Primary Care Strategy

The Family Doctor Association Response

Top Line Priorities

- Give GPs the headroom to lead extended Primary Health Care Teams
- What is affordable healthcare? Is the 7-day service really affordable?
- Current GP contract could work better – don't really need a new one
- General practice is good at – risk management and understanding and managing uncertainty. All these activities reduce unnecessary referrals and save money.
- Continuity of care allowance in general practice – 60% of consultations with same clinician
- Extended PHCT managed by and located in general practice. roles to include HV for elderly,
- Good IT links. Manage practice population in/out of hours plus better hospital discharge management.
- Training for GPs in co-ordinating elderly care through the general practice "medical home

Funding General Practice

Rebalancing the income streams | Focus on what to and how to do it | Creating a "medical home"

1. Basic practice allowance
2. Carr Hill Formula – clinical weighting element – without the square root
3. Managing the out of hospital care/team allowance (permissive not restrictive)
4. QOF – smaller to focus on things with are needful to improve patient care
5. Continuity of care allowance

Responses to NHS England questions

1. How can we put general practice at the heart of more integrated out-of-hospital services, and give GPs and GP practices greater responsibility for co-ordinating care for patients?

- GPs need the power/contractual authority over the PHCT to do this.
- Give GPs the smart tools for the job. Integrated IT system like Swindon CCG with daily dash report gives overview of casualty, IC centre and hospital patient activity.
- GPs working smarter not harder (not 11/12 hour days)
- Split contract – in hours and out of hours. Take out OOH costs from the contract – no charge back – so no longer a GP "responsibility" and get rid of pointless Daily Mail obsessions with out of hour responsibilities.

2. How can we create a clearer sense of what patients can expect from good general practice?

- Continuity of care allowance
- GPs who are accessible affable available and able
- A NHS User guide for every English citizen – what you can expect and not expect from the NHS. What the NHS is there for – not all urgent/immediate. Define scheduled and unscheduled care – fund out of the DH communication's budget?

3. How can we support practices make best use of their resources, whether through improving productivity of practice systems, or the skill mix within the practice?

- Freeing up headroom for GPs
- Create an "unpleasant" practice allowance – practices located in challenging area
- Commitment to GP training from centre. Present GP training scheme is broken. Not bringing through enough vocational trainees to deal with the future needs of general practice.
- Health Education England to focus resources and energy to prioritise national training programme to deliver primary care nurses and HCAs – e.g. postgraduate qualification for practice nurses, practice nurse training scheme

Considerations

- Public Health agenda dumped in general practice. How much GP time spent on PH agenda - PH should pay for it.
- Don't stuff in the social services work
- What would patients pay for out of hour's general practice?
- Nudge unit says its factors for success in behaviour change are:
    - Make it simple
    - Make it social (what people do)
    - Make it attractive
    - Make it timely