

**Integration Joint Board
Meeting**



Thursday, 15 March 2018 at 10:00

**Council Chambers
Ground Floor, Cunninghame House, Irvine, KA12 8EE**

- 9 Implementation of New GMS Contract**
Submit report by Vicki Campbell, Primary Care Facilitator, Strategic Programme Manager - Primary Care Transformation (copy enclosed).

Integration Joint Board

Sederunt

Voting Members

Stephen McKenzie (Chair)	NHS Ayrshire & Arran
Councillor Robert Foster (Vice Chair)	North Ayrshire Council
Councillor Timothy Billings	North Ayrshire Council
Alistair McKie	NHS Ayrshire and Arran
Councillor Christina Larsen	North Ayrshire Council
Bob Martin	NHS Ayrshire and Arran
Dr. Janet McKay	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

Stephen Brown	Interim Director North Ayrshire Health and Social Care
Shahid Hanif	Interim Head of Finance
Dr. Paul Kerr	Clinical Director
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Lead Nurse/Mental Health Advisor
Vacant	GP Representative

Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Robert Steel	(Chair) IJB Kilwinning Locality Forum
Fiona Thomson	Service User Representative
Nigel Wanless	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Vacant	Carers Representative
Vacant	Service User Representative

Integration Joint Board
15th March 2018

Subject: **DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND IN THE CONTEXT OF PRIMARY CARE DEVELOPMENT**

Purpose: The purpose of this report is to outline the proposed arrangements for developing a three year pan Ayrshire Primary Care Improvement Plan to implement the new General Medical Services Contract.

Recommendation: Members of the IJB are asked to agree the proposed arrangements for developing the Primary Care Improvement Plan to implement the new General Medical Services (GMS) Contract.

GP	General Practitioner
GMS	General Medical Services
HSCP	Health and Social Care Partnership
IJB	Integrated Joint Board
LMC	Local Medical Committee

1.	EXECUTIVE SUMMARY
1.1	Following the approval on 18 January 2018 to introduce a new GMS Contract in Scotland, the Integration Joint Boards were advised of the content within the contract, as well as the requirement for a three year Primary Care Improvement Plan to be developed by 1 July 2018.
1.2	The GP Sub Committee has an advisory role in developing the Primary Care Improvement Plan and this and use of the Primary Care Transformational Fund must be agreed by the Local Medical Committee.
1.3	There is agreement that there should be one coordinated Primary Care Improvement Plan produced for Ayrshire and Arran, with a focus on local priorities and delivery where services are commissioned within the HSCPs based on population need. This will be an overall introductory plan that meets both the national and pan Ayrshire requirements with three distinct sections for each of the HSCPs to deliver the local needs of each IJB.
1.4	The proposed governance arrangements (structures and reporting processes) have been designed to provide a programme approach that sets out how the three HSCPs and NHS Board will work together to produce a joint Primary Care Improvement Plan with the GP Sub Committee that is aligned to the MoU priorities for implementing the new GMS contract. These arrangements will also allow for ratification by the IJBs and LMC.

2. BACKGROUND

- 2.1 Following the approval on 18 January 2018 to introduce a new GMS Contract in Scotland, the Integration Joint Boards (IJBs) were advised of the content within the contract, as well as the requirement for a three year Primary Care Improvement Plan to be developed by 1 July 2018.
- 2.2 The MoU that accompanies the contract states that *'Delivering improved levels of local care in the community will have clear benefit for patients and must rely on effective collaboration between GPs, Health and Social Care Partnerships, NHS Boards and other partners, both in and out of hours, valuing the respective contributions of those who deliver the services'*. It is recognised within the MoU that HSCPs are responsible for the planning and commissioning of Primary Care Services and responsive to local need, as well as continuing to work closely with GP Clusters.
- 2.3 The GP Sub Committee has an advisory role in developing the Primary Care Improvement Plan and this and use of the Primary Care Transformational Fund must be agreed by the Local Medical Committee (LMC).
- 2.4 Responsibility for the GMS contract, along with the introduction of the Pharmacotherapy Service and Vaccination Service sits with the NHS Board. The MoU also recognises the role of the NHS Board in service delivery including premises as well as NHS staff employers. It is acknowledged within the MoU that where more than one HSCP is covering a Board area, the HSCPs will collaborate in relation to effective and efficient use of resources.
- 2.5 East Ayrshire Integration Joint Board is the lead partnership for Primary Care Services in Ayrshire and Arran. There is currently a Primary Care Transformation Programme – 'Ambitious for Ayrshire' which was co-produced with local Primary Care Professionals, the other HSCPs and the NHS Board. The workstreams within the current programme are aligned to National Primary Care Programme and broadly in line with the priorities set out in the MoU to be achieved by 2021.

The national priorities include:

1. Vaccination Services
2. Pharmacotherapy Services
3. Community Treatment and Care Services
4. Urgent Care
5. Additional Professionals for Multidisciplinary Team
6. Community Link Workers

3. PRIMARY CARE TRANSFORMATION FUND

- 3.1 Scottish Government have committed that there will be an additional investment of £250m in direct support of General Practice by 2021/22. These funds will support the new GP Practice funding formula, national support arrangements, premises support and development of the new multi-disciplinary teams to support the workload in General Practice.
- 3.2 For 2018/19 it has been confirmed that Ayrshire and Arran will receive a share of £110 million to support the developments in Primary Care that are set out in the MoU. It is anticipated this will be an NRAC share which will equate to approximately £3.3 million.

- 3.3 This allocated funding includes the current Primary Care Transformation Fund that has been received to date since 2016 which is invested in staff posts and current tests of change across Ayrshire as part of the Ambitious for Ayrshire Programme. Areas such as Pharmacy, Vaccination Service, and Community Link Workers were also previously funded directly to the HSCPS and the NHS Board. Work is being progressed to draw all these commitments together to determine what funds are required in 2018/19, as well as to identify if there are tests of change or roles where there should be disinvestment.
- 3.4 The funding available will be mapped against the priorities over the next three years and will be aligned to the Primary Care Improvement Plan with annual investment aligned to each area of priority. This will require detailed financial and workforce planning across each HSCP in collaboration with the Board and GP Sub Committee.

4. DEVELOPING THE PRIMARY CARE IMPROVEMENT PLAN

- 4.1 Following approval of the GMS Contract, the consultation has taken place across Ayrshire and Arran with IJB Chief Officers, GP Sub Committee representatives, NHS CMT and colleagues involved in Primary Care services delivery across Ayrshire and Arran to discuss the development of the Primary Care Improvement Plan.
- 4.2 There is agreement that there should be one coordinated Primary Care Improvement Plan produced for Ayrshire and Arran, with a focus on local priorities and delivery where services are commissioned within the HSCPs based on population need. This will be an overall introductory plan that meets both the national and pan Ayrshire requirements with three distinct sections for each of the HSCPs to deliver the local needs of each IJB.
- 4.3 The changes envisaged in the new contract which include changes to the role of GPs, training, the role of GP Practice staff, changes in current practice in relation to premises, planning, quality improvement, and assurance processes, will require coordination across Ayrshire and Arran to be efficient and effective in the implementation.
- 4.4 The governance arrangements (structures and reporting processes) have been designed to provide a programme approach that sets out how the three HSCPs and NHS Board will work together to produce a joint Primary Care Improvement Plan with the GP Sub Committee that is aligned to the MoU priorities for implementing the new GMS contract. These arrangements will also allow for ratification by the IJBs and LMC.
- 4.5 Due to the complexities of integrating and delivering these areas of major service change, there is also a requirement for significant clinical and professional leadership. The structures and reporting processes will clearly articulate the roles and responsibilities of all stakeholders in respect of setting out each project or workstream as the Primary Care Improvement Plan is developed.
- 4.6 There was agreement with the LMC, the three Directors of the HSCPs, and the Primary Care Programme Board that a core Writing Group would be convened to develop the Plan that is required to be signed off by each Integration Joint Board (IJB) and the NHS Board before submitting to the LMC for approval and then onward submission to Scottish Government by 1 July 2018.

5 WRITING GROUP

- 5.1 The Writing Group continues the collaborative approach that has been reflected in our Ambitious for Ayrshire Programme and also the national contract negotiations. It is co-chaired by the Head of Primary Care and Out of Hours Services and the Secretary of the GP Sub Committee. The membership agreed includes representation from the HSCPs, Associate Medical Director for Primary Care, Associate Nurse Director for Primary Care, three representatives GP Sub Committee (including the co-chair), Public Health, and the Programme Manager. It has been agreed that the Programme Manager will be the author of the Improvement Plan to ensure consistency throughout the plan, with input from the wider representatives.
- 5.2 The first meeting of the Writing Group took place on 17 February 2018 where it was agreed that there would be four Workstream Implementation Groups established to design and implement the required changes to meet the priorities set out in the MoU. These include:
- Pharmacotherapy Service
 - Primary Care Nursing Services (will include two sub groups for the delivery of vaccinations and Community Treatment and Care services)
 - Urgent Care
 - Practice Based Multi-disciplinary Team (includes Community Link Workers)
- 5.3 The Writing Group agreed clinical leads for each workstream and also that each Group would be co-chaired by a GP Sub Committee representative. Membership of each Group was discussed and more detailed discussions are scheduled to take place to have the workstreams formed as quickly as possible. Due to the finite resource available to lead and deliver the required outcomes within each priority area, as well as to avoid duplication, there was discussion on areas that could merge where membership would broadly be the same people or scoping exercises would take place in similar areas. Although a joint workstream Implementation Group is in place for some requirements in the contract, the Group will determine what sub group or groups are established to take work forward.
- 5.4 It was recognised that dedicated support will be required to establish the arrangements for each Implementation Group and to assist with project planning/setting milestones for the next three years Details of each are included within Appendix 1. This is consistent with planning across other Boards to ensure the duties of IJB and NHS Board under the MoU are achieved.

6. DELIVERING THE PRIMARY CARE IMPROVEMENT PLAN

- 6.1 Delivery of the Primary Care Improvement Plan will be led and managed by a dedicated Programme Manager who manages the current Primary Care Transformation Programme.
- 6.2 Each of the four workstreams will develop structured project and implementation plans to ensure the required outputs are delivered. Regular review processes will be implemented to ensure resources, risk and deliverables are identified and tracked.
- 6.3 Discussions at the Writing Group identified that a significant amount work is required in 2018/19 to scope the priority areas outlined in the MoU to review current roles, processes and workload to determine future actions and timescales. Timescales of this scoping work will vary across areas, but will allow the Implementation Groups to be in a better position to develop clear project plans with

implementation milestones. Some areas have already carried out scoping work previously and will be in a position to set out implementation timescales for 2018/19.

- 6.4 The Primary Care Improvement Plan will set out high level actions and timescales for 2018 – 2021 and there will be a mix of implementation and review work taking place across the three HSCPs in 2018/19 to build the detailed implementation plan that will accompany this.
- 6.5 The new contract introduces greater responsibilities for GP Sub-committees to engage in the implementation of the new contract at a local level and to provide a leadership role in organising and collating the views of GP Quality clusters across their Health Board area, and working with Medical Directors and Cluster Quality Leads to promote a cohesive general practice view on how Integration Authorities (the commissioners of care) should use their commissioning powers to improve outcomes for patients. This new function should ensure that, in addition to improving services for patients, general practice is protected from workload saturation and unacceptable risk.

7. Support to Deliver the Primary Care Improvement Plan

- 7.1 It is proposed that the required support detailed below will work across the four workstream Implementation Groups as part of the Implementation Support Team. As described previously, these individuals will be working pan Ayrshire across a range of services from NHS Staff, HSCP staff, independent contractors and other key stakeholders to establish clear project plans for implementation of delivery. This requires dedicated project management due to the complexities and large number of stakeholders involved.
- 7.2 In Ayrshire and Arran, the GP Sub-Committee is at the heart of the local implementation plans for the new contract and is keen to be able to engage fully in the development of these plans. In this context, Ayrshire and Arran GP Sub-Committee has concluded that support will be required in order to create capacity and resilience within the committee to take on this new role whilst continuing the work of supporting local negotiations and practices/GPs in difficulty.
- 7.3 The Implementation Support Team will include:
 - 1. Project Managers x 2wte to project manage the workstreams and implementation.
 - 2. Business Manager x 1wte to support the role of GP Sub Committee to ensure ongoing engagement and collaborative working during development and implementation.
 - 3. Lead Primary Care Nurse x 1wte to work across all workstreams providing professional leadership and guidance during the redesign and implementation phases for this large scale workforce across Ayrshire and Arran.
- 7.4 The cost of the above will be contained within the overall allocation for Primary Care development. The Programme Manager costs continue at this time to be absorbed within East Ayrshire IJB.
- 7.5 Support needs will be evaluated on an ongoing basis with each of the Clinical Implementation Leads. The Programme Manager and proposed Project Managers will work in collaboration with teams across each of the organisations to identify

Finance, Quality Improvement, and Human Resource support to ensure the smooth transition of any service changes.

- 7.6 Following the overall mapping of the work required to be undertaken before 2021 to implement the GMS Contract, it is possible that further consideration would have to be given to reassess the capacity available support the delivery of the Primary Care Improvement Plan.

8. Governance and Oversight Arrangements

- 8.1 The Primary Care Programme Board chaired by the Director of Health and Social Care (East) oversees the current Primary Care Programme – Ambitious for Ayrshire. It is proposed the terms of reference will be revised to reflect its role as the governance group overseeing the implementation of the GMS contract, to be co-chaired with the Chair of the GP Sub Committee. Membership will also be revised to reflect the leadership roles of GPs, HSCPs and the NHS Board. This will be complemented by wider engagement through the workstreams.
- 8.2 As the Primary Care Programme is wider than the new GMS Contract, and covers a range of Primary Care initiatives a core sub-group will be developed to become the 'Oversight Group for GMS Contract Implementation'.
This group will report to the Programme Board and will have authority to make decisions on behalf of the Programme Board when required between meetings. Membership of this Group will include the Director of the East Health and Social Care Partnership (as Management Lead), a GP Sub Committee representative and the Associate Medical Director for Primary Care (as the Professional Clinical Lead).
- 8.3 The Writing Group referenced earlier in the paper will report to the Oversight Group or GMS Contract Implementation and comprises:
- The Head of Primary Care and Out of Hours Community Response Services
 - Three representatives from the GP Sub Committee
 - The Associate Medical Director for Primary Care
 - The Associate Nurse Director for Primary Care
 - A representative from each of the HSCP areas
 - A representative from Public Health (including Children's Services)
 - Programme Manager for Primary Care Transformation
- 8.4 Each of the four workstream Implementation Groups will report into the Writing Group. The Implementation Groups will be co-chaired by a Clinical Lead and a GP Sub Committee representative. Members of the Implementation Group will be nominated by the HSCPs to ensure appropriate representation across all areas.
- 8.5 One of the overarching aims of reforming General Practice is to improve infrastructure and reduce risk in areas such as ownership of premises, IT and information sharing. These areas are being taken forward and explored on a national basis with a view to transitioning new arrangements by 2020. A local Premises and Infrastructure Group will be established to oversee the national guidance and steps required locally to implement in line with the GMS Contract.
- 8.6 Due to the complexity and scale of the Programme, the Primary Care Programme Steering Group was established for the current Ambitious for Ayrshire Programme as a forum for project leads, service leads and HSCP colleagues to come together and discuss operational actions and any issues.

It has been recognised that this will be a valuable going forward and will be chaired by the Programme Manager to ensure there is an operational group that has oversight of the whole Programme.

- 8.7 The majority of projects or service improvements will be taken forward through the GMS workstream Implementation Groups, but there will still be areas of work that are required to be taken forward as short project groups where the scope of work relates to other independent contractors within Primary Care such as Dental or Optometry. These will still form part of Ambitious for Ayrshire and feed in through the appropriate route.
- 8.8 The structure set out in Appendix 2 shows the governance structure and relationships between groups to ensure this Programme of work is led across Ayrshire and linked to the current structure already place via the Strategic Planning and Operational Group, IJBs and NHS Board.

9. Carer/People who use the Service Implications

- 9.1 The benefits of the proposals in the new contract for patients are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.
- Maintaining and improving access;
 - Introducing a wider range of health and social care professionals to support the Expert Medical Generalist (GP);
 - Enabling more time with the GP for patients when it is really needed, and
 - Providing more information and support for patients.

10. Strategic Context

- 10.1 The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:
- Support people to live independently and healthily in local communities.
 - Develop local responses to local needs.
 - Operate sound strategic and operational management systems and processes.
 - Communicate in a clear, open and transparent way.
- 10.2 The development and delivery of sustainable Primary Care and Community Health and Care Services supports the ambitions of the National Health and Care Delivery Plan.

11. Implications

Financial :	The implementation of the 2018 General Medical Services Contract for Scotland will see additional investment of £250million per annum in support of General Practice by the end of this Parliament. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this Parliament.
Human Resources :	The new Contract will support the development of new roles within multi-disciplinary teams working in and alongside GP Practices. The Contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.
Legal :	The central purpose of the 2018 GMS contract is to provide better service to patients by providing stability and sustainability to General Practice. In so doing it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible.
Equality :	There are no equality implications arising from this report.
Environmental & Sustainability :	None.
Key Priorities :	None.
Risk Implications :	The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Board, GP Sub Committee and the LMC. Achieving implementation of the Primary Care Improvement Plans will require a three year programme and funding profile. The contract seeks to address GP Workforce and Primary Care sustainability.
Community Benefits :	The Wellbeing of people and communities is core to the aims and successes of Community Planning. Primary Care Improvement Plan, delivered as an integral part of the Wellbeing Delivery Plan, Integration Authorities Strategic Commissioning Plans and the Transformation Plan of both the NHS and Council, will contribute to support this wellbeing agenda.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	<p>There has been consultation with key stakeholders across the health and social care partnerships as outlined in the development arrangements as well as the Programme Board for Primary Care.</p> <p>The proposed arrangements for implementation were also endorsed through the Local Medical Committee on 6 March 2018.</p>

6.	CONCLUSION
6.1	<p>It is recommended that the Integration Joint Board:</p> <ul style="list-style-type: none"> (i) Agree the proposed arrangements for developing a three year pan Ayrshire Primary Care Improvement Plan to implement the new GMS Contract. (ii) Approve the governance arrangements to ensure the appropriate oversight and accountability for development and delivery of the plan. (iii) Note the expected financial allocation to support delivery of the plan.

For more information please contact Vicki Campbell, Programme Manager for Primary Care Transformation at vickicampbell1@nhs.net

Workstream	Priority set out in Memorandum of Understanding	Areas Included	Lead
Pharmacotherapy Service Implementation Group	Pharmacotherapy Services	<ul style="list-style-type: none"> • Delivery of level one core elements of the service outlined in the contract • Level 2 (Additional Advanced) • Level 3 (Additional Specialist) 	Clinical - Gail Caldwell Director of Pharmacy
Primary Care Nurse Services Implementation Group	Community Treatment and Care Service	<ul style="list-style-type: none"> • Phlebotomy • Minor injuries and dressings • Ear syringing • Suture removal • Chronic disease monitoring 	Clinical - Craig Stewart Associate Nurse Director Primary Care
	Vaccination Service	<ul style="list-style-type: none"> • Pre-school • School based • Travel vaccines • Influenza • At risk groups (shingles, pneumococcal, Hep B) 	Clinical - Elvira Garcia Public Health Consultant
Urgent Care Services Implementation Group	Urgent Care	<ul style="list-style-type: none"> ❖ First responders <ul style="list-style-type: none"> ○ Scottish Ambulance ○ ANPs ○ General Practice Nurse ○ District Nurses ❖ Practice triage ❖ Pharmacy 1st ❖ Eyecare Ayrshire 	Clinical - John Freestone AMD for Primary Care
Multidisciplinary Team in General Practice Implementation Group	Additional professionals for multidisciplinary team	<ul style="list-style-type: none"> • GP Clinical Pharmacist • MSK Physio • Community Mental Health Worker • Advanced Nurse Practitioner • General Practice Nurse 	Clinical Leads <ul style="list-style-type: none"> • Judith Reid – MSK • Mental Health Services tbc • Kenny McGhee – ANP • Joanne Anderson – GPN
	Community Link Workers	A non clinical practitioner based in or aligned to a GP Practice or cluster who works directly with patients to help them navigate and engage with wider services.	<ul style="list-style-type: none"> • Phil White - Partnership Facilitator South Ayrshire HSCP



