

UNIVERSITY OF
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*Primary health care
development in England*

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- The context
- The challenges
- Key elements of the new strategy
- The integration agenda

Where have we come from?

1997 - 2007

- ❑ 10 years of intensive reform
- ❑ Repeated structural change of PCOs
- ❑ Increase of healthcare budget by nearly 50%
- ❑ High levels of patient satisfaction with general practice
- ❑ Varied levels and models of service integration
- ❑ National targets to improve hospital care
- ❑ National care standards in range of service areas
- ❑ Development of acute based care in community settings

.. but policy tensions remain

- ❑ choice vs control
- ❑ collaboration vs competition
- ❑ centralisation vs local
- ❑ clinical leadership vs management
- ❑ prevention vs treatment
- ❑ reducing inequalities

NHS Next Stage Review

High Quality Care for All

and Primary Care and Community Services Strategy (DH 2008)

New 10 year vision building on current policy but move towards local service design

Ambitious primary care strategy focusing on

- ❑ Productivity and value for money
- ❑ Patient experience and satisfaction as a measure of quality
- ❑ Comparative service data to aid choice
- ❑ Service integration for health (and social care) outcomes

People Shaping Services

- **GP funding linked to patient survey**
- **Choice of GP based on comparative information**
- **Extended access arrangements**
- **Signed off personalised care plans**
- **Electronic personal health record**
- **Individual budgets for people with chronic disease**

Promoting healthy lives

- **New role for health visiting service**
- **Health and wellbeing indicators**
- **National programme vascular assessment**
- **QOF to reflect wellbeing objectives**
- **Fairer funding of general practice to reflect population needs (end of MPIG)**

Continuously improving quality

- **Development of clinical skills and leadership**
- **Transformation programme for community health services – productivity and commissioning**
- **Separation of commissioning and provision**
- **Joint strategic needs assessment**
- **QOF review by NICE, staff and patients**
- **Develop patient reported outcomes (PROMs)**
- **General practice accreditation and regulation**

Leading local change

- **Increase in range of integrated community services by local design**
- **Support new models of integration - pilot ICOs**
- **Increased access to patient information for all NHS care providers**
- **Innovation fund**
- **Re-invigorate practice-based commissioning**
- **Medical director leadership at regional level**

Integration development so far..

- ❑ Driven by targets to reduce emergency admissions and shift care from hospital to community settings
- ❑ Development of disease specific integrated services e.g. diabetes, COPD
- ❑ Practice-based primary health care team as prime unit for vertical or horizontal integration

Primary health care team

PCT community
health services

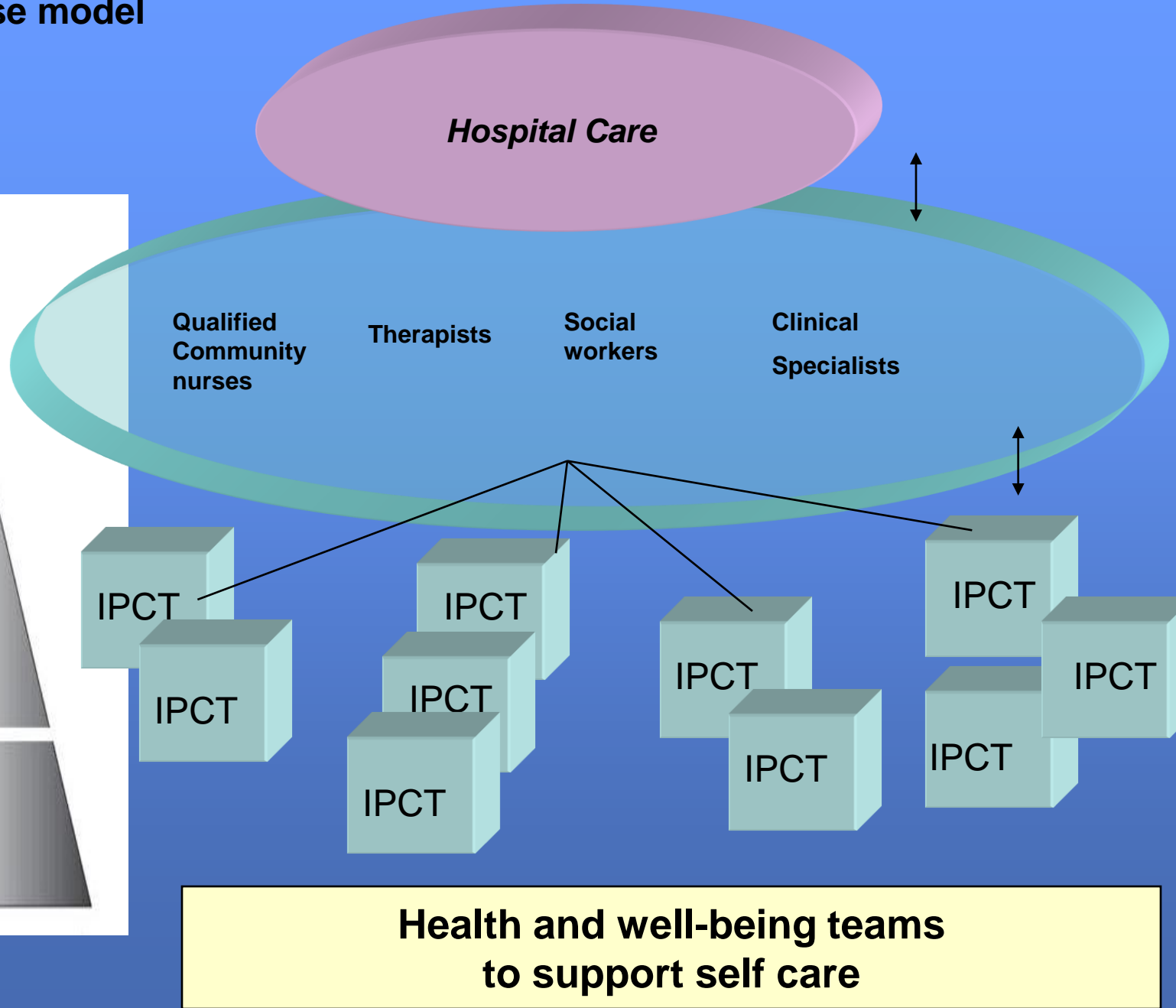
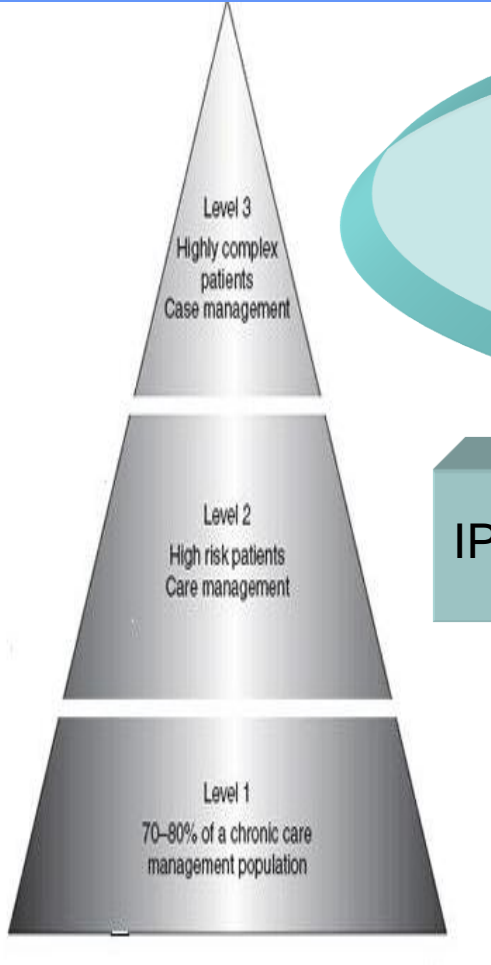


General
practice

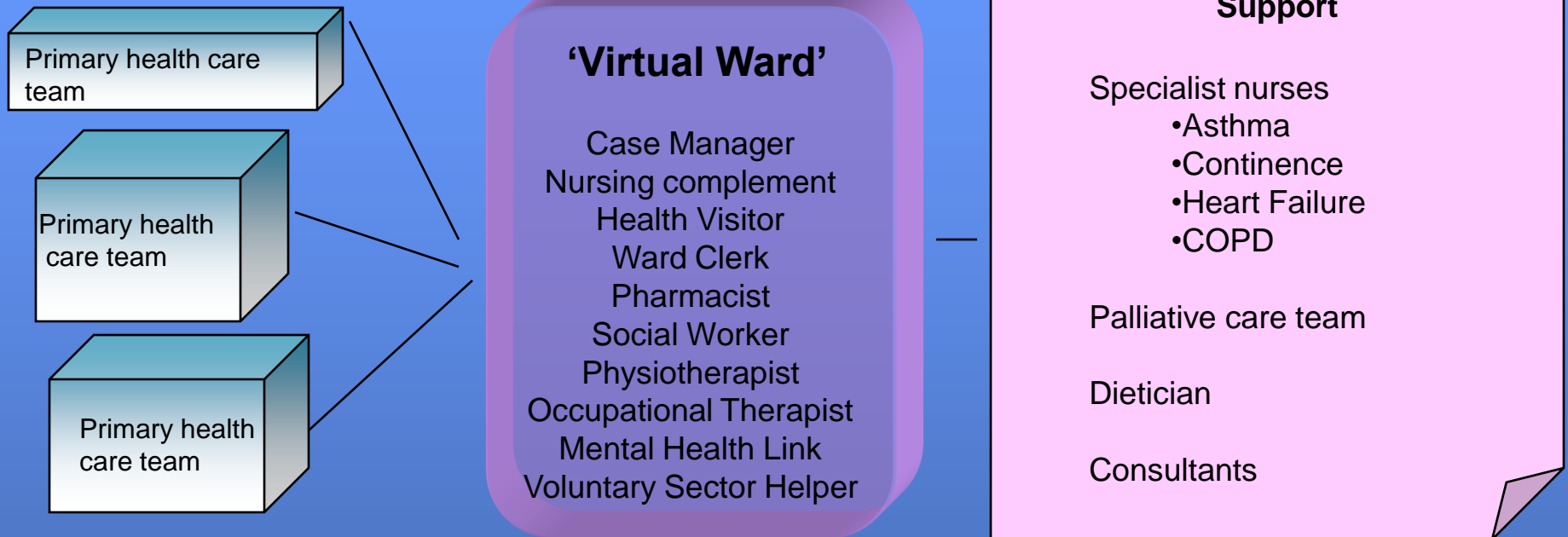


General practice registered population

Chronic disease model



Urgent care



New strategy: Pilots to test the purchasing of 'integrated care organisations' based around groups of practices responsible for health care budget and shaping local services

- GP practices and community health services with focus on **'predicting and preventing ill-health'**
- GP practices, community and hospital services to **'provide seamless care and high quality outcomes'**
- GP practices, community and social care services **'to provide integrated health and social care'**

Pilots will test and evaluate how purchasers can most effectively hold those 'organisations' accountable for health outcomes, quality and patient satisfaction

Challenges

- ❑ The concepts are not new so are necessary incentives in place?
- ❑ Energising the workforce
- ❑ Unbundling the national tariff for hospital care
- ❑ Delivering an effective IT system
- ❑ Overcoming professional behavioural and cultural issues