HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM THE ROYAL COLLEGE OF EMERGENCY MEDICINE SCOTLAND

Health and Sport Committee Inquiry – What should primary care look like for the next generation?

The Royal College of Emergency Medicine Scotland

1. The Royal College of Emergency Medicine (RCEM) is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty which provides doctors, consultants and other health professionals to Emergency (A&E) Departments in the NHS in the UK and other healthcare systems across the world.

2. RCEM works to ensure high quality care by setting and monitoring standards of care and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.

3. The College has over 8,000 fellows and members, including doctors and consultants in emergency departments working in the health services in England, Wales, Scotland and Northern Ireland, Republic of Ireland and across the world.

4. RCEM Scotland is represented through the National Board for Scotland, led by the Vice President for Scotland. The Board is responsible for all matters of policy relating to the practice of Emergency Medicine in Scotland. The Board actively engages with the Scottish Government, all political parties and health stakeholders to promote emergency medicine.

5. RCEM Scotland welcomes the Health and Sport Committee’s (HSC) inquiry examining the future of primary care services. This submission will focus on the interaction between primary care and the increasing demand on Emergency Care services.

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?

1. The Scottish Government’s National Clinical Strategy for Scotland emphasises the need for transformation in Primary Care services. In particular, the strategy focuses on an increased diversion of resources to primary and community care.¹

2. RCEM Scotland recognises the pressures facing Primary Care services and agrees that there should be greater investment in primary care, as outlined by the HSC report on public panels. Better primary and community care helps maintain flow in the hospital system and could help to diminish cases of Delayed Discharges and Exit Block in Emergency Departments (EDs).

3. However, to deliver care that focuses on the health needs of local communities, investment in resources for primary and community care should not be at the detriment of Emergency Care resources.

4. The graph below shows increasing ED demand since 2013. Total attendances have increased over time and this has been accompanied by decreasing four-hour standard performance. Emergency Departments in Scotland have not met the four-hour standard since July 2017. This is indicative of a system that is struggling to cope with demand.

5. In addition, the likelihood of being admitted to hospital is highly correlated with age. In 2017/18, one out of three people aged over 75 was admitted at least once to hospital in Scotland. Emergency Care continues to provide necessary and important care to Scotland’s growing and ageing population. The emphasis of funding and health policy priorities should not be on either Primary Care or Emergency Care but on the entire health and social care service.

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6. The challenge of unscheduled care should be addressed on a whole system basis, which is why RCEM Scotland supports the co-location of Primary Care services with Emergency Departments. Co-location is when primary care facilities are located on the same site as an Emergency Department.

7. Co-location will allow patients to be routed to the best place to obtain their care. It will help with the transfer of patients quickly and safely between Primary Care and the Emergency Department.

8. Another important benefit of co-location is that it will provide Primary Care out-of-hours staff with immediate access to facilities such as radiology, pathology and ECG, which is more cost-effective than putting these services on a second site. Patient satisfaction is likely to be increased if GPs have immediate access to diagnostic and other investigations.

9. Co-location can also help to encourage Primary Care and ED staff to share knowledge on patients, addressing the concerns over the lack of appropriate information sharing as flagged by the HSC report on public panels.

10. There are many patients who attend the ED as a result of social crises or acute distress. There should be greater co-ordination of information sharing, and provision of the most appropriate response to these patients between Primary Care, EDs and Local Authorities. There are some good local initiatives which are starting to achieve this, and this best practice should be more widely shared and applied. There are opportunities for improvement: improving the safety nets for patients in the community will enable better care, and more discharges for patients coming to the ED with a problem that can only be solved outside it (and often not by Doctors).

11. Better sharing of information between all agencies will help greatly in reducing unnecessary care due to clinicians taking the “safest option”. A way for the disparate IT systems to share information (as in some countries like Estonia) should be sought as a matter of urgency.

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

1. RCEM Scotland agrees there is a lack of capacity within the Primary Care system, although we assert this is an issue that affects all aspects of Health and Social Care.

2. Although Scotland has the highest number of GPs per head of population in the UK\(^4\), analysis carried out by RCGP Scotland has shown that there will be a shortfall of 856 Whole Time Equivalent GPs by 2021.\(^5\)

\(^4\) BBC News (2019) Scotland has more GPs than rest of the UK, study finds. Available here https://www.bbc.co.uk/news/uk-scotland-48191210

3. As the Health and Sport Committee acknowledges in their report, there is a demand for Primary Care provision during the evenings and the weekends. Emergency Departments in Scotland are left to address the deficiencies in access to Primary Care, an issue which is particularly acute in rural areas. Expanding Primary Care provision will allow Emergency Departments to deal with emergencies.

4. RCEM Scotland believes that lack of technology is also a barrier in delivering a sustainable Primary Care system. Virtual and phone appointments have an important role to play in both rural and urban areas.

**How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?**

1. As attendances to Emergency Departments should decrease, or at least not increase, with better provision and use of Primary Care and community services, RCEM Scotland believes that monitoring the total number of attendances to Emergency Departments and the four-hour target should help to assess the effectiveness of any new Primary Care model. This, together with other measures of use of other services by individuals might help target initial investment in multidisciplinary care which prevents future use of resources, such as ED and GP Out-of-Hours which might not actually be useful for the patient but impose significant resource burdens on those services.