**To:** **Renfrewshire Integration Joint Board**

**On:** **28 January 2022**

**Report by:** **Interim Chief Officer**

**Heading:** **Chief Officer's Operational and Policy Briefing**

| **Direction Required to Health Board, Council or Both** | **Direction to:** | |
|---|---|---|
| | 1. No Direction Required | **X** |
| | 2. NHS Greater Glasgow & Clyde | |
| | 3. Renfrewshire Council | |
| | 4. NHS Greater Glasgow & Clyde and Renfrewshire Council | |

## 1. Summary


1.1. This report provides an update to the Integration Joint Board (IJB) on key operational activity since the previous update to the Board in November 2021, and additional policy developments that the HSCP is building into future workplans.

1.2. In particular, this report provides an update on ongoing work and associated timescales for the development of the IJB's Workforce and Strategic Plans for 2022-25, and on several developments within Primary Care in Renfrewshire.


## 2. Recommendations

It is recommended that the IJB note:

- The update provided on the Disability Resoucre Centre (Section 4);
- The approval by NHSGGC of a Business Case for development of General Medical and Health and Social Care facilities in Dargavel, Bishopton (Section 5);
- The updates provided on the development of the IJB's Workforce Plan 2022-25 and continued progress on consultation on the draft Strategic Plan 2022-25 (Sections 6 and 7);
- The HSCP's submission of the Primary Care Improvement Plan (PCIP) tracker to Scottish Government at the end of November 2021, and recent guidance released by Scottish Government on the continued development of mental health and wellbeing support as part of Primary Care services (Sections 8 and 9). A copy of the tracker is attached in Appendix 1; and
- The update on St James Medical Centre and the supporting actions being taken to ensure continuity of provision for patients (Section 10).

## 3. Background

3.1. Previous operational and policy updates to the IJB have been provided as part of a combined Chief Officer update report alongside ongoing updates on the impact of the COVID-19 pandemic. However, due to the increasing complexity of the operating environment, operational and policy updates will now be provided in a separate paper for clarity.

3.2. The following sections of this paper provide key updates on non-COVID operational activity being progressed by the HSCP and identify new policy developments since the previous update to the IJB.

## 4. Provision of Physical Disability Day Services

4.1. Previous updates to the IJB have noted that a fire in mid-November 2021 at the Disability Resource Centre (DRC) has required the building to be closed and unavailable for use since that date.

4.2. As a result, interim arrangements for physical disability day services are now in place using several community facilities as an alternative. Currently the Beechwood Community Centre, the Anchor Centre and Finding your Feet in St James House, Paisley are being used. 65 service users are receiving one day of building-based services per week (as at week beginning 10 January 2022). In addition, the service is providing outreach support, digital group activities and welfare calls to a further 88 service users.

## 5. Approval of Business Case for development at Bishopton

5.1. Previous updates to the IJB as part of the development of Primary Care Estates Strategy have highlighted the capacity challenges for the delivery of General Medical Services and the wider provision of health and social care services in Dargavel, Bishopton due to the area's increasing population.

5.2. On 7 December 2021, the HSCP and NHSGGC colleagues presented a business case to the NHSGGC Finance, Planning and Performance (FP&P) Committee providing an assessment of potential solutions to the capacity challenges identified. The paper highlighted a preferred option for a new-build satellite facility to supplement existing facilities and provide additional capacity to deliver services locally. This option would also be supported by work to make optimal use of the existing estate within Bishopton.

5.3. The proposal to develop the facility will utilise the Section 75 developer's contribution of £1m, which forms part of the obligations from the planning consent for the housing development, together with a further £1m of match-funding that has been provided by Scottish Government in support of the project. The proposed facility will be designed to accommodate projected space and clinical requirements up until 2035 but will also be designed to be extendable if additional capacity is required beyond this.

5.4. The HSCP are pleased to confirm that approval was provided by the FP&P Committee to proceed with the preferred option, and this decision is welcomed as a positive solution for the capacity challenges faced in Bishopton. Construction is anticipated to commence in Summer 2023 with completion in Summer 2024.

## 6. Workforce Plan 2022-25

6.1. The IJB approved an interim workforce plan for 2021/22 in June 2021. This plan focused on supporting the health and wellbeing of staff and actions that would be progressed with a primary focus on supporting the HSCP's workforce through the pandemic. The HSCP has continued to monitor progress against the actions outlined in this Plan.

6.2. Under guidance from the Scottish Government, all IJBs are to also develop three-year workforce plans covering the period 2022-25. It was originally planned that these plans would be submitted to the Scottish Government by the end of March 2022, and the HSCP has been working towards developing a Plan to meet these timescales. However, in recognition of recent developments in the pandemic and the level of pressures currently being faced by HSCPs, the Scottish Government confirmed on 20 December 2021 that the submission timescales for the three-year plans have now been extended to 31 July 2022.

6.3. Further detail on the process for submission, feedback and subsequent publication is currently awaited at the time of writing. In addition, the HSCP's Plan will need to take account of the forthcoming publication of the National Workforce Strategy which is expected to be published soon.

6.4. A key element of this workforce plan will be further consideration of actions which can be taken to enhance recruitment and retention of staff locally. This will include proposals to develop, test and review a risk-based approach, based on staff turnover across the partnership, to progressing recruitment on a permanent basis where funding for posts is currently available on a non-recurring basis. The HSCP is currently testing ideas regarding this with our external auditors.

6.5. Subject to the ongoing resource demands of the pandemic response, the HSCP will seek to bring a draft version of the workforce plan for 2022-25 to the IJB for consideration in March 2022.

## 7. Progress update on formal consultation on Strategic Plan 2022-25

7.1. The HSCP commenced formal consultation on the draft Strategic Plan for 2022-25 with prescribed and extended consultees on 1st December. This has included presentation of the Plan to NHSGGC Corporate Management Team (following previous presentation to Renfrewshire Council CMT); NHSGGC Finance Performance and Planning Committee, Renfrewshire Council Leadership Board and the Community Planning Partnership Executive Group.

7.2. Further meetings have also been held with Care Planning Groups to present the Plan and to receive feedback in line with a defined set of consultation questions. Stakeholders can also feedback through an online or paper-based survey, or to email a dedicated mailbox for the consultation period. To support wider engagement, an easy read version of the Plan has also been developed. The consultation period concludes at the end of January 2022 however the response period has been extended into February for our NHSGGC and Renfrewshire Council partners to enable a formal response to be developed and approved by each organisation.

7.3. Feedback received to date has been very positive. In addition, stakeholders have identified areas for proposed additions or change and these will be fully considered by the HSCP and reflected, where appropriate and necessary, within the final version of the Plan to be brought to the IJB in March 2022.

**8. Submission of the Primary Care Improvement Plan Tracker to Scottish Government**

8.1. Renfrewshire HSCP provides regular updates to the Scottish Government on progress made in the local implementation of Renfrewshire's Primary Care Improvement Plan. Most recently, the HSCP submitted a local implementation tracker for review at the end of November 2021, which has been completed in the ongoing context of the pandemic. This tracker is provided as Appendix 1.

8.2. The tracker provides an update on progress made against the six priority service areas within the Memorandum of Understanding. This includes Pharmacotherapy, Community Treatment and Care Services, the Vaccine Transformation Programme, Urgent Care Services and additional professional services including physiotherapy/MSK, mental health workers and community link workers. The tracker also provides the opportunity for HSCPs to consider necessary workforce and financial planning required to deliver primary care improvement.

8.3. The Scottish Government also confirmed on 17 January 2022 that it would commence annual publication of PCIP tracker data to support transparency and benchmarking and comparison on progress. The initial publication of this data was on 18 January 2022, covering numbers of staff recruited by professional group between March 2018 and March 2021 as well as data on progress towards transfer of services to NHS Boards. The next publication will be in summer 2022, covering the period to March 2022.

**9. Mental Health and Wellbeing in Primary Care Services**

9.1. On 17 December 2021, the Minister for Mental Wellbeing and Social Care wrote to all Chief Officers to provide an update on working being undertaken to develop and implement the Mental Health and Wellbeing in Primary Care Services (MHWPCS) programme.

9.2. This includes the development of multi-disciplinary teams within Primary Care settings which will provide assessment, advice, support and some levels of treatment for mental health, distress or wellbeing to help individuals access the right support at the right time within their communities. This builds on activity being undertaken through Action 15 funding and in Primary Care Improvement Plans, including the role of mental health and community link workers identified in paragraph 7.2.

9.3. The Minister's letter was accompanied by guidance to support the implementation of MHWPCS and to support the establishment of local planning groups to take forward commitments. Allocated funding (totalling £1.5m nationally for this financial year) will be allocated by Health Boards to IJBs. This will support the development of the first iteration of a long-term implementation plan by the end of March 2022, accompanied by a more detailed plan for 2022/23. Future updates will be brought to the IJB.

**10. Updated on St James Medical Centre**

10.1. St James Medical Centre is a GP practice in the centre of Paisley with a list size of 2971 (as at 1st October 2021). It has the second smallest list size in Renfrewshire – locally practices range from just over 2,000 to nearly 11,000 with a mean list size of 6,409.

10.2. For many years the practice was managed by a single-handed GP but following many years of sustainability challenges due to inability to recruit a GP partner and faced with an acute GP workforce crisis, they submitted their formal resignation in late September 2021. Following discussion with NHS GGC Primary Care Support a contract end date was agreed for Friday 31 December 2021.

*Transfer to short term 2c (Board managed) practice*

10.3. Following recommendation by the HSCP Clinical Director it was agreed that the practice would move to a short term 2c (Board managed) status due to mitigate against a number of risks: (i) the short duration of notice period leaving insufficient time to effectively implement any alternative arrangements; (ii) remaining staff leaving due to uncertainty and further destabilising the practice; (iii) the impact of sudden closure on patients and neighbouring practices without prior engagement and preparation; and (iv) loss of practice continuity over the challenging winter period.

10.4. Following extensive staff engagement and communication to all registered patients the practice successfully moved to 2c status on 1 January 2022. All staff employed at this point became NHSGGC employees under Transfer of Undertakings Protection of Employment (TUPE) transfer whilst provision of GP cover is entirely reliant on ad hoc locums.

*Key considerations informing recommended next steps*

10.5. In considering future long-term arrangements to provide primary medical services to the current patients at the practice, Renfrewshire HSCP has consulted with Primary Care Support and the Area Medical Committee (GP Sub-Committee) and considered a range of key factors in reaching a decision about the preferred option for the practice including the ongoing sustainability of the practice, the suitability and availability of current premises, and the extent of additional GP provision in the area. These considerations were also reinforced by local market testing indicating no practice has capacity for all patients registered at St James Medical Centre.

10.6. In doing so, a number of future options have been considered:

1. **Procurement process for a new standalone contract:** Given the small list size, sustainability considerations, proximity of other practices in the area, lack of availability of appropriate premises and lack of interest from local practices contract there is not considered to be a strong case to advertise this as a standalone contract. This is reinforced by previous experience with Bargarran Medical Centre. This is therefore not a preferred or feasible option.

2. **Practice closure and disperse patients on the list:** Dispersal involves asking patients to register with another practice and would require them to take action in identifying and registering with a new GP. There would be no way of knowing the numbers of patients going to each practice which would make it difficult to plan for the change and ensure adequate capacity. This is therefore not a preferred course of action.

3. **Practice closure and allocate patients to other practices in the area:** Practice list sizes across Paisley increased by 1.12% over the last eight years compared to 4.8% across the whole of Renfrewshire HSCP. Allocating patients in a planned way would mean that patients are registered with a new practice rather than having to do so themselves. Patients would retain the right to register with any other practice taking patients from their address. Some Paisley practices have already offered to accept a portion of the patient list.

4. **Allocate all patients to a single existing provider:** Existing contractors in the local area could be offered the entire patient list within their existing GMS contract or PMS agreement. This would enable the practice team to remain as a whole, with TUPE transfer to a new provider. However, through previous consideration there is no indication that any single provider within the area has the capacity to take on the entire list and this option was therefore not recommended.

5. **Board managed practice:** The practice demographics and situation does not provide any exceptional reason why this should be a Board-managed practice long term. It is a longstanding matter of principle that all GMS services should, wherever possible, be delivered under contract with a GP partner/partnership. There is no indication the board/HSCP can create long term sustainability where an independent contractor has been unable to do so and there is no team within the HSCP or Health Board to operationally manage GP practices.

10.7. Following this options appraisal, it has been agreed to proceed with Option 3, above, in that the practice will close at the end of the financial year on 31 March 2022, with the registered patient group being allocated to other practices within the area. It was felt this option would minimise the risk of being unable to sustain a safe service longer term due to GP workforce challenges yet provide sufficient time to implement the plan including engagement and communication. This option also enables patients to be directly registered with a new practice rather than having to take any action themselves, however patients will also have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information about how to do this. In addition, where patients live outside the catchment of Paisley practices, they will be offered registration with a practice close to their home address.

*Supporting Implementation*

10.8. Regular meetings have been held with staff to ensure they are aware of plans for the practice. Preparation for support around redeployment is in place and

practice staff have been advised of the range of possible outcomes to ensure they feel supported throughout. There are likely to be a number of suitable roles for practice staff within the HSCP.

10.9. A number of meetings have also been held with local practices as key stakeholders. They have been made aware of the plans for closure and a number have indicated an ability and willingness to take a greater proportion of patients. Communication will continue on a regular basis, in particular once allocation details are finalised.

10.10. Letters have been sent to all registered patients advising them of the date of closure of the practice and the next steps, including the allocation process. Three afternoons in late February have been made available for patients with queries, concerns or seeking to discuss any specific issues. Due to the ongoing pandemic two sessions will offer appointments via remote videoconferencing with the third being socially distanced in-person. Further communication will be sent once the allocation process is completed informing patients of the new local GP surgery they are registered with.

---

**Implications of the Report**

1. **Financial –** No implications from this report.
2. **HR & Organisational Development** – No direct implications from this report. The HSCP will take forward workforce planning for 2022-25 in line with the updated timescales published by the Scottish Government.
3. **Community Planning** – The HSCP continues to engage with Community Planning Partners during the consultation on the draft Strategic Plan 2022-25. The draft Plan aligns with Renfrewshire's Community Plan for 2017-2027.
4. **Legal –** No implications from this report.
5. **Property/Assets –** This paper confirms the approval provided by NHSGGC to proceed with works in Bishopton. Future updates will be brought to the IJB.
6. **Information Technology –** No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety –** No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk –** No implications from this report.
11. **Privacy Impact** – No implications from this report.

---

**List of Background Papers:** None

---

**Author:** David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Christine Laverty, Interim Chief Officer (christine.laverty@renfrewshire.gov.uk)

**Local Implementation Tracker Guidance**

The following tracker should be used by Integration Authorities in collaboration with Health Boards and GP sub-committees to monitor progress of primary care reform across their localities, and in line with service transfer as set out within the Memorandum of Understanding.

The **MoU Progress tab** should be used through local discussions between Integration Authorities and GP sub-committee to agree on progress against the six MoU priority services as well as that the barriers that areas are facing to full delivery. Integration Authorities should provide information on the number of practices in their area which have no/partial/full access to each service. The sum of these should equal the total number of practices in each area. Please only include numbers (or a zero) in these cells; comments boxes have been provided to supply further information.

If you are funding staff through different funding streams, for example, mental health workers through Action 15 funding, please include this information in the relevant section so we are aware that you are taking steps to recruit staff in this area.

The **Workforce and Funding Profile tab** should allow Integration Authorities to consider financial and workforce planning required to deliver primary care improvement, and reassure GP sub-committee of progress.

For the workforce numbers and projections, we are limiting our questions to WTE numbers, but are also asking you to provide headcounts for community links workers so that we can monitor progress towards the commitment to 250 additional CLWs.

If you are funding staff through different funding streams, for example, recruiting mental health workers in Action 15, do not record these in Table 1. However, they should be included in Tables 2 and 3 to inform workforce planning.

We have included new rows this time at the foot of Tables 1 and 3 (shaded in red). In Table 1, please include here your estimate of planned spend in 2022-23, which will represent recurring annual spend on the MOU for future years. Use 2021-22 prices so that no estimate of inflationary wage increases is required. In Table 3, please include the extra staff you intend to employ in 2022/23, this will then automatically total, in the line below, to provide recurring staff numbers for 2022-23 onwards.

We would also ask that this local implementation tracker be updated and shared with Scottish Government by **30 November 2021.**

**Covid PCIP 4.5**

**Health Board Area: NHS Greater Glasgow and Clyde**
**Health & Social Care Partnership: Renfrewshire HSCP**
**Total number of practices: 29**

**MOU PRIORITIES**

**NB: Please ensure all figures sum to the total number of practices for each year.**

| 2.1 Pharmacotherapy | Practices with no access by 31/3/21 | Practices with partial access by 31/3/21 | Practices with full access by 31/3/21 | Practices with no access by 31/3/22 | Practices with partial access by 31/3/22 | Practices with full access by 31/3/22 |
|---|---|---|---|---|---|---|
| Practices with NO Pharmacotherapy service in place | 0 | 0 | 0 | 0 | 0 | 0 |
| Practices with Pharmacotherapy level 1 service in place | 0 | 29 | 0 | 0 | 29 | 0 |
| Practices with Pharmacotherapy level 2 service in place | 0 | 29 | 0 | 0 | 29 | 0 |
| Practices with Pharmacotherapy level 3 service in place | 0 | 29 | 0 | 0 | 29 | 0 |

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. **HSCP Response:** A Task & finish group produced a report on delivery of pharmacotherapy service by April 2022 which defines expected levels of delivery and staffing in line with nationally agreed models. This description includes the pharmacy service provided via non-PCIP funding where this contributes to GMS contract objectives. The model describes at least 50% of practices being serviced by hubs working to a standardised model, and providing annual leave cover for core level 1 service delivery elements. The proportion of GP practice aligned team time (PCI and non PCI) on level 1 will be no greater than 60% with the remainder on level 2/3 (Note around 30% of service funding is non PCI).

Level 1 includes medicines reconciliation on immediate discharge letters where there are changes to medicines, medicines related queries unable to be resolved by administrative staff, prescribing efficiencies activities and quality improvement support to increase serial prescribing and reduce variation in acute prescribing. Level 2/3 is focused around medication review to include hub or service referrals, triaged treatment summary reviews, targeted medicines review for high volume/ high risk acutes (antidepressants and/or analgesics and/or DMARDs), review for patients with moderate to high frailty and polypharmacy (including care homes).

The main barriers to delivery remain funding, availability of professionally qualified workforce and accommodation.

| 2.2 Community Treatment and Care Services | Practices with no access by 31/3/21 | Practices with partial access by 31/3/21 | Practices with full access by 31/3/21 | Practices with no access by 31/3/22 | Practices with partial access by 31/3/22 | Practices with full access by 31/3/22 |
|---|---|---|---|---|---|---|
| Practices with access to phlebotomy service | 0 | 29 | 0 | 0 | 0 | 29 |
| Practices with access to management of minor injuries and dressings service | 29 | 0 | 0 | 16 | 0 | 13 |
| Practices with access to ear syringing service | 29 | 0 | 0 | 29 | 0 | 0 |
| Practices with access to suture removal service | 29 | 0 | 0 | 16 | 0 | 13 |
| Practices with access to chronic disease monitoring and related data collection | 29 | 0 | 0 | 16 | 0 | 13 |
| Practices with access to other services | 29 | 0 | 0 | 0 | 0 | 29 |

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. **HSCP Response**: Five GP Practices in Renfrewshire now have access to wider treatment room services. Accommodation is a significant challenge for wider implementation. This was discussed at the PCIP4 Tracker discussion with Scottish Government.

| 2.3 Vaccine Transformation Program | Practices with no access by 31/3/21 | Practices with partial access by 31/3/21 | Practices with full access by 31/3/21 | Practices with no access by 31/3/22 | Practices with partial access by 31/3/22 | Practices with full access by 31/3/22 |
|---|---|---|---|---|---|---|
| Pre School - Practices covered by service | 0 | 0 | 29 | 0 | 0 | 29 |
| School age - Practices covered by service | 0 | 0 | 29 | 0 | 0 | 29 |
| Out of Schedule - Practices covered by service | 0 | 29 | 0 | 0 | 0 | 29 |
| Adult imms - Practices covered by service | 29 | 0 | 0 | 0 | 0 | 29 |
| Adult flu - Practices covered by service | 0 | 29 | 0 | 0 | 0 | 29 |
| Pregnancy - Practices covered by service | 0 | 0 | 29 | 0 | 0 | 29 |
| Travel - Practices covered by service | 29 | 0 | 0 | 0 | 0 | 29 |

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. **HSCP Response:** In 2020/21 as directed by CMO much of the activity for VTP has been delivered through co-vaccination model and included the extended cohorts with update below on those in scope for PCIP. Further guidance on funding streams for VTP PCIP and additional cohorts is required to support future planning and delivery.

Children programme is fully transferred to HSCP who are delivering the Children Flu programme in 2020/21 and vaccination to additional cohorts using Covid. Funding allocation will require to be confirmed for additional cohorts for future years.

Adult Programme has been impacted on by the pandemic and the requirement to deliver of co-vaccination and the extended cohorts with planning underway with NHSGGC to consider a framework for delivery and further planning to take place over the winter months given possibility of ongoing Covid booster delivery. Progress to date in relation to PCIP programme is as follows:
- Shingles and Pneumococcal remains with practices and planning is underway for to transfer to the HSCP in 2022
- NHS GGC & HSCP are delivered flu with Covid booster with mixed model i.e. Mass vaccination clinics for over 50 years (PCIP scope to all over 65 years) and HSCP delivery for residents in Adult Care Homes and Vaccination at Home by co-vaccination model for 2020/21. This is being delivered for all practices for flu as required by PCIP MoU i.e.. care home residents, housebound patients and others eligible for vaccine with complex needs i.e. Those how are immunosuppressed, homeless or seeking asylum
- 18-64 years at risk to accessing vaccine via NHSGGC mass clinics or HSCP vaccination at home remained
- Travel - HSCP working with NHSGGC to plan for delivery of commissioned model for 2022

| 2.4 Urgent Care Services | Practices with no access by 31/3/21 | Practices with partial access by 31/3/21 | Practices with full access by 31/3/21 | Practices with no access by 31/3/22 | Practices with partial access by 31/3/22 | Practices with full access by 31/3/22 |
|---|---|---|---|---|---|---|
| Practices supported with Urgent Care Service | 13 | 15 | 1 | 13 | 15 | 1 |

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. **HSCP Response:** Renfrewshire is delivering mainly Care Home aligned ANPs to deliver the Urgent Care Services MoU commitment. The practice with 'full access' has a practice aligned ANP whilst those with 'partial access' are those with registered patients residing in a care home with an aligned ANP. We continue to review and refine our model with a view to providing cover to a wider number of care homes to maximise the reach and impact of the service for both patients and practices. Based on current funding we do not believe we will be able to provide a service to every practice but with additional funding and available ANPs would be able to do so using the Care Home aligned model. 22 of the 29 GP practices (75.9%) in Renfrewshire HSCP have registered patients that have been seen by the ANP care home service however not on a continuous basis hence reporting lower number for partial or no access to service.

**Additional professional services**

| 2.5 Physiotherapy / MSK | Practices with no access by 31/3/21 | Practices with partial access by 31/3/21 | Practices with full access by 31/3/21 | Practices with no access by 31/3/22 | Practices with partial access by 31/3/22 | Practices with full access by 31/3/22 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Practices accessing APP | 18 | 0 | 11 | 15 | 0 | 14 |

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. **HSCP Response**: In Renfrewshire we have 4.7wte, made up of 6 APP headcount. This figures excludes Clinical Lead contribution, which is currently 1.2wte, across the whole of GGC. With regards to Advanced Practice Physiotherapy in Primary Care, the definition is not clear as to what constitutes full or partial access, in GGC we aim to work to 1wte APP : 16,000 population, resulting in a fill rate of 94% across GGC. Within the HSCP wte, it is important to note 80% of time is spent working clinically within GP practice with the remainder supporting staff and service development, and time within the core MSK service. APP recruitment is now completed as per local agreement under the GP Contract/ Memorandum of Understanding. Without further boosting of the physiotherapy workforce nationally, the ability to recruit further APPs will be challenging without destabilisation of the core physiotherapy services, which is an important consideration to ensure patients continue to have access to Rehabilitation for MSK Conditions. Further challenges include the lack of suitably skilled and qualified practitioners to fill these posts.

| **2.6 Mental health workers** (ref to Action 15 where appropriate) | **Practices with no access by 31/3/21** | **Practices with partial access by 31/3/21** | **Practices with full access by 31/3/21** | **Practices with no access by 31/3/22** | **Practices with partial access by 31/3/22** | **Practices with full access by 31/3/22** |
|---|---|---|---|---|---|---|
| Practices accessing MH workers / support through PCIF/Action 15 | 23 | 0 | 6 | 17 | 0 | 12 |
| Practices accessing MH workers / support through other funding streams | | | | | | |

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. **HSCP Response**: In Renfrewshire this resource is currently funded through Action 15 monies. There is currently insufficient funding to upscale to all 29 GP practices in Renfrewshire. Locally, we currently have 2.0wte Mental Health and Wellbeing Nurses aligned to 6 GP practices. An additional 2.0wte resource has been recruited however these posts have been temporary deployed from the onset into mainstream mental health services and will remain until at least January 2022 due to current demand for services. These are 2 year fixed term posts.

| **2.7 Community Links Workers** | **Practices with no access by 31/3/21** | **Practices with partial access by 31/3/21** | **Practices with full access by 31/3/21** | **Practices with no access by 31/3/22** | **Practices with partial access by 31/3/22** | **Practices with full access by 31/3/22** |
|---|---|---|---|---|---|---|
| Practices accessing Link workers | 0 | 0 | 29 | 0 | 0 | 29 |

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. **HSCP Response**: In Renfrewshire all GP practices have access to Community Link Worker resource between 1-3 days per week. In addition, to 1-1 appointments the Community Link Workers service now offer group work sessions in areas such as Chronic Pain, Sleep and Wellbeing Sessions. Some practices would welcome additional resource should further funding become available. Locally, the referral rate has surged in some of the practices which may be in part as a result of the Covid pandemic.

| **2.8 Other locally agreed services (insert details)** | **Practices with no access by 31/3/21** | **Practices with partial access by 31/3/21** | **Practices with full access by 31/3/21** | **Practices with no access by 31/3/22** | **Practices with partial access by 31/3/22** | **Practices with full access by 31/3/22** |
|---|---|---|---|---|---|---|
| Practices accessing service | | | | | | |

Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return.

| **2.9 COVID-19** |
|---|
| How has COVID-19 impacted delivery since March 2021? **HSCP Response**: Treatment Room Nurse resource continue to support work at the local Covid Assessment Centre (CAC) which is challenging when trying to roll out CTAC services locally. Previously 2.0wte locally were redeployed to support work at the CAC. As outlined under Action 15 new Community Mental Health and Wellbeing Nurses resource is redeployed to main stream Mental Health Services. |
| How do you expect COVID-19 to impact delivery between now and March 2022? **HSCP Response**: Pre Covid our practice based phlebotomy model was costed on 8 minute appointments - with COVID this has had to move to 10/12 minute appointments. This reduces the volume of clinics that are available in GP practices. Without additional resource it will be difficult to meet blood demand. |

**Funding and Workforce profile**

**Health Board Area: NHS Greater Glasgow and Clyde**
**Health & Social Care Partnership: Renfrewshire HSCP**

**Table 1: Spending profile 2018 - 2022 (£s)**
**Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve**

| Financial Year | Service 1: Vaccinations Transfer Programme (£s) | | Service 2: Pharmacotherapy (£s) | | Service 3: Community Treatment and Care Services (£s) | | Service 4: Urgent care (£s) | | Service 5: Additional Professional roles (£s) | | Service 6: Community link workers (£s) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Staff cost | Other costs (staff training, equipment, infrastructure etc.) | Staff cost | Other costs (staff training, equipment, infrastructure etc.) | Staff cost | Other costs (staff training, equipment, infrastructure etc.) | Staff cost | Other costs (staff training, equipment, infrastructure etc.) | Staff cost | Other costs (staff training, equipment, infrastructure etc.) | Staff cost | Other costs (staff training, equipment, infrastructure etc.) |
| 2018-19 actual spend | 59,992 | | 275,534 | 53,921 | 33,810 | 219 | 27,183 | 4,424 | 118,269 | 28,730 | 70,166 | |
| 2019-20 actual spend | 160,925 | | 517,911 | 6,899 | 228,411 | 5,452 | 178,041 | 6,985 | 150,288 | 12,489 | 191,617 | |
| 2020-21 actual spend | 260,620 | 50,600 | 925,129 | 11,481 | 570,767 | 46,276 | 214,499 | 5,345 | 229,042 | 3,501 | 249,133 | |
| 2021-22 planned spend | 485,749 | 93,055 | 1194,994 | 23,000 | 1275,154 | 198,000 | 431,524 | 25,000 | 305,350 | 20,000 | 249,133 | |
| Total planned spend to March 2022 | 967286 | 143655 | 2913568 | 95301 | 2108142 | 249947 | 851247 | 41754 | 802949 | 64720 | 760049 | 0 |
| 2022-23 planned spend i.e. projected annual recurring cost (in 2021-22 prices, excluding inflation) | 500,321 | 95,847 | 1710,265 | 50,000 | 1745,282 | 98,000 | 528,365 | 30,000 | 347,484 | 20,000 | 249,133 | |
| Total spend required for full delivery | 571,715 | 100,000 | 4525,400 | 35,000 | 1782,768 | 100,000 | 984,500 | 20,000 | 882,200 | 40,000 | 249,133 | |

**Table 2: Workforce profile 2018 - 2022 (headcount)**

| Financial Year | Service 6: Community link |
|---|---|
| TOTAL headcount staff in post as at 31 March 2018 | |
| INCREASE in staff headcount (1 April 2018 - 31 March 2019) | |
| INCREASE in staff headcount (1 April 2019 - 31 March 2020) | |
| INCREASE in staff headcount (1 April 2020 - 31 March 2021) | |
| PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b] | |
| TOTAL headcount staff in post by 31 March 2022 | 0 |

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

**Table 3: Workforce profile 2018 - 2022 (WTE)**

| Financial Year | Service 2: Pharmacotherapy | | Services 1 and 3: Vaccinations / Community Treatment and | | | Service 4: Urgent Care (advanced practitioners) | | | Service 5: Additional professional roles | | | Service 6: Community link workers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Pharmacist | Pharmacy Technician | Nursing | Healthcare Assistants | Other [a] | ANPs | Advanced Paramedics | Other [a] | Mental Health workers | MSK Physios | Other [a] | |
| TOTAL staff WTE in post as at 31 March 2018 | 5.6 | 1.6 | | | | | | | | | | 6.7 |
| INCREASE in staff WTE (1 April 2018 - 31 March 2019) | | 0.4 | | 5.0 | | 2.5 | | | | 1.6 | 1.0 | 1.1 |
| INCREASE in staff WTE (1 April 2019 - 31 March 2020) | 6.0 | 5.8 | 1.5 | 18.8 | | 2.1 | | | | 2.2 | | |
| INCREASE in staff WTE (1 April 2020 - 31 March 2021) | 0.8 | 5.4 | 6.1 | 0.8 | | 2.0 | | 1.0 | | | | |
| PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b] | 5.3 | 8.2 | 10.4 | 2.1 | 3.0 | 1.0 | | | | 0.7 | | |
| TOTAL staff WTE in post by 31 March 2022 | 17.7 | 21.4 | 18.0 | 26.7 | 3.0 | 7.6 | 0.0 | 1.0 | 0.0 | 4.5 | 1.0 | 7.8 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b] | | | | | | | | | | | | |
| TOTAL future recurring staff WTE [c] | 17.7 | 21.4 | 18.0 | 26.7 | 3.0 | 7.6 | 0.0 | 1.0 | 0.0 | 4.5 | 1.0 | 7.8 |

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a
[c] automatically calculated as staff as at 31 March 2022 plus additional staff to be recruited by March 2023

Comment: Please note: addition of line 14 highlighting the financial gap of full delivery of the MOU. The gap is currently forecasted to be approx. £4m with models continuing to be reviewed and amended this is constantly reviewed. You will also note there will be no further recruitment in 22.23 as the model is already unaffordable