

Midlothian Integration Joint Board



17th June 2021, 2.00pm

Primary Care Improvement Plan

Item number: 5.8

Agenda number

Executive summary

This paper summarises progress to implement the Midlothian Primary Care Improvement Plan (PCIP) and highlight the implications of the Joint British Medical Association (BMA)/Scottish Government Joint Letter. A revised PCIP will be developed during 2021 which will be informed by the level of future PCIP funding.

Board members are asked to:

- Note the progress implementing the PCIP and where there have been delays due to the COVID response in 2020
 - Note that the Joint BMA/SG letter has implications for the current PCIP
 - Note that funding for 2022/23 onwards for the PCIP has not been confirmed but that there is a significant gap between the cost of a full PCIP in Midlothian and the current level of funding
 - Agree that an updated PCIP will be brought to the IJB later in 2021 after further information has been received from Scottish Government.
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Primary Care Improvement Plan

1 Purpose

This paper summarises progress to implement the Midlothian Primary Care Improvement Plan (PCIP) and highlight the implications of the Joint British Medical Association (BMA)/Scottish Government Joint Letter. A revised PCIP will be developed during 2021 which will be informed by the level of future PCIP funding.

2 Recommendations

2.1 As a result of this report what are Members being asked to:

- Note the progress implementing the PCIP and where there have been delays due to the COVID response in 2020.
- Note that the Joint BMA/SG letter has implications for the current PCIP.
- Note that funding for 2022/23 onwards for the PCIP has not been confirmed but that there is a significant gap between the cost of a full PCIP in Midlothian and the current allocation.
- Agree that an updated PCIP will be brought to the IJB later in 2021 after further information has been received from Scottish Government.

3 Background and main report

3.1 The Midlothian Primary Care Improvement Plan (PCIP) is the main driver for HSCP-led developments in General Practice. The PCIP was approved in June 2018 by the Midlothian IJB. The PCIP describes the priorities and approach taken in Midlothian over three-years to support the implementation of the 2018 General Medical Services contract. The PCIP covered the period from 1st April 2018 to 31st March 2021.

3.2 The requirement for the PCIP was set out in the Memorandum of Understanding (MoU) between Scottish Government, Integration Authorities, NHS Boards and the Scottish General Practitioners Committee of the British Medical Association. The functions described in the MoU would transfer to the responsibility of the HSCP to deliver. Dedicated funding from Scottish Government has been provided to support the implementation of the PCIP. The funding allocated to the HSCP was £840K in 19/20, £1.7M in 20/21 and £2.4M in 21/22.

3.3 There are six dimensions in the PCIP. The following section provides a brief summary of progress in Midlothian against each dimension

3.4 Vaccination Transformation Programme

Childhood Vaccinations were transferred from practices in Year 1 of the PCIP. Travel Vaccinations were also to be transferred in Year 1 but haven't. This is being progressed as a pan-Lothian service.

The responsibility for Seasonal Flu Vaccinations were to be transferred to the HSCP in 2021. In 2020 a joint approach between General Practices and the HSCP led to the highest uptake across all HSCPs in Lothian.

- 85.3% uptake in 65+ cohort compared to Lothian average of 78.5%
- 63.4% uptake in All-at-risk cohort compared to Lothian average of 53.3%
- The HSCP will take on full responsibility of vaccinations from General Practice in October 2021.
- Transfer of Shingles and Pneumovax has been delayed but will be incorporated into the CTAC programme during 2021.
- A Travel health service was delayed but will be established during 2021 in a location in Midlothian.

3.5 Pharmacotherapy

Pharmacotherapy was prioritised in Year 1 on the PCIP. Recruitment has remained challenging with several staff moving onto new roles across Lothian during the lifespan of the PCIP.

All practices in Midlothian are supported through a combination of pharmacists and pharmacy technicians although some practices receive less than 0.6 pharmacist sessions per 8000 population which was the level agreed in the PCIP.

The team complete circa 15,000 medicine reconciliations per annum (estimated 50% of the Midlothian total) and 12,000 Acute and Repeat prescriptions (estimated 5% of the Midlothian total). In addition, the team provide other support to practice teams for patients.

There remain significant limitations on the national workforce capacity which is making it difficult to reach and sustain full team complement.

3.6 Urgent Care and Additional Professional Staff (two dimensions)

Musculoskeletal Advanced Practitioner Physiotherapists (MSK APP) were prioritised in the Midlothian PCIP and all practices in Midlothian have the service in place. Recruitment into the MSK APP service was achieved through a series of recruitment processes and staff in this team are remaining in the service. The MSK APP workforce has been supported with further training with 5 now Independent Prescribers and 3 are trained injectors. The service has increased capacity each year with over 16,000 appointments between April 2018 and January 2021 (4176 in 18/19, 5654 in 19/20, 6337 in 20/21 till January).

The Primary Care Mental Health Nurse service was developed during Year 2 of the PCIP. Initially this was fully funded by the PCIF but as the service has expanded the additional posts have been funded from Action 15 and now. The ratio now is 1/3 PCIF and 2/3 Action 15 funding. The service is now operational in all 12 practices. It was in seven practices until the last recruitment round). There are 10 nurses working in the services (8.8 WTE). During COVID19 response the service was pulled back from practices but has been reintroduced. Some practices are piloting direct patient booking via the reception team to reduce GP contacts.

3.7 Community Treatment and Care Service

Phase 1 of CTAC development is underway in Midlothian but was delayed due to the COVID response. Three practices have agreed to develop the model with the HSCP (Penicuik, Eastfield, Roslin) during this phase. A combination of five HealthCare Assistants and five Community Nurses have been funded for this phase and have been in post since January 2021. Due to the demands on the HSCP to run the COVID Vaccination Hub at Midlothian Community Hospital it was agreed with General Practices that the CTAC nurses could support the hub until HSCP recruitment for vaccinator posts was completed. The CTAC nurses will start working in the CTAC pilot in March and Phase 1 was operational from 1st April.

3.8 Link Workers

The Wellbeing Service was operating in 75% of Midlothian Practices at the start of the PICP and was extended to all practices in Year 1. The service moved to a telephone-based service during COVID19 response.

4 GMS Contract Update for 2021/22 and Beyond

- 4.1 In December 2020 a Joint Letter was published from the Scottish Government and the British Medical Association setting out a direction for the General Medical Services Contract from 2021/22 and beyond. The intention is to make the current reforms a permanent part of the support General Practices receive from NHS Board and HSCP by putting them on a contractual footing. The Scottish Government and the BMA have jointly agreed to the following approach for each of the multi-disciplinary team services committed to in the Contract offer:
- 4.2 **Vaccination Services** – All vaccinations still in the core GMS contract will be removed and be the full responsibility for NHS Boards and HSCPs to deliver from **1st October 2021**.
- 4.3 **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 Transitional Service until such time as the service is provided.
- 4.4 **Community Treatment and Care Services (CTAC)** – 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 Transitional Service basis until such time the service is provided.
- 4.5 **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.
- 4.6 **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.

4.7 In response to the Joint Statement a rapid review process was established in Midlothian to assess the position of PCIP services against the Midlothian PCIP goals and within the context of the Joint-Letter. The first phase involved a series of sessions with a working-group including the Clinical Director, Head of Older People and Primary Care Midlothian GP-Sub Rep, Cluster Quality Lead, Management GPs. This process will assist with determining:

- PCIP Investment Priorities for 2021/22 and beyond
- Service Level expectations from 2022/23 onwards
- The cost to meet the expectations and risks to the HSCP
- Challenges and Opportunities within the PCIP service area

4.8 A revised PCIP will be taken to a future IJB meeting in 2021 for approval.

5 Directions

5.1 This relates directly to Direction 5 Primary Medical Services

6 Equalities Implications

6.1 There are potential equalities implications. These have been limited by developing service models operating within General Practice buildings thereby maintaining comparable levels of geographical access to General Practice.

6.2 Further development of the CTAC service will require a EQIA because some CTAC functions will be delivered from one location for people registered to several General Practices.

7 Resource Implications

7.1 There are significant resource implications for the Primary Care Improvement Plan. There has been dedicated funding from Scottish Government to support the implementation. This has increased from £840K in 2018/19 to £2.4M in 2021/22.

7.2 The allocations for 2022/23 onwards have not been set by Scottish Government. Information has been requested from all HSCP describing progress and requesting detail on the full cost of delivering the PCIP. The HSCP has reported this will cost £5.8M per annum and require approximately 131 WTE staff. This does not include the cost of the Vaccination Transformation Programme. The level of the current allocation will prevent Midlothian HSCP achieving the deadlines set out in the Joint BMA/SG letter.

7.3 The HSCP will review PCIP planning assumptions once detail on future allocations has been confirmed and this will inform the development of the PCIP.

8 Risk

8.1 These are the main risk from the PCIP

Financial

The HSCP has an allocation of £2.4M in 21/22. PCIP commitments are within £2.4M on a recurring basis. Further funding will be required to implement a full PCIP.

The December 2020 BMA/SG Joint Statement introduced a *Payment for a Transitional Service*. This payment will be made to General Practices where PCIP services have not been transferred to the HSCP. It is not known at this stage the financial cost or risk associated with this contractual commitment.

Workforce

The HSCP has had difficulty recruiting to some PCIP services. Further recruitment will be required to increase capacity and there will be increased competition national for a limited workforce marketplace as all HSCPs act to deliver the new requirements from the Joint Statement. There may be insufficient workforce to fully deliver the aspirations and there will be system-level risks for core clinical roles (e.g. Pharmacists) if there is migration to new PCIP roles. Careful workforce planning at HSCP, Board and National levels will be necessary.

Accommodation

The PCIP will increase pressure on clinical space within General Practices. A proportion of this pressure may be offset by changes in service delivery with remote working and use of technology such as Near-Me. The pressure on General Practices resulting from housebuilding is being addressed through the HSCP's Primary Care development plan. Further investment in PCIP services requires a review of demand on all clinical rooms in General Practices to identify and address pressure points. This review will commence during Summer 2021.

9 Involving people

General Practices in Midlothian have been actively involved in the development of services in the PCIP. The Local Medical Committee has approved the PCIP and received updates during its implementation. Feedback has been collected from people using the new services which has informed further improvement.

Specific HSCP services have been involved in developing new service models with General Practices

The Strategic Planning Group has received update papers during the implementation of the PCIP. The last update was in April 2021.

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