



The Future of Primary Care

A personal perspective

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Context

- Before the 'Patient-led NHS' we had the 'Primary Care-led NHS', but both concepts are still both largely aspirational;
- While 90 % of NHS patient contacts are with GP practices, when it comes to resources, it is still a 'Secondary-care dominated NHS'.

'Our Health, Our Care, Our Say'

- 'Our Health, Our Care, Our Say' put emphasis on *care closer to home*
- It empowered GPs to develop new patient pathways to offer more convenient and cost effective care for patients under PBC
- It envisaged a large shift of activity from secondary to primary care – patients would only go to hospital in future when all primary care options are exhausted.



Payment by Results

- PBR intended to bring down costs of secondary care
- ‘Money follows the patient’ but Trusts compete on quality/convenience not price
- Reference costs ensure activity costs kept under control
- Not having a tariff for primary care means PCTs free to commission more from GPs.



Practice based commissioning

Has this happened ? No. PBC has 'stalled'.

Well documented reasons include:

- Poor activity data
- Failure of PCT/PBC Cluster relationships
- Failure to properly fund clinical time
- Failure to 'unbundle' tariffs
- Failure of GPs to establish effective new alternative provider organisations.



Practice based commissioning

Less well documented reasons:

- System inertia
- Lack of commissioning expertise
- Reluctance of PCTs to destabilise Trusts
- PCTs' failure to identify and help develop new provider organisations

What about community services?

- ‘Commissioning a patient-led NHS’ suggested they’d be put out to tender
- DH backtracked, spoke of ‘market testing’, equivocal about idea of community FTs, flirted with idea of social enterprises
- Now comfortable with ALMOs aspiring to become FTs, but GPs and private sector still have designs on some services



What about GP services?

- Much questioning of whether small business model is still fit for purpose
- Concerns about access used by govt. as excuse to introduce more competition
- ‘Our NHS, Our Future’ bringing one GP-led walk in centre to every PCT and 150 new APMS practices across the country (inc. three in Nottingham City) whether needed or not !



Competition

- Government wants plurality of providers, sees NHS as a 'franchise'
- Procurement biased towards large companies
- As their monopoly eroded GPs have been forced to look at new business models
- GP consortia successful in tenders only because companies don't have 'relevant' experience



New business models

New *collaborative* business models include:

- GP-led companies
- Multi practice partnerships or Federations
- Umbrella mutuals or social enterprises
- Co-located or 'virtual' practice associations
- Joint ventures between GPs and private sector (eg Virgin, Assura, Boots)



Potential Benefits

Potential benefits of collaboration include:

- Improved performance/quality through more efficient management, mutual support and peer pressure
- Reduced costs, due to economies of scale
- Increased range of services, due to pooling of resources and skills, and increased opportunities to expand due to sharing of business risks

Further new ideas

- '*In sickness and in health*' (NHS Alliance) postulates case for *integrated care*
- They argue logical end point of services redesigned around patient is to create a primary care-led integrated care organisation (ICO)
- It will provide care close to home, through new breed of *Consultant community specialists*, and commission all other services, inc. redesigned unplanned/out of hours care



Integrated Care

- Integrated care will bring improved access across all strata of NHS
- Models based on “values rather than structures”
- Virtual health centres rather than polyclinics
- Hospitals deal with acute care only
- ICOs supported by patient empowerment, public health focus, and new *Academy of Clinical Leadership*.

Primary Care 2020?

- Universal standards of care in pluralistic franchised NHS (under independent board)
- Patient has free choice of providers (and budget for some forms of care)
- Element of private insurance/co-payment
- Health Maintenance Organisations commission services from Foundation Trusts, ICOs, Private companies and GP led MPPs/Federations/Social Enterprises.



Thought for the day

“The average GP practice costs £150 per patient per year. That is less than the average cost for a single outpatient appointment in most specialties.”

“In sickness and in health: achieving an integrated NHS”. (NHS Alliance April 2008.)