

**To: Renfrewshire Integration Joint Board**

**On: 2 October 2020**

**Report by: Chief Officer**

**Heading: Delivering the 2018 General Medical Services Contract in Scotland  
- Update on the Development of the Primary Care Improvement Plan  
(PCIP) & COVID-19 PCIP 3 Template Return**

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. Purpose

- 1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with an update on the delivery of the Renfrewshire HSCP Primary Care Improvement Plan (PCIP) and the requirement for a COVID-19 PCIP 3 template return to the Scottish Government by 16 October 2020. The need to respond to the COVID-19 pandemic brought some, but not all PCIP implementation to a pause.

## 2. Summary

- 2.1 Before the COVID-19 pandemic, the HSCP was over halfway through the Primary Care Improvement Programme cycle that emerged from the 2018 GP Contract. The Contract and associated Memorandum of Understanding (MOU) set out a planned transition over three years commencing in 2018/19 that requires an extensive programme of change to achieve the transition to support expanded teams of HSCP and NHS Board employed health professionals to create a skilled multidisciplinary team surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist. Funding for this programme was phased by Scottish Government over 4 years to March 2022.

The six key priorities to be implemented over a three year period (April 2018-March 2021) include:

- **Vaccination** Transformation Programme – all services to be Board run by 2021. Note due to the impact of COVID-19 the transfer deadline for this MOU area has been extended to March 2022.
- **Pharmacotherapy** – a pharmacotherapy service to the patients of every practice by 2021.
- **Community Treatment and Care** Services – a service in every area, by 2021, starting with phlebotomy.
- **Urgent Care** – a sustainable advanced practitioner service for urgent

- unscheduled care as part of a practice or cluster based team by 2021
- **Additional Professional Roles** – the addition of members of MDT such as physiotherapists and mental health workers for first point of contact care
  - **Community Links Workers** – non clinical staff, to, supporting patients who need it, starting in deprived areas.
- 2.2 On 23 March 2020 the Scottish Government wrote to advise Integration Authority Chief Officers/Chief Finance Officers to pause PCIP and tracker returns until the impact of COVID-19 had significantly reduced.
- 2.3 Scottish Government wrote on 25 August 2020 and have developed a COVID PCIP 3 template (a copy is attached at Appendix 1, for information) by HSCPs for return by 16 October 2020; this is to provide the National GMS Oversight Group with the information it needs. The approach incorporates the PCIP 3 and workforce tracker into one document. The key aim of this is to establish the current position on delivery, including the impact on COVID on existing plans, and to understand how the extended multi-disciplinary team will continue to be developed between now and March 2021.
- 2.4 This information is not required to go through the formal IJB sign off process. However, as per the MOU, the work to complete the return must involve the IJB and GP sub-committee and be agreed with the LMC (Local Medical Committee).
- 2.5 Locally, implementation of the PCIP has remained steady with a number of the MOU priorities set out within Year 1 2018/19 and Year 2 2019/20 have been successfully delivered.
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### **3. Recommendation**

It is recommended that the IJB:

- Note the progress towards delivery to date; and
- Note requirement for COVID PCIP 3 return to the Scottish Government by 16 October 2020.

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### **4. Background**

- 4.1 The Scottish General Medical Services contract was agreed in January 2018 and new regulations were introduced to Parliament on 1 April 2018. The contract focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021. As part of the Contract, a Memorandum of Understanding (MOU) was developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MOU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expert medical generalist.

## 5. Current position with delivery

5.1 During the COVID pandemic a number of PCIP staff had to be redeployed however the HSCP have continued to work to ensure all we do is consistent with the direction of travel set out in the GMS Contact/MOU. There are many aspects of our COVID response and recovery work that have built upon our PCIP work thus far and enabled GPs to focus on their expert medical generalist role. These steps include investment in attend anywhere to enable all GPs to offer digital triage and consultations (telephone or video) as standard thereby minimising foot fall into the practice premises; enabling digital links to patients in care homes by introducing attend anywhere into homes wherever possible; progressing development of local phlebotomy services in line with Community Treatment and Care Services and development of COVID Assessment Centre to ensure symptomatic patients are assessed in a safe space away from each GP practice.

5.2 Other key achievements in delivery include:

- Pre-school immunisation clinics are in place. Renfrewshire HSCP was an early adopter for a 'community clinic' model. Previously child immunisations were provided in GP practices and this work has been removed from GP workload since 2018.
- School Based Immunisations are being provided by the NHSGG&C Immunisation School Health Team within Renfrewshire Schools.
- Advanced Nurse Practitioners (ANP) – 2.6wte resource has been aligned to 5 GP Practices. In addition 2.0wte Care Home Liaison Nurse ANPs are proactively working in 6 residential homes to reduce the need for unscheduled GP visits to care homes.
- Advanced Practice Physiotherapists (APPs) – 3.6wte have been aligned to 11 GP Practices as part of their wider multi-disciplinary team working. APPs can serve as first point of contact for patients presenting with acute musculoskeletal conditions.
- Flu Vaccination programme for the housebound is delivered each year by the HSCP flu team. Carers are also opportunistically offered this at home. This reduces GP and practice workload considerably and within the guidelines set by public health of achieving flu programme. This is being extended for the 2020 flu programme.
- 13 Community Link Workers have been recruited and now aligned to every GP practice working on a one/two days per week basis per practice. This third sector partnership supports all aspects of people's health including advice, housing and physical activity.
- Pharmacists and pharmacy technicians – 24.6wte have been recruited and is working to free up GP time by dealing with some routine and emergency prescriptions.
- 29 GP practices are benefiting from our new community phlebotomy service.
- A Team Lead for Community Treatment and Care Services has been recruited. These services are still being developed and will include access to management of minor injuries, dressings and suture removal service.

5.3 Two Treatment Room Nurses have also been recruited to support our initial work to develop Community Treatment and Care Services locally; however these staff members remain deployed within our COVID Assessment Centre with the addition of an ANP. This will slow our existing plans to have two initial treatment rooms up and running by October/November 2020. Further recruitment is underway but it is unknown at this stage whether these staff members will also need to be deployed to support our ongoing COVID response.

5.4 Key challenges to overall implementation include:

- The availability of additional pharmacists and pharmacy technicians.
- Time required from GPs to train attached staff e.g. ANPs, and non-medical prescribers.
- Accommodation space to deliver effective primary care services, both in GP practices and in HSCP premises.
- IT to establish new ways of working in extended primary care teams
- Even if we have the full staffing complement and premises available the current proposed funding is unlikely to cover the full cost implementation of the contract.

These challenges are continually being reviewed and discussed with the clear aim to identify potential solutions both locally, NHS Board wide and Nationally.

## 6. Next Steps

6.1 Further work is required to develop the service models in those areas which are less well developed; in particular Community Treatment & Care Services where establishing local treatment room services remain an HSCP priority. Ongoing recruitment to extend multi-disciplinary teams will also continue between now and March 2021 and beyond given full funding for the GP contract/MOU does not come into play until financial year 2021/22.

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## Implications of the Report

1. **Financial** - Primary Care Improvement Fund allocation in 2020/21 for Renfrewshire is £3,735,000 to facilitate service redesign through the Primary Care Improvement Plan. £1,864,880 of this resource has been received. The scale and pace of change is explicitly linked to available finance and workforce.
2. **HR & Organisational Development** - The new Contract supports the development of new roles and multi-disciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical Generalist. This requires robust workforce planning, support to the development of new teams and roles, and consistent approaches across GGC.
3. **Community Planning** - The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda. Ongoing engagement with community groups and service users will help to outline any issues with new ways of working in primary care.
4. **Legal** - There are no legal issues with this report.
5. **Property/Assets** - Property remains in the ownership of the parent bodies. As a function of the PCIP, an HSCP wide accommodation and premises survey was undertaken to facilitate sharing of space and collocation of working within primary care.
6. **Information Technology** - Managing information and making information available will require ICT input. Collocation of staff members within general practice requires updates to IT systems to ensure members of the multidisciplinary teams can effectively work together.
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 during 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 is only possible with full engagement of all IJBs, NHS Board, GP Sub Committee and LMC. The new contract seeks to address GP primary care sustainability. Workforce availability across all Allied Health Professionals/extended roles have been recognised as a challenge nationally.
11. **Privacy Impact** - N/A

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**List of Background Papers:** COVID PCIP 3 Template – For information

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Health Board Area:
Health & Social Care Partnership:
Number of practices:

**MOU PRIORITIES**

2.1 Pharmacotherapy	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices with PSP service in place			
Practices with PSP level 1 service in place			
Practices with PSP level 2 service in place			
Practices with PSP level 3 service in place			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.2 Community Treatment and Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices with access to phlebotomy service			
Practices with access to management of minor injuries and dressings service			
Practices with access to ear syringing service			
Practices with access to suture removal service			
Practices with access to chronic disease monitoring and related data collection			
Practices with access to other services			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.3 Vaccine Transformation Program	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Pre School - Practices covered by service			
School age - Practices covered by service			
Out of Schedule - Practices covered by service			
Adult imms - Practices covered by service			
Adult flu - Practices covered by service			
Pregnancy - Practices covered by service			
Travel - Practices covered by service			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.4 Urgent Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices supported with Urgent Care Service			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

**Additional professional services**

2.5 Physiotherapy / MSK	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices accessing APP			

Comment / supporting information  
 Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.6 Mental health workers (ref to Action 15 where appropriate)	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices accessing MH workers / support			

Comment / supporting information  
 Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.7 Community Links Workers	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices accessing Link workers			

Comment / supporting information  
 Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.8 Other locally agreed services (insert details)	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices accessing service			

Comment / supporting information  
 Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery



**Workforce profile**

Health Board Area: Health & Social Care Partnership:
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**Table 1: Workforce profile 2018 - 2022 (headcount)**

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			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 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)												
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]												
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]												
TOTAL headcount staff in post by 31 March 2022	0	0	0	0	0	0	0	0	0	0	0	0

[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

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

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			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												
INCREASE in staff WTE (1 April 2018 - 31 March 2019)												
INCREASE in staff WTE (1 April 2019 - 31 March 2020)												
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]												
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]												
TOTAL staff WTE in post by 31 March 2022	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

[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

Comment: