

Reading list

Future of primary care

February 2014

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BOOKS/REPORTS

ISBN: 9781909029255

Addicott, Rachael and Ham, Chris

The King's Fund

Commissioning and funding general practice : making the case for family care networks.

London : King's Fund, 2014

HMP:HCC (Kin)

As England's population both expands and ages, so the demands on primary care will grow. Within the current commissioning and funding system innovative models of primary care provision are already being used. This report describes examples of these through four case studies in different areas of England. It also highlights how the existing system is imperfectly understood, particularly regarding contracts.

<http://www.kingsfund.org.uk/publications/commissioning-and-funding-general-practice>

ISBN: 9781909029248

Edwards, Nigel

The King's Fund

Community services : how they can transform care.

London : The King's Fund, 2014

HIBS (Kin)

This paper looks at the changes needed to realise the full potential of community services for transforming care. The Transforming Community Services policy, launched in 2008, was mainly concerned with structural changes. While the emphasis on moving care closer to home has resulted in some reductions in length of hospital stay, it is now time to focus on the bigger issue of how services need to change to fundamentally transform care.

<http://www.kingsfund.org.uk/publications/community-services>

NHS Clinical Commissioners

Commissioning primary care : transforming healthcare in the community.

London : NHSCC, 2014

Briefing ; February 2014

Web publication

This publication explores the challenges to local reforms in primary care commissioning as well as offering clear and practical solutions. It also looks at examples of good, working partnerships and explains why integrated services must always start with a 'whole system' strategy if they are to bring the best care to patients and local communities.

<http://www.nhsc.org.uk/wp-content/uploads/2014/02/Commissioning-primary-care-final-pdf-for-website.pdf>

British Medical Association. General Practitioners Committee

Developing general practice today : providing healthcare solutions for the future.

London : BMA, 2013

Web publication

This report sets out the General Practitioners Committee vision of the future of the profession. It states that general practice needs more GPs to create an integrated and personalised model of patient care that would be delivered by a team built around the patient's practice. It also states that government needed to do more to promote the specialty as a career choice and deal with low morale in the existing workforce.

<http://bma.org.uk/-/media/files/pdfs/news%20views%20analysis/bma%20developing%20general%20practice%20report%20v2.pdf>

British Medical Association. Health Policy and Economic Research Unit
GPs views on the future of general practice : focus group findings.

London : BMA, 2013

Web publication

A series of three focus groups were held in August and September 2013 to help inform the BMA's vision for general practice. The focus groups comprised GPs signed up to the BMA's InTouch research panel and other doctors working or training in general practice. Attendees were asked a series of questions about the factors that affect their career aspirations, whether these influences change over time and the influence of work-life balance on career choices. Attendees were also asked about their preferred model for general practice in the future.

<http://bma.org.uk/->

[/media/files/pdfs/working%20for%20change/negotiating%20for%20the%20profession/general%20practitioners/the%20future%20of%20general%20practice%20report.pdf](http://bma.org.uk/-/media/files/pdfs/working%20for%20change/negotiating%20for%20the%20profession/general%20practitioners/the%20future%20of%20general%20practice%20report.pdf)

ISBN: 9781846369544

Health and Social Care Information Centre

Investment in general practice 2008/09 to 2012/13 : England, Wales, Northern Ireland and Scotland.

Leeds : Information Centre, 2013

Web publication

For the period 2012/13: The total spend on general practice including the reimbursement of drugs dispensed in general practices was: in England the total spend was £8,459.3m, compared to £8,397.0m spent in 2011/12 (an increase of 0.74 per cent); in Wales the total spend was £469.1m, compared to £465.5m spent in 2011/12 (an increase of 0.77 per cent); in Northern Ireland the total spend was £232.7m, compared to £236.2m spent in 2011/12 (a decrease of 1.48 per cent); in Scotland the total spend was £796.2m, compared to £791.3m spent in 2011/12 (an increase of 0.62 per cent); and in the UK the total spend on GP practices was £9,957.4m, compared to £9,890.2m spent in 2011/12 (an increase of 0.68 per cent).

<https://catalogue.ic.nhs.uk/publications/primary-care/general-practice/inve-gene-prac-eng-wal-ni-scot-08-13/inve-gene-prac-eng-wal-ni-scot-08-13.pdf>

Associated documentation: <http://www.hscic.gov.uk/catalogue/PUB11679>

ISBN: 9781846368516

Health and Social Care Information Centre

General and personal medical services England 2002-2012.

Leeds : Information Centre, 2013

Web publication

A detailed view of the general practice workforce including GPs by type and practice staff. The general practice census is collected each year and records numbers and details of GPs in England along with information on their practices, staff, patients and the services they provide. The detailed results contain further data tables for September 2012 for England, by strategic health authority area and selected statistics by primary care trust. For the first time, data is published by clinical commissioning group and GP practice.

<https://catalogue.ic.nhs.uk/publications/workforce/numbers/nhs-staf-2002-2012-gene-prac/nhs-staf-2002-2012-gene-prac-rep.pdf>

Associated documentation: <http://www.hscic.gov.uk/catalogue/PUB09536>

Sonola, Lara, et al.

The King's Fund

South Devon and Torbay : proactive case management using the community virtual ward and the Devon Predictive Model.

Co-ordinated care for people with complex chronic conditions.

London : The King's Fund, 2013

Web publication

This case study explores community virtual wards based in GP practices within South Devon and Torbay Clinical Commissioning Group (CCG). Community virtual wards were first introduced by Devon Primary Care Trust in 2010 to proactively identify those at high risk of emergency admissions using a predictive risk tool and to manage their care through a multidisciplinary approach.

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/south-devon-and-torbay-coordinated-care-case-study-kingsfund13.pdf

Associated documentation <http://www.kingsfund.org.uk/publications/south-devon-and-torbay>

Londonwide Local Medical Committees

Securing the future of general practice in London.

London : Londonwide LMCs, 2013

Web publication

This document aims to set out the building blocks to ensure safe and sound delivery of General Practice over the weeks and months ahead, as NHS England nationally and in London pursue their programmes of "transformation", including the transformation of primary medical services.

http://www.lmc.org.uk/visageimages/Policy/EPI%20Final.pdf?dm_t=0,0,0,0

ISBN: 9781909029149

Naylor, Chris, et al.

The King's Fund and Nuffield Trust

Clinical commissioning groups : supporting improvement in general practice?

London : The King's Fund, Nuffield Trust, 2013

HOHCC (Kin)

The King's Fund and the Nuffield Trust are working together to assess the implementation and impact of clinical commissioning groups. Between 2012 and 2015, we are following the evolution of clinical commissioning in six case-study sites and will publish the findings annually. This first report is based on fieldwork conducted before CCGs had become fully authorised. It provides an overview of developments through to March 2013, plus an assessment of the opportunities and challenges ahead.

<http://www.kingsfund.org.uk/publications/clinical-commissioning-groups>

ISBN: 9781909890039

Glasby, Jon, et al.

National Institute for Health Research. School for Social Care Research

New conversations between old players? : the relationship between general practice and social care in an era of clinical commissioning.

SSCR Scoping Review

London : SSCR, 2013

Web publication

This review finds that general practice and adult social care will have to overcome a number of challenges to forge the type of strategic relationships that are needed now that GPs have taken over the lead role in commissioning local NHS services through Clinical Commissioning Groups. This review of the evidence on joint working has highlighted some key issues to be addressed, including the practical difficulties of engaging GPs in inter-agency collaborations; a lack of mutual understanding; different priorities and geographical boundaries; and turbulent policy contexts in both sectors.

http://sscr.nihr.ac.uk/PDF/SSCRResearchFindings_11_.pdf

NHS England

Improving general practice : a call to action : evidence pack.

[Redditch] : NHS England, 2013

Web publication

This evidence pack has been produced to support the 'call to action' to stimulate debate in local communities - amongst general practice, area teams, CCGs, health and wellbeing boards and other community partners - as to how best to develop general practice services. It provides some information about current general practice and health needs.

<http://www.england.nhs.uk/wp-content/uploads/2013/09/igp-cta-evid.pdf>

Accompanying slide pack <http://www.england.nhs.uk/wp-content/uploads/2013/08/igp-cta-slide.pdf>

Associated documentation:

<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/igp-cta/>

Smith, Judith, et al.

Nuffield Trust and The King's Fund

Securing the future of general practice : new models of primary care.

Research report ; July 2013.

London : Nuffield Trust, 2013

Web publication

This report from the Nuffield Trust and The King's Fund examines the new GP organisations forming to allow care provision at greater scale. To inform the challenges facing primary care, the former Midlands and East Strategic Health Authority - now NHS England (Midlands and East) - commissioned the Nuffield Trust and The King's Fund to undertake a review of UK and international models of primary care, focusing on those that could increase capacity and help primary care meet the pressures it faces.

http://www.nuffieldtrust.org.uk/sites/files/nuffield/130718_securing_the_future_of_general_practice_-_full_report_0.pdf

Associated documentation:

<http://www.nuffieldtrust.org.uk/publications/securing-future-general-practice>

Gerada, Clare, et al.

Royal College of General Practitioners

The 2022 GP : a vision for general practice in the future NHS.

London : RCGP, 2013

Web publication

This report argues that major investment is needed in general practice in order to keep the NHS sustainable and to ensure it provides value for money, whilst ensuring safe patient care.

http://www.rcgp.org.uk/campaign-home/~/_media/Files/Policy/A-Z-policy/The-2022-GP-A-Vision-for-General-Practice-in-the-Future-NHS.ashx

Royal College of General Practitioners

The 2022 GP : compendium of evidence.

London : RCGP, 2013

Web publication

This document supports 'The 2022 GP : a vision for general practice' document, and draws on an extensive body of national and international research demonstrating how general practice can and should be the driving force for transforming the health service over the next decade.

http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/_media/Files/Policy/A-Z-policy/The-2022-GP-Compendium-of-Evidence.ashx

Associated documentation <http://www.rcgp.org.uk/GP2022>

Deloitte Centre for Health Solutions

Primary care : today and tomorrow : improving general practice by working differently.

London : Deloitte, 2012

Web publication

This report examines the capacity and capability of general practice now and in the future, with a focus on GPs and general practice nurses. The report highlights the need for general practice to work differently to cope effectively with the increasing demands it faces. This will be especially pertinent as GPs take on the role of commissioners of local healthcare services. Rising life expectancy, accompanied by increasingly complex long-term health conditions, a stretched primary care workforce and unprecedented financial and healthcare reform are amongst the greatest challenges facing primary care in the UK.

<http://www.deloitte.com/assets/Dcom-UnitedKingdom/Local%20Assets/Documents/Research/Centre%20for%20health%20solutions/uk-chs-primarycare.pdf>

Goodwin, Nick, et al.

The King's Fund and Nuffield Trust

A report to the Department of Health and the NHS Future Forum : integrated care for patients and populations : improving outcomes by working together.

London : The King's Fund, 2012

HIBO (Kin)

This paper has been written as a contribution to the work of the NHS Future Forum and in support of the government's espoused aim of placing integrated care at the heart of the programme of NHS reform. Integrated care is essential to meet the needs of the ageing population, transform the way that care is provided for people with long-term conditions and enable people with complex needs to live healthy, fulfilling, independent lives. It can be delivered without further legislative change or structural upheaval. The aims of integrated care are widely supported by NHS staff as well as patient groups, and taking forward the proposals set out in this paper would therefore be welcomed by key stakeholders.

<http://www.kingsfund.org.uk/document.rm?id=9405>

ISBN: 9781909029002

Ham, Chris, et al.

The King's Fund

Transforming the delivery of health and social care : the case for fundamental change.

London : The King's Fund, 2012

HIBG (Kin)

The UK has the second highest rate of mortality amenable to health care among 16 high-income countries, and evidence shows that variations in health outcomes between social groups are widening. This paper explores how the current health and social care delivery system has failed to keep pace with the population's needs and expectations. It argues that incremental changes to existing models of care will not be sufficient in addressing these challenges and that a much bolder approach is needed to bring about innovative models that are appropriate to the needs of the population and are high quality, sustainable and offer value for money.

<http://www.kingsfund.org.uk/publications/transforming-delivery-health-and-social-care>

Eason, Ken, et al.

National Institute for Health Research

Getting the benefit from electronic patient information that crosses organisational boundaries.

SDO Project ; 08/1803/226 (November 2012)

Southampton : NIHR, 2012

Web publication

The primary aim of this study has been to examine whether the sharing of e-Health records between primary care trusts (PCTs) and related agencies within local health communities (LHCs) can contribute to improved clinical care and better management. The second aim has been to examine the factors in the design, implementation and subsequent evolution of these systems that have facilitated or blocked successful inter-organisational uptake of the systems by all organisational partners. The objectives of the study have been as follows: 1. To explore by longitudinal study the barriers/facilitators in the development of e-health systems and the outcomes achieved when used across organisational boundaries in two PCTs. 2. To explore, for each PCT, the differences between systems created as a result of national and local strategies to produce platform - independent electronic systems and those locally developed as a result of inter-organisational initiatives. 3. To examine whether an action research framework in which feedback sessions to managers and end users, can promote effective take-up by providing an evidence base of benefits and barriers.

http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1803-226_V03.pdf

Executive summary http://www.netscc.ac.uk/hsdr/files/project/SDO_ES_08-1803-226_V01.pdf

Associated documentation <http://www.netscc.ac.uk/hsdr/projdetails.php?ref=08-1803-226>

NHS Confederation

Making integrated out-of-hospital care a reality.

London : NHS Confederation, 2012

Web publication

This report discusses the foundations for integrated care for adults, children and young people, with a focus on implementing out-of-hospital care, and connecting primary, community and social care. It highlights key evidence and draws on learning from partners across health and social care.

<http://www.nhsconfed.org/Publications/Documents/Making-integrated-out-of-hospital-care-reality.pdf>

ISBN: 9781905030569

Thorlby, Ruth, et al.

Nuffield Trust

Primary care for the 21st century : learning from New Zealand's independent practitioner associations.

Research report

London : Nuffield Trust, 2012

Web publication

As the National Health Service (NHS) in England prepares to give general practitioners (GPs) a leading role in commissioning local health services, it is clear that general practice itself needs to be strengthened and made into an effective foundation for transformed, integrated care. This report offers insights from the experience of organised general practice in New Zealand.

http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/new_zealand_ipas_260912-update.pdf

ISBN: 9781857176117

Goodwin, Nick, et al.

Improving the quality of care in general practice : report of an independent inquiry commissioned by The King's Fund

An Inquiry into the Quality of General Practice in England

London : King's Fund, 2011

HMP:HB (Kin)

This report was commissioned by The King's Fund on behalf of an independent panel. The views expressed in this report are those of the independent panel and do not necessarily represent the views of The King's Fund

The aim of the inquiry, which was conducted by an independent panel of experts and chaired by Sir Ian Kennedy, was to help to support the work of general practice and to provide a guide to ensure that quality is at the heart of the service that it offers to patients.

<http://www.kingsfund.org.uk/publications/improving-quality-care-general-practice>

Supporting papers <http://www.kingsfund.org.uk/projects/gp-inquiry>

JOURNAL ARTICLES

Baker, Richard, et al.

Primary care quality and safety systems in the English National Health Service : a case study of a new type of primary care provider.

Journal of Health Research and Policy 2014; 19 (1): 34-41 (January 2014)

OBJECTIVES: Although the predominant model of general practice in the UK National Health Service (NHS) remains the small partnership owned and run by general practitioners (GPs), new types of provider are emerging. We sought to characterize the quality and safety systems and processes used in one large, privately owned company providing primary care through a chain of over 50 general practices in England. **METHODS:** Senior staff with responsibility for policy on quality and safety were interviewed. We also undertook ethnographic observation in non-clinical areas and interviews with staff in three practices. **RESULTS:** A small senior executive team set policy and strategy on quality and safety, including a systematic incident reporting and investigation system and processes for disseminating learning with a strong emphasis on customer focus. Standardization of systems was possible because of the large number of practices. Policies appeared generally well implemented at practice level. However, there was some evidence of high staff turnover, particularly of GPs. This caused problems for continuity of care and challenges in inducting new GPs in the company's systems and procedures. **CONCLUSIONS:** A model of primary care delivery based on a corporate chain may be useful in standardizing policies and procedures, facilitating implementation of systems, and relieving clinical staff of administrative duties. However, the model also poses some risks, including those relating to stability. Provider forms that retain the long term, personal commitment of staff to their practices, such as federations or networks, should also be investigated; they may offer the benefits of a corporate chain combined with the greater continuity and stability of the more traditional general practice. [Abstract]

Tavabie, Jacqueline and Tavabie, Marianne

The patient liaison officer : a new role in UK general practice.

Quality in Primary Care 2013; 21 (5): 303-313

BACKGROUND: The population health needs of an ageing population, with increasing demands and opportunities for intervention, mean that the National Health Service (NHS) in the United Kingdom (UK) faces inevitable change. Maintaining traditional boundaries and professional roles is placing an unmanageable burden on the NHS and its workforce. Redesigning roles and developing capacity for integrated working across traditional boundaries of primary and secondary may provide ways of sustaining the health service whilst involving patients and carers in a community care model. **AIMS:** This project explores development of a patient liaison officer (PLO) in general practice to support delivery of integrated community care for patients with complex health needs and long-term conditions. It seeks to improve communication and administrative functions between different care providers, and incorporate patient and carer voices in care planning and delivery. It supports the UK national agenda for increasing care in the community and identifies learning needs for this new workforce. It provides career development opportunities for existing medical receptionists with potential to reduce administrative work for general practitioners (GPs). **METHOD:** A new role in general practice was developed through discussion and formal training based on identified key competencies of a liaison officer. Based in Bromley Clinical Commissioning Group (CCG) in South London, UK, 39 of 46 possible practices were involved. Outcome measures included: the development of a new role; the design and implementation of training, and evaluation of the participant; and teacher and observer feedback, including post-training focus groups, using thematic analysis. **RESULTS AND CONCLUSIONS:** Positive uptake and feedback indicated significant potential for developing this role. Investment in implementation may facilitate the achievement of improvements in healthcare and new Quality and Outcomes Framework (QOF) targets through better co-ordinated care. Future evaluation will include patient surveys and measures of impact on avoidable hospitalisation for vulnerable patients, and GP feedback on whether time has been released for new clinical work through reduction in administration carried out by PLOs. [Abstract]

Kringos, Dionne, et al.

Europe's strong primary care systems are linked to better population health but also to higher health spending.

Health Affairs 2013; 32 (4): 686-694 (April 2013)

Strong primary care systems are often viewed as the bedrock of health care systems that provide high-quality care, but the evidence supporting this view is somewhat limited. We analyzed comparative primary care data collected in 2009-10 as part of a European Union-funded project, the Primary Health Care Activity Monitor for Europe. Our analysis showed that strong primary care was associated with better population health; lower rates of unnecessary hospitalizations; and relatively lower socioeconomic inequality, as measured by an indicator linking education levels to self-rated health. Overall health expenditures were higher in countries with stronger primary care structures, perhaps because maintaining strong primary care structures is costly and promotes developments such as decentralization of services delivery. Comprehensive primary care was also associated with slower growth in health care spending. More research is needed to explore these associations further, even as the evidence grows that strong primary care in Europe is conducive to reaching important health system goals. [Abstract]

Valentijn, Pim, et al.

Understanding integrated care : a comprehensive conceptual framework based on the integrative functions of primary care.

International Journal of Integrated Care 2013; 13 (22 March 2013)

INTRODUCTION: Primary care has a central role in integrating care within a health system. However, conceptual ambiguity regarding integrated care hampers a systematic understanding. This paper proposes a conceptual framework that combines the concepts of primary care and integrated care, in order to understand the complexity of integrated care. METHODS: The search method involved a combination of electronic database searches, hand searches of reference lists (snowball method) and contacting researchers in the field. The process of synthesizing the literature was iterative, to relate the concepts of primary care and integrated care. First, we identified the general principles of primary care and integrated care. Second, we connected the dimensions of integrated care and the principles of primary care. Finally, to improve content validity we held several meetings with researchers in the field to develop and refine our conceptual framework. RESULTS: The conceptual framework combines the functions of primary care with the dimensions of integrated care. Person-focused and population-based care serve as guiding principles for achieving integration across the care continuum. Integration plays complementary roles on the micro (clinical integration), meso (professional and organisational integration) and macro (system integration) level. Functional and normative integration ensure connectivity between the levels. DISCUSSION: The presented conceptual framework is a first step to achieve a better understanding of the inter-relationships among the dimensions of integrated care from a primary care perspective. [Abstract]

<http://www.ijic.org/index.php/ijic/article/view/URN%3ANBN%3ANL%3AUI%3A10-1-114415/1978>

Kislov, Roman and Walshe, Kieran

Managing boundaries in primary care service improvement : a developmental approach to communities of practice.

Implementation Science 2012; 7 (97): (15 October 2012)

BACKGROUND: Effective implementation of change in healthcare organisations involves multiple professional and organisational groups and is often impeded by professional and organisational boundaries that present relatively impermeable barriers to sharing knowledge and spreading work practices. Informed by the theory of communities of practice (CoPs), this study explored the effects of intra-organisational and inter-organisational boundaries on the implementation of service improvement within and across primary healthcare settings and on the development of multiprofessional and multi-organisational CoPs during this process. **METHODS:** The study was conducted within the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester--a collaborative partnership between the University of Manchester and local National Health Service organisations aiming to undertake applied health research and enhance its implementation in clinical practice. It deployed a qualitative embedded case study design, encompassing semistructured interviews, direct observation and documentary analysis, conducted in 2010-2011. The sample included practice doctors, nurses, managers and members of the CLAHRC implementation team. **FINDINGS:** The study showed that in spite of epistemic and status differences, professional boundaries between general practitioners, practice nurses and practice managers co-located in the same practice over a relatively long period of time could be successfully bridged, leading to the formation of multiprofessional CoPs. While knowledge circulated relatively easily within these CoPs, barriers to knowledge sharing emerged at the boundary separating them from other groups existing in the same primary care setting. The strongest boundaries, however, lay between individual general practices, with inter-organisational knowledge sharing and collaboration between them remaining unequally developed across different areas due to historical factors, competition and strong organisational identification. Manipulated emergence of multi-organisational CoPs in the context of primary care may thus be problematic. **CONCLUSIONS:** In cases when manipulated emergence of new CoPs is problematic, boundary issues could be addressed by adopting a developmental perspective on CoPs, which provides an alternative to the analytical and instrumental perspectives previously described in the CoP literature. This perspective implies a pragmatic, situational approach to mapping existing CoPs and their characteristics and potentially modifying them in the process of service improvement through the combination of internal and external facilitation. [Abstract]

<http://www.implementationscience.com/content/7/1/97>

Reeve, Joanne, et al.

Can generalism help revive the primary healthcare vision.

Journal of the Royal Society of Medicine 2011; 104 (10): 395-400 (October 2011)

Generalism resonates with, and may help reinvigorate, the primary healthcare vision. But first we must address the gaps in the generalist account: 'demonstrat[ing] it is doing things differently and better'. We have identified key challenges: in addressing the evidence gaps which limit applicability of the generalist approach in the managed quality healthcare context; and in providing adequate support for evaluation and learning from complex decision-making by practitioners at the coal face. We call for closer working between academics and clinicians to make evidence part of practice, as well as practice part of evidence. Our proposals resonate with the King's Fund appeal for new work to understand and promote quality in general practice. We seek to evolve generalism from a professional philosophy of practice to an evidence-based model of care. We suggest that it is work to establish the value and utility of the generalist approach which offers most scope to revive the primary healthcare vision. [Conclusion]

Boeckxstaens, Pauline

Primary care and care for older persons : position paper of the European Forum for Primary Care.

Quality in Primary Care 2011 19 (6): 369-389

This article explores how to address the needs of the growing number of older patients in primary care practice. Primary care is not a fixed organisational structure but a combination of functional characteristics which has developed variably in European countries with differing responses to the emerging needs of older persons. Multimorbidity, frailty, disability and dependence play out differently in older persons; a key challenge for primary care is to provide a response that is adapted to the needs of individuals - as they see them and not as the professional defines them. Indeed, growing experience shows how to involve older persons in taking decisions. Contrary to popular opinion, older persons often rate their quality of life as high. Indeed, comprehensive primary care offers health promotion and prevention: also older people may benefit from measures that support their health and independence and some case descriptions show this potential. Although most people prefer to be in their own environment (home, community) during the last stage of life, providing end-of-life care in the community is a challenge for primary care because it requires continuity and coordination with specialist care. Successful models of care however do exist. Delivering seamless integrated care to older persons is a central theme in primary care. Rather than disease management, in primary care, case management is the preferred approach. Proactive geriatric assessment of individual medical, functional and social needs, including loneliness and isolation, has been shown to be useful and its place in primary care is the subject of further research. Clinical practice guidelines for multimorbidity are badly needed. Non-adherence to medication, linked to multiple and uncoordinated prescriptions, is a widespread and costly problem. Successful approaches in primary care are being developed, including the use of electronic patient files. With the general practitioner (GP) as the central care provider, primary care is increasingly teamwork, and the role of nurses and other (new) professions in primary care is developing constantly. The composition and coordination of teams are two components of one of the major complexities to address: how to provide individualised care with standardisation at organisation the level. (Lack of) Coordination with specialist care remains a widespread problem and needs attention from policy makers and practitioners alike. Alignment with home care and social services remains a challenge in all countries, not least because of the different funding arrangements between the services. Further priorities for research and development are summarised. [Abstract]

WEB RESOURCES

British Medical Association - Setting out a vision for general practice

<http://bma.org.uk/gpvision>

The King's Fund - Primary care

<http://www.kingsfund.org.uk/projects/primary-care>

National Association of Primary Care

<http://www.napc.co.uk/>

NHS Alliance

<http://www.nhsalliance.org/>

Nuffield Trust - Future challengers for primary care

<http://www.nuffieldtrust.org.uk/our-work/projects/future-challenges-primary-care>

Royal College of General Practitioners - General practice 2022

<http://www.rcgp.org.uk/GP2022>

Primary Care Commissioning – Transforming primary care

<http://www.pcc-cic.org.uk/article/transforming-primary-care>

Society for Academic Primary Care

<http://www.sapc.ac.uk/>