



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

REPORT ON: **APPLICATION FOR TRANSFORMATION FUNDING FOR CONTINUITY OF CARE IN GENERAL PRACTICE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB59-2025**

1.0 PURPOSE OF REPORT

1.1 This paper seeks approval of the request for £80k of IJB Transformation Funding to build on previous work by The Health Foundation and to utilise the Royal College of General Practitioner's Toolkit (RCGP) to support 5 practices to sustainably improve Continuity of Care (CoC) within their practice. If approved, these practices will establish and support local learning and share their experience of CoC with other practices.

2.0 RECOMMENDATIONS

It is recommended the Integration Joint Board (IJB):

2.1 Approve the request for £80k funding from the IJB Transformation Fund to improve CoC in light of the wealth of evidence that improving CoC can support general practice to be more sustainable.

2.2 Instructs updates on progress to be provided as part of wider Primary Care update reports to the IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 The proposal is to utilise £80k from ring-fenced IJB Transformation Funding as outlined in this report and Appendix 1 across a 24 month period.

3.2 The IJB Transformation Fund Reserve is currently £1,500k, with £715k previously approved and committed for specific projects and tests of change. Approval of this request will increase this commitment to £795k.

3.3 The anticipated learning and outcomes from the planned work with the 5 practices who will be Change Agents will be rolled out locally and also shared nationally to support general practice financial sustainability as well as improved patient care.

4.0 MAIN TEXT

4.1 The general practice sustainability survey results indicated that the future sustainability of general practice is under threat. Mitigations need to be explored and there is a wealth of evidence that improving Continuity of Care (CoC) can make general practice more sustainable. Relational CoC, in which a patient and their individual GP establish a relationship and build trust over time, has been demonstrated to support general practice in a number of ways. It can positively impact many parameters including demand, patient outcomes and staff wellbeing.

4.2 The request for £80k funding is to support five diverse practices across 24 months to develop the knowledge and skills to provide CoC to a cohort of patients within their practice. These five practices will be the crucial Change Agents for Dundee. Their learning and experience to support other practices to improve CoC across the city, leading, as evidence shows, to better

patient outcomes and practice sustainability. Full details of the proposed approach are provided in Appendix 1.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that not putting in place evidence-based mitigations to support practice sustainability means the sustainability risk of general practices increases.
Risk Category	Workforce, operational, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 Extreme
Mitigating Actions (including timescales and resources)	Evidence points to CoC as a mechanism to support practices by helping with reducing workload, better patient outcomes and improvements to working lives.
Residual Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk practices do not embrace the opportunity to improve CoC.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Mitigating Actions (including timescales and resources)	The engagement of practices will depend on communication which must clearly set out the benefits and assure practices the workload in changing to CoC is being recognised through the support and resources being provided to them.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring 6
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that without support to general practice the presentations to ED increase as general practice is unable to meet demand.
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Mitigating Actions (including timescales and resources)	CoC offers part of the solution as studies shows CoC is associated with fewer acute hospital admissions and lower use of out of hour's services.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk were consulted in the preparation of this report. Member of the Dundee Primary Care Clinical Management Team were also consulted.

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: 25 July 2025

Dr David Shaw
Clinical Director

Jenny Hill
Head of Health and Community Care

Julia Martineau
Programme Manager Primary Care

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB59-2025
2	Date Direction issued by Integration Joint Board	25 August 2025
3	Date from which direction takes effect	25 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)	No
6	Functions covered by direction	Dundee Primary Care
7	Full text of direction	To implement the Continuity of Care service provision as set out within this report
8	Budget allocated by Integration Joint Board to carry out direction	£80,000
9	Performance monitoring arrangements	Through HSCP management team arrangements.
10	Date direction will be reviewed	25 August 2027

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