

## **PRIMARY CARE PLANNING FRAMEWORK 2014-15 UPDATE**

### **Relevant changes to the national and local context**

- The Route Map to the 2020 Vision which includes commitments to implement short term changes to the GP contract, develop a 2020 vision for expanded primary care, move towards a 'more Scottish' GP contract and exploration of 'place based' primary care and review of approach to inequalities and deprivation.

### **Areas which require additional or particular focus for year 2**

- Enabling practices to meet patient needs (e.g. deprivation, frailty, vulnerable families) better through extended use of 17c contracts.
- Development and use of Practice Activity Reports (PARs).
- Developing primary care teams.
- Access to primary care services.
- Continuing to build the interface between acute services and primary care.
- Development of primary care implications from CSR work (see 3 below).
- Support locality groups as integration arrangements are progressed.
- Consolidating and taking forward actions from the deprivation group and wider inequalities work.
- Poly pharmacy reviews.
- Reducing the geographical spread of practice populations.

### **Synergy with other policy and planning frameworks and processes relevant to year two**

- Other processes and developments which should be taken into account include:
  - the establishment of the primary - secondary care interface group and the range of actions sponsored by that group;
  - the emerging service models from the Clinical Services Review, in particular:
    - the development programme focusing on long term conditions, frail elderly and emergency pathways; the role and input of primary care contractors will have to be specified and tested as part of this, and lessons learned for wider roll out if applicable;
    - the development programme for integrated children's centres, linking in to groups or clusters of practices;
    - implications of the CSR models across all groups for future developments in primary care, including greater potential for information sharing and access to specialist advice.
- Primary care premises strategies will need to adapt to different patterns of service provision, particularly where there is an expansion of primary care or community services.

### **Review of measures**

- The following additional measures will be reported:

- number of emergency admissions by GPs (aggregate for CHCP);
- number of outpatient referrals by GPs (we would use aggregate for CHCP) ;
- GP practice patient catchment, % of patients within designated practice catchment area; practices with 90% or less within catchment area;
- use of Practice Activity Reports