

# The Future of the NHS - A Call to Action

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# Call to Action

- *A Call to Action*, requires each Clinical Commissioning Group (CCG) and NHS England to engage with the public, health and wellbeing boards and other stakeholders to explain the challenges ahead, and to then develop a 5 year commissioning plan
- *Improving General Practice A Call to Action* aims to stimulate a specific debate in local communities – amongst general practice, area teams, CCGs, health and wellbeing boards and other community partners – as to how best to develop general practice services

# Today

- Today:
  - The NHS treats 1,000,000 people every 36 hours
  - Between 1948 and 2010, life expectancy in England for men increased by 13 years to 79
  - 88% of patients in the UK described the quality of care they received as excellent or very good

**71%** agree "Britain's  
National Health Service is  
one of the best in the world"

## But over the last 10 years...

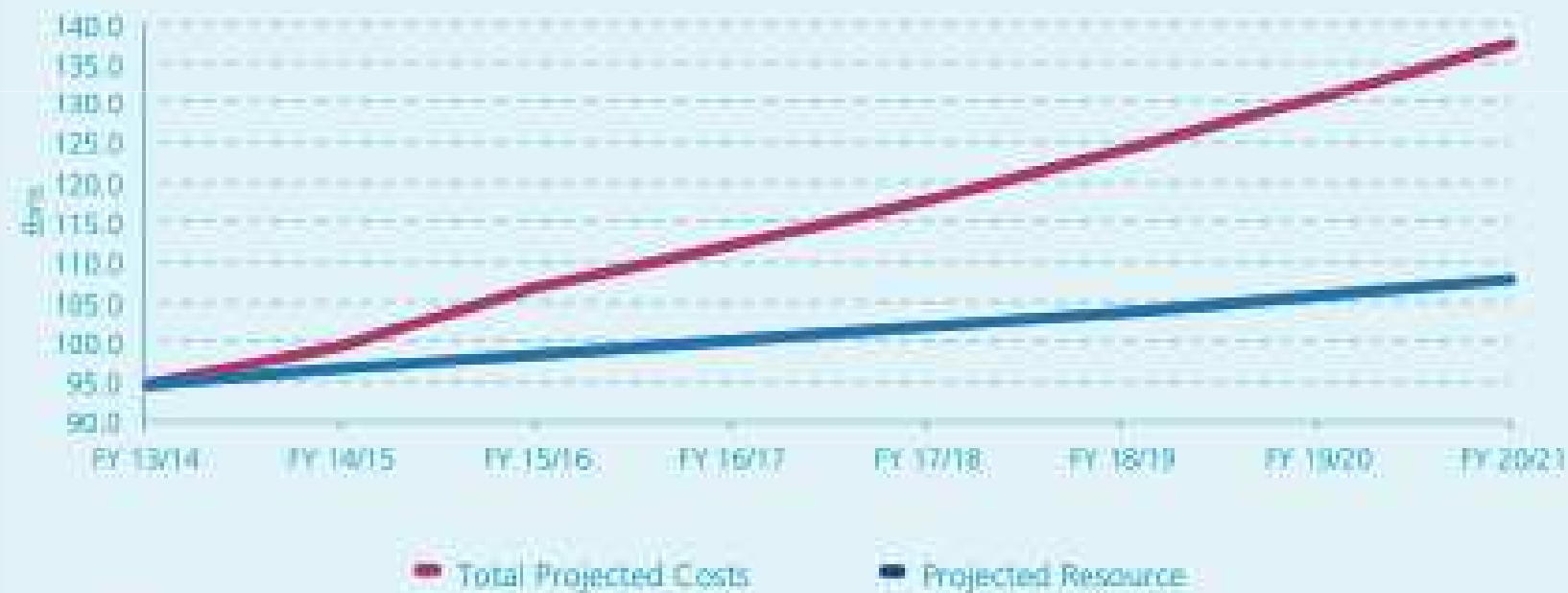
- 50% increase in GP consultations
  - 35% increase in emergency care admissions
  - 65% increase in secondary care episodes for >75
- Combination of factors:
- Demographic change
  - Out-dated management of long term conditions
  - Poorly joined up services between primary, secondary and social care
  - Technical advance
  - Economic decline

## Consequences

- Hospitals under great pressure
- Too many older people or people with a long term condition admitted to hospital
- Poorly coordinated services
- People not supported to remain independent
- Too many people being admitted too early to long term care
- Unsustainable model of care

# Tight and growing economic constraints

Projected resource vs. Projected spending requirements



Source: NHS England

HOW CAN WE IMPROVE  
THE QUALITY OF  
NHS CARE?

HOW CAN WE  
MEET EVERYONE'S  
HEALTHCARE NEEDS?

HOW CAN WE  
MAINTAIN FINANCIAL  
SUSTAINABILITY?

WHAT MUST WE DO TO BUILD  
AN EXCELLENT NHS NOW &  
FOR FUTURE GENERATIONS?

**The NHS  
belongs to  
the people**

A CALL TO  
ACTION

# Improving General Practice – A Call to Action

- NHS England is the commissioner of primary care services, including 'in hours' General Practice
- Clinical Commissioning Groups are the local commissioners but are responsible for improving the quality of primary care and commission 'out of hours' General Practice
- Local Authorities commission public health services from primary care

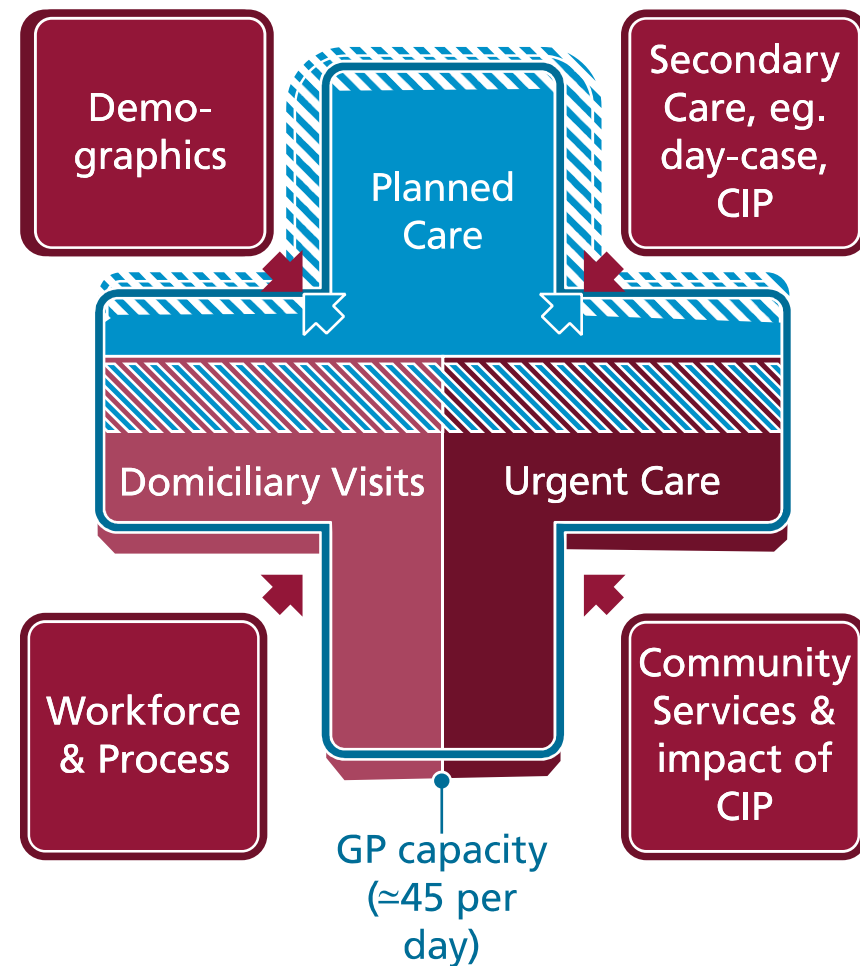




# The case for change

What we have heard from patients, public, stakeholders and our workforce:

- Concerns about capacity in general practice
- Access
- Empower patients to take responsibility for their own health care
- Free up time for innovation
- There needs to be more integration, particularly with community nursing services
- Workforce is a significant area of risk



## What we've heard

The age profile of the workforce for GPs and nurses is too old.

I'm astonished that I can't email or Skype my GP.

More self-reliance should be fostered.

We need resources... increase GP numbers.

We should be rewarded for good care.

People don't have confidence in their GPs so they go to hospitals.

## What works well

**There is widespread clinical agreement that, in supporting reform of primary care, we must take great care to build on the strengths of UK general practice:**

- **Registered lists:** providing basis for coordination and continuity of care. About 99% of the population are registered with a general practice in the UK; 17% of the US population has no regular access to primary care.
- **Generalist skills:** looking at physical, psychological & social needs in the round, managing risk/uncertainty, and connecting people with more specialist diagnosis, care and support.
- **Central role in management of long term conditions**, supported by the QOF.
- **Highly systematic use of IT** to support management of long term conditions, track changes in health status and support population health interventions like screening & immunisations.

# Time for change

**We have also heard a consistent message that the time is right to be seeking better models, systems and processes of care outside hospital. Specifically:**

- CCGs and their member practices are asking new questions about how general practice can fulfill more of its potential at the heart of a more integrated system of care
- Innovation is already happening:
  - Integrated teams and single point of access
  - Federations of practices
  - New pathways and processes for accessing General Practice
- Commissioners and practices are committed to a new relationship with patients, focussing on supported self care and asset-based solutions

# Strategic questions

- How do we release money from acute services to invest more in prevention, primary care and other community services?
- How do we encourage people to take more responsibility for their health and put them in control of their own care?
- How do we develop services that are genuinely centred on patients and not organisations?
- How do we speed up centralisation of services where clinical evidence supports the benefits?
- How do we use technology to deliver better outcomes and better value?
- What are the main barriers to local service transformation and what national solutions would address these?

## Next steps

### October – March 2014

- Sustained and targeted patient, public and stakeholder engagement

### End of November

- CCGs to submit draft plans and business cases for primary care transformational change

### December

- Maximise opportunities for funding
  - Application to the Prime Minister's £50 million Challenge Fund
  - Integrated Transformational Fund
  - Local resources
- Call to Action for Pharmacy published

### January 2014 onwards

Piloting and testing new way of working in General Practice