

A Who's Who and a What's What of Primary Care for Secondary Care

HSCP

2016 The Health and Social Care partnerships (HSCPs) went live enacting the 2014 Scottish legislation to integrate these services. Current directors are Soumen Sengupta – South, & Ross McGuffie- North. Responsibility of the HSCPs is vast, not only cover all adult and social care community-based health services (including children's health services but include elements of adult hospital care.) The full list of North and south is detailed here; <https://www.southlanarkshire.gov.uk/slhscp/info/3/services>

Primary Care

Collective term for healthcare provided in the community by GP's and/or other health professionals whom you can access directly and usually self-refer. It is estimated that 90% of all healthcare is provided in the community by Primary Care. South HSCP have lead responsibility for primary care across the whole of Lanarkshire. Primary care, in this context includes, dentistry, community pharmacy, optometry, OOH service, as well as GP practices.

GPs

GPs can be salaried or contracted. All GP practices in Lanarkshire are contracted, none are run by the health board, and this is different from other health boards most of whom have at least a few directly run practices.

GP practices receive funding to run the practice, once all the staff (clinician and administrative) and bills are paid, what is left is split amongst the partners as drawings. Practices are responsible for the recruitment, employment and pay of all their staff. Contractors also pay both their own employee and employer superannuation.

The most recent GP contract “nGMS2018” is different from England. Much of what you read and hear in national press related to NHS England i.e. we do not have CQC (clinical commissioning groups).

Sections of previous contracts still in place are:

- **Essential services:** Under the terms of the new GMS contract, practices must provide certain Essential services to patients. Definition of essential, additional and enhanced services can be found at <https://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Glossary/>
- **Additional services:** In addition to essential services, practices can also provide what are termed Additional services. Practices can give notice of their intent to opt out of providing any additional service. Opting out results in having a portion of their potential income deducted. Additional services are currently cervical screening, contraceptive services (not IUCDs) child health surveillance, maternity services, OOH, some minor surgery (joint injections) and vaccination services
- **Enhanced Services.** Practices can opt in to do these.
- **Local Enhanced Services (LES)** - Services which are commissioned by Health Boards and are *locally negotiated*. They are intended to be services provided in response to specific local needs. E.g. NHSL has LES in relation to care homes.
- **National Enhanced Services (NES)** – Services which Health Boards *may* seek to commission within their area, e.g. NHSL has a Challenging patient NES for those too violent to be managed in GP practices

key points of nGMS is the clarity of the GP status as *Expert medical generalists* and the removal from practices of the following work streams; phlebotomy, community treatment and care, urgent care assessment, pharmacy.

Previous GP contract instated the “QOF” essentially targets for chronic disease management – nGMS removed this. Practices are expected to undertake clinically appropriate chronic disease management rather than prescriptive targets.

Patient Complaints in relation to care within those Practices is to be addressed in the first instance to the individual GP partnership – with SPSO as second line. Contractual issues are through Primary Care office and MD. Registrant compliance apply to all registrants.

GP practices

Are independent business. A single GP or group of GPs (Partners) enter into a nationally negotiated contract to provide General Medical Services (GMS) with their local health board. They work from premises that they may own or rent. Management of the practice and adherence to the contract is the responsibility of the GP partners; they employ a team to support them. This team may include, in various numbers:

- Admin support; practice managers, reception staff
- Nursing support; practice nurses (GPPNs) usually responsible for management of chronic diseases; smear taking, contraception management.
- “ANP’s”- term applied within practices for nurses the GP partners have decided are able to work on a more autonomous level. The understanding of the competencies, support and qualifications of such staff was variable and originally poorly understood – this is improving but there is no formal agreement on standardisation of this term in independent practice. This is in contrast to very formal and advanced framework in place for staff employed by HSCP to deliver the nGMS.
- Pharmacists – some practices may have employed pharmacists to manage medication roles.
- Salaried GPs – a GP employed by the partners and contracted to perform roles for them to support their delivery of the partnership contract.

These staff are all employed by practices. Their remit is to follow the instruction of their employers, who will in turn be working within their defined contract.

Over the coming years, practices will have increasing numbers of PCIP (primary care improvement Plan) staff working within them but employed by the HSCP. Currently all practices have some degree of PCIP pharmacy support. A small number of ANPs are working for NHSL in OOH and a few GP practices. There is an active recruitment and training plan for these staff. Other PCIP staff include community link workers. Similarly, but employed by HSCP under section 22 (via Action 15 monies) are practice mental health nurses. These staff have their professional leadership within the HSCP.

Locality management structures-

There are 10 localities in Lanarkshire and each with a locality manager, a service manager, a lead nurse, pharmacy leads and a locality lead GP. See Box1 for current medical leadership team.

Community services

Includes nurses of varying grades including phlebotomy and CSW, physiotherapists and occupational therapists, speech and language. One point of contact to refer. Teams cover

a geographical area so work with a number of practices. Provide services to those unable to attend the treatment room, as well as contribute to Palliative care and end of life care.

Treatment rooms

Run and managed by the health board. Provide phlebotomy, suture/ staple removal, wound management and dressings. Also administer injections. Patients make their own appointments. There is also peripatetic phlebotomy in some practices, particularly in those areas not currently covered by HSCP treatment room services.

GP Clusters

Each practice has a GP who is the practice quality lead. The PQLs meet as a group with geographically local practices forming the cluster, led by a CQL (cluster quality lead), who is one of the GPs and is nominated by the cluster to speak for them and co-ordinate cluster quality activities. Priorities are determined by the practices; they decide what quality areas to look at that affect their area with the ideal of then influencing wider service provision for patients in their area. Clusters vary in size, but might cover circa 15k-40k patients.

GPsub

The GP Sub-Committee is a professional clinical advisory committee to the board. It is a sub-committee of the Area Medical Committee. Members advise the board on matters related to and affecting General Practice and their patients. In Lanarkshire, this committee's membership is the same as that of the LMC.

LMC

Local Medical Committee is a group of around 21 locally elected GPs. Most are geographically elected with additional members being co-opted for specialist expertise such as sessional representation. The LMC is effectively a trade association and has strong links with the BMA. The LMC advise and negotiate on behalf of GPs and practices with the board on matters specifically pertaining to contractual elements of the GP Contract. They also provide advice and support to GPs. Their secretary is Tyra Smith and Chair Keith McIntyre.

North HSCP	South HSCP –
Lucy Munro Medical Director	Linda Findlay Medical Director
Mark Russell. Associate Medical Director	Sharon Russell. Associate Medical Director
Wilma Hogg Bellshill locality lead GP	Hamilton locality lead GP; Sharon Russell
Saurabh Kumar Wishaw locality Lead GP	Iain Hathorn CD in Primary Care Clydesdale Locality Lead GP, also Care Homes responsibilities and OOH Services
Claire Doran Airdrie locality Lead GP	Camglen Locality Lead GP- Richard Watson
Pali Mahal CD Primary Care (Cumbernauld and North locality Lead GP plus education and lead cancer responsibilities)	East Kilbride locality lead GP - Catriona Nisbet

Eamonn Brankin CD in Primary Care (Coatbridge Locality Lead GP) AMD for Strategic Academic Liaison	
David Barr Motherwell Locality Lead GP, CD for Prison Medical Services	

Meet Regularly as Medical Leadership Group (MLG)