The Future Primary Care Workforce:

Martin Roland, Chair, Primary Care Workforce Commission

UNIVERSITY OF CAMBRIDGE

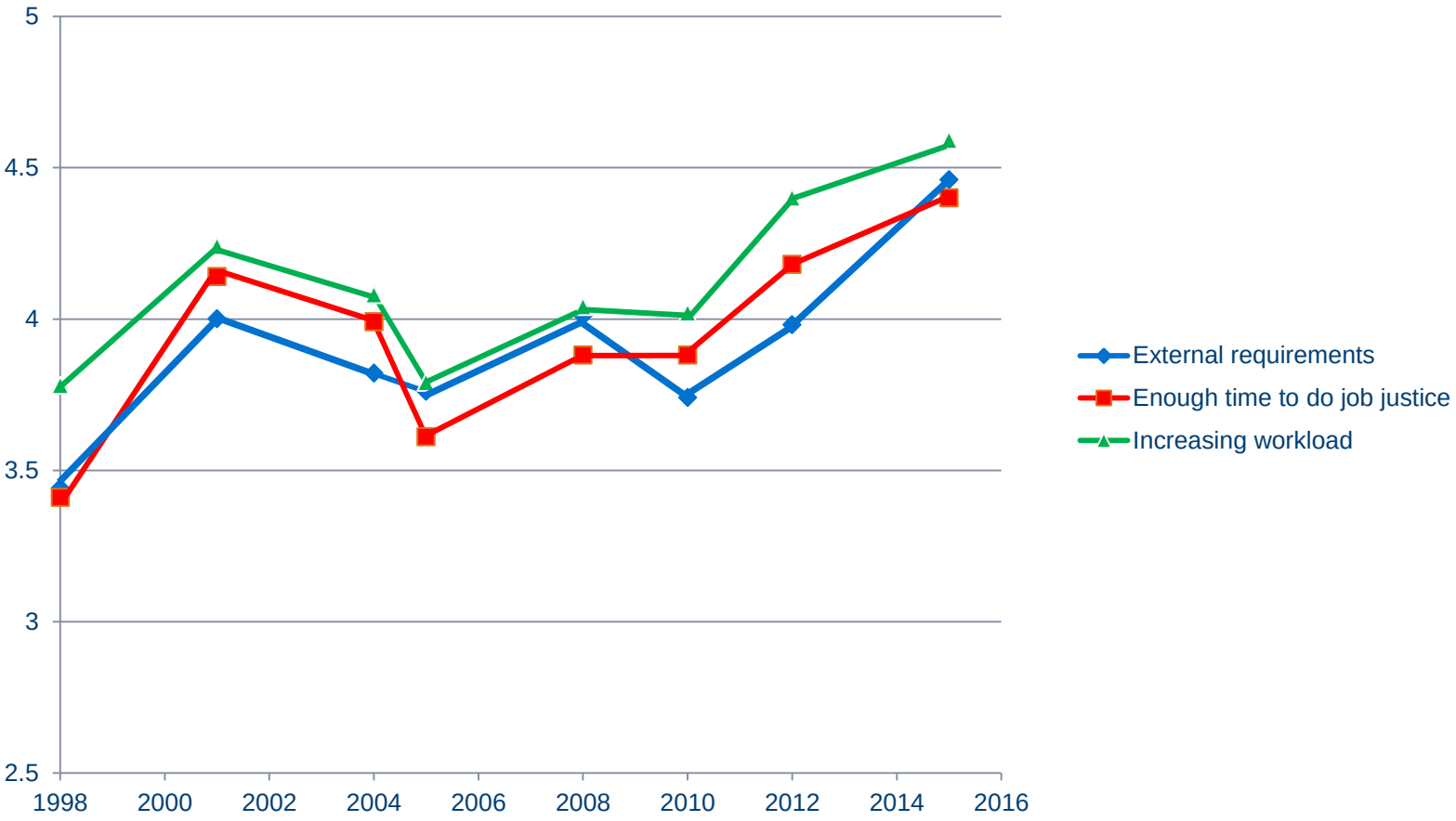
Primary Care Workforce Commission

Aim: to identify models of primary care to meet the future needs of the NHS

The problems

- Rising demand for care, and ageing population, increasing numbers of complex patients
- Progressive move of care from hospitals to primary care
- Poor coordination between general practice, community health services and hospitals, and between the NHS and social services
- Increasing administrative and regulatory burdens
- A workforce under increasing stress, major shortages in some areas
- A changing workforce

GP job stressors 1998-2015 (5 point scale, 1-5)



The future of primary care
Creating teams for tomorrow

Report by the Primary Care Workforce Commission

"With its highly skilled workforce, effective multi-disciplinary teams and well-developed IT systems, the NHS is in an unparalleled position to develop a modern primary care system that is truly world class."

thebmj

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EDITORIALS

Tackling the crisis in general practice

If general practice fails, the whole NHS fails

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Hospitals' financial problems always make headlines, and *The BMJ*'s recent editorial by Chris Ham, chief executive of the think tank the King's Fund, emphasised the crisis that hospitals in England are facing.[1] A £2bn (€2.6bn; $2.9bn) funding deficit certainly sounds dramatic, but hospitals don't go bust: someone usually picks up the bill. General practice doesn't have that luxury, and its share of the NHS budget has fallen progressively in the past decade, from a high of 11% in 2006 to under 8.5% now. Many practices will see further reductions over the next three years.

On performance, hospitals again grab the headlines. But stories about breaches of waiting time targets in emergency departments rarely consider why more and more patients go to hospital—namely, the strain on general practice. Recent research shows levels of stress among general practitioners that are unprecedented since surveys began in 1998,[2] with increasing workload and overwhelming regulatory burdens. GPs now do an estimated 370 million consultations each year, 60 million more than five years ago.[3] Seeing 60 patients a day is not uncommon.

A recent international survey by the US Commonwealth Fund found that only 22% of UK GPs reported that the NHS was working well, a dramatic drop from 46% in 2012, and that they experienced higher levels of stress than primary care doctors in any of the other countries surveyed.[4] Comments by GPs at a recent national conference encapsulate the sense of despair: "The pressure of work leaves me in constant fear of making mistakes," and, "I am now worried about employing more staff in general practice—the reviews of our contracts and many other cuts means I have no idea what my real budget is going to be." Confidence in the sustainability of general practice is critically low, and GPs are finding it harder to recruit trainees and to find partners to replace those who are increasingly retiring in their 50s.

NHS England's *Five Year Forward View* last year presented ambitious plans for moving services into the community.[5] Yet in nearly every year of the past 20 years the number of GPs as a proportion of NHS doctors has fallen,[6] and in the past 10 years the number of hospital consultants has increased at twice the rate for GPs.[7] Politicians and NHS leaders argue that more care should be moved into primary care, but increases in funding move inexorably into hospitals. In 2014 the consultancy Deloitte estimated, taking into account inflation and increasing demand, that the shortfall in general practice funding would be £3.36bn by 2017-18, an estimate made before "new models of care" promised to move even more work out of hospitals.[8]

Jewel in the crown

General practice has been described as the jewel in the NHS crown.[9] GPs currently manage the great majority of patients without referral or admission to hospital. If the current strain on general practice were to shift this balance only slightly, hospitals would be overwhelmed. Figures from Scotland show that cuts to general practice funding since 2006 have been associated with a clear rise in emergency admissions, despite investment in community services.[10]

It is general practice that makes the NHS one of the world's most cost effective health services—the £136 per patient per year for unlimited general practice care is less than the cost of a single visit to a hospital outpatient department. Primary care needs fair funding to deliver on the NHS's ambitious plans, and GPs need to feel valued rather than continually criticised by politicians and regulators. For their part, hospitals need incentives to manage whole populations so that they can't constantly shift work into general practice without resources following.

What are the solutions?

So, what's to be done? First, general practice needs a substantial injection of new funding—like, for example, the £500m rescue package given to emergency departments in 2013. This would enable more staff to be employed to solve the two key problems facing GPs: an increasing workload and burgeoning bureaucracy. Reviews of practices' contracts that threaten serious financial destabilisation should be put on hold while a fair funding formula is developed to replace the 25 year old Carr-Hill formula that allocates funding to individual general practices.

Second, leaders in GP federations and networks need support to help their local general practices develop new roles to take

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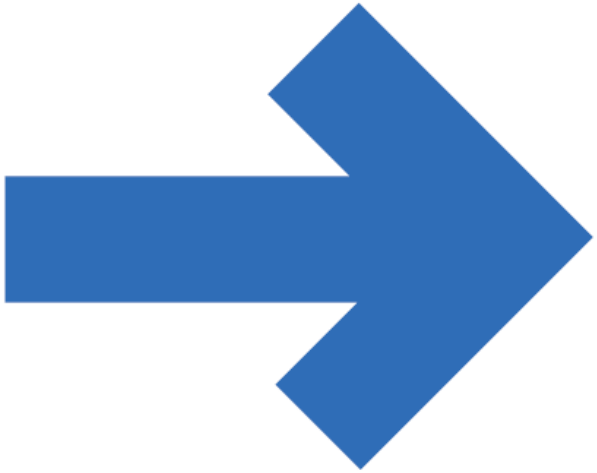
NHS England

GENERAL PRACTICE FORWARD VIEW

APRIL 2016



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NHS Health Education England

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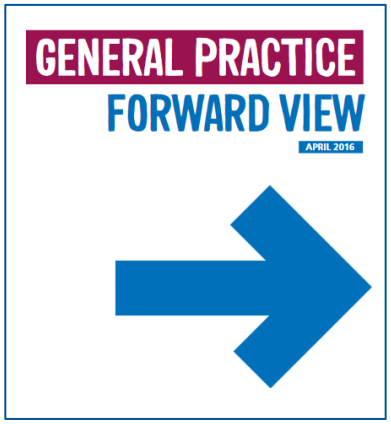

The Commission's vision for primary care

What's actually happening

Recommendations in *The Future of Primary Care* (July 2015 report of the Primary Care Workforce Commission) and subsequent commitments by NHS England/HEE in the *General Practice Forward View* (April 2016).

Key recommendations in *The Future of Primary Care* (July 2015)	**Proposals from NHS England and Health Education England (at September 2016)**
Building the workforce	
Strategies to increase recruitment and retention of GPs	Commission established by HEE and Medical Schools Council (chair Val Wass) on promoting general practice in medical schools (report due October 2016). House of Commons Health Committee report on Primary Care (April 2016) includes: "Those medical schools that do not adequately teach primary care as a subject or fall behind in the number of graduates choosing GP training should be held to account by the General Medical Council" Continued commitment to 5000 more GPs by 2020 and other parts of Ten Point Plan including national and international recruitment campaign, simplified return to work schemes to get 500 GPs back into workforce. New retained doctor scheme launched July 2016. HEE launched the '*There's nothing general about general practice*' campaign in November 2015 to raise awareness, inspire and inform young medics about a

Changes that are needed in primary care

1. **Expanded multidisciplinary primary care teams**
2. **Larger primary care organisations: networks, federations and associations of primary care practices**
3. **Better collaboration between primary, secondary and community care, and between health and social services**
4. **Better use of information technology**

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Towards multi-disciplinary team working

Example of a multi-disciplinary primary care team:

A Patient Centred Medical Home should have, for each full time physician 1.4 clerical assistants, 2.7 medical assistants or nurses, 0.4 care managers, 0.25 physician assistants or nurse practitioners, 0.2 pharmacists and 0.25 social workers.

Patel M et al. Am J Manag Care 2013; 19: 509

The new multi-disciplinary team

Healthcare worker	Old model
GP	Everything
Clerical assistant	Filing
Medical assistant	Nothing
Nurse / NP	Dressings
Physician associate	Nothing
Pharmacist	Complain about inaccurate prescriptions
Social workers	Organise case conferences at impossible times

What could all these people do?

Healthcare worker	New model
GP	
Clerical assistant / medical assistant	
Nurse / NP	
Physician associate	
Pharmacist	
Social workers	

What could all these people do?

Healthcare worker	New model
GP	Focus on more complex patients
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Physician associate	
Pharmacist	
Social workers	

What could all these people do?

Healthcare worker	New model
GP	Focus on more complex patients
Clerical assistant / medical assistant	Screen email and electronic tasks (releasing 50% of admin time equivalent to 1400 extra GPs in England)
Nurse / NP	
Physician associate	
Pharmacist	
Social workers	

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Social workers	Links to social care support, e.g. anticipating and preventing hospital admission

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- Better use of information technology

Larger primary care organisations: networks, federations and associations of primary care practices

- **Italy, Spain, Portugal: GPs practices have joined into larger groupings**
- **New Zealand: Independent Practice Associations**
- **UK: federations and networks of GP practices, some ‘super-practices’**

Larger primary care organisations: networks, federations and associations of primary care practices

What is the purpose of larger groupings of GP practices?

- **Providing a wider range of services**
- **Offering better opportunities for staff development and training, governance support for practices**
- **Working more effectively with commissioners, specialists, hospitals and social services**
- **Developing links with patient groups and local community organisations in a way that is very difficult for individual practices**

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Better collaboration between primary, secondary and community care, and between health and social services

- **Much closer working with specialists, e.g. as in the Five Year Forward View 'New Models of Care'**
- **Single point of access to community services and social services for urgent assessment**
- **Contracts for community nursing and GP out of hours services should require bidders to demonstrate integration with other primary care providers**

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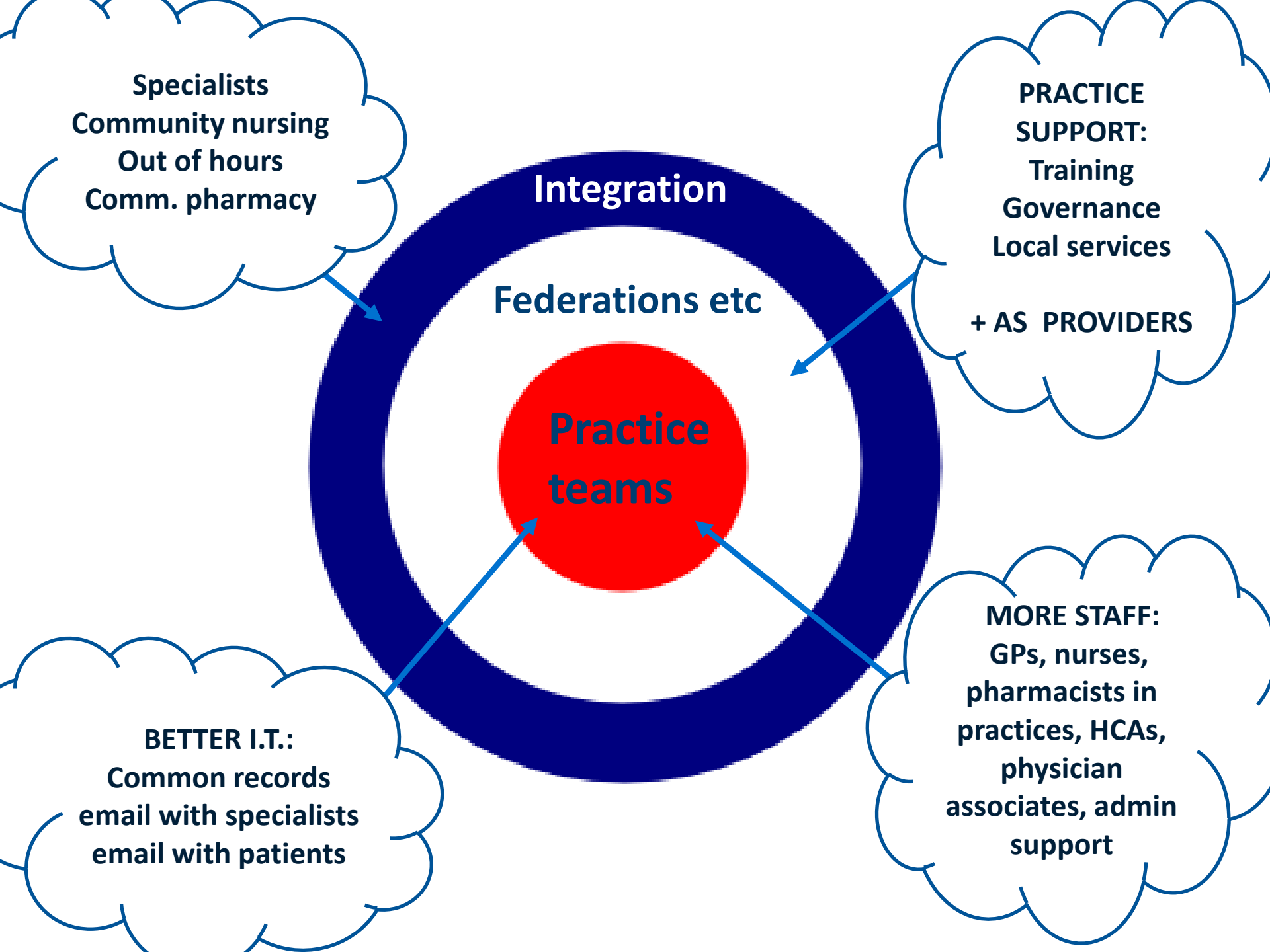
- **Better use of information technology**

Better use of information technology

- **Email / electronic messaging between specialists and GPs**
- **Shared records between general practice, community nursing, out of hours care, and health visiting**
- **Email between patients and GPs (evaluate impact on workload first)**


Specialists
Community nursing
Out of hours
Comm. pharmacy
Integration
Federations etc
Practice teams
PRACTICE SUPPORT:
Training
Governance
Local services
+ AS PROVIDERS
BETTER I.T.:
Common records
email with specialists
email with patients
MORE STAFF:
GPs, nurses, pharmacists in practices, HCAs, physician associates, admin support

NHS England

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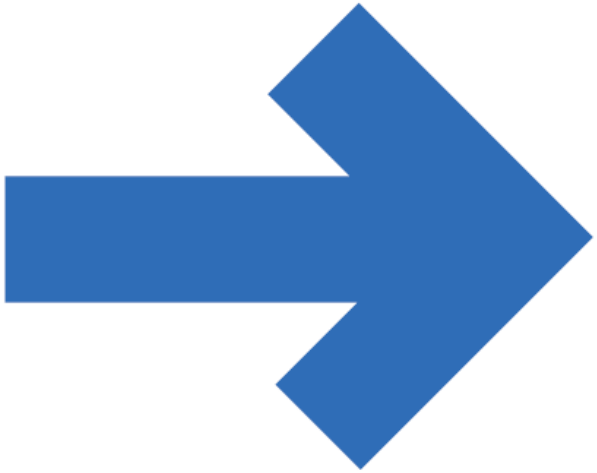

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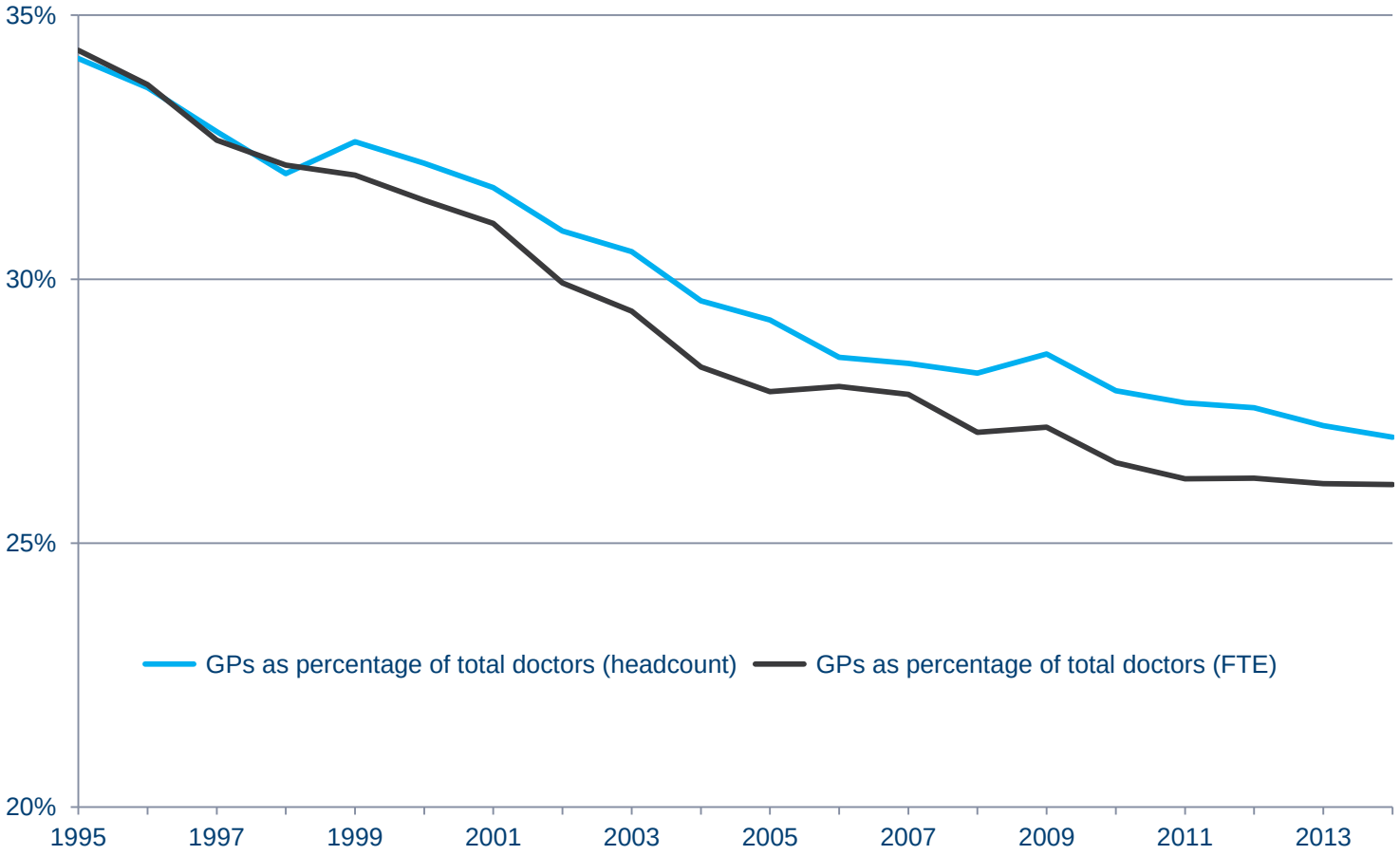
20 year relative dis-investment in general practice



“If anyone had said 10 years ago ‘Here’s what the NHS should do now – cut the share of funding for primary care and grow the number of hospital specialists three times faster than GPs’, they’d have been laughed out of court. But that’s exactly what’s happened.”

Simon Stevens, introduction to GP Forward View

So what's actually happening?

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The money

£2.4 billion extra for general practice services by 2020/21 – representing 14% real terms increase.

Percentage of NHS budget spent on general practice rising from 8.4% to over 10.5%

Capital investment of £900m

New funding formula to better reflect workload

Proposals to tackle spiralling indemnity costs

So what's actually happening?

Expanded multi-disciplinary workforce (1)

- Recruitment drive in medical schools (Wass Commission – joint HEE/Medical Schools Council reports September)
- HEE recruiting more GP trainees than ever before
- £20k salary supplement for trainees in hard to recruit areas
- 250 post-CCT fellowships in areas of poor recruitment
- More GPs returning to practice - simplified procedures

So what's actually happening?

Expanded multi-disciplinary workforce (2)

- **Funding for 1500 pharmacists in general practices by 2020, training courses for pharmacists in practices, increased training for community pharmacists**
- **3000 mental health therapists in general practices by 2020**
- **1000 extra physician associates by 2020, expansion of training, plans for regulation of PAs**

So what's actually happening?

Expanded multi-disciplinary workforce (3)

- Additional £1.75m for nurse education; HEE General Practice Nursing Workforce Strategy due October
- £6m training programme for practice managers
- £45m for training and development of reception and clerical staff
- Piloting new 'medical assistant' role
- £3.5m for multi-disciplinary training hubs

So what's actually happening?

Reducing workload (1)

New NHS Standard Contract for hospitals to reduce work being shifted to primary care

- **Stop hospitals discharging patients after one DNA**
- **Onward referral to a specialist in the same hospital without requirement for re-referral by the GP**
- **Discharge summaries within 24 hours**
- **Clinic letters electronically within 24 hours by 2017/18**
- **Requirement to notify GPs and patients of results of tests**

So what's actually happening?

Reducing workload (2)

- Piloting hotline and advice services for specialist advice
- CQC inspections 5 yearly for 85% of practices
- Reduce mandatory training requirements
- QOF review

So what's actually happening?

<u>Better collaboration between health care sectors and between health and social care</u>

- **Vanguards**
  - **9 Integrated Primary and Acute Care Systems**
  - **14 Multi-Specialty Community Providers**
  - **6 Enhance Care in Care Homes**
  - **8 Urgent and Emergency Care**
  - **13 Acute Care Collaborations**

- **Sustainability and Transformation Plans (STPs)**

So what's actually happening?

Supporting larger primary care organisations

- **Limited progress in strategic terms, though organic growth continues**
- **Sustainability and Transformation Plans don't generally reflect strong primary care input**
- **New GP contract (Multi-Specialty Community Provider Contact) will support larger practice groupings**

So what's actually happening?

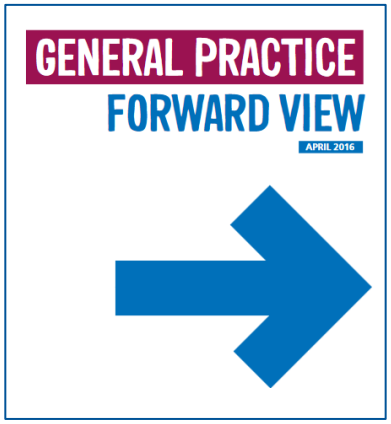
Greater use of IT

- 18% increase in CCG allocation for IT services for general practice
- Wi-fi for patients and staff in GP practices by 2017
- All incoming NHS correspondence electronic by 2020
- £45m programme to stimulate online consultations
- Library of approved apps for clinicians and patients
- Summary care record in pharmacies by 2017

So what's actually happening?

… and lots more….

- **Enhanced clinical input in a 'reformed' NHS 111**
- **Revised NICE guidance on end of life care**
- **New commissioning standards for urgent care require coordination with existing services, enhanced record sharing / interoperability**
- **Additional leadership training opportunities for primary care staff to support practice redesign**
- **£900m for capital development**
- **£16m for mental health support for GPs**



The Commission's vision for primary care

What's actually happening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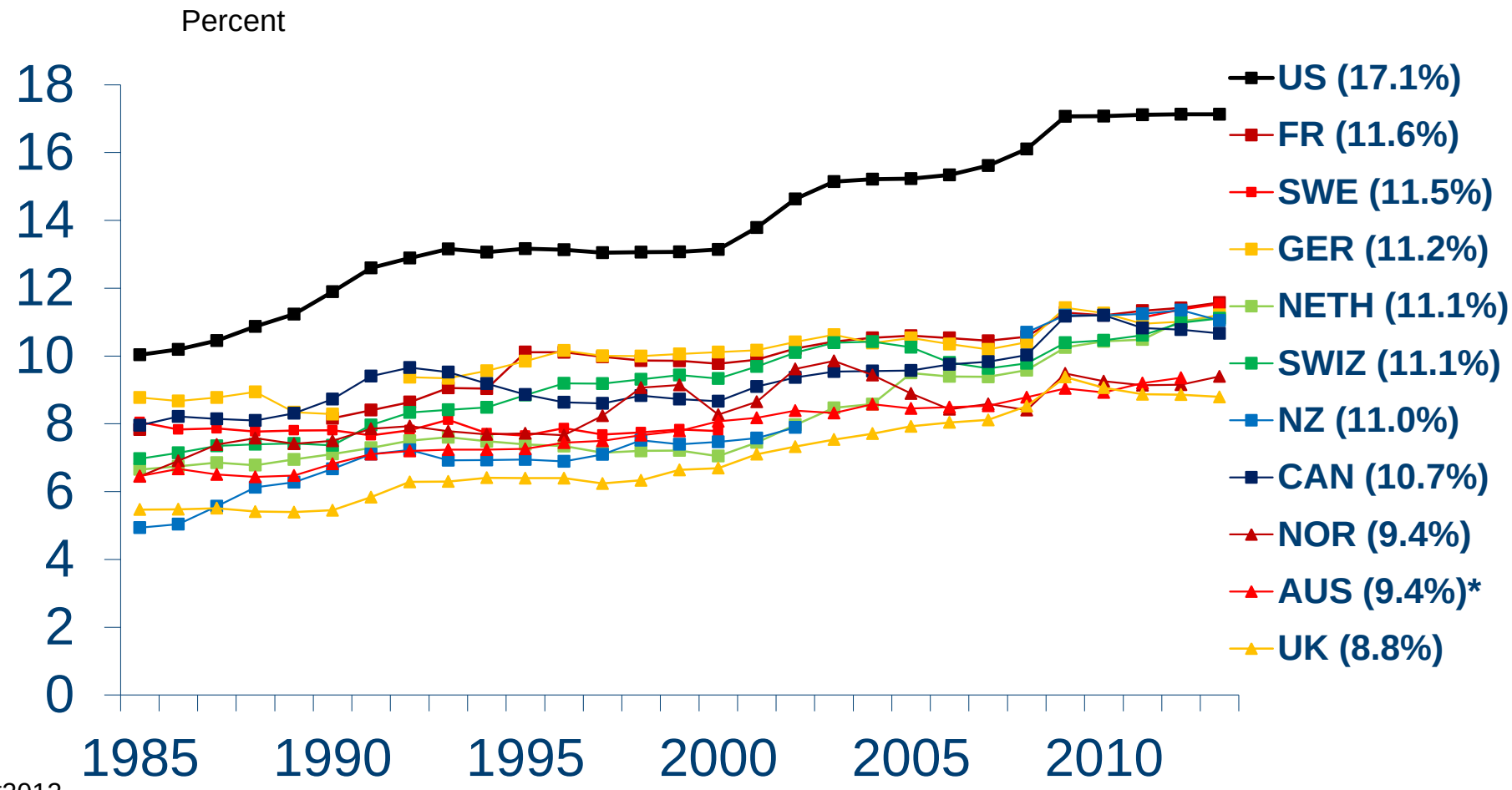
Health Care spending as a percentage of GDP



*2012

Source: OECD Health Data 2015.