1. Actions Recommended

The Board is requested to:

- Note the responsibilities of NHS Grampian in the new General Medical Services (GMS) contract 1 April 2018 as set out in the Memorandum of Understanding (MoU) (Appendix 1)

- Approve the delegation of authority to the Chief Officer responsible for the delivery of the contract to progress with implementation collaboratively across the 3 Health and Social Care Partnerships

- Note the risks associated with the contract implementation in particular the rural concerns raised to date.

2. Strategic Context

2.1 Collectively the Scottish GMS contract offer document, the National Code of Practice for GP premises, the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 and the MoU underpin the new Scottish GMS contract. The NHS Board retains responsibility for delivery of the contractual arrangements. The MoU runs for 3 years from 1st April 2018 – 31st March 2021 setting out principles, responsibilities, resources and governance arrangements.

2.2 The statutory role of Integration Joint Boards (IJBs) in the planning and commissioning of Primary Care is set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

2.3 A strong and thriving general practice is critical to sustaining high quality universal healthcare. In October 2016 the principles underpinning the approach to General Practice were set out in the document ‘General Practice: Contract and Context – Principles of the Scottish Approach’. In November 2017, the Scottish Government published the draft 2018 General Medical Services Contract and a vote took place across the profession. In January 2018, this contract was successfully voted through by General Practitioners across Scotland.

2.4 It is the ambition of the new contract to deliver a number of benefits for patients. In particular this will be achieved through:

- Maintaining and improving access
- Introducing a wider range of health and social care professionals to support the Expert Medical Generalist (GP)
- Enabling more time with the GP for patients when required
- Providing more information and support for patients.
2.5 The intended benefits of the new contract for the GP profession will be:

- A refocusing of the GP role as Expert Medical Generalist
- Phase 1 of the contract includes a new workload formula and increased investment in general practice as well as a review of pay and expenses. This review will give rise to further proposals for phase 2 of the new contract around 2021.
- Work towards a more manageable workload – additional primary care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care by appropriately distributing key activities across a range of professionals.
- Improving infrastructure and reducing risk: including a move away from management/ownership of premises, shared responsibility as data controller for information sharing and a move away from employment responsibilities for new staff.

3. Key matters relevant to recommendation

3.1 The MoU recognises the statutory role of Integration Authorities (IJBs) in commissioning primary care services and service redesign. It also recognises the role of NHS Boards in service delivery, as employers and partners to General Medical Service contracts. The MoU provides reassurance that partners are committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that will address workload issues and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

3.2 Key aspects of the new contract and MoU requiring early action are summarised below:

Development of Primary Care Improvement Plan (Appendix 2):
- Health and Social Care Partnerships, under the direction of and in line with the strategic plans of the IJBs, will set out a Primary Care Improvement Plan to identify how additional funds are implemented in line with the Contract Framework
- The Plan will outline how these services will be introduced before the end of the transition period at March 2021, establishing an effective multi-disciplinary team model at practice and cluster level
- These plans will be developed in collaboration with local GPs and key care partners and should be developed with GP Subcommittee (or representatives of by agreement locally) as the formally agreed advisors on general medical service matters. Any specific contractual elements must be agreed with the Local Medical Committee (LMC).
- Local and Regional Planning will recognise the statutory role of IJBs as commissioners. IJBs will give clear direction to the NHS Board on its function to secure these primary care services
- In developing and implementing these plans and in line with strategic commissioning responsibilities, IJBs should consider population health needs and existing service delivery in achieving success.
- IJBs will be accountable for delivery and monitoring progress for the local Plan...
• Where more than one IJB is covering a NHS Board area, the IJBs must collaborate in relation to effective and efficient use of resources

3.3 Existing work has shown the benefits from working with a wider multi-disciplinary team aligned to General Practice. The MoU outlines the priorities over a three year period (April 2018-March 2021).

The priority new services and staff are:
• Vaccination services (staged for types of vaccinations but fully in place by April 2021)
• Pharmacotherapy services – made up, by 2021, of level one core (acute prescribing, repeats, discharge letters, medication compliance reviews); followed by level two additional advanced (medication review, resolving high risk medication problems); level three additional specialist (polypharmacy reviews, specialist clinics)
• Community treatment and care services (e.g. minor injuries and dressings, phlebotomy, ear syringing, suture removal, chronic disease monitoring) with phlebotomy delivered as a priority in the first stage
• Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care
• Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services)
• Community Link Workers
• New staff will be employed predominantly through the NHS Board and work in models and systems agreed between each HSCP and local GPs
• New staff should, where appropriate, be aligned to GP practices or groups of practices (e.g. clusters)
• Where appropriate, reconfigured general medical services should continue to be delivered in or near GP practices
• Existing practice staff continue to be employed by practices
• Practice Managers will contribute to the development of the wider practice teams

3.4 Over the period of implementation, £250m of new funds will be invested in support to General Practice. Discussions continue as to the detail of this funding and how it will come into partnerships between 2018 and 2021-22.

• The Scottish Draft Budget proposals for 2018/19 published in December 2017 confirmed a first phase of funding of £110m for 2018/19. Further clarity via Chief Financial Officers of IJBs is being sought on the details and implications of this funding.
• A letter was circulated in November 2017 to Practices setting out the implications from the new proposed funding formula and allocating the £23m relating to practice income.

3.5 The new contract will support the development of new roles within multi-disciplinary teams working in and alongside GP Practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development. Recruitment and retention of appropriate staff will remain a challenge across many areas of Grampian. The extent and pace of change to deliver the
changes to ways of working over the three years (2018-21) will be determined largely by workforce availability, training, competency and capability and the availability of resources through the Primary Care Fund.

3.6 This is a significant change for General Practice and the wider system and must be facilitated collaboratively. There are both challenges and opportunities in supporting a new future with transformation required that ensure sustainable services.

4. Risk Mitigation

The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Board, GP Sub-Committee and LMC. Achieving implementation of the Primary Care Improvement Plans will require a clear three year programme and funding profile. A National Oversight Group is being established to ensure good governance in the implementation of the new contract and an ability to mobilise short life working groups on key hot topics emerging in this process, advising the Oversight Group accordingly. Locally we have replicated this arrangement with a Grampian Contract Oversight Group, chaired by the Chief Officer responsible for Primary Care Contracts, ensuring all key stakeholder involvement in respect of property, workforce, public health and IT. This will ensure we work collaboratively and coherently across the system as we seek successful delivery of the contract in Grampian.

There is a risk attached to the new arrangements for remuneration which are now aligned to demographics, deprivation and although said to reflect rurality, this is not the general observation of rural general practice in the North. Whilst there is no detriment in the first instance, it is strongly believed that the differential between urban and rural income will adversely impact on the ability of practices to attract and be attractive in the future. Work is underway in collaboration with the Scottish Government to look further at this concern.

National and local workforce planning and development have commenced to support workforce availability, education and capability with further work required to ensure the right workforce that enables sustainable services with the right skill mix fit to support local communities.

5. Responsible Executive Director and contact for further information

If you require any further information in advance of the Board meeting please contact:

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<th>Responsible Executive Director</th>
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9 March 2018

Additional supporting information