

**Report To:** Health and Social Care Committee    **Date:** 1 March 2018

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**Subject:** PROPOSED NEW GENERAL MEDICAL CONTRACT FOR  
SCOTLAND 2018

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## 1.0 PURPOSE

- 1.1 To outline the content of the proposed 2018 General Medical Services Contract in Scotland.
- 1.2 To inform committee of implications associated with implementing the proposed contract in Inverclyde HSCP.

## 2.0 SUMMARY

- 2.1 In 2015/16, during negotiations towards a new contract, Scottish Government removed the obligation to deliver the Quality and Outcomes Framework (QOF) of the General Medical Services (GMS) Contract 2004 and introduced GP cluster working.
- 2.2 In November 2017, Scottish Government and Scottish GP Committee of the British Medical Association (BMA) presented the proposed 2018 General Medical Services (GMS) Contract in Scotland. Scottish General Practitioners were asked to vote on implementation and it was announced earlier in January that this would go ahead.
- 2.3 The contract proposes a refocusing of the GP role as expert medical generalists, building on the core strengths and values of general practice and developing safe and appropriate alternatives through extending roles of the wider multi-disciplinary team.
- 2.4 The funding of general practice will be reformed through a phased approach, with responsibility for elements of delivery including the wider multi-disciplinary team transferred to Health Boards and HSCPs through a Memorandum of Understanding (MOU).

## 3.0 RECOMMENDATIONS

- 3.1 The Committee is asked to note the content of the proposed 2018 General Medical Services (GMS) Contract in Scotland.
- 3.2 The Committee is asked to note progress made thus far in implementing the proposals as a result of the Inverclyde New Ways programme and the consultation required with local GPs.

3.3 The Committee is asked to note the financial and workforce implications of delivering the proposed 2018 General Medical Services (GMS) Contract in Scotland.

**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 In 2015/16, during negotiations towards a new contract, Scottish Government removed the obligation to deliver the Quality and Outcomes Framework (QOF) of the General Medical Services (GMS) Contract 2004 and introduced GP cluster working. Around the same time, Inverclyde HSCP was approached to undertake a series of tests of change on behalf of Scottish Government which would inform the development of any new contract. This became known as the 'New Ways' programme.
- 4.2 The contract also aims to address concerns raised by GPs around increased workload and risk, income, sustainability and development of the practice and wider multi-disciplinary teams over a three year implementation period 2018-2021.
- 4.3 The new contract is designed to refocus the GP role as expert medical generalist and restate the commitment to general practice- the bedrock of the NHS in Scotland. The pillars of general practice outlined by Starfield (1992) are reaffirmed as:
- Contact- accessible care for individuals and communities
  - Comprehensiveness- holistic care of people- physical and mental health
  - Continuity- long term continuity of care enabling an effective therapeutic relationship
  - Co-ordination- overseeing care from a range of service providers

The independent contractor status of General Practitioners is maintained.

- 4.4 Key points in the new contract are as follows:

### **Pay and Expenses:**

- A new practice income guarantee
- 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

### 4.4.1 **Manageable Workload:**

- New staff will be employed by NHS boards and attached to practices and clusters
- Transfer of workload 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

### 4.4.2 **Improving Infrastructure and Reducing Risk:**

- Interest free loans for GP owned premises- additional £30 million investment over three years
- Transition of GP leased premises to NHS boards
- New information sharing agreement

### 4.4.3 **Better Care for Patients and Better Health in Communities:**

- GP time freed up for longer consultations where needed
- Wider range of professionals available in practices and community
- 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

### 4.4.4 **The Role of the Practice**

- Vital role of general practice nursing will continue
- New enhanced roles for practice managers and receptionists (such as patient signposting)

- 4.5 In light of Inverclyde HSCP's involvement in New Ways, the partnership is well placed to further develop the current tests in order to deliver the elements of the new contract which will be required in any Memorandum of Understanding (MOU) This will be agreed following consultation with local GP and it is expected that the HSCP will be funded directly to deliver these. This includes the wider multi-disciplinary team-Advanced Practice Physiotherapists, Pharmacists, Nurses and Specialist Paramedics. Associated workstreams such as culture change 'Choose the Right Service' and redesign of the Treatment Room and further development of the phlebotomy Service. We await further information on the transfer of vaccinations including travel vaccines from NHS GG&C board and a local data collection exercise will be required to scope demand. It is expected that the HSCP will be funded directly to deliver
- 4.6 The main implications for the HSCP in delivering the contract will be workforce related. The cohort of professionals who can work at an advanced practice level is still relatively small and the skills, experience and academic training required take considerable time to undertake and develop. Whilst we have been lucky in being able to train and recruit to the tests of change locally, this will become more difficult as the demand further outstrips supply- something which we are already experiencing.
- 4.7 Once the outcome of the General Practitioner vote is known, HSCP officers will be required to formulate a primary care implementation and delivery plan in consultation with local GPs.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

It is not known at this stage what resource Inverclyde HSCP will receive to deliver the elements of the contract through any MOU. What is known is the cost of the current tests of change and the projected costs of scaling up of tests to cover the whole population which was presented to the Integrated Joint Board on January 30<sup>th</sup> 2018.

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

#### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

- 5.2 There are no legal issues within this report.

### HUMAN RESOURCES

- 5.3 There are no human resources issues within this report.

## EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## 6.0 CONSULTATION

6.1 Ongoing consultation with GPs is required to determine the local models to be implemented.

## 7.0 LIST OF BACKGROUND PAPERS

7.1 <https://beta.gov.scot/publications/2018-gms-contract-scotland/documents/00527530.pdf>