

# Glasgow City Health and Social Care Partnership submission of 26 February 2024

## PE2053/E: Stop the cuts to community link workers and help secure their long-term future within GP practice teams

### Background

#### 2015

- Pilot programme started in Glasgow, led by the Deep End Practices' Network
- Scottish Government (SG) funded the Health and Social Care Alliance to employ **18 practices** to have a community link worker (CLW).

#### 2017

- SG extended the programme to 250 Scottish practices that were most affected by their patients' deprivation.
- Calculations suggested 90 Glasgow practices would be eligible.

#### 2018 GP Contract

- Introduced to create the conditions that enable GPs to operate as expert medical generalists, by releasing them from work that is capable of being carried out by others, thereby allowing GPs more time to spend on complex care for vulnerable patients, undifferentiated illness and to operate as clinical leaders of extended teams.
- The Memorandum of Understanding (MoU) to support implementation of the contract, identified six priorities: vaccination services, pharmacotherapy, community treatment and care, urgent care, additional professionals (including acute musculoskeletal physiotherapy, community mental health) and **community link workers**.<sup>1</sup>

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<sup>1</sup> [Delivering the new GMS contract in Scotland: memorandum of understanding - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2018/06/Delivering_the_new_GMS_contract_in_Scotland_memorandum_of_understanding.pdf)

- Details of how the SG funding (PCIF) would be used by HSCPs/IJBs to implement these priorities were included in Primary Care Improvement Plans (PCIPs)<sup>2</sup>.
- Glasgow PCIF was expected to rise over 4 years, from £5.5m to £18.7m.

## 2018-2019

- We invited third sector organisations to tender to be on a “Glasgow City Links Worker procurement framework”.
- January 2019: the contract commenced, and included the 18 CLW posts previously supported directly by SG.
- We calculated that the cost of CLWs for 90 practices (around £4.4m per year) would not be affordable, because the HSCP/IJB had to fund all 6 commitments.
- The HSCP/IJB was committed to the CLW programme, and approved PCIF of £2m to allow phased expansion of the programme from **18 to 35 practices (subsequently we increased coverage to 41)**.

## 2021

- SG provided additional funding for CLWs on a one-off basis.
- HSCP/IJB combined this with ring-fenced, unused PCIF reserves to expand the coverage to another 40 practices, on a **temporary basis**, until March 2023 (total of 80 practices: 45 with full-time and 35 with part-time support)<sup>3</sup>.
- July 2021: SG advised: *“Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, but the expectation for 2021-22 is that their further development... may progress at a slower pace to allow the commitments around VTP<sup>4</sup>, CTAC<sup>5</sup> and pharmacotherapy to be accelerated”*.
- *“Integration Authorities should endeavour to ensure that ring-fenced Primary Care Improvement Fund... supports the delivery of the three priority areas [VTP, CTAC and pharmacotherapy] for*

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<sup>2</sup> [Primary Care Improvement Plan - Bulletins and Additional Information | Glasgow City Health and Social Care Partnership \(hscp.scot\)](#)

<sup>3</sup> The number of practices reduced from 81 to 80 because of a merger.

<sup>4</sup> VTP – Vaccination Transformation Programme

<sup>5</sup> CTAC – Community Treatment and Care Services

*2021-22 before further investment of PCIF monies in the other MoU commitments”.*<sup>6</sup>

- Glasgow City HSCP follows guidance by allocating approximately 70-75% to VTP, CTAC and pharmacotherapy, and 25 -30%% on other roles, such as CLWs.

## **2023**

- SG confirmed funding of £1.3m to continue support for 80 practices until March 2024.

## **2023 - Looking ahead to 2024/25**

- The Health and Social Care Alliance and We Are With You are the suppliers until April 2024, under contract with NHS GG&C.
- Contracts will finish at the end of March 2024, therefore, a new procurement process was initiated (with the tenders issued by August 2023) so that the programme could continue without a gap.
- At this time, Glasgow City HSCP had not received confirmation from SG that supplementary funding for CLWs would be available for 24/25.
- Re-tendering progressed on the basis that the only funding would be the PCIF of £2.186m.
- Feedback from the Local Medical Committee/GP subcommittee was that all 80 practices should receive support in 2024/25.
- To achieve this objective, practices with a full-time CLW would reduce to part-time support from April 2024.
- The Health & Social Care Alliance secured the 7 lots to deliver the programme from April 2024 for 12 months, with option to extend annually for 48 months.

## **November 2023**

- SG confirmed annual funding of £1.2m for 3 years from April 2024, to supplement Glasgow City HSCP's PCIF.
- This funding will enable the new CLW contract to operate at the same level as 2023/24 for 80 practices.
- SG's offer was subject to annual parliamentary budget approval.
- The HSCP will continue the current level of funding for three years from 2024/25, although actual funding may fluctuate to reflect any significant changes to the total amount of PCIF.

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<sup>6</sup> ([Memorandum of Understanding 2-GMS Contract Implementation for PC Improvement 30 July 2021.pdf \(scot.nhs.uk\)](#))

## What would help support sustainability?

- The level of PCIF is not sufficient to implement all commitments in the 2018 GP contract/MoU (we would need more than twice our annual PCIF amount); therefore, providing sufficient funding to implement full delivery of the 2018 contract could support also the CLW programme.
- PCIF is allocated on an annual basis, with SG letters sent to IJBs during the same financial year as the funding is required to be spent. This places risks on IJBs, because the actual funding allocated might not be sufficient to cover the full costs. SG has provided some comfort by confirming what the estimated level of national funding is likely to be in the following year, but there is still the possibility that actual amounts available to individual IJBs might change by the time that funding allocation letters are issued.
- Contract(s) with providers are limited to one year, with the option to extend for future years, depending on funding. More certainty about future years' funding would enable longer term contracts and, therefore, base-lining of SG funding would be a preferred solution.
- Even if the overall allocation of PCIF is increased, the additional funding would require to be used by HSCPs/IJBs to support implementation of the other commitments in the GP contract, rather than the CLWs, given the contractual requirements of the MOU2. One option could be for SG to fund CLWs separately as part of a wider primary care inequalities' programme; this could cover other activity, such as providing financial advice.