

Care and Support Planning and House of Care:

A key enabler of the new GMS Contract

The new General Medical Services (GMS) contract supports General Practice in Scotland to better respond to the pressures of the modern health and care system. It will better enable people to live well with their long term conditions and to be in the driving seat of their care. It has a focus on personal outcomes (What matters to you?), enabling people to tap into their own sources of self management support, with less of an emphasis on traditional and sometimes limited biomedical approaches.

**Care and support planning
can be a key enabler of
integrated health and care**

The shift from the process-driven approach of the Quality and Outcomes Framework (QOF), to the collaborative, personalised care and support approaches of Realistic Medicine, requires major shifts in values, relationships and care systems.

One of these shifts is in a stronger emphasis on the conversations at the heart of healthcare focussed on **care and support planning**, rather than capturing outputs in a range of plans. While the latter is important, the value of these plans lies not just in their content but in their practical creation through a collaborative and positive relational process between people and their professionals.

Scotland's House of Care offers a useful, locally adaptable framework. It builds a shared understanding of the critical success factors required to turn the rhetoric of the new contract into every day implementation.



**Shifting QOF-based
care and systems to
Realistic Medicine
for people with long
term health issues**

It does this through practitioner training which develops our person centred ethos while building skills and leadership, underpinned by supported self management principles.

It strengthens patient and staff health literacy capabilities, and builds knowledge of and relationships with local community assets and resources.

Scotland's House of Care programme is a collaboration between the ALLIANCE, six partnership areas across Scotland (Lothian/Thistle Foundation, Greater Glasgow & Clyde, Tayside, Lanarkshire, Ayrshire & Arran, and Grampian), the Scottish Government, and Year of Care Partnerships. Valuable support has been received by British Heart Foundation. It also has close connections with the Royal College of General Practitioners (RCGP).

It has built on over a decade of experience of the practical implementation of collaborative **care and support planning** for people living with one or more long term conditions in General Practice.



It helps people be more involved in decisions about their care and identify what matters most to them. It also identifies and aligns self management resources within communities in support of their goals. Local evaluation and experience suggests it improves public and practitioner satisfaction, develops meaningful person-centred quality improvements, and enhances system transformation. It also seeks to address health care inequities and support public health aims.

It does this by preparing people through information gathering and sharing prior to a collaborative conversation involving goal setting and action planning. This promotes empathy, enablement and an active role for people and their carers.

Important information is gathered about individual support needs. This information can be aggregated at regional, locality and GP Cluster level to inform the provision of self management support (more than medicine) in local communities and help realise enhanced public health.

It's important the commitment to care & support planning is included in primary care improvement plans

As Health & Social Care Partnerships develop and finalise their primary care improvement plans, it is important that they consider the support that health care professionals will need to implement **care and support planning**.

We strongly recommend explicit inclusion of a commitment to develop the principles of **care and support planning** and **Scotland's House of Care**. If not, there is significant concern that the out-dated QOF-based approach will stop practitioners and people from realising the quality and potential within the new contract.



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Year of Care Partnerships

<https://www.yearofcare.co.uk>

Scotland's House of Care

<https://www.alliance-scotland.org.uk/health-and-social-care-support-and-services/house-of-care/>

RCGP (UK)

<http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/collaborative-care-and-support-planning-toolkit.aspx>

