

Primary Care in England

Its strengths, weaknesses and Future

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President Elect – British Medical Association

Focus for this presentation

- The function of the NHS
- Historical context
- Why primary care is effective
- Why primary care needs generalists
- Why generalists need specialists
- The changing role of generalists in an information-rich world
- Recent Governmental proposals

The Primary / Secondary Divide

- Care is provided to people who are ill or believe themselves to be ill –
- The doctor-patient relationship is founded on mutual trust
- Care is personal, focused mainly on the individual patient
- General Practice is an integral part of the whole NHS system

Just a GP?

World Health Organisation - Alma Ata - 1978

Primary care should:

- Be an integral part of the whole health system as well as the wider social and economic development of community
- Ensure greater community participation
- Act as the first point of contact for health and social needs
- Be a process which also provides on-going care
- Be scientifically sound, practical and affordable.

STARFIELD EVIDENCE (1)

- Countries whose health systems are more oriented towards primary care achieve:
 - better health levels
 - higher life expectancy
 - better health outcomes
 - higher satisfaction with health care among their populations
 - lower overall health care costs
 - lower medication use

STARFIELD EVIDENCE (2)

- countries with strong primary care systems have better health outcomes and healthier populations
- health systems based on effective primary care with highly trained generalist physicians practising in the community provide more cost-effective and clinically effective care
- the higher the ratio of family physicians to the population, the lower the hospitalisation rates

STARFIELD References

- The Contribution of Primary Care Systems to Health Outcomes within OECD Countries, 1970–1998
Health Serv Res. 2003 June; 38(3): 831–865.

James Macinko, Barbara Starfield, and Leiyu Shi

- Primary and specialty care interfaces: the imperative of disease continuity
British Journal of General Practice 1993 :
September Volume 53, Number 494 pages 723-729

Choose Any Two..

- Affordability
- Easy Access
- Quality

If you choose..

- Affordability
- Easy Access

You may miss out on the

- *Quality*

If you choose..

- Quality
- Easy Access

You may miss out on the

- *Affordability*

If you choose..

- Affordability
- Quality

You may miss out on the

- *Easy access*

Jarman B, Gault S, Alves B, Hider A, Dolan S, Cook A, Hurwitz B, Iezzoni L.,

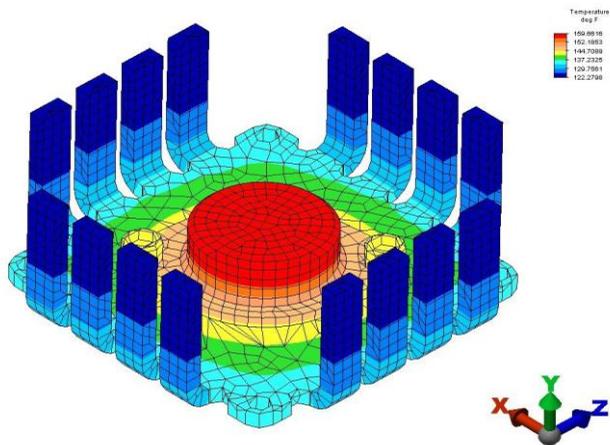
Explaining differences in English hospital death rates using routinely collected data,

BMJ, 1999, 318, 1515–1520.

Family Practice

The Risk Sink of the National Health Service

“Schools and Hospitals” for “Education and health” –
Haslam D.
BMJ 2003; 326: 234-235



Load Case: 1 of 1
Maximum Value: 159.662 deg F
Minimum Value: 122.28 deg F

GPs / Family Physicians

Accept Uncertainty, explore probability, and marginalise danger

Specialists

Reduce uncertainty, explore possibility, and marginalise error

The Risk Sink in the Emergency Room

BMJ: 1996: 312: 1135-1142

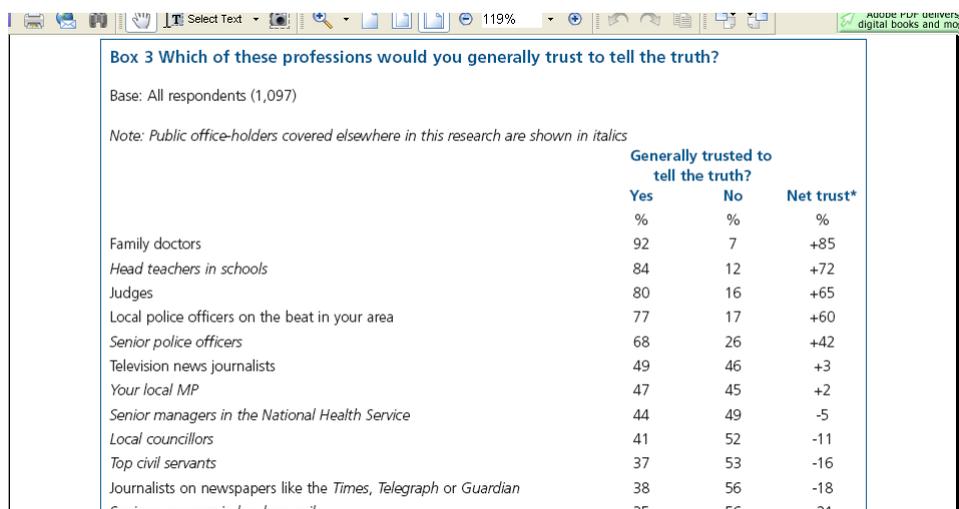
The Risk Sink in the USA

JAMA 1984: 252: 2413-17

Continuity of care and trust in one's physician: evidence from primary care in the United States and the United Kingdom.

Mainous AG 3rd, Baker R, Love MM, Gray DP, Gill JM.

Family Medicine 2001. Jan ; 33 (1) 22-7



Box 3 Which of these professions would you generally trust to tell the truth?

Base: All respondents (1,097)

Note: Public office-holders covered elsewhere in this research are shown in italics

	Generally trusted to tell the truth?		Net trust*
	Yes	No	
	%	%	%
Family doctors	92	7	+85
<i>Head teachers in schools</i>	84	12	+72
Judges	80	16	+65
Local police officers on the beat in your area	77	17	+60
<i>Senior police officers</i>	68	26	+42
Television news journalists	49	46	+3
<i>Your local MP</i>	47	45	+2
<i>Senior managers in the National Health Service</i>	44	49	-5
<i>Local councillors</i>	41	52	-11
<i>Top civil servants</i>	37	53	-16
Journalists on newspapers like the <i>Times</i> , <i>Telegraph</i> or <i>Guardian</i>	38	56	-18
<i>Senior managers in local councils</i>	25	56	-31

headache - Google Search - Windows Internet Explorer

http://www.google.co.uk/#client=psy&hl=en&rlz=1W1MED8_en&q=headache&rlz=1W1MED8_en&aq=f&aqi=g4g-cl&aqj=&aqk=&gr_rfi=&pbx=1&fp=79e6ac5c4d7e8195

headache - Google Search

Web Images Videos Maps News Shopping Gmail more

Search

Instant is on

About 24,900,000 results (0.07 seconds) Advanced search

Everything
Images
Videos
News
Shopping
More

Norwich, UK
Change location

The web
Pages from the UK

Any time
Latest
Past 2 days

All results
Wonder wheel
Timeline
More search tools

Headache Causes, Symptoms, Diagnosis, and Treatment on MedicineNet.com
5 Jan 2011 ... Questions to ask your doctor about **headache**, and when to call the doctor ...
Headaches have numerous causes, and in 2007 the International ...
What are cranial neuralgias, facial ... - When should I seek medical care for a
www.medicinenet.com/headache/article.htm - Cached - Similar

Headache - Wikipedia, the free encyclopedia
A **headache** or cephalgia is pain anywhere in the region of the head or neck. It can be a symptom of a number of different conditions of the head and neck ...
Classification - Differential diagnosis - Pathophysiology - Headaches in children
en.wikipedia.org/wiki/Headache - Cached - Similar

Headache (Tension-Type) - NHS Choices
Find everything you need to know about **Headache** (Tension-Type) including causes, symptoms, diagnosis and treatment, with links to other useful resources.
Symptoms - Treatment - Cluster headaches - Diagnosis
www.nhs.uk/conditions/headache - Cached

Headaches
1 Jun 2005 ... **Headaches** are a common problem and can sometimes indicate other conditions. We look at the causes and treatments to help you.
www.netdoctor.co.uk/diseases/facts/headache.htm - Cached - Similar

BBC - Health: Headache
BBC **Headache** Common types of **headaches**, their causes and treatments.
www.bbc.co.uk/health/physical_health/conditions/headache1.shtml - Cached

The Causes, Symptoms and Treatments of Migraines and Headaches at ...
If you suffer from **headaches** our guide explains why they happen and describes some techniques

Ads
Ask a Doctor: Headache
12 Doctors and Nurses Are Online.
Ask a Question, Get an Answer ASAP.
HealthJustAnswer.com/Headache

Migraine Treatment
Prevention and treatment of migraines and **headaches**
www.cefaq.com

See your ad here >

Done

Internet | Protected Mode: On

125%

ITunes
OECD Draft 6 Jan [C...
OECD Presentation ...
Hotmail - davidhasl...
headache - Google ...
Spotify - Dick Room...

Links



Evidence in Health and Social Care

▶ [Search help](#) | ▶ [Add NHS Evidence to your site](#)



- Ageing Population – changing demographics
- Mobile populations
- The problem of co-morbidity
- The hazards of polypharmacy
- The information explosion & the internet
- Time pressures – Increasingly complex consultations
- The importance of personal care and trust

Comorbidity Trends in the Most Common Chronic Conditions, by Age Group				
Most prevalent chronic conditions by age	No Additional Chronic Conditions (%)		One or more Comorbid Conditions (%)	
	1999	2001	1999	2001
Age 65 and older				
Hypertension	12%	11%	87%	89%
Diseases of the heart	9%	8%	91%	92%
Eye disorders	14%	12%	86%	87%
Disorders of lipid metabolism	8%	8%	92%	92%
Diabetes mellitus	8%	7%	92%	93%

The Big Picture

- 1900-50 Infectious diseases
- 1950-2000 Acute diseases
- 2000- Chronic diseases (LTCs)

The screenshot shows a web browser window displaying the OECD website. The browser's address bar shows the URL "HCQI Health Promo...". The page header includes the OECD logo and the text "Directorate for Employment, Labour and Social Affairs". The main content area is titled "HCQI Health Promotion, Prevention and Primary Care" and contains the following text:

Home: Health Policies > HCQI Health Promotion, Prevention and Primary Care

> About > Statistics > Publications & Documents > Information by Country

HCQI Health Promotion, Prevention and Primary Care

Send Print

Governments are increasingly stressing the importance of prevention rather than cure. Nowhere is the need to invest in prevention more urgent as when considering those diseases which are related to lifestyle choices. Many of the chronic diseases that are becoming more prevalent across OECD member countries are more likely to occur when individuals smoke, drink excessively, or become obese.

The HCQI project has identified health promotion, prevention and primary care as a priority area for further quality of care indicator development, to build on the existing suite of indicators relating to non-medical determinants of health (e.g. smoking, nutrition and alcohol consumption) and health status (e.g. diabetes, infant mortality, dental health).

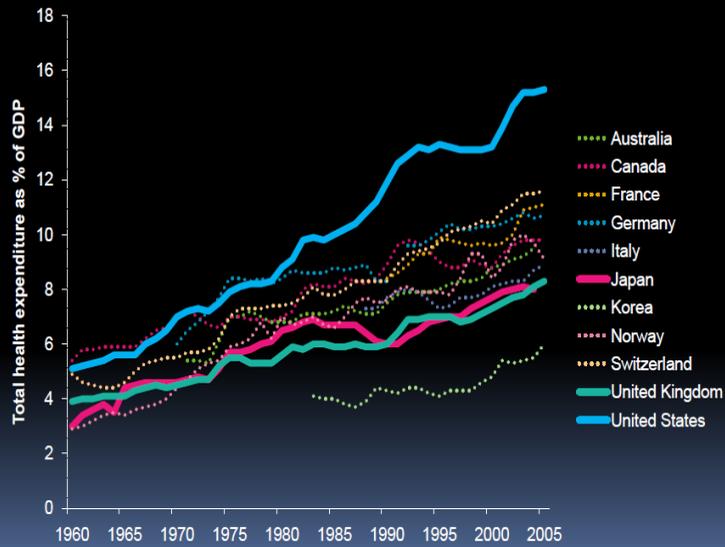
Through the use of a structured review process, expert panels have previously evaluated and recommended indicators related to cardiac care, diabetes care and promotion and prevention for further consideration.

The right sidebar contains a "Don't miss" section with links to:

- > Key OECD Health Publications
- > Key analytical health projects
- > Key health data projects
- > Health Working Papers
- > Contact Us
- > Site Map

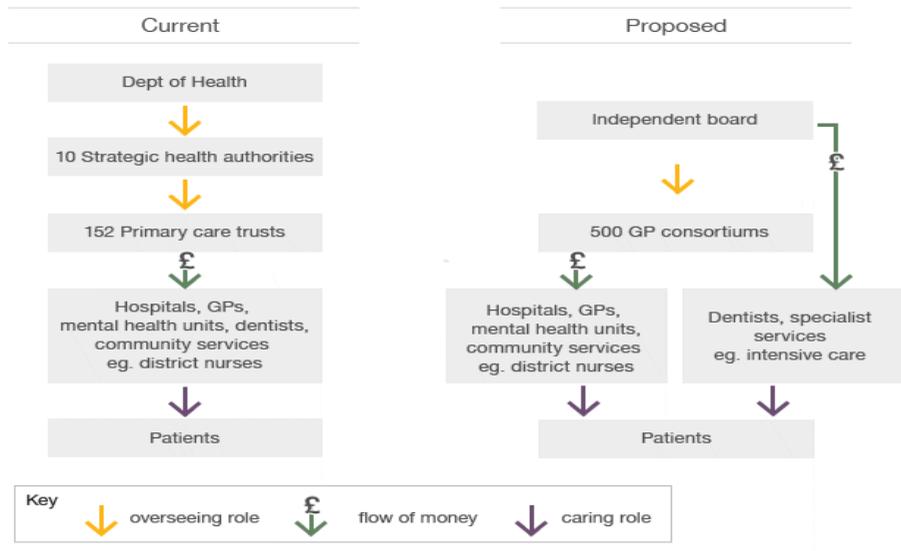
At the bottom of the page, there is a "Health at a Glance Asia/Pacific 2010" banner.

Total Health Expenditure as % of GDP in selected OECD countries, 1960-2005



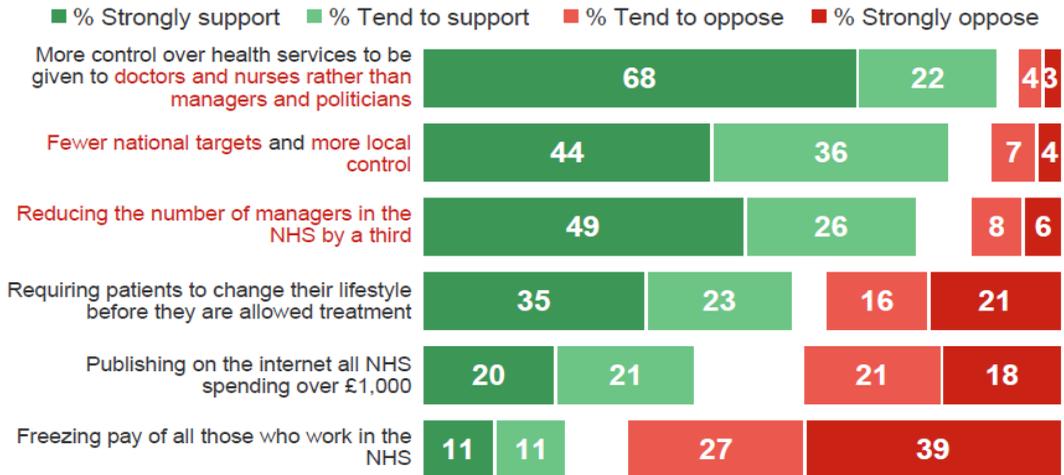
(Source: OECD Health Data 2007) 30

The structure of the NHS



Conservative agenda plays well to the crowd

Please tell me how strongly you support or oppose each of these possible future changes for the National Health Service?



Headlines.....

- Proposed transfer of commissioning function of most services from PCTs to GP consortia
- GP consortia will hold around 80% of NHS budget
- PCTs and SHAs abolished

Key Points

- **Delegation of responsibility**
 - Accountability passed from Secretary of State to NHS Commissioning Board
- **Clinically lead, reduction in costs**
 - GP commissioners -
 - 45% reduction in management costs
- **Public Health budget**
 - “Ring-fenced” with “health premium” to reduce inequalities
- **Opening up the market**
 - Services can be provided by ‘Any willing provider’

Timescale

- Consortia fully responsible from April 2013
- SHAs abolished 2012-13, PCTs from April 2013
- SHAs replaced by NHS Commissioning Board, April 2012

Consortia Responsibilities

- Determining healthcare needs
- Determining what services are required to meet these needs
- Ensuring the appropriate clinical and quality specification of these services
- Entering into, managing and monitoring contracts with providers
- Improving quality of healthcare provided through these contracts
- Providing oversight of health care providers' training and education plans
- Holding constituent practices to account
- Driving up quality of primary medical care and improving use of NHS resources
- Consortia will be statutorily responsible for commissioning the vast majority of NHS services

Not Consortia Responsibility

- Commissioning and holding contracts with individual practices for primary medical care
- Other primary family health services (dental, ophthalmic and community pharmacy)
- National and regional specialist services (e.g. heart transplant, spinal, burns), or prison/custody health services.

Functions of NHS Commissioning Board

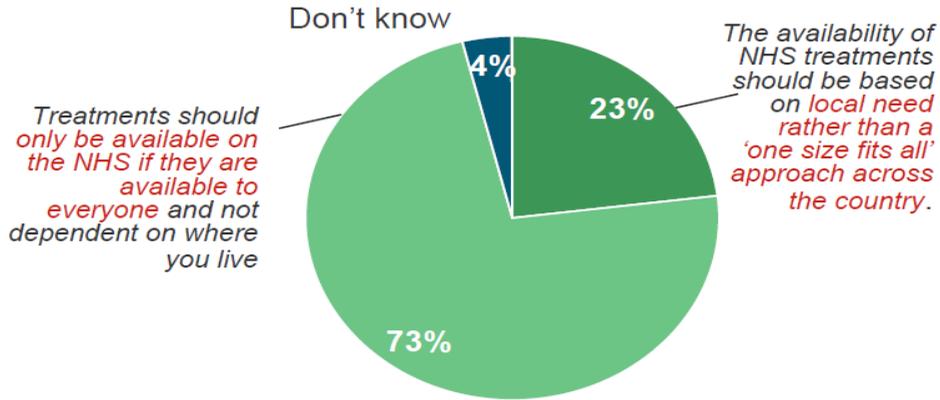
- Will develop commissioning guidelines, design tariffs and model contracts, and hold consortia accountable for outcomes & financial performance
- Promoting public involvement and choice, including personalisation and personal health budgets
- Ensure development of GP commissioning consortia
- Commissioning services outside remit of consortia, e.g. dentistry, specialised services
- To allocate NHS resources, accountable to Secretary of State - managing financial risk

Unintended Consequences



Most want standard treatment available across the country

And thinking of the treatments that are available on the NHS, which of these statements most closely matches your opinion?



Base: 988 English adults (18+), November 2008

Ipsos MORI

Source: Ipsos MORI/Social Market Foundation





Thankyou

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