

The Scottish GP Contract; an update on the opportunities provided by the new GP contract and more integrated care

**John Nugent
Frank McGregor
Primary Care Division
Scottish Government**

3rd National Deep End Conference

24th November 2015

Erskine



The Scottish Government
Riaghaltas na h-Alba

2004 – a big bang?

- Introduction of a 'layered' contract; Essential, Additional and Enhanced Services
- Quality and Outcomes Framework (QOF)



The Scottish Government
Riaghaltas na h-Alba

10 years later

- Increasing workload; particularly multi-morbidity
- Increased bureaucracy; reporting, monitoring
- Patient-focus; less so
- Impact on Health Inequalities; exception reporting



The Scottish Government
Riaghaltas na h-Alba

But...

- More systematised care; for specified conditions
- Performance related pay
- Standards and processes; with external scrutiny/verification



The Scottish Government
Riaghaltas na h-Alba

Drivers for change?

- Patients; access, multi-morbidity
- Professionals/BMA; bureaucracy, workload, demand, recruitment/retention
- Scottish Government; integration, 2020 Vision, access, recruitment/retention
- Boards; remote and rural, urban challenges – not all the same
- All; intended direction of travel; ‘more care at home’



The Scottish Government
Riaghaltas na h-Alba

Change to what?

- Future role of the GP; expert-generalist; complex care, undifferentiated illness, quality and leadership
- Future role of all professionals; ‘top of licence’
- GPs; a voice in the wider system
- Towards a ‘Primary care led NHS’



The Scottish Government
Riaghaltas na h-Alba

Expert-generalist

- Complex care; reactive and proactive
- Reactive; source of support to those other professionals working to the 'top of their licences'
- Pro-active; being supported to identify and to work with others to address the needs of a cohort of 'high gain' individuals

Undifferentiated illness

- Managing uncertainty
- Determining who needs further investigation, treatment, referral
- Bedrock of the expert-generalist
- What only a GP can do?

Quality and leadership

- Every GP involved in quality
- Focussed on outcomes (cf. QOF)
- Some GPs involved in leadership; cluster lead
- Changes to services; within and out with the practice
- Virtuous cycle; PDSA – Plan, Do, Study, Act

Implications for whole system

- GPs; training and time, numbers?
- Other primary care professionals; training and time, numbers?
- Secondary care professionals; training and time?
- Time = cost
- Evaluation/research

What have we done so far?

- Engaged with professional representatives; BMA/CNO
- Engaged with front line clinicians and senior managers; Boards and Integration bodies
- Engaged with professional bodies; RCGP
- Engaged with key stakeholders



The Scottish Government
Riaghaltas na h-Alba

How will we know that it is working?



The Scottish Government
Riaghaltas na h-Alba

Looked at it another way?

- GP the career of choice



- Improved patient access and confidence



- Reduced avoidable admissions to hospital



The Scottish Government
Riaghaltas na h-Alba

Pump priming; 60 m investment

- Testing, demonstrating and developing new models – in at least ten areas
- New pharmacists/pharmacist roles
- Mental Health developments
- IT developments
- Leadership for integration
- Equipment for optometrists
- GP recruitment, retention and education
- Scottish School of Primary Care; research



The Scottish Government
Riaghaltas na h-Alba

Testing the new model

- Elements and totality at scale
- Historical programme; scaled up, more focused
- Experiential learning; to inform developments
- Reactive and pro-active learning and developments

Questions

