



## Health Select Committee winter pressure report endorses community general practice model

On 3 November the Health Select Committee released its report Winter pressure in accident and emergency departments. The main findings reflect our concerns that lack of support for community services is driving A&E admissions. The report's primary care findings include:

A lack of provision of adult social care is driving unnecessary admissions to A&E.

There is not enough evidence that extended access is an effective use of GPs' time, given the shortage of them.

More evidence is needed to show co-location of GPs in A&E is of benefit to patients.

The shortage of GPs means there should be a single system for out-of-hours access.

Resources should be focused on community general practice, rather than unproven new models.

Dr Michelle Drage, Chief Executive of Londonwide LMCs commented on the report when launched:

"This report shows that the best way to reduce A&E admissions this winter is by supporting local GP practices with more capacity to treat more people closer to their homes. London's dwindling general practice workforce is working flat out to do this, struggling to maintain high quality, ongoing care to patients with increasingly complex health needs. We need support to stabilise this core service, the lynchpin of our healthcare system.

"As the report says, new services should not pull resources away from community general practice, or be introduced without clear evidence that they are of sustainable benefit to patients. It is also right that social care's contribution is recognised, these services play a vital role in supporting GPs and hospitals to treat people in the community, where most prefer to be."

Report conclusions and recommendations for general practice

The full conclusions and recommendations section can be read [here](#). It includes the following points:

We would like to see further evidence that the Government's proposals for extended GP hours will limit the demands placed on emergency departments.

In the long term enhanced and properly resourced primary care shaped around the recommendations we made in our report of April 2016 on primary care will be crucial in helping to prevent the escalation of illness to an extent where emergency admission to hospital is required.

We agree with the Centre for Urgent and Emergency Care Research that a robust evaluation is needed of proposed models of co-located primary care with emergency departments. Further research is required to understand the impact on patient behaviour, emergency department attendance and patient outcomes. In particular there needs to be much greater investigation into the risk of creating supply-induced demand. Given the shortfall in GP numbers, it is unlikely to be sustainable to operate several parallel systems for out-of-hours GP access and it is important that commissioners to consider the wider impact on primary care provision for patients as well as for A&E.

Equally, NHS England should be aware that co-location may not be a solution which enhances access in rural areas, and some trusts may simply not have the capacity to accommodate such a service or the capital resource to create it. Models will need to adapt to local circumstances and must be robustly evaluated.