

NHS Board Meeting
25 August 2021

Lanarkshire NHS Board
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SUBJECT: PRIMARY CARE IMPROVEMENT PLAN UPDATE

1. PURPOSE

The purpose of the report is to

1. update Board Members on the changes to dates on the implementation of new General Medical Services and the Primary Care Improvement Plan;
2. highlight that a new Memorandum of Understanding is imminent but at the point of writing not yet available; and
3. highlight that a return has been made to Scottish Government, which was approved by the South Lanarkshire Integrated Joint Board on 17 August 2021.

For approval	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been prepared by Interim Chief Officer, Health and Social Care Partnership, and was shared with the Corporate Management Team.

3. BACKGROUND

The General Medical Services (GMS) 2018 contract came into force on the 01 April 2018. The transformational change linked to the contract is supported by the Memorandum of Understanding (MOU) and linked to the Primary Care Improvement Plan (PCIP). The initial PCIP was agreed by the Integrated Joint Board's (IJB), 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.

A halfway assessment was undertaken by the Scottish Government, with returns on progress, barriers and mitigation as well as asks from Boards being required. These were considered Scotland wide by the National Oversight Group. However, the process was stood down as the nation responded to Covid-19. Between the first and second waves of the pandemic the PCIP 3 tracker was requested by the Scottish Government to allow a "stocktake" position by the National Oversight Group. Work was again paused as the second wave of the pandemic took hold and staff were again orientated towards the Covid response. A PCIP 4 tracker has now been submitted to Scottish Government. This was approved by the South Lanarkshire Integration Joint Board at their meeting 17 August 2021, and a copy is available on request.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" 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"/>
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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 type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input 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. NEXT STEPS

The end date for delivery of the first phase of the contract was initially March 2021. However, it has been accepted that the pandemic has delayed the delivery.

That said, there is a desire that the PCIPs are moved forward and an agreement nationally that the principles of the PCIP are the correct ones, essentially collaborative multidisciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community should continue to be the direction of travel.

The Scottish Government and British Medical Association (BMA) released a joint statement in December 2020 detailing the new agreements surrounding delivery of the contract. The detail of this will be crucial and is being worked through at a national level. The statement is summarised in the table below:

Contract Area	Expectations	Timeframe	Additional information
Vaccine Services	Vaccinations that are still in the core GMS contract under the Additional Services Schedule	01 October 2021	New Transitional Service basis to be negotiated by Scottish GP Committee (SGPC) and the Scottish Government in 2021 and payments will be made to practices providing these services from 2022-23

Contract Area	Expectations	Timeframe	Additional information
Pharmacotherapy	Regulations will be amended so that NHS Boards are responsible for providing a Level One Pharmacotherapy service to every general practice for 2022-23*	2022-23	Payments for those practices that still do not benefit from a Level One Pharmacotherapy service by 2022-23 will be made via a Transitional Service until such time as the service is provided
Community Treatment and Care Services	Regulations will be amended so that Boards are responsible for providing a community treatment and care service for 2022-23	2022-23	Where practices do not benefit from this service, payment will be made via a Transitional Service basis until such time the service is provided
Urgent Care Service	Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24	2023-24	Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress
Additional Professional Roles	The pandemic has highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities		Working with Health & Social Care Partnerships and NHS Boards, we will consider how best to develop these services at practice level, and establish more clearly the 'endpoint' for the additional professional roles commitment in the Contract Offer by the end of 2021.
Premises	No update in the joint statement but work ongoing		

*Pharmacotherapy delivery and the different levels is particularly contentious and more detail is expected in the revised MOU.

7. MEASURES FOR IMPROVEMENT

It is agreed that the principles of the PCIP are still the correct ones and needed to support the transformation of General Practice envisaged in the nGMS. Delivery timeframes have changed with prioritisation being given to Vaccine Transformation (VTP), Pharmacotherapy and Community Treatment and Care (CTAC) as detailed in the Cabinet Secretary/BMA letter of December 2020. A revised MOU is awaited. A PCIP Recovery Plan is in place and is being progressed.

8. 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 the PCIP is not fully deliverable within the financial envelope indicated and this has been highlighted previously and again in the PCIP 4 tracker. The Integration

Authorities and Board will continue to be appraised of the developing financial implications.

9. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Each PCIP work stream has an individual risk register which feed to an overarching risk register for the Programme, the highest rated risks remain around workforce, funding and infrastructure. There is a requirement for the risk registers to be updated for each workstream and escalated to NHS Lanarkshire to reflect the emerging risks and options to mitigate the emerging risks.

The details of the Joint Statement from Scottish Government/BMA are being finalised nationally. There are emerging risks associated with the overall plan as well as individual workstreams. Risks identified are:

- PCIP will not be delivered within the timeframes due to recovery from the pandemic
- possibility of further Covid waves
- financial risk in that non delivery may lead to additional payments to General Practice to deliver the services
- reputational risk locally and nationally and workforce confidence.
- a number of the PCIP workforce remain deployed to the Covid effort, particularly in the Covid Community Pathway and Vaccination, which will delay delivery of the PCIP
- GP sustainability
- Financial risk to deliver the PCIP within existing budget allocation

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

10. 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 type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

11. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

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. The Equality Impact Assessment for the Programme is being refreshed.

12. 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, who is currently redeployed to support the Covid pandemic response.

13. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Accept the assurance provided	<input type="checkbox"/>	Note the information provided	<input checked="" type="checkbox"/>
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14. FURTHER INFORMATION

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

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