HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM NHS Orkney

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.

NHS Orkney welcomes the opportunity to comment on primary care development. The report highlights the need for access and we recognise the importance of access in primary care, not only to GPs but other practitioners. We welcome the stronger focus on prevention, this is an important role for GPs, not only with regard to behaviour change but also their capacity in remote and rural settings to address broader socio-economic issues with their standing in the community.

The importance of digital advancements is noted and the need for sharing of information appropriately electronically, but clarity on the outcome impact of some of wearable app technologies is required.

A tiered integrated approach to health and social care ranging from Community Led Support and other “informal” interventions aimed at health conservation and enabling rather than a “medical” reactive model.

Through life health education and evidence based interventions to address health inequalities as standard rather than “initiatives”.

Focus of primary care as a community asset rather than a GP Surgery, emphasis on self care, local support and access to appropriate professional groups e.g. Physio, Nursing etc.

Cloud storage of health records with the Patient as the “owner” of the record with access by key health and social care workers.

Remote monitoring and consultations for patients reducing travel and dependency on “buildings” using virtual waiting rooms.

Use of AI prompts and technology must not take the place of interpersonal contact and social interaction.
2. **What are the barriers to delivering a sustainable primary care system in both urban and rural areas?**

With regard to the rural area attraction and retention of a skilled workforce is an issue. Training schemes may not expose individuals to rural areas and so working in a rural area is not considered as a career destination. High costs of living and professional isolation also need to be combated. It must be recognised that small isolated rural practices may not be able to implement solutions designed nationally and proportionate subsidiarity is required.

Polarisation between Health and Social care in terms of function, management and finance.

Continuing medical primacy within the health and social; care team.

Need to breakdown professional silos and an increased emphasis on collegiate working with the patient at the centre and whenever possible in direct control.

Primary care practices to include a wider range of disciplines e.g. PA’s Paramedics, Social Workers and AHP’s

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?**

One way is through focus on patient outcomes particularly for long term conditions. The new GP contract changes workload, and enables increased focus from GPs on long term patients. Cluster groups could consider the new public health priorities and map out actions which they can deliver to improve health and reduce inequalities. The utilisation of SPIRE will enable greater understanding of the delivery of treatment and outcomes across practices and will enable a greater understanding of the impact on inequalities.

Needs a strategic approach.

Must be proportionate and evidence based not monitoring for the sake of it.

How are activities contributing to anticipated changes?

Address areas where evidence is absent.

Evaluation must be based on well designed and agreed outcomes.