



Integration Joint Board

31<sup>st</sup> May 2018

This Report relates to  
Item 5 on the Agenda

# Primary Care Transformation

*(Paper presented by Dr Greycy Bell)*

*For Discussion and Noting*

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<b>List of Background Papers</b>	
<b>Appendices</b>	

## SECTION 1: REPORT CONTENT

**Title/Subject:** Primary Care Transformation  
**Meeting:** Integration Joint Board  
**Date:** 31<sup>st</sup> May 2018  
**Submitted By:** Dr Greycy Bell  
**Action:** For Discussion and Noting

### 1. Introduction

- 1.1 This paper sets out summary of the requirements for the development of the Primary Care Improvement Plan for Dumfries & Galloway. It includes a set of headings which will act as a template from the plan. The Programme Manager has now been appointed with Kerry Willacy taking up this role from 1<sup>st</sup> May 2018. This will allow the acceleration of the development of the Primary Care Improvement Plan. A GP Sub Executive Writing Group has been formed and has met twice with a further meeting planned for the end of May to provide guidance on the development of the Primary Care Improvement Plan for Dumfries & Galloway.

### 2. Recommendations

#### 2.1 The Integration Joint Board is asked to:

- **Note the approach being taken in relation to the development of the Primary Care Improvement Plan for Dumfries & Galloway.**
- **Note the final version of the Primary Care Improvement Plan will be presented at the next Integration Joint Board meeting in July 2018.**

### 3. Background

- 3.1 Proposals for a new GP contract were published in November 2017 and agreed in January 2018.
- 3.2 The new contract aims to support the development of the Expert Medical Generalist role for GPs, with a shift over time of workload and responsibilities to enable this.

- 3.3 A key enabler for this is investment in a wider multi-disciplinary team (MDT) in support of general practice. The new contract offer is supported by a Memorandum of Understanding which requires:

**The development of a Health & Social Care Partnership Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and Cluster level, and that reflects local population health care needs.**

- 3.4 The expected content of the plan and the requirements for the multi disciplinary team are set out in detail in the draft Memorandum of Understanding and the new contract framework. The key requirements and additional local approaches are set out in the section below.

## **4. Main Body of the Report**

### **4.1 Dumfries & Galloway Context**

Across Dumfries & Galloway, the Health & Social Care Partnership is responsible for the strategic planning for the population, including for primary care services. Within each of the four localities, clusters have been established which bring together groups of GP practices with a focus on quality improvement and engagement with wider Health and Social Care Partnership structures on service change and improvement. There are four cluster groups across Dumfries & Galloway which will have a key role in the development of the plans.

The Primary Care Improvement Plan will be developed in the context of wider transformation and redesign of services across Dumfries & Galloway.

This will include existing programmes and proposed tests of change in primary care including but not limited to:

- The Annan pilot programme
- Vaccination Transformation Programme
- Pharmacotherapy Pilot Programme
- Urgent Care Pilot Programme

The Primary Care Improvement Plan should take into account the wider context of current and future service redesign and transformational changes across the system and within the Health & Social Care Partnership.

The new contract is being introduced at a time of significant pressures in general practice related to increasing volume and complexity of workload, and challenges with locum availability and GP recruitment. While the new contract and Memorandum of Understanding is explicitly intended to address these issues, there remain short term sustainability challenges. The Primary Care Improvement Plan will take account of the action required to support practices in the short term where necessary.

## 4.2 **Key Aim of the Primary Care Transformation Programme**

The Dumfries & Galloway Primary Care Improvement Plan will enable the development of the Expert Medical Generalist role through a reduction in current GP and practice workload. By the end of the three year plan, every practice in Dumfries & Galloway should be supported by expanded teams of board employed health professionals who will provide care and support to patients.

## 4.3 **Principles around the Development of the Primary Care Improvement Plan for Dumfries & Galloway**

In addition to the requirements set out in the national documents, a set of local principles has been proposed which should be used to guide the development of the Primary Care Improvement Plan for Dumfries & Galloway.

The proposed principles are as following:

- The Health and Social Care Partnership in Dumfries & Galloway will produce a Primary Care Improvement Plan which takes account of local priorities, population needs and existing services and builds on local engagement.
- Initial plans must be submitted by 1<sup>st</sup> July 2018 and will need to set out the process for how primary care will be developed in subsequent years.
- The priority in Year 1 should be given to tested approaches where the impact on GP workload can be evidenced, with reference to the impact of tests of change in Dumfries & Galloway and across Scotland.
- Approaches across Dumfries & Galloway should share consistent principles and pathways, role descriptors and grading, scale (numbers of staff per practice/patient population).
- Redesign of existing roles should be considered alongside new recruitment
- Recruitment should be co-ordinated across Dumfries & Galloway where appropriate taking account of existing professional lead and hosting arrangements.
- Commitment to working in a collaborative way across the Health & Social Care Partnership and with advisory structures and representative bodies.
- Plans should demonstrate how all practices will benefit from additional support; care should be taken not to exclude any practice or practice type
- Active support should be given for the development of the GP role as Expert Medical Generalist and refocusing of activity within practices, as workloads shift.

- Extended multi-disciplinary teams will be developed with 2C, 17C & 17J practices.

#### 4.4 The Process for Developing the Primary Care Improvement Plan

The requirement for engagement in the development of the plans is clearly set out in the Memorandum of Understanding:

***HSCPs should establish local arrangements to provide them with advice and professional views on the development and delivery of the Primary Care Improvement Plan. Arrangements will be determined locally and will take account of the requirement to engage stakeholders. The HSCP Primary Care Improvement Plan should be agreed with the local GP subcommittee of the Area Medical Committee.***

***HSCPs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their Strategic Plans and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users.***

***In relation to the development of the Primary Care Improvement Plan that would include (but not be limited to):***

- ***Patients, their families and carers***
- ***Local communities***
- ***SAS and NHS 24***
- ***Primary Care Professionals (through, for example, GP subcommittees of the Area Medical Committee and Local Medical Committees)***
- ***Primary Care Providers***
- ***Primary Care Staff who are not healthcare professionals***
- ***Third sector bodies carrying out activities related to the provision of primary care***

***In order to ensure that the provision of any new or reconfigured service has a patient-centred approach to care based on an understanding of patient's needs, life circumstances and experiences it is important that patients, carers and communities are engaged as key stakeholders in the planning and delivery of new services. HSCPs should ensure that patient engagement is a key part of their Primary Care Improvement Plan.***

Plans for developing the multi-disciplinary team will require new and expanded roles and changes to existing roles. Staff Partnership involvement in the development of the plans is therefore essential.

In addition to engagement on the development of the plans, consideration should be given to engagement on the implementation and development of multi-disciplinary teams to ensure that these work effectively at practice and cluster level.

This should include the full range of practice staff including practice managers who have significant existing skills and knowledge in enabling effective working practices for multi-disciplinary teams.

#### 4.5 **Key Requirements of Primary Care Improvement Plans**

The Primary Care Improvement Plan for Dumfries & Galloway is a three year plan for the period April 2018 – March 2021 with the initial plan to be agreed by 1<sup>st</sup> July 2018.

The key requirements of the plan are as follows:

- To be developed collaboratively with HSCPs, GPs, NHS Boards and the stakeholders detailed above
- To detail and plan the implementation of services and functions listed as key priorities below with reference to agreed milestones over a 3 year time period
- To give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas and in particular to include intended timescales for the transfer of existing contractual responsibility for service delivery from GPs
- To provide detail on available resources and spending plans (including workforce and infrastructure)
- To outline how the Multi Disciplinary Team will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract

Priority for investment in Year One will be in areas where there is a clear model or tested approach where early impact can be expected. Work should continue to define models and approaches in areas where this is not yet fully developed.

#### 4.6 **The 6 Priority Areas for Change**

The Memorandum of Understanding defines 6 Priority Areas:

- The Vaccination Transformation Programme
- Pharmacotherapy Services
- Community Treatment & Care Services

- Urgent Care (Advanced Practitioners)
- Additional Professional Roles
- Community Link Workers

At the Protected Learning Time event on Wednesday 14<sup>th</sup> March, Pharmacotherapy, Urgent Care and Additional Professional Roles were all identified as local priorities along with some aspects of Vaccination Transformation Programme e.g. children's vaccinations, those for pregnant women and travel vaccinations.

#### 4.7 Roles and Responsibilities

The Memorandum of Understanding states that:

***HSCPs will agree these Plans locally. These plans will be developed in collaboration with local GPs and others and should be developed with GP Subcommittee (or representatives of by agreement locally) as the formally agreed advisors on general medical service matters. However, the arrangements for delivering the new GMS contract will be agreed with the Local Medical Committee. Integration Authorities will hold their officers to account for delivery of the milestones set out in the Plan, in line with their responsibility to ensure delivery of Strategic Plans, and through regular reporting to the Authority.***

Development of the Primary Care Improvement Plan will build on established collaborative arrangements with the Local Medical Committee and GP Sub Committee of the Area Medical Committee. The development of the local plan should involve GP Sub Committee representatives to enable local agreement. Plans should be approved by the IJB at the first opportunity prior to or immediately following 1<sup>st</sup> July 2018.

The plans will link to wider HSCP responsibilities for strategic planning and should specifically be reflected in local workforce planning, financial planning and property strategy.

Specific contractual changes will be taken forward through the Primary Care Transformation Programme Board and associated sub groups. This includes the new Premises Code of Practice and any revised Premises Directions, Enhanced Services, practice IM&T and implementation of the new regulations, as well as implementation of any contractual changes resulting from the transfer of responsibility to the extended multi disciplinary team. Changes and implementation arrangements will be agreed with the Local Medical Committee.

The Memorandum of Understanding sets out clearly the arrangements for staff in multi disciplinary teams. It states:

***Where appropriate these resources will be allocated to Health & Social Care Partnerships through their NHS Board partners in line with the Scottish Government's National Resource Allocation formula (based on population need and taking account of geography and of life circumstances, including***

***deprivation). Resources will be spent for the purposes set out in this Memorandum and in line with each HSCP Primary Care Improvement Plan to enable the transition to be managed and implemented effectively. The HSCP Plans must demonstrate how the funding will flow/be used to enable the redistribution of work from GPs to others and to optimise the role and functionality of the wider MDT.***

The plans will need to take account of existing commitments and any cross system hosting or programme managements as well as additional developments within the HSCP, as well as any uncommitted non recurring funding from previous transformation fund allocations.

#### **4.8 Proposed Template**

The table overleaf shows the proposed format for the Primary Care Improvement Plan.

## PROPOSED FORMAT OF PRIMARY CARE IMPROVEMENT PLAN

<b>A</b>	<b>Local Context</b>
	Profile of Primary Care in Dumfries & Galloway including any specific local challenges and opportunities
<b>B</b>	<b>Aims &amp; Priorities</b>
	To reflect the agreed aims and principles as set out in the guidance
<b>C</b>	<b>Engagement Process</b>
	How the plan has been developed and who has been involved
<b>D</b>	<b>Delivery of the Commitments in the Memorandum of Understanding</b>
	For each of the six priority areas, set out how new or extended teams will work with practices, with reference to section 6 of the guidance including:
	Initial developments and approach in year 1
	Expected developments in years 2 & 3
<b>E</b>	<b>Existing Transformation Activity</b>
	Future plans for any existing pilots or transformation tests of change
<b>F</b>	<b>Additional Content</b>
	Community Pharmacy, Optometry & Dentistry: linked developments and priorities
	Community Services: Any proposed changes to how wider community services will align to practices/clusters
	Interface with Acute Services
	Other linked local priorities (e.g. Practice sustainability)
<b>G</b>	<b>Inequalities</b>
	How plans, including allocation of resource, will address locally identified need and inequalities
<b>H</b>	<b>Enablers</b>
	Workforce planning: how HSCP workforce plans will support the Primary Care Improvement Plan requirements
	Accommodation: how accommodation strategies will support PCIP requirements
<b>I</b>	<b>Implementation</b>
	Process for engaging with clusters and practices
	Leadership and change management capacity and support
	Multi-disciplinary team development: how practices, clusters and the wider MDT will be supported to develop new ways of working
<b>J</b>	<b>Funding profile</b>
	How new earmarked funding and any residual PCTF funding will be used in support of the plan.
	How any other additional sources of funding will be used in support of the plan
	Other resources or realignment of funding
<b>K</b>	<b>Evaluation and Outcomes</b>
	Key success indicators over the life of the plan and how these will be assessed

## **5 Conclusions**

- 5.1 The Primary Care Improvement Plan for Dumfries & Galloway will be submitted to the Scottish Government by 1<sup>st</sup> July 2018.
- 5.2 The Integration Joint Board is asked to note the approach being taken in relation to the development of the Primary Care Improvement Plan for Dumfries & Galloway.
- 5.3 The Integration Board is also asked to note that the final version of the Primary Care Improvement Plan will be presented at the next Integration Joint Board meeting in July 2018.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **6. Resource Implications**

- 6.1 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.
- 6.2 There are significant resource implications arising from this programme.
- 6.3 At the time of writing, it is not clear what the additional monies available over the next three to four years will be. Initial indications are that the funding will be modest over Years 1 and 2 of the programme to support tests of change with the bulk of the funding available to support implementation in Year 3 and Year 4.
- 6.4 It is important, therefore, that 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.
- 6.5 The focus should therefore not just be on the new monies available, but on how the current combined Primary Care and Community Health and Social Care budgets can best be utilised to support this programme.

### **7. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 7.1 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 and Wellbeing outcomes.
- 7.2 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.

### **8. Legal & Risk Implications**

- 8.1 The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Boards, GP Sub Committee and LMC. Achieving implementation of the Primary Care Improvement Plans will require a clear 3 year programme and funding profile. The new contract seeks to address GP Primary Care sustainability.
- 8.2 Failure to successfully implement the 2018 General Medical Services Contract could result in legal challenge.

8.3 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.

## **9. Consultation**

9.1 The following have been consulted on this paper:

- Health and Social Care Senior Management Team
- Executive Team from the GP Subcommittee (PCIP Writing Group)
- Medical Director, Ken Donaldson
- Head of Primary Care Development, Linda Bunney
- The four GP Locality/Cluster Leads

## **10. Equality and Human Rights Impact Assessment**

10.1 There are no equality implications arising from this update Report.

## **11. Glossary**

11.1	GMS	General Medical Services
	HSCP	Health and Social Care Partnership
	MDT	Multi Disciplinary Team
	PCIP	Primary Care Improvement Plan