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

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2004 – a big bang?

• Introduction of a ‘layered’ contract; Essential, Additional and Enhanced Services

• Quality and Outcomes Framework (QOF)
10 years later

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

But...

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

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’
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

How will we know that it is working?

- Care delivered by the person with most appropriate skills
- People admitted to/attending hospital only when they need to be
- The journey out of hospital is planned and straightforward
Looked at it another way?

- GP the career of choice
- Improved patient access and confidence
- Reduced avoidable admissions to hospital

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
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