NHS Alliance: the evolution of primary care

Ben Adams

Our report looks at the highlights from the annual NHS Alliance conference, which focused on pharmacist integration and GP work burden.

Last December’s NHS Alliance conference, held in central London, came at a fortuitous time for primary care doctors. They had just been told an investment of around £1 billion would be made available for GP premises, with the government also publically recognising that GPs need to be commended more for what they do. But there are systemic problems in primary care, including dwindling numbers of new GPs and an increase in workloads.

This pressure has only increased since the creation of a new NHS management infrastructure in the form of Clinical Commissioning Groups (CCGs), which from 2012 has collectively meant large groups of GPs are responsible for commissioning around 60 per cent of the total NHS budget. GPs must now be clinicians, accountants and managers, all with shrinking budgets and larger remits. But neither the new funding stream nor the government’s admission of the uphill struggle facing primary care doctors is relieving the pressure.

This was very much the focus of the Alliance’s conference, with the question of how to help GPs the number one question – the answer, so often spoken about over the years but never fully implemented, is the collaboration between GPs, pharmacists and other healthcare professionals.

Dr Michael Dixon, chair of the NHS Alliance, was blunt: ‘There is no more room for heroics from GPs’, he told the audience, and the days of those who think they can do it all on their own are numbered. General practice is at a tipping point,’ he explains. ‘It’s time to let go. Working 12-, 13-, 14-hour days is not heroic. It threatens our ability to provide safe and consistent patient care; it affects our family lives; it affects morale and job satisfaction. We became clinicians in order to provide care, to diagnose and heal – not to push paper
around late into the night.' He went on: '50 per cent of all new doctors should become GPs, but that won’t happen if trainees aren’t exposed to GPs, and funding is pushed through hospitals.'

So for now, GPs need to use more healthcare professionals, and Dr Dixon put much of this emphasis on pharmacists, who are in far more abundance than GPs. He said: ‘General practice, with its registered list, must start to work in a different way and connect with colleagues across primary care and beyond: with other practices, with community nurses and allied professionals, with local pharmacy, with local providers of eye and hearing care, with colleagues in housing, urgent care and the emergency services, with social services, voluntary services and individual volunteers. Indeed, with us all as patients and with the broader community we can then create that community of care we described in [the NHS Alliance’s recent report] Think Big’, something that will see the creation of new ‘GP federations’ incorporating more healthcare professionals.

**Dire problems**

Dr Dixon said that while being long discussed, this integration must now be implemented, and soon.

‘As a frontline clinician of course I share your despair over escalating bureaucracy and workload,’ he told the conference of doctors, nurses and pharmacists. ‘We all face the fear and worry about dwindling budgets and dire problems with workforce. The health challenges are all too obvious – obesity, smoking, dementia and an ageing population with long-term conditions. Only recently I visited a 103-year-old followed by a 104-year-old, both living on their own. The following day my first visit was a 93-year-old who also lived on his own. But there is a way forward. And it involves us all.’

He said the extra £1 billion in funding ‘will provide a much needed shot in the arm for general practice and primary care at a time when pressures are greater than ever due to an increase in the frail elderly and long-term disease. It will also enable general practice to rise... to provide a wider and more accessible range of services, while maintaining this country’s tradition of good personal, and continuing family, medicine.

‘This extra money will not only help the NHS through a difficult patch, but it also lays the foundations for a much more cost-effective and sustainable NHS in the future. Primary care has always been seen as the jewel in the crown of the NHS, and makes a major contribution to the NHS being the most cost-effective health service in the developed world.’

‘But money is not everything, he warns, and said he also wants GPs to ‘be professionals again’ – not ‘zombies chasing targets’.

**Evolution**

Speaking at the event via a video link, the head of NHS England Simon Stevens echoed Dr Dixon, saying primary care is an ‘historic strength’, but admitted that ‘care is going to have to change’ because of new pressures.

The Conservative health secretary Jeremy Hunt, who was being questioned by Nigel Edwards, the chief executive of the Nuffield Trust, said that the new funding for GP premises is a ‘necessary first step for changing models of care’. But he added that changing the culture of the NHS ‘doesn’t happen overnight’, and that the NHS is ‘too dependent on money and targets to bring about change. Pharmacy is key to the future of the NHS’, said Hunt, adding that he has also started a process to give pharmacists access to the GP record, if the patient consents to it.

He admitted that for ‘too many GPs every day is exhausting’ but that ‘general practice is the most exciting place to be for change in the next five years’. He said that this was because in five years’ time, the big change will be a transformation of care outside hospitals with GPs at the heart of it. Speaking to Prescriber at the event, many GPs said it was simply essential to have pharmacists on CCGs, especially with the co-commissioning future.

**Prescribing pharmacists**

On the day of the conference, the NHS Alliance and the Royal Pharmaceutical Society announced their joint report: Pharmacists and General practice: A Practical and Timely Part of Solving the Primary Care Workload and Workforce Crisis. The report looks at how pharmacists can play a role in general practice, something that has not happened to date. It contains excerpts from a round table held with GPs, practice pharmacists and members of the public back in September, and explores the current role of pharmacists working within general practice, why this is not more widespread, what the barriers might be, and how they might be overcome.

Mark Robinson, medicines, pharmacy and medicines optimisation lead at NHS Alliance, said: ‘Primary care is facing an immediate crisis with up to 500 GP practices at risk of closure due to an ageing workforce, as well as recruitment and retention issues. The roundtable clearly showed that pharmacists can help offer a practical and timely solution, filling the workforce gap and reducing pressures on general practice. And, in the cases where pharmacists have already been integrated into general practice, they have helped to drive significant improvements in care provision and working patterns.’

Ash Soni, the clinical network lead for Lambeth CCG and practices as a pharmacist in London, said that with current shortages of doctors and nurses across the UK and indeed Europe, pharmacy was poised to play a wider role in the region’s healthcare ecosystem.

‘Everybody, everywhere, says that pharmacy is underutilised. It is an opportunity that is being missed – the challenge is working out how we pay for it.’ He suggested that an expansion of pharmacists’ roles could see them take on a prescribing role for certain conditions.

‘I don’t think the source of the prescription, going forwards, will necessarily be the GP. Pharmacists will carry much more responsibility in how we manage the care of patients and the public. One of the big challenges for governments is to move from what has historically been an illness-based service to a wellness-based service.’
Wellness requires you to start to intervene with people who are healthy and well, he added – pointing out that this is something for which pharmacy is already well-placed. But thinking ahead to how such changes could affect relations with pharmacy, Soni warned that the industry would have to be careful not to repeat past mistakes.

‘Historically the pharmaceutical industry used to talk to doctors about products and drove the markets in certain ways and that came to be seen as inappropriate – and there’s been more and more stepping away and talking to doctors and about therapeutic benefits and the evidence base to support what is going to be used’. He concluded: ‘There are some real opportunities for industry and the profession, but the challenge will be for the industry to support the profession in its development and not necessarily to do it in a way that is product specific, but is disease and wellness orientated’.

The future
As Hunt says, the ‘thing that will change most in the next five years is general practice’; but can GPs ‘stop the heroics’ and allow pharmacists and other healthcare professionals to take up the reins? On the prescribing front, workload and pressure has never been so high. The NHS drugs budget is £15 billion a year (when you add in hospital and administration costs) – the second biggest spend in England’s healthcare system after staff costs. GPs are under political pressure to reduce antibiotic prescribing but under equal pressure to ensure they do prescribe new NICE-recommended medicines promptly as updated rules introduced in 2013. These rules mean that trusts must add new treatments to their formularies within three months of NICE guidance being issued.

But CCG leaders also have to maintain tight commissioning budgets for their area and need to consider the cost of new drugs much more than ever before, with less wriggle room to red or black list expensive medicines given the new formulary directions.

There is also an increasing expectation from the government that GPs turn to ‘social prescribing’, with primary care doctors urged to help with housing problems such as damp and heating issues. This is coupled with a growing ideology around the ‘digital doctor’ who can ‘prescribe’ smartphone healthcare apps to patients, based on an approved central DH database.

Given the increase in expectation from primary care and a slow but firm move away from hospitals to community care, turning to other healthcare professionals seems no longer a question of if, but when.

Declarations of interest
None to declare.

Ben Adams is a healthcare writer