ITEM No …11………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 AUGUST 2024

REPORT ON: DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB43-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2023/24 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2024/25

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the progress in implementing the Dundee Primary Care Improvement Plan (PCIP) 2023/24 (attached as Appendix 1) and the key achievements as described in Section 4.

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2024/25 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3.

2.3 Notes that aspects of the Plan which have been directed by the Scottish Government to be fully implemented continue to have ongoing gaps, for a range of reasons outlined.

2.4 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.

2.5 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund to the Dundee Primary Care Improvement Group as noted in Section 3.7.

2.6 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Improvement Plan 2024/25 to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 The Plan is supported by funding – Primary Care Improvement Fund (PCIF) - from the Scottish Government linked to the General Medical Services (GMS) 2018 contract. The spend has increased in 2023/24 as teams have continued to develop services and recruit staff to deliver the services.

3.2 A comparison of 2023/24 planned spend and actual spend is detailed in Table 1. And the year-on-year increased spend and service growth is shown in Table 2.

Table 1 2023/24 spend against allocation

	Approved PCIF Planned Spend	Actual Funding / Expenditure
	£'000	£'000
SG Allocation	***5,706***	**5,659**

Plus B/F Reserves	***32***	**32**
Forecast Expenditure -		
VTP	*482*	482
Pharmacotherapy	*905*	769
CT&CS	*1,930*	1,862
Urgent Care	*956*	800
FCP / MSK	*517*	527
Mental Health	*273*	307
Link Workers	*237*	291
Other	*442*	641
Total	***5,738***	**5,678**
Year End Carry Forward	***0***	**13**

Table 2 Summary of Year-on-Year actual spend

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£'000	£'000	£'000	£'000	£'000	£'000
VTP	76	157	171	220	441	482
Pharmacotherapy	208	352	494	589	758	769
CT&CS	50	355	772	890	1,585	1,862
Urgent Care	43	125	241	377	690	800
FCP / MSK	0	150	255	359	407	527
Mental Health	6	81	157	126	246	307
Link Workers	0	153	192	192	220	291
Other		88	247	201	698	641
Total	**383**	**1,461**	**2,528**	**2,955**	**5,046**	**5,678**

3.3 The allocation letter for 2024/25 has recently been received and is in line with the previously intimated plan that national core funding would be stable at £170m i.e. there is no expected increase.

3.4 As anticipated, Reserves brought forward from 2023/24 (£13k) are to be used to contribute to this year's overall allocation.

3.5 The Planned spend for 2024/25 is noted in Table 3 below, including some further anticipated recruitment where teams are not yet at full capacity. Indicative spend for 2025/26 (and recurringly) is also noted in this table, based on the assumption that all teams are fully recruited for the entire year.

3.6 Whilst 2024/25 pay award is not yet known, it is assumed that additional funding will be made available from Scottish Government to fund this.

Table 3 Proposed 2024/25 Financial Plan

	2024/25 Planned Spend		Indicative Full Year Cost (Recurring)
	£'000		£'000
SG Allocation *	**5,933**		**5,933**
Utilisation of b/f Reserves	**13**		
Forecast Expenditure -			
VTP	497		497
Pharmacotherapy	960		1,263
CT&CS	1,989		2,020
Urgent Care	925		1,094
FCP / MSK	570		570
Mental Health	260		299
Link Workers	239		240
Total	**5,440**		**5,982**

Strategic Earmark / Contingency / (Slippage)	263		-49
Additional Non-Recurring			
Other **	243		
Total	**242**		**0**
Projected Total Annual Spend	**5,946**		**5,982**

*Including receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB
** Expenditure levels being reviewed, and alternative sources of funding being sought

3.7 Recruitment challenges have been experienced across most teams but remain most significant in Pharmacotherapy. The anticipated slippage in 2024/25 provides some flexibility across the wider funding allocation to continue to fund some non-recurring costs and allow consideration of alternative short-term spend for any other current year priorities. This will continue to be overseen by the Dundee Primary Care Improvement Group. A modest funding gap is indicated for future years; however, it is anticipated this can be managed within the overall resources.

3.8 The expectation from Scottish Government remains that all areas of the Memorandum of Understanding (MOU) will be delivered but the greatest focus is on 3 areas as noted in previous reports: pharmacotherapy, care and treatment services and vaccination transformation, and these will become legally required.

3.9 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director, as agreed previously, with the monitoring of this budget overseen by the Dundee Primary Care Improvement Group. The Local Medical Committee remains core to this process and has to agree all plans, including finance.

3.10 There remains a short-term commitment to support GP recruitment and retention. The anticipated number of GPs in the career start pathway for this financial year is not yet known so there is a degree of uncertainty around this cost. PCIF is not a long-term funding source for GP recruitment and retention spend so other sources of funding are being sought, although no progress has been made with this in the past year. It has been highlighted to Scottish Government as a gap and related risk.

3.11 Local Transitionary payments - a payment to general practice for work they continue to undertake that should now be delivered by other teams within the HSCP/NHS Tayside - may be required to practices for the 3 agreed core areas which could have been implemented from April 2023. Guidance was issued by the BMA to practices with a template letter which could be given to patients where the practice were no longer responsible for the service delivery but the local HSCP is not delivering the service. This is due to the lack of any transitionary payments process being agreed nationally. No additional funding is available to support this and any locally agreed arrangements would need to come from the existing PCIF envelope. The majority of work in the 3 core areas has transferred in Dundee and we are not aware of the letter being used but are aware it may be if further progress is not made. To date, no Transitionary Payment arrangements have been required for Dundee Primary Care Improvement Fund services.

4.0 MAIN TEXT

4.1 Background

4.1.1 The current changes to the GMS contract were introduced in 2018, when a Tayside Primary Care Implementation Plan and a local delivery plan for Dundee were both introduced. There have been a number of changes agreed with the Scottish Government in relation to national expectations of implementation over that time, partly due to the impact of the pandemic. The initial 3-year timescale was extended for this with implementation for 3 core areas due to be fully in place by April 2023 (and not 2021 as originally planned).

4.1.2 The IJB has previously considered papers setting out the context and challenges within primary care and this has set a context for the approval by the IJB of the annual Primary Care Improvement Plan. This paper provides an update to those previous plans.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans:

- The Vaccination Transformation Programme (VTP)

- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care
- Additional professional roles - such as musculoskeletal focused physiotherapy services and mental health
- Link Workers (often referred to as social prescribers).

4.1.4 The Dundee Primary Care Improvement Group (DPCIG) was established in 2018 with a remit to develop the Dundee Plan and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group (CIAG) supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local subgroups which lead the development of the service areas. Given the breadth of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.1.5 Reporting to the Scottish Government continues every 6 months for both financial governance and more detailed progress of delivery.

4.2 Progress in 2023-24

4.2.1 Progress is outlined in Appendix 1. Some key points to note are:

- The vaccination service has fully moved from general practice to central teams for both adults' and children's vaccines and immunisation. Travel vaccinations have also moved. The adult service has been linked closely with Covid vaccine delivery, but it is unclear going forward if this will continue. The adult vaccination team continue to deliver vaccines that are not part of the VTP programme, and there is an increasing number of vaccines in this category.
- First Contact Physiotherapy, (FCP) have continued to review their role and how it supports patient care including issuing Fit for Work certificates, directly requesting investigations and looking at how to maximise the use of both physiotherapy and GP appointments. Demand continues to be partly met by the team and partly by practice staff.
- There has been limited development with the Pharmacy Locality Team due to difficulty with recruitment and staff turnover as noted in Appendix 1. This is despite novel approaches to role development. This is the area of delivery which is the most detailed in the contract. There remains significant areas of work which have limited or no ability to move to the pharmacy team currently. This creates a gap in a key area for GP workload. This is not unique to Dundee or Tayside and there are ongoing national discussions.
- The Care and Treatment Team have continued to expand the chronic disease monitoring it delivers but some practices continue to manage some or all of this internally. There has also been an increase in clinics for those with leg ulcers which has reduced the waiting time to get into this part of the service. A test of ECGs being done in local settings is progressing but has continued to create challenges.
- The Urgent Care Team remains focussed on supporting those living in care homes and all practices and care homes are now supported by this model. Feedback from GPs on this model is very positive. Wider work on urgent care pathways continues with opportunities for early intervention across teams a key area.
- The Patient Assessment and Liaison Service (PALMS) nursing team was fully recruited but a number of issues with short- and longer-term absence have impacted on service delivery with a number of practices currently receiving a limited service.
- The social prescribing Link Workers continue to support all practices. There remains a waiting time of several weeks to access the service.
- There have been further grants/funding to a number of practices across the city to create more clinical and training space.

4.2.2 Both the PALMS team and the Link Workers are partly funded via Action 15 Mental Health funding as well as PCIF. There has been no further funding for Mental Health in Primary Care and this seems unlikely now to happen. Linked work re mental health and wellbeing in primary care is focusing how we maximise what we can deliver with current funds, identifying how pathways can be developed that support care, and identifying any key gaps, for both adults and children. The delivery plan linked to this was presented to the IJB in Dec 2023.

4.2.3 Space in primary care remains a challenge as outlined in the GP Premises Strategy which was previously presented to the IJB. Opportunities for co-location with practices continue to be sought but with limited progress for this due to demands on clinical space. Space in practices is reviewed when opportunities arise to reconfigure underused space to support more appropriate clinical and admin space.

4.2.4 The opportunity for the Care and Treatment model lends itself to a wider community approach including use by services who are based in secondary care, who may wish to use this model to support community delivery of services currently provided from acute settings, for example having blood taken to monitor a long-term condition. There is a development for diabetes care that is looking to test this model. Expansion of this may create demands the service cannot currently meet and there are issues finding suitable space, and funding transfers, to allow this to develop further.

4.2 5 Funding has been identified for a two-year period to support the development of nursing roles in general practice. This development increases the roles at advanced practice and nurse practitioner level within the practice team and supports an increase in overall capacity in practices particularly around urgent demand. It can also support more nurse led care for long term conditions and areas such as sexual health. There was very limited uptake of this in 2023/2024 but we anticipate this will increase in 2024/2025.

4.2.6 Funding was also utilised to increase awareness of the services offered by the wider teams within primary care and how they can support peoples' care, including TV screens in waiting areas. The information used for this will be shared more widely in other settings going forward. Alongside this, training for reception and admin staff in practices was delivered to support the development of their role as care navigators. They have a critical and demanding role assessing who is the best first point of contact for any issue that presents to the practice team, which may not be in the practice. Supporting this role is important as many practices are seeing a high turnover in their admin staff as this becomes an increasingly complex role, with very high public expectations.

4.2.7 The GP Career Start programme continued to recruit positively to posts including for Dundee. Review demonstrates that GPs who complete the programme do in the majority of cases stay in Tayside for a number of years. The funding noted in section 3.10 also supports practices who have challenges with GP capacity as specific posts can be promoted.

4.2.8 A number of practice-based innovations have been supported including testing a number of new digital tools in a small number of practices, as well as equipment to allow expansion of roles particularly for nurses in the practice, such as practice nurses undertaking some sexual health roles traditionally done by GPs. Some practices are also looking at how they can use their practice websites more dynamically to support their patients' care, including supporting self-care and management.

4.3 Plans for 2024-25

4.3.1 The Dundee Primary Care Improvement Plan for 2024-25 is detailed in Appendix 1, along with the associated finance. There continues to be ongoing challenges for teams in delivering a consistent service at all times given the limited staffing for many of these aspects of care.

4.3.2 The service area which remains with a significant gap between the GMS contract ambition and delivery is pharmacotherapy. Local and regional actions continue to be developed to try to support this. Creating attractive roles which use the skills of the staff involved is key to this and the current roles are being reviewed to assess how best to support this, while meeting the very detailed specification outlined in the contract.

4.3.3 As noted in section 3.11 further guidance or instruction on any transitional payments will impact on progress and finance if it requires to be funded locally.

4.3.4 The GP IT reprovisioning programme has progressed with all practices who were on the Vision system now with the update, while those on EMIS are due to move later this year. There have been a number of recent issues which have had a significant impact for practices. Dealing with these issues has led to some of the developments which would more directly support the wider primary care team not yet being progressed.

4.3.5 Our continued work with the citizens of Dundee indicates that understanding of the wider group of professionals in primary care remains limited, with feedback that many people are unaware of these newer services. A Tayside Communication Plan is being developed to further enhance our communication and engagement work.

4.4 Next Steps

4.4.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.

4.4.2 The current gap in the GP pharmacy team gives an opportunity to look at how funding can be used on an interim basis this year and next year to support care delivery. A number of options are being reviewed in terms of feasibility, impact for patients and GP practices, and if they can be time limited as there is no funding capacity longer term. This is challenging given the issues with recruitment in some areas, the skills development required for others, or the service pressures that would be created if a new or expanded role was successful but had no long-term funding.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

The risks noted below have all been reported in previous updates but have been updated to reflect the current position. More detailed operational risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group.

Risk 1 Description	There is a significant risk that Dundee may not recruit, develop or retain the workforce to deliver all of the commitments in this plan given the scale and breadth of the plan. This applies across a number of professions, particularly pharmacy, and is impacting on both the delivery of services and the GP workload.
Risk Category	Workforce, operational, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	All services are planning with this risk at the forefront and looking to maximise skill mix as much as possible to reduce this. Longer term national work to provide increased undergraduate training, for example for pharmacists, will support this but not within the timescales of this year's plan. Local support to develop Advanced Practitioners is underway and a range of tools to support this are in place. However, there is limited resource for further advanced practitioners within the funding for urgent care.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk that we will have inadequate infrastructure to support the delivery of the plan, both in terms of IT infrastructure and systems, and capacity within suitable buildings/premises. This risk remains but the premises risk is now greater than the IT risk as a number of aspects of the IT issues have been resolved. The risk regarding lack of suitable premises remains. The lack of progress for lease assignations to NHS Tayside creates a risk for practice sustainability and delivery of PCIP.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	The IT infrastructure is largely in place with some ongoing risk and issues but with reduced impact. A number of planned developments to the Vision Anywhere system, such as allowing a "tasks" module which would improve communication with practices, have not progressed. Some space has been able to be identified and a number of projects are underway that will create small amounts of additional space. This is not always in the most desirable locations in terms of patients' access. Capital allocations for NHS Tayside premises or practice owned buildings have helped create capacity along with premises improvement grants for privately leased or owned buildings. This has created space for a range of things, including in some practices space for services such as the pharmacy team or care and treatment team. We will continue to provide grants in 2024/25 if there is funding and the criteria are met. The NHST property team have made limited progress with space utilisation assessments but are developing a lease assignation process. When recruited the DHSCP property manager will lead the strategic planning of space for the HSCP including practices. We are seeking to assess the benefits of using NHS Tayside capital funding for buildings hosting primary care services (but where there is no GP practice). The risk for premises is higher for the wider impact on practice sustainability than directly for delivery of the PCIP workstreams.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 – High (NB this score is for delivery of PCIP and not overall sustainability of practices)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan, and that resource will have to be identified from other sources, or services will need to be smaller than anticipated.
Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	Other sources of funding will be identified as opportunities arise recognising the current challenge this creates.

	Most services have recruited to the level budgeted for. Further recruitment and delivery could be developed if additional resource could be identified on a recurring basis, and opportunities to do this will be sought. Scottish Government have indicated that the current level of funding is now guaranteed annually (plus additional to support Agenda for Change pay uplifts for recruited staff), with a view towards baselining funding from 2026/27. This gives greater confidence for planning into future years.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 Description	The workforce issues noted above have delayed aspects of implementation of the PCI plan locally. Transitional payments i.e. payments to practices for work they are still undertaking that should have been transferred may be required in 2024/25.
Risk Category	Operational, Political, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	There are limited actions that can be taken at this time point to reduce this risk beyond the actions noted in the risks above. Budgets have been reviewed to focus on the 3 core areas for delivery that will trigger transitional payments, while aiming to not reduce or withdraw any of the other services which have been developed. We have worked closely with the GP Sub Committee and the Local Medical Committee with regards to this. There is wide acknowledgment of the challenges which create the current position nationally.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Planned Risk Level	Likelihood (2) x Impact (4) = Risk Scoring 8
Approval recommendation	This risk should be accepted.

Risk 5 Description	Challenges with recruitment mean there is risk of a financial underspend. This creates a political and reputational risk at a time when general practice teams are under huge pressure, and where there is an increasing demand on these teams including due to supporting care while waiting for secondary care input.
Risk Category	Operational, Political, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	An ability to flex and maximise spend in-year noting the likely slippage and turnover, allows the budget to be optimised and minimise the risk of funding being reduced in forthcoming years, noting there is likely to be in-year slippage linked to recruitment and turnover of staff. The change to allocation in 2022/23 which effectively removed the reserves held has reduced the risk of any underspend and has led to the planned

	urgent care model developments being significantly reduced because of affordability. The change of approach by the Scottish Government to underspends means that there is increased flexibility in use of the funding and the ability to use broader criteria, reducing this risk. Short term projects are challenging with the current financial climate unless they are clearly time limited or can be sustained via wider service redesign. In the context of PCIP this is a limited opportunity.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring -9
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring -6
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Clinical Director, Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group, which has members from the GP Subcommittee/Local Medical Committee has developed the paper at Appendix 1.

7.2 As noted in section 4 there is ongoing work to engage with the public who will use these services, and gain feedback on any improvements that can be made within the 7 services outlined in the plan. This is closely linked to wider work to sustain practices longer term and other strategic plans agreed by the IJB for primary care.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	
	2. Dundee City Council	
	3. NHS Tayside	x
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

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Interim Chief Officer

DATE: 23 July 2024

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