Agenda Item 3.5

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**01 November 2023**
Title:	**Primary Care Improvement Programme Progress Report**
Responsible Executive/Non-Executive:	**Jill Mitchell, Head of Primary Care**
Report Author:	**Catriona Naughton, Primary Care Project Manager**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well	✓	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	✓	Live Well	✓	Respond Well		Treat Well	✓
Journey Well		Age Well		End Well		Value Well	
Perform well	✓	Progress well					

2 Report summary

2.1 Situation

This Assurance Report has been prepared in relation to the implementation of the 2018 General Medical Services Contract in Scotland and provides a

summary of planning and progress achieved on the project to date and forecast for the coming period. The report covers the period to 31/10/2023.

2.2 Background

The Scottish Government and the SGPC share a vision of the role of the GP as the expert medical generalist in the community. In line with commitments made in the MOUs (1 & 2), HSCPs and NHS Boards will place additional primary care staff in GP practices and the community who will work alongside GPs and practice staff to reduce GP practice workload. Non-expert medical generalist workload needs should be redistributed to the wider primary care multi-disciplinary team ensuring that patients have the benefit of the range of expert advice needed for high quality care.

Specific priority services to be reconfigured at scale are:

- Pharmacotherapy
- FCP MSK
- Community Link Workers
- Primary Care Mental Health
- Vaccinations
- CTAC
- Urgent Care

The letter from SG received in April 23 entitled “Primary Care Improvement Plans – Update and Next Steps” advised no directions for Pharmacotherapy and CTAC services to be issued at that time. Further work required in the first quarter of financial year 2023-24 to quality assure data received from Boards via the PCIP trackers, to ensure the legal and financial framework agreed for Pharmacotherapy and CTAC are equitable and sustainable.

The letter from SG received in September 23 entitled “MoU Implementation – Update and Next Steps” reaffirms the vision of general practice at the heart of the healthcare system where MDTs come together to inform, empower and deliver services in communities to patients. Analysis from Board’s PCIP Tracker returns to SG has identified significant variation in how the MDT has been implemented nationally, the challenges with workforce availability, a need to understand what a sustainable model of full delivery looks like and what additional outcomes it will achieve.

2.3 Assessment

The key priorities areas as set out below:-

2.3.1 Pharmacotherapy

The Pharmacotherapy service works with all GP Practices to optimise efficiency of acute and serial prescribing processes. The first service evaluation report is expected by the end of the calendar year. There have been challenges with recruitment, particularly to the role of Pharmacist. There are significant levels of vacancies for Pharmacists across all sectors; rates are higher in remote and rural Boards. Resources have been realigned to Practices to enable a degree of Pharmacotherapy input. Pharmacy teams are working to optimise skill mix based on agreed practice priorities with a philosophy of right person, right job. Prescribing processes, medicines reconciliation and serial prescribing delivered primarily by pharmacy technicians, pharmacy support workers and Practice administrative staff. High-risk medicines and high-risk patients, using regular medication review and/or clinical patient management, providing Pharmacists with a minimum proportion of their time spent providing direct patient care. Access to Clinical Dialogue has recently been extended to Pharmacists. The development of a tandem model of hub working and in-practice activity alleviates pressures on space in practices, reduces the amount of travel required, allows for cross cover so providing a more resilient service and provides environments for peer support and staff training. Hubs have been established in Lochaber and Caithness, with Invergordon and Inverness to follow.

2.3.2 FCP MSK

The FCP service provides fast access to expert physiotherapists for MSK assessment/opinion in the general practice setting. FCP services are provided to all General Practices in North Highland. Staffing and recruitment into the service has stabilised and currently in a strong position. The FCP Service Impact Report for period April 2020 – March 2023 sets down activity, progress and impact. In year 2022/23, there were a total of 35,124 FCP service appointments, a mixture of first and follow up appointments. First appointments were both GP referred (52%) and patient initiated (48%). There are 26 Injectors (22 in 2020/21) delivering 2,378 corticosteroid injections. There are 16 prescribers (7 in 2020/21) issued 835 FCP Physio medication prescriptions. Feedback on the service from both General Practice and the patients is very positive. A patient survey between July and September 2021 (8 week cycle) returned 475 responses with an overall FCP Team average score of 4.8 out of 5. A further patient survey currently underway.

2.3.3 Community Link Workers

The CLW service provides support to patients in 29 GP Practices targeting practices that serve the most deprived communities in Highland according to the Scottish Index of Multiple Deprivation. Between May 2022 and 30 April 2023, a total of 920 referrals were made to CLWs via the Elemental software package and 38.5% (n = 354) were for patients living within the Highland HSCP SIMD deciles 1 and 2 (target population). A significant proportion of total referral reasons are for mental health and well-being (45%), loneliness and isolation (27%) and for housing and essential needs (13.6%). Full and partial

engagement with patients/clients is achieved for 78%. Of the 920 referrals to the service during the year 68.8% (n = 633) were females and 31.2% (n = 287) were males and the average age 53 years. In total 1756 social prescriptions were recorded on Elemental during the year and of the interventions prescribed were to mental health, social support and physical exercise support. Following update of SIMD data, two additional practices are identified with a number of patients in SIMD 1 & 2 and services are extending to Kinlochleven and Golspie. The current 3 year service contract concludes in July 2024 and a re-tendering process is happening. The University of the Highland's and Islands (UHI) are carrying out an evaluation of the CLW service in Highland in partnership with Highland Public Health. Data is being collected through a mixed-methods case study design that utilises questionnaires, analysis of primary care usage data and interviews with stakeholders. The study will run from Spring 2022 until December 2024.

2.3.4 Primary Care Mental Health

The PC Mental Health Service provides patient care through accessible, appropriate and timely mental health input to GP practices. From July 2022 to June 2023, a total of 2185 referrals received and 4603 appointments made. Of patients referred, 66% were female and 33% male. The median age of patients is 39 years. Anxiety and depression are the most common presenting complaints. The service signposts and refers on as appropriate, e.g. CBT, CLW, CMHT, D&A, Psychiatry and Psychology. Recruitment and retention of the workforce has been challenging and has, at times, impacted on the equitable service provision across all 12 GP Clusters.

2.3.5 Vaccinations

Vaccination services transferred from GP Practices to the Board at the end of March 2023. Community Pharmacies across Highland provide a specialist NHS travel health service. The 2023 autumn and winter vaccination campaign is on track for completion before Christmas. There are staffing and travel challenges in some local areas. An establishment review is underway along with planning for service improvements with reference to GMS contract's seven key principles, those of affordability, sustainability and value for money. Consideration of flexible local delivery will be part of the thinking. In the interim pathways for Tetanus and Rabies are being considered. Vaccine uptake data from Public Health Scotland is to be analysed and trends identified, explored and reported. These will be shared with HHSCC in due course.

2.3.6 CTAC

A CTAC service model and specification are drafted and options for practical delivery explored with senior nursing colleagues. GP Practices are currently providing the CTAC service elements of care to their patients and locally agreed transitional payments have been made to the practices. CTAC next steps to be determined by the end of October and will form part of a discussion with Scottish Government at a PCIP review and update meeting scheduled for 19 October 2023.

2.3.7 Urgent Care

An outline proposal for the provision of Urgent Care services to GP Practices was tabled at PCIP Project Team on 26 September 2023 and received support in principle. Geographical challenges and lack of estate and staffing makes the provision of a service difficult to provide to the wide range of the GP practices in NHS Highland. The proposed model for consideration describes a centralised 'Hub' scenario where Urgent Care clinicians triage and process clinical contacts submitted online by patients in the NHS Highland area. The model would use the eConsult product including a hub smart inbox as a digital tool, accompanied by the Vision shared care solution. The workforce would primarily be Advanced Nurse Practitioners / Advanced Paramedic Practitioners led. Indicative costings identify capital costs of £16,894 and annual recurring costs of £528,495. The Urgent Care workstream are tasked with developing the model further, including the clinical staffing components and engaging with procurement on a tendering process.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The Pharmacotherapy, FCP MSK, Mental Health, Vaccinations and Community Link Worker services are well developed and delivering services to GP Practices and their patients. FCP MSK, Mental Health and Community Link Workers have completed initial service evaluations, with Pharmacotherapy expected by the year end. Urgent Care service model and proposal agreed in principle. CTAC service initial scoping is complete and meeting with SG planned for 19 October 2023.

3 Impact Analysis

3.1 Quality/ Patient Care

Primary care multi-disciplinary teams are working alongside GPs and practice staff to ensure that patients have the benefit of the range of expert advice needed for high quality care. As services become more embedded and evaluations completed, a superior understanding of impact on quality and care will be determined and evidenced.

3.2 Workforce

PCIP offers new opportunities for clinical and non-clinical staff to positively impact patient care and outcomes. There are opportunities for personal development, training, up-skilling, flexibility, collaboration and building relationships with the broader MDT both in a GP Practice and community

based setting. Development and retention of the PCIP workforce is paramount to service provision and sustainability. The services face recruitment challenges impacting on their ability to provide equitable services across Practices.

3.3 Financial

The Primary Care Improvement Fund (PCIF) totalling £189.5 million was made available by SG for Integrated Authorities in 2023-24, comprising a total of £170 million funding via PCIF and £19.5 million funding for AfC uplift costs. The funding is received in two elements, tranche one (£160m plus £19.5 AfC) and tranche two (£10m) which will be made available on an NRAC basis later in the financial year subject to spend and forecast data required by Friday 17 November 2023.

The initial PCIF allocation to Highland 2023-24 is £8,587,000 with NRAC retention of £471,000. At 31 August 2023, a total of £4,933,000 PCIF funding had been transferred to the programme's workstreams leaving an available balance of £3,654,000. There is some in-year slippage which will be re-distributed across workstreams. GP practices have also been asked for SBARs around any premises developments in-year and SBAR requests will follow the usual PCIP governance structures.

3.4 Risk Assessment/Management

PCIP Assurance Report and Risk Register are re-examined monthly with progress and risks reviewed monthly by PCIP Project Team and quarterly by PCIP Programme Board. The risk register was fully reviewed in September detailing identified risks, controls, risk level and current mitigations and actions.

3.5 Data Protection

The PCIP project, at its strategic level, does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

PCIP activity and services are focused on improving patient experience and care across all GP Practices, urban and rural and recognising and responding to locations experiencing higher levels of social deprivation. The development of services will contribute to achieving better health outcomes for the population. The development of primary care service redesign adheres to the seven key principles which includes equitable, fair and accessible to all.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.

- GP Sub representation on Workstreams, Project Team and Programme Board.
- Workstream Groups include GP Practice representation.
- Communications Team collaborating at Worksteam Leads and Project Team and developing engagement activities, including service promotion videos and reaching out to patient groups.
- PCIP updates shared via weekly GP Bulletins
- PCIP key documents shared on NHS intranet under Projects.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- PCIP Programme Board meeting 18 September 2023
- PCIP Project Team meeting 26 September 2023
- PCIP Workstream Leads meeting 27 September 23

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, FCP Service Impact Report 2020-2023
- Appendix 2, Primary Care Improvement Fund: Annual Funding Letter 2023-24
- Appendix 3, PCIP Risk Register

NHS North Highland
FCP Service Evaluation Report

April 2020 – March 2023

Compiled by:

Clinical FCP Service Leads - Jude Arnaud & Fiona Ward

E-health Contributors – Matthew MacDonald & Iain Atkinson (Business Intelligence Support)

Date: 01/09/23

Contents:

Introduction

In line with the 2018 General Medical Services contract, the First Contact Physiotherapy (FCP) Services primary aim is to reduce GP workload. As part of the Primary Care Modernisation Improvement Plan, the FCP service provides fast access to expert physiotherapists for musculoskeletal (MSK) assessment/opinion in the general practice setting. From its creation in May 2019 the North Highland FCP service has been fully supported by AHP leadership, GPs, general practice managers, e-health facilitators, primary care modernisation project manager, HR services, staff side representatives and FCP clinical leads.

Working with the e-health facilitators team, FCP clinicians were able to use a bespoke data input template. This template was subsequently used by the FCP clinicians to allow selection of an agreed set of reportable read codes and to input their clinical records, into either Vision or EMIS practice systems.

The agreed set of read codes detailed in the Service Reporting Specification – Appendix 1.

E-Health Input

FCP data input template

Expected FCP service reports and a data input mechanism from commercial suppliers remain outstanding but are a key deliverable in future to automate the process. To progress, the NHS e-health facilitator team created and installed a custom-built FCP data input template.

Timeline:
NHSH developed template Version 1 – Introduced June 2021
NHSH developed template Version 2 – Introduced May 2023

Data Extraction

Due to the lack of an automatic extraction process, it was necessary to extract the specified data individually from all but one GP Practice (62) in NHS Highland North using a combination of GP Clinical System searches and reports which were amalgamated to compile a considerable data set from the required date ranges. SCI Gateway referral data has been taken directly from the national SCI Gateway reporting database to give a comparable picture of referral activity with use of referral codes within the data input template.

Appointment Data

During the introduction of the service and preparation of GPIT system access for FCPs there was a plan to include Appointment data to help the service review and manage capacity of the service. Four Slot types were introduced and added to each GP System.

- FCP On the Day (FCP-OTD)
- FCP Within 48 Hours (FCP<48hrs)
- FCP Within 1 Week (FCP<1Week)
- FCP Routine

Due to service demands and the individual practice/clinicians' preferences on how to use FCP allocation capacity, extraction and analysis of appointment data would be a challenge, with the minority of general practices using the recommended slot types in the preferred manner.

Data Considerations

During the data extraction process anomalies were identified, which may be reflected in the data presented. The main issues are highlighted below:

- *User issues* - Data input templates are designed and created to aid FCP clinicians in efficient, accurate and standardized data recording. GPIT Clinical system training is provided for the FCPs prior to their introduction into the clinical setting in general practice, with emphasis and demonstration on the importance of data quality, both in terms of record keeping and for future reporting purposes. However, recognition must be given to the workloads, clinic pressures and often unfamiliarity with the systems giving cause to human error being made.

- *Practice naming conventions* – To ease the burden for practices during the introduction of the new FCP service, NHS Highland advised and aided in the creation of the initial GPIT system logins at GP Practice (Network/Vision/EMIS/Docman). The aim was to encourage standardization, which would assist with future reporting requirements. As recruitment progressed and natural staff movement occurred, several GP practices (as data and system controllers) did not maintain those advised nomenclature standards. This led to data collection issues where FCPs were not obviously named and may cause some data not to have been collected.

- *Missing data* – FCP data from two practices have not been included at the time of writing this report. The first due to user error with the data input template and the second due to an extraction issue with an EMIS practice - the EMIS system in Scotland (EMIS PCS) is a legacy system not found anywhere else in the countries that EMIS Health provide services. This caused a challenge for the data extraction, due to the nature of the data being extracted and the functionality of the EMIS PCS searching module (Population Manager). EMIS PCS does however, allow GP Practices to stream population/patient information to an internet-based module (EMIS Web) which forms part of a more modern offering of the EMIS system. To do this requires local contracts to be set up and for EMIS support teams to create the access to use this module and additional searching functionality.

- *SCI Gateway referral data* – Practice referral data was extracted to cross reference the consistency of template code selection (to Orthopaedics, Physiotherapy and Radiology) A bespoke FCP protocol was also created for FCPs referring to Physiotherapy services, this protocol selection is not unique to FCPs, with GPs also having the protocol as an option. Due to the variety of referral protocols available to both GPs and FCPs and the identified user issues with the template, it has not been possible for this report to differentiate between referrers to secondary care services.

FCP service considerations

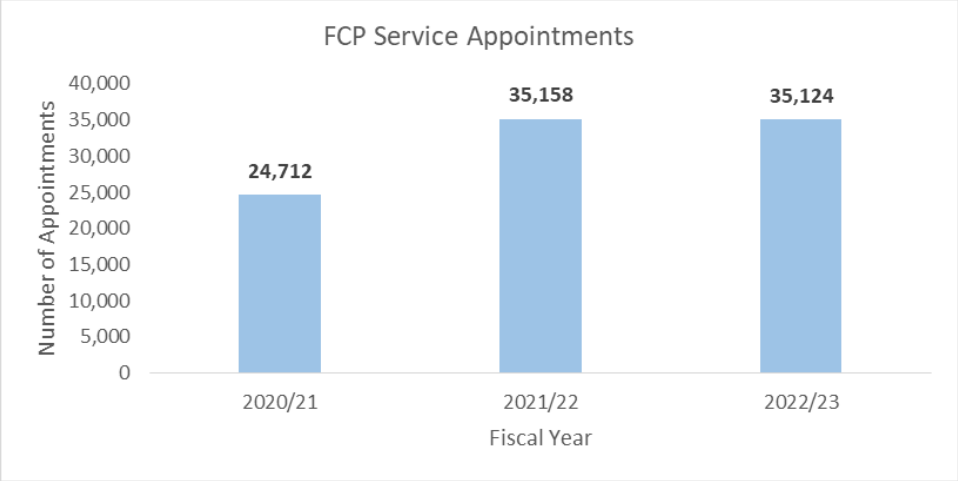
- Phased recruitment towards full FCP service establishment (18.5 WTE)

  April 20-21 = 12.5 wte to 13.5wte
  April 21–22 = 13.5wte to 16.0 wte
  April 22-23 = 14.5wte to 16.5 wte

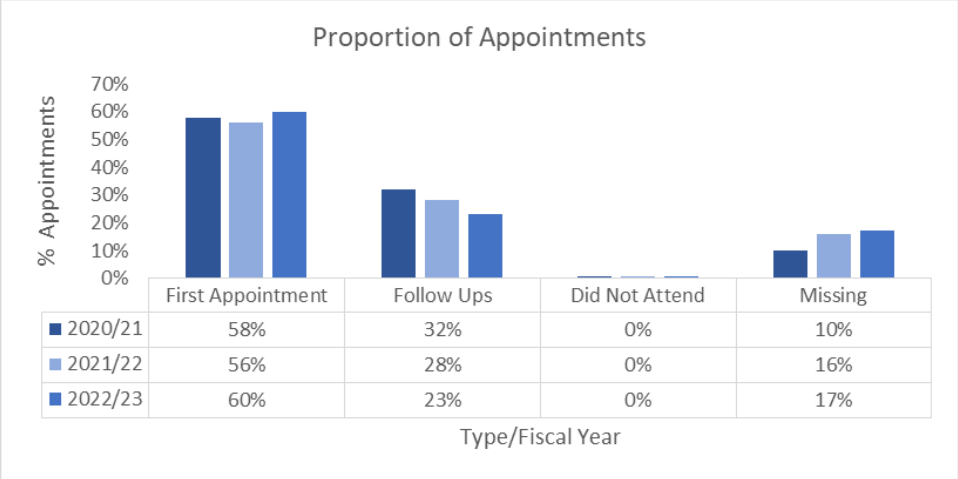
- Impact of APP training commitments- Non-Medical Prescribing and Peripheral Injection training, reduced clinical capacity.
- Impact of Covid19 on FCP service delivery with closure and rate of re-mobilisation of secondary care services.
- Med3/Fit note data – NHSH implementation for FCP clinicians fell out with the reporting period.

FCP Activity Data

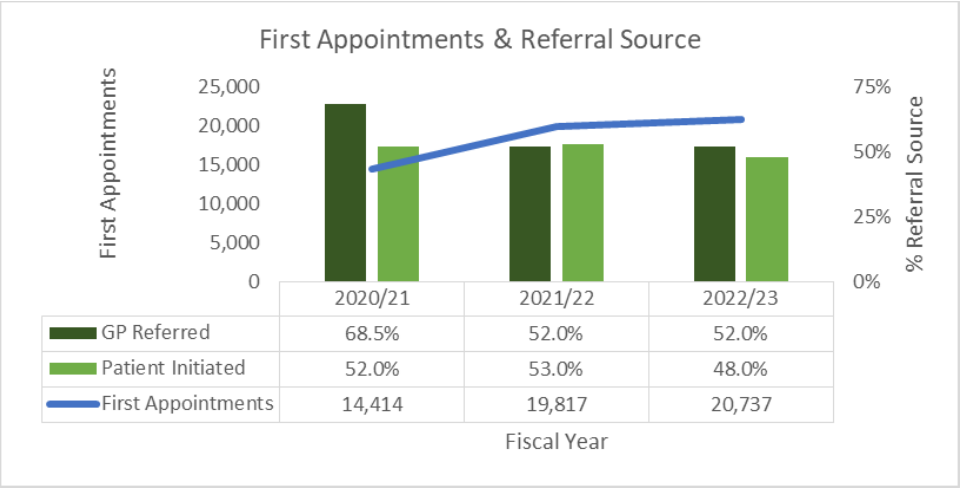
Q1: How many appointments has the FCP service provided annually?



Q2: Of these annual totals, how many are first appointments, how many are return appointments & what is the DNA rate?



Q3: Of these first appointments, how many are GP referred and how many are patient initiated?



FCP Referral Data

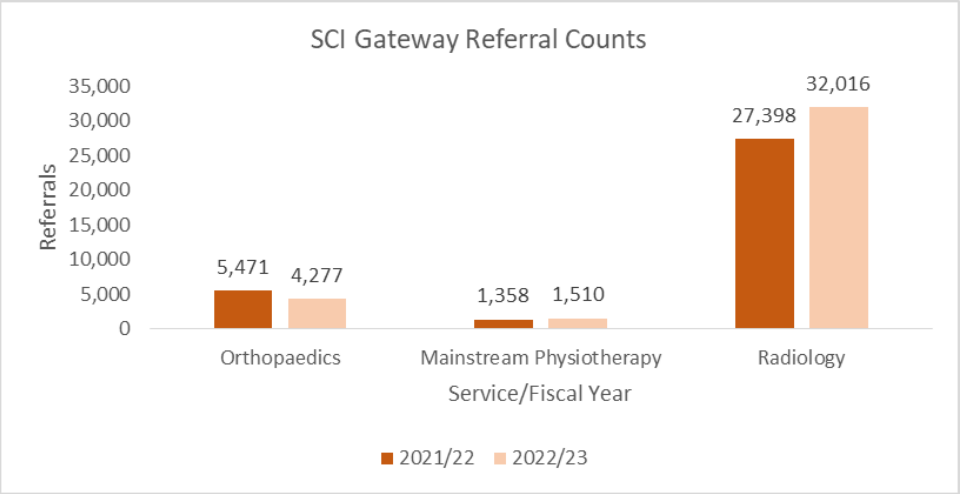
Q4: How many annual referrals were made by FCP to Orthopaedics, Physiotherapy and Radiology?

Table 1 =SCI Gateway Referral count

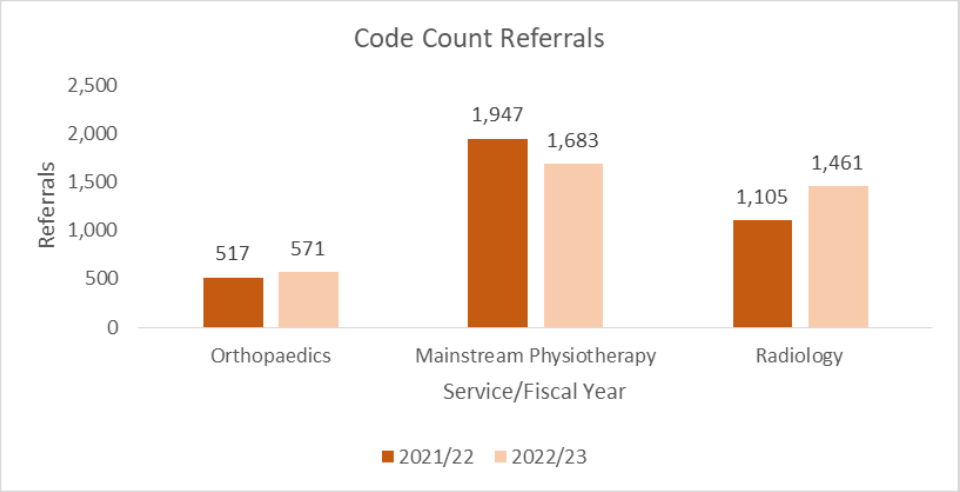
Table 2 = FCP Data input template count

(Please note data considerations point on SCI gateway data)

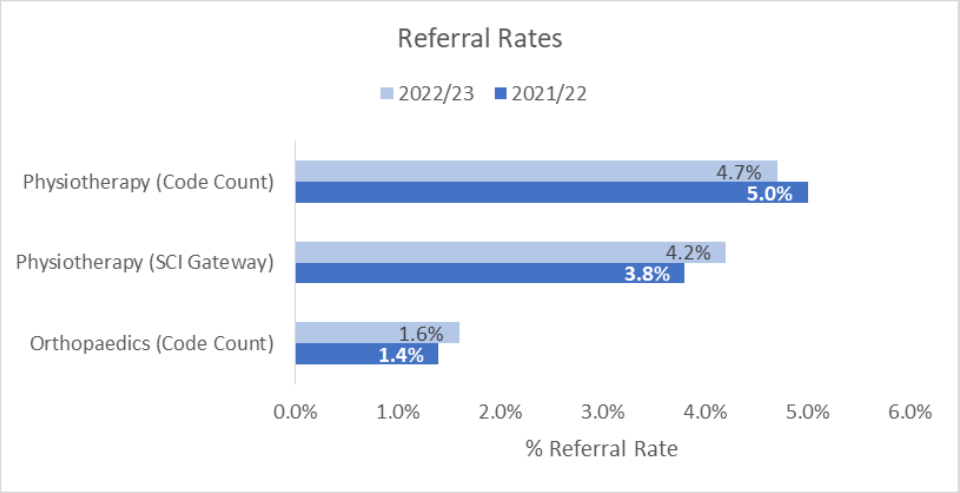
(Table1)



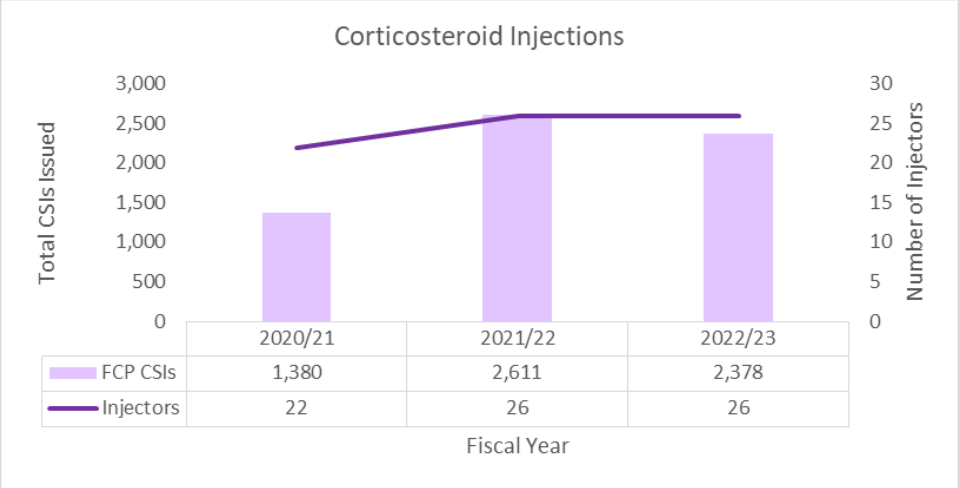
(Table 2)



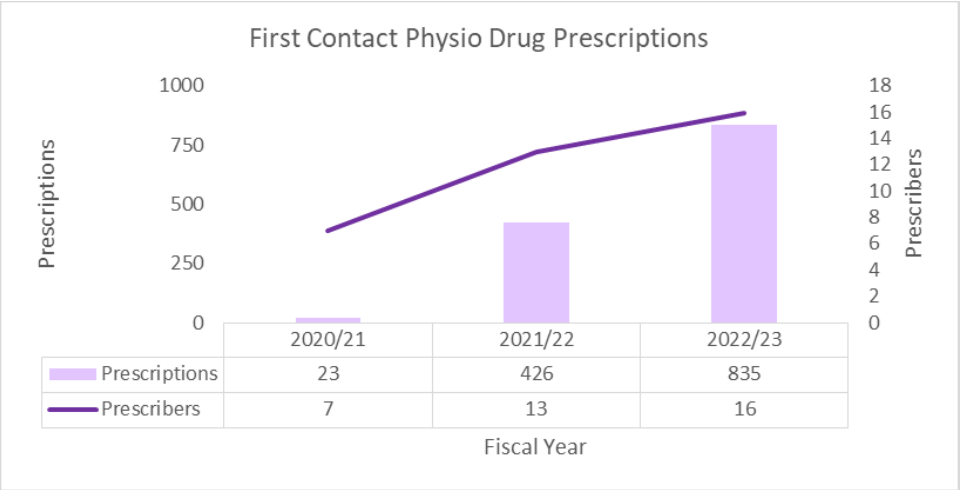
Q5: What is the annual referral rate to Orthopaedics and Physiotherapy?



Q6: What is the annual total number of CSIs issued by FCP?



Q7: What is the annual total of drug prescriptions issued by FCP?



FCP Dashboard

All data extracted has been formulated by the Business Intelligence support team into a user-friendly dashboard. This will allow further in-depth evaluation and subsequent service improvement at both clinician and practice levels.

Recommendations

- To ensure the FCP MSK service is upholding the intentions of the MOU
- To ensure all FCPs are consistent and competent using the FCP service data input template – *FCP/e-health workshop and 1:1 sessions booked - 08/09/2023*
- To continue the emphasis on data quality (during training) when recording clinical records and in particular the use of specific service data input templates.
- Regular quality checks to ensure consistent and accurate data input template use, to maintain high levels of input and understanding of the data input templates.
- To re-distribute advice on naming convention to GP Practices to help understanding of standardisation.
- To review and include in the MOU, the process of FCP induction to the service, including the NHSH creation of access to try and ensure a standard of naming.
- To try and assess the new national GP In-hours activity tool which may allow local (GP Practice level) analysis.
- To acknowledge and highlight the challenges found when extracting referral activity data, the variables and inconsistencies from SCI gateway to secondary care services.

- To make available practice level evaluation reports for each medical practice promoting discussion and service improvement.
- To review and update the FCP service specification reporting document to meet the National minimum data set for FCP services.
- To utilize the national SEER2 Platform for future service evaluations, will which will form part of a National Primary Care Data Warehouse.
- To further communicate the role and remit of the MSK FCP service with GP colleagues and practice teams and secondary care providers.

Acknowledgements

With many thanks to all those involved in contributing to this report, including those who advised and built the original and subsequent templates – Sue Bryan, Ciarán McManus & Rebekah Sibbit. Thanks to Steven Graham, who conducted the extensive search and extracted the data and to Iain Atkinson for creating the FCP service dashboard to help make sense of the data.

Additional thanks to Peter Lees from Public Health Scotland for the data charts included in this report and for the continuing service evaluation work.

Thanks to the practice teams for their ongoing support of the FCP service and the clinicians.

And finally, to the FCP team for their hard work, patience and perseverance with the changes and engaging with continuing professional FCP development and service improvement.

END

Appendix 1 – Initial Service Reporting Specification

1. **Appointment Activity 1 (Type of consultation)** Count of Read codes: • 9N3M.00 – Consultation via video conference • 9N42.00 – Did not Attend • 9b01.00 – Surgery consultation note • 9b0o.00 – Telephone consultation
2. **Appointment Activity 2 (Appointment Status)** Count of Read codes 9N28100 - Seen by first contact physio 9NJm.00 In-House physiotherapy follow-up appointment:
3. **Referral Activity 1 (Patient Initiated)** Count of Read Code 9N5Z.00 Patient initiated enc. NOS:
4. **Referral Activity 2 (Referral from GP to FCP)** Count of Read Code 9N6J.00 Referred by GP:
5. **Referral Activity 3 (Referral from FCP to Orthopaedics)** Count of Read Code 8H54.00 Orthopaedic referral:
6. **Referral Activity 4 (Referral from FCP to Secondary Care Physio Service)** Count of Read Code 8H77.00 Refer to Physiotherapist:
7. **Referral Activity 5 (Referral from FCP to Other)** Count of Consultations by Role = Physiotherapist where Read Code = 8H62.00 Referral to GP 8HQ1.00 Refer for X-Ray
8. **Consultation Activity 1 (Consultations by FCP)** Count of Consultations by Role = Physiotherapist
9. **Consultation Activity 2 (Consultations by FCP with medications prescribed)** Count of Consultations by Role = Physiotherapist where consultation includes therapy issued Or Read Code 8B2J.00 Prescription by supplementary prescriber
10. **Procedure Activity 1 (Injections)** Count of Consultations by Role = Physiotherapist Where Read Codes = 9877.00 Minor Surgery done – injection, 7L19100

Susan Gallacher
General Practice Policy Division
Primary Care Directorate
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

E: susan.gallacher@gov.scot

Integration Authority Chief Officers
NHS Board Chief Executives
Integration Authority Chief Finance Officers
NHS Board Director of Finance
Primary Care Improvement Plan leads

9 August 2023

Dear colleagues

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2023-24

Thank you for providing the data requested through the Primary Care Improvement Plan (PCIP) 6 tracker exercise which has been used to produce our annual statistical publication setting out implementation progress.[1] In line with our commitments in the First Minister's policy prospectus[2] to sustain our investment in general practice through the Primary Care Improvement Fund and to improve outcomes for people in primary, community, and social care, through enhanced integrated multi-disciplinary teams, we will be writing shortly to set out our plans for enhancing delivery of the programme.

In the meantime, I am writing to confirm the 2023-24 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund (PCF). As in previous years, funding will be allocated on an NRAC basis via Health Boards to IAs.

Background

As previously set out to NHS Board Chief Executives and Integration Authority Chief Officers, there is a considerable financial challenge in 2023-24. While the Scottish Government remains committed to supporting the service in delivering the best outcomes for patients, there is a need to remain agile within our financial management, ensuring that we utilise all fiscal levers available, including the use of available reserves**.**

[1] Primary Care Improvement Plans: Summary of Implementation Progress at March 2023 - gov.scot (www.gov.scot)
[2] A fresh start for Scotland - gov.scot (www.gov.scot)

The Scottish Government remains committed to the aims and principles which underpinned the 2018 GP Contract Offer. This letter relates to the PCIF component of the PCF and should be read in conjunction with the Memorandum of Understanding 2 (MoU2) on GMS Contract Implementation for Primary Care Improvement[3] and the Amendment Regulations[4] and supplemented by the Scottish Government communication of 31 March 2023.

Primary Care Improvement Fund (PCIF)

Available Resources

Having reviewed the financial data from PCIP 6 tracker returns, I can confirm that up to **£189.5 million will be available** for Integration Authorities in 2023-24 under the auspices of the Primary Care Improvement Fund (PCIF). This comprises up to £170 million funding available through the PCIF and £19.5 million funding for AfC uplift costs. In-year delivery and spending against the £189.5m will be monitored by my team to understand any potential slippage against the £189.5m.

As with last year, **reserves carried over into 2023-24 financial year will contribute to your overall 2023-24 allocation** and your allocation has been adjusted accordingly to reflect this. The adjustment is based on data we currently hold on your reserve position as at 31 March 2023. **Please note, therefore, that the £189.5 million envelope takes account of the funds already held by Integration Authorities by means of these existing PCIF reserves.**

Where we have agreed to make funding available to you to cover any shortfall relating to legal commitments entered into prior to August 2022, you will have access to this funding in addition to your 2023-24 allocation. In these cases, funding was made available through the PCIF 2022-23 tranche two allocations to cover the quantum of funding agreed with you in August 2022. You should have this funding in your reserves to meet the remainder of any shortfall relating to legal commitments costs.

While we appreciate that it will be disappointing that you are unable to use reserves carried forward to supplement your allocation this year, this has been a difficult but necessary decision given the overall financial pressures across health and social care. It is also taken in the knowledge that we are protecting the core funding for PCIF of £170 million and that we are making additional funding available to support Agenda for Change (AfC) uplifts for PCIF staff.

Methodology for Tranche One Allocation

We will be making an initial tranche one allocation on the basis of allocating **£160 million** of the £170 million available through the PCIF on an NRAC basis and **£19.5**

[3] Memorandum of Understanding (MoU) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards

[4] The National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2022 (legislation.gov.uk)

million for AfC uplift costs for 2023-24, giving a total tranche one allocation of **£179.5 million**. The additional AfC funding of £19.5m is being allocated on the basis of figures submitted to SG Health Finance by NHS Boards.

The tranche one allocation will be reduced to deduct IA reserve balances as at March 2023 (based on PCIP 6 tracker data), as well as baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the Primary Care Improvement Fund.

Annex A shows the initial allocation of the fund, by Health Board and by IA. The funding must be delegated in its entirety to IAs.

Methodology for Tranche Two Allocation

A further allocation of **the remaining £10 million** of the overall PCIF will be made available on an NRAC basis to lA's later this year, subject to reporting confirming latest spend and forecast data **required by Friday 17th November**. Robust assessments of your forecast resourcing requirements are vital in supporting central financial planning, sound financial management and providing best value for the public purse. We will issue a reporting template in advance of this deadline for completion.

Second tranche allocations will follow, subject to assessment of the data provided. Allocations will also be reduced to reflect any increases in your reserve position not reflected in the tables annexed.

Scope of PCIF

For 2023-24, the policy and governance arrangements as set out in MoU2 and supplemented by the PCIP6 communication on 31 March 2023 continue to apply. This requires ensuring that plans are developed and implemented through local engagement and collaboration with practices and GP Sub-Committees to meet local population needs - prioritising Pharmacotherapy and CTAC services whilst maintaining other MoU services (e.g. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.

As before, PCIP funding can be used for a wider range of costs (such as premises, training, digital, fixed-term contracts and redesign and change management) as long as they support delivery of the MoU MDT and are agreed with the GP Sub-Committee.

Baselining

The minimum funding position for PCIF is £170 million with additional funding being made available to provide Agenda for Change uplifts for recruited staff. While the minimum funding position gives you the assurances you need to continue to recruit and implement your PCIPs, we are considering baselining this funding into core Health Board funds, to provide further assurances, to support better financial planning and to reduce administrative and reporting burden. We will continue to work

with Chief Financial Officers and National Oversight Group to scope out the option to baseline, including the necessary governance arrangements to support this and possible timeline.

Monitoring and evaluation

Developing a clear and evidence-based understanding of the impact of multi-disciplinary team work, including both the outputs and outcomes for patients, staff and the healthcare system remains a key ambition. The evidence base is vital in supporting best practice discussions and future investment decisions in the programme in collaboration with all partners. We continue to work with all partners to consider next steps on national monitoring and evaluation.

I trust this update gives you the assurances you need to continue to progress implementation of your Primary Care Improvement Plans in 2023-24 and I look forward to working with you towards our shared goal of delivering improved care in our communities.

Yours faithfully

Susan Gallacher
Deputy Director, General Practice Policy
Primary Care Directorate

ANNEX A

PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

Allocation By Territorial Health Board

Health Board	NRAC Share 2023-24	PCIF NRAC Share 2023-24 (£)	Pay uplift 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	less £10m NRAC retention (£)	PCIF initial allocation 2023-24 (£)
NHS Ayrshire and Arran	7.31%	12,419,970	1,551,000	-569,300	0	-730,586	12,671,084
NHS Borders	2.15%	3,659,639	449,000	-161,300	-383,000	-215,273	3,349,066
NHS Dumfries and Galloway	2.96%	5,039,527	694,000	-229,100	0	-296,443	5,207,985
NHS Fife	6.85%	11,648,976	1,568,000	-521,800	0	-685,234	12,009,942
NHS Forth Valley	5.47%	9,291,966	1,129,000	-415,000	0	-546,586	9,459,380
NHS Grampian	9.74%	16,554,002	1,884,000	-755,400	-1,707,000	-973,765	15,001,838
NHS Greater Glasgow & Clyde	22.14%	37,638,815	4,362,000	-1,718,200	-1,324,000	-2,214,049	36,744,566
NHS Highland	6.59%	11,203,724	1,468,000	-494,100	-609,000	-659,043	10,909,581
NHS Lanarkshire	12.31%	20,931,062	1,000,000	-947,700	-3,063,000	-1,231,239	16,689,123
NHS Lothian	15.07%	25,611,369	3,329,000	-1,132,000	-1,389,000	-1,506,551	24,912,818
NHS Orkney	0.50%	851,053	122,000	-75,000	-362,000	-50,062	485,991
NHS Shetland	0.48%	813,856	114,000	-76,200	0	-47,874	803,782
NHS Tayside	7.77%	13,211,219	1,827,000	-601,900	-169,000	-777,131	13,490,188
NHS Western Isles	0.66%	1,124,821	52,000	-103,000	0	-66,166	1,007,655
		170,000,000	**19,549,000**	**-7,800,000**	**-9,006,000**	**-10,000,000**	**162,743,000**

Allocation by Integration Authority

NHS Board	Integration Authority	IA NRAC Share 2023-24 (£)	PCIF NRAC Share 2023-24 (£)	Pay uplift 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	less £10m NRAC retention (£)	PCIF initial allocation 2023-24 (£)
Ayrshire and Arran	Ayrshire combined	7.31%	12,419,970	1,551,000	-569,300	0	-730,586	12,671,084
Borders	Scottish Borders	2.15%	3,659,639	449,000	-161,300	-383,000	-215,273	3,349,066
Dumfries and Galloway	Dumfries and Galloway	2.96%	5,039,527	694,000	-229,100	0	-296,443	5,207,985
Fife	Fife	6.85%	11,648,976	1,568,000	-521,800	0	-685,234	12,009,942
Forth Valley	Forth Valley combined	5.47%	9,291,966	1,129,000	-415,000	0	-546,586	9,459,380
Grampian	Aberdeen City	3.78%	6,425,049	731,231	-298,317	-261,000	-377,944	6,219,019
	Aberdeenshire	4.23%	7,197,962	819,195	-324,766	-830,000	-423,410	6,438,981
	Moray	1.72%	2,930,992	333,574	-132,317	-616,000	-172,411	2,343,837
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,151,403	365,219	-140,141	-100,000	-185,377	3,091,105
	East Renfrewshire	1.58%	2,682,743	310,906	-120,632	-628,000	-157,808	2,087,208
	Glasgow City	11.95%	20,319,427	2,354,839	-928,315	0	-1,195,261	20,550,690
	Inverclyde	1.60%	2,728,381	316,195	-126,472	-98,000	-160,493	2,659,611
	Renfrewshire	3.38%	5,750,476	666,428	-261,903	-472,000	-338,263	5,344,738
	West Dunbartonshire	1.77%	3,006,385	348,413	-140,737	-26,000	-176,846	3,011,215
Highland	Argyll and Bute	1.88%	3,194,868	418,617	-141,683	-609,000	-187,933	2,674,869
	Highland	4.71%	8,008,856	1,049,383	-352,417	0	-471,109	8,234,712
Lanarkshire	Lanarkshire combined	12.31%	20,931,062	1,000,000	-947,700	-3,063,000	-1,231,239	16,689,123
Lothian	East Lothian	1.89%	3,215,085	417,901	-140,067	-80,000	-189,123	3,223,797
	Edinburgh	8.40%	14,271,709	1,855,056	-634,173	-518,000	-839,512	14,135,080
	Midlothian	1.64%	2,793,788	363,140	-120,660	-212,000	-164,340	2,659,927
	West Lothian	3.14%	5,330,787	692,903	-237,100	-579,000	-313,576	4,894,014
Orkney	Orkney Islands	0.50%	851,053	122,000	-75,000	-362,000	-50,062	485,991
Shetland	Shetland Islands	0.48%	813,856	114,000	-76,200	0	-47,874	803,782
Tayside	Angus	2.16%	3,670,680	507,624	-165,208	-137,000	-215,922	3,660,174
	Dundee City	2.82%	4,802,335	664,122	-226,196	-32,000	-282,490	4,925,771
	Perth and Kinross	2.79%	4,738,204	655,254	-210,496	0	-278,718	4,904,244
Western Isles	Western Isles	0.66%	1,124,821	52,000	-103,000	0	-66,166	1,007,655
			170,000,000	**19,549,000**	**-7,800,000**	**-9,006,000**	**-10,000,000**	**162,743,000**

PRIMARY CARE MODERNISATION PROGRAMME - Risk Register

						Full review completed 14/09/23	
ID	Description	Risk Type	Controls when risk identified	Risk level (current)	Risk level (Target)	Current Mitigation/Action	Next full review
2	Local engagement with Divisions/Districts in the development of the PCIP workstreams.	Organisational	Information sharing. Invitation to relevant workstream meetings. Primary Care Team participating in broader interrelated groups, e.g. Community Accommodation.	Low	Low	Project Team attendance at relevant community forums and management forums.	Jan-24
3	Overall funding outlined by SG may not be sufficient to meet the aspirations of full contract delivery.	Financial	Budget management structure and monitoring arrangements in place around the plan. Formal project terms of reference and levels of delegation.	High	Low	Workstreams to identify gaps or pressures Continue to report via PCIP tracker submissions. Financial position scrutinised at monthly Project Team.	Jan-24
4*	Funding available for services/posts may be impacted by agreed Agenda for Change pay awards.	Financial	Financial oversight built into programme. Progress workstreams and associated recruitment in a timely manner.	Low*	Low*	Active monitoring within the governance structures. Focus on tangible opertional progression of the outstanding workstreams Funding for existing posts unaffected.	Jan-24
7	Geography and environment of Highland is challenging and may impact our ability to provide **equitable** service to all practices as outlined in the contract.	Service delivery	Recognising and factoring in the challenges of our geography to workstrem development and decision making.	Medium	Medium	Development of workstreams will identify key challenges with delivery of both urban and rural services equitably.	Jan-24
8	Public engagement and involvement.	Communication	Communication plan in place. Patient rep on Programme Board. Opportunities to raise the profile of the MDT through comms activities.	Low	Low	Communication plan agreed by project Team Feedback to SG about key national messages. Workstream Lead groups working with Communcations Team on a service promotion campaign. FCP service have a "Day in the Life of a rural FCP" video in the pipeline and at editing stage.	Jan-24
9	Engagement with GPs and Practices building reputational benefit of the PCIP programme and positive impact.	Communication	GP updates. Intranet page developed and maintained. Regular updates to GP Sub Committee. NHSH Comms rep on Project Team.	Low	Low	Communication plan agreed by project Team.	Jan-24
10	Workstreams are at different stages of development resulting in delivery based inequitable resource allocation.	Service delivery	Detailed financial plan and scrutiny.	Medium	Low	Close monitoring by project team and programme board Gap Analysis	Jan-24
11	Unable to recruit to new posts developed as part of the PCIP in an **equitable** way across North Highland.	Service delivery	Controls are; different recruitment approaches, local and national. Mitigation plans.	**High**	Medium	Close monitoring by project team and programme board. Considering different skill mix and remote solutions. Reviewing workload and establishment against demand and supply.	Jan-24
12	Differing views on how individual workstreams may be delivered effectively	Service delivery	Vaccination survey completed, community treatment & care and Urgent Care workstream survey completed. Locality plans (5) are under development via Vaccination Transformation. CTAC and Urgent Care workstreams are re-established. CTAC Practice survey completed.	Medium	Low	Development of workstreams will identify key challenges with delivery of models of care for further discussion with local managers and clinicians. Collaborative Working to aid delivery through joining of workstreams Options appraisals	Jan-24
13	Lack of synergy in the 6 workstreams resulting in missed opportunity for joined up services.	Service delivery	Professional leads on Project Team. Workstream updates to every Project Team meeting and workstream leads all on the Project Team. Initiation of Workstream Leads Forum.	Low	Low	Close monitoring by project team and programme board. Monthly workstream lead meetings.	Jan-24
14	Risk of destabilising established services due to new services being introduced within their specialty.	Service delivery	MOU2 and focused priorities.	Medium	Medium	Close monitoring by project team and programme board	Jan-24
15	Risk of workstreams not delivering the aspirations of the MOU2 for GPs and patients and/or in a timely manner.	Organisational	Project Structure in place. PCIP iteration 1, 2, 3, 4, 4.5, 5 and 5.5 agreed. PCIP6 received from SG and completed and returned on 17.05.23.	Medium	Low	Close monitoring by project team and programme board	Jan-24

18	Delay caused in waiting for banding for new Job Descriptions through Agenda for Change process. Also excess delays in the recruitment and on-boarding processes.	Organisational	share details of posts and delays to Project Directors. Workstream Leads can contact John Macdonald @ AFC to try and speed up process.	Medium	Low	Close monitoring by project team and programme board	Jan-24
19*	No identified lead for Urgent Care workstream.	Organisational	Workstream re-established Sept 22. Lead will need to be identified. **Exploration of UC option via DACs.**	Medium	Low	Close monitoring by project team and programme board. **Econsult (+Hub element) presentation to Urgent Care workstream group on 08.06.23. SBAR on UC model pending - will be tabled at Project Team 26.09.23. Outline cost in proposal recurring £500k per annum.**	Jan-24
21	Lack of GP Practice and broader premises space to accommodate PCIP staff	Organisational	Register of where there are accomodation constraints. Links to Inverness Premises Strategy Group. Premises Improvement Grants. Links to Community Accommodation Group. New Premises Group established. Accommodation hotspots identified.	High	Low	Close monitoring by project team and programme board. Membership on Community Accommodation Group (fortnightly meetings). Accommodation hotspots collated into central document. No new SG Premises Improvement Grant monies for 2023/24. Exploring options with Estates Team on accessing minor improvement works and funding.	Jan-24
23*	Ability to deliver workstreams against budget/spend.	Financial	Budget management structure and monitoring arrangements in place around the plan. Formal project terms of reference and levels of delegation. **PCIP allocation for 23/24 is £9.058m and tranche one allocated totalling £8.587m. Currently unallocated PCIF figure of £1.2m.**	High	Low	£1.2m unallocated. Workstreams tasked with bringing options/proposals for their services as a matter of urgency**. Options/proposals to access unallocated funds extended to GP Practices. Clarity on parameters, timelines, decision making etc necessary.**	Jan-24
27	National sustainability payments to practices ended on 31 March 2023.	Organisational	Meetings with GP sub completed to agree locally agreed transitional payments for CTAC and Pharmacotherapy gaps in service for financial year 2023/24.	Medium*	Low	SBARs drafted for approval by Programme Board. Practices to receive payment backdated to April 23 and paid monthly thereafter.	Jan-24
30*	Benefit realisation within Practices as new services are embraced.	Organisational	Project structure in place. PCIP agreed.	Medium	Low	Close monitoring by project team and programme board. Data extraction to support service evaluation. **FCP in receipt of 3 years data.** CLW workstream production of annual report for 1st year of service. PHS data on vaccination uptake awaited. **Liasing with Comms Team to produce range of media approaches.**	Jan-24
31	There is a risk to sevice provision, patient outcomes and staff retention if MDT staff are not acknowledged personally and professionally, or physically integrated into practice teams.	Organisational	Share success stories. Continue to promote skill mix and clinical patient facing role, particularly for pharmacists. Focus on solution finding re lack of available accommodation and where not available consider wider accommodation options via third parties. Consider other strategies for integration where physical space cannot be achieved.	High	Low	Close monitoring by project team and programme board. Associate Director of Pharmacy holds membership of the Community Accommodation Group. Establishment of the Workstream Leads Group.	Jan-24
33	CTAC and Urgent Care services focus for 2023/24.	Organisational	Focus on CTAC and Urgent Care 2023/24. CTAC services should be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients.	Medium	Low	Close monitoring by project team and programme board. SG will not be issuing CTAC directions at this time but are drafted. SG has indicated regulations will not be brought forward for Urgent Care. National GMS Oversight Group is yet to produce Urgent Care guidelines**.**	Jan-24
35	Natural staff movement creating vacancies with challenges to re-recruit due to available workforce. Vacancy factor across workstreams = impact.	Service delivery	Exploration of different methods of service delivery, workforce type and appropriate skill sets.	Medium	Low	Close monitoring by project team and programme board	Jan-24

36	Order Comms Project current business case does not include **Order Comms for CTAC.**	Service delivery	Competing priorities for eHealth resource and will need some frame of reference to provide costs around all activities. Will be hardware and network costs office licences and printing costs eg label printers etc. eHealth teams can provide ideas of costs and statements of work around implementation and business as usual support via the usual Annual Delivery Plan and NHS Highland Digital Delivery Plan.	High	Medium	Starting point may be to describe 2 models eg Hub CTAC and Nested CTAC and provide a rough guide to staffing levels requiring access to IT system, and a catalogue type list of clinical recording requirements and patient appointment requirements, reporting data requirements, technical on-boarding training requirements etc. (Similar piece of work that eHealth were given when VTP service were initially being planned.)	Jan-24
37	No CTAC service delivery model or specification. Lack of identified CTAC leadership role or formalised workstream group.	Service delivery	A paper on Federated/Shared care solutions and costings has been completed. Hub and spoke model and/or GP Premises base. MDT staff may cover a range of GP Practices. Oversight by Project Team and Programme Director	High	Low	Support being provided through Transformation Team. Short life working group instigated to develop ITR/CTAC proposal. Business case for ITR/CTAC integrated service model developed. In draft format ahead of submission to SLT and Programme Board. Band 8A CTAC Nurse Manager job description devised and with AFC for processing. TOR and refreshed workstream group ready.	Jan-24
39*	Lack of federated working/shared care impacting on staff ability to provide desired level of patient care. Frustrations experienced by range of stakeholders is damaging to the running of the services and to the overall project success.	Service delivery	A paper on Federated/Shared care solutions and costings has been completed.	**Medium**	**Low**	**Paper on Federated/Shared care solutions and costings shared with Project Team 30.05.23 and for further comment and consideration at Project Team on 27.06.23. Further discussions with workstream leads arranged.**	Jan-24