

NHS Board Meeting
30 September 2020

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: PRIMARY CARE IMPROVEMENT PLAN

1. PURPOSE

- Detail the impact of the Covid Pandemic and response on the Primary Care Improvement Plan (PCIP)
- Detail the recovery of the PCIP
- Present the PCIP3 return for Scottish Government for noting

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note / information	<input checked="" type="checkbox"/>
--------------	--------------------------	-----------------	--------------------------	-----------------------	-------------------------------------

2. ROUTE TO THE BOARD

This paper has been prepared by Dr Linda Findlay Medical Director South Lanarkshire Health and Social Care Partnership for approval of South Lanarkshire IJB, and noting by the Board. The PCIP3 has been reviewed at the Primary Care Strategy Board and the GP Sub and will be presented at the forthcoming GMS Oversight Group.

3. SUMMARY OF KEY ISSUES

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 (MOU) 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 MOU. The Pandemic has disrupted delivery of the PCIP and also the reporting schedules both locally and nationally, these are now moving forward again.
- 3.1.2. A half way assessment was undertaken by the Scottish Government, with returns on progress, barriers and mitigation as well as asks being required. These were considered Scotland wide by the National Oversight Group. However this was stood down as the nation responded to Covid 19 and the PCIP3 is a request to allow a “stocktake” position by the National Oversight Group.
- 3.1.3. 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 was approved in July 2018, with updates approved in January 2019, July 2019, and January 2020.

The Primary Care Improvement Plan Recovery document is a living document and its latest iteration is included at appendix 1. PCIP 3 is in the format requested by Scottish Government and is included at appendix 2. This update is currently in draft, prior to agreement with the GP Subcommittee which is currently being sought. It details our current position, ongoing work and our predicted position by March 2021. Risks Barriers and opportunities are also detailed in the document.

- 3.2.2. As previously 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

The Covid 19 pandemic has allowed different ways of working but has also increased many of the challenges noted above.

- 3.2.3. At the date of the report being written, all work streams are beginning to remobilise and further detail can be found at appendix 1.
- 3.2.4 The PCIP development continues following significant and extensive work. There is a need to take stock and review and agree models going forward, this work is progressing.

Measures for improvement and evaluation are in a late stage of development. 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/>)

Locally we are developing our own data and measurement plans for the PCIP, with an interim evaluation attached at Appendix 3.

- 3.2.5 This is our 4th update of the PCIP (although only the 3rd return required by Scottish Government) 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 We are proud of the PCIP and the progress made, representing a great deal of hard work by many, which we gratefully acknowledge. We also acknowledge the work of the staff delivering the PCIP during the Covid pandemic especially in the delivery of the Covid Assessment pathway 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"/>	AOP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input 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"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

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

Measures for improvement and evaluation are in a late stage of development. 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/>)

Locally we are developing our own data and measurement plans for the PCIP, with an interim evaluation attached at Appendix 3.

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. Despite review and skill mixing it is unlikely that the PCIP will be fully deliverable within the financial envelope indicated and this has been highlighted previously and again in the PCIP3. The Integration Authorities and Board will continue to be appraised of the developing financial implications and structures.

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. The programme risk register is currently being updated post Covid

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.

There is a risk that the PCIP will not be fully delivered by March 2021

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 checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<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.

12. ACTIONS FOR THE BOARD

The Board is asked to

1. Note the ongoing work
2. Note that the impact of the pandemic will delay final delivery of the PCIP
3. Note the draft PCIP3 subject to any minor changes following GP Sub review

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:
Dr Linda Findlay Medical Director, South Lanarkshire Health and Social Care Partnership Linda.findlay@lanarkshire.scot.nhs.uk