south ayrshire
health & social care
partnership

Meeting of South Ayrshire Health and Social Care Partnership **Held on:**	**Integration Joint Board** **8th October 2025**
Agenda Item:	**10**
Title:	**Primary Care Services Update**

Summary:

This report provides an update to the Integration Joint Board on the provision of Primary Care Services across Ayrshire and Arran.

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Recommendations:

It is recommended that the Integration Joint Board (IJB)

i. Note the current position of Primary Care Services including within General Practice through the General Medical Services, Community Optometry, Community Pharmacy, General Dental Services and Public Dental Services.
ii. Note the areas of development work being undertaken across all Independent Contractor groups and progress of implementation of the Primary Care Phased Investment Programme Demonstrator Site in line with the 2018 GMS contract.

Route to meeting:

This report has been / will also be presented to:

i. East Ayrshire IJB – 27 August 2025
ii. North Ayrshire IJB – 25 September 2025
iii. NHS Ayrshire & Arran Board – 8 December 2025

Directions:		**Implications:**	
1. No Directions Required	☒	Financial	☐
2. Directions to NHS Ayrshire & Arran	☐	HR	☐
3. Directions to South Ayrshire Council	☐	Legal	☐
4. Directions to both SAC & NHS	☐	Equalities	☐
		Sustainability	☐
		Policy	☐
		ICT	☐

PRIMARY CARE SERVICES UPDATE

1. PURPOSE OF REPORT

1.1 This report is presented as an update to the Integration Joint Board (IJB) on the provision of Primary Care Services across Ayrshire and Arran.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

i. Note the current position of Primary Care Services including within General Practice through the General Medical Services (GMS), Community Optometry, Community Pharmacy, General Dental Services and Public Dental Services.
ii. Note the areas of development work being undertaken across all Independent Contractor groups and progress of implementation of the Primary Care Phased Investment Programme Demonstrator Site in line with the 2018 GMS contract.

3. BACKGROUND INFORMATION

3.1 The Public Bodies (Joint Working) Scotland Act 2014 provides a legislative framework for the delivery of Primary Care Services in Scotland. East Ayrshire Health and Social Care Partnership (HSCP), through Lead HSCP arrangements, are responsible for the delivery of Primary Care Services across Ayrshire and Arran. In addition, NHS Ayrshire & Arran (NHSAA) directly commission East Ayrshire HSCP to conduct Primary Care Contracting on behalf of the Board, this being a function that cannot be delegated to IJBs at this time.

3.2 The 2018 GMS contract was introduced to facilitate a refocusing of the GP role as Expert Medical Generalist (EMG). The contract is a joint agreement between the Scottish Government and the British Medical Association (BMA) which sets out to:

- Provide a new direction for general practice in Scotland which aims to improve access for patients, address health inequalities and improve population health including mental health
- Provide financial stability for GPs, and reduce GP workload through the expansion of the primary care multidisciplinary team
- Redefine the role of the GP as an expert medical generalist focusing on complex care, reduce the risks associated with becoming a GP partner and encourage new entrants to the profession as well as help retain existing GPs
- Provide new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial

increase in practice sustainability. Which is critical to ensure service delivery.

3.3 The first Primary Care Improvement Plan (PCIP) (2018-2021) set out to implement the new contract across NHSAA by 2021. The PCIP 2 (2020-22) was approved at each of the IJBs, NHS Board and Local Medical Committee in December 2019. In 2022 Scottish Government advised that there would be greater focus on the delivery of Pharmacotherapy, Community Treatment and Care (CTAC) and Vaccinations following agreement with the BMA that these would be the contractual elements of the 2018 contract. This then became the priority across Ayrshire and Arran.

3.4 Since April 2024, the Ayrshire and Arran Primary Care Team, on behalf of the three HSCPs have been leading on the Phased Investment Programme Demonstrator site work with NHS Health Improvement Scotland (HIS). This is to demonstrate what fuller implementation of the 2018 GMS Contract would look like in General Practice, focussing on the contractual elements of CTAC and Pharmacotherapy. This is a nationally funded 18 month programme delivered by the Primary Care Transformation team and service leads with local governance arrangements in place.

3.5 Throughout the programme, qualitative and quantitative data is being collected to evaluate whether fuller implementation is achievable.

3.6 NHS General Dental Services (GDS) is typically the first point of contact for NHS dental treatment for patients within the community. People register with a dentist in order to receive the full range of NHS treatment available under GDS.

3.7 The Public Dental Service (PDS) acts as both a specialised and safety-net service providing care for individuals who are unable to obtain care through the GDS such as those with special care needs or patients living in areas where there were few NHS dentists providing GDS.

3.8 Secondary care is a referral based service which supports referrals from medical and dental practitioners. For example, maxillofacial surgery which specialises in the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck. Those patients who are unable or not suited to be treated locally are referred to the General Dental Hospital who not only specialise on oral health care but deliver education and research in West and Central Scotland.

4. REPORT

4.1 Summary

4.1.1 General Practices continue to face challenges with increased patient demand and financial pressures. Previous analysis indicates that patients are continuing to present to General Practice with more advanced health concerns than they would have pre-pandemic. This in part can be attributed to this

cohort of patients having more complex conditions and being managed longer by their GP whilst awaiting appointments in other parts of the system.

4.1.2 Many of these patients require an extended (sometimes double) appointment time and clinicians may need to do a greater degree of follow up with the patient which again increases workload and reduces appointment capacity.

4.1.3 Many GP Practices are facing increasing challenges to accommodate the additional staff aligned to them through the PCIP. Many buildings across the GP Practice estate are also needing significant investment or alternative accommodation identified for longer term viability.

4.1.4 Progress continues to be made implementing the 2018 GMS contract which provides the basis for an integrated health and care model with a number of additional services and multi-disciplinary teams (MDTs) including nurses, pharmacists, mental health practitioners, Musculoskeletal (MSK) physiotherapists, and community link workers. This includes signposting, where appropriate, to other primary professionals within the community.

4.1.5 Community Pharmacies continue to provide a fully comprehensive service as a first point of contact for the public, as an alternative to attending a GP, through the NHS Pharmacy First Scotland scheme which has been enhanced locally in some areas to deliver the Pharmacy First Plus Scheme due to an increase in the number of Pharmacies having Independent Prescribing Pharmacists.

4.1.6 Various areas of development work has been undertaken within Community Optometry to increase access to specialist care and treatment in the community, reducing the need for patients to attend secondary care services for some conditions.

4.1.7 A programme of work to reset the vision for dental services across Ayrshire continues. Work is being undertaken to understand the population need, current status of all services within dental and determine what a future delivery model for dental services, could look like

4.2 General Practice / General Medical Services (GMS)

4.2.1 Primary Care Services are more often than not a patient's first point of contact with NHSAA and it is estimated that around 90% of NHS contacts take place within general practice.

4.2.2 There are 53 GP practices across Ayrshire and Arran who all operate as separate independent businesses in their own right, and are not directly employed by NHSAA. Within Ayrshire and Arran there are currently no Health Board managed practices (which would operate under a 2C contract).

4.2.3 The core elements of a general medical services contract includes:

- An agreed geographical or population area the practice will cover

- A requirement that the practice maintain a list of patients for the area and sets out who this list covers and under what circumstances a patient might be removed from the list and the process to follow in the event.
- The establishment of essential medical services a general practice must provide to its patients
- Key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.

4.2.4 Whilst every GP Practice delivers general medical services through their contract with NHSAA, they have flexibility to deliver that in a manner that best suits their patient population as well as business model. One size does not fit all and all practices operate very differently in terms of clinics that operate on a daily basis, their clinical workforce model, and also how appointments are triaged and allocated. All GP Practices have to complete an annual contract review survey which is followed up with visits to all by the Primary Care team to discuss the feedback around contractual matters and improvement work.

Review of Enhanced Services – Additional services for specific health care needs beyond core GMS

4.2.5 The programme of review for enhanced services (to determine whether they remain fit for purpose) recommenced in May 2025, with cognisance that some are being considered within the wider Caring for Ayrshire work. All enhanced services appropriate for review have now been categorised as High / Medium / Low priority level. The Local Medical Committee is supporting this work by commencing a group to review the pathways and funding attributed to each enhanced service and will feed their findings / recommendations into the Enhanced Services Review Programme Board for consideration. The review will be completed by March 2026. Any amendments to the enhanced services pathway will be ratified by GP sub and approved at Primary and Urgent Care Clinical Governance Group.

GP Sustainability Payments

4.2.6 NHSAA currently supports 11 GP Practices by providing GP Sustainability payments, low payment agreement contributions and specific and standard enhanced services. The nature and purpose of each type of payment is dependent on the specific arrangement with the GP Practice but typically, relate to delivery of services in remote locations or areas with specific demographic needs meaning that GP practices require financial assistance to operate.

4.2.7 Following an external audit in late 2024 of GP Sustainability Payments and subsequent recommendations, a review is being undertaken for all GP Practices who receive this. This will include reviewing the governance, the amount of sustainability payments these practices receive and also the practice specific enhanced services provision which is provided over and above the levels provided under GMS.

4.2.8 There is the potential for additional funding support being required if it is determined, following review that the current level of payments does not meet the financial sustainability of the practice and therefore puts the practice at risk of resigning from their GMS Contract as the practice no longer becomes financially sustainable to continue in its current form.

GP Sustainability Loans (GPSL)

4.2.9 Scottish Government confirmed that the process to complete Band 1 & 2 GPSL transactions by end of financial year 2024/25 was successful and that all available funds were disbursed before the deadline. Scottish Government have confirmed that funds are available for each of financial years 2025/26 and 2026/27, in both instances the available funds are capped. Scottish Government have asked that Boards proceed with the negotiation of existing applications falling within all bands but must obtain funding confirmation for each transaction before signing the relevant documentation. This is necessary to allow Scottish Government to manage the cash flow within the project each year. NHSAA have six GP Practices to be concluded within Tranche 1 at a total value of £925,400 which are now guaranteed to be funded. Scottish Government is not able to authorise any further tranche 1 applications at this stage. Tranche 2 of the GP sustainability loans currently remains frozen.

NHS Board Hosted Digital Telephony Platform

4.2.10 Progress with this project had been slow due to delays from IT Security in approving the cloud-based system, Fuse 2, to have access to Health Board telephony systems. Due to this, there has only been three GP practices who have transferred over onto the Board current telephony platform to date.

4.2.11 The Fuse2 3CX Cloud hosted solution was recently signed off by Cyber Security and Information Governance which will now allow the digital telephony team to progress at pace with implementing the roll out to the 15 practices who have agreed to transfer over onto the health board telephony platform. Two of these Practices to be made a priority for ordering and installation due to sustainability issues and concerns.

4.2.12 The timeframe from order to installation is approximately two to four weeks which will allow the programme to build momentum and the work to be completed for the remaining practices during September 2025 to March 2026.

4.2.13 Some of the remaining 38/53 Practices already use digital platforms and /or are tied into lengthy contracts with their current telephony provider. Further engagement will be undertaken with these 38 practices, to establish those on an analogue system for prioritisation and explore all options which would allow transfer to the Board platform for those wishing to do so.

4.2.14 Due to the significant delays with this project, some practices may opt out of the Board telephony platform and make their own arrangements with an alternative supplier.

4.2.15 This would have financial implications for the current model and potentially unmet costs not being covered through the proposed income from practices.

GP IT Re-provisioning

4.2.16 Following the collapse of the parent company, In Practice Systems Limited (InPS), involved in the IT Reprovisioning, a preferred new supplier has been identified and work is progressing at a national level. The hosted platform will remain as Vision and the only change is to the supplier. Locally, GP practices have been asked to submit details about the quality and safety searches and templates that they use. The information provided will then be used to create a suite of searches and templates that can be used in Vision and are available to all practices in Ayrshire and Arran.

GP Recruitment and Retention

4.2.17 There are issues being faced nationally around the retention and the declining availability of Whole Time Equivalent (WTE) GP workforce which is affecting all GP Practices across the country. These issues include workload pressures, recruitment and retention of practice teams and financial viability as many GPs are expressing burnout and uncertainty on whether to remain working in General Practice. GP vacancies within NHSAA have reduced significantly than in previous years. In 2024/25 we had 22 vacancies, in comparison to 2025/26 there are currently only three vacancies.

4.2.18 Many GP Practices will be considering or have put succession plans in place. It is therefore crucial that GP Practices are encouraged to become licenced sponsors and/or participate in the GP with Extended Role (GPwER) scheme and at the same time retain locally trained doctors, specifically the International Medical Graduate (IMG) cohort.

4.2.19 Previous GPwER recruitment efforts have proven that offering something unique sets NHSAA apart from other Health Board areas and supports the future sustainability of General Practices.

Urgent Care Home Visit Test of Change

4.2.20 In December 2023 a Home Visit Test of Change (ToC) within Ayrshire Urgent Care Service (AUCS) was developed, in conjunction with the local GP Sub-Committee, to support local GP practices with unscheduled afternoon requests for home visits between the hours of 3pm and 6pm. This was in recognition of the increased demand in general practice (including increasing mental health presentations, increase in patients with core morbidities and managing more patients for longer with complex conditions whilst waiting on secondary care appointments). This also causes an impact on capacity and pressure on the workforce when faced with many conflicting priority patients including those presenting late in the afternoon with an urgent care need requiring a home visit.

4.2.21 To ensure safe delivery and the ability to cope with demand, the ToC has been rolled out on a phased basis, through GP Clusters whilst closely monitoring and evaluating delivery.

4.2.22 At the end of June 2025, 51 practices across all three Ayrshire HSCPs were involved with the ToC with 43 of them using the service at least once. During 2024/25, 1020 patients have been seen by the GP to AUCS for Home Visit Service with just 17% (173) of patients requiring admission.

4.2.23 This model aligns to the urgent care principles set out within the 2018 contract as well as the vision of creating a 24/7 seamless urgent care pathway with general practice and AUCS working together.

4.3 Update on 2018 GMS Contract – Primary Care Improvement Plan

4.3.1 Progress continues to be made implementing the 2018 GMS contract which provides the basis for an integrated health and care model with a number of additional professionals and services multi-disciplinary teams (MDTs) including nursing staff, pharmacists, mental health practitioners, MSK physiotherapists, and community link workers as well as signposting a number of patients, where appropriate, to other primary healthcare professionals within the community.

4.3.2 This is aligned to the NHSAA Caring for Ayrshire vision to create a whole system health and care model focussing on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.

4.3.3 NHSAA were one of four Scottish NHS Boards who were successful in a bid during 2023 to be a Primary Care Phased Investment Programme (PCPIP) demonstrator site to work with Scottish Government and NHS Healthcare Improvement Scotland (HIS). The aim is to demonstrate what a model of full implementation of the MDT (focussing on CTAC and Pharmacotherapy teams) can look like in General Practice and to build evidence to understand the national context for full implementation and long-term Scottish Government investment.

4.3.4 Demonstrator sites have been supported to work at pace using improvement methodologies to fully implement elements of the 2018 GMS Contract focussing on the contractual elements of Pharmacotherapy and CTAC locally. It seeks to understand the impact for people, the workforce and the healthcare system, with reduction in GP and practice workload with the key aim being to improve patient outcomes.

4.3.5 The programme has been ongoing since April 2024 and is due to complete by the end of December 2025. NHSAA had a mature model of both the CTAC and Pharmacotherapy service implementation prior to the programme, and is undertaking the widest scope, scale and complexity of the four demonstrator sites.

4.3.6 There has been strong collaborative working throughout the programme between Scottish Government, HIS and NHSAA, and internally within different services and teams. GP Practices have had multiple opportunities to be involved, for example, as standing members of governance groups, or to participate in evaluations; also, to have an understanding of the programme through regular PCPIP news bulletins.

4.3.7 The Key elements of the programme for NHSAA Pharmacotherapy are to:

- Expand the Pharmacy support worker role in delivery of the service
- Clearly define role of each member of the team – right person right task
- Expand Pharmacy hubs – skill mix and resilience
- Develop a supervision/ preceptorship programme to improve Pharmacists confidence in clinical decision making and risk management
- Test & evaluate Advanced Pharmacist Practitioner role

4.3.8 The Key elements of the programme for NHSAA CTAC are to:

- Expand and further development the CTAC resilience model ensuring sustainability of the CTAC service and ongoing support for General practice during times of long-term absence or maternity leave.
- Test an adapted skill mix for resilience to inform future workforce planning and service delivery models
- Continue and further develop the Primary Care Practice Educator role across the three HSCPs.
- Work in partnership with General Practice colleagues to undertake a further audit of demand and activity
- Develop systems to capture reliable, ongoing data around CTAC activity at both GP practice and HSCP level
- Engage with key stakeholders including local population to evaluate current service and inform areas for improvement

4.3.9 Pharmacotherapy and CTAC teams have been working hard over the past year to implement the key elements of the programme locally which is supported by a robust governance framework and programme management. Local Quality Improvement colleagues have been supporting Pharmacotherapy and CTAC teams in the collection of data for improvement for the key elements of the programme.

4.3.10 Whilst the focus will be on these two services, all MoU Services will be considered in the monitoring and evaluation of the demonstrator sites as part of a whole systems approach to quality improvement.

4.3.11 In 2024 NHSAA refreshed the detailed delivery framework to implement the 2018 GMS Contract. There has been significant progress across each of the contract areas with vaccinations already transferred and the majority of practices accessing the additional roles described within the contract.

4.3.12 For each area of the programme there is delegated involvement, responsibility and accountability from representatives across the three HSCPs, NHS Board, and GP Sub Committee within Ayrshire and Arran. There are co-leadership arrangements with MoU workstream Leads and local GP Sub Executive Members to oversee decision making and progress through the current implementation structure.

4.3.13 This is further strengthened with involvement from the Clinical Director and GP Stakeholder from each of the HSCP areas who are well engaged with practice teams and wider community teams on the ground.

4.3.14 This group come together regularly as the GMS Contract Oversight Group with the additional responsibility to oversee the Demonstrator Site work.

4.3.15 General practice and wider community teams have been fully engaged in developing service specifications aligned to the MoU. We are confident with additional support and focus we could demonstrate what full delivery could look like for a Board wide area.

Pharmacotherapy

4.3.16 The pharmacotherapy service is provided to all GP practices across Ayrshire and Arran and while full implementation of the Contract has not been achieved developments to improve efficiencies in systems and processes will be reviewed to ensure pharmacotherapy teams deliver the best possible service and add maximum benefit to patients. The delivery model has continuously been refined adjusting the ratio of pharmacists, pharmacy technicians, and the introduction of pharmacy support workers.

4.3.17 The skill mix has developed over time as the service continues to promote advanced practice roles and ensuring that professionals are working to the top of their licence.

4.3.18 New roles have recently been introduced to the team as part of the PCPIP programme including Pharmacy Support Worker team leaders and Advanced Pharmacist Practitioners. These new roles will be evaluated as part of the programme.

4.3.19 Central hubs have expanded and are now covering all three Ayrshire HSCPs providing some (but not all) resilience cover for the pharmacy technician workload.

4.3.20 Polypharmacy reviews are an area of national and local focus and this along with prescribing improvement activities are and will remain important aspects of service delivery by pharmacy colleagues working in our general practice network.

4.3.21 Learnings from the current PCPIP programme will inform the development of the service. This as well as additional Quality Improvement support from HIS and local quality improvement teams will support closer review of processes at scale.

4.3.22 Variation across the service both in terms of skills and confidence of pharmacy teams along with practice and processes in general practice continues to challenge. Standardisation of processes and development of staff will continue to be a priority for the leadership team within Pharmacotherapy.

Community Treatment and Care (CTAC) Nursing

4.3.23 In line with the 2018 GMS contract, a CTAC model was developed and implemented between 2020 and 2022. Following extensive consultation there was an agreement that the model would be practice based and seamless for patients accessing the service. The workforce consisted of 90 WTE staff; 58 WTE Nurses and 32 WTE Healthcare Support Workers (HCSWs). In addition, there are 3 WTE CTAC Team Leaders; one per HSCP to manage the staff. A total of 52 GP Practices have full access to CTAC services. There is also a hub model tried and tested in South Ayrshire HSCP which has supported practices where accommodation within GP Practices has been challenging.

4.3.24 In 2023, the model was further enhanced with the introduction of a staff resilience model to provide cover for maternity and long-term absence to prevent workload falling back to General Practice over a longer period of time. In addition, a Practice Educator role was tested to provide a robust education and supervision model whilst implementing the service specification.

4.3.25 The CTAC element of the PCPIP bid focussed on the continuation and expansion of the resilience model with a focus on testing an adapted skill mix for resilience with a 2:1 ratio of HCSW to Nurses. It is anticipated that this will inform future skill mix requirements for the CTAC model which is based on a 2:1 ratio of Nurses to HCSW.

4.3.26 The Practice Educators and resilience staff are currently in post until September 2025 in line with the PCPIP funding. In addition, a further 12 HCSWs were recruited to provide enhanced resilience cover. The additional posts were recruited in December and it is anticipated the full impact of the additional staff will be tested between April and September 2025.

4.3.27 A further week of care audit was undertaken in September 2024 which demonstrated that CTAC staff were undertaking 85% of CTAC activities. National week of care audits were undertaken in each of the demonstrator sites in April and June 2025 with a further planned for September 2025 which will inform next steps.

4.3.28 Feedback was captured from stakeholders including a patient and carer survey which was undertaken in six GP practices in April 2025. Feedback was very positive, and an infographic has been produced to share results with staff and stakeholders.

4.3.29 Staff survey results have been collated, and an infographic has been produced. A 'You Said, We Did' session is being facilitated by Quality Improvement colleagues in August 2025 to note areas for celebration and for improvement. Information will be shared with staff at a future PLT session. A survey to capture feedback on the impact of the Practice Educator role was also sent to CTAC staff, Practice Managers and Practice Nurses. The results have been collated and a themed infographic is under development which will inform areas for improvement. A summary of the above feedback will be shared in the September 2025 PCPIP newsletter.

Extended Multi-Disciplinary Team (MDT) Professional Roles

4.3.30 Since its implementation, significant progress has been made to roll out the 2018 GMS Contract.

- All Practices have access to Pharmacotherapy staff
- All Practices have access to all immunisations through the Vaccine Transformation Programme (except pregnancy and non-routine adult vaccinations)
- All Practices have access to a Community Link Worker
- All Practices except one in South Ayrshire have access to a CTAC Nurse / HCSW.

4.3.31 Due to the funding constraints there is a high risk of not being able to provide these services across all practices in Ayrshire and Arran creating an inequality of access. In addition it will widen the gap and increase health inequalities and access to services for patients resulting in a post code lottery. Unfortunately the financial envelope within the new GMS contract does not allow additional funding to be allocated to services at this stage. A breakdown of the MSK and MHP roles is noted in the table below.

HSCP	MSK	MHP
North	4.5WTE provide cover for 15 of 16 practices	10.2WTE provide cover for 16 of 16 practices
South	4.85WTE provide cover for 15 of 19 practices	4.8WTE provide cover for 8 of 19 practices
East	4.3WTE provide cover for 16 of 18 practices	8.1WTE provide cover for 18 of 18 practices

4.3.32 The overall additional MDT resource in total is split as follows; 30% in the East, 35% in the North and 30% in the South. This was based on practice population at 2019-20 and was largely in keeping with the partnership patient list size. The figure below details practice population in 2025:

- East Ayrshire – 136,663 patients (35%) across 16 Practices
- North Ayrshire – 144,433 patients (37%) across 19 Practices
- South Ayrshire – 108,890 patients (28%) across 18 Practices

4.3.33 It should be noted that the analysis of the extended MDT workforce aligned to the new GP contract has been captured at a moment in time and can vary across the year.

4.4 Primary Care Improvement Fund

4.4.1 The implementation of the 2018 General Medical Services contract for Scotland intended to see an additional investment of £250m per annum in support of General Practice by 2021. This was part of an overall commitment of £500 million per annum investment in Primary and Community health services that was previously committed by Scottish Government.

4.4.2 Since 2021/22 and 2022/23 Primary Care Improvement Fund (PCIF) was allocated as tranche 1 and tranche 2 based on projections and spend against each of the IJBs National Resource Allocation Committee (NRAC) share.

4.4.3 Although the focus changed in 2022 to pharmacotherapy and CTAC, the HSCPs continued to invest in the additional wider roles set out as above. Each area has been at different stages throughout, and prioritised different services based on their population need.

4.4.4 It should be noted that as the PCIF is 'flat cash' all pay awards/uplifts are consumed within the budget itself. This has impacted significantly on the funds available for additional investment.

4.4.5 PCIF budget for 2025/26 has been confirmed as £13.4m plus £1m reserves carried forward from previous years. Discussions are still required to take place with all three HSCP's in relation to a pan-Ayrshire approach to the Primary Care Improvement Plan budget for 2025/26. There are challenges with this budget not being managed pan- Ayrshire which has continued to delay recruitment in some areas.

- East Ayrshire - £409,154.16
- North Ayrshire - £46,142.68
- South Ayrshire – £636,134.24

4.5 GP Practice Premises

4.5.1 Many GP practices are facing increasing challenges to accommodate the number of additional staff aligned to them through the PCIP. The lack of availability of assessment rooms means some practices are unable to access their full allocation of MDT resource therefore capacity to appoint patients to these practitioners is reduced. Many of the buildings within the GP practice estate are also needing significant investment or alternative accommodation identified for longer term viability.

4.5.2 Work has been undertaken throughout 2024 to examine patient populations and premises across each of the three HSCP areas and consider the best use of the estate, virtual appointment delivery and scoping potential for some MDT services to be provided from local community hubs and where these could be located.

4.5.3 The Primary Care and Property Teams are taking forward a review of the Buchan Associates report, the work undertaken in 2024 regarding populations and premises with a view to developing a premises strategy with each HSCP.

4.6 Community Optometry

4.6.1 Community Optometrists provide a first point of treatment for eye problems. If people require medicine for a basic eye problem this is provided free of charge from the community pharmacy through Pharmacy First Scotland. An increasing number of Optometrists are now Independent Prescribers. There are currently 50 Independent Prescribers based within 28 Community Optometry Practices who can now also manage complex eye issues by prescribing medicines such as topical steroids and oral antibiotics. This reduces the number of referrals to secondary care.

4.6.2 Community Optometry provides a range of services in addition to routine eye examinations and dispensing glasses etc. Optometry practices can carry out post-operative cataract reviews, some are accredited to undertake Diabetic Eye Screening and some provide the Low Vision Aid service.

4.6.3 Community Optometrists also have access to digital clinical systems such as Clinical Portal, which allows better patient management. Work is also underway to further develop new pathways and determine further areas of ophthalmic care which can transition into a community setting.

4.6.4 The national General Ophthalmic Services (GOS) Specialist Supplementary Service will roll out from August 2025. This involves Independent Prescribing Optometrist treating 10 more challenging conditions, including Anterior Uveitis. This scheme enables the inter-referral from an Optometrist to an Independent Prescribing Optometrist. This allows more people to be treated closer to home, in the community.

Clinical Portal Access

4.6.5 This is now in place within a number of Optometry practices with Optometrists actively using the system when reviewing patients. Having access to the clinical portal has proved to be invaluable and provide a more informed consultation as it allows the clinician to access the patients clinical history and medications.

Uveitis / Juvenile Idiopathic Arthritis Service (JIA)

4.6.6 The local service for Anterior Uveitis and JIA screening are now in operation, with a total of 26 practices providing the Anterior Uveitis side of the service and three practices for the JIA service.

4.6.7 A total of 46 patients were seen in Community Optometry for Anterior Uveitis in the first six months of the service being available and anticipated this will show a gradual increase. The local Anterior Uveitis service will soon end as Scottish Government plan to roll out a national service under GOS. This will allow Optometrists who are Independent Prescribers to claim a new fee (Specialist Supplementary fee) for managing complex acute anterior eye conditions. It is anticipated that this new GOS Specialist Supplementary service will be implemented around autumn time this year.

Community Glaucoma Service (CGS) - The management of stable glaucoma patients in the community

4.6.8 There are currently four accredited Optometrists qualified to provide the CGS within practices in Kilmarnock, Irvine, Largs and Prestwick. A new NESGAT candidate (based in Kilmarnock) commenced in January 2025, with an expected date for qualification around September 2025.

4.6.9 Progress on the roll out of OpenEyes in secondary care to facilitate the implementation of the CGS has been slow due to delays from Digital Services in completing various actions including submitting the Data Protection Impact Assessment, (signed off now – June 2025) and progressing Trak integration. Timescales for the completion of these actions will have an impact on which version of Open Eyes will be used, as an updated version is due in the coming months. This may impact on the start date of the CGS to avoid a clash with the wider OpenEyes upgrade.

4.6.10 Whilst there are concerns around the OpenEyes pathways for outpatients, the CGS pathway is a national pathway and Optometry colleagues are content with the structure of this, although it will require training across both primary and secondary care. Work continues to be underway for CGS in terms of identifying CGS candidates and establishing the capacity of qualified Optometrists for the next 12 months and identifying required user groups. We are committed to ensuring the local elements of the CGS roll-out are in place by March 2026, with appropriate risks identified and mitigated as necessary.

Complex Contact Lens Fitting

4.6.11 The review of the Complex Contact Lens Fitting service is underway and remains a priority. Capacity, financial and resilience implications continue to be highlighted as high risks and analysis has shown that only five local optometry practices are currently providing 98% of this service activity. Recent discussions with the Optical Contractors Committee have highlighted the need to encourage new optometrists to provide this service and to do so will require robust training and accreditation, although it is understood there is no recognised single training source available. Engagement will continue with the Contractors Committee and Ophthalmology colleagues to reduce and ultimately remove the risk around this service. A new claim form has been

devised and information on claims for 2024/25 is awaited from Practitioner Services Division. The Primary Care Team have also been looking at various claim elements of the scheme and plan to revise these also.

4.6.12 Provision of the service remains a risk due to the number of skilled providers in the community. There remains a concern around future provision of this service. This is on the Primary Care risk register and alternative models for complex contact lens provision across Ayrshire and Arran is currently being scoped out.

4.7 Community Pharmacy

4.7.1 The number of community pharmacies reduced in 2024/5 from 99 to 97 however has now stabilised at 98, following the opening of a new pharmacy in Monkton in May 2025. Unplanned Pharmacy closures during the first quarter of 2025 were as follows:

- April 2025 – 9 closures weekday and Saturdays across the month for a total of 21 hours which affected all three HSCP areas
- May 2025 - 3 closures weekdays across the month for a total of 3 hrs 15 mins which affect only South and East HSCP area
- June 2025 - 6 closures weekdays and Saturdays across the month for a total of 9 hrs 55 mins which affected all three HSCP areas

4.7.2 These closures were mainly as a result of locums arriving late or cancelling plus power cuts and staffing issues and were predominantly closures for short periods, with no significant impact to patients.

4.7.3 A review of Community Pharmacy opening arrangements is currently underway following a proposal from Community Pharmacy Ayrshire and Arran (CPAA) to close or reduce some pharmacy opening hours on a Saturday. Around a third (36) of Community Pharmacies have intimated their wish to close on a Saturday or vary their opening hours. The Board's current hours of service scheme for community pharmacy allows pharmacies to close half day on a Saturday however some choose to open all day. Access to services is the priority concern therefore analysis is underway to determine the impact on patient access, increasing workload on neighbouring pharmacies and if a test of change could be undertaken to monitor and evaluate further.

Pharmacy First Scotland

4.7.4 The NHS Pharmacy First Scotland service was introduced on 29 July 2020 in community pharmacies which contributes to urgent care delivery being the first contact for patients for a range of common clinical conditions. Patients who may have previously needed to see a GP or attend out of hours services can access appropriate care through this service which is available to all patients resident in Scotland or registered with a Scottish GP. Currently, all 97 pharmacies in Ayrshire and Arran deliver this service providing advice and treatment (if appropriate) which includes urinary tract infections for women aged over 16, impetigo, shingles, skin infections and a hay fever service where

treatments that were previously only available via prescription can be provided from community pharmacy.

4.7.5 In addition, 48 of the 97 Community Pharmacies in Ayrshire and Arran now have Pharmacist Independent Prescribers which allows them to offer the Pharmacy First Plus service. This enhances the Pharmacy First service to include assessment and treatment of acute common clinical conditions thus reducing the need for onward referral of patients to other healthcare providers even further.

4.7.6 The number of Community Pharmacies able to offer this enhanced provision continues to grow as more pharmacists undergo the training and gain the independent prescribing qualification.

4.7.7 In addition to the national services available, locally negotiated services are also available which have been specifically developed with the needs of the local population in mind. Not only are community pharmacy able to treat common ailments, they are also a great source for patients to get information and guidance to help prevent illness, keeping the population of Ayrshire and Arran as healthy as possible.

Protected Learning Time (PLT)

4.7.8 Working with the local NHSAA Community Pharmacy Committee, Ayrshire and Arran successfully launched the first of a rolling programme of Protected Learning Time (PLT) for community pharmacy in 2024. This allows community pharmacies the opportunity to close a half day every three months to deliver staff training in much the same way as our GP colleagues do. This has been well received and will be continuing throughout 2025/26, sharing ideas for learning across the local pharmacy network following each session.

4.8 Dental Services

4.8.1 Recognising the workforce and access challenges, as well as the opportunity to enhance what we can deliver in Ayrshire and Arran collectively across all dental services, a programme of work was started in 2023/24 and continues to be developed to reset the vision and strategy for dental services. There was acknowledgement that the current challenges being faced with workforce retention and access also provided opportunity to ensure our services are in the right place to deliver care wrapped around individuals. This will allow greater understanding of the population need, the current status of all services within dental and determine what a future delivery model for dental services could look like.

4.8.2 Following this in-depth review, the delivery plan is in progress through the appropriate governance arrangements. The Senior Dental Management Team are working towards the aims of the plan. Once formally approved, the plan will be the focus of work for the Dental Team throughout 2025/26.

General Dental Services (GDS)

4.8.3 Access to dental services has remained stable with no significant changes.

4.8.4 The number of General Dental Practices (GDPs) accepting new NHS patients fluctuates monthly but is overall consistent. Access in some specific areas remains a challenge however this is kept under close review. South Ayrshire has remained an area of concern due to the low numbers of practices accepting NHS patients however the situation has now improved due to two new practices opening in Troon and Ayr who are currently registering NHS patients.

4.8.5 As at 5 September 2025, 22 Dental Practices across Ayrshire were accepting new NHS patient registrations:

- East Ayrshire – 5
- North Ayrshire – 11
- South Ayrshire - 6

4.8.6 The Dental Team continue to keep in regular contact with GDPs to understand in detail the status of their service delivery to be aware of any issues early to be able to resolve and support where possible. The service also continues to prioritise prevention and oral health improvement to reduce the possible burden of dental disease and mitigate the impact of reduced dental access.

Public Dental Service (PDS)

4.8.7 The PDS core function operates Monday to Friday with emergency appointment slots available as a safety net for practices who are unable to offer emergency appointments.

4.8.8 The Emergency Dental Service (EDS) service operates Out of Hours (OOH) Saturday and Sunday 9 am – 3 pm with 44 appointment slots available. Some weekends the service will get near to capacity but has not exceeded capacity. Following an initial trial period, the EDS has been further enhanced with a weekday service along with the weekend provision. Following a recent analysis of activity, the EDS now offers two full day and three half day sessions Monday to Friday.

4.8.9 The EDS service has contingency arrangements in place for a stand by team should the reach capacity. The OOH service is accessed via NHS 24 and on review of the national reporting, demand has not increased to NHS 24 from Ayrshire and Arran.

4.8.10 In 2024 8% more patients attended the PDS for emergency care appointments compared to 2023. Although the rate of increase in patients accessing emergency care is slowing, the cumulative effect of previous years mean that the service demand has increased by 28% since 2022.

PDS Referrals

4.8.11 The overall number of referrals to the PDS remains above pre-pandemic rates, although adult referrals are slowly returning to normal. During 2024, paediatric referrals were still 28% higher than in 2019.

4.8.12 Both Adult and Paediatric waiting times are currently over 20 weeks for assessment appointments and due to capacity issues, treatment plans are taking over a year to complete.

Dental provision within the Prison Service

4.8.13 Due to HMP Kilmarnock implementing changes to their service model, the number of prisoners on the dental waiting list has increased significantly resulting in compliance with the 18 week referral time dropping from 90% in August 2024 to 38% in May 2025. The Primary Care Dental Management Team are working with the Scottish Prison Service to improve this and increase the numbers of patients being seen. Current waiting time for assessment is around one year. Dental Sessions are provided three times per week but are underutilised by the prison and not running to full capacity. An increase of population numbers would further impact on treatment waiting times.

Childsmile Programme

4.8.14 The Childsmile Toothbrushing Programme is a supervised programme aimed at helping children develop an important life skill at an early age, supporting positive development in their immediate social and physical environment. Across Ayrshire the programme is delivered in:

- 134 Early Years/nursery schools
- 14 Additional Support Needs (ASN) schools
- 98 Primary 1 & 2 classes in all priority primary schools.

4.8.15 The Childsmile team also have a dedicated team of Dental Health Support Workers who support family's additional support and oral health advice. In total 7,642 children have received one fluoride varnish application between August 2024 and June 2025.

4.8.16 A breakdown of the number of schools visited is noted below:

- 34 in East Ayrshire
- 40 in North Ayrshire
- 26 in South Ayrshire

4.8.17 A total of 213 children receiving fluoride varnish were then offered additional support from the Childsmile team.

Oral Health Improvement

4.8.18 Oral Health prevention is a key priority across Ayrshire and Arran. The Oral Health Improvement Team continue to strengthen links within the community, delivering local training programmes, educating the population on good oral health practices with a priority on prevention and providing support for local groups and events.

4.8.19 The team deliver training and interventions for priority groups following recognised national training programmes. The training programmes are tailored to individual needs of the population within each of the priority groups.

4.8.20 At a population level this includes:

- Providing training materials for nursery, primary and secondary schools (these can be borrowed free of charge)
- Promoting how the benefits of good oral health can improve general health via training and social media
- Actively participate in National Oral Health Improvement initiatives such as National Smile Month and Mouth Cancer Action Month.

4.8.21 In addition, directed support targeting priority groups in greatest need through:

- Deliver the Caring for Smiles programme to every care home in Ayrshire
- Provide Caring for Smiles training for care home staff
- Provide Mouth Matters training and interventions for prisoners and prison staff
- Provide Open Wide training and interventions for adults with additional needs
- Provide Smile4Life training and interventions for homeless/addictions
- Facilitate a referral service (Dental Access Programme) for homeless/addictions to the Public Dental Service
- Deliver bespoke training and interventions for children with additional needs

4.9 Key Priorities / Deliverables - 2025/26

4.9.1 A number of priorities have been agreed for 2025/26 across the Primary Care Leadership Team:

- General Practice Clusters will continue to be supported to undertake quality improvement initiatives identified through local data analysis.
- Review the GMS Contracts of Independent Contractors to help identify any improvement work and understand key themes.
- Continue to review the local and national Enhanced Service specifications being delivered across General Practice to ensure they are fit for purpose.
- Continue to work with Digital Services to enhance digital telephony within General Practice and move to a single resilient digital telephony platform.
- Deliver the Primary Care Phased Improvement Programme to demonstrate what a model of full implementation of the MDT (focussing on CTAC and Pharmacotherapy) can look like in General Practice.

- Continue to develop Openeyes for roll out in primary and secondary care so the Community Glaucoma Service can be implemented.
- Investigate the feasibility of establishing a low visual aid service for children.
- Transition from the Community Uveitis Service to the National Specialist Supplementary Service covering 10 eye conditions from August 2025.
- Review the provision of hospital contact lenses in the community looking at skill levels, accessibility and training.
- Work to improve dental access for patient care within dental practices with the aim to reduce waiting times and provide a greater range of services.
- Develop a virtual capacity network by developing a Single Point of contact through AUCS Flow Navigation Centre to encompass Hospital at Home and Community Rapid Respiratory Response programme to ensure a seamless pathway to services for patients.
- Evaluate the Test of Change of the urgent care pathway for GPs to refer patients for a home visit during OOH and consider extending the model for pre-bookable appointments at an AUCS Primary Care Treatment Centre.

4.10 Quality / Patient Care

4.10.1 Quality improvement within General Practice Clusters has continued to develop and strengthen. A range of improvement work has been carried out by the Clusters with some pieces of work done in collaboration with NHS HIS. Online Continual Professional Development events are hosted fortnightly with an open invite to staff in the whole MDT working in General Practice. Clinical Directors also meet regularly with Stakeholder GPs to understand any barriers for improvement within clusters and ensure they are supported to undertake quality improvement initiatives identified through local data analysis.

4.10.2 All GP Practices, and now extended to Community Pharmacy teams, across Ayrshire and Arran are offered regular afternoon sessions throughout the year for PLT. This allows the teams to come together to focus on reviewing service delivery models, staff development, discuss any opportunities for learning or improvements and opportunities for future ways of working. Calls into the GP practices participating in PLT on these afternoons are re-directed to AUCS to support patients during this time.

5. Strategic context

5.1 The purpose of the work underway is to help people access the right person, in the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes, including:

- Maintaining and improving access
- Introducing a wider range of health and social care professionals to support the Expert Medical Generalist
- Enabling more time with the GP for patients when it's really needed
- Proving more information and support for patients.

5.2 As we have worked to build our devolved Health and Social Care System in Ayrshire and Arran, the critical role of primary care has been emphasised throughout implementation to date and is viewed as a core component of an integrated community based care system.

5.3 This provides a solid foundation for developing a whole system health and care model which focuses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.

5.4 The aim is to empower people to take control of their own health and care as far as possible, enabling self-management, promotion of wellbeing and prevention of ill-health, use of telecare and telehealth and maximising care provided in and around communities.

5.5 Continued implementation of the PCIP has created opportunities seen in the context of the aim of the Caring for Ayrshire agenda to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place. Primary care clinicians have more interactions with patients than other parts of the NHS therefore the whole system transformational change relies on sustainable and accessible primary care services.

5.6 The wellbeing of people and communities is core to the aims and successes of Community Planning. The PCIP, delivered as an integral part of the Wellbeing Delivery Plan, Integration Authorities Strategic Commissioning Plan of both the NHS and Council, will contribute to support this wellbeing agenda.

6. Implications

6.1 Financial Implications

6.1.1 **Primary Care Improvement Fund** – the allocated fund available for the PCIP is not sufficient to ensure full roll out of the wider MDT roles. The projected additionality for CTAC and Pharmacotherapy is captured within the Demonstrator Site bid and funding. This will create an inequity across practices and different populations. There has been a request to NHS HIS to capture the impact of this as part of the evaluation process. Discussions have taken place nationally to baseline the PCIF into core budgets, but there is no agreement on this to date. Until the budget is baselined, the cost pressure associated with agreed pay awards will continue to impact on the number of roles that can be recruited to.

6.1.2 **Phased Investment Programme Demonstrator Site** – the funding associated with this programme of work will continue up until end of March 2026. There is no commitment beyond this time period but discussions with Scottish Government are ongoing for future sustainability of the programme.

6.1.3 The detailed work being taken forward as a demo site will inform future investment within Primary Care, however, there is no guarantee of recurring

funding. Discussions are taking place as the programme continues to determine staff turnover projections and the risk appetite at an IJB level to determine permanent vs fixed term job roles.

6.1.3 **GP Practice Sustainability payments** – there has been an increase in the number of practices who have indicated to the primary care team that they have sustainability concerns either relating to practice income or relating to their premises. Historic payments have been agreed with practices receiving a GP Sustainability payment which will be reviewed 2025/26 and the primary care team will also be working closely with all practices to understand sustainability concerns in more detail, providing guidance and support with the Local Medical Committee also. There is no dedicated sustainability funding allocation available for practices. The national GP Sustainability Loan Scheme for premises has been in place since 2018 which is open to all GP Practices who own their building to apply for an interest free sustainability loan up to the value of 20% of their property.

6.1.4 In 2024/25 Scottish Government paused applications for new GP sustainability loans, however, the loan scheme for tranche 1 applications restarted in April 2026 and this is only available to practices who had already submitted an application. Specifically for 17C practices there is a risk that the current level of payments does not meet the financial sustainability of the practice and therefore puts the practice at risk of resigning from their GMS Contract as the practice no longer becomes financially sustainable to continue in its current form.

6.2 Human Resource Implications

6.2.1 GP workforce remains a risk with a number of GPs retiring or choosing to leave the profession. There is ongoing work with current GPs and also trainees to make GP roles as attractive as possible in Ayrshire and Arran to improve workforce retention.

6.3 Legal Implications

6.3.1 The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:

- We will work to provide the best start in life for children of South Ayrshire
- We will reduce health inequalities
- We will shift the balance from acute hospitals to community settings
- We will manage resources effectively, making best use of your integrated capacity

6.4 Equalities implications

6.4.1 The aim through the reformed primary care service is not just to extend life, but aim to reduce the time spent in poor health.

6.4.2 Continued development to implement the priorities of the 2018 GMS Contract and developments within community optometry to integrate additional

treatments from secondary care into a community setting is an opportunity to mitigate health inequalities where possible.

6.4.3 There is a risk that those who already experience socio-economic deprivation will be disproportionately affected by dental access issues as they will be unable to pay for private dental care. The financial and social impacts of additional travel to access dental care should not be underestimated.

6.5 Sustainability implications

6.5.1 There are no environmental sustainability implications arising from the contents and recommendations of the report.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 Consultation regularly takes place through all Primary Care structures involving all stakeholders across each HSCPs and Professional Committees.

7.2 Ongoing communication with all stakeholders and the population will be critical as implementation and reform progresses.

8. RISK ASSESSMENT

8.1 Sustainability of GP practices is at risk while the new GMS contract is being implemented. For those practices who have highlighted risks to service delivery or workforce availability, the Primary Care Managers carry out bi-monthly meetings with the Practice Manager and GP Practice Quality Lead to understand the practice issues and risks.

8.2 There is a risk of not being able to implement all aspects of the 2018 GMS contract due to financial constraints and the ability to recruit to additional professional roles to either expand the MDT teams, ensuring sufficient resilience for leave or vacancies within each of the services.

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