ITEM No …10……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 OCTOBER 2022**

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

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB77-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2021/22 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2022/23.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress to implement the Dundee Primary Care Improvement Plan 2021/22 (attached as Appendix 1) and the key achievements as described in 4.3.3.

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2022/23 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3.

2.3 Notes the updated funding position from Scottish Government for 2022/23 and intended use of Reserves during 2022/23, as detailed in Section 3

2.4 Notes that aspects of the Plan were not fully implemented by March 2022, and that practices will receive transitionary payments for services they are still delivering.

2.5 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.

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

2.7 Instructs the Chief Officer to provide a further report on progress made in the forthcoming year of delivering the Dundee Primary Care Improvement Plan to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for delivery of the Dundee Primary Care Improvement Plan (PCIP) (the Dundee Plan) for 2021-2022 was agreed by the IJB in 2021 (Article VII of the minute of meeting of 25 August 2021 and report no DIJB40-2021 refers). There has been an increase in delivery and spend in year 4 (2021/22), however this was still lower than planned, in part due to the impact of the pandemic, and part workforce and premises issues. The actual spend is detailed in Table 1 below.

Table 1 2021/22 spend against allocation

	Approved PCIF Allocation	Actual Funding / Expenditure
	£'000	£'000
SG Allocation*	***4,716***	**4,728**
Plus B/F underspend	***2,173***	**2,173**
Forecast Expenditure -		
VTP	*378*	220
Pharmacotherapy	*829*	589
CT&CS	*1,078*	890
Urgent Care	*781*	377
FCP / MSK	*420*	359
Mental Health	*280*	126
Link Workers	*210*	192
Other	*534*	201
Total	***4,509***	**2,955**
Year End Carry Forward	***2,380***	**3,945**

*After receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB

3.2 During the 4 years of the Primary Care Improvement Plan, the individual work stream areas have developed at a varying pace, however all areas can demonstrate an increased investment during the period, as highlighted in Table 2 below

Table 2 Year-on-year comparison of annual spend

	2018/19	2019/20	2020/21	2021/22
	£'000	£'000	£'000	£'000
VTP	76	157	171	220
Pharmacotherapy	208	352	494	589
CT&CS	50	355	772	890
Urgent Care	43	125	241	377
FCP / MSK	0	150	255	359
Mental Health	6	81	157	126
Link Workers	0	153	192	192
Other		88	247	201
Total	**383**	**1,461**	**2,528**	**2,955**

3.3 The development of the Dundee Plan and the associated financial plan for 2022/23, as well as the recurring cost of this plan, are summarised in Table 3 below. These figures continue to be refined as learning is gained from the tests of change that are taking place and the models being developed, along with dynamic reviews of skill-mix where recruitment challenges are being experienced. Table 3 details the anticipated funding allocation for 22/23 and current year cost of the plan, along with indicative spend in 2023/24 and expected recurring expenditure. The 22/23 costs include non-recurring elements which are either one off projects to support this work or may be required longer term for which other funding will need to be identified, such as through redesign of current services. Forecast expenditure for 2022/23 includes a provision for assumed pay award uplift. These plans have had to be rapidly reviewed given the Scottish Government Allocation letter received in August as noted in 3.4 below.

Table 3 Proposed 2022/23 Financial Plan

	2022/23 Planned Spend		Indicative 2023/24 Spend	Indicative Full Year Cost (Recurring)
	£'000		£'000	£'000
Assumed SG Allocation *	**1,150**		**5,095**	**5,095**
Utilisation of b/f Reserves	**3,945**		**0**	**0**
Forecast Expenditure -				
VTP	437		437	437
Pharmacotherapy	842		1,131	1,131
CT&CS	1,383		1,661	1,661
Urgent Care	749		1,019	1,019
FCP / MSK	427		507	507
Mental Health	228		300	300
Link Workers	220		220	220
Total	**4,292**		**5,275**	**5,275**
Strategic Earmark / Contingency	500		250	250
Additional Non-Recurring				
Additional FCP/MSK			128	
Digitalisation of paper GP records	200			
Other **	401		411	tbc
Total	**601**		**539**	**0**
Assumed in-year slippage	-298		To be reviewed	To be reviewed
Projected Total Annual Spend	**5,095**		**6,064**	**5,525**
In Year (Over)/Underspend	**0**		**-965**	**-426**

*Including receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB
** Expenditure levels being reviewed and alternative sources of funding being sought

3.4 The Scottish Government Allocation letter was issued on the 11 August. There was a commitment to the £170 million nationally but this envelope would include reserves held by Integration Authorities for Primary Care Improvement Fund (PCIF). They will also make two in year allocations on a 70:30 basis with the second tranche allocated based on confirmation of latest spend and forecasts in November. The letter reinforced the need to deliver all of the priorities with in the MOU but that particular focus should be on Pharmacotherapy, CT&CS and vaccination transformation programme.

3.5 Additional points within the letter include:

- VTP is largely moved from general practice and this should allow PC Improvement Plans to intensify their focus on other transformational activity
- In relation to the introduction of Mental Health and Wellbeing in PC service programme (and funding, which is not yet confirmed) partnerships are requested to use additional funding to build on existing investment from PCIF and other funding steams, to create capacity
- Criteria have been broadened so that investment can be used beyond developing MDT staff to include a wider range of costs, such as premises, training, digital, and fixed term contracts and redesign and change management, if agreed with the GP Sub-Committee.
- Scottish Government will ensure additional funding is available to apply agenda for change uplifts and ensure the fulfilment of the terms of the MOU2. Any further investment will be subject to joint assessment and benefits case at each annual budget round.

3.6 The impact of this change is that we had anticipated receiving £4.8million this year but because of the level of PCIF reserves there will be no allocation in the first tranche and it is

unclear what the second allocation will be. A number of areas of care had been progressed using the underspend and additional areas were planned for this year, which would help to progress the overall plan with an aim to try to "catch up". As noted in previous reports recruitment has been the key reason for slippage, which is similar across many of the boards away from the central belt. These workforce challenges remain, although key areas are improving. The current commitment to workforce plans in each area should be progressed but the planned use of non-recurring funds for 22-23 and the planned over commitment for 23-24 using reserves is now being reviewed and potentially impacts on current year recruitment.

3.7 A number of potential additional investment opportunities are currently being considered on a Tayside-wide basis to further support Primary Care infrastructure and resources through areas such as premises improvement and IT. A Strategic Earmark has been incorporated into the 2022/23 plan to allow the Dundee Primary Care Improvement Group to progress these plans if regional and local leadership determine the proposals should be approved via existing Governance arrangements (as described in 3.10 and 4.2).

3.8 It is anticipated that the impact of the pandemic should be less than in the previous 2 years. However given the current rates, and impact that has had on teams, it has made the current position challenging and may impact this year. It is anticipated that this risk is much less than in previous years.

3.9 Recruitment and retention of sufficient staff at the appropriate skill-mix continues to be a significant risk, and this has been a major contributing factor in slippage to date.

3.10 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director, as agreed previously, with the monitoring of this budget overseen by the Dundee Primary Care Improvement Group. The Local Medical Committee remains core to this process and has to agree all plans, including finance.

3.11 There remains a short term commitment to support GP recruitment and retention. The anticipated number of GPs in the career start pathway is not yet known so there is a degree of uncertainty around this cost. PCIF is not a long term funding source so other sources of funding are being sought, although no progress has been made with this in the past year. It has been highlighted to Scottish Government as a gap and related risk.

3.12 Transitionary payments are required to practices for the 3 agreed core areas which should have been implemented by April 2022. Guidance on this has not yet been received from the Scottish Government. Information which was received in 2021 (and was in the previous paper in August 2021) is noted below in table 4 for completeness. It is unclear what the scale of these payments will be or how this will be resourced.

Table 4

Priority Area	**Policy Position**
Vaccinations	Those vaccinations included in the Additional Serviced Schedule, such as childhood vaccinations and immunisations and travel immunisations to be removed from GMS Contract regulations by 1st October 2021. Where GPs remain involved in the delivery of some vaccinations on 2022-23 this will be covered by a nationally negotiated Transitionary Service arrangement
Pharmacotherapy	NHS Boards are responsible for providing a level One Pharmacotherapy service to all practices for 2022-23, with a nationally negotiated Transitionary Service arrangement in place where this is not achieved.
Community Treatment and Care Services	A Community Treatment and Care Service must be provided by the Board by 2022-23 with a nationally negotiated Transitionary Service arrangement in place where this is not achieved.
Urgent Care	Legislation will be amended so that Boards are responsible for providing

	an Urgent Care service to practices for 2023-24 with recognition this must fit with wider urgent care redesign work regionally and nationally.
Additional Professional Roles	Further work will be undertaken to articulate the 'end point' for the additional professional roles by the end of 2021.

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 DIJB9-2018, article IX of the meeting held on the 27th February 2018 refers) and subsequently the plans for years 1-3. 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). These plans have previously been discussed and agreed with the most recent plan for 21/22 being on the 25th August 2021 (report DIJB40-2021, article VII of the minute of the meeting held on 25th August 2021 refers).

4.1.2 This paper details the progress against the actions set out in year 4 of the Dundee Plan, associated expenditure, and details the proposed actions and spend for year 5 (2022/23). The Tayside Plan, incorporating the Dundee Plan, was approved by each Integration Authority, the Local Medical Committee (LMC) and NHS Board. The Tayside Primary Care Improvement Plan was previously supported and the Dundee plans for years 1 to 4. This report updates these plans and sets out the priorities for implementation in year 5.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans which started in 2018:

- The Vaccination Transformation Programme (VTP)
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care (now due 2023)
- Additional professional roles - such as musculoskeletal focused physiotherapy services and mental health
- Community Link Workers (referred to as social prescribers).

4.1.4 The Scottish Government and British Medical Association (BMA) released guidance in December 2020 which reinforced their commitment to delivery of the 2018 GMS contract, but noted that the timeframe had been reviewed with delivery deferred to 2022, other than for urgent care which is deferred to 2023. Subsequent guidance was that 3 areas should be implemented by March 2022 as noted in section 3.12 above.

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. Planning is in conjunction with the GP Sub Advisory Committee, and funding is approved by the Local Medical Committee.

4.2.3 Reporting to the Scottish Government continues every 6 months for both financial governance and more detailed progress of delivery.

4.3 Progress

4.3.1 Overall there has been significant progress in year 4 with most of the 7 work streams, however some work streams, such as mental health, have reduced due to challenges with recruitment and retention. The annual expenditure for each work stream is shown in table 2 above (section 3.2)

4.3.2 The use of technology, such as video consultations and via phone, has continued with many services still using these as part of service delivery. However there has been an increasing return to face to face appointments for many services, especially more recently.

4.3.3 The progress against all the key areas is outlined in Appendix 1. Key achievements include:

- There has been further shift of vaccinations as part of the Vaccination Transformation Programme. The extended adult flu programme in 2021/22 was delivered jointly with NHS Tayside, Dundee HSCP, with all practices supporting the delivery. However more of the programme was delivered centrally than in the previous year, alongside Covid vaccines. The centralised team also vaccinated staff, residents in nursing homes, and those who are unable to travel to a vaccination centre. Shingles and pneumococcal vaccines have also now moved to the central vaccination teams, along with less frequently administered vaccines like tetanus.
- The First Contact Physiotherapy (FCP) team who assess for musculoskeletal issues work across all 4 clusters and have since the start of the pandemic. The team have also continued to predominantly deliver via phone or video consultations but have now moved back to a mixed model including increasing face to face assessments. There was agreement to additional posts as demand for FCP far exceeds the current capacity but these posts remain unfilled as unable to recruit. A recent review of the service across Tayside has identified a number of areas for development and change.
- The Pharmacy Locality Team continues to provide a lot of support to practices. A number of changes and developments are outlined in appendix 1. Again recruitment issues, especially for qualified pharmacists, have impacted on the developments that have progressed with a limited amount of new capacity in the past year.
- The Care and Treatment Team have continued to develop their role and provide a wider range of support, in more locations than previously. However limited space continues to create a limiting factor for recruitment of staff. All areas of the contract that were seen as core roles are now in place, however there are only around 50% of bloods samples able to be taken by the team so that the requirement to shift this work by March was not met. It is of note that many practices also wish to retain elements of this internally for a range of reasons. There have been delays with appointments at times especially for ear care. This was due to high demand as practices have not delivered this for the past 2 years.
- The Urgent Primary Care Team continues to expand and develop. A lead ANP is now in post as well as a nurse consultant, and a number of trainee and qualified ANPs have been recruited. The team are developing to have an integrated care home and home visiting team, aligned with clusters. There is however still limited support for practices and not all practices are yet involved. The increased senior capacity will allow more training posts to be developed. The trainee and advanced paramedics who were withdrawn by Scottish Ambulance Service at the start of the pandemic will be part of the model going forward, with an anticipated start date for early autumn.
- The Patient Assessment and Liaison for Mental Health Service (PALMS), led by the psychology team, has had significant staffing challenges in the past year with a consequent reduction to the number of practices with this support. The model is being developed to include mental health nurses as a component of the delivery and these posts have been successfully recruited to in the last few weeks (although not all staff

have started.) This will mean that by the end of 2022 all practices should have the service.

- The Social Prescribing Link Workers have been able to continue to support all practices. A number of tests of change have been undertaken to develop how the team work with people and practices as outlined in the appendix. Referrals are not yet back to pre-covid levels but are increasing.

4.3.4 Additional funding allocated to Dundee HSCP for Mental Health and Wellbeing in Primary Care is anticipated from the Scottish Government. However this funding has not yet been confirmed and plans submitted to the Scottish Government are awaiting approval before additional work can progress. This funding will increase over the next 3 years. This is being developed along with Primary Care Improvement Funds and Action 15 mental health monies. The PALMS service and social prescribing link workers are very much a key part of a primary care model.

4.3.5 Workforce recruitment, retention and development has impacted on a number of services as noted above and in previous years reports. This has had a significant impact on both delivery and spend.

4.3.6 Suitable clinical space has continued to impact on service delivery. Covid restrictions reducing recently is starting to help a bit. A number of projects are underway including Broughty Ferry Health Centre and McKinnon Centre, and back scanning of paper notes to create space in practices. A number of practices also received funds to allow space development through Scottish Government improvement funds, which was managed by the HSCP. The recent closure of Ryehill medical practice has allowed a number of the services noted here to start delivery in that area to provide local access.

4.3.7 The constraints of physical buildings for a number of services will impact on the pace of development over the coming years. There is also considerable interest from other teams, particularly in secondary care, of using care and treatment services to deliver aspects of care locally for people. There is broad support for this intention but there is currently not space, or resource, to progress this significant shift in workload from secondary care and specialist teams. It would require budget transfer to allow this to progress and significant infrastructure development and investment. The initial phase of a Dundee Primary Care Premises Strategy is underway, and will lead to a more detailed analysis of longer term requirements. Staff resource to support this work is being reviewed.

4.4 Plans for 22/23

4.4.1 Work stream leads have been developing their plans and this is reflected in Appendix 1 in the detailed plans. Any further waves of Covid will impact on these plans.

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:

- The transfer of vaccinations from general practice to the NHS Tayside vaccinations teams is now complete, although this will be the first year where practices have not been involved in the flu programme. Flu will be delivered alongside the covid vaccinations from September onwards, in a phased way, linked to age.
- Care and treatment services are reviewing a number of pathways. The increase in phlebotomy services is dependent on further recruitment and space being available
- For pharmacotherapy consolidating new posts and developing the teams who have had significant change. Development of the hub model will, if aligned with additional recruitment, allow further areas of care to move to the service.
- The change to the model within urgent care to have an integrated care home and home visiting team will be tested and rolled out across practice as capacity of advanced practitioners, from a range of professional backgrounds, allows. .
- First Contact Physiotherapy Service will progress a number of changes to the service to provide care, including self care where appropriate, in a range of ways and settings.

- The Link Worker team will continue to support practices while embedding new roles and ways of working with practices.
- The PALMS service will develop a refreshed model with nurses as key to the service delivery. This will be evaluated as it develops and rolls out across practice in the coming months.

4.4.3 Further information is awaited from the Scottish Government in relation to a revised MOU to clarify expectation and the financial impact of transitional payments to practices being funded for those services not fully transferred.

4.4.4 The developments within information systems for PCI teams have been positively received. The planned GP IT reprovisioning has started and will roll out across Tayside in the next 12 months. The system changes also provide opportunities for Vision Anywhere to be more integrated with practices and improve communication as new functionality becomes available. There will also be enhanced reporting of outcomes.

4.4.5 NHS Tayside communications team have supported the development of information to increase awareness of the public of the evolving nature of teams linked to general practice. However the level of knowledge and understanding of these new services is still limited and requires a greater focus. Surveys of practice staff, service staff, and people receiving care have been undertaken recently. The data has not yet been collated but staff and patients surveys both had a high rate of response. These findings, once available, will be key to influencing plans for the coming year.

4.5 Next Steps

4.5.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Plans will be progressed on the assumption that there will not be a significant impact of Covid, beyond what is already known, and this will be revised if required. Actions will be progressed as outlined in Appendix 1 to implement the plan.

5.0 POLICY IMPLICATIONS

5.1 This report has not been screened for any policy implications in respect of Integrated Impact Assessment. More detailed assessments will be part of each service development.

6.0 **RISK ASSESSMENT**

6.1 Risks 1 – 3 were identified in 2018 and remain current with risk 4 added in 2020 and risk 5 in 2021. There has been some change in risk and mitigating actions. More detailed operational risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group.

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 (advanced nurse practitioners) and mental health practitioners. 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 - Extreme
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 year plan. The most significant risks currently are with the pharmacy team and advanced practitioners with key risks to both areas of not meeting

	deadlines.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
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. This risk remains but the premises risk is now greater than the IT risk as a number of aspects of the IT issues have been resolved. The risk regarding lack of suitable premises remains.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	The IT infrastructure has been positive and is either in place or in the process of being rolled out, with a small number of exceptions where some systems are not able to be adapted for the context of this work. This reduces the risk for IT and data. Some space has been able to be identified and a number of projects are underway that will create small amounts of additional space. This is not always in the most desirable locations in terms of patients' access.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 – High
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
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, or services will need to be smaller than anticipated. The risk levels are unchanged since the last report. There is a related risk linked to underspends noted below.
Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
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 (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 Description	The current Covid-19 pandemic has delayed aspects of implementation of the PCI plan locally and when combined with recruitment and infrastructure issues has led to key services not being in place by March 2022, and therefore transitional payments being required in 22/23.
Risk Category	Operational, Political, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	There are limited actions that can be taken at this time point to reduce this risk given the uncertainty of the future occurrence of the coronavirus and the ongoing competing demands for both clinical and managerial capacity. .
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring -12 - High
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 5 Description	Delays with implementation mean there is a financial underspend which has increased due to further delays with recruitment and in some cases finding appropriate space. This creates a political and reputational risk at a time when general practice teams are under huge pressure, and where there is an increasing demand on these teams due to supporting care while waiting for secondary care input. This also means that transitionary payment to practices will be required this year and no budget has been identified for this. A number of short term projects have started and others are being considered. The change of approach by the Scottish Government to underspends means that the flexibility in use of the funding and the ability to use broader criteria (as outlined in the allocation letter) is now very limited.
Risk Category	Operational, Political, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	Increasing numbers of staff who can be recruited beyond the recurring budget on a short term basis will allow expansion of teams to support the wider primary care team and capacity. Longer term funding shifts will be required to sustain this longer term which would create pressure. An ability to commit beyond the budget, but noting the likely slippage and turnover, allows the budget to be optimised and minimise the risk of funding being reduced in forthcoming years, noting there is likely to be in year slippage linked to recruitment and turnover of staff..
Residual Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Clinical Director, Chief Finance Officer, Head of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group has developed the paper at appendix 1.

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.

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

9.1 None.

Vicky Irons
Chief Officer

DATE: 30 September 2022

Shona Hyman
Senior Manager
Service Development & Primary Care
Dundee HSCP

David Shaw
Clinical Director
Dundee HSCP

Dundee Health & Social Care Partnership

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB40-2021
2	Date Direction issued by Integration Joint Board	26 October 2022
3	Date from which direction takes effect	26 October 2022
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, DIJB33-2019, DIJB36-2020 and DIJB40-2021
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan and Dundee action 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	The provision of premises and the implementation of IT systems by NHS Tayside as required by this Direction are not specifically funded from the IJB/PCI budget.
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly,) by the DPCIG
10	Date direction will be reviewed	March 2023 (or earlier if required).

Commitment	Actions Delivered 2022-23 (or expected to complete)	Comment	Lead Officer	2021-22 Spend (£k)	Actions to be Delivered 22-23	Proposed Spend 2022-23 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
1. Vaccination Transformation Programme (regional approach)	**Actions completed** Vaccine Transformation plans are now complete and in place for all vaccinations. Pneumococcal, shingles, flu and out of schedule vaccinations are being delivered by the Public Health led Tayside Adult vaccination service. **Actions partially completed** The travel vaccination service is currently being provided by Tayside Adult vaccination teams on an interim basis. **Actions outstanding** Whilst a Service Level Agreement has been negotiated and in place with local Community pharmacies. The delivery of travel vaccines will not transfer to commence in Pharmacies until June when the national Vaccination Management Tool will be amended to include travel vaccines.	Significant progress made following successful extended flu and covid vaccine programmes in 2020/21 CLO letter now received confirming extended flu programme for 2022/23	Daniel Chandler Immunisation Co-ordinator	£220k	Continued recruitment and retention of permanent vaccination workforce. Ongoing property review and sourcing of premises when leases expire or not renewed. Deliver backlog of pneumococcal and Shingles vaccinations commencing May 2022 with view to catch up before winter flu campaign commences in September. Deliver extended flu programme for 2022/23 maximising opportunity for co-administration with covid winter vaccination programme	£437k (but travel vaccines not yet finalised)	Current risks surrounding extension of existing premises and continued use of HCSWs for vaccination workforce if protocol no longer valid post pandemic status.
2. Pharmacotherapy Services	**Actions completed** Hub model for level one service has been	Two hubs are now in place with a third planned.	Elaine Thomson / Jill Nowell	£589k	Set up 3rd hub. Continue to progress with	£842k	Recruitment remains an issue and is unlikely to

(regional approach)	developed and tested Pharmacotherapy assistants have been appointed are currently in training. **Actions partially completed** Attempts to recruit staff have continued but with very limited success despite advertising a range of posts. Implementation of education and training frameworks for technicians has been partially successful. Some pharmacists have been supported to undertake independent prescribing course. **Actions outstanding** While the career start programme has been developed only one pharmacist was appointed and they subsequently went on maternity leave so no progress. No progress made in managing expectations of practices and defining what of pharmacotherapy is realistically deliverable.	Suitability of space remains an issue with one hub located in a shared office space which is far from ideal. SG funding to support training of pharmacy technicians has resulted in two trainee technicians in Dundee but this is placing additional pressure and strain on the pharmacy team			career start programme. Define educational pathway for both pharmacists and pharmacy technicians in Primary Care and develop plan to support implementation. Work with GP colleagues to develop systems and processes to manage interface communication and support workflow management in GP practices to utilise skill mix of GP and practice pharmacy teams appropriately. Define proportion of pharmacotherapy service that is realistically deliverable given recruitment issues.		improve as nationally, and across all sectors of pharmacy, there is a shortage of suitably qualified pharmacists and pharmacy technicians. It is highly likely that any vacancies will not be filled. Increasing demand on the service from both workload and to support training of pharmacists and technicians is resulting in low morale and job satisfaction with the risk that more staff will leave the service. Given current staffing capacity full delivery of the GMS contract was not by April 2022 and practices will be eligible for payments as a result of this. Transition payment guidance from the SG not yet received.

3. Musculoskeletal (MSK) Services First Contact Physio	**Actions completed** FCP stakeholder feedback collected and reviewed; acknowledgement that mainstream MSK service and an MSK self referral system integral to success of FCP within primary care **Actions partially completed** Funding agreed for further FCP recruitment to increase capacity and reduce variation in number of clinics released per week. Recruitment of further FCP clinicians is a challenge nationally. Accurate data collection to review impact of FCP on other parts of the MSK pathway / service and on GP appointments. MSK waiting lists have increased during Covid, coupled with significant staff vacancies it will take some time to re-establish the required capacity **Actions outstanding** Data collection to determine number of MSK presentations in primary care and who is appropriate for FCP / GP / ANP / Self Management.	Demand continues to exceed capacity of service. Mainstream MSK capacity reduced in order to provide increased flexibility / cover for high levels of unexpected short term absence (sick leave / covid leave). Recruitment to Highly Specialist Physiotherapy roles has remained challenging and is a national issue. FCP capacity impacted by removal of MATS self referral service and virtual first model (25% of patients currently utilising virtual then in-person appointment).	Matthew Perrott, Integrated Manager (Occupational Therapy & Physiotherapy – Outpatients)	£359k	Prioritise and implement actions from recent Tayside FCP stakeholder event. Confirm accommodation within primary care settings for FCP Hubs across city. Return to in-person appointments as default to avoid appointment duplication and increase capacity, patient & staff satisfaction and reduce DNA's linked with telephone calls. Option of virtual appointment will remain to ensure accessibility of service. Establish FCP role in extended Primary Care MDT. Clinicians to attend regular cluster meetings to improve communication links and work with practices to ensure appropriate use of the FCP service. Qualitative patient experience survey to evaluate and influence development. Data collection to determine number of MSK presentations in primary care and who is appropriate for FCP / GP /	£427k ~~plus £128k~~	Lack of capacity to meet demand from GP practices. The evolving role of practice reception staff as care navigators is key to effective utilisation of the FCP service. There is still no mechanism to record to EMIS directly

	Qualitative patient experience survey to evaluate and influence development. Outcome manager reporting within Vision continues to be progressed by Digital Directorate.				ANP / Self Management.		
4. Mental Health Services **PALMS - Dundee**	**Actions completed** PALMS has recruited two Band 6 CMHN posts (Action 15 monies) working across three practices, demonstrating importance of increased skill mix and appropriate competencies to support further roll out of PALMS. This test of change supported the move towards recruitment of more Band 6 CMHNs. It highlighted that Band 7 CAAPs do not hold appropriate competencies to hold this post. Brief Interventions test of change was carried out as well. This showed positive outcomes for both patients and clinicians. It was identified that this will help attract more clinicians to the post but also help with retention of staff. It also supports patients in the community who do not necessarily meet criteria for	There are currently 20 practices with no cover. 3 out of the 4 practices that have PALMS, have limited cover available.	Dr Helen Nicholson-Langley, Consultant Clinical Psychologist & Dr Lucie Jackson, Counselling Psychologist / Service Deputy	£126k	Increasing the skill mix to include a greater proportion of Band 6 CMHNs resource, with Band 8A Psychologists oversight for each Cluster is also anticipated. Establish a sustainable model of delivery with sufficient workforce. To work with other Mental Health & Wellbeing (MH&W) practitioners and services to establish low intensity group based interventions at community/practice level to increase access, and speed of access to appropriate interventions. Continue to work with other MH&WB practitioners/services to influence and develop pathways of care for people presenting with MH difficulties in primary care – the right person to	£228k	Recruitment of mental health staff, across professions remains a significant challenge. This is mainly in line with recruitment of Psychologists. PALMS development must be integrated with wider MH&WB strategic work in Dundee. Physical space in practices remains a practical constraint. Whilst remote working has been successful. There are anticipated challenges relating to admin and IT systems should PALMS move to the Hub & Spoke model. Until further development of

	main stream mental health services and would benefit from up to 4 low intervention sessions – skill based practice. PALMS 3-Year Pilot report was completed. This highlighted the importance of the service within Primary Care (based on GP & patient feedback) but also some areas for further development moving forward. Closer work has been undertaken with the Listening Service and Sources of Support to identify the provision of each service required across different areas of Dundee based on the population needs. Draft flow chart of these services has been completed for both practices and patients – due to be distributed. **Actions partially completed** Recruitment and retention of staff has been one of the biggest challenges for PALMS over the last year. A number of steps have been taken to address this by moving towards recruitment of more Band 6 CMHNs and developing the PALMS clinicians' role				the right service at the right time.		systems is secured, this will not be possible. Additional funding received for MH&WB in Primary Care from Scottish Government – will link closely with PALMS and link workers.

	further. The A4C Band 6 Job Description for CMHN posts within PALMS has been submitted to the job evaluation matching panel but has yet to be reviewed or confirmed. This has been clearly identified as the main challenge to the service with ability to deliver PALMS reliant on the recruitment of nursing staff. PALMS RAG status has been identified as Red. Following HR advice, post advert went live with a CMHT job description and interviews were completed on 1st June 2022 – 5.0wte candidates verbally accepted the job offer. **Actions outstanding** Whilst PALMS was rolled out across 14 Dundee based GP practices, due to a number of clinicians leaving the post, this has now resulted in a very limited cover across 4 GP practices. A Hub & Spoke model has been tested. This raised some concerns about this model of delivery given the current IT systems in place. Clinicians and GPs also reported additional challenges with MDT working when not based in	Job went back to advert for 1.0wte. The hope is to recruit 6 full-time (or equivalent in part-time) Band 6 CMHNs to re-establish the pre-existing cover of PALMS across Dundee by the end August / September 2022.					

	the same practice. Until there is further development of systems (namely Docman and communication between SCI-Gateway and TrakCare), it will not be possible to safety adopt this model.						
5. Link Workers / Social Prescribing	Re-established physical link workers presence in practices that permit this. Introduced greater skill mix and gained admin support. Developed and delivered a test of change in one practice to support staff to triage, signpost and refer patients to services directly where appropriate. Produced a resource pack for all practices to support staff to direct patients directly to services. Undertook significant promotion with practices to re-establish the service and encourage referrals particularly from new practices. Provided information about the service on GP practice websites. Also incorporated the resource pack.	20 of the 24 practices now have link workers on site for part of the week. The admin post is not funded from PCIFs and some reimbursement will be sought from this source over the longer term. This test of change is currently being evaluated. It appears to have been a positive experience for all involved. The pack is also made available to mental health services. This is time consuming but	Sheila Allan, Community Health Inequalities Manager	£192k	Consolidate and expand the current model working alongside practice staff and a wide range of other services. Be closely involved in developments within the PALMS group and more broadly with the new PC/MH MDT monies. Use the learning from test of changes to develop the service and its systems and processes. Update the resource pack regularly and promote its use across all practices. Continue to build relationships with practices who are new to the service. Provide a social prescribing link worker perspective at relevant SPGs and for other developments such as the	£220k	Referral are increasing and link workers are seeing many patients affected by the cost of living crisis. This will be monitored in case capacity becomes an issue. As cases may become more complex, care will continue to be taken to ensure that staff at different bands are assigned to appropriate patients. Need to manage carefully signposting/ referral from practice staff to ensure that patients who need to see link workers benefit from the service, and similarly, those who do not require that level of support are signposted directly.

	Worked with E-health to formulate new systems for the link worker team and finalise a move to Vision Anywhere. Developed and delivered a test of change in one GP cluster to try booking patients directly onto the Vision 360 electronic system Participated in the PALMS group to help develop the current model and guide the progression of Mental Health MDTs. Participated in the national Community Link Worker Network.	builds relationships and produces positive results. NHST currently producing a ref guide to ensure that hyperlinks in the pack are linked to a website. Link workers are inputting data into Emis and Vision Anywhere for the time being. This is currently being evaluated. Learning will guide how the service moves forward with appointments. This will be developed further via new monies looking to expand the PC/MH model.			new Community Wellbeing Centre. Pursue additional funding for admin support and support workers to get nearer to project model covering all practices, Contribute to discussions around provisional changes to the service management structure.		In addition, there may be other pressures on practice staff and this work might be deprioritised.
6. Urgent Care	**Actions completed** Additional 4 ANPs recruited Roll out of Care home		Allison Fannin (Integrated Manager – Urgent Care)	£377k	PCIP Urgent care patient pathways to be fully integrated with Cluster focussed Enhanced Care Teams	£749k	Links to wider urgent and unscheduled care are in place. The vast majority of

	support to 14 practices TOC re integrated model for service to support urgent care home and home visits implemented in one practice Accommodation secured for expanding team **Actions partially completed** Lead ANP post recruited to Alignment of model to new Cluster focussed enhanced care model NHS Tayside ANP Governance Framework adopted and work ongoing to ensure all ANPs meet the requirements of the draft framework **Actions outstanding** Finalise agreement with SAS re advanced paramedic contribution to model A range of governance measures is yet to be agreed for all Urgent Care Services	There were delays to recruitment of lead ANP which has impacted on progress Agreement that advanced paramedic and trainees will work as part of Dundee urgent care model but not yet able to release staff			Implementation of Home visiting model to be continued Advance paramedics to join the team Further recruitment in line with agreed budgetary timescales Administrative support to be reviewed and recruited to Governance arrangements across urgent/enhanced care services to be agreed and implemented		urgent care remains delivered by general practice teams.
7.	**Actions completed** 1. Phlebotomy services	1. Inequity of		£890k	Funding secured and upgrades agreed with	£1,383k	Identification and access to suitable

Care and Treatment Services	available city wide with exception of urgent bloods due to capacity. 2. Chronic disease monitoring provided city wide. 3. Ear care service fully available city wide. A waiting list exists due to lack of premises 4. Leg ulcer management fully available city wide 5. Wound care fully available city wide 6. Injection administration available city wide (not vaccines) 7. 1st NMP now qualified and supporting improved person centred care **Actions partially completed** **Actions outstanding** • CTAC phlebotomy services under review to integrate secondary care phlebotomy • Review of CTAC specialist wound care provision including NPWT direct pathway development	availability across the city due to lack of suitable premises with 1-2 week waiting list in some areas. Extension of clinics to include 7 day working and early/late openings to maximise service availability **2** - Clear protocols for CDM types in development **3** - 6 full sessions for ear care running with a view to increase to 10 to reduce waiting list if premises can be secured. SG monies utilised to purchase aural equipment and Diploma training for Senior nurse and 1 other Priority given to meet MoU2 delivery Lack of premises	Cath Cook Nurse Manger DHSCP		relevant stakeholder for premises in Broughty Ferry Health Centre and Mackinnon Centre. Work to commence June 2022 Negotiations with local transport service to provide access to outlying areas, reduce carbon foot print and create ease of access for patients. Continue to identify suitable accommodation to ensure equity of services		accommodation remains the biggest risk for CTAC services. Whilst it is recognised that premises have been identified for refurbishment, there are delays to this work and is impacting on the successful completion of agreed phlebotomy services role. There remains a significant request from secondary care to deliver phlebotomy and specialist wound care within CTAC. This requires further discussion and development with relevant stakeholders. It is widely supported in principle but resource and space remain significant challenges.

		remains problematic to allow expansion of some services Single pathway and additional resource required for all phlebotomy services to be integrated					
8. **Premises, Infrastructure and IT Systems**	**Actions completed** A number of practices submitted bids for premises improvement funding from Scottish Government allocation, these were reviewed and five practices were prioritised. All works are underway or completed except for one practice. **Actions partially completed** A survey has been sent to general practice teams to establish if their current buildings are fit for purpose and this will feed into the developing primary care premises strategy. There are ongoing discussions at a cluster level and Health and Social Care Partnership level in relation to practice	A number of practice buildings required investment to allow possible covid/respiratory patients to be seen safely in practices.(This was funded via other sources.) There has been limited progress with leases and loans in Dundee for a range of reasons.	Shona Hyman, Senior Manager Primary Care. James Henderson, Property asset Manager, NHS Tayside Tracey Wyness, Senior Project Manager, Digital Directorate Nicola Stevens, PC Programme Manager	Not funded via PCIF	Completion of work by practices from the Scottish Government Improvement Grants via HSCP. Work with colleagues in the 3 HSCP areas, and with Public Health Scotland to look at mapping and boundaries, and feed this into planning ongoing sustainable models of care. Support the implementation of digital solutions of support across pathways, using all possibly opportunities to promote this. This includes Medlink, but is likely to include other digital solutions. Ensure that PC linked teams are aware of these developments and can utilise as well as core	£40k (towards infrastructure costs)	The direct award for GP IT reprovisioning should support the ongoing use of Vision Anywhere for PC improvement linked work. There is an increasing interest in use of this system from other teams whose clinical context is mainly primary care. Posts have been identified as required for 3 key areas linked to property. 1 to scope space utilisation and costs linked to this in PC buildings. 2 – a post to develop a process and progress leases and loans to meet deadlines. 2- a post to develop and

	boundaries. Practices continue to look to reduce the size of area within their boundary. There are a number of outstanding boundary requests for practices who cover in the area around Dundee. There are ongoing discussions as to how best to provide care in these areas. Work is being progressed by the third sector to support access to devices to allow Near Me for those who would be digitally excluded normally, and this information is being shared. Work with colleagues in Angus to assess the impact of Flo for BP management and how links to other technologies and software programmes which can support this area of care Continue to promote the use of Near Me/Consult Now as an option for practices/services to engage with reviews/consultations. The online platform MedLink to support the information gathering required for LTC routine reviews and other reviews				practice teams. Continue to link with third sector colleagues to develop and offer opportunities to utilise digital care regardless of personal access to devices Complete project for backscanning of paper records across all practices. Work with practices to identify potential capital projects, if funding becomes available. (Via improvement grants in particular) Complete the initial phase of a Dundee Primary Care Premises Strategy. Subsequently develop more detailed plans as to key areas for development/investment required. Complete works to Broughty Ferry Health Centre (phase 1) and Mackinnon. Complete scoping for phase 2 required for Broughty Ferry Health Centre (to increase space for practice team and linked staff, and those	£350k (from PCIF underspend as prev agreed))	progress a PC premises strategy across Tayside.

	(new patients, medication reviews) has been procured for all Tayside practices, therefore DHSCP will support practices to utilise this technology. Back scanning of notes project has started and a small number of practices completed or underway with the majority to be completed in 22-3 There is agreement to develop posts which focus on aspects of property as there are a number of key risks linked to this. **Actions outstanding** The development of a Dundee Primary Care Premises plan has commenced but is still in the early stages of development. Work to increase space in Broughty Ferry Health Centre and MacKinnon Centre				services who provide health care in this area.). Work with colleagues across HSCPs and NHS Tayside to agree resources and recruit to key posts to progress aspects of premises related work, including leases and loans.	To be finalised	
9. **Workforce Planning and Development**	**Actions completed** All teams have been reviewing the roles within the team to identify what would help with both recruitment and retention	The constraints created by lack of space, and geography, means co-location of teams		£195k	Review (across Tayside) if the PC jobs website is sustained. Work with colleagues across Tayside to	£250k	No long term funding has been secured to ensure the continuation of recruitment and retention

	particularly teams such as the locality pharmacy team and PALMS where retention has been a significant issue. A number of new roles are being developed to enhance and broaden skill mix within the team. The Primary Care jobs website has been maintained and actively promoted. Unable to directly assess impact of this on recruitment however. The Career Start programme for GPs has remained active and was funded via PCIF again this year. Pharmacy teams have replicated a Career Start type programme for pharmacists. **Actions partially completed** Work to develop advanced nurse practitioner roles within the context of primary care improvement is progressing with a Tayside wide group undertaking a needs assessment which links to the Tayside ANP framework. The needs of general practice teams will	is not realistic in many cases for PCI. This has been exacerbated by covid. Practice nurses continue to feel uncertain about the future of their role in some practices.			continue to develop advanced practitioner roles in primary care teams. Consider other roles which may be evolving and could support this area of care. (One example would be physician associates) Work with the newly appointed Senior Nurse for Primary Care to support practice nurses, recognising the critical skills and knowledge they have, the breadth of care they deliver and the opportunities for further development of their role.		programme (for GPs) including Career Start

	be included as part of this work alongside other NHS Tayside employed primary care roles. **Actions outstanding** There has been no development progressed with regard to a shared culture due to the ongoing pressures created by covid and remobilisation of general practice teams. 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. Consider if a wider range of training experience will help recruit and retain staff locally.						
10. Sustainability/ scalability	**Actions completed** The Scottish Government prioritised three areas of the contract for implementation by March 2022 (VTP, Pharmacotherapy and Care and Treatment Services). Pharmacotherapy as noted above is partially implemented with VTP and	More detailed guidance around urgent care is still awaited.			Assess the impact of legislation which will mandate NHS Boards to ensure delivery of aspects of the PCIP. Progress any actions required to ensure this is implemented.	Not yet known	

	Care and Treatment Services more broadly in place. (Although there remain ongoing developments.) **Actions partially completed** A review of models of delivery and the impact they are having has been limited because of the impact of covid however, some teams such as the PALMS service have had a significant review and redesign **Actions outstanding** Identify other sources of funding which may be able to support the shift of some of the work within PCI, recognising that money can not be transferred from practices						
11. **Practice Staff Development**	**Actions Completed** We have worked with the Chief Nurse for Primary Care to develop a network for practice nurses for education and peer support although this has been poorly attended to date. **Actions Partially completed**	We are aware that practice nurses continue to have concerns around their longer term future			Work with the newly appointed Senior Nurse for Primary Care to support practice nurses, recognising the critical skills and knowledge they have, the breadth of care they deliver and the opportunities for further development of their role.	Under development	

	Practices have considered both care navigation and workflow as services have remobilised but this has been on a practice by practice basis and not more formally through Primary Care Improvement Plan						
12. **Evaluation**	**Actions completed** Tayside level review of Pharmacotherapy and First Contact Physiotherapy which is informing the plans for the model moving forward. **Actions partially completed** Patient and general practice staff survey to assess impact and awareness of the changes linked to the Primary Care Improvement plan have both been circulated but the results are not yet collated. **Actions outstanding** Other actions have had limited progress due to covid.	The national health survey has new questions linked to the wider primary care team. These will be reviewed and any actions required considered.	Service leads PH Intelligence Team LIST team		Once the feedback surveys have been collated consider any recommendations and how this impacts on current service delivery. Plan further qualitative work once the results of survey known.		

13. **Communication and Engagement**	**Actions completed** NHS Tayside public website now has information on the range of services developed as part of primary care improvement work. The national media campaign in relation to the role of the reception staff within general practice has been promoted locally to increase the public's awareness of the role that reception staff have in ensuring they access the right person to deliver the care they require. Some work streams have developed patient/public groups to help inform developments Key messages were agreed for most workstreams and have been widely shared including via social media. **Actions Partially completed** Social prescribing team have regularly shared positive patient stories. Other services have still to commence this **Actions outstanding**	The NHS Tayside public website (add link) continues to be developed. The perception of reception staff as gatekepeers rather than care navigators has a negative impact on the ability of these skilled staff to support access to the right person for care. The public perception (and media portrayal) of lack of face to face GP appointments is unhelpful, at a time when more people than ever are accessing GP and PC team appointments, often more quickly than previously.	NHS T comms team		Continue to develop a range of methods of sharing information, and wider engagement, as services and capacity develops Consider how patient stories across work streams can be shared with the public to illustrate evolving services.		