with the proposition within the contract as follows:

- a) The terms of reference of the Primary Care Strategy Board (PCSB) will be revised to reflect its role as the Programme Board overseeing all the primary care workstreams. It is chaired by Director of HSCP South Lanarkshire who will lead the programme of work. The combined body of work is supervised and will be designated to projects/workstreams in a revised way.
- b) At a national level there is to be a GMS2018 Oversight Executive Group and this will be replicated within the proposed governance structure at a PCSB level.
- c) In Lanarkshire the GMS2018 Oversight Executive Group will meet initially monthly.
- d) The GMS2018 Oversight Executive Group will report to the PCSB as the Programme Board and thereafter to IJB's, NHS Board and as required. Whilst this will work well for oversight of workstream plans, the group will work with sufficient delegated authority from the PCSB to facilitate more rapid progress.
- e) A number of projects will be described as will the interdependencies to ensure a level of close co-ordination. These may be new, an amalgamation of the work of existing groups or a development of a single existing group.
- f) Each project described in the governance structure at appendix 1 will need to develop a Terms of Reference which explicitly describes its responsibility and develop detailed three year action plans in terms of Primary Care & nGMS Transformation 2018-2021. A standardised set of project documentation will be put in place to assemble the plans to be applied by all groups.
- g) There are obviously significant details to be decided, but amongst those are decisions about how key informants to the process are distributed through this network of meetings. This includes finance, communication, employed clinical advisors, GP Sub Committee, third sector, patient and carer representatives.
- h) The three year action plans will be developed with the project leads and collated into the primary care improvement plan (PCIP) and must be agreed by GP Subcommittee of the Area Medical Committee for clinical input and Local Medical Committee (LMC), as the negotiating body.
- i) There will be a continuing programme of work for primary care & mental transformation with its nine areas of work through until March 2019 noted as workstream 1 below.
- j) The Primary Care Improvement Support Team (IST) workload will continue to focus on the current transformation programme as described above and will develop exit and or sustainability plans with each of the workstream leads and members over the next 6 months to ensure a clear exit strategy for closure of the programme in March 2019.

- k) The IST alongside and additional commissioned specialist improvement resources will need to be aligned and refocused to start to support the new infrastructure.
- l) Where relevant, the projects/workstream will report to PCMHTP Steering group or to the GMS Oversight Executive Group and when appropriate to any other existing reporting mechanisms as necessary taking a matrix management approach. Both groups will develop information as required for and present reports to the PCSB.
- m) The PCSB will be responsible and accountable for the overall programme on behalf of the collaborative partnership. Current anticipated projects include;

<b>Programme</b>		<b>LEAD (s)</b>
	Primary Care Strategy Board	Val de Souza, Director of South Lanarkshire, Health and Social Care Partnership
	PCMHTP Steering Group	Ian Hathorn, Medical Director, South Lanarkshire, Health and Social Care Partnership
	GMS2018 Oversight Executive Steering Group	
<b>Project No</b>	<b>Project Title</b>	
1	Primary Care and Mental Health Transformation Board (Existing workload to continue to testing new ways of working till March 2019)	Chris Mackintosh, Ian Hathorn (Medical Director South HSCP)
2	Vaccination Transformation	David Cromie, NHS Lanarkshire Public Health Consultant
3	Pharmacotherapy Service Implementation Group	Christine Gilmour, NHS Lanarkshire Chief Pharmacists
4	Community Treatment and Care Services North/South	Alastair Cook, Medical Director North HSCP, Maria Docherty Nurse Director South HSCP, Linda Findlay, Associate Medical Director, South HSCP
5	Urgent Care in Hours	Ian Hathorn, Medical Director South HSCP, Anne Armstrong, Nurse Director, North HSCP
6	Premises	Colin Lauder, NHS Lanarkshire, Deputy Director of Planning

## 5. Production of Plans

The programme infrastructure will require a number of programme wide Plans to be developed. These include; a **Primary Care Premises and Estate Plan**, a **Workforce Plan**, a detailed **Resource Plan**, a **Communication & Engagement Plan**, a **eHealth (IM&T) Plan** for General Practice aligned with the recognition that within the Contract more effective sharing of information and sharing of responsibilities is essential to better manage the challenges of increasing workload and risk.

Delivering transformation across all levels of the programme will require a GMS2018 **Finance Plan** to be developed as a key core programme wide piece of work that all project plans will feed in to. Leads for this work will be identified as part of initiation of the programme.

Crucially each aspect of the above will be assembled to feature in the **Primary Care Improvement Plan** 2018-2021 and demonstrate a funding source for the period of the programme.

### 5.1 Primary Care Improvement Plan - Key Milestones

ACTIVITY & TIMESCALES		
Dates	Actions	Lead
<b>Stage 1. Engage key stakeholders and gain agreement on Governance arrangements</b>		
11 Dec -15 Jan 2018	Develop Governance infrastructure and describe arrangements	KB
10 Jan 2018	Engage the LMC Negotiating Group	CM/AC
10 <sup>th</sup> Jan 2018	Primary Care Strategy Board (for discussion)	KB
15 <sup>th</sup> Jan 2018	Governance paper presented to NHSL Corporate Management Team	CM/VdS/KB
16th Jan 2018	Agreement YES on GMS2018	CM
22 Jan 2018	Engagement meeting with GPSubcommittee	CM/VdS/KB
29th Jan 2018	Corporate Management Team	VdS
31 <sup>st</sup> Jan, 2018	NHS Board	VdS
<b>Stage 2. Completing the work of the Primary Care Improvement plan</b>		
16 Jan 2018	Commence set up phase for all workstreams/projects and resources	KB
22 Jan–22 Mar 2018	Agree scope, deliverables, develop and finalise three year plans for all workstreams	KB
30 March 18	Collate Primary Care Improvement Plan (s)	KB
April 2018	New Contract will start operating	
May 2018	PCIP signed off by Integrated Joint Boards	VdS
June 2018	Collation and completion of Final Primary Care Improvement Plans (PCIPs) for April 2018 to March 2021.	KB
June 2018	Approval of the PCIPs by all relevant parties	VdS

## 6. Approval of the Programme Approach

Comments will be sought to reach agreement to proceed with this programme approach at each of the steps set out above.

This will result in the final Governance structure paper going to CMT 29th January 2018 for full approval to proceed. (*Representation of the NHS Board and IJBs on this committee*)

## **7. Optimising Resources**

### **7.1 Collaborative Partnerships**

An MOU between the local commissioning and delivery partners, the SGPC and Scottish Government sets out agreed principles of service redesign, identifies ring-fenced resources to enable the service changes to happen, national and local oversight arrangements, and the priorities for the transfer of responsibility for service delivery.

### **7.2 The Role of the Area Clinical Forum and Clinical Advisory Structure**

Within NHS Lanarkshire there is currently an independent clinical advisory structure which advises the Health Board on clinical issues. This structure consists of the Area Clinical Forum (ACF) which is populated by two members from each of the parent committees. These committees represent the Allied Health Professions, Dental, Healthcare Scientists, Medical and Nursing, Optometric, Pharmacy and Psychology professions. The Chair of the ACF is a non-executive member of the Health Board.

Throughout the implementation of the GMS2018 contract, the Area Clinical Forum and the associated advisory committees will provide the mechanism for the clinical community to raise issues relating to the provision of patient care and gain assurance that the services are safe, effective and person centred. This will enable the chair of ACF to assure the NHS Board that the clinical community is supportive of the level and standard of care delivered to patients at each stage.

### **7.3 The role of the GMS negotiating group**

Within the existing management groups there is a GMS negotiation meeting which is the regular monthly meeting to negotiate local or national changes of the contractual arrangements between the board and GPs. This meeting will have an important role to advise on developing plans in addition to the GP representation within every workstream. This will contribute to the ability of the programme to progress at the rapid pace which is required particularly in the early stages of this process.

### **7.4 Medical, Nursing, AHP and Management Capacity**

In order to deliver this comprehensive large scale change programme (2018-2021) consideration must be given now to what capacity operational staff and GPs need to lead and contribute to the programme of work, produce action plans and implement change. The membership of groups must cover all stakeholders and ensure consistency of development and design as well decision making.

### **7.5 The role of staff side and partnership representation**

A key factor in any successful change programme is a commitment to engaging and involving the workforce at all levels. Staff who understand the need for change and are fully involved in the process of change can make a larger contribution to improving the service. Working together will outline how partners will work together to promote effective partnership working on the workforce implications of this programme. It will support the design of respective roles and responsibilities,

establishes shared values and common purpose and sets some key principles for effective joint working. It is through partnership between patients, users, managers, employees and trade unions that organisations can innovate. The views of staff matter – staff have the knowledge and experience to know what really works and within this crucial programme we need to harness this knowledge and engage the experience to help facilitate change.

## 7.6 Project Management and Improvement Support

In the short term Jan-March 2018 the author will ensure the production of this Governance paper, provide two dedicated project managers with full capacity & significant capability to project/workstream leads to produce and quality assure a suite of standardised project documents, i.e. Project Management Plans, Quantified Action Plans, Gantt Charts and Risk registers for each project 2-6 set out in appendix 1. These documents will be taken and assembled in the Primary Care Improvement Plan for further development, engagement and approval.

Work will also be carried out with Lanarkshire leads to produce the plans described in section 5 above. Aligned to this, work will be carried by members of the Primary Care Improvement Support Team with project leads to consider measurement of improvement, evaluation, what success looks like, benefits to be realised and outcomes.

Future demand will require application of the Lanarkshire Quality Approach and at times contributions from available improvement capability within the current Primary Care Improvement Support Team and system wide from within NHS Lanarkshire Quality Directorate to fully support the system wide service redesign and transformation of health and care services.

## 7.7 Engaging Public Partnership Forums and the Public

Our approach to service change will continue with our good practice to date and mirror the guidance, CEL 4 (2010) set out by the Scottish Government and the Health Directorate Chief Executive regarding Informing, Engaging and Consulting People in Developing Health and Community Care Services – to assist NHS Boards with their engagement with patients, the public, and stakeholders on the delivery of local healthcare services. The principles of the guidance will be applied, proportionally, to this programme of work. We will consider who, when and how we engage, involve and where necessary consult.






## 8. Governance Schematic

The schematic below represents the overall Governance Structure. The schematic has been colour coded to differentiate between groups as follows:

Terms of Reference (ToR) will be developed for all of the groups below. Membership of the groups will take into consideration the need to engage a wide range of stakeholders to inform and agree the work plans for 2018-2021. This will include representatives from LMC and GP Sub as necessary.

	Pan Lanarkshire Joint Working at Organisational Board Level - IJB South has organisational devolved accountability for the programme of work on behalf of Lanarkshire.
	The PCSB will have overall accountability for the Programme Approach on behalf of Lanarkshire



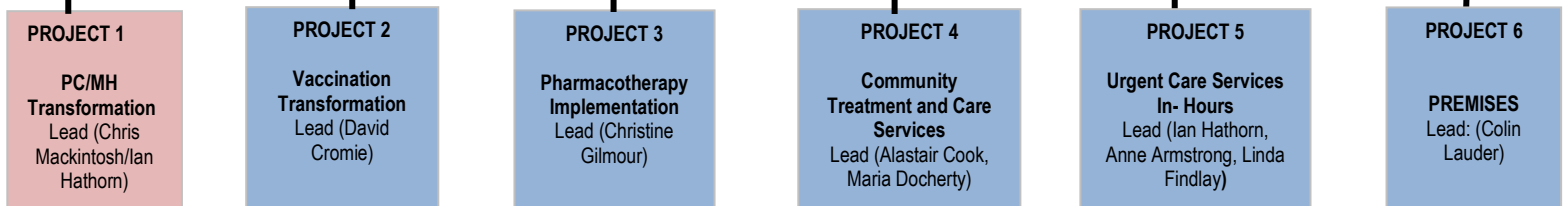
	The GMS Oversight Executive Group will have responsibility for oversight of the GMS Implementation PC Improvement Plan development.
	GMS2018 Implementation workstreams
	Current PCMHTP – Continued programme of work to test new ways of working
	The PCMHTP Steering Group has executive decision making on behalf of the PCSB
	Interdependent strategies – close and frequent communication and engagement, joint working and reporting to agree and deliver once for delivery of interdependent programmes of work.

## 9. Conclusion

In conclusion, the crucial issue to agree is defining the scope of work, agreeing new resources and aligning current resources and capacity to meet the demands of the Large Scale Change programme PC Transformation & GMS2018-2021.

All project/workstream and support plan leads must be identified, roles, responsibilities and deliverables set out in terms of budget requirements and time. Each workstream must reach early agreement on areas to be covered (scope, where it begins and ends).

All aspects of the programme will be monitored and adjusted where necessary to ensure clear interdependencies are understood. Agreement and prioritisation of the workload now is critical to create the right conditions for predictable success.



GP SUBCOMMITTEE REPRESENTATION

PUBLIC PARTNER/STAFF REPRESENTATION