

## APPENDIX A



### General Practice Vision 2024-2030

*A sustainable General Practice across  
Grampian which enables people in their  
communities to stay well through the  
prevention and treatment of ill health*

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## EXECUTIVE SUMMARY

### 1.1.1 Introduction

In response to the evolving significant sustainability challenges within General Practice in Grampian, this report was commissioned to outline a new vision and strategic objectives that will guide our future direction

This report aims to synthesise insights gathered from the broad stakeholder engagement, identify key challenges and opportunities facing General Practice, and articulate a clear vision and strategic objectives to guide us moving forward.

### 1.1.2 Approach

A programme management approach was used to set up the project. This included the following stages:

**Project Initiation** - This stage included: defining the project scope, objectives, and deliverables; and creation of a Programme Board.

**Planning** - this stage included creating programme documentation such as a project plan and risk register; conducting stakeholder analysis and planning stakeholder engagement, organisation of facilitated workshops. Planning stakeholder included

- Creating a Service Level Agreement (SLA) for GP practices to ensure capacity within General Practice to participate fully in the programme
- Developing a patient engagement plan to ensure that a co-production approach was used. The patient engagement plan included actions to:
  - Develop and execute a Public Engagement Survey to ascertain views from the general public
  - Create a Patient Stakeholder group to represent the wider general public at the stakeholder events

**Execution** - A series of facilitated workshop sessions were carried out to develop the vision and strategic objectives. The first workshop was for General Practice staff (166 attendees) whilst the second and third included wider stakeholders such as other primary care services (pharmacy, dental, ophthalmology), acute and secondary care representation; patient representation and Scottish Government representation (208 and 209 attendees respectively). These were held on:

- Wednesday 27th September
- Wednesday 8th November
- Wednesday 22nd November

#### **Stakeholder engagement**

- Public engagement survey - To understand the views of the general public on what is important to them in General Practice. This was live from 10<sup>th</sup> - 30<sup>th</sup> October 2023.
- Patient stakeholder workshop - To give an understanding of what General Practice and the Primary Care Improvement plan is, and to outline the current challenges in General Practice. The workshop also provided the

group with an understanding of views across NHS Grampian that were represented at the in person facilitated events

- Young person's engagement – this included pupil focus groups at secondary schools and drop in session at Aberdeen University to ascertain views of the younger generation in relation to 'what matters to them' in General Practice
- Further stakeholder engagement - this included an MP / MSP briefing as well as various presentations to key stakeholder groups

### 1.1.3 Vision Statement & Objectives

A Vision Statement has been created which captures the changes required to move towards a more sustainable General Practice sector within the area.

*A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health.*

#### **Key themes**

The key themes and challenges that were identified throughout the facilitated workshop process and stakeholder analysis were consolidated. Key themes identified throughout the process were identified in response to reasons for change. An objective has been created in relation to each of these:

- Data
- Models of contract
- Keeping the population well
- Digital
- Pathways
- Multi-Disciplinary Team
- Continuity of care
- Premises
- Mental health & wellbeing
- Recruitment, Retention & Education

The new vision for General Practice contributes to local, regional and national initiatives including:

- The National Health and wellbeing outcomes;
- NHS Grampian Vision, Values and Strategic Themes;
- Aberdeen City, Aberdeenshire and Moray HSCPs Vision and Priorities; and
- Local Outcome Improvement Plans across Grampian.

#### 1.1.4 Next Steps

It is suggested that the following high-level actions are progressed to work towards the realisation of the outlined vision and objectives.

- Establish Governance Structures
- Allocate Resources
- Create and action an Implementation Plan

Monitoring and evaluation of the programme delivery will be through the programme board structure with annual updates to the three integration joint boards anticipated. This would include updates against, for example, progress against the objectives, the development of new objectives to support the delivery of the vision, and the impact of the objectives as they are delivered.

A lessons learned process will be carried out post consideration of the new General Practice Vision and Objectives. The lessons learned process is crucial for continuous improvement in the development and optimisation of future projects.

Following on from the IJB meetings in March 2024. The programme in its current state will commence the project closure process to ensure that all aspects of the project are completed, documented, and handed over appropriately into the delivery phase.

#### 1.1.5 Conclusion

After engaging in extensive stakeholder consultation, we have successfully shaped a new vision and set of strategic objectives that reflect the collective aspirations and insights of our diverse stakeholders.

We emphasise the pivotal role of the newly outlined vision and strategic objectives in advancing the quality and accessibility of General Practice services within NHS Grampian.

## 2 INTRODUCTION

- 2.1.1 In response to the growing sustainability challenges within General Practice in Grampian, this report was commissioned to outline a new vision and strategic objectives that will guide our future direction. There are ongoing recruitment and retention issues, as well as GP practices steadily having handed back their contracts, there is a need for innovative approaches to address the changing needs of our patients.
- 2.1.2 This report aims to synthesise insights gathered from the broad stakeholder engagement, identify key challenges and opportunities facing General Practice, and articulate a clear vision and strategic objectives to guide us moving forward.
- 2.1.3 The outcomes of this work will have far-reaching implications for General Practice, the wider NHS System and patients. From enhancing the quality and accessibility of General Practice services to driving innovation and efficiency in services, the vision and objectives outlined in this report will shape the future of General Practice and the impact on the communities we serve.
- 2.1.4 This report outlines an analysis of the current landscape, highlighting key challenges and opportunities that have been identified through stakeholder consultation. The report sets out the new vision and strategic objectives, followed by the next steps required and considerations for monitoring and evaluation.

## 3 OVERVIEW & BACKGROUND

### 3.1 Current Status General Practice within NHS Grampian

In Grampian, the delivery of the 2018 General Medical Services (GMS) contract and the Memorandum of Understanding (MoU) has been challenging. This is due to a number of factors, including, recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. Whilst the number of practices and General Practitioners (GP's) has reduced in number during the last ten years, the list size per GP has increased.

General Practices in Grampian also share national pressures including:

- High patient expectations;
- Newly qualifying GP's not wishing to commit to the traditional partnership model;
- A decreasing gap in earnings between partner and salaried GP's;
- Restrictions around the work that locums can do;
- Increased premises and energy costs;
- liability for premises which are not conducive to a modern practice and which exist in a poor commercial property market impacted by the oil & gas downturn and the lasting impact of Covid-19 restrictions; and
- Agenda for Change uplift to NHS staff not been mirrored in the uplift to staff within General Practice.

The three HSCP Chief Officers held a shared objective for 23/24 to design and create a delivery plan for a Grampian Primary Care Strategy. This was in response to the challenging implementation of the 2018 General Medical Services (GMS) contract. There are a number of relevant factors, many of which are particularly relevant to Aberdeen and Grampian. This includes challenges around recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. All of which have an impact on the sustainability of general practice and the ability for General Practice to play a key role in preventing ill health in our communities.

### 3.2 Aims & Objectives

The aim was to develop a local vision with strategic objectives and an associated implementation plan to address the above challenges with a view to creating a more resilient and sustainable sector. It is anticipated that these preventative measures will contribute to the resilience and sustainability of the wider health and social care system in Grampian.

A Programme Initiation Document was developed and it set out three aims:

- a shared vision for General Practice across Grampian;
- identification of the challenges to achieving that vision; and
- a set of strategic objectives to address those challenges in order to realise the vision.

Beyond April 2024, it is anticipated that an implementation plan will be developed. This will consist of the actions necessary to deliver the objectives which in turn will help deliver the vision.

The focus on this is specifically around General Practice and not the wider Primary care, this was due to particular challenges being faced by General Practice, difficulties meeting GMS contract and other challenges. However, key primary care providers have been key stakeholders in the process of determining the vision and associated objectives.

### 3.3 General Practice Vision Programme Methodology

A programme management approach was used to set up the project. This included the following stages which will be outlined in further detail below:

- Project Initiation
- Planning
- Execution
- Next Steps

#### 3.3.1 Project Initiation

This stage included: defining the project scope, objectives, and deliverables. In the initiation stage there was the creation of a Programme Board which consists of Senior Responsible officers (SRO's) from each Health and Social Care Partnership (HSCP), clinical and Primary care representation from each HSCP, NHS Grampian Primary care, Primary care Contracts (PCCT), Local Medical Committee and GP Sub Committee, NHSG Transformation team and GMED are represented.

The role of the Programme Board was to ensure the required resources were available, ensuring timely progress on actions and overseeing the development and review of the project documents such as the project plan, risk register and communications plan, the Programme Board had responsibility to oversee the development of the shared vision for primary care and to prepare recommendations for the three Integrated Joint Boards (IJBs) and NHS Board.

#### 3.3.2 Planning

The planning stage included creating programme documentation such as a project plan and risk register; conducting stakeholder analysis and planning stakeholder engagement, organisation of facilitated workshops (including content).



### 3.3.2.1 Stakeholder Analysis and Engagement

There were a number of key audiences, with vested interests in the project, which required to be communicated and engaged with throughout the progress of the project. A Stakeholder Communications Plan was created which highlighted: the key audiences, their stake in the programme, what messages were required for each audience and the channel they would be engaged through.

### 3.3.2.2 General Practice Engagement

A Service Level Agreement (SLA) between NHS Grampian and GP practices to ensure appropriate practice staff engagement in this programme was implemented. The SLA aimed to ensure participation in events to help set the strategic direction and vision of General Practice across NHS Grampian.

The practices were expected to supply a nominated practice lead for the NHS Grampian Vision; with participation at a minimum of two out of three workshops unless extenuating pre-agreed circumstances; as well as holding local meetings to discuss the vision, i.e. at cluster meetings.

### 3.3.2.3 Patient Engagement

A Patient engagement plan was developed to ensure that a co-production approach was used, and patients from across the Grampian were involved in the development of the vision and strategic objectives. By adopting a co-production approach, it was ensured that decisions affecting people are made with them, not for them.

The patient engagement plan followed the National Standards for Community Engagement. The engagement cycle detailed below is underpinned by principles of the National Standards for Community Engagement, this was followed in to demonstrate good practice. Each stage was important and applied proportionately.

#### Engagement Cycle

- Identify the issue
- Identify stakeholders
- Plan engagement
- Engage people potentially affected
- Evaluation
- Feedback and decision making

The patient engagement plan included:

### **Public engagement Survey**

A wider patient engagement survey was circulated via multiple sources including; Locality Empowerment Groups; Patient Participation Groups (PPG's); Social Media and GP practices. A total of 1293 responses were submitted.

### **Patient Stakeholder Group**

A patient stakeholder group was created. The aim was to have a cross section of patients from across various communities and age ranges, and ensure a co-production approach. Existing networks were used to identify individuals to take part. This included:

- PPG's
- IJB Membership (i.e. patient representative)
- Public Involvement Team
- Locality Empowerment Group / Community Planning Groups
- Grampian Regional Equality Council (GREC)
- Carers Representatives
- Patient survey

There were around 25 members of the public on this group from across the Grampian area. This group met on 1st of November 2023 for a facilitated workshop session. The aim of this was to:

- Provide an understanding about what General Practice is, the current challenges, an overview the Primary Care Improvement Plan (PCIP) programme and the General Practice Vision Programme.
- Reviewing the survey results from the public survey to determine the key outputs
- Provide the group with an understanding of views across NHS Grampian that can be represented at the in person facilitated events.

The patient stakeholder group attended the facilitated events on 8<sup>th</sup> and 22<sup>nd</sup> November. There were a total on 24 and 22 patient representatives at the two workshops respectively.

Feedback from the patient participation group was overall positive. The themes from the patient feedback was that there was a good mix of roles on the table, the sessions were interactive and there was time for valuable discussions.

### **3.3.3 Execution**

Within the execution stage all the planned activities were carried out, and the project deliverables produced. There were fortnightly Programme Board meetings as well as weekly working group meetings to ensure progress of the action plan. The group identified any key risks arising and progressed stakeholder engagement.

During this phase there were 3 workshops, along with a patient stakeholder group workshop as detailed below:

### 3.3.3.1 **Workshop 1**

Closed space for General Practice to celebrate what is going well from their perspective and to explore the challenges being faced

### 3.3.3.2 **Public engagement Survey**

A wider patient engagement survey was circulated via multiple sources including; Locality Empowerment Groups (LEG); Patient Participation Groups (PPG's); Social Media and GP practices. A total of 1293 responses were submitted.

### 3.3.3.3 **Patient Stakeholder Workshop**

Provided the patient group with the current challenges in General Practice. Provided the group with an understanding of views across NHS Grampian that were then represented at the in person facilitated events.

### 3.3.3.4 **Workshop 2**

Workshop 2 brought together a larger group of stakeholders including wider primary care, Secondary Care, Scottish Ambulance Service, patients and third sector.

To allow all stakeholders to reach agreement on the baseline and consolidate the information from workshop 1 and move towards defining the vision of General Practice.

### 3.3.3.5 **Workshop 3**

The purpose of this workshop was to begin to define a vision and strategic objectives in relation to themes identified at workshop 2:

- Pathways
- Data
- Models of contract
- Premises
- Keeping the population well
- IT & Technology
- Multi-Disciplinary Team
- Mental health
- Education
- Continuity

### 3.3.3.6 **Young Persons Engagement**

Outputs of the Patient survey showed that there was limited input from young people, 16 – 34. Therefore, the programme included work to reach this age range, which included focus groups with senior high school pupils, engagement with university and college students.

Focus groups at 4 high schools were arranged to ascertain views of the younger generation in relation to 'what matters to them' in General Practice. In addition to this a drop in session at Aberdeen university was arranged to engage with students. A survey at these was also shared via QR code to allow for further views to be sought.

### 3.3.3.7 Further Stakeholder Engagement

NHS Grampian Groups - Presentations were given to various groups across the system to provide an overview of progress to date and emerging key themes. This included the NHS Grampian Clinical Board NHS Grampian Pharmacotherapy Group and the Clinical Interface group

MP / MSP briefing - a presentation was given to the NHS Grampian MSP / MP Briefing group, including what the current strengths and challenges are, what the summary output from the facilitated sessions was and what local and national action and support is required.

Aberdeen City HSCP Locality Empowerment groups – a presentation was given to each of the three Locality Empowerment groups to provide an overview of where this work came from, the approach taken and key emerging themes.

### 3.3.3.8 Workshop 4

Vision Statement and Objectives Development – this was a smaller workshop with the Programme Board.

### 3.3.3.9 Facilitated Workshop sessions Summary

Table 1: Execution Stage Summary provides a summary overview of the objectives, content and approach as well as the key themes for each of the workshops.

The table also includes the various stakeholder engagement, approach and key themes from this engagement.

3.3.4 Table 1: Execution Stage Summary

	Details	Key Themes / Output
<p>Workshop 1 27<sup>th</sup> September 2023  Thainstone House, Inverurie</p>	<p><b>Objective of Workshop One:</b> This workshop was designed to provide a closed space for General Practice to celebrate what is going well from their perspective and to explore the challenges being faced. Participants were provided with a variety of information in advance to aid discussions.</p> <p><b>Content and Approach</b> With guidance from the Organisational Development Department of Aberdeen City HSCP the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through five activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.</p>	<p>The main themes discussed were:</p> <ul style="list-style-type: none"> <li>• Workload – increased aging population with comorbidities leading to higher complex demand and long waiting times for Secondary Care leading to increased demand from patients while they wait.</li> <li>• Premises – Insufficient space and aging infrastructure that is non-compliant with new build regulations for healthcare.</li> <li>• IT – Aging infrastructure that slows down the pace at which GP’s can work and does not interface between systems such as with Secondary Care.</li> <li>• Workforce – Numerous aspects:             <ul style="list-style-type: none"> <li>- recruitment and retention of GP’s</li> <li>- desire for MDT working – especially increased mental health practitioners in General Practice</li> <li>- variation in remuneration of practice staff and HSCP staff doing the same or similar roles leading to recruitment and retention difficulties</li> </ul> </li> <li>• Service Models – Numerous aspects:             <ul style="list-style-type: none"> <li>- Dissatisfaction with elements of PCIP in some areas such as provision of vaccination and efficacy and efficiency of Hub and Community Treatment and Care (CTAC) model</li> <li>- Non-consensus around suggestion of implementing an alternative service model for urgent care (of which there are various models such as top up services when practices reach saturation, hubs like GMED but in hours)</li> <li>- Practice contract types</li> </ul> </li> </ul> <p>Key themes for a vision are:</p> <ul style="list-style-type: none"> <li>• General Practice to be funded appropriately - primary care led NHS</li> <li>• Options for Models of care and an appropriate and flexible MDT with a mix of skills and clear roles</li> <li>• A patient centred approach with consistency of services across the area.</li> <li>• Effective IT systems, electronic prescribing and data</li> <li>• Education and defined career structure for GP’s</li> <li>• Purpose built premises that are funded and fit for purpose</li> <li>• A health aware population that are educated and understand the expectations of what General Practice is and what it is not.</li> <li>• Effective signposting for patients so they can understand the right place, right time, right person.</li> <li>• Collaborative, cross system working with clear pathways - sharing of staff</li> <li>• Services embedded within the community, making use of community networks - community hubs</li> </ul>

	Details	Key Themes / Output
<p>Patient Engagement Survey</p> <p>Live: 16th - 30th October 2023</p>	<p><b>Objective</b>                      To understand the views of the general public on what is important to them in General Practice                      To recruit members to the Patient Stakeholder Group</p> <p><b>Content &amp; Approach</b>                      Microsoft forms survey with questions around: What's important; What works wells; What could be improved and how we help people to understand they have a responsibility to keep themselves fit and well</p> <p>The survey was shared via various methods including: internally to staff, to GP Practices (including printable version) NHS Grampian daily brief, social media, and via existing networks (eg Patent Participation Groups and Locality Empowerment Groups).</p>	<p>1300 Responses from across Grampian</p> <p>The most important things in General Practice were:</p> <ul style="list-style-type: none"> <li>• Being seen by the right person first time ,</li> <li>• Contact my practice with ease ;</li> <li>• Being listened to ;</li> <li>• Able to access same day/emergency appointments and</li> <li>• Book an appointment in advance</li> </ul> <p>The key themes that worked well in General Practice were:</p> <ul style="list-style-type: none"> <li>• Reception staff being helpful and supportive</li> <li>• Triaging of appointment and the ability to have an on the day appointment</li> <li>• Prompt responses</li> <li>• e-Consult being a positive in some practices</li> <li>• Being able to see the GP that have asked for</li> <li>• Good decision making by the GP</li> <li>• Having continuity of care, being able to see the same doctors</li> <li>• Being listened to</li> </ul> <p>Key themes around what can be improved in General Practice:</p> <ul style="list-style-type: none"> <li>• Getting through on the phone lines, and being able to make an appointment</li> <li>• Not being listened to</li> <li>• Not being able to access face to face appointment</li> <li>• e-Consult no longer being used in some practices</li> <li>• Need for more staff and more appointments</li> <li>• Dissatisfaction around telling receptionist reason for appointment</li> <li>• Unclear role of Reception Staff in relation to care navigation vs triaging</li> </ul> <p>Key themes around how we help people to understand they have a responsibility to keep themselves fit and well:</p> <ul style="list-style-type: none"> <li>• Education – including in schools</li> <li>• Media campaign, TV adverts</li> <li>• Social media</li> <li>• Signposting to appropriate services</li> <li>• Self help</li> <li>• Social Prescribing</li> <li>• Annual health MOT</li> </ul>

	Details	Key Themes / Output
Patient Engagement Workshop 01 November 2023 Microsoft Teams	<p><b>Objective of Patient Stakeholder Group Workshop:</b>            The workshop provided the group with an understanding of what General Practice and the Primary Care Improvement Plan is, and outlined the current challenges in General Practice. The workshop also provided the group with an understanding of views across NHS Grampian that were then represented at the in person facilitated events</p> <p><b>Content and Approach:</b>            Provided an overview on above points            Discussion and questions on content</p>	<p>A post workshop survey showed that participants felt that:</p> <ul style="list-style-type: none"> <li>• They received a clearer understanding of the GP landscape</li> <li>• There were opportunities to bring up points for consideration and these points were adequately answered</li> <li>• The presentations were clear and easy to understand. There was good opportunity for everyone to contribute.</li> <li>• Seeing the statistics and the outcome from the survey helped with the following workshops</li> </ul>
Workshop 2 08 November 2023 Thainstone centre, Inverurie	<p><b>Objective of Workshop 2:</b> The purpose of the workshop was enable participants from across a wider stakeholder group to get to the same baseline. Information from workshop 1 was consolidated and the group moved towards defining the vision of General Practice.</p> <p><b>Content and Approach</b></p> <p>With guidance from Buchan + Associates the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through five activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.</p>	<p>Key themes identified to determine a vision were:</p> <p><b>Pathways –</b> There is a need for clear pathways and integrated systems</p> <p><b>Data –</b> there is a need for data that will support service development and informing evidence based decision making</p> <p><b>Models of contract –</b> There is a need for a range of diverse and adaptable models of contract that Independent General Practice providers can choose from that accommodate local needs</p> <p><b>Premises -</b> There is a need for modern, well equipped premises that are accessible, patient centred and equipped with advanced technologies, enabling high quality healthcare services for all.</p> <p><b>Keeping the population well -</b>There is a need for the general public to be educated about the importance of General Practice, providing resources to participate in their own healthcare, promoting preventative measures, self-care strategies and overall wellbeing.</p> <p><b>IT &amp; Technology</b> There is a need for integrated IT systems that allow for seamless patient journeys and workflows, facilitated data driven insights and empower patients to actively participate in their healthcare journey</p> <p><b>Multi-Disciplinary Team -</b> There is a need for the Multi-disciplinary team (MDT) within General Practice to be adequately funded, with clear guidelines, effective training and communication and a focus on efficient use of resources and quality improvement.</p> <p><b>Mental health -</b> There is a need or mental health practitioners to be embedded into General Practice to ensure integrated care and early intervention.</p> <p><b>Education -</b> There is a need for comprehensive and accessible training programmes that inspire and equip individuals, to pursue careers in General Practice and other clinical roles, fostering a workforce that is rooted in their communities and committed to working where they live.</p>

		<b>Continuity</b> - There is a need for General Practice to be adequately resourced to allow for continuity of care to be offered where appropriate, with GP's having the time and capacity to focus on preventative medicine and invest in Chronic Disease Management (CDM)
	<b>Details</b>	<b>Key Themes / Output</b>
Young People Engagement	<p><b>Objective</b> To ascertain views of the younger generation in relation to 'what matters to them' in General Practice</p> <p><b>Content and Approach</b> Pupil Focus Groups at secondary schools Drop in session at Aberdeen University Survey shared via QR code</p>	<p><b>Focus Groups:</b> Need for flexibility in appointment type GP's need to have the ability to maintain continuity of care for ongoing conditions Patient education – when to contact a GP &amp; awareness of MDT and appointment system Retention of talent in area Target school pupils to promote positive message of working within own community. Focus at careers fairs / via guidance teachers on how to progressing a career in General Practice Use of TikTok and messenger for communication –Facebook not used by younger generation</p> <p><b>Survey:</b> What's working well :</p> <ul style="list-style-type: none"> <li>• Positive experiences with phone consultations, quick blood tests, and effective handling of medical issues.</li> <li>• Easy log-in system, helpful reception, and fast appointment scheduling contribute to accessible healthcare.</li> <li>• Patient centred approach with empathetic and understanding interactions with medical professionals.</li> </ul> <p>What Could be improved :</p> <ul style="list-style-type: none"> <li>• Flexibility of appointment day &amp; time and able to book in advance</li> <li>• Improved phone systems</li> </ul> <p>How might we help people to understand they have a responsibility to keep themselves fit and well:</p> <ul style="list-style-type: none"> <li>• Encourage early intervention in schools and ongoing health education.</li> <li>• Implement practical measures like access to fitness classes, regular reminders, and collaborations with local health initiatives.</li> </ul>



	Details	Key Themes / Output
<p>Workshop 3</p> <p>22 November 2023</p> <p>Thainstone centre, Inverurie</p>	<p><b>Objective of Workshop 3 :</b> The objective was to share draft vision statements derived from workshop 2 outputs, to feedback from stakeholders on draft vision statements and to begin to develop Strategic Objectives based on the draft vision statements.</p> <p><b>Content and Approach</b> With guidance from Buchan + Associates the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through six activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.</p>	<p>Analysis was conducted and a series of enablers was identified on how to deliver on the 10 vision statements (see workshop 2 section above). This included the below:</p> <ul style="list-style-type: none"> <li>• Integrated collaborative effective IT systems multi-agency with patient access &amp; real-time data</li> <li>• Resources (time; funding)</li> <li>• Standardisation</li> <li>• Patient access/ empowerment</li> <li>• Support future planning</li> <li>• E-prescribing</li> <li>• Equitable access</li> <li>• Effective communication to patients and across care sectors including citizen education &amp; engagement</li> <li>• Core element with practice- dependent modules (use templates)</li> <li>• Cost effective</li> <li>• Workforce flexibility</li> <li>• Support succession planning</li> <li>• Central support</li> <li>• Community hubs/resources</li> <li>• Mobile units</li> <li>• Maximises technology</li> <li>• Triage system</li> </ul>
<p>Workshop 4 - Extended Programme Board</p> <p>17 January 2024</p> <p>Microsoft Teams</p>	<p><b>Objective of Workshop 4 :</b> The objective of the workshop was to:</p> <ul style="list-style-type: none"> <li>- To review and agree vision statement</li> <li>- To review the Objectives</li> <li>- To Rank the Objectives in terms of priority</li> <li>- Review Problem Statements and Objectives in group and identify process to achieve (what/how) and leads (who)</li> </ul> <p><b>Content and Approach</b> Presentation and breakout rooms with guidance from Buchan + Associates. Facilitated sessions reviewing the objectives and what, how and who required to deliver these.</p>	<p>The outcome of the workshop was that there was:</p> <ul style="list-style-type: none"> <li>- Agreement to Vision – with minor amendments suggested</li> <li>- Agreement that ‘Data’ is an overarching objective that cross cuts other objectives and should be a priority</li> <li>- Agreement on Problem Statements – with minor amendments suggested</li> <li>- Agreement on objectives – with minor amendments suggested</li> <li>- Commitment to deliver on vision and objectives</li> </ul>

## 4 NEW GP VISION AND OBJECTIVES

### 4.1 Introducing the new Vision and Objectives

In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and strategic objectives that capture the changes required to move towards a more sustainable General Practice sector within the area.

The key themes and challenges that were identified throughout the facilitated workshop process and stakeholder analysis have been consolidated. A problem statement for each of the key themes has been documented and a vision and objectives have been created which aims to address these challenges, and have a positive impact on the sustainability of General Practice across NHS Grampian.

### 4.2 Overview of the vision statement

The Vision Statement *'A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health'*, encapsulates the commitment to fostering health and well-being within our communities. It signifies the dedication to providing comprehensive and accessible healthcare services that not only address illness but also promote preventive care and empower individuals to lead healthier lives

Our vision is to provide the foundations for transforming General Practice into a sustainable service that provides the residents of Grampian with the right services in the right place by the right person. In line with the NHSG commissioned vision work with General Practices, Grampian practices will be aligned to 10 joint objectives which aim to increase sustainability of services and improve patient and staff satisfaction, patients will be empowered to stay well; when required they will have access to tailored services through clear pathways and integrated systems. This will be supported by flexible approaches, modern premises, Integrated IT Systems, data-driven decisions, and a robust education and workforce development plan.

The new vision stems from the pressing sustainability challenges facing General Practice within the Grampian region. Recognising the need for transformative action in response to resource constraints, demographic shifts, and evolving healthcare demands. The vision aims to chart a sustainable path forward for our practices. It highlights the commitment to delivering high-quality healthcare services that meet the needs of current and future generations.

At the core of the vision are 10 key objectives aimed at transforming the General Practice services across Grampian which address the sustainability challenges identified, table 2 on the next page shows each of these themes, how they relate to reasons for change and what an impact of change would be:

Table: 2 Reasons for Change, Key themes and Impact of Change



### 4.3 Overview of the Objectives

Delivery of the new vision for General Practice will be through the delivery of 10 objectives which are based on the key themes identified throughout the programme. The objectives were prioritised at workshop 4 and will be documented in order of priority.

These objectives represent the commitment to transforming General Practice across Grampian, fostering sustainability, resilience, and excellence in healthcare delivery for our community.

Theme	Objective	Rationale	Impact
Data	<p>Through the Grampian Data Gathering Group, develop a programme of work to:</p> <ul style="list-style-type: none"> <li>• identify and define necessary data sets;</li> <li>• create data gathering processes which enables consistent and consolidated data to be collected across General Practice in a standardised way; and</li> <li>• develop data sharing arrangements with relevant partners where necessary.</li> <li>•</li> </ul>	<p>There is currently no standardisation in the way data is coded and collected across General Practices and shared with relevant partners to inform resource allocation to help deliver better outcomes for our communities.</p>	<p>By harnessing data-driven insights, we aim to optimise clinical decision-making, improve patient outcomes, and enhance operational efficiency within our practices</p>
Models of Contract	<p>Develop a flexible approach to the delivery of the existing GMS contract, using currently available levers, following consultation with relevant stakeholders, including:</p> <ul style="list-style-type: none"> <li>• NHSG Primary care and Contracts representatives;</li> <li>• General Practices;</li> <li>• Scottish Government;</li> <li>• Scottish General Practitioners Committee (SGPC);</li> <li>• Local Medical Committee;</li> <li>• Advisory Committees to the Health Board; and</li> <li>• other relevant stakeholders.</li> <li>•</li> </ul>	<p>There is growing evidence that the current 2018 General Medical Services (GMS) contract is not best placed to meet patients' needs in an efficient and effective manner in Grampian. There are significant ongoing difficulties with recruitment and retention and therefore sustainability across General Practice in the northeast of Scotland. There is evidence that the ambitions of the Primary Care Improvement Programme are yet to be fully realised.</p>	<p>By developing flexible contract frameworks, we aim to improve sustainability, support financial viability, and foster stronger GP partnerships within the area.</p>

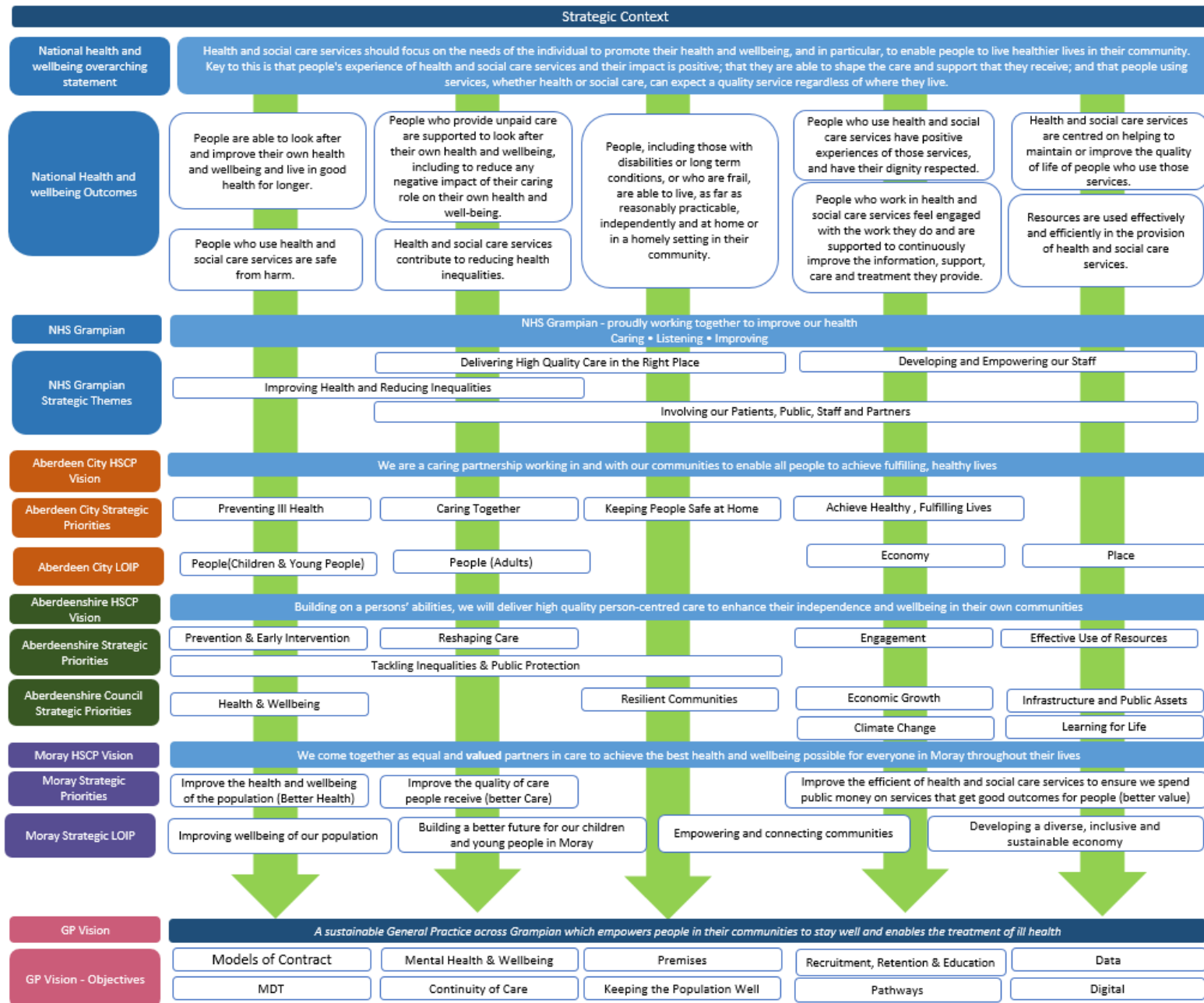
Keeping the population well	Develop, in consultation with community planning partners, a programme to deliver targeted and comprehensive health interventions for at risk communities to offer proactive preventative care and empower communities to participate in their own healthcare and wellbeing.	<p>Due to the increasing and more complex demands on our health service it is becoming increasingly difficult to keep our population well, and in the current system, General Practice is looking after people who are ill rather than keeping healthy in the first place.</p> <p>Due to an increase in demand, many GP's are unable to dedicate time and resources to managing the effects of health inequalities or designing services that take a more proactive population based approach to the health of their patients.</p>	By prioritising preventive care and health intervention initiatives, we aim to improve population health outcomes and reduce healthcare disparities.
Digital	Support the development of a regional Grampian Digital plan, which includes General Practice. This will help to develop a coherent approach to the development of a prioritised set of digital solutions to ensure the wider system is best placed to meet the needs of communities within available resource.	The digital programme is not meeting the requirements of General Practice or our communities. This including: inadequate resource for service design and business analysis; no uniform approach to citizen-facing digital services. There is no clear plan to integrate patient data across health and social care and there is insufficient focus on automation. There are delays in implementing agreed solutions and capacity issues in relation to data protection compliance	By supporting the development of a digital plan for Grampian, we aim to improve access to care, streamline administrative processes, and enhance communication between General Practice and patients and other areas of the system alike. Standardising technologies to make best use of resource and to improve patient experience.
Pathways	<p>Review pathways to explore the opportunities, risks and challenges to these pathways. A priority-based implementation plan will be created to improve these pathways.</p> <p>It is anticipated that the plan will include a solution to empower service users to track progress of their situation across the pathways and offer help and advice while on the pathway. This will promote effective communication, collaboration and coordination, ensuring staff and patients are well informed about the pathways..</p>	The patient pathways between General Practice and Secondary Care are not standardised, and often unclear to the patient. There is no digital way from General Practice Clinicians and patients alike to track their progress along the pathway. There is evidence that suggests that patients often repeat contact with their General Practice while on a Secondary Care waiting list for an updated position on progress, which General Practices are unable to provide.	By enhancing care pathways between acute and General Practice settings, we aim to improve patient experience and health outcomes.

Multi-Disciplinary Team	Initiate and complete an evaluation and review of PCIP services that are in place across NHS Grampian. Where best practice is identified, learn from this, and facilitate its rollout to other areas if appropriate.	There have been recruitment challenges within Grampian. This has led to MDTs often being understaffed and unable to achieve the full breadth of services that they could deliver on. This has a knock on impact on General Practice and the ability to deliver proactive health care.	By assessing existing PCIP services, we aim to identify opportunities for enhancing collaboration and improving patient care delivery.
Continuity of Care	Create pathways that achieve continuity of care for those who will benefit most from continuity of care. In the context of flexible models of contract, identifying areas that can be used for a test of change to support practices to improved models to support meeting complex care.	With an increasing and ageing population, sociodemographic factors, more complex illnesses and greater comorbidities, there is increasing demand on primary care services. Urgent and unscheduled care provision often takes president over routine, longer term chronic and complex disease management, which means there is an impact on patients long term health.	By prioritising continuity of care, we aim to improve care coordination, and enhance patient satisfaction.
Premises	Via the Primary Care Premises Group, each HSCP, in consultation with practices and relevant partners, will develop an estate plan to meet the needs of our communities. Regard will be had to buildings (where required) being well-equipped, accessible, patient-centred, conducive to partnership working, integrated with advanced and standardised technologies, and in the right place to meet the needs of the communities.	There is pressure on the sustainability of General Practice which is linked to liabilities arising from GP contractors' premises. Within the current infrastructure there is insufficient space and the internal structure of premises impedes alternative ways of working which can best meet the needs of the communities.	By addressing infrastructure needs, we aim to create environments that promote patient-centred care and support the well-being of our workforce.
Mental Health & Wellbeing	<ul style="list-style-type: none"> <li>• Improve mental health and wellbeing support for schools / young people; making use of technology for adoption and engagement</li> <li>• encourage better wellbeing across patient groups through, for example, supporting social prescribing and realistic medicine where appropriate; and</li> <li>• Identify improvements that will help ensure patients see the most appropriate person the first time to minimise delays in appropriate treatment.</li> </ul>	A number of factors have led to a growing need for mental health and wellbeing support for our communities. This contributes to an unsustainable demand on General Practitioners, an impacting on their ability to perform proactive and preventative health care.	By prioritising mental health support, we aim to improve mental health outcomes, reduce stigma, and foster a culture of well-being within our community.

<p>Recruitment Retention &amp; Education</p>	<p>Develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and wider MDT and administrative Roles to encourage the retention of talent in Grampian.</p> <p>Future colleagues will have the knowledge and technical and digital skills necessary to meet the vision for General Practice in Grampian.</p> <p>This objective will be delivered in consultation with relevant stakeholders, including:</p> <ul style="list-style-type: none"> <li>• local authorities;</li> <li>• colleges;</li> <li>• universities;</li> <li>• NHS Education for Scotland (NES); and</li> <li>• Royal College of General Practitioners (RCGP).</li> </ul>	<p>The total head count is falling for General practitioners. The full time equivalent (FTE) is down even further as the nature of the workforce has changed over the last few decades to more part time workers. Those working full time often have a more diverse work portfolio to provide variety of work and importantly guard against burn out. This all decreases patient facing time.</p> <p>There are recruitment challenges for attracting new staff to come to the Grampian region including as new and experienced for GP's.</p>	<p>By prioritising workforce development, we aim to address workforce shortages, enhance team cohesion, and ensure the sustainability of our General Practice workforce</p>
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## 4.4 How does the vision fit with other Local, Regional and National Priorities





#### 4.4.1 How does the vision support other National and Local Priorities – detailed information

National Health and wellbeing Outcomes - There are nine national health and wellbeing outcomes which apply to integrated health and social care.

The General Practice Vision and objectives will contribute to the following national health and well-being outcomes as a direct result of the implementation of the objectives.

<u>National Outcome</u>	<u>NHSG GP Vision Objectives</u>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	<ul style="list-style-type: none"> <li>✓ Keeping the Population Well,</li> <li>✓ Pathways</li> <li>✓ Data</li> <li>✓ Digital</li> <li>✓ Mental Health &amp; Wellbeing</li> </ul>
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	<ul style="list-style-type: none"> <li>✓ Keeping the Population Well</li> <li>✓ Pathways,</li> <li>✓ Models of Contract,</li> <li>✓ MDT</li> <li>✓ Continuity of Care</li> <li>✓ Data</li> </ul>
Health and social care services contribute to reducing health inequalities	<ul style="list-style-type: none"> <li>✓ Keeping the Population Well,</li> <li>✓ Pathways,</li> <li>✓ Mental Health &amp; Wellbeing</li> <li>✓ Continuity of care</li> <li>✓ Data</li> </ul>
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	<ul style="list-style-type: none"> <li>✓ Recruitment, Retention &amp; Education</li> <li>✓ Data</li> </ul>
Resources are used effectively and efficiently in the provision of health and social care services	<ul style="list-style-type: none"> <li>✓ Models of Contract</li> <li>✓ MDT</li> <li>✓ Mental Health &amp; Wellbeing</li> <li>✓ Premises</li> <li>✓ Data</li> </ul>

#### 4.4.2 Scottish Government – 10 National Drivers of Recovery

The Scottish Government has set out 10 National Driver of Recovery. The table below outlines how the vision and objectives will aid the implementation of the drivers of recovery.

<u>National Driver</u>	<u>NHSG GP Vision Objectives</u>
Improved access to primary and community care to enable earlier intervention	<ul style="list-style-type: none"> <li>✓ Keeping the Population Well,</li> <li>✓ Pathways</li> <li>✓ Data</li> <li>✓ Digital</li> <li>✓ Mental Health &amp; Wellbeing</li> </ul>
Urgent & Unscheduled Care – Provide the Right Care, in the Right Place, at the right time	<ul style="list-style-type: none"> <li>✓ Keeping the Population Well,</li> <li>✓ Pathways</li> <li>✓ Data</li> <li>✓ Digital</li> <li>✓ Premises</li> </ul>
Improve the delivery of mental health support and services	<ul style="list-style-type: none"> <li>✓ Mental Health &amp; Wellbeing</li> <li>✓ Digital</li> <li>✓ Data</li> </ul>
Recovering and improving the delivery of planned care	<ul style="list-style-type: none"> <li>✓ Models of Contract</li> <li>✓ Continuity of care</li> <li>✓ MDT</li> <li>✓ Mental Health and Wellbeing</li> </ul>
Enhance planning and delivery of the approach to health inequalities	<ul style="list-style-type: none"> <li>✓ Keeping the Population Well,</li> <li>✓ Pathways</li> <li>✓ Data</li> <li>✓ Digital</li> </ul>
Implementation of the Workforce Strategy	<ul style="list-style-type: none"> <li>✓ Recruitment, Retention and Education</li> </ul>
Optimise use of digital and data technologies in the design and delivery of health and care services	<ul style="list-style-type: none"> <li>✓ Digital</li> <li>✓ Data</li> <li>✓ Premises</li> </ul>

#### 4.4.3 NHS Grampian Vision and Strategic themes

The NHS Grampian vision '*Proudly Working Together to improve our health*' is underpinned by 3 values, which are Caring, Listening and Improving.

There are 4 Strategic themes. Set out to deliver on this vision and values. These are set out in the table below along with what objectives will aid the delivery of these objectives:

<u>NHS Grampian Strategic Theme</u>	<u>NHSG GP Vision Objectives</u>
Improving Health and reducing Inequalities	<ul style="list-style-type: none"> <li>✓ Keeping the population well,</li> <li>✓ Pathways</li> <li>✓ Mental health and wellbeing</li> <li>✓ Continuity of care</li> <li>✓ Data</li> <li>✓ Digital</li> </ul>
Delivering High Quality Care in the right place	<ul style="list-style-type: none"> <li>✓ Continuity of care,</li> <li>✓ Data</li> <li>✓ Digital</li> <li>✓ Premises</li> <li>✓ Models of contract</li> </ul>
Improving our patients, public, staff and partners	<ul style="list-style-type: none"> <li>✓ Recruitment, retention &amp; Education</li> <li>✓ Models of contract</li> <li>✓ Pathways</li> <li>✓ Digital</li> <li>✓ Data,</li> </ul>
Developing and improving our staff	<ul style="list-style-type: none"> <li>✓ Recruitment, retention &amp; Education</li> <li>✓ Data</li> </ul>

#### 4.4.4 Aberdeen City HSCP Strategic Priorities

The Aberdeen City HCP Vision is: *We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives*

This is underpinned by 4 strategic aims. Preventing Ill Health, Caring Together, Keeping the Population Safe at Home and Achieve Healthy Fulfilling Lives.

The recommendations within this report will directly assist in the delivery of the Primary care Strategic Priority to improve primary care stability by creating capacity for General Practice improving patient experience

The vision and objective will also contribute to the delivery of the Aberdeen City HSCP Strategic priorities and the Aberdeen City LOIP Key Drivers.

HSCP Strategic priorities	Aberdeen city LOIP - Key Drivers	NHSG GP Vision Objectives
Preventing Ill health	11.3 Encouraging adoption of healthier lifestyles through a whole family approach. 12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol.	<ul style="list-style-type: none"> <li>✓ Keeping the population well</li> <li>✓ Pathways</li> <li>✓ Continuity of care</li> <li>✓ Mental health and wellbeing</li> </ul>
Caring together	4.2 Improving health and reducing child poverty inequalities	<ul style="list-style-type: none"> <li>✓ Models of Contract</li> <li>✓ Multidisciplinary Team</li> <li>✓ Mental Health and Wellbeing</li> <li>✓ Pathways</li> <li>✓ Digital</li> </ul>
Keeping people safe at home	5.1 Improving timely access to support.	<ul style="list-style-type: none"> <li>✓ Digital</li> <li>✓ keeping the population well</li> <li>✓ Continuity of Care</li> <li>✓ Pathways</li> </ul>
Achieve healthy Fulfilling lives.	6.1 Improving education and health outcomes for care experienced children and young people.	<ul style="list-style-type: none"> <li>✓ Keeping the population well</li> <li>✓ Mental health and wellbeing</li> <li>✓ Digital</li> </ul>

#### 4.4.5 Aberdeenshire HSCP Strategic Priorities

The Aberdeenshire HSCP vision is to *'Building on a person's abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities'*, this is underpinned by 5 Strategic priorities. The table below sets out how the General Practice vision and objective are in line with the Aberdeenshire HSCP Strategic priorities as well as the Aberdeenshire Council Priorities.

Aberdeenshire HSCP Strategic Priorities	Aberdeenshire council Priorities	NHSG GP Vision Objectives
Prevention & Early Intervention	Health and wellbeing	<ul style="list-style-type: none"> <li>✓ Data</li> <li>✓ Pathways</li> <li>✓ Continuity of Care</li> <li>✓ Keeping the Population well</li> </ul>
Reshaping Care	Economic growth	<ul style="list-style-type: none"> <li>✓ Data</li> <li>✓ Premises</li> <li>✓ Models of Contract,</li> <li>✓ MDT</li> <li>✓ Mental Health and Wellbeing</li> </ul>
Engagement	Learning for life	<ul style="list-style-type: none"> <li>✓ Recruitment retention and Education</li> <li>✓ Data</li> </ul>
Effective use of resources	Infrastructure and public assets  Climate change	<ul style="list-style-type: none"> <li>✓ Models of Contract</li> <li>✓ MDT</li> <li>✓ Mental health and Wellbeing</li> <li>✓ Digital</li> <li>✓ Continuity of Care</li> <li>✓ Pathways</li> <li>✓ Recruitment and retention &amp; Education</li> <li>✓ Data</li> </ul>
Tackling inequalities & Public Protection	Resilient communities	<ul style="list-style-type: none"> <li>✓ Data</li> <li>✓ Pathways</li> <li>✓ Continuity of Care</li> <li>✓ Keeping the Population well</li> </ul>

#### 4.4.6 Moray HSCP Strategic Priorities

Moray HSCP vision is: *'We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives'* This is underpinned by three strategic priorities, the vision and objectives will support the delivery of these as shown in the below table.

Moray HSCP Strategic Priorities	Moray council LOIP	NHSG GP Vision Objectives
Improve the health and wellbeing of the population (Better Health)	Building a better future for our children and young people in Moray.  Improving wellbeing of our population	<ul style="list-style-type: none"> <li>✓ Data</li> <li>✓ Pathways</li> <li>✓ Keeping the Population well</li> <li>✓ Models of Contract</li> <li>✓ MDT</li> <li>✓ Mental Health &amp; Wellbeing</li> <li>✓ Continuity of Care</li> <li>✓ Digital</li> </ul>
Improve the quality of care people receive (better Care)	Empowering and connecting communities	<ul style="list-style-type: none"> <li>✓ Data</li> <li>✓ Digital</li> <li>✓ Models of Contract</li> <li>✓ MDT</li> <li>✓ Mental Health &amp; Wellbeing</li> <li>✓ Continuity of Care</li> <li>✓ Premises</li> </ul>
Improve the efficient of health and social care services to ensure we spend public money on services that get good outcomes for people (better value)	Developing a diverse, inclusive and sustainable economy	<ul style="list-style-type: none"> <li>✓ Data</li> <li>✓ Models of Contract</li> <li>✓ MDT</li> <li>✓ Mental health and Wellbeing</li> <li>✓ Continuity of care</li> <li>✓ Premises</li> <li>✓ Digital</li> </ul>

## 4.5 Delivery

The programme of work will be delivered within existing resources, with resources being released from the following teams:

- NHS Grampian Primary Care Contracts Team (Contract Management)
- Aberdeen City HSCP Primary Care Team (Programme Management & PCIP lead)
- Aberdeenshire HSCP Primary Care Team (PCIP lead)
- Aberdeen City Transformation Team (Project Management & Evaluation)

With the above resources that have been identified the following priorities can commence delivery in April 2024:

- Data
- Models of Contract
- MDT (PCIP review)

In line with what resources we have there will be regular reviewed which will monitor progress and objectives will be pulled down when progress is made and resource is available.

## 4.6 Monitoring and Evaluation

Monitoring and evaluation of the programme delivery will be through the programme board structure with annual updates to the three integration joint boards anticipated. This would include updates against, for example, progress against the objectives, the development of new objectives to support the delivery of the vision, and the impact of the objectives as they are delivered.

By 2023, how will we know if we have made a difference?

- There will be standardised data sets, data gathering process and data sharing agreements in place to facilitate data sharing across community planning partners;
- General Practices will be able to utilise a flexible approach to the GMS Contract;
- Patients will be able to digitally track where they are on a secondary care waiting list;
- Increased use of automation in General practice to increase efficiency;
- A successful pathways test of change will be implemented improving efficiency, patient safety and wellbeing;
- A review and evaluation of PCIP within Grampian will be complete with recommendations implemented;
- A successful test of change for continuity of care will be identified and implemented; and
- A detailed services and estate plan will be included within the 2025 Primary Care Premises Plan;
- People will have access to a range of mental health and wellbeing interventions; and
- General Practice and other clinical roles vacancy rates will be reduced.

## Key Metrics

The table below outlines the key metric that will be used to review the current sustainability levels within General Practice.

	Data	Models of Contract	Keeping the population well	Digital	Pathways	MDT	Continuity of care	Premises	Mental Health & Wellbeing	Recruitment, Retention & Education
Number of 2C practice within Grampian		x	x		x	x	x	x		x
% of total 2C practices within NHS Grampian		x	x		x	x	x	x		x
Number of GPs / GP head count		x	x			x	x		x	x
FTE of GPs		x	x			x	x		x	x
GP headcount by designation		x	x			x	x		x	x
Practice list size		x	x			x	x		x	
Average number of patients per GP		x	x			x	x			x
Inpatient waiting list size	x		x	x	x		x			
Outpatient waiting list size	x		x	x	x		x			
ED attendance rates	x		x	x	x		x			
Emergency admission rates	x		x	x	x		x			
General Practise Alert System (GPAS)	x	x	x			x	x		x	
Grampian Operational Pressure Escalation System (GOPES)	x	x	x			x	x		x	
Number of GP List closures		x	x			x	x	x	x	x
% of List Closures		x	x			x	x	x	x	x
Practices Managing List Informally		x	x			x	x	x	x	x
% of practcies Managing List Informally		x	x			x	x	x	x	x
Number of contracts returned		x	x			x	x	x	x	x
% of contracts returned		x	x			x	x	x	x	x
BMA staff survey - Low Morale		x				x	x			x



## 4.7 Implementation Risks

Category	Description	Mitigation	RAG Status
Sustainability	<p>There is a risk that if the project is not delivered, General Practice within Grampian will continue on an unsustainable basis. This will further exacerbate the challenges outlined above. As the first point of access to healthcare for 90% of the population General Practice delivers early intervention and preventative measures for the whole system and therefore the consequences will not be limited to GP services.</p> <p>Failure to deliver the project will increase the prospect of further increasing demand on Secondary Care services, unscheduled and urgent care (including PC &amp; OOH), a reduction in NHS performance and poorer outcomes for Grampian's residents across the health and social care system.</p>	<p>The development of a project to deliver a shared vision and strategic objectives for General Practice in Grampian.</p> <p>Adequate funding support from the Scottish Government to build the necessary capacity to deliver this project (which is preventative in nature) to March 2024 and anticipated support to deliver the implementation plan beyond March 2024.</p> <p>Working with public health colleagues to ensure preventative focus of workstreams and focus interventions on need</p>	Amber
Resource	<p>The programme is required to be approved and then delivered within existing resources, therefore there is a risk that the programme is not delivered due to the financial pressures across Grampian and other competing priorities.</p>	<p>Continued highlighting of concerns and engagement with all stakeholders to understand the importance and risks of not undertaking this project</p> <p>Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme. As well as phasing of timelines to make workloads manageable.</p>	High
Engagement – Public	<p>Reputational risk due to the potential service changes being disliked by the public</p> <p>Potential increased complaint due to changes to services</p>	<p>Patient representatives as part of the Programme governance structure moving forward for co-design and engagement</p> <p>Patient stakeholder engagement - working with communications team and social media to make sure messages made on an ongoing basis</p>	Amber

	There are also risks if changes are not made around patient expectations and experience – waiting times etc...	Working with LEGS and working with elected members and community councils to increase understanding for the case to change	
Engagement – Workforce	<p>Risk that key stakeholders do not have the capacity and therefore loose interest in implementation of priorities</p> <p>No dedicated resource to release General Practice to implement within an already pressured system</p> <p>Reputational risks with General Practice if programme not implemented</p>	<p>Continued highlighting of concerns and engagement with all stakeholders to understand the importance and risks of not undertaking this project</p> <p>Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme. As well as phasing of timelines to make workloads manageable.</p>	High

## 5 NEXT STEPS

Based on the findings presented in this report, consideration will be given to the following high-level actions to progress towards the realisation of the outlined vision and objectives. Key actions work towards its vision and strategic objectives include:

### 5.1 Establish Governance Structures

- Define roles, responsibilities, and decision-making processes to ensure effective coordination and accountability.
- Ensure representation from all relevant stakeholders to promote shared ownership and commitment (including LMC / GP Sub and Patient representatives)
- Agree a set of principles and ways of working as a system to maximise shared resource for the shared purpose
  - Identify opportunities for pooling resources
  - Ensure fairness and equity in resource distribution
- Establish regular forums for communication, collaboration, and joint planning
- Establish reporting structures and provide regular updates on progress
- Agree principles for patient involvement group going forward
- Agree escalation processes
- Agreement on what priorities across system to pause to enable resource to be allocated to move work forward

### 5.2 Release Resources

- Release resource allocation as per 4.5 to ensure delivery of the prioritised objectives
- Clearly define roles and expectations to ensure accountability and effective coordination

### 5.3 Create and action an Implementation Plan

- Identify specific actions required to achieve each strategic objective outlined in the vision
- Establish realistic timelines for each action, including resource availability, dependencies between tasks, and external constraints
- Assign actions to individuals or teams identified during resource allocation.
- Make use of governance structures for monitoring progress and evaluating the effectiveness of the implementation plan.
- Communicate the implementation plan clearly and transparently to all stakeholders

### 5.4 Lessons learned

A lessons learned process will be carried out post approval of the new General Practice Vision and Objectives. The lessons learned process is crucial for continuous improvement and the optimisation of future projects.

The lessons learned process and report will include the following stages:

- Define Objectives and Scope
- Engage Stakeholders
- Conduct a Comprehensive Review
- Document and categorise findings
- Share Lessons across Teams and Incorporate Lessons into Future Planning
- Celebrate Successes

Initial work will commence in April 2024, and a full lessons learned report will be completed by the end of June 2024.

## 5.5 Project closure

Following on from the IJB meetings in March 2024. The programme in its current state will commence the project closure process to ensure that all aspects of the project are completed, documented, and handed over appropriately. The project closure will include:

- Ensure all new governance arrangements are in place to deliver on the objectives
- Ensure all project groups have been set up and provided with appropriate information to deliver on the objectives
- Complete all outstanding financial activities in relation to the GP Vision budget
- Release any resource that is no longer required
- Complete lessons learned process
- Conduct programme closure meeting

## 6 CONCLUSION

After engaging in extensive stakeholder consultation, we have successfully shaped a new vision and set of objectives that reflect the collective aspirations and insights of our diverse stakeholders.

A co-production approach was taken ensuring that the voice of key stakeholders was heard throughout the process. Key stakeholders included, GP's and other GP staff such as Practice Managers, representatives from other areas of primary care, Secondary Care and other services within the NHS System (i.e. property, public health, e-health), the LMC and GP Sub, third sector and patient representation.

Delivery of the new vision for General Practice will be via by 10 objectives which are based on the following key themes identified throughout the programme:

- Data
- Models of Contract
- Keeping the Population Well
- Digital
- Pathways
- Multi-disciplinary team
- Continuity of Care
- Premises
- Mental Health and Wellbeing
- Recruitment, Retention & Education

A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health

The General Practice Vision Programme values and acknowledges the invaluable contributions of the stakeholders who contributed to this programme of work. The diverse perspectives and active participation have been instrumental in shaping the vision and strategic objectives. This exemplifies the collaborative ethos that defines the approach to healthcare delivery in the region

The new vision for General Practice is in alignment with both national and local strategies and priorities including:

- The National Health and wellbeing outcomes
- NHS Grampian Vision, Values and Strategic Themes
- Aberdeen City, Aberdeenshire and Moray HSCPs Vision and Priorities
- The 3 Local Authorities plans and Locality Improvement Plans

Consideration has been given to the creation of a new Programme Board and associated project sub groups that will lead the delivery of the objectives.

Monitoring and evaluation of the programme delivery will be through the Programme Board structure, and quarterly reporting will be made via IJB Chief Officers reports and quarterly updates to the NHSG CET. Periodic evaluations will be conducted to ensure alignment with evolving needs and changing circumstances

As we move forward with the programme of work, we are fully committed to realising the vision and objectives outlined, with confidence in the ability to drive positive

change and enhance General Practice within NHS Grampian, fostering a renewed sense of purpose and determination among all stakeholders involved.

Ongoing feedback and engagement from stakeholders is encouraged as we embark on the implementation phase, ensuring that the vision remains aligned with the evolving needs of our community.

In conclusion, we emphasise the pivotal role of the newly outlined vision and strategic objectives in advancing the quality and accessibility of General Practice services within NHS Grampian. We extend our deepest appreciation to all stakeholders for their vital contributions, commitment, and ongoing support in our collective pursuit of enhancing patient-centred care and improving health outcomes across the community.

## APPENDIX 1: Glossary

### Glossary

<b>17c</b>	A 17C contract is a locally-agreed alternative to the nationally agreed General Medical Services
<b>17j</b>	A 17J contract is a GP Practice run under the General Medical Services (GMS) contract
<b>2C</b>	NHS Board run practices
<b>AFC</b>	Agenda for Change: A framework that applies to all NHS staff (except doctors, dentists, and very senior managers) to ensure fair pay and conditions.
<b>AHP</b>	Allied Health Professional: Refers to a diverse group of healthcare professionals, excluding doctors and nurses, involved in the delivery of rehabilitation, diagnostic, technical, therapeutic, and direct patient care services.
<b>AI</b>	Artificial Intelligence: Refers to the simulation of human intelligence in machines programmed to think and learn like humans.
<b>AMIA</b>	Acute Medical Initial Assessment: The initial evaluation of patients presenting with acute medical conditions.
<b>ANP</b>	Advanced Nurse Practitioner: A registered nurse with advanced education and clinical training, allowing them to diagnose and manage common medical conditions.
<b>ARI</b>	Aberdeen Royal Infirmary
<b>Automation</b>	The use of technology and machinery to perform tasks with minimal human intervention.
<b>AWI</b>	Adults with Incapacity: Legislation in Scotland that protects the welfare and financial affairs of adults who lack capacity to make decisions for themselves.
<b>BMA</b>	British Medical Association: A professional association and trade union representing doctors and medical students in the United Kingdom.
<b>Buchan + Associates</b>	Specialist Health and Social care consultancy
<b>Care Navigator</b>	A professional who assists patients in navigating the healthcare system to access appropriate services and resources.
<b>CBT</b>	Cognitive Behavioural Therapy: A psychotherapeutic treatment that focuses on changing negative thought patterns and behaviours.
<b>CDM</b>	Chronic Disease Management: Strategies and interventions aimed at managing chronic health conditions to improve patient outcomes and quality of life.
<b>CET</b>	Chief Executive Team: The executive leadership team responsible for decision-making and strategic direction within NHS Grampian

<b>CIG</b>	Clinical Interface Group: A multidisciplinary group that coordinates and improves the interface between different clinical services.
<b>CMHT</b>	Community Mental Health Team: A team of healthcare professionals providing mental health services in the community.
<b>Community Nursing</b>	Nursing care provided to individuals, families, and communities in their homes or community settings.
<b>Community Pharmacist</b>	A pharmacist who provides pharmaceutical services and advice within a community setting.
<b>COPD</b>	Chronic Obstructive Pulmonary Disease: A group of progressive lung diseases, including emphysema and chronic bronchitis, characterised by airflow obstruction.
<b>Co-Production</b>	A collaborative approach where service users and providers work together to design and deliver services.
<b>CPD</b>	Continuous Professional Development: The ongoing process of learning and skill development to maintain and enhance professional competence.
<b>CPN</b>	Community Psychiatric Nurse: A mental health nurse specialising in providing care and support to individuals in community settings.
<b>CPP</b>	Community Planning Partnership: A partnership between local authorities, public sector agencies, and community representatives to plan and deliver services at the local level.
<b>CTAC</b>	Community Treatment and Care
<b>D&amp;V</b>	Diarrhoea and Vomiting: Symptoms often associated with gastrointestinal illnesses.
<b>Dental</b>	Relating to oral health and dental care services.
<b>DES</b>	Directed Enhanced Service: Additional services provided by general practitioners (GP's) beyond the core contract with the NHS.
<b>Developer Obligations</b>	Financial contributions sought from a developer to mitigate the impact of their development on the community
<b>DN</b>	District Nurse: A nurse who provides nursing care and support to individuals in their own homes or within the community.
<b>DNACPR</b>	Do Not Attempt Cardiopulmonary Resuscitation: A medical order indicating that cardiopulmonary resuscitation should not be attempted if a patient's heart stops beating.
<b>DWP</b>	Department of Work & Pensions: A government department responsible for welfare, pensions, and child maintenance policy in the United Kingdom.
<b>EH</b>	Extended Hours: Additional hours beyond standard working hours, often offered by healthcare providers to increase accessibility.



<b>e-Health</b>	Department within NHS Grampian to make best use of information and communication technologies (ICT) to support and improve healthcare delivery and patient outcomes.
<b>Emis</b>	General Practice IT System: A software system used by general practitioners (GP's) to manage patient records, appointments, and clinical information.
<b>ES</b>	Enhanced Services - Additional healthcare services provided by general practitioners (GP's) beyond the core contract with the NHS.
<b>Expert Medical Generalist</b>	A healthcare professional with broad expertise and experience in managing a wide range of medical conditions.
<b>FCP</b>	First Contact Physio: A physiotherapist who serves as the first point of contact for patients seeking musculoskeletal care.
<b>FTE</b>	Full-Time Equivalent: A measure of an employee's workload or unit of service expressed as the equivalent of a full-time worker.
<b>FY1</b>	Foundation Doctor - Year 1
<b>FY2</b>	Foundation Doctor - Year 2
<b>Gap Analysis</b>	A technique used to assess the disparity between current performance and desired outcomes, often used to identify areas for improvement.
<b>GMED</b>	Out of Hours Primary care Service
<b>GMS</b>	General Medical Services: A range of primary healthcare services provided by general practitioners (GP's) under contract with the NHS.
<b>GOPES</b>	Grampian Operational Pressure Escalation System
<b>GP Cluster</b>	A grouping of general practitioner (GP) practices working together to coordinate and improve healthcare services at the local level.
<b>GPAS</b>	General Practice Alert State: A system designed to monitor and report the resilience of General Practice across a region.
<b>GP</b>	General Practitioners: Healthcare professionals who provide primary medical care to patients.
<b>GREC</b>	Grampian Regional Equality Council: An organisation promoting equality and human rights in the Grampian region of Scotland.
<b>HCP</b>	Health Care Professional: Any individual involved in providing healthcare services, including doctors, nurses, therapists, and allied health professionals.
<b>HR</b>	Human Resources: The department responsible for managing personnel, recruitment, training, and employee relations within an organisation.
<b>HSCP</b>	Health and Social Care Partnership: A collaborative partnership between local authorities and health boards to integrate health and social care services.

<b>HV</b>	Health Visitor: A registered nurse or midwife with additional training in public health nursing, specialising in supporting families with young children.
<b>IA</b>	Integration Agreement: A formal agreement outlining the integration of health and social care services within a region or jurisdiction.
<b>IG</b>	Information Governance: Policies and practices for managing and protecting sensitive information within an organisation.
<b>IJB</b>	Integrated Joint Board: A governing body responsible for overseeing the integration of health and social care services.
<b>Improvement Grants</b>	NHS Improvement Grants for General Practice premises are available under the National Health Service
<b>IPC</b>	Infection Prevention Control: Measures and protocols aimed at preventing the spread of infections within healthcare settings.
<b>LES</b>	Local Enhanced Service: Additional services provided by general practitioners (GP's) to meet specific local healthcare needs.
<b>Lessons Learned</b>	Insights and knowledge gained from past experiences or projects, used to inform decision-making and improve future performance.
<b>LMC</b>	Local Medical Committee: Representative bodies for general practitioners (GP's) at the local level, responsible for negotiating with health authorities and representing GP interests.
<b>Locum</b>	A temporary healthcare professional who fills in for regular staff during their absence or when additional support is needed.
<b>LOIP</b>	Locality Improvement Plan: A strategic plan outlining improvement priorities and objectives within a specific geographic area or locality.
<b>MCR</b>	Medicines Care & Review: A service provided by pharmacists to review patients' medications and ensure safe and effective use.
<b>MDT</b>	Multi-Disciplinary Team: A team of healthcare professionals from different disciplines collaborating to provide comprehensive care and treatment to patients.
<b>Mental Health Practitioners</b>	Healthcare professionals specialising in the assessment, diagnosis, and treatment of mental health conditions.
<b>MH</b>	Mental Health: The state of psychological well-being and functioning, encompassing emotional, cognitive, and social aspects.
<b>MOU</b>	Memorandum of Understanding: A formal agreement between parties outlining mutual goals, objectives, and responsibilities.
<b>National code of practice</b>	The Code of Practice sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GP's providing their practice premises.
<b>NES</b>	NES Education for Scotland

<b>NHS</b>	National Health Service: The publicly funded healthcare system in the United Kingdom, providing medical services free at the point of use.
<b>OOH</b>	Out of Hours: Healthcare services provided outside of regular working hours, often during evenings, weekends, and holidays.
<b>Optometry</b>	The healthcare profession concerned with examining the eyes for defects and abnormalities and prescribing corrective lenses or other treatments.
<b>Organisational development</b>	Strategies and initiatives aimed at enhancing organisational effectiveness, performance, and resilience.
<b>PA's</b>	Physician Associate: A healthcare professional who works under the supervision of a doctor to provide medical care and support to patients.
<b>Pathway</b>	A structured approach or plan outlining the steps and interventions involved in the diagnosis, treatment, and management of a particular health condition or patient population.
<b>PC</b>	Primary care
<b>PCCT</b>	Primary care Contracts Team: the team responsible for managing contracts and agreements between primary care providers and NHS organisations.
<b>PCIF</b>	Primary care Improvement Funding
<b>PCIMT</b>	Primary care Information Management Team
<b>PCIP</b>	Primary Care Improvement Plan
<b>PCPG</b>	Primary Care Premises Group
<b>Pharmacotherapy</b>	The use of medications or drugs to treat diseases, alleviate symptoms, or manage health conditions.
<b>Pharmacy first</b>	A service provided by community pharmacies to offer advice, treatment, and medications for minor ailments and conditions without the need for a doctor's prescription.
<b>PLT</b>	Protected Learning Time: Designated time for healthcare professionals to engage in continuing education, training, and professional development activities.
<b>POA</b>	Power of Attorney: A legal document granting someone the authority to make decisions on behalf of another person, often used in healthcare and financial matters.
<b>POC Testing</b>	Point of Care Testing: Diagnostic tests performed at or near the point of patient care, providing rapid results to inform immediate clinical decisions.
<b>PPG</b>	Patient Participation Group: A group of patients and healthcare professionals working together to improve patient care and services within a healthcare practice or organisation.

<b>Practice manager</b>	An administrative professional responsible for managing the operations and business aspects of a healthcare practice or clinic.
<b>QR code</b>	Quick Response Code: A two-dimensional barcode that stores information and can be scanned using a smartphone or other devices.
<b>SAS</b>	Scottish Ambulance Service: The national ambulance service in Scotland, responsible for providing emergency medical services.
<b>Secondary Care</b>	Specialised medical services provided by hospitals and healthcare professionals for patients requiring more complex or intensive treatment.
<b>SGPC</b>	Scottish General Practitioners Committee represents all general practitioners working in Scotland.
<b>SLA</b>	Service Level Agreement
<b>SLWG</b>	Short Life Working Group: A temporary group established to address specific issues or tasks within a defined timeframe.
<b>SMART</b>	Specific, Measurable, Attainable, Realistic, Time-Bound: Criteria used for setting objectives and goals to ensure they are clear, achievable, and trackable.
<b>Social prescribing</b>	A non-medical approach to healthcare that involves connecting patients with community-based resources and activities to improve their health and well-being.
<b>SOP</b>	Standard Operating Procedures: Established protocols and guidelines for performing routine tasks and procedures in a consistent and standardised manner.
<b>SPOC</b>	Single Point of Contact: A designated individual or entity responsible for handling communications and coordination for a specific issue or service.
<b>SRO</b>	Senior Responsible Officer: An individual with overall accountability and authority for the successful delivery of a project or initiative.
<b>Sustainability loan</b>	These are government interest-free loans are intended to make GP practices that own their practice premises more viable. Qualifying practices can use these sustainability loans in any way they want, provided it is 'for the purpose of the practice
<b>Test of change</b>	A structured approach to implementing and evaluating small-scale changes or innovations within a healthcare setting before broader implementation.
<b>TOR</b>	Terms of Reference: A document outlining the scope, objectives, and responsibilities of a project, committee, or working group.
<b>TrakCare</b>	Electronic Patient Management System: A software system used for managing patient records and clinical information within healthcare organisations.
<b>Unscheduled care</b>	Healthcare services provided to patients who require immediate or urgent medical attention, often outside of scheduled appointments or clinics.

<b>UTI</b>	Urinary Tract Infection: An infection affecting any part of the urinary system, including the kidneys, bladder, ureters, and urethra.
<b>Vision</b>	General Practice IT System: A software system used by general practitioners (GP's) to manage patient records, appointments, and clinical information.
<b>VTP</b>	Vaccination Transformation Programme: A program aimed at improving vaccination coverage and delivery within a healthcare system.
<b>WT</b>	Waiting Time: The length of time a patient must wait for an appointment, treatment, or service within the healthcare system.
<b>WW</b>	Waiting Well