

Introduction

Since the establishment of the NHS over 75 years ago, primary care has played a pivotal role within a comprehensive healthcare system. At its heart primary care is about understanding people, the communities in which they live and tailoring services to meet their needs.

Traditionally synonymous with general practice (and the focus of this paper), primary care also encompasses dentistry, optometry, community pharmacy and audiology. General practice has historically been the first point of contact for patients, providing proactive, preventive and reactive care through a GP-led model. It embodies a culture of cradle-to-grave care, emphasising relational continuity, generalist expertise and multidisciplinary teams.

There has been no shortage of reports and plans for the future of the health and care system in England in recent years. The introduction of integrated care systems, a shift from competition to collaboration – initiated through the NHS Long Term Plan and formalised in the Health and Care Act 2022 – have invited even further reviews, strategies and analyses.

While many of these have offered valuable insight and direction, they have often lacked a focus on implementation and associated investment to deliver the ambition on the ground. As such transformational change has been slow and visions not matched with commitment, incentives and action. We believe the Fuller stocktake offered the vision and practical recommendations to encourage the

required step change in commitment, buy-in and shared accountability to implement and embed transformation.

Our vision does not deviate from previous definitions of general practice or primary care declared by the World Health Organization in 1978, or described by world-renowned primary care advocate Starfield in 1992. Rather, it builds on them as our members recognise the need to better define the new world of primary care. A world that transcends traditional general practice to meet the needs of today's and tomorrow's society; one that considers health in its widest definition and embraces the potential of delivery at scale, working within the context of limited financial and human resources.

The vision offers a description of the desired role of primary care networks (PCNs) and at-scale primary care providers in delivering against the four main aims of integrated care systems and builds out from the Fuller stocktake vision for all of primary care.

Methodology

The development of this vision has been an iterative process, building on the founding principles of the Primary Care Network and, most importantly, the views of our members at the coalface who bring the insights, innovation and passion to showcase the ‘art of the possible’.

Our Design Group chairs have been instrumental in shaping the final product, encouraging us to be ambitious in setting a long-term vision; one that is easy to articulate and understand by those working in integrated care systems, national policymakers and citizens.

Defined: Primary care networks (PCNs) and primary care at scale

PCNs formed a key part of the NHS Long Term Plan and are the building blocks of integrated care systems (ICSs). Formally established in 2019, PCNs are groups of GP practices coming together with other partners, such as community pharmacy, to provide services and improve sustainability through economies of scale. PCNs typically cover a population size of 30,000-50,000. There are approximately 1,250 PCNs nationally.

Primary care at scale is where provision of health and care services within a community is delivered through an integrated team-based approach, beyond GP practice level. This may be PCNs, PCN alliances, GP federations, primary care provider collaboratives – any model that delivers services across a larger footprint, providing the opportunity for greater efficiency and effectiveness through economies of scale, and greater collaboration between primary care and partners.