To:	**Renfrewshire Integration Joint Board**
On:	**20 September 2019**
Report by:	**Chief Officer**
Heading:	**Delivering the new General Medical Services (GMS) Contract: Update on Primary Care Improvement Plan**

1. Purpose

1.1 This report provides an update to the Integration Joint Board on the implementation of the Primary Care Improvement Plans across NHS Greater Glasgow & Clyde and the submission of updated plans in line with Scottish Government guidance.

Key issues to be considered include:

- Substantial progress made on implementation across all six HSCPs.
- Scale and complexity of development and implementation required to achieve the Memorandum of Understanding requirements.
- Financial trajectories and overall affordability.
- Workforce trajectories and requirement for effective workforce planning
- Premises requirements.

1.2 The report also contains the Renfrewshire Primary Care Improvement Plan (PCIP) Implementation tracker, attached at Appendix 2, which covers the period April to September 2019. It is required that the implementation tracker be shared with the Scottish Government by the 30 October 2019 to provide assurance that implementation is progressing as set out in our PCIP. Our Tracker for 2018/19 was submitted to the Scottish Government in April 2019.

2. Summary

2.1 The new Scottish General Medical Services (GMS) contract aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. The intended benefits for patients of the proposals in the new contract 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.

2.2 Primary Care Improvement Plans (PCIPs) sets out how each HSCP will use the available resources to deliver and to support these improvements to patient care, enabling access to the right professional at the right time and freeing up GP time to focus on more complex cases.

3. Recommendations

The Integration Joint Board is asked to:

- Note progress on implementation of the Primary Care Improvement Plans and the new GMS contract across NHS Greater Glasgow & Clyde as per Appendix 1; and
- Note the short update in the paper on local progress and the implementation tracker for the period April to September 2019.

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4. Local Update (Year 2 - 2019/20)

4.1 The HSCP is now well into Year 2 of the new GMS Contract. The Implementation Tracker (Appendix 2) provides an overview of progress to date in delivering our local PCIP against the MoU commitments for the period April to September 2019. The continuing developments outlined with the tracker, builds upon our initial positive progress in 2018/19 towards establishing new multi-disciplinary teams and related services.

4.2 Our progress on the key contractual continues as set out below.

Key developments since April 2019 include:

- Advanced Nurse Practitioners (ANP) – A Care Home Liaison Nurse, Advance Nurse Practitioners has been recruited to. This staff member will take up post in September 2019 and will work with West Renfrewshire GP practices to reduce the need for unscheduled GP visits to care homes.
- Additional recruitment of pharmacists and pharmacy technicians. These roles will commence later in the year to increase the resource to practices to support delivery of IDLs, acute scripts and pharmacist led clinics.
- 8 additional GP practices are benefiting from a new phlebotomy service, increasing this initial resource to 18 out of our 29 GP practices. Work is also underway to engage with the remaining practices.
- Vaccination Transformation Programme:
    - Plans are in place to deliver the 2019/20 Flu vaccination programme for patients that are housebound and over the age of 18. Similar to last year's programme carers will also be opportunistically offered the flu vaccination if at home.
    - Work is being progressed to pilot ways of working for the delivery of routine childhood Flu to eligible 2-5 year olds. 7 of our GP practices will benefit from this work and 1200 children will be offered the vaccine.
- Advanced Physiotherapy Practitioners **(**APP) – An additional APP resource has been aligned to a further 3 GP Practices. Embedding APPs in the practice multidisciplinary teams provides patients with a safe and effective alternative to a GP consultation. Patients who have seen an APP have reported high levels of satisfaction in seeing a specialist clinician who is able to fully assess, diagnose and manage their MSK condition.
- Additional Link Worker resource is currently being offered to our larger practices. Link Workers work to support people to live well through strengthening connections between community resources and primary care. Individuals are assisted to identify issues and personal outcomes then supported to overcome any barriers to addressing these by linking with local and national support services and activities. This model will be extended to pilot new ways of working in the most deprived areas of the HSCP to provide more of an outreach approach.

- A number of other enabling supports are in place including; educational and training for advance practice and signposting cards continue to be distributed locally to increase awareness and understanding of services and resources that can be accessed rather than presenting to GP as first port of call. A programme of work is also underway to free up space within GP practices locally to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records.

4.3 Although our local implementation progress has remained steady, further work is required to finalise if additional funding and/or additional actions or time is needed to enable full delivery of the programme by April 2021. Our Local Medical Committee have confirmed if full delivery is not possible on this timeline, the HSCP will need to review the PCIP and this may include the re-prioritisation of some work streams over others or changes to the models of delivery. We will continue to work proactively and constructively with our GP Sub Committee and LMC on all aspects of GP contract delivery.

4.4 Over the next six months the undernoted programme of work will be taken forward locally to continue to expanded teams of HSCP and NHS Board employed health professions in and around general practice.

- Additional round of recruitment for pharmacists and pharmacy technicians.
- Further recruitment for an additional Advanced Nurse Practitioner, Care Home Liaison Nurse ANP and Advanced Physiotherapists Practitioner**.**
- Ongoing work to support the expansion of the Vaccination Transformation Programme.
- Scoping of works to provide Treatment room services available to every practice e.g. chronic disease monitoring and wider treatment room services (e.g. wound dressing, ear syringing).

4.5 A supporting programme of work will also be undertaken to support leadership in multidisciplinary teams and to help enable the service redesign needed to deliver the wider support and change to primary care services in order to underpin the GMS contract.

4.6 Patient and public engagement will also remain a priority to ensure that we are fully engaging with patients and carers about any changes they may see over the next few years in their GP practices.

Implications of the Report

1. **Financial -**.Primary Care Improvement Plans have earmarked funding through the Primary Care Investment Fund. Potential challenges in delivering all required commitments within available funding are detailed in the paper.
2. **HR & Organisational Development -** The new Contract supports the development of new roles and muti-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 intergral 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 accomodation and premises survey was undertaken to facilitate sharing of space and colocation 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 publised 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** - Risk is considered within each HSCP's plan. Overall risks are highlighted in the paper.
11. **Privacy Impact -** N/A

List of Background Papers: None

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Appendix 1

Delivering the new General Medical Services Contract
Update on Primary Care Improvement Plans – NHS Greater Glasgow & Clyde

Introduction

1. The new Scottish General Medical Services contract was agreed in January 2018. It aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. The intended benefits for patients of the proposals in the new contract 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.

2. A range of provisions were set out in the new contract documentation and accompanying Memorandum of Understanding (MoU). The MoU is an agreement between Integration Authorities, the Scottish General Practitioners Committee of the British Medical Association, NHS Boards and Scottish Government on principles of service redesign, ring fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. This included a commitment for each Health and Social Care Partnership (HSCP) to develop a 3 year Primary Care Improvement Plan (PCIP) setting out how new Multi Disciplinary Teams would be created, working with practices to deliver primary care services.

3. The contract and MoU set out a planned transition over three years commencing in 2018/19 which requires a substantial programme of change across six HSCPs, 237 GP practices and 39 practice clusters across NHSGGC.

4. The NHS Board received reports in February 2018 and October 2018 setting out the requirements of the new contract and the initial agreement of Primary Care Improvement Plans. This paper provides a further update on progress with implementation of the new contract and the Primary Care Improvement Plans.

Background

5. Primary Care Improvement Plans were developed in 2018 within a common GG&C wide framework which set out a structure for the Plan, agreed principles and common approaches. The first round of PCIPs were agreed with the GG&C GP Subcommittee and approved by IJBs, with all six plans being approved by September 2018.

6. The PCIPs had to deliver specific commitments to establish new Multi Disciplinary Teams, with a related contractual commitment to transfer responsibility for some specific areas of service delivery away from GP practices by March 2021. The MoU was clear that the extent and pace of change to deliver the changes to ways of working over the three years (2018-21) would be determined largely by workforce availability, training and funding.

7. The contractual commitments to be delivered by March 2021 are:

    - Transfer of responsibility for vaccination and immunisation delivery (Vaccination Transformation Plan or VTP).
    - Provision of a comprehensive range of Pharmacotherapy Services through provision of practice support pharmacists.
    - 'Treatment room services' available to every practice. Community phlebotomy, chronic disease monitoring and wider treatment room services (e.g. wound dressing, ear syringing)

8. Additional requirements were to develop:

- Urgent Care (ANP/paramedic roles). Initially focused on new advanced practice roles to undertake home visits and other urgent care.
- Link workers. Building on the existing community link worker pilots.
- Other professional roles such as MSK physiotherapy and mental health workers.

9. Funding for the new Multi Disciplinary Teams was provided through the Primary Care Improvement Fund. This was £45.7m across Scotland in year one (2018/19), with an expected rise over the next four years to £50M in 2019-20, £105M in 2020/21 and to £155M in 2021/22. This was allocated to NHS Boards based on NRAC share and allocated in full to HSCPs. This equated to £10,219,379 for NHSGGC in 2018/19 and is expected to rise in line with the indicative increase for Scotland set out above; amounts for 2019/20 and beyond are indicative only and allocation letters for 2019/20 have not yet been received as at end July 2019. It was noted by Chief Officers (nationally and locally) that from the outset when the first funding letter was issued in May 2018, that funding was shown over a 4 year period to March 2022 but contractual commitments are due to be delivered by March 2021.

10. In March 2019 Scottish Government guidance was issued which required:

    - An update of PCIPs for year 2 to be developed and agreed with GP Subcommittees.
    - Completion of an implementation tracker showing progress against plan (to be completed every 6 months with the first of these completed by end April 2019 for the period July 2018 to March 2019)
    - Completion of workforce and finance trajectories in support of the plans.

Year 1 Implementation

11. The PCIP implementation trackers set out the detailed position for each HSCP and these are summarised at Appendix 1. Substantial progress has been made in the first year of the PCIPs towards establishing new Multi Disciplinary Teams and related services. In most areas of the MoU, progress has been made to recruit and deploy additional staff or to develop and agree clear models for implementation. Progress on the key contractual commitments is set out below.

12. **Pharmacotherapy Services**. The new Pharmacotherapy services have built on an already well embedded pharmacy service in primary care over the last twenty years and on the successful model developed through the Inverclyde New Ways programme, with all GP practices receiving a range of prescribing support and advanced clinical pharmacy services. The new contract requires delivery of a new three tiered pharmacotherapy service, which is being implemented in a phased approach across all GG&C GP practices. In year one, the number of pharmacists in practices has doubled from a baseline of 71, with a rolling recruitment programme to 2022 of up to 16 new posts every 6 months. Further work is underway to develop the skill mix including pharmacy technicians and pharmacy assistants, and to review processes within practices and at the interface with hospitals and community pharmacists to ensure that processes are as streamlined as possible.

13. **Vaccination Transformation Programme (VTP)**. The VTP has a number of strands for different types of immunisations and vaccinations, covering both children and adults. The table below summarises current and expected progress within the 3 year contractual timeframe. For routine childhood immunisations, 39 out of 40 community clinics had been established by April 2019 with the final one following shortly after once accommodation was resolved. This enables complete removal of all routine childhood immunisation delivery from all GG&C GP practices. The trajectory for the development and implementation of alternative models for the other workstreams is summarised in the table.

VTP Overview

Programme	Year 1	Year 2	Year 3	2021/22
Routine Childhood				
2-5 yr old flu				
Childhood mop-up				
Vaccinations in pregnancy				
Adult vaccinations*				
Travel vaccinations**				

Key	
Planning	
Test of change/ Planning	
Full implementation	

*Shingles – significant contraindications with live vaccine currently used, programme cannot be transferred safely until staff have real time access to clinical records. However, a new non-live vaccine has been licensed and switch in UK is expected over next two years.

**Travel – national Level 1 triage in development, Level 2 treatment and advice service to be scoped in Year 2/3

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14. **Community Treatment and Care Services**. Just under half of all practices now have access to a phlebotomy service provided by the HSCP. A core intervention list for Community Treatment and Care Services has been agreed, and this is being rolled out and further developed in each area, with a third of all practices currently accessing these services. In areas where there was an existing treatment room model, this has provided a basis for expansion and establishing consistent approaches. Progress is more challenging in areas such as East Dunbartonshire which are starting from scratch with limited existing shared accommodation options.

15. There has also been significant progress on other priority areas in the Memorandum of Understanding, although these are not linked to contractual commitments in the same way:

16. **Advanced Practice Physiotherapy (APP)**. Across GGC there are now 13 WTE APPs working in 30 GP practices. Building on the model established in Inverclyde, Advance Practice Physiotherapists in GP practices are the first port of call for patients with Musculoskeletal (MSK) problems and can be seen for assessment and advice or onward referral. The aim is to release GP time, provide early access to an MSK specialist, increase patient choice and empowerment, improve the patient journey and reduce referral rate to other services. Fill rate for appointments is high with the service working best where patients go straight to see the APP rather than seeing the GP first. Patients seeing the APP are less likely to be prescribed medication or referred for imaging and are more likely to receive self care advice. This model is being kept under review and adapted as lessons are being learned.

17. **Community Link Workers**. 73 GP practices currently have access to Link Workers with plans to extend this further. Community Links Workers (CLW) support people to live well through strengthening connections between community resources and primary care. In addition, Community Links Workers support the GP practice team to become better equipped to match these local and national support services to need. CLW roles are delivered through third sector partners including the Health and Social Care Alliance, Renfrewshire Association of Mental Health, CVS Inverclyde and West Dunbartonshire Community Volunteering Service. Delays to establishing arrangements in some areas have been linked to the required procurement process.

18. **Urgent Care**. A range of initiatives has been developed to support the 'urgent care' workload within practices. This includes Advanced Nurse Practitioners (ANPs) carrying out home visits; a

model in Glasgow HSCP of ANPs in residential and nursing homes, and the continuation of paramedic input in Inverclyde. Work is continuing to better define the urgent care need that services are to respond to, develop an effective model or models, and to develop the number of staff in our ANP workforce.

19. **Mental Health.** During year one (18/19), the focus has been on establishing what models of mental health workers in primary care would be most appropriate in light of the local profile of needs and existing services. A key point is the need to map and understand the range of services and supports available so that pathways are clear for practices and patients. This is being jointly developed alongside the planning for Action 15 of the Scottish Government Mental Health Strategy 2017-27 which commits to increasing the workforce to give access to dedicated mental health professionals to all GP practices and will continue to be a focus for year 2 of the plans**.**

20. In addition to these specific priorities, practices have been supported with signposting and triage training to ensure patients are signposted to the most appropriate health or social care professional. This includes the new teams, and existing services in the community such as community Optometry and Pharmacy as well as existing direct access services (e.g. Podiatry). Support on workflow management has also been provided to support new ways of working within practices.

21. Patient and public engagement has taken place in each HSCP area through public engagement forum arrangements, linking to the wider approach being taken through Moving Forward Together and 'Choose the Right Service' campaigns. This remains a key area for development, to ensure that we are fully engaging with patients and carers about the changes they will see over the next few years in their GP practices.

22. This is the first year of a significant change programme within primary care and GP practices and will take at least 3 years and probably longer to fully implement. Although substantial progress has been made, a number of challenges have been identified which will have to be addressed to ensure delivery over the next two/three years.

23. These include:

    - The time required to engage with GPs and others to develop and implement new models while continuing to deliver services under pressure;
    - Time and capacity required to recruit new staff and support into new roles;
    - Accommodation challenges to host new MDT members in or near to practices;
    - Availability of key groups of staff and risks of destabilisation as staff move from existing roles;
    - Balancing locally identified needs and priorities with the requirements set out in the contract and the MoU;
    - Developing approaches which work for all practices, in particular small practices;
    - Local deployment of resource to ensure fairness, transparency and equity;
    - Capacity for change management within HSCPs and within GP practices, to implement new ways of working and maximise the impact of the MDT and new roles.

24. A further contextual point for us in GG&C is that Inverclyde HSCP is in a unique position; it had already begun to deliver on most areas of the MOU through the New Ways pilot/test of change started in 2015/16. This was funded through the former Primary Care Transformation Fund. Local Inverclyde GPs and the HSCP have been clear on priorities and have been progressing these; however the funding now allocated by Scottish Government has meant that essentially Inverclyde has been at a standstill position since 2018 as there is no capacity to increase staffing levels or services within current funding until 2022/22. This also means that the learning from Inverclyde approaches for the rest of NHSGG&C has been curtailed.

25. Alongside the implementation of the Memorandum of Understanding, practice sustainability remains a key consideration with some practices facing significant challenges with recruitment

and locum cover. Across NHSGGC, there is currently one GP practice directly managed by the Health Board where the existing GP partners were unable to sustain their contract. The focus of HSCPs is to try to identify and support practices before crisis stage; as the new teams are developed, this has created an opportunity to prioritise additional resource to support those practices in particular need on a short term basis.

Year 2 plans

26. PCIPs have been updated for year 2 in each of the six HSCP areas along with completion of workforce and finance trajectories. They also include specific additional narrative and information as required by Scottish Government for these updated plans on Continuity of Care, Local workforce Planning, Patient Engagement, Physical and Digital infrastructure, Funding and Evaluation.

27. The year two plans and trajectories highlight a series of issues both with short term implementation and the longer term trajectory to deliver the MoU. Many of these were highlighted on submission of the initial plans in 2018 and have continued to be a feature of discuss between the national group of Chief Officers and Scottish Government, the national Primary Care Leads Group and at the GMS Oversight group which brings together SGPC, SG, NHS Board CEOs and HSCP Chief Officer representatives.

28. **Workforce**. Based on current models and trajectories, there is an expected additional workforce requirement of 654WTE from a baseline of 1 April 2018 to deliver the contract and MoU commitments in full. This is across the full range of staff groups as set out in the MoU. Workforce remains a significant challenge with a lack of availability in key roles at the scale required. This is a particular pressure for Advance Nurse Practitioner roles and Pharmacists, as well as MSK Physiotherapists. Some of the levers to address this require national action, particularly on training places, and this has been raised through the National Oversight Group and other forums.

29. It is also important to be mindful of the impact on the rest of the system of seeking to recruit at this scale across a range of professional groups, in order to avoid destabilising other parts of the system. This is particularly relevant for Pharmacists, Physiotherapists and Advanced Nurse Practitioners (ANP) where there is high demand across acute, community, primary care and independent contractor services. Individual GP practices are also increasing the demand for ANP posts: as practices directly employ and can set their own terms and conditions, these posts can be very attractive with a risk that staff developed and trained within NHS roles are moving on quickly.

30. Within the GG&C areas HSCPs are committed to the following principles:
    - Approaches across GGC should share consistent principles and pathways, role descriptors and grading, scale (numbers of staff per practice/ patient population)
    - Recruitment should be co-ordinated across GGC where appropriate taking account of existing professional lead and hosting arrangements.

31. Workforce planning for the Primary Care Improvement Plans is being considered in conjunction with the Board's wider Moving Forward Together strategy including modelling of requirements and existing workforce, consideration of changes in other services and reviewing skill mix models.

32. Developing new teams at this scale, working with 237 GP practices, also requires significant change management support within and across the HSCPs and individual practices. This will be a focus for year two to ensure that practices are supported to maximise the potential of the MDT and establish effective working relationships and processes to enable the development of the GP 'expert medical generalist role'.

33. **Funding and affordability**. Confirmed funding to support the MoU implementation rises over a period of 4 years to March 2022. However, the MoU and its commitments as agreed in

January 2018 cover a 3 year period to March 2021. Additional pressures/costs have also arisen since the original allocation, most significantly the increase in employers' pension contributions which will affect the cost of the additional workforce required. The full costs of the Community Treatment and Care Services and the Vaccination Transformation Programme remain as estimates at this stage as the delivery models for implementing these at scale are finalised. Long term affordability of the MoU commitments therefore remain a concern and as plans develop we continue to model the implications of delivery at a GG&C scale. PCIP updates and financial trajectories currently highlight an expected gap between required funding based on current models, and expected available funding.

34. The early identification of these potential challenges to delivery within the three year time frame for the contract commitments means that there is time to develop alternative models and approaches, and consider the prioritisation of investment. This is being taken forward across the workstreams, particularly for Pharmacotherapy and Physiotherapy including looking at different skill mix and models of new staff working across multiple practices. The Primary Care Investment Fund continues to be planned alongside separate allocations for GP out of hours primary care (£5m nationally) and for Mental Health commitment 15 (£11m nationally) and connections are being made to ensure that these are aligned to best effect. The national components of these issues will continue to be discussed at the GMS National Oversight Group on which HSCP Chief Officers and NHS Board CEOs are represented.

35. **Accommodation** for the new MDTs within existing contractor or HSCP premises is currently a rate limiting factor for the PCIPs with immediate pressures on space to accommodate new teams and refurbish or extend GP and NHS Board premises, and a lack of identified funding to support this. There is a comprehensive programme of back-scanning of medical records underway across GG&C to free up space within practices to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records.

36. These issues have created some challenges for the agreement process of the PCIPs updates with the GP Subcommittee. The GP Subcommittee has agreed that plans can now be submitted to Scottish Government, however, this comes with the following caveats.

    PCIP 2 is intended to provide an update on the PCIP agreed by the IJB and the GP Subcommittee in 2018. In most areas of the MoU significant progress has been made to develop the models with the aim to meet the GP Contract agreement by 2021. It is evident that while we work towards meeting the ambitious plan for delivery by April 2021 (this being the GP Contract/MOU timeline), the national funding framework to enable delivery runs until March 2022. There are significant challenges to be addressed if we are to deliver the full plan by April 2021. While some of the challenges can be addressed at an HSCP/NHS Board level, a number may require national level discussion to agree on a way forward.

    Further work is required to finalise if additional funding and/or additional actions or time is needed to enable full delivery of the programme in our HSCP. If full delivery is not possible on this timeline, the HSCP will review the PCIP and this may include the re-prioritisation of some work streams over others or changes to the models of delivery in some or all. The LMC/GP Subcommittee is unlikely to agree a plan which will not deliver the GP Contract as agreed in 2018. It is agreed that the HSCP is committed to delivering on all elements of the Plan and GP Contract/MOU by April 21 but clearly that this is contingent on funding and workforce issues being addressed both locally and nationally.

37. Patient and public engagement is a key part of each of the PCIP plans for year 2 and beyond. This includes communication of changes at practice and HSCP level, ongoing engagement about the rationale and expected benefits of the new MDTs, signposting to the most appropriate services, support to 'choose the right service' and working with established engagement structures on the impact and outcomes of any changes. The plans highlight that this needs to be part of an integrated approach to engagement and culture change linking to Moving Forward Together messaging and national information and support campaigns.

New GMS Contract: additional commitments and changes

38. The update to the NHS Board in October 2018 set out progress in implementing changes to the GMS regulations and the issue of new contracts. Contractual processes with practices have now all been updated in line with new regulations and agreed with the Local Medical Committee. Revised contracts have been issued to all practices.

39. The regulations introduce a more explicit requirement for practices to provide data on workforce, activity and quality. Arrangements for capturing and analysing this, including access at NHS Board, HSCP, cluster and practice level, are currently being developed across Scotland with the Information and Statistics Division (ISD). This will give significantly enhanced data for planning purposes and to assess the impact of the changes both within primary care and the wider health and care system

40. The new contract supports a long-term shift towards a model which does not presume that GPs own or provide their practice premises. This will be a transition over 25 years, supported in the short and medium term by interest-free sustainability loans of up to 20% of premises value for owner occupied premises and a planned programme to enable NHS Boards to take on leases from practices. 50 practices in NHSGGC which own their own premises have applied for sustainability loans; funding has been identified nationally for all of these and will be provided to practices imminently when the loan agreement is finalised between Scottish Government and the Scottish General Practitioners Committee of the British Medical Association.

41. Work is underway to establish a register of those leases which practices may seek for the Board to take on. A recent information gathering exercise will inform the process for reviewing and approving these. Taking on the lease for a GP premise will require the NHS Board to consider the strategic fit for how GP premises and other accommodation in that area are being used and/or need to be further developed to optimise space use and ensure accommodation is appropriate and meets current and future needs

42. The new contract includes an ongoing commitment to Quality Improvement through GP Clusters. Clusters are professional groupings of general practices that should meet regularly, with each practice represented by their Practice Quality Lead (PQL). The key role of a cluster is to improve the quality of care within the practices, cluster and locality with a focus on quality planning, quality improvement and quality assurance.

43. Clusters are well established across NHSGGC with 39 clusters in place involving all practices and each with a Cluster Quality Lead (CQL). Cluster profiles and data sets to inform cluster discussions, identification of quality improvement opportunities and inform peer review have been developed and will be provided to clusters with support over the coming months. New guidance on the role of clusters and Cluster Quality Leads was issued in June 2019 is being reviewed to ensure appropriate arrangements are in place.

Benefits to patients

44. The key patient benefits of the new GMS contract and MoU are intended to be:
    - Freeing up GP time to focus on those who most need it, usually people whose care needs are complex
    - Improved access to a wider range of professionals available in practice and the community
    - Direct access to the person or team with the most appropriate skills
    - More on line access (for appointments, prescriptions and advice)

45. The contract is based on the core principles of effective general practice which underpins the role of primary care in the wider health system (the 'four Cs'):
    - Contact – Maintaining and improving access

- Comprehensiveness – A wider range of health professionals and a focus on GPs as Expert Medical Generalists
- Continuity – Time with a GP when it is really needed
- Co-Ordination – care based around a registered patient list, including more information and better help to navigate the system

46. These aims are a key contributor to the wider outcomes for NHS Scotland and the Clinical Strategy that people who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible.

47. The implementation of PCIPs and the approach to evaluation and patient engagement are based on these intended benefits. The approach to evaluation is described further below. While it is too early to be able to provide full evidence on the realisation of benefits, early evidence from implementation (particularly in Inverclyde, which has informed the programme across GGC and Scotland) has shown positive impacts including on GP time, patient safety (Pharmacy), links to wider services (Linkworkers), self management, reductions in prescribing and onward referral (Advance Practice Physiotherapy).

Strategic Connections

48. **Moving Forward Together**: PCIPs and MFT have been developed in parallel and are mutually reinforcing. MFT envisages the development of an enhanced community network of services and staff which go beyond the changes identified in the new contract and MoU. The PCIPs are an opportunity to build an infrastructure and base for further 'MFT' developments. In particular, there may be a case to accelerate or extend the scope of community treatment and care services, with additional resource, to link to emerging cases for change from the local care and planned care groups.

49. **EHealth**. There is a range of e-health enablers to ensure that the new MDTs can work effectively and that practices redesign their processes to make the most of the potential benefits. A key current barrier is the lack of an information sharing agreement between practices and NHS Boards; this is being progressed by Scottish Government but is not yet in place (should have been in place by summer 2018) and has been flagged as 'red' by all HSCPs across Scotland in the implementation trackers.

50. **Premises**. The short term challenges in identifying suitable accommodation for the new MDT have highlighted a need for a more strategic approach (locally and across Scotland). There are a number of additional drivers which reinforce this:

    - The requirement for NHS Boards to include GP owned premises and premises leased by GPs from private landlords in their Property and Asset Management Strategies.
    - A national survey of GP premises will report shortly and will highlight pressures and opportunities within the GP owned/leased estate
    - Changes to the approach to independent contractor premises gives the NHS Board the option to take on practice leases and potentially to take on ownership of existing contractor premises in time through the loans scheme. There is a need for a clear strategic view to inform decisions in these areas
    - The premises requirements for MFT to support the vision of an enhanced community network
    - The forthcoming Scottish Government Capital Investment Strategy focused on 'local care'

51. Initial discussions, led by the Director of Estates and Facilities and the Chief Officer of Renfrewshire HSCP, have taken place about the process required to develop a comprehensive premises strategy to maximise the opportunities to attract funding and to make the most of existing assets. This will work will continue through 2019/20

Evaluation

52. The Primary Care National Monitoring and Evaluation Strategy was published in March 2019. This sets out a core set of high level indicators, as well as evaluation of specific elements of change in conjunction with the Scottish School of Primary Care and Healthcare Improvement Scotland. This will consider how the changes brought in by the new contract contribute to the national Primary Care Outcomes.

53. A local evaluation framework has also been agreed within NHSGGC. This is seeking to answer a number of key questions on the implementation and impact of the new contract and establishment of the multi disciplinary team. Baseline measures are currently being established and the next phase of evaluation will focus on outcomes at patient, practice and wider system level. This will be informed by improved data available nationally on activity and quality indicators. The key questions for the evaluation are:

    - Have we shifted non-complex work to the wider MDT and concentrated complexity on GP resource?
    - Are the new ways of working improving professional satisfaction and sustainability in primary care?
    - Are patients confident and satisfied in their use of the new primary care system? - Are patient outcomes and safety sustained and improved under the new system?
    - Have we improved equity across primary care?
    - What are the impacts of the new GP contract on the wider health system (not just healthcare)?

54. As this has been the first year of a (minimally) 3 year change programme with services being established using a phased approach, it is too early to see the outcome on these system wide indicators. However, the implementation of the plans, including prioritisation across the work streams, is based on existing evidence of likely impact (informed by the work in Inverclyde) and the use of improvement methodology to gather local data on the impact of change at a small scale as part of a cycle of continual improvement and to inform the further development of the new models.

Governance and Reporting

55. Integration Joint Boards have responsibility for the development of Primary Care Improvement Plans through their HSCP and for ensuring the delivery of the commitments set out within them. Each Integration Joint Board has therefore established reporting arrangements to provide assurance and accountability for delivery.

56. The NHS Board has responsibility for contracting for the provision of primary medical services. Each GP practice holds a contract with the NHS Board. NHS Boards are also responsible for the pay, benefits, terms and conditions for those employees engaged in the delivery of primary care services, and for the ownership and lease of premises for delivery of NHS services.

57. The Primary Care Improvement Plans have to deliver the required changes set out in the GP contract, specifically to establish services to enable a transfer of responsibility for some services away from GP practices. The NHS Board therefore needs assurance that the collective impact of the plans will be sufficient to meet the contractual requirements. This update forms part of the regular reporting requested by the NHS Board on implementation of the Primary Care Improvement Plans and related contract requirements.

58. The NHSGG&C Primary Care Programme Board (PCPB) was been established in February 2018 to guide and oversee the development of PCIPs across the 6 HSCPs and to ensure there is a coordinated and coherent approach to planning and delivery where required. The PCPB is chaired by a Chief Officer and brings together HSCP representatives with Primary Care Support (Board wide service hosted by Renfrewshire HSCP) and leads for system wide priority areas. This enables a collaborative approach to implementation and further planning, to ensure that local and system wide requirements are met.

59. Specific aspects of the contract changes and enablers above fit within already established governance structures and reporting arrangements as set out in the NHSGGC Standing Financial Instructions and Scheme of Delegation. Examples of this include:
    - GP Premises: processes and individual decisions to be agreed through Finance and Planning Committee in line with the Scheme of Delegation.
    - IT: eHealth strategy group with escalation to Finance and Planning Committee in line with the Scheme of Delegation
    - GMS regulations and contract changes: Primary Care Programme Board with escalation to Finance and Planning Committee in line with scheme of delegation.
    - Vaccination Transformation Programme (impact on immunisation rates): Public Health Committee Board
    - HR and staff governance including workforce planning staff governance committee.

Next steps

60. Implementation of PCIPs will continue in 2019/20 along with further progress on finalising models and trajectories. A further tracker must be completed by each HSCP by end October 2019 for period April to September 2019. A further report will be brought to the Finance and Planning Committee following that.

Primary Care Improvement Plans: Implementation Tracker

Health Board Area: NHS Greater Glasgow & Clyde (NHSGG&C)
Number of practices: 237

Implementation period - Year 1 (2018/19) **From:** July 2018 **To :** March 2019

	fully in place / on target	partially in place / some concerns	not in place / not on target
Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	5	1	
PCIP Agreed with GP Subcommittee	5	1	
Transparency of PCIF commitments, spend and associated funding	5	1	

Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported		6	
comment / supporting information	*51 applications received; funding agreed, awaiting final national agreement*		
GP Leased Premises: Register and process in place		6	
Comment / supporting information	*19 expressions of interest, process for agreement currently in development*		
Stability agreement adhered to	6		
GP Subcommittee input funded	6		
Data Sharing Agreement in Place			6
comment / supporting information	*National data sharing agreement awaited*		
HSCP			
Programme and project management support in place	6		
Support to practices for MDT development and leadership	3	2	1
GPs established as leaders of extended MDT	2	4	
Workforce Plan reflects PCIPs		4	2
Accommodation identified for new MDT	2	2	2
GP Clusters supported in Quality Improvement role	5	1	
EHealth and system support for new MDT working		3	2

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	3	3	
Pharmacotherapy implementation on track vs PCIP commitment	3	2	1
Practices with PSP service in place	**14, 43, 13, 16, 29, 16**		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment	2	3	1
Development of CTS on schedule vs PCIP	1	4	1
Practices with access to phlebotomy service	**115**		
Practices with access to CTS service	**82**		

Vaccine transformation Program			
PCIP VTP plans meet contract commitment	**3**	**2**	
VTP on schedule vs PCIP	**3**	**3**	
Pre-school: model agreed	**6**		
practices covered by service	**232**		
School age: model agreed	**4**	**2**	
practices covered by service	**205**		
out of schedule: model agreed	**1**	**2**	
Adult imms: model agreed	**1**	**3**	**1**
Adult Flu: model agreed		**6**	
Pregnancy: model agreed	**2**	**2**	
Travel: model agreed	**1**	**3**	
Urgent Care Services			
Development of Urgent Care Services on schedule vs PCIP	**3**	**3**	
Additional Services (complete where relevant)			
APS – Physiotherapy / MSK			
Development of APP roles on track vs PCIP	**5**	**1**	
Practices accessing APP	**30**		
Mental health workers			
On track vs PCIP	**2**	**1**	**1**
APS – Community Links Workers			
On track vs PCIP	**4**		**1**
Practices accessing Link workers	**73**		
Other locally agreed services (insert details)			
Service			
On track vs PCIP	**3**	**1**	
comment / narrative	**welfare rights, OT, workflow management**		

Overall assessment of progress against PCIP	**1**	**4**	

Notes

Where numbers do not add up to 6, this was left blank in one or more HSCP returns, reflecting, for example, an area where there was no year 1 commitment.

Narrative for the key areas of implementation is provided in the covering paper.

Primary Care Improvement Plans: Implementation Tracker (Autumn 2019)

Appendix 2

Health Board Area: NHS Greater Glasgow & Clyde (NHSGG&C)

Health & Social Care Partnership: Renfrewshire Health & Social Care Partnership

Number of practices: 29

Completed by: Chris Johnstone, Acting Clinical Director & Angela Riddell Change & Improvement Officer (PCIP Project Management Support)

HSCP/Board Renfrewshire HSCP/GG&C

GP Sub Committee Dr Gordon Forrest, GP Sub Representative

Date: Sep-19

Implementation period - Year 2 (2019/20)

From: April 2019

To: September 2019

	not in place / not on target	partially in place / some concerns	fully in place / on target
Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	R	A	G
Comment / supporting information	Renfrewshire Primary Care Transformation Group continues to provide oversight/assurance regarding progress. This group review progress on Renfrewshire's PCIP and delivery of the agreed outcomes andcontinue to develop plans in partnership. Our local GP Sub Committee and Local Medical Committee (LMC) Representatives are members of this group. Local LMC Rep is also a member of the NHSGG&C Primary Care Programme Board.		
PCIP Agreed with GP Subcommittee	R	A	
Comment / supporting information (date of latest agreement)	With the combined challenges of funding and workforce pressures, the LMC previously confirmed that they were not able to sign off the updated PCIP for 2019/20. However, it was confirmed in writing that the updated PCIP was to be implemented locally and the new services and staff were to continue to come on stream. In addition, it was agreed for the PCIP to be submitted to the Scottish Government. Main issue for agreement is around the path for full delivering on the New Contract commitments by April 2021. *See risks below which will impact on this.		
Transparency of PCIF commitments, spend and associated funding	R	A	G
Comment / supporting information	Transparency of PCIF commitments continue to be subject to standing agenda item at Renfrewshire's Primary Care Transformation Group meetings. Transaction reports are shared with local GP Sub Committee/LMC representative. Regular progress updates of PCIP commitments and spend is also subject to CQL and GP Forum meetings. A grid of practices and local implementation is in place to ensure equity of resources.		

Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported	R	A	G
comment / supporting information	Applications	No.	51
	Loans approved	No.	51 (provisional)
	narrative:	Funding available for all applications subjection to finalisation of loan agreement.	
GP Leased Premises: Register and process in place	R	A	G
comment / supporting information	Applications	No.	17 expressions of interest
	Leases transferred	No.	0
	narrative:	Process for developing the register under development: 17 expressions of interest from practices seeking assignation of lease.	
Stability agreement adhered to	R	A	G
comment / supporting information	Enhanced Services agreed annual in line with stability agreement; local arrangements developed in relation to vaccination prior to national guidance. Some concerns expressed about changes to wider community services (e.g. Sandyford).		
GP Subcommittee input funded	R	A	G
comment / supporting information	Additional sessions and HSCP reps funded in 18/19 to support new contract and PCIP processes, in addition to core GP Subcommittee funding. Final agreement re balance of new funding still to be confirmed. To move to a more standardised approach in 19/20 supported by new funding.		
Data Sharing Agreement in Place	R	A	G
comment / supporting information	An information sharing agreement which sets out the rules to be applied by a Health Board and a GP Contractor when sharing information with each other is being developed. This is a key enabler and is required as a matter of urgency to support the implementation of the PCIPs.		

HSCP			
Programme and project management support in place	R	A	G
comment / supporting info	A designated HSCP team is fully in place consisting of project management support, leads for work-streams & financial support. This team support the development and implementation of the PCIP in partnership with key stakeholders and work proactively with our GP Sub Committee and LMC on all aspects of GP contract delivery.		
Support to practices for MDT development and leadership	R	A	G
comment / supporting info	A supporting programme of work is being scoped to support leadership in multidisciplinary teams and to help enable the service redesign needed to deliver the wider support and change to primary care services in order to underpin the GMS contract.		
GPs established as leaders of extended MDT	R	A	G
comment / supporting info	As above.		
Workforce Plan reflects PCIPs	R	A	G
comment / supporting info	Workforce planning is one of the most significant challenges highlighted in the development and implementation of the Primary Care Improvement Plans both in terms of availability of workforce at a sufficient scale to support all practices in terms of the change process required to support effective working for new teams. Across NHSGG&C, Workforce planning for the PCIPs is being considered in conjunction with the Boards wider Moving Forward Together strategy which sets a vision and direction for clinical services in the future.		
Accommodation identified for new MDT	R	A	G

comment / supporting info	As detailed within risk section *1 space is at a premium in existing premises and many practices may be unab to accommodate the potential increase in staff employed by the HSCP, specifically in developing Community Treatment and Care Services. On a positive note, all new roles e.g. APPs , ANPs, Link Workers have been accommodated within practices to date. An ongoing local stock take of primary care accommodation capacity contines to be undertaken, which has helped inform local implementation to date. The National Survey of GP premises will beused to inform future planning and investment.		
GP Clusters supported in Quality Improvement role	R	A	**G**
comment / supporting info	6 CQLs have been appointed and fully engaged and meetings with PQLs - Cluster Quality Improvement plans/activity on-going.		
Ehealth and system support for new MDT working		**A**	G
comment / supporting info	Within GG&C, the ehealth team works in conjunction with HSCPS in the introduction of new services and processes within practices.		

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	R	A	**G**
Pharmacotherapy implementation on track vs PCIP commitment		**A**	
Practices with PSP service in place	29		
WTE/1,000 patients	18wte all team - this includes 6.6wte of existing PSP team - pharmacists & 3.0wte technicians (PST)		
Pharmacist Independent Prescribers (as % of total)	68%		
	Level 1	Level 2	Level 3
Level of Service	19	18	13
comment / narrative	**Level 1** - there are a number of practices in the 19 that have some of the cover although not fully - around 5 have almost full cover in level 1**Level 2** - there are some aspects of level 2 carried out in 18 of the GP practices. **Level 3** - there are some aspects of this carried out throughout 13 of the practices but is not fully delivered in any practice. Recruitment of PSPs/PSTs is part of NHSGG&C recruitment process, early indication is showing there are not enough PSPs & PSTs to fill the posts without destabilising the rest of the NHS. Recruitment of pharmacotherapy assistants is also on-going to support the PSPs and PSTs in practice to deliver more level 1,2 & 3 support.		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment		**A**	G
Development of CTS on schedule vs PCIP	R	**A**	G
Practices with access to phlebotomy service	18		
Practices with access to CTS service	Initial shift of work has been around phlebotomy. Initial appointed Health Care Assistants are currently based within individual practices in the first instance whilst IT/Telephony and accommodation solution is finalised.		
Range of services in CTS	narrative		
comment / narrative	Renfrewshire has no history of treatment rooms. Scoping of works to provide Treatment room services available to every practice is currently underway with some rooms identified however these will require modification works to be carried out.		
Vaccine transformation Program			
PCIP VTP plans meet contract commitment	R	A	
VTP on schedule vs PCIP	**R**		G
Pre-school: model agreed	R	A	**G**
practices covered by service	29		
School age: model agreed	R	A	**G**
practices covered by service	29		
out of schedule: model agreed	**R**		G
practices covered by service	R	A	G
Adult imms: model agreed	**R**		G
practices covered by service			
Adult Flu : model agreed		**A**	
practices covered by service	29 (Housebound Flu only) - Building on the success of last year plans are in place to deliver the 2019/20 Flu vaccination programme for patients that are housebound and over the age of 18. Similar to last year's programme carers will also be opportunistically offered the flu vaccination if at home.		
Pregnancy: model agreed	R	**A**	G
practices covered by service	29		
Travel: model agreed	**R**		G
practices covered by service			
comment / narrative	Pre 5 Immunisation clinics run daily. School aged immunisations continue to be delivered by the board wide school immunisation team. They will also cover flu vaccination for school agreed children. Work is also bein progressed to pilot ways of working for the delivery of routine childhood Flu to eligible 2-5 year olds. 7 of our GP practices will benefit from this work and 1200 children will be offered the vaccine. Immunisation of pregnant women for pertussis and flu will be delivered by Maternity Services in 2019/20. Adults Programme - Begun modelling to anticipate demand and model of delivery.		
Urgent Care Services			
Development of Urgent Care Services on schedule vs PCIP	R	A	**G**
practices supported with Urgent Care Service	5 practices have been supported in year 1 with practice based ANP (2.6wte). In addition 1.0wte Care Home Liaison Nurse ANP has been recruited to for all West Renfrewshire practices x 16. This member of staff will take up post in September 2019.		
comment / narrative	1.0wte Care Home Liaison Nurse ANP for Paisley Practices is currently at recruitment stage . This role will essentially allow practices to triage in the first instance and if they decide a house call is required they would then inform the ANP who will be accepting requests across the locality areas.		
Additional Services (complete where relevant)			
APS – Physiotherapy / MSK			
Development of APP roles on track vs PCIP	R	A	**G**
Practices accessing APP	7		
WTE/1,000 patients	2.5wte / 35,588		
comment / narrative	7 practices have currently been aligned APP resource with addition 1.0wte currently at recruitment stage.		
Mental health workers			

On track vs PCIP	R	A	G
Practices accessing MH workers / support	No. practices		
WTE/1,000 patients			
comment / narrative	There are some new proposals currently being developed for GP Liaison Mental Health Nurses.		

APS – Community Links Workers			
On track vs PCIP	R	A	G
Practices accessing Linkworkers	29		
WTE/1,000 patients	Offering 1 day resource to every GP practice (where feasible)		
comment / narrative	Link Worker Resource has been aligned to every Renfrewshire GP Practices. Additional Link Workers resource is currently being offered to larger practices and model will be extended to pilot new ways of working in the most deprived areas of the HSCP to provide more of an outreach approach.		

Other locally agreed services (insert details)			
Service	R	A	G
On track vs PCIP	R	A	G
practices accessing service	29		
comment / narrative	Previous facilitated training sessions have been held around document workflow management and signposting for GP practice staff to relieve pressure on GPs and develop new ways of working.		

Overall assessment of progress against PCIP	R	A	G

Specific ongoing Risks remain around:

1) **Accommodation** - *1 Fit for purpose accommodation is essential to deliver effective primary care services and to establish new ways of working in extended primary care teams. Space is at a premium in existing premises and many practices may be unable to accommodate the potential increase in staff employed by the HSCP, specifically in developing Community Treatment and Care Services.

2) **Time -** required from GPs to train attached staff e.g. ANPs and non medical prescribers and pharmacy team.

3) **IT**- specifically in relation to fully integrating teams. Digital technology will be central to delivering the transformational change that is necessary in order to support integrated teams in delivering new models of

4) **Staff Recruitment** -Staffing requires recruitment of new, qualified pharmacists and ANPs of which there are limited numbers within the health board. The availability of key staff groups continues to require action at national level, particularly to ensure sufficient training places and development of skills for primary care.

5) The increase in superann contributions may impact on the overall wte to support implementation of the PCIP if the Primary Care Improvement Fund allocation does not include provisions to meet the additional costs associated with this.

6) Capacity for **change management** within the HSCP and within GP practices, to implement new ways of working and maximise the impact of the MDT and new roles

7)Even if we have the full staffing complement and premises available the current proposed **funding** would not cover the full implementation of the contract.

Barriers to Progress

E-health, Recruitment, Accommodation and funding to support change in room usage.

Issues FAO National Oversight Group

Data Sharing Agreements. An information sharing agreement which sets out the rules to be applied by a Health Board and a GP Contractor when sharing information. This is a key enabler and is required as a matter of urgency to support the implementation of the PCIPs. In addition, Mentoring of staff, Accommodation and National approach to ensure individuals are able to access the right service.