EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD: 25 JANUARY 2018

DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND IN THE CONTEXT OF PRIMARY CARE DEVELOPMENT

Report by the Director of Health and Social Care

PURPOSE

1. The purpose of the report is to:

- Outline the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland;
- Outline the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards;
- Outline the requirement for a 3 year Primary Care Improvement Plans to be developed by 1 July 2018

BACKGROUND

2. A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.

3. On 13 November 2017, the Scottish Government published the draft 2018 General Medical Services Contract in Scotland.

4. The benefits of the proposals in the new contract for patients are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes. In particular this will be achieved through:

- Maintaining and improving access;
- Introducing a wider range of health and social care professionals to support the Expert Medical Generalist (GP);
- Enabling more time with the GP for patients when it is really needed, and
- Providing more information and support for patients.

5. The benefits of the proposals in the new contract for the profession are:

- A refocusing of the GP role as Expert Medical Generalist;
- Phase 1 of Pay and Expenses, including a new workload formula and increased investment in general practice;
- Manageable Workload – wider group of Primary Care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care; and
- Improving infrastructure and reducing risk: including management/ownership of premises, shared responsibility as data controller for information sharing, responsibilities for new staff.

6. The draft contract is the culmination of negotiations between the Scottish GP Committee (SGPC) of the British Medical Association (BMA), and the Scottish Government. The formal negotiations were informed and supported by a range of other forums including GMS Reference Group (jointly chaired by Andrew Scott, Director of Population Health, Scottish Government and John Burns, Chief Executive NHS Ayrshire & Arran) and tri-partite meetings between Scottish Government, BMA, and nominated Chief Officers of Integration Authorities.

7. The draft contract is set out in the following documents:

- Contract framework
- Premises Code of Practice
- Draft Memorandum of Understanding
- Letter of intent describing the Memorandum of Understanding

8. The new contract, if agreed, will support significant development in primary care. A draft Memorandum of Understanding between Integration Authorities, SGPC of BMA, NHS Boards and Scottish Government, sets out agreed principles of service redesign, ring-fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. The initial implementation requirements are set out in the MoU for the first three years (April 2018-March 2021), and will be agreed locally in a 3 year Primary Care Improvement Plan.

9. The MoU recognises the statutory role of Integration authorities in commissioning primary care services and service redesign. It also recognises the role of NHS Boards in service delivery, employers and partners to General Medical Service contracts.

10. The MoU provides reassurance that partners are committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that will reduce workload and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

11. Implementation of the new contract and MoU are subject to the new contract being approved by the SGPC following a poll of the profession. The outcome of this will be known on 18 January 2018.

NEW GP CONTRACT

12. The aim of the new contract is to achieve:

Sustainable funding:

- New funding formula that better reflects GP workload from 2018 with additional investment of £23 million. Nationally, 63% of practices gain additional resources;
- Practice income guarantee that means the 37% of practices who are not gaining additional resources will see their funding maintained at current levels;
- A new minimum earnings expectation will be introduced from April 2019. This will ensure that GPs in Scotland earn at least £80,430 (whole-time equivalent – and includes employers' superannuation).

Manageable workload:

- GP practices will provide fewer services under the new contract to alleviate practice workload. New primary care services will be developed and be the responsibility of IJBs / NHS Boards.
- There will be a wider range of professionals available in and aligned to practices and the community for patient care. New staff will be employed mainly through NHS Boards and attached to practices to deliver services as part of a multi-disciplinary team led by the GP as of the expert medical generalist role;
- Priority services include Pharmacotherapy support, treatment and care, and vaccinations ;
- Changes will happen in a planned transition over three years, and will only happen when it is safe to do so, commencing in 2018/19. There will be national oversight involving Scottish Government, SGPC and Integration Authorities and local oversight involving IJBs NHS Boards and the profession, including Local Medical Committees.

Reduced risk:

- GP owned premises: new interest-free sustainability loans will be made available, supported by additional £10 million annual investment;
- GP leased premises: over time there will be a planned programme to transfer leases from practices to NHS Boards;
- New information sharing agreement, reducing risk to GP contractors with NHS Boards as joint Data Controllers.

Improve being a GP:

- Move to recognise the GP as the Expert Medical Generalist (EMG) and senior clinical decision maker. In this role the GP will focus on three main areas: undifferentiated presentations; complex care in the community; and whole system quality improvement and clinical leadership;
- GPs will be part of, and provide clinical leadership to, an extended team of Primary Care professionals;
- GPs will be more involved in influencing the wider system to improve local population health in their communities. GP Clusters will have a clear role in quality planning, quality improvement and quality assurance;
- GPs will have contractual provision for regular protected time for learning and development.

Improve recruitment and retention:

- GP census will inform GP workforce planning;
- Explicit aim to increase GP numbers by at least 800 in the next 10 years with a Primary Care Workforce Plan due to be published in early 2018.

THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND (Contract Framework or Scottish Blue Book)

13. Key aspects of the new contract and MoU requiring early action are summarised below.

Development of Primary Care Improvement Plan:

- IJBs will set out in a 3 year Primary Care Improvement Plan to identify how resources will be allocated and spent to are implement the terms set out in the Contract Framework and the MOU;
- The Plan will outline how changes to the delivery arrangements for these services will be introduced before the end of the transition period at March 2021, establishing an effective multi-disciplinary team model at Practice and Cluster level;
- These plans will be developed with Health Boards in collaboration with local GPs and others and should be developed with GP Subcommittee (or representatives of by agreement locally) as the formally agreed advisors on general medical service matters. Any specific contractual elements must be agreed with the Local Medical Committee.
- IJBs have a statutory duty and the infrastructure established to consult in relation to Strategic Planning and stakeholders should be engaged in the plan's development;
- Local and Regional Planning will recognise the statutory role of IJBs as commissioners. IJBs will give clear direction to the NHS Board on its function to secure these primary care services;
- In developing and implementing these plans, IJBs should consider population health needs and existing service delivery;
- Integration Joint Boards will be accountable for delivery and monitoring progress for the local Plan
- Where more than one IJB is covering a NHS Board area, the IJBs must collaborate in relation to effective and efficient use of resources.

Key Priorities

14. Existing work has shown the benefits from working with a wider multi-disciplinary team aligned to General Practice. The MoU outlines the programme of work over a three year period (April 2018-March 2021) to deliver the priorities;

- The priority services and associated workforce are:
  - (i) Vaccination services (staged for types of vaccinations but fully in place by April 2021)
  - (ii) Pharmacotherapy services – made up, by 2021, of level one core (acute prescribing, repeats, discharge letters, medication compliance reviews); followed by level two additional advanced (medication review, resolving high risk medication problems); level three additional specialist (polypharmacy reviews, specialist clinics)
  - (iii) Community treatment and care services (e.g. minor injuries and dressings, phlebotomy, ear syringing, suture removal, chronic disease monitoring) with phlebotomy delivered as a priority in the first stage;
  - (iv) Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care;
  - (v) Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services)
  - (vi) Community Link Workers

- New staff will be employed predominantly through the NHS Board and work in models and systems agreed between each HSCP and local GPs;
- New staff should, where appropriate, be aligned to GP practices or groups of practices (e.g. clusters).
- Where appropriate, reconfigured general medical services should continue to be delivered in or near GP practices.
- Existing practice staff continue to be employed by Practices; and
- Practice Managers will contribute to the development of the wider Practice Teams.

Improving Together Cluster Framework:

15. GP Clusters are professional grouping of general practices that should meet regularly with each practice represented by their Practice Quality Lead. The 2017 Scottish Government document - Improving Together - is a quality framework for GP Clusters that shapes continuous improvement of the quality of care that patients receive and states:

- Cluster purpose is to improve the quality of care within the practices and extrinsically through localities;
- Clusters priorities for 2018/19 will support the current Transitional Quality Arrangements;
- Clusters will provide advice in the development and implementation of Primary Care Improvement Plan(s);
- Practices will provide activity and capacity information to enable quality improvement work to progress and deliver;
- Clusters will be supported by Local Intelligence Support Team (LIST) analysts and Healthcare Improvement Scotland support to HSCPs;
- The peer review process for Clusters is still being negotiated.

Funding:

16. By the end of this Parliament the Scottish Government will invest an additional £250m in support to General Practice. The funds will support the new practice funding formula, national support arrangements, premises support and the development of the multi-disciplinary team.

- The Scottish Draft Budget proposals for 2018/19 published in December 2017 confirmed a first phase of funding of £110m for 2018/19;
- A letter was circulated in November 2017 to Practices setting out the implications from the new proposed funding formula and allocating the £23m. No practice has a reduction in funding;
- A proportion (to be confirmed) of the £110m for 2018/9 will be allocated using the NRAC formula to support the development of multi disciplinary teams in line with the MoU. Primary Care Improvement Plans will set out how these funds will be used.

The Wider Role of the Practice:

- Practice core hours will remain as 8am – 6.30pm (or in line with existing local agreements);
- Practices can opt in to provide Out of Hours services and there will be a new enhanced services specification;
- Practices will continue with extended hours directed enhanced service where they chose to do so;The intention is that there will be no more new enhanced services but as there is no alternative to delivering many of the current enhanced services, there is no intention of reducing these and the funding to practices would continue

to be available. Any further changes will need to be carefully planned with a rate of change that ensures patient safety, quality of service and practice stability.

- Role and training of Practice Nurses – with the introduction of dedicated treatment and care services, General Practice nurses will be enabled to support holistic and person centred care supporting acute and chronic disease management enabling people to live safely and confidently at home;
- Role of Practice Managers and Receptionists will change. It is recognised that Practice Managers and other practice staff already have a wide range of skills that will continue to be essential for the future. In addition they will work more closely with the wider primary care system including GP clusters, NHS Boards, HSCPs and emerging new services;
- Information technology investments – it is intended that all GP practices will transition to a new clinical IT system by 2020;
- The contract will set out the roles and responsibilities of GPs and NHS Boards in relation to information held in GP records. The contract will recognise that contractors are not the sole data controllers of the GP patient's record but are joint data controllers along with their contracting NHS Board.
- Practices will be required to provide activity, demand and workforce data (through the new SPIRE system unless practices wish to collect the information themselves) and to participate in discussions at cluster level on sustainability and outcomes.

IMPLEMENTATION IN THE HSCP

17. Under the new contract there is a requirement to develop a Primary Care Improvement Plan for each HSCP which must be agreed by the GP Sub Committee. The MoU acknowledges where more than one HSCP is covering a NHS Board area, the HSCPs will collaborate in relation to effective and efficient use of resources.

18. HSCPs have responsibility for commissioning primary care services which integrate with locality services and are responsive to local needs and work with GP Clusters. The responsibility for the GMS Contract sits with the NHS Board. The changes envisaged in the new contract with implementation of the priority developments, changes to the role of GPs, training and role of Practice staff, premises, quality planning, improvement and assurance arrangements are significant and will require coordination across the Greater Glasgow and Clyde area in order to be efficient and effective.

PEOPLE WHO USE SERVICES AND CARERS IMPLICATIONS

19. The benefits of the proposals in the new contract for patients are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

FINANCIAL IMPLICATIONS

20. The implementation of the 2018 General Medical Services contract for Scotland will see additional investment of £250million per annum in support of General Practice by the end of this Parliament. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this parliament.

HUMAN RESOURCE IMPLICATIONS

21. The new contract will support the development of new roles within multi-disciplinary teams working in and alongside GP Practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.

POLICY / LEGAL IMPLICATIONS

22. The central purpose of the 2018 GMS contract is to provide better service to patients by providing stability and sustainability to General practice. In so doing it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible.

COMMUNITY PLANNING IMPLICATIONS

23. The Wellbeing of people and communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as an integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda.

EQUALITY IMPLICATIONS

24. There are no equality implications arising from the report.

RISK IMPLICATIONS

25. The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Board, GP Sub Committee and LMC. Achieving implementation of the Primary Care Improvement Plans will require a clear three year programme and funding profile. The new contract seeks to address GP primary care sustainability.

RECOMMENDATIONS

26. The Integration Joint Board is asked to:

(i) Note the Paper;
(ii) Note that following a ballot of GPs and GP trainees that the full Scottish General Practices Committee (SGPC) will have met on 18 January 2018 to decide whether the contract should be accepted on behalf of the profession;
(iii) Should the contract be accepted on 18th January 2018 (a verbal update will be provided at the IJB), instruct the Chief Officer to progress the necessary actions within East Ayrshire and jointly with the 2 other Ayrshire & Arran HSCPs to develop **the Primary Care Improvement Plan** as set out in section 13, and present this to the IJB for approval.

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12th January 2018

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