



# General Practice in P&K / Tayside OVERVIEW

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# Geographical Distribution

Angus = 16 GP Practices

63 Practices

GP Practice

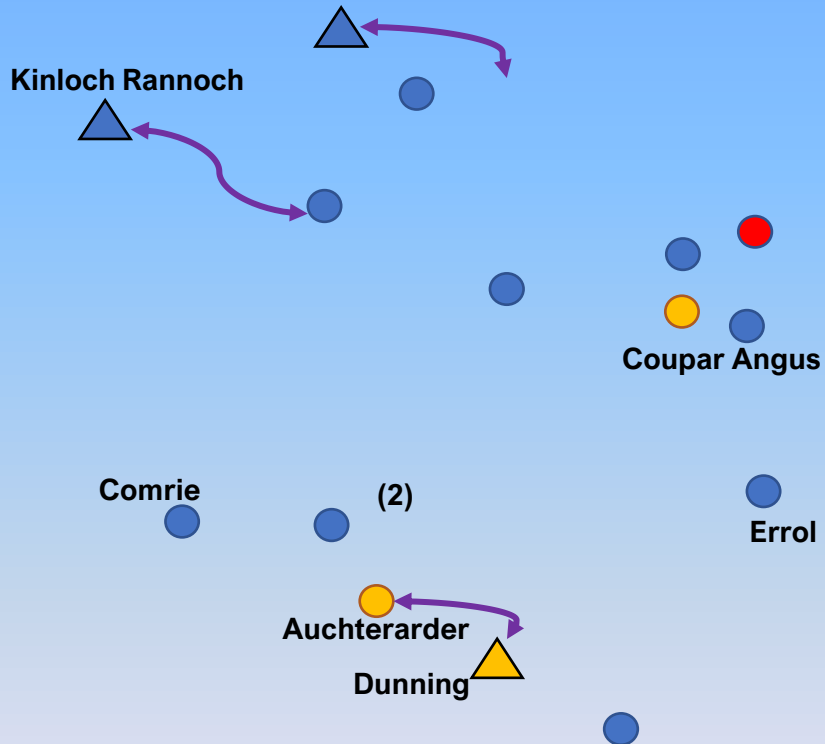
P&K = 23 GP Practices

Dundee= 23 GP Practices

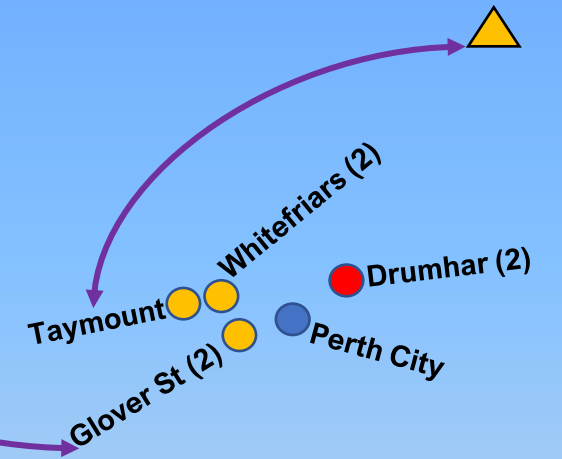


# Existing Premises and their Status

## RURAL PERTHSHIRE



## PERTH CITY



- Leased
- GP owned
- NHST owned
- Branch surgery
- Main Surgery

# Independent Contractor Status

- GP's have independent contractor since the NHS was established in 1948. A salaried service was devised for hospital consultants but essentially, GPs have been self-employed ever since.
- GPs are not directly employed by the NHS. GP principals (who usually work in partnerships and may themselves employ other, salaried, GPs) are contracted for the work that they do. They are free to undertake private work (such as providing insurance and legal reports) but the vast majority of their work is for the NHS.
- Therefore, GP principals are in the unique position of deriving the vast majority of their income (from which they will also have to pay for their expenses such as nursing and administrative staff) from one employer but being independent contractors.

# What is a GP Contract?

There are three different types of general practice:

- **GMS (17J)** - GP run General Medical Services (GMS) contracted practices (also known as 17J practices);
  - **17C** - GP run locally negotiated contracted practices (also known as 17C practices); and
  - **2C** - NHS Board run practices (also known as 2C practices).
- 
- agree the geographical or population area the practice will cover and require the practice to maintain a list of patients for the area
  - establish the essential medical services a general practice must provide to its patients
  - In addition to these core arrangements, a general practice contract also contains a number of optional agreements for services that a practice might enter into, usually in return for additional payment

• **Directed Enhanced Services (DES)** - services which NHS Boards must ensure are provided for patients within their area; *e.g. vaccinations, minor surgery etc*

• **National Enhanced Services (NES)** - services which NHS Boards may seek to commission within their area; *e.g. IUCD, Near patient testing*

• **Local Enhanced Services (LES)** - services which are commissioned by NHS Boards and are locally negotiated; *e.g. Alcohol screening, diabetes, subdermal contraception*

The National Health Service (Scotland) Act 1978 (amended 2004) places a duty on **NHS Boards** to provide or secure 'primary medical services' for their populations.

NHST: Administrative,  
contracting, and  
professional advisory  
functions

NHST Primary Care  
Services

P&K  
GP  
Practices

Primary Care  
Hosting  
arrangement  
– Angus IJB

Geographical  
– P&K

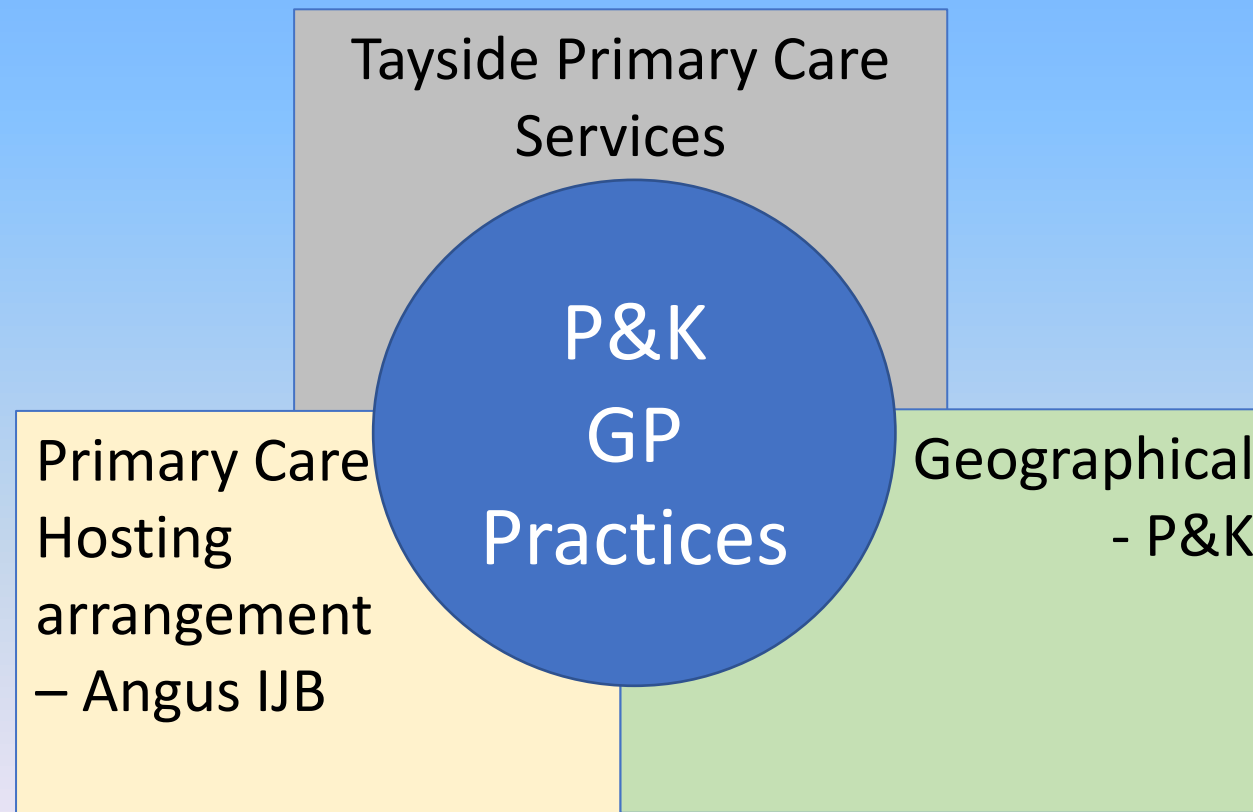
Delegated Integrated Functions with  
Angus as Lead Partner responsible for  
“**Strategic co-ordination in  
relation to Primary care  
services**” (excluding the NHS Board  
retained functions)

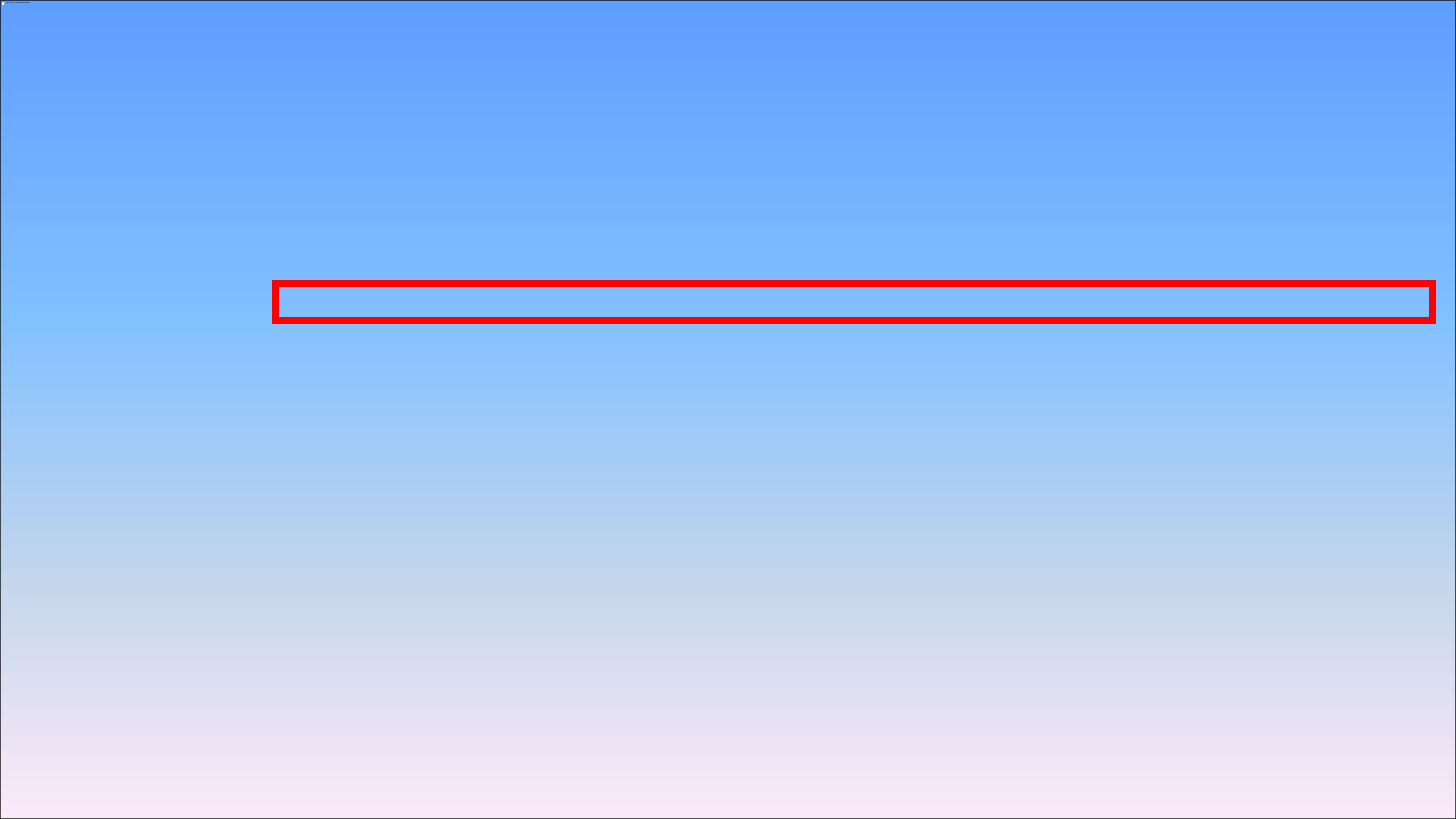
- Primary Care Improvement Plans.
- Funding Allocated to HSCP's



### Relevant Independent Review of Adult Social Care Recommendations

Recommendation 17: Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and ***to remove the current confusion about where responsibility for primary care sits.***








## Tayside GP practices – Current Status

	ANGUS
1	Arbroath Medical Centre
2	Abbey Health Centre, Arbroath
3	East Practice, Springfield Medical, Arbroath
4	West Practice, Springfield Medical, Arbroath
5	Brechin Medical Practice
6	Carnoustie Medical Group
7	Edzell Health Centre
8	Ravenswood Surgery, Forfar
9	Academy Medical Centre, Forfar
10	Lour Road Group Practice, Forfar
11	Friockheim Health Centre
12	Kirriemuir Medical Practice
13	Monifieth Health Centre
14	Townhead Practice, Links Health Centre, Montrose
15	Castlegait Surgery, Links Health Centre, Montrose
16	Annat Bank Practice, Links Health Centre, Montrose

 17C Practice

 2C Practice

 Closed List

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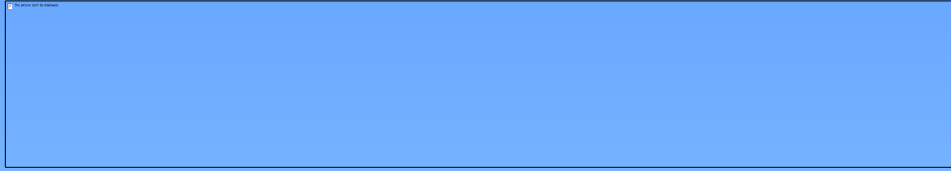
 17C Practice

 2C Practice

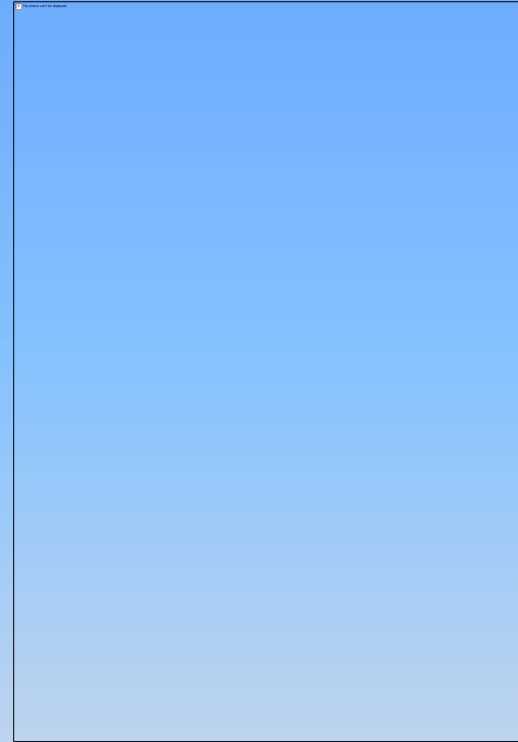
 Closed List

- 2C practices are historically much more expensive to run than GMS
- There are currently no 2C practices in P&K yet... P&K share (33.6%)





The volume and complexity of what is done in general practice has increased inexorably over the last two decades. The UK population is larger, older, more diverse, and more likely to seek professional help for their health concerns. Care that used to be delivered by disease specialists in hospitals, particularly for long-term conditions, is now delivered by primary care teams in the community. Advances in technology offer prevention, cure, and palliation, which was unavailable in the past.



**Increasing demands on general practice over the past five years – not just a heavier workload but the increasing complexity and intensity of work – have led to a feeling of crisis. The NHS is finding it difficult to recruit and retain sufficient GPs who want to do full-time, patient-facing work.**

Moving care closer to home means that many activities previously undertaken in secondary care are now done in primary care, but funding has not followed the patients. At the same time, more people report difficulty in accessing care and are less satisfied with their experience of using GP services.

# Drivers of Unsustainability

## ❖ Patient & Public expectations

- Aspiration for Continuity of Care
- Increasing expectations in changing '*rapid access*' society
- '*want*' perhaps rather than '*need*' driven (e.g. resistance to MDT access)
- increased accessibility (email, text, mobile, letter etc.)

## ❖ Workload demands

- GP workload has grown in volume, complexity and intensity
- Patient Report writing and financial / services return
- Complexity of medicine and prescribing
- Aging , growing & shifting population
- Lack of resilience capacity
- Increase in frail & elderly housebound patients

## ❖ Situational Factors

- backlog of work built up during lockdowns
- delivering Covid-19 vaccinations and boosters in the largest vaccination programme in history
- increased waiting lists for surgery meaning some people are living with untreated conditions and need ongoing and increasingly complex support from the General Practice team.

## ❖ Lease / premises liabilities and risk

## ❖ GP Factors

- Aging workforce
- Part-time working
- Travel and portfolio options
- Reduced attractiveness of general practice as a career due to all these factors

*“We ..... recognised the fundamental challenges faced by general practice, not least growing workload and increasing risk. “*

Shona Robson (Cabinet Secretary for Health)

Alan McDevitt (Chair, SGPC)

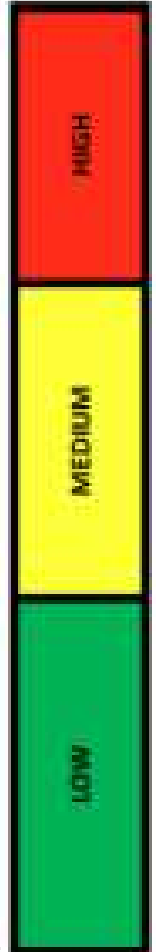
# P&K GP Sustainability Survey June 2021

- Adapted from 2015 Welsh framework
- 100% returns from P&K GP practices
- Additional return from Newburgh GP practice
- 2<sup>nd</sup> round of returns completed
- The framework involves applying a Red/Amber/Green (RAG) weighted score against the risk matrix criteria.

- |                                 |                                       |
|---------------------------------|---------------------------------------|
| • Number and age of GP partners | • Resilience to absence               |
| • Retirement plans              | • Number of sites e.g. branch surgery |
| • Vacancies                     | • Premises                            |
| • Level of GP cover             | • Organisational factors              |
| • Training practice             | • Financial stability                 |
| • Recruitment problems          |                                       |

Practice	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
A	10	20	25	30	31	41	46	51	61	71	76	86	96	106
B	5	6	16	26	27	37	42	47	57	67	72	82	83	93
C	10	20	30	35	40	50	55	60	65	75	76	86	87	88
D	10	20	21	22	23	33	38	43	53	58	59	69	79	80
E	1	11	21	26	27	28	33	34	35	45	50	55	65	75
F	1	11	21	31	32	33	38	43	48	58	63	64	74	75
G	1	11	21	26	27	37	38	39	40	50	51	61	71	72
H	10	20	21	22	23	33	38	43	44	54	55	56	66	67
I	10	20	25	30	31	41	46	47	52	62	63	64	65	66
J	1	11	21	26	27	28	29	30	31	36	41	46	56	66
K	1	6	16	26	31	41	46	51	52	53	54	55	65	66
L	10	20	25	26	27	37	42	47	48	53	54	55	65	66
M	5	15	25	30	35	36	37	42	43	48	49	50	51	61
N	10	20	25	26	27	37	42	47	48	53	54	59	60	61
O	10	20	21	26	26	27	32	33	34	44	45	50	51	52
P	1	6	11	12	13	14	19	20	21	26	27	28	38	48
Q	5	6	7	8	9	19	24	29	30	35	36	37	38	48
R	1	2	3	4	5	6	11	12	13	23	24	25	35	45
S	1	6	11	12	13	14	15	16	21	31	32	33	43	44
T	5	10	11	16	17	18	23	28	29	34	35	40	41	42
U	1	2	3	4	5	15	20	25	26	31	32	33	34	35
V	1	11	16	17	18	19	20	21	22	27	28	29	30	31
W	1	6	7	12	13	14	19	20	21	26	27	28	29	30
X	5	6	7	8	9	10	11	12	13	15	20	21	22	23

RISK



The outcome of the risk assessment matrix score has been set as follows:

- ❖ High risk of unsustainability = **70+**
- ❖ Medium risk of unsustainability = **50 - 69**
- ❖ Low risk of unsustainability = **<50**



# KEY FINDINGS / OBSERVATIONS

- One-third of practices identified as being at HIGH RISK of being unsustainable
- One-third of practices identified as being at MEDIUM RISK of being unsustainable
- 20% of the GP Partner workforce over the age of 55 years
- 10-15% of GP partners likely to retire within the next 2 years
- 13 Practices have experienced difficulties recruiting GP's in the last two years. (rural practices >>Perth City)
- At the time of the survey, there were 7 Practices (30%) with one or more vacant GP posts



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