

# General Medical Services contract in Scotland

A short guide



AUDITOR GENERAL 

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# Introduction

The new General Medical Services contract sets out new plans to improve the way healthcare is delivered to patients in the community and the way GPs will work and be paid in Scotland



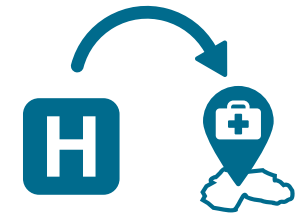
## Background

Most GP practices are run as independent businesses and provide services for NHS boards.

NHS boards specify what healthcare services they need and then fund the GPs to do this work through an arrangement called the General Medical Services contract.



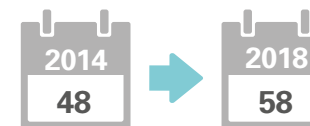
The role of the GP is changing in the context of health and social care integration and the policy ambition to move care from hospitals to the community.



Increase in average practice lists



Increase in practices run by NHS boards



Decline in the number of general practices



# Introduction

## The new contract aims to support a more sustainable approach to the delivery of general medical services in Scotland

To improve stability and reduce risks to the delivery of general medical services in the future, the new contract focuses on the following areas:



[Funding for general practice](#)



[GP owned premises](#)



[The role of the GP](#)



[Workload pressures](#)



[Improvements to primary care services](#)

These areas will now be presented in more detail. (Click on the above links to move directly to the page.)



This short guide provides a summary of the key aspects of the new contract.

Further information will be presented in the NHS Primary Care Workforce audit due to be published in August 2019.

# Funding for general practice



As well as aiming to improve GP earning, a new way of funding general practices, based on workload, has been introduced

 The Scottish Government is investing an additional **£250 million** in direct support of general practice by 2021-22. This forms part of an overall commitment to invest an additional £500 million in primary care by 2021/22.



## Phase 1 (2018–20)

The Scottish Government provided additional immediate investment of £23 million to provide practice income stability and improve funding where GP workloads are at their highest.

A new funding formula will be used to calculate practice funding that aims to ensure that additional funding is provided to practices with higher elderly and deprived populations.




**From April 2019** it is proposed that a minimum income of £84,630 will be introduced for independent contractors. Based on a 2017 income and expenses review, around a fifth of GPs earned less than a full-time equivalent income of £70,000.

## Phase 2 (2020–21)

It is planned that GP pay will change to an agreed income range with pay progression (like hospital consultants) and that financial risk is reduced through direct reimbursement of practice expenses, ie premises and staff costs.

Further negotiations and polling will be conducted with GPs during 2018-20 to ensure that these proposed arrangements are beneficial and agreed. It is also planned that data will be collected to fully understand the current costs of running a practice; the income of GPs and the hours worked by GPs. The aim is that this will help inform the development of the new funding model.

 The Scottish Government has set up the **Remote and Rural General Practice Working Group** to further explore some of the challenges experienced by rural GPs. This work will include seeking further information about rural workforce issues, expenses and income needs.

# GP owned premises



The National Code of Practice for GP premises aims to reduce the risk associated with owning premises

In April 2018, alongside the new contract, a National Code of Practice for GP premises was introduced that sets out how the Scottish Government will support a shift, over the next 25 years, to a new model in which GPs will no longer be expected to provide their own premises.

By 2021, the Scottish Government will provide an extra



helps GPs with the cost of running their practices

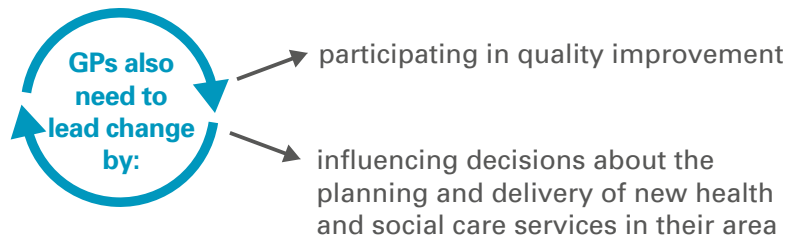
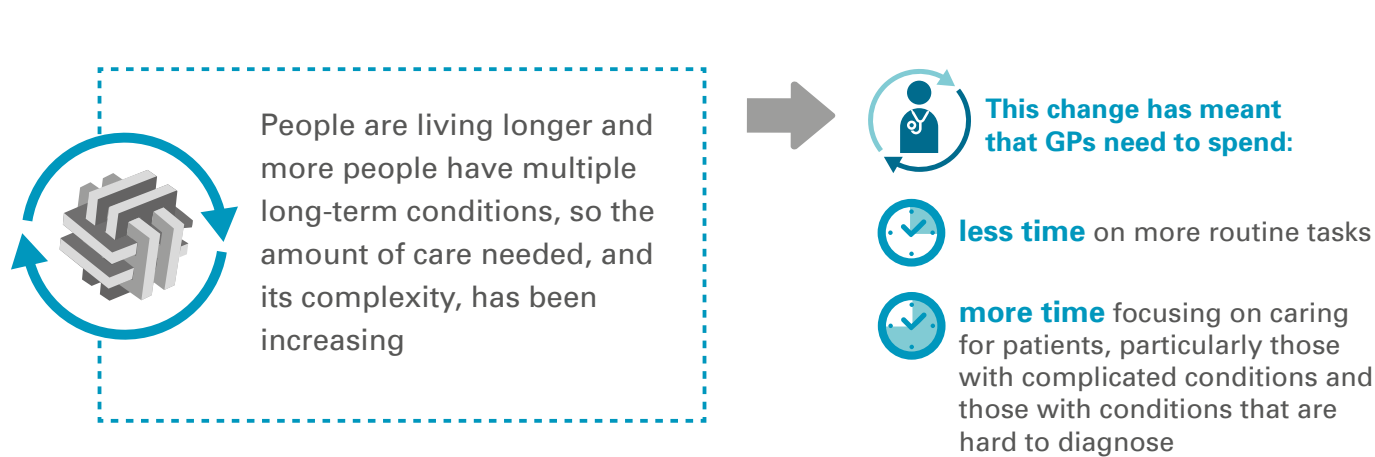


The new fund includes interest free loans to assist GPs who own their premises. This aims to allow GP partners to release capital without destabilising their practice, reduce the upfront cost of becoming a GP partner, and make general practice more rewarding.

A total of **172 practices** have applied for loans – around **50 per cent** of the total eligible.

# The role of the GP

The new contract aims to give GPs more time with their patients and lead improvements in the provision of health and care in their communities



**New** **Protected time**

To allow GPs to be more involved with this type of work, **protected time** (around half a day per month in each practice, where the GPs do not see patients) has also now been introduced.

**0.5 days**

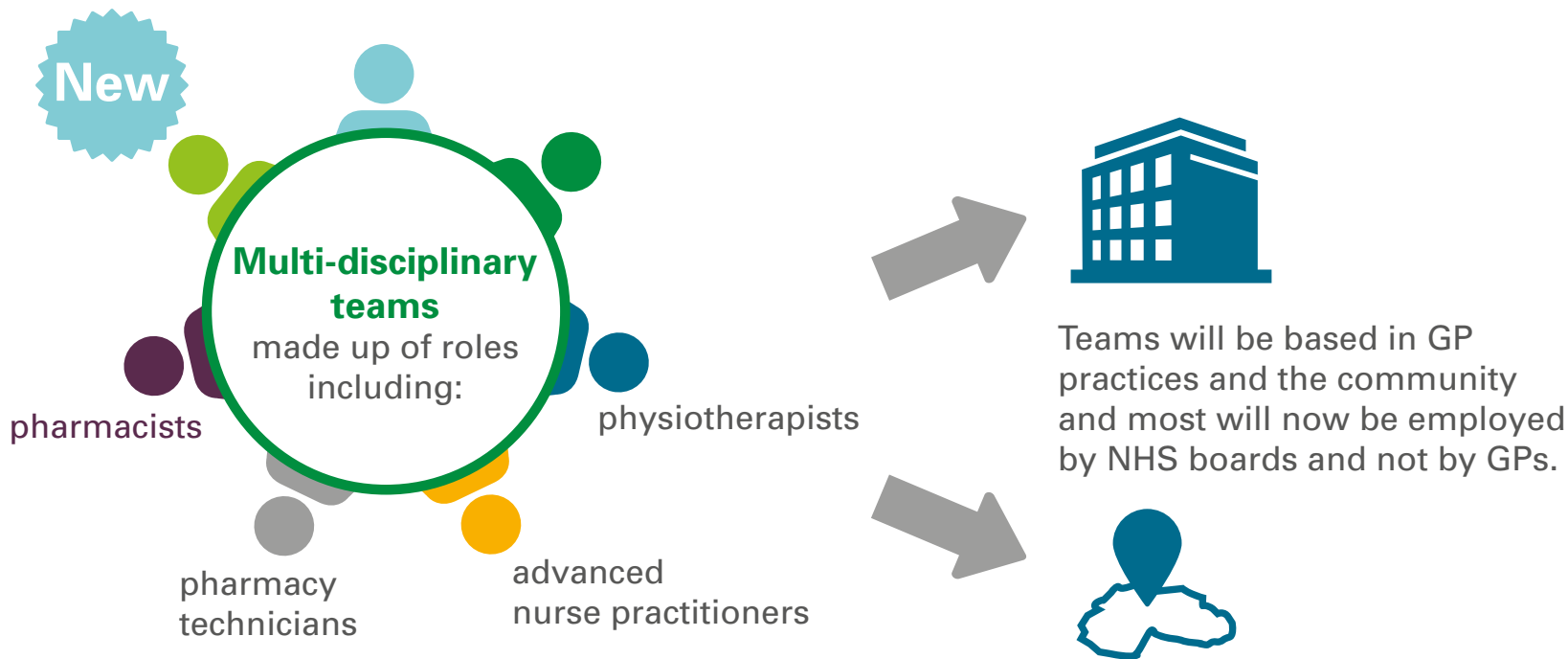
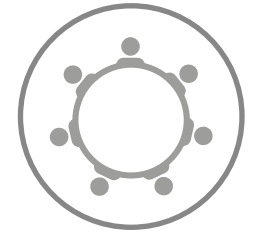
Central to the development of the new contract are the **4 Cs of primary care**:

- Contact:** accessible care for individuals and communities.
- Comprehensiveness:** holistic care of people that includes physical and mental health.
- Continuity:** long-term continuity of care, supporting an effective, therapeutic relationships with patients.
- Coordination:** overseeing care provided by an expanded multi-disciplinary team.

The new contract aims to create an environment that supports the GP to fulfil these principles.

# Workload pressures

The contract includes plans to expand the multi-disciplinary workforce in primary care so they can work alongside GPs to share the delivery of care



**The Scottish Government commitment:**

Increase the number of GPs in Scotland by at least **800** over the next decade.

It is intended that these changes will help to reduce GP workload and allow the GP to focus on their role, improve patient outcomes, community health and practice sustainability.



# Improvements to primary care services



## The new contract is part of the Scottish Government's plans to transform primary care services through a programme of reform

A number of primary care services have been prioritised for reform by the Scottish Government. The primary aim is to increase multi-disciplinary team working and improve access to care and treatment at the right time, with the right person and closer to home. Some of these redesigned services may be in the community and no longer within GP practices. It is intended that this will help reduce the practice workload. The new services will become the responsibility of NHS boards.

The six priorities for services redesign are:



### vaccination services



### pharmacy and prescribing services

Including: prescribing; repeat prescriptions and medication reviews.



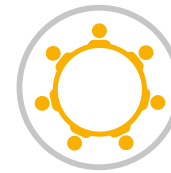
### community treatment and care services

Including: minor injuries; phlebotomy; chronic disease monitoring.



### urgent care services

Including: advanced practitioners, nurses, paramedics; home visits and unscheduled care.



### additional roles as part of multi-disciplinary team

Creating roles including community mental health professionals and physiotherapists to see patients as a first point of contact.




### community link workers

They will help patients navigate and engage with wider services.

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