HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

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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.

There is clear emphases from this report that the public are beginning to want to and are making shifts towards self management, however there is still a need for stronger messages for people to manage their own health. In doing so they require to be better informed in choices available and also to have confidence in managing these changes. Whilst there is admirable work undertaken by public health to help inform the public, there requires a shift in primary and community care towards earlier intervention and signposting to local communities for support. Investment in Link Workers could support this shift and linkage, however their also requires an extension in professional roles to explore and discuss with service uses how people could access support for prevention and self management in a variety of ways.

Flexibility to accessing service and in utilising a range of digital tools requires further work. It was interesting that this report stressed that all age groups wanted to preserve face to face time, but were also open to other technological mediums like online appointments, well being apps etc. A national campaign to support the continued work which receptionist staff are doing on care navigation/signposting is necessary to try and support this cultural shift towards getting the right person at the right time.

This is a strong voice from this report on sharing of personal information. Whilst there is an appreciation that this is a very complex area to address, there is a need to get better information flow between primary care, MDT and other services. Part of this is around information sharing but also a need for better functional digital solutions. We need to move away from busy GPs being gatekeepers on personal data, duplication of information or blockages in information sharing due to different IT systems.

We need the wider primary care teams to all work to the maximum of their competency and skill range and to move away from silo working. This will require support from professional leads and others to make sure there is a confident workforce who will deliver a service which may be different from their traditional remit. Investment in leadership, mentoring, shared protocols and competency frameworks will be necessary to develop trust and relationships between professions.
2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

Some of the short term and longer term challenges and barriers are highlighted below.

**Short term**

The messages about the change in primary care are beginning to get through to the public, but are slow. There needs to be a shift away from primary care providing a service based on need rather than on demand. Getting these key messages to the public is challenging however a nation campaign may help to raise awareness. People need to better informed so that they can have more ownership of their health

Getting the public to become more engaged in planning wider primary care services in their area may result with them coming up with sustainable solutions. In doing so, coproduction and involvement in local communities could help thwart some of the social challenges like loneliness and social isolation.

The way we interface with primary care needs to change with the support of digital services. Skype, video conferencing or face time may support those people who have a distance to travel or for young families or those who are housebound.

**Longer term**

Getting the appropriate members of the multidisciplinary team sufficiently trained, developing extended roles and the introduction of skill mix will have an impact on current and future new practitioners. Investment and engagement with NES, universities, practice development managers and others will assist in making some of these needed skill mix changes.

Suitable accommodation which are fit for purpose either within practices, HSCPs or Hubs. Co location has many benefits for the promotion of the extended MDT. The reality in many local areas is that suitable premises are not available to deliver the requirements of the contract. Investment is needed to support remodelling of premises as well as getting better governance and technical solutions to provide services in non traditional settings.

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?

Investment in change management posts in all areas would support the drive to develop and monitor new contracted services outputs and outcomes.

Cluster intelligence reports should help to guide clusters to areas where further quality improvement work could be undertaken.