HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM COSLA

COSLA welcomes the opportunity to respond to the Health and Sport Committee inquiry - what should primary care look like for the next generation?

COSLA is the voice of Local Government in Scotland. We provide political leadership and representation on national issues, and work on behalf of local authorities to strengthen local democracy and improve local services.

The services that local authorities provide make a vital contribution to improving and protecting the health of the public, with many of the levers and actions being taken to improve health outcomes taking place in the day to day work of councils.

Primary care is of vital importance to local communities and should be considered as an integral part of the system of local services in each local Community Planning Partnership (CPP). This inquiry is therefore of importance to Local Government as key partners in the integration of health and social care and as leading agencies in community planning.

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.

The findings contained in the report provide an important insight into the challenges facing primary care and the steps that could be pursued to ensure primary care both meets current requirements and is fit for future purpose.

This is particularly important bearing in mind the considerable demographic challenges facing Scotland and the accompanying increase in demand that is being placed on local services. To successfully address this challenge, it is essential that an increased emphasis is placed on community-based care at home, or in a homely setting. Health and Social Care Partnerships are making important strides in this respect, which should be reflected as part of this work.

On this basis, a significant component of reform will be ensuring that the planning and delivery of primary care services is taken place as locally as possible, using a community led approach which ensures that the services people use are organised and co-ordinated within localities. We support and are encouraged by the cluster approach.

This approach is also important in ensuring that there is the necessary focus on prevention and the need to tackle underlying health inequalities. This would include ensuring the
appropriate investment in preventative community assets that could reduce reliance on formal services.

‘Primary care’ services, either as individual services or in clusters/localised professional groups, should play a full and meaningful part in local multi-agency planning and partnership working i.e. through their Health and Social Care Partnership, the local CPP and locality planning structures that sit beneath these. That way, primary care will be able to meaningfully respond to local need, link in with other local services and influence the planning and delivery of other services in the area to support improved health outcomes for the community.

The information available to and provided by primary care services could be enhanced with a more consistent core suite information available to practitioners and communities for some topics with better, more locally tailored information for aspects of local health and care services which are different on an area-by-area basis.

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

There exist a number of barriers to the delivery of a sustainable primary care system, both with implications in the short term and over a longer period. A few pertinent examples are highlighted below, although it should be noted that this does not represent a comprehensive list of all the prevalent issues and that the length allocated for this consultation response prevents a detailed outlining of the complexities associated with each of the challenges identified.

Technology – It is necessary to embrace technological solutions to improve access to services and outcomes. COSLA continues to work with the Scottish Government to progress the delivery of the Digital Health and Care Strategy, which includes the development of a National Digital Platform for health and social care data. We support efforts within the NHS to modernise, for example, the way in which GP surgeries are digitally accessible and believe that public bodies and the third sector can collaborate on this.

Primary Care Estate – The nature of the primary care estate has significant implications for the way that care is provided as well as implications on the public purse. There should be consideration of the potential benefits of the role of community facilities in delivering effective primary care services with stronger integration, and potential co-location with local authority services and third sector services included as part of this.

Workforce – Workforce pressures are a barrier to achieving our full aspirations for primary care and the broader health and care system. The development of the primary care multidisciplinary workforce, as outlined, must consider issues associated with recruitment,
as well as training and development of the workforce and in ensuring and supporting the
development and expansion of a diverse workforce. Issues surrounding the attraction and
retention of workforce, while prevalent more generally, may be more acutely felt in rural and
island communities.

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

As has been emphasised throughout this response, it is important to emphasise the
importance of ensuring that services are clearly accountable to the communities that they
serve. This includes making sure processes are in place to ensure the engagement and
involvement of service users in identifying and evaluating the issues that matter to them.
Ultimately, COSLA would support an approach to ‘monitoring and evaluation’ that is indeed
outcomes-based, rather than one which focuses on targets or ‘outputs’ and an approach
that values prevention and tackling inequalities in all forms.