HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM Renfrewshire Health & Social Care Partnership

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?

   - Devolve decision making to local level.
   - Need to use new and innovation methods/approaches to address local unmet health needs, using a community led approach.
   - Well funded HSCPs and practices – with the resources and skills. To make a material difference in the balance of care there must be a real terms investment over the next 5/10 years to grow the capacity of critically vital services such as DN, ANP, Rehab and Care at Home.
   - Focus on early intervention and prevention in early years, as well as prevention, anticipation and supported self-management in Adults and Older Adults.
   - Focus on the use of technology - digital technology will be central to delivering the transformational change that is necessary in order to support integrated health and social care teams in delivering new models of care.
   - Improving connectivity between IT systems and improvements in data sharing would improve the co-ordination of care and provide benefits to patients.
   - Support our communities to promote positive mental wellbeing/health.
   - Tackling/addressing the fundamental causes of poor health and of health inequalities to mitigate their effects.
   - Strengthening the links and partnership working with the third sector and other partners.
   - Consider the network of services available over a 24 hour period including the use of technology.

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

   - Staff numbers especially GPs, Community based nurses and care at home.
   - Demand on primary care and community services associated with the changing demographic profile with age and deprivation.
   - Recruitment issues - The availability of wider multi-disciplinary staff, e.g. qualified pharmacists particularly to ensure sufficient training places and development of skills for primary care.
   - IT - specifically in relation to fully integrating teams.
- In the future, we should aim to have safe and relevant digital sharing of this information, and ultimately look to have a truly interoperable record which can be viewed and updated by a variety of clinicians.

- Improved accommodation – Availability of Multi-use Community Facilities/Premises to deliver effective primary care services and to establish new ways of working in extended primary care teams.

- Readiness for cultural change/shift. Need to consider for all e.g. independent contractors GPs, Pharmacists etc. and the wider community.

- Improved communication and truly integrated pathways between secondary care, primary care and social work.

- Shift in balance of demand and expectation from the public. Possibly needs a national communications campaign to help public understand and to be guided on how to use services reasonably and appropriately.

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?

- Keeping GPs and clusters engaged by extrinsic and qualitative outcome analysis. Patient experience and journeys as well as staff experience and journeys as well.

- Establish local and national targets e.g. in line with the 9 National Health and Wellbeing outcomes /Joint Targets with HSCPs – shared priorities and goals.

- Effective HSCP oversight.

- Ability to retain recruit and produce good sustainable employment and leadership in all MDT areas.

- Need for ongoing funding to support developing teams, individuals and ways of working and to assist GP practices to modify and adapt ways of working as work shifts to new staff/MDTs.

Note: A local evaluation framework has been agreed within NHSGGC which aims to answer a number of key questions on the implementation and impact of the new GMS contract.