



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

GP CONTRACT

Report by Chief Officer, Health and Social Care

PURPOSE OF REPORT

1. To note the arrangements proposed by the Scottish Government and British Medical Association (BMA) for a new GP Contract in Scotland.

COMPETENCE

2. The issues raised in the report are purely procedural.

SUMMARY

3. The Scottish Government and British Medical Association (BMA) have proposed a new [GP Contract](#) to support the ongoing development of primary care services in Scotland. The contract offer proposes a refocusing of 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, and 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. 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 better reflects practice workload will be introduced. A new practice income guarantee will operate to ensure practice income stability. The new funding formula will be accompanied by an additional £23m investment to improve services for patients where workload is highest. In addition, the contract offer proposes to introduce a new minimum earnings expectation to ensure no GP partner earns less than £80,430 (including pension contributions) for a whole-time equivalent post from April 2019. This is expected to benefit approximately one fifth of GP partners in Scotland. GP and GP practice workload is expected to reduce and refocus under the proposals, as the wider primary care multi-disciplinary team is established and service redesign embedded.
6. A [Memorandum of Understanding](#) (MOU), in development between Integration Authorities, SGPC, NHS Boards and the Scottish Government, will set out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen, new national and local oversight arrangements and agreed priorities.





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7. The contract offer proposes significant new arrangements for GP premises, GP information technology and information sharing. The intended effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability.
8. Practice core hours will be maintained at 8am-6.30pm (or as previously agreed through local negotiation). Online services for patients will be improved and online appointment booking and repeat prescription ordering will be made available where the practice has the functionality to implement online services safely.
9. Service redesign, as set out in the MOU, will allow for longer consultations for patients where they are needed – in particular for complex care of patients with multi-morbidity, including co-morbidity of physical and mental health issues.
10. GP cluster quality improvement – introduced in the 2016/17 GMS contract in Scotland – will be further embedded. GP cluster core functions include an intrinsic function to improve care for their practice populations through peer led review and an extrinsic function to meaningfully influence the local system on how services work and on service quality. There will be a refreshed role for the GP Sub-Committee in enabling this extrinsic function by facilitating the provision of combined professional advice to the commissioning and planning processes of Integration Authorities and NHS Boards. GP clusters will have a clear role in quality planning, quality improvement and quality assurance. Existing analytical support from Information Services Division of NHS National Services Scotland will be further embedded. Practices will supply information on practice workforce and on demand for services to support quality improvement and practice sustainability.
11. The proposed contract offers new opportunities for clinical and non-clinical employed practice staff, including general practice nurses and practice managers and receptionists. The contract will support general practice nurses to focus on a refreshed role as expert nursing generalists providing acute and chronic disease management, supporting people to manage their own conditions where possible. Practice managers and receptionists will play an important role in supporting and enabling the primary care multi-disciplinary team to function smoothly, to the benefit of patient care.

RECOMMENDATIONS

12. It is recommended that the IJB:
 - (a) Notes the arrangements proposed by the Scottish Government and British Medical Association (BMA) for a new GP Contract in Scotland;
 - (b) Notes that GPs across Scotland are currently being consulted on its content; and
 - (c) Notes that a PowerPoint presentation will be offered by the Associate Medical Director on the implications of the contract locally

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