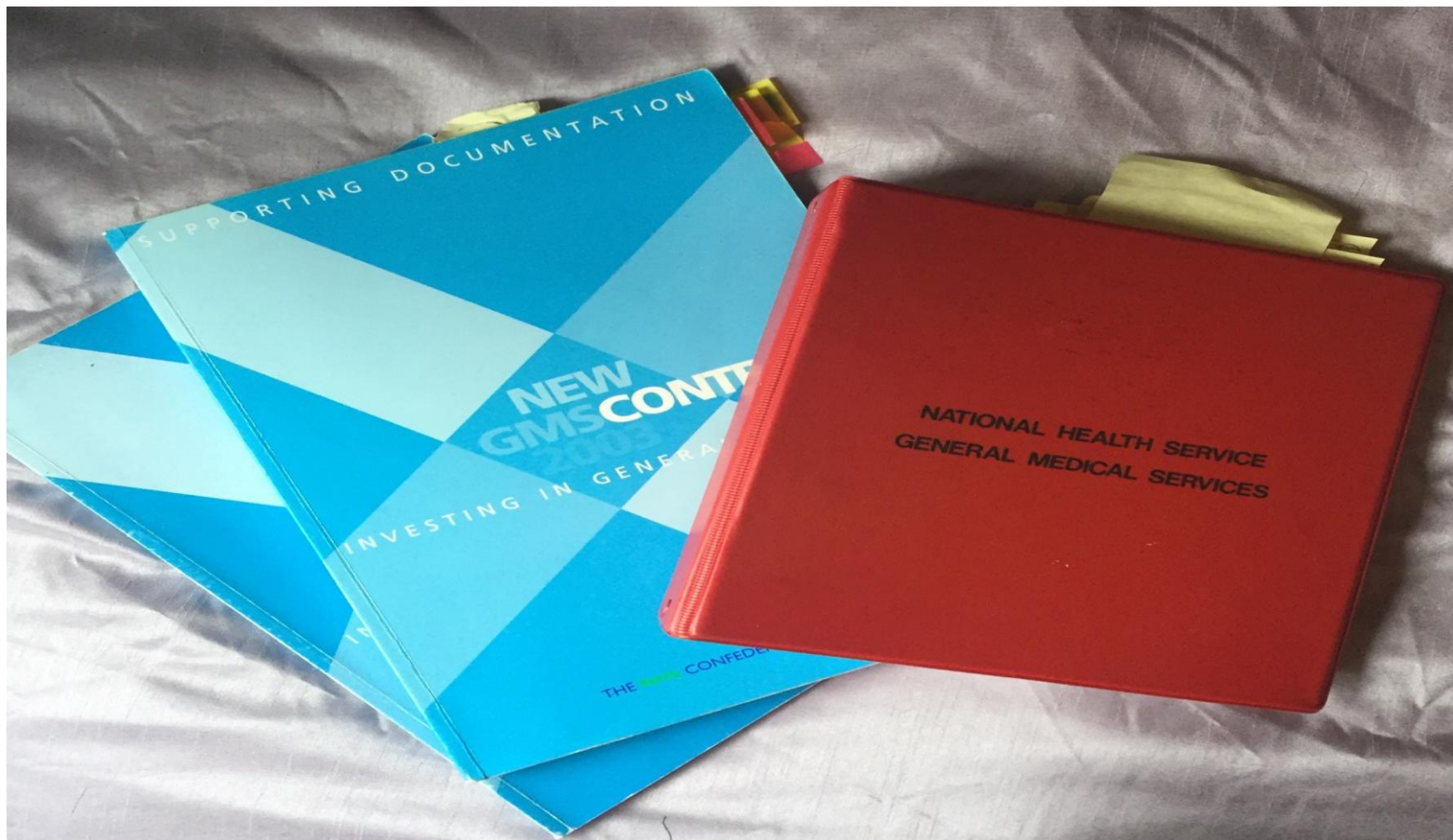


# Primary Care in Scotland Looking to the future

**Fiona Duff**

Senior Advisor, Primary Care Division,  
Scottish Government



## Petition to save Inverleith GP surgery launched



Inverleith Medical Centre, Inverleith Row. Picture: Neil Hanna

Published: 11:31

Updated: 11:33

Saturday 22 April 2017



A **PETITION** has been launched to save a much-loved GP surgery which is scheduled to close in the summer.

The 4000 patients at the Inverleith Medical Practice face an anxious wait after receiving a letter telling them the practice will close in less than three months, as health bosses at NHS Lothian scramble to put in place alternative arrangements.

0 comments

**HAVE YOUR SAY**

## Patients in limbo as short-staffed village doctors only available in an emergency

by JOSHUA KING April 11, 2017, 6:22 am



Doctors

SIGN UP TO OUR DAILY NEWSLETTER

SUBSCRIBE TODAY FROM AS LITTLE AS 99P

99P

Patients in two north-east villages have been told not to call their doctor unless it is an emergency – as the surgery is so short-staffed.

An Caorann Medical Practice has branches in Portsoy and Aberchirder, but currently only has two doctors.

But although NHS Grampian is advertising for a new GP – and has a locum in place – the shortage has been exacerbated due to “unplanned leave” – prompting the practice to implement an “immediate emergency plan”.

The same-day service means doctors are only available for the highest priority cases.

Patients can call in the morning to request an appointment, but time with a GP cannot be set aside in advance.

In an information sheet provided by the health board, patients are told: “If you are a patient and do not need to see a member of the health care team that same day, please don’t call. Please only call when you are ready to see someone that same day.”

Last night, Portsoy resident Uliet Richmond said the strategy means she has

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### TOP STORIES



Veterans being urged to share memories for new art gallery exhibition



VIDEO: Watch female ospreys 'fight' over Lonsome Louis



**Rebekah Vardy** ✓

@RebekahVardy

Following

Why are Receptionists at Doctors surgeries so stuck up and rude! 😞



**Leanne Stones** @leanneJFT96 · Mar 6

@RebekahVardy i suspect they hate their job cos they are under valued, under paid & over worked.



**K,F,H** @bujarferizolli · Mar 6

@louise\_dockwray @RebekahVardy well at least they work, footballers Wife's get rich because of the husband and fame, I like my Gp receptions

**Louise Dockwray** @louise\_dockwray

@RebekahVardy I am a GP receptionist and am definitely not rude or stuck up , should we stereotype all footballers wives as well!!!



**The Scottish Government**

# LOW MORALE

Lack of funding

High levels of stress

Insufficient recruitment of new GPs

Insufficient capacity to resolve health challenge presented

Financial risk

Ageing population with increasing incidence of chronic disease

Volume and intensity of workload

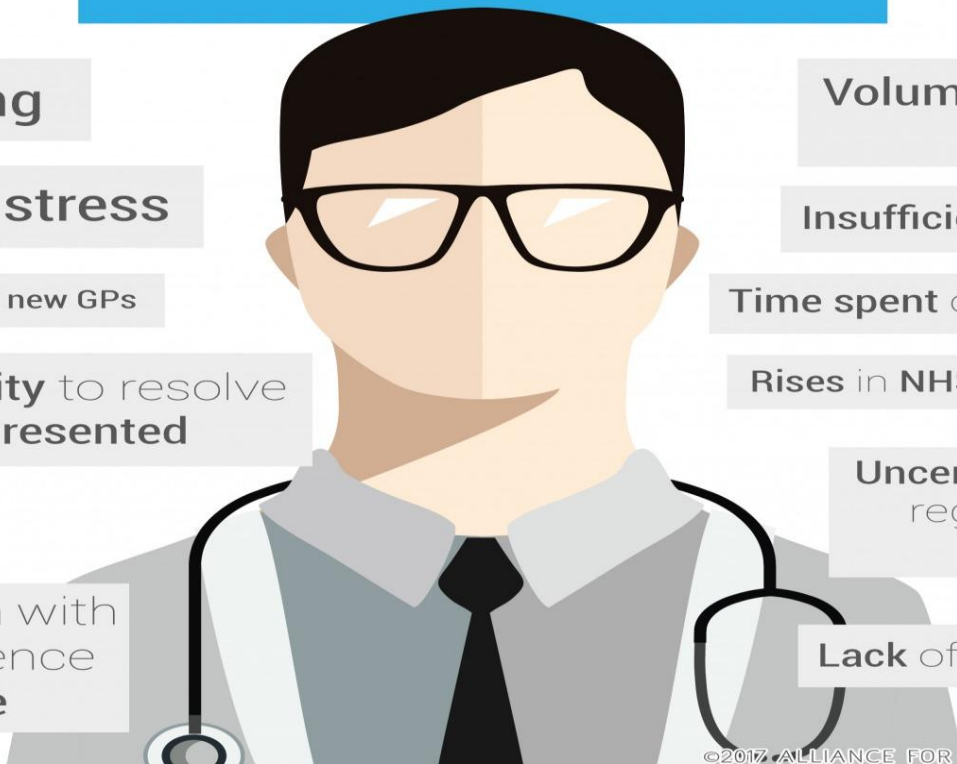
Insufficient consultation time

Time spent on unimportant tasks

Rises in NHS property rental prices

Uncertainty and insecurity regarding the future of general practice

Lack of family or social time



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# TRANSFORMING PRIMARY CARE: WHY?

## National Clinical Strategy: a business case for change

- **the world is changing**
  - Increasing demand – persisting inequality, ageing population, more complexity
  - Changing supply - health and social care integration - localities
- **Shifting the balance**
  - Staying at home or homely setting is what people want
  - Investment in primary care is cost effective
- **the status quo is not sustainable**
  - The system is under growing pressure - GP workload – in hours, OOH
  - Not all about GPs. Right professional, right place, right time.
  - Health inequalities demand creative responses





*Think different*



<b>NATIONAL OUTCOMES</b>		<b>We live longer, healthier lives</b>	<b>Our people are able to maintain their independence as they get older</b>	<b>Our public services are high quality, continually improving, efficient and responsive</b>
<b>Our children have the best start in life and are ready to succeed</b>				
<b>We start well</b>		<b>We live well</b>	<b>We age well</b>	<b>We die well</b>
<b>PRIMARY CARE VISION</b>	<b>Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services.</b>			
<b>HSCP OUTCOMES</b>	People can look after own health	Live at home or homely setting	Positive Experience of Services	Services improve quality of life
Services mitigate inequalities	Carers supported to improve health	People using services safe from harm	Engaged Workforce Improving Care	Efficient Resource Use
<b>PRIMARY CARE OUTCOMES</b>	<b>We are more informed and empowered when using primary care</b>	<b>Our primary care services better contribute to improving population health</b>	<b>Our experience as patients in primary care is enhanced</b>	
<b>Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care</b>	<b>Our primary care infrastructure – physical and digital – is improved</b>		<b>Primary care better addresses health inequalities</b>	

# Aims

*‘aims to build towards a future where primary care is delivered through multi-disciplinary teams with general practitioners, other health professionals and social care partners working across clusters of practices, integrated into health and social care partnerships.’*

# Key principles:

- A vision for the future role of the GP which will see them focus on complex care; undifferentiated presentation and quality and leadership; and
- a multi-disciplinary approach to patient care which will involve the right mix of expertise and services required to ensure that patients are provided with the most appropriate treatment in the most appropriate setting, when they need it

**General Practice:  
Contract and Context  
Principles of the Scottish  
Approach  
- Post SLMC Conference  
Update**

BMA

May 2017



# Scottish LMC Announcements –

## 10th March 2017

- £250 million in direct support of General Practice by 2021/22
- £71.6 million in 2017/18 in direct support of General Practice
  - £11.6 pay uplift (pay, expenses and population growth)
  - £60 million direct support of General Practice
- Vaccination Transformation Programme

# £60 Million – direct support

- £5 million GP Recruitment & Retention Fund
- Changes to Sick Leave reimbursement
- £200K to fund GP Appraisals
- £150 per practice for completion of workforce survey
- Workforce development
  - Practice Managers and Receptionists
  - Development of Practice Nurses
  - Extend Pharmacists scheme
  - Community Paramedics
- £5.5 million Infrastructure

# Scottish GP Contract

## 2017 : a re-focus

- Building on 2016/17 agreement (removal of QOF)
- Development of Clusters – TQA continuing
- Future role of the GP;
  - expert-generalist in complex care;
  - undifferentiated illness;
  - quality and leadership
- Future role of all professionals (MDT )
- GPs; a voice in the wider system
- Towards a ‘Primary care led NHS’

# Next steps

- GP Premises Implementation Group
- Improving Practice Sustainability Advisory Group
- GP Pay Review (pay stability to April 2018)
- Review of current GMS Services (Essential, Additional & Enhanced)
  - Vaccination Transformation Programme
- Workforce







01/05/17 00:01

## Training for GP practice staff



Part of: [Health and social care](#)

Region: [Scotland](#)

### **Investment to allow more time with patients.**

General practice staff will be given additional training to develop their skills thanks to a £2.5 million investment from the Scottish Government.

The move is part of plans to develop the skills of the whole practice team, making it easier for patients to access the right person at the right time.

Receptionists and practice managers will be able to access training on signposting patients to the most

General practice staff will be given additional training to develop their skills thanks to a £2.5 million investment from the Scottish Government.

The move is part of plans to develop the skills of the whole practice team, making it easier for patients to access the right person at the right time.

Receptionists and practice managers will be able to access training on signposting patients to the most appropriate source of help or advice. This could be a service available in the practice or elsewhere in the community, such as a community pharmacist or a local optician that can improve health. Staff will also be up-skilled to allow them to take on more of the administrative tasks currently carried out by GPs.

Additional training will also be made available for general practice nurses, so they are better equipped to meet the needs of patients with multiple health conditions. This is part of the move towards developing enhanced nursing roles within general practice.

Health Secretary Shona Robison said:

“We want to reinvigorate general practice and attract more people into the profession. We also want to shift the balance of care into the community, and general practice clearly has a significant role to play.

“By investing in the training of practice staff we can make the whole system more efficient, freeing up time for doctors to spend on their consultations. We can also increase the skills of those practice staff and improve their job satisfaction.”

# Focus on General Practice Nursing

Short life working group as part of Transforming Nursing Roles:

- Work to refresh the role and educational requirements of General Practice Nurses
- Profile current General Practice Nurse workforce
- Scope current education programmes
- Future role of the General Practice Nurse; within community nursing, general practice and clusters
- Provide career pathway that supports the profession to support the transformation of primary care.

I dream of the day when you can walk onto any university campus and find a group of students who are studying to be professional general practice managers, such is my passion for our relevance.

Sarah Longland

#### Category

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***There is much written about the future of general practice and the role of the GPs, nurses and the need to embrace alternative clinical skill mix for new models of general practice, but what about the practice manager?***

The role of the practice manager (PM) has changed beyond all recognition in many practices over the last 3 years and I doubt that it will exist in its current form in the next 3-5 years, which is a good thing. Talk to any PM and they'll tell you that the problem is that no two PM roles are the same. There is no standard job description or a set of core competencies in sight! It's the one job in the practice that lots of people think they can do better but very few step forward and rise to the challenge. It is also the role that tackles everything that no one else has managed to sort out yet.

***As general practice moves forward, just as GPs are likely to be working differently, PMs will have to radically change their approach to the role and how they do it in order to remain current and vital in their practices.***

# Focus of Practice Managers and Receptionists

- £500,000 this year
- Practice Managers Development – Leadership, Facilitation, Quality Improvement, Data Analysis
- Care Navigation/ Signposting
- Work Optimisation/ Document Management
- National education and signposting of patients/ NHS Inform/ Practice Websites



**"Your proposal is innovative. Unfortunately, we won't be able to use it because we've never tried something like this before."**







PATIENT

RECEPTIONIST

DOCTOR

Search: 01434329



**Why does the receptionist need to ask what's wrong with me?**

**It is not a case of the receptionists being nosy!**

The reception staff are members of the practice team and it has been agreed they should ask patients 'why they need to be seen'. Reception staff are trained to ask certain questions in order to ensure that you receive:

- the most appropriate medical care,
- from the most appropriate health professional,
- at the most appropriate time.

**Receptionists are asked to collect brief information from patients:**

1. To help doctors prioritise house visits and phone calls
2. To ensure that all patients receive the appropriate level of care
3. To direct patients to see the nurse or other health professional rather than a doctor where appropriate.

**Reception staff, like all members of the team, are bound by confidentiality rules**

- Any information given by you is treated strictly confidentially.
- The Practice would take any breach of confidentiality very seriously and deal with accordingly.
- You can ask to speak to a receptionist in private away from reception.
- However if you feel an issue is very private and do not wish to say what this is then this will be respected.



**Thank you for your support**

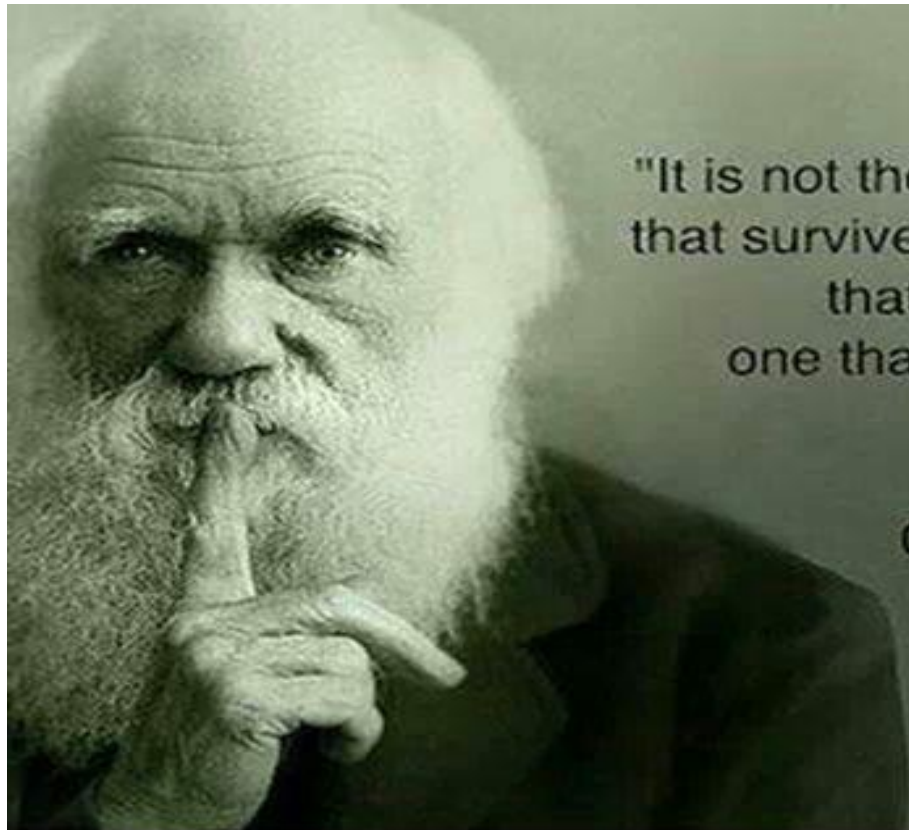
AS OUR NEW RECEPTIONIST,  
YOU ARE UPBEAT, FRIENDLY,  
AND WELCOMING TO PATIENTS.  
BASICALLY....



...YOU DON'T FIT INTO  
OUR MEDICAL GROUP'S  
STYLE!  
SO... WE'RE LETTING  
YOU GO.







"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change".

Charles Darwin

# Summary

- Clear understanding of the challenges
- Clear vision for the future
- A plan for how to get there

AND WE MUST

- Constantly challenge ourselves
- Innovate and spread good practice

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