Neil Findlay MSP  
Convener, Health and Sport Committee  
Scottish Parliament  
Sent by email: HealthandSport@parliament.scot  

29 August 2016  

Dear Convener,  

Health and Sport Committee evidence session – GPs and community hubs  
BMA written submission  

General practice is under considerable pressure from compounding problems of workforce shortage and unsustainable workload. You will be well aware that this is causing considerable distress to the profession and practices. The evidence to support this is, unfortunately, very clear – a growing number of practices are not viable under the national contract because of recruitment problems and NHS boards have been required to find alternative arrangements to provide these services.  

The BMA is working with the Scottish Government to develop a new model of general practice and a revised role for general practitioners. Our challenge is to produce a sustainable solution that maintains the crucial role of general practice within the health service and meets the changing health needs of Scotland’s population. Our vision is that general practitioners are expert medical generalists managing complex care in the community. GP practices will function as multidisciplinary hubs in the community; a “gateway” to the NHS and social care.  

SGPC is supportive of existing community hospitals which have developed in response to local need and circumstance. We are not supportive, however, of national proposals which suggest that the solution to the challenges of demographic change would involve greater numbers of GPs working in a hospital environment or working between hospitals and general practice. There are presently insufficient numbers of GPs to manage the current workload in primary care and this problem will be more extensive as the demographic change progresses further. Certainly GPs should not be seen as a solution to hospital staffing problems.  

Proposals for GPs to undertake extended new work in hospitals carries the significant risk of bringing hospital style medicine into the community. This is not affordable or sustainable. General practice manages the majority of NHS contacts in an extremely cost effective manner. We fear that any change that alters general practice’s approach to risk and intervention would be disastrous for the NHS.
Our vision will develop a sustainable model that looks after patients in their community and seeks to avoid unnecessary hospital admissions. We think the alternative of primary care working to manage patients in their community is a preferable model and one that is likely to be more financially sustainable.

The community hub model which is currently being piloted would also likely create a reduction in the number of GPs available to general practice in areas with acute shortage. We are concerned that the pilot in Forth Valley will further reduce the number of GP sessions available in an area that is facing considerable GP workforce problems.

In addition to our concerns about the pilots, we also have considerable difficulty with aspects of the proposed community physician role (as described in the advert for the Forth Valley pilot). We are concerned that any expansion of these posts at a time when GP practices are struggling to recruit GPs and secure locum services would be hugely counter-productive in relation to the sustainability and survival of mainstream general practice. Despite our significant concerns, we hope there may be things to learn from the community “hub” model in Forth Valley and Fife in terms of additional training and managing complex patients at home.

We are aware of existing concerns that some GP trainees may not have the confidence to enter partnership at the end of their training. This is why we support developments around the fourth year of GP training to develop additional clinical and practice management skills.

I look forward to discussing this further with you at the evidence session on 27 September.

Kind regards,

Alan McDevitt
Chair, Scottish General Practitioners Committee