NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
17 June 2021

Subject:	**Primary Care Improvement Plan Update**
Purpose:	To present to IJB, a review of the Primary Care Improvement Plan (PCIP) 2020-22 and set out indicative arrangements for 2021-23 to deliver on the commitments set out in the General Medical Services (GMS) 2018 contract.
Recommendation:	It is recommended that the Integration Joint Board: i. Receives this update on the PCIP to date and be assured on progress; ii. Approves the actions set out for 2021/22; iii. Approve the additional resource for Pharmacotherapy Service as set out in paragraph 4.1 iv. Notes the Primary Care Improvement Funds 2020/21 and approves the 2021/22 projections; up to and including conclusion to March 2023.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
PCIP	Primary Care Improvement Plan
GMS	General Medical Services
SGPC	Scottish GP Committee

1.	**EXECUTIVE SUMMARY**
1.1	The new GMS contract, being implemented through the PCIP, provides the basis for an integrated health and care model with a number of additional professionals and services MDT including nursing staff, pharmacists, mental health practitioners, MSK physiotherapists, and community link workers as well as signposting a number of patients, where appropriate, to other primary healthcare professionals within the community. This is aligned to the NHS Ayrshire and Arran Caring for Ayrshire vision sets out a whole system health and care model which focusses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.
1.2	It is recognised that the COVID-19 pandemic and associated remobilisation work has impacted on the original timescales for delivering elements of PCIP 2020-22 and consequently, the implementation of the new GP contract by 2021/22.
1.3	Throughout 2020 a number of actions agreed within the PCIP continued to be implemented. This included an increase in the total number of pharmacotherapy staff, additional Advanced MSK Physiotherapists, Mental Health Practitioners and as planned, significant investment into the Community Treatment and Care Service.

1.4	By necessity the different ways of working across primary care and seeing all the professional groups working remotely has highlighted opportunities for delivery models going forward and accelerated ways of working that hadn't even been explored pre-COVID-19. The response to COVID-19 has allowed Primary Care, GP Practices, and HSCP teams to work closely together which has further strengthened the relationships and understanding to move forward together.
2.	**BACKGROUND**
2.1	A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.
2.2	The aim of the new contract was to facilitate 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.
2.3	This refocusing of the GP role required 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.
2.4	Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period (2018-21).
2.5	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 EMG.
2.6	Following the approval of the new GMS contract in January 2018, the first PCIP (2018-2021) set out the plan to implement the new contract across NHS Ayrshire & Arran by 2021. This was approved at the three IJBs and the NHS Board in June 2018, and was then submitted to the Scottish Government on 28 June 2018.
2.7	The PCIP 2 (2020-22) was approved at each of the IJBs, NHS Board and Local Medical Committee in December 2019. It set out a collaborative approach for delivery across the three 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 within each of the partnership areas.
2.8	It was agreed progress on the implementation of the plan would be reported every 6 months to the IJBs, GP Sub Committee and the NHS Board with a full review taking place at the end of Year 1 (2018/19), Year 2 (2019/20) and Year 3 (2020/21). Reporting did not take place in 2020 due to official programme arrangements being stood down due to the pandemic.

3.	**PROGRAMME GOVERNANCE AND OVERSIGHT ARRANGEMENTS**
3.1	Implementation of the PCIP is led by a dedicated pan Ayrshire Programme Team within East Ayrshire HSCP under the leadership of the Portfolio Programme Manager for Primary and Urgent Care Services.
3.2	The pan Ayrshire Primary Care 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 2018-2020 and PCIP 2 2020-22 • The framework to support implementation of the General Medical Services Contract (2018) in Ayrshire and Arran which describes the decision making process
3.3	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. 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 Directed the planning and redesign of Primary Care services through the NHS Board to the East HSCP as the lead HSCP for Primary Care. This will be supported by commissioning directions.
3.4	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-focussed 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
3.5	The delivery arrangements for the programme include specific Implementation Groups for each workstream and a writing group comprised of key members of the Implementation Groups that bring coherence across the full programme.
3.6	The Implementation Groups have pan Ayrshire membership and are co-chaired by a Pan Ayrshire Lead and a GP Sub Committee Executive. The groups initially met monthly but this changed to bi-monthly due to detailed work being taken through sub-groups that report into the Implementation Groups.
3.7	The Writing Group meets on a bi-monthly monthly basis to provide oversight, leadership and direction of work required to take the high level action set out with the PCIP to more focussed project work through the implementation groups.
3.8	Due to the COVID-19 pandemic, the PCIP programme was stood down including all governance groups for the period between March and October 2020 to support the organisation response to the pandemic. The groups were re-established in October 2020 to continue to progress the PCIP and drive forward the contractual elements of the GMS contract where possible. The governance and implementation structure are under currently under review recognising the transition from detailed planning and implementation into the HSPC for some workstreams.
3.9	The Implementation Progress Tracker from the Scottish Government National Oversight Group is submitted on a 6 monthly basis. The last report was returned in September 2020 covering the period April-September 2020 which was jointly signed off by the GP Sub Committee and the local GMS De-escalation Committee as well as shared across the wider implementation structure.
4.	**PROGRESS WITH PCIP 2020-2022 IMPLEMENTATION**
	All projects are programme managed through the implementation and sub-groups using implementation tools and methodologies in place. Key points of update to highlight from each of the workstreams against each of the actions set out within the PCIP 2 are detailed below:
4.1	<u>Pharmacotherapy Service</u> • There has been significant recruitment over the last 3 years with a funded team of 123 staff (103.6wte) now in place. The aim is that all GP Practices within Ayrshire and Arran will have access to level one pharmacotherapy services by March 2022 as committed within the contract. • Early workforce modelling in 2018 focused largely on the contribution of pharmacists however delivery has continued to evolve at pace to optimise the efficiency by considering the following: ➢ Recognising the important contribution of other practice staff ➢ Reviewing skill mix within the Pharmacotherapy service to increase the utilisation of Pharmacy Technicians and Pharmacy Support Staff ➢ Developing a hub model to support remote and rural practices utilising remote access to GP practices

	➢ Optimising prescribing systems to manage demand ➢ Development of collaborative working with community pharmacies ➢ Implementing serial prescribing across all practices
	• The Pharmacotherapy Team have continued to refine the service delivery model over the last three years as well as share and utilise best practice nationally to ensure safe, effective, and quality service provision. This is has resulted in a change of skill mix with a change in the ratio of pharmacists, pharmacy technicians and the introduction of pharmacy support workers.
	• The development of the Pharmacotherapy Service has created a career pathway for pharmacists and technicians from trainee level up to senior management posts with a key focus on education and training to ensure retention of staff.
4.2	<u>Community Treatment and Care Service</u> • The Community Treatment and Care (CTAC) model has been further developed during 2020/21. In September 2020, 38 newly qualified nurses were recruited, which increased the total number of PCNs to 47 wte. The nurses were allocated to GP practices across North, South and East Ayrshire HSCPs to initially support the extended flu vaccination delivery programme prior to supporting CTAC nursing interventions within General Practice. • CTAC Clinical Team Leaders were appointed early 2021 to line manage and support the CTAC nursing staff and service development within General Practice linked to the wider community nursing teams. The CTAC Team Leaders are line managed by each of the HSCP Senior Nurse Managers within North, South and East HSCP.
	• A series of detailed meetings took place with all Practice Managers across 2020/21 to discuss the CTAC model, nursing interventions and allocation of staff. • Following feedback from practices regarding practice-employed Treatment Room Nurses and HCSW (Healthcare Support Workers) being impacted by the implementation of the CTAC service, it was agreed to explore TUPE of affected staff to CTAC where appropriate.
	• Staff who have been identified as eligible for TUPE are going through the TUPE process with NHS Ayrshire and Arran HR colleagues and it is anticipated that these staff will transfer to the Board by September 2021. It is anticipated that 6 Treatment Room Nurses (3.2 wte) and 19 Healthcare Support Workers (11.8 wte) will transfer across to the Health Board as part of the TUPE process. • Feedback from practice meetings also identified that the list of CTAC nursing interventions was too limited and required to be reviewed and extended. The Senior Nurse for Primary Care reviewed and updated the list of interventions. This was reviewed and approved by Primary Care Nurse Implementation Group and GP Sub Committee subject to a rapid test of change to evidence the benefit to the staff and the service.
	• Remaining recruitment will be undertaken during 2021 to achieve the original committed 60 Primary Care Nurses and 30 HCSWs to deliver the CTAC service fully. This will bring the service to 90 wte in total as set out in PCIP 2.

4.3	<u>Vaccination Transformation Programme</u> • This element of the programme was stood down due to pandemic and to align with Board-wide vaccine delivery arrangements. This is now being progressed under the oversight of the Director of Public Health via the Vaccination Transformation Programme Board as part of the Board wide vaccination delivery arrangements. • Although plans didn't progress through the programme to transfer flu vaccine delivery in 2020/21, the implementation group was responsible for working with practices to support them with innovative delivery arrangements for the flu vaccine for all over 65's and at risk groups as well as the COVID-19 vaccine to over 80's, housebound patients, and all shielding cohorts.
4.4	<u>Urgent Care</u> • Urgent Care is a term that describes the range of services provided for people who require same day health or social care advice, care or treatment. This includes both physical and mental health needs, minor injury and minor illness. Urgent Care in primary care is an essential element of day to day patient care with early diagnosis and treatment in primary care reducing harm and distress for patients. Effective and timely responses can avoid patients becoming sicker or requiring to attend hospital when there are alternatives.
	• PCIP 2 committed 34 wte Advanced Nurse Practitioner/Advanced Practitioners to support with urgent care activity within practices with and support with home visits. • A digital platform, E-consult, was rolled out to practices across Ayrshire to support them with triage and assessment that could be scheduled and not rely on patients queuing to get through on a phone system during busy periods. To date, 21 out of 53 GP Practices are using this platform, 16 are preparing to use, with 15 have declined at this stage with further engagement work to be done over the coming months and one GP Practice using an alternative platform. Feedback from using this platform is mixed across practices and patients and this is currently being evaluated.
	• In July 2020 Pharmacy First Plus launched which is an extension of the previous Pharmacy First service. Funding of around £100k was previously committed within the PCIP under the urgent care workstream, but due to expansion of the service nationally, there is only a small amount of funding required to provide the additional two conditions only provided within Ayrshire and Arran (approx. £16k). During the pandemic the public utilised pharmacy services for a wide range of conditions and it is hoped this will continue to expand. • Due to changes with the General Ophthalmic Contract and national funding, Eyecare Ayrshire is now fully funded by Scottish Government. This was previously around £100k across Ayrshire which can now be reinvested in other parts of the programme.
	• There is also now an opportunity to revisit the urgent care area of the contract aligned to the wider Re-design of Urgent Care (RUC) Programme. • NHS Ayrshire and Arran were an Early Implementer Test of Change Board for the Re-Design of Urgent Programme and began implementing the full specification of the redesign programme from 3 November 2020, with the Redesign of Urgent Care Programme being rolled out nationally from 1 December 2020.

	• Phase 2 of the RUC Programme focussed on community pathways such as MSK, Community Optometry, Community Pharmacy, and GP Practice referrals.
4.5	<u>Additional Multi-disciplinary Teams in General Practice</u> • During 2020/21 there were no major changes to service delivery other than the way that the service is delivered i.e. remote working of MDT staff. To accommodate this, additional equipment such as laptops were purchased to support remote working. • The HSPCs have been working in collaboration with their mental health services to ensure the mental health practitioner model/patient pathway aligns with and enhances current core services available.
	• Within PCIP 2 there was a commitment from core MSK Physiotherapy Services to transfer 3 wte from core service to primary care as part of the redesign from acute to primary care delivery model. In February 2020 1 wte was recruited from core service funding. A number of physiotherapists were redeployed to specialist areas throughout the pandemic and only now returning to the service. The service are not currently in a position to confirm if resource can be released going forward and will be prioritising remobilisation and recovery of core services. • Both the MHP and MSK service have fed back that remote working arrangements during the pandemic has allowed them to provide an increased amount of support to their GP Practices as well as support more than one practice at a time. It is recognised through the next stage of planning this will create opportunities to give more practices better access, but also a balance is required from remote to face to face.
	• This element of the contract will be further developed with each of the HSCPs using tried and tested models aligned to the MoU priorities and most recent guidance issued in December 2020.
	Mental Health Practitioners • In East Ayrshire 16 out of 16 GP Practices have access to a MHP. This is currently 11.6 wte with 5.6 wte funded from Action 15 monies and the remaining 6 wte funded by the East HSCP for 2020/21 with an agreement required on how these posts would be funded moving forward. This will be explored in the detailed planning to follow. • In South Ayrshire 17 out of 18 GP Practices have access to a MHP. This is currently 7.5 wte with 6.5 wte posts funded from Action 15 monies and 1 wte is funded from the PCIF. • In North Ayrshire 16 out of 19 GP Practices have access to a MHP. This is currently 13.6 wte with 5.6 wte funded from Action 15 Monies and 7 wte posts funded from the PCIF
	Advanced Musculoskeletal (MSK) Physiotherapists • In East Ayrshire 14 out of 16 GP Practices have access to an Advanced MSK Physio. • In South Ayrshire 12 out of 18 GP Practices have access to MSK Physio • In North Ayrshire 10 out of 19 GP Practices have access to MSK Physio. This will be 14 when the current recruitment process concludes.

	Community Link Workers/Connectors • In East Ayrshire all 16 Practices have access to a Community Connector • In North Ayrshire 18 out of the 19 Practices have access to a Community Link Worker. Only Arran don't have an allocation. • In South Ayrshire there is a significant gap in service due to staff leaving the service. The team have recently recruited 6 wte Community Link Practitioners to ensure an equitable service can be provided to the GP Practices and patient population. There are currently 2 staff members covering the South Partnership and GP Practices refer patients as appropriate. A minimal service will continue until the new staff take up post. The newly appointed candidates will be in post over July / August 2021.
	Advanced Nurse Practitioner (ANP) Academy • Cohorts 1 and 2 have now concluded of the ANP Training Academy. • Cohort 3 has a remaining 7 practice nurses to conclude their training which has been detailed during the pandemic. • At the end of cohort 3 a total of 15 General Practice Nurses will have completed their ANP training across Ayrshire and Arran. • Consideration will given to future cohorts of advanced practice training, and not limited to ANPs due to many professional groups training to become Advanced Practitioners.
4.6	In 2020 dedicated resource and local leadership for Multi Disciplinary Team development was agreed as part of the Caring for Ayrshire Programme to deliver the ambitions across Primary Care ensuring alignment to each of the priorities within each IJB area. Three MDT Programme Leads were appointed in September 2020 as part of the Primary Care Programme Implementation Team to work directly with clusters and partnerships to develop MDT working whilst providing a conduit to the pan Ayrshire programme to ensure consistency of approach. Since September these roles have been pivotal to linking HSCP teams with the primary care reform agenda through the established programme arrangements.
5.	**CHANGES TO CONTRACTUAL LEGISLATION**
5.1	Following the COVID-19 pandemic, a joint letter from the BMA and Scottish Government was issued in December 2020 advising NHS Boards that contractual legislation would be amended to allow Boards and IJBs an extended period to implement the GMS contract during 2021-2022 and 2022-2023.
5.2	The letter advised that experiences and those of the wider system during the pandemic confirmed that the principles and aims contained within the Contract Offer remain the right ones - collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community.
5.3	It was highlighted that this presents a number of challenges to Board areas as further implementation of the contract and development of NHS Board-employed multi-disciplinary teams and the transfer of responsibility for services from practices to Health & Social Care Partnerships, as was originally intended in the Contract Offer. Patient safety will be paramount to transform primary care and there can be no gap in service provision as a result of proposed changes. On this basis, Scottish Government and the British Medical Association (BMA) have jointly agreed to the following approach for each of the multi-disciplinary team services committed to in the Contract Offer. This is detailed in Appendix 1 with our assessment against progress and next steps.

5.4	The most recent guidance also states that for any practices who do not benefit from the contracted service elements, payment will be made via a Transitionary Service basis until such time the service is provided. Scottish Government have been clear that transitionary services are not the preferred outcome nor something seen as a long-term solution.
6.	**ENGAGEMENT AND COMMUNICATION**
6.1	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 2 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.
6.2	In 2019, an Ayrshire wide social media campaign commenced through various platforms to inform the public of changes and new ways of working within GP practices. This material was created working closely with GP practices to ensure the right messages, and has also been supported and shared with a variety of patient and public involvement groups, stakeholder groups and self-management groups across Ayrshire & Arran.
6.3	Due to the COVID-19 pandemic, the Primary Care Transformation Team were tasked with engaging with GP practices to support the 2020/21 national flu delivery programme, which is key workstream of the PCIP. A series of virtual meetings took place with GP practices individually to engage them in this process and this was fully supported by the GP Sub Committee and led by the pan Ayrshire Primary Care Flu Delivery Group.
6.4	Practice meetings took place with Practice Managers and GP's via Microsoft Teams to discuss the Community Treatment and Care (CTAC) model and allocation of nursing staff to General Practice. This allowed practices to discuss any potential challenges with accommodation to allocate staff.
6.5	Quarterly Pharmacy meetings are now taking place with GP practices, the management leads for the service, and MDT Programme leads for each area to monitor and review progress against readiness for task transfer. This allows risks to be identified and addressed in a timely manner. So far the meetings have been successful and have helped identify practices that need enhanced support to further develop their systems and processes to be in a position to fully task transfer.
6.6	A series of weekly GP Team meetings commenced early March 2020, led by the Associate Medical Director which has allowed regular communication with all GPs and Practice Managers on the COVID-19 pandemic arrangements, an opportunity to support and gain feedback, as well as share key updates on elements of the PCIP and wider programmes of work.
6.7	Cluster meetings have been re-established along with HSCP GP Locality Forums and Practice Managers meetings which allows for a wider discussion on the stability of practices and any wider issues across the system and opportunities. Work will continue between Primary Care and HSCP teams to strengthen the support to Clusters moving forward.
	Themes of Feedback from 2020/21
6.8	Over the year there has been a range of feedback from all stakeholders.

	All practices and surrounding teams were committed to driving forward as much implementation work as possible throughout the pandemic recognising. This is demonstrated throughout the progress made with the contractual elements in particular for every practice.
6.9	GP Practices are keen to keep moving with the new service developments as well as work though primary care remobilisation which will run in tandem. There are however concerns that patient demand has increased significantly and patients are presenting with more complex conditions or at a more advanced stage of their clinical condition. Further work will be required over the coming months to understand this demand. There has been a commitment from the Ayrshire Urgent Care Service (AUCS) to cover practices on a locality basis one afternoon per month from June 2021 to review their service delivery models and patient pathways taking learning from what has worked well during the pandemic and areas that require improvement. Feedback from every practice via the Clusters will be required to collate and understand the wider position of GP Practice status across Ayrshire and Arran and inform any further pieces of work required.
6.10	Recovery planning across primary care will require to take into consideration the considerable additional demand on primary and community services as people are cared for until the backlog is addressed.
6.11	An ongoing risk that continues to be fed back is around premises and IT. This has been captured in more detail below along with a commitment to try and improve where possible: • **Premises** – Many GP practices were already previously struggling to identify appropriate space to accommodate the new team members from the PCIP. Scottish Government funded a small grants scheme in 2019 to support GP practices in carrying out premises adaptions that would free up capacity and create space. This work included the removal and storage of patient notes to an offsite company. To date 38 of 53 practices have utilised this funding to maximise their space - 18 GP owned premises and 17 Health Board premises have had building works carried out to increase capacity and create consulting rooms to accommodate the MDT teams. There are a further three GP owned premises who have money set aside to carry out their work, however this was put on hold due to the pandemic and the team are working with the practices to conclude this programme of work. In some areas GP Practices have no alternative options for extensions or additional space being identified which has resulted in them not benefitting from additional MDT members that are available as well creating an inequity for patients. Each of the HSCP areas are working through options including hub models or shared resource as a medium term measure whilst the Caring for Ayrshire developments progress and alternative spaces are secured.
6.12	• **IT/Systems** - Microsoft 365 was rolled out across all GP Practices and staff early 2021. This was carried out quickly with no disruption to practices and has been a positive development for practices to access emails and meeting channels without the requirement to connect via servers which has always been challenging. Remote access to practice systems and patient records continues to be a difficult due to the historic infrastructure set up for practices. With many staff members isolating for periods of time or pressures on space this has become a board priority to resolve. Infrastructure and Support Services are exploring

	a range of alternatives with a test GP Practice identified to work through these. Overall IT systems across all GP practices are inconsistent and not adaptable to new ways of working which is a risk as well as time consuming. A local vision is being developed for Digital Services and systems to assist with addressing these challenges, whilst work continues nationally to develop and agree a Scotland GP IT system. Local solutions are also being introduced on a case by case basis to assist with MDT working.
	Primary Care Improvement Fund
6.13	To assist with preparation of the PCIP, Scottish Government committed in 2018 to increase the overall funding to £250 million by 2021-22 across Scotland. It was confirmed purely for planning purposes that Ayrshire and Arran's share of this funding on an NRAC basis was projected to be approximately £11.8 million. All overall totals in this section are broken down in Appendix 2 per IJB allocation.
6.14	The Integration Joint Boards in Ayrshire and Arran are currently operating with a Primary Care Improvement Fund (PCIF) allocation of £6,980,739 recurring funding with the breakdown of current committed spend set out in Appendix 2. This has been allocated over the last three years using a phased approach based on spend and only allocated against commitments.
6.15	At the end of 2020/21 Ayrshire and Arran received the cumulative total of underspends from 2018 held with Scottish Government annually on behalf of the Board. This was a total of just over £2.5 million non-recurring funding and is currently held within each IJB reserves. It is anticipated this will be included in the 2021/22 allocation letter as additional recurring funding. Confirmation is expected during June 2021 which will allow planned recruitment to commence to meet the timeline for projected start dates in September 2021.
6.16	In addition to the historic underspends being issued at the end of 2020/21, each IJB also carried forward a level of funding due to recruitment delays which is also outlined in Appendix 2.
6.17	Primary Care Plan 2020-22 set out a detailed position for each workstream on workforce and required resource. Due to the changes in the contractual legislation and lack of clarity around final recurring budget available, along with the learning from service delivery models during Covid-19 this will be revisited and presented back to each IJB, NHS Board and Local Medical Committee by the end of 2021.
6.18	Projection of spend includes all planned recruitment for the CTAC service and full year costs for staff recruited late in 2020. The only request in addition to previously agreed funding is to further invest in the Pharmacotherapy Service to increase the technical and support team to fully deliver on the task transfer by March 2022. The breakdown of this resource is detailed in Appendix 1 to the total of £502,181 phased in over two years. Previous commitment for Pharmacotherapy Service was just over £3.3 million and highlighted throughout that the final resource requirement could change as the model developed. This would take the total investment to approximately £3.8 million across Ayrshire and Arran to deliver on this aspect of the contract which the Pharmacotherapy Senior Team believe is achievable with this additionality.
6.19	Additional investment has also been committed to IJBs as part of the monies to support the Mental Health Strategy Action 15 document. Planning and development for the share of this allocation for Mental Health workers in General Practice has been

	planned and rolled out under the MDT's in General Practice Implementation work stream within the Primary Care Programme. In March 2021 Boards were given additional investment from the Mental Health Recovery and Renewal fund to further invest in mental health services which includes further investment in Primary Care.
6.20	IJBs have received various investments to support improving patient journeys and access to services. It will be important for the IJBs to align all of these investments in support of primary and community care.
7.	**NEXT STEPS 2021/22**
7.1	Work will continue throughout 2021/22 to complete actions previously committed set out in in PCIP 2020-2022 in conjunction with the recovery arrangements across general practice.
7.2	The priority for 2021/22 is to ensure the IJBs and NHS Board deliver on the three key contractual elements of the GMS contract set out below progressing with the actions outlined in Appendix 1. • Pharmacotherapy Service • Community Treatment and Care Service • Transfer of Vaccinations
7.3	NHS Boards and Health and Social Care Partnerships have been encouraged to do everything they can at local level to accelerate service redesign in the next 18 months. Regulation changes strongly signal the intent that GP practices will not be the default provider of these services in future and community multi-disciplinary teams will be a permanent part of the health and social care landscape.
7.4	A more detailed plan on how each IJB will commit their remaining allocation to improve patient services and pathways within General Practice later in 2021. This is line with the revised timescale commitment of 2023/24 and further guidance is anticipated from Scottish Government by December 2021 regarding additional MDTs and integration within HSCPs.
7.5	Members should also note that throughout the last phase of the PCIP Implementation plans for the agreed recommendations outlined in the Derek Feeley report - Independent Review of Adult Social Care, National Care Service will be taken forward nationally. The report states that IJBs should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.
7.6	Scottish Government have indicated in the programme for government that legislation will be brought forward in the first year of parliament. Further work will be required to understand the implications for this across Ayrshire and Arran as the national plans are progressed.
8.	**PEOPLE WHO USE SERVICES AND CARERS IMPLICATIONS**
8.1	The purpose of the work underway is to help people access the right person, in the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes. Including: • Maintaining and improving access

	• Introducing a wider range of health and social care professionals to support the Expert Medical Generalist (GP) • Enabling more time with the GP for patients when it's really needed • Proving more information and support for patients.
3.2	**Anticipated Outcomes**
	N/A
3.3	**Measuring Impact**
	N/A
9.	**IMPLICATIONS**

Financial:	The implementation of the 2018 General Medical Services contract for Scotland will see an additional investment of £250m per annum in support of General Practice by 2021. This is part of an overall commitment of £500 million per annum investment in Primary and Community health services that was previously committed by Scottish Government. It is recognised that further work is required throughout 2021/22 to understand and evidence what can be delivered within the current financial envelope for delivery of the contract.
Human Resources:	The programmes of work will support the development of new roles within multidisciplinary teams working alongside GP practices. The contract also plans the transition of the GP role into Expert Medical Generalist. These changes will require local and national workforce planning and development. Development of these new service has created to date 296 new roles across general practice in Ayrshire and Arran. This has ranged from school leavers starting on a structured career path to new graduates. Additional capacity as outlined within the PCIP will be deployed over the period of the plan to ensure effective delivery. TUPE arrangements will progress during 2021 supported by HR and staff side. It is not clear from the individual nurses if they will transfer on the practice terms and conditions or NHS Agenda for Change Terms and conditions. If they choose to stay on their current practice conditions, they are likely to be higher paid than the CTAC role banding which would cause variation within the team. Due to the small number of staff, this is not a high financial risks but will be monitored as the TUPE engagement process concludes.
Legal:	The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to: We will work to provide the best start in life for children of East Ayrshire • We will reduce health inequalities • We will shift the balance from acute hospitals to community settings • We will manage resources effectively, making best use of

	your integrated capacity • We will give our stakeholders a voice The learning to date offers important opportunities seen in the context of the aim of the Caring for Ayrshire programme which is to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place. Primary care clinicians have more interactions with patients than other parts of the NHS therefore the whole system transformational change relies on sustainable and accessible primary care services.
Equality:	The aim through the reformed primary care service is not just to extend life, but aim to reduce the time spent in poor health. Implementing the new GMS contract is an opportunity to mitigate health inequalities where possible. In support of the national 'Every Child, Every Chance, particular consideration will be given to; • Lone Parents • Families with three or more children • Families where the youngest child is under one • Mothers aged under 25 • Children and families whose lives have been impacted by adverse event childhood experiences.
Children and Young People	N/A
Environmental & Sustainability:	N/A
Key Priorities:	N/A
Risk Implications:	A key risk will be the availability of the identified additional professional staff to fill the new roles. By working in partnership with the professional groups steps will be taken to make the posts attractive, making Ayrshire and Arran workplace of choice. A second key risk is the continued sustainability of GP practices while the new GMS contract is being implemented and practices work to re-mobilise after stepping down a number of non-urgent services due to increased risk to staff and patients. Current infection control guidance has also left practices with additional capacity issues as well as increased appointment times also reducing capacity available within practice operating hours.
Community Benefits:	N/A

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

10.	**CONSULTATION**
10.1	Consultation has taken place through the Primary Care Programme structure involving all stakeholders across each HSCPs and GP Sub Committee.

	Ongoing communication with all stakeholders and the population will be critical as implementation and reform progresses during post COVID-19 arrangements and challenges.

For more information please contact Vicki Campbell, Head of Primary and Urgent Care Services on or vicki.campbell@aapct.scot.nhs.uk

Update Scottish Government and British Medical Association PCIP Commitments **Appendix 1**

New Commitment 2020/21	Ayrshire & Arran Position
Pharmacotherapy – Regulations will be amended so that NHS Boards are responsible for providing a Level One Pharmacotherapy service to every general practice for 2022-23. Payments for those practices that still do not benefit from a Level One Pharmacotherapy service by 2022-23 will be made via a Transitionary Service until such time as the service is provided.	• The senior pharmacy team has recently undertaken updated workforce modelling locally to understand what additional recruitment may still be required to achieve full delivery of level 1 task transfer by March 2022. • The modelling has indicated that 1 wte from the Pharmacotherapy team per 2500 treated patients was required for a sustainable Pharmacotherapy Service. There are currently 210,255 treated patients in Ayrshire and Arran so this would translate into 84 wte required. To add resilience for sickness and maternity leave the service we would require to add 20% which would take the number to 101 wte. This is the calculation used for all managed service workforce models. • Current National modelling describes a skill mix of 50:40:10 Pharmacist, Technician and Support worker. We currently have 51.6wte pharmacists, 22.9wte technicians and 10wte support workers delivering pharmacotherapy. This highlights that the gap sits within the technical team of 16.5wte and is the additionality required at a cost of £502,181 phased in over two years. • The Senior Pharmacotherapy Team have advised that this would be the final recruitment required to deliver on the Pharmacotherapy service set out within the GMS contract. The service are committed to continually reviewing skill mix within the team and when any vacancies arise will scrutinise the need for replacing posts at the same banding. Over time and with national changes to the pharmacist and technician training, along with further development pathways there should be opportunities to increase the ratio of band 4 technicians and also band 6 pharmacists as the service and roles continue to evolve. • Level one task transfer will be delivered across practices if the following can be achieved: o Resource increased to 1wte per 2500 treated patients + 20% resilience as outlined above. o Acute prescribing numbers in GP practices remain within defined parameters – average of 1 acute Rx per 100 treated patients per day. This will allow safe and sustainable transfer of this activity.

	o Serial prescribing numbers increased to 40-50% of repeat prescribing population. This will ensure regular review and significantly reduce the numbers of prescriptions requiring a wet signature on a daily basis. • It was agreed that the service specification should be reviewed and the need for standardised and robust processes across all practices. This needs to be a pan Ayrshire approach to prescribing and all practices need to support this to ensure smooth transition to task transfer. This work is being supported by the programme team.
Community Treatment and Care Services – Regulations will be amended so that Boards are responsible for providing a community treatment and care service for 2022-23. Where practices do not benefit from this service, payment will be made via a Transitionary Service basis until such time the service is provided.	• TUPE of an anticipated 6 Treatment Room Nurses (3.2 wte) and 19 Healthcare Support Workers (11.8 wte) from General Practice will conclude and it's anticipated that these staff transfer to Board employment by end of September 2021. • Remaining recruitment will be undertaken to ensure service is at full capacity. • The extended list of CTAC nursing interventions will be implemented as part of CTAC service and associated training will be provided to staff as required. • Standardised procedures will be developed for the additional nursing interventions to ensure a consistent approach across Ayrshire and Arran. • A CTAC service specification will be developed and will go through governance routes for approval. • The skill mix for CTAC will continue to be reviewed as the service develops. • The Senior Primary Care Nurse has confirmed Ayrshire and Arran will have a developed CTAC service by the required date in March 2022 if all posts are recruited to.
Vaccination Services – Vaccinations that are still in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, will be removed from GMS Contract and PMS Agreement regulations by 1 October 2021. All historic income from vaccinations will transfer to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services	• An Extreme Team group has been commissioned to progress a whole system vaccination programme which will include the safe transfer of vaccinations from General Practice by October 2021. • This group has been commissioned by the Director of Public Health and sponsored by Lisa Davidson, Assistant Director of Public Health and Vicki Campbell, Head of Service for Primary and Urgent Care.

	• The Operational Delivery Group will be led and co-chaired by the Consultant of Public Health as Clinical Lead and the Primary and Urgent Care Programme Manager as Management Lead.
Urgent care Service – Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24. Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress.	• The work to date has provided Ayrshire and Arran with wider intelligence to understand the patient journey from the point they contact their GP Practice with their urgent care need. • This provides opportunity to progress the Re-design of Urgent Care Programme and funding allocation as a workstream aligned with the Primary Care Programme and Unscheduled Care Programme as part of the major whole system re-design programme - Caring for Ayrshire.
Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) – The pandemic has highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. Working with Health & Social Care Partnerships and NHS Boards, we will consider how best to develop these services at practice level, and establish more clearly the 'endpoint' for the additional professional roles commitment in the Contract Offer by the end of 2021.	• Following delivery of each of the contractual elements within the contract, which is on track to deliver with the projected resource, each IJB will have an allocated budget left over to invest any other areas such as urgent care or additional MDT members. The projected budget left to spend is outlined within Appendix 3. • It has been discussed across the various groups within the delivery structure that investment in these areas must be aligned to the contract priorities and HSCP priorities. • It is recognised that this is not a 'one size fits all' programme and variation will be required at a local level to meet the demands of local populations as well as current services already available. • HSCP teams have committed to work the detail of this up over the coming months and present a further plan of spend to their IJBs aligning to wider programmes of work and funding within their HSCP.

Primary Care Improvement Fund 2021/22 Appendix 2

	East	North	South	Total
Total Recurring	2,101,886	2,511,047	2,367,806	6,980,739
Total Non Recurring	1,243,455	800,988	465,460	2,509,903
Total Funding	3,345,341	3,312,035	2,833,266	9,490,642
Expenditure				
Pharmacotherapy	1,154,560	1,199,675	1,136,291	3,490,526
CTAC	259,039	166,391	257,220	682,649
Urgent Care	82,222	54,372	31,500	168,094
Programme Delivery	135,097	135,098	135,098	405,293
Eyecare Ayrshire	11,305	11,305	11,305	33,914
Pharmacy First Pathway	5,267	5,267	5,267	15,800
MSk Pathway	227,021	266,099	254,270	747,389
ANP Academy	27,024	17,491	22,157	66,671
Mental Health	0	7,371	104,866	197,638
Community Link/Connect	85,401	257,355	36,711	294,066
VTP	82,039	252,418	102,165	436,621
Redirection Campaign	4,249	4,249	4,249	12,746
Carry Forward				
Total Expenditure	2,073,221	2,377,089	2,101,096	6,551,406
Carry Forward 2020-21	1,272,120	934,946	732,170	2,939,236
Opening budget for 21-22				
Recurring	3,544,826	4,245,023	3,999,895	11,789,744
Non-recurring carry forward	1,272,120	934,946	732,170	2,939,236
21-22 Budget (aftermaximum available uplift from SG)	**4,816,946**	**5,179,969**	**4,732,064**	**14,728,980**
Draft budget	3,328,108	4,072,590	3,296,369	10,697,066
Non-recurring slippage available from CTAC Band 3 posts	154,359	194,980	138,111	487,450
Expected expenditure based on pre-pen budget	**3,173,749**	**3,877,610**	**3,158,258**	**10,209,616**
Balance at end of 21-22 (if full allocation drawn down)	**1,643,197**	**1,302,360**	**1,573,806**	**4,519,364**
Breakdown of 21-22 budgeted expenditure (based on pre-penultimate points)				
Pharmacotherapy	1,351,361	1,361,167	1,438,612	4,151,140
CTAC	1,219,308	1,377,976	1,050,683	3,647,967
Urgent Care	0	142,542	0	142,542
Programme Delivery	122,112	122,112	122,112	366,337
Eyecare Ayrshire	32,472	36,333	30,195	99,000
Pharmacy First Pathway	6,888	7,707	6,405	21,000
MSK Pathway	323,301	361,887	271,772	956,959
ANP Academy	11,480	12,845	10,675	35,000
Mental Health	0	95,028	47,514	142,542
Community Link/Connect	125,000	235,236	156,726	516,962
VTP	82,039	252,418	102,165	436,621
Redirection Campaign	6,560	7,340	6,100	20,000
Pay Award	47,587	59,998	53,410	160,996
Total Expenditure	3,328,108	4,072,590	3,296,369	10,697,066