

**To: Renfrewshire Integration Joint Board**

**On: 30 June 2023**

**Report by: Chief Officer**

**Heading: Chief Officer's Report**

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	<b>X</b>
	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 developments and operational activity since the last IJB on 31 March 2023 and additional policy developments that the HSCP is building into future workplans, strategies and action plans.
- 1.2. This paper has been developed during an ongoing period of change and uncertainty, particularly within the financial circumstances faced by the IJB. An update on our Primary Care Improvement Plan outlines the funding challenges that are impacting on the HSCP's ability to fully deliver on the objectives of the 2018 General Medical Services (GMS) Contract and supporting Memorandum of Understanding (MOU).
- 1.3. More widely, an Audit Scotland update is provided on the national operating context of IJBs and the significant financial and service challenges facing IJBs over the coming months, including level of transformation expected to be required to ensure the long-term sustainability of services.
- 1.4. Several policy updates are also provided for the IJB's awareness, alongside key operational policies relating to the seasonal flu immunisation programme and COVID-19 vaccination and guidance.

## 2. Recommendations

It is recommended that the IJB note:

**Key HSCP updates, including:**

- The updated Primary Care Improvement Plan and tracker provided to the Scottish Government (Section 4);
- The update on the development of Mental Health and Wellbeing in Primary Services (Section 5);
- The publication of the Scottish Government Adult Neurodevelopmental Pathways Report on Actions, Outcomes and Recommendations (Section 6);
- The withdrawal of the Scottish Government COVID-19 face-masks and face coverings guidance (Section 7);
- The update on the Scottish Government COVID-19 Programme for At-Risk Children 6 Months to 4 years of Age (Section 8);
- The update on the Scottish Government Seasonal Flu Immunisation Programme 2023/24: Confirmation of Adult Cohorts (Section 9).

**National policy updates for the IJB’s awareness:**

- The progress update on the National Care Service (Scotland) Bill (Section 10);
- The publication of the Audit Scotland Local Government in Scotland Overview 2023 (Section 11); and
- The publication of the Audit Scotland Integration Joint Boards Financial Analysis 2021/22 (Section 12)

**3. Background**

3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects the impact of the pandemic on service demand and the ongoing cost of living crisis, which will continue to impact on local communities, providers, and the public sector in coming months and beyond. In addition, Scottish Government policy continues to develop across a range of areas which will have significant impact on the future operation of the IJB and HSCP.

3.2. This paper follows previous Chief Officer update reports to the IJB in providing a summary of the breadth of policy developments that the HSCP continues to respond to as part of, and alongside, service delivery.

**Key HSCP updates**

**4. Primary Care Improvement Plan (PCIP 6) and Tracker**

4.1. Renfrewshire HSCP provides regular updates to the Scottish Government on progress made in the local implementation of Renfrewshire’s Primary Care Improvement Plan. In January 2023, an update was provided to the IJB – the update confirmed that tranche one funding allocation was received on 11 August 2022 for 2022-23 and followed by confirmation of tranche two funding allocation on 8 March 2023.

4.2. The PCIF tranche one allocation received locally comprised of baseline and initial assessment of local PCIF held reserves and allocated funding. The actual funding received was £581,470 and is set out in the table below.

Allocation by IA	IA Name	IA NRAC Share 2022-23 (£)	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	PCIF initial allocation 2022-23 (£)
NHSGGC	Renfrewshire	3.37%	5,721,487	4,005,041	-261,903	-3,161,668	581,470

4.3. The funding received reflected the change in funding allocations for PCIP as highlighted in the Chief Finance Officer's report of the 16 September 2022 whereby the allocation basis for 2022-23 differed from that in previous years and assumed that PCIP reserves were uncommitted, which for Renfrewshire was not the case.

4.4. Tranche two allocations have been calculated based on 30% of £170m allocated via NRAC less additional reserves as of March 2022. The additional reserve deductions reflect the difference between the October 2021 reserve position used to inform tranche one allocations and the final March 2022 reserve position. Confirmation of the local allocation for tranche two is set out below:

Allocation by IA	IA Name	IA NRAC Share 2022-23 (£)	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less further funding held (£)	Final allocation 2022-23 (£)
NHSGGC	Renfrewshire	3.37%	5,721,487	4,005,041	1,185,000	1,736,802

4.5. On 12 May 2023, the HSCP submitted the PCIP Implementation Tracker 6 to the Scottish Government. This tracker is provided as Appendix. Given the formatting of the document it is best viewed online rather than print. The tracker includes financial and other data on the impact of PCIP services future resourcing requirements and detailed information on the capacity, workforce, funding, and MOU implementation profiles. Key highlights include:

- Planned workforce across all 6 workstreams by March 2023 is equal to 120.54 WTE.
- In line with GP Contract/PCIP all 28 GP practices in Renfrewshire have access to the Vaccination Transformation Programme, Community Treatment and Care Services and Pharmacotherapy Services. The 2018 GP contract began a progress of reform to enable Health Boards to centrally provide these services that were previously the responsibility of GP practices by 31 March 2023.
- Community Link Workers continue to be aligned to all GP practices.
- Urgent Care Service, mainly Care Home aligned ANPs, offering a proactive and reactive service.
- Musculoskeletal/Physiotherapy resource continues to be aligned to 14 GP practices locally.

- 4.6. To fully achieve delivery of the 2018 GMS and MOU objectives at a local level, it was previously estimated that it would cost around £12.23m. The Local Government Allocation of £5.72m therefore remains insufficient to fully implement every aspect of the GMS Contract and ensure equity of services/resource. Funding challenges will continue to be subject to ongoing review and discussed regularly at a local, board-wide, and national level through the various governance and joint reporting arrangements.

## **5. Mental Health and Wellbeing in Primary Services**

- 5.1. An update was provided to the IJB in the September 2022 report and included an overview of key actions taken by the HSCP in response to the Scottish Governments Short Life Working Group on Mental Health and Wellbeing in Primary Care Services (MHWCPs) report. The report contained several recommendations relating to the development and implementation of multi-disciplinary teams within Primary Care settings. Planning Guidance was provided to support delivery and implementation.

- 5.2. In response, an action plan to develop a Renfrewshire MHWCPs was submitted to the Scottish Government in May 2022 and approved. The agreed action plan proposed to build on the work progressed in Renfrewshire through Action 15 funding of the National Mental Health Strategy and was reported to the IJB in June 2022. However, the Scottish Government has paused the programme with no further updates on whether the proposed indicative funding aligned with plans will be received. Locally, work continues to strengthen and develop more robust links and pathways in Mental Health and Primary Care Services.

## **6. The Scottish Government Adult Neurodevelopmental Pathways Report on Actions, Outcome and Recommendations from Pathfinder Sites in Scotland**

- 6.1. In March 2023, the Scottish Government published the Adult Neurodevelopmental Pathways Report on Actions, Outcome and Recommendations from Pathfinder Sites in Scotland. The reports includes ten [recommendations](#) to support the development of services in Scotland locally and nationally to better meet the needs of neurodivergent people . This includes several short-term steps over the next 12-24 months alongside longer term work. The report highlights the need for:

- Neurodevelopmentally informed services developed with and for neurodivergent people.
- Neurodiversity affirming, proportionate, relevant support and information across services, communities, and society.
- Timely access to neurodevelopmental assessment, diagnosis and interventions or medical treatments where required.
- Better ways to understand and manage demand and capacity.
- Building workforce capacity including broadening cross sector and multi-disciplinary roles.

6.2. The recommendations recognise the need for neurodevelopmental pathways to replace single condition approaches with the aim of Autism and Attention Deficit Hyperactivity Disorder (ADHD) assessment and support being accessible in all 14 health board areas. It is recommended that an adult neurodevelopmental pathway strategy group is hosted in all HSCPs to support a Stepped Care approach and local action planning.

6.3. Additionally, local Stepped Care pathway models should be developed which will mean forming new teams and partnerships to meet a need not currently met. A four tier model is anticipated and is set out below:

- **Tier 1-2:** Third sector and community services, with access to self-help, peer support, psychoeducation, and a range of provision before, during and after diagnosis
- **Tier 3:** Primary care neurodevelopmental teams, with prescribing and differential diagnosis capability, as well as direct access interventions and supports
- **Tier 4:** Secondary care neurodevelopmentally informed teams

6.4. The HSCP is working collaboratively with other HSCPs across NHSGGC to review current pathways with a view to developing a new neurodevelopmental pathway and service. This will incorporate the report's recommendations and reflect local variation in local need and feedback from neurodivergent people.

## **7. Scottish Government COVID-19 face masks and face coverings guidance withdrawal**

7.1. On 9 May 2023, the Scottish Government confirmed that with effect from 16 May 2023, the COVID-19 extended use of masks and face covering [guidance](#) across all health and social care settings is withdrawn. This includes the use of face coverings in social care settings including adult care homes, hospitals, primary care, and community healthcare settings.

7.2. In the absence of the extended use of face mask/face covering guidance; health and social care services are advised to follow the infection prevention and control (IPC) guidance on the appropriate use of personal protective equipment (PPE) for standard infection control precautions and transmission-based precautions as detailed in the National Prevention and Controls Manual and the Care Home National Infection Prevention and Controls Manual.

## **8. Scottish Government COVID-19 Programme 2023 for at-risk children 6 months to 4 years**

8.1. On 11 May 2023, the Scottish Government Chief Medical Officer provided an [update](#) on the new COVID-19 vaccination programme that will begin during Spring/Summer 2023. The programme is available to all those at clinical risk aged 6 months as of 1 April 2023 and is open to those aged up to 4 years and 364 days as of 1 April 2023. The programme will start on 29 May 2023 and run for a period of 6 weeks to 7 July 2023. This cut off means that some of those 4 year olds identified as eligible will turn 5 during the programme, before receiving

vaccination. The Joint Committee on Vaccination & Immunisation (JCVI) eligibility criteria are available [here](#).

- 8.2. The NHSGGC Immunisation Group have reviewed the guidance and board-wide arrangements have been implemented to deliver the programme. Child Health, the NHSGGC Immunisation Team administering the vaccine, will contact all children 6 months to 4 years to arrange an appointment. To mitigate the risk of missing any children within the cohort, Health Visitors and GPs have been advised to check in with families when seen to enquire about the vaccination – a practice that will be adopted across all localities.

## **9. Scottish Government Seasonal Flu Immunisation Programme 2023/24: Confirmation of adult cohorts**

- 9.1. On 18 April 2023, the Scottish Government confirmed the cohorts and [eligibility criteria](#) for the 2023/24 season flu immunisations programme. The programme continues to be a strategic and Ministerial priority and is designed to protect those most at risk of severe illness from flu and to support the resilience of the health and social care system during winter months. NHSGGC has lead responsibility for mass vaccination programmes.

- 9.2. The flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and set out [here](#). The adult cohort remains the extended cohort same as last year and will be operationally delivered using the same model:

- Planning for the programme will begin in July 2023 with delivery likely to run between September and December 2023 in line with previous programmes;
- There will be mass vaccination clinics for the majority;
- The HSCP Vaccination Team will continue to deliver Older Adult Care Homes and housebound; and
- Those of school age in school and pre-school will be delivered by the NHSGGC Board wide service

### **Wider national policy developments for awareness**

## **10. National Care Service Progress Update**

- 10.1. An update on Stage 1 of the National Care Service (Scotland) Bill was provided to the IJB in March 2023. It was agreed that future progress updates would be provided to the IJB on key developments. On 17 April 2023, the Scottish Government formally requested and agreed an extension to the Stage 1 deadline beyond June 2023. In the meantime, the Scottish Government committed to focusing on continued engagement and co-design activities.

- 10.2. On 24 April 2023, the Finance and Public Administration Committee requested a new timetable for completion of Stage 1 and a revised Financial Memorandum (FM) by 12 May 2023. The revised FM should reflect the Committee's report recommendations dated 1 December 2023 and include a detailed breakdown

on National Care Service (NCS) spend to date with costs arising from the provisions of Bill and those of the wider programme.

10.3. On 9 May 2023, the Scottish Government advised that a proposed Stage 1 timetable would be submitted to Parliament in due course. An updated FM will be provided to the Committee prior to the Stage 1 debate (when date confirmed) and after planned engagement with key stakeholders/partners over the summer period.

10.4. On 23 May 2023, the Scottish Government announced that a range of regional co-design events are planned to take place between June and August 2023 and supplemented with additional local engagement activity. On 7 June 2023, Stage 1 of the Bill was further extended to 31 January 2024 through a motion agreed by Parliament. Given the further delays to timescales, it is not expected that the expected operational date of 2026 will be maintained and there is an increasing likelihood that the National Care Service proposals (once developed and agreed) will be delivered over the course of two Parliamentary terms. A further update will be provided to the IJB in November 2023.

## 11. **Audit Scotland Local Government in Scotland: Overview 2023**

11.1. On 17 May 2023, Audit Scotland Accounts Commission published the third and final overview report of the series which committed to reporting on the strategic medium-term approach on the impact of the COVID-19 pandemic over a three-year period. The report outlines how the pandemic has affected councils and their performance and how councils are best placed to deal with current and future challenges. In summary, key messages include:

- **Finance and Resources** - budget constraints and increasing cost pressures are putting councils' finances under severe strain, with the funding forecast to reduce in real terms.
- **Community needs and inequalities** – the pandemic has affected performance across all service areas and there are signs of growing backlogs and declining performance in some service areas. Changing demographics, pandemic and cost-of-living crisis increase pressure on council services and people already experiencing inequality are most affected
- **Collaboration** – the scale of the challenges ahead means radical change is needed.
- **National Policies** - councils are managing an increasing programme of national reform, including plans for a National Care Service, which comes with substantial funding implications and increased uncertainty.
- **Leadership** - leaders must think radically and make fundamental changes to how councils operate in future, building on the collaborative and innovative ways of working many demonstrated during the pandemic.
- **Workforce** - increasing workforce challenges, including a competitive labour market and high sickness absence levels, are putting councils under continued pressure.

11.2. Reflecting the breadth and scale of these challenges, Audit Scotland calls for urgent and radical change through greater collaboration to maintain services and sets out a range of [recommendations](#) for the Scottish Government, COSLA and Councils to achieve this. In summary, the recommendations seek to:

- Finalise the New Deal for Local Government and provide more detailed financial information to support long term financial planning.
- Increase public transparency about the scale of service demands, backlogs, and changes to eligibility criteria to ration access.
- Strengthen the use of data to understand needs, make decisions and direct resources.
- Maximise collaboration by working with partners, wider public sector and third sector to redesign and provide services, whilst including service users and local communities in this process.
- Invest time and capacity in thinking radically about future operation models by setting out a clear vision for long-term policy and performance priorities.
- Improve workforce planning to effectively and deploy their existing workforce to build capacity, skills, strategic thinking, and workforce data needed for effective workforce planning.

11.3. The report highlights that those financial pressures on Local Government funding continue to persist, and longer-term financial planning arrangements must be reviewed with the involvement of local partners and communities. In addition, the report highlights that an increasing programme of national policy initiatives and reform, including plans for a National Care Service, will result in substantial funding implications and increased uncertainty around service delivery, workforce, and budgets, including adult social care and those services delegated to the IJB.

## **12. Audit Scotland Integration Joint Boards Financial Analysis 2021/22**

12.1. On 6 April 2023, Audit Scotland published the Integration Joint Boards (IJBs) Financial Analysis 2021/22 [report](#). The report sets out the 2012 - 2022 financial position and demonstrates how the pandemic continued to impact the delivery of IJB savings plans. In addition, it highlights the operating context of IJBs, their financial and service challenges, and the medium to longer term financial outlook of IJBs across Scotland.

12.2. The report highlights that IJBs face considerable challenges and immense pressure on their workforce, with the current health and social care workforce working under extreme pressure due to continued recruitment and retention challenges. Considering the financial uncertainties and workforce challenges, the report advises that IJBs have reached the point where significant transformation is needed to ensure the long-term capacity, financial sustainability and quality of services individuals receive.

12.3. With a projected funding gap of £124 million for 2022 - 2023 and the need for most IJBs to draw on reserves to bridge the gap, Audit Scotland recommends that the identification and delivery of recurring savings and reducing reliance on using reserves to fund revenue expenditure is key to ensuring long term



financial sustainability. Our Sustainable Futures Paper, aligned with our Medium-Term Financial Plan 2022-25, sets out the proposed programme approach to delivering this long term financial suitability for services through a package of reform and recurring savings.

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### Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Strategic Plan and Community Planning** – No implications from this report.
4. **Wider Strategic Alignment** – No specific implications from this report, however all activity referenced is undertaken in alignment with the IJBs Strategic Plan, Renfrewshire’s Community Plan, and relevant strategies of NHSGGC and Renfrewshire Council.
5. **Legal** – All updates in this report are consistent with the HSCPs statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets** – No implications from this report.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – No implications from this report.
9. **Fairer Duty Scotland** - No implications from this report
10. **Health & Safety** – No implications from this report.
11. **Procurement** – No implications from this report.
12. **Risk** – Risks arising from the contents of this report are managed on an ongoing basis and reported to the IJB Audit, Risk and Scrutiny Committee as appropriate.
13. **Privacy Impact** – None from this report.

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**List of Background Papers:** None

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### PCIP 6 - Local Implementation Tracker Guidance

#### Purpose of Tracker

We are collecting information about the primary care workforce funded through the Primary Care Improvement Fund (PCIF) and other funding streams, and the activity which is being delivered by these staff. We are also collecting financial information relating to your Primary Care Improvement Plan (PCIP). These trackers have been combined in order to simplify the process.

#### What information is mandatory/voluntary?

Please note that all information is mandatory at this time. We are using the following colour scheme:

Orange cells are required to be completed.

Grey cells are for guidance or are automatically populated

#### Returning the template

The template should be completed and returned via eRDM connect. Those requiring access to eRDM connect should email [julia.vanaart@gov.scot](mailto:julia.vanaart@gov.scot) and instructions will be provided on the site on how to download and return the template.

Trackers should be returned by **12th May**.

If you have any accessibility issues with filling out the tracker, please get in touch.

#### Guidance for completing the form - general

To help you fill out these trackers, we have scheduled support sessions on 13th April and 20th April. As part of these sessions we will talk you through the tracker, and you will be able to ask questions. We will circulate the slides for those who can't make it to these sessions.

#### Guidance for completing the form - definitions and detailed guidance

More detailed guidance is available in a word document also on eRDM connect. [Please read this document before completing the tracker.](#)

PCIP 6

Health Board Area:	NHS Greater Glasgow and Clyde
Health & Social Care Partnership:	Renfrewshire
Total number of practices (overwrite if necessary):	28

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with access to service by 31/3/23 (overwrite if necessary)
Level 1: Authorise/action acute prescribing requests	28
Level 1: Authorise/action repeat prescribing requests	28
Level 1: Authorise/action hospital discharge letters/outpatient requests	28
Level 1: Other	28
Level 2: Medication review (more than 5 medicines)	28
Level 2: other	28
Level 3: poly pharmacy reviews and specialist clinics	28
Level 3: other	28

What type of model are you running this service with? GP embedded or hub based etc.  
Mixture of GP embedded and Hub

How many practices have no access to any of the subservices listed?  
0

Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.  
0

Please provide a (rough) estimate of the percentage of Pharmacotherapy activity that is funded through PCIP.  
>75% - <100%

If responded "other model" being used to run this service, please provide more details here.

**Brief commentary:** This is an NHSGGC coordinated service model. See Workforce and MOU Implementation Profile tab for additional comments. Note: The current Pharmacy Provision within the HSCP does not meet all the demand for Pharmacotherapy within General Practice.

2.2 Community Treatment and Care Services	Practices with access to service by 31/3/23 (overwrite if necessary)	Total weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Total current number of appointments taken up (activity) in a typical week, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
General Practice phlebotomy	28	2032	1741	10
Chronic Disease Monitoring	28			12
CTAC treatment services including but not limited to ear syringing, suture removal etc	28	722	714	20

What type of model are you running this service with? GP embedded or hub based etc.  
Mixture of GP embedded and Hub

How many practices have no access to any of the subservices listed?  
0

Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.  
0

Please provide a (rough) estimate of the percentage of Community Treatment and Care Services that are funded through PCIP.  
>75% - <100%

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)  
22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

**Brief commentary:** This is an HSCP run service. Data Source is Manual Snapshot over a 4 week period - March 2023. Community Phlebotomy Data includes both GP clinics and domiciliary phlebotomy (domiciliary phlebotomy covers a large geographical area thus travel time allocated).

Further work is required to determine chronic disease monitoring numbers separately.

Note: Ear Care offering still awaits implementation across Renfrewshire, plan soon underway re mentoring & training.

Average appointment times may also differ for example, wound care 20-30 mins/injections 10 mins/leg ulcers 30-45 mins/dopplers 60 mins/suture removal 15-20 mins/Emergency appointments 15.

2.3 Vaccine Transformation Program	Practices with access to service by 31/3/23 (overwrite if necessary)
Pre School - Practices covered by service	28
School age - Practices covered by service	28
Out of Schedule - Practices covered by service	28
Adult imms - Practices covered by service	28
Adult flu - Practices covered by service	28
Pregnancy - Practices covered by service	28
Travel - Practices covered by service	28

What type of model are you running this service with? GP embedded or hub based etc.

GP embedded

How many practices have no access to any of the subservices listed?

0

Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.

0

Please provide a (rough) estimate of the percentage of the Vaccine Transformation Program that is funded through PCIP.

100%

If responded "other model" being used to run this service, please provide more details here.

**Brief Commetry:** This is an NHSGGC coordinated service. In NHSGGC we have a mixed model of service delivery and funding for the original VTP and for subsequent additional programmes covering the following: Adult Flu & Covid Immunisation community clinics, Adult Pneumococcal, Shingles, Housebound and Nursing Home residents delivered by a team in each HSCP, Adult Non Routine, Pre 5 Vaccinations, Primary and Secondary School (delivered by one team), Child Ad Hoc Vaccinations 0 -18 years, Prisons –Covid, Flu, Hepatitis B, Travel (contracted externally) and delivered by Maternity Services – Flu/Covid & Pertussis. The total cost of the children and adult programmes is £33.35m (including cost of vaccines) or £24.36m (delivery costs only and excluding cost of vaccinations). Total funding for the programme stands at approximately £28.31m (including funding for vaccinations) in 23-24, resulting in a deficit of £5m; savings are being made, however it is unclear whether financial balance can be achieved and this will be subject to further update as more information becomes available. This could require further funding to be identified to support delivery. Funding from PCIP amounts to approx. £5m (£3.1m adults and £1.9m children's) towards the overall funding package (excluding vaccinations) of £22.917m. The balance is drawn from non-recurring SG COVID 19 vaccination funding of £17.74m and NHSGG&C corporate funding of £0.174m. A share of the non-PCIP funding is used to deliver some of the programmes listed above as part of the mass clinics. Over the year, the programme recruits a large number of bank staff, which is much larger than the numbers shown in this tracker. For example, in 22-23 we recruited almost 1400 people from the bank over the year to work in the COVID and flu vaccination clinics. The use of non-recurring funding places the sustainability of this programme in doubt, and consideration needs to be given to how this programme is funded on a recurring basis moving forward.

2.4 Urgent Care Services	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
In-practice	1	52	52	15
External appointments e.g. house visits or care homes	28	127	103	25

What type of model are you running this service with? GP embedded or hub based etc.

Mixture of GP embedded and Hub

How many practices have no access to any of the subservices listed?

0

Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.

0

Please provide a (rough) estimate of the percentage of Urgent Care Services that are funded through PCIP.

>75% - <100%

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)

22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

**Brief commentary:** This is an HSCP run service and is mainly care home based and reduces care home contacts and visits for care homes. Data Source is Manual Snapshot over a 4 week period - March 2023 and data is based on activity for 8 ANPs. Note: Appointments vary between 20/30 minutes dependant on the complexity of the appointment, with average being 25 minutes. Capacity is also based on travel time and this can vary widely week to week.

**Additional professional services**

2.5 Physiotherapy / MSK	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Practices accessing APP	14	225	209	20

What type of model are you running this service with? GP embedded or hub based etc.

GP embedded

Please provide an estimate of the percentage of the population that has no access to APP.

>25% - 50%

Please provide a (rough) estimate of the percentage of Physiotherapy/MSK that is funded through PCIP.

>75% - <100%

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)

22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

**Brief commentary:** This is an NHSGCC coordinated service model. For 1wte (typical 7.5hr working day), 2hrs indirect daily clinical workload, 10% wte non-clinical, 10% wte funded through MSK Physio, with practitioner working in MSK Physio department (this 10% is not reported in the PCIP Tracker activity, as is not worked in primary care). No cover for leave provided ie sick leave, annual leave or maternity leave. Monthly CPD assigned to absence factor/non-clinical time. Calculations of anticipated Capacity based on Staff templates. Data Source: Actual Weekly Appt, gathered from staff activity reporting - manual count, Average taken for 1 week from February 2023. Actual capacity is/can be affected by Maternity Leave, Vacancies and reduced capacity during staff induction period.

2.6 Mental health workers	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Practices accessing MH workers / support	13	114	114	45

What type of model are you running this service with? GP embedded or hub based etc.

Mixture of GP embedded and Hub

Please provide an estimate of the percentage of the population that has no access to MH workers / support through PCIP.

100%

Please provide a (rough) estimate of the percentage of Mental Health Workers that are funded through PCIP.

0

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)

22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

**Brief commentary:** This service is funded direct through Action 15 Funding, Data Source is currently Manual - monthly spreadsheet collated. Coverage is partial coverage.

2.7 Community Links Workers	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Practices accessing Link workers	28	270	270	60

What type of model are you running this service with? GP embedded or hub based etc.

Mixture of GP embedded and Hub

Please provide an estimate of the percentage of the population that has no access to Link workers.

0

Please provide a (rough) estimate of the percentage of Community Links Workers that are funded through PCIP.

>50% - 75%

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)

13.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

**Brief commentary:** This is a procured service therefore data has been provided direct from the service. Note: Current resource does not meet full demand within General Practice with temporary expansion of the service underway until end March 2024.

2.8 Other - please provide details in the description box below	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Other	3	36	30	60

Please provide a (rough) estimate of the percentage of Other services that are funded through PCIP.

0

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)

22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

**Brief commentary:** This service is funded direct through Action 15 funding, Data Source is currently Manual - monthly spreadsheet is collated.

Snapshot has been taken forward from collation of an average of two months (February/March 2023) activity data with stable workforce and minimal absence.

Workforce profile

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

Table x: Workforce profile (WTE)

Funding category	Financial Year - Please overwrite data if necessary	Service 2: Pharmacotherapy			Service 1: Vaccinations			Service 3: Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
		Pharmacist	Pharmacy Technician	Pharmacotherapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
WTE staff funded through PCIF	In post at 31 March 2022	15.6	17.2	0		2.8		12	23.6	1	5.7	0	1	0	4.3	1	8.8
	In post at 31 March 2023	18.13	15.6	11.8		2.8		17.04	24.83	4.06	8.29	0	1	0	4.4	1	8.8
	FORECAST: In post at 31 March 2024 [b]	19.11	15.8	11.8	8.48	2.8	0.56	17.2	24.83	5	8.3	0	1	0	4.4	1	8.8
WTE staff not funded through PCIF	In post at 31 March 2022																
	In post at 31 March 2023	0	0	0							0	0	0	6.7	0	0	0
	FORECAST: In post at 31 March 2024 [b]						3.84										

[a] please specify workforce types in the comment field

[b] If planned number cannot be estimated, add n/a

[c] please provide more details in the comment field

Comments: Pharmacotherapy Services - 'In the above figures, consideration has been given to infrastructure/leadership posts related to PCIF which support the direct delivery but may not necessarily be based in practice (i.e. capturing PCIF funding for pharmacotherapy in its entirety). This ensures clarity around the total service required to both support, cover and deliver the service is captured.'  
 Vaccinations - WTE staff forecast as at March 24 reflects current model of delivery including notional HSCP NRAC share of the boardwide elements of the programme split between PCIF and non PCIF  
 CTAC - If national CTAC Guidance requires additional interventions/activity to be provided other than that currently provided this will require additional resource than reported above.



Key:

IAs need to input to all orange shaded cells

These are Cells D17:E30, G17:G30, G36, F43:F56

Grey cells are calculated cells - no input required

Integration Authority: Renfrewshire

NHS Board Area: Greater Glasgow &amp; Clyde

Total PCIF 2022-23 (£000): £5,721

**1. Expenditure Forecast 2022-23**All values are in £000s

PCIF programme:	Category	Actual YTD Spend £000s	Actual Spend to the year-end £000s	Total Spend 2022-23 £000s	PCIF AfC uplift costs agreed with Health Boards (3)	Brief Description of Funded Activities (4):
		at 31 October 2022	1 November 2022 to 31 March 2023			
		Total YTD costs (1)	Total Actual Costs (2) - Overwrite if necessary	Total Costs 2022-23		
Vaccination Transfer Programme	Staff costs	100	530	630	42	Nurses and pharmacists for immunisation programme
	Non-staff costs	77	-7	70		Contribution to boardwide vaccination programmes
Pharmacotherapy services	Staff costs	945	887	1,832	129	Pharmacists, technicians and support works
	Non-staff costs	47	24	71		Equipment, travel etc
Community Treatment and Care Services	Staff costs	875	789	1,664	156	HCSW, Admin staff + team lead
	Non-staff costs	80	78	158		Equipment, travel etc
Urgent care services	Staff costs	215	227	442	28	ANP
	Non-staff costs	13	23	36		Travel
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	161	118	279	20	Physiotherapists,
	Non-staff costs	0	0	0		0
Community Link Workers	Staff costs	0	0	0		0
	Non-staff costs	151	98	249		Wellbeing workers - 3rd party
Other - please provide detail in Description box	Staff costs	34	27	61	5	Support services
	Non-staff costs	35	-35	0		Equipment, other

<b>Total Expenditure</b>	<b>2,734</b>	<b>2,759</b>	<b>5,493</b>
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<b>2. Legal commitments and reserve position</b>	<b>Value in £000s</b>
Forecast PCIF reserve position at 31 March 2023 (5)	£1,514
Actual spend on legal commitments agreed with SG in 2022/23 (6)	£295
Forecast spend on legal commitments agreed with SG for future years (7)	£1,145

### **3. Three year spend summary**

All figures in £000s

		<b>2021-22 outturn</b>	<b>2022-23 outturn</b>	<b>2023-24 forecast (8)</b>
<b>PCIF programme:</b>	<b>Category</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
Vaccination Transfer Programme	Staff costs	458	630	719
	Non-staff costs	70	70	70
Pharmacotherapy services	Staff costs	1,182	1,832	2,532
	Non-staff costs	31	71	25
Community Treatment and Care Services	Staff costs	1,058	1,664	2,014
	Non-staff costs	134	158	161
Urgent care services	Staff costs	386	442	679
	Non-staff costs	40	36	10
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	314	279	319
	Non-staff costs	0	0	0
Community Link Workers	Staff costs	259	0	0
	Non-staff costs	0	249	249
Other - please provide detail in Description box	Staff costs	N/A	61	63
	Non-staff costs	N/A	0	25
<b>Total Expenditure</b>		<b>3,932</b>	<b>5,493</b>	<b>6,866</b>

NB: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your forecast 2023-24 spend below (9);

Legal commitments slightly increased to account for new pay award and minor adjustment in original submission.

Table x: Intended workforce (WTE)

Service intentions (based on staffing complement required to deliver against each of the MoU services as defined in section 7 the guidance).

Funding category	Service 2: Pharmacotherapy			Service 1: Vaccinations			Service 3: Community Treatment and Care		
	Pharmacist	Pharmacy Technician	Pharmacotherapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	Nursing	Healthcare Assistants	Other [a]
WTE Service intentions funded through PCIF	52	41	16.8	8.48	2.8	4.4	17.2	35.83	1
WTE Service intentions <u>not funded through PCIF</u>									

[a] please specify workforce types in the comment field

Comment: Pharmacotherapy:  
 In line with the Directors of Pharmacy letter of 6/4/23, it is not possible to advise on the workforce requirements as the draft directions as worded are not deliverable. Any new funding should be directed to a recurring Pre-Registration Pharmacy Technician pipeline and increased numbers of Trainee Pharmacist places. Investment in appropriate technology and infrastructure, eg Digital Prescribing Dispensing Programme will enable appropriate utilisation of current workforce and allow standardisation of processes to maximise efficiency gains

Cost to deliver service intentions (based on staffing complement required to deliver against each of the MoU services as defined in section 7 the guidance).

All figures in £000s

PCIF programme:	Category	Total - Overwrite if necessary
Vaccination Transfer Programme	Staff costs	792
	Non-staff costs	502
Pharmacotherapy services	Staff costs	6,363
	Non-staff costs	562
Community Treatment and Care Services	Staff costs	2,218
	Non-staff costs	100

NB: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your service delivery spend below;

VTP includes central costs, outwith MOU, value is £0.552m.  
 Pharmacotherapy Services - Additional recurring investment is required to deliver Pharmacotherapy Services as at local level the service is currently supported by a number of temporary posts being funded through PCIP reserves.