

Scotland – New Scotland Integrated Primary Care Initiative

Workshop Report

Royal Society of Edinburgh 16th May, 2018



“Courage, compassion, and social justice – these values must guide our work. We have a shared passion to do good for the people that we deliver care to each day in our respective places”

[Mission statement from the inaugural meeting in Nova Scotia, September 2017]



The Scottish School of Primary Care

Background

Besides our shared history and culture, Scotland and Nova Scotia hold a shared set of values and goals for health and social advancement. In September 2017, a three-day programme was organized by the Faculty of Health, in collaboration with the Faculty of Medicine, Dalhousie University, the Nova Scotia Health Authority and the Nova Scotia Department of Health and Wellness, attended by the Deputy Chief Medical Officer for Scotland, and the Director and Deputy Director of the Scottish School of Primary Care (SSPC). A range of meetings were held for knowledge sharing and relationship building, and from these, common broad areas of policy and practice were identified where collaborative research, training and other initiatives could be of mutual future benefit. A report of the meeting is available (www.sspc.ac.uk).

Scotland 2018

In May 2018, the SSPC hosted a reciprocal programme of meetings in Edinburgh, which included a half-day workshop that aimed to build on the general ideas that emerged from the first meeting, and to identify and rank the most important specific topics for future collaboration between Scotland and Nova Scotia. Our guests from Nova Scotia were:

- Professor Renee Lyons, Professor Emeritus FH; Senior Scientist, Emeritus, Lunenfeld-Tanenbaum Research Institute, Sinai Health System; Professor (Status) Dalla Lana School of Public Health & Institute of Health Policy, Management & Evaluation, University of Toronto
- Dr Tara Sampalli, Director, Research and Innovation, Primary Health Care & Chronic Disease Management, Nova Scotia Health Authority & Assistant Professor, Medical Informatics, Dalhousie University
- Dr Crystal Todd, Chief of Family Practice, Western Zone, Nova Scotia Health Authority
- Erin Christian, Implementation Director, Primary Health Care, Nova Scotia Health Authority

The Scotland Nova Scotia Workshop organised by SSPC

A wide range of stakeholders were invited to the workshop, from the Scottish Government, the Royal College of General Practitioners (Scotland), the British Medical Association, the NHS in Scotland, and academics from HEIs both within and out-with SSPC. Sixteen people attended, including our four guests from Canada (appendix 1). The meeting was held at the Royal Society of Edinburgh. Informal introductions were made over lunch, and the workshop was opened by Professor Stewart Mercer, Director of SSPC, who explained the background to the initiative and the aim and format of the afternoon. The slides are shown in appendix 2.

The approach was based on the Nominal Group Technique [1], which is a consensus method aimed at idea-generation, problem-solving or determining priorities. Traditionally using four key stages: silent generation, round robin, clarification and voting (ranking or rating), the NGT is a highly structured face-to-face group interaction, allowing individual views to be heard and considered by other members. In relation to the very experienced group of researchers, policy makers and clinicians attending the meeting to explore the priorities and opportunities of collaboration in relation to primary care, the technique was modified so that the stages were:

-  Silent individual generation of ideas

- ✚ Time limited small roundtable discussion and clarification of the ideas raised
- ✚ Each table group explained ideas to the larger group in turn; where there was sufficient overlap these were collapsed into one topic and a combined list generated
- ✚ Of the many ideas generated, each individual anonymously chose 5 which in their view were highest ranking in relation to priority and feasibility. They then score them from 5 (most important and feasible) to 1 (slightly less important or less feasible)
- ✚ Scores were collated and viewed by the whole group so that the spread of scores could be seen e.g. a topic may score 30 points by scoring 2 points from 15 individuals or by scoring 5 points from 6 individuals.
- ✚ The top 5 ranked subjects were then discussed for potential to move forward into projects by the whole group

The top five specific topics for future collaboration between Scotland Nova Scotia, in order of priority, were:

1. **Premature multimorbidity and polypharmacy** (36 votes)
2. **Recruitment and retention of the primary care workforce** (21 votes)
3. **The most effective and cost-effective primary care and general practice models** (16 votes)
4. **The optimum multidisciplinary team** (15 votes)
5. **High level system data** (14 votes)

Although there was a general agreement in the discussions about the importance of ageing and frailty, and thus multimorbidity in general, it was the theme of **premature multimorbidity** (i.e., multimorbidity in the under 65 year old age group) and the associated polypharmacy (and other issues) that was voted the top issue for meaningful future collaboration. This is probably because both jurisdictions have wide health inequalities, with multimorbidity disproportionately affecting the more deprived areas at a younger age. This has implications not just for integrated primary care, but also for roles and responsibilities, relationships within families, employment, and income of those affected.

Recruitment and retention of the workforce is a key issue in both places, with fewer young doctors entering general practice, and older GPs deciding to take early retirement. There are now serious GP shortages across both jurisdictions, more marked in remote and rural areas. A workforce crisis in both settings is emerging. This is also an issue beyond GPs, and includes other key members of the primary care team such as the practice nurse.

It is perhaps unsurprising, given the workforce crisis, and the growing needs of the multimorbid populations, that the third top issue was the **best model of primary care** in terms of effectiveness and cost-effectiveness, and in both jurisdictions many new models of care are being tested.

Related to this was need to research the **optimum multidisciplinary team** composition, in order to provide high quality, integrated health and social care.

Finally, the fifth top issue was the need for **high level system data** to support the transformation of primary care and evaluate innovations and effectiveness.

The other topics generated in order of votes (shown in brackets) were:

6. Interventions to change pattern of health service use (12)
7. Patient/carer journey/trajectory (10)
8. Engaging 'easy to ignore' patients (10)
9. Defining care needs (7)
10. Health Literacy (7)
11. Deprivation medicine curriculum(6)
12. Integrating research into practice and vice versa (5)
13. Primary care accountability to service users (5)
14. Role of primary care in prevention (4)
15. Variation in practice (4)
16. Staff outcomes survey (3)
17. Understanding of cultural views on research (2)
18. Have primary care changes had effect on governance (2)
19. Leadership training (2)

The feedback from the meeting was very positive, and participants felt that there was now a key set of top issues that could be targeted for future funding and comparative research. We look forward to taking the next steps with our Canadian partners in the Scotland-Nova Scotia Integrated Primary Care Initiative.

Professor Stewart Mercer, Director of the Scottish School of Primary Care

Professor John Gillies OBE, Deputy Director of the Scottish School of Primary Care

Dr Rhian Noble-Jones, SSPC Senior Researcher

Dr Bridie Fitzpatrick, SSPC programme Manager

Dr David Blane, Academic Fellow in General Practice.

[1]. Delbecq AL, van de Ven AH, Gustafson DH. Group techniques for program planning, a guide to nominal group and Delphi processes. Glenview, IL: Scott, Foresman and Company; 1975.

Appendix 1. Delegates

Prof Stewart Mercer	Director, Scottish School of Primary Care
Dr Crystal Todd	Department Head, Family Practice, Nova Scotia Health Authority
Dr Drummond Begg	GP Chair of Lothian LMC (BMA)
Dr Gill Hubbard	Head of Nursing Research, University of the Highlands and Islands
Dr John O'Dowd	Consultant Public Health
Dr Naureen Ahmad	Head of Primary Care Workforce, Scottish Government
Dr Tara Sampalli	Director of Research and Innovation, Primary Health Care & Chronic Disease Management, Nova Scotia Health Authority
Ms Erin Christian	Manager, Planning & Development, Primary Health Care, Nova Scotia Health Authority
Prof Derek Stewart	Professor of Pharmacy Practice, Robert Gordon University
Prof John Gillies	Deputy Director, Scottish School of Primary Care
Prof Kate O'Donnell	Professor of Primary Care Research and Development, University of Glasgow
Prof Margaret Maxwell	Director of NMAHP Research Unit, University of Stirling
Prof Renee Lyons	Professor Emeritus at Bridgepoint active healthcare
Facilitators	
Dr David Blane	Clinical Academic Fellow in General Practice
Dr Bridie Fitzpatrick	Programme Manager, Scottish School of Primary Care
Dr Rhian Noble-Jones	Senior Researcher, Scottish School of Primary Care

Appendix 2.



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