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Agenda Item: 14

Integration Joint Board

Date of Meeting: 3 September 2025.

Subject: Primary Care Improvement Plan.

1. Purpose

1.1. To provide Members with an update on the Primary Care Improvement Plan.

2. Recommendations

The Integration Joint Board is invited to note:

2.1. That Primary Care Improvement Plans were introduced in July 2018 to support delivery of the 2018 General Medical Services contract and are a key part of the wider transformation programme across NHS Scotland.

2.2. That delivery of the Primary Care Improvement Plan in Orkney has been, and continues to be, challenging. Although there are mitigations in place in the form of financial contributions to General Practitioner practices, these are not sustainable in the long term and new models of delivery must be designed in order to reduce the workload pressures in General Practice.

2.3. That the Primary Care team is committed to seeing improvements and, while tempting to repeat the approaches that have previously failed or rush into change for the sake of delivering something rather than nothing in the known gaps, the intention is to take the time required to produce plans that meet the needs of General Practice while also ensuring sustained and reliable delivery in the long term.

3. Background

3.1. Primary Care Improvement Plans (PCIPs) were introduced in July 2018 to support delivery of the 2018 General Medical Services (GMS) contract and are a key part of the wider transformation programme across NHS Scotland. In Orkney, full delivery of the plan has never been achieved. This is mainly due to long-standing recruitment difficulties, especially in securing Mental Health Practitioners and First Contact Physiotherapists, as well as the practical limitations of applying a small budget across a remote and island setting. Despite these challenges, Orkney uses 100% of its available funding each year, and services continue to be developed with input from the GP Sub-committee.

3.2. The national PCIP model sets out to move appropriate workload from GPs to wider teams. Certain services are now regulated and must be delivered by Health Boards. These are the Vaccination Programme, Community Treatment and Care (CTAC), and Pharmacotherapy. Unregulated services include options such as Urgent Care, Mental Health and Physiotherapy.

4. Orkney's Position in 2024/25

4.1. PCIP service delivery had been agreed with GP practices, via the GP Sub-committee, in previous years. Historically, there was a mixed level of success, with various recruitment and financial challenges either restricting elements of service delivery or preventing them from starting. These previous agreements rolled into financial year 2024/25 and the following list provides an overview of service status during that period:

- **Vaccination Transformation Programme:** This has been fully delivered via a central hub model for all mainland practices, with the exception of Stromness who voluntarily opted out. On the Isles, vaccinations continued to be delivered locally to avoid patients travelling into Kirkwall.
- **Pharmacotherapy:** This has been delivered through a hub model with regular senior pharmacist attendance at practices. A respected service with demonstrable impact in many areas, but not adequately commissioned to meet core national standards. Feedback received via the GP Sub-committee suggested that levels of input and impact on workload was variable across practices, noting this was potentially a symptom of service capacity rather than a lack of desire to provide more input.
- **CTAC:** This has not delivered due to funding allocation and practice preference, in the absence of funding to do everything, to focus on professional roles. The small amount of funds available to the CTAC service were shared with practices via quarterly direct payments being calculated proportionally based on registered patient list size.
- **Community Link Practitioners:** There are 2.3 Whole Time Equivalent (WTE) in post, covering the Mainland only. This is delivered through a Service Level Agreement with Voluntary Action Orkney.
- **First Contact Physiotherapy:** 2 WTE posts remained vacant at the start of financial year 2024/25 and despite recruitment efforts, continued to remain vacant throughout the year. This service is not delivered.
- **Mental Health Practitioners:** 2 WTE posts remained vacant at the start of financial year 2024/25 and, despite recruitment attempts and well-intended exploration of alternative models, continued to remain vacant throughout the year. Service not delivered.

5. Mitigation in the Absence of Service Delivery

5.1. The Head of Primary Care Services started to engage with the GP Sub-committee in July 2024, the first opportunity after taking up post in May of the same year. It was quickly established that GPs in Orkney were not feeling the benefit of a fully functioning PCIP programme. In August 2024, The Head of Primary Care Services proposed that, much like the already established direct payments for

CTAC, any PCIP allocation underspend (as a result of vacancy factor) should be paid to practices in lieu of service delivery. While not a substitute for functioning board run services, the proposal recognised that GP practices were essentially doing work that should have been picked up by PCIP provision and was therefore fair, proportionate and contributed to practice workforce costs.

5.2. Following the proposal in August 2024 and subsequent agreements in the following weeks, payments to practices were made in October 2024 to cover Quarters 1 and 2. Further payments were made in December 2024 and February 2025 to cover Quarters 3 and 4 respectively.

6. Next Steps

6.1. Considering the feedback from the Scottish Government team, and subsequent advice from the Central Legal Office, the newly identified need to prioritise regulated services requires new models to be developed and options appraisals produced for stakeholder consideration.

6.2. In the first instance, the Interim Director of Pharmacy and the Lead General Practice Pharmacist agreed to develop a proposal that would deliver an enhanced Pharmacotherapy Service, one more aligned to the core standards of the national PCIP model. Temporarily reduced operational capacity has resulted in a short delay to this model development, but it is anticipated that a draft will be available for consideration in early September 2025.

6.3. In parallel to the Pharmacotherapy models being developed, there is work underway to consider how a CTAC service could be realistically delivered, perhaps in conjunction with other transformation workstreams such as those in the Community Nursing Service.

6.4. Once developed, both model options will be taken to the GP Sub-committee for consideration and agreement in principle, before then progressing through the standard Integration Joint Board and NHS Orkney governance routes for approval. At the time of producing this report, it is anticipated that the pharmacotherapy proposals will be considered first as any CTAC models will be immature at an early stage as well as being co-dependent on other service transformation work.

6.5. The optimum outcome will be achieving full delivery of regulated PCIP services in Orkney, specifically CTAC, Vaccines and Pharmacotherapy. However, there is a requirement to be realistic that both recruitment difficulties and limited financial allocation will always be significant challenges to overcome. In the case of challenges that prove to be a barrier to full delivery, then alternatives models will need to be considered. For example, there may be a need to demonstrate to Scottish Government that Orkney is unable to meet the regulated requirements of PCIP and request special dispensation to do something different in partnership with General Practice stakeholders.

7. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	No.

8. Resource and financial implications

8.1. The PCIP funding allocation to Orkney is £975,000 and represents a share of just 0.5% of national funding as established by the National Resource Allocation Formula (NRAC). The available funds are fully committed, but geography and scale mean that the nationally established delivery models, especially hub-based approaches designed to work in densely populated urban areas, simply do not translate well to a remote, rural and island setting in the same way they might elsewhere.

8.2. In light of the feedback from the Scottish Government team, and subsequent advice from the Central Legal Office, the newly identified need to prioritise regulated services will undoubtedly result in a significant amount of the financial envelope, if not all, being redirected to statutory service provision. This may have consequences on General Practice as the additional services prioritised by the GP Sub-committee, particularly First Contact Physiotherapists and Mental Health Practitioners, will almost certainly not be achievable.

8.3. The current financial year started with the arrangements for financial year 2024/25 being carried over. However, it was recognised that a change is needed to break the cycle of carrying vacancies and not being able to recruit. The Head of Primary Care Services is on record describing how uncomfortable it is providing negative recruitment updates to GPs, all of whom would benefit from the reduction in the workload that PCIP is meant to deliver.

8.4. The Head of Primary Care Services agreed, with the GP Sub-committee, to discuss the Orkney position with colleagues in the Primary Care Directorate of Scottish Government, with a view to highlighting the difficulties in applying the national PCIP model in a remote, rural and Island environment and establishing what alternatives might be achievable while still meeting the national standards.

9. Risk, equality and climate change implications

9.1. Discussions with Scottish Government officials in May 2025 and, despite clearly outlining the challenges of an island health board, it was confirmed that little flexibility in the national model was achievable and Health Boards in fact have a legal duty to deliver the regulated services within PCIP, which should always be prioritised over the non-regulated elements of PCIP. Although there was understanding around Orkney's position, the advice was clear, and it was suggested that formal advice be sought regarding the risks associated with the known gaps in regulated services.

9.2. Legal input was then sought from the Central Legal Office. The conclusion was straightforward; failure to deliver regulated PCIP services carries a risk, and the only real mitigation is to ensure full delivery.

10. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

11. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

12. Authors and contact information

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