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BMA

May 2017

We wrote to you in November last year on developments relating to the negotiation of the new GMS contract in Scotland and how that fits with our shared vision for wider primary care transformation. We accompanied that letter with a summary document that set out the vision and next steps in some more detail.

Since then, our negotiations continue and the Scottish Local Medical Committee conference was held in March 2017. We both spoke to conference and set out more detail on the increasing investment in general practice and the role it plays in enabling the new role for GPs as Expert Medical Generalists in the community.

The accompanying summary document to this letter updates you on contract negotiation and the announcements made in March. We continue to be acutely aware of the pressures facing general practice. We know additional investment is critical. We have agreed that this additional investment, in direct support of general practice, will reach an extra £250 million per year by 2021 – this is part of the pledge to increase overall annual funding for primary care by £500 million by 2021/22.

We know improvements are needed now – and are committed to improving your working conditions. That is why the contract changes in 2017 include improving sickness pay; better reimbursement for appraisals and workforce survey and a higher rate for the GP Retainer Scheme. And delegates had questions on the Review of Health and Care Public Holiday Services. The Cabinet Secretary made clear that working on public holidays will not be made mandatory for GPs in Scotland.

At conference, the Vaccinations Transformation Programme was also announced. This programme will draw in expertise from across the NHS to review and transform how we deliver vaccinations. This programme will complete within three years. This will help to reduce GP workload once a new model can be safely and sustainably operated within Scotland.

We continue to negotiate wider changes to the GMS contract. We intend these negotiations to complete in 2017 to enable a new contract to be implemented from April 2018. We anticipate fuller details on the new GMS contract to be available in advance of the next LMC conference in December 2017. We are jointly agreed that any proposal to fundamentally change the way GPs are paid is put to a vote following Conference.

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Our joint ambition for a new role for GPs as Expert Medical Generalists in the community is for GPs to have more influence in improving the health of local communities. We are hopeful for the future and commit to further communication once negotiations are complete.

Shona Robison

Alan McDevitt

General Practice: Contract and Context Principles of the Scottish Approach

- Post SLMC Conference Update

BMA

May 2017

The Scottish Government
Riaghaltas na h-Alba

1 Introduction

1.1 In November 2016 the Scottish Government and British Medical Association published a joint agreement – *General Practice: Contract and Context - Principles of the Scottish Approach* - on the future direction of general practice in Scotland. The document set out a shared vision for how general practice can be improved so that GPs can become clinical leaders of expanded teams of health professionals working in the community.

1.2 The document restated the Vision set out in December 2015 by Shona Robison MSP, the Cabinet Secretary for Health and Sport. The Vision is for General Practice to be at the heart of the healthcare system; for those who need care to be more informed and empowered than ever, with access to the right person at the right time, while remaining at or near home wherever possible; and for multi-disciplinary teams in every locality, both in and out of hours, involved in the strategic planning and delivery of services.

1.3 It also expanded on that Vision, locating it in the wider context of health and social care integration and showing how it informs and guides the work of the Scottish Government and the Scottish General Practitioners Committee (SGPC) of the BMA to achieve transformative change through a new GP contract; as well as through working with wider stakeholders to create a new context for Primary Care.

1.4 Our shared Vision is being backed up by significant investment. On 15 October 2016, in a landmark announcement, the First Minister committed to invest an additional £500 million a year in primary care by 2021/22. This generational shift in investment will be the foundation of delivering the Vision for primary care and general practice.

1.5 At the Scottish LMC conference on 10 March 2017, the Cabinet Secretary reaffirmed our commitment to invest in General Practice. As part of the pledge to increase overall annual funding for primary care by £500 million by 2021/22, it was announced that £250 million of that investment will , in negotiation with the BMA, be **in direct support of general practice**.

1.6 This investment in direct support of general practice has already begun. In 2017/18 an additional £71.6 million will be invested to deliver funding across a number of areas to improve GP recruitment and retention, stabilise GP pay, reduce risks and make general practice a more attractive profession for new entrants.

1.7 In our November publication we gave a commitment to publishing more details on our agreed plans following the completion of the Budget Bill in 2017. This document meets that commitment. It provides a summary of the announcements made by the Cabinet Secretary at the LMC conference and, where available, provides further details on the start dates and operational detail of these commitment

2 Investment in General Practice

2.1 In our previous joint publication we made clear that delivering our Vision requires three levels of intervention – contractual; primary care policy and investment; and wider government policy and investment. This remains an important element of our agreed approach in Scotland.

2.2 As a direct result of negotiations with SGPC, the Cabinet Secretary announced that by 2021 the investment in direct support of general practice will reach an additional £250 million per year. How this money is invested each year will be agreed through continuing negotiations between the Scottish Government and Scottish General Practitioner's Committee of the BMA. **The shared priority of the investment is workforce - to build the core practice and cluster based teams of primary care professionals needed to improve patient care and refocus the GP role to Expert Medical Generalist.**

2.3 This is a critical part our commitment, outlined by the First Minister in October 2016, to increase overall annual funding for primary care by £500 million by 2021/22. What this means, as the Cabinet Secretary made clear at the SLMC Conference, is that while the full £500 million invested in primary care will benefit general practice, by 2021, the investment in direct support of general practice will reach an additional £250 million per year. **This investment is in addition to any uplift in GP pay.**

2.4 There will be year on year increased investment between now and then. For 2017/18, the amount of additional investment to support general practice has been agreed at £60 million and will be delivered as part of the 2017/18 budget passed by the Scottish Parliament on 28th February 2017. These investments will transform the way services are delivered in the community, by improving recruitment and retention, reducing workload and developing new ways of delivering services.

2.5 An additional £11.6 million will be added to the GP contract next year to cover an increase to pay and expenses. It will include a 1% uplift for GP Pay; 1% uplift for staff expenses and 3.5% for other expenses.

2.6 We agree that urgent as well as long term investment is needed and we will deliver that in every year of this parliament. However, we also recognise that without a clear vision for the role of the GP in our future community health service, investment on its own is not enough.

3 Increasing the Primary Care Workforce

GP Recruitment and Retention Fund

3.1 We recognise that general practice is facing unprecedented challenges through increased workload; increased risk relating to staff and premises; and in recruitment and retention of new and existing GPs. Our efforts are focussed on positive change in general practice in Scotland that addresses these challenges in the here and now and helps us achieve our long term Vision.

3.2 The GP Recruitment and Retention Fund is important here. To expand activity to increase GP recruitment and retention, the Cabinet Secretary announced that the Recruitment and Retention Fund will receive a five-fold increase in funding from £1m in 2016/17 to £5m in 2017/18. This increase will:

- fund GP training bursaries;
- help us expand the GP Returners Scheme; and
- increase the GP Retainer reimbursement rate from £59.18 per session to £76.92 per session.

3.3 The additional funding will be delivered as part of the £60 million in direct support of General Practice in 2017/18. A revised Statement of Financial Entitlements (SFE) will be published in summer 2017 to show the increased reimbursement rate for the GP Retainer scheme which will be backdated to the beginning of the financial year.

Pharmacy Fund

3.4 In November we restated our goal of extending the multi-disciplinary team approach to include other health professionals and deliver the manifesto commitment of providing pharmacy support for every practice in Scotland.

3.5 We have already started this work with the GP Pharmacy Fund. Beginning with pharmacy is deliberate because GPs tell us the greatest initial impact on GP workload will be made by increasing the provision of pharmacy professionals within practices.

3.6 Already 120 whole time equivalent pharmacists have been appointed to posts with one third of GP practices across Scotland now having direct pharmacist support. The initial results are promising. The sixteen practices in our Inverclyde test of change have been receiving additional prescribing support since last summer.

3.7 GP workload on the relevant activities such as Medications Reviews, Medicines Reconciliation following discharge from hospital, ad-hoc Outpatients Requests; management of acute and repeat prescriptions and other medication related issues – has decreased by 50% over this period.

3.8 Replicating this at a national scale will make a real difference to GP workload, improve practice stability and ultimately improve patient choice and care. To achieve this ambition we will expand the GP Pharmacy fund from £7.8 million in 2016 to £12 million in 2017. This will go towards funding more pharmacists to work in more practices and reduce GP workload and improve patient care.

General Practice Nurses

3.9 Along with Pharmacy, our nursing and allied health professionals are crucial to successful multi-disciplinary teams. General practice nurses are core to these teams and critical to good patient care. We will invest £2 million in 2017 in training for general practice nurses.

Practice Managers and other non-clinical staff

3.10 We also recognise the important role of Practices Managers and other practice non-clinical staff such as practice receptionists in the support of patients, GPs and the operation of General Practice. Their role and skills will be crucial in supporting the development of new models of primary care and the changing role of General Practice in the future. Therefore we can also announce a £500,000 investment to develop their skills.

GP Workforce Survey

3.11 We are also delivering our joint commitment to improving our workforce planning. The consultation to inform the draft plan has now closed and we are grateful to all of those in the health and social care workforce, as well as wider stakeholders, who shared their perspectives and evidence. Those contributions will inform the final version of the plan which will be published this year.

3.12 To deliver better workforce planning we need better data and the Primary Care Workforce Survey is a key source of crucial information. However we know that completing this survey takes GPs away from treating patients, and very often falls to practice manager colleagues. In recognition of this we have agreed that the Scottish Government will introduce a payment of £150 to reimburse a practice for the return of workforce data in this year's workforce survey. Practices will be able to claim the payment from boards on completion of the workforce survey.

4 Improving GP Workload

4.1 In November 2016 we made clear our view that in addition to increasing the numbers of GPs available we will redesign the services GPs deliver so that GPs can become clinical leaders of expanded teams of health professionals working in the community.

4.2 We are also working with Health and Social Care partnerships (HSCPs) and Health Boards to see which services currently provided by GPs would be better transferred to the wider healthcare system. This work is underway and we are considering carefully the balance in the new contract between GPs fulfilling a critical role and as providers of services.

4.3 We have established an advisory group with representation from Chief Officers of Health and Social Care Partnerships to provide advice and recommendations to the Scottish Government and SGPC on how best to deliver services within Primary Care.

Vaccinations

4.4 Our shared goal in reducing workload is to meet patients' needs in the best way by reconfiguring services to make best use of the mix of skills in primary care. To this end, we are starting a programme of work to review and transform how we deliver vaccinations. Our intention is to move away from the current position of GP practices being the preferred provider of programmes on the basis of national agreements.

4.5 We want to find ways to enable other parts of the system to be responsible for the delivery of vaccination programmes, and we want to work with GPs and Board colleagues to do that. We recognise that solutions will be different in different areas depending on local circumstances, and factors such as geography.

4.6 **Be reassured, we have been clear in the joint Memorandum outlining our shared Vision that historically associated funding will stay in practices.** This is not about reducing GMS, but re-focusing GMS so it funds the new role of the GP – in complex care; in managing uncertainty; and in quality, education and local medical leadership.

4.7 The Vaccination Transformation Programme will draw in expertise from across the NHS and will take around 3 years to complete. This is a complex piece of work impacting every person in Scotland. It will require engagement from us all to ensure that Scottish vaccination programmes continue to be delivered to the same high standard as they are now. Transition to the new

model will be incremental, and changes will be made only when there is an agreed process and the new model can be shown to be operating safely and sustainably.

Sickness Pay

4.8 We accept that general practice is facing challenges here and now. GP capacity and supply are critical elements of successful service delivery in the day to day running of a practice and we know that even a single GP's unexpected absence through illness or injury can have a significant impact on workloads for other GPs and healthcare staff in the practice.

4.9 It is also clear that the workforce is changing, with more GPs working part time or flexible hours, and that existing arrangements for sickness payments should be improved to provide better support to those working at the frontline of primary care.

4.10 That is why we have agreed to raise the maximum amount of sickness pay that can be claimed for locum cover due to a GP absence from illness or injury from £982.92 to £1,734.18 per week, matching the payments for maternity leave.

4.11 We can now announce that this new rate will be backdated to 1 April 2017. The updated 2017/18 Scottish Statement of Financial Entitlements (SFE) will refer to the new higher payment amount.

4.12 We will also simplify the discretionary rules around eligibility for payments. They will no longer be linked to the number of remaining GPs or the GP/Patient ratio and will no longer be discretionary. Payments will be made to all practices who claim for GP performers absent for over two weeks. The payments will still be tied to the 52 week cycle within which a GP Performer can claim the maximum rate for 26 weeks and half the rate for a further 26 weeks. The 2017/18 SFE will provide full details of the new eligibility arrangements.

4.13 These new sickness payment arrangements are made in recognition of the new workforce landscape in Primary Care. The increased rate and simplified eligibility helps us to get more of the basics right and will improve the health and wellbeing of GPs and practice staff as we work towards our shared vision.

Appraisals

4.14 We also recognise the amount of time and effort that GPs put into completing their annual appraisal. While the appraisal is an important tool for improving learning within the profession and is required as part of the revalidation process, we appreciate that the time and resources required to prepare and carry out the appraisal takes time away from patient care.

4.15 We are investing a further £200,000 into Appraisal payments paid through the Global Sum to reflect the real-terms increase in the costs of completing appraisals. Appraisal payments for Principal GPs has been included in the global sum payments since 2004 and the value has been increased as the global sum amount has been increased over time. This year an additional £200,000 has been added to the global sum to specifically increase the payments to practices. This will mean that GP Partners will receive an average of £390 for appraisals included in their practice income. Sessional GPs will also receive the additional payment by claiming in the present manner through the SOAR system.

Review of 4-Day Services

4.16 There were conference motions and questions from delegates on the Review of Health and Care Public Holiday Services. **The Cabinet Secretary made clear that working on public holidays will not be made mandatory for GPs in Scotland.** The review is being carried out in partnership with the Academy of Royal Colleges and other professional bodies, NHS leaders and Integration Joint Boards and will look at availability of services over public holiday weekends, and how hospital, community and social care services could be coordinated more effectively. We are expecting the review to report recommendations in the summer for implementation next Christmas.

4.17 Its approach will be in line with our work on seven day services, where from the outset we have been clear that sustainability would be the cornerstone of our programme and we would not be spreading services more thinly to achieve additional services for the sake of it. Instead we will focus on areas which we believe will improve patient care and clinical outcomes rather than take a “blanket” approach.

5 Reducing Risk

Income Stability

5.1 To support the vision of the GP as expert clinical generalist in a new GMS contract we have agreed a full review of all aspects of GP pay and expenses will take place in 2017, and inform options from 2018.

5.2 We agree, in principle, that we need better information and evidence to inform both accurate recompense of expenses and options for the long term trajectory on GP pay in Scotland. To this end, we have agreed to jointly commission a review of general practice funding, pay and expenses to provide a proper, robust evidence base for improved decision making. This will take place in 2017, and inform options from 2018.

5.3 **To allow this work to take place we are therefore extending the current pay stability agreement to April 2018**.

Clear Career Path

5.4 The new GMS contract will enable a new role for GPs in Scotland – a new role designed to better attract more medical students to choose the GP profession; to encourage those have left to return; and to retain those who are thinking of leaving.

5.5 Last year we increased the number of general practice training places in Scotland by a third. And, for the first time, we made a recruitment bonus of £20,000 available to attract trainees in traditionally harder to fill posts.

5.6 This year we increased to 76 the number of training programmes advertised with bursaries. We are starting to see the impact of these efforts. The 2016 GP Year one training recruitment fill rate was up 19% compared to 2015.

5.7 These measures are only the start of our efforts to increase GP numbers. We know we also need to fundamentally influence the balance of medical training, so that Scotland produces more GPs each year.

5.8 That is why, in June last year, the Cabinet Secretary confirmed a new Graduate Entry Medical School will be established – delivered by partnership of Dundee University Medical School, St Andrew's University Medical School, and the University of the Highlands and Islands.

5.9 This new school will provide high quality community experience as central feature of the curriculum. We know exposure to community settings during training increases the likelihood of graduates choosing careers in primary care. We are encouraged by the progress the partnership are making in establishing the school which, subject to GMC approval, will be open in 2018.

Premises

5.10 We recognise that premises matter when planning for the future, and can cause recruitment challenges.

5.11 That is why last year the Scottish Government and SGPC jointly agreed to establish a Short Life Working Group on premises which reported to the Cabinet Secretary in December. The group recommended that the Scottish Government recognise and support a long term shift that gradually moves with general practice towards a model which does not presume GPs own their practice premises.

5.12 This model would lower the risk to general practice and allow for better financial planning and risk management by NHS Boards. Change will involve a range of approaches, depending on the circumstances of a GP practice, the needs of GP partners and local needs.

5.13 The Scottish Government and the BMA are working to produce a national Code of Practice for NHS Boards for use when a contractor wishes the Board to acquire property or take on the contractor's responsibilities under an existing lease.

5.14 This will ensure a more consistent approach across Scotland, protect general practice from the "last person standing" scenario, and allow NHS Boards to more quickly respond to these situations.

Practice Sustainability

5.15 At the conference the Cabinet Secretary provided an update on the work of the Improving Practice Sustainability working group. The group has concluded the first stage of its work and presented recommendations for action at a number of levels.

5.16 We recognise that improved support for GPs at the interface between primary and secondary care will reduce risks to patients as they navigate through the healthcare system. Through our shared work in the Improving General

Practice Sustainability Advisory Group, the Scottish Government and BMA are considering options to address issues of un-resourced transfer of work and a poorly functioning interface between Secondary and Primary Care.

5.17 The Sustainability report contains practical recommendations for reducing workload by improving interface working. These include following up test results. There is an important principle here. Whomever orders the test should follow up the result.

5.18 The Scottish Government shared the clear view of the BMA that this is a patient safety issue. The clinician who requests the investigation is responsible for acting on the results. The Practice Sustainability Group, that first met on 17 January 2017, is now focusing attention to provide oversight and advice on the progression of the recommendations.

Sharing Data

5.19 We recognise that GPs bear considerable professional and personal risks in the course of managing the safe and secure use of patient data. The Scottish Government and the British Medical Association have jointly agreed to establish a Short Life Working Group to take forward a proposal to draft a new Code of Practice for the sharing of patient data between health services in Primary Care.

5.20 The group will create an agreed code of practice with regard to information sharing for the next GP contract in Scotland. This code of practice will support the safe and appropriate sharing of information across boundaries of care and help to clarify roles and responsibilities in a complex information governance system which has both employed and contracted elements. We are developing the code in accordance with the Data Protection Act 1998 and with the support of the Information Commissioner's Office (ICO) in Scotland.

5.21 The Code of Practice will make clear the roles and responsibilities of GMS contractors and Health boards for systems and processes; clarify who has meaningful control of information held within GP-held health records, in different circumstances and provide guidance on internal data governance for GP practices.

5.22 When the code is agreed, GMS Contractors and Health Boards will be required by the GMS contract to show due regard to and comply with this Code.

6 Looking Ahead

6.1 The Scottish Government and SGPC remain committed to a collaborative approach to contract negotiations and context improvements. In the months ahead we will widen our discussion to include Health and Social Care Partnership Chief Officers to develop a delivery model suitable for the new practice teams.

6.2 We are also jointly committed to delivering a new contract that better supports GPs in their role as Expert Medical Generalists with remuneration and career progression for that role more clearly specified. In transforming the role of the GP in the community – focussing on complex care; undifferentiated illness; and outcomes, quality and leadership – we are making the best use of GP skills – managing uncertainty, holistic person-centred care and clinical leadership of an expanded team. This is exactly what is needed to focus GP time on those patients who need them most, including those with palliative and end of life care needs.

6.3 Our shared Vision puts general practice and primary care genuinely at the centre of a community health service, improving outcomes for local communities. Effective, sustainable and accessible general practice is needed by everyone – so we all start well, live well, age well and indeed die well. The decisions GPs make every day – whether to treat; how to treat; whether to refer – are critical to the sustainability of the NHS in Scotland.

6.4 We are clear that General Practice is not the problem, it is a critical part of the solution. This is why we are focused on increasing the multi-disciplinary teams working in practices, freeing up GP time. It means building on skills and the early promise of GP clusters so that GPs play an even bigger role in anticipatory care and proactively supporting the health of Scotland's communities. Giving GPs the time to be clinical leaders in practices, in clusters, and in the community.

6.5 Through our shared ambition – for GPs to be medical leaders in the community; to take on this new role of the GP; to be hopeful and work together - we are confident the future of general practice in Scotland is bright.