



REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 AUGUST 2025**

REPORT ON: **DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB57-2025**

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 2024/25 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2025/26

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress in implementing the Dundee Primary Care Improvement Plan (PCIP) 2024/25 (attached as Appendix 1) and the key achievements as described in Section 4.
- 2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2025/26 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3.
- 2.3 Note that aspects of the Plan which have been directed by the Scottish Government to be fully implemented continue to have ongoing gaps, for a range of reasons outlined.
- 2.4 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.
- 2.5 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund to the Dundee Primary Care Improvement Group as noted in Section 3.7 and 3.9.
- 2.6 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Improvement Plan 2025/26 to a future IJB.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The Plan is supported by Scottish Government funding – Primary Care Improvement Fund (PCIF) - linked to the General Medical Services (GMS) 2018 contract. The spend has increased in 2024/25 as teams have continued to develop services and recruit staff to deliver the services.
- 3.2 A comparison of 2024/25 planned spend and actual spend is detailed in Table 1. And the year-on-year increased spend and service growth is shown in Table 2.

Table 1 2024/25 spend against allocation

	Approved PCIF Planned Spend	Actual Funding / Expenditure
	£'000	£'000
SG Allocation	5,774	5,774
Plus B/F Reserves from 23/24	13	13
Expenditure -		
VTP	482	511
Pharmacotherapy	931	912
CT&CS	1,915	1,950
Urgent Care	926	953
FCP / MSK	554	574
Mental Health	260	298
Link Workers	230	230
Other	488	361
Total	5,787	5,787
Year End Carry Forward	0	0

Table 2 Summary of Year-on-Year actual spend

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
VTP	76	157	171	220	441	482	511
Pharmacotherapy	208	352	494	589	758	769	912
CT&CS	50	355	772	890	1,585	1,862	1,950
Urgent Care	43	125	241	377	690	800	953
FCP / MSK	0	150	255	359	407	527	574
Mental Health	6	81	157	126	246	307	298
Link Workers	0	153	192	192	220	291	230
Other		88	247	201	698	641	361
Total	383	1,461	2,528	2,955	5,046	5,678	5,787

- 3.3 The allocation letter for 2025/26 has recently been received and is in line with expectations. National core funding has increased from £170m in 2024/25 to £190.8m in 2025/26, This comprises funding for PCIF inclusive of previous years' Agenda for Change uplift costs.
- 3.4 There are no reserves from 2024/25 being carried forward to contribute to this year's allowance.
- 3.5 The Planned spend for 2025/26 is noted in Table 3 below, including some further anticipated recruitment where teams are not yet at full capacity. Indicative recurring spend is also noted in this table, based on the assumption that all teams are fully recruited for the entire year.
- 3.6 2025/26 Agenda for Change pay award has been agreed at 4.25%; it is assumed that additional funding will be made available from Scottish Government to fund this, but this is not yet confirmed.

Table 3 Proposed 2025/26 Financial Plan

	2025/26 Planned Spend		Indicative Full Year Cost (Recurring)
	£'000		£'000
SG Allocation *	6,400		6,400
Utilisation of b/f Reserves	0		
Forecast Expenditure -			

VTP	540		540
Pharmacotherapy	1,000		1,355
CTAC	2,172		2,172
Urgent Care	1,154		1,227
FCP / MSK	621		658
Mental Health	325		349
Link Workers	268		286
Total	6,080		6,586
Strategic Earmark / Contingency / (Slippage)	151		(186)
Additional Non-Recurring	68		0
Other **	101		0
Total	320		0
Projected Total Annual Spend	6,400		6,400

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

** Expenditure levels being reviewed, and alternative sources of funding being sought

3.7 Recruitment challenges have been experienced across most teams but remain most significant in Pharmacotherapy. The anticipated slippage in 2025/26 provides some flexibility across the wider funding allocation to continue to fund some non-recurring costs and allow consideration of alternative short-term spend for any other current year priorities. This will continue to be overseen by the Dundee Primary Care Improvement Group.

3.8 The expectation from Scottish Government remains that all areas of the Memorandum of Understanding (MOU) will be delivered but the greatest focus is on three areas as noted in previous reports: pharmacotherapy, care and treatment services and vaccination transformation, and these will become legally required.

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

3.10 There is a gap in the ability to continue previous commitments to support G.P. recruitment and retention as there is no identified funding for continuation of the Career Start Programme for 2025, 2026 and 2027. This creates an additional risk in the Partnership's ability to support sustainability in a practice who are in difficulty. Scottish Government has developed a national Career Start Programme to be trialled in three board areas; however, applications can only be submitted from those areas with an active Career Start Programme in place.

3.11 Local Transitional payments - a payment to general practice for work they continue to undertake that should now be delivered by other teams within the HSCP/NHS Tayside - may be required to practices for the three agreed core areas which could have been implemented from April 2023. No additional funding is available to support this, and any locally agreed arrangements would need to come from the existing PCIF envelope. To date, no Transitional Payment arrangements have been required for Dundee Primary Care Improvement Fund services.

4.0 MAIN TEXT

4.1 Background

4.1.1 The current changes to the GMS contract were introduced in 2018, when a Tayside Primary Care Implementation Plan and a local delivery plan for Dundee were both introduced. There have been a number of changes agreed with the Scottish Government in relation to national expectations of implementation over that time, partly due to the impact of the pandemic. The

initial 3-year timescale was extended for this with implementation for three core areas due to be fully in place by April 2023 (and not 2021 as originally planned).

4.1.2 The IJB has previously considered papers setting out the context and challenges within primary care, and this has set a context for the approval by the IJB of the annual Primary Care Improvement Plan. This paper provides an update to those previous plans.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans:

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

4.1.4 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 (CIAG) supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local subgroups which lead the development of the service areas. Given the breadth of services that sits within this overall context this is broad ranging and a number of these have much wider links.

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

4.2 Progress in 2024-25

4.2.1 Progress is outlined in Appendix 1. Some key points to note are:

- A scoping exercise is taking place looking at areas within CTAC and VTP where there is cross over that will provide an opportunity to maximise the utilisation of staff within the services. This in turn would minimise the number of appointments patients would need. Transfer from practices to VTP within Dundee has been fully implemented. First Contact Physiotherapy (FCP) has continued to enhance the skills within their team, expanding their workforce and future-proofing the skill set within their workforce. Difficulties with premises is causing some limitations to be put on the number of available clinics, this is however not currently impacting service delivery with access to the service being available within 1-2 days of contacting general practice.
- There continues to be limited development with the Pharmacy Locality Team due to difficulty with recruitment and staff turnover as noted in Appendix 1. Work is ongoing to develop a skill mix using pharmacy technicians and pharmacists to support the service within the available resources. This is the area of delivery which is the most detailed in the contract. There remain significant areas of work which have limited or no ability to move to the pharmacy team currently. This creates a gap in a key area for G.P. workload. This is not unique to Dundee or Tayside and there are ongoing national discussions.
- The Care and Treatment Team has continued to expand the chronic disease monitoring it delivers, while some practices continue to manage some or all of this internally, increasing numbers are using CTAC. A review of clinic utilisation resulted in clinics with lower uptake being reduced to enable additional phlebotomy clinics, where there is a greater need, to

take place. The ability to expand to meet the increasing needs are being impacted by premises constraints.

- The Urgent Care Team remains focussed on supporting those living in care homes and all practices and care homes are now supported by this model. Wider work on urgent care pathways continues with opportunities for early intervention across teams a key area. The Urgent Care Team and District Nurses are jointly reviewing the pathway between the two services to ensure smooth transition for patients and clear communication to practices.
- The Patient Assessment and Liaison Service (PALMS) nursing team's staffing issues has improved with cover now being provided to all practices. Development of a hub and spoke model is progressing to provide peer support to staff and address the inequity of service provision across the city.
- The social prescribing Link Workers continue to support all practices. Due to issues with staffing levels, there remains a waiting time of approximately ten weeks to access the service.
- Two practices within the city received grants/funding which enabled them to create more clinical and training space.

4.2.2 Both the PALMS team and the Link Workers are partly funded via Action 15 Mental Health funding as well as PCIF. There has been no further funding for Mental Health in Primary Care and this seems unlikely now to happen. Linked work regarding mental health and wellbeing in primary care is focusing on how the Partnership maximise what it can deliver with current funds, identifying how pathways can be developed that support care, and any key gaps, for both adults and children.

4.2.3 Space in primary care remains a challenge, as outlined in the GP Premises Strategy 2023, previously presented to the IJB, with the latest update to IJB in February 2025 (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 19 February 2025 refers). Opportunities for co-location with practices continue to be sought but with limited progress, due to demands on clinical space. Space in practices is reviewed when opportunities arise to reconfigure underused space to support more appropriate clinical and admin space.

4.2.4 The opportunity for the Care and Treatment model lends itself to a wider community approach including use by services who are based in secondary care, who may wish to use this model to support community delivery of services currently provided from acute settings. Discussions with respect to the creation of a community phlebotomy service are at an early stage. The diabetes pathway has been redesigned and implemented. This has created increased demand for CTAC services. Funding has been transferred to support this change however further development of the service is constrained by limited availability of accommodation.

4.2.5 The funding previously identified for a two-year period to support the development of nursing roles in general practice generated only one further application within 2024/25. No additional funding is available in 2025/26.

4.2.6 A number of practice-based innovations have been supported such as asynchronous consulting systems. Early indications are that this has supported patient access to services for less urgent requests and has enabled practices to manage routine requests. Two practices intend to trial surgery pods, which allow patients to take measurements, such as blood pressure and weight which are then uploaded to the practice system. Final sign off from Information Governance for the use of this equipment is awaited.

4.3 Plans for 2025-26

4.3.1 The Dundee Primary Care Improvement Plan for 2025-26 is detailed in Appendix 1, along with the associated finance. There continues to be ongoing challenges for teams in delivering a consistent service at all times given the limited staffing for many of these aspects of care.

- 4.3.2 The service area which remains with a significant gap between the GMS contract ambition and delivery, is pharmacotherapy. Local and regional actions continue to be developed to try to support this. Creating attractive roles which use the skills of the staff involved is key to this and the current roles are being reviewed to assess how best to support this, while meeting the very detailed specification outlined in the contract.
- 4.3.3 As noted in section 3.11 further guidance or instruction on any transitional payments will impact on progress and finance if it requires to be funded locally.
- 4.3.4 The G.P. IT re-provisioning programme has progressed with all practices who were on the Vision system now on the new systems. The provider has gone into administration, but the company continues to work with all Health Boards whilst a buyer is being sought. This ensures that technical support is available to address any issues that arise. It has however led to delays in implementation of any further new developments. The transfer of the EMIS practice in Dundee remains outstanding although background work is progressing with the conversion process dealing with these issues has led to some of the developments which would more directly support the wider primary care team, not yet being progressed.
- 4.3.5 Our continued work with the citizens of Dundee indicates that understanding of the wider group of professionals in primary care remains limited, with feedback that many people are unaware of these newer services. A Tayside Communication Plan is being developed to further enhance our communication and engagement work.

4.4 Next Steps

- 4.4.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.
- 4.4.2 The continuing staffing gap in the G.P. pharmacy team gives an opportunity to look at how funding can be used on an interim basis this year and next year to support care delivery. A number of options are being reviewed in terms of feasibility, impact for patients and G.P. practices, and if they can be time-limited as there is no funding capacity longer term. This is challenging given the issues with recruitment in some areas, the skills development required for others, or the service pressures that would be created if a new or expanded role was successful but had no long-term funding.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

The risks noted below have all been reported in previous updates but have been updated to reflect the current position. More detailed operational risks will be identified and managed within each service and managed by the Dundee Primary Care Improvement Group.

Risk 1 Description	There is a significant risk that Dundee may not recruit, develop or retain 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, particularly pharmacy, and is impacting on both the delivery of services and the G.P. workload.
Risk Category	Workforce, operational, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme

Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • 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, for example for pharmacists, will support this but not within the timescales of this year's plan. • Local support to develop Advanced Practitioners is underway and a range of tools to support this are in place. However, there is limited resource for further advanced practitioners within the funding for urgent care.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	<p>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 capacity within suitable buildings/premises.</p> <p>This risk remains but the premises risk is now greater than the IT risk as a number of aspects of the IT issues have been resolved. The risk regarding lack of suitable premises remains. The lack of progress for lease assignations to NHS Tayside creates a risk for practice sustainability and delivery of PCIP.</p>
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • The IT infrastructure is largely in place with some ongoing risk and issues but with reduced impact. • Some space has been able to be identified and a number of projects are underway that will create small amounts of additional space. This is not always in the most desirable locations in terms of patients' access. • The NHST property team have made limited progress with space utilisation assessments but are developing a lease assignation process. • The DHSCP property manager will lead the strategic planning of space for the HSCP including practices. • The risk for premises is higher for the wider impact on practice sustainability than directly for delivery of the PCIP workstreams.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 – High (NB this score is for delivery of PCIP and not overall sustainability of practices)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Approval recommendation	This risk should be accepted.

Risk 3 Description	<p>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.</p>
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Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Other sources of funding will be identified as opportunities arise recognising the current challenge this creates. Most services have recruited to the level budgeted for. Further recruitment and delivery could be developed if additional resource could be identified on a recurring basis, and opportunities to do this will be sought. Scottish Government have indicated that the current level of funding is now guaranteed annually (plus additional to support Agenda for Change pay uplifts for recruited staff), with a view towards baselining funding from 2026/27. This gives greater confidence for planning into future years.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 Description	The workforce issues noted above have delayed aspects of implementation of the PCI plan locally. Transitional payments i.e. payments to practices for work they are still undertaking that should have been transferred may be required in 2025/26.
Risk Category	Operational, Political, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> There are limited actions that can be taken at this time point to reduce this risk beyond the actions noted in the risks above. Budgets have been reviewed to focus on the 3 core areas for delivery that will trigger transitional payments, while aiming to not reduce or withdraw any of the other services which have been developed. The Partnership has worked closely with the G.P. Sub Committee and the Local Medical Committee with regards to this. There is wide acknowledgment of the challenges which create the current position nationally.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Planned Risk Level	Likelihood (2) x Impact (4) = Risk Scoring 8 - Moderate
Approval recommendation	This risk should be accepted.

Risk 5 Description	Challenges with recruitment mean there is risk of a financial underspend. This creates a political and reputational risk at a time when general practice teams are under huge pressure, and where there is an increasing demand on these teams including due to supporting care while waiting for secondary care input.
Risk Category	Operational, Political, Financial

Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> An ability to flex and maximise spend in-year noting the likely slippage and turnover, allows the budget to be optimised and minimise the risk of funding being reduced in forthcoming years, noting there is likely to be in-year slippage linked to recruitment and turnover of staff. The change to allocation in 2022/23 which effectively removed the reserves held has reduced the risk of any underspend and has led to the planned urgent care model developments being significantly reduced because of affordability. The change of approach by the Scottish Government to underspends means that there is increased flexibility in use of the funding and the ability to use broader criteria, reducing this risk. Short term projects are challenging with the current financial climate unless they are clearly time limited or can be sustained via wider service redesign. In the context of PCIP this is a limited opportunity.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring 6 - Moderate
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Clinical Director, Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group, which has members from the G.P. Subcommittee/Local Medical Committee has developed the paper at Appendix 1.

7.2 As noted in section 4, there is ongoing work to engage with the public who will use these services, and gain feedback on any improvements that can be made within the seven services outlined in the plan. This is closely linked to wider work to sustain practices longer term and other strategic plans agreed by the IJB for primary care.

8.0 DIRECTIONS

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	X
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 24 July 2025

Dawn Fraser
Senior Manager, Service Development and Primary Care

David Shaw
Clinical Director

Frank Weber
Lead GP

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB57-2025
2	Date Direction issued by Integration Joint Board	20 August 2025
3	Date from which direction takes effect	20 August 2025
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB43-2024
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan and Dundee action plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction	£6,400k
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly) by the Dundee Primary Care Improvement Group
10	Date direction will be reviewed	August 2026 (or earlier if required).

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