AGENDA ITEM

15

Agenda Item: 15

Falkirk
Health and Social Care
Partnership

Title/Subject:	**Primary Care Improvement Plan Iteration 2**
Meeting:	**Integration Joint Board**
Date:	**05 April 2019**
Submitted By:	**Associate Medical Director Primary Care, NHS Forth Valley**
Action:	**For Decision**

1. INTRODUCTION

1.1. The National GMS Oversight Group comprising senior representatives of the four signatories to the Memorandum of Understanding on implementing the 2018 GMS contract met on 23rd January 2019, where the future reporting cycle of all Primary Care Improvement Plans from across Scotland was agreed.

1.2. In July 2018 the first iteration of the Forth Valley Primary Care Improvement Plan (PCIP) was submitted as required to the Scottish Government. The plan covered the period from April 2018-2021 but recognised an initial implementation and delivery phase from April 2018 to end March 2019. Scottish Government have indicated that it is now expected that all Integration Authorities create the second iteration (iteration 2) of these plans to cover the period April 2019 to end March 2020.

2. RECOMMENDATION

The Falkirk Integration Joint Board is asked to:

2.1 note the progress of the Forth Valley Primary Care Improvement Plan described in this paper and within progress tracker and workforce template (appendix 1 and 2)

2.2 note that the first iteration of PCIP was a comprehensive 3 year plan agreed by IJBs, the NHS Board and GP Sub Committee and was submitted to the Scottish Government in July 2018. The second iteration (iteration 2) of the PCIP requires to be concluded mid April for submission to Scottish Government by 31st April

2.3 delegate authority to the Chief Officer to agree iteration 2 on behalf of the IJB

2.4 note that the NHS Chief Executive will agree on behalf of NHS Forth Valley board and GP Sub Committee chair will agree as per tripartite governance arrangements

2.5 note the risks outlined in relation to affordability, recruitment and infrastructure that may impact on delivery of the Primary Care Improvement Plan

2.6 agree that unallocated and slippage in Primary Care, Out of Hours and Mental Health Transformations Funds, currently ring fenced in the IJB reserves, are allocated to the PCIP in 2019/20.

3. BACKGROUND

3.1. The Forth Valley Primary Care Improvement Plan 2018 – 2021 aims to deliver the requirements of the GMS Contract in accordance with the Memorandum of Understanding between the Scottish Government, NHS Boards, Integration Authorities and the Scottish General Practitioners Committee.

3.2. The PCIP aims to enhance Primary Care workforce capacity and capability and support a person centred, safe, effective and sustainable shift of workload from GPs to release capacity for their Expert Medical Generalist role. This should support the additional aims of the Contract aimed at making GP workload more manageable and reverse the national GP recruitment and retention crisis which has been escalating in recent years.

3.3. The PCIP investment for Forth Valley is in line with delivering the priorities of the new GMS contract:

- Vaccination Transformation Programme
- Community Treatment and Care Services
- Pharmacotherapy Services
- Providing an additional multi-disciplinary workforce of professionals with advanced and additional skills to support those presenting to general practices including patients in need of urgent care

3.4. This investment in Primary Care through the PCIP is a critical step towards comprehensive, longer term sustainability of Primary Care in line with the strategic plans of the local Health and Social Care Partnerships and the NHS Board. Regular review of the PCIP will be important to assure progress is maintained, to identify and resolve financial or recruitment risks and challenges, and to make realistic adjustments based on implementation experience and emerging opportunities.

3.5. A PCIP progress tracker and workforce template (Appendix 1 and 2) has been issued by Scottish Government to record progress of the Plan. This has been completed in advance of submission to Scottish Government by 30th April 2019.

3.6. **Primary Care Improvement Plan - PCIP: Iteration 2**
Iteration 2 of the PCIP reviews and refines the original comprehensive 3 year implementation plan. Iteration 2 will factor in learning from the first phase of implementation, advanced planning and prioritisation work undertaken by the PCIP Group and Sub Groups to date. This has led to a refinement of workforce assumptions for year 2 and a significant reduction in anticipated cost. Iteration 2 will also present a revised trajectory to available resource at 2021 and outline the risks this may raise.

3.7. Iteration 2 will be drafted in partnership and consultation with the GP Sub Committee, with the wider PCIP group and the IJB Senior Leadership Team with the aim of confirming the plan by 18th April, prior to submission to government by 30st April. The plan must be submitted with tripartite agreement between IJB, NHS and GP Sub Committee. Iteration 2 will respond to the specific items set out in Scottish

Government Guidance for PCIP iteration 2 plans issued in March 2019. It is proposed that Chief Officers, NHS Chief Executive and GP Sub Committee Chair agree the PCIP iteration 2 prior to submission to Scottish Government on the 30th April.

3.8. **The Forth Valley Primary Care Improvement Plan : Progress to Date**
The PCIP has been developed using a three horizon model and is overseen by the Primary Care Improvement Plan Group. This is a broad stakeholder group chaired by the Chief Executive of NHS Forth Valley with representation from IJBs, the NHS Board, the GP Sub Committee, GP Clinical Leads and Clinical Services Leads. The Group is also attended by key individuals providing expert project management, HR and workforce, finance, and infrastructure support. The PCIP Group meets 4-6 weekly to assess progress across all work streams and to review and quantify identified risks.

3.9. Three key work stream groups (below) lead on delivering the PCIP priorities and report to the PCIP Group:

- Vaccination Transformation Programme
- Pharmacotherapy
- Urgent Care and Community Treatment and Care

3.10. A Forth Valley Primary Care Improvement Plan Working Agreement has been developed to support the transition towards multi-disciplinary teams in support of General Practice. This outlines the expectations and responsibilities of the Integration Authorities, NHS Board and GP Sub Committee in taking forward the Memorandum of Understanding as well as the responsibilities of clinical services, service leads, practices, Clusters and GPs in facilitating effective change.

3.11. There is a need for the Plan to be flexible to address local priorities. Therefore, there has been significant engagement and work with all GP clusters to consider their needs and priorities and to help plan the phasing of new services over the next 3 years in support of practices.

3.12. There have also been a series of information sessions for practitioners, regular communications and updates and recently a welcome and orientation session for the 75 professionals recruited to date. A number of public awareness sessions have been well attended with individual practices also highlighting the changes to their patient populations.

3.13. **Workforce Deployment**
As a result of central and local discussion it was agreed that for Phase One of the PCIP, four clusters would initially receive support from pharmacotherapy services while practices in the remaining five clusters will receive support from other members of the multi-disciplinary team working in advanced professional roles.

3.14. In addition the Vaccination Transformation Programme has started providing childhood immunisation services across Clackmannanshire. It is planned to roll this service out across all clusters by 2021.

3.15. In the Falkirk area, the Falkirk Town, the Stenhousemuir and Larbert and the Denny and Bonnybridge Clusters will receive pharmacotherapy support initially while the

other two Falkirk HSCP Clusters centred around Grangemouth and Bo'ness and Polmont and the Braes will be supported by a range of professionals including Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners and Primary Care Mental Health workers.

3.16. The Phase 1 recruitment plan for 2018/19 has been very successful and is outlined in the Scottish Government tracker (Appendix 2).

3.17. **Finance and Affordability**
There are significant financial implications due to the scale and pace of the recruitment programme and the incremental timing of national funding which are geared towards the latter 2 years of the plan. Indicative funding allocations from the Scottish Government suggest that a total of £8.401m will be available to implement the contract.

3.18. A summary of the latest 4 year cost projection is presented in appendix 2 and summarised in section 4.5.

3.19. **Recruitment**
To date, recruitment has been successful with 80 WTE posts appointed to at 31 March 2019. It is however, recognised that ongoing recruitment may be challenging given the volume of recruitment nationally and the associated financial challenges.

3.20. Work is being undertaken in all workstreams to consider skill mix and to mitigate the risk of inequitable allocation of resource and workforce.

3.21. **Premises and IT**
The second iteration of PCIPs should set-out what local processes are in place to identify both the physical and digital infrastructure needed to support Primary Care service re-design.

3.22. This will need to be scoped, costed and prioritised. A significant piece of work is currently in progress in relation to review of Primary Care Premises, looking at current condition and quality of the working and care environment. The premises risk also is aligned with strategic drivers both from the PCIP and planned local housing developments that may test the sustainability of primary care services. The output from the Premises Review is anticipated in May 2019 and will inform the NHS Board's Property & Asset Management Strategy for future years and its associated investment plan. It is, however, recognised, that there will be some short term requirement driven by recruitment in the initial phase of the PCIP that will need to be assessed and prioritised for inclusion in the Board's Capital Plan for 2019/20.

3.23. It has been clarified that additional infrastructure costs should not be met from within the Primary Care Improvement Fund.

3.24. Work is ongoing to optimise ways of using IT effectively, Current systems are not fit for purpose in considering multi-disciplinary working and the need for information sharing across multiple practice sites and the benefit of remote access. There needs to be a review of the current configuration and architecture of GMS Practice and Community Systems to ensure they meet the future demands of the Primary Care and

Integrated Services. The Digital and eHealth Plan includes provision of schemes to start this investigative work.

3.25. **Identified risks**
The PCIP Core Group have agreed a Risk Register noting the main risks that are considered significant and require mitigation

- Financial affordability
- Failure to recruit further to develop a capable, integrated Primary Care and community workforce
- Inadequate capacity and equipment in Primary Care Premises
- Inadequate IT to support multi-professional working and required remote access to enable safe and appropriate information sharing
- Loss of professional engagement due to a combination of the above.

4. CONCLUSIONS

4.1. Work to deliver the Primary Care Improvement Plan in Forth Valley has progressed well with significant success in recruitment to move forward with new models of care in all practices in a phased way.

4.2. A robust collaborative structure has been developed to allow monitoring and evaluation of progress.

4.3. Engagement with practices and from clinical services has been excellent.

4.4. Iteration 2 will be drafted in partnership and consultation with the GP Sub Committee and with the wider PCIP group with the aim of confirming the plan with both groups by 18th April, prior to submission to government by 31st April.

4.5. Risks in relation to finance, infrastructure and ongoing recruitment threaten the momentum of change and ongoing success of the work.

Resource Implications
While significant work has been undertaken to align the plan with available resource, the Primary Care Improvement Fund allocation from the Scottish Government combined with the residual Primary Care Transformation Fund and relevant elements of the Action15 Mental Health funding continues to be considered as inadequate in terms of meeting the aspirations of the new GMS contract. This may be further mitigated to a limited degree by refinement of clinical models and changes in workforce skill mix.

A summary of the financial projection as at March 2019 is presented overleaf. Whilst the position has improved significantly since the original iteration of the plan, an overspend of £1.729m is currently projected for 2020-21. This is proposed to be mitigated by a number of measures outlined below. This includes NHS Board provision of non-recurring additional allocation of £400k and the recommendation that unallocated and underutilised Primary Care, Out of Hours and Mental Health

Transformations Funds, currently ring fenced in the IJB reserves, are allocated to the PCIP in 2019/20.

This additional funding will allow completion of Phase 1 of the Plan but will not allow further service or workforce development in Year 2 beyond that achieved in Phase 1. The over spend is expected to reduce by £0.748m to £0.981m by 2021-22. Clearly this position is not affordable.

It is recognised, however, that future year planning assumptions are in the process of being revised. This will be informed by the forthcoming evaluation of the roll out of the current service model, ongoing discussions with the Scottish Government regarding future funding levels and our ability to successfully recruit to posts over the next 3 years.

As noted above, building and other infrastructure developments will require to be identified and prioritised for inclusion the NHS Board's Property & Asset Management Strategy and Capital Plan.

FINANCIAL PROJECTION AS AT MARCH 2019	2018-19 £m	2019-20 M	2020-21 £m	2021-22 £m
WTE	89.53	113.13	177.73	196.5
Funding Assumptions				
PCIF allocation	£2.219	£3.634	£6.052	£8.401
Transformation Fund Reserves	£0.209	£0.643	£0	£0
NES GPPN trainees	£0.053	£0.108	£0.055	£0
Action 15 Mental Health	£0	£0.240	£0.247	£0.251
Superannuation Funding (18-19 posts)	£0	£0.192	£0.192	£0.191
Other (including £400k NHS non recurring)	£0	£0.714	£0.131	£0.068
Total	**£2.481**	**£5.531**	**£6.677**	**£8.911**
Forecast Expenditure				
Vaccine Transformation	£0.234	£0.457	£0.776	£0.791
Pharmacotherapy Service	£0.916	£2.099	£2.931	£3.567
Community Treatment & Care Services	£0.106	£0.521	£0.860	£1.091
Urgent Care – Advanced Practitioners	£0.355	£0.732	£1.210	£1.524
Additional Professional Roles	£0.413	£1.530	£2.187	£2.472
Other	£0.064	£0.101	£0.442	£0.448
Total	**£2.088**	**£5.441**	**£8.406**	**£9.892**
Underspend (Overspend)	**£0.393**	**£0.090**	**(£1.729)**	**(£0.981)**

Impact on IJB Outcomes and Priorities
Failure to deliver the Primary Care Improvement Plan will result in a failure to deliver the GMS Contract in line with the Memorandum of Understanding

Legal & Risk Implications
As above

Consultation
There is significant ongoing consultation with all stakeholders.

Equalities Assessment
Equalities impact assessment completed July 2018

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Approved for Submission by: Patricia Cassidy, Chief Officer

Author: Dr Stuart Cumming, AMD Primary Care NHS Forth Valley
Date: 22/03/2019

List of Background Papers:

Primary Care Improvement Plans: Implementation Tracker DRAFT NOVEMBER 2018

Health Board Area: NHSForth Valley
Health & Social Care Partnership: Clackmannanshire & Stirling and Falkirk
Number of practices: 54

Implementation period
From: July 2018
To : end March 2019

Completed by:
HSCP/Board **Kathy O'Neil, Dr Stuart Cumming, Lesley M**
GP Sub Committee **Dr David Herron**
Date: 21-Mar-19

		fully in place / on target	partially in place / some concerns	not in place / not on target
Overview (HSCP)				
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs		R	A	
Comment / supporting information		Regular updates and appropriate approvals are provided to /by IJBs and NHS SLT. All partners are represented on the PCIP implementation group. The GP sub support money has been crucial to securing the level of GP Sub input into meetings that is required. With this money we have been able to secure robust GP engagement at all PCIP related meetings. The GP Sub comittee and LMC have recieved regular updates and been able to make		
PCIP Agreed with GP Subcommittee		R	A	
Comment / supporting information (date of latest agreement)		The GP Sub officially agreed the PCIP at the end of July 2018. Since then we have had monthly updates on progress of the PCIP.		
Transparency of PCIF commitments, spend and associated funding		R		G
Comment / supporting information		Finance has been provided regularly giving updates on PCIP spend and staff. It is a challenge to keep track of new staff employed and where they are located. Having 3 large 2c practices along with prisons and other primary care teams also needing staff over and above the PCIP has meant this is complex. This is amber as the LMC think that this is being done right but ogoing clarity is essential .		
Enablers / contract commitments				
BOARD				
Premises				
GP Owned Premises: Sustainability loans supported		R	A	G
comment / supporting information	Applications		8	
	Loans approved		6	
	narrative:		2 applications are currently with Scottish Government (1 is for a 35% loan as opposed to the standard 20%. Currently awaiting a decision from the Scottish Government). The other is a standard 20% application that was not supoprted by the Board, further discussion required wth the Practice).	
GP Leased Premises: Register and process in place		R	A	G
comment / supporting information	Applications		1	
	Leases transferred		0	
	narrative:		Only two Practices in Forth Valley privately lease their premises (both in Clacks/Stirling IJB area). The Board is currently involved in the drafting of a new lease agreement for one of these Practices.	
Stability agreement adhered to		R	A	G
comment / supporting information		we are uncertain regarding this		
GP Subcommittee input funded		R	A	
comment / supporting information		national funding has been acknowledged locally and arrangements are in place to make payment for meetings attended - this is to teh satisfaction of the GP Sub.		
Data Sharing Agreement in Place		R	A	G
comment / supporting information		Awaiting final confirmation of board DPO		
HSCP				
Programme and project management support in place		R		G
comment / supporting info		PM and IA in place transitioned from PCTF, sustainability of posts for duration of PCIP not yet assured		
Support to practices for MDT development and leadership		R		G

comment / supporting info	Currently developing a cluster improvement network with a designated practice manager Improvement Facilitator. Leadership and Development options being explored. Broad range of MDT leadership roles included in the workforce plan		
GPs established as leaders of extended MDT	R		G
comment / supporting info	collaborative leadership is strong across the partnerships and across the MDT. Strong GP leadership is present in all working groups and workstreams		
Workforce Plan reflects PCIPs	R		G
comment / supporting info	we have a comprehensive workforce plan which is clearly set out in the plan. There are resource limitations to moving forward at the pace we would like		
Accommodation identified for new MDT	R		G
comment / supporting info	Early days, some specific challenges which will grow rapidly. IT / infrastructure is an equally limiting factor to finding solutions / hub type approaches to delivery.		
GP Clusters supported in Quality Improvement role	R		G
comment / supporting info	Strong LIST support available, have a strong CQL network meeting quartrly. Considerable involvement of clusters in the PCIP. some support available,		
Ehealth and system support for new MDT working		A	G
comment / supporting info	dedicated support from local e-health, however, IT infrastructure, including EMIS, is extremely limiting our ability to work and share information effectively accross multiple practices or to create any effective hub models. There is a need to be clear and agree what is essentially reqluired to be held in central GP record - e.g immunisation		

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	R		G
Pharmacotherapy implementation on track vs PCIP commitment	R		G
Practices with PSP service in place	14		
WTE/1,000 patients	1 to 5000		
Pharmacist Independent Prescribers (as % of total)	65		
	Level 1	Level 2	Level 3
Level of Service	12	12	
comment / narrative	16wte pharmacist workforce recruited and currently working to provide the Pharmacotherapy Service across 2 clusters. Recruitment for the first round was extremely successful. On track to plan to roll out across another 2 clusters. Second round of recruitment completed 13/03/19 resulting in 5.6wte pharmacists and 1wte pharmacy technician recruited. Acknowledgement by the service and senior MDT that the level of experience/skills from the second round of recruitment is significantly lower with pre-registration pharmacists/newly qualified pharmacists being appointed.		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment	R	A	G
Development of CTS on schedule vs PCIP	R	A	G
Practices with access to phlebotomy service	0		
Practices with access to CTS service	54		
Range of services in CTS	see treatment room guidelines		
comment / narrative	Amber CTS reflects our existing treatment room services which go some way to fulfil CTS requirements however, we have not been able to progress recrutiment of HCSW as described in our plan due to resource constraint and prioritisation of other resources. complexity around transition of phlebotomy includes IT inflexibility. There is a significant risk of creating community hub models without IT interoperability. This includes additional administration burden, clincical risk due to lack kof access to patient records and increased docman workflow etc etc. Scoping of potential workforce transfer and potential TUPE has been very challenging. The lack of in year resource to complete our phase 1 commitments.		
Vaccine transformation Program			
PCIP VTP plans meet contract commitment	R	A	G
VTP on schedule vs PCIP	R		G
Pre-school: model agreed	R		G
practices covered by service	8 practice pilot in place in Clacks. Health Inequalities impact assessment not yet completed. Models not yet agreed for the remaining clusters		
School age: model agreed	R	A	
practices covered by service	54 practices covered by school nursing Immunisation Team. LES in place for GP practices to manage non-attenders until VTP fully in place		
out of schedule: model agreed	R	A	G

practices covered by service	0. Model not yet agreed. Risk too high without IT solution to sharing patient records		
Adult imms: model agreed			G
practices covered by service	0. Risk too high without interim IT solution for sharing patient records		
Adult Flu : model agreed		A	G
practices covered by service	0. Lack of clarity on feasibility of this service. Resources focused on delivering pre school immunisation, as we was run 'Test of Change' pilots for Flu.		
Pregnancy: model agreed	R		G
practices covered by service	54. Gaps in delivery for women over 20 weeks at the start of the Flu season. Currently developing contingency plan.		
Travel: model agreed		A	G
practices covered by service	1. Currently awaiting National developments. Limited resource		
comment / narrative	Resource limitations may lead to delays in the roll out of the 0-5 year porgramme and planning for Test of Change pilots. This may have a knock on effect on the VTP delivery timetable.		
Urgent Care Services			
Development of Urgent Care Services on schedule vs PCIP	R		G
practices supported with Urgent Care Service	28		
comment / narrative	All practices offered ANP urgent care resource. 3 practices opted out and increased other MDT supports. 10 ANPs in training, we have a resource gap to complete first phase allocation of 1 ANP to 7,500. Some having ANPs already. Approx allocation of 1Wte		
Additional Services (complete where relevant)			
APS – Physiotherapy / MSK			
Development of APP roles on track vs PCIP		A	G
Practices accessing APP	28		
WTE/1,000 patients	1/20000		
comment / narrative	All practices in 5 clusters (32 practices) offered, 3 opted out. All year 1 posts in place end of April		
Mental health workers			
On track vs PCIP		A	G
Practices accessing MH workers / support	30		
WTE/1,000 patients	1/15000		
comment / narrative	All practices in 5 clusters (32 practices) offered, 1 opted out. All phase 1 posts in place. Working closely with Action 15 planning and resource allocation		
APS – Community Links Workers			
On track vs PCIP	R		G
Practices accessing Linkworkers	not confirmed yet		
WTE/1,000 patients	8 posts accross Forth Valley subject to funding		
comment / narrative	features in year 3 of our plan, anticipated to be targetted to practices with most deprived populations. This will be sunject to resource and prioritisation		
Other locally agreed services (insert details)			
Service Care Home Support Nurses (community nurses)			
On track vs PCIP	R	A	G
practices accessing service	25		
comment / narrative	3.6wte workforce in place to provide support to 4 clusters (over 700 care home residents). This has been extremely successful. On track to plan but there remains gaps in provision and no further resource in plan.		

Overall assessment of progress against PCIP	R	A	G

Specific Risks

Inability to deliver additional capacity at or near practices due to accomodation and infrastructure constraints
Models develop with costly and cumbersome workarounds to inadequate IT infrastructure - e.g creating second line services which have separate booking and recording systems
Inability to provide enough flexibility to cover leave or absence where services are low level supports - e.g physio and mental health 8 posts accross 28 practices.
Workforce availability and competing factors in workforce market
Professional disengagement through loss of momentum if plan isn't delivered as per timing of key milestones

Barriers to Progress

Funding, particularly incremental growth of funding not enabling scale at pace
inflexible IT systems
lack of accommodation
Managing change on a background of sustainability challenges

Issues FAO National Oversight Group

workforce supply
funding
IT
variation in service delivery - e.g. standards of activity / capacity/ training support / cpd
condition and capacity of primary care premises and requirement for capital planning and funding

Funding and Workforce profile

Table 1: Spending profile 2018 - 2022 (£s)
Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	229086	4620	915692	0	106193	0	313094	42194	411369	65368	0	0
2019-20 planned spend	447621	9680	2056273	42933	521493	0	711229	20720	1538536	92710	0	0
2020-21 planned spend	758736	17490	2877365	53933	859591	0	1174090	35900	2192592	104480	332293	0
2021-22 planned spend	773117	17490	3502274	64900	1090652	0	1494697	29700	2473529	108660	337277	0
Total planned spend	2208560	49280	9351604	161766	2577930	0	3693110	128514	6616027	371218	669570	0

Table 2: Source of funding 2018 - 2022 (£s)

Financial Year	Total Planned Expenditure (from Table 1)	Of which, funded from:		
		Unutilised PCIF held in IA reserves	Current year PCIF budget	Unutilised tranche 2 funding held by SG
2018-19	2087615	261951.8914	2219000	
2019-20	5441195	2290172.888	2981000	260000
2020-21	8406470	714990.9184	5962000	
2021-22	9892296	510122.1244	8401000	
Total	25827577	3777238	19563000	260000

Comments: Note that additional professional roles includes project management & improvement support costs. Note that the

Table 3: Workforce profile 2018 - 2022 (headcount)

	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
Financial Year	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL headcount staff in post as at 31 March 2018	14	3	0	0	3	0	0		7	0	0	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	21	0	8	0	0	14	0		9		0	0
PLANNED INCREASE in staff headcount (1 April 2019 - 31 March 2020) [b]	9	3	1	0	0	2	0		2		1	0
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]	10	0	8	0	0	14	0		7		0	8
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	10	0	0	0	0	0	0		0		0	0
TOTAL headcount staff in post by 31 March 2022	64	6	17	0	3	30	0	0	25	0	1	8

[a] please specify workforce types in the comment field below
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 4: Workforce profile 2018 - 2022 (WTE)

	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
Financial Year	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL WTE staff in post as at 31 March 2018	9.0	3.0	0.0	0.0	3.0	0.0	0.0	0.0	6.4	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	17.0	0.0	8.0	0.0	0.0	13.2	0.0	0.0	7.9	9.4	0.0	0.0
PLANNED INCREASE in staff WTE (1 April 2019 - 31 March 2020) [b]	8.0	3.0	0.8	0.0	0.0	2.0	0.0	0.0	1.8	0.0	1.0	0.0
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	10.0	0.0	7.1	0.0	0.0	13.8	0.0	0.0	6.9	3.8	0.0	8.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.8	0.0	0.0
TOTAL WTE staff in post by 31 March 2022	54.0	6.0	15.9	0.0	3.0	29.0	0.0	0.0	23.0	17.0	1.0	8.0

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a