

Transforming Scottish Primary Care

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Ken



The Surgery, Larkhall



The Choluteca Bridge

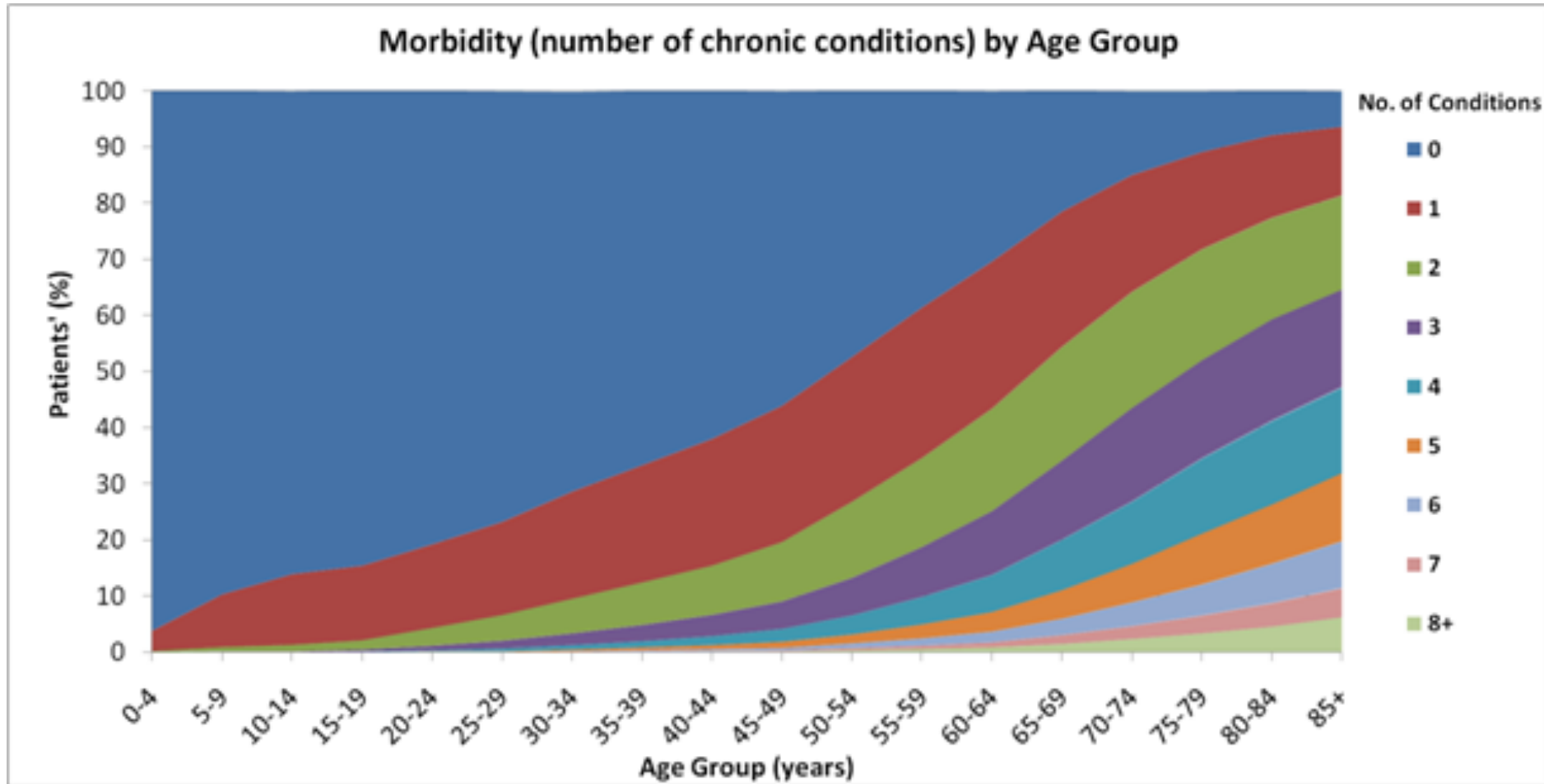


Transformation in Scottish Primary Care

National Clinical Strategy: a business case for change

- **the world is changing**
 - Increasing demand – persisting inequality, ageing population, more complexity
 - Changing supply - health and social care integration - localities
- **keeping people in the community is right thing to do**
 - Staying at home or homely setting is what people want
 - Investment in primary care is cost effective
- **the status quo is not sustainable**
 - The system is under growing pressure - GP workload – in hours, OOH
 - Not all about GPs. Right professional, right place, right time.
 - Health inequalities demand creative responses

Multimorbidity in Scotland



Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study

Karen Barnett, Stewart W Mercer, Michael Norbury, Graham Watt, Sally Wyke, Bruce Guthrie

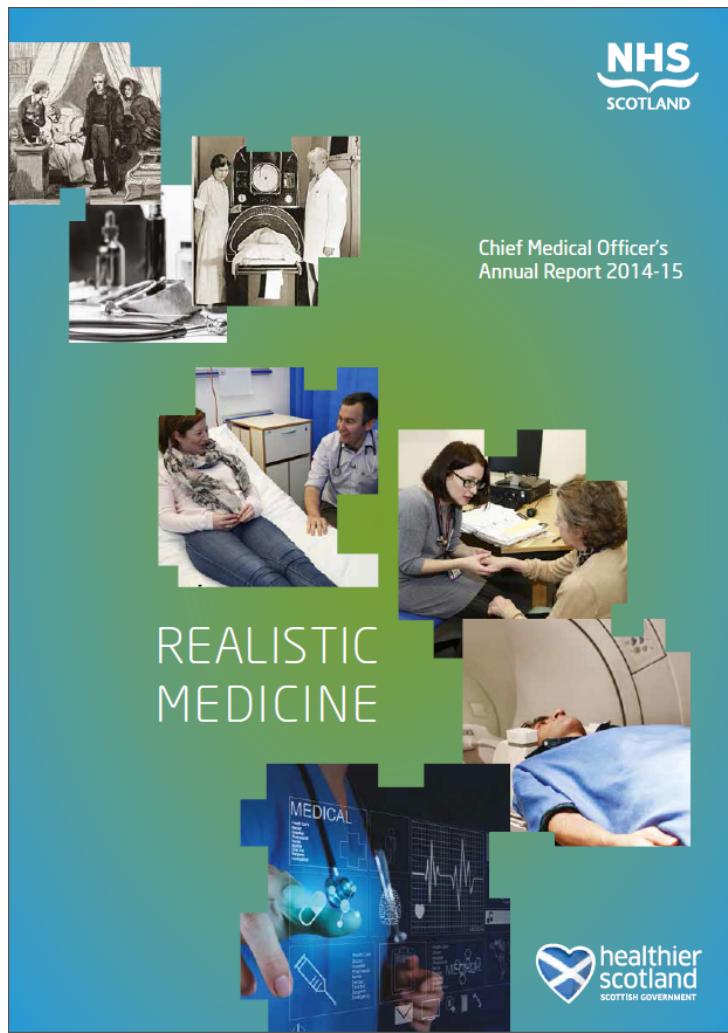
Lancet 2012; 380: 37–43

Transforming Primary Care

“My vision puts **primary and community care at the heart** of the healthcare system, with highly skilled **multidisciplinary teams** delivering care both **in and out of hours**, and a wide **range of services** that are tailored to each local area. That care will take place in **locality clusters**, and our primary care **professionals will be involved in the strategic planning** of our health services. The people who need healthcare will be more **empowered and informed** than ever, and will **take control of their own health**. They will be able to directly access the **right professional care at the right time**, and remain **at or near home** wherever possible.”

Shona Robison, Scottish Parliament, 15 December 2015

“We will transform primary care, delivering a new Community Health Service with a new GP contract, increased GP numbers and new multi-disciplinary community hubs.” SNP Manifesto, May 2016



REALISTIC MEDICINE

CAN WE:



CHANGE OUR STYLE TO
SHARED DECISION-MAKING?

BUILD A **PERSONALISED**
APPROACH TO CARE?



REDUCE HARM
AND WASTE?



REDUCE **UNNECESSARY**
VARIATION IN PRACTICE
AND OUTCOMES?

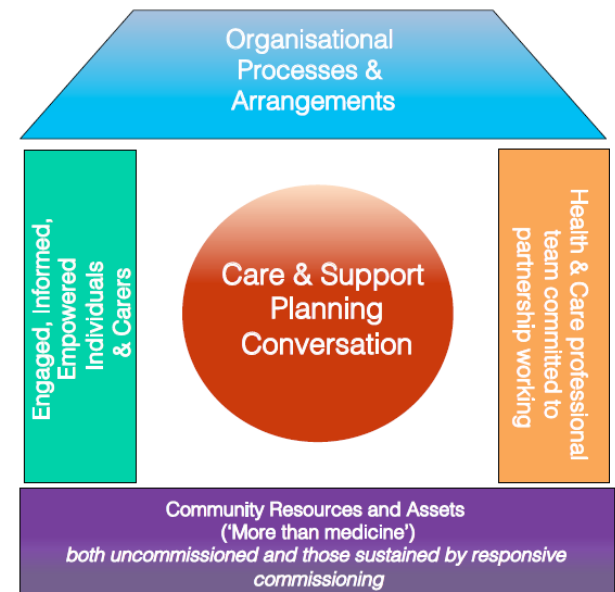
MANAGE RISK BETTER?



BECOME IMPROVERS
AND INNOVATORS?

Sharing Decision-making and Informing Consent: People and Professionals Combining their Expertise

- Leave behind “doctor knows best”
- Shared power and responsibility of decision-making
- Requires system and organisational change to promote required attitude, roles and skills
- House of care is useful representation:



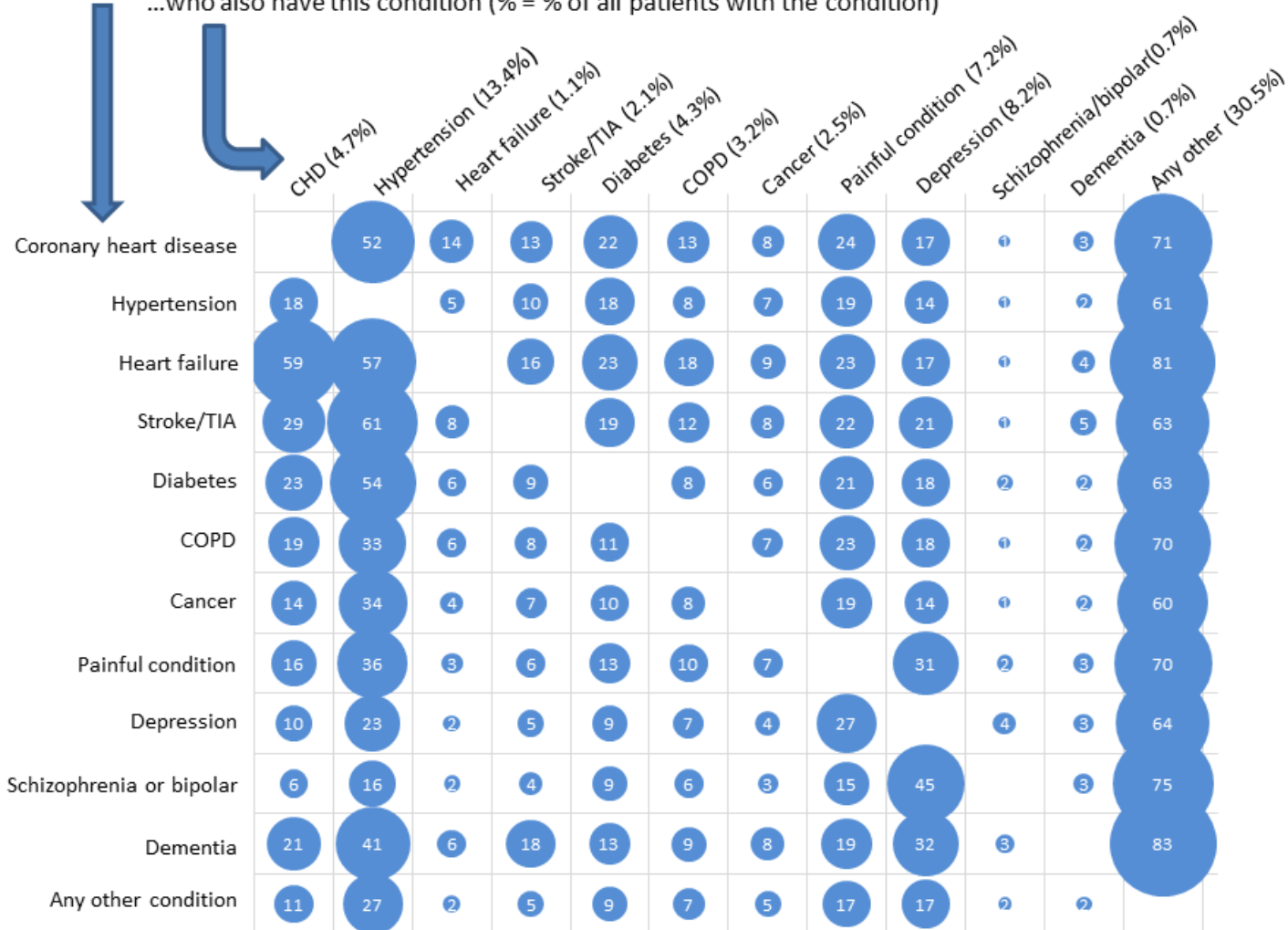
Scotland's House of Care

Transforming Primary Care

- **Supply side:** a multi-disciplinary team in every locality 24/7 – right professional, right place, right time - with sustainable general practice at its heart – GP as expert generalist.
- **Demand side:** increase in demand – quantity and quality/complexity. Require effective population health measures. Manage (down) population expectations? “worried well”

% of patients with this condition...

...who also have this condition (% = % of all patients with the condition)



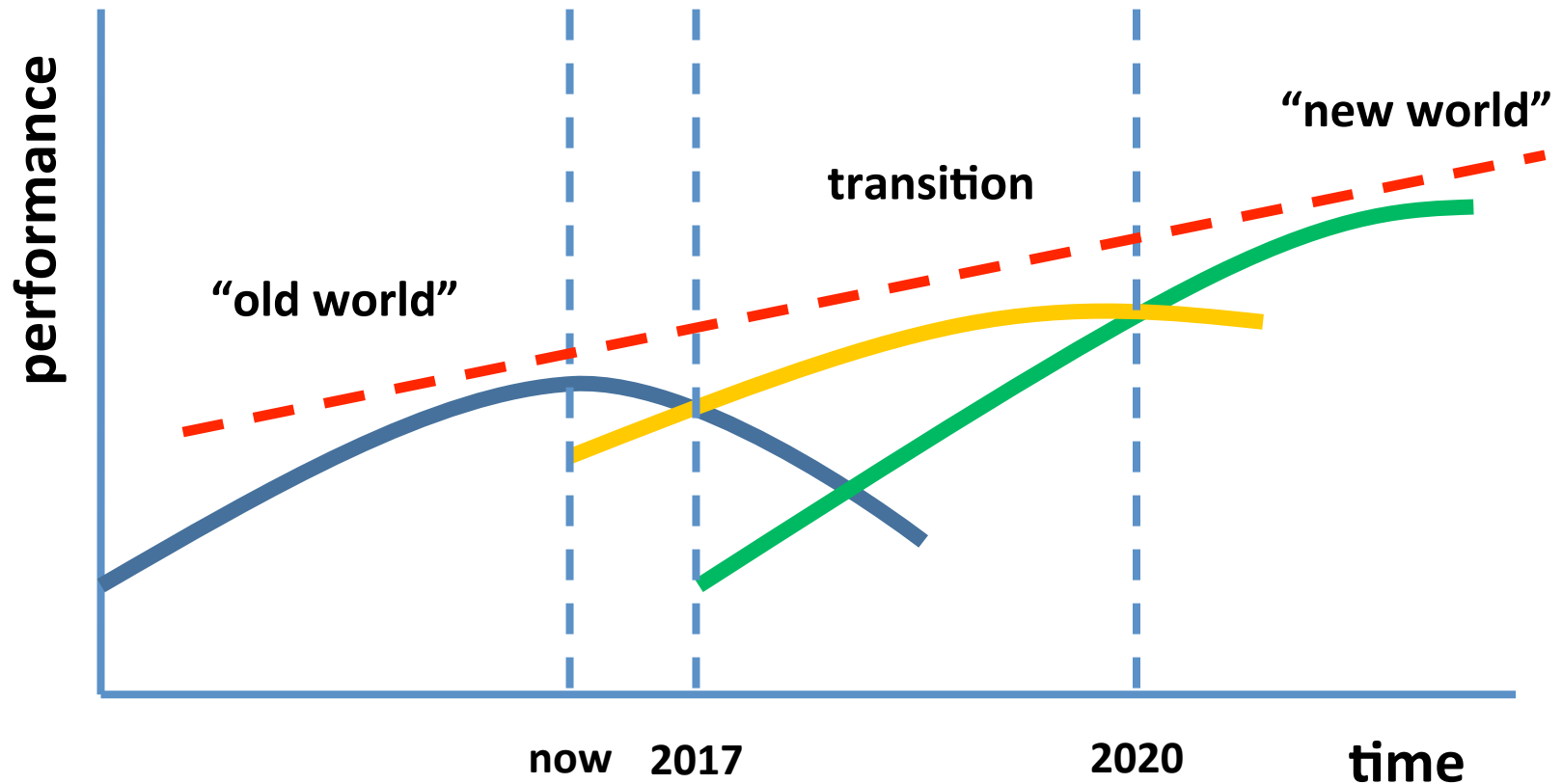
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Parity of Mental Health Services

- More mental health assessment and treatment at primary care level involving third sector.
- Specialist services used for specialist assessment and treatment.
- Better total health optimisation for chronic mental and physical disease.
- Better equipped public to self manage health.
- Delivers quality dimensions - timely, equitable, safe, effective, person-centred, efficient.

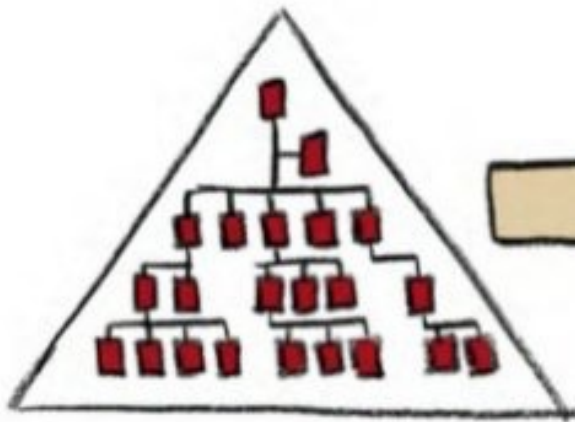
Transforming primary care



From a prescriptive contract to an enabling contract

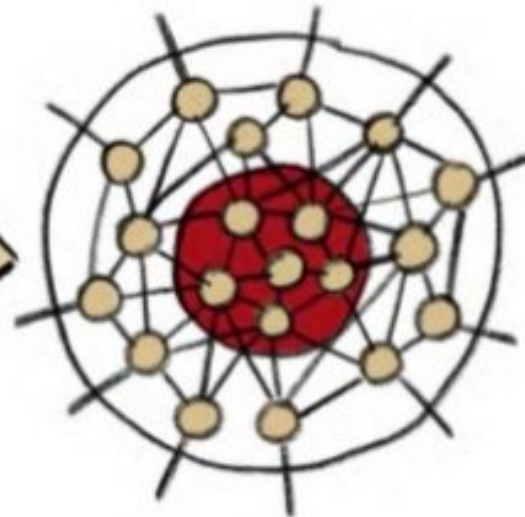
GP Clusters?

Industrial Age



Mechanistic, dead
Differentiated, individualizing
Work the people
Top-down, managed
In parallel, in line
Efficiency-oriented

Knowledge Age



Systemic, alive
Integrated, team-based
Work the work
Outside-in, led
With-each-other-for-each-other
Complexity-robust



“Quality after QOF”

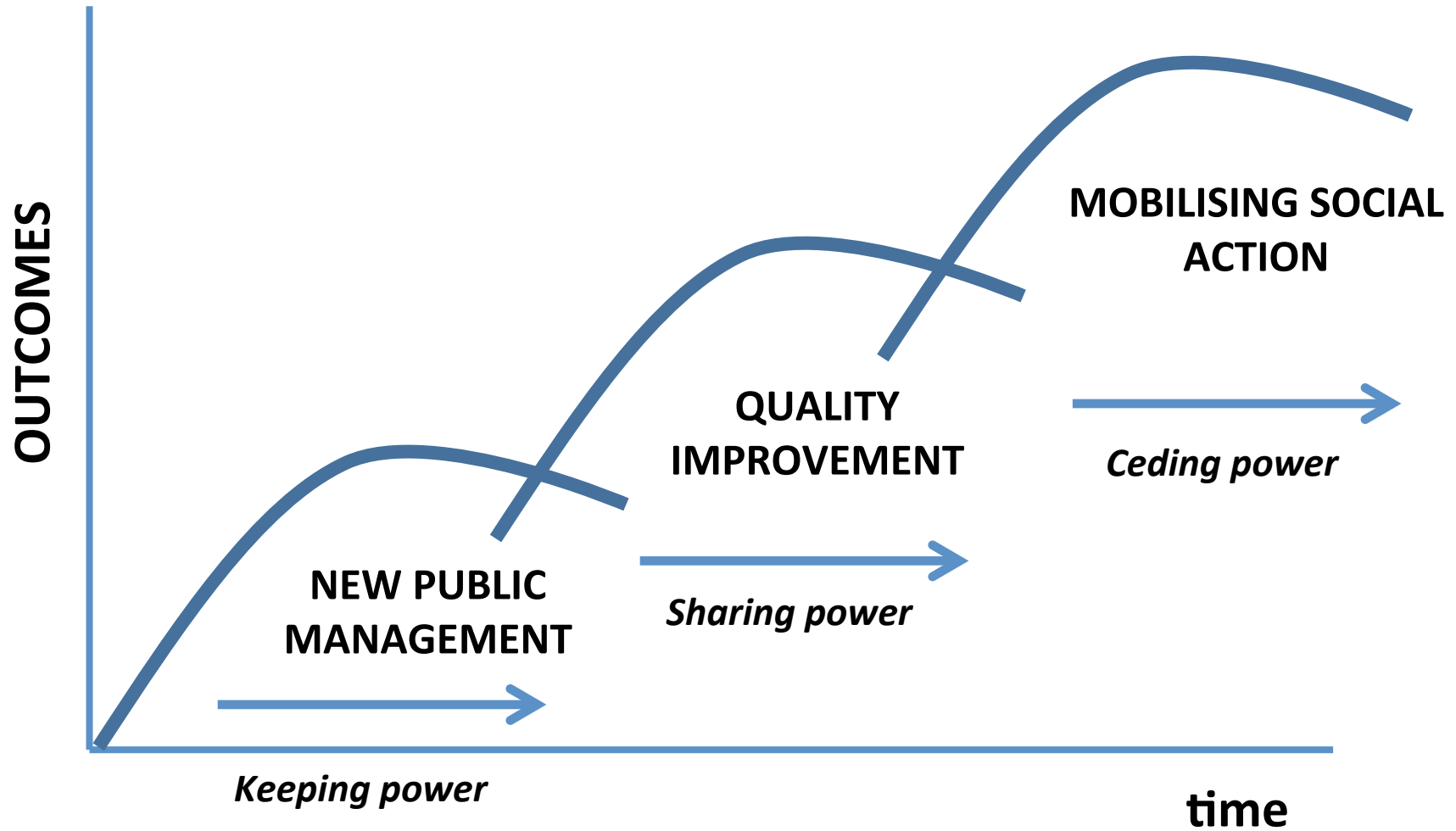
**A workshop hosted by the Scottish School of Primary
Care**

on 23rd March 2016

in the Royal Society of Edinburgh



Transforming primary care



I BEGAN TO REALIZE HOW IMPORTANT IT WAS
TO BE AN ENTHUSIAST IN LIFE. IF YOU
ARE INTERESTED IN SOMETHING, NO
MATTER WHAT IT IS, GO AT IT FULL SPEED.
EMBRACE IT WITH BOTH ARMS, HUG IT,
LOVE IT AND ABOVE ALL BECOME PASSIONATE
ABOUT IT. LUKEWARM IS NO GOOD.

-Roald Dahl



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