

Your GP and You:

Ensuring access to the right person
in the right place at the right time



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Context of Engagement

A new [General Medical Services \(GMS\) contract](#), developed in partnership with the Scottish GP Committee of the British Medical Association, has been agreed between the Scottish Government and Scotland's GPs. It lays out a vision of a refocussed role for the GP which emphasises the collaborative nature of Primary Care and recognises the importance of multidisciplinary teams.

The aim of the contract negotiations was to develop a new GP contract that reinvigorates the core principles of general practice in primary care, and frees up more time for the GP to be the 'expert medical generalists' that they were trained to be.

'[Creating a Healthier Scotland](#)' was one of the key starting points of developing a new GP contract. This national conversation saw 240 events take place, hearing from over 9000 people across all Health and Social Care Partnerships, with the aim of finding out what could help people to improve their health and wellbeing. Themes such as better access to primary care, more coordinated community care and increased continuity of care emerged during this process.

Furthermore, the implementation of this contract is taking place in the context of '[Realistic Medicine](#)'. Realistic Medicine paves the way for developing a more holistic approach to health and wellbeing, with a focus on shared decision making and person centred services, where people are asked 'what matters to you?'.

The contract sets out how Health Board, Health and Social Care Partnerships and practices should agree on how services will be delivered locally to meet the needs of their population, focusing on several nationally agreed priorities over 2018-2021. These agreements will vary locally so views gathered in local conversations now and later must reflect the diversity of

experience and wishes of people in Scotland.

This engagement seeks to ensure the public's priorities for general practice are taken into consideration as the contract is implemented. This includes emphasising what people see as the main presented opportunities for improving their experience with primary care along with the challenges these changes might present.

"It's good to see that they are coming out and asking us about this."

- Participant at Carers' event

Key Points of the Contract:

- GP time will be freed up to spend more time with people who need to see them; usually people whose care needs are complex.
- There will be improved access to a wider range of professionals available in practices and the community for care when people don't need to see a GP.

Your GP and You – what you told us

There was a wide range of responses which was very encouraging. Comments ranged from concerns about the overall development of the contract and potential national implications to very specific ones about personal experiences. Reports from each workshop captured detailed comments; these, alongside a collated summary of community submissions are available to read with Integration Authorities and decision makers being signposted to them. The summary below and discussion of themes are designed to highlight common and pertinent issues that were raised, and which inform the suggestions for taking this work forward.

Contact

Better **access** essential
Opportunity for higher quality of **appointments**
More effective **online services**

Improving access to primary care and general practice is multi-faceted. Access to a general practice is influenced by a range of issues such as; the location of the practice; opening times; how easy it is to make appointments; speed of access to appropriate care.

The importance of these different aspects often varies among different groups.

Access

- Significant priority
- The role of the receptionist
- Training needs
- Transparent pathways

One of the key drivers in developing the new contract was feedback from the Healthier Scotland National Conversation in which people cited access to their GPs as a main priority. The importance of access was reiterated throughout the Your GP and You events. Widening the Primary Care team and introducing different types of healthcare professionals will improve access as people are able to access the person that is best suited to help them faster and without necessarily having to go to or through the GP.

People noted that with this approach to improved access, GP receptionists might become 'gatekeepers' to primary care. They will require appropriate training for any signposting role and must be able to communicate clearly with people with a wide range of communication needs. For example, people with autism struggle with talking over the telephone. Furthermore, there was a concern that stigma and discrimination around different conditions, especially mental health conditions, could result in receptionists sometimes being perceived as appearing dismissive of peoples' needs.

Similarly, attendees spoke of this role for receptionists being difficult as people will still want to see their GP and there is a perception of receptionists being unhelpful; training should therefore include customer service skills. In order to support the embedding of changes, GP staff will need to support them and there must

be full recognition of the new responsibilities and roles of GP receptionists with support and

supervision provided accordingly.

The role of pathways is essential as there needs to be transparency around why people get sign-posted (by someone who isn't the GP) to a service that they may not have been expecting to go to – for example the optometrist. These pathways must be flexible and fit for purpose. Understanding reasons behind decisions is important in order to ensure that people feel respected and looked after by their GP team, often there can be a perception that being referred to the practice nurse is the 'lesser option' even when they are the most appropriate professional to meet the person's needs. People need to understand why these decisions are being made.

Quality of Appointments

- More in-depth conversations with the GP
- Right person at the right time

There was general support of the notion of having longer appointments with GPs when really needed and otherwise having appointments with more relevant healthcare professionals. The opportunity to have a more in depth conversation with a GP about holistic health needs rather than a specific problem or condition was welcomed. The contract allows this by not prescribing lengths for appointment

times and working to free GPs from work that does not need a GP.

Similarly, by widening the GP team the quality of appointments can improve as people will be referred to the relevant professional who is best placed to support them. For example, a fully qualified pharmacist, physiotherapist or paramedic. This will free up GP time to spend with those people who need to see them. Furthermore, there will be more opportunities for people to go directly to the most relevant professional rather than having to see their GP.

Online Services

- Connectivity and digital literacy concerns
- Only as effective as other process changes

The contract encourages the wider use of online services and supports GPs to have more fit for purpose practice websites; this is to further facilitate access to GP appointments when needed and direction to others when not. While many welcomed this as a good opportunity to have new and innovative online services, there was a concern that this would have little impact if the other initiatives for freeing up time weren't successful. Furthermore, it was felt that there would need to be more work done on the process for online appointments in order to compliment the other changes regarding seeing other healthcare professionals. At the moment

booking systems tend to allow booking for the GP only.

Digital literacy and connectivity issues are a potential barrier to this. People in rural areas with poor internet connectivity and those not comfortable using online services were concerned that focusing on online services for access to GPs would put them at a disadvantage and reduce the number of available appointments. Similarly, people saw a need to improve the digital literacy of practice staff to maintain and improve online services.

"There is an opportunity to see a GP for more in-depth conversations who can get to know you and your condition— especially important with long term conditions"

- Participant at event in Edinburgh

Coordination

GPs as a **“One-stop shop”**
Knowledge and understanding of the changes
Ensuring the whole person approach

“One-stop Shop”

- Can make it easier to navigate a multitude of services
- Co-location is very important

“Having a one-stop shop would be great for helping me find out what services are available and accessing them.”

- Participant at Young Peoples’ event

With the expansion of GP teams, it is essential that services are coordinated around the person.

The term ‘one-stop shop’ was used several times across different workshops. This was in reference to the opportunities presented by the contract. There was a real hope that changes to GP services and the expansion of general practice teams would increase coordination between services and increase the role of the GP practice as a hub. Carers in particular saw this as an opportunity to get support to navigate a multitude of services, both for them and those for whom they are caring. Similarly, young people saw a ‘one-stop shop’ as facilitating the navigation of new landscapes after transitioning from child to adult services.

There were questions on the practical reality of this, particularly from people in rural areas. There were suggestions that lack of staff would make the co-location of services difficult and result in the centralisation of some key services. Resulting concerns were of challenges around the cost and availability of travel and the risk that the full benefits of the change would not be felt universally, particularly by rural communities.

“We need to take transport into account when looking at how people will access the different primary care services.”

- Participant at Carers’ event

“It could provide an opportunity to make services more efficient by allowing people accessing primary care to meet with the most appropriate professional”

- Participant at event in Stirling

Knowledge and Understanding

- Knowledge of what the changes mean
- People need to understand why things are different

In order for successful expansion and coordination of services it is important that people are made aware of changes to access and the benefits explained. There is a significant role for community engagement in this. Some participants, especially younger people and people looking for support with an emerging health condition, said that they find it challenging to pick up the phone and make an appointment with their practice; this could be exacerbated by a greater role for the receptionist and more options for care. It is

important that practices engage with third sector organisations who can support people to navigate and access a new service landscape.

Key Questions for practices:

- Are people aware of which services are offered?
- Do people know which ones are appropriate for different circumstances?
- Do people know why they are being asked different questions?
- Do they know how their answers will be used to determine who they see?

Ensuring a whole person approach

- Interaction of multiple conditions
- Risk of being siloed
- Communication is essential

There are significant benefits to having a wider GP team which have been discussed, however there are also risks. People were concerned that seeing healthcare professionals, such as physiotherapists for specific problems, might lead to underlying issues being overlooked. Participants suggested that all members of a practice team should be trained in how to communicate with people with additional support needs (including dementia and autism) as well as having a general knowledge of different conditions. For example, a diabetes nurse could be supported to work with people with mental health conditions, neurological conditions etc.

There is also a risk that in the drive to free up GP time, so that they can focus on people with complex care needs, other people are only referred to specific services and are treated in silos. Electronic records that were person held and used across the GP team as a communication tool could mitigate this and would ensure that a whole person view is always available.

The coordination of care across Primary Care teams will also require highly effective communication as people begin to see a wider number of professionals. Within this people spoke of the importance of the understanding of ultimate accountability. Who is accountable if a person with backache is referred directly to a physiotherapist who misses signs of a neurological condition? People emphasised the importance of a common understanding between people and their healthcare professionals on who has final responsibility over safety and how that is administered.

Continuity

Awareness of **protecting good practice**
Involvement of **family carers**

Continuity of care – the development of lifelong therapeutic relationships between people and their doctor – is a distinctive hallmark of general practice. The aim behind workload reduction measures is to free

up GP capacity for those times when only the expertise of a doctor is sufficient. It is important to be able to ensure continuity in quality of care across the whole health and care experience.

Protecting Good Practice

- Good connections need to be protected
- Risk of top-down pressure disrupting services

People stressed the need for continuity of services during the implementation period, ensuring that any good practice developed in a GP practice is protected. A lot of the concerns voiced came from people who have good experiences with their practice and those who have worked for the development of innovative, person centred processes. These people were worried that the new contract could result in

developments being lost. In implementing the contract, there should be consideration of continuing good practices where it occurs. Participants expressed concern that top down processes will be imposed on practices due to the contract which could weaken strong working relationships.

“My GP does great work with the community-I am worried this will be disrupted by the changes.”

- Participant at event in Inverness

Family Carers

- Essential in continuity for people

Many of the themes raised across the workshops resonated with family carers who saw relevance with their experience and the experience of those they care for. However, carers particularly noted the importance of continuity. Carers noted that in order for a person to receive high quality and continued care from a primary care team, their carer needs to be involved. It was commented

upon that the contract offers an opportunity for increased continuity of care in this way as reshaping the GP as an expert medical generalist leading a team allows stronger relationships with carers to be forged

“Carers are vital in self management so they need to be involved in the interventions by the GP teams”

- Participant at Carers' event

Comprehensiveness

Recognising the role of the third sector

Ensuring adequate planning for recruitment, retention and resources

Ensuring people have sufficient time with their GP when it is needed means recognising that not everyone's needs require the expertise of a doctor. Service redesign will underpin the contract and allow GPs to have more time to deliver the type of care that only their skills and training can provide. At the same time, comprehensive care will be maintained within

an expanded primary and community care team, with GPs leading the team.

In addition to improving quality and outcomes across GP practices, GPs will have a leading role in advising on quality, experiences, and outcomes across the wider primary, community and social care landscape.

Role of the third sector

- Part of comprehensive care
- Concerns about sustainability

The aspirations of the contract to offer comprehensive care and support to people was widely commended. People were very receptive to the notion of practices having stronger links with community support that includes self management support, financial support and non-clinical health services. The role of the third sector in supporting people with their health and wellbeing was emphasised across all workshops. The new contract offers an excellent opportunity to build connections between primary care and the third sector. The Link Worker model has already proved very popular and people were very keen to have this extended further. It was commented that third sector services often offer the holistic, person centred care that this contract

is hoping that GP teams can deliver and so will be vital partners in the development and implementation of services.

Closer links between practices and third sector services was emphasised as a way to deliver comprehensive care that supports people with all aspects of their health. Comments were made regarding the need for a culture change in those practices that appear to be risk averse and reluctant to refer people to third sector organisations. Furthermore, with a reliance on community support and the anticipated increase of third sector support for primary care, people wanted to see third sector organisations sustainably funded. Attendees were quick to note that after diagnosis, third sector support is as vital as primary care services and therefore should be adequately resourced.

Recruitment, Retention and Resources

- Workforce distribution
- Infrastructure support

In order for the benefits of the new GP contract to be felt in all areas, Primary Care will need to recruit more healthcare professionals to areas in which there is a shortage. Workforce Development Plans lay out the strategy for doing this. However, within this it was felt that there should be consideration as to the deployment of the workforce. Participants felt that there was already an issue with rural areas struggling to attract GPs. People saw the contract as addressing recruitment and retention from a national point of view, but felt that there should be a more specific look at recruitment to rural GP practices.

Attendees asked questions about how GP premises will accommodate expanded teams. While resource is to be set aside to support the expansion of premises, people had concerns about the impact of the availability of appropriate buildings will have on the changes. Further questions about recruiting more GPs and health professionals were raised regarding the practicality of increasing the population in small areas – for example, a lack of affordable housing and lack of employment opportunities might deter health professionals with families from relocating.

“Where are all the people going to come from, where are their partners going to work, where is the affordable housing, where are the pool of 4x4 vehicles, where will they work?”

- Participant at community event in Oban

Engagement

Accessible information

Dialogue and improvement processes at **practice level**
Fit for purpose engagement with the **Integration Authorities**

While the GP contract has been agreed, there will be an ongoing process of local implementation that will take place over a number of years. This means that local decision makers will shape the future of General Practice services and how they will look at point of delivery; including Integration Authorities and the practices themselves. It is essential that engagement around changes is ongoing and seen as a dialogue rather than a series of separate consultations. With engagement

taking place at different levels and in different geographies, clear lines of communication are important in facilitating the sharing of information across all areas and to ensure that people can be heard at all levels. It is vital that the groundwork is laid for the development/ improvement of engagement mechanisms to ensure that the views of the public are considered throughout the implementation process.

Information

- Jargon free
- Available everywhere

There was an overwhelming desire for information about the contract including: what it will mean in practice and when changes will take place. People gave suggestions on how this information should be distributed that covered most routes of communication to the public. There was a strong view that the usual methods of practices, the NHS and Health and Social Care Partnerships of getting information out through community groups, patients and noticeboards is inadequate. There is a large appetite for a public awareness campaign that

incorporates broadcast and print media.

Information to be distributed through:

- Practice newsletters
- Third sector organisations
- Newspapers
- Radio
- Libraries
- Shops
- Community groups/councils
- Community facebook groups
- Leaflets in shops

Practice Level Engagement

- Change as a dialogue
- Importance of co-production

A lot of attention was paid to how people wish to be engaged at a practice level. This was seen as the most accessible and effective way to influence changes, especially considering that this is where the implementation is going to take place. It is also at this level that the details of new processes will be designed and trialled, therefore it is essential that there is significant engagement activity at this level.

People wanted to see every practice having a Patient Participation Group in order to advise and feedback on changes occurring

at the practice. Participants across all events commented that changes at this level should be seen as a process of ongoing improvement. People want to see clear feedback mechanisms so that a process of trial, error and rectification can support the development of person centred processes. Co-design and co-production tools should be shared with practices who should be supported in carrying out these exercises with monitoring in place to offer more intensive support to practices that are struggling.

“If people aren’t involved in local decisions – changes will not benefit communities.”

– Participant at event in Dundee

Integration Authority Level Engagement

- Fit for purpose mechanisms
- Trust and scrutiny

Strategic direction and resource allocation for general practice will be decided at Integration Authority level. There was a lot of doubt in the efficacy of the public engagement at this level, with comments echoing the 2017 'Are they Involving Us?' consultation which concluded that a lack of transparency around Integration Joint Board engagement mechanisms make meaningful engagement difficult. Participants mentioned the need for the Integration Authorities to make their engagement arrangements fit for purpose. People were aware of the presence of public representatives sitting on Integration Joint Boards but were not convinced of their impact and many didn't know how to raise issues with them.

There needs to be complete openness and transparency at this level about when and where decisions are going to be made, who by and how people can have their say on them. Further to this, there needs to be a complete feedback loop in which Integration Authorities are scrutinized for their engagement insofar as, they need to demonstrate the influence of engagement on their decision making. This way people can be sure that they were listened to and it was not a tick box exercise. For the success of this contract over a long implementation period, trust is essential and this will be key to developing and maintaining that trust.

"What are local health and social care partnerships doing – communication needs improved. Not enough information on the Integration Joint Board, the website is poor, can't get the minutes."

– Participant at virtual event

National Engagement

- Diverse representation
- Quality assurance
- Good practice sharing

Participants suggested that the National General Medical Services Oversight Group or similar national level body would be a key group in ensuring the delivery of this contract. As such, people wanted there to be representation on the National General Medical Services Oversight Group that reflects the wide range

of needs from across Scotland including from rural and Deep End practices. This group should also ensure that standards are maintained and that the principles of the contract are adhered to. Within this, there is a role for sharing good practice. Where an area or practice is not engaging or struggling to implement changes, then this group could be able to offer good practice examples from other areas and support improvement. This group should convene at diverse geographical locations so that they can see challenges in different areas first hand.

Looking to the Future

Embedded and supported **patient representation**
Monitoring, evaluation and improvement support
Locally sensitive **planning**

These suggestions reflect the expectations and concerns of people who took part in this engagement work. Decisions will have to be made at different levels with the Integration Authorities playing a significant role in shaping the future of general practice services locally. Early clarity around which decision making body is best suited to deal with each of these suggestions would be beneficial. For example, the Rural Practice Short Life Working Group could have a role in further exploring the implementation of the contract in the context of the issues flagged by rural communities in this report.

Representation

- People who use services would welcome supported participation at national and local levels
- Participation should be inclusive and representative reflecting the diverse populations and communities served by GPs across Scotland
- The involvement of people using services at practice level has demonstrated benefit and should be rolled out across all GP practices

Monitoring, Evaluation and Improvement Support

- The National GMS Oversight Group or similar national body should have a role in monitoring and evaluating the implementation and impact of the GP contract, ensuring that the significant benefits which the new contract sets out as ambitions are able to be realised across communities
- Integration Authorities and GP practices

would benefit from setting out and implementing engagement standards

- Clear information should be available on things important to those using services such as access and appointment times; this would facilitate the monitoring of progress against patient expectation
- The sharing of good practice and identifying those areas which could benefit from supporting activity could be a core role of the National GMS Oversight Group
- Integration Authorities should have a key role in monitoring local activity including regular monitoring of individual service user experience

Planning

- Workforce planning processes need to be open and transparent about how it is envisaged that the workforce will be distributed
- When planning new services and referral pathways with an expanded GP team there needs to be an assessment on the travel impact of the process. This includes whether there is appropriate public transport provision, what that will cost (and the equalities impact of that) and how that might impact peoples' health and wellbeing
- Workforce planning should make specific reference to the changing role of the receptionist and how they will be supported to fulfil new responsibilities
- Infrastructure planning in relation to suitable buildings was a further area identified as requiring further attention

Appendix

Methodology

There were three ways in which people were able to contribute their views and ideas to this engagement process:

- Workshop events
- Virtual discussion events
- Self organised community events

Workshop Events

There were eight workshop events designed to give people an opportunity to hear about the changes to primary care, ask questions to Scottish Government representatives and voice their views. There were six regional events held in:

- Dundee
- Edinburgh
- Glasgow
- Inverness
- Portree
- Stirling

These were in addition to two events aimed specifically at carers and young people.

The choice of locations for these workshops was influenced by earlier work undertaken for the ALLIANCE's Our GP co-design project where researchers were tasked to ensure that a representative cohort was recruited that would pick up the experiences of people across a range of conditions, age-ranges and personal circumstances in rural and urban areas.

Each workshop was supported by at least two Scottish Government officials, including a professional advisor with practical knowledge of primary care. They presented on the core principles of the GP contract and took questions from participants. The discussion section of each workshop centred on five core questions:

- What do you see as the main opportunities presented by the GP Contract?
- What do you see as potential issues with the contract?
- Thinking about where you live – are there any considerations that need to be made in order to support people in your area?
- What engagement mechanisms would you like to see in place that would make you confident that the ongoing decisions on primary care teams are being informed by the public?
- What are the key 'must-dos' of the National General Medical Services Oversight Group?

There were facilitated discussions around these questions in small groups, with key points being fed back and further discussed. Note takers in the groups ensured that all points were captured. A write-up of comments and themes was produced from each workshop.

Virtual Discussion Event

Due to a high demand for opportunities to contribute to this work from rural areas this piece of work was extended and diversified. In partnership with the Scottish Health Council, a virtual engagement event was held, allowing people from rural health boards to hear about the changes and contribute to the discussion. Scottish Health Council Local Officers in Dumfries & Galloway, Fife, Grampian, Orkney and Shetland hosted discussion groups which were linked through video conferencing to a central location where ALLIANCE and Scottish Government representatives were able to present information on the contract, respond to questions and stimulate discussion.

This event followed the same format as the face-to-face workshops and focussed on the same core questions.

Self-Organised Community Events

A 'Facilitation Pack' was designed to send out to community groups who had expressed interest in holding their own discussion events in communities; this pack enabled them to effectively feed into the process. This pack included:

- Facilitation guide
- Summary of the GP contract
- Full version of the GP contract
- Note taking forms with the core discussion questions

Responses came from:

- Your Voice, Inverclyde Community Care Forum
- TSI MORAY, Elgin
- Argyll Community Housing Association Ltd, Oban
- Community event, Carradale
- Minginish Community Council, Isle of Skye
- Dochas Carers Centre and 'Brain Fog Friends' group at the MS Centre, Lochgilphead

The ALLIANCE coordinated events reached a total of 241 people. Attendance at the self-organised events was not monitored.



For further information:



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