

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	17 August 2021
Report by:	Interim Chief Officer, Health and Social Care Partnership

Subject:	New General Medical Services 2018/ Primary Care Improvement Plan (PCIP) Update
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update members on the changes to dates on the implementation of new General Medical Services and the Primary Care Improvement Plan
- ◆ highlight that a new Memorandum of Understanding is imminent but at the point of writing not yet available
- ◆ highlight the update return to Scottish Government.
- ◆ update members on the implementation of the new General Medical Services 2018 contract and the Primary Care Improvement Plan.
- ◆ request support to uncouple the Community Treatment and Care Workstreams due to the revised time scale for delivery

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the PCIP4 tracker is approved;
- (2) that the changed time frames for implementation are noted;
- (3) that the addition of transitional payments is noted;
- (4) that a move back to separate workstreams to progress Community Treatment and Care and Urgent Care is supported;
- (5) that the progress of the Primary Care Improvement Plan is noted; and
- (6) that the areas of risk identified at section 6 and escalation via NHS Lanarkshire's Board risk register systems are noted.

3. Background

3.1. The General Medical Services (GMS) 2018 contract came into force on the 01 April 2018. The transformational change linked to the contract is supported by the Memorandum of Understanding (MOU) and linked to the Primary Care Improvement Plan (PCIP). The initial PCIP was agreed by the Integrated Joint Board's (IJB), Health Board and GP sub-committee in July 2018. At that time, it was agreed that six-monthly updates would be provided to chart progress and challenges against the MOU. The Pandemic has disrupted delivery of the PCIP and also the reporting schedules both locally and nationally.

- 3.2. A halfway assessment was undertaken by the Scottish Government, with returns on progress, barriers and mitigation as well as asks from Boards being required. These were considered Scotland wide by the National Oversight Group. However, the process was stood down as the nation responded to Covid-19. Between the first and second waves of the pandemic the PCIP 3 tracker was requested by the Scottish Government to allow a “stocktake” position by the National Oversight Group. Work was again paused as the second wave of the pandemic took hold and staff were again orientated towards the Covid response. A PCIP 4 tracker (Appendix 1) has now been submitted to Scottish Government.
- 3.3. The contract offers details for the PCIPs:
- ◆ how the services will be introduced before the end of the transition period in 2021
 - ◆ that they will be overseen by a Scottish GMS oversight group
 - ◆ clear milestones for the redistribution of GP workload
 - ◆ development of effective primary care multidisciplinary team working
 - ◆ Boards and Health and Social Care Partnerships (HSCP) will deliver clear arrangements to deliver on the commitments of the new Scottish GMS contract
 - ◆ must be agreed by the GP sub-committee

4. Next Steps

- 4.1. The end date for delivery of the first phase of the contract was initially March 2021. However, it has been accepted that the pandemic has delayed the delivery.
- 4.2. That said, there is a desire that the PCIPs are moved forward and an agreement nationally that the principles of the PCIP are the correct ones, essentially collaborative multidisciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community should continue to be the direction of travel.
- 4.3. The Scottish Government and British Medical Association (BMA) released a joint statement in December 2020 detailing the new agreements surrounding delivery of the contract. The detail of this will be crucial and is being worked through at a national level. The statement is attached at Appendix 2 and summarised in the table below:

Contract Area	Expectations	Timeframe	Additional information
Vaccine Services	Vaccinations that are still in the core GMS contract under the Additional Services Schedule	01 October 2021	New Transitional Service basis to be negotiated by Scottish GP Committee (SGPC) and the Scottish Government in 2021 and payments will be made to practices providing these services from 2022-23
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*	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

Contract Area	Expectations	Timeframe	Additional information
Community Treatment and Care Services	Regulations will be amended so that Boards are responsible for providing a community treatment and care service for 2022-23	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
Urgent Care Service	Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24	2023-24	Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress
Additional Professional Roles	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.
Premises	No update in the joint statement but work ongoing		

*Pharmacotherapy delivery and the different levels is particularly contentious and more detail is expected in the revised MOU.

- 4.4. The Contract is underpinned by a MOU; this is currently being reviewed nationally. A letter from Scottish Government in respect of this is attached at Appendix 3. The original MOU (Appendix 4) remains in effect until the details of the update are agreed.
- 4.5. We were directed to complete and submit the PCIP 4 tracker to Scottish Government by 30 May 2021, this is out of step with our IJB meetings and was submitted in draft until such times as it is approved at the IJB.

5. Summary

- 5.1. It is agreed that the principles of the PCIP are still the correct ones and needed to support the transformation of General Practice envisaged in the nGMS. Delivery timeframes have changed with prioritisation being given to Vaccine Transformation (VTP), Pharmacotherapy and Community Treatment and Care (CTAC) as detailed in the Cabinet Secretary/BMA letter of December 2020. A revised MOU is awaited. A PCIP Recovery Plan is in place and is being progressed.

6. General/Other Implications

- 6.1. The details of the Joint Statement from Scottish Government/BMA are being finalised nationally. There are emerging risks associated with the overall plan as well as individual workstreams. Risks identified are:
- ◆ PCIP will not be delivered within the timeframes due to recovery from the pandemic
 - ◆ possibility of further Covid waves
 - ◆ financial risk in that non delivery may lead to additional payments to General Practice to deliver the services
 - ◆ reputational risk locally and nationally and workforce confidence.

- ◆ a number of the PCIP workforce remain deployed to the Covid effort, particularly in the Covid Community Pathway and Vaccination, which will delay delivery of the PCIP
- ◆ GP sustainability
- ◆ Financial risk to deliver the PCIP within existing budget allocation

6.2. Each PCIP work stream has an individual risk register which feed to an overarching risk register for the programme, the highest rated risks remain around workforce, funding and infrastructure. There is a requirement for the risk registers to be updated for each workstream and escalated to NHS Lanarkshire to reflect the emerging risks and options to mitigate the emerging risks.

6.3. GP sustainability remains a risk. The PCIP is a plan for medium to long-term development and sustainability of primary care in general and General Practice specifically. Without an effective primary care sector, no Health and Social Care system can function effectively.

7. Employee Implications

7.1. The PCIP as it stands has some detail on specific individual employee roles. This update specifies the number of new roles agreed to date. It is clear that the intention of the GP contract, the PCIP and the MOU taken together is to allow clinicians to work at a high level in expanded and integrated teams. This will have implications for many employees over the coming years and should be broadly welcomed by all involved. There are implications for those in changing roles, the development of new roles and the need to explore Transfer of Undertakings (Protection of Employment) (TUPE) for a number of but not all staff currently employed by GPs. For example, the contract is explicit about the development of practice nursing and practice manager roles, both of which will remain practice employees.

8. Financial Implications

8.1. Financially, implementation of the PCIP is complex. It requires a balance in expenditure between different workstreams, recycling of existing expenditure and efficiency of “back office” functions. Despite review and skill mixing the PCIP is not fully deliverable within the financial envelope indicated and this has been highlighted previously and again in the PCIP 4 tracker. The Integration Authorities and Board will continue to be appraised of the developing financial implications.

9. Climate Change, Sustainability and Environmental Implications

9.1. There are no implications for climate change in terms of the information contained in this report

9.2. There are no implications for sustainability in terms of the information contained in this report.

9.3. There are no implications for the environment in terms of the information contained in this report.

10. Equality Impact Assessment and Consultation Arrangements

10.1. There is no requirement to carry out an impact assessment in terms of the proposals contained within this report. However, consultation will continue to be extensive. The Equality Impact Assessment for the programme is being refreshed.

- 10.2. Consultation and engagement across a wide range of stakeholders is pivotal to the successful implementation of the PCIP. The programme has a dedicated communications and engagement officer, who is currently redeployed to support the Covid pandemic response.

11. Directions

11.1.

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

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interim Chief Officer, Health and Social Care Partnership

Date created: 28 July 2021

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ none

List of Background Papers

- ◆ PCIP4 Tracker

- ◆ Joint Statement Scottish Government/BMA December 2020
- ◆ Letter regarding the MOU from Scottish Government April 2021
- ◆ Original Memorandum of Understanding

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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