

New Commitment 2020/21	Ayrshire & Arran Position
<p>Pharmacotherapy – Regulations will be amended so that NHS Boards are responsible for providing a Level One Pharmacotherapy service to every general practice for 2022-23. Payments for those practices that still do not benefit from a Level One Pharmacotherapy service by 2022-23 will be made via a Transitional Service until such time as the service is provided.</p>	<ul style="list-style-type: none"> • The senior pharmacy team has recently undertaken updated workforce modelling locally to understand what additional recruitment may still be required to achieve full delivery of level 1 task transfer by March 2022. • The modelling has indicated that 1 wte from the Pharmacotherapy team per 2500 treated patients was required for a sustainable Pharmacotherapy Service. There are currently 210,255 treated patients in Ayrshire and Arran so this would translate into 84 wte required. To add resilience for sickness and maternity leave the service we would require to add 20% which would take the number to 101 wte. This is the calculation used for all managed service workforce models. • Current National modelling describes a skill mix of 50:40:10 Pharmacist, Technician and Support worker. We currently have 51.6wte pharmacists, 22.9wte technicians and 10wte support workers delivering pharmacotherapy. This highlights that the gap sits within the technical team of 16.5wte and is the additionality required at a cost of £502,181 phased in over two years. • The Senior Pharmacotherapy Team have advised that this would be the final recruitment required to deliver on the Pharmacotherapy service set out within the GMS contract. The service are committed to continually reviewing skill mix within the team and when any vacancies arise will scrutinise the need for replacing posts at the same banding. Over time and with national changes to the pharmacist and technician training, along with further development pathways there should be opportunities to increase the ratio of band 4 technicians and also band 6 pharmacists as the service and roles continue to evolve. • Level one task transfer will be delivered across practices if the following can be achieved: <ul style="list-style-type: none"> ○ Resource increased to 1wte per 2500 treated patients + 20% resilience as outlined above. ○ Acute prescribing numbers in GP practices remain within defined parameters – average of 1 acute Rx per 100 treated patients per day. This will allow safe and sustainable transfer of this activity.

	<ul style="list-style-type: none"> ○ Serial prescribing numbers increased to 40-50% of repeat prescribing population. This will ensure regular review and significantly reduce the numbers of prescriptions requiring a wet signature on a daily basis. ● It was agreed that the service specification should be reviewed and the need for standardised and robust processes across all practices. This needs to be a pan Ayrshire approach to prescribing and all practices need to support this to ensure smooth transition to task transfer. This work is being supported by the programme team.
<p>Community Treatment and Care Services – Regulations will be amended so that Boards are responsible for providing a community treatment and care service for 2022-23. Where practices do not benefit from this service, payment will be made via a Transitional Service basis until such time the service is provided.</p>	<ul style="list-style-type: none"> ● TUPE of an anticipated 6 Treatment Room Nurses (3.2 wte) and 19 Healthcare Support Workers (11.8 wte) from General Practice will conclude and it's anticipated that these staff transfer to Board employment by end of September 2021. ● Remaining recruitment will be undertaken to ensure service is at full capacity. ● The extended list of CTAC nursing interventions will be implemented as part of CTAC service and associated training will be provided to staff as required. ● Standardised procedures will be developed for the additional nursing interventions to ensure a consistent approach across Ayrshire and Arran. ● A CTAC service specification will be developed and will go through governance routes for approval. ● The skill mix for CTAC will continue to be reviewed as the service develops. ● The Senior Primary Care Nurse has confirmed Ayrshire and Arran will have a developed CTAC service by the required date in March 2022 if all posts are recruited to.
<p>Vaccination Services – Vaccinations that are still in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, will be removed from GMS Contract and PMS Agreement regulations by 1 October 2021. All historic income from vaccinations will transfer to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services</p>	<ul style="list-style-type: none"> ● An Extreme Team group has been commissioned to progress a whole system vaccination programme which will include the safe transfer of vaccinations from General Practice by October 2021. ● This group has been commissioned by the Director of Public Health and sponsored by Lisa Davidson, Assistant Director of Public Health and Vicki Campbell, Head of Service for Primary and Urgent Care.

	<ul style="list-style-type: none"> • The Operational Delivery Group will be led and co-chaired by the Consultant of Public Health as Clinical Lead and the Primary and Urgent Care Programme Manager as Management Lead.
<p>Urgent care Service – Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24. Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress.</p>	<ul style="list-style-type: none"> • The work to date has provided Ayrshire and Arran with wider intelligence to understand the patient journey from the point they contact their GP Practice with their urgent care need. • This provides opportunity to progress the Re-design of Urgent Care Programme and funding allocation as a workstream aligned with the Primary Care Programme and Unscheduled Care Programme as part of the major whole system re-design programme - Caring for Ayrshire.
<p>Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) – The pandemic has highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. Working with Health & Social Care Partnerships and NHS Boards, we will consider how best to develop these services at practice level, and establish more clearly the ‘endpoint’ for the additional professional roles commitment in the Contract Offer by the end of 2021.</p>	<ul style="list-style-type: none"> • Following delivery of each of the contractual elements within the contract, which is on track to deliver with the projected resource, each IJB will have an allocated budget left over to invest any other areas such as urgent care or additional MDT members. The projected budget left to spend is outlined within Appendix 3. • It has been discussed across the various groups within the delivery structure that investment in these areas must be aligned to the contract priorities and HSCP priorities. • It is recognised that this is not a ‘one size fits all’ programme and variation will be required at a local level to meet the demands of local populations as well as current services already available. • HSCP teams have committed to work the detail of this up over the coming months and present a further plan of spend to their IJBs aligning to wider programmes of work and funding within their HSCP.