



## Item No: 9

Meeting Date: Wednesday 30<sup>th</sup> May 2018

### Glasgow City Integration Joint Board Public Engagement Committee

**Report By:** Dr Richard Groden, Clinical Director

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#### IMPLICATIONS OF THE NEW GP CONTRACT

<b>Purpose of Report:</b>	To update the IJB Public Engagement Committee on the implications of the new GP Contract.
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<b>Background/Engagement:</b>	In January 2018 the Scottish GP Committee (SGPC) of the British Medical Association voted in favour of the new GP contract offer from the Scottish Government. This was subsequently approved in the Scottish Parliament with the necessary legislative changes and came into effect in April 2018. This is Phase 1 of the new contract and covers the timeframe from 2018-2021.
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<b>Recommendations:</b>	The IJB Public Engagement Committee is asked to:  a) note the implications of the new Scottish GP contract.
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#### Relevance to Integration Joint Board Strategic Plan:

The development and sustainability of Primary Care are integral to the Strategic Plan. GP Clusters are a recent development and a core building block re the delivery of general practice.
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**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Health and Social care services contribute to reducing Health Inequalities.  People who work in Health and Social Care services feel engaged with the work they do and are supported to continuously improve the information, support care and treatment they provide.
<b>Personnel:</b>	Requirement to employ additional professional staff in various roles.
<b>Carers:</b>	None
<b>Provider Organisations:</b>	General Medical Practices
<b>Equalities:</b>	None
<b>Financial:</b>	None
<b>Legal:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	Funded directly by Scottish Government. Aims to address sustainability of General Practice in Scotland.
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	None
<b>Implications for Glasgow City Council:</b>	None
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None

## 1. Background

- 1.1 In January 2018 the Scottish GP Committee (SGPC) of the British Medical Association voted in favour of the new GP contract offer from the Scottish Government. This was subsequently approved in the Scottish Parliament with the necessary legislative changes and came into effect in April 2018. This is Phase 1 of the new contract and covers the timeframe from 2018-2021.
- 1.2 The aim of the contract is to support the role of the GP as the Expert Medical Generalist within primary care supporting other clinicians within the Multi-disciplinary Team to deliver high quality care to their practice registered population. This new working will address sustainability issues within General Practice and aim to provide more time with their GP for those people who would benefit most from this. The role of the GP is defined as :
  1. Dealing with Undifferentiated Presentations
  2. Dealing with Complex Care
  3. Local and whole system quality improvement
  4. Local clinical leadership for delivery of general medical services under the GMS contract
- 1.3 A memorandum of understanding signed by the Cabinet Secretary, the Chief Officers group, the Chief Executives group and the Chair of SGPC details the requirements of all parties within the new contract. It details a 6 key areas for delivery by 2021
- 1.4 The 6 areas required to be delivered by April 2021 are as follows:
  1. Vaccination Transformation Programme - this removes GPs from the delivery of all vaccinations.
  2. Pharmacotherapy Service- by 2021 clinical pharmacists will deliver a number of tasks within GP practices to free up GP clinical time
  3. Community Treatment and Care Centres- A number of functions currently delivered by GP practices will be delivered in these centres to include phlebotomy, chronic disease monitoring and suture removals.
  4. Urgent Care- home visits in the future may be delivered by Advanced Nurse Practitioners or Paramedics to support GPs.
  5. Additional Professional Roles such as MSK Physio or Mental Health Workers working with practices delivering care to their population.
  6. Community Links Worker- a generalist practitioner working in or aligned to practices or clusters working with individuals to help support and connect them in to wider services locally.
- 1.5 In addition each HSCP will have a Primary Care Improvement Plan agreed with a range of stakeholders completed by 1<sup>st</sup> July 2018. Work on this is underway and a range of stakeholders have been consulted including independent contractor groups, 3<sup>rd</sup> sector and Public involvement groups.

1.6 The contract also focusses on recruitment and retention of GPs and as well as addressing these through enhancing the role of the GP offers solutions to GP premises issues either leased or owned by GP practices.

## **2. Impact of the New Contract**

2.1 During phase 1, up until April 2021, there will be a gradual creation of new roles within general practice. This will mean that people will start to see new health care professionals who will help them with their problems and may not see the GP or Practice Nurse they have been used to seeing in the past. An example of this would be someone who has a shoulder problem being directed to the physio within the practice rather than seeing the GP for assessment. This will allow people to see the person best placed to help them with a specific problem very quickly.

2.2 As previously stated it is likely that some house calls will be dealt with by Advanced Nurse Practitioners or Paramedics following triage to determine who should visit the person.

2.3 Treatment and Care Centres will deliver a range of services to practice populations which may require patients to access other sites for these rather than their GP practice. The range of services delivered within these centres should be consistent and available to the whole population and may include services currently requiring people to attend local hospitals for.

2.4 People with complex health issues will be able to be helped more effectively by the GP as their time is freed up by other professionals taking away some of their workload. There will also be more opportunity in the future to work collectively to support people through multidisciplinary team working.

2.5 GP Clusters - within the GP contract GP practices have been working collaboratively in clusters since April 2016. Within each cluster, of which there are 21 in Glasgow, the practices are carrying out quality improvement work and in the future it may be that some resources are shared across clusters.

2.6 Community Pharmacists and Optometrists will for many people become the first point of access for a variety of conditions. There have been a number of changes over the past few years enabling these professional groups to take on lead roles for a number of services including minor ailments, management of urinary tract infection and the sore or red eye. In the future these roles are likely to be further enhanced to take more appropriate health contacts from the population.

### **3. Summary**

- 3.1 The new GP contract came into force on April 1<sup>st</sup> 2018. A significant element of the contract is to support activity within general practice with a range of different responses to free up GP time. This will mean that the traditional routes of access to healthcare in the community may look very different in the future. As we develop new and different services we need to have strong links with our public partners to ensure we are able to maximize these opportunities.

### **4. Recommendations**

- 4.1 The IJB Public Engagement Committee is asked to:
- a) note the implications of the new GP contract in Scotland.