AGENDA ITEM No.14

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 27 June 2018
Agenda Item	14
Title	Primary Care Improvement Plan Update

Summary

This report provides the Integration Joint Board with an update on the development of the HSCP Primary Care Improvement Plan.

Presented by	Kim Campbell, Primary Care Improvement Manager

Action Required

The Integration Joint Board is asked to:

- note the update on the development of East Renfrewshire HSCP Primary Care Improvement Plan and raise any concerns regarding progress.
- note the engagement process to date to develop the Primary Care Improvement Plan and the updated timeline for IJB approval.

Implications checklist – check box if applicable and include detail in report

☐ Financial	☐ Policy	☐ Legal	☐ Equalities
☐ Risk	☐ Staffing	☐ Property/Capital	☐ IT

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 JUNE 2018

Report by Chief Officer

HSCP PRIMARY CARE IMPROVEMENT PLAN UPDATE

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an update on the development of the HSCP Primary Care Improvement Plan.

RECOMMENDATION

2. The Integration Joint Board is asked to:
   - note the update on the development of East Renfrewshire HSCP Primary Care Improvement Plan and raise any concerns regarding progress.
   - note the engagement process to date to develop the Primary Care Improvement Plan and the updated timeline for IJB approval.

BACKGROUND

3. General Practice in Scotland has been facing mounting challenges for some time, compounded by an ever-increasing workload and a reducing workforce. The new contract aims to ensure stability and security of funding for practices in Scotland and will help to reduce the pressures of GP workload and improve GP recruitment and retention.

4. The 2018 Scottish GMS contract is intended to allow GPs to deliver the four Cs in a sustainable and consistent manner in the future.
   - Contact – accessible care for individuals and communities
   - Comprehensiveness – holistic care of people - physical and mental health
   - Continuity – long term continuity of care enabling an effective therapeutic relationship
   - Co-ordination – overseeing care from a range of service providers

5. Refocus of the GP role as expert medical generalists building on the core strengths and values of general practice:
   - expertise in holistic, person-centred care
   - focus on undifferentiated presentation
   - complex care
   - whole system quality improvement and leadership

6. This means some tasks currently carried out by GPs will carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

7. The Memorandum of Understanding (MOU) between local commissioning and delivery partners, the SGPC and Scottish Government has been developed and sets out agreed principles of service redesign, identified ring-fenced resources to enable the change to happen, national and local oversight arrangements, and the priorities for the transfer of responsibility for service delivery.

8. These agreed principles include patient safety and person-centred care. Patient engagement in the planning and delivery of new services will be critical to their success.

9. It is intended that GPs will become better embedded in HSCPs as senior clinical leaders working in collaboratively with managers to achieve better outcomes for patients.

Memorandum of Understanding (MOU) Priorities

10. To help ensure sufficient, visible change in the context of a new contract, it was agreed to focus on a number of specific services to be reconfigured at scale across the country. These priorities outlined in the MOU include:
    1) *The Vaccination Transformation Programme (VTP)*
    2) *Pharmacotherapy Services*
    3) *Community Treatment and Care Services*
    4) *Urgent Care (advanced practitioners)*
    5) *Additional professional clinical and non clinical services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services*

11. To ensure the continued delivery of high quality, safe, person-centred care, the transition will happen over an agreed period of time. To this end, each HSCP in Scotland will develop a Primary Care Improvement Plan which will outline how these services will be introduced before the end of the transition period in 2021. These Plans will be overseen by a GMS Oversight Group with representation from the Scottish Government, the SGPC, HSCPs and NHS Boards. Plans will include clear milestones for the redistribution of GP workload and the development of effective primary care multi-disciplinary team working.

REPORT

Primary Care Improvement Plan (PCIP)

12. The initial draft Primary Care Improvement plan will be available by July 2018 with priority for year 1 focusing on learning from locally tested approaches and evidence where there has been a positive impact on GP workload (Inverclyde New Ways and Govan SHIP plus our local tests of change). Years 2 and 3 will continue to define models and approaches to meet local population needs.

13. The extent and pace of change to deliver the changes to ways of working over the three years (2018/21) will be determined largely by workforce availability, training, competency and capability and the availability of resources through the Primary Care Fund. This is being flagged as a significant challenge. The HSCP will work with the Board and staff partnership in the co-ordination of recruitment of staff and potential re-design of existing roles. Staffing appointments will be consistent across NHSGG&C in terms of grading, and role descriptors.

14. Line management of much of the primary care multi-disciplinary team staff will be provided through the employing authority (usually NHS Boards). This will include the provision of employee support, training, cross cover and cover for holidays and other absences. The purpose of the line management is to support staff in their role as a member of the primary care multi-disciplinary team attached to one or more practices and their patient lists.

15. Some of these primary care multi-disciplinary team members will be attached to individual practices but inevitably, in some cases, resources may have to be shared between different practices. GP clusters will have an important role in facilitating cross practice working including developing common working practices and pathways.

Improving Local Population Health

16. There is enormous potential for improving local population health, including mental health, through GP clusters, better data on population health needs and better intelligence and facilitation through LIST analysts. The aim is for GPs to have a bigger impact on public health as an expert medical generalist than they do as service providers for services that can be safely delivered by other health professionals.

East Renfrewshire HSCP Primary Care Improvement Plan (PCIP)

17. Our local three year Primary Care Improvement Plan is being developed using robust locality profiles compiled by our aligned Local Intelligence Support Team of Senior Data Analysts along with evaluation of local tests of change in primary care and wider learning.

18. Individuals involved in developing our Improvement Plan include our Clinical Director, Improvement & Performance Manager who has a lead role within Primary Care, Cluster Quality Leads and our LIST Data Analysts.

19. Specific and focussed engagement has, and will continue to be through:
    - HSCP Management Team
    - Chief Nurse
    - Prescribing Lead
    - GP Forum
    - GP Cluster meetings
    - Local Medical Committee- GP Sub Committee
    - Practice Nurse Forum
    - Profession and care group specific management and leadership structures (nursing, AHP, Mental Health service etc) at both local and board level
    - Local Community Pharmacy, Optometry and Dentistry forums
    - NHSGG&C Primary Care Programme Board

Workforce Recruitment

20. A key challenge being highlighted is the lack availability of skilled staff to meet the potential demand, given all HSCPs across Scotland will be seeking to recruit the same resource at varying degrees.

FINANCE AND EFFICIENCY

Funding

21. The 2018-19 funding allocation for the PCIF is £45.750 million. Figures are calculated using NRAC. The money must be used by IAs for the purposes described in this letter. The PCIF (including £7.800 million baselined GP pharmacy funding being treated as PCIF) is not subject to any general savings requirements and must not be used to address any wider funding pressures.

22. The fund must be delegated in its entirety to IAs. We do not anticipate any adjustment to these figures locally except in two circumstances:

23. Marginal changes may be made with the agreement of the Health Board and Integration Authorities to reflect local arrangements, for example in relation to management arrangements within and between Integration Authorities.

24. Health Boards and IAs may work collaboratively within their area to jointly resource pre-existing commitments which clearly fall within the scope of the MoU. An example of this would be early adopter link workers who are already in post in areas of higher socio-economic deprivation. This joint working to deliver the overall commitment to links workers (or other MoU related area(s)) can be appropriately reflected in PCIPs for all the IAs concerned. Such a joint approach should be considered especially where it is considered that continuation of such a service in an IA could disproportionately impact on funding available for other activities under the MoU.

25. Integration Authorities should set out their plans on the basis that the full funds will be made available and will be spent by them within financial year 2018-19. In this initial year of funding, the funding will issue in two tranches starting with allocation of 70% of the funding in June 2018. A high level report on how spending has been profiled must be submitted to SG by the start of September and, subject to confirmation via this report that IAs are able to spend their full 100% allocation in-year, the remaining 30% of funding will be allocated in November 2018.

Funding Profile

26. The share for East Renfrewshire Health & Social Care Partnership in Year 1 is £0.714m which is an NRAC share of around £50 million to the HSCPs that are co-terminus with NHSGG&C. The future years' funding increases by 0.3m per annum proportionately.

27. There is also £0.172m coming to East Renfrewshire HSCP as part of Mental Health Strategy Action 15. These funds must be used for mental health related activities, but this may include the CLWs.

28. It is assumed that existing services which are deemed fit to continue, will continue to be funded by the HSCP e.g. the existing ANP salaries, the existing CLW salaries. Please not that the existing pharmacists do NOT count as their funding has always been through PCIF and they will therefore have to be adopted by the new contract funds.

CONSULTATION AND PARTNERSHIP WORKING

29. The draft PCIP has been developed working closely with our Local Medical Committee (LMC) GP Sub Committee representative. This has highlighted some variation in interpretation of the guidance

30. NHSGG&C Primary Care Programme Board provides a useful platform to share progress and challenges across all HSCPs

31. The draft PCIP has been shared with local GPs for comment and approval prior to submission to the LMC

32. Once approved by the LMC – GP Sub Committee the Plan will be brought to the IJB for sign off in August 2018.

IMPLICATIONS OF THE PROPOSALS

Risk

33. To date the content of the draft ER PCIP has raised some concern at the LMC GP Sub Committee. It is hoped that this can be worked through and resolved to ensure time frames for sign off can be achieved.

Staffing

34. No staffing implications to prevent the PCIP being processed to meet with timelines presented in this paper.

35. There are no implications in relation to policy, legal, property/capital, equalities or IT.

CONCLUSIONS

36. East Renfrewshire Primary Care Improvement Plan is being co-produced in line with the guidance and MOU priorities. Engagement with key individuals including LMC GP Committee Sub Committee representative and the NHSGG&C Primary Care Programme Board has been very supportive in shaping the content to date. However, at times this can feel slightly limiting. Consultation is ongoing with a timeline for IJB approval of August 2018.

Next Steps

- Local GPs have until the end of June to comment on the current draft.
- The LMC will need to approve and sign off our PCIP following local GP approval
- The PCIP will be presented to the Integration Joint Board for sign off in August 2018.

RECOMMENDATIONS

21. The Integration Joint Board is asked to:
    - note the update on the development of East Renfrewshire HSCP Primary Care Improvement Plan and raise any concerns regarding progress.
    - note the engagement process to date to develop the Primary Care Improvement Plan and the updated timeline for IJB approval.

REPORT AUTHOR AND PERSON TO CONTACT

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June 2018

Chief Officer, HSCP: Julie Murray

BACKGROUND PAPERS

None