Edinburgh Integration Joint Board

REPORT

Primary Care Improvement Plan (PCIP) 5.0

Edinburgh Integration Joint Board

9 August 2022

Executive Summary	
	1. The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with a summary of progress made in 2021/22 against the Primary Care Improvement Plan (PCIP). Overall, good progress continues to be made, despite the concurrent responsibility and exceptional demands of the covid vaccination delivery program (written March 2022). 2. For new EIJB members, the PCIP is the mechanism by which the new General Medical Services (GMS) 2018 Contract is enacted. Government invested new funding into primary care (GMS) over a 4-year period from August 2018. A tripartite agreement structure governing the use of the funds was set in place, ensuring concordance with the nationally agreed Memorandum of Understanding (MoU), covering the intended deployment of the resources agreed between the Government and the British Medical Association (BMA). The tripartite structure ensures agreement on resource application by the Lothian NHS Board GP Sub/LMC Committee, NHS Lothian and EHSCP. (Appendix 2 describes intended relationships in a diagram). 3. The first PCIP was considered and approved by the EIJB in July 2018. In each subsequent year, the PCIP progress has been reported at the EIJB following support from the Lothian GP Sub/LMC, in line with Scottish Government direction on the required governance. 4. In 2018, the EIJB established the 'Edinburgh Primary Care Leadership and Resources Group' (L&R) chaired by the EHSCP Clinical Director, as the governance mechanism to ensure robust governance over spending decisions, together with the assessment of impact. The L&R group has been an

	effective mechanism for ensuring primary care involvement in decision-making. 5. The final tranche of recurrent funding was made available in 2021 and adjusted for inflation, brought the Edinburgh PCIP fund to £14.3M in 2021/22. 6. Although the four-year PCIP implementation program has ended, the ongoing embedding and evaluation of the PCIP resources continues, alongside the complimentary 'Transformation and Stability' funds for Primary Care. The Leadership and Resources Group remains ideally placed to carry this work forward. 7. Discussions are ongoing at government/BMA level about whether this funding can be increased further to support a 'minimum specification' in three particular areas of the MoU; pharmacotherapy, Community Treatment and Care Centres (CTACs) and vaccination transfer. In addition, (recurrent) funding is being made available from 2022 to create Primary Care Mental Health & Well Being Teams (PCMHWBTs). The Edinburgh approach to PCMHWBTs is described in a separate paper.

Recommendations	It is recommended that the EIJB: 1. Notes that the whole time equivalent (wte) multi-disciplinary team posts funded from PCIP has risen from c170 to c225 over the course of the year, exceeding expectation (end March 22). 2. Notes a snapshot estimate of staff in post was taken in mid-April against the figure above; 190wte or c15% vacancy due to turnover. 3. Notes that turnover continues to affect pharmacotherapy most, with other areas of recruitment relatively stable. Access to pharmacotherapy hubs remains differential across the City, as they become established over 2022 and 2023.

	4. Notes confidence in the efficacy of all areas of PCIP investment, although not all have yet been subject to structured evaluation. (Outstanding initial evaluations will be completed in 2022). 5. Notes the estimated wte capacity benefit per average practice of a combination of CTAC and Vaccination Transfer of 0.7 wte and acknowledges that access to CTAC services remains differential across the City.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. Lothian GP Sub Committee/Lothian Medical Committee, June 2022
2. Edinburgh Primary Care Leadership and Resources Group, May 2022
3. Lothian Oversight Group, May 2022

Main Report

4. PCIP 4.0 (2021), reported on the implementation status of all workstreams and associated 17C and T&S (Transformation & Stability) Funds at the end of March 2021. Many of the reported issues and overall status assessment remain consistent and are not rehearsed again in this 2021/22 summary paper.

5. As at 31.3.22, c98% of the PCIP which is already committed (i.e. £13.5M out of the available £14.3M) is spent on staff who directly deliver MOU patient facing services. This figure includes clinical staff who also carry management responsibilities (e.g. mental health and pharmacotherapy team leads).

6. The distribution methodology (consulted on in 2019) will give the **average** City practice (list c8500) c3.0wte practice embedded PCIP staff, with an additional

0.7wte non-practice attached benefit. (For the moment, all pharmacotherapy staff are included as practice attached. With the development of pharmacotherapy hubs over the next 2 years we may adjust the practice embedded and multi-practice attached, as technicians find the best balance to maximise workload contribution).

7. The original aspiration for Primary Care Mental Health Nursing was c35wte. We have c23wte in post and propose to switch funding source from PCIP for the additional staff required. The additional Primary Care Mental Health & Well Being (PCMHWB) funds (from 2022 and building to £3.2M over 3 years) will replace this 'loss' of c12 wte with an estimated additional 20 wte mental health nurses, in addition to other mental health staff. This area is expected to continue to be subject to slow recruitment, due to lack of availability of qualified staff in the UK.

8. In contrast, the original aspiration for pharmacotherapy staff was c70wte and we now have 93wte funded from PCIP. This enhanced investment was supported partly due to the availability of trained staff, and partly because the proposal to recruit an additional cohort of pharmacy technicians, did not emerge until significantly after the 2018 GMS Contract funding was determined.

9. An additional anticipated benefit will come from the combination of the Community Treatment and Care Centres (CTAC) and vaccination workforces. In simple illustrative terms, we have recruited c40 qualified/non-qualified vaccination staff. Outside the intensive periods of vaccination (which remain unpredictable) we require fewer than this to maintain the ongoing vaccination demand. These staff will be able to contribute to routine CTAC work, whilst their capacity is not fully required for vaccination. There will be a 'quid pro quo' during periods of intensive vaccination such as the winter campaign, when CTAC staff will contribute to vaccination. There may be CTAC procedures e.g. ear-irrigation, which can be reduced during these intense periods. A separate paper will address these arrangements, but the net benefit to primary care workload augmentation will be positive. This additional benefit has not yet been quantified or added to the average practice CTAC-Vac capacity benefit of 0.7wte.

10. The 2019 Edinburgh consultation on optimal application of the available funds, did not strongly support CTACs. Since then, recognition of their potential contribution has gradually grown. Funding originally destined to encourage cluster wide services was redirected to build the investment available to c.£1.2M. This is now recognised to be a significant under-investment in the medium to longer term and Leadership & Resources will consider the opportunity presented by dissolution of 17C funding to further support this MOU area. Availability of suitable and well- located premises remains a significant

challenge in Edinburgh. With the establishment of two 'permanent' vaccination sites in 2022 with dual use as CTACs, this position is gradually improving.

11. In the 2021/22 PCIP consultation and subsequent report, the differential experience of practices in benefitting from PCIP investment was fully acknowledged. Whilst this remains, we are gradually making progress in establishing more equality between practices.

12. The cumulative 4 year underspend on PCIP now stands at £5.9M. Around £1M of this has already been committed on a non-recurring basis. A consultation on the best application of the underspend was committed to as part of the 2021/22 report and this will take place before summer 2022.

13. PCIP 5.0 saw a change in the way we report PCIP progress in the Scottish Government 'tracker'. Since 2018, we consistently reported the extent to which we had been able to put in place the available funding as, 'no access/partial access/full access', as did other Health and Social care Partnerships. As we increasingly committed the available funding, and therefore reported 'full access', colleagues were suddenly more conscious of the gulf between this description and common workload augmentation aspirations associated with the new (GMS) contract. In April 22, GP Sub/LMC colleagues asserted the previous reporting was no longer credible. A letter to scotgov (with the tracker) drawing attention to the consequent change is included as Appendix 1.

14. We have been compiling a body of evaluation evidence (ref Table2), that significant workload augmentation is now taking place and has further to go. It is difficult however, to reconcile this success with the experience of general practice which is busier than ever. The most resonant understanding is that the benefit of the PCIP workforce has been hidden under the additional demands on primary care, both during and in the wake of the covid epidemic. Without this additional capacity, Primary Care might not have been as resilient as it was and remains, despite a very difficult decade.

15. Table 1 below shows the 2022/23 budget expenditure by MOU area and agreed by Leadership and Resources (via this paper).

PCIP 2022 2023 £14.3m	The £14.3m		WTE
Pharmacotherapy Services	£5,301,000	37%	93
Community Mental Health	£1,311,000	9%	23
Urgent Care Services		16%	
Advanced Nurse Practitioner	£1,482,000		26
Paramedics	£456,000		8
Physicians Associate	£456,000		8
Physiotherapy - MSK	£1,026,000	7%	18
CTACs & HCA	£1,360,000	9%	34
Link Workers	£1,300,000	9%	22
Vaccination Services	£1,000,000	7%	20
Overhead Cost	£202,000	1%	
Support / Operation S35486	£422,000	3%	
Total	£14,316,000		252

16. Table 1 shows an arithmetic 20.0 WTE benefit of the £1M of PCIP vaccination transfer. This should not be confused with the additional covid and additional flu related vaccination transfer funding, still to be confirmed.

17. Table 2 below summarises the estimated capacity benefit, using medical sessions as a common currency. The difference between the current impact and the target impact acknowledges the leave, turnover, recruitment and training 'loss' which should gradually reduce as the workforce stabilises.

Edinburgh Primary Care Transformation Programme Impact Tracker April 22

	Practices Benefitting	Wte in post	Sessional Equiv (est) current input	Target Impact	Funding Origin	Evaluation
Pharmacotherapy	70	102	204	306	PCIP	Jun-21
Linkworking	43	22	22	22	PCIP	Sep-19
Vaccs	70	20	40	40	PCIP	Feb-21
ANP / NP	32	26	104	130	PCIP/T&S	Aug-22
PA	3	3	9	12	PCIP	Aug-22
SPP	7	5	25	25	PCIP / T&S	Jul-22
Mental Health	19	23	80	115	PCIP	May-19
MSK	29	18	72	72	PCIP	Nov-19
CTACs & HCAs	49	34	34	34	PCIP	Oct-19
Clinical Admin	60	-	30	30	T&S	Mar-20
Tech	66	-	TBC	TBC	PCIP	TBC
Total		253	620	786		
Future Staff		(21)	-	(63)	PCIP	
Total exculding Vacancies 15% & Leave 20%		-	403	525		

Notes

All sessional equivalent impact subject to ongoing structured assessment.

WTE total excludes pharmacy techs in training, WRW and LW ToC as workload impact currently marginal.

Vaccination staff in post is an estimate

Differences between current and future impact reflect both turbulence and stage of 'embeddedness'.

Vacancy/Leave factor of 35% applied to current workforce and future workforce.

18. Edinburgh therefore, has put in place a workforce of c250 wte (225 wte reported earlier, plus 20 vaccination transfer, plus c.6wte staff funded from associated investments). We estimate that this workforce currently contributed capacity equivalent to c.620 weekly medical sessions. When these sessions are adjusted for a 15% vacancy factor and a 20% leave factor, the actual weekly benefit across primary care in Edinburgh is assessed as equivalent to c400 weekly medical sessions of capacity. These are parts of the current workforce whose sessional yield will increase over the next couple of years as training and embedding of new services takes place. In addition, the 15% vacancy/turnover should drop to below 10%, thus contributing more sessions.

19. With the employment of an additional 21wte PCIP staff and the embedding of the workforce, we expect to realise a weekly benefit equivalent of the injection of over 500 medical sessions of capacity over the next 2-3years. In addition, the national allocation of vaccination transfer staff and mental health (PCMHWB Teams) will add to this.

20. Consensus on the additional PCIP funds required to deliver either the full transformation described in the 2018 New GMS Contract or an acceptable level of additional capacity support, remains elusive across Scotland, as it does across the main stakeholder groups and amongst colleagues involved in the implementation. The Edinburgh PCST believe that an additional injection of c£5M is required to giver all our practices recognisable access to the MOU areas most relevant to their populations. Other colleagues would advocate strongly for a doubling of the current resource.

21. The Edinburgh population continues to grow by c6000 per year. As reported each year, the PCIP fund does not increase with this growth and has therefore been reduced by 1% per year since 2018. The average list size has grown steadily over the last decade and currently stands at 8500 (excludes Access/Challenging Behaviour/Ratho practices).

22. Despite the progress made, the sustainability of General Practice remains a risk, as it does in most of the UK. Practices continue to struggle to attract the required medical staff and the number of people seeking support for distress and anxiety is overwhelming. The continuing risk posed to health and social care provision remains at ‘severe’ in the EHSCP Risk Register. The PCIP implementation is one of the significant mitigating factors.

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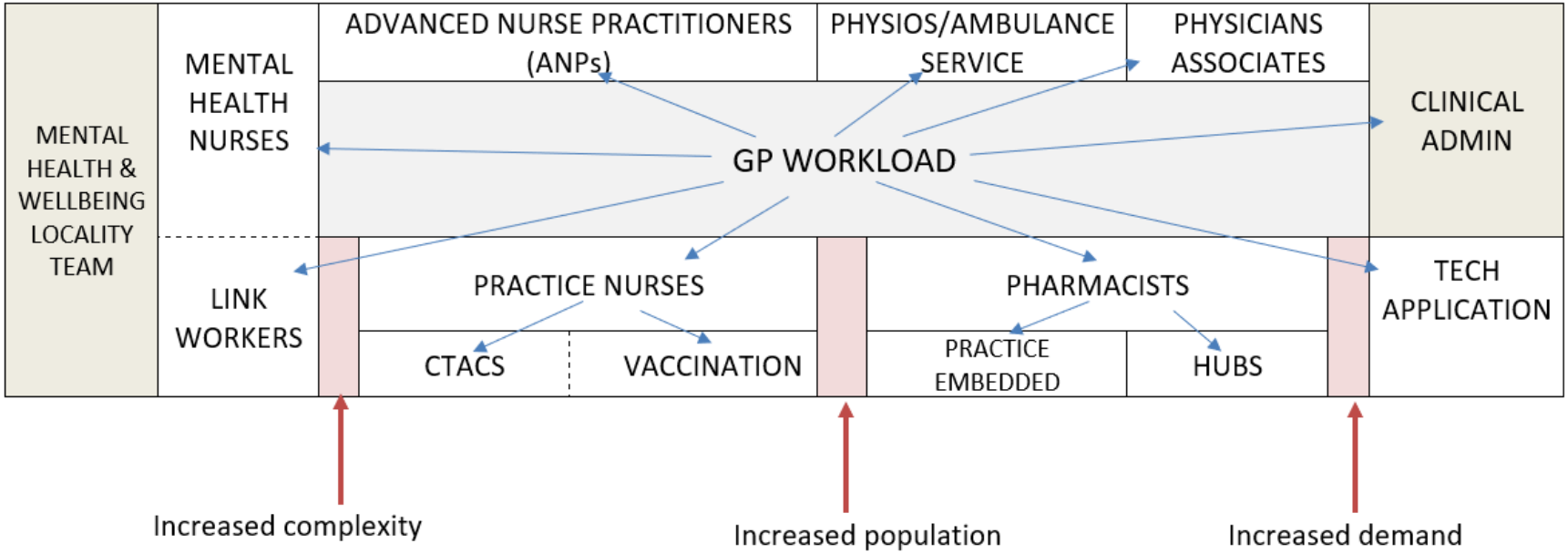
Appendices

Appendix 1	Diagram showing MoU impact intentions
Appendix 2	Scottish Government submission 28 April 2022

Appendix 1

Edinburgh PCIP – GMS Workload Transformation



Target outcome: remove c20% of 2018 workload

Appendix 2

Local Implementation Tracker Guidance

The following tracker should be used by Integration Authorities in collaboration with Health Boards and GP sub-committees to monitor progress of primary care reform across their localities, and in line with service transfer as set out within the Memorandum of Understanding.

The **MoU Progress tab** should be used through local discussions between Integration Authorities and GP sub-committee to agree on progress against the six MoU priority services as well as that the barriers that areas are facing to full delivery. Integration Authorities should provide information on the number of practices in their area which have no/partial/full access to each service. The sum of these should equal the total number of practices in each area. Please only include numbers (or a zero) in these cells; comments boxes have been provided to supply further information.

If you are funding staff through different funding streams, for example, mental health workers through Action 15 funding, please include this information in the relevant section so we are aware that you are taking steps to recruit staff in this area.

The **Workforce and Funding Profile tab** should allow Integration Authorities to consider financial and workforce planning required to deliver primary care improvement, and reassure GP sub-committee of progress.

For the workforce numbers and projections, we are limiting our questions to WTE numbers, but are also asking you to provide headcounts for community links workers so that we can monitor progress towards the commitment to 250 additional CLWs. Please fit staff into categories provided as best as possible rather than adding extra columns. Additonal explanation of staffing roles can be provided in the comments box.

If you are funding staff through different funding streams, for example, recruiting mental health workers in Action 15, do not record these in Table 1. However, they should be included in Tables 2 and 3 to inform workforce planning.

As in PCIP 4.5 tracker we have included rows at the foot of Tables 1 and 3 (shaded in red) to try and capture future recurring workforce and costs. In Table 1, please include here your estimate of planned spend in 2022-23, which will represent recurring annual spend on the MOU for future years. In a change to last template, use cash costs expected in 2022-23 (rather than stripping out inflationary impacts). In Table 3, please include the extra staff you intend to employ in 2022-23, this will then automatically total, in the line below, to provide recurring staff numbers for 2022-23 onwards.

If there are changes to spend/WTE for the years prior to FY 2021-22, compared to previously submitted trackers, please can you provide notes in comments to explain.

We would also ask that this local implementation tracker be updated and shared with Scottish Government by **29th April 2022.**

Covid PCIP 5

Health Board Area: Lothian
Health & Social Care Partnership: Edinburgh
Total number of practices: 70

MOU

2.1 Pharmacotherapy
Practices with NO Pharmacotherapy service in place
Practices with Pharmacotherapy level 1 service in place
Practices with Pharmacotherapy level 2 service in place
Practices with Pharmacotherapy level 3 service in place
Please outline any assumptions or caveats in the data and any significant changes since your October 20
average practice model of 1 wte qualified pharmacist per 8,000 - 8500 (embedded in practices) & 0.5wt

2.2 Community Treatment and Care Services
Practices with access to phlebotomy service
Practices with access to management of ~~minor injuries~~ and **dressings service**
Practices with access to ear syringing service
Practices with access to suture removal service
Practices with access to chronic disease monitoring and related data collection
Practices with access to other services
Please outline any assumptions or caveats in the data and any significant changes since your October 20
Dopller ABI 3. Ear Care 4. secondary Care Blood Request and from Feb22 suture removal added to the s
of the CTAC Services in Edinburgh. Some Practices will continue to have restricted access due to lack of
for the Vaccination programme will give a combined workforce and dual CTAC/Vaccination premises at
proposal for mobile CTAC/Vaccination unit will be reconsidered in 2022 as network is confirmed and pe

2.3 Vaccine Transformation Program
Pre School - Practices covered by service
School age - Practices covered by service
Out of Schedule - Practices covered by service
Adult imms - Practices covered by service
Adult flu - Practices covered by service
Pregnancy - Practices covered by service
Travel - Practices covered by service
Please outline any assumptions or caveats in the data and any significant changes since your October 20

2.4 Urgent Care Services
Practices supported with Urgent Care Service
Please outline any assumptions or caveats in the data and any significant changes since your October 20
available PCIP Fund in ANPs , NPs & SPP as part of their PCIP Allocation, following our 2019 local consu
Recruitment for ANPs in 2021/22 very restricted despite internal arrangements for training places. SPP

Additional professional services
2.5 Physiotherapy / MSK
Practices accessing APP
Please outline any assumptions or caveats in the data and any significant changes since your October 20
available PCIP Fund in MSK APP as part of their PCIP Allocation, following our 2019 local consultation. (
£170m (Edinburgh share £14.3m) then is unlikely to expand more unless will be part of the new Urgent

2.6 Mental health workers (ref to Action 15 where appropriate)
Practices accessing MH workers / support through PCIF/Action 15
Practices accessing MH workers / support through other funding streams
Please outline any assumptions or caveats in the data and any significant changes since your October 20
Health Practice Nurses as part of their PCIP Allocation, following our 2019 local consultation. (Practices
current PCIP Committed (c24wte) + CLWs and additional Mental Health and Well Being Fund (PMHN,O
Edinburgh Primary Care has no direct access to any staff employed through Action 15. Action 15 fundin

2.7 Community Links Workers
Practices accessing Link workers
Please outline any assumptions or caveats in the data and any significant changes since your October 20
requested to use part of their share of the available PCIP Fund in Link Workers as part of their PCIP Allo
PCIP requested or 26 out of the 70 in the City). LW will become an integrated part of the new Mental H

2.8 Other locally agreed services (insert details)
Practices accessing service
Please outline any assumptions or caveats in the data and any significant changes since your October 20
EHSCP NHSL Transformation & Stability Fund but part of the PCIP Workforce.

2.9 Reflection
What have been the key successes, achievements or innovations in implementing the MOU? Early decision to embed majority of PCIP Staff in GMS Primary Care Teams has been shown to effective in both managing workload & transferring skills / knowledge. This applies across all workstreams. Early investment in evaluation has built understanding and confidence throughout the implementation period. The governance framework insisted on by SG has been extremely effective in ensuring a collaborative approach between primary care teams/ GP SUB – LMC / HSCP. The Link Worker network has strengthened relationships and understanding between the natural allies of the third sector and primary care. Flexibility of the MDT with Edinburgh practices to match the practices working style & demographic demand PCIP has lent itself to additional resources being well deployed and integrated into primary care capacity eg vaccination transformation Early implementation of the transfer of the flu programme in 2020 under COVID19 conditions gave us important understanding how to implement the COVID19 vaccination program

Funding and Workforce profile

Health Board Area: Lothian
Health & Social Care Partnership: Edinburgh

Table 1: Spending profile 2018 - 2022 (£s)
Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)		**Support**
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	
2018-19 actual spend	£109,400	£0	£1,109,522	£0	£73,118	£10,000	£0	£0	£462,269	£0	£670,994	£100,000	£541,000
2019-20 actual spend	£182,000	£0	£1,709,179	£100,000	£99,520	£5,000	£95,879	£0	£856,522		£1,092,812	£100,000	£517,000
2020-21 actual spend	£305,394	£250,000	£2,803,704	£100,000	£320,424	£50,000	£462,431	£32,000	£897,686		£1,105,797	£100,000	£670,000
2021-22 actual spend	£400,681	£35,000	£3,289,822	£100,000	£600,335	£91,000	£1,300,814	£37,000	£1,550,144	£46,000	£1,157,943	£100,000	£645,456
Total actual spend to March 2022	£997,475	£285,000	£8,912,227	£300,000	£1,093,397	£156,000	£1,859,124	£69,000	£3,766,621	£46,000	£4,027,546	£400,000	£2,373,456
2022-23 planned spend i.e. projected annual recurring cost	£850,000	£150,000	£5,247,100	£104,000	£1,285,432	£100,000	£2,400,300	£43,000	£2,416,000	£41,000	£1,200,000	£100,000	£422,000

Table 2: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 6: Community link
TOTAL headcount staff in post as at 31 March 2018	14
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	3
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	4
INCREASE in staff headcount (1 April 2020 - 31 March 2021)	2
INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	2
TOTAL headcount staff in post by 31 March 2022	25

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 3: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	14.7	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15.2
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	12.6	2.0	2.0	3.1	0.0	11.0	1.0	0.0	14.4	3.9	0.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	13.0	14.0	0.5	0.0	0.0	4.1	0.5	0.0	1.3	1.5	0.0	5.3
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	14.4	1.0	5.4	2.8	0.0	10.1	1.0	2.0	0.0	8.6	0.0	0.0
INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	19.2	12.1	10.2	3.8	0.0	1.1	2.5	4.0	7.3	2.0	0.0	1.9
TOTAL staff WTE in post by 31 March 2022	73.9	31.1	18.1	9.7	6.2	26.3	5.0	6.0	23.0	16.0	0.0	22.4
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	0.0	0.0	0.0	0.0	0.0	0.0	4.0	2.0	0.0	2.0	0.0	0.0
TOTAL future recurring staff WTE [c]	73.9	31.1	18.1	9.7	6.2	26.3	9.0	8.0	23.0	18.0	0.0	22.4

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a
[c] automatically calculated as staff as at 31 March 2022 plus additional staff to be recruited by March 2023

Comment: Costing based on 2021/22 Pay Scale and Edinburgh share of the PCIF £14.3m (£170m National)

Comment: £690,000 per annum: ANP Training / Phlebotomy, Technology, Practice Support and Clinical Management & Evaluation. 2018/2019: £540,907, 2019/2020: £517,645, 2020/2021: £669,061 and 2021/2022: £645,456. Adjusted to recurring £422,000.

Comment: Vaccination costs for full roll out, Edinburgh has estimated £1m based on the original contract (ie Adult Flu, at Risk,.....), but this does not count the additional cohort for flu (50-64) nor specify the additional cost of delivering in pandemic conditions.

Comment: Urgent Care: ANPs, SPP or Physician Associate either.