Introduction

General practice is central to the future of the NHS in Scotland. This paper sets out a blueprint to reverse the impacts of the increasing problems of workload and recruitment on the ability of GPs to deliver excellent patient care. These problems have become ever more apparent over the last six months. The Royal College of General Practitioners Scotland (RCGP Scotland) has been warning for a year and a half now — through our *Put patients first: Back general practice* campaign — that rising workloads, a shortage of GPs and declining resources are putting intolerable pressure on local practices and posing a threat to patient care. As many people’s first point of contact with the NHS, around 90% of patient interaction is with primary care services. General practice is the cornerstone of primary care, with Scottish GP surgery teams carrying out an estimated 24.2 million consultations each year — an 11% rise over ten years.

At the same time, the share of NHS funding spent on general practice in Scotland has been falling year on year. The GP percentage has fallen from 9.8% in 2005/06 to a record low of 7.8% in 2012/13. This drop has led to a real terms cumulative loss of investment of £1.1 billion into Scottish general practice compared to a scenario where funding had remained at 9.8%. General practice is a cost-effective part of the healthcare system in which to invest as it is more economical than other parts of the system and can prevent worsening of patient outcomes (see Box 2 page 10). However, it will not be able to deliver positive changes in the short, medium and long-term without significant investment to increase the size of the workforce.

RCGP Scotland has warmly welcomed and participates in the review of out of hours primary care services chaired by Professor Sir Lewis Ritchie and due to report in September 2015. It is clear that many of the measures called for in this document will impact positively on out of hours care. This document in no way seeks to pre-empt the review but recognises that many of the constructive steps called for here will aid in the provision of appropriate out of hours care. The RCGP Scotland *Green Light* statement of February 2015 offers further information on the College’s position but it bears repetition that the College sees it as essential that GPs remain a central part of the service to ensure safe, holistic patient care. Out of hours care is an integral part of general practice.

This document builds on the solid foundations provided by earlier work from the Royal College of General Practitioners. Among others, RCGP Scotland’s *The Essence of General Practice*², *Developing a Quality Framework for General Practice in Scotland*³, *The Time To Care* health inequalities report⁴ and *The Future of General Practice in Scotland: A Vision*⁵ have all contributed to the thinking behind this blueprint. It is intended as one for discussion with all stakeholders, not least Scottish Government. Of course, any changes undertaken must be evaluated appropriately and this will require robust general practice academic input, such as that provided by the Scottish School of Primary Care. Changes must clearly also align with the developing work on integration and on multiple morbidities.
In November 2014, the Scottish Government announced an additional £40 million investment for general practice and primary care in Scotland, to be used in the 2015/16 financial year. However, since this announcement there have been further developments and the Cabinet Secretary has recently indicated her intention that such a fund be spread over three years. We urgently need a clear strategy from the Scottish Government for investing in Scottish general practice, ensuring that funding reaches general practice in the coming year but also putting GP services on a more sustainable footing for the long term so that they may deliver effective, quality care to patients appropriate to their needs 24 hours a day, seven days a week. This document sets out a strategy towards this.
1. Expanding the number of GPs

The Scottish Government’s NHS Information Services Division (ISD) released a Primary Care Workforce Survey in 2013. Its *Publication Summary* reported that ‘The estimated Whole Time Equivalent (WTE) number of GPs in post in Scottish general practices (excluding Specialist Trainees) at 31 January 2013 was 3,735. This is only a little higher than the estimate of 3,700 generated from a previous survey run in 2009. ... The results of this survey suggest that the WTE number has been fairly static over the past few years.’ This is simply not enough to meet the changing needs of patients. One in five GPs in Scotland is aged over 55 and, therefore, 20% of the GP workforce could feasibly and naturally retire over the next five years. This figure is bolstered by the alarming findings of the recent British Medical Association (BMA) survey, published in April, which suggests that one in three Scottish GPs were hoping to retire within the next five years. We need greater investment in GP workforce capacity so that Scotland can care for its growing, ageing population at home, in a homely setting and in the community.

Whatever the shape of the 2017 GMS contract negotiations, Scotland urgently needs a package of measures backed by resources to increase the number of GPs, including encouraging more doctors to choose general practice as a career, doing more to retain our current GP workforce, working to prevent GPs retiring when they are still able to provide an excellent service to patients, and making it easier for those who have left the profession to return to practice.

We urge the Scottish Government to take the following actions to increase the GP workforce:

- **Set a clear objective to increase the number of Whole Time Equivalent GPs in Scotland.** RCGP Scotland is calling for the expansion of the GP workforce by 740 general practitioners in Scotland by 2020. This figure is the midpoint between the previous range of WTE estimates produced by RCGP in April 2015. This range was based on reaching and maintaining the 2009 level of GP coverage and projecting forward using Office of National Statistics predicted population growth. The Scottish Government should work with RCGP Scotland and NHS Education for Scotland (NES) and ensure progress against this aim is closely monitored. This strand of work should include involving university departments and foundation schools with the aim of improving and promoting recruitment to meet the target of at least 50% of medical students entering general practice.

- **Launch a high profile marketing campaign to promote general practice as a career.** The campaign run by NES in 2015 should be reviewed with the aim of setting up a fully resourced marketing campaign to encourage foundation doctors and medical students to choose general practice as a career. This should include dedicated funding for recruitment roadshows to showcase general practice as a career to foundation doctors and medical students across Scotland.

- **Incentives to attract new doctors into general practice, particularly in under-doctored areas.** A further package of enhanced, targeted, financial incentives should be developed to encourage medical graduates to train and practise as GPs in currently under-doctored and deprived areas. These incentives could include helping graduates to pay off their student loans if they agree to practise in selected areas — an approach that has already been pioneered in New Zealand and is currently being explored in England.

- **A large scale campaign to promote the national GP Induction and Returner Programmes** will be important in boosting the workforce in Scotland. Scotland has had an established GP Returner Scheme delivered by NES for many years and regional Health Boards have provided inductions where appropriate. This requires further publicity as uptake of these schemes has been variable with an average of 7.5 GPs per year over the past ten years entering the Returner scheme. It is now known that some 259 GPs under the age of 50 have left Scottish Performers Lists in the last five years, of which 166 were aged less than 40 years old. The NES GP Directors must be commended for their review of the programmes in Scotland and for upgrading the NES website to provide an easily accessible and comprehensive resource to signpost and support GPs into the workforce. However, further assurance of recurring funding and resource is required to ensure a sufficient boost to the number of trained GPs who are able to return to general practice. These programmes should be available for trained GPs from a variety of backgrounds including Scottish GPs who have had career breaks and those who wish to join the Scottish GP workforce from both within and outside the UK.

- **Increased investment in the national retainer programme, including a review to identify the most effective measures to encourage experienced GPs to remain within practice.** Scotland already has a successful and quality assured retainer scheme through which GP retainers are well supported. However, GP practices need further support and this scheme should have its funding increased with incentives designed to encourage more GP practices to take on GP retainers.
2. Expanding the wider primary care workforce to support general practice

With GPs facing immense pressure due to rising workloads and constrained finances, morale in Scottish general practice is currently very low. A recent survey of GPs found that over half (54%) feel their current workload is unmanageable or unsustainable. The significant contribution of other members of the primary care team in delivering high quality patient care in the primary care setting cannot be ignored. Whilst other health professionals can never be a direct replacement for general practitioners, and while the role of GPs in being the first point of patient contact, in co-ordinating comprehensive care and in providing continuity of care, must be protected — the role the wider primary care workforce has to play in delivering services is vital.

There are significant challenges facing other healthcare professionals. For example, community nurses are facing significant retirement challenges. Almost 50% of NHS community nurses in NHS Scotland are aged 50 years or older. This means that the recruitment challenge to safeguard services against this retirement ‘cliff’ will be extremely pronounced over the next five years. Strengthening the capacity and capability of other healthcare professionals in general practices is essential to improve the quality of healthcare services in the community.

To expand the wider primary care workforce to support general practice, the Scottish Government could enact the following:

- **Provide funding to enhance community nursing and enable practices to recruit more practice nurses.** Community and practice nurses have a vital role to play in delivering high quality patient care in the community. Boosting the number of community and practice nurses and widening their remit to take on additional tasks will help free up time for GPs to spend with patients with complex needs. NES has a General Practice Nursing Programme and it is currently examining ways in which to boost take up. An expansion of that programme should allow more places to be provided. In order to encourage more nurses to become community or practice nurses, national training standards and clear career pathways for these nurses need to be developed. RCGP Scotland would welcome a joint programme with NES to establish how the role of community and practice nurses can be promoted in order to boost numbers in Scotland.

- **Promote the role of practice-based and community pharmacists.** Both practice-based and community pharmacists are uniquely placed to work with GPs to improve patient care and safety, and can play an important role in the long-term management of patients with chronic disease. In March, the RCGP and Royal Pharmaceutical Society (RPS) issued a joint statement, *RCGP and RPS Policy Statement on GP Practice Based Pharmacists*, highlighting the important role that practice-based pharmacists can have based in general practices. There should be investment in recruitment and training of pharmacists based in general practice who would be of considerable value in reviewing patients’ medication, managing polypharmacy, managing medication issues for the housebound within the newly integrated health and social care teams, linking effectively with community pharmacists and medicines reconciliation across the interface, all with significant benefit to patient safety. This could improve care, save the NHS a significant amount of money and alleviate pressures on GPs.

The RCGP and RPS also worked together regarding community pharmacists via their statement, *Breaking down the barriers — how community pharmacists and GPs can work together to improve patient care*. This sets out recommendations for benefits to patients in improving liaison between community pharmacists and general practitioners. In response to *Prescription for Excellence*, there have been a number of initiatives across Scotland. Current projects regarding collaborative working with community pharmacists include:

- **The Highland Community Pharmacy project where the objective is to develop decision support between community pharmacists and local GP practices.**

- **Healthcare Improvement Scotland’s National Patient Safety Programme in Primary Care**, which includes the *Pharmacy in Primary Care Collaborative*, which aims to enhance communications between GPs and Community Pharmacists in rural and urban settings.
3. Giving GPs the tools to lead the development of new integrated models of patient care

The Integration of Health and Social Care seeks to improve care for patients as well as ensuring GP services are efficient and effective. RCGP Scotland believes that the integration of care should be primary care led and offered by multi-professional teams to deliver the best possible health outcomes. Care planning for those with complex conditions, redesigning services to provide more services in the community and the establishment of GP clusters are vital to achieving better outcomes for patients. In Scotland, general practitioners are keen to develop new models of care, in particular GP clusters, which would allow skills and expertise to be shared across practices. The following suggestions are forwarded in the expectation that successful ongoing work, such as Healthcare Improvement Scotland (HIS) and RCGP Scotland’s Developing a Quality Framework for General Practice in Scotland’s concentration on quality improvement has sought to mitigate against these difficulties. In order to support the development and replication of good practice, support packages which provide practical implementation advice and funding should be made available.

We call on the Scottish Government to take the following actions so that GPs may lead the development of new integrated models of patient care:

- Establishing a sustained package of support and practical advice which GPs can access to help them develop new models of care. Whilst individual practices are excellent at developing innovations for their specific localities, the system has challenges in testing and spreading these innovations to other general practices and the aforementioned Developing a Quality Framework for General Practice in Scotland’s concentration on quality improvement has sought to mitigate against these difficulties. In order to support the development and replication of good practice, support packages which provide practical implementation advice and funding should be made available.

- Ensuring that patient centred care is hardwired into emerging new models by building on the strengths of general practice. The doctor-patient relationship must be protected. In the context of rising levels of multiple morbidity, these new models will need to move away from the traditional NHS focus on single-disease pathways and individual episodes of care. It is vital, therefore, that these emerging models build on the strengths of general practice, including the ‘local’ nature of GP services, their generalist scope, the continuity of care they provide to individuals and families and the population-level perspective they are able to take through the registered patient list. Patient feedback and participation should be central to the development of any new model. RCGP Scotland will, for its part, continue to seek the input and guidance of its Patient Partnership in Practice (P3) group and others. The RCGP has developed five tests (see Box 1 page 7) that we believe all new models of care should meet.

- Enable RCGP Scotland, NES and the Scottish Social Services Council (SSSC) to develop general practitioners’ leadership skills to work effectively at locality level to implement the vision and values of integration.
Box 1. RCGP Scotland’s five tests of new integrated care:

Proposed models of integrated care should:

1. Ensure community-based services are led by community-based clinicians with a person-centred perspective.

2. Underpin safe patient care by ensuring that GPs can continue to act as independent advocates for their patients, with the emphasis on the person not the institution.

3. Be person focused, responding to the needs of the individual and protecting them from over-medicalisation, with general practitioners working with specialists to contribute to the holistic care of the individual.

4. Develop existing structures and resources to work in an increasingly co-operative way, recognising that primary care is a network of providers and requires a network literacy in its management, with the IT to support this.

5. Ensure that general practice and primary care funding is sufficient to meet their unique and vital role in delivering person centred care, with investment in robust evaluation of new models of integrated care.

- **Setting aside specific funding to help embed care and support planning in general practice for those patients who would benefit most — particularly those living with long term conditions.** There is widespread agreement that care and support planning — led by teams of professionals working with patients and their carers in the community — is effective in helping people to take more control over their health and to stay well. The current ongoing work on the House of Care model is an excellent example of this. However, these teams need practical support and training in order to scale up the use of care and support planning across Scotland, and there is a need in particular for training (across disciplines) in this area to be developed and promoted. Further support for general practice to develop strong and effective links with the Health and Social Care Alliance Scotland (the ALLIANCE), for example through the placement of Community Links Practitioners in appropriate practices, is crucial in developing integration of the services which will facilitate self management.

- **Introduce an innovation allowance to allow GPs to undertake service development.** One of the largest barriers to innovation across GP services is the lack of time that GPs have to consider service improvement. Daily workload pressures are a significant challenge to driving advances in patient care. Unlike secondary care, practices do not have the benefit of staff members who can focus solely on quality improvement. An innovation allowance to protect GP time would enable more GPs to focus on improvement in addition to delivery, therefore placing them in a position to drive forward development in GP practices and clusters. GPs will need the assurance that funding for this work will continue in some form in the proposed new contract for 2017.
4. Investing in general practice’s infrastructure

In the 2014 British Medical Association GP Committee Premises Survey of 4,720 GP premises, nearly 53.1% of respondents stated that there had been no significant refurbishments or developments to their premises within the last ten years. Furthermore, the same survey found that 38.9% of practices felt that their premises weren’t adequate for the provision of general practice services and 61.6% felt that lack of space in their premises was a barrier to GP education and/or training. Lack of physical space is preventing some practices from expanding the services they offer to their local communities, and the development of new integrated services is likely to require investment in new premises.

As well as funding for premises, there is an urgent need to invest in IT infrastructure in general practice, to ensure that practices are able to offer basic services such as online booking to patients.

We urge the Scottish Government to take the following actions to invest in general practice infrastructure:

- Improving GP premises. Many GPs feel that their premises are not fit for patient care. Surgeries are sometimes too small to cope with a growing number of patients; some premises need upgrading and in certain cases, brand new premises are needed. RCGP Scotland is calling for a review of current premises in order to determine the number of surgeries which need upgrading or expanding. In addition, possible sharing of premises with other primary care health providers and voluntary sector organisations could be explored as one possible solution to resolving the current situation facing many GP premises.

In the Chancellor of the Exchequer’s Autumn Statement of 2014, £1.1 billion funds were raised from fines collected by the Financial Conduct Authority. If, as announced, these funds are directed at the NHS in England, that additional spend generates £123 million in additional funding for the Scottish Government.

In England, the £1 billion allocated will be used to fund advanced care in GP practices over four years (i.e. £250 million per annum). Comparably, the Scottish Government should pledge either £24.6 million per year over five years or £30.8 million per annum over four years for the expansion, redevelopment and building of new premises in Scotland, following a thorough review.

- Invest in general practice IT services. Practices are crippled by the current level of IT systems, including those which feed into general practice from other services such as secondary care, and the inability to link effectively with the systems of other healthcare professionals in primary care, in particular Community Nursing colleagues. Frequent ‘crashing’ of systems stunts day-to-day operations in practice and connectivity in certain areas of Scotland remains an unsolved problem. This is a critical component of the quality agenda.

- With regard to specific, basic online services, RCGP Scotland and Scottish Government suggested five years ago that improvements could be made by developing practice websites and other online tools, including online appointment booking.

In addition to the resource required to address the significant IT challenges, RCGP Scotland is therefore also calling for an increase in investment in online services over the next five years of over £500,000. At a basic level, this investment could pay for the setting up and running of websites for a further one third of the GP surgeries across the country. It could cost £312,000 per annum to reimburse all practices for a standard GP website.

- The Scottish Government could work with Health Boards to remove any impediments to developing the full potential of web based patient-to-general practice communications. This would include online appointment setting, repeat prescriptions and other online GP services for the public. However, it should be remembered that this is not the right option for every patient hoping to access general practice.

- Invest in better access to diagnostic technology in general practice. Providing more care in the community and avoiding unnecessary hospital admissions could be driven by facilitating more diagnostic tests conducted in GP practices. The Scottish NHS should establish a separate taskforce to investigate the potential opportunities for community diagnostics.
5. Ongoing, sustained investment in general practice

The Scottish Government’s announcement to provide a Primary Care Fund in the current financial year is a first step in addressing some of the concerns currently facing general practice. However, since its announcement there has been little clarity on how this funding will be spent. The government should use this fund as a starting point for a continued and sustained shift in investment towards the 11% called for by the RCGP’s *Put patients first: Back general practice* campaign.

Such a shift in funding would enable GPs to improve care for all patients — by tackling rising waiting times, improving continuity of care and supporting those with the most complex needs. Last year, over the course of just a few months, more than 330,000 people signed a petition calling for a larger proportion of NHS funding to be spent on general practice\(^\text{16}\). March 2014 polling conducted by ComRes found that 61% of Scottish adults would support the majority of additional funding for primary care to go to general practice services\(^\text{17}\).

A better resourced general practice would not only benefit patients, but would also help put the NHS on a more sustainable financial footing, with evidence suggesting that investing in general practice could save the NHS nearly £2 billion per year by 2020 through reducing pressure on hospitals and other services (see Box 2 page 10). The average cost of a face to face GP consultation is around £45, compared to a range of £61 to £82 for a comparable secondary care attendance\(^\text{18}\).
RCGP Scotland calls on the Scottish Government to:

- **Shift NHS funding into general practice.** RCGP Scotland is calling for 11% of the total NHS budget to be spent on general practice. Polling conducted by ComRes in October 2014 found 71% support for this shift among Scottish adults. The funding figure stood at 7.8% in 2012/13, compared with 9.8% in 2005/06.

- **Setting a clear target for increasing the proportion of the NHS budget spent on general practice to 11%,** and putting in place a new primary care investment plan to deliver this. Local decision makers should be encouraged and empowered to work towards this goal, with flexibility around how they achieve it.

- **Publishing regular statistics monitoring how much NHS funding is being directed towards primary care,** including specific figures on what proportion is being invested in general practice.

- **Setting up a new five year transformation fund.** To realise the potential that general practice has to transform patient care and help shift resources into the community, additional resources will be needed to transition work from secondary to primary care and deliver change. This can be assessed by academic evidence generated through the Scottish School of Primary Care.

**Box 2: Spend to save: the financial case for investing in general practice**

Increased government spending on general practice could lead to a saving of up to £1.9 billion to the NHS across the UK as a whole by 2020.

Calculations by the RCGP show that increasing spending on general practice consultations across the UK by £72 million each year, could lead to a saving of up to £375 million each financial year, rising to annual savings of up to £708 million by the end of 2019/20.

The RCGP figures are based on research commissioned from Deloitte in 2014, which estimates that short-term savings generated through increased spending on general practice could amount to up to £447 million annually.

This annual saving is broken down into savings of up to:

- £143.3 million per year, through reducing the number of unnecessary ambulance call-outs, and

- £170.1 million per year, through reducing the length of hospital stays for patients aged over 65, by providing greater primary care support at home.

Analysing three key patient groups — healthy patients, frail and elderly patients, and those with long-term conditions — Deloitte estimates that the current cost of A&E visits is £1.58 billion. This bill could be reduced to £1.44 billion generating annual savings of at least £133.9 million in the UK.

Additional savings to the NHS could be made in the medium and long-term, with additional savings of up to £333 million annually over the course of the next five years.
References


4 Royal College of General Practitioners (Scotland), Time To Care: Health Inequalities, Deprivation and General Practice in Scotland, (2010). Available at http://www.rcgp.org.uk/rcgp-near-you/~/media/Files/RCGP-Faculties/Scotland/RCGP-Scotland%20report%20on%20Health%20Inequalities.ashx


15 Ibid.


19 Ibid.

20 Ibid.