



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

PRIMARY CARE IMPROVEMENT PLAN

Report by Chief Officer, Health and Social Care

PURPOSE OF REPORT

1. To update members on the Primary Care Improvement Plan, which was signed off by GP Sub-committee in July 2018.

COMPETENCE

2. There are no legal or financial constraints to the recommendations being implemented. There are a number of HR issues which emerge and which are currently being considered by the Integrated Corporate Management Team.

SUMMARY

3. The Scottish Government and British Medical Association (BMA) have agreed a new GP Contract to support the ongoing development of primary care services in Scotland. The contract will refocus the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on complex care, as well as whole system quality improvement and leadership. The aim is to enable GPs to do the job they train to do and enable patients to have better care.
4. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period through a [memorandum of understanding](#). These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services in their capacity as expert medical generalists.
5. The funding of general practice in Scotland will be reformed and a phased approach is proposed. In Phase One, starting from April 2018, a new funding formula that is meant to better reflect practice workload will be introduced. A new practice income guarantee will operate to ensure practice income stability – so no GP practice in Scotland will lose income as a result of the new contract (despite local media reports to the contrary). The new funding formula will be accompanied by an additional £23m investment to improve services for patients where workload is highest – although it is notable that no GP Practices in the Western Isles will benefit from this resource. On the other hand, £45m will be disseminated nationally to support the first year of reforms, offering £300,000 to support the local reforms. This figure, which also sets out associated obligations, is set out in an attached letter from the Scottish Government. A companion letter which makes reference to the Scottish Government's ambition to deliver an additional 88 mental health posts is also attached. Given that both of these funding allocations require outline plans to be lodged with Scottish Government by July we have brought our





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planning together in a single document. This is further supported by the fact that our GPs locally have identified mental health as a priority in year one of the reforms.

6. The IJB is required to agree a Primary Care Improvement Plan with GPs to identify how additional funds are implemented in line with the Contract Framework. The Plan outlines 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 developed with the GP Sub-committee 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. Integration Joint Boards will be accountable for delivery and monitoring progress for the local Plan.
7. The attached plan at Annex 1 has been written with input from the local GP sub-committee, which will be the forum used to agree priorities between the GP community and primary care management (the latter being the Chief Officer, Medical Director, Associate Medical Director and Primary Care Manager). It was signed off by the GP sub-committee in July and subsequently submitted to the Scottish Government.
8. In order to give effect to the plan, we now need to build capacity within NHS Western Isles. We are working through a range of questions about how best to bring this capacity into being, but in broad terms our approach is described in a letter from the Chief Officer to GP Practices in August 2018.

RECOMMENDATIONS

9. It is recommended that:
 - a) The IJB notes the agree plan (Annex 1) which has been submitted to the Scottish Government.
 - b) The IJB provides direction to the Health Board to build capacity, as outlined in the plan, using the Primary Care Transformation Fund.

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