

Integration Joint Board 20th June 2019

Subject:	Implementation of New General Medical Services Contract - Primary Care Improvement Plan
Purpose:	The purpose of the report is to present to Integration Joint Board (IJB) for approval the review of Year 1 of the Primary Care Improvement Plan (PCIP 2018-20) with an indicative plan for 2019-20, along with the proposed arrangements for 2020-22 to deliver on the commitments set out in the new General Medical Services (GMS) contract.
Recommendation:	Integration Joint Board members are asked to: <ul style="list-style-type: none"> (i) Receive an update on the PCIP to date and be assured on the progress; (ii) To approve the actions set out for 2019/20; (iii) To note the Primary Care Improvement Fund 2018/19 end of year position and approve the 2019/20 projections; and (iv) To approve the proposal and timelines for developing PCIP 2020-2022 for sign off in December 2019

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
GMS	General Medical Service
PCIP	Primary Care Improvement Plan
GP	General Practitioner
EMG	Expert Medical Generalist
SGPC	Scottish General Practitioner Committee
BMA	British Medical Association
MoU	Memorandum of Understanding
MDT	Multi-disciplinary Team
PCIF	Primary Care Improvement Fund
CPPs	Community Planning Partners

1.	EXECUTIVE SUMMARY
1.1	The purpose of the report is to present to Integration Joint Board (IJB) for approval the review of Year 1 of the Primary Care Improvement Plan (PCIP 2018-20) with an indicative plan for 2019-20, along with the proposed arrangements for 2020-22 to deliver on the commitments set out in the new General Medical Services (GMS) contract.

2.	BACKGROUND
2.1	<p>Following the approval of a new GMS Contract in January 2018, the PCIP which sets out how we plan to implement the new contract in Ayrshire and Arran, was approved at the three IJBs and the NHS Board in June 2018, and was then submitted to Scottish Government on the 28 June 2018.</p> <p>It was agreed progress of the plan would be reported every 6 months to the IJBs, GP Sub Committee, and the NHS Board with a full review taking place at the end of Year 1 (2018/19), as well as setting out a detailed plan to achieve the actions set out for Year 2 (2019/20).</p>
3.	PRIMARY CARE IMPROVEMENT PLAN 2018-2021
	<p>The new 2018 Scottish GMS Contract came into effect from 1 April 2018. The contract facilitates a refocusing of the GP role as Expert Medical Generalist (EMG). This role builds on the core strengths and values of General Practice. The national aim is to enable GPs to use other skills and expertise to do the job they train to do. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by additional members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services as the Expert Medical Generalist.</p>
	<p>The Ayrshire & Arran PCIP was the initial plan setting out how the three IJBs and NHS Board aimed to implement and deliver the new 2018 GMS contract on a pan Ayrshire basis. It describes the discussions and actions that were agreed, and there was always recognition and understanding that further work would be required during implementation for each element at a Health and Social Care Partnership (HSCP) level. The new model for General Practice and primary care describes how clinical pathways, the role of the GP and other health and care professional roles and their workload will be redesigned to enable consultation and treatment by the right professional.</p>
	<p>Each priority as detailed within the national MoU has been addressed throughout implementation action plans within the PCIP. Where advantageous, there was agreement that implementation would be taken forward on a Once for Ayrshire model that delivers a core framework across Ayrshire and Arran. It was anticipated that alongside the core framework for delivery, different areas across Ayrshire and Arran will deliver at different times, and at a different pace depending on their starting point. It was essential that local teams and professionals were involved as members on the Implementation Groups and key sub groups in developing detailed plans based on what works best for that HSCP community.</p>
4.	REVIEW OF YEAR 1 2018/19
4.1	<u>Governance and Oversight</u>
	<p>The pan Ayrshire Primary Programme and implementation of the new GMS contract are governed by the following documents:</p>

	<ul style="list-style-type: none"> • The new GMS (2018) contract which sets out the requirements on GPs, IJBs, and NHS Board to comply with the contract. • The national Memorandum of Understanding (MoU) between The Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards which builds on the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) (“the Act”) of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist. • Ayrshire & Arran PCIP 2018 – 2020. Version 2 (2020-2022) will be developed by June 2019. • This framework to Support Implementation of the General Medical Services Contract (2018) in Ayrshire and Arran which describes the decision making process
	<p>The national MoU represents a landmark statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) (“the Act”) of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist.</p>
	<p>In line with the Public Bodies (Joint Working) (Scotland) Act 2014) it reinforces that IJBs are responsible for the planning and commissioning of primary care services. Within Ayrshire and Arran, each of the IJBs delegated planning and redesign of Primary Care services through the NHS Board to the East HSCP as the lead HSCP for Primary Care. This will be supported by commissioning directions.</p>
	<p>The local PCIP, this framework provides the basis for IJBs to develop and set out how, as part of their statutory Strategic Planning responsibilities, additional funding will be used and the timescales for the reconfiguration of services currently delivered under GMS contracts. Plans will have a specific focus on the key priority areas with the aim of transitioning their delivery by the wider MDT between 2018 and 2021.</p>
	<p>The 7 key principles below were outlined in the Ayrshire and Arran PCIP, linked to the West of Scotland regional principles that underpin the transformation programme, and align to IJB Strategic Plans. These principles should be referred to during all decision making process to ensure any changes or developments are in line with the underpinning aims of the new contract.</p> <ol style="list-style-type: none"> 1. We will encourage and empower our citizens and carers to take control of their own health and wellbeing by ensuring a ‘do it with’ and not ‘do it to approach within our communities and Services. 2. We aim to deliver outcome-focused and responsive services for the population of Ayrshire and Arran. 3. Service developments will aim to improve patient health and the patient journey aligned with the goal of supporting the continuous improvement and sustainability of Primary Care. 4. Development of service delivery will, where practical, have clear alignment to the requirements stated within the Memorandum of Understanding and General Medical Services Contract (2018), striving to ensure continuity of team members to allow teams to develop and grow. 5. Service changes will, by default, be delivered to meet local needs and

	<p>make best use of services available within localities and neighbourhoods recognising there will be times when, for good practical and clinical/financial governance sense, will remain pan Ayrshire.</p> <p>6. Seek to ensure a balance between operating as a consistent, equitable service across Ayrshire and Arran alongside appropriate local flexibility to include the aspirations of local communities and professionals.</p> <p>7. Within the context of a pan-Ayrshire improvement plan, we will support a reasonable, proportionate and consistent approach across each of the Health and Social Care Partnerships within Ayrshire and Arran</p>
	<p>Following the sign off in June 2018, a 6 month update report on progress was presented to each IJB between November 2018 and January 2019.</p>
	<p>The Primary Care Programme Board and GP Sub Committee have been provided with a detailed progress update at every meeting, with the local Oversight Group monitoring progress of the actions and timescales, providing linkages with the National GMS Implementation Oversight Group and other national groups to progress work in line with the national direction of travel.</p>
	<p>The Writing Group has met bi-monthly throughout the year to provide oversight, leadership, and direction on work required to take the high levels action set out within the PCIP to more focussed project work through the Implementation Groups.</p>
	<p>The Implementation Groups continue to have pan Ayrshire memberships and co-chaired by a pan Ayrshire lead along with a member of the GP Sub Committee Executive. Until January 2019 the Groups met monthly, with 3 of the 4 Groups now meeting bi-monthly due to detailed work now being taken forward through project sub groups that report into the Implementation Groups.</p>
	<p>The Implementation Progress Tracker from the Scottish Government National Oversight Group is required to be submitted every 6 months. The first report was returned in May 2019 covering the period October 2018- March 2019 signed off by Programme Board and GP Sub Committee.</p>
4.2	<p><u>Engagement and Communication</u></p>
	<p>There is an ongoing commitment to redesign our Primary Care services, engaging fully with GP colleagues, the public, along with all other stakeholders and partners. Since the development of the PCIP there have been a series of engagement events with GP Practices, Clusters and discussions at HSCP GP Locality Forums, where there has been opportunity to involve GP Practices in plans and decision making. HSCPs have included primary care as part of the engagement with the public for their strategic plans. In undertaking the review, the Implementation Support Team have noted a need to strengthen regular updated communication to all stakeholders and this will be in the form of a snap shot newsletter each month from the team.</p>
	<p>The pan Ayrshire Engagement and Communication Group, chaired by the Head of Primary Care and Out of Hours Community Responses, have produced a Communication Plan for the duration of the PCIP. The communication objectives of the plan are to ensure:</p>

	<p>Pathways to Access Care:</p> <ul style="list-style-type: none"> • Engaging and informing the public and professionals of new pathways of care within Primary Care to ensure people access the right service at the right time • Contributing to pan Ayrshire work to informed self-care, self-management and supportive and connected communities. • Linking with pan Ayrshire health and social care work communicating new pathways of care <p>Engagement:</p> <ul style="list-style-type: none"> • Continuous engagement, including mapping all our stakeholders • Regular stakeholder engagement events with specific services as well as overall informative sessions <p>Communications</p> <ul style="list-style-type: none"> • Internal and external communications • An online and social media presence • Opportunities to share best practice, news and invite feedback
	<p>The communication plan will also link to each of the HSCP communication plans as well as the NHS Ayrshire & Arran communication plan.</p>
	<p>In May 2019 a wide social media campaign commenced through various platforms to inform the public of the changes and new ways of working within GP Practices. This material was created working closely with GP Practices to ensure the right messages, and has also been supported and shared with a variety of patient and public involvement groups, stakeholder groups and self - management groups across Ayrshire and Arran.</p>
4.3	<p><u>Progress with Implementation in 2018/19</u></p> <p>Appendix 1 shows an update against each of the actions set out within the PCIP. As specific projects commence to develop the actions set out within the PCIP these are progressed using a detailed project specification agreed by the Implementation Groups. All projects are programme managed through to implementation using the tools and methodologies in place.</p>
	<p>Through innovative successful recruitment campaigns there have been a large number of additional workforce recruited in support of implementation across each of the workstreams from July 2018-May-2019. These include:</p> <ul style="list-style-type: none"> • Midwives to deliver vaccinations – 2.5 whole time equivalent (wte) • Primary Care Nurses – 9 wte • GP Clinical Pharmacists – 15.6 wte (total now 36.8 wte) • Pharmacy Technicians – 13 wte (total now 21 wte) • Advanced Muscular Skeletal (MSK) Physiotherapists – 9 wte (total now 11 wte) • Mental Health Practitioners – 17 wte (total now 18.8 wte) • Community Link Workers – 1.5 wte (total now 25.5)

Action set 2018/19	Action Taken 2018/19	Work being undertaken 2019/20
Pharmacotherapy		
<ul style="list-style-type: none"> Recruit a total of 29 new wte staff members to roll out service Establish a training academy model Serial prescribing - establish a systemic and standard approach for phased implementation and roll out plan. 	<ul style="list-style-type: none"> Recruited to all by December 2018. Every GP Practice now has access to some pharmacotherapy resource. A Training Academy Group has been developed including all MDT professions to ensure oversight and training models for all disciplines to grow the workforce in Ayrshire and Arran. A roll out plan and coordinated approach in place for across HSCPs where uptake numbers are being monitored in support of the Pharmacotherapy implementation. 	<ul style="list-style-type: none"> Recruit to remaining skill mix of staff to complete pharmacotherapy model in all GP Practices. Monitor performance and qualitative measures being established to demonstrate and ensure task transfer and correct skill mix Continue to develop approach to training linking with national groups and workforce planning Continue to roll out as per timelines in plan and monitor impact on workload.
Primary Care Nurse Service		
<ul style="list-style-type: none"> Recruit to 9 nurse graduate roles to develop Primary Care Nurse role Design proposed workforce model for delivering community treatment and care (CTAC) for consultation with services and stakeholders. 	<ul style="list-style-type: none"> 9 nurses in post Jan 19 (3 in each HSCP) Initial scoping took place end of 2018/19 to determine what workforce was currently in place within GP Practices carrying out Community Treatment and Care Tasks. 	<ul style="list-style-type: none"> A vision for CTAC linked to wider community nursing to be agreed between stakeholders at design event June 2019 A focussed project group taking forward under the Community Treatment and Care Project (CTAC) Group. Model due to be presented for consultation August 2019.

Action set 2018/19	Action Taken 2018/19	Work being undertaken 2019/20
Vaccination Transformation Programme		
<ul style="list-style-type: none"> • Preschool Programme – scope and cost pan Ayrshire model • Travel vaccinations – await national guidance for safe delivery requirements • Influenza Programme – scope the use of nurse bank • At risk group – focus on pregnant ladies. Vaccines to be delivered at 20 week scan or by community midwife 	<ul style="list-style-type: none"> • Different options were scoped for each HSCP as well as a pan Ayrshire model. Not all HSCTs have an agreed model and work will continue to scope options for delivery. • National delivery model being developed with a view to providing a joined up approach with other Health Boards. • Being discussed through CTAC – confirmation required for vaccine ordering process • Service transferred 1 October 2018 	<ul style="list-style-type: none"> • Model to be agreed by August 2019 with service being implemented end of 2019 – rolled out until 2021. • Agree timelines and approach between 2019 and 2021 to progress preschool, travel, influenza, and other at risk groups. • Will be progressed through CTAC model design.
Urgent Care		
<ul style="list-style-type: none"> • Maintain and maximise Pharmacy First and Eyecare Ayrshire • Provide infrastructure /pathways for consistent signposting and navigation to alternative services • Undertake social media/communication campaign for right care, right person • Seek to become test of change site for Advanced Paramedics 	<ul style="list-style-type: none"> • Services continue to be invested in and utilised • Continues to be rolled out with focus on specific sites to maximise approach. Training provided to over 200 reception staff during 2018 and will continue in 2019 to support practices with support and training. • Communication plan and public campaign messages being taken forward through the Communications Group for launch by end of April 2019. • Test commenced late 2018 in GP Practice • Meetings have taken place with Healthcare Improvement 	<ul style="list-style-type: none"> • Establish Standardised Pathways for Advanced Practitioners linked to MDT. • Support Implementation of NHS 24 Practice Websites • Work will continue with HIS and local programme team to develop national

Action set 2018/19	Action Taken 2018/19	Work being undertaken 2019/20
<ul style="list-style-type: none"> • Create local collaborative with clusters to undertake quality improvement activity • Scope home visit activity and share best practice/protocols 	<ul style="list-style-type: none"> • Scotland (HIS) to gain support and will be developed early 2019/20 • Has been scoped and data being used with Clusters to inform advanced practitioner model for home visits 	<ul style="list-style-type: none"> • initiatives and projects being carried out. • Will be progressed with Clusters and GP Practices to inform an advanced practice model by August 2019
Multi-disciplinary Team (MDT) in General Practice		
<ul style="list-style-type: none"> • MSK Physio - Recruit to an additional 7 MSK Advanced Physio roles • Primary Care Mental Health Services - Continue to invest in Community Mental Health and scope pathways/models • Community Link Workers - sub Group established to scope roles and try ensure consistency of approach • ANP Academy: • Cohort 1 – 14 from Sept 2017 to complete in 2019 • Cohort 2 – 10 commenced September 2018 	<ul style="list-style-type: none"> • All recruited by December 2018 • Invested in two workers per HSCP as well as additional posts through Action 15 monies. Pan Ayrshire model and pathways being defined through sub group • An additional 1.5 wte was recruited to ensure all HSCPs had adequate cover for all practices (total 25.5 wte) • Report produced on outcomes and MDT Group agreeing next steps • 11 due to complete in 2019 • 3 commenced in September 2018 	<ul style="list-style-type: none"> • Work with core service to review and refine model, identifying where further resource can be added. • Continue to develop pan Ayrshire model and seek further additional investment from Action 15 • Evaluate the models across the HSCP and support a consistency of service the Community Link Workers provide across Ayrshire and Arran • Cohort 3 to commence September 2019

	These new staff have been embedding in GP Practices throughout the year with all Practices now having access to Pharmacotherapy Support.
	Development of the other services is progressing with a large number of practices now having access to an Advanced MSK Physiotherapist and Mental Health Practitioner to see patients as first point of contact.
	The responsibility for providing vaccinations to pregnant women has now transferred from GPs to the Midwifery Service.
5.	THEMES OF FEEDBACK FROM YEAR 1
	Over the year there has been a range of feedback from all stakeholders. These have been captured below along with a commitment to try and improve where possible. An event is scheduled to take place in June 2019 with all GP Practices, Estates, Digital and HSCP teams to discuss current challenges with multidisciplinary team (MDT) working. This will be an opportunity to identify where there could be solutions in the immediate future, but also to look towards a whole system clinical model wrapped around the population and GP Practices maximising digital solutions and reviewing the estate across Ayrshire and Arran.
	<ol style="list-style-type: none"> 1. Premises – Ayrshire and Arran have been successful in all recruitment stages so far, but many GP Practices are struggling to identify appropriate space to accommodate the new team members. There is currently a scoping exercise being undertaken locally to establish a small grant scheme for NHS Ayrshire and Arran to support GP Practices in carrying out small adaptations that would free up capacity to accommodate the new team members.
	<ol style="list-style-type: none"> 2. IT/Systems - IT systems across all GP Practices are inconsistent and not adaptable to new ways of working. A local area network has been introduced to some practices over the last 18 months, but there continues to be infrastructure issues relating to individual practices. A local vision is being developed for Digital Services and system to assist with addressing these challenges whilst work continues nationally to develop and agree a Scotland GP IT system. Local solutions are also being introduced on a case by case basis to assist with MDT working.
	<ol style="list-style-type: none"> 3. Data sharing – Many of the additional MDT members will work across various practices or work remotely to access other sites. As GP Practices continue to be data controller for patient data this has brought challenges for staff working across systems and sites. It is hoped the national data sharing agreement is imminent and this will assist effective and efficient team working
	<ol style="list-style-type: none"> 4. Allocation new resource – With the amount of resource that has become available at the different phases throughout the year, there has been a reality that the numbers of new staff with current available funding will not spread across all practices. A Framework Allocation document has been agreed in Ayrshire and Arran which outlines the principles and processes for allocating new resource fairly and transparently. This has included involving clusters and practices in discussions with HSCP teams to allocate resource in the most effective way possible taking a range of factors into account including, demand, demographics, accommodation available, along with the appropriate mentorship and supervision can be put in place. This has enabled discussions to reach agreed placements with clusters and it is hoped that the support with premises and addressing additional support with mentorship and supervision across practices will assist with placements in the next phase of recruitment.

	<p>5. Development Support – This is a new way of working for HSCPs, service teams, and staff within the GP Practices. It is recognised that each will require support in developing these new ways of working over the next 2 – 3 years. A range of sessions have been planned across June 2019 to understand what is required to ensure we can support services and GP Practices to embed and support new MDTs effectively. This will require ongoing support, particularly for Practice Managers, who will be responsible for the oversight and coordination of the new additional team members. This is being progressed through the Centre of Excellence to provide the training and support identified. The Implementation Support Team are also represented at local Practice Manager meetings to provide regular information and assistance on issues as they arise.</p>
6.	<p>PRIMARY CARE IMPROVEMENT FUND 2018 – 2020</p>
	<p>The changes and pace required to reform Primary Care has been supported with significant investment nationally in workforce, estate, and infrastructure. Scottish Government announced its commitment through a Primary Care Improvement Fund (PCIF) allocated to HSCPs through NHS Boards. The Ayrshire and Arran allocation set out in the PCIP for years 2018-2020 was £3,389,685 investment in 2018/19 and £4,074,685 (£685,000 additional) in 2019/20.</p>
	<p>Additional investment has also been committed to IJBs as part of the monies allocated to support the Mental Health Strategy Action 15 document. Planning and development for the share of this allocation for Mental Health workers in General Practice has been planned and rolled out under the Multidisciplinary Team in General Practice Implementation workstream within the Primary Care Programme.</p>
	<p>The additional resource for 2018/19 and 2019/20 was costed on an 18 month funding profile, with recruitment phased accordingly through the workforce plans for each implementation group. The workforce numbers and costs were outlined within the PCIP against the two year funding profile of investment and year of recruitment.</p>
	<p>As stated within the funding allocation section, future additional allocations of a larger sum will be received in 2020/21 and 2021/22. The implementation plans detail the scoping and design work that will be carried out 2019-20 to understand how this resource will be invested. It is noted that initially pan Ayrshire proposals will be an equal NRAC split across the IJBs, with other proposals specific to the relevant IJB.</p>
	<p>Appendix 2 details the final year position for 2018/19 by IJB budget. As the PCIP was not approved until June 2018, many costs were part year effect. The phasing of recruitment and spend was managed in conjunction with the HSCP leads.</p>
	<p>To note the variance on the Pharmacotherapy spend across the IJBs is due to well established test sites being in place across North and South Ayrshire HSCP where staff remained in post when the service was introduced. This resulted in a full year impact on the budget compared to East HSCP spend, where many staff started later in the year.</p>
	<p>Scottish Government wrote to all IJBs advising that only 70% of funding would be issued in 2018/19 unless it could be demonstrated 100% of funding would be spent. Ayrshire and Arran confirmed that only 70% would be required in line with financial projections that had been made within the PCIP.</p>

	<p>Appendix 3 details the projected spend for 2019/20 based on actions and workforce plans previously agreed within the PCIP. Recruitment will be phased per HSCP until December 2019 based on funding available. Any underspend noted from 2018/19 will flow through to 2019/20 as projected within the original 18 month funding profile. Spend will monitored closely against recruitment in the last Pharmacotherapy recruitment spend. Any underspends that emerge will be discussed with HSCHPs to bring forward planned spend for 2020/21 to increase additional services quicker.</p>
	<p>All PCIF in-year allocations are considered as earmarked recurring funding. It should be assumed therefore that staff may be recruited on a permanent basis to meet the requirements set out in the MoU. Scottish Government will be engaging with the IJBs and NHS Boards over the three years on any plans to baseline these funds.</p>

Appendix 2

Primary Care Improvement Fund 2018/19

Total Allocation 2018/19	
70% of allocation	£2,543,570
Actual Spend 2018/19	£2,216,181
Underspend for 2019/20 projects	£272,869

32.80%	
East HSCP - NRAC Split of 70% =	£839,378
Pharmacotherapy	278,975
MSK Physio	67,460
ANP Academy	23,667
Eyecare Ayrshire	33,495
Pharmacy First	23,627
Primary Care Nurses	26,880
Maternity Vaccines	23,430
Community Connectors/MH Workers	99,661
Programme Delivery	36,735
Redirection Campaign	4,851
TOTAL SPEND	618,782
Underspend for 2019/20 Projects	220,596

36.70%	
North HSCP NRAC Split of 70% =	£941,120
Pharmacotherapy	492,096
MSK Physio	77,439
ANP Academy	26,481
Eyecare Ayrshire	37,478
Pharmacy First	26,436
Primary Care Nurses	30,076
Maternity Vaccines	26,216
Community Link Workers & 2 x MH Workers (part year)	139,771
Programme Delivery	41,103
Redirection Campaign	5,274
TOTAL SPEND	902,371
Underspend for 2019/20 Projects	38,749

30.44%	
South HSCP NRAC Split of 70% =	£763,071
Pharmacotherapy	398,735
MSK Physio	98,043
ANP Academy	21,963
Eyecare Ayrshire	31,085
Pharmacy First	21,927
Primary Care Nurses	24,946
Maternity Vaccines	21,745
Community Link Workers/MH Workers	92,614
Programme Delivery	34,092
Redirection Campaign	4,398
TOTAL SPEND	749,548
Underspend for 2019/20 Projects	£13,523

Total Overall	
	1,169,806
	242,942
	72,111
	102,059
	71,991
	81,901
	71,391
	332,046
	111,931
	14,523
TOTAL SPEND	2,270,700
Underspend for 2019/20 Projects	272,869

Appendix 3

Primary Care Improvement Fund 2019/20

Allocation 2019/20	
2019/20 Full allocation (includes 30% from 2018/19 budget)	£4,921,116
Underspend available from 2018/19	£272,868
Total	£5,193,985

32.80%		36.70%		30.44%		Total Overall
East HSCP - NRAC Split =		North HSCP NRAC Split =		South HSCP NRAC Split =		4,918,163
£1,614,126		£1,806,050		£1,497,988		
Pharmacotherapy	1,100,000	Pharmacotherapy	1,000,000	Pharmacotherapy	970,000	3,070,000
MSK Physio	181,364	MSK Physio	200,000	MSK Physio	168,314	549,678
ANP Academy	17,121	ANP Academy	19,157	ANP Academy	15,889	52,167
Eyecare Ayrshire	32,800	Eyecare Ayrshire	36,700	Eyecare Ayrshire	30,440	99,940
Pharmacy First	5,576	Pharmacy First	6,239	Pharmacy First	5,174	16,989
Primary Care Nurses	111,243	Primary Care Nurses	120,000	Primary Care Nurses	103,239	334,482
Maternity Vaccines	42,247	Maternity Vaccines	47,270	Maternity Vaccines	38,261	127,778
Community Connectors/MH Workers	125,000	2 x MH Workers	105,542	Community Link Workers/MH Workers	92,706	323,248
Programme Delivery	73,709	Community Link Workers	217,000	Programme Delivery	68,405	224,587
Redirection Campaign	4,920	Programme Delivery	82,473	Redirection Campaign	4,566	14,991
		Redirection Campaign	5,505			
TOTAL SPEND	1,693,980	TOTAL SPEND	1,839,886	TOTAL SPEND	1,496,994	5,030,860
Balance	-79,854	Balance	-33,836	Balance	£994	-112,697
Underspend available from 2018/19 -		220,596		38,749		272,868
Final balance available if we were to deliver on all projected workforce within each HSCP		140,742		4,913		160,171

	<p>Whilst carrying out detailed work on allocation to GP Practices it is noted that although the funding for each IJB is allocated on an NRAC basis, there are instances of cross boundary practices across Ayrshire where one IJB area could be providing services for a population within another IJB area. This will need explored in more detail during 2019/20 with IJBs to explore full impact of GP Practice based and other community MDT services.</p>
7.	WHAT NEXT FOR 2019/20
	<p>Work will continue throughout 2019/20 to complete the actions committed to by March 2020 as outlined in Appendix 1.</p>
	<p>Whilst the focus of MDTs can be seen from a perspective of professional systems, the three Ayrshire HSCPs and NHS Ayrshire & Arran are all active and significant Community Planning Partners (CPPs). Building the resilience of communities to support themselves is at the heart of the three CPPs with increasing emphasis on agendas such as Connected Communities and Vibrant Communities. It is recognised that the emergence of strong community-based local supports has a positive impact on the demands on health and social care systems.</p>
	<p>In all our proposals for MDT working we work with third sector colleagues and communities directly to create an environment where resilience can flourish. Proposals are being considered to provide dedicated resource and local leadership of MDT development within the Primary Care Implementation Support Team to work as part of the Primary Care Programme but be clearly aligned to the each IJB area. Their purpose will be to work directly with clusters and partnerships to develop MDT working whilst providing a conduit to the pan Ayrshire programme to ensure the consistency that is anticipated from this programme.</p>
	<p>A key priority during 2019/20 is to evaluate the current models in place to ensure services are providing the anticipated patient outcomes, reducing GP Practice workload and adding the most value to primary care services. This will be carried out in detail to inform the 2020-2022 planning process.</p>
8.	PLANS FOR PCIP 2020-2022
	<p>It is proposed that the next PCIP is developed through an iterative process, involving all clusters and localities to understand the different priority needs within each HSCP. A suggested process and time line for this is listed below:</p>
	<ul style="list-style-type: none"> • June – August 2019 A series of workshops with a stakeholders to learn from current changes and determine future service models as outlined in the new contract <ul style="list-style-type: none"> ○ Stakeholder workshop to design Community Treatment and Care service ○ All GP Practices to attend workshop to inform effective practice based MDT working and influence the whole system clinical model ○ Stakeholder workshop to design a preferred model for advanced practice assisting with on the day demand in General Practice.

	<ul style="list-style-type: none"> • August – October 2019 <ul style="list-style-type: none"> ○ HSCPs are provided with information on their expected allocated funding, along with the range priorities agreed through the workshop sessions. ○ Clusters consider where they think gaps are and what would assist them to deliver the new contract ○ Clusters have a joint discussion with their HSCP to form a Partnership wide view aligned to the HSCP strategic priorities ○ Pull together into a pan Ayrshire proposal which then goes through the relevant Implementation Groups for detailed design and project planning
	<ul style="list-style-type: none"> • October 2019 <ul style="list-style-type: none"> ○ Present proposals and outcomes of discussions for further consideration or further information required with HSCPs and Clusters.
	<ul style="list-style-type: none"> • November/December 2019 Final PCIP 2020-2022 prepared and presented to IJBs, LMC and NHS Board: 27 November – East Ayrshire IJB 2 December – Ayrshire and Arran NHS Board 11 December – South Ayrshire IJB 17 December – GP Sub Committee/ Local Medical Committee 19 December – North Ayrshire IJB
	All of the previously agreed governance structures will remain in place throughout the production of PCIP 2020-2022 with all key stakeholders represented throughout the Implementation Groups, Writing Group and Primary Care Programme Board.
9.	CARER/ PEOPLE WHO USE SERVICE IMPLICATIONS
	<p>The purpose of the work underway is 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.</p> <ul style="list-style-type: none"> • 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
	<p>The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:</p> <ul style="list-style-type: none"> • 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. • 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.
10.1	<u>Anticipated Outcomes</u>
	To facilitate and implement the actions outlined in the new GMS contract aligned to each of the IJB strategic priorities.
10.2	<u>Measuring Impact</u>
	<p>A Measurement Framework is being developed and will be in place by the end of October 2019. Where new services / staff have been established measures are being agreed and collated to measure impact.</p> <p>This will ensure there is a clear framework in place to assess the overall impact the plan is making against the outcomes of the strategy.</p>
11.	IMPLICATIONS

Financial:	The implementation of the 2018 General Medical Services Contract for Scotland will see additional investment of £250m 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:	<p>The programmes of work 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.</p> <p>Additional capacity as outlined within the PCIP will be deployed over the period of the plan to ensure effective delivery.</p>
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:	<p>Our aim through reformed primary care services is not just to extend life, but also reduce the time spent in poor health. Implementing the new GMS contract is an opportunity to mitigate health inequalities where possible. In support of the national 'Every Child, Every Chance, particular consideration will be given to:</p> <ul style="list-style-type: none"> • Lone Parents • Families with three or more children • Families where the youngest child is under one • Mothers aged under 25 • Children and families whose lives have been impacted by Adverse Event Childhood Experiences

Children and Young People	Consider the impacts on children and young people in North Ayrshire.
Environmental & Sustainability:	Provide details of any environmental or sustainability issues arising as a result of the report.
Key Priorities:	Consider the impacts on key priorities and plans.
Risk Implications:	A key risk will be the availability of the identified additional professional staff to fill the new roles. By working in partnership within the professional groups we will seek to make the posts attractive and that Ayrshire and Arran becomes a workplace of choice. A second key risk is the continued sustainability of GP practices while the new GMS contract is being implemented.
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 <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	x
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	Consultation has taken place with all GPs and HSCPs throughout the development of the work that is presented to members. This paper will also be shared with each IJB, NHS Board and local GP Sub Committee prior to submission to Scottish Government to update them on progress.
6.	CONCLUSION
6.1	<p>Integration Joint Board members are asked to:</p> <ul style="list-style-type: none"> • Receive an update on the PCIP to date and be assured on the progress; To approve the actions set out for 2019/20; • To note the Primary Care Improvement Fund 2018/19 end of year position and approve the 2019/20 projections; • To approve the proposal and timelines for developing PCIP 2020-2022 for sign off in December 2019.

For more information please contact:

Vicki Campbell on 01292 616816 or vickicampbell1@nhs.net

Background Paper

Ayrshire and Arran Primary Care Improvement Plan 2018-2020

<https://www.east-ayrshire.gov.uk/Resources/PDF/A/Ayrshire-and-Arran-Primary-Care-Improvement-Plan.pdf>