



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 24 JUNE 2021

SUBJECT: PRIMARY CARE IMPROVEMENT PLAN - UPDATE

BY: HEAD OF SERVICE

1. REASON FOR REPORT

- 1.1. To inform the Board of Health and Social Care Moray's (HSCM) progress towards implementation of the Primary Care Improvement Plan (PCIP).

2. RECOMMENDATION

- 2.1. It is recommended that the Board consider and note:

- i) the progress made towards implementation; and
- ii) the potential impact should all PCIP elements be fully implemented.

3. BACKGROUND

- 3.1. The memorandum of understanding (MoU) between the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards for the new GMS contract was agreed in April 2018. The memorandum sets out the principles by which primary care redesign will be delivered to allow GPs to focus on being expert medical generalists and medical leaders with support from the Multi-Disciplinary Team (MDT).
- 3.2. The development of primary care service redesign in the context of delivery of the new GMS contract should meet the following key principles:
- safe
 - person-centred
 - equitable
 - outcome focused
 - effective
 - sustainable
 - affordable

3.3 As a result of the new Contract, all Integration Authorities now have locally-agreed Primary Care Improvement Plans (PCIP). The MoU priorities have been identified as:-

- Vaccination Services,
- Pharmacotherapy,
- Community Treatment and Care Services,
- Urgent Care Service and
- Additional Professional Roles

3.4 Plans for 2019 to 2021 included local workforce planning, infrastructure development and patient engagement – work which aims to improve the primary care people receive in their communities.

3.5 Partnerships are expected to report their progress on PCIP to Scottish Government each May and September. The most recent round of reporting was referred to as PCIP 4 and covered the period September 2020 to May 2021.

3.6 Due to slippage the above timescale was revised in December 2020, extending some elements of the MoU to April 2022 and beyond. A further update to the MoU is anticipated in June 2021.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The updated position as at May 2021 for each of the priority areas is included in the extract of the Local Implementation Tracker Template at **Appendix 1**. The key points are as described in paragraphs 4.2 to 4.6 below.

4.2. Vaccination Services: The majority of immunisations have transferred from general practice as of 31/03/21 with adult and travel immunisations scheduled to do so by 31/03/22.

4.3. Pharmacotherapy: All practices have access to Level 1 Pharmacotherapy currently. All are anticipated to have access to Levels 1-3 by 31/03/22.

4.4. Community Treatment and Care Services: Over 90% of practices currently have access to all CTAC Services. All will have access by 31/03/22.

4.5. Urgent Care Service: Limited access at present, with full access predicted by 31/03/22.

4.6. Additional Professional Roles:

- Physiotherapy/MSK – Only partial access anticipated by 31/03/22, primarily due to recruitment challenges.
- Mental Health Workers – Limited access presently, full access planned by 31/03/22
- Community Link Workers - Limited access presently, full access planned by 31/03/22

5. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”

PCIP implementation is consistent with the goals and aims of the above.

(b) Policy and Legal

Progress with delivery of the PCIP is monitored regularly to ensure that it is achieving the agreed targets in relation to the nationally negotiated contractual agreement for General Practice.

(c) Financial implications

PCIP is currently underspent due to certain elements not being in place yet, which is largely due to recruitment challenges. However, should all elements of PCIP be delivered in full it would result in an overspend in the region of £1.85m. This has been highlighted to Scottish Government. HSCM's position is similar to the other partnerships in Grampian, and others across Scotland.

(d) Risk Implications and Mitigation

It is felt that full implementation of all elements of the MoU will be difficult to achieve by 31/03/22, especially due to recruitment challenges. In such an instance Scottish Government has advised that Transitional arrangements need to be put in place and are clear that this would not be their preferred option. Clarity on these transitional arrangements has been requested but these are currently subject to discussion and detail has not yet been provided.

(e) Staffing Implications

There are no staffing implications directly relating to this report other than the challenges in recruiting skilled staff to deliver the PCIP elements.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there are no changes to policy arising from this report.

(h) Consultations

The MoU and PCIP form part of a nationally negotiated contractual agreement for general practice and consultation with stakeholders formed a part of this.

The Chief Officer, Chief Financial Officer and Corporate Manager, HSCM and Tracey Sutherland, Committee Services Officer, Moray Council have been consulted on this report and comments incorporated for their areas of responsibility.

6. CONCLUSION

6.1. PCIP progress in Moray is on track to achieve the principles outlined in the MoU by 31/03/22.

Author of Report: Peter Maclean – Service Manager, Primary Care Contracts

Background Papers: Moray PCIP4 Submission to Scottish Government

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