Midlothian Integration Joint Board

Thursday 11 January 2018

The General Medical Services Contract in Scotland

Executive summary

Item number:

The purpose of this report is to provide the Integration Joint Board (IJB) with a brief summary of the new General Medical Services (GMS) Contract proposals and timescales and a proposal for implementation arrangements.

Board members are asked to:

1. *Note the key content in the proposals for the new General Medical Services Contract in Scotland.*
2. *Support the model for implementation as set out in the paper.*

The General Medical Services Contract in Scotland

1. Purpose

1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with a brief summary of the new General Medical Services (GMS) Contract proposals and timescales and a proposal for implementation arrangements.

2. Recommendations

2.1 Note the key content in the proposals for the new General Medical Services Contract in Scotland

2.2 Support the model for implementation as set out in the paper

3. Background and main report

3.1 The Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association have agreed the proposed terms of the 2018 General Medical Services contract offer (Blue Book). (Appendix 2)

3.2 The contract is part of the Scottish Government's plans to transform primary care services in Scotland. A brief initial summary of the sections of the Blue Book is attached. (Appendix 3)

3.3 A co-produced *draft* Memorandum of Understanding (MOU) between the Integration Authorities (IA), the Scottish General Practitioners' Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government is being developed setting out an agreed approach that, if accepted by the profession, will support the implementation of the General Medical Services (GMS) contract in Scotland from April 2018. (Appendix 4)

3.4 A national code for GP Premises sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises. (Appendix 5)

3.5 A poll of the profession will inform a vote on the contract proposals, the outcome of which will be known on 18 January 2018.

3.6 The key principles in the proposals are:

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.

- A new workload formula for practice funding and income stabilisation for GPs.
- Reducing GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs.
- Reducing risk to GPs through these measures.

3.7 Overall the Scottish Government has committed at least £250m over the next four years to the implementation of the contract. The financial offer to GPs is to be set out in two phases with a vote on each. In phase 1 a new allocation formula has been developed which is intended to be more representative of GP workload. £23m will be used in 2018/19 to fund all practices up to the level of the formula (all GP practices have been provided with information as to how this affects them). Practices currently earning more will be protected. In Phase 2 (subject to another vote) a minimum income guarantee for a full time GP will be introduced along with reimbursement of practice and premises expenses.

3.8 The funding will also be used to fund HSCP and NHS Board implementation of their responsibilities including development and employment of additional staff, meeting same day demand, transferring vaccinations, pharmacists and links workers.

3.9 The premises code essentially sets out a programme that aims over time to remove the need for GPs to own their own premises or to lease from private landlords. These responsibilities will shift to NHS Boards. £40m has been set aside for the next four years to provide interest free loans to resolve premises issues that are affecting practice sustainability and preventing growth.

3.10 While the 2018 GMS contract is aimed at providing robust and sustainable in-hours GP services it is vital that it does not deliver any unintended consequences for the current fragile GP out of hours service. The contract includes an “opt in” rather than an “opt out” for out of hours. This could be an area of risk. The National GP Out of Hours Operations group will work with the Scottish Government, SGPC, IJBs and NHS Boards to ensure that any uncertainty about how the new contract will affect out of hours and patient access to 24/7 care is resolved quickly.

3.11 Should the proposals go ahead there will be the need for an integrated implementation plan across NHS Lothian for the delivering the GMS contract in Scotland. The contract proposal sets out the responsibilities of the NHS Board, HSCPs and the GP Sub Committee. Each HSCP will be required to develop a Primary Care Improvement Plan as part of their Strategic Planning processes and this will be implemented alongside the NHS Board arrangements for delivering the contract. All the plans are to be developed collaboratively with advice and support from GPs and explicitly agreed with the GP Sub-Committee of the Area Medical Committee (and in the context of the arrangements for delivering the new GMS contract explicitly agreed with the Local Medical Committee) and be in place by the end of July 2018.

3.12 The new contract sets out complex changes that will have to be negotiated and managed at both HSCP and NHS Board level over the next three years. The

existing infrastructure in the Board, HSCPs and GP Sub Committee is inadequate for this task.

3.13 A proposed structural approach to the implementation of the contract is set out at Appendix 1. The roles of the parts of the system are summarised in the appendix.

3.14 It is proposed that the each Chief Officer should be a member of the Oversight Group and that it be co-chaired by Chief Officer/GP Sub Committee/NHS Lothian Director.

3.15 Subject to discussion with the GP sub-committee, it is proposed that the GP sub-committee members should comprise the chair and a member from each HSCP in order to ensure strong local connections for the GP sub-committee. The local member would work closely with each HSCP's GP engagement structures and primary care planning structures.

3.16 It is proposed that a role of Director of Primary Care Contract Implementation is established in NHS Lothian in order to lead this process. It is likely that additional resources will also be required in the HSCPs, the PCCO and the Finance function to support this work.

3.17 The Director would work on behalf of all stakeholders and the costs would be top sliced from the total resources available to implement the contract from 2018 to 2021

3.18 It is proposed that following IJB and GP Sub Committee discussions the proposed implementation approach will be presented to the NHS Board in February 2018.

4. Policy Implications

4.1 The overall policy direction of developing a multi-disciplinary team approach within primary and community care supports the Midlothian IJB Strategic Plan and will contribute to the wider aim of shifting the balance of care from secondary care to community settings.

5. Equalities Implications

5.1 No impact assessment has been carried out on the issues discussed in this paper however the final Primary Care Implementation Plan will be subject to a full Integrated Impact Assessment.

6. Resource Implications

6.1 There will be resource implications in terms of implementing the 2018 GMS contract. The intention is that the detail of this is worked up over the coming weeks. It is proposed that these costs are funded from within the total resources available for contract implementation.

7 Risks

7.1 The contract may introduce new risks in finance, manpower, premises and out of hours. These will considered and a risk register for the implementation will be developed.

8 Involving People

8.1 The IJB has discussed the issues in primary care and approved primary care priorities. These have been developed together with the GP involvement structures. A number of papers relating to primary care have been discussed and supported with a wide range of stakeholders at the Primary Care Forward Group, Primary Care Joint Management Group, NHS CMT, NHS Healthcare Governance Committee and NHS Board.

8.2 Going forward HSCPs will be responsible for local engagement and the NHS Board for Lothian wide engagement.

9 Background Papers

Appendix 1: Proposed implementation structure
Appendix 2: Contract offer http://www.gov.scot/Publications/2017/11/1343
Appendix 3: Summary of sections of the Blue Book
Appendix 4: Draft MOU http://www.gov.scot/Resource/0052/00527517.pdf
Appendix 5: Premises Code http://www.gov.scot/Resource/0052/00527533.pdf

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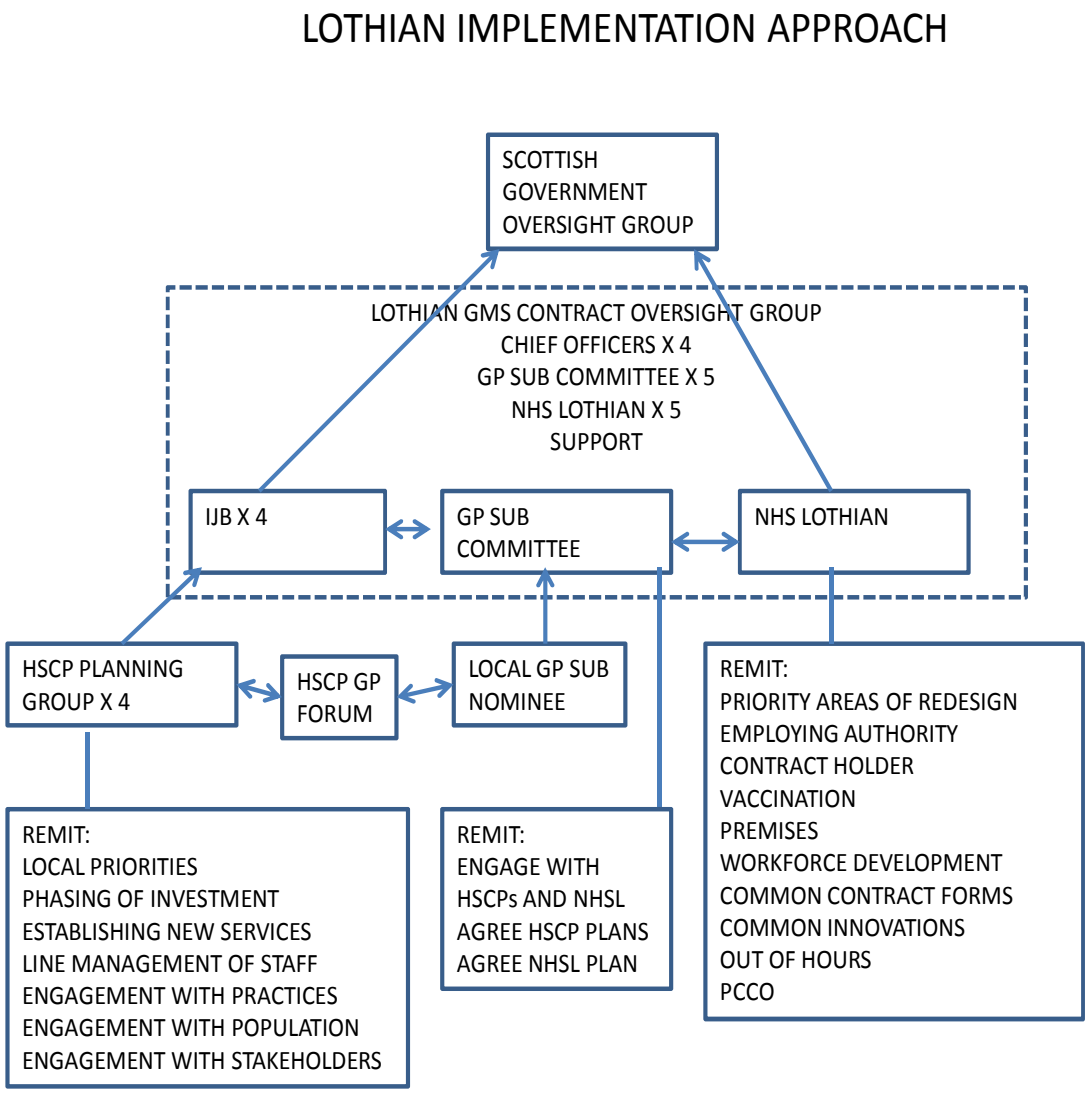
Proposed implementation structure - Draft



Appendix 3

Main points from each section of the contract offer

1. THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS

Key Points

- The GP as expert medical generalist will focus on undifferentiated presentations, complex care and quality and leadership. All are equally important.
- GPs will lead and be part of an extended team of primary care professionals.
- GPs will have more time to spend with the people who need them most.

2. PAY AND EXPENSES

Key Points

- A new practice income guarantee will operate to ensure practice income stability.
- A new funding formula that better reflects GP workload will be introduced from 2018 with additional investment of £23 million.
- A new minimum earnings expectation will be introduced from 2019.

3. MANAGEABLE WORKLOAD

Key Points

- GP and GP Practice workload will reduce.
- New staff will be employed by NHS Boards and attached to practices and clusters.
- Support for redesign of services for urgent and unscheduled care (to reduce GP workload)
- Paramedic home visiting service
- Additional professional clinical services including acute MSK physio and CMHN service
- Priorities include *pharmacy support* in practices and *vaccinations transfer.*
- Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
- There will be national and local oversight of service redesign and contract implementation involving SGPC and Local Medical Committees.
- OOH – move to an opt in service for practices that chose to provide out of hours
- Enhanced Services – no expansion but no major changes to existing

4. IMPROVING INFRASTRUCTURE AND REDUCING RISK

Key Points

- The risks associated with certain aspects of independent contracting will be significantly reduced.
- GP Owned Premises: new interest-free sustainability loans will be made available, supported by additional £30 million investment over the next three years.

- GP Leased Premises: there will be a planned transition to NHS Boards leasing premises from private landlords
- New information sharing agreement, reducing risk to GP contractors.

5. BETTER CARE FOR PATIENTS

Key Points

- The principles of contact, comprehensiveness, continuity and co-ordination of care for patients underpin the proposals.
- GP time will be freed up for longer consultations where needed – improving access for patients.
- There will be a wider range of professionals available in practices and the community for patient care.

6. BETTER HEALTH IN COMMUNITIES

Key Points

- GPs will be more involved in influencing the wider system to improve local population health in their communities.
- GP clusters will have a clear role in quality planning, quality improvement and quality assurance.
- Information on practice workforce and activity will be collected to improve quality and sustainability.

7. THE ROLE OF THE PRACTICE

Key Points

- General practice nursing will continue to have a vital role under the proposed new contract.
- There will be new enhanced roles for practice managers and practice receptionists.
- In addition, a number of clarifications and improvements to the underpinning GMS and Primary Medical Services (PMS) regulations will be made.