

Scottish GP Contract

The Journey so far 2014-17





Significant others!

MOU between

- BMA
- Scottish Government
- Health Boards
- Integration Joint Boards

BMA

Changing population



There's no ward like home



Care at home

Is General Practice part of the answer?

YES

Engaging the profession

- 4 National Conferences
- 15 SGPC meetings
- 3 years of roadshows (42)
- Email address for input over 3 years
- Regular emails to the profession
- BMA Website (36259 views Aug to December 2017)
- BMA Animation seen 3,974 times
- SLMC Special conference webcast
- Live webcast – 545 views , 2543 visits
- Consultation day with practices in different contexts
- Online Q&A

SLMC Special Conference December 2017

BMA

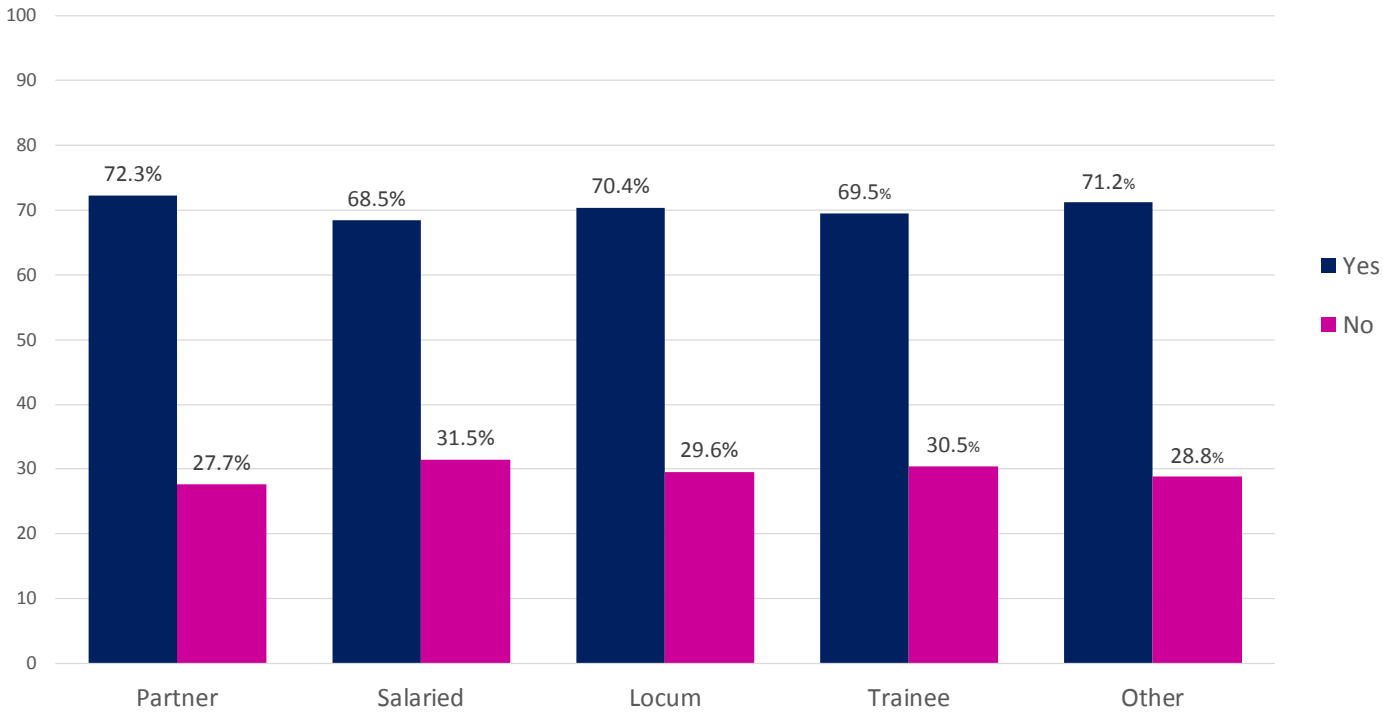
The contract framework addresses the issue of sustainability of funding
84% Agree or strongly agree

The contract framework addresses the issue of risk for GPs and GP practices
79% Agree or strongly agree

The contract framework addresses the issue of the attractiveness of general practice
79% Agree or strongly agree

The contract framework addresses the issue of unsustainable workload
85% Agree or strongly agree

GP contract poll results



The Poll result January 2018

BMA

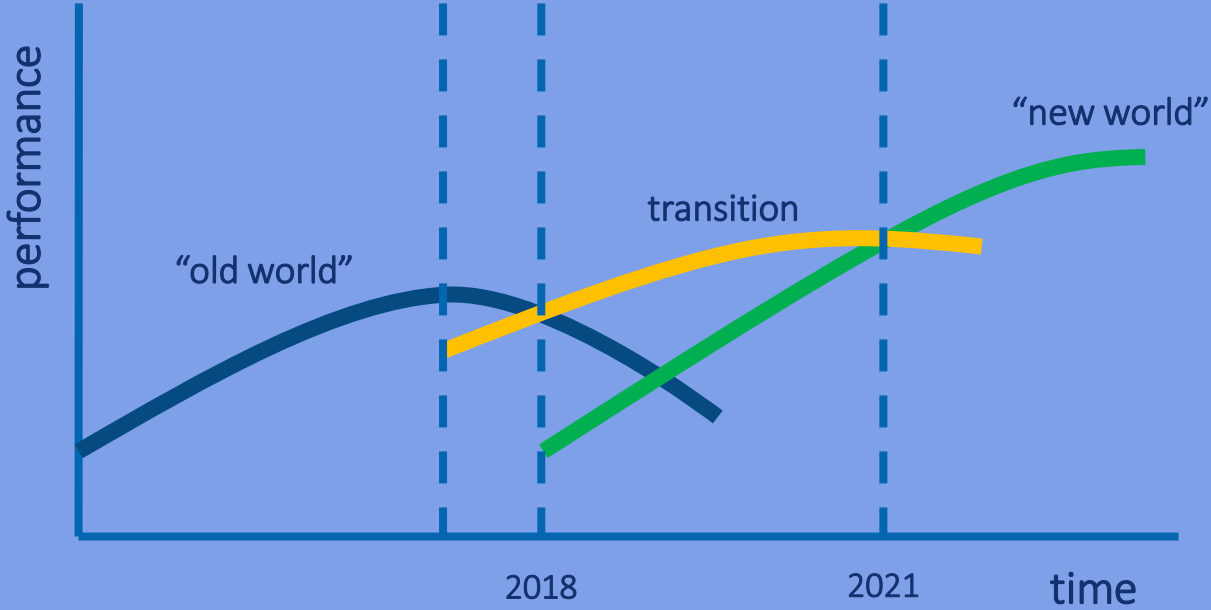
Yes 71.5%

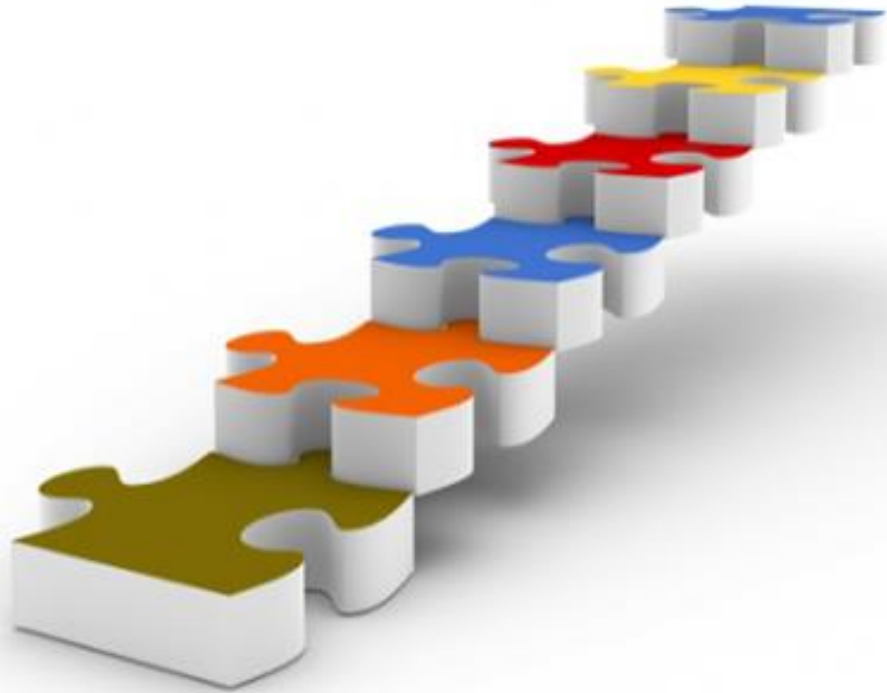
No 28.5%

£250,000,000

Extra, annually by 2021

Transforming primary care





Services handover
New Staff
Stabilise Practices
Cluster
development
Professional time
Recruitment

GP Role Expert Medical Generalist

BMA

- Undifferentiated Presentations
- Complex Care
- Leading teams to better outcomes

Service Transition

- Prescribing service
- Vaccination service
- Treatment & Care service
- Acute Musculoskeletal Physios/Paramedics
Mental health workers/Link workers

NO Loss of income to GP Profession

Practice Financial Stability

BMA

- Scottish Workload Allocation formula – no reduction to any practice
- New Income and Expenses Guarantee (IEG)
- Uplifts to apply to IEG amounts

Practice Premises

BMA



- Interest free loans 20% of current use value every 5 years
- Health Board can take on leases

Joint Data Controller

BMA



Professionalism, Clusters and Quality

BMA

- Peer led , values driven
- Professional groupings (6-8 practices)
- Every practice has Practice Quality Lead
- Cluster Quality Leads
- Focus on improving outcomes for population
- Intrinsic role- quality in practice
- Extrinsic role – quality in whole system
- New expanded role for GP Sub (LMC)

Era I

noble,
beneficent,
self-regulating professionalism

Era 2

BMA

- Accountability
- Scrutiny
- Measurement
- Incentives
- market mechanisms

Era 3

- stop excessive measurement
- abandon complex incentives
- reduce the focus on finance
- increase attention to quality of care
- reduce professional prerogative
- recommit to improvement science
- embrace transparency
- protect civility
- reject greed (it erodes trust)

