**Agenda Item 3.1**

# NHS Highland

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| **Meeting:** | **Highland Health & Social Care Committee** |
| **Meeting date:** | **04 September 24** |
| **Title:** | **Primary Care Improvement Plan Assurance Report** |
| **Responsible Executive/Non-Executive:** | **Jill Mitchell, Head of Primary Care** |
| **Report Author:** | **Catriona Naughton, Primary Care Project Manager** |

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Government policy/directive

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Start Well | | Thrive Well | | Stay Well | ✓ | Anchor Well | |
| Grow Well | | Listen Well | | Nurture Well | | Plan Well | |
| Care Well | ✓ | Live Well | ✓ | Respond Well | | Treat Well | ✓ |
| Journey Well | | Age Well | | End Well | | Value Well | |
| Perform well | ✓ | Progress well | | **All** Well Themes | | | |

## 2 Report summary

### 2.1 Situation

This Assurance Report has been prepared in relation to the implementation of the 2018 General Medical Services Contract in Scotland and provides a

summary of planning and progress achieved on the project to date and forecast for the coming period. The report covers the period to 31/08/2024.

## 2.2 Background

The Scottish Government and the SGPC share a vision of the role of the GP as the expert medical generalist in the community. In line with commitments made in the MOUs (1 & 2), HSCPs and NHS Boards will place additional primary care staff in GP practices and the community who will work alongside GPs and practice staff to reduce GP practice workload. Non-expert medical generalist workload needs should be redistributed to the wider primary care multi-disciplinary team ensuring that patients have the benefit of the range of expert advice needed for high quality care.

Specific priority services to be reconfigured at scale are:

- Pharmacotherapy
- FCP MSK
- Community Link Workers
- Primary Care Mental Health
- Vaccinations
- CTAC
- Urgent Care

The Primary Care Improvement Fund: Annual Funding Letter 2024-25 issued by the SG on 05 July 24 notes good progress on implementation of primary care multidisciplinary teams. A workforce of over 4,900 whole time equivalent in post are supporting service delivery in March 2024, of which there are over 3,500 funded through the Primary Care Improvement Fund (PCIF). The letter confirms the 2024-25 funding allocations for the PCIF element of the wider Primary Care Fund.

The letter sets out the planning assumptions for Boards to continue to use in year 2024-25, including:-

- Ensure that plans are developed and implemented through local engagement and collaboration.
- Prioritise Pharmacotherapy and CTAC services to ensure regulatory requirements are met while maintaining and developing other MoU services.
- Recognise the interdependences between all three levels of Pharmacotherapy which require focus on the delivery of the Pharmacotherapy service as a whole. CTAC services should continue to be designed locally, taking into account local population health needs, existing community services as well as what will deliver the most benefit to practices and people.

- Where necessary, continue with local transitionary arrangements with practices from within the existing PCIF envelope on the condition that there must be a clear plan for how that MDT support will be delivered on a long term and sustainable basis.
- Assume the SG will not bring forward regulations on Urgent Care services.

## 2.3 Assessment

The key priority areas are set out below:-

### 2.3.1 Pharmacotherapy

A total of 16 x GP practices are receiving support from the Inverness-based Pharmacy Hub. Positive recruitment levels have been observed for the Inverness base, and the employment of Trainee Pharmacy Technicians is contributing to the development of a staffing pipeline. Pharmacotherapy transitional payments to GP Practices for financial year 2023/24 were approved through the PCIP governance structures, making a one-off payment to GP Practices using Pharmacotherapy PCIF allocation in-year slippage. The payments recognised a variation in levels of service delivery across the financial year 23-24. Practices with a partial service across the year received their single payment in May's PSD statement. A live dashboard detailing the allocation of resources to GP Practices from the Pharmacotherapy service —both planned and current—is now visible and accessible on the NHSH intranet.

### 2.3.2 First Contact Physiotherapy

The FCP service has successfully achieved a full staffing establishment of 18.5 WTE (30 staff). There are 2 x maternity leave's pending which will affect Lochaber (2 x Practices) and Inverness (2 x Inverness Practices, 1 x Drumnadrochit Practice) and interviews scheduled for week of 05 August 24. A total of 22 out of 30 FCPs now hold their NMP qualification and 26 out of 30 FCPs have completed their joint injection training. The PHIO Access trial continues apace, offering a digital MSK self-referral pathway to GP Practice patients. By mid-June 24 a total of 996 patients engaged with the product from 94% of all GP Practices. 76% patients have entered PHIO rehab programme, 18% put back to GP and only 5% experiencing tech limiting issues. Patients returning to GP Practice/FCP will be identified through the creation of a new guideline. On May 5, 24, the PCIP Programme Board granted an SBAR request to extend the PHIO study for an additional four months, ending on March 31, 25. In order to look into the possibility of offering patients this particular type of digital tool in the longer term, FCP Leads and Procurement have begun collaborating on preliminary scoping studies.

### 2.3.3 Community Link Worker

The contract retendering process is complete and correspondence issued to practices advising that the current service provider, Change Mental Health, remains unchanged. The service will extend to all GP Practices in Highland from August 24, recruitment dependent. Preparations in-hand including the installation of the Elemental software package, gathering of data regarding the

requirements of practices, establishing formal information sharing agreements and the recruiting and on boarding new staff. The CLW year two annual report is drafted and will include patient input and an evaluation of the entire years' worth of data. Referral rates into the service remain high, 353 referrals received in 3 months 01 May to 19 July 24, creating 600 social prescriptions. The key reasons for referral remain unchanged and these are social isolation, loneliness, and mental health and well-being. The most commonly used interventions are Decider Skills, Nature for Health, Partnerships for Wellbeing and Highland Council Welfare Support.

### 2.3.4 Primary Care Mental Health

The PCMH Service Specification now includes the breakdown of the team's roles, responsibilities and sessional detail and has been shared out to all GP Practices. Recent successful recruitment achieved to a number of vacancies including Band 3 post, Fort William, Band 6 posts in Inverness and Skye, Lochalsh and Wester Ross and Band 4 Guided Self Help worker. These new post holders will make a significant and positive impact on the delivery of the service. A live dashboard detailing the allocation of resources to GP Practices from the service —both planned and current—will shortly be visible accessible on the NHSH intranet.

### 2.3.5 Vaccination Transformation Programme

Following a PHS Peer Assessment of VTP, a weekly Vaccine Improvement Group has been set up to determine the most appropriate future delivery model for vaccination to ensure Highland citizens have access to safe high quality immunisation services within their local community.As part of this process, senior GPs and the Board have agreed that a Short Life Working Group (SLWG) which will report to the Vaccine Improvement Group. The SLWG will compile general practice options appraisal assessment informed by population vaccination uptake and delivery rates; vaccine accessibility; quality and patient safety; and capacity and workforce. The assessment will be undertaken at a general practice population level and will also consider the different vaccination programmes. A co-produced questionnaire to survey GP practices to assess general practice ability to input to the vaccination programmes has been circulated and returned by 61 out of 62 Practices. Of these responses, 6 practices indicated no interest in the future delivery of some or all of the vaccination programme (5 x 2C Practices and 1 x GMS Practice).

### 2.3.6 Community Treatment and Care

The approved CTAC Rural Flexibility and Options Appraisal SBAR was submitted to SG along with the PCIP 7 tracker document in May 24. A meeting was held with SG representatives on June 12, 24 to discuss the document and agree next steps. The SBAR is to be developed further to

provide additional evidence and detail for resubmission to SG ahead of the next National GMS Oversight Group meeting at the end of August 24. CTAC transitional payment arrangements to GP Practices will continue until the options appraisal process has concluded.

### 2.3.7 Premises

A dedicated resource has been recruited to a 12 month fixed term post of Primary Care Manager (Premises), and started on May 20, 24. The initial focus will be on GP Leased Premises.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

| | | | |
|---|---|---|---|
| Substantial | ☐ | **Moderate** | ☑ |
| Limited | ☐ | None | ☐ |

**Comment on the level of assurance**

The programmes of Pharmacotherapy, MSK Physiotherapy, CLW and PC Mental are well established and providing services to GP Practices. The VTP model is being re-examined to identify the most appropriate future delivery model for the vaccination Highland citizens. A Rural Flexibility Options Appraisal for CTAC is being redrafted and supplemented prior resubmission to SG for comment and consideration.

# 3 Impact Analysis

### 3.1 Quality/ Patient Care

Primary care multi-disciplinary teams are working alongside GPs and practice staff to ensure that patients have the benefit of the range of expert advice needed for high quality care. As services become further embedded and evaluations completed, a superior understanding of impact on quality and care will be determined and evidenced.

### 3.2 Workforce

PCIP offers new opportunities for clinical and non-clinical staff to positively impact patient care and outcomes. There are opportunities for personal development, training, up-skilling, flexibility, collaboration and building relationships with the broader MDT both in a GP Practice and community based setting. Development and retention of the PCIP workforce is paramount to service provision and sustainability. The services face recruitment challenges impacting on their ability to provide equitable services across Practices. Lack of room space within GP Practice premises can provide a challenge to accommodate the wider MDT.

### 3.3 Financial

The Primary Care Improvement Fund: Annual Funding Letter 2024-25 issued by the SG on 05 July 24 confirmed the 2024-25 funding allocation for PCIF. Whilst the SG are providing the full PCIF allocation in a single payment tranche this year, where an IA's 2023-24 PCIF spend was 90% or less than allocation, the SG will provide a 90% allocation in a payment, with a second tranche payment being made available later in the year, subject to reporting confirming latest spend and forecast data. Agenda for Change uplifts for all IA's will be provided in a separate allocation once pay negotiations have concluded.

The SG has allocated a total of £190.8 million for IAs in 2024-25 for PCIF. The minimum funding position for PCIF is guaranteed at £190.8 million annually with additional funding being provided in full to support Agenda for Change uplifts for recruited staff. The National Oversight Group has agreed to look into the potential of baselining all of PCIF in year 2026/27.

The total PCIF allocation to Highland is £9,058,239 of which a 90% allocation payment has been received. An email exchange with SG on 01.08.24 set out our position and forecast to spend the full (100%) allocation in the current financial year. The basis of which is the extension of the Community Link Worker project to all 62 GP Practices in Highland as well as local transitionary arrangements with Practices for CTAC, whilst a plan is agreed and finalised on how CTAC can be delivered long term and sustainably.

### 3.4 Risk Assessment/Management

PCIP Assurance Report and Risk Register are reviewed and updated bi-monthly and reported into bi-monthly PCIP Project Team and quarterly to PCIP Programme Board for scrutiny and approval. The PCIP risk register was fully reviewed in July 24 detailing identified risks, controls, risk level and current mitigations and actions.

### 3.5 Data Protection

At the strategic level, the PCIP program does not include any personally identifying information.

### 3.6 Equality and Diversity, including health inequalities

PCIP activity and services are focused on improving patient experience and care across all GP Practices, urban and rural and recognising and responding to locations experiencing higher levels of social deprivation. The development of services will contribute to achieving better health outcomes for the population. The development of primary care service redesign adheres to the seven key principles which includes equitable, fair and accessible to all.

### 3.7 Other impacts

None

### 3.8 Communication, involvement, engagement and consultation

- GP Sub representation on Workstreams, Project Team and Programme Board.
- All Workstream Groups include GP Practice representation.
- Communications Team collaborating at Workstream Leads and Project Team and developing engagement activities, including service promotion videos and reaching out to patient groups.
- Workstreams gathering in patient feedback on their services.
- PCIP updates included in weekly GP Practice bulletin.
- PCIP key documents shared on NHS intranet under Projects.

### 3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- PCIP Project Team meetings 28 May 2024 and 31 July 2024.
- PCIP Programme Board meetings 08 May 2024 and 14 August 2024.

## 4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

## 4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, PCIF 24-25 Allocation Letter July 2024
- Appendix 2, PCIP Summary of Implementation Progress at March 2024
- Appendix 3, PCIP Assurance Report July 24

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**Integration Authority Chief Officers**
**NHS Board Chief Executives**
**Integration Authority Chief Finance Officers**
**NHS Board Director of Finance**
**Primary Care Improvement Plan leads**
**Primary Care Clinical and Management leads**

5 July 2024

Dear colleagues

**PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2024-25**

Thank you for providing the data requested through the Primary Care Improvement Plan (PCIP) 7 tracker exercise which has been used to produce our annual statistical publication. We continue to make good progress on implementation of primary care multidisciplinary teams with a workforce of over 4,900 whole time equivalent in post supporting service delivery in March 2024[1], of which there are over 3,500 funded through the Primary Care Improvement Fund (PCIF).

I am writing to confirm the 2024-25 funding allocations for the PCIF element of the wider Primary Care Fund (PCF) to help you develop your PCIPs to support our core aims of sustaining investment in general practice and improving outcomes for people, workforce and the wider healthcare system, in line with our commitments in the policy prospectus[2]. The PCIF is an earmarked fund which should be used to support the implementation of PCIPs and should not be used for other purposes.

Given that the programme has now reached a more mature phase, and following agreement with CFOs, for the vast majority of Integration Authorities (IA's), we are providing the full PCIF allocation in a single payment tranche this year. Where an IA's 2023-24 PCIF spend was 90% or less than allocation, we have provided a 90% allocation in this payment, with a second tranche payment being made available later in the year, subject to reporting confirming latest spend and forecast data. Arrangements for reporting will be provided in due course. Agenda for Change uplifts for all IA's will be provided in a separate allocation once pay negotiations have concluded.

[1] Primary care improvement plans: implementation progress summary - March 2024 - gov.scot (www.gov.scot)
[2] A fresh start for Scotland - gov.scot (www.gov.scot)

Funding will be allocated based on 2023-24 NRAC shares and will be disbursed via Health Boards to IAs. **As agreed with CFO representatives, these shares will now be the basis for future allocations**.

*Available Resources*

I can confirm that we will allocate **£190.8 million** for IAs in 2024-25 under the auspices of the PCIF. This comprises funding for PCIF inclusive of previous years' AfC uplift costs. The allocation will be reduced to account for baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the PCIF.

**2024-25 Agenda for Change uplifts have not been included in allocations at this stage as pay negotiations are currently ongoing.** Funding allocations for 2024-25 pay uplifts will be provided in full as outlined in Richard McCallum's Scottish Government Budget letter to NHS Board Chief Executives on 19 December 2023.

*Reserves*

As in previous years, reserves carried over into 2024-25 financial year will contribute to your overall 2024-25 allocation. Where reserves are held, allocations have been reduced accordingly.

*Legal Commitments*

Any funding held in reserves for legal commitments in 2024-25, where these were agreed with Scottish Government in August 2022, will not be deducted from your 2024-25 allocation.

**Annex A** shows the full allocation of the fund, by Health Board and by IA. The funding must be delegated in its entirety to IAs.

*Planning Assumptions for 2024-25*

HSCPs/Boards should continue to use the following planning assumptions for the year ahead:

- Continue to ensure that plans are developed and implemented through local engagement and collaboration with practices, Integration Authorities, Health Boards and GP Sub-Committees and agreed with Local Medical Committees to meet local population needs.
- Prioritise Pharmacotherapy and CTAC services to ensure regulatory requirements are met while maintaining and developing other MoU services (i.e. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.
- Based on PCIP progress as well as progress with separate vaccination regulations and directions, the Vaccination Transformation Programme

element of PCIPs is complete and should be maintained. PCA(M)(2022)13 provides the current position on the programme.

- In line with MoU2, recognise the interdependences between all three levels of pharmacotherapy which require focus on the delivery of the pharmacotherapy service as a whole. CTAC services should continue to be designed locally, taking into account local population health needs, existing community services as well as what will deliver the most benefit to practices and people.
- Where necessary, continue with local transitionary arrangements with practices from within the existing PCIF envelope on the condition that there must be a clear plan for how that MDT support will be delivered on a long-term and sustainable basis.
    - Working with local partners, IA's should ensure that they are not divesting from existing services or undermining the establishment or development of services in order to fund any transitionary arrangements.
    - Surplus PCIF funding can be used to support time-limited transitionary arrangements on the proviso that IA's are working to the planning assumptions set out in this letter as well as the policy framework of the Contract and MoUs; arrangements should be agreed locally, in line with local circumstances and need. This use of funding will be kept under review.
- Assume we will not bring forward regulations on Urgent Care services.
- Assume that in future years you will continue to receive your 2023/24 NRAC share of PCIF, uplifted to apply Agenda for Change and that you will be required to provide extended MDT support to practices with that funding.
- Note that reserves carried over into 2024-25 financial year will contribute to your overall 2024-25 allocation and your allocation will be adjusted accordingly to reflect this.

*Baselining*

The minimum funding position for PCIF is guaranteed at £190.8 million annually with additional funding being provided in full to support Agenda for Change uplifts for recruited staff. Following agreement at National Oversight Group, we have agreed to explore the potential for baselining the full PCIF in 2026/27. In the interim, we will establish a sub-group to further work through the issues presented by baselining including options to mitigate the risks that baselining could present, as well as to consider the processes for baselining the VTP element of PCIF prior to 26/27.

*Monitoring and evaluation*

We continue to work with all partners to consider next steps on national monitoring and evaluation. A key part of our approach over the next 18 months will be the evidence and learning from the Phased Investment Programme and we encourage all areas to join the Primary Care Improvement Collaborative to access learning and updates directly.

I trust this update gives you the assurances you need to continue to progress implementation of your PCIPs in 2024-25 and I look forward to working with you towards our shared goal of delivering improved care in our communities.

Yours faithfully

**Susan Gallacher**
Deputy Director, General Practice Policy
Primary Care Directorate

## ANNEX A

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

Allocation By Territorial Health Board

| Health Board | NRAC Share 2023-24 | 2023-24 PCIF | 2023-24 AfC uplift | 2024-25 Total Available | Reserves | Retention | 2024-25 Total less reserves & retention | *less* PCIF baselined funds | PCIF T1 allocation 2024-25 (£) |
|---|---|---|---|---|---|---|---|---|---|
| NHS Ayrshire and Arran | 7.31% | 12,419,970 | 1,551,000 | 13,970,970 | 0 | 0 | 13,970,970 | -569,300 | 13,401,670 |
| NHS Borders | 2.15% | 3,659,639 | 449,000 | 4,108,639 | 0 | 0 | 4,108,639 | -161,300 | 3,947,339 |
| NHS Dumfries and Galloway | 2.96% | 5,039,527 | 694,000 | 5,733,527 | -162,916 | 0 | 5,570,611 | -229,100 | 5,341,511 |
| NHS Fife | 6.85% | 11,648,976 | 1,568,000 | 13,216,976 | 0 | 0 | 13,216,976 | -521,800 | 12,695,176 |
| NHS Forth Valley | 5.47% | 9,291,966 | 1,129,000 | 10,420,966 | 0 | 0 | 10,420,966 | -415,000 | 10,005,966 |
| NHS Grampian | 9.74% | 16,554,003 | 1,884,000 | 18,438,003 | 0 | 0 | 18,438,003 | -755,400 | 17,682,603 |
| NHS Greater Glasgow & Clyde* | 22.14% | 37,638,815 | 4,362,000 | 42,000,815 | -227,000 | -641,690 | 41,132,125 | -1,718,200 | 39,413,925 |
| NHS Highland* | 6.59% | 11,203,724 | 1,468,000 | 12,671,724 | 0 | -905,824 | 11,765,900 | -494,100 | 11,271,800 |
| NHS Lanarkshire | 12.31% | 20,931,062 | 2,288,000 | 23,219,062 | 0 | 0 | 23,219,062 | -947,700 | 22,271,362 |
| NHS Lothian* | 15.07% | 25,611,369 | 3,329,000 | 28,940,369 | -208,000 | -602,369 | 28,130,000 | -1,132,000 | 26,998,000 |
| NHS Orkney* | 0.50% | 851,053 | 122,000 | 973,053 | -209,000 | -97,305 | 666,748 | -75,000 | 591,748 |
| NHS Shetland | 0.48% | 813,856 | 114,000 | 927,856 | 0 | 0 | 927,856 | -76,200 | 851,656 |
| NHS Tayside | 7.77% | 13,211,219 | 1,827,000 | 15,038,219 | -96,000 | 0 | 14,942,219 | -601,900 | 14,340,319 |
| NHS Western Isles* | 0.66% | 1,124,821 | 52,000 | 1,176,821 | -236,000 | -117,682 | 823,139 | -103,000 | 720,139 |
| | | **170,000,000** | **20,837,000** | **190,837,000** | **-1,138,916** | **-2,364,870** | **187,333,214** | **-7,800,000** | **179,533,214** |

*Board with an IA where 10% of PCIF 2024-25 allocation has been retained and will be made available at tranche two, subject to reporting confirming latest spend and forecast data.

## Allocation by Integration Authority

| NHS Board | Integration Authority | IA NRAC Share 2023-24 (£) | 2023-24 PCIF | 2023-24 AfC uplift | 2024-25 Total Available | Reserves | Retention | 2024-25 Total *less* reserves & retention | *less* PCIF baselined funds | PCIF T1 allocation 2024-25 (£) |
|---|---|---|---|---|---|---|---|---|---|---|
| Ayrshire and Arran | Ayrshire combined | 7.31% | 12,419,970 | 1,551,000 | 13,970,970 | 0 | 0 | 13,970,970 | -569,300 | 13,401,670 |
| Borders | Scottish Borders | 2.15% | 3,659,639 | 449,000 | 4,108,639 | 0 | 0 | 4,108,639 | -161,300 | 3,947,339 |
| Dumfries and Galloway | Dumfries and Galloway | 2.96% | 5,039,527 | 694,000 | 5,733,527 | -162,916 | 0 | 5,570,611 | -229,100 | 5,341,511 |
| Fife | Fife | 6.85% | 11,648,976 | 1,568,000 | 13,216,976 | 0 | 0 | 13,216,976 | -521,800 | 12,695,176 |
| Forth Valley | Forth Valley combined | 5.47% | 9,291,966 | 1,129,000 | 10,420,966 | 0 | 0 | 10,420,966 | -415,000 | 10,005,966 |
| Grampian | Aberdeen City | 3.78% | 6,425,049 | 731,231 | 7,156,280 | 0 | 0 | 7,156,280 | -298,317 | 6,857,963 |
| | Aberdeenshire | 4.23% | 7,197,962 | 819,195 | 8,017,157 | 0 | 0 | 8,017,157 | -324,766 | 7,692,391 |
| | Moray | 1.72% | 2,930,992 | 333,574 | 3,264,566 | 0 | 0 | 3,264,566 | -132,317 | 3,132,249 |
| Greater Glasgow & Clyde | East Dunbartonshire | 1.85% | 3,151,403 | 365,219 | 3,516,622 | -11,000 | 0 | 3,505,622 | -140,141 | 3,365,481 |
| | East Renfrewshire | 1.58% | 2,682,743 | 310,906 | 2,993,649 | -90,000 | 0 | 2,903,649 | -120,632 | 2,783,017 |
| | Glasgow City | 11.95% | 20,319,427 | 2,354,839 | 22,674,266 | 0 | 0 | 22,674,266 | -928,315 | 21,745,951 |
| | Inverclyde | 1.60% | 2,728,381 | 316,195 | 3,044,576 | 0 | 0 | 3,044,576 | -126,472 | 2,918,104 |
| | Renfrewshire* | 3.38% | 5,750,476 | 666,428 | 6,416,904 | -126,000 | -641,690 | 5,649,214 | -261,903 | 5,387,311 |
| | West Dunbartonshire | 1.77% | 3,006,385 | 348,413 | 3,354,798 | 0 | 0 | 3,354,798 | -140,737 | 3,214,061 |
| Highland | Argyll and Bute | 1.88% | 3,194,868 | 418,617 | 3,613,485 | 0 | 0 | 3,613,485 | -141,683 | 3,471,802 |
| | Highland* | 4.71% | 8,008,856 | 1,049,383 | 9,058,239 | 0 | -905,824 | 8,152,415 | -352,417 | 7,799,998 |
| Lanarkshire | Lanarkshire combined | 12.31% | 20,931,062 | 2,288,000 | 23,219,062 | 0 | 0 | 23,219,062 | -947,700 | 22,271,362 |
| Lothian | East Lothian | 1.89% | 3,215,085 | 417,901 | 3,632,986 | 0 | 0 | 3,632,986 | -140,067 | 3,492,919 |
| | Edinburgh | 8.40% | 14,271,709 | 1,855,056 | 16,126,765 | 0 | 0 | 16,126,765 | -634,173 | 15,492,592 |
| | Midlothian | 1.64% | 2,793,788 | 363,140 | 3,156,928 | 0 | 0 | 3,156,928 | -120,660 | 3,036,268 |
| | West Lothian* | 3.14% | 5,330,787 | 692,903 | 6,023,690 | -208,000 | -602,369 | 5,213,321 | -237,100 | 4,976,221 |
| Orkney | Orkney Islands* | 0.50% | 851,053 | 122,000 | 973,053 | -209,000 | -97,305 | 666,748 | -75,000 | 591,748 |
| Shetland | Shetland Islands | 0.48% | 813,856 | 114,000 | 927,856 | 0 | 0 | 927,856 | -76,200 | 851,656 |
| Tayside | Angus | 2.16% | 3,670,680 | 507,624 | 4,178,304 | -65,000 | 0 | 4,113,304 | -165,208 | 3,948,096 |
| | Dundee City | 2.82% | 4,802,335 | 664,122 | 5,466,457 | -13,000 | 0 | 5,453,457 | -226,196 | 5,227,261 |
| | Perth and Kinross | 2.79% | 4,738,204 | 655,254 | 5,393,458 | -18,000 | 0 | 5,375,458 | -210,496 | 5,164,962 |
| Western Isles | Western Isles* | 0.66% | 1,124,821 | 52,000 | 1,176,821 | -236,000 | -117,682 | 823,139 | -103,000 | 720,139 |
| | | | **170,000,000** | **20,837,000** | **190,837,000** | **-1,138,916** | **-2,364,870** | **187,333,214** | **-7,800,000** | **179,533,214** |

*IA where 10% of PCIF 2024-25 allocation has been retained and will be made available at tranche two, subject to reporting confirming latest spend and forecast data.

# Primary Care Improvement Plans

## Summary of Implementation Progress at March 2024

**June 2024**

Scottish Government
Riaghaltas na h-Alba

# Introduction

This management information publication provides a national summary of the progress towards implementation of the Memorandum of Understanding ("MoU": see background section below for more information about what this is). It covers the period up to the end of March 2024 and is based on data provided by Integration Authorities (IAs) in May 2024. It updates the information published in June 2023. The data at IA/NHS Board level is available in the spreadsheet accompanying this publication.

# Data Quality

The data included in this report is provided by IAs. Workforce numbers come from local systems. These systems are dynamic and primarily used for operational purposes. As the data can change over time, the figures presented here are the best available estimates. The Scottish Government is working with IAs to improve data quality. Therefore, previously published information may change to reflect these refinements.

The publication contains data on two broad areas: workforce numbers and access to NHS Board provided services.

Information on staff funded by the Primary Care Improvement Fund and also other sources was collected, which is the same approach as was taken with last year's collection. This has improved understanding of the wider workforce providing services. For this collection, the only change from 2023, is that we have separated the "Occupational Therapy" role within "Additional Professional Roles". This should allow greater clarity over the number of these staff, but should not affect overall workforce total as these should have previously been included elsewhere.

As with the last collection, we have asked only if practices have access to a health board provided services. As a result, these figures include access from minimal access to full access and any interpretation should take account of this. Scottish Government continues to work with IAs to improve our understanding of levels of access to services, by enhancing data collection on service capacity and delivery models.

# Background

The 2018 GMS Contract Offer ("the Contract Offer") and its associated Memorandum of Understanding ("MoU") between the Scottish Government (SG), the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities (IAs) and NHS Boards was a landmark in the reform of primary care in Scotland. The Contract Offer refocused the General Practitioner (GP) role as expert medical generalists. This enabled General Practitioners to do the job they train to do and deliver better care for patients. The Contract Offer committed to a vision placing general practice at the heart of the

healthcare system. This vision sees multidisciplinary teams (MDT) inform, empower and deliver services to communities in need. To support these aims, it set out the intent to redistribute non-expert medical generalist workload to the wider primary care MDT. This aims to ensure that patients can benefit from a wider range of expert advice, receiving high quality care. It recognised the statutory role of IAs in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist. It also recognised the role of NHS Boards in service delivery and as NHS staff employers, and parties to General Medical Services (GMS) contract.

The MoU set out the six priority service areas where IAs, in partnership with Health Boards and GPs, would focus for service redesign and expansion of the MDT:

- Vaccination Transformation Programme (VTP);
- Pharmacotherapy;
- Community Treatment and Care Services (CTAC);
- Urgent Care;
- Additional Professional Roles;
- Community Link Workers (CLW).

In 2021 the MoU was refreshed (the MoU2) to cover the period 2021-2023. It reaffirmed the commitment to expanding and enhancing multidisciplinary teams to help support the role of GPs as expert medical generalists and to improve patient outcomes. The MoU parties recognised a great deal had been achieved while acknowledging there was still a way to go to fully deliver the GMS Contract Offer commitments. In particular, the MoU noted a focus on three services - Vaccination Transformation Programme, Pharmacotherapy and CTAC. Regulations have since been amended to place a legal responsibility on Health Boards to provide Pharmacotherapy and CTAC services to general practices and their patients, alongside Health Boards' responsibility for the provision of vaccinations services.

In September 2023, in a communication to all MoU parties, the Scottish Government restated the commitment to MoU implementation and enhancing and expanding the MDT. It recognised that good progress had been made, while acknowledging that implementation gaps remained. It detailed the intention to take a twin-track approach over the following 18 months. This would comprise of the introduction of an additional phased investment programme, supported by additional funding, working with a small number of areas, at different stages of implementation, and from different settings. This aimed to demonstrate what a model of full implementation can look like in practice. It noted that the learning from the programme would be used to inform long-term Scottish Government investment in the MDT. It also set out the intent to continue to work with all areas to support improvement of the MDT within the existing funding envelope.

In February 2024, the Scottish Government confirmed that, following conclusion of the bidding process, the sites chosen as demonstrator areas are Ayrshire and Arran, Edinburgh City, Scottish Borders and Shetland. The site teams will work

closely with Healthcare Improvement Scotland (HIS) to use improvement methodologies to more fully implement Pharmacotherapy and CTAC services locally. They will also aim to understand the impact for people, the workforce and the healthcare system. HIS have established a national Primary Care Improvement Collaborative which will support local teams outwith the demonstrator sites to implement quality improvement approaches in pharmacotherapy and CTAC services and in access to primary care services.

Funding to support the implementation of the MoU has been allocated to IAs through the Primary Care Improvement Fund (PCIF). Locally agreed Primary Care Improvement Plans (PCIPs) covering all 31 IAs in Scotland have been developed and implemented since July 2018. The PCIPs set out in more detail how implementation of the six priority service areas will be achieved. IAs are required to provide annual updates on their PCIPs. These updates are supplied via an agreed standard tracker template, with a focus on workforce and access data.

The delivery of primary care transformation is occurring within a complex local landscape. IAs must work closely with local communities and stakeholders to ensure that PCIPs address specific local challenges and population need. They must also agree where the local priorities lie for the services being reformed. As a result of this, there is geographical variation in service design and delivery models.

# Workforce numbers

Table 1 shows the number of whole time equivalent (WTE) staff working to support implementation of the six MOU agreed priority services.

The data shows 4,925.1 WTE staff working in the MOU services in March 2024. Of these, 3,540.4 were funded by the Primary Care Improvement Fund and 1,384.8 were funded through other sources.

There was an overall increase of 196.4 WTE staff between March 2023 and March 2024. This represents an increase of 310.4 funded through the Primary Care Improvement Fund and a fall of 113.9 funded through other sources.

Increases in workforce may represent progress towards delivery of the MoU. However, there is no agreed target for specific service or total workforce levels required across Scotland.

It should also be recognised that there may be variation in appropriate staffing numbers depending on the clinical model developed, the skills mix of the workforce and local population needs.

**Table 1: Number of Staff: Scotland - Whole time equivalent at 31 March**

| | | PCIF funded | Other funded | Total | PCIF funded | Other funded | Total |
|---|---|---|---|---|---|---|---|
| | | Mar-23 | Mar-23 | Mar-23 | Mar-24 | Mar-24 | Mar-24 |
| Pharmaco-therapy | Pharmacist | 558.1 | 101.9 | **660.1** | 550.1 | 107.2 | **657.3** |
| | Pharmacy Technician | 384.1 | 37.7 | **421.8** | 408.5 | 42.1 | **450.6** |
| | Assistant/Other Pharmacy Support Staff | 116.5 | 11.8 | **128.2** | 143.9 | 14.6 | **158.4** |
| Vaccinations | Nursing | 224.6 | 298.4 | **523.0** | 238.7 | 289.9 | **528.6** |
| | Healthcare Assistants | 68.6 | 305.9 | **374.6** | 62.7 | 203.6 | **266.3** |
| | Other | 66.8 | 146.7 | **213.5** | 78.0 | 115.9 | **193.9** |
| CTAC | Nursing | 370.4 | 154.0 | **524.4** | 430.7 | 152.6 | **583.3** |
| | Healthcare Assistants | 441.9 | 91.3 | **533.1** | 489.0 | 70.8 | **559.8** |
| | Other | 86.9 | 8.4 | **95.4** | 125.2 | 4.7 | **129.9** |
| Urgent Care | Advanced Nurse Practitioners | 201.6 | 20.6 | **222.2** | 197.9 | 26.7 | **224.5** |
| | Advanced Paramedics | 11.8 | 1.0 | **12.8** | 12.0 | 1.0 | **13.0** |
| | Other | 17.6 | 27.7 | **45.3** | 39.5 | 32.6 | **72.0** |
| Additional professional roles | Mental Health workers | 186.5 | 207.9 | **394.3** | 182.5 | 216.4 | **398.9** |
| | MSK Physios | 202.1 | 23.8 | **225.9** | 227.8 | 24.3 | **252.1** |
| | Occupational Therapists | 8.5 | 0.0 | **8.5** | 28.1 | 1.7 | **29.8** |
| | Other | 30.4 | 7.0 | **37.4** | 60.5 | 20.7 | **81.2** |
| **Community Link Workers** | | 253.6 | 54.6 | **308.2** | 265.4 | 60.1 | **325.5** |
| **TOTAL** | | **3230.0** | **1498.7** | **4728.7** | **3540.4** | **1384.8** | **4925.1** |

# NHS Board Provided Services

NHS Boards are placing the additional primary care staff described in the workforce numbers section in general practices and the community. Here they can work alongside GPs and practice teams to deliver an increased range of services, in accordance with the MoU. In doing so, they can support the expert medical generalist model and improve patient care. While some of these services and sub-services represent new areas of activity, in most cases, these had historically been provided by individual general practices. Chart 1 illustrates the percentage of general practices whose patients can now access these services directly from their NHS Board. The data relating to this chart can be found in the spreadsheet which accompanies this publication.

It is not expected that all general practices in Scotland will take up these NHS Board provided services. Since service delivery models are designed specifically according to local population needs, there are variations in approach across the country. For example, there may be some general practices where there is no defined need for a particular professional role. These services may therefore never reach 100 per cent coverage. There may also be local circumstances where local Primary Care Improvement Programme Boards determine it is necessary for one or more local genral practices to continue delivering one or more services intended to transfer to board-employed MDT under the MoU.

Between 83 and 98 percent of practices have access to different level 1 pharmacotherapy subservices as at March 2024. Between 64 to 94 percent of practices have access to level 2 pharmacotherapy subservices, and between 52 and 82 percent of practices have access to level 3 pharmacotherapy subservices.

For CTAC services as at March 2024, 86 percent of practices have access to Phlebotomy, 61 percent of practices have access to Chronic Disease Monitoring. Ninety percent of practices had access to Other CTAC services.

The roll out of the Vaccination Transformation Programme is well advanced. Ninety-nine percent of practices have access to school age, pregnancy, pre-school, out of schedule, adult immunisations and adult flu vaccinations. Travel vaccinations are accessed by 98 percent of practices.

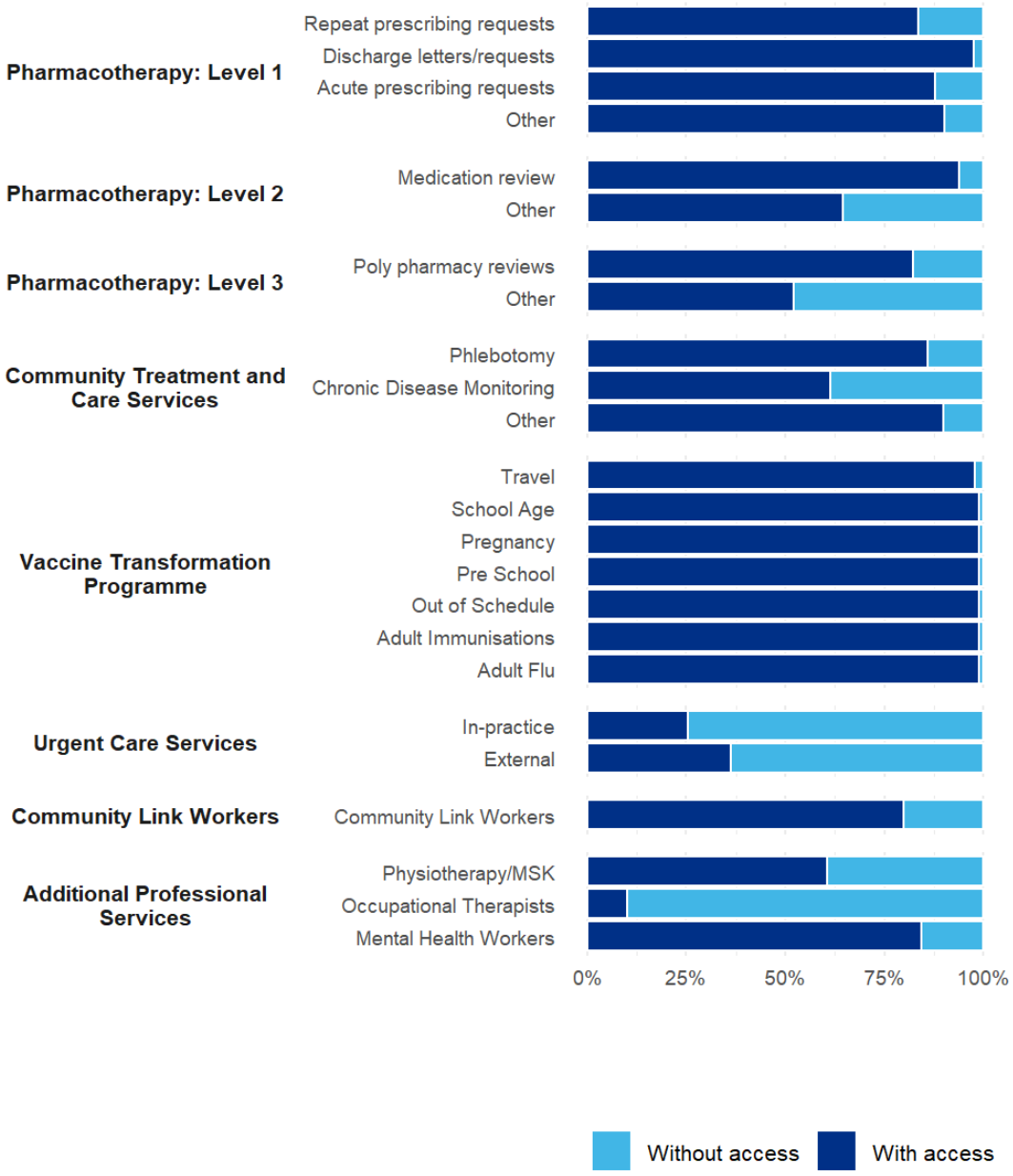
Of NHS Board-provided urgent care services, 26 percent of practices have access to services delivered in-practice and 36 percent of practices have access to external services.

Eighty percent of practices have access to a Community Link Worker. However, CLW services are not intended to be universal but should, primarily, be targeted where there is greatest need, in line with deprivation and health inequalities.

Additional professional services include physiotherapy, mental health workers, and occupational therapists. Sixty-one percent of practices have access to a

musculoskeletal physiotherapist, 84 percent of practices have access to a mental health worker, and 10% of practices have access to an occupational therapist.

**Chart 1: Access to Health Board provided services as at March 2024, Scotland**



# Background notes: Definitions

There may be geographical and other limitations to the extent of any service redesign and local needs which need to be determined as part of the PCIP. The services included in the MoU are defined as follows:

**Vaccination Transformation Programme** - VTP was announced in March 2017. It reviewed and transformed vaccine delivery in light of the increasing complexity of vaccination programmes in recent years. It also reflected the changing roles of those historically tasked with delivering vaccinations.

IAs have delivered phased service change based on locally agreed plans as part of the PCIP. These meet a number of nationally determined outcomes including redistributing work from GPs to other appropriate professionals. In October 2021, regulation change removed vaccinations from the GMS contract. This was supplemented by legal directions which were issued in August 2022. These provided a framework to conclude the role of most general practices in providing vaccinations. PCA(M)(2022)13 provides the current position on the programme.

**Pharmacotherapy** – There are three levels of service provision covering core and additional activities.

The level one (core) pharmacotherapy service includes activities at a general level of pharmacy practice including actioning acute and repeat prescribing requests and medicines reconciliation activities.
Level two (advanced) and three (specialist) are additional services. They describe a progressively advanced specialist clinical pharmacist role with a focus on high-risk medicines and working with patients to undertake medication and polypharmacy reviews.

The MoU2 recognised the interdependencies between all three levels of pharmacotherapy and the need to focus on the delivery of the pharmacotherapy service, as a whole.

Regulations have now been amended by Scottish Government so that NHS Boards are responsible for providing a pharmacotherapy service to patients and practices.

**Community Treatment and Care Services -** 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 care, suture removal, and some types of minor surgery as locally determined as being appropriate.

Scottish Government have amended regulations for the delivery of CTAC Services. Boards are now responsible for providing a Community Treatment and Care service. These services will be designed locally, taking into account local population health needs, existing community services, and optimising benefit to practices and patients.

**Urgent Care** - These services provide support for urgent unscheduled care within daytime primary care. For example, providing advance nurse or paramedic practitioner resource for general practice clusters and practices to respond to a range of ill health need which requires senior clinical decision making capacity. Activities range from house calls, demand from care homes, or on the day urgent care response in practice. This creates capacity to enable GPs to better manage their time for more complex cases.

**Additional Professional Roles** - Additional professional roles provide services for groups of patients with specific needs that can be delivered by other professionals as first point of contact in the practice and/or community setting (as part of the wider MDT or in an advance practitioner capacity). These roles could include, but are not limited to:

- Musculoskeletal focused physiotherapy services
- Community clinical mental health professionals (e.g. nurses, occupational therapists) based in general practice.

Specialist professionals will work within the local MDT to see patients at the first point of contact. They will assess, diagnose and deliver 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.

MoU Parties will consider how best to develop the additional professional roles element of the MoU. In particular with Mental Health, there is a need to consider how PCIF funded posts interface with posts funded through other streams (such as Action 15).

Scottish Government continues to work with local areas on how we best align funding and reporting arrangements across different mental health funding streams. This aims to ensure better co-ordination and integration across the wider system.

It should be noted that, given the expansion of occupational therapy services and roles within a number of IA areas in recent years, we have included occupational therapy as a distinct workforce category for the first time this year. Occupational therapists are dual trained in providing assessment, self-management advice and therapy to people with both physical and mental health conditions. They support people with environmental adaptation and rehabilitation, to access or return to work, education and social activities. Variation in the development of services comprising additional professional roles reflects a number of factors including local needs and existing community services.

**Community Link Worker (CLW)** - Non-clinical, generalist practitioner, based in or aligned to a general practice or cluster, often in more deprived communities. They work directly with patients to help them deal with socio-economic challenges associated with poor health which cannot be addressed clinically. CLWs help people navigate and engage with a wide range of health and social statutory and voluntary services. They may also work with patients who need support because of

the complexity of their care and support needs, rurality, or a specific status (e.g. asylum seeker/refugee or homeless). CLW services should be targeted to local need and provide connection between general practice and wider community resources.

**Access data** - reflects how many general practices have access to a given service or sub-service. There is no additional data provided on levels of access. The access data therefore represents a range of access levels from minimal to full access and should be interpreted as such.

# Contact

For more information or queries on the information presented here please contact the Primary Care Policy Team at PCImplementation@gov.scot.

Appendix 3

**North Highland H&SCP – Primary Care Modernisation Programme**

**Project Manager's Assurance Report**

**Issued By** Catriona Naughton, Project Manager

**Employer** NHS Highland
**Address** Assynt House
Beechwood Business Park,
Inverness, IV2 3BW

**Report No** 50
**Date** 31/07/24


## 1. INTRODUCTION

This Assurance Report has been prepared in relation to the **implementation of the 2018 General Medical Services Contract in Scotland**. This strategic document is supported by a memorandum of Understanding and proposes a refocusing of the General Practitioner role as expert medical generalists. This refocusing of the GP role will require some tasks to be carried out by members of the wider primary care team where it is safe, appropriate and improves patient care. It is expected that these new arrangements will see a reduction in risk for GP partners and a substantial increase in practice sustainability.

**Pam Cremin, Senior Responsible Officer** has executive responsibility for the delivery of the programme and chairs the Programme Board.

**Jill Mitchell** is responsible for delivering the programme of work and is supported by a core project team of Catriona Naughton (Project Manager) and work stream leads. Highland GP Sub and LMC are key partners in the development of the programme.

This document provides a summary in relation to progress achieved on the project to date, activity in the previous period and forecast for the coming period. This progress report covers the period to **31/07/2024**.

## 2. Project Status - RAG

| | Previous RAG | Current RAG | Comments |
|---|---|---|---|
| **Timeline** | Amber | Red | Programmes of Pharmacotherapy, MSK physiotherapy, CLW and PC Mental Health and VTP services are established. RAG status remains at red due to the delayed progression of CTAC **and initiation of VTP review of current delivery model.** |
| **Scope** | Green | Amber | Workstream outputs continue to be developed and agreed broadly in line with the plan**. Additional supporting detail requested by SG to supplement the CTAC rural options appraisal document. For resubmission to SG ahead of the Oversight Group meeting at the end of August 24.** |
| **Budget (Aspirational)** | Amber | Amber | The funding will not deliver all of the tasks and services across all workstreams to all practices. Clarity on service delivery against funding will become clearer as CTAC hybrid model is developed. |
| **Budget (Actual)** | Amber | Amber | Track workstream progress against budget/spend. **PCIF Annual Funding letter 2024-25 has been received. Total share as in previous year amounts to £9,058,238. NHSH will be provided with a 90% allocation payment, with a second tranche payment being made available later in the year subject to reporting confirming latest spend and forecast data.** |

## 3. PROJECT PROGRAMME

| **Current Programme:** | Rev Date: 31/07/24 | Rev: 42 | **Current Status:** | Update | Amber |
|---|---|---|---|---|---|

| Milestone Activity | Due date | Estimated / actual date | RAG Status |
|---|---|---|---|
| CTAC model not implemented | 2022/23 | 2024/25 | Red |
| **Resubmission of expanded CTAC rural options appraisal to SG.** | **August 24** | **July/August 24** | **Amber** |

## 4. KEY PROJECT DELIVERABLES COMPLETED THIS PERIOD (TO 31 July 24)

| Description | Status | Owner |
|---|---|---|
| CTAC Rural Options Appraisal meeting with SG | **Complete** | Jill Mitchell |
| Move PT meetings to bi-monthly | **Complete** | Catriona Naughton |
| FCP SBAR - Extension of PHIO Access approved and PCIF allocation of in year underspend agreed. | **Complete** | Jude Arnaud/Fiona Ward |
| Smart Survey SBAR - Approval to purchase digital product | **Complete** | Catriona Naughton |
| Pharmacotherapy Live resource dashboard | **Complete** | Thomas Ross |

## 5. KEY PROJECT DELIVERABLES TO BE COMPLETED IN NEXT PERIOD (TO 30 September 24)

| Description | Status | Owner |
|---|---|---|
| **CLW SBAR – take forward to Programme Board 14.08.24 (subject to PT approval)** | **Green – in progress** | **Cathy Steer** |
| **FCP SBAR - take forward to Programme Board 14.08.24 (approved PT 28.05.24)** | **Green – In progress** | **Paul Chapman** |
| **Submit updated CTAC SBAR/Rural flexibility and Options Appraisal to SG** | **Green – in progress** | **Jill Mitchell** |

## 6. KEY PROJECT RISKS IN THE REPORTING PERIOD

| **Current Risks:** | Rev Date: 31/07/24 | Rev: 31 | **Current Status:** | Update | Amber |
|---|---|---|---|---|---|

Key **high** level risks with **updated mitigation/actions within the current period**.

| Description | Risk level (current) | Current Mitigation/Action |
|---|---|---|
| **Continued viability of current Vaccination Programme model.** | **HIgh** | **A weekly Vaccine Improvement Group has been set up to determine the most appropriate future delivery model for vaccination to ensure Highland citizens have access to safe high quality immunisation services within their local community. As part of this process, senior GPs and the Board have agreed that a Short Life Working Group (SLWG) which will report to the Vaccine Improvement Group, will compile general practice options appraisal assessment informed by population vaccination uptake and delivery rates; vaccine accessibility; quality and patient safety; and capacity and workforce.** |

**North Highland H&SCP – Primary Care Modernisation Programme**

**Project Manager's Assurance Report**

**Issued By** Catriona Naughton, Project Manager

**Employer** NHS Highland
**Address** Assynt House
Beechwood Business Park,
Inverness, IV2 3BW

**Report No** 50
**Date** 31/07/24

## 7. ADDITIONAL PROFESSIONAL ROLES – MSK PHYSIO

| **Current Programme:** | Rev Date: **31/07/24** | Rev: 27 | **Current Status:** | Update | GREEN |
|---|---|---|---|---|---|

| **Current Plan** | **Progress** | **Due date** | **Est. / actual date** |
|---|---|---|---|
| Planned compliment of FCP staff in WTE | 18.48 WTE | On-going | On-going |
| Current gaps in FCP staffing in WTE | **2 x maternity leave posts out to advert** | **August/Sept 24** | **August/Sept 24** |
| PHIO access to General Practice and patients. | **Active 16 month trial to 31 March 25** | On-going | On-going |
| **SBAR – FCP Non Pay Budget** | **Approved PT 28.05.24, now to Programme Board for ratifying** | **14.08.24** | **14.08.24** |

## 8. PHARMACOTHERAPY

| **Current Programme:** | Rev Date: **31/07/24** | Rev: **20** | **Current Status:** | Update | GREEN |
|---|---|---|---|---|---|

| **Current Plan** | **Progress** | **Due date** | **Est. / actual date** |
|---|---|---|---|
| Develop monitoring and evaluation reports | Awaiting HIS reporting tool | May 24 | tbc |
| Planned compliment of Pharmacotherapy staff in WTE | **47.9 WTE** | On-going | On-going |
| Current gaps in Pharmacotherapy staffing in WTE | **6.5 WTE** | On-going | On-going |
| | | | |

## 9. ADDITIONAL PROFESSIONAL ROLES – MENTAL HEALTH

| **Current Programme:** | Rev Date: 31/05/2024 | Rev: 22 | **Current Status:** | Update | **GREEN** |
|---|---|---|---|---|---|

| **Current Plan** | **Progress** | **Due date** | **Est. / actual date** |
|---|---|---|---|
| Planned compliment of PCMH staff in WTE | 22.8 WTE | n/a | n/a |
| Current gaps in PCMH Nurse staffing in WTE | 2.6 WTE B6 Nurses | live | live |
| Development of live resource dashboard | In progress | March 24 | ? |

## 10. COMMUNITY LINK WORKERS

| **Current Programme:** | Rev Date: **31/07/24** | Rev: 25 | **Current Status:** | Update | GREEN |
|---|---|---|---|---|---|

| **Current Plan** | **Progress** | **Due date** | **Est. /actual date** |
|---|---|---|---|
| Planned compliment of CLW staff in WTE | 15.5 WTE | On-going | On-going |
| Current gaps in CLW staffing in WTE | **1.8 WTE** | On-going | On-going |
| **Commissioning process complete** | **Contract awarded. Work underway for the extension to remote and rural practices on a cluster basis.** | July 24 | **August - October 24** |
| **SBAR submission – underspend proposal** | **For hearing at Project Team** | **30.07.24** | **30.07.24** |

## 11. VACCINATION TRANSFORMATION PROGRAMME

| **Current Programme:** | Rev Date: **31/07/24** | Rev: 13 | **Current Status:** | Update | AMBER |
|---|---|---|---|---|---|

| **Current Plan** | **Progress** | **Due date** | **Est. / actual date** |
|---|---|---|---|
| Planned compliment of VTP staff in WTE (funded by PCIF) | 23.5 WTE | March 23 | March 23 |
| Current gaps in VTP staffing in WTE | 0.0 WTE | n/a | n/a |
| **A Vaccination Improvement Group has been established in NHS Highland following a peer review undertaken by Public Health Scotland (PHS) in June 2024. This group has oversight and responsibility for a programme of improvements as recommended by PHS, including a Rural Flexibility and Options Appraisal.** | **Live** | **On-going** | **On-going** |

## 12. COMMUNITY TREATMENT & CARE

| **Current Programme:** | Rev Date: **31/07/24** | Rev: 19 | **Current Status:** | Update | RED |
|---|---|---|---|---|---|

| **Current Plan** | **Progress** | **Due date** | **Est. / actual date** |
|---|---|---|---|
| **Resubmission of CTAC Rural Options appraisal document with supplementary information to SG ahead of GMS Oversight Group meeting at end of August 24.** | **Live** | **August 24** | **July/August 24** |