THE FUTURE OF GENERAL PRACTICE

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TRADITIONALLY....

Independent General Practice partnerships
Minimal collaboration
Independent contractors
Lack of integration with other Primary and Secondary Care services
RECENT YEARS...

• Increased workload – multi-morbidities, older population
• Increased patient demand ++++
• Increased emphasis on community lead care eg diabetes
• Increased administration/complex finances/Network plan/QOF…practice managerial role too big
• Traditional model not able to cope?…crisis!
• NHS/CCG Cost cutting……
• Increased GP “burnout”
60 PATIENTS A DAY...

'Hello and goodbye'
"I'VE HAD TO BOOK MY APPOINTMENT TWO WEEKS IN ADVANCE, SO WE'LL BOTH SIT HERE UNTIL I FEEL UNWELL."
GP POPULATION..

• Older GP workforce – early retirement
• Not enough GPs in training
• GP as an attractive speciality – 10 years ago huge demand for jobs, now minimal.
• How to cope with new demands?
Full-time GP numbers in England fell almost 2% in 2015, official estimates show, leaving the government facing an uphill battle to reach its target of recruiting and retaining an extra 5,000 GPs by 2020.

GP leaders warned that the data showed the extent of the crisis facing general practice in England, with doctors retiring early to escape unmanageable workload.

In 2015 there were 34,055 full-time equivalent GPs in England excluding locums, down 657 (1.9%) from the 2014 estimated total, data from the Health and Social Care Information Centre (HSCIC) show.
GP WORKFORCE

• Full-time GP numbers excluding locums, retainers and registrars fell even faster - dropping 3.2% to 29,271 in 2015 - a fall of 980.

• Headcount figures showing the total number of GPs in England - excluding locums - also fell to 40,697 in 2015, down 408 (1%) from 2014, the HSCIC data reveal.

• **GP recruitment**

• Despite the RCGP hailing a surge in GP trainee recruitment in 2016 as evidence of a 'turning tide' in GP recruitment, the latest official data are a blow to health secretary Jeremy Hunt's pledge to recruit and retain 5,000 extra GPs by 2020.

• GPs want fewer sessions as “full time”, “portfolio careers” and job flexibility. Workload...

• Emigration....Burnout......Retirement....

• Affects patient care and satisfaction also ... “workload crisis” for GPs
“Sorry the doctor is running behind. You can keep today’s appointment or I can fit you in tomorrow...whatever comes first.”
General practice in England could be reaching ‘saturation point’, with patients seeing GPs more often and for longer while GP numbers fail to increase, according to a new study published in the Lancet.

The study is the largest analysis of GP and nurse consultations to date, and shows that general practice workload has increased by 16% over that period while patients are seeing their GP 14% more than they did seven years ago.

While the overall workload has increased, the number of GPs per patient has decreased from 60.9 GPs per 100,000 patients to 60.6, it found.

The authors said that the number of consultations have increased ‘substantially’ at the same time as recruitment remains ‘low’.

As a result, the system has reached ‘saturation point’, the authors conclude.
WORKLOAD

- Increased: population, multi-morbidities, complexity, costs
- Decreased: funding, relative workforce
- “Making time in General Practice”
- 26% GP appointments avoidable
- NHSE: “10 high impact actions to release time for care”: active signposting, new consultation types, reduce DNAs, develop team, productive workflows, personal productivity, partnership working, social prescribing, supported self-care, develop QI expertise.
PARTNERSHIP MODEL

• 2009 – 69% all GPs in England Partners, 20.5% Salaried
• 2015 - 55% partners, 24% salaried
• Large numbers giving up partnerships
• ?Not popular
• Survey of 573 partners:
  • 51% partners would consider becoming salaried
  • 54% do not think the partnership model of GP will exist in 10 years
• 10 years ago large competition for partnerships/now many vacancies
“The NHS has dramatically improved over the past fifteen years
There is now quite broad consensus on what a better future should be.
Radical upgrade in prevention and public health
When people do need health services, patients will gain far greater control of their own care
the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care”
FORWARD VIEW

• “England is too diverse for a ‘one size fits all’

• One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care – the Multispecialty Community Provider”

• “Horizontal” integration
MCPS

• MCP – multi-speciality community provider
• MCP model framework available now
• Full contract Sept 2016
• Launched April 2017
• Neighbourhood units 30,000 – 50,000 smallest ? > 100,000
• Local 10-15 year contracts
VERTICAL INTEGRATION

• “A further new option will be the integrated hospital and primary care provider – **Primary and Acute Care Systems** – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.”
• The foundation of NHS care will remain list-based primary care. Given the pressures they are under, we need a ‘new deal’ for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.
COMMUNITY CARE

- Emphasis on community lead care: diabetes, dermatology, musculoskeletal, urology, gynaecology, ENT
- Cheaper
- More local
- ? Delaying tactic...CCG incentives
- CCG incentives to decrease hospital referrals and unplanned admissions
In order to provide the comprehensive and high quality care the people of England clearly want, Monitor, NHS England and independent analysts have previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two.
FUNDING..

• Depending on the combined efficiency and funding option pursued, the effect is to close the £30 billion gap by one third, one half, or all the way. Delivering on the transformational changes set out in this Forward View and the resulting annual efficiencies could – if matched by staged funding increases as the economy allows – close the £30 billion gap by 2020/21.

• Decisions on these options will be for the next Parliament and government, and will need to be updated and adjusted over the course of the five year period. However nothing in the analysis above suggests that continuing with a comprehensive taxfunded NHS is intrinsically un-doable. Instead it suggests that there are viable options for sustaining and improving the NHS over the next five years, provided that the NHS does its part, allied with the support of government, and of our other partners, both national and local.
NEW MODELS OF CARE: FEDERATIONS.....

• Reform of primary care has risen to the top of the agenda with the Secretary of State calling for a new deal for general practice and commitments to train an additional 5,000 GPs by 2020 and give patients access to a GP seven days a week

• In 2014: GPs to lead 'family care networks', working together at scale in federations and with other health professionals to provide all but the most specialised care outside hospitals.

• Federations and Networks (CCG) emerging over last 2 years...
GP FEDERATIONS

• A GP federation is a group of GP practices that decide to collaborate to provide improved access and quality whilst reducing variation in general practices’ services.

• Eg H&F GP Federation formed: Out of Hospital Contracts, CEPN, Diabetes nurses, HENWL

• 90% London population covered by Federation

• 58 Federations
PRACTICE MERGERS..

• Rise of the “Super-practice”
• ? 100,000 patients ? More ..
• MCP/ACO
• New care models – vanguard sites
  • In January 2015, the NHS invited individual organisations and partnerships to apply to become ‘vanguard’ sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services.
  • In March, the first 29 vanguard sites were chosen. There were three vanguard types – integrated primary and acute care systems; enhanced health in care homes; and, multispecialty community provider vanguards.
VANGUARDS...

• In July 2015, eight urgent and emergency vanguards were announced.

• In September 2015 a further 13 vanguards were announced – known as acute care collaborations – they aim to link local hospitals together to improve their clinical and financial viability.

• The 50 vanguards were selected following a rigorous process, involving workshops and the engagement of key partners and patient representative groups.

• Each vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.
GP FORWARD VIEW NHSE: APRIL 2016

• An advisory oversight group with patients and partners (including the GPC and the RCGP) will steer the implementation of the measures outlined in this General Practice Forward View. This is a five year programme of work.

• Overview of measures:
  • investing a further £2.4 billion a year by 2020/21 into supporting and growing general practice services. This represents a 14 percent real terms increase, reversing the decline in general practice funding, and raising the proportion of investment in general practice to over 10 percent of the NHS England healthcare budget.

• 5000 more doctors working in Primary Care by 2020/21
GP FORWARD VIEW...

• Major national and international recruitment campaigns to **double the growth rate of doctors** working in general practice; • A new offer to every practice in the country to access a **clinical pharmacist** leading to an extra 1,500 pharmacists in general practice; • Support for every practice to help their reception and clerical staff play a greater role in signposting patients and handling paperwork to free up GP time; • Investment in **practice nurse** development and return to work schemes; • Investment in practice manager development
• Piloting medical assistant roles; and • Training and investment for 1,000 new physician associates, and 3,000 new mental health workers to support practices; All supported by a network of multi-disciplinary training hubs; • £246 million to support practices in redesigning services
GP FORWARD VIEW

• Supporting the increased use of technology

• Supporting new models of care in vanguard sites, to spread innovative solutions, and the development of a voluntary MCP contract for larger GP groups and community health services;

• Improving the interface between hospitals and general practice, beginning with changes to the NHS Standard Contract from April 2016;

• Continuing to make capital investments, with the estimated likely capital investment over the next five years to reach over £900 million;

• Bringing forward proposals to tackle indemnity costs; and

• Reducing the frequency of CQC inspection for good and outstanding general practices, whilst continuing to protect patients and drive up quality.

• “Taken together, these measures represent the most far-reaching support offered to general practice in a decade. “
CURRENT STATE OF PLAY..

• Unprecedented change in General Practice and Primary Care
• Opportunities but also anxiety...
• Current Federation and Super-practice development
• Government policy, political landscape and financial drivers to change
• If Jeremy Corbyn becomes PM likely to change again...!!!!
ALL CHANGE PLEASE...