



Integration Joint Board

1st February 2018

This Report relates to
Item 11 on the Agenda

Delivering the New 2018 General Medical Services Contract in Scotland

(Paper presented by Dr Greycy Bell)

For Noting

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SECTION 1: REPORT CONTENT

Title/Subject:	Delivering the New 2018 General Medical Services Contract in Scotland
Meeting:	Integration Joint Board
Date:	1 st February 2018
Submitted By:	Dr Greycy Bell, Linda Bunney, Kerry Willacy
Action:	For Noting

1. Introduction

1.1 The purpose of this 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 Primary Care Improvement Plans to be developed by 1st July 2018

2. Recommendations

2.1 The Integration Joint Board is asked to:

- **Note the Paper**
- **Note that following a ballot of GPs and GP trainees that the full Scottish General Practices Committee (SGPC) met on 18th January 2018 to decide whether the contract should be accepted on behalf of the profession and announced the new contract had been approved with 71.5% of participating GPs backing the proposed contract**
- **Note that an update will be provided to the IJB in April outlining the governance arrangements and programme structure along with an update on the development of the Primary Care Improvement Plan**
- **Note that the Primary Care Improvement Plan will be presented to the Integration Joint Board in July 2018 for approval.**

3. Background

- 3.1 A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our populations health and reduce health inequalities.
- 3.2 On 13th November 2017, the Scottish Government published the Draft 2018 General Medical Services Contract in Scotland.
- 3.3 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
 - Providing more information and support for patients
- 3.4 The benefits of these 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 GO workload and improve patient care
 - Improving infrastructure and reducing risk; including management/ownership of premises, shared responsibility as data controller for information sharing, responsibilities for new staff.
- 3.5 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, Ayrshire and Arran) and tri-partite meetings between Scottish Government, BMA and nominated Chief Officers of Integration Authorities.
- 3.6 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
- 3.7 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)

- 3.8 The MoU recognises the statutory role of Integration Authorities in commissioning primary care services and service redesign. It also recognises the role of the NHS Boards in service delivery, employers and partners to General Medical Service contracts.
- 3.9 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 risks for GPs and ensure effective multi-disciplinary team working for the benefit of patients.
- 3.10 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 18th January 2018 with 71.5% of participating GPs backing the proposed new contract.
- 3.11 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. Main Body of the Report

4.1 The new GP Contract aims to achieve:

- Sustainable Funding
 - New funding formula that better reflects GP workload from 2018 with additional investment of £23m. 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 £80430 (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 support development 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 commencing in 2018/19 and there will be national oversight involving Scottish Government, SGPC, 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 £10m 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 in GP numbers with a workforce plan due to be published in early 2018.

4.2 Development of a Primary Care Improvement Plan

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

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.

These Plans will be developed in collaboration with local GPs and others and should be with GP Sub Committee (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.

4.3 Key Priorities

4.4 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)

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 care (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 (poly-pharmacy reviews, specialist clinics)
- Community treatment and care services (eg 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 and 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.

4.5 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:

- 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.

4.6 Funding

Over the period of implementation, £250m 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.

- 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.

4.7 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 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.

4.8 Implementation In the Health and Social Care Partnership

There is a requirement to develop a Primary Care Improvement Plan for each HSCP which must be agreed by the GP Sub Committee

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 Dumfries & Galloway area in order to be efficient and effective

4.9 People who use Services and Carer Implications

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.

4.10 Financial Implications

The implementation of the 2018 General Medical Services contract for Scotland will see £250million 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.

4.11 Community Planning Implications

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

5. Conclusions

- 5.1 There is a great deal of work to be done if this system redesign to successfully deliver the transformative and positive change it seeks to enable.
- 5.2 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.

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.

7. Impact on Integration Joint 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 and links with all 9 of the National Health and Wellbeing outcomes.

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. Achieving implementation of the Primary Care Improvement Plans will require a clear 3 year programme and funding profile. The new contract seeks to address GP Primary Care sustainability.

9. Consultation

A contact 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.

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

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 this Report.

11. Glossary

BMA British Medical Association

EMG	Expert Medical Generalist
GMS	General Medical Services
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
LIST	Local Intelligence Support Team
MoU	Memorandum of Understanding
NHS	National Health Service
NRAC	NHS Scotland Resource Allocation Committee
SGPC	Scottish General Practices Committee
SPIRE	Scottish Primary Care Information Resource