HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM ABERDEEN CITY HEALTH AND 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.

The continued and successful roll out of the GP contract will be essential for the delivery of health and public health priorities of local communities. Including the introduction of community hubs where multiple professionals and services can work together, and patients can access services at a location that is convenient to them.

In order to deliver primary care in a way that focuses on the health and public health requirements of local communities, consideration should be given to the following changes:

- Better IT Infrastructure facilities such as a single patient record, use of apps, mobile working opportunities etc,
- Accurate data around actual workload in primary care,
- Information/notes to be shared across the primary care team,
- Staff training and support to health and wellbeing of staff,
- Ability to provide an out of hours service (with extended opening hours) to greater provide for working clients in particular,
- More focus on prevention services,
- Management of patients’ expectations about who will see them,
- A successful rebalancing of care provision to the most appropriate service.

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

Recruitment of GPs and Allied Health Professionals is increasingly difficult. The new Primary Care Improvement Plan (PCIP) has resulted in neighbouring health and social care partnerships all recruiting from the same pool.

Premises and Infrastructure - with additional staff from PCIP, practices are struggling to find space for them to work in the practice. GPs are increasingly less keen to ‘buy in’ to practice premises.

Patient demand – aging population with increasingly complex needs and requirements – plus increasing expectations from patients about what primary care should provide.
IT systems – no single patient record, patient’s health journey is recorded in numerous different systems. Current IT systems are limited re joint anticipatory care planning (ACP) and agreement for all members of the Multi-Disciplinary Team (MDT) to have access to electronic records within primary care.

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?**

GP clusters are part of the new GP contract – they are working on a bottom up approach – so quality work is decided by the GPs rather than top down from HSCP. Minutes from these meetings can be shared between clusters in one HSCP or wider.

In terms of prevention – the most obvious measures would be prevention of admission and prevention of attendance at GP practices especially unscheduled.

House of care invests time initially in getting a MDT approach to chronic disease management but should in time reduce the amount of unscheduled contacts.

Cluster and MDT working must be jointly rolled out and ‘owned’ by all members of the PC teams - linked with elective care to ensure the data collated demonstrates the agreed outcomes and areas of development. Agreed KPIs that are linked to the strategic direction of travel – evidenced based is the responsibility of all.

Specifically identified areas of education for people that ensure pretention is at the start of the journey and people feel informed and therefore safe to make informed decisions about their needs without requiring access to unscheduled care.