

Report

Primary Care Transformation Programme

Edinburgh Integration Joint board

24 May 2019

Executive Summary

1. This report updates the Edinburgh Integration Joint Board (EIJB) on the implementation progress made since investment funds were first made available to establish the Primary Care Transformation (& Stability) Programme in June 2017. The EIJB made further funds available the following year, with support for the Edinburgh Primary Care Improvement Plan in June 2018.

Recommendations

2. The Edinburgh Integration Joint Board is asked:
 - i. To note the progress made in investing the funding made available directly by NHS Lothian from June 2017 and the Scottish Government Primary Care Improvement Plan (PCIP) (New Contract) funds from July 2018. 83.56 wte additional staff had been 'injected' into Primary Care in Edinburgh as at 31 March 2019, alongside a range of other supportive investments.
 - ii. To agree this report as the basis of the PCIP update submission required by Scottish Government and note that standard returns were submitted in April to comply with the national timetable.
 - iii. To support the continuing role of the Edinburgh Primary Care Leadership and Resourcing Group, as instrumental in deploying the available resources and ensuring the involvement and support of primary care across Edinburgh.
 - iv. To note the agreement reached (decision confirmed at Leadership & Resources 16 April 2019) with Edinburgh GPs in April 2019, on a 'fair' investment of the total PCIP resource across all 70 City practices.
 - v. To note that this report has been developed through consultation and discussion with the Leadership & Resourcing Group, with the NHS Lothian Oversight Group and with the Lothian GP Sub Committee, whose

representatives have remained active contributors throughout this process. The report was considered and supported at the EH&SCP Strategic Planning Group on 26 April 2019.

- vi. To endorse proposals for 2019/20 implementation.

Background

3. A paper was brought to the EIJB in June 2017, requesting support for primary care resources made available by NHS Lothian, to be used to address what was increasingly regarded as a crisis in primary care in Edinburgh. A lack of medical capacity and increasing population had combined to result in several GP practices being unable to continue, and urgent actions had to be put in place to protect patient care.
4. The EIJB gave full support to the 5 recommendations proposed, and implementation of the Edinburgh Primary Care Transformation (and Stability) Programme (T&S) began.
5. In early 2017, Scottish Government directed resources to be used to support professional development in pharmacotherapy, the implementation of 'Pharmacy First', and to begin to explore how pharmacists could directly support clinical work within primary care. c£1.0M was made available and began to be invested in Edinburgh during this year.
6. In September 2017, Scottish Government asked Edinburgh to accelerate the implementation of a new 'Linkworker Network,' in partnership with the local Third Sector led by EVOC. All Linkworkers were employed and had undergone induction by the end of the calendar year. The full year cost of this investment was c£680K.
7. In November 2017, the Scottish Government and representatives of the BMA Negotiating Committee launched the long awaited new Scottish GMS Contract offer for a period of national consultation.
8. In January 2018, GPs across Scotland voted to accept Phase 1 of the new contract proposals, covering a 4-year period to April 2022.
9. In February 2018 Scottish Government issued the 'Memorandum of Understanding' on the new contract implementation process and asked that each HSCP produce a PCIP which set out how the new resources would be implemented.
10. Edinburgh HSCP produced a draft plan in March 2018. Much of the ensuing consultation process took place against a backdrop of muted expectations of the

additional capacity which would be provided to implement what was described in the New GMS Contract offer.

11. The resource picture became clearer towards the end of April/May 2018 and GPs across the City were greatly reassured by the more realistic resource context described. £12.9M would become available for investment directly into Edinburgh GMS related provision over the 4-year implementation period.
12. It was clear however, that both the existing pharmacotherapy and Linkworker resources were included in the (£12.9M) total now available.
13. The PCIP was widely discussed in Edinburgh, and as required by the Memorandum of Understanding, was supported through both the NHS Lothian Oversight Group and the Lothian GP Sub Committee. (The 'tripartite' partnership). The EIJB considered the PCIP in June 2018 and gave enthusiastic support to the proposals and recommendations presented.
14. It should be noted that the timing of the intended reporting back on the June 2017 EIJB investments and the presentation of the new PCIP and associated resources coincided. The EIJB report of 2018 noted that the Primary Care Transformation & Stability Programme of 2017 could be regarded as a precursor and accelerator of the PCIP and accepted the recommendation that the two funding sources would work effectively in tandem.
15. The Edinburgh Primary Care Leadership and Resources Group was established in August 2018 to lead the Primary Care Transformation Programme.

Main Report

16. During 2017/18 what was accomplished with a combination of the first £1.0m from T&S, and the government monies for pharmacotherapy and Linkworkers is summarised below;
 - c.20 practices benefitted directly with resources from the T&S fund which pioneered the use of primary care mental health nurses deployed into practice teams amongst a variety of other investments
 - the role and capacity of pharmacotherapy in direct service provision was developed with c30 practices beginning to benefit
 - deployment of physiotherapists in a practice team
 - investment in the benefit of additional clinical admin staff with new roles to reduce the admin burden on GPs (docman)
 - 19 practices with the highest deprivation benefitted from c14 Linkworkers, including one deliberately testing the impact of Linkworkers within a medium deprivation large practice. The management support established

for the Edinburgh Linkworker Network, was also tasked with encouraging and developing training for all 70 practices on 'signposting'; a means of connecting people with local resources

- Stabilisation of practices (in addition to and in conjunction with above)
 - Investment in Advanced Nurse Practitioners, including innovative use in one practice to undertake home visits
 - Creation of a 'tech fund' to encourage all City practices to invest (50/50 H&SCP/Practice contribution), largely in proven technology with some innovative investment also
 - Support for 'tests of change' such as the availability of direct GP input into the NW Edinburgh HUB to aid decision-making and communication
 - The cumulative (full year) impact of all these investments was able to be described with growing confidence as making a weekly workload contribution equivalent to around 20% of the 'missing' GP sessional capacity i.e. c120 medical sessions.
17. During 2018/19, the Edinburgh Primary Care Transformation Programme continued, initially without the additional management and financial capacity required. Following the June 2018 EIJB, momentum was re-established, and by early August the Edinburgh SMT had agreed additional resources to help support the programme of investment and assessment in primary care.
18. The Primary Care Transformation Programme resources (£3.8M PCIP and £2.3M NHS Lothian) were applied. The workforce figures for 2018/19 describe accurately what was in post as of 31 March 2019, whilst the 2019/20 and subsequent figures are a mixture of those already in post, those we are confident of being able to employ and those we hope to be able to employ.
19. An understanding of the uncertainties of workforce availability and the requirement to balance the needs of primary care with the avoidance of unintentional consequences to other parts of the system are well rehearsed elsewhere.
20. During 2018/19 (from September as resources became available) a number of specific additional investments and resourcing decisions were agreed as priorities by the Leadership and Resources Group;
- Further investment in primary care mental health nurses
 - Commitment of further £1m to expand pharmacotherapy

- Further investment in physiotherapists as 'test of change'
- Agreement on the establishment of the City's first CTACC at Sighthill and employment of further 3.0wte nurses for same
- Agreement that the existing T&S Primary Care Nurses fall directly under the New Contract and will be fully funded under this arrangement from 1.4.19. (where agreed with the practices)
- Agreement that the management costs for the Linkworker network (and social prescribing support to all practices) will come under the Linkworker network investment
- Agreement that a non-recurring (2 year) investment in a pilot of Linkworkers focused on a non-deprived elderly population, is trialed across 6 South West Edinburgh practices
- Agreement that all City 17C funds will remain in place (C£1.0m) until overtaken by the new contract investments, thus creating an equitable – or 'fair' and transparent resource distribution to practices across the City
- Agreement that the NW 17c Linkworker resource for non-deprived practices is recycled into Linkworker pilot initially focused on 4 city centre practices
- Agreement that the 2c (directly managed) practices will benefit from the T&S fund proportionately to how the 17J practices benefit from PCIP, taking account of the baseline resources available to each. These investments and the associated resource base will be transparent to all
- Agreement that the university practices should be treated differently. At time of writing, we are actively discussing an alternative approach for resource distribution for these 2 practices
- Further non-recurring investment in technology with 63 practices out 70 benefitting over the 18-month period these 'offers' have run
- Piloting of the automation of one routine admin process which could have potential for much wider application
- Leadership Development; Practice managers in the City were supported with a funded network for an initial 2-year period and held a successful conference in February 2019, which attracted 80 delegates from our 70 practices. A similar event for Practice Nurses will take place in May 2019. Initial discussions took place with Cluster Clinical Leads and Clinical leads to develop medical leadership. Initial feedback was to establish a minimum level of organisational support (admin) if these roles were to be sustainable.

21. £3.8m from PCIP in 2018/19 allowed 62.1 wte to be employed + £540k of support costs.
22. The cumulative (full year) impact of all these investments and the associated 83.56wte new staff (21.46wte T&S) is assessed to make a workload contribution equivalent to c240 medical sessions. This initial assessment requires more work to substantiate, but early signs that an overall 1.0 wte to 3 medical sessions seems a reasonable assumption to indicate 'impact' at this early stage.
23. The final spend in 2018/19 on both PCIP and T&S funds is being finalised and will be reported as soon as available.
24. Investment proposals for 2019/20 are materially influenced by our ability to carry forward underspent 2018/19 PCIP/T&S funding.
25. In 2019/20 the available resources through the PCIP increase to £4.5M, while the T&S funds remain static at £2.3M. At the EIJB of 29 March 2019 it was confirmed that c£1M (subsequently adjusted to £730K) of primary care funding would be carried forward in reserves from 2018/19. The proportion of these funds available to support the 2019/20 PCIP is under active consideration.
26. The number of PCIP/T&S funded staff will be able to increase to c95 wte (from 83.56wte) during 2019/20, without carry-forward funding being available.
27. The exact composition of further staff investments depends on practice feedback and staff availability. Almost all of the confirmed PCIP funds (i.e. £4.5M) available in 2019/20, have already been committed to pharmacotherapy expansion in response to staff availability opportunities.
28. Additional investment will be made in 2019/20 through the PCIP into strengthening the City Welfare Rights network to ensure all PCIP funded deprived practice Linkworkers, are paired with Welfare Rights Workers.
29. Funding has also been set aside to support the further development of leadership capacity across primary care, building on initial understandings established in 2018/19.
30. If the carry forward funds are available in 2019/20, approximately 20wte additional staff will be able to be engaged, giving capacity and stability to a further 20 practices &/or benefitting a further group of practices through cluster investments.
31. PCIP funding will double to £9.1m from 2020/21, which will allow momentum to be restored.

Key risks

- 32. Serious risks to individual practice stability across the City remain. The implementation of the funding available is designed to mitigate these risks and ensure stable primary care teams.
- 33. Scarce staff such as Advanced Nurse Practitioners, pharmacists and Primary Care Mental Health Nurses may be employed outside Edinburgh in 2019/20.

Financial implications

- 34. The profile of new resource availability over the three years is not ideal, with a modest (already committed) increase from £3.8M to £4.5M in 2019/20.
- 35. All new resources are subject to the usual caution around Government spending reviews. Further clarity is sought on the uplift of PCIP staff costs each year and whether the £12.9m is a fixed financial envelope, or will be adjusted to reflect Edinburgh's growing population.
- 36. If the anticipated investments are able to be made and have the anticipated impact, this will increasingly avoid the cost pressures which have arisen from unstable practices over the past four years.
- 37. The proportions of the overall funding committed against each of the contract areas will change in response to experience of the impact of the new roles and the availability of relevant personnel.

Implications for Directions

- 38. There are no implications for directions arising from this report.

Equalities implications

- 39. There are no equalities implications arising from this report.

Sustainability implications

- 40. As described, the intention of these investments is to restore both service and financial stability to the sector.
- 41. A key 'performance indicator' proposed to the EIJB in June 2018, was that no other City practice would have to close or have its contract status altered. This has been achieved to date, despite ongoing challenges in almost all practices.

42. The additional year on year workload increase due to population increase has continued to be supported with an additional c17,000 people registering on GP list during 2017/18 and 2018/19. No further deterioration in practices declaring their lists 'restricted' has been noted and no practices have had to close their lists.

Involving people

43. A wide range of people have been involved in the production and review of this report, notably; Edinburgh Primary Care Leadership and Resources Group, NHS Lothian GMS Oversight Group, Lothian GP Sub Committee and Lothian Medical Committee (LMC). In the process of bringing the report to the Leadership and resources group several meetings were held with City GPs to ensure recognition and support for key messages and recommendations.

Impact on plans of other parties

44. There are no impacts on the plans of other parties arising from this report.

Background reading/references

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: David White, Primary Care & Public Health Strategic Lead

E-mail: david.white@nhslothian.scot.nhs.uk | Tel: 0131 537 931