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Dear Dr Bewick and Ms Roughton

IMPROVING GENERAL PRACTICE – A CALL TO ACTION

Thank you for providing us with the opportunity to share our views on shaping the future of primary care services in England. We have consulted with patients and our GP practices and believe that the general themes from these are best relayed by way of this letter. It's important to reflect, too, that at the time of writing, events on the ground are rapidly overtaking any real or planned primary care development strategy; we refer to last week's announced changes to the GP contract plus other intimations of change voiced by ministers including Norman Lamb as well as Jeremy Hunt.

Starting with the case of change - no one can argue against this or the increasingly unsustainable pressures which general practice faces now and in the future. The question is how best we transform general practice without losing what's good i.e. the value derived from the registered list and continuity of care specifically. The recently published BMA document "Developing General practice today: Providing healthcare solutions for the future" paints a gloomy but accurate picture of the immediate crisis in workload, morale and workforce pressures. An overwhelming feeling of "fatigue" and demoralisation was very evident in recent discussions with two thirds of our local GP workforce.

Our Patient & Public Involvement Network have debated the list of "underlying objectives for general practice" plus questions, with mixed views. The role of general practice in preventing ill-health, involving patients and carers more fully in managing their own health and care and ensuring consistently high quality of care was supported. This comes with a fair amount of scepticism, however, with questions being raised about appropriate level of resources and funding being made available to enable general practice to deliver against these aims. "The solution is to support our local GPs to enable them to return to good old fashioned patient care by not adding to their admin and financial pressures" was the consensus reached by this group of stakeholders. The membership has been quite involved in discussions around the future procurement of enhanced services and commented upon the contradiction between building on the registered list and providing holistic care when pathways may be more fragmented as a result of competition and plurality of providers. The one objective missed from your consultation they believe is a 7 day service.

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We agree with the views voiced notably by the RCGP and Nuffield Trust that a sustainable system of general practice requires increases in scale, scope and organisational capacity – whilst providing excellent continuity of care, using a range of expert generalist and specialist skills. This comes at a cost of course.

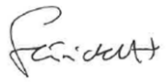
Part of the solution is a shift of resources into primary care, to make it a more positive career choice, to ensure that the capacity and capability to deliver responsive, high quality and increasingly complex care are available.

The current system of primary care commissioning and contracting is not designed to create the kind of service transformation we all agree is necessary. We believe that the bigger opportunity lies in the ability of CCGs to commission or co-commission those aspects of general practice where integration is the desired outcome, where inter-practice collaboration makes sense, where the service provided impacts upon CCG priorities. The recently announced new DES with its apparent focus on avoidance of emergency admissions highlights the impracticality of the separation of pc commissioning between NHS England and CCGs when it is we, the CCGs who are responsible for the wider urgent care system. We recognise that this requires a mature relationship, built on trust, and we and NHS England through its Area Teams need to work at this. We also accept that this presents conflict of interest issues but these are not insurmountable.

Quite clearly, the continuing contract negotiations and national discussions around PMS reviews need to support the transformation in which we all believe and neither destabilise general practice nor impact upon quality.

It seems almost academic, given on-going negotiations, to consider which contracting framework best delivers the change we need at the pace required. PMS, PMS Plus and APMS all have features which lend themselves to joint agreement of outcomes and co-commissioning and there may still be a lead role for CCGs in awarding SPMS contracts. The answer to this question has to be the one which delivers the outcomes we want and need at a national and local level.

Yours sincerely



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