1.1
**From: [redacted]**
**Sent:** 19 June 2018 09:52
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: Glasgow OOHs - Urgent contribution for SG

Dear **[redacted]**

Thank you for your further email regarding the Out of Hours (OOH) service, I hope the information below is helpful.

The three workshops were part of the Board-wide work on OOH led by Glasgow City HCSP. These were attended by clinical and managerial staff from the services and from the GP Subcommittee. There is a separate expert reference group of service users and the Health Council has also been briefed. The review has a two year programme and also sits as part of the Board's strategic Moving Forward Together programme. It is, however, anticipated that proposals for the GP OOH element will emerge for further discussion with stakeholders by the end of the summer.

One GP works in each Primary Care Emergency Centre (PCEC) overnight supported by a receptionist. There are also three GPs in the Home Visiting cars in Glasgow and one in Paisley, which we protect given their work is directed at those who are unable to attend a centre. The Lomond and IRH sites are integrated with staff providing both a PCEC and a Home Visiting function. Therefore, we had six doctors working overnight on Saturday night.

We did not offer enhanced rates for last weekend. Our view was that whilst fill rates have been consistently difficult they were particularly so last weekend due to the end of Ramadan and offering additional pay would not have an impact. We have around 200 doctors registered on the bank system.

On Thursday it became clear that we would not be able to provide a full service on Saturday and contingencies were then developed and implemented with accompanying communication to NHS 24 and the Emergency Departments.

Kind regards.
**[redacted]**
NHS Greater Glasgow and Clyde

**From: [redacted]**
**Sent:** 18 June 2018 14:55
**To: [redacted]**
**Cc: [redacted]**
**Subject:** [ExternaltoGGC]RE: Glasgow OOHs - Urgent contribution for SG

**[redacted]**

Thanks, I have a couple of points of clarification.

Regarding the review you mentioned 3 workshops – can you confirm who attended? Was it just clinicians and managers at this stage or was there any public representation? Can you identify any meaningful milestones with regards the review, for example when it will go out for public consultation and when is it expected to report and any changes be rolled out?
Can you confirm the number of GPs and other clinical and non- clinical staff that would be on in the three centres during the period of closure?

When were you aware that the shifts were not going to be filled? Did you offer enhanced rates for these shifts and when were the enhanced rates first offered for this the weekend just past? How many GPs do you have in your bank that you can call on?

Although you have said that this is a common issues across Scotland and that locums are picking up in hours holiday cover this will have been true at other times. Are you able to say with any certainty why you think GPs were unwilling to take on these shifts this weekend? Do you think that if you had offered enhanced pay rates earlier might you may have filed the rota, or where there are other factors above and beyond those already mentioned in play?

**[redacted] | Primary Care Division | Population Health Directorate | Scottish Government**
**[redacted]**

**From: [redacted]**
**Sent:** 18 June 2018 14:17
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: Glasgow OOHs - Urgent contribution for SG

Dear **[redacted]**

Please see attached briefing from NHS Greater Glasgow and Clyde.

## Briefing on NHSGGC GP OOH Weekend of 17th June 2018

## Background

The GP OOH service covers the following elements:

- A Home Visiting Service - this extends into Lanarkshire to cover Camglen and to Highland to cover Helensburgh and the Lochside both under SLAs.
- A telephone advice service - this is provided from the Hub at Cardonald by the GP advisor until midnight and who also has a wide role in co-ordinating the service. After midnight the advice calls are done from the PCECs.
- Primary Care Centres - these are located geographically around the city to support access locally for patients - these centres see patients who are directed by NHS24.
- There are five centres open overnight at RAH, Victoria ACH, Stobhill ACH, Inverclyde and Vale of Leven.
- The service at Inverclyde is provided by a single doctor who also covers home visits.
- The service at Lomond is provided as part of an integrated arrangement for the site which also covers the medical assessment unit and the hospital.
- The vast majority of GPs who provide these services are not employees. Shifts are covered via a bank system and are entirely voluntary.

**Summer 2018/19**

The GP OOHs service has been experiencing significant challenges in proving services for some time. This is a shared experience across NHS Scotland.

The NHS Board, and the local IJBs, is currently undertaking a comprehensive system wide review of health and social care out of hours. Three workshops have recently been held to design a new specification for the service. Current demand and workforce are currently being reviewed and this will include the development of a number of other non-medical roles e.g. Advanced Nurse Practitioners and Community Pharmacists following successful pilots.

In the summer, the demand for locums for day time practice increases and GPs themselves take leave – this further reduces the interest in taking OOH shifts.

Enhanced pay rates are offered in recognition of this from the end of June to the end of August.

GPs in GGC can also take up shifts in neighbouring Boards – every effort is made to keep rates consistent although other terms and conditions are not identical so direct comparisons are not possible.

Every effort is made to fill shifts:

- Staff contact every doctor registered on the bank to ask their availability - and follow this up.
- Agency staff are sought.
- Clinical Directors for the HCSP are asked to raise the issue and urge staff to participate.
- Nursing staff are deployed to assist with Home Visiting.

**[redacted]**

**Impact**

On average the following attendances could have been expected overnight

- Victoria 19
- Stobhill 21
- RAH 15

Over 700 people attend the PCECs each Saturday and Sunday - the overnight period is the quietest.

**Moving Forward**

As outlined above, enhanced rates are being offered for the summer period to enhance sustainability over the summer period.

A local review of OOH services is developing a new model for GP OOHs that will see a new multidisciplinary workforce supporting medical staff. Different links will be established with the range of other services which function in the OOH period such as district nursing / psychiatry and home care. It is reviewing whether PCECs should be located on hospital sites so that

back up is available for patients who present and are very unwell. Options for this are being developed and stakeholders engaged.

The recent allocation of funds for the GP OOH will allow services to be further developed and outline plans are to be submitted during August.

**NHSGGC**
**18th June 2018**

Kind regards.
**[redacted]**
**NHS Greater Glasgow and Clyde**

**From: [redacted]**
**Sent:** 18 June 2018 09:18
**To: [redacted]**
**Cc: [redacted]**
**Subject:** [ExternaltoGGC]Glasgow OOHs - Urgent contribution for SG

Hi,

I have been asked to prepare a note on OOH service in Glasgow over the weekend on the back of the statement released by NHS GG&C which was picked up by the BBC for the Cabinet Secretary and FM. I need some material as soon as possible as I have to send it to Private Office by 10am.

What I am looking for background to the closures between 1 and 6am on Sunday. I understand from other sources that it may be related to pay?

Can you also clarify that discussions were held with the acute services in the EDs and that NHS 24 were aware of the closures so knew where to direct patients.

Also what immediate plans might you be developing to minimise this happening again? I expect that the Cab Sec may well be planning on saying that she is asking for assurances and contingency plans from NHS GGC and the IJBs.

From my reading of the situation it seems that the service was pretty much the same as usual except for the closure of the three sites between 1-6am – is that correct?

It would also be helpful to know where you are with the review of OOH services in Glasgow and any key milestones about to be reached.

I can be contacted on **[redacted]**. It would be helpful to speak to someone on this.

**[redacted]** **Primary Care Division | Population Health Directorate | Scottish Government** **[redacted]**

**From: [redacted]**
**Sent:** 17 June 2018 15:33
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: Out of Hours Closures - Urgent

The board chief executive has asked for a brief to be with her as a number of government departments have requested this

I will make sure you are copied in

Due by midday

Please be assured that NHS 24 and the EDs were all aware
Yu are correct in that the only closures were the Vic / RAH and stobhill

**[redacted]**

**From: [redacted]**
**Sent:** 17 June 2018 15:07
**To: [redacted]**
**Cc: [redacted]**
**Subject:** [ExternaltoGGC]Out of Hours Closures - Urgent

**[redacted]**
I have been asked to prepare a note on OOH service in Glasgow over the weekend on the back of the statement released by NHS GG&C which was picked up by the BBC for the Cabinet Secretary and FM.

https://www.bbc.co.uk/news/uk-scotland-glasgow-west-44507743

What I am looking for is that patient safety was considered when deciding to close the three sites between 1 and 6am on Sunday.

Any information as to background as to why closed and when the decision was taken?

Can you also clarify that discussions were held with the acute services in the EDs and that NHS 24 were aware of the closures so knew where to direct patients.

Also what immediate plans might you be developing to minimise this happening again? I expect that the Cab Sec may well be planning on saying that she is asking for assurances and contingency plans from NHS GGC and the IJBs.

From my reading of the situation it seems that the service was pretty much the same as usual except for the closure of the three sites between 1-6am – is that correct?

It would also be helpful to know where you are with the review, and any likely end point?
**[redacted] Primary Care Division | Population Health Directorate | Scottish Government [redacted]**

**From: [redacted] On Behalf Of** Foggo R (Richard)
**Sent:** 04 June 2018 15:08
**Subject:** GP Out of Hours (OOH) Fund 2018-19

Population Health Directorate
Primary Care Division
T: [redacted]

E: [redacted]

The Scottish Government
Riaghaltas na h-Alba

**Integration Authority Chief Officers**
**NHS Board Chief Executives**

4 June 2018

Dear Colleagues,

**GP Out of Hours (OOH) Fund 2018-19**

On 23 May 2018 I wrote to you outlining allocations for the new Primary Care Improvement Fund, focused on implementation of new GMS contract and delivery of the six priority areas set out in the Memorandum of Understanding. This letter sets out a separate allocation to reflect the contribution of GP OOH services to that overall commitment to improve primary care.

Over the last two years we provided funds from the Primary Care Transformation Fund (PCTF) to progress tests of change and reviews of services to assist the establishment of sustainable OOH services in line with the recommendations of the National Review of Out of Hours Services, led by Professor Sir Lewis Ritchie, published in 2015. The PCTF is now closed and this allocation constitutes the creation of a distinct recurring fund[1] to help ensure resilience and sustainability of GP OOH services now and in the future.

The proposed model of care outlined in Sir Lewis' review is one that is clinician-led supported by a multi-disciplinary team including GPs, nurses, physiotherapists, community pharmacists, paramedics, social care and other specialists – working together at urgent care resource hubs across Scotland. Although our overall model for GP services and primary care is for enhanced multi-disciplinary teams, the need for a distinct fund is intended to recognise that the service provided in GP OOHs is an urgent/emergency care service which is linked to but distinct from in-hours GMS provision.

The table in Annex A outlines how much is allocated to each NHS Board and HSCP. Although resources are shown per HSCP, it is expected that each HSCP (all HSCPs in an NHS Board area with more than one will work with their respective NHS Board

[1] the level of future allocations (2019/20, 2020/21 and 2021/22) will be determined as part of SG budget setting but for planning purposes it should be assumed that the fund will not be less than £5 million in each subsequent year.

and others in planning existing OOH services and how these additional resources will be used given OOH services are often delivered across a wider system.

These services are part of the delegated functions of Integration Authorities (IAs) and on that basis the commissioning of these services (and in many cases the subsequent delivery of service) is a matter for Integration Authorities. However, to provide assurance to me as accountable officer delegating these funds, and to allow my team and other national partners to understand better how we can support this critical service, I would ask that you please supply a brief (1-2 sides of A4) summary of how you intend to use this allocation by end August 2018. These summaries should be sent to [redacted]

Yours faithfully,

**[redacted]**

**RICHARD FOGGO**
Deputy Director and Head of Primary Care Division

Copy: Chief Executive, Scottish Ambulance Service
Chief Executive, NHS24
Integration Authority Chief Finance Officers
Health Board Directors of Finance
Health Board Directors of Planning and Policy
Primary Care Leads
Health Board Out of Hours Clinical Leads
Health Board Directors of Public Health

**Annex A**

| NHS Board Name | NRAC Share | HSCP Name | NRAC Share |
|---|---|---|---|
| Ayrshire & Arran | 370,457 | East Ayrshire | 121,523 |
| | | North Ayrshire | 136,154 |
| | | South Ayrshire | 112,781 |
| Borders | 105,207 | Scottish Borders | 105,207 |
| Dumfries & Galloway | 148,972 | Dumfries and Galloway | 148,972 |
| Fife | 340,289 | Fife | 340,289 |
| Forth Valley | 270,968 | Clackmannanshire and Stirling | 127,522 |
| | | Falkirk | 143,446 |
| Grampian | 493,628 | Aberdeen City | 196,001 |
| | | Aberdeenshire | 211,538 |
| | | Moray | 86,089 |
| Greater Glasgow & Clyde | 1,116,872 | East Dunbartonshire | 90,807 |
| | | East Renfrewshire | 78,030 |
| | | Glasgow City | 604,317 |
| | | Inverclyde | 82,493 |
| | | Renfrewshire | 169,774 |
| | | West Dunbartonshire | 91,450 |
| Highland | 322,118 | Argyll and Bute | 92,674 |
| | | Highland | 229,444 |
| Lanarkshire | 617,375 | North Lanarkshire | 321,250 |
| | | South Lanarkshire | 296,125 |
| Lothian | 740,215 | East Lothian | 91,728 |
| | | Edinburgh | 416,002 |
| | | Midlothian | 78,714 |
| | | West Lothian | 153,772 |
| Orkney | 24,126 | Orkney Islands | 24,126 |
| Shetland | 24,503 | Shetland Islands | 24,503 |
| Tayside | 392,412 | Angus | 107,746 |
| | | Dundee City | 148,139 |
| | | Perth and Kinross | 136,526 |
| Western Isles | 32,857 | Eilean Siar (Western Isles) | 32,857 |
| Total Value | **5,000,000** | | **5,000,000** |

Cabinet Secretary for Health and Sport
Shona Robison MSP
**[redacted]**

Chairs and Vice Chairs, Integration Authorities
Chairs, NHS Boards

Copied to: Chief Officers, Integration Authorities
Chief Executives, NHS Boards
Chief Executives, Local Authorities
Sally Loudon, Chief Executive, COSLA
Alan McDevitt, BMA

___
29th May 2018

Dear Colleague

On 23 May senior officials issued letters to Integration Authorities and NHS Boards setting out proposed allocations for 2018/19 in relation to primary care and mental health. These allocations and the associated governance and accountabilities set out in the letter are intended to ensure that we can deliver our ambitious programme of reform in both primary care and mental health, in particular, the redesign of primary care services as set out in the Memorandum of Understanding and the commitment to deliver 800 additional mental health workers as set out in the Mental Health Strategy.

It is vital that we make substantial and sustained progress on both these agendas not just this year but over at least the next three years if we are to see improvements in the overall health of our population and ensure that health and social care services remain sustainable. To assist with planning for the longer term the allocation letters set out indicative allocations for 2019/20 and 2020/21.

I know that Integration Authorities are already developing local Primary Care Improvement Plans and similar plans covering action 15 of the Mental Health Strategy. These plans, which require to be signed off by Integration Authorities by the end of July, will be critical not just in providing necessary operational detail but in signalling the strength of our collective commitment. Bringing together all the partners needed to deliver these complex changes will require significant local leadership. I want to assure you that the Scottish Government will provide whatever support it can to assist you to demonstrate that leadership.

The governance and accountability arrangements set out in the allocation letters are largely new and distinctive, for instance, the requirement that PCIPs be agreed with local GP Sub-Committees of Area Medical Committees. I see these requirements for collaboration and engagement locally as a very positive step forward. Equally, I know that such arrangements take time to establish themselves. That's why we have taken steps to ensure that there is appropriate transparency and accountability for the substantial funds covered by these allocation letters. I however do not wish these necessary steps to be seen as a barrier to progress. I would wish to reiterate my commitment to seeing the full sums invested and spent on the priorities identified. On that basis, I would want to provide a guarantee that any funds covered by these allocation letters retained centrally due to local slippage in delivery in 2018/19 or any other reason will be made available in full to Integration Authorities in subsequent years. This means Integration Authorities can plan with greater confidence not just this year but for the years ahead.

I would welcome the opportunity to discuss the issues raised in this letter at the next Ministerial Strategic Group on Integration.

**[redacted]**
**SHONA ROBISON**

**From: [redacted]**
**Sent:** 23 May 2018 17:11
**To: [redacted]**
**Subject:** Primary Care Improvement Fund: Annual Funding Letter 2018-19
**Importance:** High

Integration Authority Chief Officers
NHS Board Chief Executives

cc. as per letter

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2018-19

Please find attached the above letter from Richard Foggo. The funding letter relating to GP OOH services will follow separately.

Richard Foggo | Head of Primary Care | Scottish Government | St Andrew's House, Regent Road, Edinburgh EH1 3DG | **[redacted]**

Directorate for Population Health
Primary Care Division
T: [redacted]

E: [redacted]

The Scottish Government
Riaghaltas na h-Alba

**Integration Authority Chief Officers**
**NHS Board Chief Executives**

23 May 2018

Dear Colleagues,

**PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2018-19**

I am writing to confirm the 2018-19 funding allocations for the Primary Care Improvement Fund element of the wider Primary Care Fund, which will be used by

Integration Authorities to commission primary care services, and allocated on an NRAC basis through Health Boards to Integration Authorities (IAs).

This letter should be read in close conjunction with two other letters due to issue, which will set out additional ring-fenced resources being made available to IAs in 2018-19:

- A second letter from my Division covering the allocation and use of an additional £5 million for Out of Hours primary care; and
- A letter from Penny Curtis, Deputy Director Mental Health Division, regarding funding of 'Action 15' of the Mental Health Strategy. Action 15 is a four-year commitment to deliver 800 more mental health workers in a range of settings, including primary care, and £11 million is being made available to IAs for this in the first year[2].

## Background

Last year we brought together the Out of Hours, Primary Care Transformation Fund and Mental Health Funds into a single funding allocation, referred to as the Primary Care Transformation Fund (PCTF). My colleagues Penny Curtis and Linda Gregson wrote to you on 9 August 2017 to set out the 2017-18 allocation in your area and associated deliverables. An End of Year template for your completion is at Annex F.

Several key developments have taken place since then. These include:

- Scottish Government and BMA agreement to proceed with the 2018 General Medical Services contact following a poll of the GP profession – January 2018[3].
- Publication of the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards – draft published November 2017 and finalised 19 April 2018[4]. This determines the priorities of Integration Authorities over the next period and should be read in conjunction with this funding letter.
- Primary Care National Workforce Plan – published 30 April 2018[5].
- Passing of Scottish Government Budget Bill in February 2018 confirming increase in Primary Care Fund from £72m in 2017-18 to £110m in 2018-19.
- Wider contextual developments (e.g. the new Oral Health Action Plan and ongoing work by the Health and Justice Collaboration Improvement Board to

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[2] Note: for the avoidance of doubt, SG is also continuing to fund the development of primary care mental health services, in a similar way to previous years. This funding for primary care mental health now forms part of the Primary Care Improvement Fund. The £11m Action 15 funding referenced in the section above is additional to it.

[3] British Medical Association and Scottish Government (2017), *The 2018 GMS Contract in Scotland* http://www.gov.scot/Resource/0052/00527530.pdf

[4] *Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards - GMS Contract Implementation in the context of Primary Care Service Redesign*, published in draft 13 November 2017 and published as final 19 April 2018: http://www.gov.scot/Resource/0053/00534343.pdf

[5] http://www.gov.scot/Publications/2018/04/3662

further develop ‘Action 15’ of the Mental Health Strategy, which committed to 800 new mental health workers in health and justice settings).

Taken together, these set the terms of the main deliverables we expect in 2018-19 and beyond. Further information on them is at Annex C.

**2018-19 approach**

The Scottish Government is investing a total of £115.5 million in the Primary Care Fund (PCF) in 2018-19. There are a number of elements to the overall Primary Care Fund:

- Primary Care Improvement Fund (the subject of this letter);
- General Medical Services;
- National Boards; and
- Wider Primary Care Support including Out of Hours Fund.

These are described in more detail in Annex B.

**Primary Care Improvement Fund (PCIF)**

An in-year NRAC allocation to IAs (via Heath Boards) will comprise £45.750 million of the £115.5 million Primary Care Fund. This in-year allocation is hereafter referred to as the *Primary Care Improvement Fund*.

Primary Care Improvement Plans should set out how this additional funding will be used and the timescale for the reconfiguration of services. Further information is at Annexes D and E.

<u>Total PCIF allocation by Board area</u>

The 2018-19 funding allocation for the PCIF is £45.750 million.

Allocation of the fund, by Health Board and IA, is shown in Annex A. All figures are calculated using NRAC. The money must be used by IAs for the purposes described in this letter. The PCIF (including £7.800 million baselined GP pharmacy funding being treated as PCIF) is not subject to any general savings requirements and must not be used to address any wider funding pressures.

The fund must be delegated in its entirety to IAs. We do not anticipate any adjustment to these figures locally except in two circumstances:

- Marginal changes may be made with the agreement of the Health Board and Integration Authorities to reflect local arrangements, for example in relation to management arrangements within and between Integration Authorities.
- Health Boards and IAs may work collaboratively within their area to jointly resource pre-existing commitments which clearly fall within the scope of the MoU. An example of this would be early adopter link workers who are already in post in areas of higher socio-economic deprivation. This joint working to deliver the overall commitment to links workers (or other MoU related area(s))

can be appropriately reflected in PCIPs for all the IAs concerned. Such a joint approach should be considered especially where it is considered that continuation of such a service in an IA could disproportionately impact on funding available for other activities under the MoU.

Integration Authorities should set out their plans on the basis that the full funds will be made available and will be spent by them within financial year 2018-19. In this initial year of funding, the funding will issue in two tranches starting with allocation of 70% of the funding in June 2018. A high level report on how spending has been profiled must be submitted to SG by the start of September and, subject to confirmation via this report that IAs are able to spend their full 100% allocation in-year, the remaining 30% of funding will be allocated in November 2018. An outline template for making the start-September report is at Annex G. A final template will be issued before September.

I look forward to continuing to work with you in this pivotal year for primary care transformation.

Yours faithfully,

**[redacted]**
**RICHARD FOGGO**
Deputy Director and Head of Primary Care Division

Copy: Local Authority Chief Executives
COSLA Chief Executive
Integration Authority Chief Finance Officers
Health Board Directors of Finance
Health Board Directors of Pharmacy
Health Board Directors of Planning and Policy
Health Board Medical Directors
Primary Care Leads
Health Board Out of Hours Clinical Leads
Scottish Executive Nurse Directors (SEND)
Health Board AHP Directors
Health Board Directors of Public Health

**ANNEX A**

## PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

Allocation By Territorial Health Board

| Allocations by Territorial Board 2018-19 | | | | |
|---|---|---|---|---|
| | 2018-19 Target share | 2018-19 NRAC Share | 2017-18 Allocation now in 18-19 Baseline | 2018-19 Allocation |
| **NHS Ayrshire and Arran** | 7.41% | £3,389,685 | £569,300 | £2,820,385 |
| **NHS Borders** | 2.10% | £962,647 | £161,300 | £801,347 |
| **NHS Dumfries and Galloway** | 2.98% | £1,363,090 | £229,100 | £1,133,990 |
| **NHS Fife** | 6.81% | £3,113,646 | £521,800 | £2,591,846 |
| **NHS Forth Valley** | 5.42% | £2,479,354 | £415,000 | £2,064,354 |
| **NHS Grampian** | 9.87% | £4,516,701 | £755,400 | £3,761,301 |
| **NHS Greater Glasgow & Clyde** | 22.34% | £10,219,379 | £1,718,200 | £8,501,179 |
| **NHS Highland** | 6.44% | £2,947,380 | £494,100 | £2,453,280 |
| **NHS Lanarkshire** | 12.35% | £5,648,985 | £947,700 | £4,701,285 |
| **NHS Lothian** | 14.80% | £6,772,970 | £1,132,000 | £5,640,970 |
| **NHS Orkney** | 0.48% | £220,754 | £75,000 | £145,754 |
| **NHS Shetland** | 0.49% | £224,204 | £76,200 | £148,004 |
| **NHS Tayside** | 7.85% | £3,590,567 | £601,900 | £2,988,667 |
| **NHS Western Isles** | 0.66% | £300,639 | £103,000 | £197,639 |
| **Total** | 100.00% | £45,750,000 | £7,800,000 | £37,950,000 |

**Pharmacists in GP Practices funding was a recurring allocation in 2017-18 and will be included in Boards' 2018-19 baseline funding.*

Allocation by Integration Authority: overview of full £45.750 breakdown

| Total Bundle £45.750m | | | |
|---|---|---|---|
| **NHS Board** | **2018-19 NRAC Share** | **IA Name** | **IA Share** |
| Ayrshire & Arran | 3,389,685 | East Ayrshire | 1,111,935 |
| | | North Ayrshire | 1,245,806 |
| | | South Ayrshire | 1,031,944 |
| Borders | 962,647 | Scottish Borders | 962,647 |
| Dumfries & Galloway | 1,363,090 | Dumfries and Galloway | 1,363,090 |
| Fife | 3,113,646 | Fife | 3,113,646 |
| Forth Valley | 2,479,354 | Clackmannanshire and Sti | 1,166,827 |
| | | Falkirk | 1,312,527 |
| Grampian | 4,516,701 | Aberdeen City | 1,793,412 |
| | | Aberdeenshire | 1,935,573 |
| | | Moray | 787,716 |
| Greater Glasgow | 10,219,379 | East Dunbartonshire | 830,888 |
| & Clyde | | East Renfrewshire | 713,977 |
| | | Glasgow City | 5,529,498 |
| | | Inverclyde | 754,813 |
| | | Renfrewshire | 1,553,435 |
| | | West Dunbartonshire | 836,768 |
| Highland | 2,947,380 | Argyll and Bute | 847,966 |
| | | Highland | 2,099,414 |
| Lanarkshire | 5,648,985 | North Lanarkshire | 2,939,438 |
| | | South Lanarkshire | 2,709,546 |
| Lothian | 6,772,970 | East Lothian | 839,311 |
| | | Edinburgh | 3,806,420 |
| | | Midlothian | 720,229 |
| | | West Lothian | 1,407,010 |
| Orkney | 220,754 | Orkney Islands | 220,754 |
| Shetland | 224,204 | Shetland Islands | 224,204 |
| Tayside | 3,590,567 | Angus | 985,878 |
| | | Dundee City | 1,355,476 |
| | | Perth and Kinross | 1,249,213 |
| Western Isles | 300,639 | Eilean Siar (Western Isles | 300,639 |
| **Total** | **45,750,000** | | **45,750,000** |

Allocation by Integration Authority: IA share of £7.8m baselined funding[6]

| £7.8m from Boards' Baseline Funding | | | |
|---|---|---|---|
| **NHS Board** | **Baselined funding** | **IA Name** | **IA Share** |
| Ayrshire & Arran | 569,300 | East Ayrshire | 186,750 |
| | | North Ayrshire | 209,234 |
| | | South Ayrshire | 173,316 |
| Borders | 161,300 | Scottish Borders | 161,300 |
| Dumfries & Galloway | 229,100 | Dumfries and Galloway | 229,100 |
| Fife | 521,800 | Fife | 521,800 |
| Forth Valley | 415,000 | Clackmannanshire and S | 195,306 |
| | | Falkirk | 219,694 |
| Grampian | 755,400 | Aberdeen City | 299,941 |
| | | Aberdeenshire | 323,717 |
| | | Moray | 131,742 |
| Greater Glasgow | 1,718,200 | East Dunbartonshire | 139,698 |
| & Clyde | | East Renfrewshire | 120,042 |
| | | Glasgow City | 929,683 |
| | | Inverclyde | 126,908 |
| | | Renfrewshire | 261,181 |
| | | West Dunbartonshire | 140,687 |
| Highland | 494,100 | Argyll and Bute | 142,153 |
| | | Highland | 351,947 |
| Lanarkshire | 947,700 | North Lanarkshire | 493,134 |
| | | South Lanarkshire | 454,566 |
| Lothian | 1,132,000 | East Lothian | 140,278 |
| | | Edinburgh | 636,186 |
| | | Midlothian | 120,376 |
| | | West Lothian | 235,161 |
| Orkney | 75,000 | Orkney Islands | 75,000 |
| Shetland | 76,200 | Shetland Islands | 76,200 |
| Tayside | 601,900 | Angus | 165,266 |
| | | Dundee City | 227,223 |
| | | Perth and Kinross | 209,410 |
| Western Isles | 103,000 | Eilean Siar (Western Isle | 103,000 |
| **Total** | **7,800,000** | | **7,800,000** |

[6] Being treated as part of the PCIF. Note that there is no difference between the use for PCIP purposes of the baselined £7.8 million and the remainder of the PCIF this year.

## Allocation by Integration Authority: tranche 1 and tranche 2 of £37.950 million in-year allocation[7]

| £37.95m split into Tranche 1 and Tranche 2 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **NHS Board** | **2018-19 Board Allocation** | **Tranche 1 (70%)** | **Tranche 2 (30%)** | **IA Name** | **IA Share** | **Tranche 1 (70%)** | **Tranche 2 (30%)** |
| Ayrshire & Arran | 2,820,385 | 1,974,270 | 846,116 | East Ayrshire | 925,185 | 647,629 | 277,555 |
| | | | | North Ayrshire | 1,036,572 | 725,600 | 310,972 |
| | | | | South Ayrshire | 858,629 | 601,040 | 257,589 |
| Borders | 801,347 | 560,943 | 240,404 | Scottish Borders | 801,347 | 560,943 | 240,404 |
| Dumfries & Galloway | 1,133,990 | 793,793 | 340,197 | Dumfries and Galloway | 1,133,990 | 793,793 | 340,197 |
| Fife | 2,591,846 | 1,814,292 | 777,554 | Fife | 2,591,846 | 1,814,292 | 777,554 |
| Forth Valley | 2,064,354 | 1,445,048 | 619,306 | Clackmannanshire and Stirling | 971,521 | 680,065 | 291,456 |
| | | | | Falkirk | 1,092,833 | 764,983 | 327,850 |
| Grampian | 3,761,301 | 2,632,910 | 1,128,390 | Aberdeen City | 1,493,471 | 1,045,429 | 448,041 |
| | | | | Aberdeenshire | 1,611,857 | 1,128,300 | 483,557 |
| | | | | Moray | 655,973 | 459,181 | 196,792 |
| Greater Glasgow & Clyde | 8,501,179 | 5,950,825 | 2,550,354 | East Dunbartonshire | 691,189 | 483,832 | 207,357 |
| | | | | East Renfrewshire | 593,935 | 415,754 | 178,180 |
| | | | | Glasgow City | 4,599,815 | 3,219,871 | 1,379,945 |
| | | | | Inverclyde | 627,905 | 439,534 | 188,372 |
| | | | | Renfrewshire | 1,292,253 | 904,577 | 387,676 |
| | | | | West Dunbartonshire | 696,081 | 487,257 | 208,824 |
| Highland | 2,453,280 | 1,717,296 | 735,984 | Argyll and Bute | 705,813 | 494,069 | 211,744 |
| | | | | Highland | 1,747,467 | 1,223,227 | 524,240 |
| Lanarkshire | 4,701,285 | 3,290,899 | 1,410,385 | North Lanarkshire | 2,446,305 | 1,712,413 | 733,891 |
| | | | | South Lanarkshire | 2,254,980 | 1,578,486 | 676,494 |
| Lothian | 5,640,970 | 3,948,679 | 1,692,291 | East Lothian | 699,032 | 489,323 | 209,710 |
| | | | | Edinburgh | 3,170,234 | 2,219,164 | 951,070 |
| | | | | Midlothian | 599,854 | 419,898 | 179,956 |
| | | | | West Lothian | 1,171,850 | 820,295 | 351,555 |
| Orkney | 145,754 | 102,028 | 43,726 | Orkney Islands | 145,754 | 102,028 | 43,726 |
| Shetland | 148,004 | 103,603 | 44,401 | Shetland Islands | 148,004 | 103,603 | 44,401 |
| Tayside | 2,988,667 | 2,092,067 | 896,600 | Angus | 820,612 | 574,428 | 246,184 |
| | | | | Dundee City | 1,128,253 | 789,777 | 338,476 |
| | | | | Perth and Kinross | 1,039,803 | 727,862 | 311,941 |
| Western Isles | 197,639 | 138,347 | 59,292 | Eilean Siar (Western Isles) | 197,639 | 138,347 | 59,292 |
| **Total** | **37,950,000** | **26,565,000** | **11,385,000** | | **37,950,000** | **26,565,000** | **11,385,000** |

[7] Total PCIF minus the £7.8 million baselined amount. Note that there is no difference between the use for PCIP purposes of the baselined £7.8 million and the remainder of the PCIF this year.

**ANNEX B**

## OVERVIEW OF NATIONAL PRIMARY CARE FUNDING ARRANGEMENTS

### Primary Care Fund 2018-19

The Scottish Government is investing a total of £115.5 million in the Primary Care Fund (PCF) in 2018-19. There are a number of elements to the overall Fund:

- Primary Care Improvement Fund;
- General Medical Services;
- National Boards; and
- Wider Primary Care Support including Out of Hours.

The full Primary Care Fund breakdown is below.

| Primary Care Fund<br>£m | 2018-19 | Notes |
|---|---|---|
| **Primary Care Improvement Fund: Service redesign through Primary Care Improvement Plans** | **45.750** | Wider MDT development across 6 priority areas in the GMS contract/ MoU, including Pharmacy, CLW, Vaccination Transformation Programme, primary care mental health and Pharmacy First. |
| **GMS:**<br>Income & Expenses Guarantee<br>Professional Time Activities<br>Rural package<br>GP Additional support<br>GP clusters (PQLs)<br>**GMS Total** | <br>23.000<br>2.500<br>2.000<br>3.075<br>5.000<br>**35.575** | Additional support includes oxygen, occ health, parental leave, sickness, appraisal and GP retainers scheme |
| **National Boards** | **16.569** | Cluster support (HIS and LIST), SAS Strategy/national board transformation, practice nurse training |
| **Wider Primary Care Support:**<br>National Support<br>Primary Care Infrastructure<br>Out of Hours<br>GP Recruitment and Retention<br>**Wider Primary Care Support Total** | <br>5.606<br>2.000*<br>5.000<br>5.000<br>**17.642** | National support includes primary care development, GP sustainability reccs, community eyecare review, evaluation |
| Total: Primary Care Fund<br>*£10m Premises Fund available in 2018-19 from a separate funding source | **115.500** | |

The table above demonstrates the allocation of the entirety of the Primary Care Fund. A separate letter will be prepared and copied to IAs in due course providing a

breakdown of which elements of the Primary Care Fund are in direct support of General Practice, contributing to the Scottish Government's commitment to invest an additional £250 million in direct support of General Practice by the end of this Parliament.

Primary Care Improvement Fund

An in-year NRAC allocation to IAs (via Heath Boards) will comprise £45.750 million of that £115.5 million Primary Care Fund. This in-year allocation is hereby referred to as the Primary Care Improvement Fund (PCIF). Primary Care Improvement Plans should set out how this additional funding will be used and the timescale for the reconfiguration of services.

In 2018-19, for the PCIF, we are continuing the process of radical simplification we began last year. As agreed with the *Scottish Government – Chief Officer Advisory Group on Primary Care*, we are making a single broad allocation, to provide maximum flexibility to local systems to deliver key outcomes. This is a successor fund to activities previously funded including:

- Pharmacy teams in General Practice
- Vaccination Transformation Programme
- Primary Care Transformation Fund
- Community Links Workers
- Mental Health Primary Care Fund
- Pharmacy First

Primary Medical Services

A separate Primary Medical Services (PMS) revenue allocation letter will issue in due course, which will include the elements of the Primary Care Fund that relate to General Medical Services (GMS) such as the £23 million income guarantee associated with the new GMS contract.

National NHS Boards will also receive letters setting out the outcomes associated with their funding allocations.

Out of Hours Fund

IAs will be expected to maintain and develop a resilient out of hours service that builds on the recommendations set out in Sir Lewis Ritchie's report *Pulling Together*, building effective links and interface between in and out of hours GP services.

Therefore, IAs will receive an in-year NRAC allocation *additional* to the Primary Care Improvement Fund of £5 million for investment in Out of Hours.

A separate letter will set out further detail before the end of May on the allocation and use of the £5 million.

Wider Elements of Primary Care Fund

Funding from the Primary Care Fund outwith the IA-led allocation includes:

- Support to GP sustainability recommendations and national evaluation;
- Support to GP Recruitment and Retention; and
- Funding for National Boards to support primary care transformation.

Future funding profile

To aid in preparation of the Primary Care Improvement Plans, IAs and Health Boards should note that the Primary Care Fund is expected to increase substantially over the next three years. The Scottish Government has announced its commitment to increase the overall PCF to £250 million by 2021-22. The detail of the funding breakdown within that is a matter for Ministers and the annual Parliamentary budgeting process.

However – *strictly as a planning assumption, and subject to amendment by Ministers without notice* – IAs may wish to note our expectation that the Primary Care Improvement Fund will increase to approximately £55 million in 2019-20, £110 million in 2020-21, and £155 million in 2021-22. This will, as this year, be distributed on an NRAC basis.

All PCIF in-year allocations should be considered as *earmarked recurring* funding. It should be assumed therefore that staff may be recruited on a permanent basis to meet the requirements set out in the MoU. We will engage with IAs and others on any plans to baseline these funds.

**Linked non-Primary Care Fund funding**

Linked funding from outwith the Primary Care Fund in 2018-19 includes:

- The £10 million annual Premises Fund to fund interest-free secured loans to GP contractors who own their premises, as set out in the National Code of Practice for GP Premises.
- The £11 million Mental Health 'Action 15' fund, which will be the subject of a separate letter this month from Penny Curtis.

**National trends in funding for primary care**

In March 2017 the Cabinet Secretary for Health and Sport announced that in addition to the funding for the provision of general medical services, funding in direct support of general practice will increase annually by £250 million by the end 2021-22. In 2017-18 £71.6 million was committed through the Primary Care Fund in direct support of general practice. Further investment will see this increase over the three financial years from 1 April 2018 to £250 million in 2021-22.

This forms part of the commitment during this Parliament to extra investment of £500 million per year for Primary Care funding. This will raise the primary care budget from 7.7% of the total NHS frontline budget in 2016-17 to 11% by 2021-22.

**ANNEX C**

## SUMMARY OF KEY POLICY DEVELOPMENTS IN PRIMARY CARE 2017-18

### GMS contract offer: key elements

The contract offer to GPs[8], jointly negotiated by the BMA and the Scottish Government, sets out a refocused role for GPs as Expert Medical Generalists (EMGs) and recognises the GP as the senior clinical decision maker in the community. This role builds on the core strengths and values of general practice, involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership.

This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services in their capacity as expert medical generalists. The contract offer also sets out new opportunities for GP-employed practice staff.

The contract improves the formula used to determine GP funding, and proposals for the next phase of pay reform, and proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability.

Practice core hours will be maintained at 8am-6.30pm (or as previously agreed through local negotiation). Online services for patients will be improved, and online appointment booking and repeat prescription ordering will be made available where the practice has the functionality to implement online services safely.

The contract sets out how analytical support from Information Services Division of NHS National Services Scotland will be further embedded. Practices will supply information on practice workforce and on demand for services to support quality improvement and practice sustainability.

### Memorandum of Understanding

The Memorandum of Understanding (MoU) with Integration Authorities, the British Medical Association, NHS Boards and the Scottish Government[9] set out the

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[8] British Medical Association and Scottish Government (2017), *The 2018 GMS Contract in Scotland* http://www.gov.scot/Resource/0052/00527530.pdf

[9] http://www.gov.scot/Resource/0053/00534343.pdf

principles underpinning primary care in Scotland, including respective roles and responsibilities.

The seven key principles for service redesign in the document are:

- Safe
- Person-Centred
- Equitable
- Outcome focused
- Effective
- Sustainable
- Affordability and value for money

The MoU provided the basis for the development by IAs, as part of their statutory Strategic Planning responsibilities, of clear IA Primary Care Improvement Plans, setting out how allocated funding will be used and the timescales for the reconfiguration of some of the key services currently delivered under GMS contracts.

The MoU underpins the new Scottish GMS contract; and enables the move towards a new model for primary care that is consistent with the principles, aims and direction set by the Scottish Government's National Clinical Strategy (NCS) and the Health and Social Care Delivery Plan.

**Workforce Plan**

The third section of the National Workforce Plan[10] was published on 30 April 2018.

Scottish Ministers have committed to a significant expansion of the wider Multi-Disciplinary Team (MDT), including the training of an additional 500 advanced nurse practitioners, 250 Community Links Workers to be in place by 2021 in practices serving our poorest populations, and 1,000 paramedics to work in the community. General Practice will further be supported by ensuring all practices are given access to a pharmacist by the end of this parliamentary period. An additional investment of £6.9 million will be made in nursing in primary care, particularly general practice nursing and district nursing.

The publication of *National Health and Social Care Workforce Plan: Part 1 – a framework for improving workforce planning across NHS Scotland*[11] last June signalled the beginning of a process to further improve workforce planning across health and social care. It set out new approaches to workforce planning across Scotland, within a framework for wider reform of our health and care systems. Part 2 of the Workforce Plan – *A framework for improving workforce planning for social care in Scotland*[12] – published jointly by the Scottish Government and COSLA, set out a whole system, complementary approach to local and national social care workforce planning, recognising our new integrated landscape.

[10] http://www.gov.scot/Publications/2018/04/3662
[11] http://www.gov.scot/Resource/0052/00521803.pdf
[12] http://www.gov.scot/Resource/0052/00529319.pdf

Part 3, the primary care workforce plan, marks an important further step in that journey. It addresses the following main issues:

- how primary care services are in a strong position to respond to the changing and growing needs of our population, alongside the evidence of the significant benefits that will be delivered through focusing our workforce on prevention and self-management.
- The shape of the existing primary care workforce, including recent trends in workforce numbers
- The anticipated changes in the way services will be reconfigured to meet population need
- How the MDT will be strengthened to deliver an enhanced and sustainable workforce
- Our approach to recruiting 800 more doctors into general practice over the next decade and supporting and retaining the existing workforce
- How we will work with partners to ensure that better quality and more timely data is developed to drive effective local and national workforce planning.
- A commitment to work alongside partners including the RCN to understand the requirements for sustaining and expanding the district nursing workforce. By September 2018 we will better understand the requirements and investment needed to grow this workforce.

**Other key policy developments**

GP Clusters

The approach to quality which began with the move away from the Quality and Outcomes Framework introduced in the 2004 GMS contract will continue. Following the publication of *Improving Together: A National Framework for Quality and GP Clusters in Scotland*[13] in January 2017, work is now underway to continue to develop the collaborative learning role of GP clusters, to help identify and improve the quality of services in their locality. Healthcare Improvement Scotland and National Services Scotland, through Local Intelligence Support Teams (LIST) will continue to support clusters to gather intelligence to establish what these priorities are, and how to collect and evaluate data to determine what action is needed. Work is now underway to further refine the National Framework, with input from Integration Authorities, and this work will continue in 2018/19. Support should be made available from Public Health locally to help identify suitable cluster outcomes for improvement.

Community Eyecare

As indicated in last year's letter, the Community Eyecare Services Review[14] required Integration Authorities to consider the full eyecare needs of their communities when planning and commissioning services. Work is now underway in taking forward the recommendations, particularly around revising the General Ophthalmic Services Regulations. We would expect Integration Authorities to continue to work with

[13] https://beta.gov.scot/publications/improving-together-national-framework-quality-gp-clusters-scotland/documents/00512739.pdf?inline=true
[14] http://www.gov.scot/Publications/2017/04/7983

optometrists and NHS Board Optometric Advisers in considering how eyecare services can be delivered more effectively in their area, as work to implement further recommendations around clinical and quality improvement will continue in 2018/19.

Oral Health

On 24 January 2018, the Scottish Government published the *Oral Health Improvement Plan* (OHIP)[15]. The OHIP sets the direction of travel for oral health improvement and NHS dentistry for the next generation, and has a strong focus on preventing oral health disease, meeting the needs of the ageing population and reducing oral health inequalities. This does not form part of the PCIF, but appropriate links should be identified where possible.

Pharmacy

Our strategy 'Achieving Excellence in Pharmaceutical Care'[16]. was published in August 2017, and sets out the priorities, commitments and actions for improving and integrating NHS pharmaceutical care in Scotland over the next five years. It is driven by two main priorities: Improving NHS Pharmaceutical Care and Enabling NHS Pharmaceutical Care Transformation.

Achieving Excellence emphasises the important role the pharmacy team in NHS Scotland has to play as part of the workforce, making best use of their specialist skills and much needed expertise in medicines. It describes how we see pharmaceutical care evolving in Scotland along with the crucial contribution of pharmacists and pharmacy technicians, working together with other health and social care practitioners, to improve the health of the population, especially for those with multiple long term and complex conditions.

[15] http://www.gov.scot/Publications/2018/01/9275
[16] http://www.gov.scot/Resource/0052/00523589.pdf

**ANNEX D**

**CORE REQUIREMENTS OF PRIMARY CARE IMPROVEMENT PLANS**
**REQUIREMENT 1: PREPARATION OF PRIMARY CARE IMPROVEMENT PLANS (PCIPS)**

The MoU requires IAs to:

1. Develop three-year Primary Care Improvement Plans (PCIPs), consulting NHS Boards and other partners. These must be agreed with the local GP Subcommittee of the Area Medical Committee, with the arrangements for delivering the new GMS contract being agreed with the Local Medical Committee (LMC),and
2. Through the Plans, commission, deliver and resource (including staff resources) the six priority services identified in the MOU and the Contract document ("Blue Book") in support of the new GP contract.

**Process**

Initial Plans, with evidence of appropriate local consultation and agreements, will be completed by 1 July 2018 and shared with the National Oversight Group by the end of that month. They should be kept under review and updated at least annually.

The Plans are to be developed collaboratively with advice and support from GPs; and explicitly agreed with the local GP Subcommittee of the Area Medical Committee (and, in the context of the arrangements for delivering the new GMS contract, explicitly agreed with the Local Medical Committee).

Key partners and stakeholders (including patients, carers, and representatives of service providers such as the third sector) should be as engaged as possible in the preparation, publication and regular review of the Plans. There will also be a need for appropriate engagement with specific professionals and groups. For example, on the pharmacotherapy service, Directors of Pharmacy and others such as area pharmaceutical committees (or area clinical forums) and local pharmacy contractors committees will have a strong need for engagement on its implementation locally.

We appreciate that achieving full engagement within the challenging initial timescale for the PCIP may be difficult, and some of the more detailed dialogue may take place after the plans are submitted. They will be living documents, and regularly reviewed and updated.

**Content**

The transfer of services in the six priority areas (detailed under Requirement 2 below) will be a major component of PCIPs, and we expect that PCIPs will show a funding profile for each area.

Good communications and understanding across the wider health and social care interfaces with both services and professional groups (e.g. primary/secondary, community health and social care services, district nursing, out of hours services,

mental health services) will also be required to address direct patient care issues, such as prescribing, referrals, discharges, follow up of results and signposting. An important principle here is that each part of the system respects the time and resources of the other parts. There should not be an assumption that patient needs or work identified in one part of the service must be met by another without due discussion and agreement. This should ensure that patients do not fall through gaps in the health and care system.

Wider spending on those services should form part of IAs' broader strategic planning and commissioning role, and it would be helpful if PCIPs could reference how these services will work together.

IAs, in preparing PCIPs, should also consider the underpinning need for strong collective leadership from all parts of the local system, and how best to support it. Measures to build the leadership capability of GP Sub-Committees, and Cluster Quality Leads, as well as wider capability and capacity, should form a key part of Plans. NHS Education for Scotland is likely to be a key partner for IAs in delivering programmes to support that capacity-building. PCIPs may also address practical support to the programmes of work, such as coordination or programme management.

**Wider considerations**

Connection to Action 15 of the Mental Health Strategy

Primary Care Improvement Plans should show clear connections to the plans being prepared under Action 15 of the Mental Health Strategy for delivery of 800 more mental health staff in general practice, Accident and Emergency, prisons and police custody suites over the next three years. Penny Curtis will be writing to you separately on this matter.

Some of the same staff may be counted both as part of the MOU delivery (for example as part of the development of primary care mental health and/or the work on links workers) and the delivery of the general practice element of the 800. This is acceptable, and Penny Curtis's letter will set out how we expect additionality to be accounted for in terms of the 800. It would be helpful to see any cross-over clearly articulated in both PCIPs and existing plans (or those in development) regarding Action 15 of the Mental Health Strategy.

Inequalities

Whilst we recognise that the key determinants of health inequality lie outside general practice services and health care generally, there remain opportunities to strengthen the role of general practice and primary care in mitigating inequality. All PCIPs should include a section on how the services will contribute to tackling health inequalities. The community links worker service will be one aspect of this, as will the developing quality improvement role of GP Clusters, but IAs will wish to consider what more can be done to ensure there is parity of access for all groups, and that the workload of GPs in the most deprived areas is manageable.

IAs are also subject to the new Fairer Scotland Duty which came into force from April 2018. Guidance on the new duty is available on the SG website[17]. The duty aims to ensure that public bodies take every opportunity to reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. We would therefore strongly encourage IAs to consider how they can meet their obligations under the duty as they develop their PCIPs. In particular, all IAs should have completed an inequalities assessment, and make reference to this in their PCIP.

Sustainability

All IAs should also consider the sustainability of general practices in their area including the recruitment and retention of local GPs. Where there are specific sustainability issues, these should be discussed with GP representatives, and consideration given to how the PCIP can best support the sustainability of general practice locally.

National support will continue to be made available through the multi-partner Improving General Practice Sustainability Advisory Group which, over the past year, has made significant progress in delivering the practically focused recommendations for reducing workload pressures, including actions to improve interface working and improved signposting of patients to appropriate primary care services and to self-care. During 2018 the Group will focus on supporting local partners to address local sustainability issues.

Rural, remote and island communities

The needs of rural, remote and island communities should be addressed in PCIPs if they form part of the IA area.

The expectation is that the contract workload reduction measures and new services must be made available to *every* practice where it is reasonably practical, effective and safe to do so.

The service redesign requires practices to be involved via their GP clusters, so they have a say in how services will work locally.

**Governance**

A new National Oversight Group with representatives from the Scottish Government, the SGPC, Integration Authorities and NHS Boards will oversee implementation by NHS Boards of the GMS contract in Scotland and the IA Primary Care Improvement Plans, including clear milestones for the redistribution of GP workload and the development of effective MDT working, including with non-clinical staff.

At local level, Integration Authorities will hold Health Boards and Councils to account for delivery of the milestones set out in the Plan, in line with the directions provided

[17] http://www.gov.scot/Publications/2018/03/6918

to the Health Board and Council by the Integration Authority for the delivery of Strategic Plans.

Directors of Pharmacy will be leading on the implementation of the pharmacotherapy services during the three year trajectory, to ensure governance arrangements are in place, workforce planning and capacity issues are addressed, and the initial momentum is maintained. This will be taken forward through the recently established Pharmacotherapy Service Implementation Group which will form part of the governance arrangements under the new National Oversight Group.

The Vaccination Transformation Programme is overseen by a Programme Board with representatives from the Scottish Government, SGPC, Trade Unions, Health Protection Scotland, Health Boards, and Directors of Nursing. It is responsible for realising the benefits of vaccination transformation nationally, and managing, monitoring and evaluating progress made by each Health Board. The Vaccination Transformation Programme Board links into the National Oversight Group by reporting to the Primary Care Programme Board.

Other stakeholder groups such as dentistry and optometry should also be engaged with.

**Evaluation**

At local level, all PCIPs should include consideration of how the changes will be evaluated locally.

Healthcare Improvement Scotland and LIST analysts from National Services Scotland will work with IAs to provide support and learning in development of the new services.

At the national level, the Scottish Government plans to publish a 10-year Primary Care Monitoring and Evaluation Strategy in June 2018, setting out our overarching approach to evaluating primary care reform.

We will also publish a Primary Care Outcomes Framework before then, which maps out planned actions and priorities against the changes we are working towards. The Framework was co-produced by the Primary Care Evidence Collaborative, which includes NHS Health Scotland, the Scottish School of Primary Care, Healthcare Improvement Scotland, NHS Education for Scotland, National Services Scotland, the Alliance, and the Scottish Government.

**ANNEX E**

**CORE REQUIREMENTS FOR PRIMARY CARE IMPROVEMENT PLANS 2018-21**
**REQUIREMENT 2 – SERVICE TRANSFER**

The MoU requires IAs to:

1. Develop three-year Primary Care Improvement Plans (PCIPs), consulting NHS Boards and other partners. These must be agreed with the local GP Subcommittee of the Area Medical Committee, with the arrangements for delivering the new GMS contract being agreed with the Local Medical Committee (LMC),and

2. Through the Plans, commission, deliver and resource (including staff resources) the six priority services identified in the MOU and the Contract document ("Blue Book") in support of the new GP contract.

This Annex sets out the six core requirements for service transfer in PCIPs over the three year period.

IAs should work with a range of professionals in NHS Boards and practices, reflecting the service priority areas, to plan and manage service transfers in a way that ensures patient safety and maximises benefits to patient care. The nature and speed of delivery at a local level will vary based on local factors such as the extent to which comparable services are already in place, upon local geography, and prioritisation based on local demographics and demand. The new services should be provided within GP practices or clusters of practices, or be closely located.

Delivery of the Vaccination Transformation Programme, pharmacotherapy service and community treatment and care service (and within that, specifically phlebotomy) have been identified as the key immediate priorities, in that responsibility for these services will be fully transferred to IAs by the end of the transition period in April 2021. However, the other aspects of service transfer should also be considered urgent, and requiring of significant progress over the three years of Plan to deliver the arrangements set out in the MOU and the new GMS contract document.

## Service 1) Vaccination Transfer Programme

High level deliverable: All services to be Board run by 2021.

By 2021, vaccinations will have moved away from a model based on GP delivery, to one based on NHS Board delivery through dedicated teams.

The Vaccination Transformation Programme can be divided into different work streams:
1. pre-school programme
2. school based programme
3. travel vaccinations and travel health advice
4. influenza programme
5. at risk and age group programmes (shingles, pneumococcal, hepatitis B)

We expect IAs and NHS Boards to have all five of these programmes in place by April 2021. The order and rate at which IAs and NHS Boards make the transition may vary but progress is expected to be delivered against locally agreed milestones in each of the 3 years, including significant early developments in financial year 2018-19.

The Vaccination Transformation Programme includes all vaccination work in primary care, whether previously delivered by IAs or not. For the avoidance of doubt, this includes childhood immunisations in every case.

### Governance and oversight

The Vaccination Transformation Programme is overseen by a Programme Board with representatives from the Scottish Government, SGPC, Trade Unions, Health Protection Scotland, Health Boards, and Directors of Nursing. It is responsible for realising the benefits of vaccination transformation nationally, and managing, monitoring and evaluating progress made by each Health Board. The Vaccination Transformation Programme Board links into the National Oversight Group by reporting to the Primary Care Programme Board.

**Service 2) Pharmacotherapy services**

High level deliverable: Pharmacotherapy Service to the patients of every practice by 2021.

The GP contract includes an agreement that every GP practice will have access to a pharmacotherapy service. To date, investment from the GP Pharmacy Fund has meant that we have exceeded the initial target to recruit 140 wte pharmacists, together with a number of wte pharmacy technicians. The combined skill mix of these pharmacists and technicians are supporting over one third of GP practices across Scotland. An outturn exercise will be completed shortly confirming the total recruitment figures over the three year period up to the end of March 2018.

The PCIP should set out a three year trajectory from April 2018 to April 2021, to establish a sustainable pharmacotherapy service which includes pharmacist and pharmacy technician support to the patients of every practice. Pharmacists and pharmacy technicians will become embedded members of core practice clinical teams and, while not employed directly by practices, the day-to-day work of pharmacists and pharmacy technicians, will be co-ordinated by practices and targeted at local clinical priorities. Implementation of the pharmacotherapy service will be led by Directors of Pharmacy during the three year trajectory period through the Pharmacotherapy Service Implementation Group.

Pharmacists and pharmacy technicians will take on responsibility for:

a) Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines
b) Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics (e.g. chronic pain)

By the end of the three year period, PCIPs should be able to demonstrate appropriate delivery of both the core and additional elements of the service in response to local needs.

There will be an increase in pharmacist training places to support this work.

Chronic Medication Service

In addition, PCIPs should also take into account the contribution of the Chronic Medication Service (CMS) available in all local community pharmacies, and ensure the appropriate links between the pharmacotherapy service and CMS are embedded to make best use of total capacity.

Under this centrally funded service, community pharmacists can carry out an annual medication review, as well as regular monitoring and feedback to the practice for patients registered for this service. Involving community pharmacists in the medication review of people with a stable long term condition will support pharmacists in GP practices and GPs to concentrate on more complex care. Making full use of the clinical capacity within community pharmacy can improve the pace and efficiency of delivery of the pharmacotherapy service in GP practices.

## Other Centrally Funded Community Pharmacy Services

GP practice teams should also make full use of the other NHS services available through local community pharmacies as part of local triaging arrangements.

Community pharmacists can provide self-care advice on a range of common (uncomplicated) clinical conditions. Children, the elderly, people with medical exceptions, and those on low incomes can also make full use of the Minor Ailment Service (MAS). We will be looking to see how we can develop the MAS on a national basis, based on the outcomes of the extended MAS pilot in Inverclyde.

Smoking cessation support and sexual health advice (including access to Emergency Hormonal Contraception) are also available through the community pharmacy Public Health Service.

## Pharmacy First

Also included in your 2018-19 funding allocation are monies to support the continuation of the Pharmacy First service introduced in community pharmacies across Scotland from winter 2017-18.

Linked to the MAS, Pharmacy First allows community pharmacists to treat uncomplicated urinary tract infections in women and impetigo in children without the need for a GP appointment or prescription, opening access to treatment both in and out-of-hours.

Taken together, the NHS Services available through the network of community pharmacies at both local and national levels builds on the role of pharmacists as part of the multidisciplinary team in primary care, making the best use of their clinical skills and providing convenient routes of access to appropriate primary care.

**Service 3) Community Treatment and Care Services**

High level deliverable: A service in every area, by 2021, starting with phlebotomy.

These services include, but are not limited to, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, phlebotomy, ear syringing, suture removal, and some types of minor surgery as locally determined as being appropriate.

Phlebotomy should be delivered as a priority in the first stage of the PCIP.

There will be a three year transition period to allow the responsibility for providing these services to pass from GP practices to IAs. By April 2021, these services will be commissioned by IAs, and delivered in collaboration with NHS Boards that will employ and manage appropriate nursing and healthcare assistant staff.

Community treatment and care services should be prioritised for use by primary care. They should also be available for secondary care referrals if they would otherwise have been workload for GPs (i.e. if such use means they are directly lifting workload from GPs). It is essential that the new funding in direct support of General Practice is only used to relieve workload from General Practice. Work from secondary care sources should be funded from other streams.

IAs should consider how this service might best be aligned with wider community treatment and care services used by secondary care.

**Service 4) Urgent care (advanced practitioners)**

High level deliverable: A sustainable advanced practitioner service for urgent unscheduled care as part of the practice or cluster based team, based on local needs and local service design.

The MoU sets out the benefits of utilising advanced practitioners to respond to urgent unscheduled care within primary care, including being the first response to a home visit or responding to urgent call outs, freeing up GPs to focus on their role as expert medical generalists. These practitioners will be available to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care.

Where service models are sufficiently developed, advanced practitioners may also directly support GPs' expert medical generalist work by carrying out routine assessments and monitoring of chronic conditions for vulnerable patients at home, or living in care homes. These advanced practitioners may be advanced paramedics or advanced nurse practitioners. It is for the IAs, in collaboration with GP clusters, to determine the best provision for their locality.

By 2021, there should be a sustainable advanced practitioner provision in all IA areas, based on appropriate local service design.

**Service 5) Additional Professional roles**

High level deliverable: In most areas, the addition of new members of the MDT such as physiotherapists or mental health workers acting as the first point of contact.

By 2021 specialist professionals should be working within the local MDT to see patients as the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care. Service configuration may vary dependent upon local geography, demographics and demand.

Physiotherapy services focused on musculoskeletal conditions

IAs may wish to develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice. Priority for the service, such as focusing on elderly care, will be determined by local needs as part of the PCIP.

Mental health

As indicated in last year's letter, the Mental Health Strategy 2017-27[18] commits to action 23, "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019". It describes the primary care transformation that will improve this - up skilling of all Primary Care team members on mental health issues, the roles of clinical and non-clinical staff, and the increased involvement of patients in their own care and treatment through better information and technology use.

In previous years, nearly £10m was invested via the Primary Care Mental Health Fund (PCMHF) to encourage the development of new models of care to ensure that people with mental health problems get the right treatment, in the right place, at the right time. In 2018-19, further mental health funding is included within the £45.750 million for IAs, and Primary Care Improvement Plans must demonstrate how this is being used to re-design primary care services through a multi-disciplinary approach, in conjunction with how other mental health allocations are being managed (including that of Action 15 within the Mental Health Strategy).

Action 15 of the Mental Health Strategy 2017-2027 is to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next 5 years we have committed to additional investment which will rise to £35 million in the final year for 800 additional mental health workers in those key settings. The first tranche of funding for Action 15 is set at £11 million in 2018-19. Following detailed consideration of this matter by the Health and Justice Collaboration Improvement Board, a separate letter will be issued to you regarding funding for Action 15, which should be read in conjunction with this letter. It will include a requirement to count

[18] http://www.gov.scot/Publications/2017/03/1750

and monitor the number of additional mental health workers needed to deliver this commitment.

Others

A link could be made, if wished, with community pharmacy as part of Pharmacy First and in support of the GP Sustainability report actions.

**Service 6) Community Link Workers**

High level deliverable: Non-clinical staff, totalling at least 250 nationally, supporting patients who need it, starting with those in deprived areas.

Community link workers are based in or aligned to a GP practice or cluster and work directly with patients to help them navigate and engage with wider services, often serving a socio-economically deprived community or assisting patients who need support because of (for example) the complexity of their conditions, rurality, or a need for assistance with welfare issues.

As part their PCIP, IAs should assess local need and develop link worker roles in every area, in line with the Scottish Government's manifesto commitment to deliver 250 link workers over the life of the Parliament. The roles of the link workers will be consistent with assessed local need and priorities, and function as part of the local models/systems of care and support. However, the primary intention of this work is to act as one of the ways in which local systems can tackle health inequalities, and therefore the expectation is that the first priority for link workers will be more deprived areas.

It is essential that IAs work together to ensure that they have identified a **national trajectory towards 250 additionally-provided staff** (which could include upskilled staff or those receiving new contracts) by the end of the period. It will be for the national Oversight Group to maintain oversight of this national trajectory.

The 53 'early adopter' link workers who are already in post in areas of higher socio-economic deprivation are the foundation of the build-up towards 250, and continuation of these posts should be considered to be a priority. It is, however, entirely for IAs to decide whether any changes to the scope, oversight, employer or lead responsibility for these posts are required in the light of emerging learning and the developing PCIPs.

The 'early adopter' posts were not initially distributed on an NRAC basis, so Health Boards and IAs should, where necessary, work collaboratively within their area to jointly resource early adopter link workers. This is also the case for additional link workers that may in future be specifically jointly targeted by IAs on areas of the highest deprivation within a Health Board.

This joint working in support of the overall commitment to link workers can be reflected in PCIPs for all the IAs concerned, and will be welcomed.

Such a joint approach should be considered especially where it is considered that continuation of the early adopter service in an IA could disproportionately impact on funding available in that IA for other activities under the MoU.

Support for this work is available to IAs from ScotPHN (Kate Burton) who can support IA work to develop and implement the role of link workers during 2018-19; and from NHS Health Scotland on the development of local evaluation and learning.

**ANNEX F**

## END YEAR REPORT

We would be grateful for a high level report on spend, impact and plans for any carry forward for your overall spending from the Primary Care Transformation Fund in 2017-18. This should include a high level breakdown of the outcomes achieved in 2017-18 across in hours, out of hours and mental health funded by your 2017-18 Primary Care Transformation Fund allocation. When responding, it would also be helpful if this could also include an explanation of how any underspend from 2016-17 that your Integration Authorities were able to carry forward into 2017-18 was spent.

A template for your use is below.

| **Test of Change Summary Table** | | |
|---|---|---|
| **IA Name** | | |
| **Primary Care Outcome**[19] | *Select from the table of primary care outcomes that best fits your test of change* | |
| **Primary Care Outcome** | *add a secondary outcome if appropriate.* | |
| **Section 1: 2017-18 actual spend** | | |
| Funding allocated to this test of change in 2017-18 | | £ |
| High level breakdown of actual spend incurred: | | |
| Actual spend | | £ |
| Total underspend carried forward to 2018-19 | | £ |
| Plans for use of the underspend in support of Primary Care Improvement Plans: | | |
| **Impact & key learning points:** | | |

[19] Primary Care Outcomes:

1 We are more informed and empowered when using primary care

2 Our primary care services better contribute to improving population health

3 Our experience as patients in primary care is enhanced

4 Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care

5 Our primary care infrastructure – physical and digital – is improved

6 Primary care better addresses health inequalities

**ANNEX G**

**OUTLINE 2018-19 INTEGRATION AUTHORITY FINANCIAL REPORTING TEMPLATE, DUE FOR RETURN BY SEPTEMBER 2018**

**IA area**

**Confirmation that PCIP,** agreed with the local GP Subcommittee of the Area Medical Committee, is **in place (date submitted)**

**Summary of agreed spending breakdown for 2018-19 by service area, with anticipated monthly phasing**

**Actual spending to date against profile, by month, by service area**

**Remaining spend to end 2018-19, by month, by service area**

**Projected under/ over spend by end 2018-19**

**Is it expected that the full second tranche will be required in 2018-19?**

Please return to:

**[redacted]**
Primary Care Division
**[redacted]**

Or by email to:
**[redacted]**

**From: [redacted]**
**Sent:** 11 May 2018 15:33
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: Update on OOH cover

Hi **[redacted]**
Thank you for continuing to provide us with OOH updates, following requests for these throughout the Easter reporting period. This information has been useful and much appreciated. However, as the request was specifically for that period, no need to continue to supply at present. Should we need this kind of information again, we'll be in touch.

Thanks again,
**[redacted]**
Primary Care Division | Population Health Directorate | Scottish Government
**[redacted]**

**From: [redacted]**
**Sent:** 09 May 2018 13:44
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: Update on OOH cover

Hi **[redacted]**
I attach an update re OOH for this week, as it stands just now.
**[redacted]**
GG&C OOH Service

**From: [redacted]**
**Sent:** 02 May 2018 15:13
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: Update on OOH cover

Hi **[redacted]**
I attach an update re OOH for this week.
**[redacted]**
GG&C OOH Service

**From: [redacted]**
**Sent:** 01 May 2018 13:16
**To: [redacted]**
**Subject:** RE: URGENT: update on OOH service at the Vale of Leven

Hi **[redacted]** hope you're well. I know there were a few emails around this last night and earlier today to our Acute Services and Renfrewshire HSCP, can I just confirm that you now have all the information you need on the OOH service at the VOL.

Also, would you be able to send any future requests via **[redacted]** and we can then coordinate a response across the various services; it also means that if individuals are out of the office we can pick this up quickly and there's no delay in getting the information to you.

Thanks.
**NHS Greater Glasgow and Clyde**

**From: [redacted]**
**Sent:** 01 May 2018 12:09
**To: [redacted]**
**Cc: [redacted]**
**Subject:** [ExternaltoGGC]RE: URGENT: update on OOH service at the Vale of Leven

Hi **[redacted]**
Many thanks, very helpful – this has only just arrived in my inbox for some reason.
**[redacted]**.

Primary Care Division | Population Health Directorate | Scottish Government |

**From: [redacted]**.
**Sent:** 01 May 2018 11:40
**To: [redacted]**
**Cc: [redacted]**.
**Subject:** RE: URGENT: update on OOH service at the Vale of Leven

**[redacted]**.

The Board remains committed to delivering a GP OOHrs service to the Vale of Leven and often protects this site over others .

There have been occasions over recent months where the PCEC has been closed for short periods as has been the case with other sites in the Board. There is always a service overnight and at all times a home visiting service is provided for those patients too unwell to travel to a centre

As with all GP OOHrs services – these are accessed via NHS24 where patients will be directed to an appropriate Primary Care Emergency Centre ( PCEC)

For those who self-present to the Vale of Leven information and contact details are available re the PCEC that should be attended .Transport is available if required .

As a Board we have been working with the local HSCP and community re how NHS services OOHrs should be accessed .

The Vale of Leven Hospital (VoL) provides intermediate medical care through a consultant led Medical Assessment Unit that operates 24 hours a day / 7 days a week and a nurse led Minor Injuries Unit (MIU) operating from 8am to 9pm 7 days / week which is run by experienced Emergency Nurse Practitioners. MIU do not see under 1s or minor illness .

Contingencies are in place to manage any situation where an acutely unwell patient self-presents when the PCEC is unmanned.

Work is on-going re GPOOH services and future GP service provision at the Vale will feed into this process

**[redacted]**.

**From: [redacted]**.
**Sent:** 30 April 2018 16:48
**To: [redacted]**.
**Cc: [redacted]**.
**Subject:** [ExternaltoGGC]URGENT: update on OOH service at the Vale of Leven
**Importance:** High

Hi **[redacted]**.
I tried phoning but understand you're tied up in meetings into the early evening and again tomorrow morning. I'm looking for an update on current arrangements for out of hours services at the Vale of Leven Hospital please.

It would be helpful to know whether out of hours services are closing on an ad-hoc or regular basis and the frequency / times of closures over, say, the last few months. Also what services remain open.

Please can you also say what contingency arrangements are in place for patients and any plans there are for, e.g. a review of services at the Vale of Leven &/or what is currently being done to address the situation longer term.

Please could you provide brief information by tomorrow lunchtime, if at all possible, which I urgently require to inform Ministerial briefing for a Health debate in Parliament. Apologies for the very quick turnaround.

Kind regards,
**[redacted]**.
Primary Care Division | Population Health Directorate | Scottish Government | **[redacted]**

**From: [redacted]**.
**Sent:** 19 April 2018 09:02
**To: [redacted]**.
**Subject:** RE: Update on OOH cover
Hi **[redacted]**.

I confirm that GG&C is in the process of conducting a review of OOH Services, however we do not know the timescale.

In the case of closures etc our staff are either advised to go to an alternative site or to remain on site in case there are any "walk-in" patients. Notices are put in place for patients to advise of the closure and that they should phone NHS24 in order to be re-directed to an alternative site.

Hope this is helpful.
**[redacted]**.

**From: [redacted]**.
**Sent:** 18 April 2018 15:20
**To: [redacted]**.
**Subject:** [ExternaltoGGC]RE: Update on OOH cover

Thanks **[redacted]**.
Re my email of 13 April, can you please provide answers on the following:

- In the case of closures / cancellations / consolidation of OOH centres etc, can you say what advice is being given to staff and patients please?

- We're aware that a couple of NHS Boards are in the process of or about to review Out of Hours services. Can you please let us know whether your Board has conducted such a review, is in the process of doing this or intends to do so?

I understand GG&C is already in the process of conducting a review of OOH services. Can you please confirm the timescale for this?

Thanks,
**[redacted]**.

Primary Care Division | Population Health Directorate | Scottish Government | **[redacted]**.

**From: [redacted]**.
**Sent:** 18 April 2018 15:01
**To: [redacted]**.
**Cc: [redacted]**.
**Subject:** RE: Update on OOH cover

Hi **[redacted]**.
I attach an update re OOH for this week.
**[redacted]**.
GG&C OOH Service

**From: [redacted]**.
**Sent:** 13 April 2018 16:01
**To: [redacted]**.

Dear All
Thank you for keeping us posted throughout the Easter period - your cooperation in this matter has been greatly appreciated. A couple of follow-up questions:
* If the situation has changed since your last update to myself and there have been any further instances of closures/cancellations/consolidation of OOH centres, can you please clarify the latest position.
* In the case of closures / cancellations / consolidation of OOH centres etc, can you say what advice is being given to staff and patients please?
* We're aware that a couple of NHS Boards are in the process of or about to review Out of Hours services. Can you please let us know whether your Board has conducted such a review, is in the process of doing this or intends to do so?

We would be grateful for this information asap but by Wed 18 April latest.

Many thanks,
**[redacted]**.
Primary Care Division | Population Health Directorate | Scottish Government | **[redacted]**.

**From: [redacted]**.
**Sent:** 11 April 2018 14:36
**To: [redacted]**.
**Cc: [redacted]**.
**Subject:** RE: Out of Hours Planning - Easter Preparedness 2018 - OOH cover
Hi **[redacted]**.

I attach the updated spreadsheet, as it stands today.

Regards

**[redacted]**.
GG&C OOH Service

**From: [redacted]**.
**Sent:** 05 April 2018 14:54
**To: [redacted]**.
**Subject:** RE: Out of Hours Planning - Easter Preparedness 2018 - OOH cover

Hi **[redacted]**.

**[redacted]**.
Regards
**[redacted]**.

**From: [redacted]**.
**Sent:** 05 April 2018 14:47
**To: [redacted]**.
**Cc: [redacted]**.
**Subject:** [ExternaltoGGC]FW: Out of Hours Planning - Easter Preparedness 2018 - OOH cover

Hi **[redacted]**.
**[redacted]**.
Thanks,
**[redacted]**.

**[redacted]**.
Primary Care Division | Population Health Directorate | Scottish Government
**[redacted]**.

**From: [redacted]**
**Sent:** 04 April 2018 15:45
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: Out of Hours Planning - Easter Preparedness 2018 - OOH cover

Hi **[redacted]**

I attach the updated spreadsheet, as it stands today.
**[redacted]**
Regards
**[redacted]**
GG&C OOH Service

**From: [redacted]**
**Sent:** 03 April 2018 17:02
**To: [redacted]**

**Subject:** Out of Hours Planning - Easter Preparedness 2018 - OOH cover - update

Dear All
Many thanks for your previous replies to my email below.

Now that the Easter weekend is over, I'd be grateful if you could let us know
- how the weekend went – as predicted or were there any unexpected last minute OOH cover issues, e.g. closures or cancellations due to staff shortages, and if so, what action was taken to manage the situation?
- whether you now anticipate any closures / cancellations of services for the following periods **(if no change from the previous information – please just state no change)**:
  - The mid-week situation during the two weeks of Easter holidays (variable across Scotland, so if you could highlight the dates, that would be helpful)
  - Fri 6 – Sun 8 April
  - Fri 13 – Sun 15 April.

Grateful if you could reply **by this Thursday midday latest**.
Thanks,
**[redacted]**
Primary Care Division | Population Health Directorate | Scottish Government |

**[redacted]**

**From: [redacted]**
**Sent:** 28 March 2018 10:00
**To: [redacted]**
**Cc: [redacted]**
**Subject:** FW: Out of Hours Planning - Easter Preparedness 2018 - OOH cover

Hi **[redacted]**
I attach the updated spreadsheet, as it stands today.
**[redacted]**

Regards
**[redacted]**
GG&C OOH Service

**From: [redacted]**
**Sent:** 20 March 2018 13:38
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: Out of Hours Planning - Easter Preparedness 2018 - OOH cover

Hi **[redacted]**
Just to add, grateful if you could keep us posted at regular intervals, particularly in the run-up to all weekends, including the Easter w/e, for any changes, either for the better or alternatively if there are more closures.
Many thanks,
**[redacted]**

Primary Care Division | Population Health Directorate | Scottish Government | **[redacted]**.

**From:** **[redacted]**
**Sent:** 19 March 2018 16:06
**To:** **[redacted]**
**Cc:** **[redacted]**
**Subject:** RE: Out of Hours Planning - Easter Preparedness 2018 - OOH cover

Hi **[redacted]**
**[redacted]**
Sorry for not getting back to you sooner.

We normally have 8 Primary Care Centres open 18:00 -2400 and 5 Primary care centres overnight every night, we have 8 Primary care centres open 08:00 - 24:00 at the weekends and public holidays.

We do anticipate having to close centres over the reporting period requested. Please see attached spreadsheet with our planned closures and our contingency. This will continue to change.

If you wish any further information let me know.

Regards **[redacted]**
**[redacted]**
GG&C GP OOH
**[redacted]**

**From:** **[redacted]**
**Sent:** 13 March 2018 11:26
**To:** **[redacted]**
**Subject:** [ExternaltoGGC]Out of Hours Planning - Easter Preparedness 2018 - OOH cover

Dear All,

Thank you for providing information on Out of Hours cover for GPs, nurses, drivers and support staff over the Festive period as well as providing information during the recent period of bad weather. As you know, this information is extremely useful to us and health resilience colleagues as well as keeping Ministers up to date with any issues or difficulties and we are very grateful for your help in this.

On the run up to the 4 day weekend over Easter, we have reviewed the information being requested from you, hopefully in order to simplify the process. In the past we have looked for information around filling shifts and the number of hours where cover is an issue.

Easter this year runs from Friday 30 March – Monday 2 April, with this in mind, could you please let us know:

- How many OOH centres you normally have open at weekends
- Whether, at this stage, you anticipate having to close any centres or cancel any services
- If so, what contingency plans are in place to ensure patient safety

In previous years we have asked for regular reporting in the lead up to and including the weekend of the public holiday but, for this year, we would be grateful if you could inform us of the above information for the following periods:

- Fri 16 - Sun 18 March
- Fri 23 – Sun 25 March.
- Easter weekend: Fri 30 March – Mon 2 April
- The mid-week situation during the two weeks of Easter holidays (this will vary across Scotland, so if you could highlight the dates, that would be helpful)
- Fri 6 – Sun 8 April
- Fri 13 – Sun 15 April.

Once we have received this information, we will thereafter only be looking for exception reporting in circumstances where e.g. centres may have to close at the last minute due to unavailability of staff.

I would be grateful if you could provide information **by c.o.p. Thursday 15th March**, with exception reporting on-going, where necessary.

Thank you,
**[redacted]**
Primary Care Division | Population Health Directorate | Scottish Government |

**From: [redacted]**
**Sent: [redacted]**
**To:** Leese, David <David.Leese@ggc.scot.nhs.uk>; Butts KM (Kirsty) <Kirsty.Butts@gov.scot>
**Cc: [redacted]**

**Subject:** RE: Review papers

Dear **[redacted]**

**[redacted]**

Kind regards
**[redacted]**

**[redacted]**
**From: [redacted]**
**Sent:** 20 February 2018 13:17
**To: [redacted]**
**Cc: [redacted]**
**Subject:** [ExternaltoGGC]Review papers

Hi **[redacted]**
Thanks for meeting with **[redacted]** and myself on 6 February re NHSGGC's Review of Health and Social Care Out of Hours.

At the meeting, we discussed NHSGG&C's Project Plan to provide an OOH model, which goes to the Board in June for agreement. There were some papers available around the review of OOHs in GG&C which you were happy to send us, to help inform our understanding of what you're doing in terms of the review. I recall mention of GP mapping and IJB OOHs but there may be others. Very grateful if you could forward any relevant papers to us.

Many thanks,
**[redacted]**.

Primary Care Division | Population Health Directorate | Scottish Government **[redacted]**

Review of Health and Social Care Out of Hours - Greater Glasgow and Clyde
Meeting with **[redacted]** – 6 February 2018, **[redacted]**

Present:
**[redacted]**.

**[redacted]**.

**[redacted]** 06/02/2018.

Transformation EOY returns – phone call discussion with **[redacted]** NHS GG&C **[redacted]**
Friday 19 January 2018, 10:30-11:00

Present: **[redacted]**

2017/18 Funding

- OOH

**[redacted]**
**[redacted]** 19/01/2018.

**From: [redacted]**
**Sent:** 04 January 2018 16:30
**To: [redacted]**
**Cc: [redacted]**
**Subject:** OOH Submission

Hi **[redacted]**

Here is the NHSGGC Submission.

**[redacted]**
Thanks,
**[redacted]**

**From: [redacted]**
**Sent:** 28 December 2017 17:13
**To: [redacted]**

**Cc: [redacted]**
**Subject:** OOH Submission
Hi **[redacted]**

Here is the NHSGGC Submission.

Thanks,
**[redacted]**

**From: [redacted]**
**Sent:** 21 December 2017 14:46
**To: [redacted]**
**Cc: [redacted]**
**Subject:** FW: OOH Submission

Hi **[redacted]**

Here is the NHSGGC Submission.
**[redacted]**

Have a great Christmas.

Thanks,
**[redacted]**

**From: [redacted]**
**Sent:** 20 December 2017 15:13
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE: GP OOH update
**[redacted]**

**From: [redacted]**
**Sent:** 20 December 2017 15:12
**To: [redacted]**
**Subject:** FW: GP OOH update
**[redacted]**

**From: [redacted]**
**Sent:** 19 December 2017 11:45
**To: [redacted]**
**Subject:** GP OOH update

**[redacted]**

**From: [redacted]**
**Sent:** 14 December 2017 15:37
**To: [redacted]**
**Subject:** OOHs Winter Preparedness

Hi,
Please find attached this week's report.

**Regards**

**[redacted]**
NHS Greater Glasgow and Clyde

**From: [redacted]**
**Sent:** 13 December 2017 15:18
**To: [redacted]**
**Subject:** FW: OOH DATA
FYI
**From: [redacted]**
**Sent:** 07 December 2017 10:09
**To: [redacted]**
**Subject:** OOH DATA

Hi **[redacted]**
Please find attached OOH data for this week.
**[redacted]**
Regards **[redacted]**
**From: [redacted]**
**Sent:** 05 December 2017 16:47
**To: [redacted]**
**Subject:** RE: OOHs Winter Preparedness - Request for Information

No problem **[redacted]** I will send this on to the person submitting the data.

Thanks,
**[redacted]**

**From: [redacted]**
**Sent:** 05 December 2017 16:41
**To: [redacted]**
**Cc: [redacted]**
**Subject:** [ExternaltoGGC]RE: OOHs Winter Preparedness - Request for Information

Hi **[redacted]**
Yes the idea of a submission on a Friday is to report for the w/e that Friday. However, if you get an update every Thursday, please provide us with the weekly figures until Thursdays every week. The idea is to get a simple snapshot on a weekly basis of how cover is progressing and any issues and steps being taken to resolve these.
Thanks,
**[redacted]**
Primary Care Division | Population Health Directorate | Scottish Government **[redacted]**.
**[redacted]**

**From: [redacted]**
**Sent:** 05 December 2017 16:33

**To:** **[redacted]**
**Subject:** RE: OOHs Winter Preparedness - Request for Information

Hi **[redacted]**

I was told I will receive an update every Thursday starting this week.

Is the idea of submissions being on a Friday to report for the previous week?

Thanks,
**[redacted]**

**From:** **[redacted]**
**Sent:** 05 December 2017 16:30
**To:** **[redacted]**
**Subject:** [ExternaltoGGC]RE: OOHs Winter Preparedness - Request for Information

Hi **[redacted]**
Many thanks for submitting this information. Can you please confirm whether all your weekly submissions will be provided on Mondays for the previous week?
Thanks,
**[redacted]**
Primary Care Division | Population Health Directorate | Scottish Government **[redacted]**.
**[redacted]**

**From:** **[redacted]**
**Sent:** 04 December 2017 12:07
**To:** **[redacted]**
**Subject:** RE: OOHs Winter Preparedness - Request for Information

Hi **[redacted]**

Here is the NHSGGC Submission.
**[redacted]**

Thanks,
**[redacted]**

**From:** **[redacted]**
**Sent:** 27 November 2017 16:28
**To:** **[redacted]**
**Subject:** RE: OOHs Winter Preparedness - Request for Information

Dear All
Further to a query received as to how to complete the table within your Board area, i.e. whether to express in terms of hours or shifts worked, please could you complete the information **in terms of number of hours worked**, i.e. entering the number of hours worked each day for GPs, nurses, drivers and support staff. In order to be able to gain an accurate picture of coverage across Scotland and report on it, we require

information to be provided in the same way by each NHS Board and this will enable us to do so.

Many thanks,
**[redacted]**
Primary Care Division | Population Health Directorate | Scottish Government **[redacted]**.
**[redacted]**

**From: [redacted]**
**Sent:** 24 November 2017 16:43
**To: [redacted]**
**Subject:** OOHs Winter Preparedness - Request for Information

**[redacted]**

Dear Colleagues,

As part of the Board's winter planning process, I would be grateful for your help in providing information on the GP, nurses, support staff and driver sessions that you have filled or not filled for the upcoming festive reporting period: Monday 18th December to Sunday 7th January inclusive. We hope we have sent to the right people but if not, please forward to the appropriate person within your Board.

In addition, we are looking for some narrative setting out the arrangements Boards have in place for their out-of-hours services to help cope over the festive period. This will include how you are progressing in filling your out-of-hours rotas, as well as any other arrangements you are putting in place to help cope over the festive period (e.g. closing centres, offering higher pay to staff etc).

Last year, GP practices in some areas were open on certain days during the Bank Holiday festive period. It would be helpful to know if discussions regarding this have occurred in your area, whether any practices have agreed to open any additional days this year, and the opening hours of your practice over the Festive Period.

Please find attached with this email a spreadsheet issued for previous requests. Grateful if you could complete this form and return to myself **by Friday 1 December**. From then on, it would be helpful if you could complete and return the spreadsheets with the updated position **every Friday until the end of the reporting period**.

Thanks,
**[redacted]**
Primary Care Division | Population Health Directorate | Scottish Government **[redacted]**.
**[redacted]**

**From: [redacted]**
**Sent:** 17 August 2017 10:43
**To: [redacted]**
**Subject:** Primary Care Transformation Funding Letter

Dear **[redacted]**

Population Health Improvement Directorate
Primary Care Division & Mental Health & Protection of Rights Division

T: [redacted]

E: [redacted]
E: [redacted]

**Susan Manion, Chief Officer, East Dunbartonshire Integration Joint Board**
**Julie Murray, Chief Officer, East Renfrewshire Integration Joint Board**
**David Williams, Chief Officer, Glasgow City Integration Joint Board**
**Louise Long, Chief Officer, Inverclyde Integration Joint Board**
**David Leese, Chief Officer, Renfrewshire Integration Joint Board**
**Beth Culshaw, Chief Officer, West Dunbartonshire Integration Joint Board**

Copy: as per email list

17th August 2017

Dear Colleagues,

**Primary Care Transformation Programme Funding 2017-18**

We are writing to confirm the 2017-18 funding allocation, which will be allocated though your Health Board partners, and to provide further details on how we plan to move towards streamlining some of our existing funds to ensure a more flexible approach to our investment in primary care transformation. We also want to update you on how we will monitor, support and evaluate the transformation programme.

## 1. Context

We wrote to you on 18 February 2016 setting out how our transformation funding would be used to support and deliver the re-design of primary care across Scotland, both in-hours and out of hours. The two key principles underpinning our investment included:

- A vision for the future role of the GP which will see them focus on complex care; undifferentiated presentation and quality and leadership; and

- A multi-disciplinary approach to patient care which will involve the right mix of expertise and services required to ensure that patients are provided with the most appropriate treatment in the most appropriate setting, when they need it.

In recognising the clear link between health inequalities, physical health and mental health challenges, we also welcomed proposals which would support the transformation of treatment of mental health in primary care daytime and out of hours care environments. Subsequently we invited proposals with a specific focus on supporting the recommendations in the Out-of-Hours Review ***Pulling Together: transforming urgent care for the people of Scotland***, published on 30th November 2015.

## 2. Streamlining approach for 2017-18

We are now seeking to streamline the three existing funds as part of the overall Primary Care Transformation Programme.

The need for greater flexibility has been clearly stated in consultation with Chief Officers including through the new Special Interest Group on Primary Care. This forum has given Chief Officers and the Scottish Government the opportunity to bring together national and local perspectives on transformation, develop a deeper understanding of the challenges and to build consensus on a strategic response that will deliver the necessary change, both in and out of hours. This new approach directly responds to the preference expressed by that Group.

This change is also a response to feedback from local delivery partners gathered through the various engagement visits. Partners highlighted how greater flexibility across the funds could contribute further to the delivery of system wide change.

It is our intention therefore that the **increased flexibility offered by a single allocation** will enable you, together with your partners, to act more strategically in transformation of primary care services within your area.

In giving greater flexibility across these themes, we will want assurance that appropriate priority is given to the delivery of change in hours - the direction of travel on in hours which was set out in ***General Practice: Contract and* Context**, published November 2016 and to the recommendations in the ***National Out-of-Hours Review***, ***Mental Health Strategy 2017-2027***, published March 2017, ***Community Eyecare Services Review*** published in April 2017 and Health & Social Care Delivery Plan published in December 2016.

- Scottish Government and the British Medical Association published a joint memorandum *General Practice: Contract and Context – Principles of the Scottish Approach* in November 2016. This sets out our shared vision for the future role of the GP in Scotland as an Expert Medical Generalist – focussing on complex care; undifferentiated presentation and quality and leadership – within the context of an expanded multidisciplinary primary care team. This transformation funding should enable you to build on models developed to date that widen the choice of primary care professional available to patients, freeing up GP time to focus on this agreed new role.

- The Report and Recommendations of the National Review of Out of Hours Services, led by Professor Sir Lewis Ritchie, made 28 recommendations across four main areas: models of care and working together, workforce and

training; quality & safety and data technology. The proposed model of care outlined in the Review is one that is clinician-led supported by a multi-disciplinary team including GPs, nurses, physiotherapists, community pharmacists, paramedics, social care and other specialists – working together at urgent care resource hubs across Scotland. This funding should therefore build on the progress you have made so far to support and deliver the redesign of urgent care services in primary care out-of-hours services across your area to ensure delivery of a safe and sustainable service.

- The new ***Mental Health Strategy 2017-27*** commits to action 23, "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019". The Strategy emphasises the need for parity between physical and mental health in terms of prevention, early intervention, access, quality improvement, training and education, and use of outcome data. It describes the critical interdependence of physical with mental health and the need to address the premature mortality in people with mental illness. It describes primary care transformation that will improve this - up skilling of all Primary Care team members on mental health issues, the roles of clinical and non-clinical staff and the increased involvement of patients in their own care and treatment through better information and technology use.

- One of the recommendations of the recently published Community Eyecare Review was for Integration Authorities to consider the full eye care needs of their communities when planning and commission services. You may want to consider how to use this transformation funding to support eyecare services in your area as part of your wider primary care service redesign.

**3. Transition from 2017-18 to longer term, more sustainable investment**

We will continue to support on-going investment in small scale tests of change in 2017-18, assuming that it is judged that there is on-going learning to be had from them locally and/or nationally. However, when prioritising future spend, you will want to review the outcomes emerging from existing projects to ensure that they continue to make a direct contribution to the re-design of primary care services. This may require the ending of tests of change at an appropriate point, and movement towards a more system-wide approach to investment, particularly in workforce, in localities.

In particular, it would be helpful to see the process this year start to reflect the broader conversations about the future primary care workforce that are happening between the Integration Authority Chief Officers and the SG. The Scottish Government has been clear in published statements, most recently in its joint statement with the BMA's Scottish General Practitioners Committee published in May 2017, that an enhanced primary care workforce - to build the core general practice and cluster based teams of primary care professionals, along with the wider community workforce - will be the top priority area of investment through the Primary Care Fund in future years for both in-hours and out-of-hours. This may affect your investment decisions this year. The recently published *National Health & Social Care Workforce plan* set out the vision and actions required to achieve this, and this will be followed by Part 3 of this Plan, reflecting the primary care workforce later this year.

## 4. Link to other funding stream: GP Recruitment and Retention

Additional to the funding streams listed above is the GP Recruitment and Retention Fund. £6.5 million has been invested in this three year programme which will come to an end in **March 2018**. The fund was specifically set up to promote Scottish general practice as a positive career choice, support medical students to actively choose general practice, inspire doctors in training to select speciality training in general practice, and encourage our alumni to stay in/return to Scotland.

The fund is currently supporting a range of initiatives across Scotland to develop and test various methods to improve recruitment and retention for GPs, both in and out of hours. It is essential that the learning and progress from these projects is considered within your wider plans for the transformation of primary care services from 2018 onwards. A summary of these projects' recent shared learning event is appended at **Annex A** for your information.

## 5. 2017-18 funding and beyond

In line with arrangements agreed last year, we have agreed funding amounts for 2017/18 based on the NRAC formula (by Health Board area). The 2017-18 funding allocation for NHS Greater Glasgow & Clyde is £4,143,911.

In support of the 2017-18 funding, we require an End of Year Report for each of your tests of change, **Annex B**. This should include a high level breakdown of how the funding allocated in 2016-17 was spent and an outline of planned spend in 2017-18. When responding, it would also be helpful if this could also include an explanation of how any underspend from 2016-17 that your Integration Authorities were able to carry forward into the current financial year will be spent this year.

We advised you in 2016-17 that all of these funding streams would support two year programmes. Whilst this particular funding stream will end, as part of the Scottish Government's commitment to deliver an additional £500 million annually recurring investment, it is anticipated that the Primary Care Fund will increase and provide sustainable resources for a range of measures in support of general practice and the wider primary care sector both in and out of hours.

As indicated above, we have a key commitment to build the multi-disciplinary workforce in primary care settings, both in and out of hours. This will include recruiting pharmacists with advanced clinical skills to work with and within both general practice and out-of-hours, supporting GP recruitment and retention, and increasing the number of link workers based in GP practices. Action 15 of the Mental Health Strategy 2017-2027 is to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite , and to our prisons. Over the next 5 years increasing additional investment which will rise to £35 million in the final year for 800 additional mental health workers in those key settings. This will be the subject of on-going discussion with the Integration Authority Chief Officer Special Interest Group, as well as engagement with other key stakeholders; research and potentially some trialling of

new approaches; and we hope to agree a settled position on sustainable future funding towards the end of 2017.

## 6. Improvement and programme support for Primary Care

In 2017-18, responsibility for the monitoring of the primary care transformation programme will move to Healthcare Improvement Scotland. Jill Gillies from the Primary Care team within Healthcare Improvement Scotland will be the main point of contact. More information on this can be found in section seven below. The Primary Care Transformation team within the Scottish Government will continue to manage decisions or the funding for the transformation projects being carried out in your area.

## 7. Monitoring arrangements

We previously communicated our intention to apply similar monitoring arrangements across the various primary care transformation programmes, including the urgent care test of change. Some of you are already making use of this in that context, and are now extending the A3 plan (sometimes referred to as a "plan on a page") format to include all change activities. We know from our recent discussions that partners have found this approach useful.

As you will recall, the A3 plan format was used as a light touch reporting tool which generates a focussed, high level communication of change. For all established projects continuing into 2017-18 we have included a revised A3 planning tool (**Annex C**) which has been designed to facilitate a review of aims and capture progress, learning and next steps. In completing this A3 plan consideration should also be given to whether the baseline plan clearly reflects your improvement plan. If the proposed test has changed it is important to ensure this is reflected and shared.

In completing these plans we would encourage engagement with locally available improvement advisor support or, where this is not available, to engage with the support provided by Healthcare Improvement Scotland.

Where there are already plans detailed for local purposes in very similar formats then we would be happy to consider how they might be utilised to avoid duplication. We ask that you arrange for the A3 Plan or similar document to be completed for each project, and return to Andrew Clark at Healthcare Improvement Scotland via hcis.PSiPCTeam@nhs.net by 31st August 2017.

## 8. Programme evaluation

In addition to the monitoring programme, the Scottish School of Primary Care has been tasked with evaluating some of the current projects that are being tested as part of the primary care transformation programme. This learning will be shared with you in due course.

Additionally, NHS Health Scotland are working with a number of national organisations including the Scottish School of Primary Care, Healthcare Improvement Scotland, NHS Education for Scotland, National Services Scotland, the

Alliance and the Scottish Government to develop a Primary Care Evidence Collaborative. The Collaborative is developing a research and evaluation framework for the next ten years to coordinate emerging evidence to tell the story of primary care transformation and ensure lessons learned are shared with policy makers, planners, practitioners and the public. We would expect the Collaborative to be in touch with you in due course to share the framework and discuss what this means in practice.

## 9. Facilitating and sharing learning

The information we have received from the A3 plans has already been invaluable. You can access the report here. We hope you find the analysis report helpful in planning any further tests this year.

There are already a number of ways to get involved and keep informed of the progress of the primary care transformation agenda. The links are provided below:

*Join The Primary Care Transformation Knowledge Hub:*
*https://www.khub.net/group/primary-care-transformation-network*

*i-HUB:*
*http://ihub.scot/a-z-programmes/primary-care-and-mental-health-transformation-fund/*

*Twitter:*
*@SG_PrimaryCare*

We are still considering with HIS how to continue to share learning opportunities, and this will continue to develop over the coming year.

## 10. Next steps

- Submit the End of Year Report in Annex B to Healthcare Improvement Scotland by 31st August 2017
- Submit your revised A3 plans for each test to Healthcare Improvement Scotland by 31st August 2017

We look forward to continuing to work with you as we progress the transformation programme.

Yours sincerely,

**[redacted]** **[redacted]**

**Linda Gregson** **Penny Curtis**
**Deputy Head of Primary Care** **Head of Mental Health**

**Annex A**

## GP RECRUITMENT AND RETENTION FUND: Learning Event Write Up

**[redacted]**

**[redacted]**

Thanks

**[redacted]**
Directorate for Population Health
Primary Care Division
The Scottish Government
**[redacted]**

**From: [redacted]**
**Sent:** 30 June 2017 14:53
**To: [redacted]**
**Subject:** FW: URGENT: VALE of LEVEN HOSPITAL - Retention of full GP Out of Hours Service

Hi **[redacted]** please see advice below from **[redacted]**

I hope this is helpful.

Have a good weekend.

Kind regards.
**[redacted]**
**NHS Greater Glasgow and Clyde** **[redacted]**
**[redacted]**

**From: [redacted]**
**Sent:** 30 June 2017 11:14
**To: [redacted]**
**Subject:** FW: VALE of LEVEN HOSPITAL - Retention of full GP Out of Hours Service

Hi **[redacted]**

**[redacted]**
Thanks

**[redacted]**
Primary Care Division
**[redacted]**
Scottish Government
**[redacted]**

**From: [redacted]**
**Sent:** 30 June 2017 17:04
**To: [redacted]**
**Subject:** RE: **[redacted]** Primary Care Emergency Centres **[redacted]**

Dear **[redacted]**

**[redacted]**

Many thanks
**[redacted]**

**NHS Greater Glasgow and Clyde**
**[redacted]**

**From: [redacted]**
**Sent:** 27 June 2017 11:57
**To: [redacted]**
**Cc: [redacted]**
**Subject:** FW: **[redacted]** Primary Care Emergency Centres **[redacted]**
**[redacted]**

Hi **[redacted]**

**[redacted]**

Thanks

**[redacted]**
Primary Care Division
**[redacted]**
Scottish Government
**[redacted]**

**From: [redacted]**
**Sent:** 27 June 2017 09:42
**To: [redacted]**
**Subject: [redacted]** Primary Care Emergency Centres **[redacted]**
**[redacted]**

Hi **[redacted]**

**[redacted]**
Thanks
**[redacted]**

Primary Care Division
**[redacted]**
Scottish Government
**[redacted]**

**From: [redacted]**
**Sent:** 23 June 2017 19:15
**To: [redacted]**
**Subject:** Primary Care Emergency Centres **[redacted]**

**[redacted]**

**From: [redacted]**
**Sent:** 12 June 2017 12:24
**To: [redacted]**
**Cc: [redacted]**
**Subject:** Letter from **[redacted]**- Transforming Urgent Care: National Engagement Programme 2016-17
**Importance:** High

Dear **[redacted]**

Please find attached a letter and attachments relating to the recent visit of **[redacted]** to the NHS Greater Glasgow and Clyde area.

**[redacted]** **[redacted]**

## NATIONAL REVIEW PRIMARY CARE OUT OF HOURS SERVICES (OOHs) VISIT TO NHS GREATER GLASGOW AND CLYDE

### Wednesday 19th April

## Visiting Team

**[redacted]** Scottish Government
**[redacted]** Clinical Lead OOH Lothian
**[redacted]** Healthcare Improvement Scotland

Introductions and Opening Presentations

**[redacted]** Chief Officer Planning, Strategy and Commissioning for Glasgow City HSCP, welcomed everyone to the meeting.

**[redacted]** explained that the HSCP had taken the lead, on behalf of the six regional HSCPs to undertake an integrated health and social care review, across the Greater Glasgow and Clyde area.

A Steering Group had been established, involving colleagues across the sector, to feed into this review. Scoping and mapping work had been undertaken which had highlighted areas of the system which had been unknown to the HSCP previously. Peer Review visits were now underway to maximise learning.

As part of its bid to the Scottish Government for Transforming Urgent Care funding, the HSCP had identified the need for project management capacity and recruitment was now underway. Funding was also granted to provide support to mental health services in A&E 24/7 as well as for ANP recruitment to undertake tests of change in response to a shortage of GPs.

**[redacted]** outlined the current challenges in the GP OOH service. Firstly, **[redacted]** emphasised that he no longer wanted to call the service 'GP OOH' but rather an 'Integrated Care OOH' service which better reflects the direction of travel.

Across the NHS GG&C OOH service, there are 9 centres; 16 home visiting cars at the weekend; 900 patients and 200 home visits on average a day at weekends. They

meet their KPI to attend 90% of home visits within agreed timescales, with only 15% of patients being referred to hospital.

However, the service is under significant pressure due to:

- Workload. The figures do not demonstrate the intense pressure.
- Impact from NHS 24 reform to triage service i.e call handlers rather than clinicians.
- Volume of 'Walk-ins' presenting to the service –an issue if the rate fluctuates significantly (planning challenge)
- The rationalisation of services elsewhere in the system, diverting pressure to OOH.
- A&E 4 hour targets – patients are redirected to OOH where there is already a challenging volume of cases.
- GP shortage
- More pressure on other OOH sites, when a centre has to close due to staff shortage.
- Neighbouring Boards/Locum offer more pay for GPs so it's hard to recruit.
- Financial impact of HMRC's recent decision to compel boards to make all GPs working for its OOH service employed for tax purposes, thus increasing costs significantly (3.5 m impact on a 14 m budget) It's left the service with a deficit, despite there being the same number of GPs. It is difficult to find savings during out of hours at the weekend, although it is possible to do so during the week and therefore there is the suggestion of consolidating sites during the week.

NHS GG&C looked at skillset a number of years ago and, as a result, recruited a number of ANPs. So they've already successfully integrated this into their workforce planning. However, they recognise the need to explore further skillsets as part of creating their multi-disciplinary teams.

It was noted that whilst ANPs were rapidly recruited into the service to work alongside GPs, it is difficult to sustain the ANP workforce in the out of hours service – as they are lost to day time service (GPs pay better, prefer in hours work). **[redacted]** advised that discussions were underway with HR to explore how to allow the ANPs to work across in and out of hours..

**[redacted]** highlighted a recent successful pilot which tested ANPs lone-working in urban areas, through the funding provided from the SG Transforming Urgent Care fund. Four ANPs were deployed undertake home visits and only 5% were phoning for GP advice, therefore significantly reducing the demand on GP time

GGC updated the group on the funding which is being deployed recruiting six CPNs in A&E for 24/7 mental health provision. It was noted that dealing with mental health cases in A&E was a challenge and the accessibility for patients in getting the right care varied across the Board. The team were therefore focussing on the collection of data in the first instance to ensure consistency across the piece. Going forward,

recruitment would begin in the summer and they plan to use the six CPNs over a two year period for various tests of change.

Discussion

There was discussion around the role of Paramedic Practitioners and it was noted that NHS Borders had started to use these in their OOH service.

In relation to the mental health funding, re-location of the CPNs to A&E was discussed. However it was noted that further data was required to analyse peak activity times and whether permanent re-location would speed up attendance times.

The group noted that discussion on how to join up over the medium to longer-term with social services was in its very early stages. Better exchange of information between the services was required firstly as a minimum and could be achieved short-term.

There was a lengthy discussion around the focus on supply management rather than demand management, noting that changing the culture of using services 24/7 hadn't been challenged on either the national or local level.

It was noted that NHS GG&C did not operate an appointment system for OOH services but that it might be helpful to consider introducing one/partial one.

Lastly, the group recognised the role that carers and the Third Sector could plan in redesigning/delivering OOH services.

## Conclusion

The Scottish Government delegation were impressed with the progress made over the last six months. They were reassured that the appropriate gaps had been recognised and that the right people were involved in the design of services moving forward, with the right conversations taking place.

Feedback was requested following the visit and please find attached a template for you to follow which **[redacted]** prepared following their visit. Grateful if you could use this to record your feedback.

It would be useful to know if you are content for the note of the visit to be shared with other HSCPs and the National OOHs Ops Group. It would be helpful if you could reply to me with confirmation and with the completed feedback by COP tomorrow, Tuesday 13 June please.

Thanks

**[redacted]**

Primary Care Division
**[redacted]**
Scottish Government
**[redacted]**

**From: [redacted]**
**Sent:** 06 April 2017 15:34
**To: [redacted]**
**Subject:** FW:

Hi **[redacted]**
Here is the response I received….
Thanks,
**[redacted]**

**From: [redacted]**
**Sent:** 06 April 2017 13:16
**To: [redacted]**
**Cc: [redacted]**
**Subject:** RE:
**[redacted]**

Hi **[redacted]**

**[redacted]**

Thanks

**[redacted]**
Primary Care Division
**[redacted]**
Scottish Government
**[redacted]**

**From: [redacted]**
**Sent:** 05 April 2017 11:04
**To: [redacted]**
**Subject:** FW:

Hi **[redacted]**
Here is the information you requested.

**[redacted]**
Thanks,
**[redacted]**

**From: [redacted]**
**Sent:** 05 April 2017 10:46
**To: [redacted]**
**Subject:**

Hi **[redacted]**

Please find attached the information requested.
**[redacted]**

Regards **[redacted]**

**PARLIAMENTARY QUESTION**

Written Question

Link to PQ search – http://www.parliament.scot/parliamentarybusiness/28877.aspx

Reference number:

S5W-13400