Appendix 6

Health and Social Care Senior Management Team

13th February 2018

This Report relates to
Item 8 on the Agenda

Delivering the New 2018 General Medical Services Contract in Scotland

(Paper presented by Kerry Willacy/Dr Grecy Bell)

For Approval

Approved for Submission by	Dr Grecy Bell
Author	Kerry Willacy, Project Officer, Health and Social Care Integration Team
List of Background Papers	
Appendices	

SECTION 1: REPORT CONTENT

Title/Subject:	Delivering the New 2018 General Medical Services Contract in Scotland
Meeting:	Health and Social Care Senior Management Team
Date:	13th February
Submitted By:	Kerry Willacy, Project Officer, Health and Social Care Integration Team
Action:	For Approval

1. Introduction

The purpose of this report is to outline the proposed programme governance structures in order to deliver the first phase of the new 2018 General Medical Services (GMS) Contract. The contract was approved on Thursday 18th January with 71.5% of participating GPs supporting the adoption of the new contract.

2. Recommendations

The Health and Social Care Senior Management Team is asked to:

- **Approve the governance structures outlined in the report including the creation of a Programme Board and Steering Group to support the wider transformation programme around the creation of the Primary Care Improvement Plan and the implementation of the 2018 GMS Contract.**

- **Recognise that the anticipated funding available for Dumfries & Galloway to support this work is not yet known but approve the delegation of the resources required to support the appointment of a programme manager and associated project team to the Executive Working Group (Julie White, Katy Lewis, Caroline Sharp and Dr Ken Donaldson).**

- **Approve the delegation of responsibility for the development of the Primary Care Improvement Plan to the new Programme Board (noting that the plan requires initial agreement by 1st July 2018).**

3. Background

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.

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

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 Generalist (GP);
- Enabling more time with the GP for patients when it is really needed, and
- Providing more information and support for patients.

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 new workload formula and increased investment in general practice;
- Manageable Workload – additional 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.

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.

The draft contract offer is set out in the following documents:

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

The new contract 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).

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.

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.

Implementation of the new contract and MoU was subject to the new contract being approved by the SGPC following a poll of the profession. The outcome of this was announced on 18 January 2018 with 71.5% of participating GPs supporting the proposed new contract.

It was also announced that a short life working group would be established and tasked with providing solutions so that the contract is delivered in a way that works well for rural areas and looking at ways in which rural general practice can be supported.

4. Transforming Primary Care – Governance Structures and Workstreams

4.1 Update since the last HSCSMT meeting

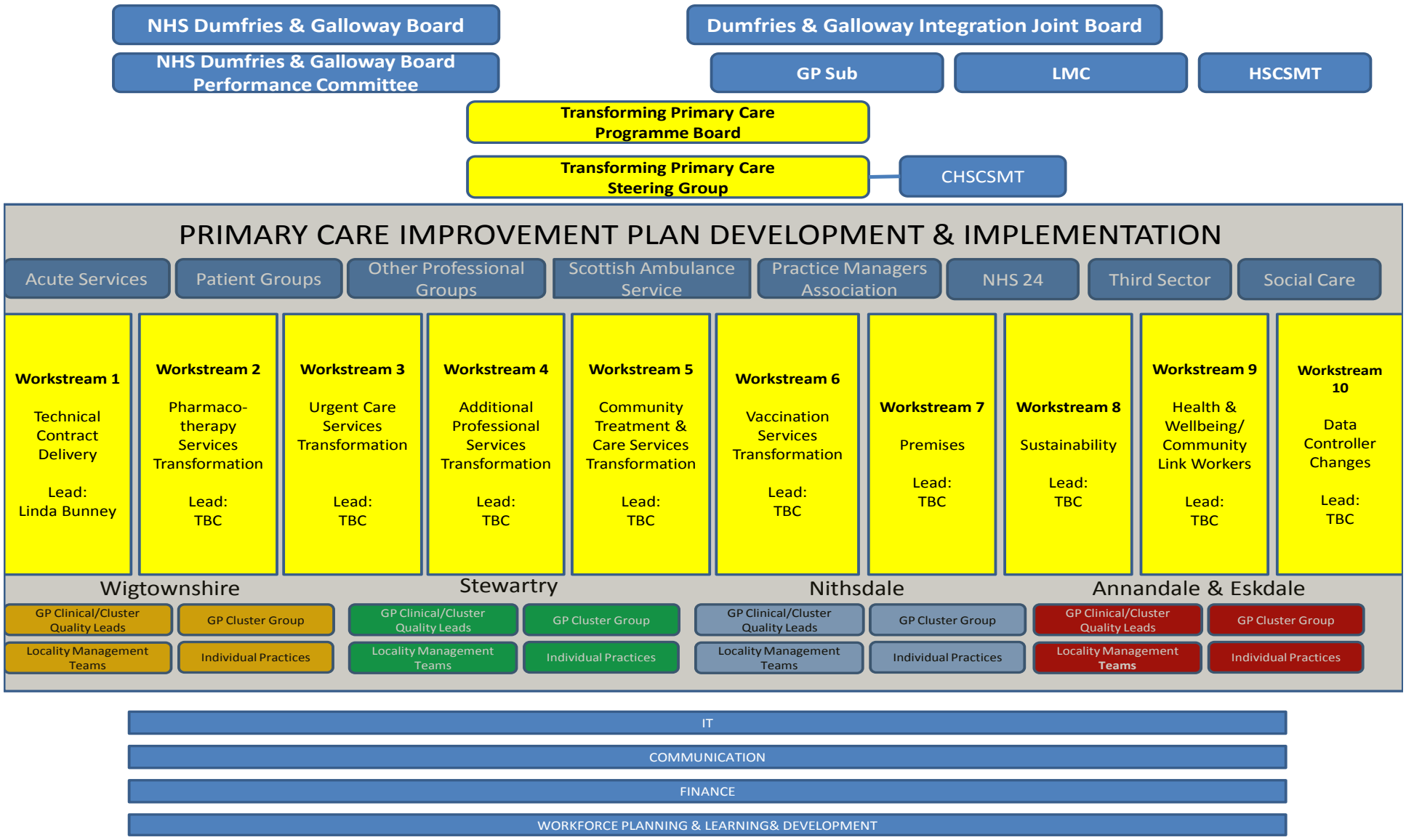
A short life working group has now met twice to discuss the Governance Structures and resources required to take forward this programme.

Dr Grecy Bell, Associate Medical Director, Graham Abrines, General Manager Community Health and Social Care, Linda Bunney, Head of Primary Care Development, and Kerry Willacy, Project Officer, Health and Social Care Management Team have worked over the last four weeks to develop the proposed structures shown in the diagram overleaf.

This paper will go on to explain the rationale for the structure proposed and will hopefully promote wider thinking and discussion on how best to move forward given the tight deadlines in place for the initial agreement on the Primary Care Improvement Plan by 1st July 2018. This means that the plan will require IJB sign off in June with planned HSCSMT, GP Sub and LMC approval in May. In order to meet the timetable for the required approvals, it will therefore be necessary that the plan is ready for presentation by the end of April.

There is therefore an element of urgency around establishing the necessary structures to support the programme and ensuring that the work is properly resourced in order to ensure that the tight deadlines can be successfully met.

Transforming Primary Care – Programme Governance & Structures



4.2 Role of the NHS Board/Performance Committee

The Governance Structure being proposed acknowledges that both the NHS Board and the Integration Joint Board have distinct roles and responsibilities in relation to this programme.

The Memorandum of Understanding (MoU) defines the responsibility of the NHS Board in relation to the new contract:

- Contracting for the provision of primary medical services for their respective NHS Board Areas

- Ensure that the primary medical services meet the reasonable needs of their Board area as required under Section 2C of the NHS (Scotland) Act 1978.

- Delivering primary medical services as directed by HSCP as service commissioners.

- Arrangements for local delivery of the new Scottish GMS contract via HSCPs.

- As employers, NHS Boards will be responsible for the pay, benefits, terms and conditions for those employees engaged in the delivery of the priority areas defined in the contact (see section below on workstreams)

It is anticipated that Performance Committee will approve the delegation of the delivery of the Primary Care Improvement Plan to the IJB at its meeting on 5th March.

4.3 Role of the Integration Joint Board

The Memorandum of Understanding also defines the role and responsibilities for the Integration Joint Board within the delivery of the 2018 GMS contract as following:

- Planning, design and commissioning of the primary care functions (including general medical services) delegated to them under the 2014 Act based on an assessment of local population needs, in line with the HSCP Strategic Plan.

- The development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders, including NHS Boards that is supported by an appropriate and effective MDT model at both practice and cluster level, and that reflects local population health care needs.

- Collaboration with NHS Boards on the local arrangements for delivery of the new Scottish GMS contract.

- Section 2c of the National Health Service (Scotland) Act 1978 places a duty on NHS Boards to secure primary medical services to meet the reasonable needs of their NHS Board area. To achieve this, NHS Boards can enter into GMS contracts. HSCPs will give clear direction to NHS Boards under Section 26 and 28 of the 2014 Act in relation to the NHS Board's function to secure primary medical services for their area and directions will have specific reference to both the available workforce and financial resources.

- Ensuring that patient needs identified in care plans are met.

4.4 Role of the GP Subcommittee and Local Medical Committee

The MoU has also identified that the GP Subcommittee (GP Sub) and Local Medical Committee (LMC) Groups have a central role to play in the development of the Primary Care Improvement Plan and its implementation. The plan will be developed 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 services matters. However, the arrangements for delivering the new 2018 GMS contract will be agreed with the Local Medical Committee.

Historically, in line with other professional committees, the local GP Sub Committee has not received any funding support from the Health Board. The Local Medical Committee has effectively subsidised the GP Sub meetings.

It has recently been announced that GP Sub is to receive some funding going forward. It is important to note from the outset that there will be a requirement to build in some additional resource to allow representatives from GP Sub to participate fully in the Programme Board and across the various workstreams.

4.5 Role of GP Clusters

GP Clusters also have a critical role in improving the quality of care in general practice and in influencing HSCPs both regarding how services work and service quality. As GP Clusters mature, they will be expected to have a key role in proactively engaging with HSCPs, advising on the development of HSCP Primary Care Improvement Plans and working with their MDT and wider professional networks to ensure highly effective health and social care provision within and across the HSCP area and where relevant across HSCPs.

Within the structure being proposed, the workstreams will each devise the operational parameters for the transformation programme for each initiative and the delivery of these will be devolved to the localities to work with Locality Management Teams, Cluster Quality Lead/GP Clinical Leads, Cluster Teams and Individual Practices.

4.6 Role of Health and Social Care Senior Management Team

It is also expected that Health and Social Care Senior Management Team (HSCSMT) will continue to receive regular updates as the Primary Care Improvement Plan is developed and the workstream implementation begins.

4.7 Rationale for creation of two new governance groups

In line with similar large scale programmes locally in recent history, including the new hospital build, it is suggested that two new governance groups be created for this programme.

We have considered whether HSCSMT and Community Health and Social Care Senior Management Team (CHSCSMT) would fulfil the role of these two groups using existing structures. However, on reflection, it was felt that both groups have insufficient capacity to take forward this work within existing structures, thus necessitating the need for two new governance groups.

4.8 The Primary Care Improvement Plan

Initial agreement of the Primary Care Improvement Plan has to be reached by 1st July 2018. The key requirements of the Primary Care Improvement Plan have been identified as follows:

- To be developed collaboratively with HSCPs, GPs, NHS Boards, GP Subcommittee and a range of stakeholders
- To detail and plan the implementation of services and functions contained within the contract with reference to agreed milestones over a 3 year period.
- To give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas and to include internded timescales for the transfer of existing contractual responsibility for service delivery from GPs.
- To provide detail on available resources and spending plans (including workforce and infrastructure)
- To outline how the MDT will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract.

4.9 Resourcing Requirements

The resourcing requirements to support this transformation programme are currently being worked on by the Executive Working Group chaired by Julie White. This paper proposes that the HSCSMT delegates responsibility for the resource allocation required to support this programme to this Executive Working Group (Julie White, Katy Lewis, Caroline Sharp and Dr Ken Donaldson).

It is proposed that a Programme Manager be appointed with further development of the project team requirements. The resourcing requirements will also consider what is required to allow the full participation of GPs in the transformation programme

and any additional requirements required by the cross cutting themes to support this work.

4.10 Identification of Stakeholders

The MOU identifies a large number of stakeholders who should be involved in the development of the Primary Care Improvement Plan and implementation of the new 2018 GMS contract. These are listed below:

- Patients, their families and carers
- Local Communities
- Scottish Ambulance Service
- NHS 24
- Primary Care Professionals (through, for example, GP subcommittees of the Area Medical Committee and Local Medical Committees)
- Primary Care Providers
- Primary care staff who are not healthcare professionals
- Third sector bodies carrying out activities related to the provision of primary care

Close collaboration with a wide range of stakeholders will be vital if this transformation programme is to maximise the positive impacts it can deliver for local health and social care services.

4.11 Programme Workstreams

The following workstreams have been identified as part of the wider programme:

- **Technical Contract Delivery**
  This workstream will take forward the delivery of the actual GMS Contract.

- **Pharmacotherapy Services**

  These services are in three tiers divided into core and additional activities, to be implemented in a phased approach.

  By 2021, phase one will include activities at a general level of pharmacy practice including acute and repeat prescribing and medication management activities and will be priority for delivery in the first stages of the HSCP Primary Care Improvement Plan.

  This is to be followed by phases two (advanced) and three (specialist) which are additional services and describe a progressively advanced specialist clinical pharmacist role.

- **Urgent Care Services**

  These services provide support for urgent unscheduled care within primary care, such a providing advance practitioner resource such as a nurse or paramedic for GP clusters and practices as first response for home visits,

and responding to urgent call outs for patients, working with practices to provide appropriate care to patients, allowing GPs to better manage and free up their time.

By 2021, in collaboration with NHS Boards there will be a sustainable advance practitioner provision in all HSCP areas, based on appropriate local service design. These practitioners will be available to access and treat urgent or unscheduled presentations and home visits within an agreed local model or system of care.

- **Additional Professional Services**

  Additional Professional roles will provide services for groups of patients with specific needs that can be delivered by other professionals as first point of contact in the practice and/or community setting (as part of the wider MDT); this would be determined by local needs as part of the HSCP Primary Care Improvement Plan. For example and not limited to:

  - Musculoskeletal focused physiotherapy services
  - Community clinical mental health professionals (e.g. nurses, occupational therapists) based in general practice.

  By 2021 specialist professionals will work within the local MDT to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care. Service configuration may vary dependent upon local geography, demographics and demand.

- **Community Treatment and Care Services**

  These services include, but are not limited to, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, phlebotomy, ear syringing, suture removal, and some types of minor surgery as locally determined as being appropriate. Phlebotomy will be delivered as a priority in the first stage of the HSCP Primary Care Improvement Plan.

  This change needs to be managed to ensure, by 2021 in collaboration with NHS Boards, a safe and sustainable service model, based on appropriate local service design.

- **Vaccination Services**

  The Vaccination Transformation Programme (VTP) was announced in March 2017 to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing roles of those, principally GPs, historically tasked with delivering vaccinations.

In the period to 2021, HSCPs will deliver phased service change based on a locally agreed plan as part of the HSCP Primary Care Improvement Plan to meet a number of nationally determined outcomes including shifting of work to other appropriate professionals and away from GPs. This has already happened in many parts of the NHS system across Scotland for Childhood Immunisations and Vaccinations. This change needs to be managed, ensuring a safe and sustainable model and delivering the highest levels of immunisation and vaccination take up.

- **Premises**

  The National Code of Practice for GP Premises sets out how the Scottish Government will support a shift, over 25 years, to a new model for GP Premises in which GPs will no longer be expected to provide their own premises. The measures outlined in the Code represent a significant transfer in the risk of owning premises away from individual GPs to the Scottish Government. Premises and location of the workforce will be a key consideration in delivering the multi-disciplinary arrangements envisaged in the HSCP Primary Care Improvement Plan.

- **Sustainability**

  It is envisaged that the work currently being undertaken by the GP Sustainability Group will form a workstream as part of the wider Primary Care Improvement Plan.

  It is very important that during this period of massive transformation we do not lose sight of the challenges facing individual practices in Dumfries & Galloway.

  This workstream will be fundamental in ensuring that this is managed as part of the wider transformation programme.

- **Community Link Workers/Health & Wellbeing**

  A Community Link Worker is a generalist practitioner based in or aligned to a GP practice or cluster who works directly with patients to help them navigate and engage with wider services, often serving a socio-economically deprived community or assisting patients who need support because of (for example) the complexity of their conditions or rurality.

  As part of the Primary Care Improvement Plan, HSCPs will develop CLW roles in line with the Scottish Government's manifesto commitment to deliver 250 CLWs over the life of the Parliament. The roles of the CLWs will be consistent with assessed local need and priorities and function as part of the local models/systems of care and support.

- **Information Sharing Arrangements**

  The Information Commissioner's Office (ICO) has issued a statement that whilst they had previously considered GPs to be sole data controllers of their

patient records, they now accept that GPs and their contracting Health Boards have joint data controller processing responsibilities towards the GP patient record.

The new GP contractual provisions in Scotland will reduce the risk to GPs of being data controllers by clarifying respective responsibilities within this joint controller arrangement. These contractual changes will support ICO's position that GPs are not the sole data controllers of the GP patient records but are joint data controllers along with their contracting NHS Board. The contract will clarify the limits of GPs responsibilities and GPs will be not exposed to liabilities relating to data outwith their meaningful control.

The new contractual provisions will lay the foundations for increased lawful, proactive and appropriate sharing of information amongst professionals working within the health and social care system for the purpose of patient care.

4.12 Cross Cutting Themes

There are four identified cross cutting themes. These have been defined as:

- Communication
- Finance
- Workforce Planning and Learning and Development
- IT

They will have key involvement in each of the individual workstreams. It is recognised that these workstreams may require additional resources to assist them in supporting the overall transformation programme but this will require to be fully scoped within the development of the Primary Care Improvement Plan.

5. Conclusions

There is a great deal of work to be done if this system redesign is to successfully deliver the transformative and positive change it seeks to enable.

However it is also important to realise that the proposals address many of the current issues and frustrations being expressed by our GPs in the region. These proposals must be viewed as a real opportunity to see system redesign that can address the barriers to being a GP in this region and attract other individuals into the multi disciplinary teams that will be created as a result.

The short life working group has considered these structures and resource requirements and believes that they form a strong proposal for taking forward the work around the development and implementation of the Primary Care Improvement Plan for Dumfries & Galloway given the very tight timescales involved.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1. 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.

6.2. The resourcing requirements to support this transformation programme are currently being worked on by the Executive Working Group chaired by Julie White.

7. Impact on Health and Social Care Senior Management Team Board Outcomes, Priorities and Policy

7.1. 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.

8. Legal & Risk Implications

8.1. The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Boards, GP Sub Committee and LMC. Acheiving implemention of the Primary Care Improvement Plans will require a clear three year programme and funding profile. The new contract also seeks to address GP Primary Care sustainability.

9. Consultation

9.1. A contract poll was held between 7 December 2017 to 4 January 2018 and asked GPs to indicate whether they thought that the proposed new contract should be accepted and implemented.

9.2. The poll was administered by Electoral Reform Services and was open to all GPs and GP trainees working in Scotland.

9.3. The full Scottish GP committee met on 18 January 2018 to discuss the results of the poll which saw 71.5% of participating GPs supporting the proposals contained in the new contract and agreed that the contract should be accepted on behalf of the profession.

10. Equality and Human Rights Impact Assessment

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

11. Glossary

BMA	British Medical Association
CHSCSMT	Community Health and Social Care Senior Management Team
EMG	Expert Medical Generalist
FTE	Full Time Equivalent
GMS	General Medical Services
GP Sub	GP Subcommittee
HSCSMT	Health and Social Care Senior Management Team
HSCP	Health and Social Care Partnership
LMC	Local Medical Committee
MDT	Multi-Disciplinary Teams
MoU	Memorandum of Understanding
SGPC	Scottish General Practices Committee