PCA(M)(2023)05

Primary Care Directorate
General Practice Policy Division

Scottish Government
Riaghaltas na h-Alba
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19 May 2023

Dear Collegues,

Protected Learning Time in General Practice

1. I am writing to provide an update on the work of the Protected Learning Time Task-and-Finish Group

2. The group has met twice and has discussed what has made Protected Learning Time (PLT) valuable in different Health Board areas,. The group has used this learning to develop principles for implementing sustainable PLT for general practice teams across Scotland.

What makes Protected Learning Time work

3. The group agreed that the *Protected* element of PLT required advanced notice to facilitate planning and timely communication, dates that were fixed in advance and could include all practice staff.

4. The group agreed that the Learning element of PLT required practices to have autonomy in decisions regarding content and attendance at PLT sessions, opportunities to work in clusters or across the Health Board as appropriate. There was recognised benefit in working with boards to coordinate broader training topics such as BLS, child protection, fire safety, dealing with Challenging Behaviour etc.

5. The group agreed that the Time element of PLT required an even distribution of sessions across the year allowing for advance planning, and schedule flexibility agreed by practices or clusters with the local system.

Principles

6. Whilst we recognise that it remains the responsibility of practices as employers to ensure individual staff members have access to appropriate required training, the focus for PLT should support team development and be complementary to those responsibilities.

7. The group considered the operational and wider system aspects of PLT for practice teams and agreed the following principles:

   a) PLT should be used to meet General Practice teams' own identified needs such as team reflection, developing and consolidating new ways of working, team relations and the whole team training and development needs;
   b) The team should include the whole practice employed team including clinical, management and administrative staff and members of the wider (health board/ HSCP) team where possible and appropriate;
   c) Patients should be informed in a clear and timely manner that the practice/ service will be closed and why e.g. for 'Team training' and include clear messaging around what to do if they require urgent or routine care;
   d) Where General Practice/ GP Clusters/ others make their own arrangements for PLT the appropriate teams within the HSCP/ Health Board are consulted and informed as appropriate; ensuring any arrangements for team backfill/cover are agreed collaboratively and clearly communicated;
   e) In partnership with practices, local areas will decide how they wish to support and enable PLT for General Practice. Planning should be done in a timely way, and also take account of local resources, geography, other service availability etc.;
   f) Any arrangements with other stakeholders such as NHS24 and OOHs services should be agreed locally and funded from PLT allocation;
   g) The funding provided must be used entirely for the purpose of supporting the delivery of PLT for General Practice teams;
   h) Engagement on the use of the funding provided should take place with key partners at local level including Local Medical Committees, HSCPs and CQLs; and take into consideration the opportunities for working at cluster or HSCP level to ensure best use of available funding;
   i) PLT should be at a time convenient to the General Practice team and the needs of any services providing support/ cover. Historically PLT has been in an afternoon but it may suit local needs for PLT to be more flexible. Teams should be able to draw on local and national resources to support PLT planning. Healthcare Improvement Scotland and National Education Scotland will continue to develop resources to support practices in addition to support available from local LIST analysts and developing national data and intelligence reports for key long term conditions. National Education Scotland resources can be found on the TURAS "General Practice Landing Zone", further details regarding this can be found in the SPMDN recruitment weekly newsletter.
   j) HSCP's should report PLT activity through local governance and reporting arrangements.

Next steps

8. The Scottish Government will, as part of the recurring Primary Medical Services (Revenue) Allocation 2023/24, allocate £500,000 to NHS boards to support implementation of PLT for all GP practices on the basis of the above principles. The

table below sets out the indiciative allocations which will be made later this financial year.

NHS Board	NRAC with a minimum of £5,000
Ayrshire & Arran	£36,087
Borders	£10,599
Dumfries & Galloway	£14,642
Fife	£33,819
Forth Valley	£26,917
Grampian	£48,362
Greater Glasgow & Clyde	£109,344
Highland	£32,438
Lanarkshire	£60,539
Lothian	£73,800
Orkney	£5,000
Shetland	£5,000
Tayside	£38,453
Western Isles	£5,000
TOTAL	£500,000

9. In advance of receiving their allocations Health Boards should begin determing how to make best use of their shares of the allocation.

Action

10. This circular should be shared with all GP practices.

Yours Sincerely

Dr Naureen Ahmad, Deputy Director, General Practice Policy