Fit for 20:20
…and what this will mean for eHealth

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Today I'll cover:

- Strategic Context of the 2020 Vision
- GMS Contract Arrangements 2014/2017
- What next – looking forward to 2020 for GP Contract in Scotland
- How can this be supported by the Ehealth Strategy?

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“2020 Vision”

- **Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.**
  - Integrated health and social care;
  - A focus on prevention, anticipation and supported self management;
  - Where hospital necessary, day treatment the norm and focus on getting people back into their home as soon as appropriate, with minimal risk of re-admission.

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The Healthcare Quality Strategy for Scotland

- **Person-Centred** - Mutually beneficial partnerships between patients, their families, and those delivering healthcare services which respect individual needs and values, and which demonstrate compassion, continuity, clear communication, and shared decision making.
- **Effective** - The most appropriate treatments, interventions, support, and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.
- **Safe** - There will be no avoidable injury or harm to patients from healthcare they receive, and an appropriate clean and safe environment will be provided for the delivery of healthcare services at all times.

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ROUTE MAP TO THE 20:20 VISION

12 Priority Areas for Action

Quality of Care

- Primary Care
- Integrated Care
- Safe Care
- Unscheduled and Emergency Care
- Person Centred Care
- Care for Multiple and Chronic Illnesses

Health of the Population

- Early Years
- Health Inequalities
- Prevention

Value & Financial Sustainability

- Innovation
- Efficiency & Productivity
- Workforce

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The Importance of Primary Care

The foundation of the NHS:

Over 90% of interactions with healthcare start and finish in primary care.

Key to addressing:

- Inequalities in health and care;
- Access to health (and often social) care.

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The Challenges

- Demographic shift to an ageing population
- Ageing brings a more multi-morbid population (two or more long term conditions)
- Worsening health inequalities

This matters because:

- Living with multiple conditions is the norm rather than the exception for many people. It is associated with poorer quality of life, more hospital admissions and higher mortality, and significantly worsens the impact of deprivation.

But:

- We still tend to design healthcare along single disease pathways

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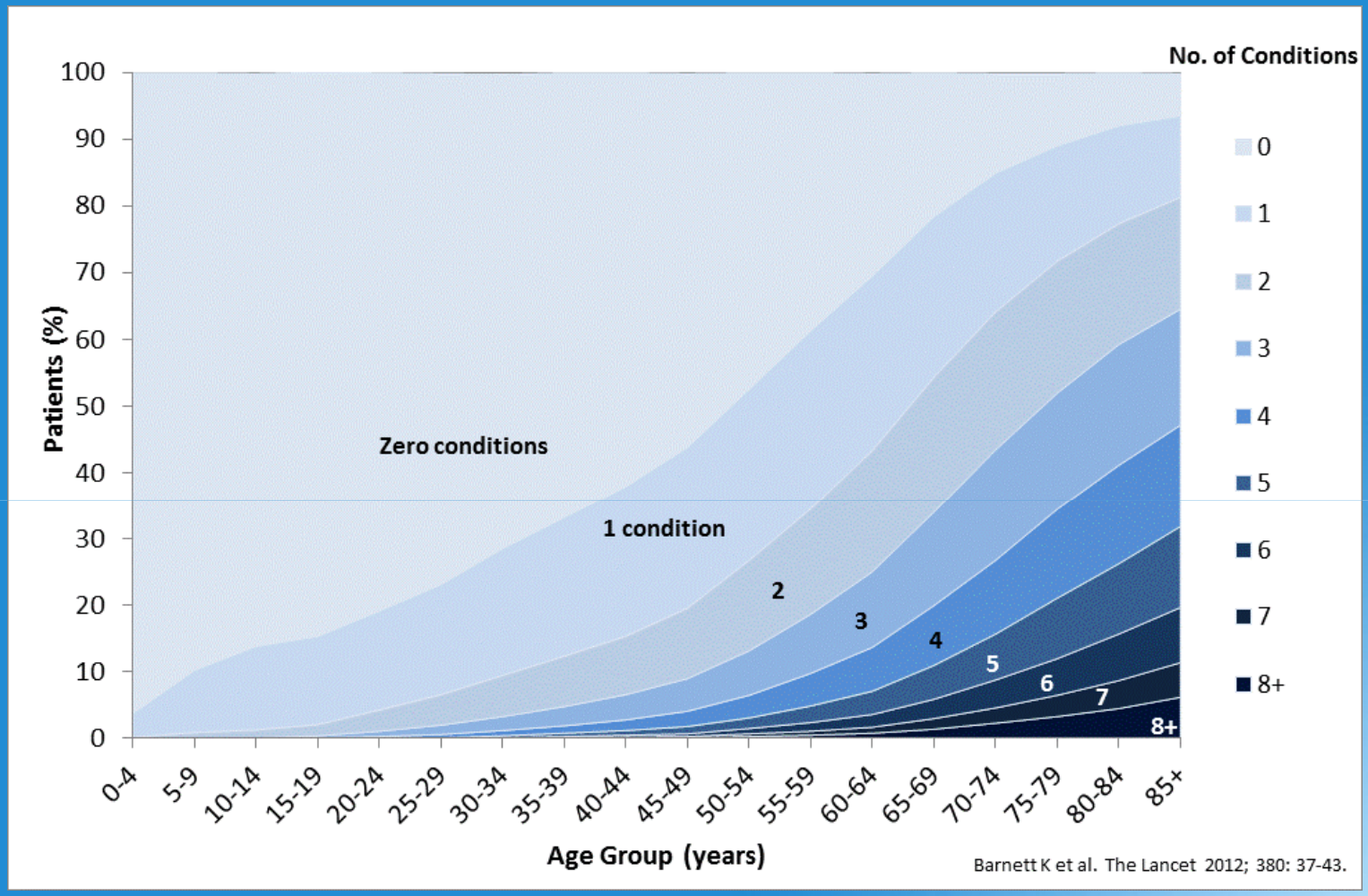
Multimorbidity is common in Scotland



- The majority of over-65s have 2 or more conditions, and the majority of over-75s have 3 or more conditions
- More people have 2 or more conditions than only have 1

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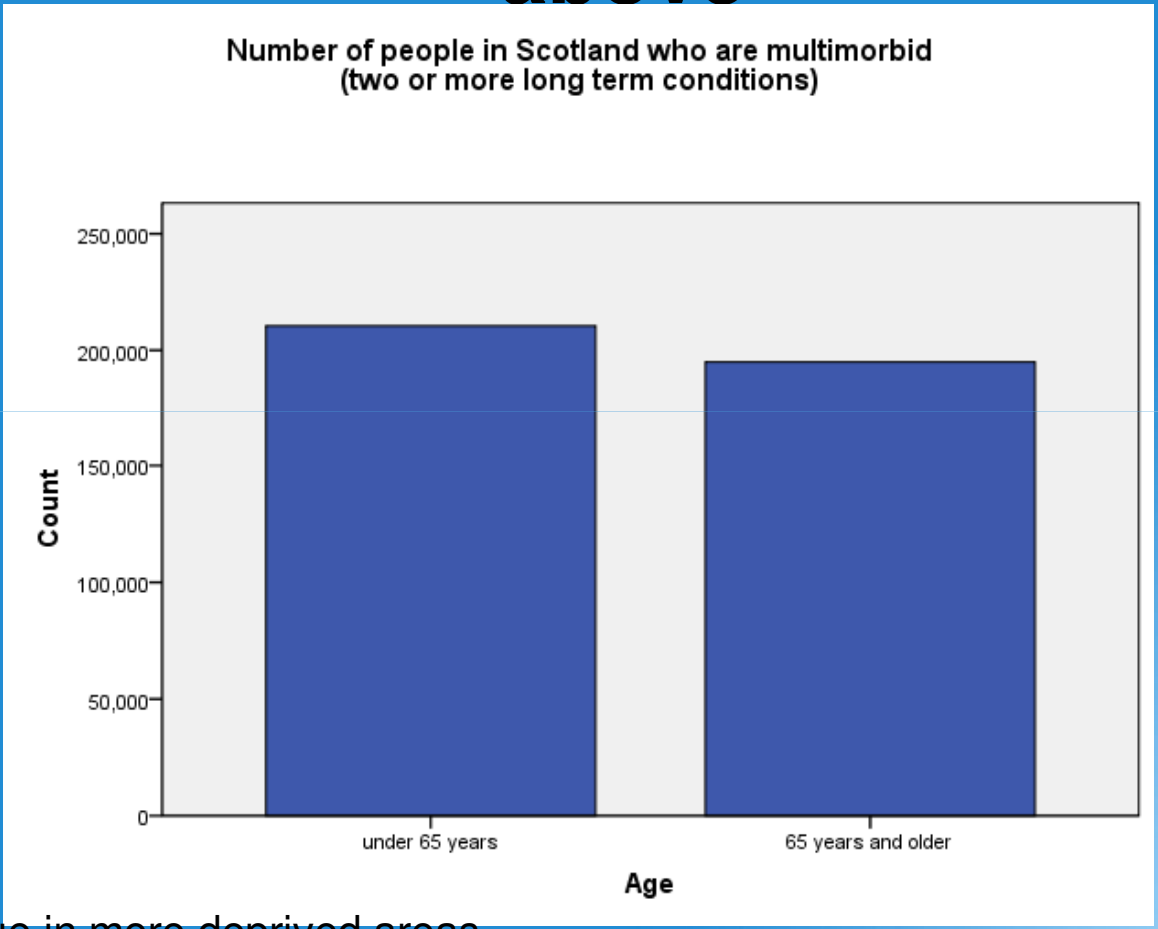
There are more people in Scotland with multimorbidity below 65 years than above



Particularly true in more deprived areas

There are very few generalist hospital services for the under-65s

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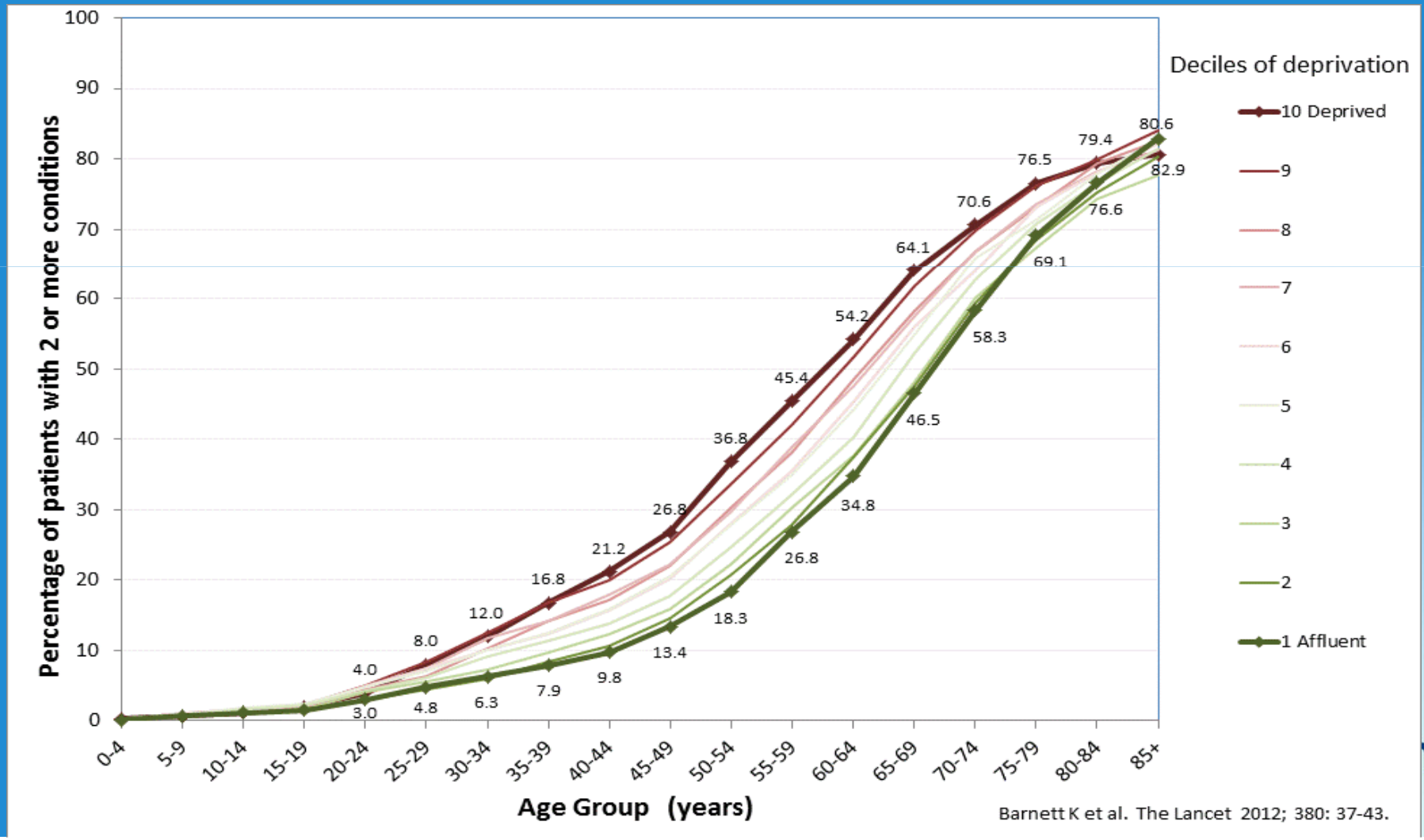
People living in more deprived areas in Scotland develop multimorbidity 10 years before those living in the most affluent areas



Barnett K et al. The Lancet 2012; 380: 37-43.

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Scottish GMS Contract Arrangements 2014 -2017

- Reduction in bureaucracy – 264 QOF points to Core;
- Emphasis on professionalism, clinical decision making;
- No planned major changes to QOF – will be kept under review by SG/ SGPC;
- Work with SGPC to develop a Scottish GMS Contract;
- Work to support improved recruitment and retention.

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Scottish GMS Contract Arrangements 2014 -2017

- Areas of work going forward affecting the GP Contract
  - Financial Framework to support GP Contract
  - Review of GP workload;
  - Review of Infrastructure (GP Premises and IT);
  - Review of Enhanced Services and Immunisations;
  - Further work to support Recruitment and Retention.

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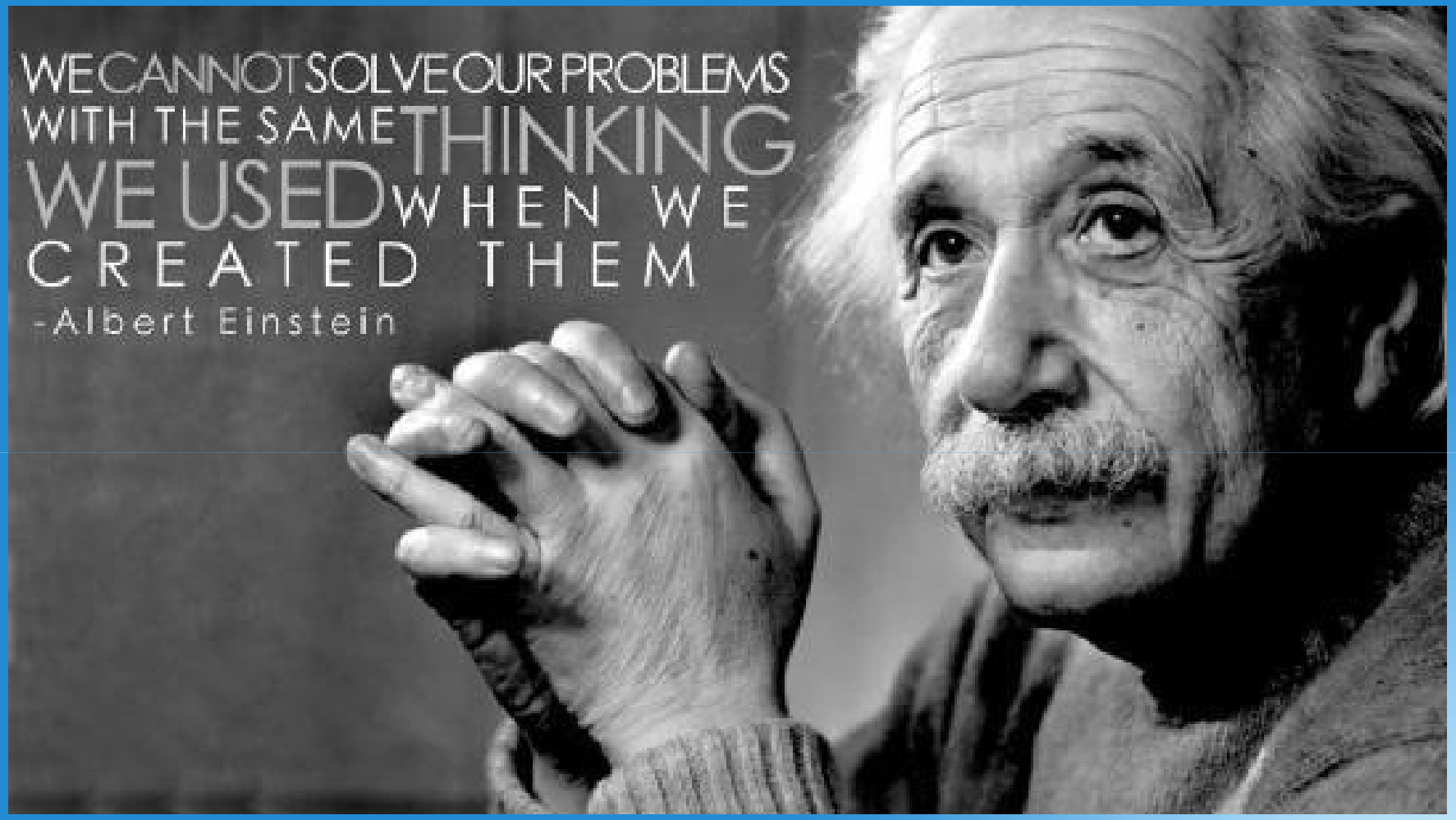

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What do we need and want from General Practice?

- Need to manage expectations of system;
- Generalism: crucial component of healthcare;
- Management of unscheduled and undifferentiated illness;
- Chronic Disease Management;
- Primary prevention and health promotion;
- Co-ordination of complex care.

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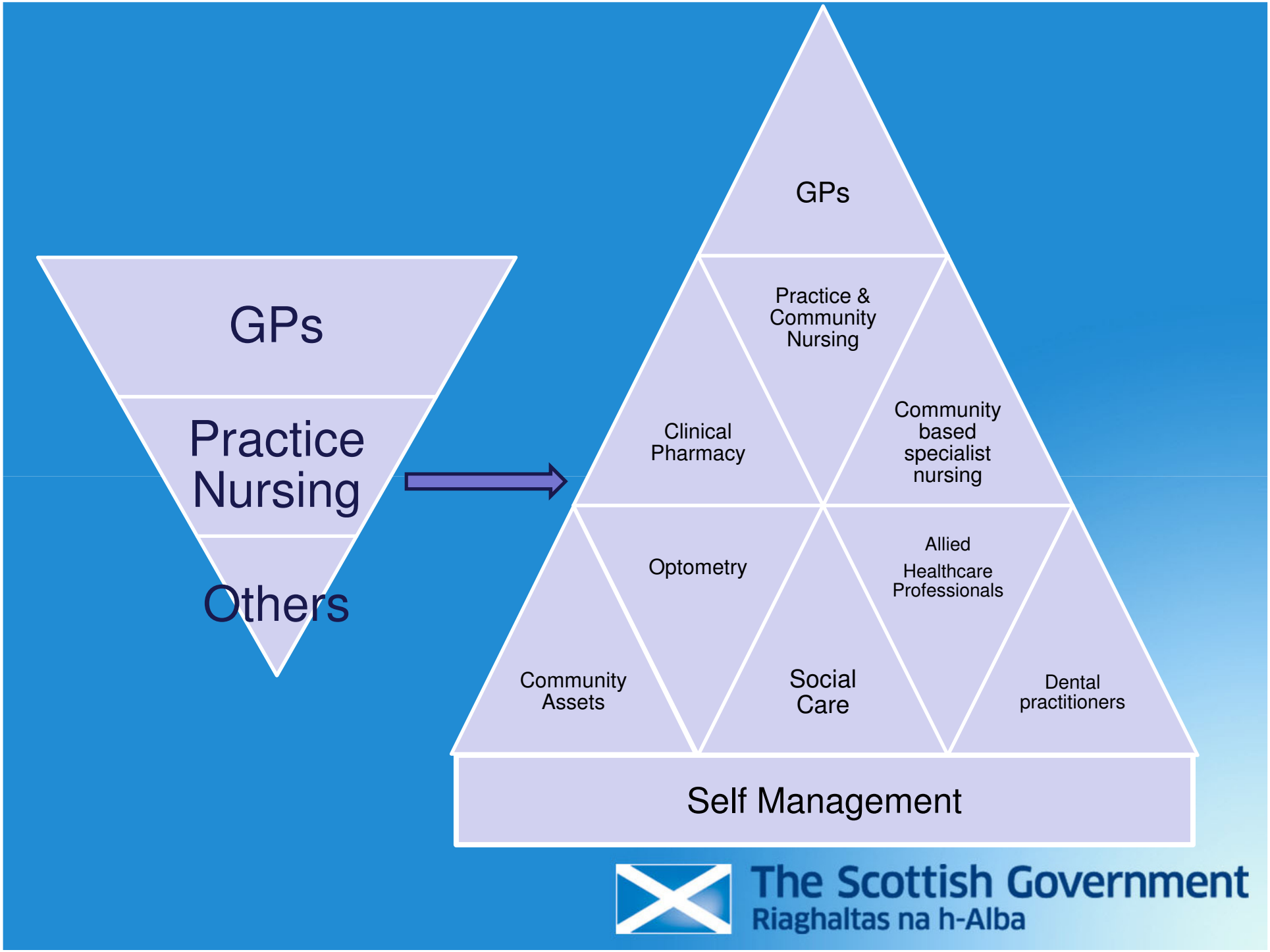
GPs
Practice Nursing
Others
GPs
Practice & Community Nursing
Clinical Pharmacy
Community based specialist nursing
Optometry
Allied Healthcare Professionals
Community Assets
Social Care
Dental practitioners
Self Management
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The Conductor

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Creating the Conditions

- Relies on participants operating to the top of their licence;
- Clearly defined roles and expectations;
- Entirety of system working to common purpose;
- Removal of impediments to teamworking;
- Appropriate infrastructure; premises, IT, education;
- No detriment to patients or providers of care.

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2020 Route Map

- Provision of information and support to
  - enable people to stay at home
  - help during transition
- Range of place based primary care models
- Out of hospital action plans
- Targeted support for common co-morbid illnesses and chronic conditions
- Agreed anticipatory care plans for those "at risk"
- Wider access to clinical information including hospices and community hospitals

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2020 Route Map

Fully integrated Primary and Community Services will require:

- Increased mobile access to information
- Increased provision of self-management tools and information
- Information sharing across the NHS, social care and their partners
- Adopted standards for interoperability
- Shared plans
- Timely, good quality data and analysis

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Driver Diagram: Technology and Data

The infrastructure in eHealth and Information Services that will support the delivery and monitoring of integrated care will be in place within an appropriate timescale to support new models of care and contractual change

- Ensure that Patient Management Systems have electronic connectivity so that appropriate information sharing may take place accurately and efficiently
- Identify core data requirements to support service planning and monitoring of Quality across both macro- and microsystems of care
- Facilitate spread of new models of patient access and management using technology where these demonstrate effective and efficient use of resource
- Ensure early assessment and testing of innovative technologies that harness learning and experience from other public facing service providers.

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Primary Care Priorities

- Online services
- Patient access
- One way communication
- Information sharing
- Home monitoring
- Mobile working
- Medicines reconciliation
- Data to support decision making

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eHealth
Better eHealth: Better Care

General Practice

Acute Care

Integration
&
Interoperability

Community Care

Social Care

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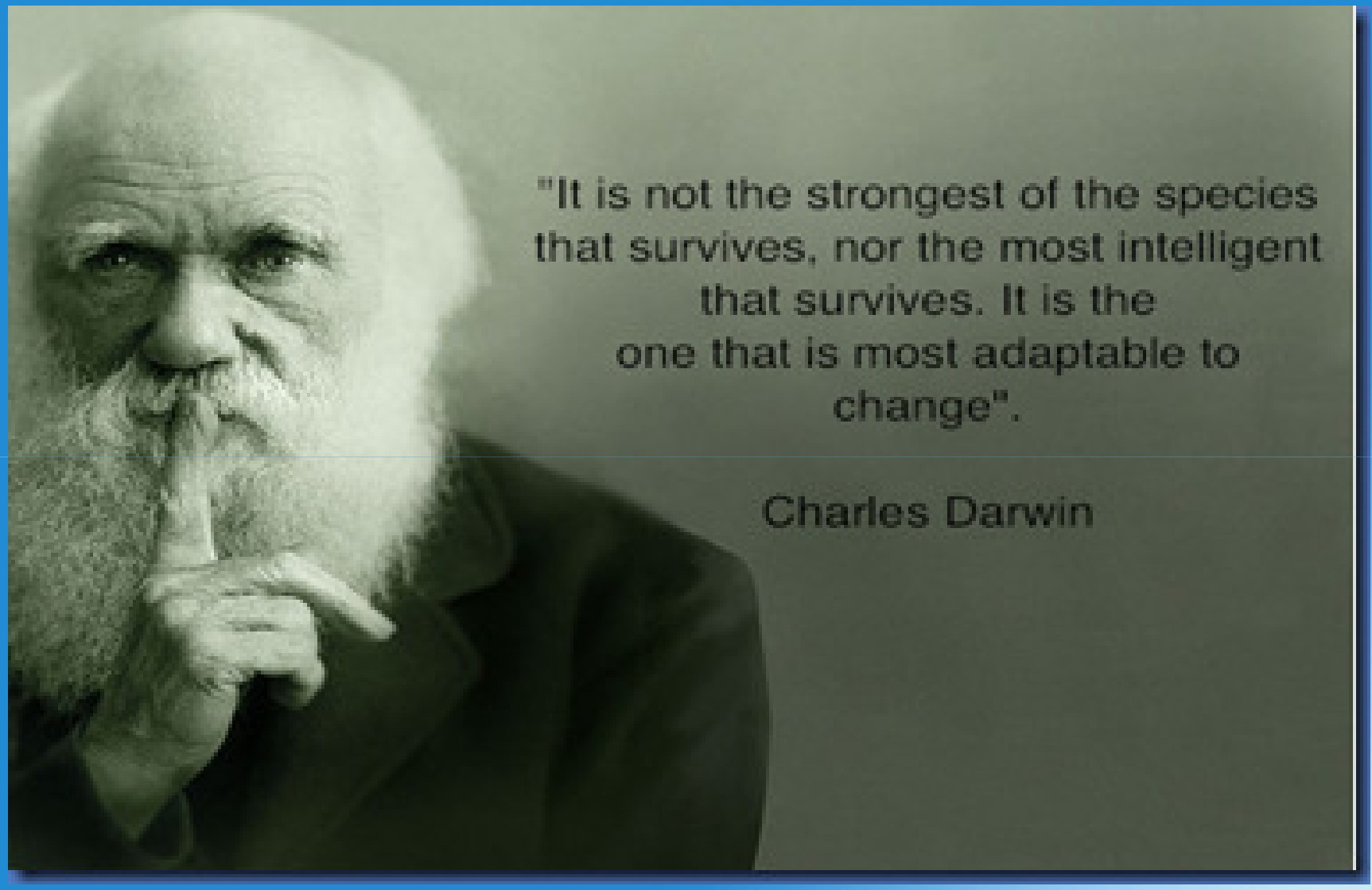

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Questions?

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