



Agenda item: 14.

## **Integration Joint Board**

Date of Meeting: 27 June 2018.

Subject: Primary Care Improvement Plan.

### **1. Summary**

1.1. This report introduces the Primary Care Improvement Plan.

### **2. Purpose**

2.1. To present the refreshed version of the Primary Care Improvement Plan for consideration and approval.

### **3. Recommendations**

The Integration Joint Board is invited to:

3.1. Consider the Primary Care Improvement Plan, attached as Appendix 1 to this report.

3.2. Seek assurances that the Board is complying with the new GP contract and associated changes.

### **4. Background**

4.1. Following agreement in January 2018 to introduce a new General Medical Services (GMS) Contract in Scotland, an initial report was presented to the Board of NHS Orkney on 22 February 2018 and to the Integration Joint Board on 14 March 2018 to advise of the context and content of the contract. The report also outlined the requirement for Integration Authorities to work with NHS Boards to develop a three year Primary Care Improvement Plan for their area for submission to the Scottish Government by 1 July 2018.

4.2. The key principles in the proposals are:

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.
- A new workload formula for practice funding and income stabilisation for GPs.
- Reducing GP workload through health and social care services employing additional staff to take on roles currently carried out by GPs.

- Reducing risk to GPs through these measures.

4.7. The Memorandum of Understanding that accompanies the contract states that 'Delivering improved levels of local care in the community will have clear benefit for patients and must rely on effective collaboration between GPs, Health and Social Care Partnerships, NHS Boards and other partners, both in and out of hours, valuing the respective contributions of those who deliver the services'.

4.8. The national priorities set out in the Memorandum of Understanding to be achieved by 2021 relate to the following areas:

- Vaccination Services.
- Pharmacotherapy Services.
- Community Treatment and Care Services.
- Urgent Care.
- Additional Professionals for Multidisciplinary Team.
- Community Link Workers.

4.5. Underpinning this there are enabling workstreams of IT and information sharing, and premises. A national code for GP Premises has also been developed. It sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises.

4.6. Delivery of the Vaccination Transformation Programme, pharmacotherapy service and community treatment and care service (and within that, specifically phlebotomy) have been identified as the key immediate priorities, in that responsibility for these services will be fully transferred to Integration Authorities by the end of the transition period in April 2021.

4.7. Overall the Scottish Government has committed at least £250m over the next four years to implementation of the contract. The financial offer to GPs is to be set out in two phases with a vote on each. In Phase 1, a new allocation formula has been developed which is intended to be more representative of GP workload. £23m will be used in 2018/19 to fund all practices up to the level of the formula (all GP practices have been provided with information as to how this affects them). Practices currently earning more will be protected. In Phase 2 (subject to another vote) a minimum income guarantee for a full time GP will be introduced along with reimbursement of practice and premises expenses.

4.8. The funding will also be used to fund Health and Social Care Partnership and NHS Board implementation of their responsibilities, including development and employment of additional staff, meeting same day demand, transferring vaccinations, pharmacists and links workers.

4.9. The premises code essentially sets out a programme that aims over time to remove the need for GPs to own their own premises or to lease from private landlords. These responsibilities will shift to NHS Boards. £40m has been set aside for the next four years to provide interest free loans to resolve premises issues that are affecting practice sustainability and preventing growth.

4.10. The new contract also sets out a clear position on quality in general practice and the role of quality clusters. It also sets out expectations on how GPs will be involved in planning for services.

4.11. The Memorandum of Understanding requires plans to be developed collaboratively with advice and support from GPs; and explicitly agreed with the local GP Sub-committee of the Area Medical Committee (and, in the context of arrangements for delivering the new GMS contract, explicitly agreed with the Local Medical Committee). NHS Orkney has established a GP sub-committee of the Area Medical Committee and engaged with them to support the plan. Key partners and stakeholders should be engaged in the preparation, publication and regular review of the plan. However Scottish Government has acknowledged that achieving full engagement within the challenging initial timescale for the PCIP may be difficult, and some of the more detailed dialogue may take place after the plans are submitted.

## 5. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

<b>Promoting survival:</b> To support our communities.	No.
<b>Promoting sustainability:</b> To make sure economic, environmental and social factors are balanced.	No.
<b>Promoting equality:</b> To encourage services to provide equal opportunities for everyone.	No.
<b>Working together:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Working with communities:</b> To involve community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Working to provide better services:</b> To improve the planning and delivery of services.	Yes.
<b>Safe:</b> Avoiding injuries to patients from healthcare that is intended to help them.	No.
<b>Effective:</b> Providing services based on scientific knowledge.	No.
<b>Efficient:</b> Avoiding waste, including waste of equipment, supplies, ideas, and energy.	No.

## 6. Resource implications and identified source of funding

6.1. The Scottish Government is investing a total of £115.5 million in the Primary Care Fund in 2018/19. There are a number of elements to the overall Primary Care Fund:

- Primary Care Improvement Fund.
- General Medical Services.

- National Boards.
- Wider Primary Care Support including Out of Hours Fund.
- An in-year NRAC allocation to Integration Authorities (via Heath Boards) will comprise £45.750 million of the £115.5 million Primary Care Fund.

6.2. The bundled Primary Care Improvement Fund includes previous committed expenditure on staffing posts in key areas; mental health, pharmacy, psychological therapies and primary care.

6.3. The funding will be issue in two tranches starting with allocation of 70% of the funding (£102,028) in June 2018.

## 7. Risk and Equality assessment

7.1. Failure to develop a Primary Care Improvement Plan would mean the statutory Strategic Planning responsibilities of the Integration Joint Board are not being delivered. There is a risk that the level of funding is insufficient to deliver the required changes locally to support the new contract.

## 8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	Yes.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 9. Authors

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## 11. Supporting documents

11.1. Appendix 1: Primary Care Improvement Plan.