A “New” Conversation in Primary Care

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Primary Care Under Pressure

- Increasing workloads in primary care
- Diminishing workforce
- Too much to do – not enough time or people
- Existing activities are not delivering expected / required outcomes
A “New” Offer

- Basic Concept: give practices more ‘time’.
  - Very little new money – better utilisation of existing funding
  - But where there is a clear and quick return – invest to save

- Remove some time-consuming burdens (where appropriate)
  - What can be done by others
  - What can we do less of…?
  - Greater concentration of GPs on those areas GPs are best placed to do

- Create new, locally commissioned services
  - E.g. dementia reviews
  - E.g. A new model for Care Homes

- Help to identify areas of potential improvement
  - More access for patients
  - More access for GPs to services / consultant opinions
In Return...

- A fresh look at managing demand
  - Review numbers and reasons behind elective referrals
  - Look at people and conditions being admitted via urgent care
  - Where is the ‘system’ not working
  - Peer review of referrals?

- Tackling increasing costs on prescribing
  - Gain-share?

- What can our neighbouring practices and colleagues do for us?
  - Commission local community based services for non acute conditions

- More time for patients in primary care
What does this look like for you..?

- Start of a conversation
  - Move rapidly – Financial position!

- What are the areas where we can intervene
  - What areas are GPs and practice staff tied-up in routine work that is not making the best use of clinical skills and resources
  - What contribution's can Safecare / LMC / ACP make to this debate?

- Establish Task & finish / working group
  - Asked Dr Andy Lee to lead
  - Utilise virtual communications / discussions where possible
  - Bring back suggestions draft plans to next CoM meeting.