

Briefing on remodelling the management of six Aberdeen GP practices

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The Integration Joint Board (IJB) has supported plans to change the way in which six GP practices in the city are managed – Old Aberdeen, Torry, Carden, Whinhill, Marywell, and Camphill.

The IJB is the body which oversees the work of Aberdeen City Health & Social Care Partnership (ACHSCP). It is made up of 22 members from NHS Grampian (NHSG) and Aberdeen City Council (ACC), along with representatives from the health and care professions, and members who represent patients, carers and the trades unions.

The six practices are managed at the moment by ACHSCP on behalf of NHSG. Aberdeen has 22 other practices, which are all managed as independent businesses. They are owned and operated by GP partners who provide primary care services for NHSG.

This way of running GP practices is typical across Scotland and the rest of the UK, since the start of the NHS more than 70 years ago. It is also the model which is favoured in the new national GP contract and also by the Local Medical Committee in Grampian.

Aberdeen, though, has far more practices (21%) which are run by the local health and social care partnership/NHS board than is normal across Scotland, where the figure is only 4%.

The IJB has decided that it would be best for the six practices to be run by GPs rather than directly by ACHSCP.

To make this happen, ACHSCP will now start a procurement process to find suitable parties (GPs) to run the practices – together, individually or in combinations – and work with all staff to deliver new and better ways of providing health care services.

This is not about “privatisation”. The practices would still be very much part of our public sector and the NHS. They would receive money from the public purse for the services they deliver and remain at the heart of our public service way of working.

ACHSCP and the IJB firmly believe that this change at the six practices will make them better equipped to meet the future needs and better able to give a wide range of excellent care for patients.

Our population is getting older. Patients' needs are changing. Their health conditions are becoming more complex – and what people expect from their health and care services is changing too.

Meantime, technology is developing rapidly, which opens up new possibilities for the future.

With all this change in mind, what we are aiming to do is to make sure that patients continue to see the right person, in the right place, at the right time, from practice teams which have better access to a whole range of skills.

ACHSCP and the IJB believe that GP-run practices are the best way to make this happen.

The practices will be able to work better together, rather than individually like they do now.

It will make all sorts of skills and resources more easily available to them.

This would include easier access to services like pharmacy, advanced nurse practitioners, mental health services, and allied health professionals who provide physiotherapy, speech and language therapy, podiatry, dietetics and occupational health.

The smaller practices could be supported by the larger ones.

GPs would have more time to focus on their main role as “general medical experts” and concentrate on those patients who really need them.

And the Health & Social Care Partnership would be able to spend less time directly running the practices and could spend more time on developing Aberdeen's overall Primary Care Improvement Plan.

Any application to run the practices which didn't guarantee to deliver these benefits would not be accepted.

ACHSCP and the IJB do fully understand that patients and staff will be anxious about changes to their valued GP practice.

But ACHSCP has a clear purpose in mind – which is to improve and broaden our GP services in the city. It is certainly not about reducing or removing services. It is about making them stronger so that they are fit for the future.