



Developing GP Services: engaging and listening

1. Introduction

This short paper launches our programme to engage a wide range of interests in developing a direction for GP services in NHS Greater Glasgow and Clyde. We are launching this programme to engage with and listen to a wide range of opinions about GP services and how these services need to change.

General Practice, with registered patient lists, everyone having access to a family doctor, delivering continuity of care, is one of the great strengths of the NHS, but it is under severe strain. Demand is rising; the number of people choosing to become a GP is not keeping pace with the growth in funded training posts. The traditional divide between primary care, community services, and hospitals largely unaltered since the birth of the NHS, can be a barrier to the personalised and coordinated health services patients need. GPs and hospitals roles tend to be rigidly demarcated in ways which do not reflect patient's needs for care.

Part of the pressure of demand relates to the rising needs of our ageing population with increased chronic disease and the health issues created by deprivation. But it is also the case that patients often go to their GPs with issues which could be dealt with elsewhere and do not require skilled medical intervention. The open access nature of GP services, an important strength, means that GPs are a point of service for a wide range of demands.

We want to hear from primary care practitioners about these issues, particularly from GPs. We have included questions to prompt feedback but are happy to hear from you in any form and we would welcome feedback by the end of October 2015. **The questions can be completed on a template accessible on the engagement website at www.nhsggc.org.uk/gpservicesfuture or views can be emailed to:- gpservicesfuture@nhsggc.org.uk**

This is a joint engagement and listening exercise between the Health Board and our new Integrated Partnerships. There will be local engagement and discussions as well as this communication.

The engagement website includes further background information about GP services and the pressures they are under including "A day in the life of a GP..." and "Quality First: Managing Workload to deliver safe patient care" information.

2. Developing GP Services: the 2020 Vision

The 2020 vision for Health and Social Care and the NHS Scotland Quality Strategy provide the priorities and framework in which the health service in Scotland will evolve and develop to meet future health and care requirements and to deliver safe, effective and patient centred care.

2020 Vision

- Integrated health and social care
- Focus on prevention, anticipation and self management
- Emphasis on community based care
- Day case care in hospitals will be the norm
- Improving safety
- Reducing health inequalities

Quality Strategy

- Safe, effective and patient centred care
- Putting people at the heart of our NHS – shared vision and responsibilities
- Measurable improvement in the quality of care
- Alignment of staff experience and wellness and patient care

In our view delivering this vision will require substantial changes to the way the NHS works, including:-

- More services organised around GP practices, more resources for primary care and new models of primary care delivery;
- More investment in social care services to support people living in the community and in care homes;
- Intermediate care nurse and pharmacy services in local areas: medical skills, including out of hours GPs serving larger populations;
- Concentration of specialist inpatients services accessed for the shortest possible periods of intervention; acting as hubs to outreach to more remote areas with outreach for rapid response and resuscitation linked to major centres so changes to the boundaries for service delivery with more focus on regional and national arrangements.
- Ambulatory care provided to all substantial population centres acting as hubs to outreach to more remote areas
- Widespread use of telehealth and telecare services by patients and staff across Scotland providing remote care more under the control of patients and a reducing number of physical visits less face to face contact
- More people supported to die at home not in hospital;
- Services which enable people to manage their own conditions
- Specialist NHS medical and nursing skills supporting local and community based services, including care homes rather than focussing on hospitals;
- Care homes used more flexibly, providing better care and meeting higher levels of physical and mental frailty and need ;
- Creating a reshaped workforce to deliver this strategic direction with less staff in hospital services, more in community settings and more care delivered by multi disciplinary teams.

3. Developing GP Services: why now?

Our model of GP services brings together the management of illness and disease, increasingly complex, with continuity, empathy and humanity. GP services are the bedrock of the NHS delivering over 90% of our patient contacts, skilfully assessing undifferentiated patient presentations. We have over 240 practices with nearly 800 doctors and spend £154 million on our GP services.

There are a number of different reasons why we need to launch this programme now:-

- We hear from GPs about the pressures they are experiencing in the level of demand, the complexity of the care they need to deliver; the challenges of responding to the needs of deprived patients; the growing number of patients with chronic diseases and an increasing elderly population;
- As well as those general pressures, many of our practices are involved on the Deep End national group which brings together GPs from the most deprived practices in Scotland. This Group has worked to highlight the major issue of unmet needs for patients in deprived areas.

- GP also describe the issue of inappropriate use of their services and skills with demand increasing from a range of routes including in relation to social security benefits, acute hospital services and NHS 24, as well as the increasing demands for care from patients;
- There are major challenges in recruiting and retaining GPs and attracting junior doctors into GP training;
- These pressures on GP services are compounded by pressures elsewhere in the system including on our acute hospitals, on mental health services, on NHS community and social care services and on voluntary and community service organisations.
- We have developed a clinical services strategy for the services which we deliver. The strategy relies on supporting and developing the services which GPs provide.
- There is a Scotland wide process under way to develop a new, Scottish, contract for GP services.....we are the largest Health Board in Scotland and we want to work closely with the Government and with GPs to shape that new contract.
- Our new health and social care partnerships need to establish close relationships with GP practices so that GPs have a central role in the Partnership's responsibilities to plan and commission hospital services for their populations;
- We recognise that the community staff that we employ need to work in different ways with GP practices;
- New information systems enable us to take a fresh look at how GPs and hospital services share information about patients;
- It is increasingly difficult to staff the current out of hours GP services;
- In the current contract it is difficult for GP practices to work together although that may help them address some of these issues and work better with other NHS services.
- We are not able to fully develop the GP premises in the way in which is required for modern within the current contract;

4. Developing GP Services: is this just about resources?

Resources for GP services are definitely a key issue but we don't think this set of fundamental challenges will be addressed by "more of the same".....we have made some changes to try to support GP services more effectively, including:-

- Out of the clinical services review supporting the Paisley programme to develop new ways of working
- establishing an interface group to enable acute services and GP services to work better together;
- Focussing on how to support practices in deprived areas;
- offering practices the option on a different form of contract
- investing in GP premise
- Developing Health Information and Technology across the system
- Funding additional GP services including local enhanced services for chronic disease management and nursing homes;
- Funding additional community services including rehabilitation teams;

These changes have been important but:-

- We don't think they have gone far enough to address the fundamental issues outlined in the earlier sections of this paper.

- They have been a series of separate initiatives rather than a coordinated and integrated set of changes;
- Changes so far have been constrained by the current contract, the opportunity now is to think in more radical ways;
- We need to identify new investment for primary care and ensure that we direct that investment to best effect.
- We have not been able to effectively address the issue of increasing and inappropriate demand for GP services;

5. Developing GP Services: we want to know what you think

This discussion paper provides the basis for wide engagement to contribute to the future shape of GP practices. The paper summarises the issues we have identified but we need to hear from others in order that we can shape an informed direction for these services, including influencing the development of the new national GP contract. The plan is to:-

- Run events in each of our Partnerships to enable local engagement.
- Promote wide discussion of this paper and we will also try to provide input to other meetings and events where this discussion would be appropriate.
- To invite you to use the link at the start of this paper where you will find prompts to give your views.

We want to hear from all of the key interests about the issues which we highlighted in the earlier sections of this paper and we have also set out below some specific questions which you might want to consider and respond to.

We recognise that there are immediate, short term issues which need to be addressed and want to hear ideas on those as well as for the medium term.

We want to hear from GPs and their staff:-

- What are the biggest challenges facing your practice?
- What actions would address these challenges
- What are the most important and best things about GP services?
- And the least important and worst things?
- What works well for you with other community services? What works less well?
- What would your priorities for change be?
- What works well for you with social care services? What works less well?
- What would your priorities for change be?
- What works well for you with secondary care? What works less well?
- What would your priorities for change be?

Other comments or issues?

We want to hear from clinical staff working in hospitals:-

- What works well for you with GP practices?
- What works less well?
- What would your priorities for change be?
- What do you see as the most important things about the way GP services are delivered?
- And the least important?
- How well do GP services work with your service and what would improve that?

Other comments or issues?

We want to hear from other contractors working in primary care and from the community health and social care staff working for the Health Board and Councils:-

- What works well for you with GP practices?
- What works less well?
- What would your priorities for change be?
- What do you see as the most important things about the way GP services are delivered?
- And the least important?
- How well do GP services work with your service and what would improve that?
- Are there things which your service could more appropriately be doing to support GPs?

Other comments or issues?

We want to hear from patient representatives:-

- What do you most value about your GP service?
- What works well for you?
- What works less well?
- Have you ideas about changes you would like to see, what are they?

Other comments or issues?

6. Conclusion

This paper has been developed through our Primary Care Steering Group which brings together representatives of all of the GP, Dental, Pharmacy and Optometric Contractors and Clinical, Managerial and Planning Leads from Partnerships and across the NHS Board area.

David Williams, Chief Officer Designate	Glasgow City Partnership
Richard Groden, Clinical Director	Glasgow City Partnership
David Leese, Chief Officer Designate	Renfrewshire Partnership
Stephen McLaughlin, Clinical Director	Renfrewshire Partnership
Julie Murray, Chief Officer Designate	East Renfrewshire Partnership
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