ITEM No …13……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB33-2019**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2018/19 and seek approval for the implementation of the Dundee Primary Care Improvement Plan for 2019/20.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the positive progress to implement the Dundee Primary Care Improvement Plan 2018/19 in the first year of delivery (attached as Appendix 1) and noted in Section 4.3;

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2019/20 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3;

2.3 Instructs the Chief Officer to issue directions to NHS Tayside to implement with immediate effect the specific actions relevant to them in Appendix 1;

2.4 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund as noted in Section 4.2;

2.5 Instructs the Chief Officer to provide a further report on progress made in the second year of delivering the Dundee Primary Care Improvement Plan to a future IJB;

2.6 Notes that a Tayside Primary Care Improvement Plan 2019/20, incorporating the Dundee Primary Care Improvement Plan, will be submitted to the Scottish Government following approval by the relevant parties including Dundee IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for delivery of the Dundee Primary Care Improvement Plan (the Dundee Plan) for 2018/19 was agreed by the IJB in 2018 (report DIJB26-2018, article V of the minute of the meeting held on the 27th June 2018 refers , and report DIJB45-2018, article IX of the minute of the meeting held on the 28th August 2018 refers). There has been significant slippage in the planned expenditure to date, as a number of areas of delivery have been delayed in terms of a service delivery start date. The actual spend is detailed in table 1 below.

3.2 The development of the Dundee Plan and the associated financial plans for 2019/20 are detailed in Appendix 1 and summarised in the table below. These figures continue to change as learning is gained from the tests of change that are taking place and the models being developed evolve. Should all services develop within the timescales initially proposed, there is a risk that the fund will be over committed for 2019/20 but given the level of slippage experienced in year 1 there is likely to be a further pattern of slippage in year 2. This position will be monitored closely through the IJB's financial monitoring process. The 2019/20 figures also include a provision for the financial impact associated with the increase in staff costs such as employers superannuation contributions. It has not yet been confirmed how this increase will be funded for Primary Care Improvement Fund posts therefore any additional funding allocated for this purpose would reduce the pressure on this fund. The figures for staffing are based on the timescales that posts are required but the recruitment issues are such that there is a significant risk that not all posts will be filled and therefore we are not expecting to have any financial pressures at the end of year 2. The modelling work done to date has however highlighted that the Primary Care Improvement Fund will not be sufficient, in isolation of other resources, to deliver all the contract commitments beyond 2019/20. This position will continue to be monitored and will be a feature of future budget discussions.

Table 1

Commitment	2018/19 Actual £k	2019/20 Proposed £k
Funding Available (incl c/fwd)	£1,421.5	£2,748.4
Vaccination Transfer Programme	£75.6	£217.4
Pharmacotherapy Services	£207.6	£567.6
Musculoskeletal Services	£0	£219.6
Mental Health Services	£6.3	£248.3
Link Workers/Social Prescribing	£0	£187.0
Urgent Care	£43.0	£487.2
Care and Treatment Services	£50.6	£613.8
Premises, Infrastructure & IT Systems	£0	£111.0
Workforce Planning and Development	£0	£57.0
Provision to Fund Staff Costs Increases	£0	£164.2
Less: Estimated Slippage in Expenditure		(£124.7)
Total Expenditure	£383.1	£2,748.4
Variance (Carried Forward)	£1,038.4	-

4.0 MAIN TEXT

4.1 Context

4.1.1 The IJB has previously considered papers setting out the context and challenges within primary care (report DIJB51 – 2017, article IX of the minute of the meeting held on the 19th December 2017 refers) and the implications of the General Medical Services (GMS) contract and related memorandum of understanding (report DIJB-2018, article IX of the meeting held on the 27th February 2018 refers). The Primary Care Improvements Plans consists of a Tayside wide Primary Care Improvement Plan (the Tayside Plan) which sets out the high level regional and local improvements. This Tayside Plan is expressed locally at a Dundee level through the detailed Dundee Primary Care Improvement Plan (the Dundee Plan).

4.1.2 This paper details the progress against the actions set out in year 1 of the Dundee Plan, associated expenditure, and details the proposed actions and spend for year 2 (2019/20). The Tayside Plan, incorporating the Dundee Plan, requires approval by each Integration Authority, the Local Medical Committee (LMC) and NHS Board. The Tayside Primary Care Improvement Plan was presented in June 2018 (report DIJB26-2018, article V of the minute of the meeting held on the 27th June 2018 refers) and in August (report DIJB45-2018, article IX of the minute of the 28th August 2018 refers) a more detailed Dundee Plan was agreed. This report updates these plans and sets out the priorities for implementation in year 2.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans which must be delivered between 2018 -2021:

- The Vaccination Transformation Programme (VTP)
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care
- Additional professional roles - such as musculoskeletal focused physiotherapy services and mental health
- Community Link Workers (referred to as social prescribers).

4.1.4 As noted previously a number of national documents provide further context regarding the national planning to support reform within health and social care. All are key enablers for delivery of the new GP contract:

- Premises - as outlined in the National Code of Practice for GP Premises, a new model for general practice premises is planned within 25 years, whereby GPs will no longer be expected to own their own premises.
- Information sharing arrangements - The Information Commissioners Office (ICO) now accepts that GPs are not the sole data controllers of the GP records but are joint data controllers along with their contracting NHS Board.
- Workforce - The National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland, provides guidance on workforce planning to support the reform of primary care.
- Mental Health - Action 15 of the Mental Health Strategy allocations have been announced bringing a further £11m nationally to improve availability of mental health workers in GP practices, police station custody suites, prisons and emergency departments. The developments linked to mental health are outlined elsewhere.

4.2 Dundee Governance

4.2.1 The Dundee Primary Care Improvement Group (DPCIG) was established in 2018 with a remit to develop the Dundee Plan and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group supports work at a regional level, ensuring sharing of practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local sub groups which lead the development of the service areas. Given the breadth of the range of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.2.2 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director. The DPCIG has responsibility for the distribution and monitoring of the use of the Dundee allocation of the Primary Care Improvement Fund.

4.3 Progress

4.3.1 Overall progress in year 1 has focused on agreeing new models of delivery and establishing the foundations required for these changes. There has been a significant amount of work to develop new roles and job descriptions. Delays with the latter have had an impact on the delivery of services to date.

4.3.2 The progress against all the key areas is outlined in Appendix 1. All areas have progressed. For some aspects this has been limited, in line with the original plan, as a number of areas were prioritised for year 1. All areas are now in a position to be able to build on year 1 work and increase the pace of change in year 2. Key achievements include:

- The midwifery team are now undertaking vaccinations for pregnant women as part of their care
- The Pharmacy Locality Team are working with practices to ensure that patients prescribing is accurate after discharge from hospital
- A new Care and Treatment Team has been established who will manage wound care for patients. This is being tested in one GP cluster currently.
- The Integrated Care Home Team is undertaking a new urgent care role to assess patients in care homes rather than a GP. This is being tested in two GP practices and their linked care homes.
- Specialist paramedics are working in three GP practices to assess people who are acutely unwell at home, when appropriate, instead of GP's.
- A new service, Patient Assessment and Liaison for Mental Health Service (PALMS), led by the psychology team, is seeing patients who present with mental health and wellbeing issues, in two GP practices.

4.3.3 Where workforce recruitment and development has been a key challenge in year 1 it is anticipated that this will remain the case in year 2. The pharmacy team is one example of this. In Dundee there has been very limited success in recruiting to new pharmacy posts, however there has been some success in recruiting pharmacy technicians. The pharmacy team are considering how they best meet the challenge of delivering the pharmacotherapy service with the ongoing recruitment challenges, and are looking at new roles which may support developments of this. This flexible approach to the development is seen across all teams involved in the delivery of the Plan.

4.3.4 One of the key challenges going forward in year 2 onwards is the availability of appropriate space to deliver services from. These services include those detailed in paragraph 4.1.2. A paper on the requirements for primary care premises in Tayside was submitted to Tayside Asset Management Group in May 2019 highlighting the need for investment in premises to meet this agenda, in the short, medium, and longer, term. Without this there will be a major challenge to delivery. One example of this is in the Broughty Ferry area where we have very limited public space of any kind, and extremely limited space in practices.

4.4 Plans for 19/20

4.4.1 The Scottish Government in their guidance for 2019/20 Primary Care Improvement Plans have emphasised the requirement for:

- Plans to be based on population healthcare needs, considering existing service delivery, available workforce and available resources.
- Evidence of option appraisals in support of any recommendation to continue delivery of services by general practice through locally agreed contract options.
- Reconfigured services to continue to be delivered in or near GP practices, to support continuity of care.
- Clear description of local actions related to workforce planning and supply and how potential gaps will be addressed.
- Provision of information about patient engagement.

- Health Board plans for premises developments to support provision of new services models within primary care and digital infrastructure developments.
- Clear overview of local monitoring and evaluation processes.

4.4.2 Plans in Dundee are evolving and are outlined in Appendix 1, with the current estimate of costs. Key aspects of this include:

- Developing immunisations for flu in a different way, particularly for children.
- Expanding the pharmacy locality team to support the developments outlined in the GMS Contract, and including testing of new roles.
- Expand the wound care service to other clusters and add new services in to the breadth of care and treatment
- Expand the teams supporting urgent care, with the development of a more cluster based approach to home visits, supported by advanced practitioners.
- First Contact Physiotherapy Service will be delivered in a number of locations across 2 clusters
- The Link Worker team will review how they can support across practices.
- The PALMS service will be evaluated and rolled out to a further 6 practices, based on the evaluation findings

4.4.3 The national commitment is to complete the improvements by April 2021. Given the scale and pace of change required to implement the improvements, there remains a level of significant ongoing risk. These risks are detailed in section 6.0.

4.4.4 Teams are undertaking a range of ways of ascertaining feedback from those using the new services. A regional communications and engagement plan is being developed and a local plan will be used in conjunction with this. There will be increased involvement of local communities as teams consider where services will be delivered in more detail. Wider consultations have included aspects of primary care delivery, including within the Transforming Tayside engagement, and including local service reviews affecting practices.

4.5 Next Steps

4.5.1 Reporting to the Scottish Government on progress is 6 monthly and the first reports have been submitted. The updated Tayside Primary Care Improvement Plan 2019/20, incorporating the Dundee Plan will be submitted subsequent to approval by the IJB. Delivery against each of the service areas will continue to develop and will be monitored by the Dundee PCIG as outlined above.

5.0 POLICY IMPLICATIONS

This paper has been screened and there are no significant implications of the paper.

6.0 RISK ASSESSMENT

The following key high level risks were identified in paper DIJB26-2018 and remain current, with some changes to mitigating actions. Risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group. More detailed risks are noted in appendix 1.

Risk 1 Description	There is a significant risk that Dundee may not recruit or develop the workforce to deliver all of the commitments in this plan given the scale and breadth of the plan. This applies across a number of professions, including pharmacy, nursing and Allied Health Professionals (AHPs). This will directly impact on the delivery of services described.
Risk Category	Workforce, operational
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20
Mitigating Actions (including timescales and resources)	All services are planning with this risk at the forefront and looking to maximise skill mix as much as possible to reduce this. Longer term national work to provide increased undergraduate training will support this but not within the timescales of the 3 year plan.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Planned Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk that we will have inadequate infrastructure to support the delivery of the Plan, both in terms of IT infrastructure and systems, and buildings/premises.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20
Mitigating Actions (including timescales and resources)	Investment in IT infrastructure and systems need to be prioritised to allow dependant aspects of delivery to progress. A test of change is due to start in June but is not funded beyond this initial test. There are financial implications for both software and hardware which are currently not funded and cannot be funded from PCI Fund. Some services may need to be delivered from practice premises. A series of works will be required in 19/20 to create some space but is unlikely to meet requirements into 20/21.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan, and that resource will have to be identified from other sources. This will impact the scale and pace of roll out of services across the city.
Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20
Mitigating Actions (including timescales and resources)	Other sources of funding will be identified as opportunities arise. Finance is a key component of planning and ensuring the most cost effective models are progressed. Where models with variation in costs are tested in different parts of Tayside there will be a judgement made as to cost effectiveness of these models prior to roll out.
Residual Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20
Planned Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

The Clinical Director, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	
	2. Dundee City Council	
	3. NHS Tayside	✓
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 29 May 2019

Shona Hyman
Senior Manager
Service Development & Primary Care

David Shaw
Clinical Director

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB33-2019
2	Date Direction issued by Integration Joint Board	25 June 2019 (or does it remain the original date (28 Aug 2018)
3	Date from which direction takes effect	25 June 2019
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB45-2018
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction	Not applicable
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly,) by the DPCIG
10	Date direction will be reviewed	June 2020 (or earlier if required)

Appendix 1

DUNDEE PRIMARY CARE IMPROVEMENT PLAN 2019-20

The Dundee Primary Care Improvement Plan (PCIP) sits alongside the Tayside PCIP agreed for 2018-21, as well as any subsequent revisions to that initial 3 year plan. Table 1 details the key local actions which have been taken in 18-19 and outlines the actions planned for 19-20. It also notes the current spend in 18-19 and an estimate of likely spend in each area for 19-20, as reasonably accurately as possible at this stage of planning. It is important to note that the programme is constantly evolving as tests of change are completed and the programme implementation is refined going forward.

A summary of each of the areas is noted below.

1. Vaccination Transformation Programme (VTP)

VTP is a regional programme and Dundee Health & Social Care Partnership (H&SCP) support the NHS Tayside commitments. Childhood immunisations have been further rolled out to include areas previously not covered including mop up immunisations from school programmes and the 2-5 year old flu programme, while pregnant women will now be receive their pertussis immunisation from the community midwifery service. The flu programme is more complex, partly due to the seasonal nature of the programme, with most immunisations being delivered over a 3 month period. For this reason, adult flu immunisations will be delivered by the VTP programme in one cluster within Dundee in 19/20. The delivery of the flu programme will in future link with to care and treatment teams. National work on travel services is awaited to inform this area of care.

2. Pharmacotherapy Service

Pharmacotherapy is a regional programme and Dundee H&SCP support the NHS Tayside commitments. There has been an increase in support to practices with new posts being integrated into the locality pharmacy teams. However recruitment issues are creating ongoing challenges to the development and roll out of the service. There is a significant risk that the full pharmacotherapy service will not be implemented by the end of year 3.

3. Musculoskeletal (MSK) Services

There has been limited progress in year 1 but plans are now in place to roll the service out, assuming successful recruitment and space being identified. The new model will need substantial revision if the test of IT systems is not successful.

4. Mental Health Services

Dundee H&SCP have tested initial assessment and triage for patients presenting with mental health issues. This programme currently excludes children... PALMS (Patient Assessment and Liaison Mental Health Services) has started in 2 practices with the psychology team delivering the initial consultation instead of a GP. As part of this work pathways of care are being reviewed and how referrals across the system are made to try to streamline and simplify where possible, increasing the access to the right services first time. This will be compared with alternative models in the other areas of Tayside and based on this broader perspective the model will be rolled out across other practices/clusters as capacity/ funding is available. There is likely to be a significant challenge for workforce development/ recruitment of this aspect of delivery, regardless of the professional who does the initial assessment. We are therefore unable to commit to full roll out in 3 years. This area of delivery links to developments within mental health, and is linked to funding for Action 15 of the national Mental Health Strategy, and is aligned with the link worker programme.

5. Link Workers/Social Prescribing

The existing link worker team have remained in post in 18-19 working to the previous criteria described by the Scottish Government, (who have also provided most of the funding in 18-19). Going forward this will change as the teams role changes to reflect the PCIP and funding, to allow support across practices. Further recruitment is not anticipated at this stage but that creates challenges around redesign of the team.

6. Urgent Care

Dundee H&SCP have developed 2 aspects of urgent care supporting those living in care homes, and those at home. Initial work on both of these models is positive with the key challenge being how to scale this up going forward. There are significant challenges as to how we can develop both the infrastructure and workforce to deliver the service across Dundee.

7. Care and Treatment Services

Dundee H&SCP have built on the work and experience of current teams to develop new roles in care and treatment. There have been delays in getting new posts developed and filled but tests are underway, and should build up quite quickly over year 2. The rapid identification and acquisition of adequate premises is like to be a key issue for this area of care, given the numbers of staff involved.

8. Premises, Infrastructure and IT Systems

A number of pieces of work are being progressed on a Tayside wide basis which will inform planning within Dundee for this aspect of delivery. The review of non-acute care project in Dundee is a major programme of works that includes plans to undertake a comprehensive review of all GP (and other primary care, local authority and 3rd sector) premises to assess suitability and sustainability. This will inform longer term planning of sites going forward, particularly as we look to develop new models of care in communities. Included within the scope of this programme is the proposal to provide three further heath and community care centres in Dundee. In relation to immediate priorities, we will shortly begin to identify underutilised spaces in existing facilities which, with some investment, could be utilised/used differently.

In terms of information developments and management there is recognition of the requirement for significant cultural change and a need to use technology to support different ways of working. There will be an increased need to use mobile devices and patient data will need to be shared and communicated more commonly across services. In order to allow safe and efficient patient care in an environment where that care is delivered not just by a GP practice, but also by a range of additional services, there is a need for, easily understood, easy to use, data sharing policies and practices that support the safe sharing of confidential patient information. These developments will help to create a more mobile and more flexible workforce. The systems we use are not currently suited to the proposed new models of working, primarily due to lack of interoperability, and will need to be developed, along with the necessary network, hardware and licensing required for this. Aspects of this will be tested in the redesigned Lochee Health and Community Care Centre.

9. Workforce Planning and Development

Recruitment and retention of GP's is being led at a Tayside level but we need to adopt a flexible approach to GP recruitment given the issues currently faced.

Much of the focus of the plan is on roles which can work alongside GP's, across a wide range of professional groups. This is clearly detailed in the Tayside plan. However we need to consider how this works alongside wider developments, especially for our local workforce, in Dundee. There are ongoing challenges with recruitment and development of the workforce, especially for advanced practice roles.

10. Sustainability/Scalability

Developments need to be both sustainable and achievable at scale. This is challenging for some aspects of the workforce in particular. However if we do not set off with a vision we will never achieve the degree of progress we require to support care in the most effective way longer term. We will continue to build on tests of change, aiming to increase the scale and pace of change in year 2 and into year 3. Current planning has identified that there is not adequate resource to deliver at scale.

11. Practice Staff Development (in general practice)

- Practice admin role is being developed as new roles are tested supporting a range of the new services.
- Development of nursing roles around advanced practice, disease management etc, including ANP
- Consideration needs to be given to creating a team around the patient

12. Evaluation

A number of audits have been undertaken which will inform baseline data. A Tayside framework for evaluation is being developed.

13. Communication and Engagement

Communication and engagement is key to the success of much of the change being proposed, alongside involving our local communities in shaping our plans. Key messages will be developed on a Tayside basis for public messaging around the culture change required for accessing services. More detailed plans will be developed around communication and engagement for each part of the development as more detailed plans are progressed, to ensure that how the plan is delivered is co-produced.

14. Funding

There has been a significant underspend in year 1 of the programme, as the focus has been on developing new models of care and testing in limited scale projects, prior to spreading these across the city. The rate of change will increase in year 2 and into year 3. By year 3 it is anticipated that other sources of funding will need to be identified to support delivery models. (It is of note this is a significant increase in superannuation from this current financial year. It is unclear if funding from the Scottish Government will be uplifted for this, or if it will need to be absorbed into the overall budget. The latter would obviously decrease the number of posts that could be recruited to.)

Table 1

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
1 Vaccination Transformation Programme (regional approach)	Children's immunisation team expanded to cover all childhood immunisation Midwifery service started to deliver pertusssis as planned and will deliver flu from this autumn	Daniel Chandler	75.6	Pre-school flu to transfer for 19/20 flu campaign Mop up of primary school flu from practices to be completed Midwifery team now in position to deliver flu for pregnant women Flu for over 65's and under 65's at risk to be tested in one cluster in Dundee	217.4	Ongoing issues with information systems and ability to share/record data in a timely manner. Staff recruitment and retention in the children's immunisation team Risk that lower uptake rates with any change could increase risk of a major outbreak Ability to identify staff to deliver the flu vaccine over a short time period (ie traditional recruitment will not work as required for 3 months)
2 Pharmacotherapy Services (regional approach)	Limited recruitment to posts and staff turnover in the team meant little increase in capacity overall by year end Test of change completed in 2 Dundee practices, and learning shaped planned next steps A new role of a "pharmacy assistant" being developed to support implementation as a result of the test of change	Jill Nowell/ Elaine Thomson	207.6	Roll out of initial level 1 work to be completed by July (immediate discharge letters) Roll out phase 2 of level 1 work, outpatient letters and ad hoc queries	567.6	Recruitment of trained pharmacists, and technicians, has been an ongoing issue. There is an increasing pressure because of the national development of this service where all boards are looking to recruit pharmacists. Developing processes which can be used by shared teams that work flexibly with practice process is an issue

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	Planned roll out of first aspect of level 1 – medicines reconciliation – planned with practices to be completed in 18/9 progressed					
3 Musculoskeletal (MSK) Services	1 physio started in February 2019 Work undertaken to redesign current team to support work on an ongoing basis Scoping of pathways and communications to support delivery Worked with IT colleagues to develop solution to working in a context outwith the practice, and interim arrangements now agreed	Mat Perrott/ Matthew Kendall	0	Suitable space in some of cluster 1 practices now identified and plan to start service from April 19 MSK team skill mix and roles reviewed to support new role in team going forward Recruit additional staff so that 4 WTE physios in post by end of 19/20 Complete test of change with proposed IT solution, as part of wider test of change for Vision Anywhere Consider the impact on other parts of MSK pathway, and assess level of resource released (if any) in the pathway	219.6	Developing skill mix in teams who are not based together, and where practitioners may be the only person in a team working from a specific location. Providing a service which can replicate the accessibility of general practice for acute presentations will be challenging 5 days/week, 52 weeks/year Recruitment and retention of suitably qualified staff to proceed with the roll out to clusters 3/4 –see below Lack of identified permanent space within cluster 2 locality If the proposed Test of Change using Vision Anywhere doesn't support the requirements of the service in terms of appointments systems and access to shared information systems – will result in reduced flexibility system across the clusters and risk the

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
						development of the proposed cluster model
4. Mental Health Services	Completed an audit with cluster 4 practices of demand for GP appointment for mental health and wellbeing issues. Started test of assessment for initial contact by MH team (clinical psychologist) as pilot –Patient Assessment and Liaison Mental Health Service (PALMS) in February in 2 practices Working with Listening Service (Do You Need to Talk) and Link worker to ensure these services integrate well within the practice and patient seen by person for that time Have worked with practice teams, esp reception team, to ensure that patients can be rerouted to PALMS for first contact Links to MH&WB SPG established, and planning linked to MH Action a15 monies to look at overall	Arlene Mitchell/ Linda Graham	6.3	Recruit an additional 3 WTE posts within the psychology team, but at different bands, to start to establish the level of skill mix required to support this across Dundee Evaluate the pilot of PALMS, including assessing how much work has shifted from GP's, patients perception of the service, value of wider support provided by the PALMS team to clinician, and onward referral impact Consider the requirements based on practice size and how develop a model to meet demand on a sustainable basis Consider how deliver the service when no space in practice and needs to be a community based model.	248.3	Recruiting skilled mental health professionals, even with an increasing degree of skill mix, is challenging Sits with wider work to support action 15 of the mental health strategy and requires to be integrated with that. This also creates a number of opportunities to consider pathways of care more broadly. Space in practices is an issue for this service in particular as a key component if face to face support of professionals in the practice team around mental health care delivery.
5. Link Workers/Social Prescribing	The current link worker team have continued to support 14 Dundee practice under the existing criteria, and with current source of funding.	Sheila Allan	n/a	Develop a new model to allow the team to work with a wider range of practices, who currently do not meet the criteria for the team based on the practice deprivation profile,	187	Changing the criteria to support all Dundee practices, rather than the 14 currently funded, has the potential to destabilise the team

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	processes for recording, monitoring and evaluation in EMIS web have been agreed team working with some practices to encourage signposting and referral aspects of social prescribing in those practices ongoing work to consider how people (patients and professionals) access information which can support their health and wellbeing needs, including links to national directories being developed			recognising the challenges this brings in potentially diluting the impact of the team in current practices. Review the skill mix in the team, developing new roles if required. Evaluate any changed criteria Work with the PALMS service to initially test new criteria in one practice Work with key stakeholders to develop and maintain local directories which meet the needs of both professionals and the public Support practices to consider role of staff in signposting and referral, based on test work in one practice		and reduce the impact of the service. Agreeing a different skill mix for the SOS team requires to be tested to assess impact Local directories can build on both national and local systems, but needs adequately supported/resourced . Welfare rights team are working with a number of practices but a number of competing priorities mean that this is not feasible for all practices.
6. Urgent Care	Review ECS and DECSA to consider how maximise the initial assessment of frail/older people when unwell/ deteriorate, is underway but not complete The integrated care home team are supporting varying needs of those in care homes. This includes up skilling of current nursing team to take on a more advanced role, and developing a	Shawkat Hasan/ Jenny Hill	43	Pathways of care for frail and older people who are supported by ECS/DECSA will continue to be reviewed and evolve Recruit an additional 2 staff for the care home team to allow further roll out to practices of the care home visit requests. This is well integrated with the way the team work to support people in care homes.	487.2	Getting a job description for a new post in the care home team has been problematic and delayed this change There is limited availability of specialist paramedics, ANP's, or a nurse consultant, who can undertake this work. These may need to be developed as trainee roles initially which will delay

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	greater skill mix in the team. A test started in September with one practice and one care home is now rolled out to a second practice and several care homes. The team have not yet been able to recruit additional staff to support this work due to issues with the development of job descriptions, but the team have managed to release capacity form other work to support this, for this test. A model for urgent care for those not in care homes has started to be tested in 3 practices with a specialist paramedic role. This has been 1 WTE (but 3 people) who have worked in 1 practice each to develop this service. This continues to evolve as learning is gained, but requires further development. The development of a nurse consultant to support this work has not progressed as the job description is not yet agreed. This post is critical to developing a wider model. An audit of home visit requests was completed for cluster 1 and then 2 to inform the demand for this work. There is agreement in principle to work with the out of hours service to consider how we best provide urgent	Jenny Hill/ Shawkat Hasan		Complete test of change with specialist paramedics and consider implications for the further model. Test specialist paramedic model across a cluster, developing an infrastructure that supports that. Continue to develop a more of urgent care with practices. Aim to have 8 advanced practitioners in post by the end of the year, with admin support, to deliver the service to 2 clusters. This ideally would be a split between paramedics and nurses, but may include other professionals. There is a significant amount of work to develop this model, including IT support and a range of governance and safety issues. Finalise and recruit to nurse consultant post to support clinical delivery of this service and support the development of advanced practitioners, as we know we will not be able to recruit staff with the skills for all these posts. Work with colleagues in OOH and SAS to consider how we best use our skilled workforce to support urgent care, such as considering joint posts and training.		implementation to the degree planned. There is significant demand for roles at advanced practice setting in a range of settings, including practices, out of hours and core ambulance service. NHST does not have a well developed infrastructure to support the development of advanced practitioners in the numbers required to support PCIP, across workstreams. However urgent care is the area most reliant on this. There is not yet agreement as to how to reconcile efficient use of an urgent care team with effective communication to practices, where the practice, and GP, will retain a critical role in caring for complex frail patients.

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	care and the day and week, as shared staff may be beneficial.					
7. Care and Treatment Services	Agreement the team will integrate longer term with a number of other teams who deliver community based nursing care. Working with staff, and unions to look at the redesign of these teams. Leg ulcer care now supported by the team across all practices in Dundee, noting however there is a waiting list currently as demand has been higher than expected. A test of wound care has started for one cluster and will be rolled out once further staff are in post. Models for ear care under development. Pathways for phlebotomy under development An audit by practice based nursing staff was completed looking at all the care delivered by nursing teams in one week. This has informed the model development and costing/staff projects in going forward. Delivery has been constrained by available space.	Beth Hamilton/ Gail Andrews	50.6	Continue the redesign and integration of the teams identified to makeup the care and treatment team going forward. Continue to recruit to all staff levels required going forward, basing this on learning around skill mix and roles. This may include the development of new job descriptions not yet identified. Test a model for delivery of phlebotomy, recognising the need for local access for people to this frequent service. Aim to shift around half of bloods currently undertaken by practices by end of year 2 Work with colleagues across Tayside to consider how those test requested by secondary care but currently carried out in practices can be transferred safely, with appropriate governance in place Develop and test a model for ear care Roll out wound care to all clusters.	613.8	Availability of space in community venues, and general practice, will limit how we can develop the expanded MDT as described in the contract. The numbers of staff to shift all key areas seen as part of care and treatment services is such that the roll out of the service will be constrained by space rather than staff. If the test of Vision Anywhere demonstrates that key areas information to support care cannot be shared there is a risk to the programme developing, or a need for dual data entry, which is inefficient.

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	Close links to the redevelopment of Lochee building to support new ways of working and integrated teams.			Start to develop models of care for additional areas of care, such as cryotherapy, and spirometry		
8. Premises, Infrastructure and IT systems	We have worked with colleagues to consider the premises we have available to support primary care work and have input this to both the Dundee HSCP Property Strategy, and to the NHST Primary Care Property Strategy, (both of which are almost finalised.) A number of actions have been progressed to survey buildings in a range of ways, to start to identify if there is any free space, or space which can be utilised differently. This is only partially complete. A range of activities have been undertake to promote the use of technology to support health care delivery. This is still relatively limited in its impact. Have scoped with e-health colleagues the requirements for an information system to support new models of working. Agreed test of change for a federated model of Vision Anywhere linked to this. Funding secured for this initial test for the software elements.	Tracey Wyness/ Arnot Tippet	0	Work with colleagues in NHS Tayside, Dundee City Council and the 3rd sector to develop a plan for future development of primary care sites, including general practice and health and community care centres , based on the premises survey to be undertaken, and building on the Dundee H&SCP Property Strategy, once completed. Survey existing primary care facilities to identify underutilisation of accommodation which could be used, with funding for minor works where appropriate, to provide some additional capacity for care and treatment services. Work with clusters to consider boundaries for general practice to ensure all areas of the city have adequate access to general practice and care and treatment services, recognising that teams are increasingly geographically based Continue to support the roll-out of the various tests of change for care and treatment services in Lochee	111	In year 2 we are likely to be unable to expand he delivery of a number of services as we have been unable to identify adequate space that is fit for purpose either in general practices, or other community based buildings. There is a specific issue in the Broughty Ferry area of Dundee. The lack of community hospital infrastructure in Dundee gives very limited community space. Funding any new building requirements is likely to take a number of years, if it is possible at all. A number of premises have been identified that could be adapted to provide services from but they also require some funding, although in some cases this is not high. If there is not a comprehensive way across the city of identifying space some residents will have a much poorer service in relation to access than they may have

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	Have supported the redevelopment of Lochee to move towards a more integrated care and treatment centre, including additional funding to allow further tests of change and new ways of working.			Support the roll out of national scale up of Flo to support BP monitoring. Undertake a test with Attend Anywhere to assess its impact on GP workload locally. Assess the learning from the use of e-consult on GP's time which will be tested as part of the Lochee redesign. Agree if it is useful to scale this up further. Continue to work with e-health colleagues to test Vision Anywhere, assess its impact and manage its scale up if identified as the preferred solution.		had if their practice were still delivering the service. It cannot be assumed that space will be freed up in practices as the time spent in activities that are being moved to other teams will be replaced with different activities within the practice, which will require space/premises. The use of technology has a stronger base in some clinical areas than others, and is not widely accepted by all clinicians as useful.
9. Workforce Planning and Development	In conjunction with service managers and professional leads have progressed new and expanded roles, both in primary care teams and general practice settings, across a range of professions and work streams Services have continued to evolve their workforce plans as tests of change have informed models going forward Where existing teams are being redesigned both HR and staff side colleagues have been involved in this process	N/A	0	Work with HR colleagues to consider innovative ways of attracting new staff to work in the services involved, including in core general practice. Link with wider NHST developments for advanced practice to develop a sustainable model for development of advanced practitioners, increasing the pace of this change to try to meet demand Scope the overall workforce requirements, and refine this as learning evolves of new models and roles.		There is a significant risk that we will not be able to develop or recruit the workforce we require to deliver the GMS contact at scale by April 2021. There is competition across teams locally for skilled staff, and significant staff movement can destabilise core teams.

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	There has been significant work undertaken to recruit and retain GP's, including the career start model. The model continues to be effective, although limited in its overall impact given the number of vacant GP posts, particularly in Dundee Have had delays of several months in developing and getting agreement on new job descriptions, for a range of reasons. Have been unable to fill all the post advertised in some workstreams, particularly pharmacotherapy, despite the increased skill mix approach Have outstanding work in relation to progressing a job description and role development framework for a nurse consultant for urgent care			Work closely with practices to consider opportunities for practice staff in the new services, while aiming to minimise any impact on practice stability, recognising that the changes can create uncertainty as to future roles Work with Dundee practice managers to develop practice based roles and skill, particularly for admin and reception staff. Consider options to support those staff whose posts may be directly impacted by the shift of work from general practice to other settings. Work with organisational development colleagues to consider how to create cohesive teams, focussed on the person at the centre of a pathway, which also recognises the pivotal role of the GP as a leader. Continue to support GP recruitment and retention, including career start.	57	
10. Sustainability/ Scalability	Programme and project management has been managed locally within current resources, at service or H&SCP level. This has led to some delays and gaps as there has been limited capacity to focus on this work.	Project Leads/ Shona Hyman	Not costed	Review options to increase support for managing the PCI programme across Dundee Work with finance colleagues and project leads to identify if new services create capacity in other parts of the patient pathway and		The modelling undertaken to date has identified that the resource from the new PCIF will not adequately resource the scale of change needed to deliver all the services.

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	Consideration of how services can be redesigned, or additional resource identified, to deliver this at scale have been reviewed and developments planned taking cognisance of this.			therefore potentially release resource which can support wider scale up of the services involved. Identify with finance colleagues other sources of funding to allow roll out at scale		
11. Practice Staff Development	The role of admin and reception staff has been identified as key to the success of the programme going forward. A range of aspects have been tested in different practices. The reception role in assessing patients' issues and the best professional to support care is being tested for both mental health and MSK developments. Reception staff in one practice have had training signposting and referral linked to social prescribing, and this will be built on going forward. A new role for a pharmacy assistant has also been identified. A more comprehensive piece of work has not progressed as the national practice admin collaborate had not reported in this time frame.	Various	0	Support the development of new roles for practice admin staff, in conjunction with practice managers. Build on learning from the practice admin collaborative, utilising the newly published toolkit. Share local learning which supports this agenda. Work with colleagues across sectors to consider the evolving roles for practice nurses, recognising the uncertainty as well as the opportunities that the current changes create, particularly around care and treatment services. Ensure that roles which may impact on practice staff are advertised to allow these staff to be considered for the posts.		There is variation across practices as to how they have historically developed reception and admin staff. This wider role development may have implications for pay scales in the staff group involved, which practices may not feel they can fund.

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12. Evaluation	A Tayside evaluation group has been agreed to support evaluation of the programmes. The LIST team have supported a number of audits to help inform the development of new services, including looking at demand and feeding into workforce requirements.	TBA	Nil direct	Agree consistent patient measures and a framework for this to sit within. Repeat audits to assess impact of service changes. Link with colleagues in e-health to ensure that reporting is built in to IT system developments		Delays in agreeing a consistent framework may mean that there is a lack of baseline data to measure against.
13. Communication and Engagement	Services have involved patients in informing their models as they plan and test changes to the new services. A number of opportunities have been utilised to speak to wider groups about the changes in service delivery. Initial scoping for wider communications, to both professional stakeholders, and the public is underway. Practices are changing their messages in relation to some of the new services they provide.	Comms Team	Nil direct	Agree a plan for wider public engagement in addition to the specific service and practice engagement already taking place. Agree on a Tayside basis some key public messages around changes to service delivery. Ensure that engagement with the patient group involved is a core part of any of the service changes.		Lack of programme management capacity has led to limited communication with key stakeholders, including the public. There is no national public campaign which highlights the change to service delivery being seen across the country. Key messages, similar to some of those seen for community pharmacy roles would be helpful.