



Cambridge Centre for Health Services Research

The Future of Primary Care

Martin Roland
University of Cambridge

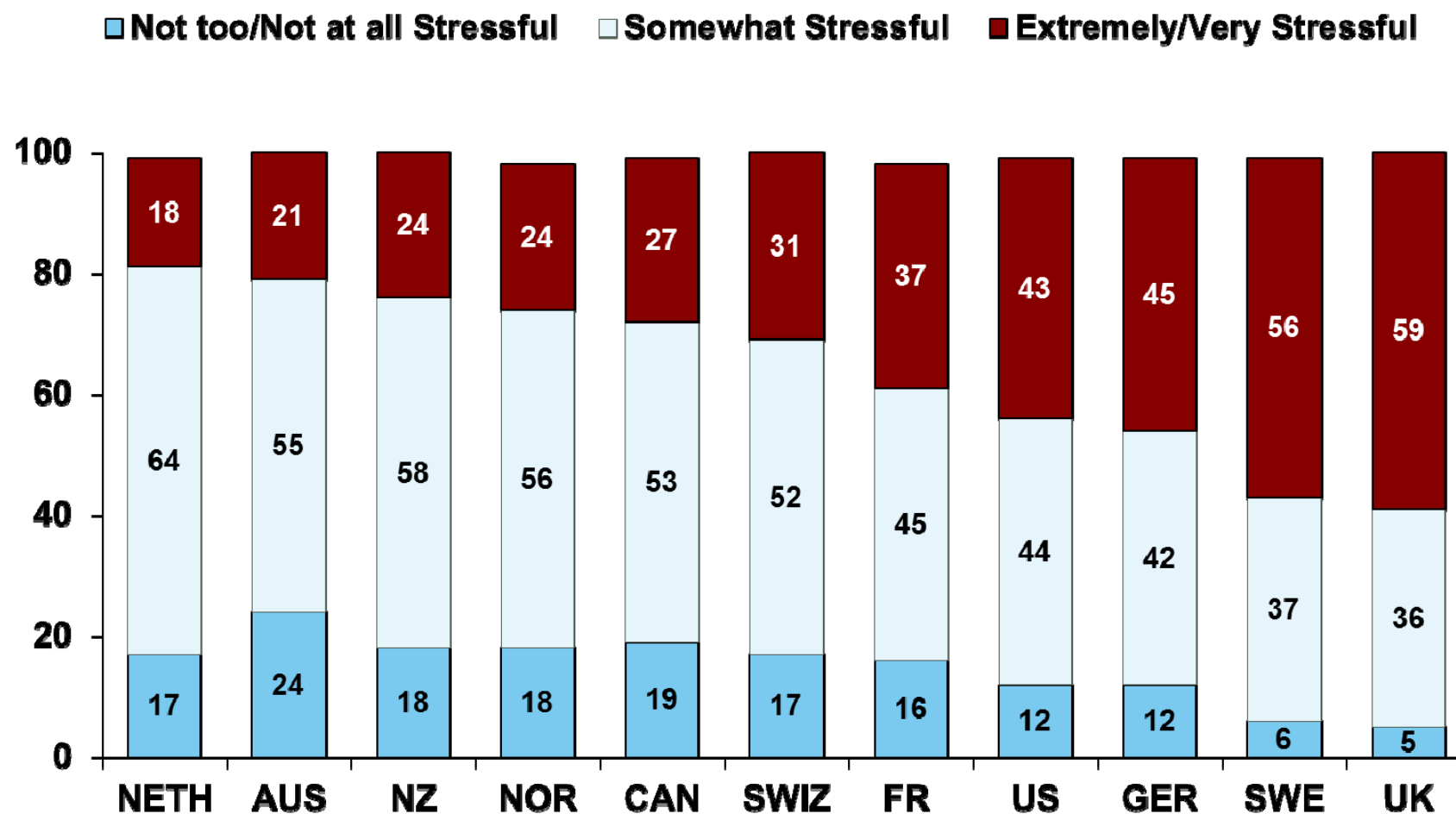


“General practice in Denmark, and in many other developed countries, is suffering at the current time due to a shortage of GPs and a rapidly ageing GP population. At the same time, the demand for healthcare services among Danish citizens is increasing”

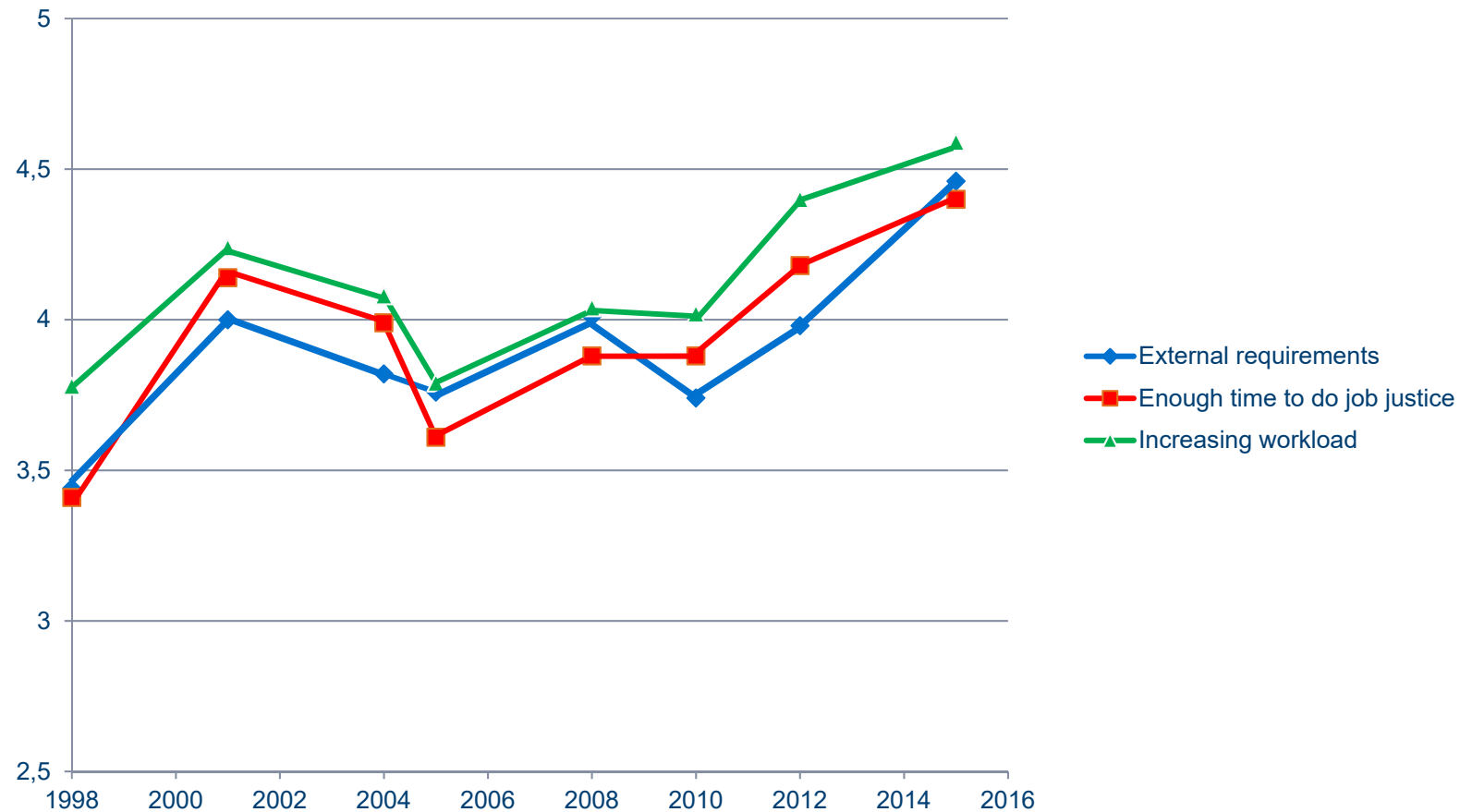
**Line Pedersen, Jørgen Nexø
Scandinavian Journal of Primary
Health Care 2016; 34: 1-2**



GPs reports of job stress. Commonwealth Fund Survey 2015.



GP job stressors in England 1998-2015 (5 point scale)



The problems

- **Rising demand for care**
- **A rapidly ageing population, Increasing numbers of complex patients with multiple long-term conditions**
- **Progressive move of care from hospitals to primary care**
- **Poor coordination between specialists and general practice**
- **Difficulties recruiting to general practice, especially in underserved areas**
- **A workforce under increasing stress**
- **A changing workforce**



EDITORIALS

Tackling the crisis in general practice

If general practice fails, the whole NHS fails

Martin Roland *professor of health services research*¹, Sam Everington *chair*²

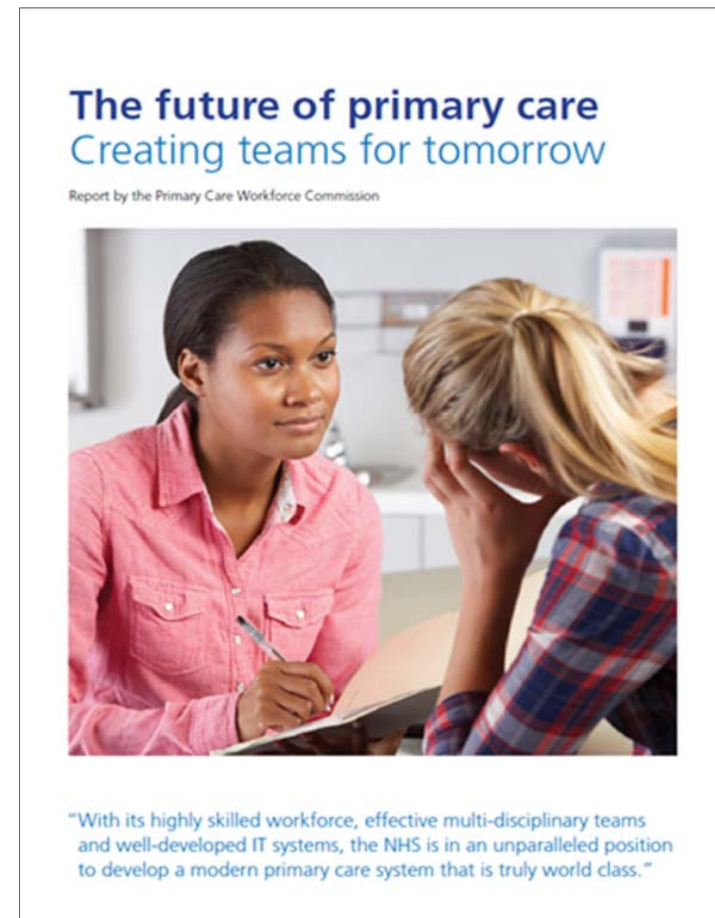
¹Cambridge Centre for Health Services Research, University of Cambridge, Cambridge CB2 0SR, UK; ²Tower Hamlets Clinical Commissioning Group, Mile End Hospital, London E1 4DG, UK

Hospitals' financial problems always make headlines, and *The BMJ's* recent editorial by Chris Ham, chief executive of the think tank the King's Fund, emphasised the crisis that hospitals in England are facing.¹ A £2bn (£2.6bn; \$2.9bn) funding deficit certainly sounds dramatic, but hospitals don't go bust: someone usually picks up the bill. General practice doesn't have that luxury, and its share of the NHS budget has fallen progressively in the past decade, from a high of 11.6% in 2006 to under 9.6%.

should be moved into primary care, but increases in funding move inexorably into hospitals. In 2014 the consultancy Deloitte estimated, taking into account inflation and increasing demand, that the shortfall in general practice funding would be £3.36bn by 2017-18, an estimate made before "new models of care" promised to move even more work out of hospitals.²

Jewel in the crown

A vision for the future of general practice



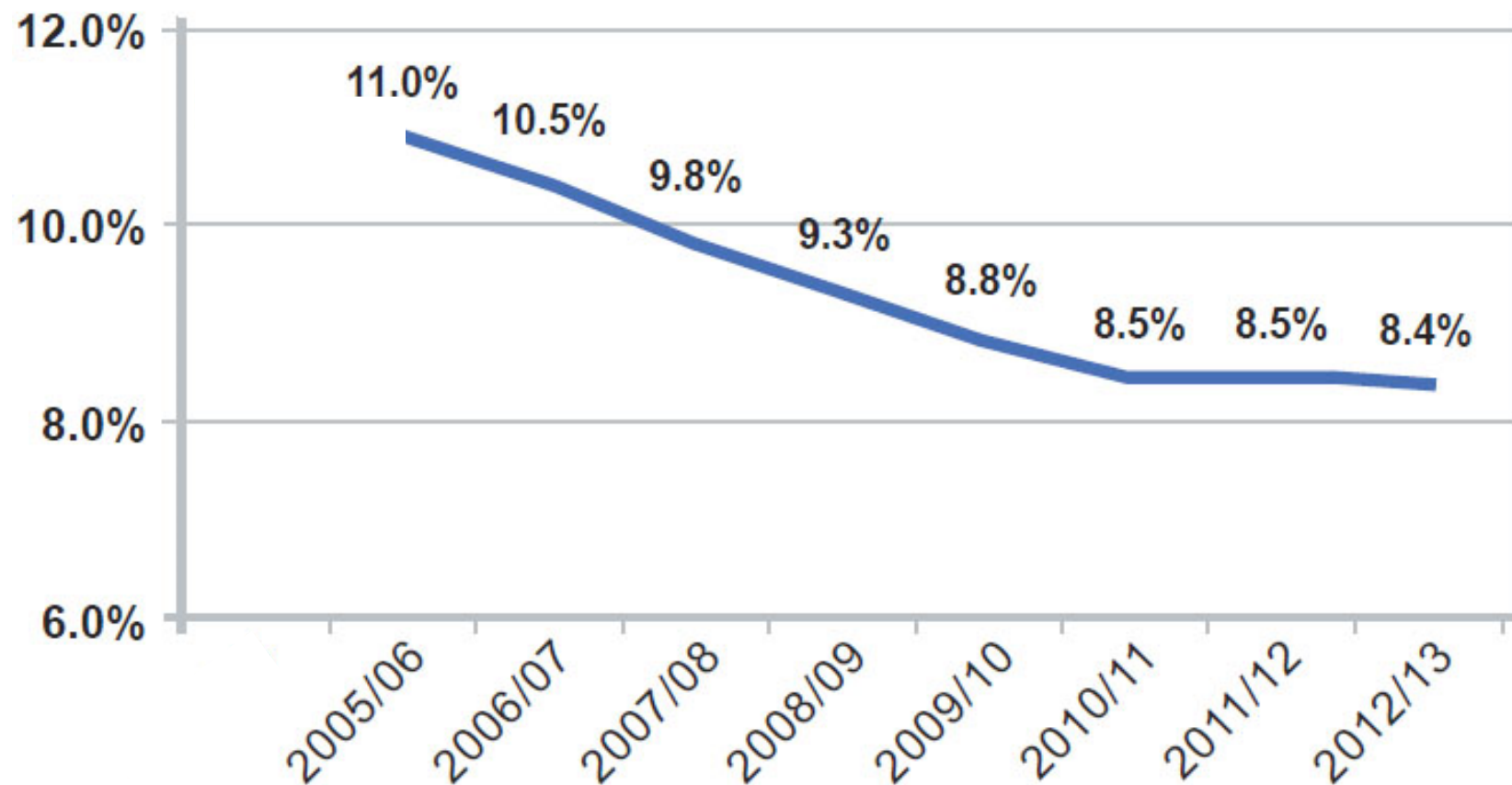


Changes that are needed in primary care

- **Increased funding**
- **More GPs**
- **Expanded multi-disciplinary teams**
- **Larger primary care organisations**
- **Better collaboration between primary and specialist care**
- **Better use of information technology**
- **Better premises**



General practice spend as % of English healthcare budget



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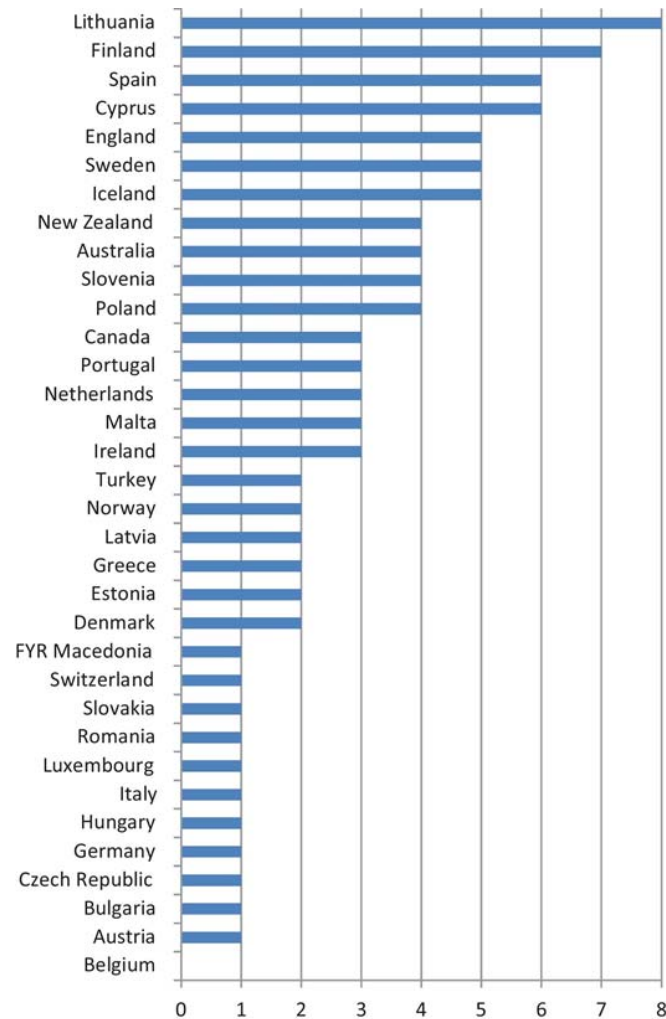
How are we going to get more GPs?

- **Attracting students and young doctors to be GPs**
- **Attracting GPs to work in underserved areas (UK, France, Belgium, Estonia, Hungary, Norway, Romania)**
- **Return to practice schemes for health professionals (UK, Ireland, Malta)**
- **Providing professional support for an ageing workforce (Estonia, Denmark, Germany, Italy)**

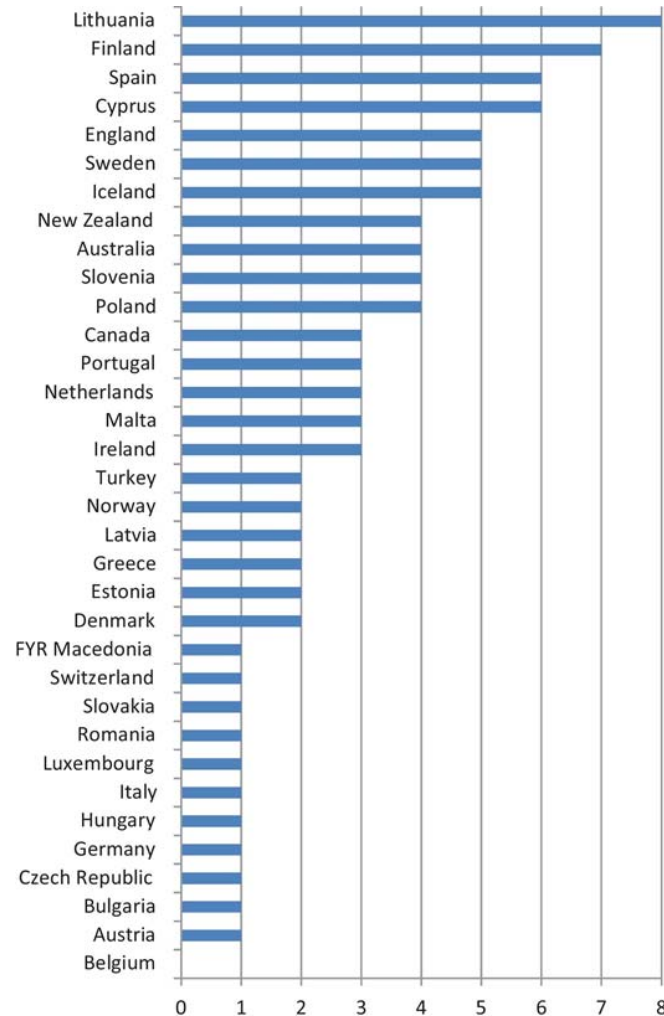
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Number of types of staff in primary care practices (apart from GPs)



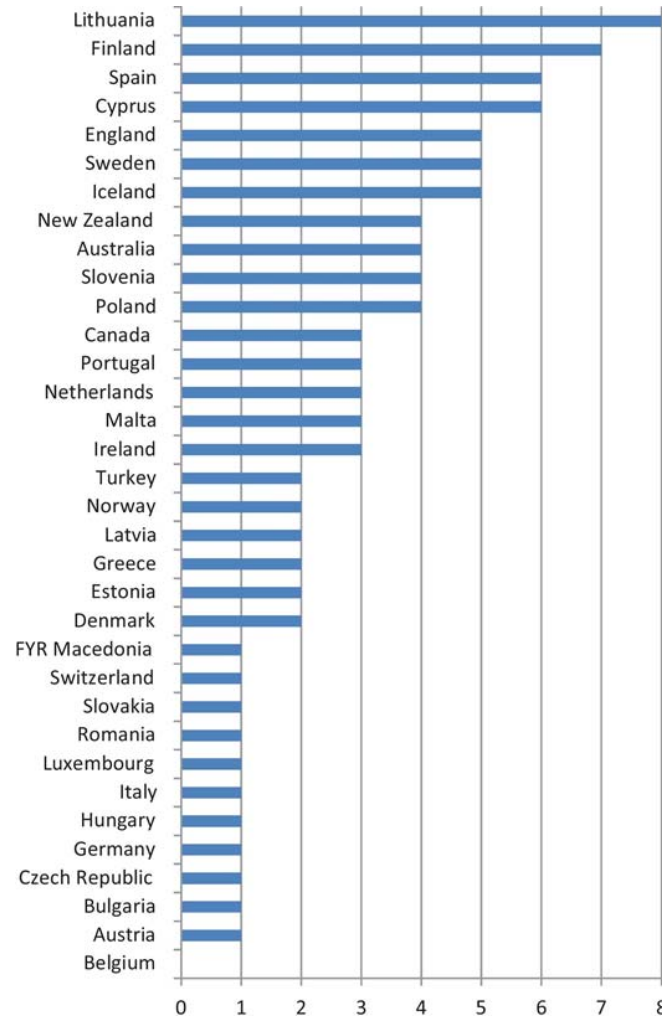
Number of types of staff in primary care practices (apart from GPs)



Commonest types of staff

- **Secretary / receptionist**
- **Practice nurse**
- **Community / home nurse**
- **Practice manager**
- **Dentist**
- **Pharmacist**
- **Physiotherapist**
- **Social worker**
- **Psychiatric nurse**

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 - Practice nurse
 - Community / home nurse
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 - Social worker
 - Psychiatric nurse
- England, Canada**
Lithuania, Slovenia
Cyprus, Netherlands
Slovenia, Netherlands
Portugal, Spain
Netherlands, Finland

Why would you want a multi-disciplinary team?

- 1. Not enough GPs**
- 2. GPs do work they don't need to do**
- 3. Other staff do some jobs better than GPs**
- 4. To offer a wider range of services to patients**

Why would you want a multi-disciplinary team?

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Our recommendations:

- **Nurses**
- **Physician associates**
- **Pharmacists in GP practices**
- **Medical assistants**

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- **Larger primary care organisations: networks, federations and associations of primary care practices**
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Larger primary care organisations: networks, federations and associations of primary care practices

- **Italy, Spain, Portugal: GPs practices have joined into larger groupings**
- **New Zealand: Independent Practice Associations**
- **Australia: Divisions of General Practice / Medicare Locals / Primary Health Networks**
- **UK: federations and networks of GP practices, some 'super-practices'**

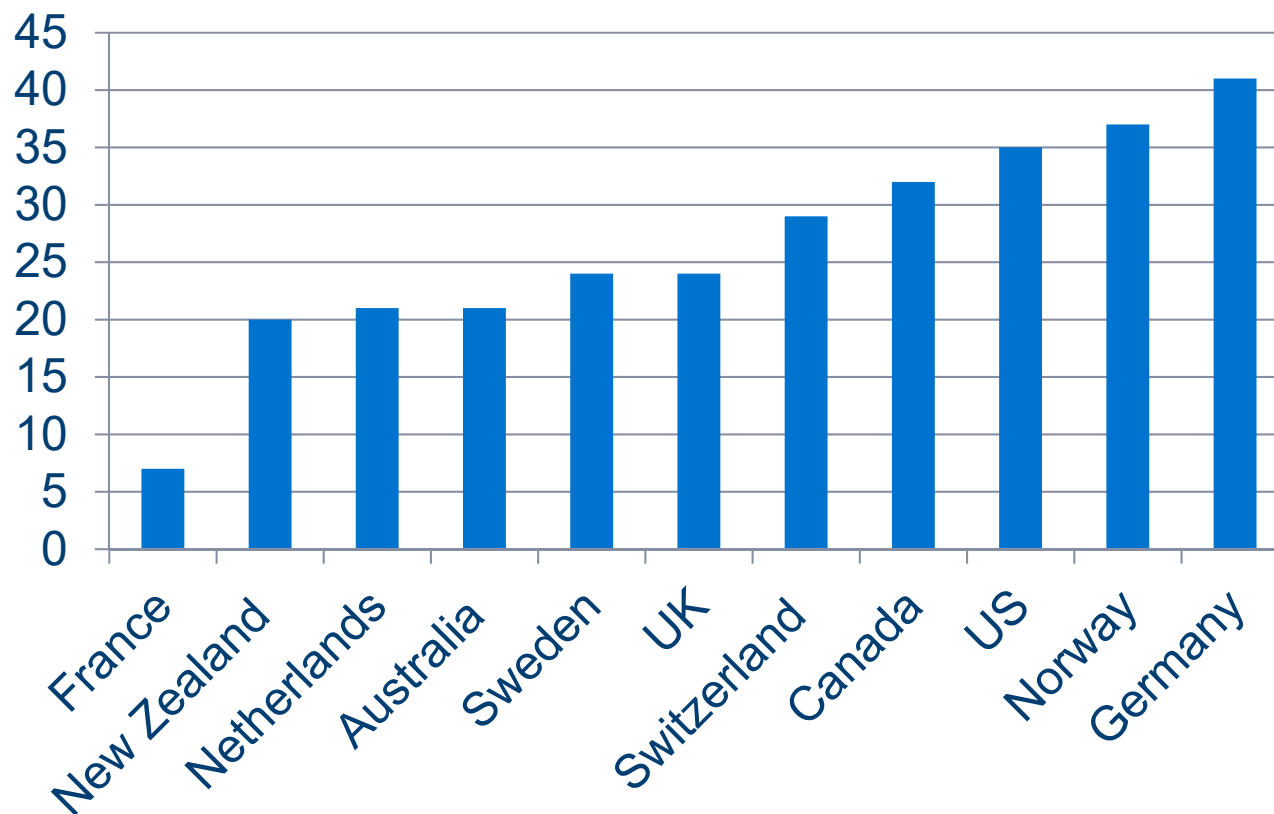
What is the purpose of larger groupings of GP practices?

- **More efficient administration**
- **Providing a wider range of services**
- **Offering better opportunities for staff development and training, governance support for practices**
- **Working more effectively with specialists, hospitals, social services and patient groups**

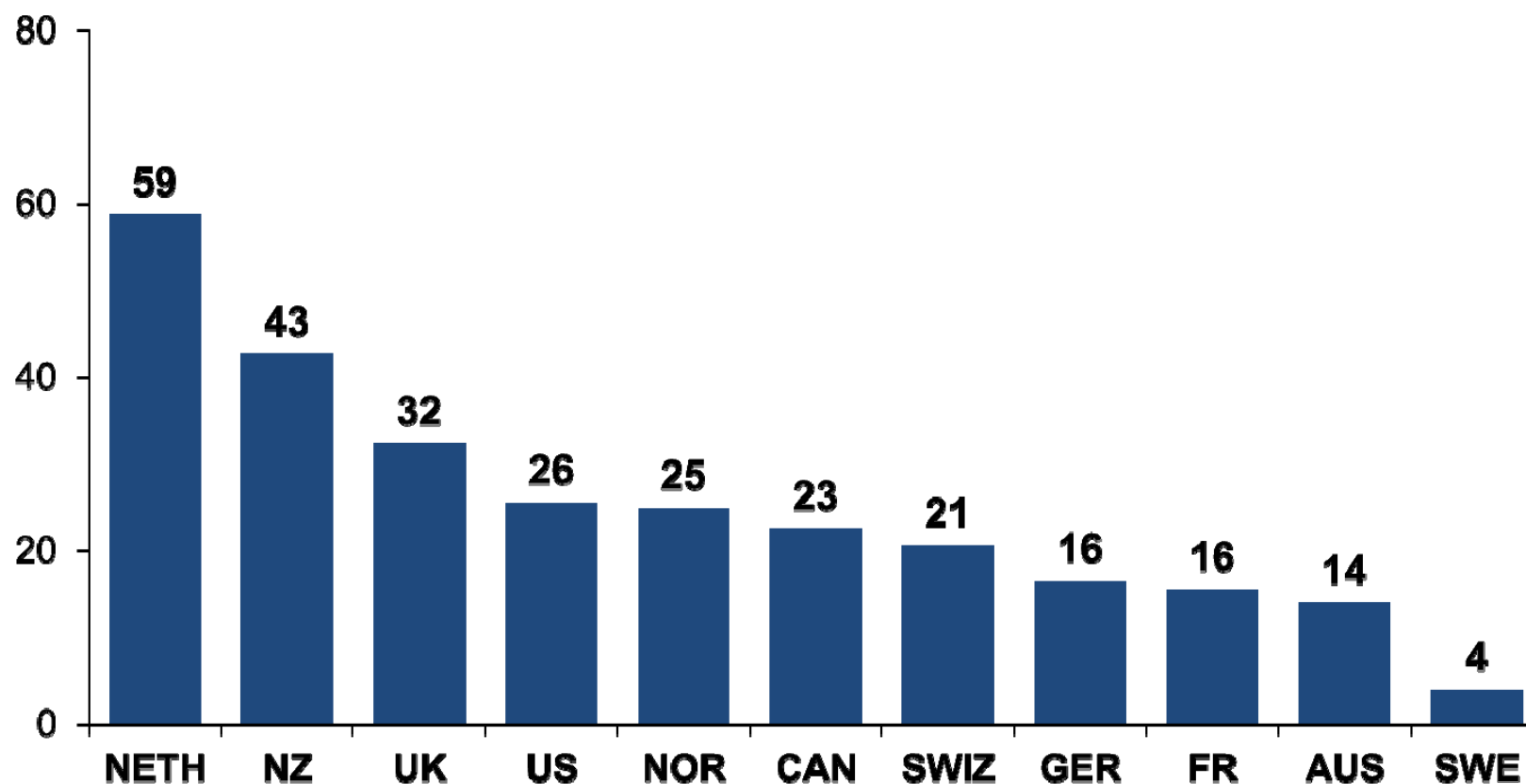
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Adults >65 reporting problems in coordination of care



GPs 'always' receive communication following emergency department attendance and hospital admission



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- **Better use of information technology**
- Better premises

Better use of information technology

- **Email / electronic messaging between specialists and GPs**
- **Shared records between general practice, community nursing, and out of hours care**
- **Email between patients and GPs (evaluate impact on workload first)**

Changes that are needed in primary care

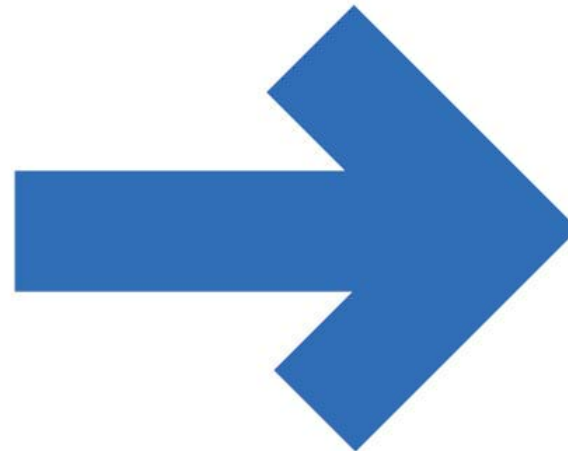
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GENERAL PRACTICE FORWARD VIEW

APRIL 2016



Developed in partnership with:



Royal College of
General Practitioners

NHS
Health Education England

#GPforwardview

The money

- **£2.4 billion (€3bn) extra for general practice services by 2020/21**
- **Percentage of NHS budget spent on general practice rising from 8.4% to over 10.5%**
- **£900m (€1.1bn) for GP premises**
- **New funding formula to better reflect general practice workload**
- **£16m for mental health support for GPs**

Expanded multi-disciplinary workforce (1)

5000 extra GPs by 2020

- Campaign to promote general practice to young doctors and in medical schools
- Expansion of GP training schemes
- £20k (€25k) incentives for trainee GPs to move to under-served areas
- Additional year of training to develop special interests
- Making return to practice easier (career breaks / doctors who have moved abroad)
- Incentives to remain in practice

Expanded multi-disciplinary workforce (2)

- **Funding for 1500 pharmacists working in GP practices by 2020, training courses for pharmacists to work in GP practices,**
- **Increased training for pharmacists working in their own premises**
- **3000 extra mental health therapists in GP practices by 2020**
- **1000 physician associates by 2020, expansion of training, plans for regulation of physician associates**

Expanded multi-disciplinary workforce (3)

- **£45m (€57m) for training and development of reception and clerical staff, piloting new ‘medical assistant’ role**
- **£6m (€7.5m) training programme for practice managers**
- **Practice nurse development strategy, career framework for general practice nursing, £1.75m (€2.2m) for practice nurse education**

Improving the GP-specialist interface

- **Piloting telephone advice and electronic messaging services for GPs to get specialist advice**
- **Discharge summaries electronically within 24 hours**
- **Clinic letters electronically within 24 hours by 2017/18**
- **Requirement to notify GPs and patients of results of tests**
- **Stop hospitals discharging patients after one non-attendance**
- **Permitting onward referral to a specialist in the same hospital without re-referral by the GP**

Greater use of IT

- **Wi-fi for patients and staff in all GP practices by 2017**
- **All incoming NHS correspondence electronic by 2020**
- **£45m (€56m) to stimulate online consultations**
- **Library of approved ‘apps’ for clinicians and patients**
- **Summary electronic GP record in pharmacies by 2017**
- **Greater inter-operability for electronic records GPs and other staff working outside hospitals**

This seems to be what we were asking for

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What did the Royal College of GPs say?

**“A momentous day for the future of general practice
..... perhaps the most significant piece of news for our
profession since the 1960s”.**

Maureen Baker. April 2016

Our contribution to changing the world for the better should be in constantly reminding that personal care is essential for every doctor regardless the specialty. This largely neglected feature of medicine can be best taught and researched in the context of family medicine, because it represents the very essence of the discipline.

**Igor Švab, past president WONCA Europe.
Prague 2013.**



