



Dumfries and Galloway  
Integration Joint Board

17<sup>th</sup> December 2024

This Report relates to  
Item 12 on the Agenda

# Developing a Vision for General Medical Practices and General Medical Services in Dumfries and Galloway

*Paper presented by Greycy Bell*

*For Approval*

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<b>List of Background Papers:</b>	None
<b>Appendices:</b>	None

<b>Direction Required to Council, Health Board or Both</b>	<b>Title:</b>	Development of a Vision for Sustainable GP Practices and General Medical Services that are fit for the future and able to meet the changing needs of the populations across Dumfries and Galloway.	
	<b>Reference Number:</b>		
	<b>Direction to:</b>		
	1. No Direction Required		
	2. Dumfries and Galloway Council		
3. NHS Dumfries and Galloway		X	
4. Dumfries and Galloway Council and NHS Dumfries and Galloway			

## 1. Introduction

- 1.1 General Medical Services (GMS) provided by GP Practices across Dumfries and Galloway are the bedrock of the National Health Service, with the vast majority of patients being assessed and treated by their General Practitioners (GPs) with support from the wider Practice Team.
- 1.2 That said, Practices in Dumfries and Galloway, like those in many other rural areas, are struggling with issues of sustainability arising from recruitment and retention difficulties, growing demand and increasing patient expectations.
- 1.3 These issues of sustainability have been evident over the last five years in terms of the numbers of GMS contracts that have been resigned by GP Partners in Dumfries and Galloway and the resulting requirement for the NHS Board to step in and directly run these GP Practices until another suitable provider can be identified.
- 1.4 There is a need to act now to address these issues of sustainability and to begin planning for a future where our GP Practices are strong, sustainable and fit for the future in terms of meeting the changing needs of local people and being at the heart of improving population health and wellbeing and addressing inequalities by delivering remote and rural healthcare that is safe, effective and person-centred.

## 2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
- **Confirm that it recognises the sustainability challenges facing General Medical Practices across Dumfries and Galloway and the risk this poses to the continued provision of GMS locally.**
  - **Confirm that fundamental change is required, underpinned by a clear vision for how these services should be planned and delivered in the future.**
  - **Approve the proposal to develop a full and detailed scope for this work, involving General Practitioners, the communities they serve and wider stakeholders, with a requirement to present this for consideration at the Integration Joint Board Meeting in March 2025.**
  - **Issue a Direction to Dumfries and Galloway NHS Board to undertake this work.**

### **3. Background and Main Report**

- 3.1 The model of GMS delivery has changed over time with increasingly prominent roles for Healthcare Support Workers, Practice Nurses and Advanced Practitioners resulting in a multi-disciplinary Practice Team.
- 3.2 These changes have continued since the introduction of the New General Medical Services Contract for Scotland in 2018, with further developments in the multi-disciplinary team through the growth in roles such as mental health, pharmacy, community link workers and the Community Treatment and Care (CTAC) services.
- 3.3 This started before the Covid-19 Pandemic, and has continued since, through the significant expansion of the Practice Team, enhancing professional nursing, mental health, pharmacy, healthcare assistant and care co-ordinator capacity to ensure people see the right professional based on their needs.
- 3.4 While materials were prepared to raise awareness of and explain the reasons for these changes in late 2019, unfortunately they could not be used as priority was given to public messaging about the Covid-19 Pandemic.
- 3.5 At the same time, during the Pandemic, GP Practices offered alternative modes of consultation, greatly increasing the use of virtual appointments, and with the evidence of improved efficiency and sustained effectiveness, many GP Practices have continued to offer these.
- 3.6 As our local Health and Social Care system began its recovery from the Covid-19, some local people expressed frustration at not being able to engage with their GP Practice in the same way they had become accustomed to over many years. This was reflected nationally, with extensive media coverage.
- 3.7 It is important to note that despite concerns about accessibility, a simple extrapolation of the latest data published by the BMA in November 2024 indicates that approximately 80,000 appointments were likely to have been delivered in General Practice in Dumfries and Galloway in September 2024. Given the region's demographics, this figure could be significantly higher.
- 3.8 To transform our GP Practices and the GMS that are delivered through them, we must adapt to rising patient demand, recruitment challenges, and the necessity for modernised facilities, as well as engage with our communities to co-design services that people know how to engage with and have confidence in. It will be important to build on the changes that have already been enacted, improving public understanding of the redefined role of the GP and the wider Practice Team.
- 3.9 Almost 20 years have passed since the World Health Organisation published Primary Health Care: Now More Than Ever, commemorating the Alma-Ata conference on Primary Care held nearly 30 years prior. At this landmark event, the importance of health equity was recognised internationally, establishing it as a guiding principle for health systems worldwide. Nearly half a century on, this principle remains central to those of us working within the National Health Service. It is vital that we come together now to collaborate in planning and delivering our GP Practice model for Dumfries and Galloway, ensuring that we uphold and promote health equity for all individuals and communities (World Health Organisation, 2008).

3.10 To do this effectively, there needs to be clarity on the scope and remit of this work. It is therefore proposed that two sets of questions be used to aid discussions with stakeholders between now and the end of February 2025 to inform the development of a clearly specified scope.

3.11 The first set of questions are designed to be used with GP Partners, Practice Managers, Advanced Practitioners, Practice Nurses and wider members of the Practice Team:

**1. How does it feel to be a General Practitioner / work in General Practice in Dumfries and Galloway today?**

- What is the most rewarding part of the role?
- What is the most challenging part of the role?
- What would you change about the role?
- What does the role need to look like to attract the next generation?

**2. How have patient needs changed within your practice since the pandemic?**

- What impact has this had on you and your immediate Practice Team?
- What gaps exist in current support?
- What needs to change to better meet current and future needs?

**3. How have patient expectations changed within your practice since the pandemic?**

- What modes of consultation are you currently delivering?
- What should the balance between consultation modes look like over time?
- What support does your Practice need to make these changes?
- How do you engage with patients to ensure their voices are heard in your practice?
- What feedback have you received from patients about their experiences with General Medical Services?

**4. What role could General Practice play in enabling individuals to improve their health and wellbeing?**

- Are there barriers to practices undertaking this? What needs to be different to allow General Practice to undertake this role?
- For those with the poorest health and poorest health outcomes what is needed to enable General Practice to support these individuals?

**5. How stable and sustainable is your Practice?**

- What are the key pressures impacting your Practice today?
- What do you anticipate will be the key challenges over the next 1-3, 3-5, and 5-10 years?
- How do you currently measure the quality of care provided in your practice?
- What quality improvement initiatives have you implemented, and what impact have they had?

**6. How effective is your working relationship with other Practices?**

- What are the benefits of the current Cluster arrangements?
- What opportunities exist for sharing skills or resources between Practices?

## **7. How should General Practice shape and influence healthcare planning and delivery in Dumfries and Galloway?**

- What needs to change to improve your relationship with the NHS Board?
- What time/capacity would you need to share insight and intelligence on local population needs?

## **8. How do General Medical Services need to change?**

- What is your vision for General Medical Services in Dumfries and Galloway over the next five to ten years?
- How do you envision the role of GPs evolving in response to changes in healthcare delivery and patient needs?
- What elements of current services could we stop or deliver differently?
- What from the 2018 Contract needs to change?
- How has technology impacted your practice in terms of patient care and administrative tasks? How could technology support further change into the future?
- What technological tools do you believe would enhance your practice's efficiency and patient care?

3.12 The second set of questions are designed to be used with wider stakeholders, including professional teams in Acute and Diagnostics, Community Health and Social Care, Mental Health and Women, Children and Sexual Health, as well as with Third Sector Dumfries and Galloway and local community groups:

### **1. Integration with Other Services**

- How do you feel about the current integration of General Medical Services with other healthcare services in Dumfries and Galloway?
- What opportunities exist for improving collaboration between General Practice and other healthcare providers?

### **2. Impact of Technology**

- How has technology impacted on General Practice in terms of patient care and administrative tasks?
- What technological tools do you believe would enhance efficiency and patient care in General Practice?

### **3. Patient Engagement**

- How should General Practice engage with patients to ensure their voices are heard in your practice?

### **4. Workforce Development**

- What training or professional development opportunities would be beneficial for GPs and their teams to adapt to changing demands?
- How can we support the recruitment and retention of GPs in Dumfries and Galloway?
- What skills, experience and expertise do we need within the MDT to meet changing needs in the future?

### **5. Service Quality and Improvement**

- How should we measure the quality of care provided in General Practice?

- What quality improvement initiatives should be implemented, and how should we share learning?

#### **6. Promoting good health and prevention?**

- What work takes place in partnership with General Practices that supports preventing ill health and enabling patients to look after their own health.
- Do you think greater focus on this area of work is needed and if so what should that look like?

#### **7. Future Vision**

- What is your vision for General Medical Services in Dumfries and Galloway over the next five to ten years?
- How do you envision the role of GPs evolving in response to changes in healthcare delivery and patient needs?

### **4. Conclusions**

- 4.1 There is a need to set a new direction for how GP Practices are configured and operate across Dumfries and Galloway if accessibility of GMS is to be sustained.
- 4.2 This is likely to require changes to the model of delivery and it is therefore important to co-produce this new direction with people who will work with and access GP Practices in the future.
- 4.3 There needs to be a clear scope and remit for this work, with a realistic timeline for its delivery.
- 4.4 The proposed approach set out within this paper, commits to co-producing that scope by the end of March 2025 before bringing it back to the IJB for consideration along with a project plan that would see completion of the review within 2025/26.

### **5. Resource Implications**

- 5.1 The planning work will be delivered within existing resources available to the Strategic Planning and Transformation Directorate and Primary Care Directorate.
- 5.2 By prioritising resources from these Directorates to undertake this work, cognisance must be taken of the impact of any further requests for support in 2025/26.
- 5.3 It is believed that this work will support delivery of the Financial Recovery Plan by minimising the risk of future cost pressures associated with the direct provision of General Medical Services by the NHS Board.

### **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 6.1 As things stand, the instability of GP Practices locally could adversely affect the delivery of the model of care set out within the IJB Strategic Commissioning Plan.
- 6.2 Further, the HACE Survey is likely to demonstrate, over time, reductions in satisfaction with services provided from GP Practices.

### **7. Legal and Risk Implications**

7.1 Given the sustainability issues described within this paper, a failure to plan the future shape and configuration of GP Practices across Dumfries and Galloway would result in a significant risk for the IJB in terms of being able to commission General Medical Services in line with its assessment of population need.

## **8. Consultation**

8.1 This proposal has been developed jointly by the Strategic Planning and Transformation and Primary Care Directorates.

8.2 There has been engagement with the GP Cluster Leads and Chair of the GP Sub-Committee.

8.3 Views have been sought from Health and Social Care Leadership Group and the Board Management Team.

## **9. Equality Impact Assessment**

9.1 This proposal does not require an Impact Assessment but the outputs from the review will need to be fully Impact Assessed.

## **10. Glossary**

<b>EQIA</b>	<b>Equalities Impact Assessment</b>
<b>IJB</b>	<b>Integration Joint Board</b>
<b>GMS</b>	<b>General Medical Services</b>
<b>GP</b>	<b>General Medical Practitioner</b>

## Dumfries and Galloway Integration Joint Board



### DIRECTION

#### (ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	Development of a Vision for Sustainable GP Practices and General Medical Services that are fit for the future and able to meet the changing needs of the populations across Dumfries and Galloway.
2.	Date Direction Issued by Integration Joint Board	17 December 2024
3.	Date from which Direction takes effect	17 December 2024
4.	Direction to	NHS Dumfries and Galloway
5.	Does this Direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	No
6.	Functions covered by Direction	General Medical Services
7.	Full text of Direction	<p>During 2025/26, engage GP Partners, Practice Managers, Advanced Practitioners, Practice Nurses and wider members of the Practice Team, as well as local people and other stakeholders in developing a Vision for General Medical Services in Dumfries and Galloway that sets a clear direction for the development of these services over time, ensuring they become strong, sustainable and fit for the future, while having the capacity and capability to treat ill health, improve population health and address inequalities.</p> <p>Establish a detailed associated action plan for delivery from 2026/27 that will firstly stabilise General Medical Services by improving:</p>



		<ul style="list-style-type: none"> <li>• The experience of existing General Practitioners and their Practice Teams;</li> <li>• Recruitment and retention into General Practice locally;</li> <li>• How the extended Practice Team operate to maximise capacity and efficiency;</li> <li>• Joint working between primary, secondary and community care services;</li> <li>• Communication with the public about how to engage with General Medical Services and what to expect from them;</li> <li>• Technology deployment to support service delivery; and</li> <li>• The refurbishment, development and replacement of facilities.</li> </ul> <p>Before transforming the local model, ensuring:</p> <ul style="list-style-type: none"> <li>• Strategic deployment of services where they are needed most;</li> <li>• Enhanced collaboration between GP Practices in the planning and delivery of care; and</li> <li>• Opportunities for new modes of service delivery, through both analogue and digital change are maximised.</li> </ul> <p>Ensure the action plan for delivery is appropriately prioritised to enable informed decision-making and offer clarity of impact that can be anticipated from any change to the delegated budget.</p>
8.	Budget allocated by Integration Joint Board to carry out Direction	No additional budget is being made available by the IJB, this should be delivered within the management resources available within the Health and Social Care Partnership.
9.	Desired Outcomes	<ul style="list-style-type: none"> <li>• Improvement in the HACE survey results from 2028 in terms of: <ul style="list-style-type: none"> <li>○ How people rated the care offered by their GP Practice</li> <li>○ How easy people found it to contact their GP Practice in the way they wanted</li> <li>○ Access to same day appointments</li> <li>○ Ability to book appointments in advance</li> <li>○ Ability to speak with a Doctor at the GP Practice</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ Ability to see a member of the extended Practice Team</li> <li>○ Ability to understand the information given by the GP Practice</li> <li>○ Treated with dignity and respect by the GP Practice</li> <li>○ Felt listened to by the GP Practice Team</li> </ul>	
10.	Is there a need for engagement with the third sector in delivery of this Direction?	YES	NO
		X	
		Third Sector Organisations may have a role to play in offering alternatives to traditional General Medical Services.	
11.	Performance Monitoring Arrangements	Directions will be reported to the relevant IJB Committee on a 6 monthly basis. An annual report of all current Directions will be presented to the IJB	
12.	Date Direction will be Reviewed	June 2025	