Note of the 5th Remote & Rural General Practice Working Group – 4 June 2019

Summary

The fifth meeting of the Remote and Rural General Practice Working Group (the Group) took place on 4 June 2019. The meeting was chaired by Sir Lewis Ritchie and included both Group members and invited colleagues. The Cabinet Secretary for Health, Jeane Freeman MSP, opened the day with a speech and audience discussion. The Group then heard presentations from colleagues in NHS Western Isles and NHS Dumfries and Galloway. The rest of the meeting focused on two workshops seeking to better understand how to support rural practices through flexible redesign of services, and on the Group's current and future role in shaping that process.

The meeting was very productive and there was general agreement that the workshop format supported a step change towards more collaborative dialogue and constructive exchange of ideas. The intention is to run further workshop-style meetings to build on this listening and learning collaborative approach.

Opening

Sir Lewis opened the meeting by welcoming colleagues and setting out the day. The Cabinet Secretary for Health and Sport, Jeane Freeman MSP, then delivered a short opening speech setting out her ambition for Scotland to be a world leader in remote and rural healthcare provision. She challenged the group to think constructively about the wider design and delivery of health and social care services in rural settings. She emphasised that she valued Scotland's rural healthcare providers as exemplars of innovation. She also noted that while the new GP contract is a significant improvement on the previous one, it still requires flexibility and innovation in its implementation. She also acknowledged the need to significantly improve our approach to patient engagement and consider the useful lessons learned from using experience panels to gather wider views.

Presentations

The Group was encouraged to access the growing number of case studies now on the iHub demonstrating innovative and flexible approaches to support the implementation of the contract in remote and rural settings.

Presentations then followed from colleagues from Dumfries and Galloway and the Western Isles demonstrating how the new GP contract is being implemented in their local areas, recognising the recruitment and retention challenges that are particularly acute in rural and remote settings.

Linda Bunney, Ken Donaldson, and Julie White from NHS Dumfries and Galloway delivered a presentation focused on how they have implemented a primary care transformation programme, collaborated closely together at cluster level and integrated urgent care delivered by SAS Paramedics, successfully into their practices.

Stephan Smit from Western Isles presented on the work they are doing on merging community treatment and care services with vaccination work streams delivered by Community Nursing Teams, and led a discussion on some of the specific challenges

involved such as communicating across professions and accessing the correct data to enable planning delivery of the service.

All participants then took part in two workshop discussions. Discussions at each table were led by a facilitator and captured by note-takers.

Discussion 1: Rural Flexibility

Dr Andrew Buist, Chair of the Scottish General Practitioner's Committee, introduced the first workshop focused on rural flexibilities in the contract. Dr Buist placed the contract within the context of the national issues it was chiefly designed to address – the existing excessive workload experienced by GPs across Scotland as well as reducing risk and stabilising income. Part of the solution was an agreement with the Scottish Government that Health Boards would take on specific services to reduce the GP workload. He reflected on the diversity of practices across Scotland and recognised that whilst delivering the contract is a challenging task everywhere, it can offer particular challenges in remote and rural areas. He invited the Group to discuss what principles and processes would best support flexibility in agreeing locally determined solutions that help meet the needs of local populations, so that every practice could maximise the benefits from the new contract.

A number of key themes and ideas emerged from these discussions:

- There are lessons to be learned from reflecting on the first year of contract implementation. Going forward, there could be opportunities to better support implementation in rural areas by supporting change management capacity at Health and Social Care Partnership and Health Board level and potentially at locality or even practice level.

- Building on the Cabinet Secretary's message on thinking about rural Healthcare in the round, recognising the additional skills and competencies required to deliver rural and remote care, a number of discussions looked at how establishing a Rural Centre for Excellence in Healthcare would support this. Such an organisation could bring together the innovators across rural Scotland, and better promote our successes on national and international levels.

- The group agreed that the contract already enables flexible local service redesign. This is evident through the case studies gathered by the Group, and by the presentations heard at the workshop itself. Some areas have achieved far more in the first year of the contract than they initially expected. Solutions put forward by this Group need to help those areas experiencing challenges but should also support existing successes to continue and develop. A collaborative approach, sharing learning together will help support transformation, transparency and sustainability for rural primary care.

- It remains vital to continue to build our understanding of the GP contract among rural and remote stakeholders, what flexibilities within the existing contractual framework can be afforded, and the process for options appraisals. Recognising the diversity of rural general practice, a one size-fits-all approach is unlikely to be effective. A collaborative, inclusive process through

practice/cluster HSCP and GP Sub Committee to reach consensus solutions should support the delivery of options which meet the specific needs of each rural community. National templates could be helpful to support planning and shared understanding.

- The development of multidisciplinary teams is key to ultimately delivering the objectives of the GP contract. Better workforce planning at all levels will be fundamental in ensuring that practices have both the capacity and capability to recruit and retain their MDTs. The challenges affecting recruitment and retention of GPs in rural areas apply just as much to other clinicians, and there are successes to be had by using some of the same approaches used for GPs, such as shaping MDT roles to fit local opportunities, including enabling professional development and building a professional identity by shaping roles to cover clusters or localities.

- A number of areas are exploring GP Clusters to support service planning. Some areas have seen success at basing aspects of some services in a hub which supports multiple practices across a cluster on the basis of need. Key to that success has been easy access by GPs to the clinician including ensuring getting the MDT clinician out to their practice if they judge it is needed. Clusters can also offer expert advice on the specific needs of their local populations (their Locality Personality) to support service redesign, however this needs to be balanced against the clusters existing role and function.

- Flexible arrangements in service delivery needs to go hand in hand with engagement with patients and communities.

Discussion 2 - Future Work

Richard Foggo, Head of Primary Care and Acting Director of Population Health for the Scottish Government, set out the second workshop which sought to listen to the Group's views on the future shape of the work programme. Richard noted the Cabinet Secretary's challenge to the group to think about rural healthcare more widely, and echoed the need for more effective engagement with rural stakeholders. He asked the Group to consider how to find the right balance between broadening the remit of the Group to address wider questions, but also to continue to reassure rural GPs that it is was listening and focused on their concerns.

A number of key themes emerged from these discussions:

- There was dialogue over whether the Group should agree to widen its focus and its membership should be expanded to include wider representation such other professions in the multidisciplinary team and practice teams. However, it is important that we work out what the Group's priorities are in those areas as early as possible. That wider view needs to include regard for other areas outwith GMS which impact on rural practices e.g. Out of hours, community hospitals, Scottish Rural Medicine Collaborative and mental health.

- There was recognition that a wider scope creates the risk that the Group will become less effective. A broader remit needs to be balanced against opportunities to break out of 'silo-thinking'. Sub-groups could be helpful if they have specific remits and outputs. The Group should also consider how best to use/link in with existing groups to prevent duplication of effort.

- The Group could play a more pro-active role in providing advice to National Boards and Healthcare Improvement Scotland to influence their offers to primary care providers in rural and remote settings.

- The Group should consider supporting colleagues to offer practical support to one another on issues arising from contract implementation. Staff transfers through TUPE regulations were mentioned as a specific example. There might be merits to using sub-groups to resolve these issues, share best practice etc.

Next Steps

Sir Lewis summarised and closed the workshop, thanking colleagues for their presence and valuable contributions to the Group.

The ideas gathered across both workshops, and indeed across all the discussions over the course of the day, will inform discussions by the Scottish Government and Scottish General Practitioners Committee in their capacity as joint negotiators of the Contract agreement. They will issue a joint statement setting out the outcomes of those discussions in due course.

The issues discussed at the workshop will also help shape Sir Lewis Ritchie's Year One Report. However, we recognise that the discussion is far from over and to this end the next meeting of the Group is expected to be held on 26 September 2019.