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Orkney Health and Care

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Agenda Item: 13.

Integration Joint Board

Date of Meeting: 30 June 2021.

Subject: Primary Care Improvement Plan.

1. Summary

1.1. To update the Integration Joint Board (IJB) of progress in relation to the Primary Care improvement Plan (PCIP) and to seek a decision on the implementation of some specific aspects of the PCIP.

2. Purpose

2.1. To review progress of the PCIP and consider the options that are detailed in the report in relation to commissioning additional services.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. Progress to date on implementation of the Primary Care Improvement Plan.

3.2. The risk of being unable to commission everything within the directives of the Memorandum of Understanding due to projected underfunding.

It is recommended:

3.3. That the IJB commission the additional services as recommended by the GP Sub-committee and the Local Medical Committee, as follows:

3.3.1. Pharmacotherapy – approve establishment of the undernoted posts, at a full year cost of £89,566:

- 2 whole-time equivalent (WTE) posts of Pharmacy Technician, Band 5.

3.3.2. Community Treatment and Care – approve establishment of the undernoted posts, at a full year cost of £76,216:

- 3 posts of Health Care Support Worker, Band 3, to provide phlebotomy services, comprising:
 - 1 x WTE post.

- 1 x 17.5 hours per week.
- 1 x 15 hours per week.
- 13.5 hours of Band 5 nursing hours for wound management.

3.3.3. To direct NHS Orkney to commission the services of Community Link Workers, identified in section 5.4 of this report, at a full year cost of £43,478.

3.3.4. Vaccine Transformation Programme – approve establishment of the undernoted posts, at a full year cost of £110,306:

- 1 x 0.5 WTE Lead Nurse, Band 7.
- 2 x 0.5 WTE Health Care Support Worker, Band 3.
- 1 x 1 WTE Administrator support, Band 3.
- 1 x 0.3 WTE Pharmacy Technician, Band 5.

3.3.5. Approve additional costs in regard to mileage, venue and stationery costs, identified in section 7.2 of this report, at a full year cost of £13,000.

4. Background

4.1. The new national GP contract was voted for by GPs, approved by the British Medical Association (BMA) and came into effect from 1 April 2018. This change culminated from a national acknowledgement around workload pressures that GPs were experiencing which has had a detrimental impact in relation to GP recruitment and early retirement.

4.2. This new contract was agreed and moves away from patients always accessing services via a GP consultation. In future GP Practices will provide patient consultations via a skill mix of professionals with the GPs being freed up to concentrate on areas of more complex care.

4.3. As part of the new Contract a directive, a Memorandum of Understanding (MOU), was published that outlined six specific key areas of change that are to be implemented by 2021 which would allow the new multi-disciplinary way of working within GP Practices to be in place.

4.4. Since the last updated plan was presented to the IJB in October 2019, the worldwide COVID-19 Pandemic struck. This has resulted in not only an inability to deliver the plan within the original timeframe, but also the need to consider whether previous assumptions and modelling are still relevant.

4.5. The Scottish Government has taken cognisance of the impact COVID-19 has had on the workload of GP Practices and Boards and has recently issued a joint letter on 2 December 2020 on behalf of them and the British Medical Association (BMA) which sets out new timescales. This is attached as Appendix 1.

4.6. Fundamentally the highest risk to delivering the outcomes as outlined within the MOU is the funding that Orkney has been allocated to deliver this. This is provided via the National Resource Allocation Calculation which can be found at

<https://www.isdscotland.org/Health-Topics/Finance/Publications/2014-02-25/Resource-Allocation-How-Formula-works-in-practice.pdf>.

4.7. The Scottish Government and the BMA have asked that GPs and IJBs work together to find local solutions to implementing the MoU. In the event that no solution can be found, further support and advice can be sought from the national (GP Contract) oversight group. To date the IJB has commissioned areas of work within Pharmacotherapy, Community Link Workers, Vaccinations, Musculoskeletal Physiotherapy, and Mental Health, the majority of these posts being agreed by the IJB in October 2019, when the last Primary Care Improvement Plan update report was presented.

5. Proposals

5.1. The GP Sub-committee and the Local Medical Committee have recommended that the following proposals be considered.

5.2. Pharmacotherapy

5.2.1. Pharmacotherapy is aimed at transferring appropriate pharmaceutical tasks, most of which are currently undertaken by General Practitioners, to the pharmacy team. The Primary Care Improvement Fund has previously commissioned 1 WTE (whole time equivalent) Lead General Practice Pharmacist and 1 WTE General Practice Pharmacist to work alongside the previous 0.8 WTE General Practice Pharmacist.

5.2.2. Pharmacotherapy tasks are defined by Levels 1 - 3 with Level 1 being classed as core activities such as re-authorisation of repeat medications and acute prescribing. Tasks within the core level one activity have been rolled out across all practices, although given the limitations in available resources this could not yet be described as a full service. We also must note that one practice currently decided to no longer engage with the current service provision as they found the limited service on offer was unable to provide benefit. They intend to re-engage further when the pharmacy team can put enough resource into the practice on a regular basis.

5.2.3. Going forward, in order to work towards a full Level 1 pharmacotherapy service, it is proposed to recruit an additional 2 WTE band 5 Pharmacy Technicians, at a cost of £89,566, to allow the Primary Care Pharmacy Team to deliver the required level of input to the practices.

5.3. Community Treatment and Care (CTAC)

5.3.1. The CTAC workstream involves taking work such as phlebotomy and wound care out of the mainland GP practices. From discussion amongst practices two Practices have agreed to participate in a test of change around the set-up of this service with other practices expressing an interest once the service is up and running. Currently however the financial situation means that further roll out of the service is unlikely. We do however have significant monies in reserves which the Scottish Government and the BMA are willing to consider us using these creatively to expand this service going forward.

5.3.2. The test of change would require the recruitment of 3 Health Care Support Workers to provide the phlebotomy aspect (1xWTE + 1x17.5h + 1x15h Band 3) and 13.5 hours of band 5 nursing hours for the wound management. Practices are willing to provide cover for all annual leave etc to keep the costs down and will also provide administrative support and appointment booking services to the service. The cost associated with 1 full time and 2 part-time HCSWs and 1 part-time nurse is £76,216.

5.4. Community Link Workers (CLW)

5.4.1. The IJB commissioned from Voluntary Action Orkney 1.5 WTE Community Link Worker (CLW) Service. Initially a significant induction and trial period was undertaken with the CLWs based in two GP Practices. The Link Workers commenced the service to patients in January 2020, and in September 2020 VAO commissioned and presented a review of the activity to date along with evidence of the key impacts of the service. The key findings of the review were very positive with significant benefits to both patients and services noted.

5.4.2. Currently the GP Practices are recommending an extension of this service from 1.5 WTE to 2.5 WTE so that patients of all practices can benefit from the service. The cost to recruit 1 full-time additional CLW is £43,478.

5.5. Vaccine Transformation Programme (VTP)

5.5.1. The IJB has previously commissioned the childhood vaccine programme, staff have recently been recruited and induction commenced. Scottish Government is currently placing a high priority on vaccination delivery. The Government likewise appreciates the additional workload GP Practices are currently experiencing as a result of COVID and as such are removing all responsibility for vaccines from Practices and onto boards from October 2021. There is an extended flu vaccination programme to be delivered this year along with COVID-19 boosters. An options paper was presented to the GP Sub-committee by the Public Health Department which relates only to the funding that would be currently required to provide the mainland GP Practice elements of the flu vaccines and the GP Sub-committee has agreed approval and are recommending we move to commissioning this service.

5.5.2. Given the short timeline it is imperative that this service is commissioned to allow NHS Orkney to plan and recruit the necessary workforce to be able to deliver this service from October.

5.5.3. It is proposed that the following staff are recruited, at a total estimated cost of £110,306 for the VTP:

- 0.5 WTE Lead Nurse Band 7 x 1.
- 0.5 WTE Health Care Support Worker Band 3 x 2.
- 1.0 WTE Administrator support Band 3 x 1.
- 0.3 WTE pharmacy technician Band 5 x 1.

5.6. A fuller explanation of the progress to date, risks and proposals can be found at Appendix 2 of this report.

6. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

| | |
|---|------|
| Resilience: To support and promote our strong communities. | Yes. |
| Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty. | No. |
| Equality: To encourage services to provide equal opportunities for everyone. | Yes. |
| Fairness: To make sure socio-economic and social factors are balanced. | Yes. |
| Innovation: To overcome issues more effectively through partnership working. | No. |
| Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process. | No. |
| Sustainability: To make sure economic and environmental factors are balanced. | No. |

7. Resource implications and identified source of funding

7.1. As the funding is based on the National Resource Allocation Calculation formula and as the smallest NHS board we are projecting a high risk of being unable to deliver all services as set out by the Memorandum of Understanding due to the funding allocation received. This risk is currently recorded within the IJB risk register.

7.2. In regard to the proposals detailed at sections 5.2 to 5.5 above, the total summary costs are as follows:

| Service. | £. |
|-----------------------------------|-----------------|
| Pharmacotherapy. | 89,566. |
| Community Treatment and Care. | 76,216. |
| Community Link Worker. | 43,478. |
| Vaccine Transformation Programme. | 110,306. |
| Post Costs. | 319,566. |
| Mileage, Venue and Stationery. | 13,000. |
| Total Proposed Costs. | 332,566. |

7.3. A further breakdown of proposals are as follows:

7.3.1. Pharmacotherapy

| | Band. | WTE. | £. |
|----------------------|--------------|-------------|-----------|
| Pharmacy Technician. | 5. | 2.0. | 89,566. |

7.3.2. Community Treatment and Care

| | Band. | WTE. | £. |
|------------------------------|--------------|-------------|----------------|
| Health Care Support Worker. | 3. | 1.00. | 32,193. |
| Health Care Support Worker. | 3. | 0.47. | 15,024. |
| Health Care Support Worker. | 3. | 0.40. | 12,877. |
| Nurse. | 5. | 0.40. | 16,122. |
| Total Proposed Costs. | | | 76,216. |

7.3.3. Community Link Worker

| | Band. | WTE. | £. |
|------------------------|--------------|-------------|-----------|
| Community Link Worker. | n/a. | 1.0. | 43,478. |

7.3.4. Vaccine Transformation Programme

| | Band | WTE | £. |
|------------------------------|-------------|------------|-----------------|
| Lead Nurse. | 7. | 0.5. | 32,485. |
| Health Care Support Worker. | 3. | 0.5. | 16,097. |
| Health Care Support Worker. | 3. | 0.5. | 16,097. |
| Administrator Support. | 3. | 1.0. | 32,193. |
| Pharmacy Technician. | 5. | 0.3. | 13,434. |
| Total Proposed Costs. | | | 110,306. |

7.4. The total allocations from Scottish Government on a yearly basis is as follows:

| Year. | 2018/19. | 2019/20. | 2020/21. |
|--------------------|-----------------|-----------------|-----------------|
| | £ | £ | £ |
| Opening Balance. | 0. | 103,964. | 265,579. |
| SG Income. | 220,754. | 266,311. | 533,044. |
| Expenditure. | (116,790) | (104,696). | (230,149). |
| Underspend. | 103,964. | 265,579. | 568,474. |
| | | | |

| | | | |
|-----------------------|---------|----------|----------|
| Reserves Held. | | | |
| IJB Reserves. | 76,938. | 90,042. | 568,474. |
| Scottish Government. | 27,026. | 175,537. | 0. |

7.5. If all of the proposals are accepted the funding will be spent as follows:

| Service. | Previously Approved. | Proposal. | Full Cost. |
|-----------------------------------|-----------------------------|------------------|-------------------|
| | £. | £. | £. |
| Pharmacotherapy. | 144,879. | 89,566. | 234,445. |
| Community Treatment and Care. | | 76,216. | 76,216. |
| Community Link Workers. | 58,780. | 43,478. | 102,258. |
| Vaccine Transformation Programme. | 44,783. | 110,306. | 155,089. |
| Additional Professional Roles. | 194,909. | | 194,909. |
| Post Costs. | 443,351. | 319,566. | 762,917. |
| Mileage, Venue and Stationery. | 0. | 13,000. | 13,333. |
| Total Costs. | 443,351. | 332,566. | 775,917. |

7.6. There has been confirmation from Scottish Government via email that Orkney's allocation for 2021/22 is £777,039. Therefore this proposal is within the allocated budget. Previously it has been expected that the funding within reserves is utilised in the first instance.

7.7. Within the letter dated 25 August 2020 from Scottish Government in regard to the Primary Care Improvement Fund Annual Funding Letter its states: *"We have previously committed to the PCIF growing from £55 million to £110 million in cash terms between 2019-20 and 2020-21 – this was set out in line with the figures provided for planning purposes in the Annual Funding Letter 2018-19 (23 May 2018). We remain committed to ensuring that, consistent with these previous commitments, funding is not a barrier to progress on Primary Care improvement."*

8. Risk and Equality assessment

8.1. There is a high risk that, in Orkney we will not be able to implement the improvements to Primary Care within the current funding allocation. There is also a risk that the perceived new workforce in Primary Care may prove difficult to recruit.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

| | |
|---|------|
| NHS Orkney. | Yes. |
| Orkney Islands Council. | No. |
| Both NHS Orkney and Orkney Islands Council. | No. |

10. Escalation Required

Please indicate if this report requires escalated to:

| | |
|---|-----|
| NHS Orkney. | No. |
| Orkney Islands Council. | No. |
| Both NHS Orkney and Orkney Islands Council. | No. |

11. Authors

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13. Supporting documents

13.1. Appendix 1: Scottish Government and BMA Update letter.

13.2. Appendix 2: Primary Care Improvement Plan Update.

13.3. Appendix 3: Draft Direction to NHS Orkney.

Joint Letter – GMS Contract Update for 2021/22 and Beyond



BMA

Prior to the Scottish LMC Conference, we want to take this opportunity to emphasise our continuing commitment to the 2018 General Medical Services Contract in Scotland document (“the Contract Offer” or “Blue Book”) and to reconfirm the investment commitment into general practice and primary care. Our experiences and those of the wider system during the pandemic have confirmed to us that the principles and aims contained within the Contract Offer remain the right ones - collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community.

We have achieved a great deal and it is important we do not lose sight of that. But we must recognise we still have some way to go. Nowhere is this clearer than in our efforts over the last two and a half years to deliver enhanced multi-disciplinary teams; a key commitment in the Contract Offer. This is why we intend to make the reforms we have made a permanent part of the support that you receive from NHS Boards and Health & Social Care Partnerships – by putting them on a contractual footing.

This presents a number of challenges as we will need to do it in such a way that continues the development of NHS Board-employed multi-disciplinary teams and the transfer of responsibility for services from practices to Health & Social Care Partnerships, as was originally intended in the Contract Offer. Patient safety will be paramount in our efforts to transform primary care and there can be no gap in service provision as a result of our proposed changes. On this basis, we have jointly agreed to the following approach for each of the multi-disciplinary team services committed to in the Contract Offer.

Vaccination Services – Vaccinations that are still in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, will be removed from GMS Contract and PMS Agreement regulations by 1 October 2021. All historic income from vaccinations will transfer to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services¹.

Whilst our joint policy position remains that general practice should not be the default provider of vaccinations, we understand that practices may still be involved in the delivery of some vaccinations in 2022-23 arrangements. Where this is necessary, it will be covered on a new Transitionary Service basis to be negotiated by SGPC and

¹ The Childhood Immunisation Scheme, the Influenza & Pneumococcal Scheme, the Meningitis B Immunisation Scheme, the Pertussis immunisation programme for pregnant and post-natal women, and the Shingles (Herpes Zoster) Immunisation Scheme.

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. 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.

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. 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. 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 (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) – 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.

Let us both be clear that we are not proposing to make any changes to practices' responsibilities to provide essential services. There may be times where it is appropriate for a practice to provide a service opportunistically such as wound care, phlebotomy or repeat prescriptions. GPs will also still retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration. But you will all have a contractual right to extended multi-disciplinary support in your communities as set out above. We also recognise that there will be by exception some practices in **remote and rural communities** where there are no alternatives to ongoing practice delivery identified through a satisfactory options appraisal. The Scottish Government and SGPC will negotiate a separate arrangement including funding for these practices.

We also want to be clear that transitional services are not our preferred outcome nor something we see as a long-term solution. We are keen for NHS Boards, Health & Social Care Partnerships and Board-funded GP sub-committees to do everything they can at local level to accelerate service redesign in the next 18 months. Regulation changes strongly signal our intent that GP practices will not be the default provider of these services in future and community multi-disciplinary teams will be a permanent part of the health and social care landscape. Throughout the process for making these changes, we will rely on your input, that of NHS Boards and Health & Social Care Partnerships as well as the public at large to ensure the changes proposed here are done in ways that remain true to the Contract Offer commitments. On this note, work will now begin between Scottish Government, the BMA, NHS

Boards and Health & Social Care Partnerships on updating the Memorandum of Understanding under which these services will be delivered.

We are also aware that whilst the focus of this letter has been on recommitting to and charting a course for the delivery of multi-disciplinary teams, we will however not enhance the sustainability of general practice through these steps alone. The Scottish Government remains committed to investing an additional £500 million per year in Primary Care by the end of this Parliament, including £250 million in direct support of general practice. It is important that we continue to have an updated understanding of the general practice workforce in itself and to that end, we commit to jointly analysing the workforce data provided by practices as soon as practical in 2021 as well as issuing a voluntary workload survey shortly. This will be an important part of the groundwork for delivering the expansion of GP numbers by 2027 that Scottish Government is committed to. Finally, we remain committed to Phase Two of the GP Contract and will analyse the earnings and expenses data previously provided by practices in 2021.

Our shared aim is to create for Scotland a world class publicly funded health care system which starts with General Practice and all the support networks around it. We look forward to further sharing our vision with you on how we make that happen with you at the Scottish LMC Conference.



Jeane Freeman

Scottish Government



Andrew Buist

British Medical Association

02 December 2020

Appendix 2:

Primary Care Improvement Plan

Update and New Proposals – February 2021.

Introduction

This paper aims to set out the initial assumptions that the changes to the GP Contract would bring to GPs and the wider GP patient population. This contract was voted and agreed by GPs across Scotland and came into effect in 2018.

Each IJB have produced a Primary Care Improvement Plan with our last updated one being discussed at the IJB in October 2019. This paper aim to set out progress to date and further options for the IJB to consider and agree as next steps to allow further implementation of the plan.

On a final note the paper aims to highlight the risks that the IJB are sitting with around funding and the current inability to be able to offer all aspects of the contract to all practices across Orkney.

Background

The new GP contract was initiated due to increased workload in GP Practices and the concern around the ability to recruit and retain GPs. The aim of the contract was to develop a more multidisciplinary professional team approach with patients being seen at first point of contact by e.g. physiotherapist, pharmacist, mental health nurse, advanced clinical practitioner instead of it always being a GP. This would leave the GPs to become more expert generalists at the helm who would be able to focus on:

- Undifferentiated presentations (patients who present with no diagnosis as yet).
- Complex care.
- Local and whole system quality improvement.
- Local clinical leadership.

The new GP contract was voted for and agreed by GPs and British Medical Association (BMA) in 2018. Prior to the agreement of this GP Contract separate discussions were also being held around the Transformation of the Vaccination Programme. Therefore, it was decided that elements of the vaccine transformation programme would be included within the new GP contract.

The GP Contract was launched as Primary Care transformation across Boards with the expectation that all changes would be implemented and in place by March 2021.

The original Memorandum of Understanding (MOU) for the GP contract instructed IJBs to work with the NHS Boards, GP Sub-committee and Local Medical Committee to agree a plan for how additional funds would be allocated in line with the contract framework before the end of the transition period at 31 March 2021.

It is fair to say that once planning and discussions took place NHS Boards and IJBs quickly came to realise that the funding envelope that came with the Memorandum of Understanding did not appear to be sufficient to fulfil all the requirements as laid out within the MOU and have been repeatedly raising their concerns. This issue is currently sitting on our IJB Risk Register. The Head of Primary Care has had her own discussions with Scottish Government over this issue and intends to pursue further.

Since our previous Primary Care Implementation Plan was developed there have been significant changes to planning assumptions around how we deliver GP services across Scotland. The COVID-19 pandemic has had a profound and long-lasting effect on the delivery of General Practice services. General Practice has remained open throughout the pandemic, continuing to support patients in the safest possible manner during exceptionally busy times. Primary Care now rely more on technology such as telephone and video consulting, to ensure safe distancing and the previous perceptions around consulting room, appointment timings and waiting areas require remodelling. NHS Boards are reporting issues recruiting staff who prefer to stay currently near their family and friends rather than travel further afield and risk being unable to visit due to lockdowns or restrictions.

Therefore, having surveyed NHS boards in October, the Cabinet Secretary for Health and Sport and the BMA issued a joint letter on 2 December 2020 reaffirming their commitment to delivering all the aims of the 2018 GMS contract. The aspiration is still to develop 'collaborative multidisciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community settings'. The joint letter has set out revised timescales to take account of the need to review planning assumptions post COVID-19 and in recognition that NHS Boards are finding it difficult at the current time to recruit the necessary staff to posts.

New Timescales

Vaccination Services

Will be required to be removed from the GMS contract by 1 October 2021. Transitional arrangements will be in place from 2022 onwards where implementation of the Vaccination Transformation Programme is not possible.

Pharmacotherapy

IJBs will be responsible for providing a Level One Pharmacotherapy service to all practices by 2022/23. Transitional arrangements will be in place from 2022 onwards where implementation of pharmacotherapy is not possible.

Community Treatment and Care Services (CTAC)

IJBs will be responsible for providing a Community Treatment Room service by 2022-23. Transitional arrangements will be in place from 2023 onwards where implementation of CTAC is not possible.

Urgent Care Service

IJBs will be responsible for providing an Urgent Care Service to practices for 2023/24.

Additional Professional Roles (Musculoskeletal, Community Link Workers, Mental Health)

Scottish Government and BMA will consider how best to develop these services at a practice level and will provide further updates.

The joint letter also stated that where services were not in place by the stated dates, practices would receive financial support, via “transitional arrangements” although the details around this support remain unclear and will be negotiated at a national level in due course.

Workstream Summary and Funding Proposals

The GP Sub-committee and Local Medical Committees have met and agreed their vision for commissioning of additional services. This recommendation was notified to the Head of Primary Care Services and the Chief Officer at the beginning of November 2020 and subsequently further advice required to be sought from the Scottish Government. In agreeing the proposed plan careful consideration has been given to each possible workstream and clinical priorities have been agreed within the limited funding available. Not every workstream was allocated the full funding that each clinical lead requested, but the GP Sub-committee and LMC are of the strong opinion that they have created a balanced and affordable plan. Likewise, not every practice will benefit from every workstream. The plan as detailed within this Plan has however been based on careful agreement between the local GP practices and their own practice clinical priorities.

All costings to date, proposed new costings and total underspend can be found in Table 1 of the Finance section.

Vaccination Transformation Services (VTP)

A recommendation for an NHS-delivered immunisation service using qualified nursing staff working within GP practice settings was submitted for consideration in July 2019. The service required support from GP administration staff for call/recall, GPs for clinical leadership and practice nurses to support training.

The option was approved on a limited basis by the IJB in October 2019 providing 1 whole time equivalent (WTE) of Band 5 nursing time to deliver the pre-school childhood immunisation programme and core adult immunisation programmes, pneumococcal and Herpes Zoster. This did not include seasonal influenza vaccinations, nor travel vaccinations. An options paper presented by Public Health regarding removal of flu vaccinations has now been agreed by the GP Sub-committee.

Currently VTP will be the first service that the GPs deliver which will be removed from their contract from October 2021 and become the responsibility of the IJB to commission so urgent consideration and discussion will need to be undertaken over the next three months to allow a smooth transition.

VTP – Recruit: 1 Lead Nurse, Band 7, 0.5 WTE; 2 Health Care Support Worker, Band 3, 0.5 WTE; 1 Administrator support, Band 3, 1.0 WTE; 1 Pharmacy Technician, Band 5, 0.3 WTE - **£110,306**.

Pharmacotherapy

Pharmacotherapy is aimed at transferring appropriate pharmaceutical tasks, most of which are currently undertaken by General Practitioners to the pharmacy team. The Primary Care Improvement Fund has previously been used to commission 1.0 WTE Lead General Practice Pharmacist and 1 WTE General Practice Pharmacist to work alongside the previous 0.8 WTE General Practice Pharmacist.

Pharmacotherapy tasks are defined by Levels 1 – 3, with Level 1 being classed as core activities such as re-authorisation of repeat and acute prescribing. Tasks within the core, level 1 activity have been rolled out across all practices, although given the limitations in available resources this could not yet be described as a full service. We also must note that one practice currently decided to no longer engage with the current service provision as they found the limited service on offer was unable to provide benefit. They intend to re-engage further when the pharmacy team can put enough resource into the practice on a regular basis.

Going forward, in order to work towards a full Level 1 pharmacotherapy service, it is proposed to recruit an additional 2 WTE Pharmacy Technicians to allow the Primary Care Pharmacy Team to deliver the required level of input to the practices.

Pharmacotherapy – Recruit: 2 additional full-time, Band 5, Pharmacy Technicians - £89,566.

Community Treatment and Care

The CTAC workstream involves taking work such as phlebotomy and wound care out of GP practices. From discussion amongst practices two Practices have agreed to a test of change of this service with other practices expressing an interest once the service is up and running.

The service would require the recruitment of 3 Health Care Support Workers to provide the phlebotomy aspect (1xWTE + 1x17.5h + 1x15h Band 3) and 13.5 hours of Band 5 nursing hours for the wound management. Practices are willing to provide cover for all annual leave etc to keep the costs down and will also provide administrative support and appointment booking services to the service. We will need to use PCIF reserve monies if we wish to expand this service further.

CTAC – Recruit: 1 full time and 2 part-time HCSWs, 1 part-time nurse - £76,216.

Urgent Care

Currently the Scottish Government are reviewing this area of the contract and we have been advised more information will be forthcoming. It is anticipated that this work will in the future be joined up with the unscheduled care work that is likewise taking place. Currently the financial situation means that a roll out of any service will be unlikely unless we receive additional funding.

Additional professional roles (MSK – First Contact Practitioner)

The IJB has previously commissioned 2 WTE of First Contact Practitioners (FCPs) working across the mainland GP practices.

The early plan for recruitment was to recruit 3 FCPs who would cover the 2 WTE in general practice and work the rest of their time within the MKS team at the Balfour Hospital. The hope was that this would create a more joined up service across primary and secondary care and improve patient continuity.

However, after three rounds of recruitment we have only managed to fill half of the planned sessions. This was largely down to the lack of fully skilled applicants. As of May 2021, we had a total of 9 half day sessions being delivered within the GP practices.

To allow GP Practices to access the full service the initial planning assumption has been revisited. As such a move of current staff will now allow 13 of the 18 sessions to deliver a first point of contact service within GP practices to be operational from June 2021.

At this time, we are not requesting any further recruitment over and beyond what has already been commissioned. However, should funding allow then additional sessions are required in this workstream to provide additional service capacity across the isles and this is currently being scoped..

Additional professional roles (Mental Health)

In October 2019 the IJB have previously commissioned 1 WTE First Point of Contact Mental Health Nurse to work within GP Practices across Orkney. A new postholder has just commenced in role in May 2021.

Scottish Government have again highlighted that they are reviewing this area of the contract. They anticipate that updated guidance will be sent out once more information is available. It is felt that it is recognised that additional investment is required for this area and we are hopeful this will allow expansion of this service at that time.

Community Link Workers

The IJB commissioned from Voluntary Action Orkney 1.5 WTE Community Link Worker (CLW) Service. Initially a significant induction and trial period was undertaken with the CLWs based in Heilendi and Stromness practices. The Link Workers commenced the service to patients in January 2020, and in September VAO commissioned and presented a review of the activity to date along with

evidence of the key impacts of the service. The key findings of the review were very positive with significant benefits to both patients and services noted.

Currently the GP practices are recommending an extension of this service from 1.5 WTE to 2.5 WTE so that patients of all practices can benefit from the service.

Community Link Workers – Recruit: 1 full-time additional CLW - £43,478.

Finance

Please find below full funding details for the proposed new posts, and an update of the IJBs current and projected financial status.

- **Pharmacotherapy** – Recruit: 2 additional full-time, Band 5, Pharmacy Technicians - £89,566.
- **CTAC** – Recruit: 1 full time and 2 part-time HCSWs, 1 part-time nurse - £76,216.
- **Community Link Workers** – Recruit: 1 full-time additional CLW - £43,478.
- **VTP** – Recruit: 1 Lead Nurse, Band 7, 0.5 WTE, 2 Health Care Support Worker, Band 3, 0.5 WTE; Administrator Support, Band 3, 1.0 WTE; 1 Pharmacy Technician, Band 5, 0.3 WTE - £110,306.

Additional Costs to be taken from Reserves.

| | |
|-------------------|--|
| Laptops x 9. | £9,000 (possibility some can come from Near Me budget if available 2021/22). |
| IT Software. | £7,125. |
| Mobile Phone. | £1,000. |
| Relocation Costs. | £8,000. |

Recurring Costs.

| | |
|--------------|---|
| IT Licences. | £13,000 (needs to be sourced by each individual services as cannot be used from PCIF monies). |
| Mileage. | £8,000. |
| Venue Hire. | £3,000. |
| Stationery. | £2,000. |

Proposed Primary Care Improvement Fund Spend

| Service. | Previously Approved. | Proposal. | Full Cost. |
|-------------------------------|----------------------|-----------|------------|
| | £. | £. | £. |
| Pharmacotherapy. | 144,879. | 89,566. | 234,445. |
| Community Treatment and Care. | | 76,216. | 76,216. |
| Community Link Workers. | 58,780. | 43,478. | 102,258. |

| Service. | Previously Approved. | Proposal. | Full Cost. |
|-----------------------------------|-----------------------------|------------------|-------------------|
| Vaccine Transformation Programme. | 44,783. | 110,306. | 155,089. |
| Additional Professional Roles. | 194,909. | | 194,909. |
| Post Costs. | 443,351. | 319,566. | 762,917. |
| Mileage, Venue and Stationery. | 0. | 13,000. | 13,333. |
| Total Costs. | 443,351. | 332,566. | 775,917. |

PCIP Reserves held from previous years under spend:

| Year. | 2018/19. | 2019/20. | 2020/21. |
|----------------------|-----------------|-----------------|-----------------|
| | £ | £ | £ |
| Opening Balance | 0. | 103,964. | 265,579. |
| SG Income | 220,754. | 266,311. | 533,044. |
| Expenditure | (116,790) | (104,696). | (230,149). |
| Underspend. | 103,964. | 265,579. | 568,474. |
| | | | |
| Reserves Held | | | |
| IJB Reserves | 76,938. | 90,042. | 568,474. |
| Scottish Government | 27,026. | 175,537. | 0. |

Risks

The proposals can be met within the confirmed allocation of £777,039 for 2021/22. It must be highlighted that all of these proposals does not meet all the criteria as laid out within the MOU. There is a risk at the current time that we may not be able to deliver all aspects unless additional funding becomes available.

Whilst the joint letter does speak of transitional payments in the event a service is not in place by the new timescales, we still have no knowledge of what these payments will be or how or what criteria is associated with these.

The deficit of available funding leaves us in a position currently where we are unable to provide a seamless nor equitable service to all practices and importantly patients across Orkney.

In Summary

Currently it is expected that in line with other boards across Scotland we will be unable to provide all services as laid out within the MOU due to funding constraints. We will continue to highlight our concerns to the Scottish Government. There is no guarantee that more money will become available to IJBs. It is expected that IJBs and NHS Boards will be required to be pragmatic and use existing service and resources to help achieve the expectations that are laid out within the MOU, set

against current IJB and NHS Board savings targets. As part of this we have not included changes or costings for providing Vaccines, or Treatment room changes across the outer isles as these are already delivered by the NHS Board. We do however expect the other services within the MOU to provide enhanced services to all patients across Orkney. We have to ensure that our finite resources are spent wisely, and that we use a collaborative approach between the IJB, the Health Board GP colleagues and other partners agencies to ensure we identify a local solution to support the sustainability of Primary Care with our GP colleagues whilst also ensuring we are meeting the needs of our patient population. Currently it is recommended that we proceed in line with the above approach, as recommended by the GP community.



Integration Joint Board Direction.

| | |
|--|--|
| Reference | 2021.04 – Primary Care Improvement Plan. |
| Date direction issued | 30 June 2021. |
| Date direction in effect from | Date to be determined by Integration Joint Board. |
| Direction issued to (delete as appropriate) | NHS Orkney. |
| Does this direction supersede, amend or cancel a previous direction – If yes, include reference number(s) | No. |
| Service area covered by direction | Primary Care. |
| Detail of Direction | <p>To recruit to the approved posts which are within the Primary Care Improvement Plan.</p> <p>Pharmacotherapy</p> <ul style="list-style-type: none"> • 2 whole-time equivalent (WTE) band 5 Pharmacy Technicians. <p>Community Treatment and Care (Budget £76,216)</p> <ul style="list-style-type: none"> • 3 Health Care Support Workers, Band 3, to provide phlebotomy services, comprising: <ul style="list-style-type: none"> ○ 1 x WTE post. ○ 1 x 17.5 hours per week. ○ 1 x 15 hours per week. • 13.5 hours of band 5 nursing hours for wound management. |

| | <p>Community Link Workers To commission</p> <ul style="list-style-type: none"> • 1 x 1.0 WTE Community Link Worker <p>Vaccine Transformation Programme:</p> <ul style="list-style-type: none"> • 1 x 0.5 WTE Lead Nurse, Band 7. • 2 x 0.5 WTE Health Care Support Worker, Band 3. • 1 x 1 WTE Administrator support, Band 3. • 1 x 0.3 WTE Pharmacy Technician, Band 5. | | | | | | | | | | | | | | | | |
|---|---|-----------------|-----------|------------------|---------|-------------------------------|---------|------------------------|---------|-----------------------------------|----------|-------------|-----------------|--------------------------------|---------|-----------------------------|-----------------|
| <p>Budget allocated for this direction</p> | <p>The full level of funding is £332,566 which includes costs for on costs such as mileage, venue and stationery. The budget is allocated as follows:</p> <table border="1" data-bbox="943 687 1753 1126"> <thead> <tr> <th>Service.</th> <th>£.</th> </tr> </thead> <tbody> <tr> <td>Pharmacotherapy.</td> <td>89,566.</td> </tr> <tr> <td>Community Treatment and Care.</td> <td>76,216.</td> </tr> <tr> <td>Community Link Worker.</td> <td>43,478.</td> </tr> <tr> <td>Vaccine Transformation Programme.</td> <td>110,306.</td> </tr> <tr> <td>Post Costs.</td> <td>319,566.</td> </tr> <tr> <td>Mileage, Venue and Stationery.</td> <td>13,000.</td> </tr> <tr> <td>Total Proposed Costs</td> <td>332,566.</td> </tr> </tbody> </table> | Service. | £. | Pharmacotherapy. | 89,566. | Community Treatment and Care. | 76,216. | Community Link Worker. | 43,478. | Vaccine Transformation Programme. | 110,306. | Post Costs. | 319,566. | Mileage, Venue and Stationery. | 13,000. | Total Proposed Costs | 332,566. |
| Service. | £. | | | | | | | | | | | | | | | | |
| Pharmacotherapy. | 89,566. | | | | | | | | | | | | | | | | |
| Community Treatment and Care. | 76,216. | | | | | | | | | | | | | | | | |
| Community Link Worker. | 43,478. | | | | | | | | | | | | | | | | |
| Vaccine Transformation Programme. | 110,306. | | | | | | | | | | | | | | | | |
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| Mileage, Venue and Stationery. | 13,000. | | | | | | | | | | | | | | | | |
| Total Proposed Costs | 332,566. | | | | | | | | | | | | | | | | |
| <p>Outcome(s) to be achieved, including link to Strategic Plan</p> | <p>This is to achieve some of the six specific key areas of change within the Memorandum of Understanding which outcome is to allow for a new multi-disciplinary way of working within GP Practices.</p> <p>This new contract was agreed and moves away from patients always accessing services via a GP consultation. In future GP Practices will provide patient consultations via a skill mix of professionals with the GPs being freed up to concentrate on areas of more complex care.</p> | | | | | | | | | | | | | | | | |

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|----------------------------------|---|
| How will this be measured | This will be scrutinised by the GP Sub Committee and further reports to the IJB on progress of implementing the requirements within the Primary Care Improvement Plan (PCIP). |
| Date of direction review | Annual, unless required otherwise. |