BMA

Scotland

Redesigning primary care for Scotland's communities

BMA Scotland briefing

December 2015

Introduction
The British Medical Association (BMA) is a registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of more than 150,000 representing around two-thirds of all practising doctors in the UK. In Scotland, the BMA represents over 16,000 members.

GP survey:
Earlier this year, the BMA commissioned a survey of GPs across the UK to establish their priorities and views on the future of general practice.

In Scotland, 1,844 GPs took part – more than a third of the total number of GPs currently working in Scotland.

Key findings in Scotland:

- 32% of GPs are considering retiring from General Practice while a further 14% plan to cut down to part-time working
- 69% of GPs said workload had a negative impact on their commitment to a career in general practice
- 92% of GPs said their heavy workload has negatively impacted on the care patients receive
- Just 8% of GPs believe that current 10-minute consultations are adequate
- To improve care, GPs say that longer consultation times should be the top priority (75%), followed by increased GP numbers (74%) and increased funding (69%)

The role of the GP from 2017
The ambition of the Scottish Government's 2020 Vision is for patients to be cared for more at home or in a homely setting. This is a considerable challenge given the changing demographics of Scotland.

General practice is under considerable pressure from the compounding problems of an increasing workforce shortage and unsustainable workload. It is now evident that a growing number of practices are struggling to remain viable under the current national contract, principally due to recruitment and retention problems and amongst other things, these practices are turning more and more to boards to support them, or even to retain their viability as a practice.

The role of the general practitioner(and other professionals in primary care) in future must be to make best use of the unique experience and skills of each, if we are to successfully address the health needs of individuals and communities and achieve the intended outcomes of the Scottish Governments' 2020 Vision. We expect that a modernised role for GPs will improve recruitment and retention and strengthen the crucial role of general practice and primary care within the wider health and social care system.

The BMA's Scottish GP Committee (SGPC) is proposing a revised role for the GP from 2017 – with the GP as the senior clinical decision maker in the community, who will focus on:

- Complex care in the community
- Undifferentiated presentations
- Whole system quality improvement and clinical leadership

The proposal that GPs become more involved in complex care and system wide activities would require a refocusing of GP activity. It is expected that GPs would be less involved in the more routine tasks and require a greater reliance on other health professions in the wider community team. To achieve this, the training needs of GPs, members of the wider primary health care team, including the other professionals working across primary care, will need to be considered, developed and delivered.

What follows is a brief exploration of the proposed future core duties of general practitioners in Scotland, which could fulfil the requirements of the Scottish Government's 2020 Vision and address many of the significant challenges facing the profession and wider health and social care system.

Complex care in the community

GPs will spend a greater proportion of their time delivering care to patients with multiple comorbidity, general frailty associated with age, and those with requirements for complex care (e.g. children or adults with multiple conditions, including mental health problems, or significant disabilities). The system will be focussed on knowing its population and assessing where there is potential to achieve better outcomes. Each practice would therefore need to be supported, with adequate information, to proactively identify this cohort of patients and to then work with others to devise an appropriate care plan, to ensure that these patients receive the optimum care and support.

One of the main aims of this change in approach/focus is to reduce the avoidable time spent in hospital by patients with complex needs where this is appropriate. It is broadly agreed that where care at home is desirable and adequately supported it is better for patients. GPs spending more time on patients with complex needs would help to ensure that admission to

acute care should only be to achieve a specific outcome, or for an assessment or treatment that could only be provided in a hospital setting.

GPs will also be involved in establishing protocols for community teams on how to manage patients with complex needs and develop anticipatory care plans for these patients, in order that they can be cared for in their own homes for as long as possible. As the expert generalist in the community, GPs will also support these community teams, when any expert GP input is required.

Undifferentiated presentations

Seeing patients who are unwell, or believe themselves to be unwell, has to remain a core part of general practice, as it is the basis for learning the clinical skills required of a generalist and is expected by patients.

However, GPs are a limited resource and their capacity to see patients is finite. There will therefore need to be a balance found between access to GP appointments, access to other health professionals where that is more appropriate, and encouraging patients to seek self-care, where appropriate.

The new model of care, with everyone working to the top of their licence, will require other health professionals to be more involved in meeting immediate patient needs. Working alongside GPs they need to be able to efficiently assess and treat patients, within their clinical competence. It will be essential that they are able to complete episodes of care without recourse to the GP on a significant number of occasions. Yet, GPs must retain oversight of the service and must maintain longitudinal patient contact to develop and maintain the skills that are required to manage complex care.

Practices should act as a "patient gateway" to ensure that patients are being adequately streamed to the most appropriate service. Patients should experience contacting the practice, either in person or remotely, as a way to obtain advice on how best to have their needs met most efficiently by the service. GPs should oversee and manage this process to ensure it is effective and that streaming of patients is clinically appropriate.

Whole system activity – quality improvement and leading teams

GPs must have regular protected time to be able to develop as clinical leaders, with the intended outcome that they become fully involved in assessing and developing services intended to meet the needs of their patients and local communities.

As senior clinical decision makers, GPs will assess the overall performance of their own practice, practices within their cluster and the wider community team, with a clear focus on outcomes of relevance for patients, leading to suggestions for improvement that will in turn be evaluated by them and others. This will require GPs to have influence to direct change within the wider health and social care organisations. Indeed it is doubtful that health and social care organisations can be successful without the significant involvement and engagement of GPs in this meaningful way.

Whilst it is recognised that many GPs may not currently see themselves attracted to broader leadership roles and responsibilities, each will need to be involved in improvement activity in both their practice and the wider system, as any significant improvement in patient outcomes are only likely to be achieved if every senior clinician is engaged in these activities at some level.

The new Scottish GP contract

The SGPC is in discussion with the Scottish Government on the future of the GMS contract with a view to agreeing a new Scottish contract for GPs to be implemented from April 2017.

Following the Cabinet Secretary's announcement that QOF is to end by 2017, we are also working with the Scottish Government on a new way of addressing quality.

For more information please contact:

Helen Reilly
BMA Scotland public affairs
0131 247 3050; 07825193617; hreilly@bma.org.uk