2 February 2017

Dear Neil,

Primary Care in Scotland

Thank you for your letter dated 18 January 2017 in response to my previous letter. I note the Committee’s request for some further information on specific areas which I have set out below:

GP role and recruitment
On 3rd November 2016 a joint agreement on the future direction of GP services was signed by the Scottish Government and the British Medical Association (BMA). The agreement sets out a shared vision for how primary care services can be improved, and the role GPs have to play. Link [http://www.gov.scot/Publications/2016/11/7258](http://www.gov.scot/Publications/2016/11/7258).

During the development of the new GP contract the Scottish Government has committed to pay stability for GPs up to April 2018 while a full review of pay and expenses can be carried out next year. There will also be work with health and social care partnerships and health boards to see which services currently provided by GPs would be better transferred to the wider healthcare system and multi-disciplinary teams. The aim will be to meet patients’ needs in the best way by reconfiguring services to make use of the mix of skills in primary care. This will enable patients to be treated by the right person at the right time in their local community.

University admission
The Scottish Funding Council receives a letter of guidance from the Scottish Government regarding arrangements for the intake of medical undergraduates. The letter of guidance from the Scottish Government to the Scottish Funding Council on 23 March 2016, announced that in addition to the core intake into medicine, there would be 50 additional medical places to be targeted towards “existing SFC widening access criteria” from autumn
2016. These places were allocated equally between the 5 medical schools (10 to each school).

Discussions at the Board for Academic Medicine indicated that some universities might find it difficult to fill these places, as the deadline for applications was October 2015. As a result, the SFC agreed that the medical schools could include a wider selection of criteria for students entering in the 2016 academic year.

The medical schools have provided the data on intake for the 50 places and four medical schools have filled the 10 additional places under the broader widening access criteria without displacement of students who would normally enter medicine as part of existing programmes to widen access to medicine. The intake includes students with care experience backgrounds which is a particular focus for the SFC and SG.

As a result of the recommendations from the Commission of Widening Access, for overall intake to a university, SFC will focus on improving the intake of students from SIMD 20%. While medical schools will be asked to focus activities on students from SIMD 20% as part of the outcome agreement negotiations, representatives from the universities have recommended that the 2016 criteria are retained for the medical schools for the 2017 academic year intake, to give them time to assess the impact of the additional places, and to ensure that the necessary support structures are in place. This recommendation has been accepted.

The distribution and criteria of the widening access places to medicine will continue to be monitored by SFC, Scottish Government and NES going forward to ensure that they are meeting the outcomes sought by Ministers.

We are in the process of working with Universities and FE colleges to understand current work underway in this area and where Scottish Government can support an acceleration of this activity via a gateway programme or pre-med year. We have asked the Commission for Widening Access to feedback on our plans.

**GP Returners**

With additional funding from Scottish Government, Primary Care Division, NES has worked with NHS Boards, RCGP, BMA Scotland and others to relaunch their GP Returners programme website in March 2015. NES has been able to upgrade their website to include an enhanced induction programme.

Details of everyone who has made contact with the website are held on a data base and a dedicated staff member is in regular contact with people who have made an enquiry.

Attached are details of the up to date figures for the Scotland GP Retumer Programme (for GPs who trained in the UK or have previously worked as an NHS GP) and Enhanced Induction Programme (for GPs who trained abroad and have not previously worked in the NHS as a GP). Entry requirements for each programme available on [http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/general-practice/gp-induction-and-returners-programme.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/general-practice/gp-induction-and-returners-programme.aspx).
<table>
<thead>
<tr>
<th>Programme</th>
<th>Completed in 2015</th>
<th>Completed in 2016</th>
<th>Completed in 2017 (so far)</th>
<th>Total completed to date</th>
<th>In post</th>
<th>Due to start in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland GP Retuner programme</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>10</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Scotland GP Enhanced Induction Programme</td>
<td>2</td>
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</tr>
</tbody>
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Country of origin – Returners (all UK trained GPs or GPs with previous experience in UK)
- Scotland: 14
- Malaysia: 1
- Poland: 1
- Spain: 1

Country of origin – Enhanced Induction (all GPs who have trained abroad and not previously worked as GPs in the UK)
- Italy: 1
- Germany (but previously working in Australia): 1
- Spain: 1

Scottish Government has also worked with the Health Boards to develop a standardised application form for Health Board Performers Lists. This will make it easier for general practitioners to work across health board boundaries and ensure a more flexible workforce.

Promotion of General practice in schools
I have been advised that several NHS boards in conjunction with local university partners support promotion of general practice in schools and these include for example: NHS Lothian, NHS Grampian, NHS Highland and NHS Dumfries & Galloway.

We are also supporting the RCGP Scotland GP Recruitment Programme via the GP Recruitment and Retention fund to work with undergraduate medical schools, GP societies, NES and secondary schools to run ‘Do you want to be a GP’ events across the country.

Information and sharing best practice
In March 2016, I announced an additional £2m capital funding for 2016/17 for the enhancement of GP technology. This is intended for the same purpose as the already distributed share of the Digital Services Development Fund intended for systems enhancement and to support and accelerate the use of digital service by GP practices. Since I last wrote to you, discussions show that some Boards would prefer revenue funding to optimise deployment of the funds within the timeframe. We have now made an internal cross-budget transfer to increase revenue and decrease capital and have distributed this funding on a weighted NRAC basis to Boards. The allocated funding (both revenue and capital streams) is specifically for the implementation of the Model Practice Framework developed following the review of GP Practice Systems and Processes, and appended to my last letter. The Framework shows a range of options for Boards to select from depending on the degree of digital maturity locally as set out in the baselining exercise carried out.
In terms of monitoring the usage and outcomes of the Primary Care Digital Services Fund, we have engaged with all Boards via a dedicated Change Manager. The expectation was that Boards would use this funding to take forward initiatives identified as High Impact / Low Effort, High Impact / Medium Effort or Medium Impact / Low Effort, according to their local need and identified level of digital maturity. Discussions have taken place locally with LMCs and other relevant stakeholders in each Board area on prioritising the use of the funding allocations.

Local groups or governance arrangements have been identified that will be used to support local implementation so that there is an ongoing means of stakeholder engagement. The Change Manager has now engaged with all Boards and identified the specific initiatives they plan to use the funding for. A range of initiatives, specific to local need, has been identified, including, for example, enhancing or introducing wi-fi, mobile devices, single sign on, online test requests, and addressing connectivity issues.

The Change Manager is working with Boards to develop a monitoring process that reflects their individual baseline starting points and chosen priorities. This is about understanding change from a qualitative perspective, the inputs needed in terms of facilitation support and collaboration with clinical leads, and the outcomes in terms of benefits to GPs and practices.

**Patient Perspective**

You will recall that the Public Bodies (Joint Working) (Scotland) Act 2014 requires each Integration Authority to establish at least two localities within their defined areas.

These localities must relate to natural communities and support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. A key component of this will be capacity building in communities, forging the necessary connections for participation, with the aim of providing a collective view from local communities on the priorities within the locality. This will involve on-going input from local clinicians and professionals including primary care staff as well as people using services and communities on ways to improve the delivery of services for the locality. GPs will play a central role in providing and co-ordinating care with local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care colleagues, and third sector providers – they aim to help improve outcomes for local people.

With that in mind you will be interested in the work that has been undertaken thus far to engage with patients in different parts of the country, here is an example from one of the first test of change programmes, The Grampian Initiative. Using a cluster model as the basis for the transformation of 6 practices across 3 health and social care partnerships in Aberdeen the Initiative is an excellent example of listening to the patients. Two examples include:

- A GP from Torry Medical Practice facilitated contact with older carers of dementia patients. One to one interviews were held which highlighted that they had little or no support from the third sector and local community. The outcomes lead to connections with Alzheimer Scotland for ongoing support plus connections were made with local community groups who could meet their needs.

- One to one interviews were held with a group of patients who frequently used Elgin Community practice to find out why they felt they needed to contact the practice so often and what level of satisfaction they had. It became obvious that most of the patients did not see their use as excessive. Through the listening exercise some of the patients were connected
to third sector and community groups who could support them, some agreed to consider volunteering as community connectors with the practice. One patient suggested that it would be good if there was an event where local people could find out more about health services both from the practice and others who provide health services within the community which led to a town centre event with GP practices, other health professionals, third sector organisations and private health businesses such as pharmacies, opticians etc. Due to its success the plan is to run this event annually.

This project is coming to a conclusion and we are considering with the project how best to share their learning.

You also requested specific examples of measures we are taking on the views of patients and service users in areas with high levels of deprivation. Reducing health inequalities is one of the biggest challenges we face and is one of our key Primary Care outcomes. To tackle this we need to shift our focus towards the underlying causes of ending poverty, fair wages, supporting families and improving our physical and social environments. By listening and engaging with patients in the right groups we will ensure our health and care services are fit for the future.

As I mentioned in my last letter of 14 December 2016 the Scottish Government is funding the Links Worker pilot programme in Dundee and Glasgow, which is right on the front line of the battle against health inequalities. The programme provides a dedicated individual working in GP surgeries to provide one to one support to people to address issues such as poverty, debt and isolation which are making them feel unwell. Over the next five years, we will increase the number of community Links Workers in disadvantaged areas to 250.

The twin objectives of this programme are that it will enable people to live well within their community, thereby reducing inequalities and also helping to ease pressure on general practices.

Another scheme we are supporting through the Recruitment and Retention fund is the Deep End Pioneer Scheme which is doing valuable work to bring new GPs into practices in deprived areas. The overall aim of the scheme is to develop and establish a change model for general practices serving very deprived areas, involving the recruitment of younger GPs, the retention of experienced GPs and their joint engagement in strengthening the role of general practice as the natural hub of local health systems.

The Pharmacy and Medicines Programme, Prescription for Excellence, has engaged a full time Patient Inclusion Officer via the Health and Social Care Alliance to take forward patient engagement to inform the developing role of the pharmacist and pharmacy services. A consortium of patients has been established to offer patient perspectives on developments and to inform testing.

The Patient Inclusion Officer also supports the Valuing Medicines Group, which has been formed to co-ordinate patient inclusion in a range of pharmacy and medicines activities including PIE, Effective Prescribing and Safer Use of Medicines. The Group has recently commissioned a survey via the Our Voice Citizens Panel to build a baseline of current patient behaviour in the use of pharmacy and medicines services and ideas for the improvement. A patient chair is currently being recruited for the Group.

Digital engagement is also important and through the Digital Services Development Fund, we have funded the Our GP pilot. The project has facilitated co-design of GP digital services, and has worked with citizens to explore what they want to get from their GP services and
how that could be achieved through the use of digital technology and online services. After a series of initial workshops, ideas have been identified to take forward to develop into prototype GP digital services which can be tested out with citizens. As an end-point, this could potentially define a new or revised GP digital services which could be rolled out in Scotland in future.

We are currently developing an engagement strategy with a number of current patient related initiatives both within Scottish Government policy areas and beginning to widen engagement to include external stakeholders. We are also in the process of assessing a number of patient engagement groups, their objectives across Primary Care and related health policy areas that are currently in place to help shape our engagement plan, identifying where there are gaps to ensure a rich diversity group through the development of Health Quality Impact Assessment (HQIA). As part of this work we will be exploring with the Scottish Health Council what more could be done to support Primary Care patient engagement under the “Our Voice Framework”.

It is also important to highlight the Scottish Health Council website has some useful information in supporting GP practices set up patient participation groups locally.

Pharmacy
The £16.2m investment for pharmacists with advanced clinical skills through the Primary Care Fund (PCF) began in 2015/16 (year 1). A proportion of the £16.2m will be used to support evaluation purposes. £1.6m was allocated to territorial Boards in the first year, and was supplemented with £1.6m Prescription for Excellence funding to assist with infrastructure, training and development costs. NHS Boards put plans in place for 38.7 wte pharmacists in the first year, and these have all now been appointed to posts. This would equate to approximately £44k per post in 2015-16. These costs also include on-costs such as the employer’s national insurance contributions and the employer’s pension contribution.

It is important to note that not all posts over the 3 year funding period are full time and involve a variety of part-time or sessional arrangements in order to fit with local needs and demand.

In year 2 – the current financial year - £6.6m has been allocated across the 14 territorial health boards. NHS Boards have indicated they plan to recruit an additional 87.5 wte pharmacists and 23.3 wte technicians taking the expected total posts over two years up to 31 March 2017 to 149.5 (ie. 126.2 wte pharmacists and 23.3 wte technicians).

Therefore, in 2016-17 this broadly equates to approximately £44k per post – which again will include the salary and on-costs for each pharmacist and technician. As indicated by this funding breakdown, each year the cumulative salaries for the pharmacists appointed in the previous year have to be deducted from the funding before any new staff can be appointed.

The total PCF investment in the first two years is £8.2m. Therefore, in year 3 (2017-18) NHS Boards will be allocated up to £7.8m of which £1.2m will be available for investment in new posts towards the 140 target.

To date we have been advised that of this, 101.3 wte pharmacists (and 11.8 wte technicians) have been appointed to posts. This means that NHS Boards are on track to deliver the 140 wte pharmacist posts by 31 March 2018.

The following are examples of how the funding is being utilised in NHS Boards:
In NHS Highland some of the funding from the PCF has been used to employ a pharmacist in each of two general medical practices that have recently come under direct Health Board management. In the first 18 months in the practices the pharmacists have been upskilling by completing a compressed post-graduate certificate in therapeutics and gaining their prescribing qualification alongside training and mentoring provided by the remaining GPs in the practices. It is intended that the pharmacists will gradually reduce the workload of GPs in the practices such that the practices/NHS Highland can take over funding the posts and the PCF funding will be able to be rolled on to support employment of other pharmacists in practices in a similar position.

During the time the pharmacists have been in post they have been working to ensure that medication management systems within the practices are improved (including repeat prescribing), shifting suitable patients to the Chronic Medication Service/Serial Prescribing, restructuring medication monitoring of high risk medicines, undertaking polypharmacy reviews, confirming patient compliance with the prescription and making necessary adjustments, and conducting a rolling programme of annual medication reviews for all the patients in the practices. The focus being on reducing waste, variation and harm whilst at the same time improving the quality of, and value obtained from, prescribed medicines. They are using their prescribing qualification and clinical skills to stop prescribing that is no longer necessary, to alter doses to ensure best response from medicines and change medicines to other medicines that are more clinically appropriate and offer more cost effective formulary alternatives.

Similarly, in NHS Greater Glasgow and Clyde pharmacists have been recruited to work directly with GPs to support care of patients with long term conditions. Pharmacists are contributing to improved prescribing processes and systems. They will respond to enquiries on medicines safety such as guidelines, drug alerts, interactions, unlicensed medicines, repeat prescribing reviews, polypharmacy and higher risk medicines review, and Medicines use in care homes.

They will also implement guidelines/formularies, prescribing indicators/audits, undertake targeted pharmacy medication reviews and provide advice on drug formulations and a range of compliance aids.

In the Inverclyde Health and Social Care Partnership area the pharmacists are involved in piloting the ‘New Ways of Working’ Test of Change to inform the new GMS contract model.

Thank you once again for your continued interest as we take forward the transformation of primary care in Scotland.

Best wishes,

SHONA ROBISON