NORTH AYRSHIRE
Health and Social Care Partnership

North Ayrshire Integration Joint Board
19th December 2019

Subject:	**Ambitious for Ayrshire Implementation of the 2018 General Medical Services Contract**
Purpose:	To present the Integration Joint Board a progress report on the Primary Care Improvement Programme and proposals for further implementation over 2020/22.
Recommendation:	**IJB are asked to :** • confirm assurance with progress of the Primary Care Improvement Plan to date • Note the continued pan Ayrshire collaboration to develop the updated PCIP 2020 / 2022 • Agree the outline Commissioning proposals in respect of delegated North Ayrshire resources for 2020 / 22 • Direct NHS Ayrshire & Arran to progress to implementation the 2020/22 North Ayrshire Commissioning Proposals • Note that detailed Directions will be proposed when the 2020/21 North Ayrshire IJB Budget is confirmed in March 2020

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
EMG	Expert Medical Generalist
GP	General Practitioner
GMS	General Medical Services
MoU	Memorandum of Understanding
SGPC	Scottish GP Committee
BMA	British Medical Association
IJB	Integration Joint Boards
CTAC	Community Treatment and Care
MDT	Multi-Disciplinary Team

1.	**EXECUTIVE SUMMARY**
1.1	The new 2018 Scottish GMS Contract came into effect from 1 April 2018. The overall aim of the contract is to ensure patients access the right person, at the right place, at the right time.
1.2	The contract facilitates a refocusing of the GP role as Expert Medical Generalist (EMG). The aim is to enable GPs to use their skills and expertise to do the job they train to do.

1.3	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. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed through a Memorandum of Understanding, priorities for transformative service redesign in primary care in Scotland over a three year planned transition period**.** The report attached at Appendix 1 ➢ presents an update on progress within Ayrshire and Arran for 2018 / 20 ➢ Outlines the future plans across Ayrshire and Arran for 2020 / 2022 ➢ Seeks approval of proposed implementation arrangements for North Ayrshire HSCP.
2.	**BACKGROUND**
2.1	It is widely recognised that there is sustained pressure on Health and Care services through increasing demand and complexity and that General Practice is pivotal in delivering national policy of providing access to high quality healthcare as close to home as possible through professionals who can provide continuity of care. The 2018 GMS contract supports national policy for the modernisation and stabilisation of Primary Care. The aim is to achieve this through the refocusing of the GP role as Expert Medical Generalist (EMG), building on the core strengths and values of General Practice. By investing in new workforce and infrastructure to support General Practice the aim is to free up time to enable GPs to use their skills and expertise to do the job they train to do. In early 2018 a single Primary Care Improvement Plan 2018/21 was endorsed by the 3 Ayrshire IJBs, the NHS Board and the GP Sub Committee / Local Medical Committee. At that time it was indicated that further endorsement would be required as the Programme progressed and national resources were made available and a commitment given to return to partner agencies to seek that endorsement. This report fulfils that commitment. 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
3.	**PROPOSALS**
3.1	**PRIMARY CARE IMPROVEMENT PLAN 2020 / 2022** The second phase Ayrshire and Arran Primary Care Improvement Plan is attached as Appendix 1 of this report. It has been developed in a collaborative approach across the 3 Ayrshire IJBs the NHS Board and the local GP sub-committee / Local Medical Committee. This inclusive collaboration has been essential in presenting a report that outlines the ambition of all parties to develop our Primary care services to be both sustainable and meet the future needs of our communities. The Memorandum of Understanding between 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.

The implementation programme in Ayrshire and Arran has focused around these priorities and the report gives both an update on progress and proposals for future investment and development.

1. **PHARMACOTHERAPY SERVICES –** this priority area is described in Chapter 8 of the report and has seen the most significant investment to date with over 100 staff being recruited and deployed in General Practice. The implementation process has provided significant learning about skill mix, culture and governance and this is invaluable as we progress all the priorities.

2. **COMMUNITY TREATMENT AND CARE (CTAC) –** Chapter 9 of the report describes progress to date. This has included recruitment of 9 graduate Primary Care nurses who have been deployed to General Practices, to support the testing of models of care and how this will integrate with Practice employed staff and community based staff.

   At this time it is evident this will be a priority area for investment in 2020/22. We estimate that approximately 90 wte staff, Nurses and Health Care Support Workers will be required to fulfil the MOU commitments. As with pharmacotherapy the issues of skill mix, governance and culture will be key.

3. **VACCINATION TRANSFORMATION PROGRAMME -** Within Ayrshire and Arran whilst recognising the need for clarity of governance, we have recognised the interdependencies between the Vaccination programme and CTAC. These programmes are therefore aligned and good progress is being made particularly in relation to Pregnant Women, Preschool children and School Programme. Further progress with the Adult, Flu and Travel programmes are planned over 2020/22.

4. **URGENT CARE SERVICES -** Chapter 10 of the report describes proposals for implementation over 2020/22. A number of stakeholder events with HSCPs and GP Practices took place throughout 2019 with the aim of reaching an agreed vision for an Urgent Care service Feedback on largest areas of demand were:
   - Home visits
   - On the day assessment
   - Frailty patients (including anticipatory care planning)
   - Mental Health presentations

Financial planning to address these areas of demand have been based on an assumption that 34 Advanced Practitioners will be recruited. There is a risk of the availability of these numbers of skilled staff within the timescale. There is significant learning to be taken from early implementation of Advance Nurse Practitioners in GP practices that evidences a cross dependency with Community Treatment and Care. It is also recognised that the interaction with wider Multi-Disciplinary workers will have an impact. These will all be factors during implementation.

	5. MULTI-DISCIPLINARY TEAMS IN GENERAL PRACTICE – the MOU is clear in the transfer of task in the preceding priorities but is less clear in respect of this final area. In terms of impact this does not mean this is any less valuable and Chapter 11 of the report describes progress and proposals in respect of Physiotherapy, Mental Health Workers and Community Connectors being deployed to support General Practice. The community connector / link worker programme is well advanced and in North Ayrshire is deployed across all GP practices. Physiotherapy has been a more recent roll out of service and is closely linked to the full Musculoskeletal pathway with additional intended to be both recruited and integrated form existing services. Mental Health support available to patients in General Practice is identified as the largest need for investment. There are 20.8 wte mental health workers attached to GP practices and a need for a further 23 is identified. This programme is closely linked to the Mental Health Strategy Action 15 investment programme and is dependent on this. Leadership and management of the new MDTs will be critical to successful implementation of the programme and realisation of the benefits for patients. Chapter 12 of the report reflects the MOU and the Clinical Leadership role of MDTs, the management responsibilities of HSCPs and the future role of the wider practice team including the Practice Managers in co-ordination of the team. Within Ayrshire and Arran we have agreed a "Guiding Principles" document about how we intend to work together respecting all these roles. **6. PRIMARY CARE PREMISES and INFRASTRUCTURE –** the successful implementation of the MOU and delivery of the wider priorities is highly dependent on the availability of appropriate premises and the ability of professionals to record, access and share information. Chapter 14 of the report describes progress and priorities in these areas.
3.2	**Anticipated Outcomes**
	Successful implementation will require General Practice to be fully integrated within a network of health and social care providers in local communities. This includes an expanded multidisciplinary team within or attached to Practices, as well as links to community health and social care teams, and voluntary sector organisations
3.3	**Measuring Impact** Implementation of the actions set out in Primary Care Improvement Plan 2020 -2022 will be monitored through the implementation workstreams who have responsibility for overseeing the transfer of tasks and new services embedding As service models develop and integrate, these will be supported by an evaluation framework to measure the impact of the change based on people, quality, service and finance.
	These will be monitored throughout the implementation phase and reported through the governance structure to IJBs, NHS Board, Local Medical Committee and Scottish Government

4.	IMPLICATIONS

Financial:	Chapter 15 of the report provides detail of the Primary Care Improvement Fund, deployment to date and projections for 2020/22. The Scottish Government has committed to invest £250million in supporting General Practice over a 4 year period. Of this sum, subject to annual budget setting decisions, it is anticipated £11.484m will be allocated to Ayrshire and Arran and as a delegated function £4,260,119 to North Ayrshire IJB. This report outlines the anticipated utilisation of the delegated resources over the period for North Ayrshire. At a local and national level there is emerging risk in respect of the sufficiency of resource to fully meet the commitments of the Memorandum of Understanding.
Human Resources:	The Primary Care Improvement Programme is a significant workforce development to enable delivery of the policy. To date the recruitment strategy in Ayrshire & Arran supported by the Implementation team has been a particular strength of the programme. The joint social media communications across NHS, IJBs and local GPs has been exemplary. For implementation working across services with the support of Human Resources and confidence of Finance to recruit against planned income has been key to keeping Ayrshire & Arran at the forefront of the programme. In the next phase of commissioning there will be a number of Human Resource Implications. Each of the report sections outline workforce opportunities and any challenges. The opportunity to bring an expanded workforce to meet the needs of local communities is the principal opportunity. The availability of sufficient qualified and experienced staff across the priorities will be a challenge, as will the management of any TUPE arrangements as services transition from General Practice to HSCPs. The most significant workforce challenge will be culture and the shift to MDT working, part of a local team around a defined population, whilst remaining feeling professionally secure in practice.
Legal:	This report presents for IJB proposals for local implementation of the Memorandum of Understanding between Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government.
Equality:	The implementation of the Primary Care Improvement Plan has at its core taken a “Once for Ayrshire” approach, seeking to ensure that all our residents, regardless of any of the protected characteristics or locality have equality of access to primary care services. Within this we recognise the accountability of IJBs to meet these standards through their commissioning plans on a local level and seek to support this.

Children and Young People	N/A
Environmental & Sustainability:	N/A
Key Priorities:	General Practice is at the core of primary care and through the implementation of the new contract, General Practice in Ayrshire and Arran will be supported to deliver, in a sustained way, the 4C guiding principles outlined to ensure patients access the right person, at the right place, at the right time. These are described in the Scottish Government Primary Care Vision and Outcomes as: • **Contact** – maintain and improve access • **Comprehensiveness** – introducing a wider range of health professionals to support the expert medical generalist • **Continuity** - enabling more time with the GP for patients when it is really needed • **Co-ordination** – providing more information and support for patients
Risk Implications:	Section 16 of the report outlines the risks to implementation. It should be emphasised that all risks are being actively managed. In summary risks to the programme are: It is recognised that there remains risk that even with the planned level of investment the full ambition of the MoU for Pharmacotherapy may not be deliverable. The new for Community Treatment and Care workforce will be a balance of qualified nurses and Health Care Support Workers. Further work is required with practices and HSCP teams to confirm skill mix, professional governance and management/oversight arrangements of staff at a practice level. This agreement remains a risk to the programme. The pace of delivery of IT systems that communicate and Information Sharing agreements remains a risk to MDT working. The availability of and pace of transfer of sufficient GP Premises to facilitate the transfer of MOU tasks to the HSCPs remains a risk to the programme. There is a financial risk to the overall delivery of sufficient MDTs to meet the requirements of the MOU. Further clarity is required in respect of funding of these posts. If Mental Health Action 15 monies are applied then the overall risk to funding of the programme as outlined is mitigated.
Community Benefits:	Only applies to reports dealing with the outcome of tendering or procurement exercises.

Direction Required to Council, Health Board or Both	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	In developing the PCIP consultation has taken place across various leadership forums within the NHS Board and HSCPs along with the local GP Sub Committee and Area Professional Nursing Committee.
6.	**CONCLUSION**
6.1	IJB members are asked to: • confirm assurance with progress of the Primary Care Improvement Plan to date • Note the continued pan Ayrshire collaboration to develop the updated PCIP 2020 / 2022 • Agree the outline Commissioning proposals in respect of delegated North Ayrshire resources for 2020 / 22 • Direct NHS Ayrshire & Arran to progress to implementation the 2020/22 North Ayrshire Commissioning Proposals • Note that detailed Directions will be proposed when the 2020/21 North Ayrshire IJB Budget is confirmed in March 2020

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EAST AYRSHIRE
Health & Social Care Partnership

North Ayrshire Health and Social Care Partnership

south ayrshire health & social care partnership

NHS Ayrshire & Arran

AYRSHIRE ARRAN
GENERAL PRACTICE

Ambitious for Ayrshire

Implementation of 2018 General Medical Services Contract

2020-2022

Ambitious for Ayrshire – Our Aim

To deliver safe, effective, person centred, sustainable Primary Care Services at the heart of the healthcare system for the people of Ayrshire and Arran

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Local Medical Committee		
East Ayrshire Integration Joint Board		
North Ayrshire Integration Joint Board		
Ayrshire & Arran NHS Board		
South Ayrshire Integration Joint Board		

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Foreword

In 2018 Ayrshire and Arran set out an ambitious and forward looking Primary Care Improvement Plan (PCIP) to implement a Once for Ayrshire programme transformation plan to deliver the new General Medical Services contract.

There has been significant progress in a number of areas since the development of the first PCIP in June 2018 as we strive towards introducing new ways of working that will require innovation and new models of care to be delivered across General Practice. This has involved recruiting a number of additional staff as well as carrying detailed scoping work with GP Practices and Health and Social Care Partnerships (HSCPs) to understand the scale of work and actions required to deliver against the Memorandum of Understanding and new contract.

This second plan, PCIP 2020-22, for Ayrshire and Arran continues to represent the collaborative working between our clinicians, Integration Authorities, NHS Board, and other stakeholders to build on the work to date to find solutions to the current challenges within primary care, supporting the healthcare within our communities.

In the developing the plan there has been extensive engagement with a range of health and social professional bringing them together in a programme of large scale change workshops to design service models.

We will continue to work with patients, GPs and other health, social care and voluntary sector providers on a locality basis through the next steps for development of community based services.

Eddie Fraser
Director of East Health and Social Care Partnership
Lead Partnership for Primary Care
Ayrshire & Arran

Hugh Brown
Chair of the GP Sub Committee
Ayrshire & Arran

Executive Summary

This Primary Care Improvement Plan (PCIP) is a follow up plan that has been produced setting out how the three Health and Social Care Partnerships (HSCP) work alongside General Practice and the NHS Board to deliver the implementation of the new 2018 General Medical Services (GMS) Contract.

The intention of the new contract is for GPs to become better embedded in HSCPs as senior clinical leaders working collaboratively with a multidisciplinary team and HSCP managers to achieve better outcomes for patients. To help ensure visible change in the context of the new contract the Memorandum of Understanding (MoU) focuses on a number of specific services to be reconfigured. These include:

- Vaccination Services
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care Services
- Additional Professional clinical and non-clinical services including musculoskeletal physiotherapy services, community mental health services, and community link worker services

The plan describes the work that has taken place under the strategic framework of PCIP 2018-21(linked) that was developed in May 2018 to support delivery until 2021. This updated strategic plan sets out how Ayrshire and Arran will respond to local and national challenges whilst focussing on developing realistic trajectories that have been signed up to by operational teams. As with the previous PCIP, high level delivery actions have been agreed with key stakeholder groups, and been supported with the understanding that further discussion with General Practice, service providers and the public is required as implementation arrangements evolve and mature.

In developing the plan, key actions and recommendations from stakeholders and subject experts have been considered to understand the action required, ensuring these are in line with the MoU and local strategic priorities, offering a solid platform to transform how services are delivered across general practice and primary care.

We will continue to work with HSCPs and local communities to understand how our initiatives to improve quality[1] of care and access are being experienced on the ground and how we can continue to enhance the use of new technology to improve access to General Practice. Our objective to improve access not only relates to access to GP appointments, but also equity of access to extended services that are provided within General Practice.

Chapter 1: National Policy **The Scottish Government Strategic Primary Care Vision and Outcomes focuses on the modernisation of primary care to deliver a safe, effective and person-centred healthcare service in line with the 2020 vision, the National Clinical Strategy and Health and Social Care Delivery Plan 2016.**

The new 2018 Scottish GMS Contract came into effect from 1 April 2018. The overall aim of the contract is to ensure patients access the right person, at the right place, at the right time. To achieve this, 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 their skills and expertise to do the job they trained to do.

This refocusing of the GP role will require some tasks currently carried out by GPs and practices, to be undertaken 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, community mental health and community link workers. GPs will retain a professional leadership role in these services in their capacity as EMGs.

The funding of general practice in Scotland has been reformed and a phased approach was agreed to implement the contract fully. The new funding formula designed to better recognise workload was accompanied by an additional £23 million investment in GMS to improve services for patients. This was implemented nationally in 2018/19.

The Memorandum of Understanding (MoU) with the new contract requires NHS Boards and local Integration Joint Boards to have a PCIP in place to set how they will deliver the priorities over a three year period (April 2018-March 2021). The final year of funding allocated through the Primary Care Improvement Fund (PCIF) will be available in 2021/22 therefore all plans set out in the PCIP will be due to implement by 2021/22.

Chapter 2: Local Context **Our Primary Care Development Plan has been developed in the context of the current national policy and what we know about the needs of our local population**

In Ayrshire and Arran there was agreement in 2018 that there should be one co-ordinated PCIP 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 builds on the Lead Partnership arrangements for Primary Care where the three Ayrshire IJBs commission primary care services through EAHSCP, but still retain the overall delegated accountability for primary care in their local area. The aim of the initial PCIP was to set out a clear direction of travel, and outline the key characteristics of successful, high quality General Practice. As implementation progressed throughout 2018 and 2019 plans became more detailed with a large number of staff now transitioning into GP Practices

As well as delivering against the requirements set out in the new contract and national MoU, NHS Ayrshire & Arran and the three HSCPs have worked collaboratively to define a model of care that links closely with wider locality teams to form a fully integrated health and care system. As anticipated, the introduction of multi-disciplinary teams (MDT) working is complex and the scale of change required across professions whilst challenging, is a unique opportunity to progress a longer-term strategy of transformational change to deliver the vision for Primary Care.

Locally the PCIP was developed to sustain general practice and even with new ways of working embedding into General Practice, there continues to be increasing demand for services both within community care and within the acute care facilities. It is recognised that continuing to provide services in the current way is not a sustainable model going forward.

We have made significant progress within the delivery of the new contract. At this time there remain barriers to full realisation of the potential of the contract mechanisms. Increased investment is required in premises, digital infrastructure, software and our community workforce, to fully realise transformational change in our communities.

NHS Ayrshire and Arran are undertaking a whole system transformational programme of activity, Caring for Ayrshire, as part of our 10 year vision to reform how health and care services are delivered, including a review of current systems and infrastructure. The work carried out to date in Primary Care along with the vision and actions set out in this PCIP provides a foundation for developing a whole system health and care model which focuses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care. The aim is to empower people to take control of their own health and care as far as possible, enabling self-management, promotion of wellbeing and prevention of ill health, use of telecare and telehealth and maximising care provided in and around communities, general practices, community optometrists, general dentists and community pharmacists.

Chapter 3: Our Vision **Sets out a vision which sees GPs and GP-led multi-disciplinary teams manage a wide range of health problems, providing both systemic and opportunistic health promotion, diagnoses and risk assessments, dealing with multi-morbidity, coordinating long term care, and addressing the physical, social and psychological aspects of patients' well-being throughout their lives.**

Ambitious for Ayrshire – Our Aim
To deliver safe, effective, person centred, sustainable Primary Care Services at the heart of the healthcare system for the people of Ayrshire and Arran

General Practice is at the core of primary care and through the implementation of the new contract, General Practice in Ayrshire and Arran will be supported to deliver, in a sustained way, the 4C guiding principles outlined to ensure patients access the right person, at the right place, at the right time. These are described in the Scottish Government Primary Care Vision and Outcomes as:

- **Contact** – maintain and improve access
- **Comprehensiveness** – introducing a wider range of health professionals to support the expert medical generalist
- **Continuity** - enabling more time with the GP for patients when it is really needed
- **Co-ordination** – providing more information and support for patients

Successful implementation will require General Practice to be fully integrated within a network of health and social care providers in local communities. This includes an expanded multidisciplinary team within or attached to Practices, as well as links to community health and social care teams, and voluntary sector organisations.

Over the next two years a combination of additional investment, service redesign and increased capacity will allow for workload to evolve, increasing the time available for GPs to focus on the most complex patients with sufficient time to meet their care needs, as well as increase the time for professional development.

Using the additional investment through the Primary Care Improvement Fund, the HSCPs will invest in and support General Practice to:

1. Transform how practices work to allow them to manage workload, improve access, and provide high quality services
2. Improve population health, particularly amongst those at greatest risk of illness or injury
3. Manage and coordinate the health and care of those with long-term conditions
4. Manage urgent episodes of illness or injury
5. Manage and coordinate care for those who are at the end of their lives
6. Support practices to work together in their clusters to improve quality of care and share resource, developing more resilient services to their locality based population
7. Fully integrate with community and healthcare service providers in the communities, wrapping services around people in the community

Chapter 4: Governance Framework to Support Delivery **This framework describes the programme management and governance arrangements intended to provide a foundation of good corporate governance enabling the Primary Care Transformation Programme to implement the changes outlined and agreed**

The ambition, size, scale and financial investment of the pan Ayrshire Primary Care Transformation Programme required a temporary flexible organisation structure to be established to coordinate, direct and oversee the implementation of all related projects and activities in order to deliver required outcomes. This is supported by the Implementation Support Team.

The arrangements in place ensure that the programme operates to deliver its role and functions. Having a robust governance structure around the programme also provides clarity on the decision-making process delegated from the Integration Joint Boards (IJBs), NHS Board, and GP Sub Committee to the Programme Board and associated Implementation Groups set out in the structure. The structure is set out in Appendix A.

For each area of the programme there is delegated involvement, responsibility and accountability from representatives across the three HSCPs, NHS Board, and GP Sub Committee within Ayrshire and Arran.

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.

The pan Ayrshire Primary Programme and implementation of the new GMS contract are governed by the following documents:

- The new GMS (2018) contract which sets out the requirements on GPs, IJBs, and NHS Board to comply with the contract.
- The national 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 – 2021
- A Governance and Programme Framework to support implementation of the General Medical Services Contract (2018) in Ayrshire and Arran which describes the decision making process
- The local Ayrshire and Arran Guiding Principles to describe the relationship between the practices and services delivered at practice level by HSCPs and NHS Board.

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.

There are four overarching Workstream Implementation Groups in place aligned to the MoU priorities, for delivery that have a series of actions and projects within them. The groups are led by a clinical lead, pan Ayrshire management lead, and a GP Sub Committee Executive Member along with dedicated project support.

Membership of all groups and subgroups developed include representation pan Ayrshire to ensure the leads responsible for delivery in each HSCP area are represented. The PCIP 2018-2021 and this PCIP 2020-22 was developed through the Implementation Groups under the oversight and scrutiny of Writing Group that was established with progress being monitored through the Oversight Group and Primary Care Programme Board

Since the introduction of PCIP 2018-2021 and as implementation has progressed there has been governance and oversight from each of the IJBs, GP Sub Committee and NHS Board at the following stages:

After the initial sign off in June 2018, a 6-month update report on progress has presented to each IJB and NHS Board twice between November 2018 and June 2019.

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.

The Writing Group has met bi-monthly from March 2018-October 2019 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.

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 subgroups that report into the Implementation Groups.

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 (period October 2018- March 2019) signed off by Programme Board and Local Medical Committee. The second report was completed and returned in November 2019 (period April 2019 – September 2019) signed off by the Oversight Group, the Writing Group and Local Medical Committee.

The 7 key principles below were outlined in the PCIP, linked to the West of Scotland regional principles that underpin the transformation programme, and align to IJB Strategic Plans. These principles have been referred to during all decision making process to ensure any changes or developments are in line with the underpinning aims of the new contract.

1. **We will encourage and empower our citizens and carers to take control of their own health and wellbeing 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 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.**

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.**

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**

Chapter 5: Progress So Far: Proving an update on the work undertaken during 2018/2019 as committed within the Primary Care Improvement Plan 2018-2021

A full update against each of the priority areas of the contract can be found under each relevant section later in the plan. 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 is 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 has been essential that local teams and professionals were involved as members on the Implementation Groups and key subgroups in developing detailed plans based on what works best for that HSCP community. As specific projects commenced to develop the actions set out within the original PCIP these were progressed using a detailed project specification agreed by the Implementation Groups. All projects continue to be programme managed through to implementation using the tools and methodologies in place.

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-October-2019. These include:

- Midwives to deliver vaccinations
- Primary Care Nurses
- Training Advanced Nurse Practitioners (ANPs)
- GP Clinical Pharmacists
- Pharmacy Technicians
- Pharmacy Support Workers
- Trainee Pharmacy Technicians
- Advanced Muscular Skeletal (MSK) Physiotherapists
- Mental Health Practitioners
- Community Link Workers

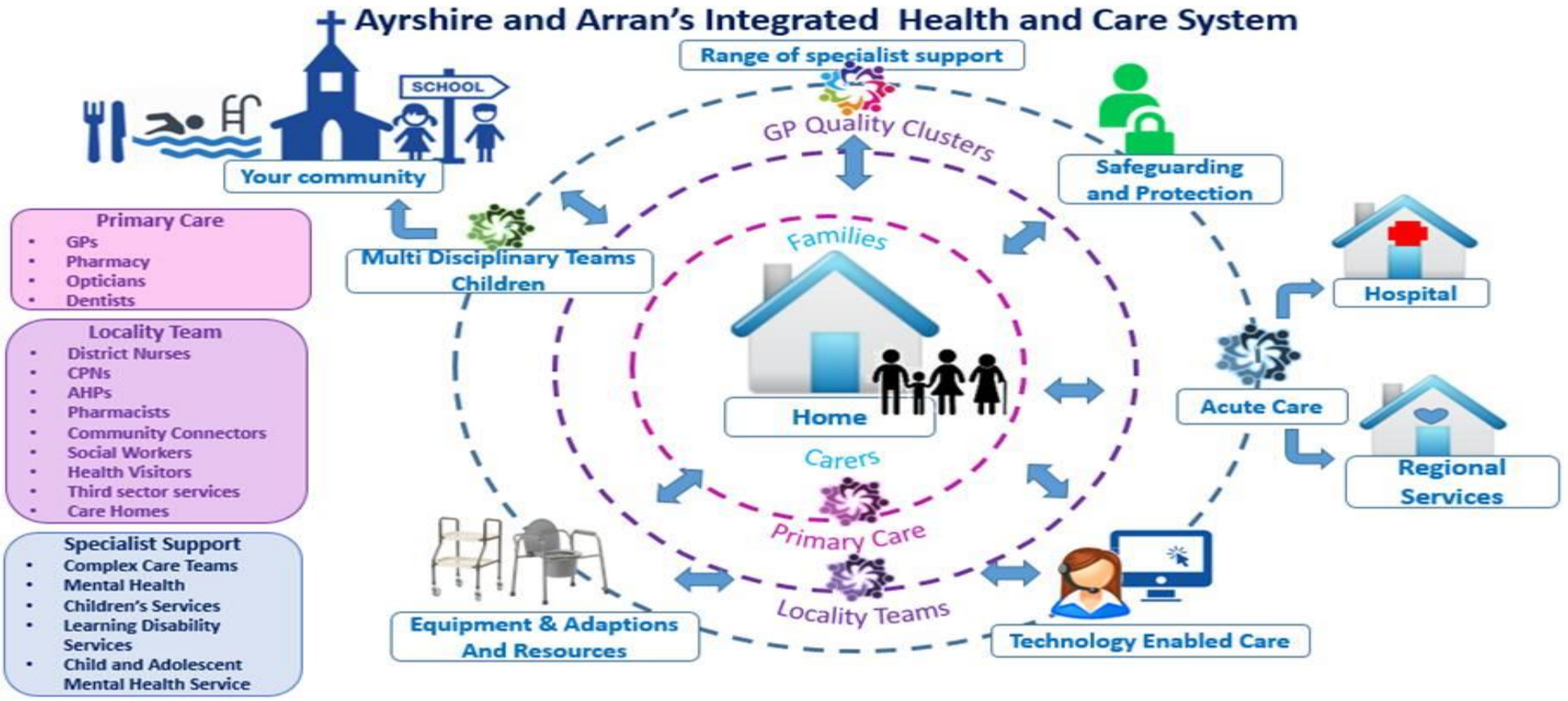
These new staff have been embedding in GP Practices since summer 2018 with all Practices now having access to Pharmacotherapy Support. Development of the other services is progressing with a large number of practices and patients now having access to an Advanced MSK Physiotherapist and Mental Health Practitioner to see patients as first point of contact. Initial experience demonstrates that these additional professionals in the multi-disciplinary teams are making a positive impact for both patients and practices.

With the amount of resource that has become available at the different phases throughout the implementation so far there has been a reality that the numbers of new staff with current available funding will not spread across all practices. The Framework Allocation document agreed in Ayrshire and Arran 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 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 education and engagement sessions have taken place across 2019 with all staff to understand what is required to ensure we can support services and GP Practices to embed and support new MDTs effectively.

The key element identified by all staff across the Health and Care system was effective functioning MDTs in community with the availability of specialist supports, providing confidence to local practitioners that alternatives to hospital presentation were realistic and clinically safe.

In our emerging model of care the teams within General Practice will link closely with the wider locality teams as shown in the Health and Social Care Diagram below and will be supported by a range of specialist support. From the perspective of the patient this requires to be integrated and seamless support.



Chapter 6: Forward Plan for Ayrshire and Arran **Understanding our population and current demand to plan the most efficient and effective services for the future**

There are 53 General Medical Practices in Ayrshire and Arran with approximately 386,000 patients registered. 147,000 of these patients have been diagnosed with at least one lifelong chronic disease. In total there are 298,000 incidences of chronic disease with many patients suffering from multi-morbidity who require multiple clinical inputs and are on multiple medications requiring regular monitoring.

Building on our progress to date, HSCPs, NHS Board and the GP Sub Committee have considered the future requirements and next steps in our journey as we strive to meet the challenges ahead. Our focus over the initial phase has been to support and sustain General Practice maintaining high quality care and supporting our GP workforce whilst putting in place the foundations to achieve our right place, right person and right time ambition.

This two-year phase 2 plan locally sets out the steps to work towards implementing the new GMS Contract by 2021/22 focussed heavily on partnership working, integration, quality and efficiency. In developing the plan there is recognition of the range of diversity and increasing demands, expectations, and challenges in the years ahead whilst partners come together as a system to meet our local population's health and care needs.

Due to a large proportion of funding still to be allocated by Scottish Government to IJBs through Health Boards in 2020/21 and 2021/22, new service models will require phasing in across the final two years of implementation. This requires detailed workforce planning for recruitment, training, deployment and integration into practices.

Phasing choices can be agreed at an HSCP level between services and GP Practices based on priorities and should be made with an awareness of potential impact on other areas should there be a delay to certain services.

The PCIP 2018-21 was developed using a Once for Ayrshire approach with a focus on local priorities and delivery where services are commissioned within the HSCPs based on population need. There remains an ambition to deliver the new contract on a pan Ayrshire basis ensuring equitable access for patients to all services.

Key Principles for Progressing

- Once for Ayrshire
- Open and transparent as models of care continue to develop
- Equity of service and access
- Plan for what we can deliver within the current funding envelope
- A balance between spread across individual practices and practice population
- We will only truly see the benefit of the contract through implementation of effective MDT working in and around the GP Practice
- Continuity of staff to build trust within practices focussing on inter-professional relationships
- Realisation of the money we have in the PCIF assigned to delivering the new contract. The implementation of the contract is only part of the overall wider change programme – Caring for Ayrshire will allow further improvements to community led care

Chapter 7: Engagement and Communication **Our approach to communicating with our public and staff, as well as engaging widely in the design of services and pathways.**

There is an ongoing commitment to redesign our Primary Care services, engaging fully with GP colleagues, HSCPs, 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.

Following the approval of PCIP 2018-21 a joint event with local GP Sub Committee took place in October 2018 with all GP Practices and HSCPs to discuss the content of the plan, explain implementation steps and seek information from practices on priorities.

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 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.

Three events took place in June 2019 with all GP Practices, Estates, Digital and HSCP teams to discuss current challenges with MDT working. This was 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.

As part of the development of PCIP 2020-22 there was a follow up event with all GP Practices and HSCPs in October 2019 to review progress of PCIP implementation and discuss proposed models and ways of working for the remaining parts of the contract not agreed. Discussions at and feedback from this event has contributed to the actions and timelines proposed.

The pan Ayrshire Engagement and Communication Group, chaired by the Head of Primary Care and Out of Hours Community Response Services, have produced an Engagement and Communication Plan for the duration of the PCIP. The programme has a plan of engagement with stakeholders to provide information on the new ways of working and what changes the public can expect to see in their GP Practice. This has not only been helpful for the public, but in attracting staff and GPs to work in the area. Feedback from local community and planning groups is that the public are feeling well informed of the changes ahead.

A schedule of individual GP Practice visits have taken place and have been planned between September 2018 – January 2019 with senior leaders in the relevant HSCP and Primary Care Team to understand how each individual practice is feeling in relation to the new contract and wider changes across their HSCP. This has been an opportunity to listen to what's important to practices to facilitate most impact from the new contract as well as how we can continue to support them during this period of transformation.

Chapter 8: Pharmacotherapy Service Implementation **Provides an overview of the service and actions that have agreed through the Implementation Groups and overarching Writing Group.**

The GP contract includes an agreement that every GP practice will have access to a pharmacotherapy service.

The MoU states that GP Clinical Pharmacists and Pharmacy technicians will take on responsibility for:

- Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines
- Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics (e.g. chronic pain)

Ayrshire and Arran committed to a three-year trajectory from April 2018 to April 2021, to establish a sustainable pharmacotherapy service which would include pharmacist and pharmacy technician support to the patients of every practice. The vision set out was for the staff to become embedded members of core practice clinical teams and, while not employed directly by practices, the day-to-day work of pharmacists and pharmacy technicians, will be co-ordinated by practices and targeted at local clinical priorities. The implementation of the pharmacotherapy service is being led by Director of Pharmacy during the implementation period through the Pharmacotherapy Service Implementation Group. A critical success factor to the provision of pharmacotherapy services is the take up of serial prescribing and dispensing which is the subject of national enabling work. This is being rolled out through an implementation plan across all areas by March 2020 with 27 out of 53 GP Practices now signed up and operating the service. The plan is on track for all GP Practices to be using the service by March 2020 with a focussed piece of work to increase patient numbers signed up and make any further refinements required to ensure more effective and efficient use of the service.

Since June 2018 the recruitment plan has been progressed with a view to front load the service in terms of recruitment and training of the eventual required workforce. This set out an aim to have the projected number of staff in post by 2020. Approaching the workforce recruitment in this way allowed a contingency for adjustment and refinement to the provision of level one, two and three pharmacotherapy services across all practices by the last half of 2020/21.
Following the recent round of recruitment, there are now over 100 staff working to deliver a pharmacotherapy service across Ayrshire and Arran.

Allocations to date have been based on practice population size as an indicator of how much resource was required, as well as to ensure all GP Practices received access to some resource during initial roll out. Further work will take place throughout the rest of 2019/20 to ensure allocations of these staff are fairly distributed in each locality and cluster in order that practices have equitable access to pharmacy support. The level of support assigned to each practice going forward will depend on various factors including practice size, demographics and practice population need.

Through developing the Pharmacotherapy Service since June 2018, it became evident in early 2019 that a large proportion of work within practices could be carried out safely by a Pharmacy Technician or Pharmacy Support Worker, therefore reducing the need to have such a high compliment of GP Clinical Pharmacists across practices. It is recognised that a significant number of pharmacy workers are required across Scotland to deliver Pharmacotherapy in every Board area. With this in mind, Ayrshire and Arran have developed training placement models including extra rotational pharmacist roles working between acute hospital and community workplaces along with Trainee Technician roles in every area with a clear career pathway.

The service are in the process of developing standard operating procedures, protocols and other support tools for the team to ensure there is a consistent approach to pharmacotherapy work and ensure a safe, consistent and reliable service can be delivered. A recent audit carried out in all GP Practices was able to demonstrate that there are a number of practices who are making good progress with implementing the service.

A key factor of this success is having efficient, robust, and safe prescribing processes in place along with close working relationships with GPs within the practice to integrate and support the team with the new ways of working.

It is recognised that implementing new prescribing processes and procedures in Practices will require intense support from the Pharmacotherapy Team in the early stages which may be more support than what will be required on an ongoing basis to run the service. The table below shows the comparison in workforce that was projected in PCIP 2018 -21 to workforce now in post due to maximising skill mix and learning from best practice. Detailed below is the investment of finance and overview workforce.

It is recognised that there remains risk that even with this level of investment the full ambition of the MoU for Pharmacotherapy may not be deliverable.

2018- 20 Plan	Planned	In Post 2018	Gap
GP Clinical Pharmacists (Band 7)	**53.4 wte**	**34.5 wte +=5wte rotational Pharmacists**	**18.9 wte**
Pharmacy Technicians (Band 5)	**21.4 wte**	**16.4 wte**	**5 wte**
Total service	**74.8 wte**	**55.9 wte**	**23.9 wte**
Total estimated cost	**£3,880,163**		

Where we are now 2019	Staff in post Nov19	Total in Post 2019
GP Clinical Pharmacists (Band 7)		**43.8 wte + 5 rotational pharmacists**
Pharmacy Technicians (Band 5)		**16.4 wte**
Pharmacy Support Workers (Band 3)		**10 wte**
Student Trainee Technicians (Band 2)		**3 wte**
Total service	**78.2 wte**	
Total Projected Cost	**£3,309,638**	

Chapter 9: Primary Care Nurse Service Implementation **Provides an overview of the service and actions that have been agreed through the Implementation Groups and overarching Writing Group.**

Community Treatment and Care Service

We set out in PCIP 2018-21 to scope and establish a sustainable Community Treatment and Care (CTAC) service model for Ayrshire and Arran by 2020. The 2018 GMS contract states that the responsibility for providing CTAC will pass from GP practices to Health and Social Care Partnerships (HSCPs) by 2021. These services will be commissioned by HSCPs and delivered in collaboration with NHS Boards who will employ and manage the associated nursing and HCSW workforce.

CTAC within the MoU includes but is not limited to:

- management of minor injuries and dressings
- phlebotomy
- ear syringing
- suture removal
- chronic disease monitoring and related data collection.

A Primary Care Nurse Implementation Group was set up with subject experts from General Practice, HSCPs and Primary Care to scope current arrangements, consult with key stakeholders, develop and cost a proposed model and support implement of these arrangements.

A scoping exercise was undertaken in December 2018 to establish existing CTAC interventions and current workforce data across Ayrshire and inform requirements to establish and deliver a sustainable CTAC Service in the HSCP areas.

As part of collaborative working across primary care and HSCP in the design phase, representation was sought across these areas with the aim to discuss and consider in more detail the service requirements and possible models of delivery.

The main outcomes and priorities identified from the scoping and service design work was to ensure:

- All CTAC related tasks were transferred from Practice Nursing staff to the CTAC service
- CTAC service was delivered at a practice or cluster level
- Model to interlink with wider community nursing models

Following various engagement sessions with stakeholders the principles below were agreed as priority must do for an Ayrshire and Arran CTAC Service.

1. Transfer of all tasks safely and effectively

2. Needs to deliver primary care first, whilst recognising a potential with further investment to encompass additional services, however the MoU commitment is to remove tasks from Practices first.

3. Operate with very clear professional and managerial responsibilities across Primary Care and the HSCPs.

4. Co-ordinated by the Practice – in order that day to day work is managed appropriately and has oversight.

5. Continuous – if staff member off sick the practice cannot take all the workload back on. Someone other than the Practice Manager should have responsibility for rescheduling.

Proposal for CTAC Service

To develop and grow a sustainable primary care nursing workforce, and taking into consideration the age profile of the current nursing teams, there was agreement to develop nine newly qualified nurses into the Ayrshire Graduate Nurse Development Programme (A-GRAND) offering an early career choice within General Practice as well as testing what the new Primary Care Nurse role could look like to deliver the CTAC service.

This has been a unique opportunity to develop a training programme for the newly qualified nurses who have trained in Ayrshire and Arran, offering them the chance to work closely with General Practice experts to provide a wide range of nursing interventions. The nurses are currently working in Practices across North, South and East Ayrshire undertaking a structured development programme supported by the Senior Nurse for Primary Care including higher education to complete specific learning.

Potential CTAC models have been scoped from January – October 2019 through various stakeholder workshops and design sessions with subject experts whilst also liaising with national colleagues to understand other potential models for implementation. Through all design stages there has been broad agreement that CTAC should be practice based and seamless for patients accessing the service.

As part of the scoping and design, audit work carried out with practices on current clinics and nursing interventions, undertaken was used to estimate a projected workforce that will continue to be refined working alongside practices as the service develops and embeds into practice.

Discussions have been ongoing in relation to the banding and skill mix of nurses required to deliver CTAC interventions within practice, with a recognition that multiple clinicians and levels of staff are currently employed in practice to carry out this workload.

To be able to fully understand the CTAC demands and requirements for each GP Practice to design a model to deliver this service efficiently there has been agreement that a phased approach to implementation is essential. This will enable the new models of care to be tested and evaluated in some areas and then, once the learning from the initial sites is shared and reviewed models can be adapted these can then be rolled out to other areas.

It is estimated that approximately 90 wte staff members will be required to deliver CTAC across Ayrshire and Arran based on information to date. This number also includes nurses to deliver adult at risk immunisations such as shingles, pneumococcal, hepatitis B and other groups associated with increased risk.

This new workforce will be a balance of registered nurses and Health Care Support Workers. Further work is required with practices and HSCP teams to confirm skill mix, professional governance and management/oversight arrangements of staff at a practice level. This agreement remains a risk to the programme.

In the implementation phase we also recognise the reality that the same staff may deliver different elements of the MoU for instance CTAC, Urgent Care, and immunisations.

The action plan for implementation of the CTAC service is detailed in Appendix C.

Vaccination Transformation Programme

Vaccination programmes in Ayrshire & Arran have been embedded within General Practice over many years and this model of delivery has proved highly successful, however changes have to be made in light of the increasing levels of complexity of vaccination programmes and pressures across Primary Care. The MoU states that by 2021, vaccinations will have moved away from a model based on GP delivery, to one based on NHS Board delivery through dedicated teams. We have been empowered to develop local solutions to meet local needs in a planned way, progressing at a pace that ensures safe and sustainable delivery continues.

The Vaccination Transformation Programme has nationally been divided into five different work streams shown below with an update on current progress along with proposed actions to implement by 2021.

Programme	Progress 2019/20	Plans for 2020/21
1. Pre-school	• Clinical delivery model agreed along with adding additional capacity to each of the childhood nursing teams across each of the HSCPS. • It was also agreed that additional resource for delivery of childhood flu would be invested in through local HSCP childhood nursing teams.	Service will be transferred early 2020
2. School based	No changes required to current delivery model	No changes required to current delivery model
3. Travel Vaccinations and Travel Health Advice	• After scoping and discussions with current service, agreement of additional capacity of 1wte travel health nurse at travel hub clinic Ayrshire Central Hospital to assist current travel consultant and nurse. • Agreement to develop hub and spoke model in line with the approach other Boards have taken which will be chargeable service to patients requiring travel advice and immunisations.	• Recruit to the 1wte which will be two part time roles to allow cover arrangements • Continue to develop hub and spoke model with other contractors such as local pharmacies and interested GP Practices.
4. Adult influenza	• Agreement to deliver flu clinic based on current practice models where possible using additional seasonal workforce and bank staff.	• Aim to set out detailed plans to have in place for flu season 2020 delivering through local HSCP arrangements.
5. At risk and age group programmes	• Model implemented October 2018 through midwifery service for delivery of pertussis and flu vaccinations for pregnant women. • Adult Immunisations - proposed delivery of through CTAC with ongoing additional capacity in service	• To transfer adult immunisations through delivery of CTAC late 2020.

Chapter 10: Urgent Care Service **Provides an overview of the service and actions that have been agreed through the Implementation Groups and overarching Writing Group.**

We are continuing to see high demand from patients seeking urgent care about their physical, mental health and wellbeing which can be stressful and complex to navigate, as well as putting additional workload onto practices. Our vision is to enable the population of Ayrshire and Arran to get the right care they need in the right place, at the right time, which is not always through the GP Practice. Currently urgent care is delivered:

- In GP Practices
- In partnership with the HSCPs
- Through other community contractors including pharmacies and dental practices
- Third sector
- Partners such as NHS24 and NHS Inform, by enabling informed self-care, self-management and supportive and connected communities.

As we continue to implement our new multi-disciplinary teams in practices including professionals such as Advanced Nurse Practitioners, Nursing, AHPs, Pharmacists and Community Link Workers or Connectors, Advanced MSK Physiotherapists, and Mental Health workers will often be the first point of care assessing and treating individuals presenting with urgent care needs. This approach will enable GPs to have the time to develop their role as Expert Medical Generalists focusing on caring for individuals who present with undifferentiated, chronic and complex illness.

People often know what care they need and through our local approach to signposting patients to the most appropriate person we are seeing evidence of patients feeling more informed about services available locally or within their GP Practice. The role of administrative staff in GP practices is key to directing patients and supporting them to navigate care. Over 200 staff from across Ayrshire and Arran have undertaken triage training at different levels to support how they appoint patients or signpost them onto other services. There has also been targeted sign posting work carried out working closely with clusters in each HSCP to promote community working and approach with other community assets.

A number of stakeholder events with HSCPs and GP Practices took place throughout 2019 with the aim of reaching an agreed vision for an Urgent Care service Feedback on largest areas of demand were:

- Home visits
- On the day assessment
- Frailty patients (including anticipatory care planning)
- Mental Health presentations

The contract made particular reference to home visits as an area where other professionals and Advanced Practitioners, could provide input and release GP time to provide greater focus and continuity of care for individuals with complex health needs. The Urgent Care Implementation Group agreed as a first action in 2018 to review the existing pattern of home visit provision across Ayrshire and Arran, seeking to learn from good practice.

Proposal for Urgent Care Service

A review of home visit activity was undertaken to identify demand and to project the total number of advanced practitioners that would be required to meet demand. This information was cross-referenced with feedback from clusters and it was projected that approximately 34 advanced practitioners would be required over the next 2 years to deliver an urgent care service based on this home visit activity across Ayrshire. Following discussions with GP Practices, there has been feedback that Practices would prefer to use the advanced practitioner resource for home visits and also on the day assessment depending on practice need. It has been agreed that the workload and use of the practitioner will be defined by the practice.

There are a number of programmes ongoing across Ayrshire and Arran in relation to frailty, anticipatory care planning, and single point of contact. It is recognised that further work is required to link these areas of working with urgent care pathways in General Practice. This will be taken forward in a structured way with key colleagues across the whole system.

As outlined earlier in the plan, it is anticipated that new and existing members of staff will work to deliver across a number of elements of the MoU. For instance MDT members (Mental Health Practitioners and Advanced MSK Physiotherapists) will contribute to the urgent care response within practices. Developing the Urgent Care Model will also be an opportunity to work with practices to train, develop current staff, and 'grow our own' workforce who aspire to become advanced practitioners with a structured funded training programme.

There is a risk that there is insufficient workforce available to recruit to the advanced practitioners required to deliver the Urgent Care Model. We anticipate General Practice Nurses and the Primary Care Nurses as they gain experience they will be well placed to develop into these roles, providing a resource that is experienced in Primary Care and local networks.

Links to Other Urgent Care Services

Through the Minor Ailment Service (MAS) community pharmacies are increasingly becoming the first port of call for eligible patients for a range of common clinical conditions. The Scottish Government is committed to extending and expanding MAS so that it was available to everyone – this will launch in April 2020. Ayrshire and Arran has added to the range of common clinical conditions treatable by community pharmacists under the Pharmacy First Ayrshire service. Women between 16 and 65 can now be treated for uncomplicated urinary tract infections and patients aged two years and over, can also be treated for impetigo. Both conditions previously required prescriptions through GP practices or Out of Hours services.

Locally we have also expanded on this format by adding other skin infections and shingles and intend to further expand on this. Expanding the range of common clinical conditions treated will improve outcomes for patients and reduce the workload for GPs and other health and social care professionals. A number of community pharmacists are qualified as Independent Pharmacist Prescribers, providing clinics from their community pharmacy, in conjunction with local GP practices. These clinics include respiratory clinics, as well as hypertension and sexual health clinics. Further training and development of this workforce will unlock a further resource that can play a role in the multi-disciplinary team and promote patient self-management of long-term conditions, improving outcomes for people.

Community optometrists provide a comprehensive eye examination service model to care for an aging population. The eye examination is universally funded and therefore free of charge to all eligible patients. Geographical access to eye care at optometrist practices across Ayrshire and Arran is good. Community Optometrists in Ayrshire and Arran also provide a first point of treatment for minor eye ailments through Eyecare Ayrshire

Chapter 11: Multi-disciplinary Teams in General Practice **Provides an overview of the service and actions that have been agreed through the Implementation Groups and overarching Writing Group.**

The introduction of MDT working is complex and the scale of change required across professions is a unique opportunity to progress a longer-term strategy of transformational change to deliver the vision for Primary Care. The teams within General Practice will also link closely with the wider locality teams as shown in the Health and Social Care Diagram on Page 10. For the purposes of the implementation of the contract, the Implementation Group has focussed only on the GP Practice based team as outlined in the MoU.

The ambition of the MDT is to deliver care to the patient in a seamless way, reducing the number of visits and number of professionals working with a person and their family. As outlined in the contract and MoU, the introduction of these services relies on the establishment of new workforce that will be part of the practice teams, but not employed by them.

Additional MDT staff should, where appropriate, be attached to GP practices to provide direct support to these practices under the oversight of GPs as senior clinicians. Trusting and continuity of professional relationships will be key to the effectiveness of MDTs. A guiding principles document has been developed to support this team working. Some MDT members will be attached exclusively to a single GP practice while others may be required to work across a group of practices (e.g. Clusters). Workforce arrangements will be determined locally and agreed as part of the HSCP delivery plans.

Many of the MDT staff deployed into HSCPs will be employed by the NHS Board and work with local models and systems of care agreed between the HSCP, local GPs and other key stakeholders within services.

Staff will work as an integral part of local MDTs. NHS Boards, as employers, will be responsible for the pay, benefits, terms and conditions for these staff.

Existing practice staff will continue to be employed directly by practices unless there is a transfer of task through TUPE arrangements. Practice Managers, receptionists and other practice staff will have important roles in supporting the development and delivery of local services. Practice Managers should be supported and enabled to contribute effectively to the development of practice teams and how they work across practices within Clusters and in enabling wider MDT working arrangements.

Key to achieving efficient joint working between professionals will be the implementation of the new GP IT system being led nationally. The new systems aim to be more intuitive and user friendly. They will be quicker, more efficient, with increased functionality allowing more efficient working across professions in the MDT, underpinned by strong service levels and performance management, with clear lines of responsibility and accountability, providing, overall, a more professional GP IT Service. It is expected this will begin to roll out winter 2020.

Scottish Government are leading on the Joint Data Controller agreements for data to be shared more easily across various professional groups and GP Practices ensuring more efficient and joined of working to support patient journeys. It is anticipated this agreement will be in place by the end of 2019/20.

The pace of delivery of IT systems that communicate and Information Sharing agreements remains a risk to MDT working.

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 are described in more detail under each of the professions noted below.

Mental Health Practitioners (MHPs)

Since March 2019, there has been a roll out of a new model for MHPs being based in General Practice as first point of contact practitioners. These roles are funded through PCIF and Mental Health Action 15 monies using a pan Ayrshire model. The MHPs are currently only assessing patients and signposting on to other services if required. By increasing the number of MHPs available for GP Practices, there would be opportunity for the role to support and treat patients following assessment without the need to refer onto other mental health services if possible.

Early data for the first 6 months of having these roles in GP Practices shows:

- a high number of patients are requesting to see an MHP or being triaged by practice reception staff as first point of contact
- 92 % of those being assessed were not known to Mental Health Services
- Only 16% of people assessed required a prescription for medication
- 7% of total presentations were referred onto to community mental health services for ongoing treatment

Further work is required to understand overall patient journeys and longer-term benefits, however patients and GP Practices are reporting the early benefits of having a first point of contact MHP role available in practices for patients to self-refer to or be signposted to. This has been requested by all GP Practices as a priority. Capacity and current service models within Community and Primary Care Mental Health teams does not allow for this level of resource to be based in General Practice.

There are now 20.8 wte MHPs based across 34 GP Practices with the roll out plan proposing a further 23 wte across Ayrshire and Arran to cover all GP Practices. If Mental Health Action 15 monies are applied then the overall risk to funding of the programme as outlined on page 24 is mitigated.

There is a risk to recruiting to all the required roles and oversight of recruitment across all HSCPs and other Mental Health Services will be needed to ensure there is not a knock on impact to other services.

Advanced MSK Physiotherapists Practitioners (APP)

There was agreement in previous PCIP to invest in an additional 7 wte first point of contact APP roles to provide this specialist care in the right place at the right time in GP Practices. Due to the reduction in demand to core MSK services during the initial test with these roles, there was an aim to create a shift from all MSK Physios being based within acute services to a more blended model with General Practice. There are now currently 11 wte physios employed, as well as a MSK Lead role providing professional leadership across 26 practices.

The number of patients seeing the MSK Physiotherapists in GP Practices continues to rise each month with demand now much higher than first anticipated in previous reports. Early results from May 2019 show that:

- 67% of patients are signposted as a first point of contact with the Physiotherapist
- Only 1.7% of these required to be redirected to a GP
- 75% of these patients were given self-management advice

Recent evaluation of the service and referral rates to core MSK Service has highlighted that, although there continues to be a reduction in referrals to core service from some General Practices, this is not consistent and at the rate originally projected. This requires closer review, but early findings indicate that when a GP Practice only has a small of amount of MSK Physio time in practice (for example 1 day) this is not having any impact on referrals or how MSK demand is managed in practices.

It has been acknowledged that further additional resource will be required to enhance the service provision in some areas. On this basis the roll out plan includes proposal for an additional 3 wte MSK Physio roles with an expectation that an additional 3 wte MSK roles will transfer from core MSK service over 19/20 and 20/21. If the predicted ongoing reduction in demand to core MSK service is achieved, there is a commitment to the transfer of further posts.

There are a range of ways to be referred into core MSK Services and there is a risk that, although GP Practice referrals may reduce, close scrutiny will have to be given to other referral sources throughout the redesign of how this service is delivered.

ANP Academy

The Primary Care ANP Academy was established in September 2017 to develop a new workforce of Primary Care Advanced Nurse Practitioners.

This programme offers Practice Nurses working in General Practice in Ayrshire and Arran, the opportunity to develop into the role of an Advanced Nurse Practitioner whilst maintaining their salary and contract of employment.

Cohort 3 of ANP Academy Commenced in September 2019 with 22 nurses in total projected to complete training by 2021.

No proposals have been put forward for future cohorts at this stage and the aim is to blend the ANP Academy approach with the 'grow your own' CTAC and Urgent Care Service model therefore funding for training will be available through this route.

Community Link Workers

The new GMS contract recognises the place of 'Community Link Workers' functioning as part of a broader Multi-disciplinary Team whilst not being prescriptive regarding the role and function and local operational arrangements.

The new contract defines the Community Links Worker as 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. They often serve a socio-economically deprived community or assist patients who need support because of for example, the complexity of their conditions

Across Ayrshire and Arran there are 25.5 wte Community Link Workers across 49 Practices. Some are funded through the PCIP and others through HSCP resources.

Whilst East and North HSCP have now fully recruited to meet planned resources, South Ayrshire HSCP have reported they require a further 1.5wte workers to ensure full practice coverage. This will be included within detailed implementation plan.

Full details of the roll out numbers within the MDT are included within Appendix E. It should be noted that the GP Clinical Pharmacist role is included as part of the Pharmacotherapy Service within Appendix B.

Chapter 12: Leadership and Management of New Multidisciplinary Teams

The new GMS contract establishes GPs as Expert Medical Generalists whose responsibilities include local and whole system quality improvement, and local clinical leadership for the delivery of general medical services under GMS contracts.

The national MoU identifies that EMGs "will strive to ensure robust interface arrangements, connection to and coherence with other parts of the wider primary care team (e.g. nurses physiotherapists), health and social care community-based services and with acute services where required. The EMG will be supported by a MDT; maximising the contribution of both clinical and non-clinical staff in medicine, nursing, allied health professions, links workers, practice management, administration and others."

There is an explicit understanding that part of this role will be senior clinical leadership of the multi-disciplinary teams. Line management of much of the primary care multi-disciplinary team staff will be provided through the employing authority (usually NHS Boards). The purpose of the line management is to support staff in their role as a member of the primary care multi-disciplinary team attached to one or more practices and their patient lists. While all professionals involved in patient care have a leadership role to play, the senior clinical leadership role of doctors will be outlined in the GP role in Primary Care Improvement Plans.

Practice Managers have a key role in the management and co-ordination of the MDT teams, working with various service leads within HSCP arrangements to ensure appropriate service provision within the practice through having oversight of patient access and leave arrangements as well as service commissioning arrangements to the practice. Practice Managers will require ongoing support in this new way of working which is being led by the local Centre of Excellence Team who provide development to Practice Managers.

Leadership which is intended to improve outcomes for patients will clearly require collaborative working with a wide variety of professionals who will be involved in primary care multi-disciplinary teams. Various members of these teams will also undertake leadership roles to achieve changes and improvements. There are many examples of effective teams whose membership have different employers. Many GPs will have had experience of this with district nurses and other professionals not directly employed by their practice. The MOU is a clear statement of intent to deliver this form of team working. We have agreed shared principles to ensure these teams operate in optimum ways to the benefit of patient care. Some of these primary care multi-disciplinary team members will be attached to individual practices but inevitably, in some cases, resources may have to be shared between different practices. GP clusters will have an important role in facilitating cross practice working including developing common working practices and pathways. We believe that the best way to deliver the 4Cs and relationship-based care to patients is through the effective relationships between the members of these primary care multi-disciplinary teams.

There is an agreed Ayrshire and Arran Guiding Principles document which works within the specifications of the national contract MoU to further explore the agreed ways of working between Ayrshire & Arran General Practice, North Ayrshire Health and Social Care Partnership (H&SCP), South Ayrshire Health and Social Care Partnership, East Ayrshire Health and Social Care Partnership and NHS Ayrshire & Arran. It focusses on the delivery of the key priorities of the national MoU to promote collaborative working across clusters and with wider health and social care.

IJBs have the responsibility for the planning of health and social care services for their local population and commission delivery from the HSCPs, NHS Ayrshire & Arran, third and independent sector providers.

Chapter 13: -Feedback on New Ways of Working

Over the last 18 months GP Practices have adapted to the new changes within the contract along with additional staff being based in practices. Feedback and comments have been received throughout the implementation. This section also sets out specific examples of the benefits to having these new roles based in General Practice for patients and the practices.

Advanced MSK Physiotherapist
Patient Feedback

Patient 1 -As someone who regularly suffers from lower back problems, I reluctantly called my GP for a routine appointment in despair weeks after my back had went, receptionist advised a physio was starting in 2 days! He gave me great reassuring advice which got me straight back into work and back to being more mobile everyday! Also ensuring I receive the right follow up treatment. I had tried every stretch I could Google, Yoga and chiropractors! If I had to wait 3 weeks for a routine appointment and then a referral to a physio I honestly do not know how I would have managed and would have had to take more time off work. Cannot praise this service enough

Patient 2 - My mum has Achilles tendonitis. I printed her some exercises off from MSK website but it failed to settle. She'd previously waited 1 year for physio to her knee so was despairing at thought of long wait yet again. Mum was delighted to be triaged see a physio, few days later who gave additional advice and plan of action. As a GP myself I wholeheartedly endorse the concept of multidisciplinary working and look forward to surgery I work at having a CPN join the team shortly

Patient 3 – I want to commend the decision to have practice based MSK Physiotherapists. I have recently used the service and found the advice and support provided to be very helpful indeed. I believe the service has helped me understand my condition and take the appropriate exercises which will prevent more serious problems at a later date. Importantly this allows me to continue to have a good health and exercise regime which is a key preventative measure at the age of 66 which will hopefully lessen the need for me to make demands on the wider system. In my view the provision of a physiotherapy service in the GP Practice is a very proactive positive decision.

Mental Health Practitioner

Patient Feedback - I hadn't been sleeping well for a few months and phoned my GP practice to see if I could get an appointment with my GP. When I was asked to describe my symptoms to the receptionist, I felt a bit embarrassed but when she explained that it was so that she could refer me to the most appropriate person I told her how I'd been feeling. She asked me if I'd like an appointment with the Mental Health Practitioner that day and explained that the appointment slot would be 45 minutes. The MHP was really understanding; I had time to talk about how I was feeling and she listened patiently, provide re-assurance that my feelings were normal and suggested some techniques that would help me to unwind and relax prior to going to bed. I felt better for just talking about how I was feeling and was able to put the techniques in place and get back to a normal sleeping pattern. I didn't even know my GP practice had an MHP but I think this is a really good service for patients.

GP Practice Staff Feedback
(GP): When asked how he felt about the new MHP service, he replied "I think it is great having MHP here, but I feel it would be more useful if you could see patients back for reviews".

(Receptionist): When asked how she felt about the new MHP service, she replied "The benefits are self-explanatory, I have patients calling and actually asking for triage call from mental health practitioner, it is taking loads of pressure away from the GP triage in the morning".

(ANP): When asked how she felt about the new MHP service, she replied "Well put it this way, we hate it when you are off, it has definitely enhanced the service that this practice provides".

Primary Care Nurse
The nine newly qualified nurses have been working in General Practice since January 2019 integrating to the teams and working to the top of their competence framework in a short space of time. Practices have embraced the new role in practices reporting the support the Primary Care Nurse role has had in supporting the general practice nursing team.

The development of this role has encouraged support and mentorship from nurses employed by the practice, building up trust and confidence although the Primary Care Nurse is not directly employed by the practice, but through the HSCP/NHS Board. This joint working to support the patient journey and share the workload in practices aligns fully with the aim of the new contract and MoU.

We are seeing emerging examples of culture change. At a recent GP Practice visit meeting which took place with the HSCP Director and GPs, the Primary Care Nurse interrupted the meeting to seek advice from the GP regarding a patient. The GP immediately responded to support the nurse and returned a short while later to the meeting. This demonstrated that Primary Care nurse felt comfortable to interrupt the GP for advice and also that the GP trusted the nurse's assessment of the situation with the patient.

Pharmacotherapy Service
A GP Practice with 10,509 patients serving a deprived population with high levels of health and care need have been working closely with the pharmacotherapy team of 1 wte GP Clinical Pharmacist and 0.2 wte Pharmacy Technician to support and integrate them into the practice team. They have worked collaboratively to implement robust and efficient prescribing processes, utilising limited repeat function meaning there are fewer acute prescriptions and workload is more manageable. All medication reviews are up to date and they have full confidence in their prescribing systems.

The Pharmacotherapy Team are doing the majority of the prescribing work in the practice with the practice and team hopeful that with a small amount of additional workforce going into the team, they will be in a good position to achieve the requirements of the MoU. Feedback from the team and GP Practices is if we get the systems and processes right then a high quality safe prescribing can be guaranteed, reducing acute numbers and allowing a planned approach to medicine management in each practice.

Practice Staff Feedback - To have a member of the (pharmacy) team available in the back office works really well as you have the opportunity to refer any queries that are pharmacy related directly which is more efficient than passing to a GP and waiting for a response.

Community Link Worker

Patient feedback
Patient 1 - I attended GP as felt I was not coping with my husband, who has terminal cancer – I was always a very active, sociable and happy person – but recently feel isolated, agitated, etc. After discussion with GP, who thought I was on the verge of depression, I was referred onto the Community Link Worker (CLW)

I had good long discussion with the CLW she was very patient and advised that I should be looking after myself and discussed the possibility of a local walking group, arts and crafts, etc. I have now joined the local walking group and have joined local knitting club. I attended my GP for follow-up and said how much better I was and I am enjoying the time to myself without feeling guilty and feel I am coping better with my husband and his illness and feel if I had not had the chat with the Leona I may have ended up taking meds that I did not want to and feel that this is an excellent service.

Patient 2 - I think that the CLW service is great – for the following reasons:-

- Time to talk
- Time to get all feelings out about things I am worried about
- Offers different options
- It is like "sitting chatting to pal" – The CLW puts you at ease and seems genuinely interested in me
- Don't feel under pressure and anxious like I have done in the past going to CPNs, Psychiatry appointments – get worked up going to these places – feel they don't have the same time

Chapter 14: Primary Care Premises **Introduces a number of measures designed to manage the risks of GPs carrying the responsibility for premises**

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

The National Code of Practice for GP Premises was published on 13 November 2017. Following the acceptance of the GMS contract offer by SGPC, Scottish Government and Health Boards are working to implement the Code of Practice. The Code sets out plans to offer interest-free secured loans to GPs who own their premises. It sets out the steps that GP contractors who lease their premises privately must take if they wish their Health Board to take on the lease.

GP Owned Premises
New interest-free sustainability loans will be made available, supported by £30 million investment over 2019/22. There were 12 loans submitted and approved from Ayrshire and Arran.

GP Leased Premises
The Scottish Government's long-term strategy is that no GP contractor will need to enter a lease with a private landlord for GP practice premises. NHS Boards will gradually take on the responsibility from GP contractors for negotiating and entering into leases with private landlords and the subsequent obligations for maintaining the premises. NHS Boards will ensure that GP contractors are provided with fit-for-purpose accommodation which complies with the standards set by the Premises Directions.

If a lease expires before 1 April 2023, the most likely course of action is for the NHS Board to negotiate a new lease or provide alternative accommodation.

If the lease expires after 1 April 2023, NHS Boards will take on the existing lease from GPs where:

- The practice has ensured that its premises are suitable for the delivery of primary care services and are sufficient to meet the reasonable needs of its patients
- The practice has met its statutory obligations regarding the premises
- The practice has provided all relevant information to its NHS Board
- The practice has given sufficient notice to its NHS Board of its need for assistance
- The practice has registered the lease with the NHS Board
- The practice has the agreement of the landlord to the assignation of the lease (and the other necessary conditions)
- The practice has complied with its obligations under its existing lease
- The rent represents value for money

The availability of sufficient space in GP Premises to facilitate the transfer of MoU tasks to the HSCPs remains a risk to the programme.

Chapter 15: Primary Care Improvement Fund **Provides a financial summary of the overall investment from each IJB against the funding required against of the implementation programmes.**

Funding Allocation
The Integration Joint Boards and NHS Board have received confirmation from Scottish Government of the allocated Primary Care Improvement Fund for 2018/19 and 2019/20 which will be used by IJBs to commission primary care services and is allocated on an NRAC basis through Health Boards to IJBs.

To assist with preparation of the PCIP, Scottish Government has announced its commitment to increase the overall funding to £250 million by 2021-22. Strictly as a planning assumption, and subject to amendment by Ministers without notice, the IJBs have been advised that it is expected that the Primary Care Improvement Fund (PCIF) increased to £55 million in 2019-20, and will further increase to approximately £110 million in 2020-21, and £155 million in 2021-22. This will, as this year, be distributed on an NRAC basis. This has allowed early planning assumptions for investment to be made within the PCIP.

All PCIF in-year allocations should be 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 engage with the IJBs and NHS Boards over the three years on any plans to baseline these funds.

Investment Required
Through each of the Implementation Groups initial work has been carried out to understand the investment required from now until 2022.

Due to a large proportion of funding still to be allocated to Health Boards in 2020/21 and 2021/22, new service models will require phasing in across the final two years of implementation. Phasing choices can be agreed at an HSCP level between services and GP Practices based on priorities and should be made with an awareness of potential impact on other areas should there be a delay to certain services.

For example the delivery of adult vaccinations and adult flu will rely on the introduction of CTAC services in all areas no later than September 2020. Projections of staff have been made on this basis to support HSCPs with decisions and ensure there is no knock on impact to vaccination delivery.

The service models projected are based on all GP Practices having access to every service described within this plan. At present this remains a financial risk to delivery of the programme. Where there is overspend highlighted as a result of ensuring equity of access to all practices, work will continue to mitigate this be refining models and skill mix during 2020/21 before the final PCIF allocation in 2021/22.

In line with legislation and accountability. The required investment detailed in the implementation action plans has been divided into IJB area for each year, along with WTE share, based on that IJB's NRAC share of the funding. As noted earlier in this document, the aim is to deliver a core pan Ayrshire service delivery model where possible in General Practice, with the recognition that there may be slight variation in delivery models based on the HSCP local delivery plans and population need.

Changes or adjustments to the PCIP as it develops and matures will require to be signed off by the LMC. Any discussions on variation of service delivery models should take place through the Implementation Groups in the first instance and then escalated to the Writing Group or Oversight Group where required

Summary of Investment Primary Care Improvement Fund – East Ayrshire Integration Joint Board

	2018/19	2019/20	2020/21	2021/22
Allocation (NRAC 33%)	**£839,378 (70% of allocation)**	**£1,332,761**	**£2,689,500**	**£3,789,720**
Funding Available from previous years		**£277,555 (30% with SG) £213,000**	**£296,442**	**£47,956**
Total Available	**£839,378**	**£1,823,316**	**£2,985,942**	**£3,837,676**
Pharmacotherapy	£278,975	£855,000	£1,123,000	£1,123,000
Primary Care Nurse	£50,130	£153,000	*£930,752	£1,264,721
Urgent Care	£61,973	£74,847	**£336,378	£792,581
MDT	£190,788	£369,027	£474,856	£845,800
Programme Delivery	£36,735	£73,000	£73,000	£36,500
Total Spend	**£618,601**	**£1,526,874**	**£2,937,986**	**£4,062,602**
Balance	**£220,596**	**£296,442**	**£47,956**	**-£224,926 + 36, 500 (prog delivery) = 188,426 gap**

***CTAC Nurses – 9 month of spend (August 19 – March 20)**
****Urgent Care/Home Visit Service – 7 months of spend for additionality (Sept 19 – March 20)**

Note – any slippage shown is from agreed roles/services that have been phased in to make affordable in year for each HSCP

- **Any planned underspend will be carried forward to support the service in future years on a recurring basis.**
- **Each budget will be closely monitored and discussed with HSCP if more than the originally planned underspend begins to show**

Summary of Investment Primary Care Improvement Fund – North Ayrshire Integration Joint Board

	2018/19	2019/20	2020/21	2021/22
Allocation (NRAC 36.7%)	**£941,120 (70% of allocation)**	**£1,493,895**	**£3,015,500**	**£4,249,080**
Funding Available from previous years		**£311,000 (30% with SG) £29,799**	**£2,812**	**£10,839**
Total Available	**£941,120**	**£1,834,694**	**£3,017,812**	**£4,260,119**
Pharmacotherapy	£492,096	£940,000	£1,176,530	£1,176,530
Primary Care Nurse	£56,292	£172,578	*£956,053	£1,419,343
Urgent Care	£69,188	£61,000	**£211,000	£884,640
MDT	£240,691	£585,000	£585,000	£955,944
Programme Delivery	£41,103	£73,304	£78,390	£39,195
Total Spend	**£899,370**	**£1,846,882**	**£3,006,973**	**£4,475,652**
Balance	**£41,750**	**£2,812**	**£10,839**	**-£215,533 +£39,195 (prog delivery) = 176,338 gap**

*** CTAC Nurses - only 7 months of CTAC service (Sept 19 – March 20)**
**** Urgent Care/Home Visit Service – only 5 months of Urgent Care Model (Nov 19- March 20)**

Note – any slippage shown is from agreed roles/services that have been phased in to make affordable in year for each HSCP

- **Any planned underspend will be carried forward to support the service in future years on a recurring basis.**
- **Each budget will be closely monitored and discussed with HSCP if more than the originally planned underspend begins to show**

Summary of Investment Primary Care Improvement Fund – South Ayrshire Integration Joint Board

	2018/19	2019/20	2020/21	2021/22
Allocation (NRAC 30%)	**£763,071 (70% of allocation)**	**£1,240,500**	**£2,445,000**	**£3,445,200**
Funding Available from previous years		**£258,000** **£13,523**	**£33,023**	**£36,338**
Total Available	**£763,071**	**£1,512,023**	**£2,478,023**	**£3,481,538**
Pharmacotherapy	£398,735	£848,000	£1,001,689	£1,001,689
Primary Care Nurse	£46,691	£161,000	*£799,432	£1,203,578
Urgent Care	£57,410	£69,000	**£218,535	£729,687
MDT	£212,620	£328,000	£349,029	£726,605
Programme Delivery	£34,092	£73,000	£73,000	£36,500
Total Spend	**£749,548**	**£1,479,000**	**£2,441,685**	**£3,698,059**
Balance	**£13,523**	**£33,023**	**£36,338**	**-£216,521** **+£36,500 (prog delivery)** **= £179,021 gap**

***CTAC Nurses – includes 8 months of cost (Aug 19 – Mar 20)**
**** Urgent Care/ANP service – includes 7 months of cost (Sept 19 – March 20)**

Note – any slippage shown is from agreed roles/services that have been phased in to make affordable in year for each HSCP

- **Any planned underspend will be carried forward to support the service in future years on a recurring basis.**
- **Each budget will be closely monitored and discussed with HSCP if more than the originally planned underspend begins to show**

Chapter 16: Summary of Risks **Provides an overview of risk identified throughout each of the contract areas and actions that are being progressed to mitigate against these.**

Pharmacotherapy
It is recognised that there remains risk that even with this level of investment, the full ambition of the MoU for Pharmacotherapy may not be deliverable. In Ayrshire and Arran we have strived to develop the Pharmacotherapy Service as a priority with practices, testing skill mix to ensure best value, as well as designing the most efficient processes and systems to make delivery more achievable. As we move forward and continue to support practices with this new way of working with the funding and workforce plan outlined, the service will continue to monitor implementation closely, providing additional support where required and revising skill mix and models where appropriate to do so.

By taking this approach the service will be able to identify during 2020 which additional support is still required to achieve the ambition of the MoU.

Community Treatment and Care (CTAC)
This new workforce will be a balance of qualified nurses and Health Care Support Workers. Further work is required with practices and HSCP teams to confirm skill mix, professional governance and management/oversight arrangements of staff at a practice level. This agreement remains a risk to the programme. With a view to implement this service by September 2020, there will be opportunity to explore different ways to deliver the most efficient service in practices safely, using a blend of skill mix and expertise before confirming the final agreed workforce numbers. The funding profile committed for this area allows for a blend of skill mix between agenda for change Band 3 and Band 5, along with provision to support to HSCPs with management and professional leadership. There will be ongoing oversight and updates provided as to how this model develops in conjunction with HSCP teams and GP Practices.

Vaccination Transformation Programme
The delivery of adult immunisations and adult flu by winter 2020 relies on the implementation of CTAC by September 2020. Any delay to this service being agreed and delivered through HSCP teams will delay the transfer of these vaccinations. The delivery of adult flu vaccinations in winter 2020 will also require staff to agree to sign up to extra hours as well as the use of bank staff to carry out the number of flu clinics needed.

The travel advice hub and spoke model will be designed and implemented 2020/21 – 2020/22 due to the training and development needs to deliver this service safely.

Urgent Care Service
There is a risk that there is insufficient workforce available to recruit to the advanced practitioners to deliver the Urgent Care Service Model. We anticipate as the Primary Care Nurses gain experience they will be well placed to develop into these roles, providing a resource that is experienced in Primary Care and local networks.

Effective Multi-disciplinary Teams in General Practice

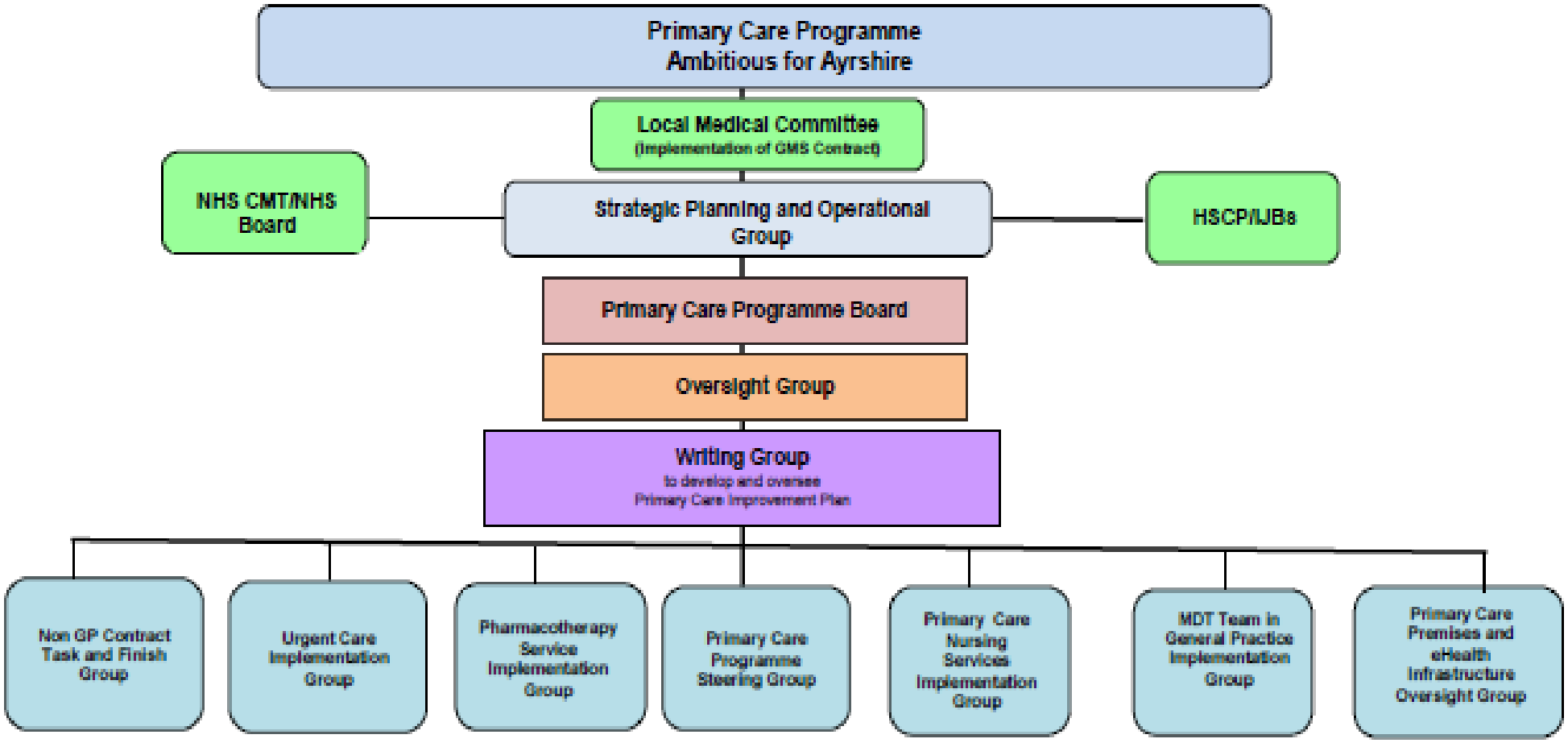
The pace of delivery of IT systems that communicate and Information Sharing agreements remains a risk to MDT working. We will continue to provide work-around solutions in practices where possible until another solution is implemented.

The availability of sufficient GP Premises to facilitate the transfer of MoU tasks to the HSCPs remains a risk to the programme whilst a number of additional staff are already taking up posts in practices. We have worked with 42 practices to arrange the removal of case notes from practices to create space and supported practices with small improvement grants to make adaptations to accommodate more members of staff. This has not been possible for all practices due to space being available but we continue to look at hosting arrangements or other ways of working to ensure practices and patients still gain access to the services available.

There is a financial risk to the overall delivery of sufficient MDTs to meet the requirements of the MoU for all Practices. Further clarity is required in respect of funding of these posts. If Mental Health Action 15 monies are applied then the overall risk to funding of the programme as outlined on pages 28 -30 is mitigated.

Throughout the report we have developed our planning and investment proposals to deliver the task transfer of the MoU jointly between, GP profession, HSCPs and NHS Board. At this time we are confident that this will substantially deliver towards the contract agreement. We have also highlighted a number of significant risks in terms of the sufficiency of resource both human and financial to fully deliver all tasks for all practices. This is an area that will require transparent review as we progress the plans.

Appendix A


Primary Care Programme
Ambitious for Ayrshire
Local Medical Committee
(Implementation of GMS Contract)
NHS CMT/NHS Board
Strategic Planning and Operational Group
HSCP/IJBs
Primary Care Programme Board
Oversight Group
Writing Group
to develop and oversee
Primary Care Improvement Plan
Non GP Contract Task and Finish Group
Urgent Care Implementation Group
Pharmacotherapy Service Implementation Group
Primary Care Programme Steering Group
Primary Care Nursing Services Implementation Group
MDT Team in General Practice Implementation Group
Primary Care Premises and eHealth Infrastructure Oversight Group

Membership Agreed for Implementation Structure to Date

Oversight Group	Writing Group
Director of East HSCP (Accountable Officer) Chair GP Sub Committee Secretary GP Sub Committee Associate Medical Director for Primary Care (Professional Lead)	The Head Primary Care and Out of Hours (co-chair) Secretary GP Sub Committee (co-chair) Associate Medical Director Primary Care Associate Nurse Director Primary Care Director of Pharmacy Director of Public Health (Children's Services Lead also) Three Representatives from GP Sub Committee North HSCP Representative – Clinical Director South HSCP Representative – Partnership Facilitator Programme Manager

Urgent Care Implementation Group	Pharmacotherapy Service Implementation Group	Primary Care Nurse Service Implementation Group	MDT Implementation Group
Associate Medical Director Primary Care – Co Chair GP Sub Exec Member – Co Chair Head Primary Care and Out of Hours Community Response Services ANP Clinical Lead – Out of Hours SAHCP – AHP Consultant Practice Manager x 2 NAHSCP Senior Manager Senior Nurse for Primary Care	Director of Pharmacy Co-Chair Chair GP Sub – Co-chair GP Stakeholder NAHSCP – Primary Care Mental Health Services Lead SAHSCP – Clinical Director Lead Pharmacists x 2 Lead Community Pharmacists Practice Manager x 2	Associate Nurse Director –Co-Chair Secretary GP Sub – Co-Chair Chair VTP Implementation Group Clinical Lead Phlebotomy Management Lead Phlebotomy Director of Public Health Senior Primary Care Nurse SAHSCP – Associate Nurse Director NAHSCP – Head of Service, Children and Families, Senior Nurse, Team Leader for MHS Lead Community Pharmacist Practice Managers x 2	AHP Lead EAHSCP – Co-Chair GP Sub Exec Member – Co Chair NAHSCP Rep – Team Leader Mental Health & Senior Manager Locality Services SAHSCP – Partnership Facilitator Senior Primary Care Nurse Clinical Nurse Manager ANPs Clinical Lead MSK Physio Lead Pharmacist Practice Manager x 2

Priority:	**Pharmacotherapy Service**	**Appendix B**
Objective	**How do we get there**	**Timescale**
Arrangements to establish a sustainable pharmacotherapy service by 2021	Establish project structure and governance arrangements with planning team to focus on meeting objective testing staffing level assumptions through pilot working	2018/19
Rollout serial prescribing and dispensing	Establish a systematic and standard approach for initial identification and take-up of suitable patients; documentation templates; phased implementation and roll out plan	2018/19
	Roll out on track for all Practices to be signed up to service in March 2020 with a focussed piece of work over next 12 months (March 2021) to maximise uptake.	2019-21
Leadership and Training Academy	Establish a Pharmacotherapy/Education and Training leadership structure along with a refreshed management structure to reflect eventual model of pharmacotherapy service.	2018/19
Workforce Recruitment	Recruit to projected workforce for Band 8b Leadership role x 1 wte Band 7s x 18.9 wte + Band 5s 5 wte	2018 - 2020
	To reflect changes in skill mix projections and provide greater resilience to service recruit extra 3 wte Band 7 GP Clinical Pharmacists	2020/21
Monitor Implementation for Readiness of Task Transfer	Once all practices have access to some pharmacotherapy resource carry out audit to create baseline data for tasks that cannot be counted using extracts from practice systems	2019/20
	Look for unusually high numbers of acute prescribing compared to other practices with a similar list size. This will enable us to work with the practice to look at improving systems and processes to reduce numbers.	2019/20
	Create policies and procedure to maximise on all systems and processes where high quality safe prescribing can be guaranteed, reducing acute numbers and allowing a planned approach to medicine management in each practice.	2019/20
	Adjust skill mix to enable delivery completion of tasks in a timely manner	2019 - 2021
	Work with team to proactively manage workload on a week to week basis accounting for leave and cover arrangements	2020/21
	Continuously evaluate service for readiness of transfer in March 2021	2019 -2021
	Provide regular reports on state of readiness and advise of formal position in October 2020	2020/21

Priority:	**Primary Care Nurse Service** **Community Treatment and Care Services & Vaccination Transformation Programme**	**Appendix C**
Key Action set out in Memorandum of Understanding	**How do we get there**	**Timescale**
• Management of minor injuries and dressings • Ear syringing • Suture removal • Chronic disease monitoring and related data collection	1. Group established to carry out full scoping exercise to understand the current workforce and requirements with an aim to propose model Oct 19	May -2018 – October 2019
	2. Test Primary Care Nurse model with new graduates – providing training and development in community and primary care nursing	2018/19
•	3. Further refine CTAC model and detailed service specification with HSCP Leads to allow recruitment and ready to roll out service by September 2020.	Nov 19 – May 20
Phlebotomy	Secondary Care Blood Requests	
	1. Phase 1 – test site renal and urology	June 2018– October 2018
	2. Phase 2 – Extend to other specialties	October 2018 – March 2019
	3. Phase 3 – Provide Phlebotomy Service for General Practice	September 2020/21
Vaccination Programme		
Pre-school Programme	1. Scope and cost a pan Ayrshire model for agreement	August 2019
	2. Implement new model (including flu)	January 2020
School based Programme	1. No changes	
Travel vaccinations and travel health advice	1. Develop hub and spoke model with current travel health clinic within Ayrshire	2019/20-2020/21
Influenza Programme	1. Agreement to deliver via nurse bank/primary care nurse development roles	October 2020
At risk and age group programmes (pregnant women shingles, pneumococcal, hepatitis B	1 Pregnant Woman to be delivered by midwife at 20 week scan within Ayrshire Maternity Unit. A cost of up to 2.5 wte midwives to expand the service will be required.	October 2018
	2. All other adult age group vaccinations to be delivered via Community Treatment and Care Service	September 2020

Priority: **Urgent Care Service**		**Appendix D**
Key Action set out in Memorandum of Understanding	**How do we get there**	**Timescale**
Advanced Practitioner Resource to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care	**Access Multi-Disciplinary Team (MDT) Practitioner Resource to assess and treat urgent care presentations by:**	
	1. Link to MDT workstream to establish standardised pathways for Advance Practitioner Resource to assess and treat urgent or unscheduled care presentations	2018-20
	2. Develop signposting algorithms / pathways linked to clinical decision making 2018-20 in line with MDT development	2018-20
	3. Provide infrastructure /pathways for consistent signposting / navigation across A&A in line with MDT development (signposting training, NHS24 / H&SCP directories, Linkworkers / Community connectors)	2018-19
	4. Scope Remote and Rural specific requirements and solutions	2018-19
	5. Support implementation for NHS24 Practice Websites where add value	2019/20
	6. Maintain Eyecare Ayrshire and continue to promote	2018-21
	7. Maintain existing Pharmacy First and promote	2018-21
	8. Maximise the uptake of community pharmacy as a first port of call for common clinical conditions by utilisation of the Minor Ailment Service (MAS)	2018-21
	9. Support the development of Independent Pharmacist Prescribers (IPPs) for common clinical conditions	2018-21
	10. Undertake social media / communication campaign for right care, right person, linking to national work as appropriate – scoping and planning	2018-21
	11. Create a local collaborative with clusters to undertake quality improvement activity including minimising home visits	2018/19
	12. Scope home visit activity, demography, ANP involvement and practice protocols across practices, learning from good practice	2018/19
	13. Create Urgent Care Service linking to MDT and Primary Care Nurse workstream to enable continuing development of community teams.	2020-2021
	14. Develop ‘grow our own’ approach to training advanced practitioners to achieve required 34 wte advanced practitioners across all GP Practices.	2020-2021

Priority:	**Multidisciplinary Team in General Practice**	**Appendix E**
Key Action set out in Memorandum of Understanding	**How do we get there**	**Timescale**
Advanced MSK Physio	1. Recruited to 7 additional MSK Physio posts (11 wte in total)	2018/19
	2. Recruit to additional 3 wte to further enhance service (1wte per HSCP)	2020/21
	3. Present plan to show additional resource phasing out from core MSK service to GP Practices	2020/21
Primary Care Mental Health Services	1. Testing of MHP role in General Practice concluded that an additional 23 wte Band 6 MHPs were required. **East – 8 wte, North – 8 wte, South 7 wte** These roles will be phased in as funding allows within IJB allocated funding, including any funding from Mental Health Action 15	2020-2021
Community Link Workers	1. Group established with HSCP Leads to review number of Link Workers in post and scope current roles.	
	2. Initial scoping identified South Ayrshire required 1.5wte to ensure full coverage across all practices in line with other HSCPS	2020/21
Development of ANPs	1. Development of 12 ANPs through ANP Academy – includes academic study and mentoring/supervision in their place of work. Cohort 1 of 14 commenced September 2017	Committed
	2. Cohort 2 – 3 students and spread across additional GP Practices. Reduced number due to evaluation taking place and learning to take place on cohort 1	September 2018
	3. Cohort 3 – 7 students	September 2019
	4. Future development of ANPs will be through the Urgent Care Service model	