

NHS Clinical Commissioners response to RCGP's 'Towards a future vision for General Practice'.

Closing date: Thursday 1 November 2018

NHS Clinical Commissioners (NHSCC) is the membership body of Clinical Commissioning Groups (CCGs). Established in 2012, we have over 91% of CCGs in membership. Many CCGs have delegated responsibility for commissioning primary care. Many GPs serve as the clinical chair of their local CCG.

A GP supports a patient through every stage of their life. What a patient needs from their GP and how a GP delivers care changes over time.

We want to learn more from you about what currently works well in general practice and what is missing. This will help us inform the future shape of patient care.

What do you value most about the GP patient relationship?

Is there anything you feel could enhance what a GP does for their patient?

General practice must be at the heart of a broader move towards an out of hospital care offer that works for and is driven by the needs of its local populations. General practice plays an important role in ensuring continuity of care as well as acting as an advocate for patients within the wider health system.

General practice should focus on delivering care at the right time, in the right place, by the right person. Current models of care need to evolve in order to deliver better patient outcomes to achieve more joined up care that is comprehensive and includes community services and teams. General practice can play a role in enabling and supporting secondary care specialists to deliver more care in the community. Services need to focus on delivering and promoting health (with an emphasis on prevention and self-care) as well as episodic and longitudinal treatment of illness. Taking a more person-centred approach to care, building clinical teams around the patient, must be the way forward.

Technology systems and infrastructure must be fit for purpose and truly interoperable to enable joined up working across the system and to promote patient-centred care. The ability of all professionals responsible for the care of a patient to have timely access to a patient's medical record is critical for maintaining quality and safety as well as continuity of care.

Making better use of technology can also aid in the development and use of new approaches to consultation and triage systems, ensuring patients see the right professional at the right time, particularly those with more complex needs. Digital applications should not, however, undermine general practice and, importantly, continuity of care. As a single model for digitisation will not work, general practice must take a multi-channel approach to the use of technology.

Tackling the workload and workforce challenges in general practice will be crucial to providing a sustainable service into the future.

Improvement in general practice should be supported by integrated commissioning that takes an outcomes-focused approach to health and care services.

GPs do not work alone – they have a whole team behind them helping to deliver patient care in every community. We want to know how GPs can function best as a part of a general practice team, giving the best treatment to people day in, day out.

What do you think is a benefit of patient care being provided by a range of staff alongside a GP?

General practices must draw on the skills of a wider pool of multi-disciplinary staff working alongside GPs and across practices. The wider general practice team will add capacity, freeing up GP time and resources, and enable general practice to best meet the changing healthcare needs of the local population. Providing general practice at scale and establishing wider primary care networks, will support these objectives.

Patient care improves when that care is delivered by the right person at the right time, preventing the patient from being `bounced around` to different providers. As more patients present with increasingly complex conditions, it is important that those practitioners best placed to deliver this care e.g. nurses, physiotherapists, psychologists, pharmacists/AHPs and specialist generalists are fully integrated into general practice teams so that from a patient's first contact, they are directed to the professional best placed to efficiently address their needs. This also means making the best use of the workforce—supporting all professionals to work to the top of their license safely in parallel to effective planning and developing the professionals of the future.

General practice supports a whole system of healthcare professionals working in a variety of places.

We cannot discuss changes to patient care without looking at how care is provided across the entire healthcare system: from hospitals and care homes, to schools and prisons.

We want to know what general practice can do to ensure that all patients receive the best possible care.

How can the way in which general practice works with other parts of the healthcare system be improved?

General practice must continue to diversify its offer, to include more neighbourhood and place level working, multi-agency working, and better integration with secondary care and other parts of primary care. With the advent of more system working – through sustainability and transformation partnerships, and in some areas, integrated care systems – general practice must continue to have a strong voice.

To achieve this, practices may, for example, form federations or networks, working at scale with their local CCG to diversify and integrate to meet a broader commissioning strategy. This may require practices to re-train staff and gain a mix of skills, or hire additional staff, with social care skills. This will require some upfront investment at a local level to facilitate integrative working.

It's also important that general practice is effectively joined up with all the components of the local health and care system with the right technology and data sharing arrangements in order to improve outcomes, in order to allow different parts of the sector to collaborate more easily – a notable example would be to join up systems and processes between general practice and community pharmacy, or through the establishment of primary care networks.

General practice must also achieve the right links in with other public services and aim to address the wider determinants of health through signposting and social prescribing.

CCGs are best placed to use their primary care expertise and local knowledge to determine the overall strategy for primary care at a local and system level, both in terms of implementation and improvement.

General practice has evolved and adapted over the years. We'd like to know which changes have positively impacted your experiences in general practice so we can build on this progress for the future.

What change, initiative, idea or process has changed general practice for the better for you?

General practice plays a central and important role in commissioning health services and delivering integrated systems of care. Examples of how having a strong primary care voice has been essential to the development of local systems can be found in the experiences of Newcastle Gateshead CCG and The Greater Nottingham Transformation Partnership¹.

In an NHS that increasingly and appropriately focuses on 'place-based' design and delivery General practice and specifically GPs themselves are ideally placed to be central to the future service. The longitudinal relationships and the deep understanding to the locality in which GPs themselves work are resources that should be utilised in the design of the future of place-based health and care. However, more must be done to ensure that general practice provides a sustainable service into the future by supporting GPs and practices to build resilience.

If you would like any further detail on our response please do not hesitate to contact our Senior Policy and Delivery Manager, Robert Kidney at r.kidney@nhsc.org.

¹ Case studies can be found at www.nhsc.org.