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### 2019 SSPC Annual Conference

#### ‘New roles for new goals—recent evidence on primary care transformation in Scotland’

The annual SSPC conference was held at the Royal Society of Edinburgh on 28<sup>th</sup> May and attracted 80 delegates from across Scotland. Delegates came from a variety of backgrounds—academics, GP cluster leads, Scottish Government, HIS and others

The conference was opened by Dr Malcolm Wright, newly appointed Director-General for Health and Social Care and Chief Executive of the NHS in Scotland. He gave a short talk on Primary Care Reform—the story so far, and addressed some searching questions from the audience. Dr Gregor Smith, Deputy Chief Medical officer closed the day by chairing a panel of researchers and senior primary care leaders across Scotland.

The conference was the culmination of three years of work by the SSPC core team and almost 40 researchers, led by senior academics working in four Universities on the evaluation of Primary Care Transformation. The evaluation included over 300 qualitative interviews across Scotland, as well as literature reviews and document reviews.

There were presentations and lively workshops on this national evaluation of primary care transformation in Scotland, the separate evaluation of pharmacy teams in general practice by the Scottish Schools of Pharmacy and the 2018 Scottish national GP survey on workload, job satisfaction and GP cluster functioning.

(See article on page 3)

Conference presentations are available on the SSPC website <http://www.sspc.ac.uk/presentations/>



## Editorial

*This newsletter gives details of the SSPC evaluation of the Primary Care Transformation Fund and Primary Care Fund for Mental Health, completed earlier this year, and our national GP survey of work satisfaction and baseline data on GP Clusters. Both of these large pieces of work were presented at our successful SSPC conference in May.*

*The school has expanded recently to include new members—Strathclyde University, RGU, and the University of the Highlands and Islands. With the Nursing, Midwifery and Allied Health Professions Unit at Stirling University and the five Scottish medical schools, our membership now fully reflects the multidisciplinary world of primary care and the geographically dispersed population of Scotland.*

*The SSPC Executive committee, which includes representation from all members, has been considering future directions and functions for the organisation. It was agreed that we should continue our strategic focus on middle ground research<sup>1,2</sup> but in addition will focus on academic careers in primary care, including teaching and education. This includes, but is not limited to, medical education at undergraduate level.*

*Finally, we are delighted to report that the Scottish Government has awarded ongoing funding for the school to cover core costs. We hope to supplement this core funding with additional funding streams to enable us to build on our successes and deliver our vision for primary care in Scotland.*

Stewart Mercer, Director

John Gillies, Deputy Director

1. Guthrie B, Gillies J, Calderwood C, Smith G, Mercer S. Developing middle-ground research to support primary care transformation. *Br J Gen Pract.* 2017 Nov;67(664):498-499.

2. Mercer S, Gillies J, Calderwood C, Smith G. A New Kind of Research. *InnovAIT.* 2018; 11(9), 495-499



Professor Stewart Mercer  
SSPC Director



Professor John Gillies  
SSPC Deputy Director

## Briefing Papers

Four new briefing papers for GP clusters have been published over the past few months.

- **Musculoskeletal Physiotherapy** by Barbara Nicholl & colleagues. This report summarises the key findings of the MSK Physiotherapy case study.
- **Advanced Nurse Practitioners** by Gaylor Hoskins & Heather Strachan looks at the findings of the ANP case study.
- **Evaluation of Primary Care Transformation** by Stewart Mercer. The SSPC was commissioned by the Scottish Government to carry out an independent evaluation of the new models of primary care being tested (test of change throughout Scotland) during 2016-18, the key findings of which are reported in this briefing.
- **Personalised care for people with type 2 diabetes** by Kevin Fernando and John Gillies.

Soon to be published additional briefing papers focus on Learning from the Deep End and on rural general practice.

## HCP-Med: MBChB for healthcare Professionals

September 2020 will see the first 25 entrants to Edinburgh University's new undergraduate medical degree programme (HCP-Med) which provides a unique route for experienced healthcare professionals to become doctors.

The 5-year programme aims to increase recruitment to general practice and to retain medical graduates in Scotland. Whilst emphasising teaching in general practice, HCP-Med will allow students to follow a career in any medical specialty.

### Key features of HCP-Med

Open to experienced healthcare professionals living and working in Scotland

- Curriculum and assessments mirror those of the main MBChB
- Years 1-3 are part-time (21 hours per week) and mainly online
- Years 1-3 involve a longitudinal placement in general practice
- Years 4 and 5 are completed with students on the main MBChB

HCP-Med opens for applications on 01/09/19. For more information, go to [www.Edin.ac/HCP-Med](http://www.Edin.ac/HCP-Med) or email [HCP.Med@ed.ac.uk](mailto:HCP.Med@ed.ac.uk)



## Success Stories

Congratulations to:

- ◆ Dr Peter Hanlon awarded MRC postdoctoral fellowship
- ◆ Dr Marianne Macallum awarded CSO postdoctoral fellowship
- ◆ Dr Clare Carolan GP awarded PhD
- ◆ Dr David Navarro NES Academic Fellowship awarded a Melville Trust PhD studentship
- ◆ Dr David Blane appointed as clinical research fellow in General Practice and Primary care, University of Glasgow
- ◆ Dr Bhautesh Jani, awarded a permanent Senior Lecturer post in General Practice and Primary Care, University of Glasgow

## 2019 NES GP Fellowships

Congratulations to:

<b>Neave Corcoran</b>	University of Glasgow
<b>Louisa Harding-Edgar</b>	University of Glasgow
<b>Hamish Foster</b>	University of Glasgow
<b>Johanna Reilly</b>	University of Edinburgh
<b>Katie Hawkins</b>	University of Edinburgh
<b>Peter Hodgins</b>	University of Edinburgh
<b>Karen Nicolson</b>	University of Dundee
<b>David Navarro</b>	University of St Andrews
<b>Rose Wood</b>	University of Aberdeen

## 2018 Scottish GP Survey

This national survey of GP job satisfaction was conducted and funded by SSPC in the latter half of 2018. The survey was designed to build on previous surveys conducted in Scotland and England, and used the same validated core questions. In addition, new items were added around views on the GP Clusters, and other aspects of the new GP Contract in Scotland.

Responses were received from 56% of GPs (representing 88% of Practices in Scotland), and the demographics of the respondents were largely representative of the national profile in terms of age, gender, practice deprivation, and practice rurality. Response rates varied across health boards from 47% to 74%.

In terms of the new GP contract, Cluster Quality Leads (CLQs) and Practice Quality Leads (PQLs) reported that cluster meeting were happening regularly, and were generally well organised, friendly, and well facilitated. The focus of the meeting were mainly on the intrinsic function of clusters rather than on extrinsic functions. In terms of support, most felt 'somewhat supported' (rather than 'fully' or 'almost fully' supported) in terms of data, analysis, health intelligence, QI methods, advice, leadership, and evaluation.

GPs as a whole felt well informed about their cluster, though generally did not feel that their own understanding of quality improvement nor the quality of care they provided had changed significantly to date.

For all GPs, job satisfaction was generally high (75% satisfied, 15% dissatisfied). However, 97% reported an increasing complexity of patients care needs, and increasing pressure from patient demand (74% 'considerable' or 'high' pressure), workload (79% considerable/high pressure), and insufficient time to 'do justice to the job (68% considerable/high pressure). Almost 90% agreed that the workload was very intensive.

In terms of retention, 66% of GPs under 55 years of age were considering reducing their hours, and 35% were considering leaving medical work altogether, in the next five years. However, on a more positive note, 83% felt their job was interesting, and 74% would recommend it as a career for junior doctors.

These findings will be published in the academic literature in due course, comparing trends with previous surveys and with comparable surveys in England. The slides of the presentation at the SSPC conference can be found here: [http://www.sspc.ac.uk/media/Media\\_655967\\_smxx.pdf](http://www.sspc.ac.uk/media/Media_655967_smxx.pdf)

## Increasing undergraduate education in primary care

This group was set up by Scottish Government Health Workforce Division in March 2018 to look at how Scottish medical schools might increase the amount of education delivered in primary care and general practice, reporting to the Board for Academic Medicine. It was chaired by Professor John Gillies and had a wide membership including Scottish Government, Heads of GP Teaching in medical schools, a representative of the Scottish Deans Medical Education Group, NES, RCGP Scotland, SGPC Health Board Directors of Medical Education and medical students. It looked at the challenges and facilitators for increasing education in primary care—physical infrastructure, digital issues, finance, GP educator capacity and others. It was supported by a review of Primary Care ACT by NHS Education Scotland chaired by Dr Geraldine Brennan.

The report highlights the importance of academic general practice leadership. This is essential so that students recognise the breadth and complexity of general practice care, and so that they become aware of and are stimulated by the complex intellectual challenges. The establishment of the short life group on academic training pathways in general practice in Scotland reporting to the Board for Academic Medicine later this year, under Professor Frank Sullivan as Chair, is an important parallel development to this group's report. It will be published within the next few weeks.

## Dr Rhian Noble-Jones



After the SSPC conference in May this year, Rhian moved to work for Swansea Bay University Health Board in Wales as a researcher funded by Tenovus Cancer Care and the Welsh Government. She continues as a lecturer at University of Glasgow and lives in Carlisle, so has some long commutes!

Rhian worked for SSPC from October 2016. She was an invaluable member of the team evaluating the Primary care Transformation Fund and Primary Care Fund for Mental Health. Her research skills were enormously helpful during this period, as were her skills at diplomacy and ability to write clearly and succinctly about the many complexities of this evaluation. We wish her all the best in her future career.

### Early Lung Cancer Detection Study (ECLS)

Pre-publication results from the Early Lung Cancer Detection Study (ECLS) will be presented by Frank Sullivan on 9<sup>th</sup> September at the World Conference on Lung Cancer. This large trial which recruited 12 208 people from areas of high socioeconomic deprivation was enabled by NRS Primary care and involved SSPC members from the Universities of Dundee, Glasgow, Aberdeen, Edinburgh and St Andrews, as well as colleagues in Nottingham and Toronto.

Of the 5,500 people in Scotland who develop lung cancer every year more than 4,000 will die within a year, mainly because more than 80% present with late stage disease. The study used a blood biomarker followed by Low dose CT imaging for those who test positive. It had sufficient power to detect a 35% reduction in late stage presentation of lung cancer over the 2 years after testing.

## Academic Training Pathway for General Practice in Scotland Short life Working Group

[http://www.sspc.ac.uk/media/media\\_645869\\_en.pdf](http://www.sspc.ac.uk/media/media_645869_en.pdf)

This group will report to the Board for Academic medicine on 4<sup>th</sup> September, building on the recent '*Undergraduate medical education in Scotland: enabling more teaching in general practice*' by John Gillies. The need for action in both cases is driven by Scottish Government policy to increase both clinical education in the community and the number of GPs as well as providing contributions to the evidence base underpinning transformations in clinical practice and health policy. The requirement for clearer pathways for colleagues to develop teaching and research skills across the country has never been more stark. The report's recommendations are being informed by a scoping literature review, focus groups and interviews with medical undergraduates, GPRs, and GPs: some more academic and some less academic. A wide range of colleagues in Universities, NES, the NHS more widely and overseas, have contributed freely to the ideas being considered. The final report will be widely distributed and its implementation will require contributions from many members of SSPC.

If there anything you would like to discuss with us, please email

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[www.sspc.ac.uk](http://www.sspc.ac.uk)

## SSPC Evaluation of the Primary Care Transformation Fund and Primary Care Fund for Mental Health

This work has been the main focus of the SSPC for the past three years.

In 2015, SG established a Primary Care Development Fund which included £30 million to test new models of care through the Primary Care Transformation Fund (PCTF) and the Primary Care Fund for Mental Health (PCFMH). Tests of change began in every territorial health Board in April 2016, funded until March 2018. The Scottish School of Primary Care was commissioned to evaluate the progress of these tests of change funded by the PCTF and PCFMH, plus any other innovative primary care projects identified that had the potential to be transformative. The overall aim was to 'tell the story of primary care transformation in Scotland' in terms of the tests of change that were being piloted over the period funded. The specific objectives of the evaluation were to:

- Identify the location and types of tests of change carried out across Scotland and their progress during the funding period (national scoping).
- Using a case study approach, conduct in-depth investigation (deep dives) of what was working well and why, in selected case sites (Health Boards) and across Scotland in two professional groups – Advanced Nurse Practitioners (ANPs) and Musculoskeletal (MSK) Physiotherapy.
- Integrate the findings from the case studies to inform the key overall learning relating to successful implementation.

There were 204 tests of change. It was striking that despite explicit direction to focus on health inequalities, only 10% did so, suggesting this is a challenge for primary care. Evaluation, key learning and recommendations are summarised on the SSPC website [http://www.sspc.ac.uk/media/media\\_645963\\_en.pdf](http://www.sspc.ac.uk/media/media_645963_en.pdf)

There are also detailed reports on each case study: Inverclyde, Advanced Nurse Practitioners, MSK Physiotherapy, NHS Lanarkshire, NHS Ayrshire and Arran, NHS Tayside, and NHS Highland, Orkney, Shetland and Western Isles. We are very grateful to our members for the substantial amount of high quality work that has gone into these reports.

From the key learning, the SSPC core team has also produced an SSPC Implementation Framework to provide support and guidance for those tasked with moving forward change in primary care in the future (page 28 on full report). This has the potential to be further developed into an interactive online tool.

### **Recommendations:**

- 1:** Primary care transformation should focus on a smaller number of larger projects, conducted over a longer period of time, with agreed goals and outcomes and sufficient support for robust evaluation.
- 2:** Role clarity, role support, governance, and clear communication channels are required as the primary care landscape becomes more complex. Strengthened support for collaborative leadership and multidisciplinary team working is required at all levels.
- 3:** Patient, carer, and community involvement is essential in the co-design of projects and service developments, rather than 'information campaigns' after the changes have been made.
- 4:** Further work is required on how primary care can best address, or mitigate the effects of, health inequalities. This should build on learning from the 'GPs at the Deep End', but include vulnerable groups living in less deprived areas.
- 5:** Rural proofing of health services should be considered as a systematic approach to ensure the needs of rural populations are considered in the planning and delivery of health services.
- 6:** The success of primary care transformation requires a step change in workforce planning, capacity, capability and leadership to address workforce and capability challenges across all clinical disciplines.
- 7:** A strategic, integrated approach to the evidence required to guide the ongoing transformation of primary care is required. Monitoring and evaluation should be accompanied by dedicated funding for high priority applied research in primary care in Scotland to fill the many evidence-gaps.
- 8:** Consideration should be given to a large-scale demonstrator digital primary care transformation project with clear co-designed and co-produced outcomes and rigorous evaluation.

Full details of all studies are on our website