AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date: 20 September 2021**
Report By:	**Allen Stevenson Interim Chief Officer Inverclyde Health & Social Care Partnership**	**Report No: IJB/37/2021/AS**
Contact Officer	**Head of Service: Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715212**
Subject:	**UPDATE ON IMPLEMENTATION OF PRIMARY CARE IMPROVEMENT PLAN**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on progress and the financial plans associated with implementation of the Primary Care Improvement Plan.

2.0 SUMMARY

2.1 A report was presented to the Integration Joint Board in May 2021 outlining challenges faced with regard to implementing the Memorandum of Understanding (MOU) and updating on the joint letter from Scottish Government and British Medical Association received in December 2020.

2.2 Subsequently, an updated Memorandum of Understanding (MOU 2) was published in August 2021. This confirms the priorities outlined in the December 2020 letter and states that Scottish Government and Scottish General Practitioners Committee will develop principles on how transitionary arrangements and payments will work by the end of summer 2021.

2.3 Since the last update the HSCP has collated feedback from all GP practices and progressed plans around Vaccinations, Urgent Care and Community Treatment and Care Services.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board note the update and plans for financial balance.

3.2 The Integration Joint Board agree the current plans for implementation of the Primary Care Improvement Plan.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 In May 2021 the Integration Joint Board was updated on the challenges to implementation of the Primary Care Improvement Plan including factors associated with the Covid pandemic, recruitment, retention and finance.

4.2 In December 2020 the Scottish Government and BMA issued the "Joint Letter- the GMS Contract Update for 2021/22 and Beyond" and this has now been followed up with the MOU2. The MOU2 confirms the ongoing commitment to all six original MOU areas but with a clear focus on the three key areas of Vaccination Transformation Programme, Pharmacotherapy and Community Treatment and Care Services during 2021/22. The MOU2 is also clear on the requirement to ensure primary care improvement is closely connected to other improvement programmes and investment streams such as Mental Health (Action 15) and unscheduled care.

4.3 The MOU2 does not provide any further clarity on the nature of proposed transitionary payments introduced in the December 2020 letter and this is now expected by the end of summer 2021. Such payments will be expected where practices do not benefit from implementation of the prioritised commitments by the end of this financial year.

4.4 A review of our existing plan has taken place in conjunction with local GPs and the local LMC representative.

Key things practices told us:

- Continue to roll out Advanced Nurse Practitioners (ANPs) in support of urgent care and consider whether other models of delivery not limited to home visiting may be appropriate
- There was general support for developing a Pharmacotherapy hub to deliver level 1 services however some practices expressed concerns. GPs wish to have Pharmacotherapy services expanded urgently.
- There is support for providing health care Support Workers (HCSW) to work within practices to deliver phlebotomy and some other chronic disease functions. GPs also want to see expansion of CTAC services urgently.
- All practices wish to see further roll out of the Advanced Practice Physiotherapy roles however most practices are happy to see a different model developed such as a hub or telephone advice service.
- Review the Distress Brief Interventions Service after the summer to consider if this is providing the expected outcomes and review long term funding commitment for the PCIF.

4.5 **Updates to delivery of priority areas**

<u>The Vaccination Transformation Programme (VTP)</u>

GP practices across NHSGG&C will no longer be the default providers of flu and Covid 3rd dose vaccinations. The HSCP will remain responsible for delivering vaccinations to housebound individuals and the board will remain responsible for all other groups either through mass clinic venues or specialist teams/ services (eg. Maternity services or children's teams). Recruitment to a vaccination team including a lead nurse and business support is underway. This will initially be on a fixed term 6 month basis and will allow time for us to consider how we implement this on a permanent basis in future. The delivery of Covid 3rd doses and the extended flu cohorts require additional funding from Scottish Government as these were not part of the originally agreed VTP.

A once for Scotland solution for travel health will be developed by the national Travel Health sub-group.

4.6 Pharmacotherapy Services

We continue to explore all available opportunities for skill-mix and the development of a hub for Level 1 workload which would provide economy of scale and better use of technician level staff, freeing up capacity to ensure full implementation of Level 1 workload and providing additional cover for practices when staff are on leave. This will enable renewed focus on level 2 and 3 implementation. A board- wide Task and Finish group and a local working group have been convened however Pharmacotherapy remains our most significant delivery challenge both from a financial and a staff recruitment and retention aspect we continue to see significant impact of staff turnover and maternity leave. The most up to date modelling provided by NHSGG&C Pharmacy Directorate suggests we would require in the region of £2m to deliver the full MOU commitments against a total Inverclyde Primary Care Improvement Fund of £2.5m. Pharmacotherapy spend currently accounts for almost ¼ of total PCIP spend and this would be an increase of 3 ½ times the current spend.

4.7 Community Treatment & Care Services (CTAC)

A stock take of progress following implementation of the Treatment Room review and impact of Covid on clinical delivery has been undertaken and a working group and development plan are in place. Recruitment is underway for HCSW and Nurse lead posts and we are now testing our model of delivering phlebotomy in practices. Planned building works within Gourock Health Centre are almost complete and works will commence in Port Glasgow to upgrade the Lithgow Wing to provide 4 additional rooms. Additional business support and nursing posts will be advertised to support this expansion. It is difficult to quantify the amount of workload and appointments which we require to shift from practices as general practice data remains difficult to obtain and demand across practices fluctuates however we will keep our planned model under review via the working group.

4.8 Urgent Care (Advanced Practitioners)

Recruitment is underway for a Lead ANP and once this is complete we will begin to advertise the remaining posts and hope to achieve full complement by the end of the financial year. How these will be deployed and the speed at which we can progress our plans to provide additional home visiting and consider other options will largely depend on the outcome of recruitment to qualified or trainee posts and the level of support and development these clinicians will require. We had hoped with the addition of the Lead ANP post, to increase our compliment of ANPs from 7.5wte to 8.5wte however funding does not allow for this (section 5.1)

4.9 **Updates to delivery of non-priority areas for 21/22 and future years**

Additional Professionals -Advanced Physiotherapy Practitioners

Eight of our thirteen practices currently have access to this service and we will not prioritise further roll out at this time as per the MOU2. As with other HSCPs, we are engaging with the board Physiotherapy leads to explore future options for this service.

4.9.1 Additional Professionals – Mental Health

The Distress Brief Interventions (DBI) service is currently being delivered by SAMH and NHSGG&C have indicated that full commissioning of this cannot take place until 2023 when their capcity allows. The implementation group will provide an evaluation before the end of 2021 and we will consider this along with Mental Health colleagues in relation to agreeing options for longer term funding.

4.10 Community Link Workers (CLW)

No Change- Community Link Workers remain in place via the commissioned CVS Inverclyde service within all 13 practices. Funding for Welfare Rights officers is being made available from Scottish Government to support nine out of the thirteen practices.

5.0 IMPLICATIONS

5.1 FINANCE

Inverclyde was expected to receive £2,557,000 Primary Care Improvement Fund in 21/22 however our actual allocation due to a change in NRAC is £2,527,000. This has been raised as a concern nationally by Chief Financial Officers and LMC representatives as funding and associated spend was set according to a 5 year plan which was not expected to change.

Earmarked reserve and part year costs of posts mean that in 21/22 we will achieve financial balance however detailed planning by Inverclyde HSCP taking in to account full delivery of all MOU commitments including the updated planning provided by Pharmacy shows that going forward we would require an estimated full year spend of £4.3m (below) against funding of £2,527,000. This was reported to Scottish Government via the PCIP tracker as the required level of funding for Inverclyde HSCP.

Estimated Costs of Full Delivery of all MOU commitments

SERVICE/ OTHER	Estimated Full Year Cost £
Vaccination Transformation Programme	350,597
Pharmacy	2,116,728
Advanced Physiotherapy	278,885
Phlebotomy CTAC	599,621
Advanced Nurse Practitioner	570,683
Community Links Workers	267,475
Supervision and management	91,895
Mental Health	50,000
ESTIMATED SPEND	**4,325,883**

5.1.1 In order to achieve financial balance we propose to:

- Hold any further development of Advanced Physiotherapists
- Prioritise the development of the Pharmacotherapy Level 1 hub, releasing efficiencies to increase delivery of Level 2 & 3 service and acknowledge that we will be unable to invest further in Pharmacotherapy
- Keep ANP compliment at 7.5wte, do not increase to 8.5wte
- Develop and review CTAC services model via working group and where possible reduce costs by continuing to refine staffing model over next 6 months
- Review the outcomes associated with the DBI service and consider long term funding arrangements with mental health services

As already highlighted, the unexpected reduction in NRAC funding of £30,000 is also impacting our ability to achieve financial balance therefore if we continue to fund the DBI service in the long term from PCIF this delivers a future overspend of £50,000 as below. If we agree with mental health services to continue to fund this service then we will be required to further cap planned posts/ developments within CTAC and ANP.

Current Proposed Delivery Option

SERVICE/ OTHER	Estimated Full Year Cost £
Vaccination Transformation Programme	350,597
Pharmacotherapy	608,177
Advanced Physiotherapy	177,618
Phlebotomy CTAC	556,505
Advanced Nurse Practitioner	504,668
Community Links Workers	267,475
Supervision and management	91,895
Mental Health	50,000
ESTIMATED SPEND	**2,606,934**
PCIF	**2,557,000**
OVERSPEND	**49,934**

LEGAL

5.2 There are no legal issues raised in this report.

HUMAN RESOURCES

5.3 Workforce remains a significant challenge which PCIP leads have raised consistently with Scottish Government over the past three years. MOU2 states a Task and Finish group will be convened to oversee planning and pipeline projections.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the

	right profession at the right time should improve.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Specific education and sessions around the range of primary care services is underway.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	A wider MDT approach with additional/ extended skills to positively supporting individuals.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access and support within the communities with greatest need.

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Development of the MDT and additional investment will support practices and GPs to continue deliver primary care consistently and effectively.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with

- Local General Practitioners and their teams
- Primary Care Implementation Group

8.0 BACKGROUND PAPERS

8.1 Memorandum of Understanding 2

Appendix 1

Memorandum of Understanding (MoU) 2

GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards

Introduction

The 2018 GP Contract Offer ("the Contract Offer") and its associated Memorandum of Understanding ("MoU") was a landmark in the reform of primary care in Scotland. The principles and values expressed in it remain undiminished, and three years on we now have considerable learning and experience to draw on to inform this next iteration of the MoU. Our key aim remains expanding and enhancing multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes. We remain committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care.

This revised MoU for the period 2021-2023 between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS Boards refreshes the previous MoU between these parties signed on 10 December 2017. The MoU Parties recognise we have achieved a great deal and it is important we do not lose sight of that. But we must recognise we still have a considerable way to go to fully deliver the GP Contract Offer commitments originally intended to be delivered by April 2021. It also reflects the early lessons as we continue to respond collectively to the Covid-19 pandemic, recognising the full extent of its impact is still to be understood. While this MoU runs until 31 March 2023, the National GMS Oversight Group will review progress in March 2022 to ensure it remains responsive to the latest situation.

The focus of this renewed Memorandum of Understanding remains the delivery of the General Practice Contract Offer, specifically the transfer of the provision of services from general practice to HSCP/Health Boards. Delivery of the GP Contract Offer should be considered in the wider context of the Scottish Government's remobilisation and change programme across the Scottish national health and social care landscape, including the four overarching Care and Wellbeing Programmes and the National Care Service (NCS). These programmes encompass Place, Preventative and Proactive Care, Unscheduled and Integrated Planned Care and together with the NCS seek to improve national system wide outcomes for population health, connect better with citizens and remove silos between health and other public sector bodies, and reduce health inequalities. The National GMS Oversight Group will consider at a national level the synergies between these Programmes of work and delivery of the GP Contract Offer. The National GMS Oversight Group will proactively develop policy and funding proposals to improve healthcare system co-ordination, collaboration, and patient outcomes.

Priorities

Multidisciplinary Team – Prioritised Services for 2021/22

Implementation of multidisciplinary team working should remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

All six MoU areas remain areas of focus for the MoU signatories. However, following the joint SG/SGPC letter of December 2020, the parties acknowledge that the focus for 2021-22 should be on the following three services.

Vaccination Transformation Programme

GP practices will not provide any vaccinations under their core contract from 1 April 2022. All vaccines provided under Additional Services will be removed from the Additional Services Schedules of the GMS Contract and PMS Agreement regulations in October 2021. All historic income from vaccinations will transfer to the Global Sum in April 2022 including that from the five historic vaccination Directed Enhanced Services. The Vaccine and Immunisations Additional Service is broader than the Travel Vaccinations that are part of the Vaccination Transformation Programme. The Travel Health sub-group will consider how these remaining vaccinations[1] will be transferred from GP delivery.

Boards have assumed overall logistical responsibility for implementing vaccination programmes, facilitated through national digital solutions such as the vaccination management tool and NVSS appointment system. Learning from the delivery of last year's adult seasonal flu and pneumococcal programme, as well as the ongoing Covid-19 vaccination programme, should be capitalised on to ensure the implementation of the programme in full by April 2022.

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[1] Note that additional service vaccines relate only and specifically to:

Anthrax – to be offered to those identified as coming into contact with an identifiable risk of Anthrax, mainly those coming into contact with imported animal products

Hepatitis A – for those in residential care or an educational establishment who risk exposure if immunisation is recommended by the local director of public health

Measles, Mumps and Rubella (MMR) – For women who may become but are not pregnant and are sero-negative and for male staff working in ante-natal clinics who are sero-negative

Paratyphoid – Note no vaccine currently exists

Rabies (pre-exposure) – For lab workers handling rabies virus; bat handlers; and persons who regularly handle imported animals

Smallpox – Note the vaccine exists but is not available to contractors

Typhoid – For hospital doctors, nurses and other staff likely to come into contact with cases of typhoid and lab staff likely to handle material contaminated with typhoid organisms

Although general practice should not be the default provider of vaccinations, we understand that a very small number of practices may still be involved in the delivery of some vaccinations in 2022-23 and thereafter. There will be transitionary service arrangements in the regulations for practices in areas where the programme is not fully complete as well as permanent arrangements for those remote practices, identified by the options appraisal, where there are no sustainable alternatives to practice delivery.

The Travel Health sub-group will be reconvened to develop a Once for Scotland solution with substantial input from local areas, particularly on delivery of travel vaccinations. This solution will be determined by October 2021 and put in place by April 2022. This will also be covered by transitional arrangements in the regulations.

GPs will retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration.

Pharmacotherapy

All parties acknowledge the progress that has been made with the majority of practices receiving some pharmacotherapy support.

Managing acute and repeat prescriptions, medicines reconciliation, and the use of serial prescribing (which form a substantive part of the level one service described in the GP Contract Offer) should be delivered principally by pharmacy technicians, pharmacy support workers, managerial, and administrative staff. Progress with all parts of the level one service should be prioritised to deliver a more manageable GP workload.

In tandem, focus on high-risk medicines and high risk patients, working with patients and using regular medication and polypharmacy reviews to ensure effective person-centred care are being delivered principally by pharmacists (the levels two and three described in the Contract Offer). This is helping manage this demand within GP practices and developing a sustainable service which will attract and retain pharmacists and further develop MDT working in Primary Care.

Whilst the Contract Offer and Joint Letter emphasise implementing the level one pharmacotherapy service, there are interdependencies between all three levels that require focus on the delivery of the pharmacotherapy service as a whole.

Regulations will be amended by Scottish Government in early 2022 so that NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by April 2022. The use of medicines to treat and care for patients will remain an important part of GP work. The delivery of electronic prescribing is an essential requirement for all involved in prescribing, which will be prioritised by the ePharmacy Programme Board, supported by National Services Scotland and the NES Digital Service. Greater local standardisation and streamlining of prescribing processes in collaboration with GP subcommittees / Local Medical Committees will help enable delivery of a consistent service across practices. The national Pharmacotherapy Strategic Implementation Group will design and support the ongoing development of the pharmacotherapy service in line with existing contract

agreements, enabling a national direction of travel with local flexibility supported by agreed outcome measures. The group will develop guidance to clearly define GP, pharmacist, pharmacy technician, managerial and administrative staff roles in the overall prescribing process and will report to the National GMS Oversight Group. The guidance will be agreed with SGPC to ensure it is consistent with the requirements of the GMS contract agreements and will ultimately be ratified by the National GMS Oversight Group.

NHS Directors of Pharmacy, supported by National Education Service for Scotland, will support the delivery of national workforce plans that will reflect the staffing requirements of the pharmacotherapy service, in particular what is required for delivery of a level one service for each practice and the appropriate use and mix of skills by pharmacy professionals. This will be overseen by the Chief Pharmaceutical Officer and link into the wider Scottish Government workforce directorate plans

CTAC

Regulations will be amended by Scottish Government in early 2022 so that Boards are responsible for providing a Community Treatment and Care service from April 2022.

These services will be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients.

The previous MoU outlined that Community Treatment and Care Services include, but are not limited to, phlebotomy, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, suture removal, ear syringing and some types of minor surgery as locally determined as being appropriate. Given this service draws primarily on a nursing workforce, local areas should also consider how CTAC services and the Vaccination Transformation Programme could be aligned to increase the pace of implementation and efficiency.

Healthcare Improvement Scotland will establish a CTAC implementation group to help build mutual understanding as well as share best practice in the delivery of CTAC services. This Group will report to the National GMS Oversight Group.

Other Multi-Disciplinary Team Services

Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, but the expectation for 2021-22 is that their further development, where required, may progress at a slower pace to allow the commitments around VTP, CTAC and pharmacotherapy to be accelerated. Their development should also take into account wider system redesign, and opportunities to make connections and add value by exploring the joining up of pathways.

Urgent Care – The Scottish Government will bring forward secondary legislation so that Boards are responsible for providing an Urgent Care service from 2023-24.

Evidence from the Primary Care Improvement Plans suggests there is variation in how this service is being delivered.

Further guidance will be provided by the National GMS Oversight Group on delivery of this commitment in advance of April 2022. Consideration in particular will need to be given about how this commitment fits into the wider system Redesign of Urgent Care work currently in progress.

Community Link Workers – Link workers have proved valuable in helping deliver better patient outcomes, addressing financial exclusion and helping patients access support, particularly in areas of multiple deprivation, as well as improving linkages with the third sector. Consideration will need to be given by April 2022 as to how the Link Worker workforce interfaces with the Scottish Government's commitment to delivering 1,000 Mental Health Link Workers by the end of this Parliament.

Additional Professional Roles – MoU Parties will consider how best to develop the additional professional roles element of the MoU by the end of 2021. In particular with Mental Health, there is a need to consider how PCIF funded posts interface with Action 15 funded posts as well as new policy commitments for mental health. The Primary Care Mental Health Development group in Scottish Government is taking this consideration forward. Separate to this MoU and the arrangements in place to fund it, the commitment of additional Mental Health Link Workers is currently being considered in the context of the locally led model proposed by the Mental Health in Primary Care Short Life Working Group.

Expert Medical Generalist Role

The Contract Offer set out a re-focussed role for the GP, working as part of an extended multidisciplinary team as an expert medical generalist (EMG):

"This role builds on the core strengths and values of general practice-expertise in holistic, person-centred care-and involves a focus on undifferentiated presentation, complex care including mental health presentations and whole system quality improvement and leadership. All aspects are equally important. The aim is to enable GPs to do the job they train to do and enable patients to have better care."

The EMG role is not a new role, but the time GPs can commit to being EMGs is to an extent contingent on the delivery of MDT services and the identified need for 800 additional GPs by 2027 to meet Scotland's current health needs.

Feedback to date suggests there is variation in the understanding on how the EMG role works in practice and what else can be done to support GPs in this role. A group consisting of the MoU parties and a wider range of stakeholders, including NES and RCGP, will examine how GPs can be supported in this role and will publish a report of its findings by the end of 2021.

Transitionary Arrangements

Following Regulation change, HSCPs and Health Boards will be responsible for providing vaccination, pharmacotherapy and CTAC services to patients and GP practices.

GP practices will support HSCPs and Health Boards to provide MoU services in two ways to help ensure patient safety:

- The treatment of patients requiring medical care that is immediately necessary such as an immediate need for wound care, phlebotomy or repeat prescriptions. HSCP/Health Board MoU service provision must minimise the need for immediately necessary support from GP practices.
- Temporary support of routine MoU services, where necessary, under transitionary service arrangements from 1 April 2022.

Consistent with the commitments of the joint letter, SG and SGPC will negotiate transitionary service and payment arrangements where practices and patients still do not benefit from nationally agreed levels of HSCP/HB vaccination, pharmacotherapy, and CTAC services after 1 April 2022.

Transitionary service arrangements are not the preferred outcome of MoU parties, or something we see as a long-term alternative. All parties locally should remain focused on the redesign of services and delivery of the MoU commitments and transitionary arrangements should not be seen as a desired alternative.

Scottish Government and SGPC will develop a set of principles for how transitionary services and payment arrangements will work in practice by the end of Summer 2021. Acknowledging the invaluable expertise of Health Boards and Health and Social Care Partnership they will be fully consulted in the development of this work via the Oversight Group.

Funding

Integration Authorities should endeavour to ensure that ring-fenced Primary Care Improvement Fund ("PCIF") funding supports the delivery of the three priority areas for 2021-22 before further investment of PCIF monies in the other MoU commitments. Other services delivered to date, or planned and signed off by the IJB, should continue to be maintained and only developed where there is available funding to do this.

The MoU parties are committed to determining the full cost of delivering MoU services and refining the evidence base for this purpose. The Primary Care Improvement Plan Trackers have been amended to reflect this. All MoU parties are committed to developing an integrated PCIF proposition for financial years 2022-25 by Autumn 2021 for evaluation and approval by Scottish Ministers utilising Value for Money principles and a methodology that assumes at least £155m of funding per annum uprated in line with inflation, which will include increases in staff pay as set by the Scottish Government.

NHS Boards and Integration Authorities should also assume that the PCIF and any associated reserves would meet any funding required for transitionary service arrangements negotiated between Scottish Government and SGPC. Boards and Integration Authorities should also consider where wider resources may support the delivery of MoU services as well as other earmarked funds such as Action 15 monies.

Any change to the scope of the Primary Care Improvement Fund will be agreed jointly by MoU Parties. The present scope of the call on the PCIF remains unchanged, except for the inclusion of costs of transitionary services, by this MoU and it is expected that any further increase in scope will be supported by additional resources.

GP Subcommittee participation in the development of PCIPs has been enabled to date by dedicated annual funding to support their work. For planning purposes, partners should assume that this funding will continue for the duration of this MoU period.

Governance

Primary Care Improvement Plans

Primary Care Improvement Plans ("PCIPs") will continue to be developed locally in collaboration between Integration Authorities, Health Boards and GP Sub-Committees and will be agreed with Local Medical Committees. Six monthly trackers will be provided to the Scottish Government to allow for national analysis to be produced.

In remote and rural areas, the rural options appraisal process has also been developed to determine whether it is necessary for the anticipated small number of local GP practices to continue delivering MoU services due to their specific remote/rural circumstances. Options appraisals should be developed as part of the PCIP process and submitted to the National GMS Oversight Group for review.

Written plans only go so far in providing intelligence nationally on service redesign. A Primary Care Improvement Leads group has been convened to share best practice on implementation of MoU services as well as feed into Oversight Group discussions. The Scottish Government is also committed to holding informal meetings with 31 HSCPs and Health Boards where appropriate by the end of 2021 to gain understanding of on the ground issues and listen to what further support can be provided to accelerate implementation locally.

Oversight Group

The National GMS Oversight Group will continue to oversee implementation of this MoU and the commitments in the national Contract and will be reinvigorated to allow it to fulfil its originally envisaged role of providing proactive intervention and support where necessary to implement the contractual arrangements outlined in this MoU within the agreed timescales. A key function will be to assess the extent to which additional resources and workforce are required to deliver the MoU services. As we

enter a new administration, the Oversight Group's Terms of Reference will need to be refreshed to ensure it complements and links with future primary care reform programmes and governance structures.

The individual responsibilities of the parties to the MoU established in the previous MoU continue to form the basis by which each party will contribute to the ongoing work of contract implementation.

Enablers

The MoU parties recognise that progressing work on key enablers is fundamental to delivering this MoU – workforce, data requirements, digital and premises.

Workforce

MoU implementation relies on having access to an available workforce. Partners recognise the current constraints that a finite workforce has on planning for service transfer and that the pandemic will likely have a significant impact on the development of workforce.

Workforce planning and pipeline projections, building on the primary care improvement plan trackers, are required to support the delivery of the MoU. A 'task and finish' group will be established involving all 4 partners (Integration Authorities represented by Chief Officers, Scottish Government, BMA and NHS Boards) to direct and oversee this work. The Group will be a sub-group of the National GMS Oversight Group and its recommendations will be used to inform the next iteration of the National Health and Social Care Integrated Workforce Plan.

Data-Driven Delivery

The pandemic has further highlighted the need for consistent, good quality data on which can be made available to the practice, the cluster, the Integration Authority and collated nationally to support sustainability, planning and the evolution of the extended multidisciplinary team. It is also important as a means to developing more robust interface working. The MoU parties place particular focus on the following areas:

Workforce – the GP Practice Workforce Survey will be run on an annual basis by NSS. Alongside the primary care improvement trackers, this will give us a comprehensive overview of GP workforce capacity. All parties to the MoU support this activity.

Activity – PHS has been carrying out a temporary weekly survey of activity of GP practices. The MoU parties are committed to developing long-term solutions for the extraction of activity data from general practice.

Quality – It was agreed as part of the Contract Offer that GP practices would engage in quality improvement planning through clusters. This should be supported by a national quality dataset. An initial version of this dataset will be agreed in Summer 2021. This will aid local service planning, and future MDT development.

Premises

It is acknowledged that with an increase in MDT working that premises will need to be able to support new ways of working that support more care/services being provided closer to home. Consideration should be given to remote, blended as well as co-location in considering implementation of MDT Services.

We remain committed to supporting the agreed National Code of Practice for GP premises and a shift to a new model in which GPs no longer will be expected to provide their own premises. Assistance to GPs who own their premises is being provided through the GP Premises Sustainability Fund.

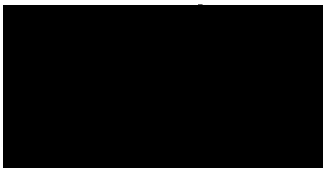
Digital

Developing systems that facilitate the seamless working of extended Board-employed multidisciplinary teams linked to GP Practices is fundamental to the delivery of this MoU.

As part of this, NHS Boards have commissioned a procurement competition to provide the next generation of GP clinical IT systems for GPs in Scotland. This commitment is ongoing with the first product becoming available in Autumn 2021. All signatories recognise the need to progress the rollout of these clinical systems at pace.

Signatories

Signed on behalf of the Scottish General Practitioners Committee, BMA

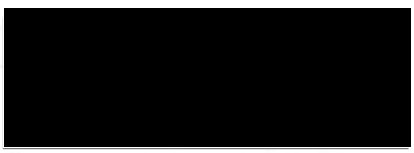


Name: Andrew Buist, Chair, Scottish General Practitioners Committee, BMA
Date: 30 July 2021

Signed on behalf of Health and Social Care Partnerships

Name: Judith Proctor, Chair, Health and Social Care Scotland
Date: 30 July 2021

Signed on behalf of NHS Boards



Name: Ralph Roberts, Chair, Chief Executives, NHS Scotland
Date: 30 July 2021

Signed on behalf of Scottish Government

Name: Tim McDonnell, Director of Primary Care, Scottish Government
Date: 30 July 2021