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# An introduction to the GP contract for a third sector audience

**March 2018**

This briefing aims to provide a general overview of the new GP contract for a third sector audience and details the changes to Primary Care and the intended outcomes for health and care in communities as well as the proposed improvement in health of patients. The briefing uses the language and terminology of the GP contract to help familiarise our audience with these concepts and their contextual uses.

Integration Authorities, Scottish GP Committee (SGPC), NHS Boards and Scottish Government have agreed priorities for transformative service redesign over a three year planned transition period beginning in April 2018.

## New Primary Care staff roles

The new contract refocuses the role of the GP as an 'expert medical generalist' who provide the first point of contact with the NHS for most people in their communities. They may deal with any medical problem, 'from cradle to grave', and by providing continuity of care to their patients, families, and communities, they contribute hugely to keeping the nation healthy. GPs will be leaders of multi-disciplinary teams delivering a range of services such as:

- Vaccination services - delivered by Nurses
- Pharmacotherapy services – delivered by Pharmacists and Pharmacy Technicians
- Community treatment and care – delivered by Nursing and Healthcare Assistants
- Urgent care services - delivered by Paramedics
- Physiotherapy
- Community mental health - delivered by Nurses, Occupational therapists
- Community Link Worker

Nurses will have a refreshed role as expert nursing generalists who will provide acute and chronic disease management, and will provide proactive care planning supporting people to manage their own conditions where appropriate.

## Primary care redesign

A Memorandum of Understanding which is being developed will set out the agreed principles of service redesign, which is focused on the four C's of primary care: contact, comprehensiveness, continuity and co-ordination. The memorandum will include:

- A commitment to patient safety and person-centred care as principles of redesign
- To ensure this patients, carers and communities as well as professionals will be engaged as key stakeholders.

- Ring-fenced resources
- New national and local oversight arrangements
- Agreed priorities

GP clusters were recently established as part of the primary care system and are professional groupings of five to eight practices, which are geographically close and, according to the Scottish Government, are expected to:

- encourage GPs to take part in quality improvement activity with their peers, and
- contribute to the oversight and development of their local healthcare system.

The new contract embeds the GP Cluster approach further. There will be a refreshed role for the GP Sub Committee to support clusters by facilitating the provision of combined professional advice to the commissioning and planning processes of Integration Authorities and NHS Boards.

GP clusters will have a clear role in quality planning, quality improvement and quality assurance. Practices will supply information on practice workforce and demand for services to the Information Services Division of the NHS to support quality improvement and practice sustainability.

Under the new contract GP practices will now have protected time for training, quality improvement and leadership functions.

**Funding**

A reform of GP Practice funding has been proposed with a phased approach. Phase 1 will include:

- A new funding formula that better reflects practice workload rather than practice population size, which will start from April 2018. This gives greater weight to older patients and deprivation and the impact of these on the practice workload. A new practice income guarantee to ensure income stability will also be introduced. It is worth noting that the change in funding does not affect any locally determined agreements with Health Boards for practices to provide enhanced services.
- An additional £23 million investment in General Medical Services to improve services for patients where workload is highest.
- From April 2019 a GP partner on a whole time equivalent post will not earn less that £80,430.

Phase 2 will include:

- An introduction of an income range that is comparable to that of consultants.
- Direct re-imbursement of practice expenses.

A new GP Premises Sustainability Fund will be established with an additional £30 million investment over the next three years to help move towards a model that does not presume GPs own their own premises. A new National Code of Practice for GP premises sets out how the Scottish Government will achieve a significant move away from GPs of the risk of providing premises. There will be provision of interest free secured loans named GP Sustainability Loans, by 2023.

The new contract aims to reduce the risk that individual practices carry and enables practices to become more embedded in health and social care services in communities.

**The four C's of Primary Care and better care for patients**

The "four Cs" of primary care[1] have acted as a guiding principle throughout the development of the new GP contract and have been described as attributes and qualities patients' value most in general practice. The four C's are: 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**.** They are used to ensure there is better health and care for patients and improved health and care provision within the community.

**Contact – maintaining and improving access**

The new GP contract aims to improve patient access to primary care and general practice by maintaining core practice hours between 8am to 6.30pm whilst also making information on surgery times more accessible to help patients easily identify when they can see a GP and/or other healthcare professionals.

The Extended Hours Directed Enhanced Service will be maintained and efforts will be made to make it clearer when local GP practice offers care in Extended Hours and when appointments with GPs and other practice staff can be made.

Under the proposed new contract, GP practices will be required to provide online services to patients such as appointment booking and repeat prescription ordering, where the practice already has the existing computer systems and software required to implement online services safely.

**Comprehensiveness - a wide range of health professionals within the expert medical generalist context**

The investment in multi-disciplinary teams of clinical and non-clinical professionals working in practices and localities will widen patient choice and ensure that GPs are able to focus on their expert medical generalist role.

There will be a renewed focus on whole person and whole community health. The departure from the single disease-focused approach to quality represented by the Quality and Outcomes Framework (QOF), has been a major step in creating a renewed commitment to a more holistic approach to quality and outcomes which will be further supported by the development of peer-led GP quality clusters. GP clusters, in addition to improving quality and patient outcomes across GP practices, will have a leading role in advising on quality, patient experiences, and patient outcomes across the wider primary, community and social care landscape. The GP clusters offer an opportunity to revitalise and strengthen general practice through innovation, learning and collaboration.

[1] Starfield, B. Primary Care: Concept Evaluation and Policy. OUP, 2002.

The new contract aligns the values of Realistic Medicine with the values of general practice; supported decision making; holistic care that focuses on the person and not the disease; care that skilfully manages clinical risk with every encounter.

**Continuity – time with a GP when it is really needed**

Service redesign will allow for longer consultations for patients where they are needed. This is intended in particular for complex care cases, for example those with multi-morbidity, including co-morbidity of physical and mental health issues.

**Co-ordination – more information and better help to navigate the system**

All practices will be required to make practice leaflets containing information about the practice and how patients can access healthcare services in their local surgery, available within the practice and digitally.

The Scottish Government and SGPC have agreed to modernise access to, and provide a consistent platform for, the supply of key information for patients, including NHS 24. NHS 24 will develop a national standardised website for each practice and will also consistently signpost practice patients to reliable self-care information and to wider health and care services in the community.

**Better health in communities – General Practice and public health**

GPs will be more involved in influencing the wider system to improve population health in their communities. Improving Together a new quality framework for GP clusters will facilitate strong, collaborative relationships across GP clusters and localities with the aim of improving health in local communities.

General Practice will contribute to the development of local population health needs assessments undertaken by public health and local information analysts. They will also provide professional clinical leadership on how those needs are best addressed. This will support GPs to have a bigger impact on public health as an expert medical generalist rather than as service providers for services that can be safely delivered by other health professionals.

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