



Integration Joint Board

26th July 2018

This Report relates to
Item 6 on the Agenda

The Primary Care Improvement Plan for Dumfries and Galloway

(Paper presented by Dr Greycy Bell)

For Approval

Approved for Submission by	Julie White
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List of Background Papers	
Appendices	Appendix 1 – Primary Care Improvement Plan for Dumfries and Galloway

SECTION 1: REPORT CONTENT

Title/Subject:	The Primary Care Improvement Plan for Dumfries and Galloway
Meeting:	Integration Joint Board
Date:	26 th July 2018
Submitted By:	Kerry Willacy
Action:	For Approval

1. Introduction

- 1.1 This report set out the initial Primary Care Improvement Plan for Dumfries and Galloway and asks that the Integration Joint Board approves the Plan that was submitted to the Scottish Government on 1st July 2018.

2. Recommendations

2.1 The Integration Joint Board is asked to:

- **Approve the initial Primary Care Improvement Plan which is attached in Appendix One**
- **Note the tight timescales involved in the production of this initial Plan and the support and guidance received from the GP Sub Committee Executive Writing Group which has helped to support its development.**
- **Note the requirement for a Financial Report Submission to the Scottish Government in September 2018 which will allow an updated implementation plan for Year 1 to be developed in parallel at this time.**

3. Background

- 3.1 Proposals for the 2018 General Medical Services 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 the 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 and Social Care Partnership Primary Care Improvement Plan, in partnership with GP's and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective Multi Disciplinary Team model at both practice and cluster level and that reflects local population health care needs.

3.4 The 2018 General Medical Services Contract recognises the significant challenges faced by general practice, including issues around growing workload and increasing risk.

3.5 The removal of the Quality and Outcomes Framework and the introduction of GP Clusters have secured the foundations for the introduction of this new contract which aims to address the challenges currently facing general practice.

3.6 The proposals contained within the new contract seek to provide the increased stability that general practice currently requires.

3.7 The 2018 General Medical Services Contract sets out 6 priority areas for change. These are:

- Vaccination Transformation Programme
- Pharmacotherapy Services
- Urgent Care Services
- Community Treatment and Care Services
- Additional Professional Roles
- Community Link Workers

3.8 Each of the 31 Health and Social Care Partnerships in Scotland has had to develop a Primary Care Improvement Plan which outlines how these services will be introduced before the end of the transition period in 2021.

4. Main Body of the Report

4.1 The initial Primary Care Improvement Plan for Dumfries & Galloway is attached to this report as Appendix 1. The plan will be an evolving document over the next three years as the Primary Care Transformation Programme develops.

4.2 The Primary Care Transformation Board Programme has agreed the following shared vision for the programme:

The Primary Care Transformation Programme will ensure the development of a sustainable model for primary care services ensuring the skills of our workforce are optimised. The model of Primary Care will look different with an expanded team providing care and support to individuals in our communities.

4.3 In Dumfries and Galloway, the following four service areas have been identified as the main priority areas of change for Year One:

- Vaccination Transformation Programme

- Pharmacotherapy Services
- Urgent Care
- Mental Health as part of Additional Professional Roles

4.4 Within Year One, it is anticipated that following progress will be made:

- *Vaccination Transformation Programme*
 - Review of Pre-School Programme
 - Scoping of maternity lead delivery models for pertussis (whooping cough) for pregnant women
 - Scoping of Hepatitis B service demand
 - Work arising from the national options appraisal exercise around Travel Vaccinations and Travel Health Advice
- *Pharmacotherapy Services*
 - Review of current pharmacotherapy service provision completed
 - Plans developed for the roll-out of pharmacotherapy service across localities
- *Community Treatment & Care Services*
 - Scoping work around current service provision to be developed
 - Plans developed looking towards implementation in Years 2 & 3
- *Urgent Care*
 - Approval will be sought for 26 week pilot in two cluster areas looking at the use of paramedics aligned to GP clusters
 - Continue the recruitment of ANPs for General Practice into the training programme
- *Additional Professional Roles*
 - Develop implementation plans resulting from the learning of local tests of change around mental health provision across GP clusters
 - Scoping work around current physiotherapy service provision across all cluster areas
- *Community Link Workers*
 - Production of the regional strategic framework for social prescribing & community link workers
 - Identification of future requirements for Community Link Workers aligned to GP clusters

4.5 This plan has been produced in a collaborative approach with an Executive Group of the GP Sub Committee working with the executive programme team.

4.6 The late arrival of the final funding allocation letter for the Primary Care Improvement Fund has resulted in the plan not containing the level of detail in terms of spending plans and actions for Year One that originally had been anticipated. This more detailed information around spending and actions planned for Year One will be contained in an update which will compliment the Detailed Spending Plan Return which has to be submitted to the Scottish Government in September 2018.

4.7 The timeline below sets out the process being followed for the development and approval of the Primary Care Improvement Plan for Dumfries and Galloway and gives timescales for its future development and update.

- February 2018 – Executive Programme Team Established
- March 2018 – Governance Structure Developed and Agreed
- 2nd May 2018 – First Meeting of Primary Care Transformation Programme Board
- 24th May 2018 – Final Funding Allocation Letter received.
- May – Mapping of current activity and gap analysis
- May – June 2018 – Development of the Initial Primary Care Improvement Plan
- 19th June 2018 – Initial Primary Care Improvement Plan submitted for approval by GP Subcommittee
- 27th June 2018 – Initial Primary Care Improvement Plan submitted for approval by the Primary Care Transformation Programme Board
- June – August 2018 Development of Year 1 Proposals re Vaccination Transformation Programme, Pharmacotherapy, Urgent Care and Mental Health Services
- 1st July 2018 - Submission of Primary Care Improvement Plan to the Scottish Government
- 22nd August 2018 – Primary Care Transformation Programme Board Funding Allocation Meeting – Prioritisation of Year 1 Proposals
- 23rd August 2018 onwards – Year 1 Agreed Proposals commence

- September 2018 – Submission of Detailed Funding Plan to the Scottish Government with updated narrative implementation plan for Year 1 (2018/19).
- March 2019 – Update of the Primary Care Improvement Plan for Dumfries & Galloway

5. Conclusions

- 5.1 There are clearly significant challenges in delivering the 2018 General Medical Services Contract across all practices in Dumfries and Galloway. However there are also tremendous opportunities to be realised through this additional investment and focus on Primary Care Services. By continuing to build on the collaborative process used to create this initial plan, it is hoped that sustainable and meaningful change can be achieved across GP services to make it a better service to access for patients and a better place to work for the workforce.

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 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.
- 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 the draft Primary Care Improvement Plan for Dumfries and Galloway

- Executive Team from the GP Subcommittee (PCIP Writing Group)
- Primary Care Transformation Executive Team
- GP Subcommittee
- Programme Board Members

10. Equality and Human Rights Impact Assessment

10.1 Discussions have taken place around the Primary Care Improvement Plan going through the Impact Assessment Toolkit. The Programme Executive Team have agreed to undertake this exercise in August supported by Phil Myers (Health & Wellbeing Specialist, Public Health) and Lynsey Fitzpatrick (Equality & Diversity Lead). The outputs from this exercise will be shared at the next Programme Board meeting in August 2018.

10.2 The expectation is that all work associated with the programme will also go through an Impact Assessment toolkit workshop to ensure that Equality and Diversity is embedded throughout all levels of the Primary Care Transformation Programme.

11. Glossary

GMS	General Medical Services
IJB	Integration Joint Board
LMC	Local Medical Committee
MDT	Multi Disciplinary Team
PCTPB	Primary Care Transformation Programme Board