

## **Jeremy Hunt MP: Championing the patient: government's plans for primary care reform**

Hospitals, of course, will always be there for the most complex treatments and the most specialist care but getting the best possible care outside hospitals means we enjoy higher quality of life, spend fewer days in hospital and keep people happy, healthy and safe at home. It saves precious hospital resources for people who really need them and it saves money overall so that as we get older and need more care we can be more confident the NHS will be there to deliver for us and this is already happening. In Newquay, the NHS and Age UK have worked together with a cohort of frail elderly people that are particularly vulnerable to crisis episodes that require admission to hospital. Their proactive care has reduced emergency admissions by 23%. I have deliberately chosen to make vulnerable older people my primary focus for the next 12 months.

I will never forget seeing an elderly woman with dementia arriving in the A&E department at Watford General Hospital. The staff did their best but in truth they knew nothing about her. They didn't know if she was normally speechless or whether that was because of her fall. They didn't know her medical history and if they felt helpless how terrified she must have been. We have to do better so today I want to outline some of the detailed changes that I think are necessary to make this happen. We are currently consulting on our Vulnerable Older People's Plan but emerging results from that consultation suggest major reforms in three areas in particular.

The first is moving to proactive primary care. By 2016 we will have 3 million people with not one, not two but three long term conditions. Many of them will be elderly and when they are discharged from hospital they won't be cured in the conventional sense, they will still need help. Sometimes we do primary care really well. Many GPs pride themselves on good continuity of care and we have many extraordinary district nurses but often we fail. Fifteen minute home care visits when there is time to dress someone or feed them but not both. Patients left stranded at home because they slip through the crux of the system.

A paper in the Journal of Public Health by Bankart in 2012 found that being able to consult a particular GP, an aspect of continuity is associated with lower emergency admission rates so for next April I proposed in the draft NHS mandate that there should be a named GP for all vulnerable older people but we need to go further than just having a named GP. So from next April I would like to empower those named GPs to be able to take responsibility for ensuring those patients have proper care plans and are supported to look after themselves. To have the time to contact patients proactively and not just when they walk through the surgery door. To be able to decide how best out of hours care should be managed in their local areas. I have asked Health Education England to recruit an additional 2,000 GPs and increase the proportion of new doctors entering general practice to 50% but we also need to look at the burdens that we place on general practice and give them better support in managing demand so we need a dramatic simplification of the targets and incentives imposed on GPs surgeries to give them back the professional discretion to spend more time with patients who need it the most.

And finally we need to recognise that if more pro-active general practice is going to save the NHS money by reducing unplanned admissions to hospital then some of that saving needs to go back into general practice to pay for the higher levels of care.

Now transforming out of hospital care is not, though, just about primary care which is why the second big change we need to make - something the Kings Fund has nobly talked about for very many years - is around the integration of the wider health and social care systems. We must recognise that the needs of vulnerable older patients are so complex that they will often need to access different parts of the system on a regular basis. Norman Lamb, my excellent Care Services Minister is spearheading the work to make this change happen, in particular with a programme of ten to fifteen integration pioneers. Building on this the Chancellor announced in July a £3.8 billion integration transformation fund for health and social care in 2015/16. Local authorities and the local NHS will have to commit to joint commissioning, better data sharing using the NHS number, seven day working in health and social care, protecting social care services and having an accountable lead professional for integrated packages of care.

And there is one more very specific change that we need to make to out of hospital care and that involves electronic health records. It is shocking that when a vulnerable older person is admitted to A and E that hospital typically knows nothing about their medication or medical history. Forty four people died last year in the NHS because they were given the wrong medicine and we know we could reduce this significantly if prescription history is available in hospitals. Equally shocking in this day and age is that a paramedic can pick someone up on a 999 call without knowing if they are a diabetic or someone who has dementia. Medical notes and histories should be available anywhere in the system that a patient gives consent.

I said the NHS must be paperless by 2018 and last week announced that we are going to be increasing investment over the next two years to £1 billion but, for now, let me reiterate my optimism and my certainty that with ambition, vision and courage we can protect the NHS's sustainability even at a time of unprecedented financial pressure and significantly improve care for vulnerable older people at the same time and I want to thank everyone in this room for your help in making that happen.

Thank you very much.