

Integration Joint Board

Date of Meeting: 24 August 2022

Title of Report: Primary Care Modernisation Plan Update

Presented by: Evan Beswick

The IJB is asked to:

- Note progress in the delivery of the Primary Care Modernisation Plan

1. EXECUTIVE SUMMARY

This report provides a high level summary noting the progress of the Primary Care Modernisation Plan to the Integration Joint Board.

It notes the internal governance, progress in key areas and management of risk in the current operating environment. It reflects the focus of delivery of the General Medical Services Contract in Scotland 2018 in line with the needs of a diversely populated urban, remote and island area with a range of needs.

2. INTRODUCTION

This Report has been prepared in relation to the progression in Argyll & Bute of the implementation of the 2018 General Medical Services Contract in Scotland.

Since the inception of the NHS, the vast majority of General Practices have operated on an independent contractor model.

Each practice holds a General Medical Services (GMS) contract with the NHS Board and receives an allocation of funding based on a nationally agreed formula.

The GMS contract outlines the services which the Practice must provide but allows for flexibility in how this is achieved.

Practices are therefore free to employ a variety of staff and set up services in a way which they feel best meets the needs of their patient population.

Increasing pressure, particularly on urban practices, led to a wholesale redesign of the GMS contract.

The delivery of the 2018 General Medical Services Contract in Scotland was a planned transition over 3 years extended to 4 years ending March 2022.

Funding was provided for new staff who would be employed by Argyll and Bute HSCP. Staff would be attached to practices and clusters to reduce GP workload.

Significant changes in the new contract included:

- The role of the GP as an Expert Medical Generalist co-ordinating a multi-disciplinary community care team
- A new formula for calculating the core funding each practice receives
- Significant investment in a number of services which NHS Boards and Integration Authorities are expected to put in place to support the work of General Practice

This strategic document is supported by a Memorandum of Understanding (MOU) which sets out a model for collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists.

6 key areas of priority were identified – **Vaccination Transformation, Pharmacotherapy, Community Treatment and Care (CTAC), Urgent Care, Community Link Workers and Additional Professional Roles to include First Contact Practitioner Physiotherapists and Primary Care Mental Health Professionals.**

The MOU was revised in 2022 to highlight **Vaccinations, CTAC and Pharmacotherapy for prioritisation** against the background of the pandemic. It is anticipated that these new arrangements will see a reduction in GP workload and a substantial increase in practice sustainability.

3. DETAIL OF REPORT

The Primary Care Modernisation Programme is delivered and governed internally by an operational board which ultimately reports to the IJB on the progress of delivery in Argyll & Bute. Argyll & Bute has specific needs in the delivery as specified.

In February 2022 approval was obtained from the Scottish Government to exercise rural flexibility in Argyll and Bute:

- Full Flexibility - 4 small island practices (**Coll, Colonsay, Jura and Tiree**)
- Partial Flexibility - 14 remote and rural practices (**Mull and Iona – 4 GP Surgeries, Islay – 3 GP Practices, Bute, Port Appin, Easdale, Lochgoilhead, Strachur, Kilmun, Tighnabruaich, Carradale, Kilcreggan and Arrochar**)
- **Flexible options**
 - Full – Practices continue to deliver vaccination and CTAC services
 - Partial – Co-delivery of services by the practices and HSCP Teams

A snapshot of developmental work to date is presented to the board in appendix 1 and the current picture of demand on our GP services in appendix 2.

The board is asked to note the progress made in a challenging environment for our primary care professionals. This is characterised by an ongoing Covid-19 response, increased demand and challenges in recruitment. The board is asked to take assurance from the internal governance oversight.

Vaccination Transformation and Community Treatment and Assessment Centres (CTAC)

An approach to ensuring needs are met for remote, island and urban communities in Argyll & Bute is informing development and recruitment for the Vaccination Transformation and CTAC service.

Vaccination was identified as an area of transformation prior to the pandemic and is now firmly within the public interest. This area is currently a focus for recruitment and some benefits are already being seen in the implementation of the CTAC teams and delivery of vaccination programmes.

Pharmacotherapy (treatment using medication)

Current pharmacotherapy resources including a new hub model based in Helensburgh. This has seen service delivery at Levels 1 and 2 for the majority of GP practice. However extending to Level 3 across practices is limited by available funding and recruitment challenges.

Argyll and Bute HSCP Pharmacotherapy Team – 7.80wte Pharmacists, 4.00wte Pharmacy Technicians and 2.40wte Pharmacy Assistants	Pharmacists	Pharmacy Technicians and Assistants
Level 1 (Core Service – Partial Provision to 20 of 31 GP Practices)	Authorise/Action ▪Acute Prescribing Requests ▪Repeat Prescribing Requests ▪Hospital Discharge Letters Safety Reviews/Recall High Risk Medicine Monitoring Non Clinical Medication Reviews	▪Arrange Clinics ▪Manage Prescribing Requests ▪Manage Repeats ▪Manage Serial Prescribing ▪Action Medicines Reconciliations
Level 2 (Additional – Advanced Service – Partial Provision to 23 of 31 GP Practices)	▪Medication Reviews ▪Resolving High Risk Medicines Problems	
Level 3 (Additional – Specialist Service – Partial Provision to 6 of 31 GP Practices)	▪Polypharmacy Reviews ▪Specialist Clinics – Direct Patient Engagement	

Primary Care Mental Health service and First Contact Practitioner Musculoskeletal Physiotherapy Service

The Primary Care Mental Health service and First Contact Practitioner MSK physiotherapy service are well established across Argyll & Bute within the limits of existing funding and recruitment.

Community Link Workers

Community Link Workers offer an opportunity to support individuals referred by their GP practice. We Are With You have been commissioned to provide the Community Link Workers service to 11 practices. This is a relatively new service and an update will be provided to the IJB in respect of evaluating the impact in our particular geography.

Continuing development

The internal board specifies key deliverables within a timeline and allocated a status. Progress is steady and the project has identified potential risks and issues for resolution and mitigating actions. These are reviewed regularly.

4. RELEVANT DATA AND INDICATORS

Progress is monitored through the programme board on collated performance data. General performance reporting to the IJB.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

In line with the delivery of the Strategic Plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The developing services are being shaped by available national funding to address need, this is particularly relevant regarding vaccination and mental health. Sustainability post innovation funding is a key aspect of this.

6.2 Staff Governance

The Primary Care Modernisation plan offers fantastic development opportunities for staff within a new model of delivery.

6.3 Clinical and Care Governance

Direct systems links to governance structures.

7. PROFESSIONAL ADVISORY

Active professional advisory within the project board.

8. EQUALITY & DIVERSITY IMPLICATIONS

Principles of equal access to services are applied in any service deployment, particular care is taken in assessing access to services across the geography of Argyll & Bute.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Appropriate agreements in place to support compliance.

10. RISK ASSESSMENT

The project board regularly reviews risk and mitigating actions.

Some potential impact in respect of pool of staff in remote areas transferring to new posts, change management with practices and accommodation for the delivery of developed services. Risk in respect of recruitment and retention of Pharmacy trained staff.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable for this report.

12. CONCLUSIONS

The Integration Joint Board is invited to note progress.

13.DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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