HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM deafscotland

By Janis McDonald Chief Officer

deafscotland works across a spectrum of deafness that reflects the needs of over one million Scots across four key pillars: Deaf/Deaf Sign Language users (12,500); Deafened (355,000); Deafblind (4,000); and Hard of Hearing (600,000). This response is written through that lens.

Question 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.

That we are clear on the model of approach: is it elected or participatory democracy? That we respect empowered communities and cede traditional power to community leaders.

Areas have stronger profiles of local communities and agreement on people’s priorities, or preferably, joint priorities between communities and public sector.

That primary care operates inclusive participatory panels that cover a range of access barriers including communication and mobility. That participatory groups are reviewed and work to some clear improvement guidance around representation of communication, mobility and other agreed condition management on a mainstreaming rather than tokenistic basis.

That communities are presented with accessible reports and information to assist inclusion, comprehension and decision making. That public health leadership in invested in and that community health leadership is also invested in with parity of esteem.

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

Current methods of financing the system, historic practices, potential lack of community accountability and the huge numbers of individual practitioners invested in the current system.

Costs are an issue however progressive digitalised services would equalise access and lead to increased access, improved waiting times and a variety of methods of delivery over 24 hours to reflect on a 24 hour society.
Question 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?

There are a range of ways to be brought to bear, many currently in place, but there is a need to also:

1. Create a centre for excellence and apply consistent approaches
2. Invest in community led initiatives and treat outcomes with parity of esteem
3. Treat social research with parity of esteem
4. Recalibrate investment with weighting on inequalities

We are happy for our contribution to be public.

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