HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM British Healthcare Trades Association

1. Considering the Health and Sport Committee's report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?

BHTA believe that the NHS should take over responsibility from local councils for all aspects of Health and Social Care. At present there are multiple points for Health and Social care partners (Industry) to contact in relation to tendering, contracting and providing health and social care services. Also there are differing approaches to managing care in the primary care setting which leads to inconsistencies at Health Board and Local Authorities across Scotland. This is at odds with the ‘Once For Scotland’ Strategy which if done right, and with full stakeholder involvement, would benefit the population of Scotland and drive improved outcomes.

We also believe that where appropriate responsibility for care can be managed through specialist nurses who can prescribe products for patients from the Drug Tariff or the Stoma list.

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

The ‘Once for Scotland’ approach should be at the forefront of all Health and Social Care provision but clearly with larger geographies and differing demographics some localised differences would be required. Access to GP’s or specialist nurses is more difficult in predominately rural areas so the use of remote contact tools such as telehealth would be of benefit. Workforce may also be a barrier in rural areas when specialist services are required due to the ongoing centralisation of certain medical conditions i.e. Cancer care. This should be considered to ensure the whole population can have access, a suggestion would be to have more mobile services available i.e. Breast cancer screening and to allow access without the need for a GP referral.

3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

On-line consultations and the use of on-line quality of life measurement tools would be an asset in demonstrating the impact of MDT’s and GP cluster prevention activities as well face to face or on-line reviews post treatment, whether it be to look at lifestyle changes, drug or device usage or major surgery.