HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM NHS Fife

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 2018 ‘Public Health Priorities for Scotland’ report indicates only 23% of adults in Scotland agree they can influence decisions affecting their local area. Those living in more deprived communities are less likely to feel they can influence local decisions.

**Current situation**
The Health and Social Care Partnership communicates, consult and engages with the public in a variety of ways to empower communities to make decisions that directly affect them, predominately supported by Locality Working National and regional SPIRE data, local intelligence and Scotland-wide learning underpin Primary Care Transformation planning and service delivery in Fife.

In Fife we have commissioned local area co-ordinators who are embedded in primary care to help to redress health inequalities and improve access in more deprived communities. The LACs are employed by a local voluntary sector organisation – Fife Forum and work collaboratively not just with the GPs surgery but across Primary Care.

**What does a Local Area Coordinator (LAC) do?** The LAC is a means for GPs, Nurses and other primary care professionals to refer people to a range of non-clinical services. It aims to support people take control of their own health and recognises peoples’ health is determined by a range of social, environmental and economic factors. LACs seek to address people’s needs in a holistic way. LACs work alongside our communities to help identify services and groups which might support individual needs and wants. LACs will never direct people or force services on people but instead will offer information and signposting as to how individuals might fulfill their needs and wants where this is possible. **Who might benefit from LAC?** It is designed to support people with a wide range of social and emotional or practical needs. People who might benefit from the support of a LAC include people with mild to moderate mental health problems, vulnerable groups, people who are socially isolated and people who frequently make GP appointments.

**What changes are needed?**
- Joined-up and better use of data between NHS boards, Local Authorities and Health and Social Care Partnerships is essential to understanding the places we live, demand and the identification of vulnerable people.
- Improved planning across health & social care
• Increased partnership working with the third sector
• Shared IT systems

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

• Phased funding of Primary Care Transformation over a 4 year period presents challenges around achieving equitable and sustainable delivery of primary care services in Fife
• The qualified medical and clinical workforce required to support delivery of a sustainable primary care system is not readily available, lead time is required to support workforce pipeline and training
• There is insufficient capital funds to support extended GP Practice multidisciplinary team accommodation and IT
• Centralisation of specialist services eg. community hub/cluster based MDT working increases barriers to access for people living rural areas
• Data, information sharing and consent between GP Practices, GP Clusters and wider Health and Social Care services

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?

The National Monitoring and Evaluation Strategy for Primary Care sets out the overarching approach and principles for how the Scottish Government will use evidence and analysis to track, document and understand the reform of primary care, including out of hours services, between now and 2028.

Current Situation

HSCPs were asked to outline in their 2019/20 Primary Care Improvement Plans how they will measuring the impact of their service redesign. Scottish Government are considering ways in which reporting could be made more consistent and effective for partnerships, health boards and national stakeholders across the MoU actions.

The effectiveness of multi-disciplinary teams and GP cluster working is monitored at a local level through tests of change, summative and formative service evaluations and public health academic research and reported through the programme governance structure. Further work is being developed as the programme matures around implementation audits and surveys.