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PRIMARY CARE IMPROVEMENT PLANS – UPDATE AND NEXT STEPS

This communication asks you to:

- Note the update on progress in the implementation of Primary Care Improvement Plans (PCIPs).
- Complete and return PCIP 6 trackers by Friday 12 May.
- As part of PCIP 6, review the data you have provided in PCIP 5.5 trackers on the annual recurring budget and workforce requirements for implementation of the MoU underpinning the GP contract and amend/provide further data, where required.
- Clear your return through your Chief Executive and Chief Officer before returning.
- Note the interim planning assumptions for your PCIPs while we undertake further analysis of your returns over first quarter of financial year 2023-24.
- Cascade this communication to GP practices in your area.

Update

Five years on from the joint agreement between Scottish Government and the British Medical Association (BMA) on the new GP contract, we have made significant progress in the implementation of Primary Care Improvement Plans (PCIPs).

As of March 2022, we have recruited more than 3,220 WTE multi-disciplinary team (MDT) members[1], working in GP practices and the community and joint work undertaken through Primary Care Improvement Plan trackers indicate that this figure will have increased further over 2022/23, with our next statistical publication due summer 2023. The average GP practice now has over 3 WTE additional professionals available to them – a huge achievement. This MDT workforce is supporting patients to access a wider range of expertise and see the right person, at the right time, for their care. In tandem, these reforms are also helping to reduce GP workload, allowing GPs to focus on patients with more complex needs.

This achievement has only been possible because of the tremendous effort by all partners: Health Boards; Health and Social Care Partnerships; GP Sub Committees; GP practices; as well as the engagement and dedication of all staff involved. These reforms have been

[1] Primary care improvement plans: summary of implementation progress - March 2022 - gov.scot (www.gov.scot)

implemented against the backdrop of the most challenging circumstances imaginable, making the achievement even more remarkable.

With the programme now reaching a more mature phase, it is critical that we protect and preserve the gains we have already made, while ensuring we continue to build on the successes to date and tackle outstanding implementation barriers and gaps. To do so, we want to continue to work with all parties to ensure we have a robust evidence base on the impact of the programme and a further understanding of the state of current delivery.

PCIP 6

In this context, I want to thank you once again for completing the PCIP 5.5 trackers and request your assistance in completing the PCIP 6 trackers which we are commissioning from today.

Please find attached an illustrative copy of the PCIP 6 tracker template and accompanying guidance. We request that you complete and return your tracker by **close of business Friday 12 May.**

As with PCIP 5.5, we are collecting information about the primary care workforce funded through the Primary Care Improvement Fund and other sources, the activity being delivered by these staff and the funding requirements underpinning the services being delivered.

In October 2022, we requested activity data on a pilot and voluntary basis. We have used feedback we gained through this exercise to refine this request further. The pilot stage of the activity data is now concluded and we request this data be provided by all IA's as part of the core data set.

The template should be completed and returned via eRDM connect, where a functional template, with some prepopulated data, will be available. Those who used eRDM connect to complete PCIP 5.5 will still have access. The same password can be used to open the template. If the password has been forgotten, or a new representative responsible for completing the tracker requires access, please e-mail Julia.vanaart@gov.scot and they will be provided with instructions on how to access the site and download and return the template.

We will also be hosting two sessions to provide an opportunity to discuss any questions you have in relation to completing the templates. These sessions will be held on Thursday 13 April 9-10 am and Thursday 20 April 2-3 pm. Please e-mail PCImplementation@gov.scot if you would like to attend either of these sessions.

We are supplementing the information obtained through the trackers with qualitative interviews that we are undertaking with partnerships, as well as wider monitoring and evaluation activity. This includes work in concert with Public Health Scotland and the Primary Care Local Evaluators Network. Our intent is to continue to develop a clear and evidence-based understanding of the impact of multi-disciplinary team work, including both the outputs and outcomes for patients, staff and the healthcare system, to support discussions on best practice and future investment.

PCIP 5.5 follow up exercise

As part of the data requested in the PCIP 5.5 trackers, we asked you for information on your **recurring annual budget and workforce requirement to support implementation of the MoU underpinning the GP Contract** to inform planning for 2023/24 Scottish Budget.

The GMS Contract and PMS Agreement regulations were amended last year to reflect progress made to date and ensure that Health Boards provide their GP practices with support by providing Community Treatment and Care (CTAC) and Pharmacotherapy services. Those amendments came into force on 28 May 2022. They create a provision for Scottish Ministers to issue directions on the extent and manner of these services which Health Boards must provide. There has been an expectation these would be issued this year.

However, taking into consideration the data provided in the trackers, as well as the variation in implementation to date and the prioritisation of other MoU services, we will not be issuing directions at this time. This is because we need to do some further rapid work in the first quarter of financial year 2023-24 to quality assure the data you have provided us to ensure the financial and legal framework we agree for Pharmacotherapy and CTAC services is equitable and sustainable. This data will be used to consider further investment in support of MoU implementation in 2023-24, subject to availability of additional funding in what is a constrained financial environment.

Through the PCIP 6 tracker templates, we request that you review the data you provided to us in PCIP 5.5 on your recurring requirement for MOU implementation. This information is set out in the MOU implementation profile tab. We request you review the data on the workforce and financial resources required to deliver VTP, Pharmacotherapy and CTAC services, based on the definitions set out in Annex A. These definitions were provided in the guidance notes with the PCIP 5.5 trackers and are consistent with proposed content of the Pharmacotherapy and CTAC directions. See latest draft of these directions in annex B for reference only – **note these directions have not been made by Scottish Ministers and are provided in draft purely for context.**

Further guidance is provided in the guidance notes for the PCIP 6 trackers attached and we plan to proactively engage with you over the coming weeks to discuss any further assistance that might be required as you complete this exercise and continue implementation of your PCIPs into 2023-24.

Please note, some areas indicated they were unable to provide this information previously. While we recognise the challenges that forecasting entails, we ask that you provide your best estimate for finance and workforce requirements to allow us to take forward our analysis on as consistent a basis as possible.

Clearance

You should ensure that you clear your return through your Chief Officer and Chief Executive, given our ultimate intent to issue directions, and involve other key partners in line with existing local governance arrangements.

Overall Planning Assumptions

While we undertake this exercise, I would like to highlight that local areas should use the following planning assumptions in the interim:

- Ensure that plans are developed and implemented through local engagement and collaboration with practices and GP Sub-Committees to meet local population needs; prioritise Pharmacotherapy and CTAC services to ensure regulatory requirements are met.
- Based on PCIP progress as well as progress with separate vaccination regulations and directions, the Vaccination Transformation Programme element of PCIPs is complete and should be maintained. PCA(M)(2022)13 provides the current position on the programme.
- Maintain other MoU services (e.g. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.
- In line with MoU2, recognise the interdependences between all three levels of pharmacotherapy which require focus on the delivery of the pharmacotherapy service as a whole. CTAC services should continue to 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.
- Ensure as a minimum all practices receive some MDT support in the priority areas of Pharmacotherapy and CTAC as part of your Primary Care Improvement Plans.
- If that is not the case, local areas should recalibrate their PCIPs to ensure that support is delivered to all practices.
- This may include flexibility for local transitionary arrangements with practices to be funded as an interim and time-limited measure from within the existing PCIF envelope; in this case, there must be a clear exit strategy for how that MDT support will be delivered on a long-term and sustainable basis to allow the regulations to be formally adhered to. Scottish Government will agree with SGPC principles to guide the use of local transitionary arrangements.
- Assume you will continue to receive your NRAC share of £170m uplifted to apply Agenda for Change.
- Assume we will not bring forward regulations on Urgent Care services.
- Note national sustainability payments to practices ended on 31 March 2023.

I welcome your continued collaboration and support in verifying and providing the data outlined, in continued implementation of the programme and in recognising the challenging overall financial circumstances in which this programme is being delivered.

As noted, we will proactively be in touch to discuss some of the points raised in the above communication and we have also set up some Q&A sessions to support with the completion of the trackers. However, if you have a query you do not think would be covered by those sessions and would like to discuss, my team would be happy to offer a meeting.

Please contact PCImplementation@gov.scot if you would like to set up a meeting.

I would be grateful if you could also urgently share this note to all practices.

Kind Regards,

Dr Naureen Ahmad
Deputy Director, General Practice Policy Division, Primary Care Directorate

ANNEX A – DEFINITIONS OF VTP, PHARMACOTHERAPY AND CTAC SERVICES

Vaccination Transformation Programme	Board delivery of the five vaccination transformation workstreams (pre-school programme, school based programme, travel vaccinations and travel health advice, influenza programme cohort as at 2018, at risk and age group programmes) unless a satisfactory options appraisal has been agreed for ongoing GP delivery
Pharmacotherapy services	Management of all acute and repeat prescriptions, medicines reconciliation, performing polypharmacy reviews and serial prescribing (GP only to provide immediate care to prevent injury of a patient or the worsening of a patient's clinical condition). Making available sufficient staff to ensure that an adequate service continues to be available, including during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.
Community Treatment and Care services	Phlebotomy, chronic disease monitoring, the collection of biometric information, attending to minor injuries, changing dressings, suture removal and ear wax management. Making available sufficient staff to ensure that an adequate service continues to be available, including during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.

ANNEX B – DRAFT PHARMACOTHERAPY AND CTAC DIRECTIONS

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

The Primary Care (Pharmacotherapy) (Scotland) Directions 2023

The Scottish Ministers give the following Directions in exercise of the powers conferred by regulation 18(2) of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 ([2])(the "GMS Regulations"), paragraph 6A(2) of schedule 1 of the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018([3]) (the "PMS Regulations") and all other powers enabling them to do so.

PART 1

GENERAL

Citation and commencement

1.These Directions may be cited as the Primary Care (Pharmacotherapy) (Scotland) Directions 2023.

2.These Directions come into force on **DATE**.

Application

3.The provisions in these Directions apply to Health Boards in Scotland in relation to—

(a) all primary medical services agreements entered into by the Health Board in accordance with section 17C of the 1978 Act, and

(b) all general medical services contracts entered into by the Health Board in accordance with section 17J of the 1978 Act.

Interpretation

4.—(1) In these Directions—

"the 1978 Act" means the National Health Service (Scotland) Act 1978([4]),

"contractor"—

(a) has the meaning given in the GMS regulations, and

(b) includes a provider as defined by the PMS Regulations,

"the GMS Regulations" means the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018,

"pharmacotherapy services" means management of acute and repeat prescriptions, medicines reconciliation, performing polypharmacy reviews and serial prescribing,

"the PMS Regulations" means the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018,

(2) Terms not defined by these Directions have the meaning given to them in the GMS Regulations or PMS Regulations, as is relevant to the particular contractor in question.

([2]) S.S.I. 2018/66. Relevantly amended by paragraphs 422 to 425 of schedule 19 of the Data Protection Act 2018 (c. 12), S.S.I. 2018/94, S.S.I. 2019/336, S.S.I. 2019/284, S.I. 2019/1094 and S.S.I. 2021/302.
([3]) S.S.I. 2018/67. Relevantly amended by paragraphs 426 to 429 of schedule 19 of the Data Protection Act 2018 (c. 12), S.S.I. 2018/94, S.S.I. 2019/336, S.S.I. 2019/284, S.I. 2019/1094 and S.S.I. 2021/302.
([4]) 1978 c. 29. Relevantly amended by section 22(2) of the National Health Service (Primary Care) Act 1997 (c.46), section 65 and schedules 4 and 5 of the Health Act 1999 (c. 8), section 2(4) of the Primary Medical Services (Scotland) Act 2004 (asp. 1) and S.I. 2003/1250.

(3) Terms not defined by either these Directions, the GMS Regulations, or the PMS Regulations have the meaning given in the 1978 Act.

Health Board responsibility

5.—(1) The Health Board is to provide pharmacotherapy services to the patients of the contractor, and is to adequately resource, plan, and deliver services so as to minimise circumstances in which it becomes necessary for the contractor to provide immediate care to prevent injury of a patient or the worsening of a patient's clinical condition.

(2) The Health Board is not to treat the provision of services by the contractor in circumstances in which the contractor is not required to provide such services as a waiver of any part of the contractor's entitlement to support in the form of pharmacotherapy services.

Staffing

6.—(1) In providing the pharmacotherapy services to support the contractor, the Health Board must make available adequate staff to ensure that an adequate service continues to be available, including during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.

(2) Where the Health Board allocates a staff member who would routinely operate the pharmacotherapy services to operate other services provided by the Health Board, the Health Board must make available adequate staff to ensure that service provision continues as previously planned.

Patient bookings

7.—(1) The Health Board must make available to the contractor a means to allocate a patient of the contractor's practice an appointment with the Health Board's pharmacotherapy service, or to otherwise inform the Health Board that the patient requires a pharmacotherapy service.

(2) Subject to paragraph (3), the Health Board must make available to the contractor's patients a means by which they can directly request an appointment with the Health Board's pharmacotherapy service or to otherwise request pharmacotherapy services.

(3) Paragraph (2) does not apply to such parts of the services as the Health Board and contractor have agreed that it would be inappropriate for the contractor's patients to arrange an appointment or request the service directly.

(4) Where one of the contractor's patients requires subsequent appointments for the pharmacotherapy services, the Health Board must make all reasonable efforts to arrange those appointments.

Signatory text

Name
A member of the staff of the Scottish Government
Directorate for Primary Care

St Andrews House
Edinburgh
DATE

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

The Primary Care (Community Treatment and Care) (Scotland) Directions 2023

The Scottish Ministers give the following Directions in exercise of the powers conferred by regulation 18(2) of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 ([5])(the "GMS

([5]) S.S.I. 2018/66. Relevantly amended by paragraphs 422 to 425 of schedule 19 of the Data Protection Act 2018 (c. 12), S.S.I. 2018/94, S.S.I. 2019/336, S.S.I. 2019/284, S.I. 2019/1094 and S.S.I. 2021/302.

Regulations"), paragraph 6A(2) of schedule 1 of the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018([6]) (the "PMS Regulations") and all other powers enabling them to do so.

PART 2

GENERAL

Citation and commencement

8.These Directions may be cited as the Primary Care (Community Care and Treatment) (Scotland) Directions 2023.

9.These Directions come into force on **DATE**.

Application

10. The provisions in these Directions apply to Health Boards in Scotland in relation to—

(a) all primary medical services agreements entered into by the Health Board in accordance with section 17C of the 1978 Act, and

(b) all general medical services contracts entered into by the Health Board in accordance with the 1978 Act.

Interpretation

11.—(1) In these Directions—

"the 1978 Act" means the National Health Service (Scotland) Act 1978([7]),

"contractor"—

(a) has the definition provided in the GMS Regulations, and

(b) includes a provider as defined by the PMS Regulations,

"core CTAC services" means phlebotomy, chronic disease monitoring, the collection of biometric information, attending to minor injuries, changing dressings, suture removal and ear wax management,

"the GMS Regulations" means the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018,

"the PMS Regulations" means the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018,

(2) Terms not defined by these Directions have the meaning given to them in the GMS Regulations or PMS Regulations as is relevant to the particular contractor in question.

(3) Terms not defined by either these Directions, the GMS Regulations, or the PMS Regulations have the meaning given in the 1978 Act.

Extent of services

12.—(1) The Health Board may agree with contractors that services, other than the core CTAC services, are to be included in the community treatment and care services provided by the Health Board.

Health Board responsibility

13.—(1) The Health Board is to provide community treatment and care services to the patients of the contractor, and is to adequately resource, plan, and deliver services so as to minimise circumstances in which it becomes necessary for the contractor to provide immediate care to prevent injury of a patient or the worsening of a patient's clinical condition.

([6]) S.S.I. 2018/67. Relevantly amended by paragraphs 426 to 429 of schedule 19 of the Data Protection Act 2018 (c. 12), S.S.I. 2018/94, S.S.I. 2019/336, S.S.I. 2019/284, S.I. 2019/1094 and S.S.I. 2021/302.
([7]) 1978 c. 29. Relevantly amended by section 22(2) of the National Health Service (Primary Care) Act 1997 (c.46), section 65 and schedules 4 and 5 of the Health Act 1999 (c. 8), section 2(4) of the Primary Medical Services (Scotland) Act 2004 (asp. 1) and S.I. 2003/1250.

(2) The Health Board is not to treat the provision of services by the contractor in circumstances in which the contractor is not required to provide such services as a waiver of any part of the contractor's entitlement to support in the form of community treatment and care services.

Staffing

14.—(1) In providing the community treatment and care services to support the contractor the Health Board must make available adequate staff to ensure that an adequate service continues to be available, including during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.

(2) Where the Health Board allocates a staff member who would routinely operate the community treatment and care services to operate other services provided by the Health Board, the Health Board must make available adequate staff to ensure service provision is continues as previously planned .

Patient bookings

15.—(1) The Health Board must make available to the contractor a means to allocate a patient of the contractor's practice an appointment with the Health Board's community care and treatment service.

(2) Subject to paragraph (3), the Health Board must make available to the contractor's patients a means by which they can directly request an appointment with the Health Board's community treatment and care service.

(3) Paragraph (2) does not apply to such parts of the services as the Health Board and contractor have agreed that it would be inappropriate for the contractor's patients to arrange an appointment directly.

(4) Where one of the contractor's patients requires subsequent appointments for the community treatment and care services, including repeated appointments for chronic disease monitoring, the Health Board must make all reasonable efforts to arrange those appointments.

Signatory text

Name
A member of the staff of the Scottish Government
Directorate for Primary Care

St Andrews House
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DATE