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Agenda Item: 11.

Integration Joint Board

Date of Meeting: 14 March 2018.

Subject: Delivering the New 2018 General Medical Service Contract in Scotland.

1. Summary

1.1. This report gives Members information about the changes to the General Medical Service Contract in Scotland and what this means for the Integration Joint Board.

2. Purpose

2.1. Outline the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland.

2.2. Outline the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards.

2.3. Outline the requirement for Primary Care Improvement Plans to be developed by 1 July 2018.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Note the content of the report.

3.2. Note that the Scottish General Practices Committee (SGPC) met on 18 January 2018 and decided to accept the contract on behalf of the profession.

3.3. Note that the Primary Care Improvement Plan as described in section 13 of this report, requires to be developed, in collaboration with NHS Orkney, and submitted to the IJB in June 2018 for approval.

4. Background

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

4.2. 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:

4.2.1. Maintaining and improving access.

4.2.2. Introducing a wider range of health and social care professionals to support the Expert Generalist (GP).

4.2.3. Enabling more time with the GP for patients when it is really needed.

4.2.4. Providing more information and support for patients.

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

4.3.1. A refocusing of the GP role as Expert Medical Generalist.

4.3.2. Phase 1 of Pay and Expenses, including new workload formula and increased investment in general practice.

4.3.3. Manageable Workload – additional Primary Care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care.

4.3.4. Improving infrastructure and reducing risk: including management/ownership of premises, shared responsibility as data controller for information sharing, responsibilities for new staff.

4.4. 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 and Arran) and tri-partite meetings between Scottish Government, BMA, and nominated Chief Officers of Integration Authorities.

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

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

4.6. 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).

4.7. 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.

4.8. 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.

4.9. The new contract was approved by the SGPC on 18 January 2018 following a poll of the profession.

5. New GP Contract

The aims of the new contract are to achieve:

5.1. Sustainable funding:

5.1.1. New funding formula that better reflects GP workload from 2018 with additional investment of £23 million. Nationally, 63% of practices gain additional resources.

5.1.2. Practice income guarantee that means the 37% of practices who are not gaining additional resources will see their funding maintained at current levels.

5.1.3. 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).

5.2. Manageable workload:

5.2.1. 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.

5.2.2. 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 support development of the Expert Medical Generalist role.

5.2.3. Priority services include Pharmacotherapy support, treatment and care, and vaccinations.

5.2.4. Changes will happen in a planned transition over three years commencing in 2018/19 and 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.

5.3. Reduced risk:

5.3.1. GP owned premises: new interest-free sustainability loans will be made available, supported by additional £10 million annual investment.

5.3.2. GP leased premises: over time there will be a planned programme to transfer leases from practices to NHS Boards.

5.3.3. New information sharing agreement, reducing risk to GP contractors with NHS Boards as joint Data Controllers.

5.4. Improve being a GP:

5.4.1. 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.

5.4.2. GPs will be part of, and provide clinical leadership to, an extended team of Primary Care professionals.

5.4.3. 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.

5.4.4. GPs will have contractual provision for regular protected time for learning and development.

5.5. Improve recruitment and retention:

5.5.1. GP census will inform GP workforce planning.

5.5.2. Explicit aim to increase in GP numbers with a workforce plan due to be published in early 2018.

6. The 2018 General Medical Services Contract in Scotland (Contract Framework or Scottish Blue Book)

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

6.1. Development of Primary Care Improvement Plan:

6.1.1. IJBs will set out a Primary Care Improvement Plan to identify how additional funds are implemented in line with the Contract Framework.

6.1.2. The Plan will outline how 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.

6.1.3. These plans 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 service matters. Any specific contractual elements must be agreed with the Local Medical Committee.

6.1.4. 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.

6.1.5. 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.

6.1.6. In developing and implementing these plans, IJBs should consider population health needs and existing service delivery.

6.1.7. Integration Joint Boards will be accountable for delivery and monitoring progress for the local Plan.

6.2. Key Priorities:

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

6.2.2. The priority new services and staff are:

- Vaccination services (staged for types of vaccinations but fully in place by April 2021).
- 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).
- 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.
- Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care.
- Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services).
- Community Link Workers.

6.2.3. New staff will be employed predominantly through the NHS Board and work in models and systems agreed between each HSCP and local GPs.

6.2.4. New staff should, where appropriate, be aligned to GP practices or groups of practices (e.g. clusters).

6.2.5. Where appropriate, reconfigured general medical services should continue to be delivered in or near GP practices.

6.2.6. Existing practice staff continue to be employed by Practices.

6.2.7. Practice Managers will contribute to the development of the wider Practice Teams.

6.3. Improving Together Cluster Framework:

GP Clusters are professional groupings 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:

6.3.1. Cluster purpose is to improve the quality of care within the practices and extrinsically through localities.

6.3.2. Clusters priorities for 2018 / 2019 will support the current Transitional Quality Arrangements.

6.3.3. Clusters will provide advice in the development and implementation of Primary Care Improvement Plan(s).

6.3.4. Practices will provide activity and capacity information to enable quality improvement work to progress and deliver.

6.3.5. Clusters will be supported by Local Intelligence Support Team (LIST) analysts and Healthcare Improvement Scotland support to HSCPs.

6.3.6. The peer review process for Clusters is still being negotiated.

6.4. Funding:

6.4.1. Over the period of implementation, £250 million of new funds will be invested 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.

6.4.2. The Scottish Draft Budget proposals for 2018 / 2019 published in December 2017 confirmed a first phase of funding of £110 million for 2018 / 2019.

6.4.3. A letter was circulated in November 2017 to Practices setting out the implications from the new proposed funding formula and allocating the £23 million. No practice has a reduction in funding.

6.4.5. A proportion (to be confirmed) of the £110m for 2018 / 2019 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.

6.5. The Wider Role of the Practice:

6.5.1. Practice core hours will remain as 08:00 to 18:30 (or in line with existing local agreements).

6.5.2. Practices can opt in to provide Out of Hours services and there will be a new enhanced services specification.

6.5.3. 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.

6.5.4. 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.

6.5.5. 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.

6.5.6. Information technology investments – it is intended that all GP practices will transition to a new clinical IT system by 2020.

6.5.7. 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.

6.5.8. 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.

7. Implementation in the Partnership

7.1. Under the new contract there is a requirement to develop a Primary Care Improvement Plan for each health and social care partnership which must be agreed by the local GP Sub Committee.

7.2. Health and social care partnerships 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 in order to be efficient and effective.

8. Contribution to quality

Please indicate which of the Our Plan 2013 to 2018 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	Yes.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	Yes.
Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	Yes.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	No.

9. Resource implications and identified source of funding

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

10. People Who Use Services and Carer Implications

10.1. 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.

11. Human Resource Implications

11.1. 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.

12. Policy / Legal Implications

12.1. 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.

13. Community Planning Implications

13.1. 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 supporting this wellbeing agenda.

14. Equality and Risk Implications

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

14.2. The implementation of the new contract will only be possible with full engagement of the IJB, NHS Board, GP Sub Committee and Local Medical Council. Achieving implementation of the Primary Care Improvement Plan will require a clear three year programme and funding profile. The new contract seeks to address GP primary care sustainability.

15. Author

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