ITEM No …23…….

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020**

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

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB36-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2019/20 and seek approval for the implementation of the Dundee Primary Care Improvement Plan for 2020/21.

2.0 RECOMMENDATIONS

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

2.1 Notes the positive progress to implement the Dundee Primary Care Improvement Plan 2019/20 in the second year of delivery (attached as Appendix 1) recognising the significant and positive developments in year 2, and the financial spend associated with this.

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2020/21 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3, noting that there will be some impact from the Covid19 pandemic.

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

2.4 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund as noted in Section 3.7.

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

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for delivery of the Dundee Primary Care Improvement Plan (the Dundee Plan) for 2019/20 was agreed by the IJB in 2019 (Article XIII of the minute of meeting of 25th June 2019 and report no DIJB33-2019 refers). There has been significant planned increase in delivery and spend in year 2 (2019/20). The actual spend is detailed in table 1 below. The overall expenditure for the year was within the allocation from the Scottish Government. However the planned expenditure had been higher due to the underspend in year 1. It was anticipated that a higher spend could be achieved to expedite some of the projects and impacts. This has proven to be challenging due to a number of delays, including recruitment and retention.

Table 1 2019/20 spend against allocation

	Approved PCIF Allocation	Actual Funding / Expenditure
	£'000	£'000
SG Allocation*	***1,710***	**1,710**
Plus B/F underspend	***1,038***	**1,039**
Forecast Expenditure -		
VTP	*217*	157
Pharmacotherapy	*568*	352
CT&CS	*614*	355
Urgent Care	*487*	125
FCP / MSK	*220*	150
Mental Health	*248*	81
Link Workers	*187*	153
Other	*208*	88
Total	***2,748***	**1,461**
In Year (Over)/Underspend	***0***	**1,288**

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

3.2 The development of the Dundee Plan and the associated financial plans for 2020/21 and recurring plans from 2021/22 are summarised in table 2 below. These figures continue to change as learning is gained from the tests of change that are taking place and the models being developed. Early in 2020 a plan was developed which assessed what was achievable with the Scottish Government allocation, assuming it confirms previously notified provisional allocations, and what it was anticipated the cost would be to fully implement the services noted in the MOU. Some elements, such as pharmacotherapy, and vaccination transformation, are defined in detail, while other elements, such as social prescribing and urgent care, are open to interpretation and prioritisation locally. The impact of the exercise to do this was to identify that to fully implement a local interpretation of the 7 key areas, created a potential recurring funding gap of £2.5m. o progress this, either implementation needs to be scaled back to fit with budget or other sources of funding need to be identified which can support this delivery. The plans noted in this report are shown on the basis of being restricted to what is affordable. Plans for this year, given the delayed start of some posts due to Covid 19, and previous slippage, will be within budget as noted. The PCI Group are currently reviewing plans for next year, particularly given that the contract is due to be fully implemented by March 2021. Proposals will be reviewed to assess if there is budget, and the relative merit and benefits, and value for money, they bring, to support prioritisation.

Table 2 proposed allocation for 20/21 and indicative allocations for 21/22, along with a comparison of figures prepared in January 2020 to highlight estimated full scale implementation

	2020/21	2021/22	*Optimum Implementation 2021/22*
	£'000	£'000	*£'000*
Assumed SG Allocation	**3,419**	**4,817**	***4,817***
Forecast Expenditure -			
VTP	166	360	*488*
Pharmacotherapy	825	1,116	*2,047*
CT&CS	761	1,058	*1,354*
Urgent Care	579	1,256	*1,828*
FCP / MSK	288	361	*535*
Mental Health	270	280	*535*
Link Workers	202	210	*290*
Other	154	154	*194*
Total	**3,244**	**4,794**	***7,272***
In Year (Over)/Underspend	**175**	**23**	***-2,455***

3.3 At the time of writing, the formal Scottish Government Allocation letter has not be issued to Health Boards / Integration Authorities, therefore it is assumed that existing guidance in relation to annual allocations continues to be relied upon.

3.4 At this stage, many of the programme plans continue to be fluid and dynamic, due to ongoing uncertainties following the Covid-19 pandemic, both in terms of delayed recruitment and project progress as well as the learning opportunities and working practice changes that have been identified. As a result, the financial implications continue to evolve as project plans develop.

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

3.6 As highlighted earlier, VTP contract requirements have been extended and the detailed modelling for full rollout during 2021/22 has not yet been clarified. The increased expenditure includes a high level assumption regarding potential resource implications, however this remains a significant risk.

3.7 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director, as agreed previously, with the monitoring of this budget overseen by the Dundee Primary Care Improvement Group.

4.0 MAIN TEXT

4.1 Context

4.1.1 The IJB has previously considered papers setting out the context and challenges within primary care (report DIJB51–2017, article IX of the minute of the meeting held on the 19th December 2017 refers) and the implications of the General Medical Services (GMS) contract and related memorandum of understanding (report DIJB9-2018, article IX of the meeting held on the 27th February 2018 refers) and the plans for year 1 and year 2. The Primary Care Improvements Plans consists of a Tayside wide Primary Care Improvement Plan (the Tayside Plan) which sets out the high level regional and local improvements. This Tayside Plan is expressed locally at a Dundee level through the detailed Dundee Primary Care Improvement Plan (the Dundee Plan). These plans have previously been discussed and agreed with the most recent plan for 19/20 being on the 25th June 2019 (report DIJB33-2019, article XIII of the minute of the meeting held on 25th June 2019 refers).

4.1.2 This paper details the progress against the actions set out in year 2 of the Dundee Plan, associated expenditure, and details the proposed actions and spend for year 3 (2020/21). The Tayside Plan, incorporating the Dundee Plan, requires approval by each Integration Authority, the Local Medical Committee (LMC) and NHS Board. The Tayside Primary Care Improvement Plan was previously supported and the Dundee plans for years 1 and 2. This report updates these plans and sets out the priorities for implementation in year 3.

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

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

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

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

4.2 Dundee Governance

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

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

4.2.3 Reporting to the Scottish Government is every 6 months for both financial governance and more detailed progress of delivery. A risk category (red/amber/green) is also required on a number of outcomes. A number of additional requests have been received in connection with the financial allocations, and likely projections. In 19/20 funding was changed to give HSCP's the funding they said they would spend, if within their allocation, rather than the allocation as such. This reflects that many areas had initial year 1 underspends carried forward. The expectation is that all of the funding allocated will be available over the 4 years of the allocation.

4.3 Progress

4.3.1 Overall there has been significant progress in year 2 with all 7 workstreams having elements implemented, at least in some practices.

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

- The Fist Contact Physiotherapy (FCP) team who assess for musculoskeletal issues had expanded to 2 clusters, and due to Covid have now expanded to all 4 clusters, (although not at full scale).
- The Pharmacy Locality Team are working with practices and have expanded the range of roles and task they are undertaking on behalf of the GP
- The Care and Treatment Team has rolled out wound care to 3 clusters, and are also testing providing phlebotomy services.
- The Integrated Care Home Team is undertaking a new urgent care role to assess patients in care homes rather than a GP. This has exapdned to include more care homes, and more practices.

- Advanced (and trainee advanced) paramedics are working in now if 4 GP practices to assess people who are acutely unwell at home, when appropriate, instead of GP's. They are testing working across practices.
- The Patient Assessment and Liaison for Mental Health Service (PALMS), led by the psychology team, is seeing patients who present with mental health and wellbeing issues, in practices in 2 clusters. They are also testing an increased skill mix in the team.
- The social prescribing link workers have been able to support all practices, albeit in a different way, with the impact of Covid, rather than the 14 practices they supported before. They are testing a new role in the team, and looking at different criteria.

4.3.3 Workforce recruitment, retention and development has remained a key challenge in year 2. The pharmacy team is one example of this. Recruiting pharmacists and increasing overall numbers as been challenging. New, and more advanced, technician roles have been developed but additional work is likely to require pharmacists going forward. Advanced practitioners, both nurses and paramedics, are in huge demand, and there has been very limited recruitment of fully qualified advanced practitioners. There is interest in training for these roles but trainee numbers are limited by capacity to support and mentor new staff.

4.3.4 Suitable clinical space has continued to impact on service delivery. As noted previously practices have limited, if any, spare rooms. These have been utilised where possible. A number of small projects were identified to upgrade or create space in practices, but this had limited progress due to a lack of technical resource in NHS Tayside. Patients living in the Broughtyferry area are most impacted as neither practice has space. The McKinnon Centre was identified for investment to create 2 rooms which could support this clinical work, but the works have not been completed. The funding identified in 19/20 will not be available in 20/21. Patients' will be able to access services but not locally.

4.3.5 The Covid 19 pandemic has had an impact on services as there has been a focus on key critical areas which were urgent, allowing other staff to be released to support care for those with the virus. General practice have been core to this and have adapted their ways of working to ensure that those who needed urgent care received it, while those who could manage and monitor their own conditions have been supported to do so. Teams have increased their use of technology to support people, including an increased use of video calls for consultations. More support has also used the phone. Reduced presentations to practices has allowed some teams to expand to support more practices than would otherwise have been possible. Other teams, including the paramedics supporting urgent care, have been prioritised to work in the core Scottish Ambulance Service. The care and treatment services team reduced workload demands in some areas, such as post op wound care, while developing the team to allow them to support some urgent needs, like bloods, while also carrying out care in peoples' homes who were shielding, but where the patients would normally have gone to the practice. This allowed a robust model to be in place so that if a practice had a significant reduction in staffing due to covid the patient care would not be negatively impacted. Reception and admin staff have enhanced their skills in assessing and triaging by phone to ensure people are seen by the most appropriate clinician, an ambition of the primary care improvement programme. It has also influenced peoples' perceptions of how care can be safely and appropriately delivered. The overall impact is that some changes have been enhanced while others have been delayed. This creates both opportunities and challenges for the rest of 2020/21. The plans set out below assume that there is not a further peak of Covid 19. If there was these plans would not be achievable.

4.4 Plans for 20/21

4.4.1 Plans for 20/21 were well developed by February, highlighting the need for key decisions around the priority for development in year 3 given the challenge of funding at scale in year 4. The pandemic has disrupted those plans as noted in section 4.3. Work stream leads have been revising their plans and this is reflected in appendix 1 in the detailed plans.

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

- Tests of change planned for the adult flu programme are not achievable given the current position, and the criticality of flu immunisations this year. However the joint work which will be required to optimise flu delivery .will create learning for the flu programme subsequently. Increased uptake rates and social distancing are 2 of the key pressures for the flu programme for both adults and children.
- Wound care delivery across all 4 clusters consistently, with support for phlebotomy and some chronic disease monitoring. Implement a model of nurse led ear care.
- Further level 1 services for PCT will be tested and rolled out as recruitment and capacity allows. Additional new roles are planned to be tested.
- Expand the delivery of the care home team of advanced practitioners more broadly and review the wider urgent care team, recognising the role of other teams. There is a risk that urgent care will not be available across all practices by March.
- First Contact Physiotherapy Service will increase their sessions to support all clusters, and review demand in light of this.
- The Link Worker team have expanded to include all practices and will review how this can be sustained, adapting their model to do so.
- The PALMS service will continue to develop their skill mix, and roll out to clusters as staffing and resource is identified.

4.4.3 The national and local commitment with in the MOU is to complete the improvements by April 2021, (although VTP has been delayed by one year). Given the scale and pace of change required to implement the improvements, there remains a level of significant ongoing risk. These risks are detailed in section 6.0.

4.4.4 Clinical teams are working with the communications team to look at key messages to highlight the change in how people can access services and who those services might be provided by. There have also been some really positive stories shared by teams. Although there has been coverage of specific developments there has been less around the wider changes. Now that more services are available for most practices public communication, including social media, will be used. Previous concerns have been that people think they can access a service that their practice does not yet have. This is still the case and will be for some time, but the balance is such this can be managed. Plans for this have been disrupted recently due to the impact of Covid and this is likely to continue to impact for some time. However it is key that this is progressed in 20/21

4.5 Next Steps

4.5.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Reporting to the Scottish Government had been on hold due to Covid but it is anticipated this will resume soon. The uncertainty for the remainder of this year is high due to uncertainty of the future course of the pandemic. Plans will be progressed on the assumption that there will not be a significant impact of Covid, and this will be revised if required.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 Risks 1 – 3 were identified in paper DIJB26-2018 and remain current, with some changes to mitigating actions. Risk 4 is an additional risk which has been identified. More detailed operational risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group. More detailed risks are noted in appendix 1.

Risk 1 Description	There is a significant risk that Dundee may not recruit or develop the workforce to deliver all of the commitments in this plan given the scale and breadth of the plan. This applies across a number of professions, including pharmacy, nursing and Allied Health Professionals (AHPs). This will directly impact on the delivery of services described.
Risk Category	Workforce, operational
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	All services are planning with this risk at the forefront and looking to maximise skill mix as much as possible to reduce this. Longer term national work to provide increased undergraduate training will support this but not within the timescales of the 3 year plan. The most significant risk currently is with pharmacy teams and advanced practitioners. Advanced paramedics may no longer be available but we continue to explore employment options for this group.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 16 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk that we will have inadequate infrastructure to support the delivery of the Plan, both in terms of IT infrastructure and systems, and buildings/premises. This risk remains but the premisies risk is now greater than the IT risk.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	The test of change for IT infrastructure has been positive and will be rolled out at scale. This reduces the risk for IT and data. National data sharing agreements also have supported progress. However there still needs to be adequate hardware investment. (Some funding has been identified form NHS Tayside.). There is an ongoing, and increasing, pressure for space to deliver services from. Planned minor works with capital allocated by NHS Tayside only progressed in one building due to lack of technical support for this. The impact of covid and requirements to both reduce footfall and ensure safe environments for staff and patients mean that there is less space which can be accessed than previously. This is already impacting delivery and there have been a number of complaints linked to this issue. We will explore options to look for further support and investment for premises.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 – Extreme
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan, and that resource will have to be identified from other sources, or services will need to be smaller than anticipated. This will impact the scale and pace of roll out of services across the city. The impact of covid has reduced the risk for 20/21 as a number of developments have been delayed, but the longer term risk remains the same. The risk levels are unchanged since the last report.
Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	Other sources of funding will be identified as opportunities arise. Finance is a key component of planning and ensuring the most cost effective models are progressed. Where models with variation in costs are tested in different parts of Tayside there will be a judgement made as to cost effectiveness of these models prior to roll out.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 20 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 Description	The current Covid-19 pandemic has delayed aspects of implementation of the PCI plan locally and increased further the risk of the commitments in the MOU not being achieved by March 2021 as planned.
Risk Category	Operational, Political
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	There are limited actions that can be taken at this time point to reduce this risk given the uncertainty of the future occurrence of the coronavirus.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring -16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Clinical Director, Chief Finance Officer and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group has developed the paper.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 4th August 2020

Shona Hyman
Senior Manager
Service Development & Primary Care

David Shaw
Clinical Director

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB36-2020
2	Date Direction issued by Integration Joint Board	25 August 2020
3	Date from which direction takes effect	25 August 2020
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB45-2018 and DIJB33-2019
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction	The provision of premises and the implementation of IT systems by NHS Tayside as required by this Direction are not specifically funded from the IJB budget.
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly,) by the DPCIG
10	Date direction will be reviewed	March 2021 (or earlier if required)

APPENDIX 1

Dundee Primary Care Improvement Plan 2020-21

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

The impact of the coronavirus pandemic came late into the financial year so had a limited impact on the delivery and progress in 19/20. However it has significantly impacted on what will be delivered in 20/21. Plans are being constantly reviewed as the recovery phases evolve. In some cases the current pressures have created opportunities and changes which have had a positive impact on the changes being progressed, while in others it has delayed or changed delivery in a less positive way. The plans noted below reflect the position in July 2020 and will inevitably change. All the actions noted for 20/21 are on the proviso that there is not a further peak of Covid19.

A summary of each of the areas is noted below.

1. Vaccination transformation programme (VTP)

VTP is a regional programme and Dundee Health & Social Care Partnership (H&SCP) supports the NHS Tayside commitments. Immunisations for children and pregnant women have now transferred to the childhood immunisation team and midwifery teams in totality. The flu programme is more complex, partly due to the seasonal nature of the programme, with most immunisations being delivered over a 3 month period. The original plan to test adult flu in Dundee did not proceed for a range of reasons but a pilot did happen in one cluster in Angus and the learning from that will influence further development in Dundee. The final model for adult flu (and other adult immunisations) in Dundee is not yet clear as developing a very short term workforce is challenging regardless of where this sits. National work on travel services is awaited to inform this area of care.

This area of delivery has been impacted hugely by Covid 19. The implementation phase for the transfer of services has been changed to March 22 rather than 21. There is significant work to plan for a much larger flu programme than normal, which will be led by practices, because of their expertise in this area, and supported by HSCP's. The initial tests planned for this year will not progress in the same way. But there will be a lot of innovation and learning. It is anticipated that there will be a higher uptake than normal for those offered flu vaccine, and additional groups may be added. The staff group for flu vaccination is also being expanded and a more integrated approach across the HSCP, including third sector (care homes) is being developed.

2. Pharmacotherapy Service

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

workload and experience from other areas in Scotland has led to a revision of the projections for numbers required to fully deliver the service as specified in the GMS contract document and it is now thought that a much higher number of staff will be required. Projections for full rollout have therefore increased, and the key risk factor, in addition to finance for this, is an ability to recruit to the increased number of posts. A number of new roles have been developed with a Band 6 technician post, a career start pharmacist post, and a new pharmacotherapy assistant post all to be tested. The learning from all of these will influence the ongoing development.

3. Musculoskeletal (MSK) services/First Contact Physio

There has been positive development in year two for the service with 2 clusters now being supported by First Contact Physiotherapy. Plans were in place to roll out to the remaining two clusters in 20/21. However due to the Covid 19 pandemic the service agreed to expand across all clusters. Capacity in the team has not yet been recruited to to meet the increasing demand for this so there is a partial service in place across all the practices currently. The test of Vision Anywhere has worked well with FCP service. Posts will be filled by autumn 2020 with an increase in sessions. The skill of reception staff to be able to assess the presenting complaint for patients and which service could best support their needs is critical to the roll out of FCP as well as a number of other services. The work within PASC, and with Covid which has used a high level of phone triage, has supported some of this skill development. A review of demand for the service will be required as it is not clear if the planned capacity will meet demand.

4. Mental Health services/PALMS

Dundee H&SCP have tested initial assessment and triage for patients presenting with mental health issues using the new PALMS (Patient Assessment and Liaison Mental Health Services). In year two it has expanded from the initial 2 practices to roll out to the remainder of the cluster. The exception is Taycourt which we hope to be covered by end of August 2020. A skill mix has been introduced as knowledge of the role required has been gained. Further skill mix is planned with a range of psychology staff and mental health nurses delivering this. As part of this work pathways of care are being reviewed and how referrals across the system are made to try to streamline and simplify where possible, increasing the access to the right services first time. A review and report of the first 6 months in 2 practices has been completed and that information is being used to develop the service. One year report is currently being produced to provide additional information to inform the roll out of this service to Cluster 1 practices. This will be compared with alternative models in the other areas of Tayside and based on this broader perspective the model will be rolled out across other practices/clusters as capacity/ funding is available. There is likely to be a significant challenge for workforce development/ recruitment of this aspect of delivery, regardless of the professional who does the initial assessment. We are therefore unable to commit to full roll out in 3 years. This area of delivery links to developments within mental health, and is linked to funding for Action 15 of the national Mental Health Strategy, and is aligned with the link worker programme. It is anticipated that the impact of the pandemic on mental health and wellbeing will be significant for many individuals and create demand on general practice and the PALMS team.

5. Link workers/social prescribing.

The existing link worker team have remained in post in 19-20 funded this year by some core funding, PCI funding and Action 15 money. There has been one practice added to those supported, although a range of staffing issues has seen a reduced service in some practices. The focus of the team remains on mental health and wellbeing, and inequalities focussed. A tiered model of delivery of social prescribing is expected going forward so that individually practitioners can signpost to a range of support, and support can be offered by a team with a range of skills in social prescribing. The team is likely to change in its composition in the next year (20-21) as a new role of associate practitioner is developed. (This role is already well established in Keep well.)

In response to the changing demand in practices during the pandemic the team have expanded to offer support to all Dundee practices. This has been welcomed. The team are now reviewing how this model will best support people going forward, given the overall capacity in the team is unchanged and the significant impact on life circumstances for many people in Dundee of the pandemic, including on employment and income..

6. Urgent care.

Dundee H&SCP have developed 2 aspects of urgent care supporting those living in care homes, and those at home. The former is currently delivered by advanced nurse practitioners as part of the integrated care home team, the latter by advanced, (and trainee advanced) paramedics. The initial 1 WTE paramedic has increased to 2 from December 2019, but this still only supports some of the home visits requested in the current cluster. Given the level of expertise for this role and the length of time to train new staff to this level, it is unlikely that a fully implemented service will be delivered in 20-21. It was anticipated that all practices will be supported by the care home team by the end of 20-21and that all practices who have care home residents would therefore have some support for urgent care.

The pandemic has had a significant impact on care home residents and those supporting their care. It has also reduced opportunities for training and so is likely to delay the roll out of this model. The advanced paramedic and trainees have also been withdrawn by the Scottish Ambulance Service during this time to focus elsewhere and it is unclear when they will return to this area of work. This has therefore created an increasing risk for delivery.

7. Care and treatment services

Dundee H&SCP have built on the work and experience of current teams to develop new roles in care and treatment. There has been good progress in year 2 with recruitment of key staff and the integration of teams to develop a wider service in which care and treatment services sits. It has been relatively straightforward once staff are trained and space is found to deliver the wound care element of the programme. However taking bloods has been more problematic for a range of reasons. This is now developing but there are ongoing issues including linkage to secondary care who currently request practices to do blood tests for them. The initial plan for ear care has been changed as the ability of a trainer to be released has not progressed and rather than further delay microsuction the plan in now to rollout nurse led ear care using ear irrigation. There are ongoing challenges due to the limited number of sties that services can be delivered from and without the development of adequate space this service will not progress.

During the pandemic the team have changed their role to support patients and practices by providing a broader range of services, but to a small number of people who had urgent care needs. The team also supported those who needed to shield so they did not have to attend practice by seeing them at home. These changes to service delivery have given new opportunities for learning and change, and this is being reviewed to influence plans going forward.

8. Premises, infrastructure and IT systems

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

could be utilised/used differently. This work should have progressed in 19-20 but for a range of reasons it has not. It does need to progress, along with a wider property strategy for Dundee, to allow a number of services, including primary care, to be delivered to people in a suitable way.

A small number of premises were identified in Dundee which required some investment to upgrade these to allow them to be used for the delivery of a range of services sitting with the PCI workstreams. Technical expertise was required to scope the detail and cost of this to allow the building works to happen. This technical resource has continually not been available and so projects were not progressed. Only one of the planned projects was completed. The capital which had been allocated to these projects is not available in 20/21 and it is unclear if there are any other sources of funding to allow this work to progress.

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

There has been positive progress in relation to information in 19/20. A local data sharing agreement was developed and all practices in Dundee supported this. This allowed the use of Vision Anywhere in a federated model, to progress. Dundee was a significant part of the test of change which was evaluated with FCP, care and treatment services and both aspects of urgent care, involved in the test. Overall the test demonstrated that the system could support most of the requirements of the services, but not all. It has been agreed to roll out the system further and the implications of this are being reviewed and planned for.

The pandemic has encouraged an increased use of other methods of clinical assessment and care delivery with an increased use of telephone and video consultations. It has started to change people's perceptions of the usefulness of this, and will influence care delivery going forward. The FCP and PALMS teams have both used this widely during covid.

9. Workforce planning and development

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

Much of the focus of the plan is on roles which can work alongside GP's, across a wide range of professional groups. This is clearly detailed in the Tayside plan, and is detailed in the action plan noted here. However we need to consider how this works alongside wider developments, especially for our local workforce, in Dundee. There are ongoing challenges with recruitment and development of the workforce, especially for advanced practice roles. The development of advanced practice roles, for nursing, paramedics, and AHP's is less well established in Tayside than elsewhere and so the capacity to train staff in these roles is limited. This then impacts on service delivery.

In 19/20 work steam leads have developed workforce plans, and these are incorporated in to broader service plans that the teams sit within. There have been particular challenges for some professional groups including for a range of pharmacy team roles, and also for physios. Work stream leads are creatively looking at how to fill gaps and maximise the use of a range of skills to allow models to progress.

In the later part of 2019 and early 2020 there have been more detailed discussions with regards to TUPE. This will progress in 2020. The full implications of this are not yet known.

It is recognised that locally practice nursing teams, especially at lower bands, are feeling uncertain about their future, despite reassurances that they are key to delivering services going forward. There are a number of training opportunities available to staff, and opportunities to develop roles.

10. Sustainability/scalability

Developments need to be both sustainable and achievable at scale. This is challenging for some aspects of the workforce in particular. However if we do not set off with a vision we will never achieve the degree of progress we require to support care in the most effective way longer term. We will continue to build on tests of change, aiming to increase the scale and pace of change in year 3 and into year 4. Current planning has identified that there is not adequate resource to deliver at scale. This has been revised in January 2020 and a gap of around £2.4 million has been identified for Dundee, if the MOU is implemented fully, as it has been interpreted locally. A number of possible resources may help to reduce the gap but it is unlikely this will be neutralised. The implication of this is that those aspects of the MOU/GMS contract which are less prescriptive will need to be scaled back from the original plans. This in turn will affect how much workload is moved from GP's and practice teams. If additional funding is secured it would allow wider workload shift. Given the current financial climate this is challenging.

11. Practice staff and team development

- Practice admin roles are being developed as new roles are tested supporting a range of the new services. This includes a key role in supporting care navigation – getting patients when they phone to the best professional to provide the care and support they need, in a timely manner. A range of training has been provided and 8 of the practices are involved in the current Primary Care Admin Staff Collaborative (PASC) being led by Health Improvement Scotland. This work also focuses on workflow processes to reduce GP time spent dealing with documents. PASC has been put on hold due to Covid. In parallel however many practices have developed their admin and reception staff roll to manage calls in a new way.
- As new services develop and expand they are working closely with practice teams to establish good communication. This is key when many of the services are not co-located with the practice, due to space issues. There is however still a gap as to how to effectively work across teams, and create a cluster focused around people who require to use services.
- There are a number of key challenges in creating a team in this context given not only space issues, but how to create teams which can work efficiently in communities when practices are based in clusters. A good example of this is the urgent care test for paramedics where covering several practices means a large geographical area, and inefficient use of time, particularly once scaled up. This will need to be explored more, in the context of limited resources, (people as well as finance), as the team expands in year 3.

12. Evaluation

A range of audits have been undertaken to help inform developments and progress. A number of teams have also completed patient experience surveys, and also in some teams feedback from staff. A framework for evaluation is being developed and a number of specific pieces of work are planned to inform how we further develop in year 3.

13. Communication and engagement

Progress with communication across the programme has been limited in 19/20. However the roll out of services has reached a stage where more people will actively see services which impact on them changing and this needs clearly communicated. The communications team is working to develop key messages around these service changes and how they impact on people which will be shared widely in a range of ways, including social media.

Teams continue to involve people in how they develop and implement their service. Feedback has been key to changes to date from all stakeholders. More formal evaluation work will also inform this going forward. Wider engagement work to involve people in further changes will have an increasing focus.

14. Funding

There was a significant underspend in year 1 of the programme, as the focus was on developing new models of care and testing in limited scale projects, prior to spreading these across the city. The expenditure has increased significantly in year 2 with almost £1million more being spent than in year 1. The projected expenditure is similar to the allocated income for the year, but due to under spends in year 1 there will continue to be an underspend overall which can be used in year 3. As noted elsewhere the revised plans completed in Jan 20 suggest a shortfall longer term of £2.4million. This has led to close scrutiny of the models being used, to assess their affordability against their cost. It is still realty early to be able to have the breadth of data which would be required to draw any strong conclusions as to cost against benefit. Given the focus of the work is to support people to access a professional with the key skills to assess and manage their care, instead of GP, it is reasonable to have a step wise approach to that, with the most skilled professionals developing services initially. This may evidence that a wide skill mix, and hence reduced cost, could be achieved, but this shouldn't be assumed. GP's have vast skill in both assessment and diagnoses, but also in managing risk, which is not the norm in other professional groups.

Table 1

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
Vaccination Transformation Programme (regional approach)	**Actions completed** Pre-school flu transferred for 19/20 flu campaign Mop up of primary school flu from practices completed Midwifery team now delivering flu for pregnant women **Actions outstanding** Flu for over 65's and under 65's at risk to be tested in one cluster in Dundee	Adult flu pilot did not proceed due to concerns about information and workforce. Angus pilot did proceed and will inform 20/21	Daniel Chandler	157	Delivery of adult flu and other adult immunisations for both over 65's and at risk groups. This will no longer be progressed as planned. The HSCP will work with the VTP team, and practices to ensure a joint and coordinated approach to flu vaccine delivery to maximise delivery and uptake. National development of IT systems to support this to be progressed, with local solutions sought as an interim measure. Travel health will not be progressed in 20/21 Significant resource will be required to plan and coordinate the flu programme locally, including an increased staff group, but this is not directly part of the PCI plan.	166	Ongoing issues with information systems and ability to share/record data in a timely manner. The range of information systems used to support vaccination programmes has a negative impact. Risk that lower uptake rates with any change could increase risk of a major outbreak longer term. However it is expected there will be a high uptake rate in 2020/21 due to covid. Ability to identify staff to deliver the flu vaccine over a short time period (ie traditional recruitment will not work as required for 3 months) No clear model yet for travel service and immunisation will cause delay in developing models locally. This will be an issue for 21/22 now rather than the current year.
2 Pharmacotherapy services	**Actions delivered** Roll out of initial level 1 work completed although slightly		Jill Nowell/ Elaine	352	Processing of all IDLs, outpatient and non medication requests, medicine shortages, review of specials, compliance reviews in	825	Recruitment of trained pharmacists, and technicians, has been an ongoing issue. There is an increasing pressure because

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
(regional approach)	later than the planned July date (immediate discharge letters) **Actions partially delivered** Roll out phase 2 of level 1 work, out patient letters and ad hoc queries, started but limited roll out.		Thomson		own homes, formulary compliance/prescribing indicators, and support for medicine safety recalls will be delivered to all practices. Acute prescribing requests, pharmaceutical queries and non clinical medication reviews will be delivered to all practices but probably not fully unless adequate numbers of pharmacists and technicians can be appointed and trained. Test "career start" type of post. Test pharmacotherapy assistant post and expand if successful. Test a "Hub" model to maximise the support across practices from a pharmacy locality team, linking with colleagues in Angus initially. Continue to explore working with Community Pharmacy to ensure appropriate resolution of issues such as shortages, promote serial prescribing, and maximise access to clinical expertise of community pharmacists e.g. patient queries relating to medicines, use of Pharmacy First.		of the national development of this service where all boards are looking to recruit pharmacists. The locality pharmacy team is an integral part of general practice and has been for a number of years. Covid has changed the demands for the type of work required and some of the areas that sit under PCI have not been feasible or required in some cases, (such as a small number of discharges).

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
3 Musculoskeletal (MSK) services First Contact Physio	**Actions completed** FCP now in place across 2 clusters with a plan to gradually roll out to clusters 2 and 4 at the same time MSK team skill mix and roles reviewed to support new role in team going forward Recruited additional staff so that 3 WTE physios in post by end of 19/20 Completed test of change with proposed IT solution, as part of wider test of change for Vision Anywhere. Successful for FCP service. **Actions partially completed** Some evaluation complete but the impact on other parts of MSK pathway, and assessing the level of resource released (if any) in the pathway has not yet been completed	Year 3 posts were brought forward due to slippage but were unable to fill all the posts this year .	Matt Perrot	150	Recruit to outstanding posts to allow expansion to all 4 clusters. Complete a further data collection to assess impact of FCP on GP appointments. Identify a method to assess if demand and capacity are balanced. Review impact of FCP on other parts of service. Work with practices to increase uptake in practice where there are lower utilisation of appointments. Continue to work with e-health colleagues to develop Vision Anywhere for FCP, including new aspects which will be rolled out as part of implementation of phase 2. Patients experience survey (by questionnaire and interviews) planned the FCP service early in 20/21 to evaluate and influence development.	288	Developing skill mix in teams who are not based together, and where practitioners may be the only person in a team working from a specific location. Providing a service which can replicate the accessibility of general practice for acute presentations will be challenging 5 days/week, 52 weeks/year Lack of identified permanent space, particularly within cluster 2 locality, specifically Broughty Ferry. Patients will either receive no service or will have to travel to other parts of the city The evolving role of practice reception staff as care navigators is key to effective utilisation of the FCP service.

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
4. Mental Health services	**Completed actions** Recruited additional posts within the psychology team, but at different bands, to start to establish the level of skill mix required to support this across Dundee. Have considered the requirements based on practice size, experience to date and how develop a model to meet demand on a sustainable basis, have projected revised workforce requirements. Delivered training to practice admin staff to increase skills and confidence in asking questions which allow the person to see the best clinician for their needs. Listening Service maintained in all practices (with Action 15 monies) except in one practice with no space. **Actions partially completed** Have agreed how to deliver the service when no space in practice and needs to be a community based model. Not yet tested	There have been delays with a number of the staff appointed being released from elsewhere in the system, and therefore not rolling out the service as quickly as planned. There have been delays in both nursing and psychology component of this. Have appointed to more posts than anticipated but not managed to have these staff in place. Clinicians moving post will delay recruiting for their replacement, as the post will have to go back to advert.	Arlene Mitchell/ Linda Graham	81	The PALMS service will have rolled out to a second cluster and is aiming to also have involved at least part of a third cluster (depending on the size of the clusters.) This will be completed by end of May and will roll out to all cluster 1 practices and to one cluster 2 practice. Cluster 4 should be closed off by end of August – however due to some staff upcoming absence this might create temporary gaps in delivery of the service As part of ongoing review assess the level of skill required for a mental health practitioner as first point of contact. Continue to link with services being developed as part of wider MH and WB work, including those funded via Action 15, to ensure that people are supported by the most appropriate professional. Test a Hub model for PALMS as there is not space to have PALMS within practices across the city. Continue to develop and influence pathways for those with MH and	270	Recruiting skilled mental health professionals, even with an increasing degree of skill mix, is challenging. Sits with wider work to support action 15 of the mental health strategy and requires to be integrated with that. This also creates a number of opportunities to consider pathways of care more broadly. Space in practices is an issue for this service in particular as a key component of face to face support of professionals in the practice team around mental health care delivery. There is a risk that the focus for Mental Health services created by the Independent Inquiry may impact on services in such a way it is more difficult to implement the PALMS service, despite the fact that this is a core component of the Dundee MH & WB Strategy. Angus and Perth and Kinr5oss have a model which uses staff working at lower grades. There should be sharing of learning as to how people can best be

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	Completed the evaluation of the pilot of PALMS, including assessing how much work has shifted from GP's, patients perception of the service, value of wider support provided by the PALMS team to clinician, and onward referral impact				WB issues to ensure they get to the right support as early in their journey as possible. Complete the year 1 report based on initial 2 practices.		supported by a range of skilled practitioners.
5. Link workers/social prescribing	**Actions completed** Service maintained to 14 practices (although there have been periods when referrals have been on hold) and expanded to one further practice. A review of skill mix in the team and has been undertaken and a	A new model has not yet been tested in practices with different skill mix and criteria due to limited change in team.	Sheila Allan	153	Due to covid telephone support likely to be a feature for remainder of year - exploring Near Me and other platforms for consultation - expanded into all practices in Dundee; review at end August 2020 - accelerated Test of Change activity due to Covid 19 e.g.	202	Changing the skill mix of the team may have a negative impact on service outcomes. Local directories can build on both national and local systems, but needs adequately supported/resourced . Welfare rights team are working with a number of practices but a number of competing priorities

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	new role developed and advertised. . Have worked with the PALMS service to test them acting as referral route to LW **Actions partially completed** There has been no significant change in relation to local directories which meet the needs of both professionals and the public. There is national work by NHS 24 and McMillan which are looking to support this on a once for Scotland basis. Support practices to consider role of staff in signposting and referral, based on test work in one practice There has been limited evaluation of any changed criteria as there has only been one practice testing this. **Actions outstanding** Develop a new model to allow the team to work with a wider				telephone support. Other identified ToC on hold - identifying key referrers such as reception staff, practice nurses, mental health/ PALMS - reviewing role of support worker - reviewing learning from national evaluations reports - participating in and learning from other developments such as local and national directories; mapping provision of support more broadly re changes due to Covid 19		mean that this is not feasible for all practices. Covid has created a huge demand on this team which will be ongoing for some time. The expansion due to covid to all practices may create a demand which cannot be met given the impact on heath and wellbeing of the pandemic.

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	range of practices, who currently do not meet the criteria for the team based on the practice deprivation profile, recognising the challenges this brings in potentially diluting the impact of the team in current practices.						
6. Urgent care	**Actions completed** Pathways of care for frail and older people who are supported by ECS/DECSA continue to be reviewed and evolve Test of change with specialist paramedics working in one practice completed and agreed to move to stage 2. **Actions partially completed.** Additional ANP posts were not filled but trainees have been appointed. Not yet working at full capacity as in training posts. Test started of (trainee) advanced paramedic model across a cluster, developing an infrastructure that supports that. However at this stage it is across two practices and not across a cluster. It is still not		Shawkat Hasan/ Jenny Hill	125	Recruit to nurse consultant post Recruit further Advanced practitioners from a range of professional backgrounds. Assess pathways and skill mix to ensure people are seen by the person with the right skills. Work with e-health to develop information systems that support managing the increasing workload in a way which supports urgent care team delivery. Liaise with OOH service around considering joint posts and training. Review if current training for advanced practice is appropriate for the developing service, and link	579	There is limited availability of specialist paramedics, ANP's, or a nurse consultant, who can undertake this work. These may need to be developed as trainee roles initially which will delay implementation to the degree planned. There is significant demand for roles at advanced practice level in a range of settings, including practices, out of hours and core ambulance service. This demand, alongside the pressures created by Covid, create a risk that there may not be any advanced practice paramedics available, which will significantly impact on the progress of the planned model. NHST does not have a well developed infrastructure to support the development of

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	able to deliver the capacity to meet demand. Working with colleagues in OOH and SAS to consider how we best use our skilled workforce to support urgent care, such as considering joint posts and training. Agreement that we progress this but no specific action agreed at this time. **Actions not completed** Continued to develop a model of urgent care with practices and roll out to 2 clusters. There have been delays in developing a role for nurse consultant post and this is not in place.				across Tayside to progress this if not. Roll out urgent care to further clusters – degree to still be determined due to competing demands and impact ton training Continue to work towards ensuring that pathways and transitions for patients are managed as effectively as possible, by linking teams who focus on this area of care.		advanced practitioners in the numbers required to support PCIP, across workstreams. However urgent care is the area most reliant on this.
7. Care and treatment services	**Actions completed** The redesign and integration of the teams identified to makeup the care and treatment team going forward is complete. Have recruited successfully to all posts advertised, although		Beth Hamilton/Gail Andrews	355	Develop model for phlebotomy further and roll out to all clusters. Implement model for nurse led ear care.	760	Availability of space in community/health venues, and general practice, will limit how we can develop the expanded MDT as described in the contract. The numbers of staff to shift all key areas seen as part of care and treatment services is such that the roll out of the service will be

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	the skill mix has evolved over the year as learning on demand has increased. **Actions partially completed** Test started for a model for delivery of phlebotomy, recognising the need for local access for people to this frequent service. The aim to shift around half of bloods currently undertaken by practices by end of year 2 has not been achieved. We have a relatively small test underway in 2 clusters. Wound care has been rolled out to 3 clusters, but not all 4 as planned. However leg ulcer care has been rolled out and there has been investment to meet the increased demand for this. Work has started to develop models of care for additional areas of care, such as cryotherpay, and spirometry but is in its early stages. **Actions outstanding**				Work with colleagues across Tayside to consider how those tests requested by secondary care but currently carried out in practices can be transferred safely, with appropriate governance in place, has not progressed. Build on learning gained by dental team who have provided a service during covid. Review other areas of potential delivery for care and treatment, and develop effective models to deliver these locally. Eg cryotherapy, spirometry, if thought to be affordable Work with colleagues from HR, and across Tayside to assess who in general practice is impacted by the shift to new models of delivery and should be considered for TUPE. Ensure this is done fairly and consistently. Work with colleagues in e-health to find effective solutions for those areas of care that Vision Anywhere cannot provide – e.g. task management, storing and sharing photos		constrained by space rather than staff. This is currently a specific issue in the Broughtyferry area, but is also impacting on how locally we can deliver services for people. People are feeling in some cases they have a poorer service after the change patients form this area are likely to have to travel unless a solution to space is found.. TUPE – need a clear process to manage this and ensure staff are given appropriate opportunities.

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	Work with colleagues across Tayside to consider how those tests requested by secondary care but currently carried out in practices can be transferred safely, with appropriate governance in place, has not progressed. A model of ear care had been agreed but the training support from secondary care has not been released and so the model has had to be reviewed and delayed.						
8. Premises, infrastructure and IT systems	**Actions completed** An informal survey of existing primary care facilities to identify underutilisation of accommodation which could be used was completed. A number of small projects were identified to develop clinical space. Only one of these was completed due to lack of capacity in the technical team required to support this within the property department. This should create		Tracey Wyness/ James Henderson	31 (IT) 46 (capital for building – not PCIF)	Work with practices to identify if there is underutilised space which could be used for clinical service delivery with small investment of resources. This will inform any decisions re further SG investment at a local level for premises. Review longer term plans and develop a Dundee Primary Care Plan for premises. Work with colleagues in NHS Tayside property teams, and PC	40	In year 3 we are unlikely to be able to expand the delivery of a number of services as we have been unable to identify adequate space that is fit for purpose either in general practices, or other community based buildings. There is a specific issue in the Broughty Ferry area of Dundee. The lack of community hospital infrastructure in Dundee gives very limited community space. Requirements due to social distancing have increased this issue in some cases.

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	clinical space for services linked to the PCIP, such as care and treatment services, FCP etc. The Dundee team have worked really closely with e-health colleagues to test Vision Anywhere and to assess its impact. It has been agreed to roll out beyond the test, recognising it does not meet all the needs for all of the services involved. **Actions partially completed** The redevelopment of the Lochee building was almost complete by March, with signage delayed due to Covid.				Department, re a range of actions which will inform premises planning, including surveys which are being completed for practices. Work with colleagues in e-health to roll out Vision Anywhere (VA), and test new functionality which is expected over the coming months, including reporting for clinical outcomes. Where there are gaps in what VA can deliver work with colleagues to identify how these can be managed. Work with colleagues in NHS Tayside, Dundee City Council and the 3rd sector to develop a plan for future development of primary care sites, including general practice and health and community care centres, based on the premises survey to be undertaken, and building on the Dundee H&SCP Property Strategy, once completed. Work with clusters to consider boundaries for general practice to ensure all areas of the city have adequate access to general practice and care and treatment services, recognising that teams		Funding any new building requirements is likely to take a number of years, if it is possible at all. A number of premises have been identified that could be adapted to provide services from but they also require some funding, although in some cases this is not high. However there are no Dundee practice buildings in the capital plan for this year. If there is not a comprehensive way across the city of indentifying space some residents will have a much poorer service in relation to access than they may have had if their practice were still delivering the service. It can not be assumed that space will be freed up in practices as the time spent in activities that are being moved to other teams will be replaced with different activities with in the practice, which will require space/premises. The use of technology has a stronger base in some clinical

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	However some of the planned tests of change have not progressed. It has proven impossible to source a patient check in system which can work across all practices in Dundee, and use 3 different appointment systems. A number of practices have agreed to support the roll out of national scale up of Flo to support BP monitoring. However the actual software interface required has still not been delivered so this has delayed aspects of this work. **Actions outstanding** Work with colleagues in NHS Tayside, Dundee City Council and the 3rd sector to develop a plan for future development of primary care sites, including general practice and health and community care centres, based on the premises survey to be undertaken, and building on the Dundee H&SCP Property Strategy, once completed.	The building is functioning well as a unified building with high utilisation of the clinical space. The training kitchen is also being used well, although still has capacity. There are still issues around joint use such as stocking rooms and reception functions.			are increasingly geographically based Build on the shift seen with Near me during covid to embed this as an option for care delivery across practices. Work with colleagues in Angus to assess the impact of Flo for BP management once rolled out.		areas than others, and is not widely accepted by all clinicians as useful.

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	Work with clusters to consider boundaries for general practice to ensure all areas of the city have adequate access to general practice and care and treatment services, recognising that teams are increasingly geographically based Undertake a test with Attend Anywhere to assess its impact on GP workload locally. Assess the learning from the use of e-consult on GP's time which will be tested as part of the Lochee redesign. Agree if it is useful to scale this up further.	One practice has agreed to be involved with this but is having issues with band width. So limited progress. E-consult could not deliver a package which linked to the correct information in Scotland so did not proceed. A review is being undertaken of other possible suppliers.					
9. Workforce planning and	**Actions completed** All teams have initially scoped the overall workforce	There is still a variable degree of certainty around the workforce	NA		Develop a shared culture where the focus is on teams who can support people with their health	114	There is a significant risk that we will not be able to develop or recruit the workforce we require to

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development	requirements, and subsequently refined this in January based on learning and demand. **Actions partially completed** Work with HR colleagues to consider innovative ways of attracting new staff has had limited progress. Agreement was reached to fund an external company to develop a specific microsite, but it was put on hold with the introduction of jobtrain in Tayside. Links with wider NHST developments for advanced practice to develop a sustainable model for development of advanced practitioners, has had limited progress. There has been a small increase in ANP's (mainly in trainee roles,) but this has had very little impact on PCI. A number of aspects are now	projections. For example urgent care is less well tested and so more likely to change.			and care, and which communicate effectively in a range of ways, adapted to the range of settings that the primary care team will work from. Work with colleagues leading on developing advanced nurse practitioner roles to ensure we have a clear pathway for ANP training and role development in the context of PCI. Work with colleagues in HR and in practices to assess if any staff should be considered for TUPE. Work with organisational development colleagues to consider how to create cohesive teams, focussed on the person at the centre of a pathway, which also recognises the pivotal role of the GP as a leader. Work with HR colleagues and external consultant to develop a microsite which will attract people to work locally across teams. Evaluate the impact of this site on overall workforce recruitment. Work with colleagues to look creatively at new roles which will		deliver the GMS contract at scale by April 2021. There is competition across teams locally for skilled staff, and significant staff movement can destabilise core teams. For example an advanced nurse practitioner may move between teams within the NHS, or to general practice Positive recruitment to PCI based teams can destabilise other teams in system. This is most apparent in pharmacy where hospital and community pharmacy have both been impacted by the current level of recruitment to primary care. Formal academic and clinical training may both be impacted due to covid, which will delay the development and training of some staff.

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	being led by Dundee to support this agenda going forward. Recruitment has been open to those working in general practice. A number of events have focussed on nursing teams as the nursing staff feel their role is vulnerable, despite their being a range of opportunities both in new services and general practice teams. No formal work has been undertaken to assess if there are staff whose roles are impacted to such an extent they should be offered to TUPE to a new job. Planning is underway for this. One training session has been offered to develop communication skills for reception staff. Further work is planned. A number of practices are also involved in the collaborative being led by Health Improvement Scotland to improve workflow and develop care navigation. This				be seen to attract staff to this area, as they are innovative and attractive Consider in any training and development programmes if a wider range of training experience will help recruit and retain staff locally.		

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	started in December. 8 Dundee practices are participating. There has been continued support for GP recruitment and retention, including the career start programme **Actions outstanding** Work with organisational development colleagues to consider how to create cohesive teams, focussed on the person at the centre of a pathway, which also recognises the pivotal role of the GP as a leader.	This has had some successes with a number of career start GPs in Dundee, but limited other recruitment. There has been recruitment to the 3 2c practices in Dundee which are relatively stable for medical workforce at the moment. A survey has been developed and piloted but changes awaited and so not progressed.		57			
10. Sustainability /scalability	**Actions completed** A significant piece of work has been undertaken to review the project costs to fully deliver the detail of the contract/MOU, as interpreted locally. And also to look at how prioritise resource if no other resource is identified. The modelling which has been undertaken identifies a gap of £2.4 million, 51% above budget. This has been noted in		Project leads/ Shona Hyman	Not costed	Review evidence base for models and the impact they are having as we gain that information to assess if they are effective and efficient. Consider roll out across all clusters and if the service being provided can be fully implemented at scale. Identify other sources of funding which may be able to support the shift of some of the work within		The modelling undertaken to date has identified that the resource from the new PCIF will not adequately resource the scale of change needed to deliver all the services. The focus of the service development has at times been on transfer of work rather than transformation. Teams must ensure they continue to consider how things can be done differently

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	the Scottish Government review. **Actions partially completed** The establishment of services within current structures has increased the management of the individual strands of the programme. However there has been no increase in capacity to manage the overall programme and in fact reduced admin support. **Actions outstanding** Work with finance colleagues and project leads to identify if new services create capacity in other parts of the patient pathway and therefore potentially release resource which can support wider scale up of the services involved. Identify with finance colleagues other sources of funding to allow roll out at scale or clearly articulate the funding gaps as they change.				PCI, recognising that money can not be transferred from practices.		to support people, not just change from one person's job to another.

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11. Practice staff development	**Actions completed** Skills training for reception staff delivered as part of PLT to support communication as part of developing care navigation role. 8 practices are participating in the Practice admin staff collaborative, supported by HIS, taking a quality improvement approach to workflow and care navigation. Number of events held which have focussed on practice nurses, and opportunities moving forward. Nursing roles in care and treatment services have been advertised externally to allow practice nurses to apply.		Various	0	Complete the PASC work and roll out any lessons learned to other practices. Deliver further training and support for reception and admin staff to develop their communication skills linked to the developing care navigation role. Encourage practices to consider how they use nursing skills within the practice, and promote skills development in the nursing team.		There is variation across practices as to how they have historically developed reception and admin staff. This wider role development may have implications for pay scales in the staff group involved, which practices may not feel they can fund.

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12. Evaluation	**Actions completed** Teams are evaluating aspects of their workstream as it develops, and are using this to influence next steps. This includes patients' feedback. **Actions partially completed** There is not yet agreement on consistent patient measures but a framework is being developed to support evaluation. . Colleagues in e-health are aware of the reporting requirements that need to be built in to IT system developments **Actions outstanding** Repeat audits to assess impact of service changes.	Reporting from Vision systems is available for appointment use, but not yet for clinical outcomes. This should be available later this year.	TBA	Nil direct	Undertake audits, both within services and with support from the LIST team, or via VA reporting when it is available, to assess the impact of changes. Work with colleagues across Tayside to share learning and knowledge as that develops, and use this learning to influence change. Undertake qualitative evaluation as well as quantitative to provide more in-depth feedback on both patients and staff perceptions of changes. All workstreams to have a clear evaluation plan in place with timescales for this.		Delays in agreeing a consistent framework may mean that there is a lack of baseline data to measure against. It will be difficult to assign a financial value to some of the changes, so that costs may not be a factor in any decision making on impact and effectiveness.
13. Communication and engagement	**Actions completed** Workstream leads have been proactively seeking patients' feedback and using this to change services as they		Coms team	Nil direct	Teams will share across PCI and with practices methods of effective engagement. Comms team will work with PCI teams to agree key messages and		Lack of programme management capacity has led to limited communication with key stakeholders, including the public.

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	develop. Complaints have also been used. This has been most common in care and treatment services where there have been concerns at lack of access. **Actions partially completed** An outline plan was agreed for wider public engagement in addition to the specific service and practice engagement already taking place. This has had very limited progress due to limited management capacity. **Action outstanding** Agree on a Tayside basis some key public messages around changes to service delivery. .				branding to be used to increase public awareness. Develop information on NHST public website with colleagues across Tayside, linking to social media where appropriate. Use this information on practice websites as well. Work with a range of groups to engage and consult with the public going forward around service delivery, where there are options around delivery. Share examples of how service change has had a positive impact on people who have received support. All teams will create patients stories, considering if video can be used as part of this. Use learning from the PASC care navigation work, and learning from across all workstream, to ensure a coordinated approach to this change and how communicated.		There is no national public campaign which highlights the change to service delivery being seen across the country. Key messages, similar to some of those seen for community pharmacy roles would be helpful. There is a risk of negative feedback from people who hear about new services but who can not yet access them as not rolled out to their area/practice.