



INTEGRATION JOINT BOARD

Report Title	2018 General Medical Services Contract in Scotland
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1: Purpose of the Report

- 1.1. This report provides the Integration Joint Board with an overview of the key steps and timeline for the implementation of the 2018 General Medical Services (GMS) Contract in Scotland.

2: Summary of Key Information

- 2.1. The Scottish Government, in partnership with the British Medical Association (BMA), have designed and agreed a new GP Contract. The contract outlines the key changes to the contract, which will be introduced under a phased approach effective from 1st April 2018. The contract will support a new vision and transformation of services over a 3 year implementation process.
- 2.2. The Scottish Government propose to refocus the role of the GP as expert medical generalist in the community, supported by an extended multi-disciplinary team (MDT), with the patients being seen by the most appropriate person in the team for their specific needs.
- 2.3. An Implementation Oversight Group has been established to support the transition to the new contract provisions across the three North East Integration Joint Boards and NHS Grampian to ensure an appropriate balance between those changes that are truly regional in nature and the local approaches required in the new Primary Care Improvement Plans.



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- 2.4. **Appendix 1** outlines those key dates which support the implementation of the transformational contract agenda.

Memorandum of Understanding

- 2.5. A Memorandum of Understanding (MoU) has been drafted which sets out a clear statement of intent across all parties engaged in the delivery of the new contract arrangements. This builds on the arrangements to develop the contract and sets out the high level roles and responsibilities of Scottish Government, Integration Authorities, NHS Boards and the British Medical Association. The MoU is set out in **Appendix 2**. This requires agreement and signing by all parties.
- 2.6. One of the requirements set out in the MoU is that each Integration Authority will develop a Primary Care Improvement Plan (PCIP). These will set out not only how the new contract will be implemented by the end of the transition period, but also how this will be used as a lever for the transformational change signalled in the new contract. A template has been drafted to support this and the plan, which will be produced with significant engagement and participation of GPs, practices and communities, will be agreed within the Medical Advisory Structure in NHS Grampian and, specifically the GP Sub Committee and Local Medical Committee, prior to being approved by the IJB by the end of July 2018.
- 2.7. The Aberdeen City agreed its Primary Care Strategy at its January meeting and has had a longstanding focus on re-imagining Primary and Community Care through its Transformation Programme. It's anticipated that both of these will be reflected significantly in the City's Primary Care Improvement Plan and that they form the basis of this plan.

Phase 1 - from 1st April 2018

- 2.8. A new funding formula (referred to as the GP Workload Formula) will replace the current Scottish Allocation Formula (SAF) to calculate individual Practice Global Sum levels. The new formula reflects the number of consultations per patient taking into account their age, sex and deprivation status. The new formula places more weight on age and deprivation and significantly less weight on remoteness and rurality than the current SAF.



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In order to ensure there is no financial detriment arising from the introduction of the new formula, Practice income will initially be protected. This will require an additional £23m investment in the global sum nationally.

- 2.9. Service redesign will commence in a bid to reduce GP workload, effectively releasing GP time to focus on undifferentiated presentation, complex care, whole system quality improvement and leadership. This redesign work marks the start of a 3 year transition period which will include service development through the vaccine transformation programme, community treatment and care services and the creation and expansion of a primary care multi-disciplinary team (MDT) to free up GP capacity. It is envisaged that the MDT will include pharmacotherapy, musculoskeletal physiotherapy, paramedics, mental health and community link workers aligned with practices and all directly employed by NHS Boards.
- 2.10. A code of conduct and revised premises directions will be introduced as part of a long term (25 year) programme to shift towards a model where GPs no longer provide/own their premises. This is expected to reduce risk for contractors and remove barriers to entry. This will be facilitated by the creation of a new GP Premises Sustainability Fund (£10m available per year from 2018 to 2021).
This will provide interest free loans (up to a max of 20% of the value of the property). Where GPs lease their property it is intended that there will be a planned transfer of the lease to NHS Boards.
- 2.11. All eligible practices will receive a first loan by 31st March 2023, however there will be prioritisation at a national level.
- 2.12. All premises used to provide GMS will be surveyed in 2018/19. This will provide the data which NHS Boards will require for their premises plans.
- 2.13. The new contract will also clarify GP responsibilities/reduce risk in relation to information held in medical records, particularly in light of the new General Data Protection Regulations due to come into force from 25th May 2018.



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Phase 1 continued - from 1st April 2019

- 2.14. A new minimum earnings expectation will be introduced which will ensure that no full time GP partner earns less than £80,430 (before superannuation deductions) NHS income pro-rata up to a whole-time equivalent (40 hours) from April 2019.
- 2.15. A new data collection exercise will be introduced to capture workforce information and details of practice expenses and GP income in order to inform Phase 2. This data is necessary to calculate partners' earnings entitlement and the total costs of introducing a consultant comparable income scale.
- 2.16. To ensure confidentiality, data will be held and processed by NHS National Services Scotland Practitioner Services (which currently handles GP income data for pension purposes) and only anonymised, non-identifiable data for the purposes of analysis will be provided to government, NHS Boards or the SGPC during Phase 1. In Phase 2 this data will be required to authorise payments and provide supporting information to ensure appropriate individual GP practice resourcing.

Phase 2 - From 1st April 2020

- 2.17. In Phase 2, which is subject to further negotiations and another poll of the profession, an income range with pay progression for GPs (comparable to that of consultants) and direct re-imbursment of expenses (staff and premises) will be introduced. Negotiations will include the arrangements for protection of GP income and GP practice expenses.
- 2.18. It is suggested that further stability will be achieved through the introduction of assured income and pay progression for GP contractors. This will be achieved through direct reimbursement of practice expenses and the introduction of an income range comparable to that of hospital-based consultants.
- 2.19. The intention of Phase 2 is that the new formula will inform the establishment of a baseline of the number of GPs required to meet the primary care needs of the people of Scotland



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2.20. The new formula will help define the optimum GP supply required every year to deal with the workload generated by a growing and ageing population. This puts the onus on the Scottish Government to ensure sufficient training numbers and provide the necessary funding to enable the number of general practitioners to grow in line with overall workload. Further detail on initiatives to increase GP supply in Scotland will be contained in the forthcoming *National Health and Social Care Workforce Plan: Part 3 Primary Care*.

GP Information Technology (IT)

2.21. Under the new contract NHS Boards will continue to have responsibility for providing integrated information Management and Technology (IM&T) systems and telecommunication links within the NHS. The Scottish Government will set national standards which will be developed with the assistance of a new GP IT Committee.

2.22. The eHealth Strategic Assurance Board, the Community Care Portfolio Management Group and the Primary Care Contracts and Service Management Board will all have responsibility for providing strategic direction and development of digital technology and the review of performance, financial status and key risk of a GP clinical system.

Enhanced Services

2.23. There will not be an expansion of the number of enhanced services (with the exception of the new Out of Hours approach) within the new contract, and it is for the local HSCP/NHS Boards to determine what local enhanced services are required. The enhanced services funding which practices presently receive is not expected to be removed as services are transitioned to NHS Boards over 2018 – 2021.

2.24. There will be changes to arrangements for Out of Hours Services OOH; instead of the current opt out arrangements a new opt in enhanced service will be developed for those practices that choose to develop out of hours services. The new OOH enhanced service will have a nationally agreed specification.



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National Groups

2.25. There is a range of national groups in place or currently being arranged to support the transformational contract agenda. These include;

- Remote and Rural Group
- Dispensing GP Short Life Working Group (SLWG)
- Premises Group
- National Data-set
- Out of Hours Enhanced Service Group
- Sustainability Group
- Information Sharing (GDPR) Group
- National Oversight Group
- Scottish Rural Partnership
- National Reference Group

2.26. A Community of Interest (CO Group) comprising Scottish Government Primary Care Division and representatives from the National Chief Officers (Health and Social Care Scotland) is also in place and this supports discussions on the implementation of the new contract in the context of Integration Joint Boards.

Local Groups

2.27. A Grampian oversight group is in place and leadership has also been established within Aberdeen City to support this implementation, reporting to the Executive Board.

Appendices

1. Key Dates for the implementation of the 2018 General Medical Services Contract in Scotland.
2. Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards

3: Equalities, Financial, Workforce and Other Implications

Equalities

3.1. There is potentially the risk that patients and the public are not engaged with this reformed service and continue to expect to be seen by the GP.



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Engagement with the patient population is required at an early stage of this change of system to assure that patients have better care and that patient safety will be maintained during the change.

Financial

- 3.2. Additional funding will be provided through the GMS directly to GPs to fund the new GMS contract. In terms of the primary care improvement plan, funding will be allocated to the IJBs, via the NHS, from the Scottish Government. The level of new funding is currently unknown, although some of the funds to be used for the PCIPs were provided in 2017/18 and may have already have recurring financial commitments which will need to be factored into the PCIP.

Workforce

- 3.3. Within the proposed contract there may be the requirement for an enlarged workforce within the HSCP to take on the roles within the MDTs; there may be a risk of not managing to recruit the highly skilled professionals required to meet the needs of all patients. Work would therefore be required to scope the present workforce and invest in training and professional development.

Other

- 3.4. none.

4: Management of Risk

Identified risk(s):

- Workforce planning across the Partnership is not sophisticated enough to maintain future service delivery.

Link to risk number on strategic or operational risk register: 11

How might the content of this report impact or mitigate the known risks:

The new contract includes refocusing the role of the GP as expert medical generalist in the community, supported by an extended multi-disciplinary team



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(MDT), with the patients being seen by the most appropriate person in the team for their specific needs. Service redesign will commence in a bid to reduce GP workload, effectively releasing GP time to focus on undifferentiated presentation, complex care, whole system quality improvement and leadership. It is expected that this will have a positive impact on the GP workforce.

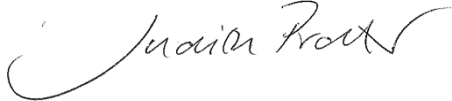

5: Recommendations

It is recommended that the Integration Joint Board:

1. Consider the key implications of this paper and note the key steps and timeline for implementation of The 2018 General Medical Services (GMS) Contract in Scotland, considering the key implications;
2. Agree that the IJB Chair sign the Memorandum of Understanding to commit the Aberdeen City Health and Social Care Partnership to undertake its responsibilities in relation to the implementation of the new GMS contract;
3. Note that the Memorandum of Understanding will also be presented to the NHS Grampian Board where it will be recommending for signing by NHS Grampian; and
4. Ask the Chief Officer to bring a final Primary Care Improvement Plan to the IJB for agreement prior to its submission to Scottish Government in July 2018.



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6: Signatures	
	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)