

Meeting: Highland Health & Social Care Committee

Meeting date: 31st August 2022

Title: PCIP Assurance Report

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1 Purpose

This is presented to the Board for:

- Assurance


This report relates to a:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

<p>Clinical and Care Excellence</p> <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 		<p>Partners in Care</p> <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	
<p>A Great Place to Work</p> <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience 		<p>Safe and Sustainable</p> <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	

<ul style="list-style-type: none"> Improving wellbeing 			
Other (please explain below)			

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 progress achieved on the project to date and forecast for the coming period. The report covers the period to 31/07/2022.

2.2 Background

The Scottish Government and the SGPC (Scottish General Practitioners Committee) share a vision of the role of the GP as the expert medical generalist in the community. In line with commitments made in the Memorandum of Understandings (MOU) (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

work load 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 (First Contact Physiotherapy, Musculoskeletal)
- Community Link Workers
- Primary Care Mental Health
- Vaccinations
- CTAC (Community Treatment and Care)
- Urgent Care

2.3 Assessment

The programmes of **Pharmacotherapy** and **FCP MSK** are well established. **Community Link Worker** (CLW) services are progressing well demonstrated by increasing volume in patient referrals to the CLWs. **Primary Care Mental Health** have successfully recruited to the majority of posts. The Service Specification is being finalised and workers going live in practices in a phased approach from August 22. A Vaccination Service model for **VTP** (Vaccination Transformation Programme) was approved by SLT in July 22. There is a move away from a centralised service to an integrated team service. Understanding the skill mix and how that is developed over time is a key challenge. Close working is

required with Professional Leads to understand the best way to position that for each District. Community pharmacies will undertake travel vaccinations that were previously provided by GP practices. A SLA (Service-Level Agreement) has been shared with Community Pharmacy Highland and agreement reached in principle. An opportunity may exist to integrate **CTAC** and the VTP service model and an initial high level meeting is arranged for 15th August 22. **Urgent Care** working group are set to meet on 21 September 2022 with a revised membership to determine the best workable model for service delivery.

A total allocation of £7.9m is available and ring fenced to develop services associated with PCIP. The funding will not deliver all of the tasks and services across all work streams to practices. Clarity on service delivery against funding will become clearer as services develop. Tracking actual progress against budget/spend there is £3.6m already transferred to the work streams as at 31.07.22. Budget management and monitoring arrangement are in place around the plan. Important that maximum benefit is achieved with the funding and some dedicated focus is applied on how to spend the non-recurrent funding and identified slippage (e.g. Appendix 5). Appendix 3, PCIF Annual Funding letter 2022-23 enables spend to be used for a wider range of costs (such as premises, training, digital, fixed term contracts, redesign and change management) as long as they support delivery of the MoU MDT (Multidisciplinary Team) and are agreed with the GP Sub Committee.

Recruitment difficulties and accommodation pressures are shared themes across the range of services and impact on equitable delivery of service across all GP Practices. PCIP Project Team and Work Stream groups aware, supporting alternative methods of service delivery where feasible, reviewing options and linking in with Community Accommodation and GP Premises Group.

See Appendix 1 – PCIP Assurance Report for the full detail.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

3 Impact Analysis

3.1 Quality/ Patient Care

General Practice is experiencing challenges, not least growing workload and increasing risk. The introduction of a broad range of PCIP services and

additional professional roles though an enhanced MDT within the Primary Care setting will positively impact the quality of care.

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, collaboration and building relationships with the broader MDT both in a GP Practice and community based setting.

3.3 Financial

The Primary Care Improvement Fund is used to deliver priority services as set down in the MoU. To date the services are financially supported and resourced by the PCIF allocation. Robust financial planning supports the use of resources and PCIP trackers and financial reporting are completed and submitted to SG for monitoring of both slippage and funding pressures. PCIF allocation figures by Board and Integrated Authority are contained in Appendix 3 and the Board's PCIF funding position set down in detail in Appendix 6.

3.4 Risk Assessment/Management

The register was reviewed on 30.06.22 (quarterly) and details identified risks, controls, risk level and current mitigations and actions. There are currently six risks identified as HIGH and are scrutinised on a monthly basis by the Project Team and quarterly by the Project Board. See Appendix 2 – PCIP Risk Register.

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 changes to and development of services will contribute to achieving better health outcomes for the population. Primary Care outcomes are set down in the GMS 2018 contract and these include addressing health inequalities.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

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

- GP sub and LMC representation on PCIP Project Team and Board.

- PCIP newsletter with updates issued three x yearly
- PCIP documents of interest shared on NHH intranet under Projects
- Open communication channels with GP Practices

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 Project Board meeting, 25 May 2022
- PCIP Project Team meeting, 26 July 2022
- PCIP Project Group (Work stream) meetings, monthly and ad hoc as required

4 Recommendation

State the action being requested. Use one of the following directions for the meeting. No other terminology should be used.

- **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, PCIP Assurance Report July 22
- Appendix 2, PCIP Risk Register June 22
- Appendix 3, PCIF Annual Funding Letter 2022-23
- Appendix 4, GP sub PCIP progress report July 22
- Appendix 5, SBAR GP Record scanning June 22
- Appendix 6, PCIF Funding Position July 22