

Why should STPs worry about primary care?

BUILDING BLOCKS FOR SUSTAINABLE SYSTEMS

Sustainability and transformation partnerships (STPs) have a tough job to do – focused on making the books balance, hamstrung by provider deficits, trying to make an unsustainable system sustainable. Yet the majority of patient contacts and opportunity for upstream intervention is in primary care, most obviously general practice but also community pharmacies, dentists and optometrists.

The BMA recently highlighted that one in ten GP practices are financially unsustainable. Behind the well-known GP shortage are other worrying workforce gaps affecting practice nurses and practice managers. Community pharmacy is facing severe budget restrictions. Without these gatekeepers, the pressure on acute services will only grow. So what can STPs do to support primary care services?

Saving primary care

To start with primary care needs to save itself. Figures from a study cited in the GP Forward View suggest that between 25% and 30% of GP consultations are avoidable. Use of effective signposting and care navigation could help to reduce this number, by steering patients to other more appropriate services and encouraging them to make use of resources in the community and supporting them to self-care.

Even if they could offer enough consultations to keep up with demand, GPs are increasingly frustrated by the challenges of dealing with complex cases in 10 minute slots. Group consultation and other alternatives to the traditional consultation are being tried.

Changes to the skill mix in general practice promise benefits beyond plugging holes in the GP workforce. Paramedics, clinical pharmacists and further enhancements to nursing roles can all add value.

The importance of scale

But these changes raise further questions as many practices are too small to justify employing all these new staff in their own right. Can they learn to share in informal networks or will they need bigger formal organisations to make it work?

These questions are starting to find a range of different answers in different parts of the country with groups of practices working in neighborhoods, in hubs (like the “primary care home” model), under umbrella organisations (federations or groups of federations) and in “superpractices” involving mergers.

Regardless of form they are all seeking the same things: economies of scale, right-sizing, benefits of sharing skills, staff and resources, opportunities to provide more services (for altruistic and financial reasons) – ultimately to achieve resilience, the capacity to be shock proof and viable in the long term.

Creating headspace

By freeing some headspace in GP practices, it may be possible for primary care to be strengthened and supported by the STP to take on more, and support trusts at their pressure points.

Primary care at scale can help with this, especially if enabled with suitable premises and the right footprint – a population big enough to support at-scale working but not so big as to industrialise and de-personalise the services that people have come to expect from general practice.

Practices working at scale could combine extended hours, out of hours or urgent care provision with some of the routine services that could take the pressure off trusts at a local level. Bringing staff from trusts into primary care, and getting community service support aligned and working closely with GPs is vital to help keep vulnerable people out of hospital. This level of local co-ordination could also relieve the problem of delayed transfers of care by providing suitable services to support patients when they are discharged from hospital. Primary care has a vital role as the care navigator to enable this to happen.

How STPs can help

STP leaders can encourage and enable these developments by:

- Ensuring primary care is supported to become more resilient and sustainable for the future
- Having a coherent strategy for primary care supported as part of the wider estates strategy
- Encouraging, investing and supporting at scale working led by primary care
- Enabling the links to be made at a neighbourhood level so that services can really meet the needs of the local people
- Getting primary care representatives to the STP table and finding other ways to enable engagement and encourage innovation
- Identifying the pressure points and where primary care can help – and being prepared to invest transformation money to make it happen
- Recognising that this needs to be owned and developed at a scale to suit local areas, and that this may not be the same everywhere

How we're helping

We are currently working with local health systems to:

- Work through the detail of how GP practices can integrate into a multi-speciality provider (MCP)
- Develop GP federations/neighbourhoods to work together and link to an MCP
- Provide detailed knowledge on primary care to a whole health economy as they move towards an accountable care system
- Support future accountable care systems with the personal and team development needed to ensure leaders and managers can undertake their future roles.

We are a not for profit organisation that works for and with the NHS, but with particular expertise in and knowledge of primary care. If you would like to understand more about how you can work with primary care to make it part of the solution, contact us at enquiries@pcc-cic.org.uk with “STP support” in the subject line.