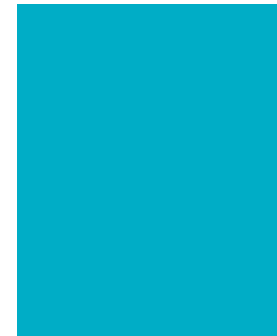


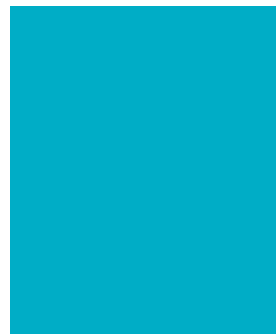
Improving general practice – A Call to Action

Dr. Doug Black, Medical Director

Vikki Taylor, Director of Commissioning



Derbyshire and Nottinghamshire
Area Team



Call to Action

- *A Call to Action*, requires each Clinical Commissioning Group (CCG) and NHS England Area Team to engage with the public, health and wellbeing boards and other stakeholders to explain the challenges ahead, and to then develop a 5 year commissioning plan
 - Derby City Health and Wellbeing Board has started the discussion, looking at integrated care
- *Improving General Practice A Call to Action* aims to stimulate a specific debate in local communities – amongst general practice, area teams, CCGs, health and wellbeing boards and other community partners – as to how best to develop general practice services

General Practice and Primary Care

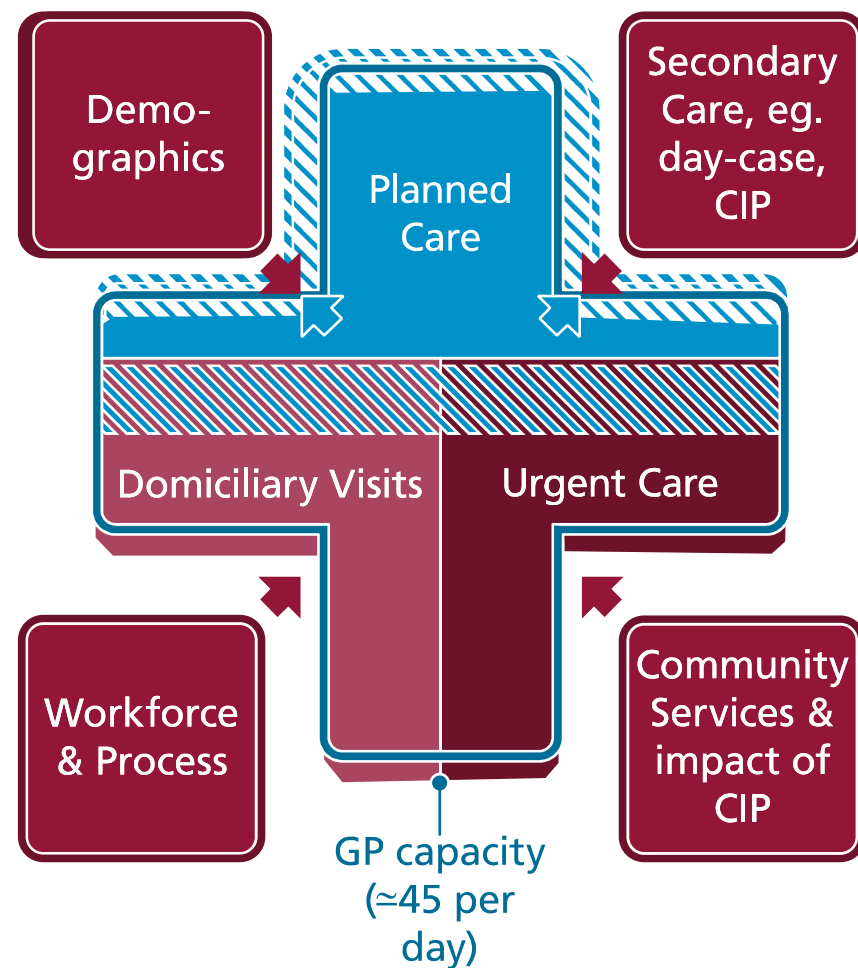
- NHS England is the commissioner of primary care services, including 'in hours' General Practice
- Clinical Commissioning Groups commission 'out of hours' General Practice and can commission additional services from primary care. They are also responsible for improving the quality of primary care.
- Local Authorities commission public health services from primary care



The case for change

What we have heard from patients, public, stakeholders and our workforce:

- Concerns about access and capacity in general practice, e.g. 50% increase consultations over 10 years
- Practice incomes falling
- Empower patients to take responsibility – self-care
- Free up time for innovation
- More services moving from secondary to primary care
- Need to build on and increase integration
- Workforce risks – e.g. more part time GPs, early retirements, fewer trainees attracted to the role



What we've heard

The age profile of the workforce for GPs and nurses is too old.

I'm astonished that I can't email or Skype my GP.

More self-reliance should be fostered.

We need resources... increase GP numbers.

We should be rewarded for good care.

People don't have confidence in their GPs so they go to hospitals.

What works well

There is widespread clinical agreement that, in supporting reform of primary care, we must take great care to build on the strengths of UK general practice:

- **Registered lists:** providing basis for coordination and continuity of care. About 99% of the population are registered with a general practice in the UK; 17% of the US population has no regular access to primary care.
- **Generalist skills:** looking at physical, psychological & social needs in the round, managing risk/uncertainty, and connecting people with more specialist diagnosis, care and support.
- **Central role in management of long term conditions,** supported by the QOF.
- **Highly systematic use of IT** to support management of long term conditions, track changes in health status and support population health interventions like screening & immunisations.

Time for change

We have also heard a consistent message that the time is right to be seeking better models, systems and processes of care outside hospital. Specifically:

- CCGs and their member practices are asking new questions about how general practice can fulfill more of its potential at the heart of a more integrated system of care
- Innovation is already happening:
 - Integrated teams and single point of access
 - Federations of practices
 - New pathways and processes for accessing General Practice
- Commissioners and practices are committed to a new relationship with patients, focussing on supported self care and asset-based solutions

Strategic questions

- How do we release money from acute services to invest more in prevention, primary care and other community services?
- How do we encourage people to take more responsibility for their health and put them in control of their own care?
- How do we develop services that are genuinely centred on patients and not organisations?
- How do we speed up centralisation of services where clinical evidence supports the benefits?
- How do we use technology to deliver better outcomes and better value?
- What are the main barriers to local service transformation and what national solutions would address these?

Next steps

October – March 2014

- Sustained and targeted patient, public and stakeholder engagement

End of November

- CCGs to submit draft plans and business cases to pilot transformational change in primary care.

December

- Maximise opportunities for funding
 - Application to the Prime Minister's £50 million Challenge Fund
 - Integrated Transformational Fund
 - Local resources
- Call to Action for Pharmacy published

January 2014 onwards

Piloting and testing new ways of working in General Practice