The future of Primary Care
Wessex Educators Forum 11.1.18
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Conflicts of interest

• I am Chair of RCGP & a Trustee
• I am Vice Chair of the Academy of Medical Royal Colleges
• I am GP Partner (GMS)
• I am a Prof at University of Birmingham & visiting Prof St George’s HMS London
• I am married to an Engineer
• I am a member of The Methodist Church
Plan…

- RCGP, who we are, what we believe
- State of the nation
- Vision for the future of General Practice / Primary Care / NHS
- Sparkle…
- Q&A (network, chat, catchup, think?)
Cum Scientia Caritas
RCGP Vision and Values

• **Vision:** *Excellence in general practice for patients worldwide*

• **Values:** We are the heart and voice of general practice, we promote the principles of holistic generalist care in partnership with other HCPs and our patients. Committed to equitable access to and delivery of high-quality and effective primary healthcare for all. Committed to the academic and practical development of high quality general practice.
As a member of RCGP you are...

- Always **learning** (CPD, courses & confs, training)
- Part of a **community** (networking, mentoring, peer to peer, faculties, google interest groups)
- Taking care of **yourself** (wellbeing, resilience, #TeamGP, social activity)
- Shaping the **future** (Innovation, bright ideas, students / AiTs / First5)
- Part of the **conversation** (policy, lobbying, campaigns, local, national, international)
RCGP & HSL Policy Priorities

- **Campaign**: Put patients first, back General Practice, delivery & 4 nations
- **Workforce**: Recruit, retain, return & resilience
- **Workload**: AHPs, innovation, safety
- **Interface**: primary & secondary care
- **Extending GP Training**
- **Exam review (10yrs MRCGP)**
- **Joy in General Practice…**
Daily, within UK General Practice:

• > 1 million consultations take place
• ≈ 1.5 million prescriptions issued

GPs are consultants in General Practice: “Expert Medical Generalists, considering holistically the Physical, Social and Psychological welfare of our patients”
Cabinet Reshuffle: Opportunities / Threats

- Jeremy Hunt remains as Secretary of State for Health AND SOCIAL CARE
- Longest serving SofS Health ever in June
- Social Care previously split between Dept of Health and Dept for Communities and Local Govt
- Impact of reshuffle otherwise on NHS minimal
MANCHESTER…

PUT PATIENTS FIRST BACK GENERAL PRACTICE

March 2017

Six Steps for Safer General Practice

General Election Manifesto 2017 for England from the Royal College of GPs
Our annual assessment of GPFV: Steady progress in finance, IT, AHPs & GP support but GP recruitment at serious risk and GPs not feeling the benefits at the front line

• NHS E Launch of International GP Recruitment initiative 4 weeks later
What’s in it?

• Recruit/train 5,000 additional wte GPs
• 2,000 additional practice nurses & 3,000 AHPs
• Increase funding to GP by 14% in 17-18 and another 15% in 18-19 = £2.4bn pa
• QOF review / Indemnity fix / Support for GP wellbeing / Practice resilience / IT investment
• Will need to work differently – new models
• GPs need to work more collaboratively
Working at scale?

**The majority:**
Nice idea, intuitive, we would love to but where to start? need some help / exemplars / pump priming ...

**Visionaries:**
Vanguards shining lights early adopters

**Ostriches:**
Not interested
What will the future look like

• HSL predictions:
  – Working at scale more the norm
  – Acute vs chronic care more differentiated
  – More care based in the community
  – More & varied HCPs in the GP team
  – More flexibility & inc use of technology
  – More time with patients who really need it
  – Partnerships only one of several models of delivery of general practice services
Where are we going?

Empowered to Stay Well and make well-informed choices

Voluntary sector: The 3rd workforce
- Social Prescribing
- Minor ailment scheme
- Open Access Services e.g. physio
- Care navigation

Redirection

Consider Self Care
- NHS.UK
- Patient Activation for LTCS
- Community pharmacy
- Apps and wearables
- 111 Online and 111 Hubs
- Access to records via Patient Online

New Consult Models
- Phone triage and care
- Advanced Nurse Practitioner
- Physician Associate
- Online triage and care
- Clinical Pharmacist
- Mental Health Therapist

Attend A&E
- Specialist support
- Enhanced Advice and Guidance / Consult

Fewer patients see the GP
- Additional GP / nurse capacity
- Locality MDTs
- Specialist Clinics

Community services

Open Access Services e.g. physio

Access hub

Empathy to make well-informed choices
What is a Multi-speciality Community Provider?

Key Features
- CCG commissioned voluntary contract
- Place-based and population-based provision > 100K patients (30-50K units)
- Focus on prevention, self-care and use of community assets
- Wider range of specialists developing integrated patient pathways
- Greater resilience across practice groups
- Greater career opportunities for all staff

New organic business models in 10-15 year contracts (with right of return)

1. Virtual: Alliance contract over existing
2. Partially Integrated: GMS + Community Services
3. Fully Integrated: One budget, one team, one service

Intensive work with 6 aspirant MCPs
Collaborative Working Options
MCPs feel like a distant concept – how do we progress now?

Increasing collaboration

Economies of scale e.g. group buying
Practices form natural groups e.g. 30-50K

Sharing staff & resources to build resilience

Collective provision of services for CCG

Group Education and training

Prevention, self-care & social prescribing

General Practice Development Programme

Collective recruitment e.g. GP Career Plus

Collective estate and IT planning

Work closely with community pharmacy

Access and diagnostic hubs

Integrated 111, Out of Hours and Urgent Care

Integration with community and specialist services

Place & population based-care

Consider becoming an MCP

Increasing collaboration

New approach to care
Targeted GP Training Programme TGPT

- Initiative to try and help Drs who have been unable to pass all elements of MRCGP i.e those who have passed WBA and CSA or WBA and AKT
- Lengthen max training extensions to 12m (from 6m)
- Pilot to allow those exited to apply to re-enter training and have supportive program of support
- Those transferring to GP from other speciality to have more consideration of experience in hospital counted as part of training time
International Recruitment Initiative

• GPFV commitment: extra 5,000 was 500 overseas
• Increased to 2,000
• Trainee numbers increasing slowly (on track 3,250)
• Initiative launched 22 Aug 2017, co-badged with NHSE
• Principles: Patient safety, UK doctors not disadvantaged, ethical recruitment, aim to return UK Trained.
• Big plans 2017-2020 – accelerate the EU/EAA programme
• Look at streamlining process and recognition of other qualifications (will take time)
RCGP Conference – SoS

6 key announcements by Secretary of State:

- **INDEMNITY**: 18m to develop and implement a State backed scheme (then MDU announcement…)
- Regulation of PAs
- Extend the successful ‘Golden Hello’ £20k to work in under doctored areas (n=200 vs 126)
- Extend GP Plus scheme
- Online booking App for all patients 2018
- Med School expansion in hard to reach/rural/coastal areas & GP/Psychiatry emphasis
HSL Speech – ‘Enid shaped care’

• Narrative
• Loneliness & Social isolation
• Overmedicalisation
• Over regulation and de-professionalising GPs

‘Give us enough time, enough resource, enough people and enough professional support and I, we… We will give you great General Practice…’
Joy? Sparkle?

• We all need safe space and healing space but too much time in negative company will drag you down

• New stats concept: ‘Number needed to undo harm’

• Having a bad day? talk to a colleague
  Having a great day? talk to a junior colleague

• #TeamGP #WhyGP  RACGP videos FRCGP