Transformation of Primary Care in Scotland and the role of the SSPC

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SSPC_News
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“My vision puts primary and community care at the heart of the healthcare system, with highly skilled multidisciplinary teams delivering care both in and out of hours, and a wide range of services that are tailored to each local area. That care will take place in locality clusters, and our primary care professionals will be involved in the strategic planning of our health services. The people who need healthcare will be more empowered and informed than ever, and will take control of their own health. They will be able to directly access the right professional care at the right time, and remain at or near home wherever possible.”

Shona Robison, Scottish Parliament, 15 December 2015

“We will transform primary care, delivering a new Community Health Service with a new GP contract, increased GP numbers and new multi-disciplinary community hubs.” SNP Manifesto, May 2016
October 2016, First Minister Nicola Sturgeon announces:

“By the end of this parliament, we will increase spending on primary care services to 11% of the frontline NHS budget. ...And let me be clear what that means. **By 2021, an extra half billion pounds will be invested in our GP practices and health centres.**

“And it means, for the first time ever, that half of the health budget will be spent, not in acute hospitals, but in the community - delivering primary, community and social care.”
THE ROLE OF SSPC
SSPC Vision is for:

• sustainable and equitable high quality primary care that meets the needs of the people of Scotland.

Within this, we aspire to be:

○ Relevant
○ Credible
○ Respected
○ Trusted
SSPC current strategic objectives

- **Inform** our key stakeholders by collating relevant available national and international evidence, as well as actively contributing to the evidence base.

- **Support** the continuing growth of Academic Primary Care in Scotland.

- **Promote** Scottish Academic Primary Care internationally.
SSPC Members

SSPC Core Team

Aberdeen University

Stirling University

Dundee University

Glasgow University

Edinburgh University
SSPC

- Health and Social Care Policy
- Innovation Partners
- International Collaboration
- The Special NHS Boards
- NHS and Social Care Services
- Education and Training Bodies
- Alliance of Health and Social Care
Scottish School of Primary Care Evaluation of Primary Care Transformation

• The Primary Care Transformation Fund (PCTF) has £20 million designated to new models of care in primary care, which is part of a £60 million fund covering additional aspects of care such as mental health, community pharmacy, and out-of-hours care

• The Scottish School of primary Care (SSPC) has been awarded £1.25 million of funding to help evaluate these new models of primary care
National and Local Levels

• The **national** level evaluation will include the Scottish Governments own theories of change and expectations of impact and own indicators of impact

• Detailed evidence of Impact, learning, spread and sustainability will be mainly gathered through a limited number of selected **local** case studies (‘deep dives’) carried out by SSPC in different Health Boards

• Complemented with the available data and evidence from the other sites not selected for detailed case study. In this way, an integrated and detailed sharing of learning will be produced which will be of **national as well as local relevance.**
Case study approach.....the Deep Dives

• Tayside
• Ayrshire and Arran
• Lanarkshire
• Highlands and Islands

• MSK Physio across Scotland
• ANP across Scotland
• Inverclyde GP Cluster and HSCP Integration
• Cross-cutting routine data evaluation
Phase 1: Programme Theory and Expectations of Impact

Phase 2: Impacts, Learning, Spread and Sustainability
"I think you should be more explicit here in step two."
Maybe we should build a boat instead...
Transforming primary care

With longer-term evaluation
High quality rigorous research is required.....

Evidence-based Realistic Medicine:

• Working with the NHS, the CSO and others to identify evidence-gaps which require rigorous research in addition to longitudinal evaluation
New Scottish GP Contract

• No more QOF
• GP Practices will work in Clusters
• Clusters will decide the health care needs of their local population
• Clusters will set relevant quality indicators
• And.....
What has been learned from the past?

• The Quality and Outcomes Framework (QOF) took a single-disease approach and incentivised quality for certain chronic diseases but marginalised quality improvement in those conditions not included in the framework.

• QOF stimulated electronic record development, and initially increased pay and recruitment, reducing variation between practices. However, workload has increased in general practice, while the percentage of NHS spend into general practice across the UK has fallen over the past eight years.

• A key message was that in any large scale change to the NHS, unintended consequences are inevitable. The recording of some elements of QOF measured quality is likely to decrease once incentives are removed.
Transforming primary care

From a prescriptive contract to an enabling contract
How Quality Circles work across Europe

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Quality Circles (QC) in Primary Care

"Small Groups of Health Care Professionals who meet at regular intervals to increase and disseminate knowledge"
Do QCs work?

"measured Q"


✓ « Inappropriate prescribing » (Brekke, Rognstad et al. 2008)

✓ Change in test ordering (doctors become more specific) (Verstappen, van der Weijden et al. 2003, Verstappen, van der Weijden et al. 2004)

✓ ..................

“Components of QCs”

➤ Facilitation (Dogherty, Harrison et al. 2010, Baskerville, Liddy et al. 2012)

➤ Audit and feedback (Ivers, 2012)

➤ Use of local opinion leaders (Flodgren, Parmelli et al. 2011)


➤ Outreach visits (O’Brien, Rogers et al. 2007)

➤ Printed Educational Material (Giguere, Legare et al. 2012)

➤ Guidelines (Thomas, Cullum et al. 2000)
What are GP Quality Clusters for?

- Quality Clusters (QCs) have potentially important roles in quality improvement (QI) within general practice (internal role) and in helping to re-orientate the NHS in Scotland towards integrated new models of primary care (external role).
- The challenges for the NHS require change across the whole system, not just in primary care and general practice.
- A key message was that there is a tension between the ‘internal’ and ‘external’ roles of GP QCs; intrinsic quality improvement may be easier to deliver but wider-scale QI requires an effective external role and engagement with multiple stakeholders.
What will GP Quality Clusters need to be effective?

• QCs will need substantial central and local support to collate and responsively analyse appropriate data for QI. QC Leads will need training and support in data management, facilitation and change leadership.

• Much will depend on decisions on the future roles of QCs and responsiveness of the rest of the NHS to them.

• A key message was that to deliver QI, a national support network for QCs coordinating the contributions of HIS, NES, NHS Health Scotland and RCGP Scotland is required.
What are the key risks?

• These were considered to be drift due to the loss of QOF and a lack of focus on the potential of clusters, lack of capacity in primary care, unrealistic expectations, and eventual disengagement by the key stakeholders involved.

• A **key message** was that if the external role of GP QCs is not quickly developed, there is a risk of new arrangements with Integrated Joint Boards (IJBs) moving forward without GP involvement, worsening the engagement of general practice with the rest of the NHS. This would be detrimental to NHS working across systems, the 2020 vision and to integration of health and social care.
Thank you
Phase 1: Intervention Theory and Expectations of Impact:

_The key questions include:_

- What are the planned interventions/projects/service developments and how do they build on previous work?
- What are the key components of the intervention/project?
- Are these likely to change over the life of the intervention?
- What are the expected impacts in the short, medium, and long-term?
- How do the stakeholders think these impacts are going to be achieved?
- What is the evidence to support this?
- Who are the key stakeholders in terms of future sustainability and spread and what evaluation information do they require?
Phase 2: Impacts, Learning, Spread and Sustainability

The key questions include:

• What impact(s) has the intervention/project/programme had, in relation to the expected impacts to date?
• Has the intervention, and the expected impacts changed over time?
• Have there been any unintended negative consequences?
• What is the key learning that needs to be shared?
• Which interventions seem worth scaling up and spreading?
• How easily can these be implemented?
• How sustainable are these likely to be in the long-term?
CIRCUMSTANCES: Enabling context

- Mutual trust
- Active empathy
- Access to help
- Lenience in judgement
- Courage
CIRCUMSTANCES: Supporting the group process

- Size of the group
- Composition of the group
- Do not have barriers (PC, tables, ....)
- Safe environment
- Protected time
- Umbrella organisation
Other potential benefits

• Job satisfaction
• Attractiveness of the job
• Continuity of staff
• Professional Development: status of Family Physicians