

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.