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*Primary health care
development in England*

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

Purchaser/Provider picture

Continual restructure of purchasing organisations

Stable independent General Practice working under DH national contract, funded by the NHS

Community health services provided by NHS since 1974

But ...recent increase in private sector contribution

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.....recent review identified

Unacceptable variation and consistency in quality remains:

- Young people and 'workers' find access to GPs difficult
- Inappropriate emergency admissions - two fold variation
- Cost, activity and benefit of community services unknown
- Patient confusion in navigating through services
- Those with chronic disease have little control over care
- Weak governance and accountability for patient experience and outcomes
- q Poor innovation adoption
- q Ill defined productivity measures
- q 'Change weary, reform wary' workforce

.. and policy tensions remain

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

NHS Next Stage Review

High Quality Care for All

Primary Care and Community Services Strategy (DH 2008)

Explicit integrated primary care and community services strategy

- Productivity and value for money
- Patient experience and satisfaction as a measure of quality
- Shift of resources to health and wellbeing

Key elements

- Joint strategic needs assessment
- Linking patient experience to GP income
- Comparative service data on website to aid choice
- Service integration for health (and social care) outcomes – testing new models of care
- Personalised and electronic care plans

New strategy: piloting new models of integrated service delivery

Test the commissioning 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’

Challenges

- The concepts are not new so what will make the difference this time?
- Incentivising a 'weary' workforce
- Patients empowered to voice level of satisfaction
- Can competition and collaboration co-exist?
- Will GPs embrace the commissioning agenda?
- Unbundling the national tariff for hospital care
- Delivering an effective IT system
- Overcoming the professional behavioural and cultural issues