



Dumfries and Galloway
Integration Joint Board
Audit and Risk Committee

9th March 2020

This Report relates to
Item 9 on the Agenda

Primary Care Transformation Programme Risk Register

Paper presented by Katy Lewis

For Noting

Author:	Kerry Willacy, Primary Care Transformation Programme Manager k.willacy@nhs.net
List of Background Papers:	Not required
Appendices:	Appendix 1 – Risk Register

1. Introduction

1.1 This report outlines the content of the Risk Register for the Primary Care Transformation Programme Board. The Programme Board is asked to note the content of this risk register.

1.2 Two new risks have been added to the Risk Register since the last meeting.

2. Recommendations

2.1 **The Integration Joint Board Audit and Risk Committee is asked to:**

- **Note the content of the Primary Care Transformation Board Risk Register**
- **Note the two new risks which have been added to the Risk Register**
- **Note that any additional risks identified have been included in the Risk Registers by the Primary Care Transformation Programme Manager**
- **Note that a further update is planned to be submitted to the next Programme Board meeting on 29th April 2020.**

3. Background and Main Report

Background

3.1 The central purpose of the 2018 General Medical Services (GMS) contract is to provide better service to patients by providing stability and sustainability to General Practice. In so doing, it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible and links with all 9 of the National Health & Wellbeing outcomes.

3.2 The 2018 GMS Contract recognises that a strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.

3.3 The benefits of the proposals in the new contract are to help people access the right person, at the right place, at the right time, in line with the Scottish Government's Primary Care Vision and Outcomes.

3.4 In particular, this will be achieved through:

- Maintaining and improving access to services
- Introducing a wider range of health & social care professionals to support the Expert Medical Generalist (GP)
- Enabling more time with the GP for patients when it is really needed
- Providing more information to patients

3.5 The Contract's Memorandum of Understanding (MoU) recognises the statutory role of Integration Authorities in commissioning Primary Care services and service redesign. It also recognises the role of NHS Boards in service delivery, employers and partners to General Medical Service contracts.

3.6 The MoU provides reassurance that partners are committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that will reduce workload and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

3.7 Main Report

3.8 At the October 2018 Programme Board meeting, a number of risks were identified and approved for inclusion in the Risk Register for the Primary Care Transformation Programme.

3.9 The ten original risks were identified and added to the DATIX Risk Register for the Primary Care Transformation Programme.

3.10 The Risk Register is reviewed at every Primary Care Transformation Programme Board meeting.

3.11 The original ten risks identified as part of the Primary Care Transformation Programme Board Risk Register are as follows:

- Risk 1 – Under-performance to specification
- Risk 2 – Lack of funding availability
- Risk 3 – Costs increasing during Programme due to unforeseen changes
- Risk 4 – Lack of Leadership
- Risk 5 – Indecision or inappropriate decision making
- Risk 6 – Change of Government Policy
- Risk 7 – Adverse Public Opinion
- Risk 8 – Inability to recruit the required workforce
- Risk 9 – Unclear Expectations
- Risk 10 – Lack of Clarity around information security

3.12 Two new risks have now been added to the Risk Register:

- Risk 11 – Lack of available premises space for multi-disciplinary teams
- Risk 12 – Risk of remote access note being available to the wider multi-disciplinary team

3.13 The following pages set out the format of the Risk Register and the scores and mitigation for each of these 12 identified risks.

3.14 **Appendix 1** sets out the Risk Matrix used for the risk register.

4. **Conclusions**

4.1 Twelve distinct risks have been identified and added to the DATIX Risk Register for the Primary Care Transformation Programme.

4.2 The Risk Register will be reviewed at every Primary Care Transformation Programme Board meeting.

4.3 Each workstream will also develop its own Risk Register.

5. **Resource Implications**

5.1. The new contract will support the development of new roles within multi-disciplinary teams working in and alongside GP practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.

<p>5.2.</p> <p>5.3.</p> <p>5.4.</p> <p>5.5.</p>	<p>There are significant resource implications arising from this programme.</p> <p>The indicative allocations for the four years of the programme are as follows:</p> <ul style="list-style-type: none"> • 2018/2019 - £1,363,000 • 2019/2020 - £1,639,000 • 2020/2021 - £3,278,000 • 2021/2022 - £4,619,000 <p>It is important we consider all the existing work and tests of change taking place in primary care and community settings which will form part of the programme going forward and explore how existing funding can be best used to support the aims and priorities of this programme.</p> <p>The focus should therefore not just be on the new monies available, but also on how the current combined Primary Care and Community Health & Social Care Budgets can best be utilised to support this programme.</p>
<p>6.</p> <p>6.1.</p> <p>6.2.</p>	<p>Impact on Integration Joint Board Outcomes, Priorities and Policy</p> <p>The central purpose of the 2018 GMS Contract is to provide better service to patients by providing stability and sustainability to General Practice. In so doing, it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible and links with all 9 of the National Health & Wellbeing outcomes.</p> <p>This is a significant major transformational change programme which will impact on all the priorities across Primary Care and Community Health and Social Care services.</p>
<p>7.</p> <p>7.1.</p> <p>7.2.</p> <p>7.3.</p>	<p>Legal and Risk Implications</p> <p>The implementation of the new contract will only be possible with full engagement of the Integration Joint Board (IJB), NHS Board, GP Sub Committee and Local Medical Committee (LMC). Achieving the implementation of the Primary Care Improvement Plan will require a clear 3 year programme and funding profile. The new contract seeks to address GP Primary Care sustainability.</p> <p>Failure to successfully implement the 2018 General Medical Services Contract could result in legal challenge.</p> <p>There is significant risk due to the size and complexity of the programme and given the ongoing uncertainties in relation to the financial and workforce situations.</p>
<p>8.</p> <p>8.1.</p>	<p>Consultation</p> <p>Consultation on the Primary Care Transformation Risk Register occurs ahead of each Programme Board meeting</p>
<p>9.</p> <p>9.1.</p> <p>9.2.</p>	<p>Equality and Human Rights Impact Assessment</p> <p>The IJB as a public body, for the purposes of the Equality Act 2010. Members must ensure that equalities implications have been considered and that an equalities impact assessment is completed, where appropriate.</p> <p>The Primary Care Improvement Plan has gone through the Impact Assessment</p>

Toolkit. The Programme Executive Team were supported by Phil Myers (Health & Wellbeing Specialist, Public Health) and Lynsey Kirkpatrick (Equality & Diversity Lead).

- 9.3. The expectation is that all work associate with the programme will also go through an impact assessment toolkit workshop to ensure that Equality & Diversity is embedded throughout all levels of the Primary Care Transformation Programme.

10. Glossary

- 9.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

DATIX	An electronic system of Risk Management used by NHS D&G
GMS	General Medical Services
MoU	Memorandum of Understanding
LMC	Local Medical Committee

Dumfries and Galloway Integration Joint Board

DIRECTION



(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	