


# The future of primary care in Scotland: a view from the professions

**ahpf**  
scotland

**BDA**  
Scotland

 Community  
Pharmacy  
Scotland

  
optometry**scotland**

 **Qnis** THE QUEEN'S  
NURSING  
INSTITUTE  
SCOTLAND

 **RC  
GP** Royal College of  
General Practitioners  
**SCOTLAND**

 **Royal College  
of Nursing**  
Scotland

 **ROYAL  
PHARMACEUTICAL  
SOCIETY**  
Scotland

September 2016  
(updated May 2017)

# **The future of primary care in Scotland: a view from the professions**

## **Context**

Primary care services in Scotland are facing radical transformation – and change is clearly needed.

Every week sees headlines about too few health care professionals in some communities to deliver appropriate care; about people being admitted to hospital unnecessarily, or not getting out when they are ready, because of a lack of available support near home; and about too little money in community services to cope with demand as our population's health needs and expectations change. As professional organisations representing primary health care staff, we see from the frontline that the need for a new approach is urgent.

There is no shortage of effort to improve primary care in Scotland. The integration of health and social care should revolutionise how services are joined up to improve outcomes for people. The *National Review of Primary Care Out of Hours Services* proposes a new approach to delivering urgent care through multidisciplinary teams. The 2020 Vision still drives us to provide more care at home or in a homely setting, and this has been re-emphasised in *A National Clinical Strategy for Scotland* which, quite rightly, embeds primary care at the heart of reform. The transformation funds are distributing millions of pounds to tests of change across the country. The Chief Medical Officer's work on *Realistic Medicine* aspires to change primary care practice. A new GP contract is imminent. And many of our professions are in the midst of reviews to re-shape our respective workforces for the 21<sup>st</sup> century.

But when there are so many routes to improvement and sustainability, it is ever more important to ensure that we are all signed up to the same understanding of what we are trying to achieve. Without this, we risk fragmentation, misunderstanding and conflict.

So, as professional organisations representing clinical staff, we have come together to agree what we mean by 'primary care' and to set out shared principles which we believe should underpin the future for people in Scottish communities who need the support and expertise of generalist clinical staff. Between us we represent over 60,000 clinicians working across the length and breadth of Scotland. Together we are committed to working with the Scottish Government, with colleagues across health and social care, and with the public to turn this shared vision for the future of primary care into present-day reality. We hope this contribution will be helpful in shaping, and joining up, the many reforms which are underway.

## **What is primary care?**

Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.

Primary care is provided by generalist health professionals, working together in multidisciplinary and multiagency networks across sectors, with access to the expertise of specialist colleagues. All primary care professionals work flexibly using local knowledge, clinical expertise and a continuously supportive and enabling relationship with the person to make shared decisions about their care and help them to manage their own health and wellbeing.

Primary care is delivered 24 hours a day, 7 days a week. When people need urgent care out of core service hours, generalist primary care professionals provide support and advice which connects people to the services they need, in a crisis, in a timely way.

## **A vision for primary care in Scotland: 21 principles**

1. Primary care is generalist in nature. It focuses on the whole person across the complete life span, and not on any single health condition or part of the body. It encompasses both physical and mental health.
2. Primary care services are focused on supporting people to regain or maintain personal independence and wellbeing, on managing long-term conditions, or on enabling a peaceful and dignified death.
3. Primary care services are provided by a network of primary care professionals across the public, third and independent sectors. These networks are built around individuals' and families' health needs and desired outcomes.
4. Primary care services are easily accessible to everyone in every local community.
5. Primary care professionals are available at all times to provide co-ordinated, generalist care and support in communities. Outside of core service hours the focus of primary care professionals is on dealing with health issues which cannot wait until the full primary care network is available.
6. The full range of services available across the primary care network is informed by evidence, responsive to assessed population need and shaped by individuals and families within a locality.
7. The design, resourcing and delivery of primary care services recognises the needs of people whose lives are negatively affected by inequalities, isolation and/or the wider social determinants of health.
8. The design, resourcing and delivery of primary care services address the needs of a mobile population.

9. Primary care professionals use a mixture of clinical and social approaches to support people to achieve their identified outcomes, providing preventative support, treatment and ongoing care as required.
10. Primary care professionals optimise individual wellbeing and outcomes through building enabling relationships with people and focusing on continuity of care, supported self-management and asset-based approaches.
11. Within primary care networks, professionals work in partnership with each other and develop and maintain trusting and respectful relationships based on parity of esteem.
12. How professionals in these networks work together effectively to support an individual or family achieve their desired outcomes is more important than focusing on the buildings in which they are located.
13. All primary care professionals are trusted and enabled to work to the full scope of their competence, for the benefit of people in the local community.
14. Leadership for quality in primary care is the responsibility of all professions.
15. The co-ordination of care and support services for an individual or family is led by the professional most appropriate to their needs and desired outcomes at any given time.
16. Primary care professionals have direct and timely access to specialist advice and clinical decision-making support from acute, primary care and social care colleagues whenever they, or their service users, need them.
17. Primary care professionals are able to refer directly to each other and to colleagues outside the core primary care network.
18. Individuals and families have direct access to primary care professionals within their communities.
19. The primary care network has the necessary infrastructure to support safe, quality care, including suitable and sustainable staffing levels and skill mixes in all settings and appropriate access to all electronic patient records.
20. The primary care workforce uses up-to-date digital technology that enables people to receive flexible, efficient and effective care, wherever it is provided.
21. All primary care professionals are accountable to their individual regulators and share a commitment to continuous professional development and quality improvement.