

Midlothian Integration Joint Board



Thursday 7th June 2018

Midlothian Primary Care Improvement Plan

Item number: 4.3

Executive summary

The purpose of this report is to present the Midlothian Primary Care Improvement Plan for approval by the IJB.

Board members are asked to:

- **Discuss and comment on the Midlothian Primary Care Improvement Plan**
 - **Approve the Midlothian Primary Care Improvement Plan**
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Midlothian Primary Care Improvement Plan

1 Purpose

- 1.1 Present the Midlothian Primary Care Improvement Plan (PCIP) to the IJB for approval.

2 Recommendations

- 2.1 Members of the IJB are asked to:-
- 2.2 Discuss and comment on the attached Primary Care Improvement Plan.
- 2.3 Approve the Midlothian Primary Care Improvement Plan prior to submission to the Lothian GP Sub-Committee for approval.

3 Background and main report

- 3.1 The 2018 General Medical Services Contract and associated Memorandum of Understanding (MoU) requires IJBs and HSCPs to develop a Primary Care Improvement Plan to cover a three-year period from April 2018.
- 3.2 Initial agreement for the Primary Care Improvement Plan (PCIP) from the GP-Sub Committee is required before 1 July 2018.
- 3.3 The attached Plan will be taken to the Lothian GP-Sub Committee on June 11th 2018

Assuming that both the IJB and the GP-Sub Committee support the PCIP then the Midlothian HSCP, working with key stakeholders including General Practice will move into an engagement and implementation phase following the timelines set out in the PCIP.

- 3.4 The Plan and its implementation will transform how care is provided in Midlothian over the next three years. *How* this work progresses is as important as *what* changes are made. Emerging principles from work to develop the PCIP are:
 - **Practices are not at the same starting point and will progress at a different pace.** Practices are not starting from a common position across Midlothian. There is variation in culture (values and beliefs) and how workload is managed. Some practices also have greater capacity to progress more quickly to the new way of working. Implementation Plans will be agreed between the HSCP and each practice to describe the agreed actions by both parties that reflect where the practice is starting from.

Examples of variation between practices is demonstrable through prescribing indicator attainment, restrictions on new registrations (now five practices in Midlothian) and results from the national Health and Care Experience Survey.

- **Service redesign will be information-led.** A common understanding of workload is required between practices and the HSCP to support new developments and measure impact. Information is also needed to develop Key Performance Indicators to monitor progress to implementing the PCIP.
- **A one-size fits all approach is not the default.** The differences in practices and the communities they support will drive service redesign and lead to different approaches to providing services across Midlothian. Getting a service working well in one community or practice is the priority ahead of developing a consistent Midlothian or Lothian approach. In some situations there will be developments that accord with all PCIP principles and can have a consistent pan-Midlothian or Lothian approach.

- 3.5 Appendix One contains the final version of the Midlothian Primary Care Improvement Plan. Initial agreement is sought from the IJB and GP-Sub Committee to continue with its development and move into a phase of stakeholder engagement and involvement and implementation of the plan.

4 Policy Implications

The overall policy direction of developing a multi-disciplinary team approach within primary and community care supports the Midlothian IJB Strategic Plan and will contribute to the wider aim of shifting the balance of care from secondary care to community settings.

5 Equalities Implications

- 5.1 There will be equalities implications from service developments from the PCIP. The models that are developed have the potential to reduce access for certain patient groups (for example if a service is developed away from a practice that a patient needs to travel further to get to).
- 5.2 There has not been an EQIA undertaken for the Primary Care Improvement Plan. Specific work streams will have an EQIA completed as part of the establishment and evaluation of the work.

6 Resource Implications

Scottish Government confirmed on 23 May 2018 the funding for the Primary Care Improvement Fund element of the wider Primary Care Fund. This is to be used by Integration Authorities to commission primary care services.

The Primary Care Improvement Fund (PCIF) comprises £45.750 million of the £115.5 million Primary Care Improvement Fund. £7.8M has previously been allocated to NHS Boards and used for developments such as pharmacists in GP practices.

2018/19 Allocation to Midlothian Integration Authority

Midlothian's 2018/19 PCIF allocation from the total bundle of £45.750M	£720,229
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The £720K allocation consists of £120,376 that forms part of NHS Lothian's baseline funding and £599,854 additional funding allocated from Scottish Government. There are funding commitments from these budgets which will be reviewed in the prioritisation process for investment.

There will be further funding for 'Action 15' of the Scottish Government's Mental Health Strategy. Action 15 is a four-year commitment to deliver 800 more mental health workers in a range of settings, including primary care. £11M is being made available to Integration Authorities in the first year.

The Midlothian IJB will receive an update later this year on how all this funding has been invested in Midlothian.

Funding from Scottish Government to integration authorities will be higher in 2019/20 and 2020/21.

7 Risk

The contract may introduce new risks in finance, manpower, premises and out of hours. These will be considered and a risk register for the implementation will be developed.

8 Involving people

The IJB has discussed the issues in primary care and approved primary care priorities. These have been developed together with the GP involvement structures.

A number of papers relating to primary care have been discussed and supported with a wide range of stakeholders at the Primary Care Forward Group, Primary Care Joint Management Group, NHS CMT, NHS Healthcare Governance Committee and NHS Board. HSCPs will be responsible for local engagement and the NHS Board for Lothian wide engagement.

Further stakeholder consultation has taken place with GP practices. A programme of informing, engaging and consulting with key stakeholders will continue during the developing of future services described in the Plan.

9 Background Papers

Appendix 1: Midlothian Primary Care Improvement Plan

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