Back to first principles: developing sustainable primary care for the future

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Status quo is not an option

Need a mix of support, incentives and contractual levers within a national framework for primary care

Benefits of ‘at scale’ general practice need to be considered alongside choice and competition

New models need full evaluation of outcomes

GP provider leadership is critical

Department of Health, NHS England and CCGs can set strategic direction but…..

GP providers need to drive their own business future
Securing the future of general practice report: GP perspectives

Commissioning innovation slow – want to improve primary care for patients

Small businesses vulnerable to marginal reductions in income
Typically have insufficient staff to accommodate new clinical, administrative and regulatory requirements

Reduced income requiring more efficient business model

Potential to increase scope of business but need scale and different skills

Flat partnership structure not sustainable long term

Slightly bored of the status quo and looking for a fresh challenge
Clinical design principles

- Patients see a senior clinician, capable of making good decisions about clinical management, as early in the process as possible.
- Patient access to primary care advice and support is underpinned by the latest technology.
- Patients have the minimum number of separate visits and consultations that are necessary.
- Patients offered continuity of relationship where this is important and access at the right time when it is required.
- Care is proactive and population-based where possible, especially in relation to long-term conditions.
- Care for frail people with multi-morbidity is tailored to their individual needs, particularly in residential/nursing homes.
- Where possible, patients are supported to identify their own goals and manage their own condition and care.

Organisational design principles

- Primary care is delivered by a multidisciplinary team in which full use is made of all the team members, and the form of the clinical encounter is tailored to the need of the patient.
- Primary care practitioners have immediate access to common diagnostics, guided by clinical eligibility criteria.
- There is a single electronic patient record that is accessible by relevant organisations and can be read and, perhaps in future added to, by the patient.
- Primary care organisations make information about the quality and outcomes of care publicly available in real-time.
- Primary care has professional and expert management, leadership and organisational support.
How general practice is responding

**Super Partnerships**: large, GP led, single entities created through practice mergers, geographically coherent
    e.g. Vitality, Your Health, Howard Freeman, Whitstable,

**Networks and Federations**: formal and informal collaboration of local practices with aim to increase scope of provision, create some efficiencies whilst maintaining core small business model
    e.g. Suffolk, Tower Hamlets, Somerset, Principia

**Multi Practice models**: single, legal entity, GP led, corporate or partnership holding multiple contracts on regional or national basis
    e.g. Hurley Group, Practice plc
Key features of a Super Partnership

Keeping what’s good about ‘small and local’

Built on local general practice with local GPs

Delivery at scale: 80k+ patients: practice mergers

Expanded general practice teams

Clinically and quality focused, managerially smart

Integrated planning and delivery of generalist, specialist and community services

Provider-led population health care management

Foundation for large education provider
Super Partnership Model

Outlet 1
Dentistry, Pharmacy, Optometry

Outlet 2
Secondary Care

Outlet 3
Single Patient Record

Outlet 4
Population service planning

Outlet 5
Community services

Outlet 6
Social Care

80k + registered list
Federations and Networks

Informal or formal entities

Geographically coherent

Maintain individual practice status

Focus on enhanced service provision rather than change in general practice business model

Some ability to share resources

Hold non-GMS/PMS contracts on behalf of member practices

Benefits of scale and scope without business mergers
Network example

Figure 6: Tower Hamlets primary care network: organisational overview

Clinical commissioning group board

Locality board
(GPs and other representatives from locality commissioning groups, managers, medicines management advisors, CCG officers, professional support and clinical leads)

Locality commissioning group

Primary care provider network*

Primary care provider network*

Primary care provider network*

Primary care provider network*

Primary care provider network*

Primary care provider network*

Primary care provider network*

*Contains member practices
Common Federation Objectives

Support practices to improve quality and address capacity issues.

Support practices with income streams and costs.

Support CCGs to meet its objectives.

To build a sustainable federation available to support primary care in the long term.
Reported benefits of new primary care models

Standardised and improved clinical care
Reduction in hospital care
Stronger and supportive GP leadership
Improved career pathways for staff
Improved recruitment and retention
Longer term business and investment planning
Greater ability to bid for new business
Greater level of local influence
Efficiencies through new management model
Renewed ‘energy and motivation’ for partners
Essential ingredients for success

Strong clinical and managerial leadership
A clear focus on quality and patients
Investment in skilled managerial support
Strategic business, finance and investment plan
Data driven decision making
Good financial management skills – too easy to take on loss-making services
Transformation of practice ‘operations’
Ability to make larger scale investments
Where next?

Need a coherent national strategy for primary care – it’s been a long time…

This needs to be underpinned by aligned primary care contracts that incentivise providers to collaborate

Need for resource and support for primary care providers to undertake strategic reflection and planning

Refocus future workforce priorities and training to support integrated community, and social care organisations

Need for coherent premises and facilities plan and funding

Enable collectives of primary care (and other) providers to take on population based prime provider contracts