



AGENDA ITEM NO 12

REPORT NO IJB 66/24

ANGUS INTEGRATION JOINT BOARD

30 OCTOBER 2024

PRIMARY CARE UPDATE

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1 ABSTRACT

This paper is presented to Angus Integration Joint Board (AIJB) to provide an update on Primary Care within Angus and to provide a six-monthly update on the progress made with Primary Care Improvement plans for 2024/25 and with the Angus GP Practice Premises Strategy 2023-2026.

2 ALIGNMENT TO THE STRATEGIC PLAN

This report aligns with the following strategic priorities within the AIJB Strategic Commissioning Plan.

- Priority 1 - Prevention and Proactive Care
- Priority 2 - Care Closer to Home
- Priority 3 - Mental Health & Wellbeing and Substance Use Recovery

3 RECOMMENDATIONS

It is recommended that the Angus Integration Joint Board:-

- (i) Acknowledge the risk to GP sustainability in Angus and the mitigating actions being undertaken;
- (ii) Approve the delegation of authority to the IJB's Chief Officer, Clinical Director and Chief Finance Officer, in conjunction with the IJB Chair and Vice Chair and NHS Tayside's Operational Medical Director for Primary Care to develop action plans to deliver General Medical Services for the patients of Annat Bank as described below;
- (iii) Acknowledge the progress made with the Primary Care Improvement Plan;
- (iv) Acknowledge the position in relation to Premises and progress made to date with the Angus GP Practice Premises Strategy; and
- (iv) Acknowledge that progress will be monitored through the Angus Primary Care Oversight Group.

4 BACKGROUND

Primary Care is often the most frequent point of contact that individuals have with the NHS, and as such plays a crucial role in shaping population health outcomes and for the broader health and social care system.

Typically, people rely on their personal and community resources to manage their health and achieve their desired outcomes. Primary care professionals enhance this process by offering accessible healthcare and support to individuals and families in the community, regardless of their stage in life. Available 24/7 primary care serves both as an initial contact service and as a gateway to a wide range of services.

Relationships between primary care, secondary care, third sector and independent sectors are critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health needs of the population. Research evidence that strong primary care systems are positively associated with better health and better health equity.

For these reasons having a strong and robust primary care system is vital. At the same time Primary Care is facing unprecedented challenges. Recognising these challenges and taking action to support primary care specifically general practice to mitigate the risks associated with the current position in which it finds itself is essential. The following report describes the actions being taken locally to address these challenges as well as some of the risks posed. The scale of the challenge facing general practice mean that this is not something that can be looked at in isolation nor can one Health Board area be expected to solve all the current issues on their own.

5 CURRENT POSITION

The registered patient population in Angus as of June 2024 stands at 114,399, reflecting a steady increase from 112,707 in March 2022. This marks a growth of nearly 1.5% over the past two years, suggesting a modest but consistent rise in patient numbers. This upward trend reflects broader demographic changes, including a growing and aging population, which may be driving increasing demand on healthcare services.

When considering the average patient list size for general practices in Angus, the rise in population adds to the pressure on primary care services. This is particularly important given the associated increase in patient needs related to age-related conditions, such as cardiovascular diseases, diabetes, and dementia, which are prevalent in Angus. The local population is also characterised by an older age profile compared to the national average, with life expectancy relatively high but accompanied by longer periods of ill health in later years.

This demographic shift towards an aging population has significant implications for healthcare sustainability. It not only affects the demand for services but also strains workforce capacity. The 10% rise in GP activity coupled with a reduction in the healthcare workforce further emphasises the importance of addressing sustainability challenges, such as ensuring access to care and managing the increased demand on practices.

While the registered patient population continues to grow, it is accompanied by increasing pressure on services, particularly due to the aging population and related health conditions. This sets the stage for the sustainability issues being addressed, such as the challenges posed by workforce shortages and the need for enhanced access to care.

GP Practice Sustainability

For the past two years Angus HSCP Primary Care has been working collaboratively with NHS Tayside and Dundee and Perth & Kinross HSCTPs on GP Practice sustainability. Two regional surveys have been undertaken in January 2023 and 2024 respectively. Currently there is an interim survey going out to practices in recognition that the issues impacting on sustainability can change very quickly affecting a practice's ability to continue with its General Medical Services contract. Whilst the results of the survey provide valuable information and data allowing for the targeting of initiatives, proposals and resources to help alleviate the risks posed to practices. This does not guarantee that practices will not still reach crisis points where handing back their contract feels like their only option. Still, the data and how Angus HSCP use this going forward will be a powerful mechanism and lever for helping support practices locally.

The results of the surveys have been shared with all 15 practices along with the Primary Care Team, who also receive an overarching management report. The survey covers not only demographic trends but also data on areas such as GP and Practice Nurse workforce including age profile, number of partners, number of salaried or other GPs employed etc to build up a

picture of a practices level of risk. This data is not shared widely due to the sensitivity for practices (as independent contractors and business owners) however with agreement anonymised data is discussed within clusters and it allows the HSCP Primary Care Team to explore more targeted approaches to what practices require in terms of support. This approach is at an initial stage with the second analysis reports only becoming available earlier in the summer but are and will continue to shape the future direction of work and interventions taken.

The impacts of sustainability issues on GP practices are well known and in Angus this has already been seen this in action. Angus has two 2c practices, Brechin and Abbey Health Centre. These are practices where the Health Board now operate and manage them, and they are no longer run by Independent Contractors under a General Medical Services (GMS) Contract. A third, Friockheim Health Centre, closed in May 2022 and its registered patients were dispersed amongst the other practices in Angus with Arbroath Medical Centre and Ravenswood Surgery taking most patients respectively. When practices fail, the impact is felt across the community and health care system. By law, everyone must be registered with a practice so finding an alternative for these patients can have further destabilising consequences for neighbouring practices, particularly at a time when they face their own sustainability issues. In the case of 2c practices (at least initially), there are challenges around decreasing quality and health outcomes for the patients registered with them and increased costs for the HSCP. All practices to greater or lesser extent currently face difficulty in recruiting GPs and for a 2c practice this is often exacerbated at least in the short term which again drives up costs as well as impacting on areas such as accessibility for patients and on the quality of care being provided.

Annat Bank

Currently a fourth Angus practice has handed back its contract, Annat Bank in Montrose, who will terminate their GMS contract on 29 November 2024. Options for how Annat Bank patients will continue to have GMS provided to them beyond the end of November continue to be developed. Understandably, this is a fast-moving issue. On that basis, it is proposed that the IJB delegate authority to the IJB's Chief Officer, Clinical Director and Chief Finance Officer, in conjunction with the IJB Chair and Vice Chair and NHS Tayside's Operational Medical Director for Primary Care to develop and action plans for the delivery of General Medical Services for the patients of Annat Bank. If this was agreed as being acceptable, then a briefing report will be provided to IJB Board members in due course to update regarding progress made and then the outcome would be confirmed at the December 2024 IJB meeting. While this request for delegated authority is recommended in the context of the fast-moving situation, there may be scenarios where it is felt best to revert approvals back to the IJB. This would necessitate an additional IJB meeting. As suggested above, all potential options pose a degree of risk and challenge.

A practice handing back their contract is difficult and complex for the reasons outlined, it should be noted that the current picture for Angus 2C practices is more stable than of late. Brechin practice has a robust financial recovery plan in place and has recently been successful in recruiting a number of salaried GPs switching its model away from a heavy reliance on locums and agency GPs.

Primary Care Improvement Fund (PCIF)

As has been discussed in previous reports to AIJB (IJB36/23) Scottish Government recognised the challenge posed to primary care and the new General Medical Services contract (2018) was their attempt to create additional capacity within General Practice by extending the role of the multi-disciplinary team, working to support GP practices under the employment and direction of HSCPs.

Delivery for HSCPs was based on a defined Memorandum of Understanding (MOU). The MOU established a national agreement between the British Medical Association (BMA), Scottish Government, integration authorities and health boards to implement the 2018 Scottish GP contract. The MOU was refreshed in August 2021 producing a revised MOU, one that confirmed areas of focus between 2021/2023 to include Vaccination Transformation, Pharmacotherapy and Community Treatment and Care Services (CTAC). Whilst these areas were to receive specific focus there is an expectation that all areas of the contract will continue to be delivered including Urgent Care and other professional roles such as First Contact Physiotherapy and Community Link Workers.

This report provides an update on the continued progress made over the past six months since April 2024.

The Vaccination Transformation Programme (VTP) is deemed one of biggest models of care transferred from General Practice to NHS Board and HSCPs. The programme is entirely managed by the central team operating under the Directorate of Public Health and there is nothing further in way of a progress update to report currently.

Pharmacotherapy (IJB36/23) as envisaged by the GMS (2018) contract has been particularly challenging to implement in Tayside (this is not unique to our Health Board area and is an issue for most of the Boards more geographically removed from the central belt region. It is due almost entirely due to the availability of Pharmacists across Scotland). Given this, this situation has also presented the opportunity to look more innovatively at ways in which to deliver the contract ask. Over the past 5 years there has been innovation around skill mix with the pharmacy technician role. This year has seen further collaboration regionally between Primary Care and Pharmacy working together on how best to support the needs of practices and GPs. An initial stakeholder event held in February 2024 has highlighted that a key concern for practices is the quality of pharmacy requests received from secondary care and the associated time taken by GPs to resolve the issues presented. Two pilot studies are currently taking place in Angus collecting data from processing secondary care requests, this will then be rolled out across Tayside and will inform future pharmacy requirements for general practice and new ways of working.

Community Care and Treatment Services (CTAC) as previously described (IJB17/24) the model for CTAC originally implemented in Angus changed on 1 April 2023 when Out-patients who had been delivering the service handed it back to the HSCP. Since that time there has been a significant amount of service redesign work, and Angus HSCP have made huge strides in developing an "in reach" model working closely with the practices. More tasks are being delivered within the practices themselves either in individual practices or in a practice on behalf of a cluster. This increases teamwork, relationships, communication and is often more efficient as well as being more responsive for patients although can lead to some accommodation challenges. CTAC is likely to continue to evolve and grow, an example of this is the recent work to move (funded) diabetes care to CTAC on a regional basis. This is taking place in a phased approach having taken place already in Perth and Kinross and Angus scheduled for January 2025. Work to progress CTAC seeing children is also taking place and is supported by the Regional CTAC Collaborative group. Whilst all these initiatives place patients at the centre of service delivery, the challenge for Primary Care is to ensure that any shifts in workload that occur from secondary care are accompanied with the associated funding. Arguably the funding available from PCIP itself which is purely for the activity that was once delivered directly by General Practice is not sufficient to match current demand. All areas of Primary Care have seen a significant increase in both demand and complexity since the pandemic. Managing the service directly within the HSCP has enabled us to focus upon areas for efficiency particular around supplies etc and to make sure that our financial governance is robust. CTAC remains challenging to match demand with capacity, despite not yet delivering 100% of the contract ask in all areas.

As highlighted elsewhere in this report the reason for this is in part due to the significant pressure general practices across Scotland have been dealing with since the pandemic. In Angus the number of direct patient GP contacts is currently sitting 10-15% above pre-pandemic levels, the highest among all Health and Social Care Partnerships in Scotland. This surge is not simply about volume, there has been a notable increase in the complexity of cases from managing long COVID to the backlog of untreated conditions due to the pandemic alongside a growing mental health crisis. Whilst initiatives such as CTAC play an important role they are not enough by themselves to bridge the gap. General practice will require more than PCIP to address these challenges; it will require additional funding, better integration of multi-disciplinary primary and secondary care teams and greater flexibility in service delivery to prevent the system from becoming overwhelmed.

Urgent Care as reported in April 2024 this area of the contract has been particularly successful. There are 12 WTE Advanced Nurse Practitioners (ANPs)/trainee ANPs. Recent recruitment saw many more applicants applying than the number of posts available. Whilst this is extremely encouraging and illustrates how far the service has come, it also signifies how much more could be done with additional resource. Angus HSCP have taken some calculated risks to realign

the PCIP funding to increase opportunities in this area but recognise that PCIP itself is a finite resource and there are other obligations within the contract that must be met. The reason why this specific direction has been taken is because Urgent Care ANPs directly support the workload of GPs undertaking some of the tasks that would have previously been delivered by them. This not only eases the burden on GPs but significantly it supports Practice sustainability. Having a team of highly skilled Urgent Care ANPs to see patients in the community, working with practices may help prevent practices from collapsing and handing back their contracts which is detrimental to both patient care and often much more costly. The challenge for Angus HSCP is to find resource to do this at a time of increased financial pressure.

In recognition of the vital role this team plays for our Angus practices and their patients, since April a dedicated Lead ANP has been recruited to support the development of this team, this is critical given the number of trainees. It should also be recognised the contribution that GPs and practices are also undertaking to provide mentorship and support.

Community Link Workers Angus' Community Link Worker (CLW) model is built on a partnership between the HSCP and Voluntary Action Angus (VAA).

There is a significant cohort of patients who seek recurring and regular support from GPs, for what are often issues associated with loneliness, social isolation, a lack of community connection and associated 'social' issues. The CLW model was established to support such individuals with a variety of social, financial, mental health and practice issues.

The success of this programme allows a GP attached workforce to provide a vital link service to all practices across Angus. The support of the CLW is not time limited, however, the CLW always ensure the aim is to 'link' to appropriate resources to promote independence and support patients to feel empowered so that they know how to combat similar issues if they arise again. With support and onward referral, the main reasons for referral continue to include financial matters, Mental Health support, stress related issue, housing assistance and carer support.

The CWL model is a valued asset, and they are firmly embedded within the practice teams supporting the growth of professional and patient relationships. Although much of the CLW is 'unseen', they are very much actively out in the community providing support to patients, often with complex issues, to remove barriers and to link with resources and services to improve their overall wellbeing.

Considering the award of the new contract in February 2024, regular operational meetings have been convened with VAA to ensure effective collaboration and alignment of objectives. Regular contract monitoring meetings and a new contract monitoring template has been implemented in partnership with the provider, featuring clearly defined objectives and performance metrics.

The First Contact Practitioner (FCP) service continues to provide substantial support across all GP practices in Angus, demonstrating an exceptional average weekly appointment utilisation rate of 96% as of June. To enhance service monitoring and inform strategic decision-making, the service is currently collaborating with Public Health Scotland (PHS) to develop a comprehensive performance dashboard.

In parallel to the ongoing development of the FCP service, the Allied Health Professional (AHP) team is set to launch a 12-month pilot programme that will introduce Occupational Therapy (OT) services within a local GP practice. This initiative is based on the positive outcomes experienced by other health boards, where the integration of OT services has significantly improved patient outcomes and alleviated pressures on GPs.

Premises

AHSCP continues to work towards the achievement of the key priorities identified within the GP Practice Premises Strategy approved by AIJB In June 2023 (IJB35/23).

The four guiding principles of the strategy continue to shape and inform decisions and actions in relation to GP Premises in Angus. Since April 2024 progress has been made with some practices (regardless of ownership) to map existing premises assessing conditions and maintenance status to ensure fitness for purpose.

Utilisation surveys have been carried out in some practice premises with the aim of providing a comprehensive detail on room availability and usage to ensure maximum space utilisation to deliver services.

The GP Practice Premises Strategy articulates the need for focused investment opportunities whilst at the same time describing that this may also mean in some instances disinvestment. Disinvestment occurs when a building is no longer required and is surplus to requirements, in this instance working with NHS Tayside the decision was made earlier in the summer to disinvest in Friockheim Health Centre which has remained vacant since the practice closed. Although difficult, decisions of this nature once fully worked through mean that resource is then released that may be used for reinvestment opportunities in other premises.

In collaboration with NHS Tayside, work has been progressing in the Northwest cluster where buildings were deemed suitable for upgrade and extension to provide additional clinical space and enhance the quality of existing premises. This project is moving to the next phase where Quantity Surveyors will shortly be engaged to draw up further plans which will support a business case.

Since April a focussed piece of work has been taking place to bring together practices onto single site where possible in Angus. Work has identified that to achieve this (which is a key strategic vision articulated in the strategy that of single site practices in each of our seven towns) extensions might be required. NHS Tayside have recently articulated that they do not currently have capacity to continue to the next stages of this process and have been unable to provide a timescale for when they may be able to do so.

Shaping the future of GP premises in Angus and meeting the demand for efficient, sustainable and more accessible facilities that supports the needs of the local population is at the forefront of the work currently being undertaken.

Development of a systematic/proactive approach and process on GP Lease assignments is currently underway and fits within the aim of improving GP Practices sustainability within Angus.

Joint efforts are underway with NHS Tayside to support the Lease renewals within the Northeast Cluster. AHSCP will continue to work in Partnership with NHS Tayside to support the development of a plan for lease renewals and lease assignments across Angus.

Leases represent a particular challenge for NHS Tayside as there are numerous leases to be renewed across the three partnership areas and insufficient funds identified coming from Scottish Government to support this.

It is important to recognise that NHS Tayside maintains the overall contractual responsibility over premises and that establishing a shared understanding of priorities, responsibilities and risks remains imperative.

6 PROPOSALS

It is proposed that the IJB delegate authority to the IJB's Chief Officer, Clinical Director and Chief Finance Officer, in conjunction with the IJB Chair and Vice Chair and NHS Tayside's Operational Medical Director for Primary Care to develop and action plans for the delivery of General Medical Services for the patients of Annat Bank.

7 FINANCIAL IMPLICATIONS

Primary Care Improvement Fund (PCIF)

2023/24

The financial plans for 2023/24 PCIF were approved in IJB report 36/23. A summary of the actual programme of costs compared to approved planned spend is detailed in Table 1 below. It is worth highlighting that CTAC actual expenditure was higher than planned spend due to significant amounts of service redesign work following the services being transferred back from Outpatients to Angus HSCP, as described in section 5 above.

During the last quarter there were some services who experienced staff turnover and recruitment delays in appointing to posts which were slightly longer than expected resulting in

slippage in plans, with the impact being an under spend of £0.065m which the Scottish Government has advised should be used in the first instance to fund our 2024/25 commitments, similar to the approach last year.

2024/25

The Scottish Government has confirmed the 2024/25 allocation for PCIF which has remained the same as 2023/24 funding levels. However, this does not include Agenda for Change uplifts, and this is to be provided separately now that pay negotiations have concluded. Therefore, the planned spend for 2024/25 shown in Table 1 excludes the pay award financial implications as it is expected this will be cost neutral.

The PCIF overall projected financial position for 2024/25 is an overspend of circa £0.043m. This overspend will be managed through utilising the Primary Care Investment Reserve and this has been approved by the Angus Primary Care Oversight Group who oversee this reserve.

As previously noted under the 2018 Contract, Transitional Services arrangements were established between BMA and Scottish Government confirming that practices would receive payments for 2022/23 for providing Pharmacotherapy and CTAC services until such a time as this full service is provided by the Board. However, in March 2023 the Scottish Government advised they would not be establishing or funding transitional services to cover ongoing gaps in Health Board provisions.

Table 1 Financial Position	Approved Planned Spend 2023/24	Actual 2023/24	Planned Spend 2024/25
	£'000	£'000	£'000
Assumed SG Allocation	3,884	3,876	3,948
Utilisation of b/f Reserves	137	137	65
Forecast Expenditure:			
VTP	347	350	350
Pharmacotherapy	779	629	501
Community Treatment and Care Services	913	1,363	1,296
Urgent Care	230	278	631
FCP/MSK	478	498	511
Mental Health	134	127	127
Link Workers	321	257	277
Other	79	84	109
Wider Use of Funds (premises, training, digital, redesign and change management)	42	362	254
Strategic Earmarks/Contingency	699		
Projected Total Annual Spend	4,021	3,948	4,056
In Year (Over)/Underspend	0	65	(43)

General Medical Services (GMS)

All three Tayside partnerships have agreed to review the financial management and risk sharing for Primary Care. Following discussions with the Chief Officers and Chief Finance Officers, it has been agreed to manage the financial implications of Abbey Health Centre locally (i.e. within

Angus IJB) on a permanent basis, effective from 1 April 2024, with Angus IJB responsible for any overspends.

There are a several significant sustainability challenges facing general practice, such as the inability to reliably recruit and retain the GP workforce, lack of appropriate premises and inadequate digital systems. Currently there is this risk associated with Annat Bank Practice, and this could potential expose AIJB to further financial pressure.

Longer term risks remain regarding the challenges re General Practitioner recruitment and GP sustainability, the introduction of the new GMS contract (IJB report 36/23), the underlying growth in Premises costs including implications from the Angus General Practice Premise Strategy (IJB report 35/23) and the delivery of General Dental Services.

8 RISK MANAGEMENT

Risk 1 Description	GP Sustainability in Angus As a result of inability to reliably recruit, train and retain GP workforce (due to national workforce shortage) Difficulties in recruiting and training sufficient numbers of MDT Lack of appropriate premises to deliver general practice services effectively. Inadequate and unreliable digital systems to support clinical care.
Risk Category	Quality (of care)/Clinical
Inherent Risk Level	Consequence (5) x Likely (5) = 25 (Extreme)
Mitigating Actions (Including timescales and resources)	Local Primary Care Improvement Plan Governance structure to monitor and support primary care sustainability Workstream Strategic Alignment Premises Management Digital Infrastructure & transformation Financial Management and sustainability Quality improvement programs Community and patient engagement Collaboration with secondary care Emergency preparedness and response Research and innovation
Residual Risk Level	Consequence (4) x Likelihood (5) = 20 (Major)
Planned Risk Level	Consequence (4) x Likelihood (3) = 12 (Moderate)
Approval recommendation	This risk should be accepted.

9 PUBLIC HEALTH IMPLICATIONS

A sustainable primary care system has significant public health implications, promoting better health outcomes and more equitable access to healthcare including; -

- Improved health outcomes
- Reduced health inequalities

By fostering a comprehensive, prevention-oriented approach, a sustainable primary care system contributes to a healthier population, reduces the strain on healthcare resources, and ensures health equity, all of which are essential for long-term public health sustainability.

10 CLIMATE SUSTAINABILITY IMPLICATIONS

As the healthcare sector works toward reducing its environmental impact, a sustainable primary care model can play a crucial role in mitigating climate change and addressing its health consequences including;

- Reducing carbon footprint
- Waste reduction and management
- Climate resilient systems
- Addressing health inequalities exacerbated by climate change
- Reducing pharmaceuticals' environmental impact
- Adaptation to Extreme weather events
- Healthier, climate friendly communities

A sustainable primary care system not only helps mitigate climate change but also ensures that the healthcare sector is prepared to deal with its health consequences. By integrating climate-friendly practices into primary care, healthcare can reduce its environmental impact, promote health equity, and improve population health resilience in the face of climate change

11 EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A screening assessment has been undertaken and a full combined Equality Impact Assessment is underway for the Primary Care Improvement Plan. A previous assessment in relation to the Primary Care Improvement Plan was published in April 2024, this continues to be updated as work progresses. A full assessment is not attached to this report as it is an update report on the Primary Care Service.

12 COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

Not applicable

13 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 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 Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both:	
No Direction Required	X
Angus Council	
NHS Tayside	
Angus Council and NHS Tayside	

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