

Notice of Meeting and Agenda Renfrewshire Health and Social Care Integration Joint Board

| Date | Time | Venue |
|-------------------------|-------------|--|
| Friday, 26 January 2018 | 10:00 | Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR |

KENNETH GRAHAM
Clerk

To Follow Item

I refer to the agenda for the meeting of the Renfrewshire Health and Social Care Integration Joint Board to be held on 26 January 2018 at 10.00 am and enclose the undernoted reports relative to items 2 and 6 previously marked 'to follow.

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor Scott Kerr: Dr Donny Lyons: Morag Brown: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Alex Thom: Liz Snodgrass: David Wylie: Alan McNiven: Helen McAleer: Stephen Cruickshank: John Boylan: Graham Capstick: Dr Stuart Sutton: David Leese: Sarah Lavers: Peter Macleod.

Dr Donny Lyons (Chair) and Councillor Jacqueline Cameron (Vice Chair)

Further Information

This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at www.renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx

For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to reception where they will be met and directed to the meeting.

Items of business

- | | | |
|----------|--------------------------------------|----------------|
| 2 | Update on Capability Scotland | 5 - 12 |
| | Report by Chief Officer. | |
| 6 | Update on New GP Contract | 13 - 20 |
| | Report by Chief Officer. | |

To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Heading: Update on Capability Scotland

1. Summary

1.1 At its meeting on 24 November 2017, the Integration Joint Board (IJB) was updated on the position on the future of Capability Scotland day care services for adults with learning disabilities in Renfrewshire. This included an update on the proactive action being taken by Renfrewshire Health and Social Care Partnership (HSCP), in particular:

- The market testing exercise underway to identify any alternative providers interested in taking over the current service;
- The ongoing work with services users and their carers/families to develop individual service user plans; agree Self-Directed Support (SDS) budgets and identify alternative provision; and
- HSCP engagement with service users and their carers/families.

1.2 This paper provides a further update to Members including:

- The outcome of the recent market testing and current discussions with Capability Scotland;
- The ongoing engagement with individual service users and their carers/families to identify alternative provision, and set out how Renfrewshire HSCP is actively addressing any concerns raised; and
- The next key steps, including the planning work underway to ensure any transition to new services will be managed as smoothly as possible; acknowledging this level of change can be distressing and the importance of managing this change sensitively.

2. Recommendation

It is recommended that the IJB note:

- The proactive action being taken by Renfrewshire HSCP regarding Capability Scotland day care services set out in Section 4 of this paper;
- The outcome of the recent market testing exercise was unsuccessful in identifying a provider to take over the current service;
- Capability Scotland has until the end of January 2018 to submit an alternative day service model and Renfrewshire HSCP expect to have a definitive position on this by mid February 2018; and
- Given the tight timeline, and to mitigate any risk of service disruption, Renfrewshire HSCP continues to work with service users and carers/family members to identify alternative provision arrangements in line with their Individual Plans and SDS budgets; and
- Renfrewshire HSCP are working to support all service users to transition to new services by Wednesday 18th April 2018.

3. Background

- 3.1 Capability Scotland operates two day services in Renfrewshire for adults with a learning disability, Whitehaugh and West Lane Gardens, on behalf of the Health and Social Care Partnership (HSCP). These services are building based and remain popular with current service users.
- 3.2 In July 2017, Capability Scotland served formal notice to the HSCP Chief Officer on their intention to withdraw from their current contract on 20 October 2017, noting the current service model has accrued significant annual financial deficits and no longer is seen by Capability Scotland to be financially viable going forward. The timescale for closure was subsequently extended until 30 April 2018. This additional period would allow sufficient time to manage a smooth transition for service users.
- 3.3 At its meeting on 24 November 2017, the IJB was updated on the position on the future of Capability Scotland day care services for adults with learning disabilities in Renfrewshire. The report noted the proactive action being taken by Renfrewshire HSCP including:
- The market testing process underway to identify any alternative providers interested in taking over the current service;
 - The work ongoing with services users and their carers/families to develop Individual Service User Plans; agree SDS budgets and identify alternative provision; and
 - HSCP engagement with service users and their carers/families.

4. Current Position

- 4.1 Renfrewshire HSCP staff have been working to finalise individual service users assessments and SDS budgets over recent weeks and to ensure that service users and their carers/families have opportunities to establish a clear understanding about what alternative service options are available in Renfrewshire. This forms part of a wider programme of work which is shown as Appendix 1.
- 4.2 A summary of the key elements of the work programme is provided below:

Workstream 1: Market Testing Process for Ongoing Provision

- 4.3 A market testing exercise was undertaken and expressions of interest sought from providers to ascertain if there was any interest in taking over the current service provision at the two Capability Day Services – West Lane Gardens in Johnstone and Whitehaugh in Paisley. This process was independently led by Renfrewshire Council's Corporate Procurement team.
- 4.4 Following an information event in late October 2017, three provider organisations submitted expressions of interest. Subsequently, one of these withdrew. More detailed discussion took place with the remaining two providers; this included sharing full information regarding the service model, costs and staffing. There were also accompanied visits to each of the day service sites with the two provider organisations. On 19 December 2017, both organisations confirmed that they would not be interested in providing these two day services and withdrew their interest.

- 4.5 Capability Scotland has expressed that they still wish to present an alternative service delivery model for Renfrewshire, and have agreed to submit a proposal to Renfrewshire HSCP by the end of January 2018.
- 4.6 In light of the tight timeline, and to mitigate any risk of service disruption, Renfrewshire HSCP is continuing to work with and support service users and their carers/family members, in making plans for alternative services to be accessed when the current facilities at Whitehaugh and West Lane Gardens close, as planned, on 30 April 2018.
- 4.7 As part of this work, Renfrewshire HSCP has arranged a provider event on 30 January 2018 to enable service users and their carers/family members to develop a greater awareness of the services available within Renfrewshire. This will also enable choice in how service users apply their self-directed support budgets, to build on learning from assessments and responses to the 'what matters to me' questionnaires.

Workstream 2: The development of Service User Individual Plans and SDS budgets, and identification of alternative provision

- 4.8 Staff from Renfrewshire Learning Disability Service (RLDS) have now worked with its service users and carers / families to undertake individual assessments of their current needs. The majority of service users have also been allocated an individual budget and are being supported to consider their options consistent with SDS legislation (see table 1). As part of this process, individual service users have all been offered a referral to advocacy services and, where requested, this support has been provided.

Table 1: HSCP Service Users Plans

| Original no of Service Users | Current no of Services Users | SSA Assessment Complete | SDS Budget Agreed |
|-------------------------------------|-------------------------------------|--------------------------------|--------------------------|
| 47** | 42 | 42 / 42 | 40 / 42 |

- 4.9 Members will note that the number of service users accessing these Capability Scotland services has dropped from 47 to 42, and table 2 provides the reason for this reduction.

Table 2: Service Users no longer attending Capability Scotland day services**

| Service User | Reason |
|---------------------|---|
| Service User 1 | Moved outwith Renfrewshire area |
| Service User 2 | Made alternative arrangements, independent from the current HSCP process. Service users are not required to engage with the current review process. |
| Service User 3 | |
| Service User 4 | Personal decision to no longer attend the service |
| Service User 5 | |

Service User and Family Engagement

- 4.10 Individual meetings have taken place with all service users and relevant carers and family members. Outcome focused questionnaires have also been completed to assist service users in their consideration of alternative support when the

Capability Scotland services close. The questionnaires were titled 'What matters to you?' and were designed to help each user to develop an understanding about their own aims and aspirations.

4.11

The outcomes of the questionnaires were for each individual however a number of themes emerged from these questionnaires. These themes, detailed in the table below, together with individual assessed needs and views expressed through other engagement on what individuals have said is important to them, are being used to inform how alternative support options can meet needs and outcomes.

Table 3: Service user feedback

| Feedback themes | HSCP action being taken |
|--|---|
| 1. Potential to become isolated and without purpose | Renfrewshire HSCP will ensure service users, if they so wish, have access to a range of services including group programmes, one to one support and opportunities for befriending services. |
| 2. The importance of some friendships and where possible accessing services to enable friendships to be maintained | Where at all possible, friendship groups will be taken into account when identifying alternative service arrangements |
| 3. Desire to learn new skills | Outcome 2 within the national strategy for learning disability - 'Keys to Life' is focussed on promoting choice. The SDS budget allows individuals to make these choices and decisions with appropriate support |
| 4. Desire to be involved in the local community | This is reflected in the core outcomes in the national strategy for learning disability - 'Keys to Life' <ul style="list-style-type: none"> • to promote independence with equal access in opportunities • active citizenship as a valued member of the community, strive for inclusion and participation in society Renfrewshire HSCP's existing services work within this strategy. |
| 5. The importance of having a base to meet up with outdoor space | Renfrewshire HSCP's Community Network service has a base at Spinners Gate which also includes some outdoor garden space. We will continue to look to have a base outside Paisley. |

5.

Next Steps

5.1.

Throughout this process, Renfrewshire HSCP has sought to ensure that we work in a supportive and positive way with service users and carers/family members. This is central to how we aim to work and in this circumstance, where a service is closing and service users are to be supported through this change, this remains at the core of our approach. It is also important in providing this update to the IJB that we again recognise the challenge that this change presents to service users and their carers/family members.

- 5.2. Going forward, Renfrewshire HSCP has a structured workplan in place (Appendix 1) and the Chief Officer has established robust governance arrangements to personally oversee this challenging position for Capability Scotland service users, including:
- Weekly update report from Head of Mental Health, Addictions and Learning Disability Services detailing the progress with each service users individual care plans;
 - Fortnightly progress report to Senior Management Team; and
 - Fortnightly update to the Chair and Vice Chair of the IJB.
- 5.3. The key priority over the coming weeks will be to:
- Ensure that all services users have agreed Individual Plans, SDS budgets and alternative service provision options are being considered, and work continues to have these agreed;
 - Establish a definitive position on the Capability Scotland's proposed new service model by mid February 2018;
 - Progress plans to extend the HSCP Community Networks Service as required; and
 - Work with local providers to raise awareness of the key areas Capability Scotland service users highlighted as important to them, and to promote choice and flexibility within Self-Directed Support.
- 5.4. Over the next 6 weeks Renfrewshire HSCP will work with service users, their carers/families and Capability Scotland to develop an Individual Plan to ensure the transition for service users moving to new services is as smooth as possible. It is proposed that for each service user this would include:
- An initial visit to the new service with their carers/families and a familiar member of staff. If possible these will be arranged as joint visits with any friendship group collectively looking to move to the same service;
 - Ensuring the new service provider has detailed background information and that there is a formal handover meeting with Capability Scotland to discuss the level of care required, availability of days to attend to suit friendship groups;
 - Supported test visit(s);
 - Independent test visit(s);
 - Subject to the service user and their carers being happy with the new service – agreement of a transition date;
 - Additional support to be made available to service users for a 'bedding in' period and to ensure that any issues arising are escalated to Renfrewshire HSCP senior management for review; and
 - Support to service users and carers/family members to continue beyond the closure date of April 30th 2018 as required on an individual basis. All support plans will be reviewed, initially after 6 months and then at least on an annual basis.
- 5.5. Renfrewshire HSCP are working to support all service users to transition, or be in the process of transitioning, to new services by Wednesday 18 April 2018.

Implications of the Report

- 1. Financial** – notes that the existing contract has been extended until April 2018.















2. **HR & Organisational Development** – Nil.
3. **Community Planning** – Nil
4. **Legal** – proposes the continuation the existing contract to allow the required six month notice to be given
5. **Property/Assets** – the report notes that Capability Scotland currently lease two buildings from the Council to deliver services in Renfrewshire
6. **Information Technology** – Nil.
7. **Equality & Human Rights** – this report relates to social care services provided for one care group - Learning Disabilities service users and their carers
8. **Health & Safety** – Nil
9. **Procurement** – proposes the continuation the existing contract to allow the required six month notice to be given.
10. **Risk** – as highlighted within the report.
11. **Privacy Impact** – Nil



List of Background Papers - None.

Author: David Leese, Chief Officer

Capability Scotland: Project Plan

| | | | | | | | | |
|-------------|---|----------|---|-----------|---|----------------------------------|---|---|
| Key: |  | Complete |  | On target |  | Risk of delay / Almost on Target |  | Significant Issues or needs improvement |
|-------------|---|----------|---|-----------|---|----------------------------------|---|---|

| Workstream/Activity | Target Completion Date | Forecast Actual Completion Date | Status |
|--|------------------------|---------------------------------|---|
| Workstream 1: Service Provision | | | |
| Information Session for providers | Oct 2017 | Oct 2017 |  |
| Market testing for re-provision of current day services. | Nov/Dec 2017 | Nov/Dec 2017 |  |
| Provider Forum: promoting choice and flexibility within self-directed support building on learning from service user questionnaires about what people said matters to them. | 30Jan 2018 | 30Jan 2018 |  |
| Outcome of discussions with Capability Scotland regarding alternative service model. | 31 Jan 2018 | 31 Jan 2018 |  |
| Further provider information event/s to continue to assist service users ad carers/family members in considering options and to support them in identifying future service choices | End Feb 2018 | End Feb 2018 |  |
| Plan developed for the expansion of Renfrewshire HSCP's Community Networks | End Feb 2018 | End Feb 2018 |  |
| Workstream 2: Service User Individual Plans | | | |
| Review assessments to be completed and individual budgets allocated. | Nov/Dec 2017 | Jan 2018 |  |
| All service users and families have identified alternative, appropriate services in line with Individual Plan and budget | Jan 2018 | Jan 2018 |  |
| Collate progress report confirming agreed care plans for service users that are agreed for period from end April onwards. | March 2018 | March 2018 |  |
| Workstream 3: Service User and Family Engagement | | | |
| Individual meetings with service users and relevant others | Nov/Dec 2017 | Nov/Dec 2017 |  |
| Chair of Integration Joint Board visits to service users at Whitehaugh and West Lane Gardens | Nov 2017 | Nov 2017 |  |
| Ongoing discussion and support to service users as required. | Ongoing | Ongoing |  |
| Information and Engagement Event with service users and relevant others with providers. Presentations and information relating to HSCP and provider services. | 30 Jan 2018 | 30 Jan 2018 |  |
| Follow up meeting to establish post April 2018 arrangements and support model | March 2018 | March 2018 |  |

| Workstream 4: Transition Planning | | | |
|--|-----------------------------|-----------------------------|---|
| Work with service users, carers/families and Capability Scotland to develop a Transition Plan | Late Feb / early March 2018 | Late Feb / early March 2018 |  |
| Support all service users to transition, or be in the process of transitioning, to new services. | Wednesday 18 April 2018 | Wednesday 18 April 2018 |  |

To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Heading: Update on New GP Contract

1. Summary

- 1.1. The purpose of this report is to outline to IJB members the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland.
 - 1.2. The report also outlines the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association (BMA), Integration Authorities and NHS Boards.
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2. Recommendation

- 2.1. It is recommended that the IJB:
 - Note the content of the report;
 - Note that following a positive result in the poll of GPs and GP trainees, the Scottish General Practices Committee (SGPC) accepted the new Contract on behalf of the progress; and
 - Agree that Chief Officer will now progress the necessary actions within Renfrewshire HSCP to develop the Local Primary Care Improvement Plan (as set out in Section 13) and present this to the IJB in June 2018 for approval.
-

3. Background

- 3.1. A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.
- 3.2. On 13 November 2017, the Scottish Government published the draft 2018 General Medical Services Contract in Scotland.
- 3.3. The benefits of the proposals in the new Contract for patients are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes. In particular this will be achieved through:

- Maintaining and improving access;
- Introducing a wider range of health and social care professionals to support the Expert Generalist (GP);
- Enabling more time with the GP for patients when it is really needed, and
- Providing more information and support for patients.

3.4. The benefits of the new Contract for the profession should be:

- A refocusing of the GP role as Expert Medical Generalist;
- Phase 1 of Pay and Expenses, including new workload formula and increased investment in general practice;
- Manageable Workload – additional Primary Care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care; and
- Improving infrastructure and reducing risk: including management/ownership of premises, shared responsibility as data controller for information sharing, responsibilities for new staff.

3.5. The new GP Contract is the culmination of negotiations between the Scottish GP Committee of the British Medical Association and the Scottish Government. The formal negotiations were informed and supported by a range of other forums including GMS Reference Group (jointly chaired by Andrew Scott, Director of Population Health, Scottish Government and John Burns, Chief Executive NHS Ayrshire & Arran) and tri-partite meetings between Scottish Government, BMA, and nominated Chief Officers of Integration Authorities.

3.6. The Contract is set out in the a number of documents:

- Contract Framework
- Premises Code of Practice
- Draft Memorandum of Understanding
- Letter describing the Memorandum of Understanding

3.7. The new Contract will support significant development in primary care. A Memorandum of Understanding between Integration Authorities, SGPC of BMA, NHS Boards and Scottish Government, sets out agreed principles of service redesign, ring-fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. The initial implementation requirements are set out in the MoU for the first three years (April 2018-March 2021).

3.8. The MoU recognises the statutory role of Integration authorities in commissioning primary care services and service redesign. It also recognises the role of NHS Boards in service delivery, employers and partners to General Medical Service contracts.

- 3.9. The MoU provides reassurance that partners are committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that will reduce workload and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

4. New GP Contract

The aims of the new Contract are to achieve:

4.1. Sustainable Funding

- A new funding formula that better reflects GP workload from 2018 with additional investment of £23 million. Nationally, 63% of practices gain additional resources;
- Individual GP Practice income guarantee – this means the 37% of practices who are not gaining additional resources under the new funding formula will see their funding maintained at current levels;
- A new minimum earnings expectation will be introduced from April 2019. This will ensure that GPs in Scotland earn at least £80,430 (whole-time equivalent and includes employers' superannuation).

4.2. Manageable Workload

- GP practices will provide fewer services under the new Contract in order to alleviate practice workload. New primary care services will be developed to manage this work as it moves from GPs. These services and staff will be the responsibility of IJBs / NHS Boards.
- There will be a wider range of professionals available in, and aligned to, practices who will be working in the community for patient care. New staff will be employed mainly through NHS Boards and aligned or attached to practices to support development of the Expert Medical Generalist role;
- Priority services that will move away from GPs include pharmacotherapy support, treatment and care, and vaccinations;
- Changes will be designed in and happen in a planned transition over three years commencing in 2018/19. There will be national oversight arrangement put in place involving Scottish Government, SGPC and Integration Authorities. We will be developing a local group to provide oversight and to plan our local changes. This may include GPs, the NHS Board and representatives from the Local Medical Committee.

4.3. Reduced Risk

- GP owned premises: new interest-free sustainability loans will be made available, supported by additional £10 million annual investment;
- GP leased premises: over time there will be a planned programme to transfer leases from GP practices to NHS Boards;
- A new information sharing agreement will be introduced, reducing risk to GP contractors with NHS Boards as Joint Data Controllers.

4.4. **Improve being a GP**

- This new Contract recognises the GP as the Expert Medical Generalist (EMG) and senior clinical decision maker. In this role the GP will focus on three main areas: undifferentiated presentations; complex care in the community; and whole system quality improvement and clinical leadership;
- GPs will be part of, and provide clinical leadership to, an extended team of Primary Care professionals;
- GPs will be more involved in influencing the wider system to improve local population health in their communities. GP Clusters will have a clear role in quality planning, quality improvement and quality assurance. In Renfrewshire we have 6 Clusters;
- GPs will have contractual provision for regular protected time for learning and development.

4.5. **Improve recruitment and retention**

- A GP census will inform on going GP workforce planning. There is a national commitment to increase number of GPs in training;
- There is now an explicit aim to increase in GP numbers with a workforce plan due to be published in early 2018.

5. **The 2018 GMS Contract in Scotland (Contract Framework or Scottish Blue Book)**

5.1. There are a number of key aspects of the new Contract and MoU requiring early action are summarised below.

5.2. **Development of Primary Care Improvement Plan**

- IJBs will establish a Local Primary Care Improvement Plan to identify how additional funds are implemented in line with the Contract Framework;
- The Plan will outline how these services will be introduced during, and before the end, of the transition period at March 2021, establishing effective multi-disciplinary team model at Practice and Cluster levels;
- The Plan will be developed in collaboration with local GPs and others and should be developed with GP Subcommittee (or representatives of by agreement locally) as the formally agreed advisors on general medical service matters. Any specific contractual elements must be agreed with the Local Medical Committee.
- IJBs have a statutory duty and the infrastructure established to consult in relation to Strategic Planning and stakeholders should be engaged in the Plan's development;
- Local and Regional Planning recognise the statutory role of IJBs as commissioners. IJBs will give clear direction to the NHS Board on its function to secure these primary care services;
- In developing and implementing these plans, IJBs should consider population health needs and existing service delivery arrangements;

- The IJB will be accountable for delivery and monitoring progress for the local Plan;
- As we have more than one IJB covering the NHS Board area, the 6 IJBs – through the HSCP Chief Officers and others - must collaborate in relation to effective and efficient use of resources.

5.3. **Key Priorities**

Existing work has shown the benefits from working with a wider multi-disciplinary team aligned to General Practice. The MoU outlines the priorities over a three year period (April 2018-March 2021).

- These are:
 - Vaccination services (staged for types of vaccinations but fully in place by April 2021)
 - Pharmacotherapy services – made up, by 2021, of level one core (acute prescribing, repeats, discharge letters, medication compliance reviews); followed by level two additional advanced (medication review, resolving high risk medication problems); level three additional specialist (polypharmacy reviews, specialist clinics)
 - Community treatment and care services (e.g. minor injuries and dressings, phlebotomy, ear syringing, suture removal, chronic disease monitoring) with phlebotomy delivered as a priority in the first stage;
 - Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care;
 - Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services);
 - Community Link Workers.
- New staff will be employed predominantly through the NHS Board and work in models and systems agreed between each HSCP and local GPs;
- New staff should, where appropriate, be aligned to GP practices or groups of practices (e.g. clusters).
- Where appropriate, reconfigured general medical services should continue to be delivered in or near GP practices.
- Existing practice staff continue to be employed by GP Practices; and
- Practice Managers will contribute to the development of the wider Practice Teams.

5.4. **Improving Together Cluster Framework:**

GP Clusters are professional groupings of general practices that should meet regularly with each practice represented by their Practice Quality Lead. The 2017 Scottish Government document - Improving Together - is a quality framework for GP Clusters that shapes continuous improvement of the quality of care that patients receive and states:

- Cluster purpose is to improve the quality of care within the practices and extrinsically through localities;
- Clusters priorities for 2018/19 will support the current Transitional Quality Arrangements;
- Clusters will provide advice in the development and implementation of the Local Primary Care Improvement Plan;
- Practices will provide activity and capacity information to enable quality improvement work to progress and deliver locally;
- Clusters will be supported by Local Intelligence Support Team (LIST) analysts. Healthcare Improvement Scotland will work with HSCPOs to agree further support;
- The peer review process for Clusters is still being negotiated.

5.5. **Funding**

Over the period of implementation, £250m of new funds will be invested in support to General Practice. The funds will support the new practice funding formula, national support arrangements, premises support and the development of the multi-disciplinary team.

- The Scottish Draft Budget proposals for 2018/19 published in December 2017 confirmed a first phase of funding of £110m for 2018/19. This includes the £72m funding already in play;
- A letter was circulated in November 2017 to Practices setting out the implications from the new proposed funding formula and allocating the £23m. No practice has a reduction in funding;
- A proportion (to be confirmed) of the £110m for 2018/9 will be allocated using the NRAC formula to support the development of multi-disciplinary teams in line with the MoU. Primary Care Improvement Plans will set out how these funds will be used.

5.6. **The Wider Role of the Practice**

- Practice core hours will remain as 8am – 6.30pm (or in line with existing local agreements);
- Practices can opt in to provide GP Out of Hours services;
- Practices will continue with the Extended Hours Directed Enhanced Service where they chose to do so;
- The intention is that there will be no more new enhanced services but as there is no alternative to delivering many of the current enhanced services, there is no intention of reducing these and the funding to practices would continue to be available. Any further changes will need to be carefully planned with a rate of change that ensures patient safety, quality of service and practice stability.
- Role and training of Practice Nurses – with the introduction of dedicated treatment and care services, General Practice nurses will be enabled to support holistic and person centred care supporting acute and chronic disease management enabling people to live safely and confidently at home;
- Role of Practice Managers and Receptionists will change. It is recognised that Practice Managers and other practice staff already have a wide range of skills that will continue to be essential for the

future. In addition they will work more closely with the wider primary care system including GP clusters, NHS Boards, HSCPs and emerging new services;

- Information technology investments – it is intended that all GP practices will transition to a new clinical IT system by 2020;
- The Contract will set out the roles and responsibilities of GPs and NHS Boards in relation to information held in GP records. The Contract will recognise that contractors are not the sole data controllers of the GP patient's record but are joint data controllers along with their contracting NHS Board.
- Practices will be required to provide activity, demand and workforce data (through the new SPIRE system unless practices wish to collect the information themselves) and to participate in discussions at cluster level on sustainability and outcomes.

6. Implementation in the Health and Social Care Partnership

- 6.1. The main issues have been covered earlier in this paper. In summary, under the new Contract there is a requirement to develop a Local Primary Care Improvement Plan for each HSCP which must be agreed by the GP Sub Committee. The MoU acknowledges where more than one HSCP is covering a NHS Board area, the HSCPs will collaborate in relation to effective and efficient use of resources. We will therefore work with our 5 other HSCPs in NHS GG&C as we develop our local plan and ensure its is coherent with the plans in other GG&C areas where appropriate.
- 6.2. The HSCP has responsibility for commissioning primary care services which integrate with locality services and are responsive to local needs and work with our GP Clusters. The responsibility for the GMS Contract sits with the NHS Board. The changes envisaged in the new Contract with implementation of: the priority developments, changes to the role of GPs, changes to the role/work of some practice staff, changes to arrangements for GP owned and leased premises, and quality planning and improvement and assurance arrangements are all hugely significant and will require coordination across the Greater Glasgow and Clyde area in order to be well planned and effective.

Implications of the Report

1. **Financial** – The implementation of the 2018 General Medical Services Contract for Scotland will see £250million per annum phased investment in support of General Practice. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this parliament.
2. **HR & Organisational Development** – The new Contract will support the development of new roles within multi-disciplinary teams working in and alongside GP Practices. The Contract also plans the transition of

the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.

3. **Community Planning** – The Wellbeing of people and communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as an integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda.
4. **Legal** – The central purpose of the 2018 GMS Contract is to provide better service to patients by providing stability and sustainability to General practice. In so doing it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – Nil
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – Nil.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Board, GP Sub Committee and LMC. Achieving implementation of the Primary Care Improvement Plans will require a clear three year programme and funding profile. The new contract seeks to address GP primary care sustainability.
11. **Privacy Impact** – n/a.

List of Background Papers – GP Cluster Working and New GP Contract Arrangements (16 September 2016)

Author: David Leese, Chief Officer