

# A National Care Service for Scotland Consultation

**GP Cluster Group**  
**27<sup>th</sup> October 2021**

Feedback collected and reported by



on behalf of the Scottish Government



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### Introduction

The findings in this chapter are based on one online session which was chaired by the Public Engagement Team of the Fife Health & Social Care Partnership. A total of 21 attendees participated in this session. The session covered Chapters 2 - 6 from the full consultation as these topics were identified as focal discussion points to these stakeholders. Attendees of this group represented GPs and practices across Fife.

Feedback from this stakeholder group was collected through various methods including optional polls during the online session, the opportunity for open verbal discussion, use of the Teams chat box function to record any further comments, and all attendees were sent a link to an MS Form for written feedback. The feedback in this chapter brings together each of these methods.



## Overall Feedback on the Consultation as a Whole

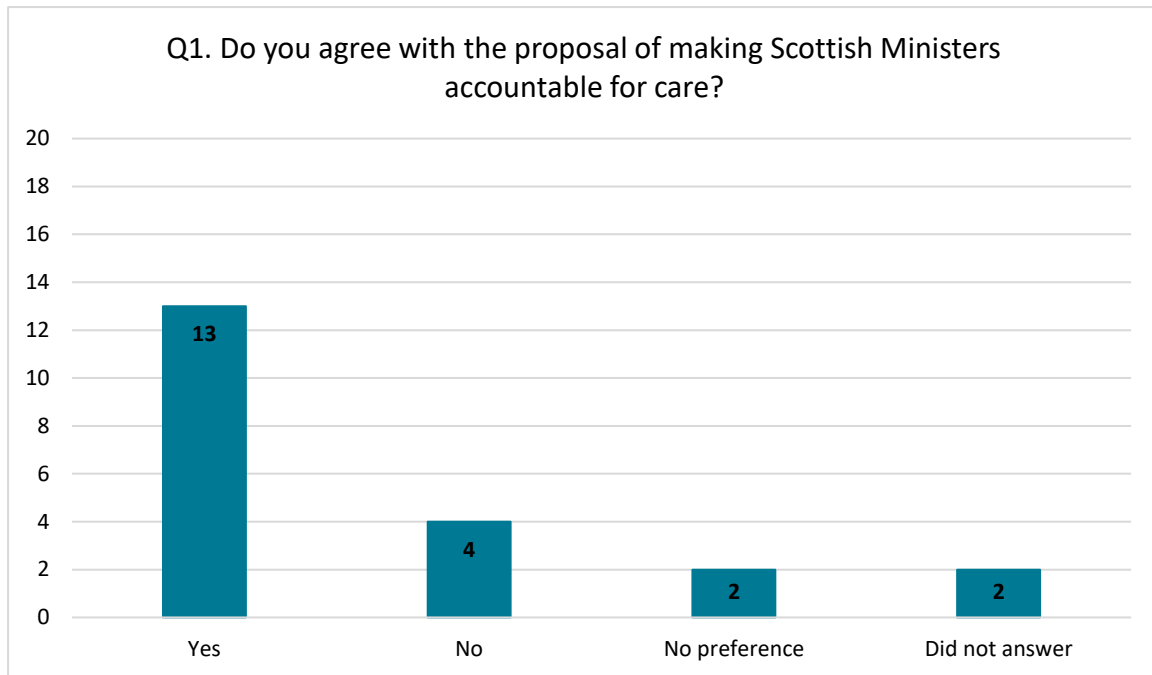
- The NCS not following review recommendations i.e., political
- Rights of staff in care not to be abused is not mentioned
- Need to measure increase in investment to deliver this
- The consultation aims sounds like a bureaucratic nightmare with spending diverted to “inclusive meetings” not patient care
- The majority of GPs are Independent Contractors so if you start messing with this remit you will need to buy all the buildings and pay at level commensurate with consultants
- GPs do a lot more than standard time
- Poor workshop consultation as this was done during a time when GPs are actively seeing patients, i.e., failed at step 1
- The value you get from GP practices managing their staff and providing the gateway to secondary care – remove this and watch the flood
- Be careful with general practice as many may seek early retirement
- District Nurses in practices in Fife should not be pushed into a Glasgow model
- A lot more needs to be invested in Mental Health services
- Employees of voluntary sector organisations do not develop into a one size fits all of Scotland as Fife is very different to other areas
- Maintaining the current Executive Director of Nursing role is fine but not if they start to dictate to practice employed staff as GPs employ and pay their “defence fees”
- Any improvement that helps focus on the addiction, harm reduction in the Justice/Prison system would be welcome
- There is no mention to Patient Responsibilities as well as care providers and this must be emphasised
- Misbehaving patients must be sanctioned, and patients must take responsibility to support their own health



## Chapter 2 – Making Ministers Accountable for Care

### Overall Feedback:

- This should not be done at the expense of micromanaging to a political agenda, or a one size fits the whole of Scotland
- Use the example of Police Scotland
- They should be accountable at a macro level



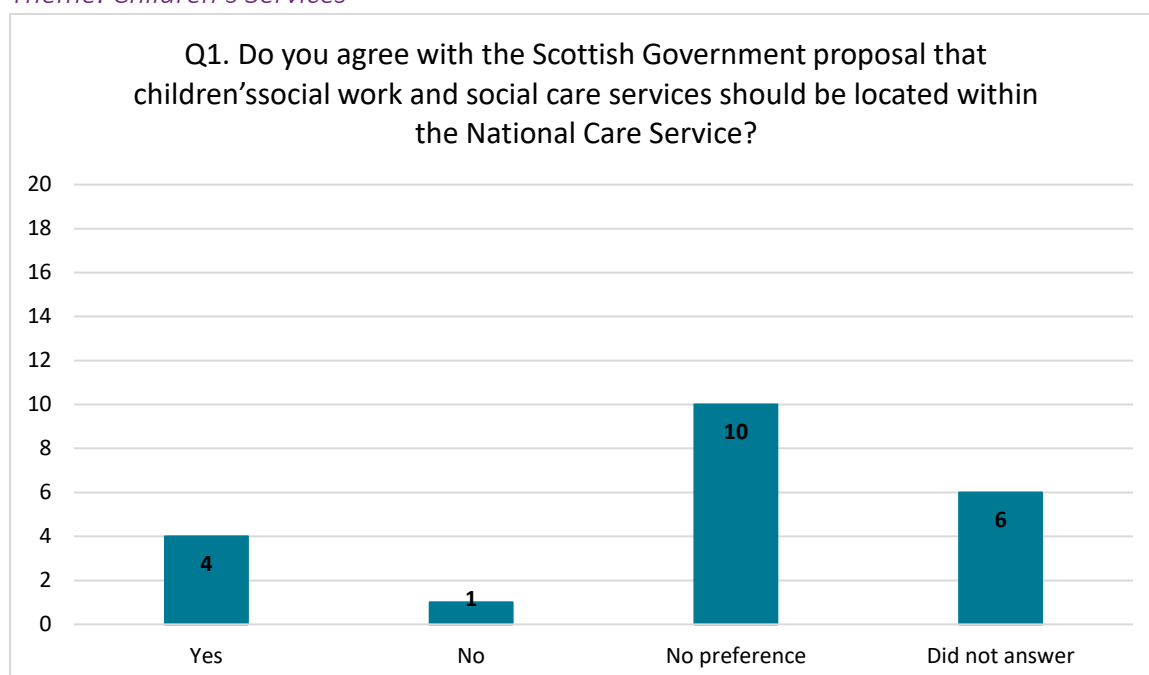


### Chapter 3 – Scope of the NCS

#### Overall Feedback:

- It is difficult to give feedback when we don't have enough information about services as it stands
  - The questions are very leading, and we do not have enough evidence to support them to be able to answer or fully understand
- The format of the consultation needs to be split and broken down for more focussed and specialist groups to respond to
  - The right questions haven't been asked to the right people

#### Theme: Children's Services

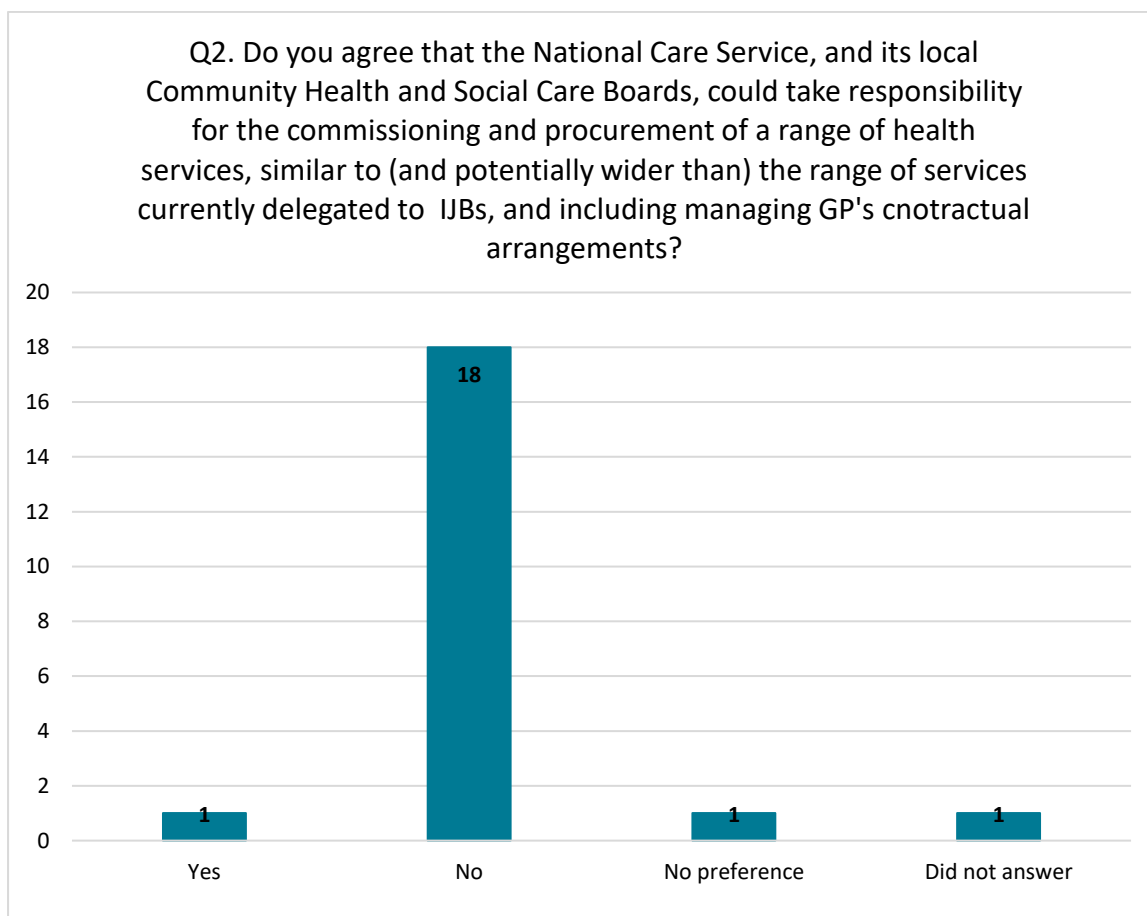


#### Additional feedback:

- How can we form an opinion when we don't know what outcomes will mean for that service?



Theme: Healthcare

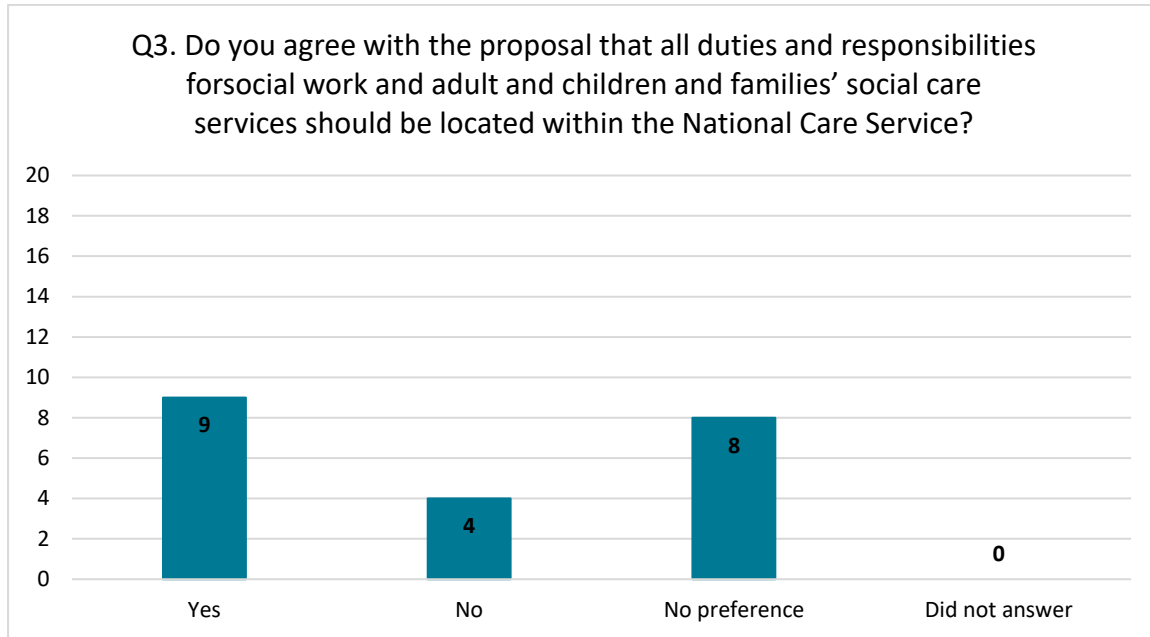


Additional feedback:

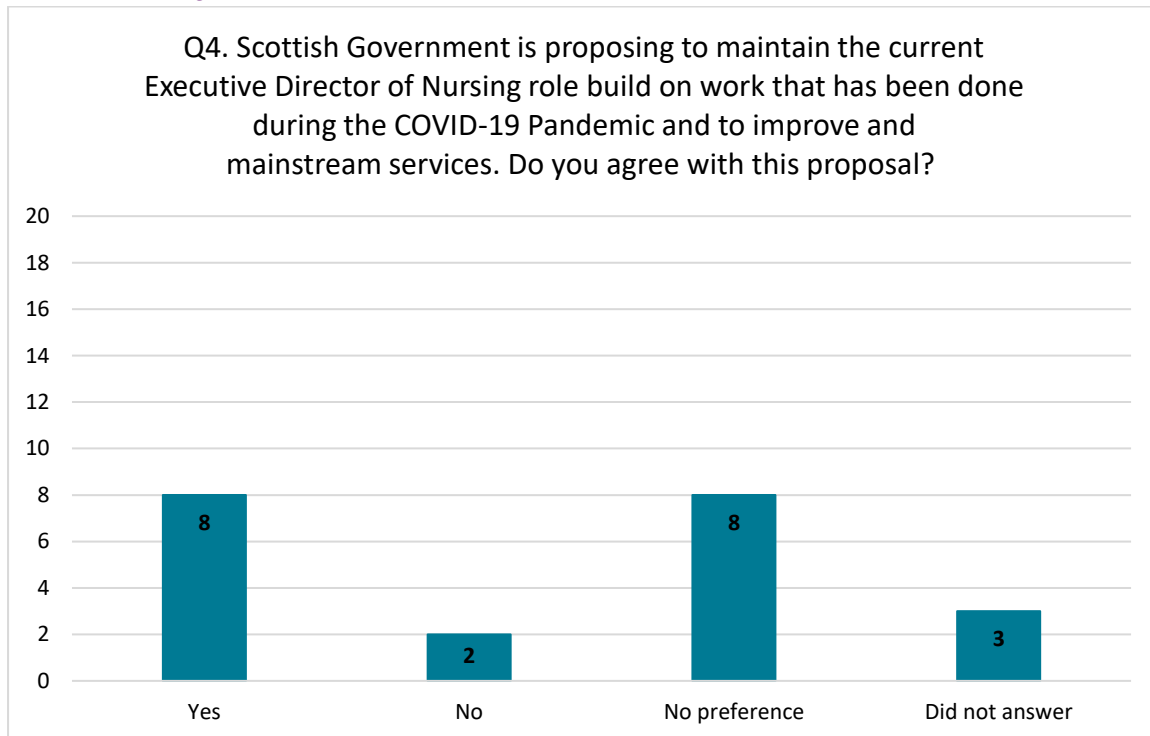
- The new contract hasn't worked for GPs
  - Being directly negotiated with IJB will mean we are dictated to which poses very big risks
  - Currently our premises are funded via the health board
- Putting GPs in a silo from secondary care is problematic and will be detrimental to patients
- GP services tend to be based on patient needs rather than rights and there's a concern that this direction is now changing
  - There will be less innovation which is concerning
  - A new service will be worse if more layers of management are added in
- We will lose a bit of identity as health professional – can foresee a GP shortage which will accelerate and there will be big holes in service provision
- There is a risk of becoming a “health supermarket”
  - Already seeing issues on the demand for face-to-face appointments
  - Trying to be efficient and needs led with finite resources as it is
- The way GPs work will vary from one area to another
- GPs tend to carry out health related work for a lifetime – politicians come and go over periods of times so the depth of understanding and their priorities could be very different from what is needed
- What is the real advantage of it sitting elsewhere?



*Theme: Social Work and Social Care*



*Theme: Nursing*



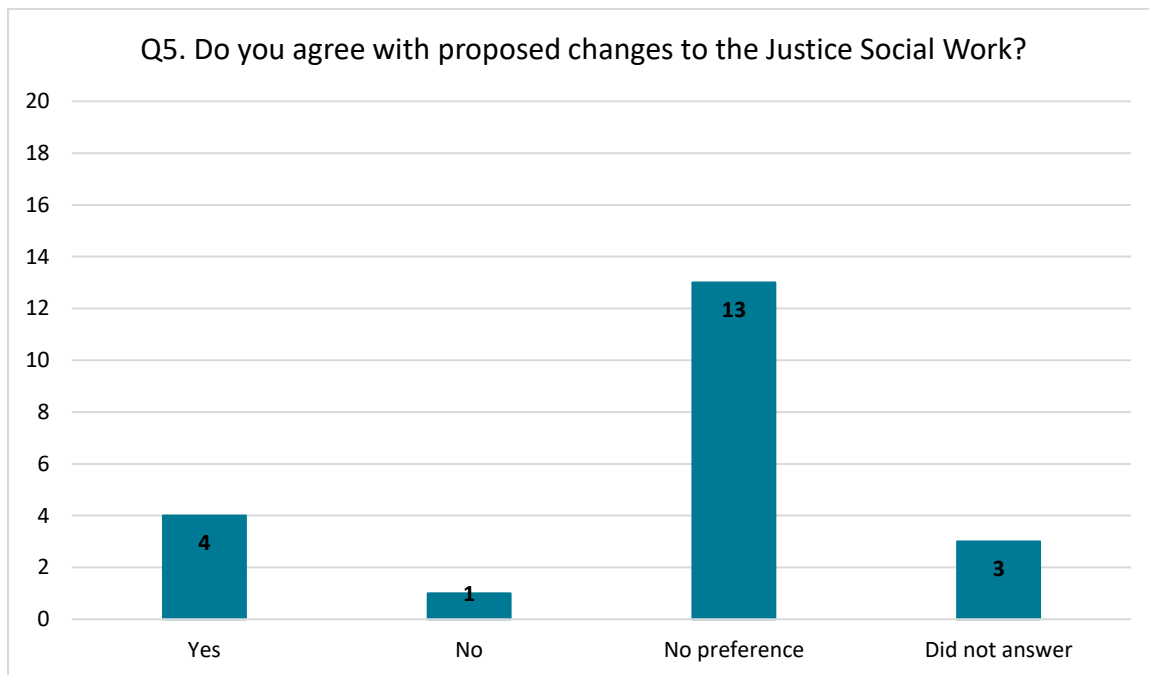
**Additional feedback:**

- Don't know what this means – none of the detail are there
  - Questions are leading and information is missing
  - There should be a place for us to say this on the consultation rather than just answering questions

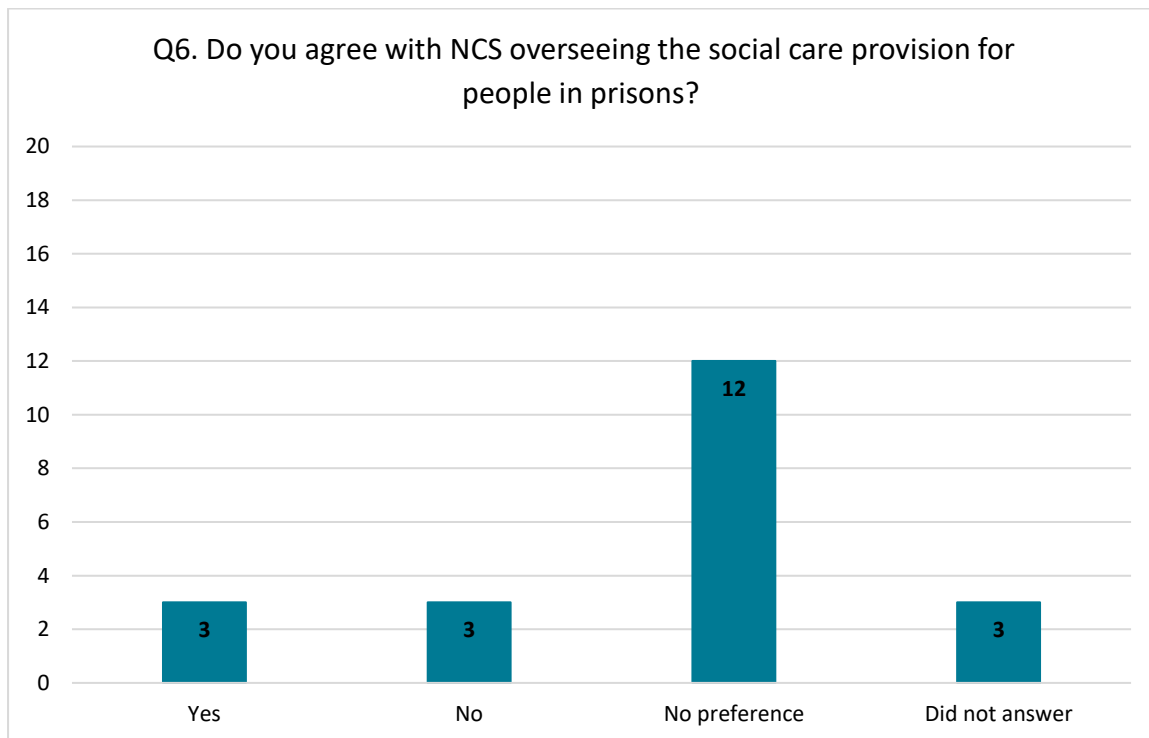




*Theme: Justice Social Work*



*Theme: Prisons*

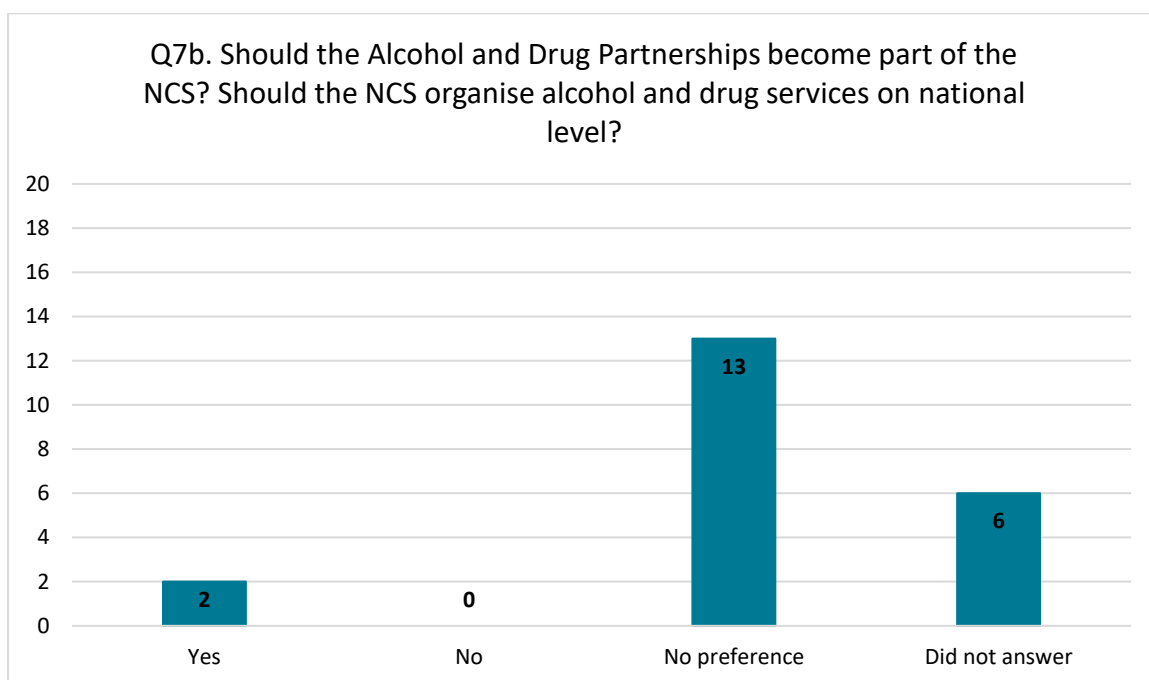
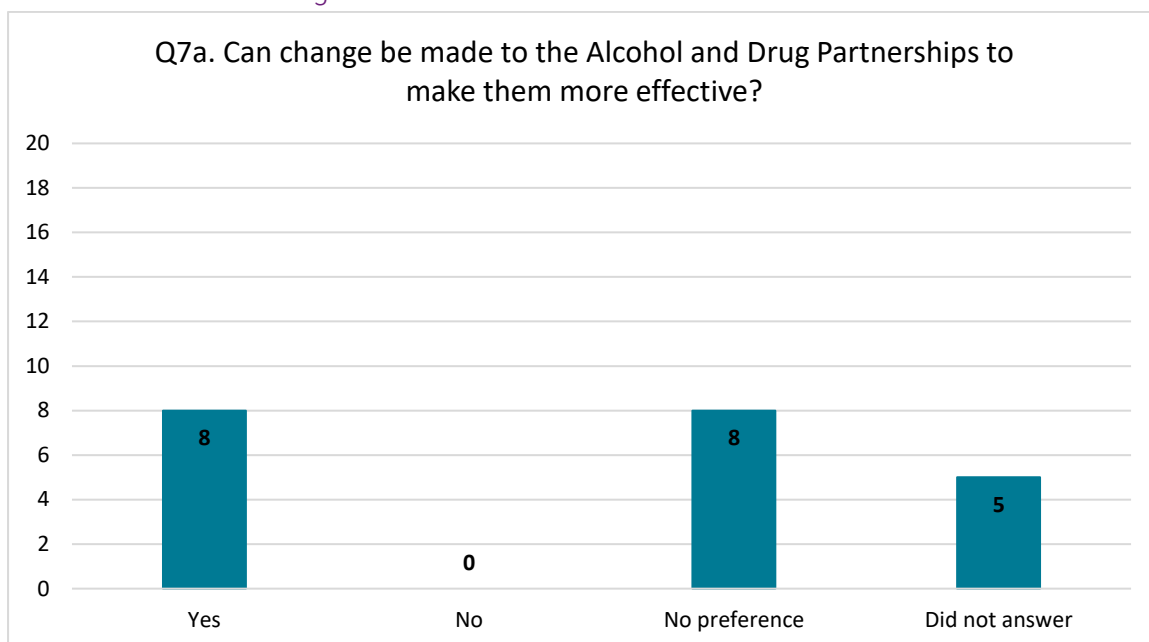


Additional feedback:

- There must be a focus with enough funding on mental health and addiction services
  - No one should enter prison still addicted



*Theme: Alcohol and Drugs Services*

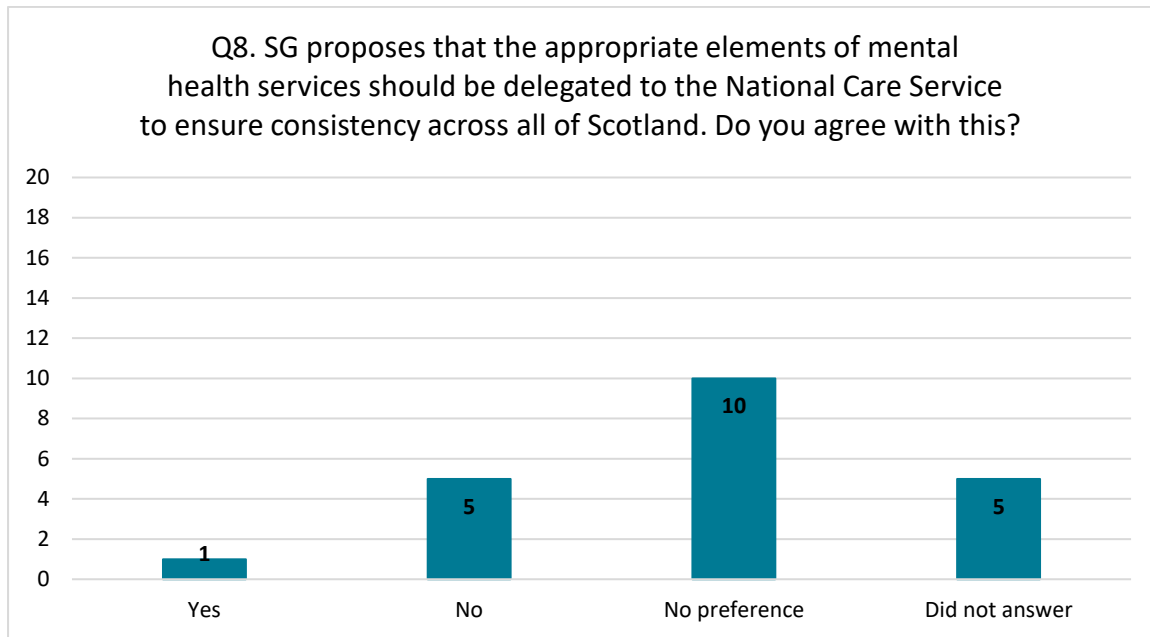


**Additional feedback:**

- Changes can be made but we have no idea as there is no detail
- Risk of ire and frustration may come across as there is not enough evidence or information to support the proposals



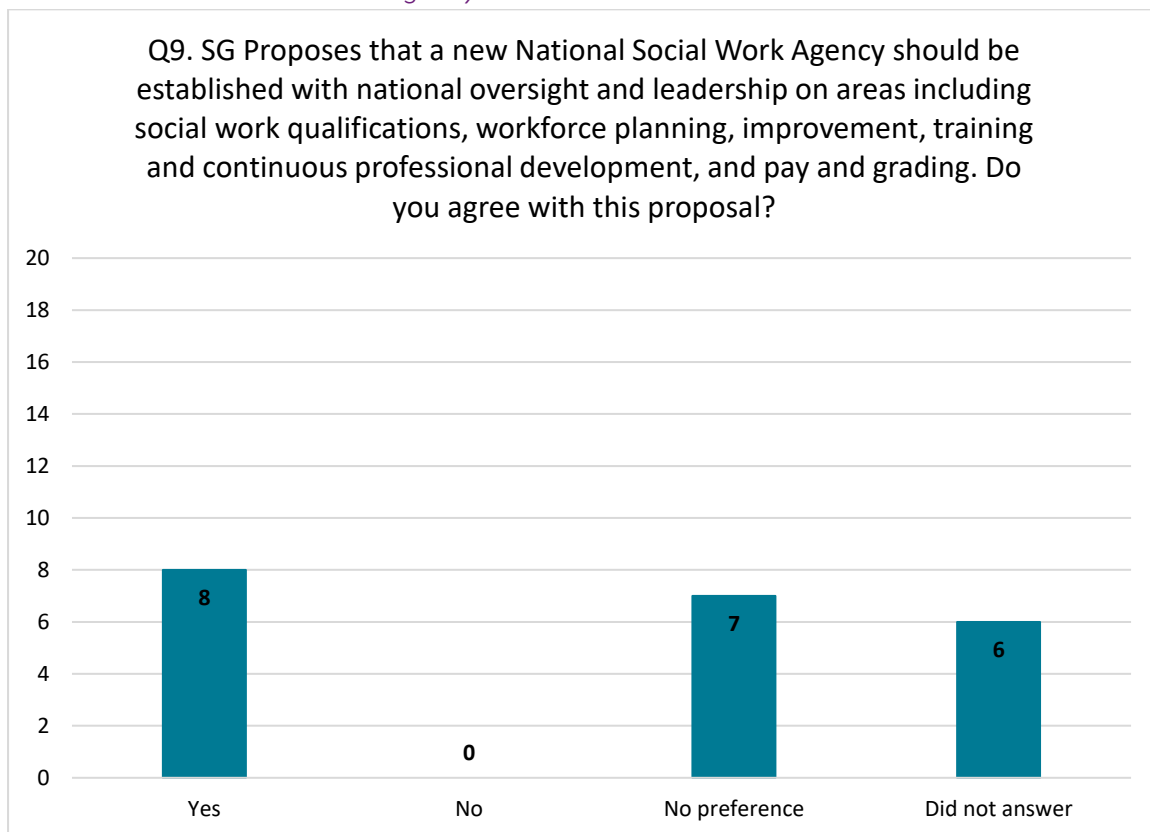
*Theme: Mental Health Services*



**Additional feedback:**

- Mental Health Services consistency in funding would be nice as we have not had adequate service provisions in over 25 years

*Theme: National Social Work Agency*





Additional feedback:

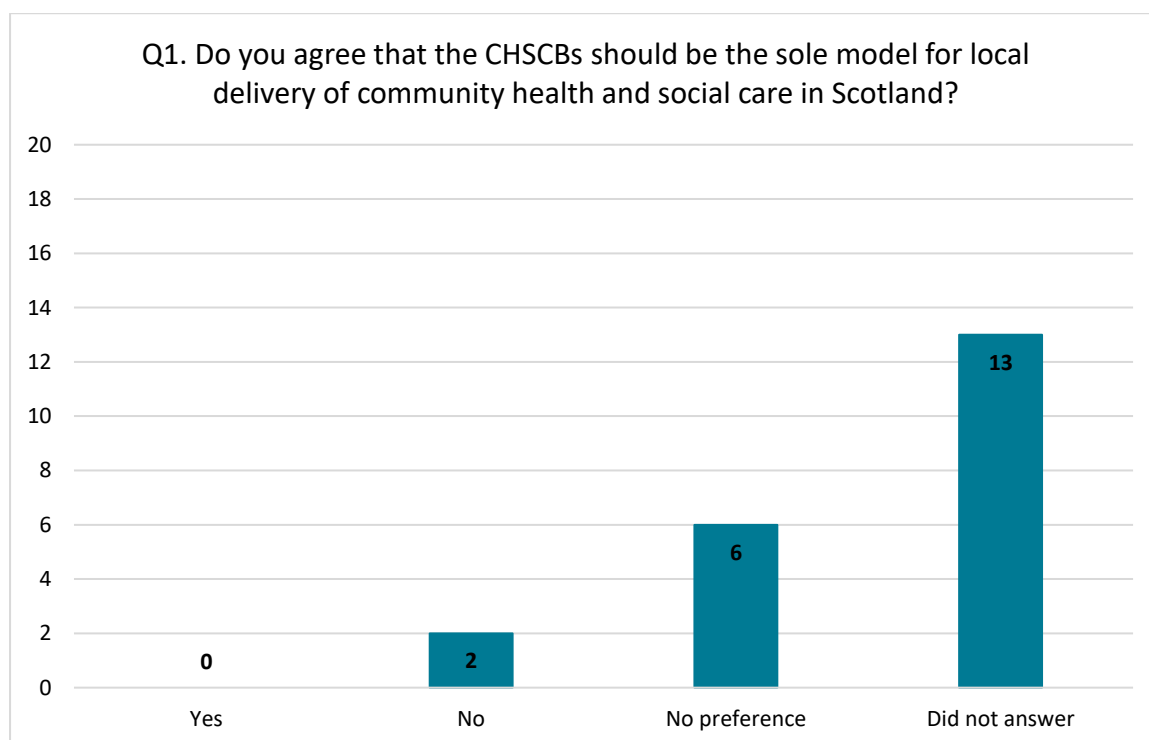
- Sounds sensible and positive but interested to hear the views of social workers around this
- Not sure this question should be answered by GPs – this is a focussed question being asked to the wrong people
- This all depends upon avoiding the one size fits all and improving funding form hospital to primary preventative care
- So long as there is sufficient funding for all other services and not robbing Peter to pay Paul

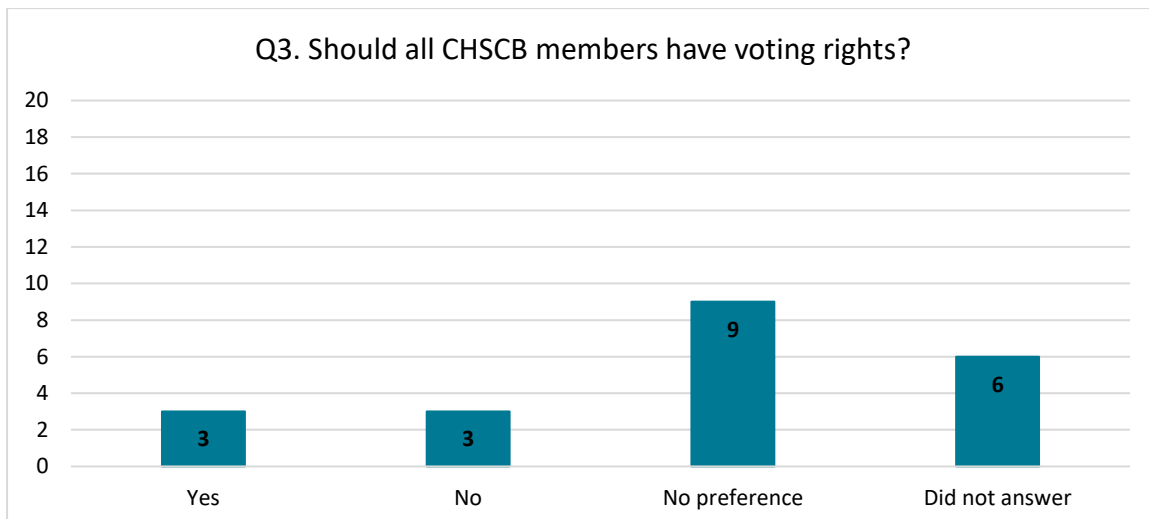
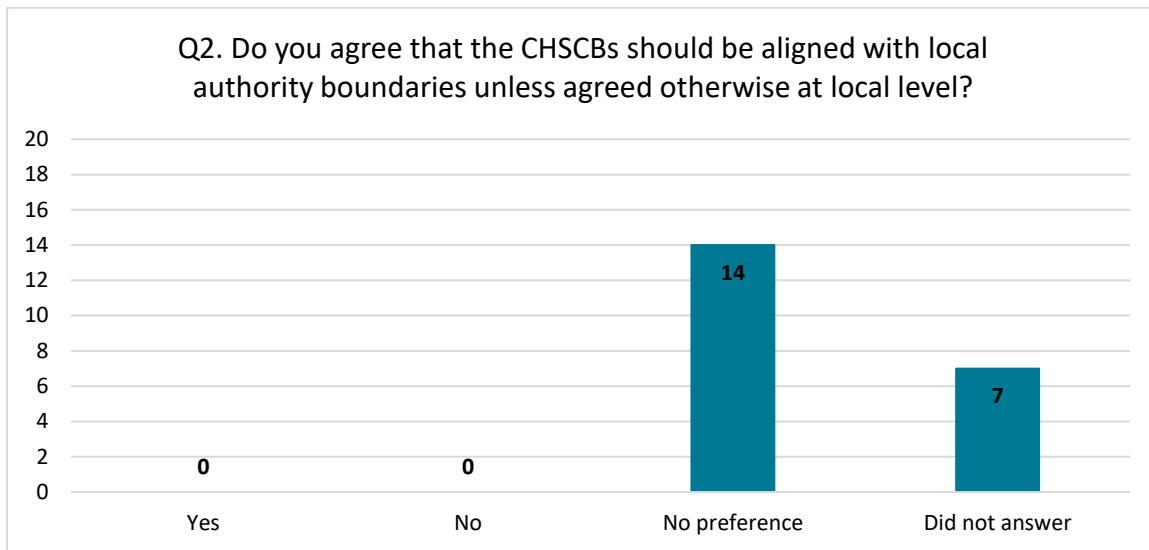


Chapter 4 – Reformed IJBs: Community Health & Social Care Boards

*Overall Feedback*

- It sounds like rearranging the deck chairs on the Titanic
  - We had Fife Health Board which was renamed/revamped and shifting it becomes tiresome in what these quangos mean and what they do
- We need to look more at the function of these boards rather than what they are called
  - The IJB doesn't really listen well to the people on the ground
  - Changing the name of it doesn't mean it will improve the service
  - We need to see how things flow
- The proposal for NCS doesn't have enough board members to represent the full population
  - Representative from Mental Health aspects must be b
- Chief Officers are employed directly this would make sense as they would have good local knowledge to help inform decisions relevant to the area
- Agreement to alignment works in Fife
- GPs must be represented with appropriate funding to attend
  - We cannot just add layers of management that deflect resources from the delivery of service



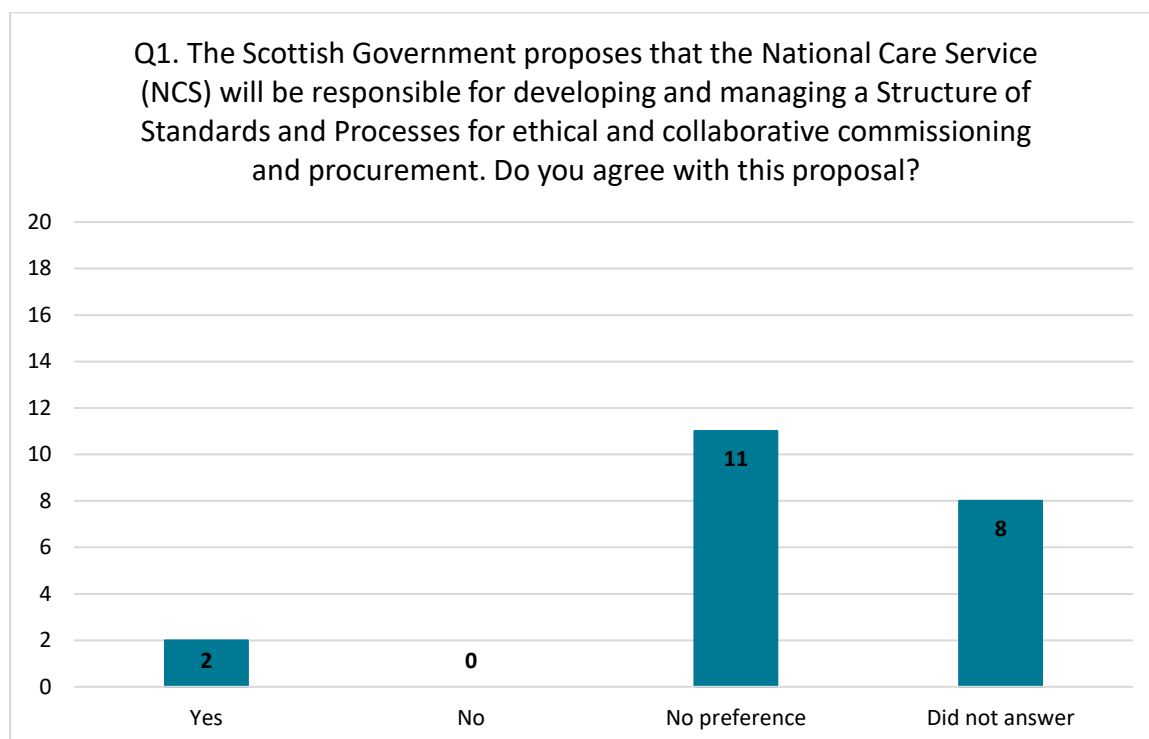




## Chapter 5 - Commissioning

### Overall Feedback

- Buying in bulk can help manage costs better but there will be a loss of locality requirements, i.e., different areas have different needs
  - Centres of expertise must be in various places, not just Edinburgh, Glasgow, and Aberdeen
- Care must be equitable and well-structured in each area
- Nationalised standard of services being bought is an excellent idea, but more clarity is needed
- Worry over the quality of service you are buying and whether it meets a base-line criterion
  - Would want to see something in there that the service being bought is an equitable standard across the whole of Scotland
- If well-funded and not made a political football this could work
  - It must be adequately funded or take ministerial accountability with the electorate
- There is so much more to the primary care provision provided by GPs that seems to bypass politicians and hospital managers



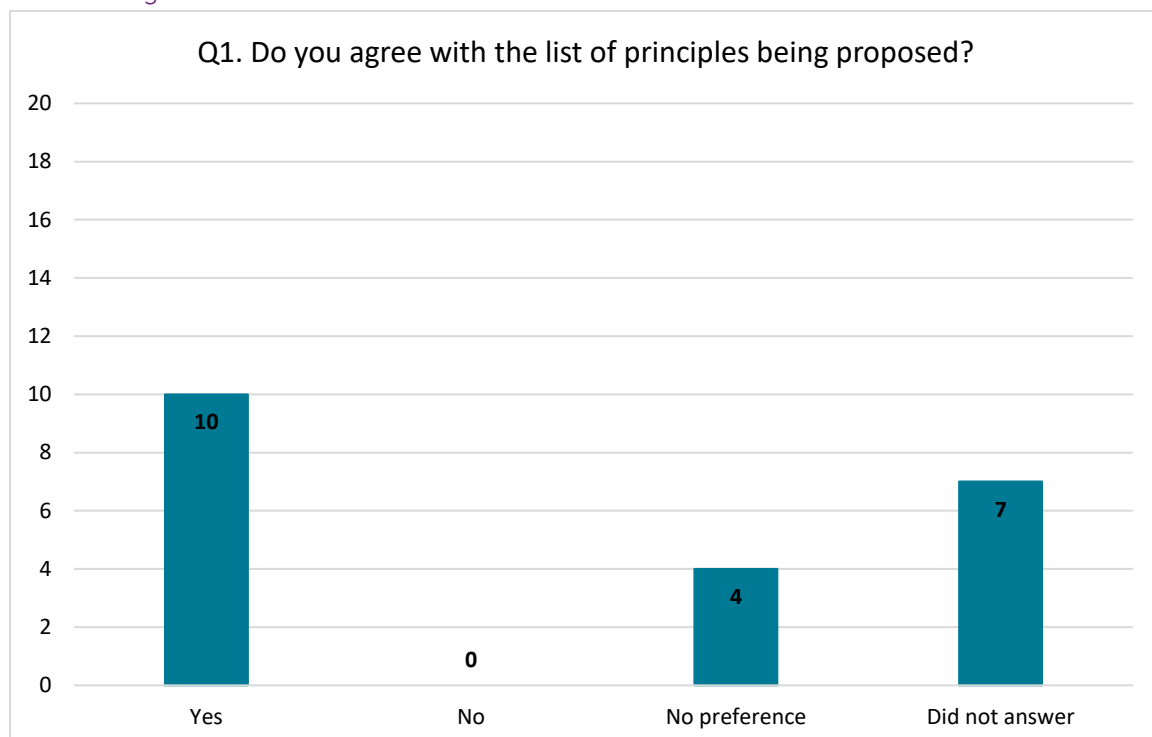


## Chapter 6 – Regulation

### Overall Feedback

- There seems to be a large disparity in employment rights across the social care working group
  - If this was cleared up it would be better for people who work for private companies
  - There are too many loopholes which employers are currently getting away with which is unfair on the employees
    - E.g., not getting paid when travelling and only being paid when in people’s homes
- All levels of management need to be covered and if the issue is lack of funding, ministers.
- All Care Workers to be registered as well as Providers and any people sitting in judgement on these people
- In relation to the SSSC - this needs beefed up
- “Corporate” responsibility not “blame the coalface workers”

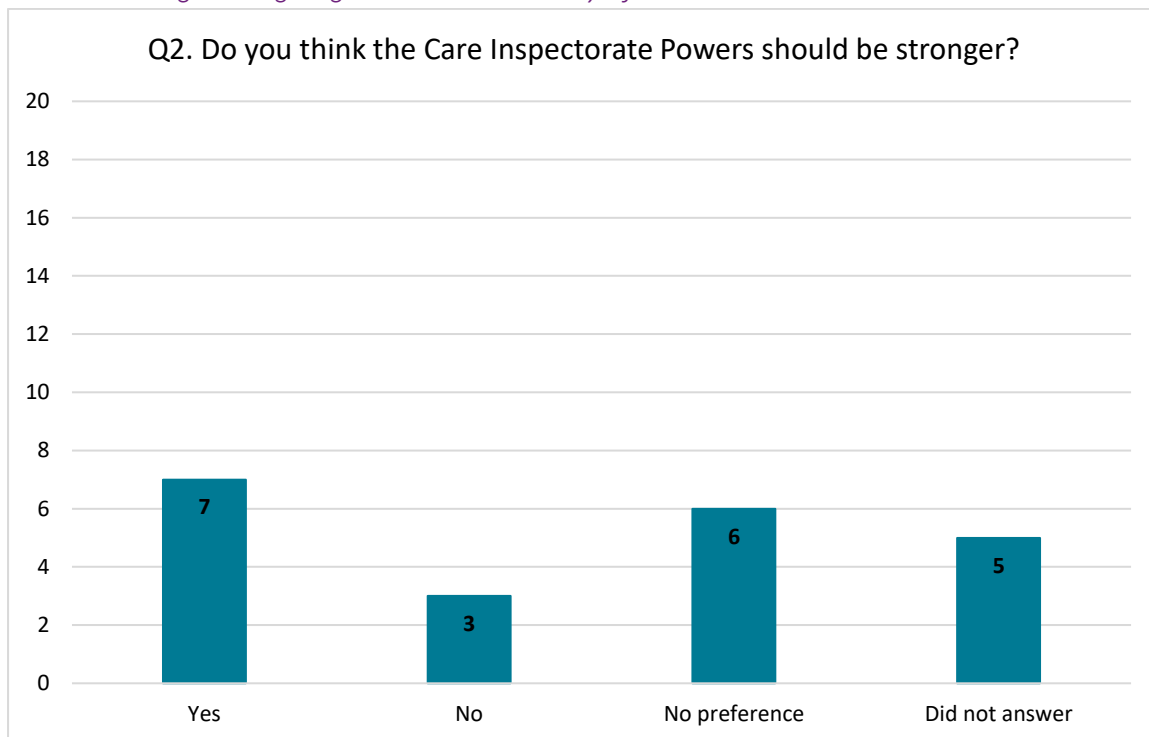
### Theme: Regulations



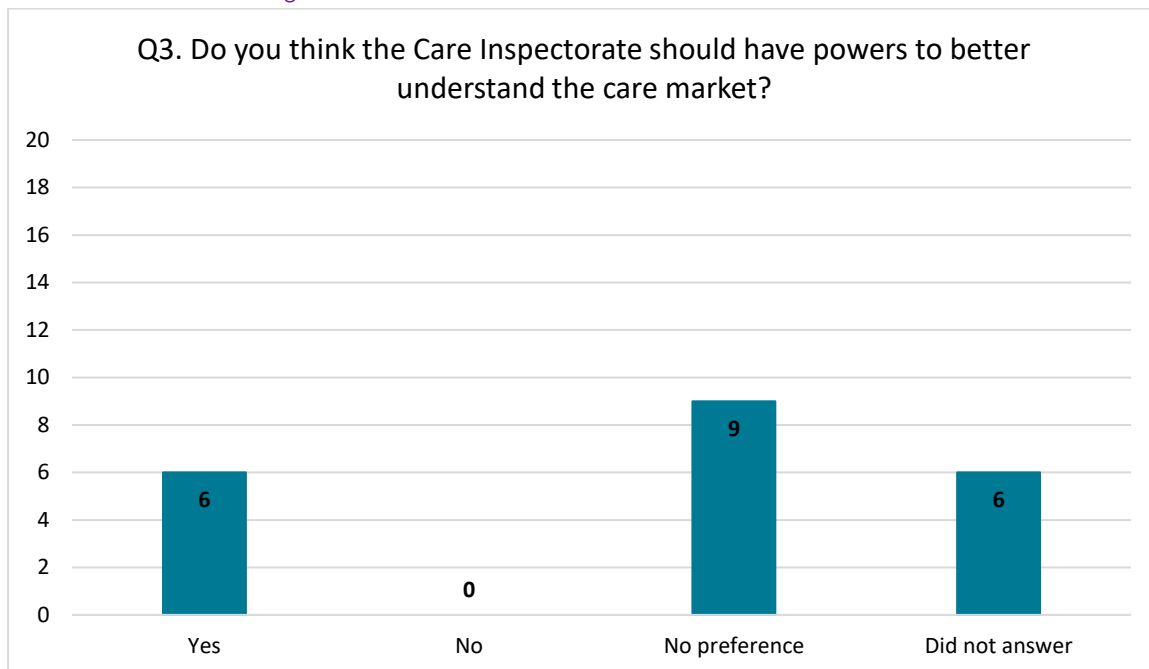




*Theme: Strengthening Regulation and Scrutiny of Care Services*



*Theme: Understanding the Care Market*



**Additional feedback:**

- This should only happen if there is a guarantee that data is secure, and the Government really does not have a good record on this



## Further Feedback

- There was a feeling of being inadequately briefed to answer the questions posed on screen and a concern in responding to aspects that involve other parts of the system. For example, they felt it inappropriate to express views on social work ways of working without having them in the room to explain what the proposed changes would mean for them and what impact it would have on their ability to deliver their services.
- There was concern around the financial burden and extensive management and governance structures that may be required to attempt to achieve the notion of a National Care service.
- It was felt that little thought had been given to the potential unintended consequences.
- There was a question as to why appropriate standards could not be ensured across social care without recourse to nationalisation of the care sector.
- It was accepted that there were potentially some sensible suggestions within the document, but these would require closer scrutiny to be certain of their impact and consequences both intentional and unintentional.
- The notion of divorcing general practice, the place where 90% of medical consultations and management takes place from secondary care medical colleagues within the NHS and parking it within a National Care service was considered a non-starter likely to have many unintended adverse consequences - the steer was firmly that GPs are most effective, the closer we can work with secondary care colleagues, and we should avoid such a divorce at all costs-however well-meaning it may have been.
- There was concern at the notion of locally negotiated contracts for general practice - general practice is proud to be part of a national network and nationally negotiated contracts optimise the potential to engage general practitioners across the country and be able to readily adapt themselves to work in different areas.
- There was further concern at eroding medical practitioners' freedom to work on responding to the greatest needs in society rather than the local political voice of the day-general practitioners largely spend their whole careers working with their patient populations. Remember well, it was the work of Julian Tudor Hart, a general practitioner that first coined the phrase-"the inverse care law" and enabled others to begin to understand the relevance which of course is now embedded within public health thinking.
- Additional concerns expressed around the further erosion of freedom of general practice to innovate which has been its calling card since inception-you need only look to the use of IT within medicine which was brought in and developed by general practice some 50 years ago with electronic notes the norm for the past 2 decades.



## Conclusions

In summary the common theme throughout this session was that there is not currently enough information available to answer these high-level questions and many of the participants felt the questions were leading or being asked to the wrong audience. It was felt that the wrong people answering these questions may not receive well informed answers.

A common theme throughout this session was the recognition of local knowledge to make informed decisions about what is right for the area. Without this it was felt that good quality services may be lost.

It was also noted that the GP contract changes haven't worked well thus far and there are huge concerns over the powers and dictatorship the IJB currently has over GPs and their services. Putting GPs into a silo from secondary care is deemed to be detrimental to patients and the focus will turn from being needs led to rights led which will see an increase of pressure put on GP services which are already under significant pressure as it is.

Overall, it can conclude that more information is required before being able to answer these types of question in detail and some of the questions should be focussed only on specialist groups. GPs felt some form of their identity will be lost and there is fear of becoming a "health supermarket" where their services will move from being needs led to rights led which will put additional pressure on their services and could see a shortage of GPs across the board.