

Meeting of Lanarkshire
NHS Board 28 August 2019

Lanarkshire NHS Board
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SUBJECT: Primary Care Improvement Plan (PCIP) Update

1. PURPOSE

This paper is coming to the Committee:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By Dr Linda Findlay, Medical Director, South Lanarkshire Health and Social Care Partnership

3. SUMMARY OF KEY ISSUES

Key points:

3.1 Background

- 3.1.1. The General Medical Services (GMS) 2018 contract came into force on the 1st April 2018. The transformational change linked to the contract is supported by the Memorandum of Understanding linked to the primary care Improvement plan. The initial Primary Care Improvement Plan (PCIP) was agreed by the IJBs, Health Board and GP sub-committee in July 2018. At that time it was agreed that six monthly updates would be provided to chart progress and challenges against the Memorandum of Understanding (MOU).
- 3.1.2. At the may 2018, a comprehensive update was given on the progress being made with the new GMS 2018 contract, with the Board endorsing the governance arrangements to oversee full implementation.
- 3.1.3. Much work has been undertaken against the PCIP with additional learning and change of some of the structural arrangements required.
- 3.1.4. The contract offer details for the PCIPs:
- ◆ how the services will be introduced before the end of the transition period in 2021
 - ◆ that they will be overseen by a Scottish GMS oversight group

- ◆ clear milestones for the redistribution of GP workload
- ◆ development of effective primary care multidisciplinary team working
- ◆ Boards and Health and Social Care Partnerships will deliver clear arrangements to deliver on the commitments of the new Scottish GMS contract
- ◆ must be agreed by the GP sub-committee

3.2. **Current Position**

3.2.1. The first PCIP is attached (Appendix 1), along with the second six monthly update (Appendix 2). This update is currently in draft.

3.2.2. The main challenges with the delivery of the MOU which are being worked through include:

- ◆ financial settlement
- ◆ workforce availability
- ◆ IT availability
- ◆ the use of physical space to accommodate and manage the extended workforce
- ◆ the capacity for change within the system

3.2.3. At the date of the report being written, all workstreams are working well and working towards year 2 commitments. A number of changes to the governance structures have been needed to reflect progress namely:

- ◆ the merging of all work from the Primary Care Mental Health Transformation Programme into either PCIP workstreams or in the case of Mental Health into the developing Action 15 work
- ◆ including a workstreams leads workstream which allows a forum for all the leads to discuss clinical modelling, synergies and challenges to be escalated to the Oversight Group
- ◆ aligning the Urgent Care Workstream with the Community Treatment and Care Workstream
- ◆ the need to review the workstream chairs as we move to operational implementation of the PCIP

3.2.4. The PCIP development continues following significant and extensive work. A substantive Improvement Team and workforce planning resource is now in place. There have been consultation events for the key workstreams to understand and to take stock of progress. There have been ongoing workstream meetings to plan out the work required and to understand the current starting point for the work. In short, a great deal of work has gone on to progress the PCIP to its current position.

3.2.5. This is the second update of the PCIP and as previously agreed further versions of the PCIP are to be reviewed and signed off when there is acceptance of sufficient progress at six monthly intervals.

3.2.6. This second six monthly progress document gives more detail than the high level initial document and the two should be read in conjunction. It is a snapshot of

where we are at present and perhaps more importantly the work still to be done. The models for each workstream are evolving as funding information becomes available, discussions are had about dovetailing the PCIP work with work already being taken forward in localities, and issues of recruitment and retention become apparent. Work at the primary and secondary care interface, and with the third sector, is also pivotal and links are being made with modernising outpatients and pathways work that will lead to whole system improvement.

3.2.7. We are proud of the PCIP and the progress made, representing a great deal of hard work by many, which we gratefully acknowledge. We are however also aware of the challenges and the scope of the work still to be undertaken.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

There are national measures associated with the programme, not least the Primary care: national monitoring and evaluation strategy which will monitor the improvement in Primary care reform up until 2028.

[\(https://www.gov.scot/publications/national-monitoring-evaluation-strategy-primary-care-scotland/\)](https://www.gov.scot/publications/national-monitoring-evaluation-strategy-primary-care-scotland/)

Locally we are developing our own data and measurement plans for the PCIP, which will be tabled in September 2019. The current thinking around this is shared at Section 12, page 38 of the second update of the PCIP (Appendix 2)

7. FINANCIAL IMPLICATIONS

Financially, implementation of the PCIP is complex. It requires a balance in expenditure between different workstreams, recycling of existing expenditure and efficiency of “back office” functions. The Integration Authorities and Board will continue to be appraised of the developing financial implications and structures.

Attention is drawn to Section 11 in Appendix 2 regarding the financial framework

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Each work stream has an individual risk register which feed to an overarching risk register for the programme, the biggest risks remain around workforce, funding and infrastructure.

GP sustainability remains a risk. The PCIP is a plan for medium to long term development and sustainability of primary care in general and GPs in specific. Without an effective primary care sector, no Health and Social Care system can function effectively.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

There is no requirement to carry out an impact assessment in terms of the proposals contained within this report. However, consultation will continue to be extensive.

11. CONSULTATION AND ENGAGEMENT

Consultation and engagement across a wide range of stakeholders is pivotal to the successful implementation of the PCIP. The programme has a dedicated communications and engagement officer. Further detail can be found at Section 8 (page 28) of Appendix 2.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

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