ITEM No …9……….

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 28 AUGUST 2018**
REPORT ON:	**DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB45-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide additional information on the Dundee aspects of the Primary Care Improvement Plan from that provided in the report (Report No DIJB26-2018 – Tayside Primary Care Improvement Plan) submitted to the Integration Joint Board held on 27 June 2018, and seek approval, including the financial framework for the Direction to NHS Tayside.

2.0 RECOMMENDATIONS

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

2.1 Notes the Tayside Primary Care Improvement Plan (the Plan) has been approved by the Local Medical Committee (LMC) and endorsed by NHS Tayside Board and has been submitted to the Scottish Government after approval by Dundee IJB;

2.2 Notes the updated action plan, and associated financial implications, for Dundee Health and Social Care Partnership as described in Appendix 1;

2.3 Notes the requirement to submit further information to the Scottish Government in September 2018;

2.4 Agrees to direct 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) and as described in section 8;

2.5 Instructs the Chief Officer to provide a further report on progress made in the first year to a future IJB.

3.0 FINANCIAL IMPLICATIONS

The overall financial context was outlined in the previous report (DIJB26-2018). This report sets out the initial estimated costs of implementation of a range of developments as reflected in the Primary Care Improvement Plan (Appendix 1 - Table1).

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 No DIJB51-2017 - General Practice and Primary Care presented at the meeting held on 19 December 2017) and the implications of the General Medical Services (GMS)

contract and related memorandum of understanding (Report No DIJB9-2018 presented at the meeting held on 27 February 2018) as well as a report which detailed the Tayside Improvement Plan DIJB26-2018 on 27 June 2018.). The Tayside Improvement Plan was agreed by Dundee IJB, the local Medical Committee and endorsed by NHS Tayside Board prior to its submission to the Scottish Government. This paper builds on these previous papers by outlining how developments will be taken forward to support the changes required within Dundee and the current projections for finances related to this. As noted previously many of these developments build on work already underway in Dundee as part of the Strategic and Commissioning Plan. However, a number of areas are significantly different and less developed in terms of building blocks.

4.2 Dundee Commitments

4.2.1 The Dundee Action Plan which builds on the Tayside Primary Care Improvement Plan is in Appendix 1. It outlines the key areas of work, the finance associated with the initial work for year 1 for these areas, and some of the related issues and risks.

4.2.2 The Dundee Primary Care Improvement Group has been established to agree and monitor the developments as outlined in the Plan. This group links with a number of Tayside wide groups which are supporting the GMS Contract implementation as well as wider issues for Primary Care. The Tayside wide elements of the Plan, particularly for the Vaccination Transformation Programme, and the Pharmacotherapy Service, will be monitored via the new GMS Contract Implementation and Advisory Group. All aspects of the Plan will be monitored and reviewed by the Dundee group.

4.2.3 There are close links between the Primary Care Improvement Fund and funding which is to support the implementation of Action 15 of the National Mental Health Strategy. There are also links to the funding IJBs are receiving for Out Of Hours care, emphasising the need to look at consistent pathways for people regardless of the time they require that care.

4.2.4 At this stage of planning it has not been feasible to develop costs for years 2 and 3. Given the services described are new as centralised services there is a significant amount of work to test the initial proposed models and assess how best to progress this longer term, to deliver at scale across Dundee, in the most efficient model we can. However it is anticipated that the funding from the Scottish Government will be insufficient to meet the requirements to deliver this work at scale.

4.2.5 As noted in section 6 there remain key risks across the programme which will impact on delivery. Aspects of these risks sit with NHS Tayside and there is a requirement for NHS Tayside to support the delivery as outlined in section 8. Further detail of risks is contained within the Action Plan.

4.2.6 Given the evolving nature of the developments, and the finance associated with this, there is an ongoing requirement to consult widely as learning is gained to develop and refine the delivery models. A communication and engagement plan will support this work going forward, particularly around how the public are supported to change how they expect services to be delivered.

4.3 Next Steps

4.3.1 Service managers are planning implementation as relevant to their area of care. There are a significant number of tests of change planned which will inform the development of services as the implementation develops. This will inform the future model of delivery, and financial planning. It is anticipated that the costs to fully implement the areas of care as highlighted in the memorandum of understanding will significantly exceed the funding being received from the Government. Once these costs are more fully understood further consideration will be required to plan how to fund this work.

5.0 POLICY IMPLICATIONS

Each area of the plan will require to have an ongoing assessment of EQIA. 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 the previous paper and remain. Risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group. Further information on risk associated with each development 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 year 1 for IT infrastructure and systems need to be prioritised to allow dependant aspects of delivery to progress. Some services may need to be delivered from Practice premises. Consideration needs to be given to where premises are required and capital bids may be required to progress any gaps.
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 Chief Finance Officer and the Clerk were consulted in the preparation of this report. A significant number of groups have informed and been involved in the development of both the Tayside Plan and the local plans that are emerging. This includes:

- Practice staff at a protected learning event
- Dundee cluster/LMC meeting
- Individual cluster meetings
- Practice managers' meeting
- A number of service/team meetings
- Integrated Strategic Planning Group (ISPG)
- Mental Health and Wellbeing Strategic Planning Group (sub-group)
- Frailty Strategic Planning Group
- Dundee HSCP Staff Forum.

There has been no direct public consultation on the Plan to date but going forward there will be significant engagement with communities as part of the wider development of the Plan, particularly to inform local models of delivery.

8.0 DIRECTIONS

8.1 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.

8.2 A number of key areas of the plan are predicated on the availability of staff, and appropriate infrastructure. These areas remain within the responsibility of NHS Tayside. Delivery systems are being developed around patient pathways which often cross primary, secondary and community care. Information systems require to support this. There are a number of areas of the plan where this is challenging, partly as this is new work to be delivered in this setting, (as opposed to in general practice,) and the systems which can share information across these

systems is not yet in place. A number of developments in both hardware and software require development and investment.

8.3 In moving work from general practice suitable premises are required. This may be in general practice or in other settings. The ambition to have a multi-disciplinary team with the GP as the key clinical leader would ideally be supported within general practice buildings. However we know that very few practices have spare capacity for space. Locality models will also support this work, but again there is limited availability of any clinical space in other health care premises. There will therefore be a requirement for NHS Tayside, who retain this responsibility, to identify or develop appropriate space.

8.4 Staff are our key asset and the workforce requirements to support the plan are significant. This is predominantly for health staff across a range of disciplines. As the employing body NHS Tayside will require to support the development and employment of suitably skilled staff to support these new and emerging models. It is of note that this is a competitive area given that all other boards are looking to develop similar models. There is likely to be high demand on specific aspects of training, particularly in the context of advanced practice, which may not be met by current provision of training.

8.5 As the actions noted above are central to the delivery of the Primary Care Improvement Plan the flowing direction is applied to 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: 6 August 2018

Shona Hyman
Senior Manager
Service Development & Primary Care

David Shaw
Clinical Director

Dundee Health & Social Care Partnership

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB45-2018
2	Date Direction issued by Integration Joint Board	28th August 2018
3	Date from which direction takes effect	28th August 2018
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
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	To be confirmed.
9	Performance monitoring arrangements	To be monitored every 3 months.
10	Date direction will be reviewed	November 2018

Appendix 1

Dundee Primary Care Improvement Plan

1. Vaccination transformation programme (VTP)

Dundee Health & Social Care Partnership (H&SCP) support the NHS Tayside commitments and funding will be allocated to support this. This includes the additional vaccinations for children not already undertaken, and a test of midwifery support for vaccination of pregnant women.

2. Pharmacotherapy Service

Dundee H&SCP support the NHS Tayside commitments and funding will be allocated to support this. There will be an initial test of change in 2 practices in Dundee to assess the required skill mix longer term, and allow planning for recruitment of appropriate staff to support this. Initial recruitment will be progressed in the interim.

3. Musculoskeletal (MSK) services

Dundee H&SCP support the NHS Tayside commitments. In year 1 a model will be tested in a small number of practices, building on the test of change started in one practice in June. This test is already under review and evolving. This, or an alternative model based on comparison with other models in Tayside, will be rolled out across Dundee based on this learning, over the following two years, aiming to provide a service to all practices/patients by the end of year 3.

4. Mental Health services

Dundee H&SCP support the NHS Tayside commitments in year 1. A model will be tested which provides initial assessment and triage for patients presenting with mental health issues, (although not children or older people initially). As part of this work pathways of care will be reviewed and how referrals across the system are made to try to streamline and simplify where we can, 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 linked to funding for Action 15 of the national Mental Health Strategy.

5. Link workers/social prescribing.

Dundee H&SCP support the NHS Tayside commitments. In year one we will embed the link workers who have already been recruited as part of an early adopter programme into practices and review the model to ensure it is the best fit for the change in focus with the Primary Care Improvement work. As part of this we will consider skill mix and links across sectors, as well as scoping wider social prescribing initiatives in Dundee and how we maximise the impact across the system.

6. Urgent care.

Dundee H&SCP support the NHS Tayside commitments. We will work with colleagues across Tayside to scope the role of advanced practitioners in supporting urgent care, and plan a test linked to this. This is likely to be in year 2 but some aspects will be progressed in year 1. This will be closely linked to out of hours urgent care and SAS. It may be feasible to test a paramedic model in year 1.

In year 1 we will build on the redesigned care homes team to increase the nursing component of assessment when residents are unwell. This includes training and up skilling of the current nursing team to develop their knowledge and skills around clinical assessment and diagnosis. This will work towards a nursing assessment being the first contact for all care home visit requests in the longer term, (where appropriate to do so.)

In year one the current Enhanced Community Support (ECS) and Enhanced Community Support Acute (ECSA) models will be reviewed to assess how to best support patient pathways when patients deteriorate, and where different roles best support that pathway. This review will inform developments going forward.

In year 1 the Advanced Nurse Practitioner (ANP) role in the team will be enhanced to start and develop supporting frameworks and clinical tests. This will be supported by a nurse consultant post in urgent care, which will both have a clinical role and support the development of capacity in the nursing profession to support this work, including directly in general practice.

7. Care and treatment services

Dundee H&SCP support the NHS Tayside commitments. The current team who support leg ulcer work will be developed to deliver an expanding role as systems develop to support this. The team will be integrated longer term with anti coagulant and catheter care, to start to provide a more unified team working in localities and with clusters of practices. Clinical priorities to move work from general practice teams include further leg ulcer work, wound care, such as pilonidal sinuses, and starting to test phlebotomy. Some of these developments are closely linked to the development of information systems, and governance linked to that. Training of the team is required. A system has been identified to support a test of change. This should coincide with the time frame to recruit staff.

There are issues around delivering this model to capacity with the current community and primary care premises we have. So work will be undertaken in year 1 to scope what capacity we have, linked to the development of a H&SCP Property Strategy. This will inform how the model progresses, and if it can be rolled out on a community/cluster basis.

Given this will be a fairly sizeable service longer term it is proposed to recruit to posts at all anticipated grades for this in year 1 to ensure focus and drive for this, and a senior nurse role to manage the team going forward. We need to ensure the clinical development of the team and management of the care is planned well from the start. The skill mix for this team is difficult to ascertain until the test of the model is underway.

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. This includes plans to undertake a comprehensive review of all GP 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. We will also utilise this as an opportunity to assess if we have underutilised space which could be used differently.

In terms of information developments and management there is recognition of the requirement for significant change culturally and we will look at how we use technology to support different ways of working. So mobile devices will be utilised and data shared as much as is practical to support patient care and delivery. This helps to create a mobile and flexible workforce. Systems we use are not currently suited to the new models of working being proposed and will need to be developed, along with hardware required for this. Aspects of this will be tested in the redesigned Lochee Health 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. We need to plan across services within the primary care context, but it also across our whole system given the breadth and range of services being considered as part of GP portfolios.

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. The approach taken should include taking a risk that things may not work, but by testing it we will establish that, and we will refine how we deliver.

11. Practice staff development (in general practice)

- Practice admin role to support a range of the above work streams, particularly around a more advanced role in assessment for redirection to other health care professions, as well as signposting to support social prescribing aspects of care.
- Development of nursing roles around advanced practice, disease management etc, including ANP

12. Evaluation

Monitoring of the developments to assess progress, and evaluating their impact, is critical to the progress of the plan. However we do not want to create hugely complex systems to do this. It needs to be achievable as part of routine data collection required for clinical purposes as much as possible. The LIST team will support the data aspects of this work, especially where things are focused at cluster level. Wider support will be required to allow key decisions around priority and impact going forward, particularly given the scale of change required, which is not managed by the level of funding.

13. Communication and engagement

Communication and engagement is key to the success of much of the change being proposed, along side 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

At this stage of planning and testing it is difficult to make any accurate assessment of investment requirements beyond year 1 as there are a significant number of variables. However it is of note that there will be challenges in terms of funding the programme at scale within the 3 years of the plan. The current figures are estimates and subject to change as planning develops. Funding for Primary Care Improvement from the Scottish Government will be utilised, and this can be carried forward from year 1 to 2, but not beyond this. There is a small fund still available from the previous Primary Care Transformation Fund which will be used to support aspects of this work. Other sources of funding are being scoped. The LMC approval of this plan and funding is required prior to submission to the Scottish Government but as plans are not yet finalised this has not been completed. There is currently still an unallocated amount from this years funding, but also a number of proposals which have not yet been costed and are being considered. This is being modelled along with the expansion of the funded projects which require to be rolled out at scale. Currently £987k has been allocated provisionally with £435k unallocated. This will allow greater expansion in year 2 based on tested models.

Table 1

Commitment	Actions (in addition to Tayside wide actions in plan)	Lead officer	Finance year 1 (current estimates) PCIF only (£000)	Risk/issues
1 Vaccination Transformation Programme	• As per Tayside plan will add in "mop up" immunisation for children, and start to test midwifery role • Community based models to be developed as capacity and space allow • Work to identify which practices have space if required	Julia Egan Danny Chandler	£124	• Ongoing issues with information systems and ability to share data in a timely manner. • Staff recruitment and retention • Uptake rates have been lower when care has been transitioned and there is a risk this continues
2 Pharmacotherapy services	• As per Tayside plan • Test pharmacotherapy service in 2 practices as a test of change and assess the skill mix required for roll out. • Recruit to additional posts to start to create capacity to deliver the service	Jill Nowell/ Elaine Thomson	£256	• Recruitment of trained pharmacists has been an ongoing issue with an increasing pressure because of the national development of this service where all boards are looking to recruit pharmacists.
3 Musculoskeletal (MSK) services	• As per Tayside plan • Test pilot in Dundee in one cluster in year 1, 2 further year 2, final cluster year 3 (= 2, then 4 then 5 staff in total). Refine model based on tests. • Train staff esp in year one to start to create capacity • Backfill (staff) for NMP course required and may be a limiting factor	Janice McNee/ Matthew Kendall	£55	• Skill mix of team not known at this stage but recruiting physios to senior posts to work at advanced practice level may be challenging • Providing a service which can replicate the accessibility of general practice for acute

Commitment	Actions (in addition to Tayside wide actions in plan)	Lead officer	Finance year 1 (current estimates) PCIF only (£000)	Risk/issues
	• Identify community based venues with capacity to deliver the service.			presentations will be challenging.
4. Mental Health services	• As per Tayside plan • Test assessment for initial contact by MH team (clinical psychologist) as pilot –Patient Assessment and Liaison Mental Health Service (PALMS) • Roll out skill mix/model • Develop new ways of working across pathways • Develop linked roles to direct to most appropriate person from first contact • Ensure close working with development of link worker posts • Ensure we have Listening service/Do You Need To Talk in all Dundee practices (funded via ICF currently)	Arlene Mitchell/Linda Graham Sheila Allan Alan Gibbon	£36	• Create capacity beyond year one will be challenging given the challenges to recruit skills mental health professionals. • Sits with wider work to support action 15 of the mental health strategy and requires to be integrated with that.
5. Link workers/social prescribing	• As per Tayside plan • Link workers are already in post due to the early adopter nature of Dundee for this work. • Establish these roles fully and ensure maximising the impact of these roles on practice workload and patient outcomes, across a spectrum of conditions • Develop streamlined processes for recording, monitoring and evaluation • Develop model (processes) to support wider social prescribing in practices, building on the training programme delivered to date	Sheila Allan	n/a	• The link workers are already in post but there are issues with longer term funding due to changes within SG funding processes • Support across wider partnerships to maintain a database of services, but requires investment to scope requirements and information.

Commitment	Actions (in addition to Tayside wide actions in plan)	Lead officer	Finance year 1 (current estimates) PCIF only (£000)	Risk/issues
	• Develop practice teams ability to refer directly where feasible to other agencies • Develop information systems to support this referral and signposting service, both for professionals, the public and patients /carers • Embed welfare rights workers in teams which support clusters	Clare Lewis Robertson Craig Mason	Not yet costed	• 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	• As per Tayside plan • Review ECS and DECSA to consider how maximise the initial assessment of frail/older people when unwell/ deteriorate, (including how this links with out of hours processes/capacity) • Develop the integrated care home team to be more responsive to supporting varying needs of those in care homes. This includes upskilling of current nursing team to take on a more advanced role, and developing a greater skill mix in the team. A test is planned to start September with one care home and this will be rolled out over the coming months based on this test of change. • Work with colleagues across Tayside to develop a model of advanced practitioners supporting urgent care. Plan to start to test aspects of this in year 1 with subsequent testing a development in year 2 and 3. . This will involve development of new nursing and paramedic roles for Tayside. Work with Scottish Ambulance Service to test additional value of specialist paramedic role in year 1.	Shawkat Hasan/ Jenny Hill Shawkat Hassan/ Wendy Reid/ Stuart Payne	NA £138 (TBC) £24 (paramedic) £20 (nursing)	• The current care home team do not currently have a skill mix which supports this level of input to a model as an alternative to GP provision. It is likely to take some time to develop these skills. • There is limited availability of specialist paramedics, ANP's, or a nurse consultant, who can undertake this work. These may need to be developed at trainee roles initially which will delay implementation to the degree planned.

Commitment	Actions (in addition to Tayside wide actions in plan)	Lead officer	Finance year 1 (current estimates) PCIF only (£000)	Risk/issues
	Develop nurse consultant role for urgent care to provide clinical support, develop a nursing model, and support the wider development of urgent care practitioners, in both NHS employed teams and in general practice nursing.			
7. Care and treatment services	• As per Tayside plan • Develop a nursing team who can deliver the range of services (as defined in Tayside doc) required to delver care and treatment services in both community based and practice based settings if required. This will build on teams who already work in the community, who will be integrated longer term with the team delivering the new services. Services will be added as staff with suitable skills, and processes to support care, are in place across the parts of the system required. • Link this with work to develop community hubs in Dundee with a wide range of coordinated services across sectors • Identify gaps in premises availability which will limit service provision on a locality/cluster basis, and link this to the evolving H&SCP property strategy, progressing plans for further development of premises when required • Utilise the opportunity of the Lochee development to test this model late in year 1.	Beth Hamilton/Alis on Carnegie	£95	• Availability of space in community venues, and general practice, will limit how we can develop the expanded MDT as described in the contract. • Information systems create a challenge for this work where to create maximum patient choice in Dundee teams will be caring for patients form all Dundee practices in almost all locations. If workable systems can not be quickly established this will have a major impact on delivery of this aspect of developments.

Commitment	Actions (in addition to Tayside wide actions in plan)	Lead officer	Finance year 1 (current estimates) PCIF only (£000)	Risk/issues
8. Premises, infrastructure and IT systems	• As per Tayside plan • Work with colleagues in NHS Tayside and Dundee City Council to develop a plan for future development of primary care sites, including general practice and community hubs, based on the premises survey to be undertaken, and building on the Dundee H&SCP Property Strategy, once completed. • 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 look for opportunities locally to maximise the use of technology, particularly around supporting health e.g. roll out Attend Anywhere videoconferencing consultations • Work with colleagues in E-Health to develop information systems to support these new ways of working • Undertake test of change for care and treatment services in Lochee • Complete a test of change for Vision Anywhere to scope in more detail the requirement for an information system which supports care and treatment services, and other aspects of the PCI work.	Tracey Wyness/ Arnot Tippet	£98 (still under review) £22 (TBC)	• Initial scoping suggests that there is not a system currently in use which will deliver what is required for care and treatment services, or the other aspects of the PCI work. The feasibility of developing a new system to do this is limited and so an assessment is required of current system suitability and how it can be adapted or linked to other system to provide a useable system. • 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.

Commitment	Actions (in addition to Tayside wide actions in plan)	Lead officer	Finance year 1 (current estimates) PCIF only (£000)	Risk/issues
9. Workforce planning and development	• As per Tayside plan • Work with lead nurses to progress how develop the nursing workforce in particular for new and expanded roles, both in primary care teams and general practice settings • Work across professional groups around this agenda, and agree a more detailed local workforce plan • Staff need to be fully engaged and we will work with HR and staff side colleagues to ensure that staff are fully involved in developments • There has been significant work undertaken to recruit and retain GP's, including a new career start model. This needs continued/expanded to increase the diversity of roles which attract GP's to work in Dundee	TBA	Not costed £119 (may receive other source of funding)	• There are issues of recruiting and developing staff across a number of professions, in addition to general practitioners. Support form colleagues in HR is required to ensure that we maximise our opportunities to both recruit externally and develop current staff to support this major development.
10. Sustainability /scalability	• The primary care improvement plan is about long term sustainable change which can be delivered at scale across Dundee. The approach taken will be to test new ways of working and build on learning of these models. Developing at a reasonable pace to fit with the 3 year time frame will be challenging. It requires dedicated time to ensure the programme is coordinated and managed as a whole. Management support for this is required. • Consideration of how services can be redesigned, or additional resource identified, to deliver this at scale	ALL/ Shona Hyman	Not costed	• The approaches taken need to be fully integrated into service development and redesign. This requires strong leadership from all the senior managers involved.

Commitment	Actions (in addition to Tayside wide actions in plan)	Lead officer	Finance year 1 (current estimates) PCIF only (£000)	Risk/issues
11. Practice staff development	• Practice admin roles are key to many of the changes in the contract, including pharmacotherapy, link workers and many of the linked roles where patients will need assessed and redirected from GP appointments. • A programme of development for admin staff will be progressed, based on national findings or work elsewhere, to progress this role. Consideration is being given to a specific role to support this development.	TBA	Not yet costed/ developed	• 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.
12. Evaluation	• Evaluation and monitoring will be coordinated as much as possible at a Tayside level. • We will work with the LIST team in particular to support this work going forward, as well as internally from NHST	TBA	Not yet costed	• Monitoring and evaluation needs to be clearly defined form the outset and measures used arcos all aspects of this work to ensure it supports this wider change
13. Communication and engagement	• There has been limited public engagement in the initial development of the plan but going forward the detail of each aspect will be proactively planned with a wide range of key stakeholders, including patients, carers and the public • Key messages around the range of services we provide, and how and where these are provided will need to be shared widely, including how we change the culture of the GP as the first point of contact by default.	Coms team	Not yet costed	• Initial tests, such as the MSK pilot, have shown that even when another professional is able to assess and treat a condition there is still a public perception that they need to see a GP. This requires a concerted effort to change this cultural norm.