General practice under pressure

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We have had

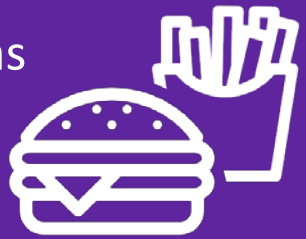
- Federations
- Super-partnerships
- Vanguards
- Multispeciality Community Providers (MCPs)
- Integrated Primary and Acute Care systems (PACs)
- DevoManc, devo this and devo that
- GP Forward View

But this is London

- Workforce pressures – 46% of practices responding to our November workforce survey had a vacancy, 45% had at least one GP planning to retire in the next three years.

- Rising population – by 2020 the population of London will be 9.2 million, up 500,000 on 2014.

- Increasingly unhealthy patients - with multi-morbidity that was once confined to people in their 60s and 70s, being seen in people in their 40s and 50s.



- High levels of economic deprivation – these and accompanying social factors driving ill health.

And THIS is general practice in London

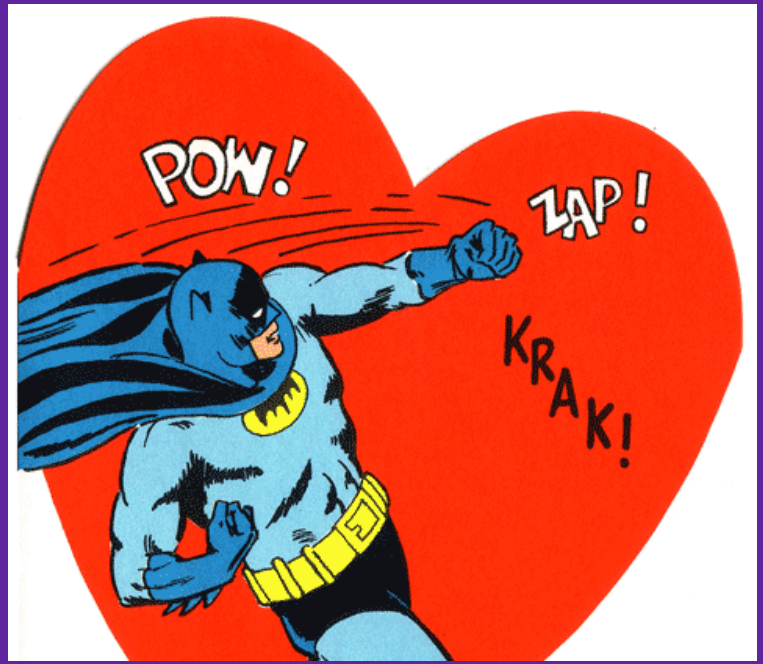
#GPStateofEmergency

And *THIS* is general practice in London

Needs vs. Wants

Supply vs. Demand

Burnout vs. Resilience



A happy, motivated workforce

Our colleagues in care get it:

How do we fix a care industry on the brink? Put people first.

In last week's Big Issue, Geoff Walker, CEO of Sandwell Community Caring Trust said he has two KPIs: Staff Turnover and Staff Sickness.

"By striving to keep these KPIs low, we're not just keeping staff happy… we're providing training, improving continuity…"

Big Issue April 17-23 page 12

From Triple to Quadruple Aim: care of the patient requires care of the provider

"The Triple Aim of enhancing patient experience; improving population health; and reducing costs is widely accepted as a compass to optimise health system performance.

Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim.

This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff."

Attr: Quadrupal Aim: Thomas Bodenheimer and Christine Sinsky, 2014 ; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226781/
Also see: Triple Aim: Don Berwick, Thomas Nolan, and John Whittington, 2008 http://www.mihia.org/index.php/quad-aim-what

The Quadruple Aim

1. Improving the health of populations
2. Improving the individual experience of care
3. Reducing the per capita cost of care
4. **Improving the experience of *providing* care - increasing joy and meaning for the workforce**

Sikka et al (2015)BMJ Quality and Safety ; http://qualitysafety.bmj.com/content/early/2015/06/02/bmjqs-2015-004160.full

Its all about the workforce

Happy Doctors mean Happy Patients.

Londoners need

- Community based general practice, supported by properly funded social care services, as recommended by the Health Select Committee's report on A&E winter pressures.

- A system which addresses the 'wider determinants of health', which compound existing health inequalities.

- The right kind of care, in the right place, that works across local authority or health service boundaries.

The value of coordinated community care

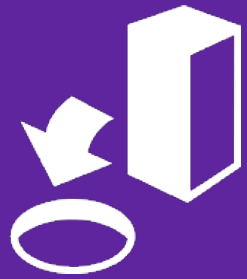
- In 2014 Deloitte said £72m a year extra spent in general practice would save the NHS £1.9bn by 2020 in reduced A&E visits, hospital stays and ambulance call outs.

- 40% of NHS activity is related to 'modifiable health risk factors' and it spends £16bn a year on direct medical costs of obesity and diabetes – Simon Stevens, June 2016.

- In 2015 the National Audit Office reported that a 1% increase in spending on community services is associated with a 3% reduction in the level of A&E attendance.

We've been *told* how to do it by…

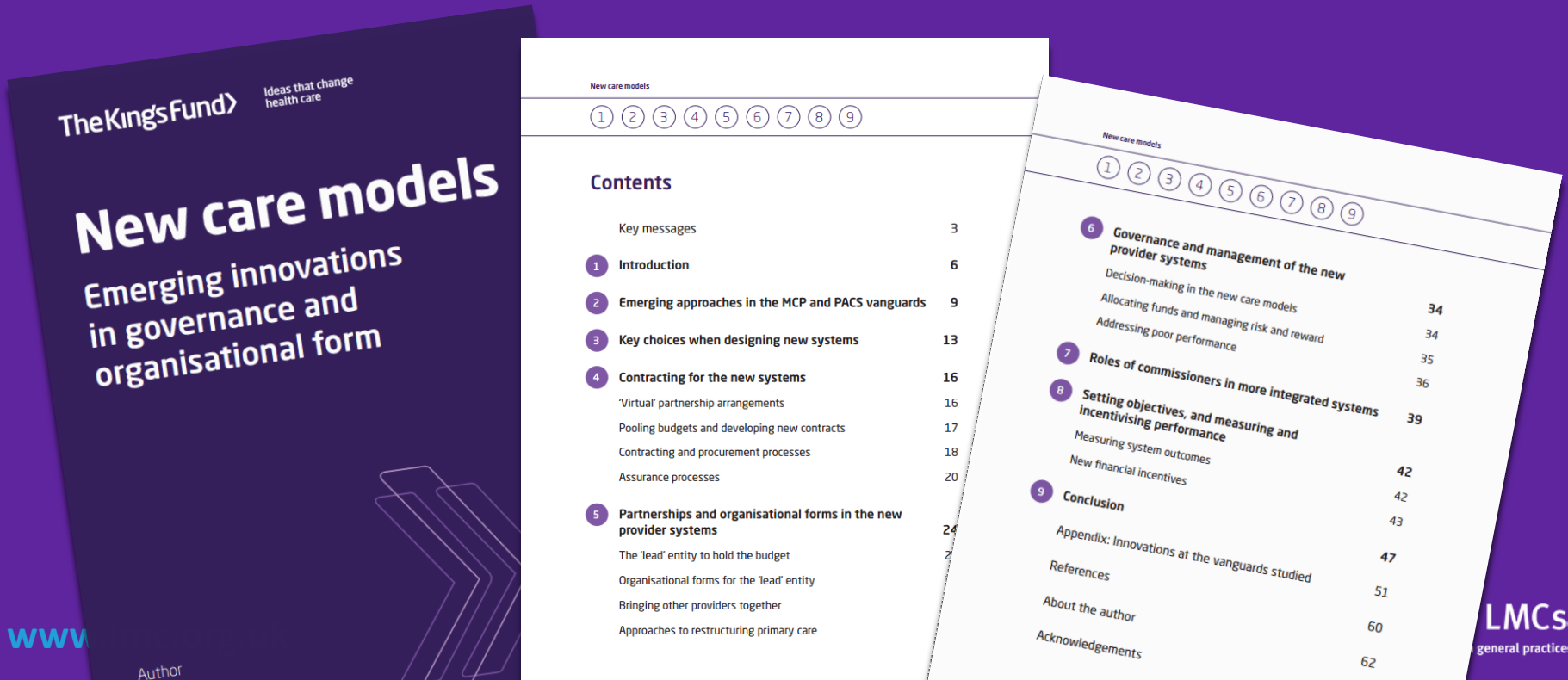
- Making general practice fit into the structures created by STPs and the Multispecialty Community Providers (MCPs), which look set to be the STP's delivery vehicle for primary care.



- New models of care led by political imperatives rather than evidence, pushed by the stick of contract changes and the carrot of funding streams.

- **The ambition of providing care at scale results in the 'at scale' part taking up all the resource and the 'providing care' part coming in second place.**

Don’t get sucked in to all of this interference and noise



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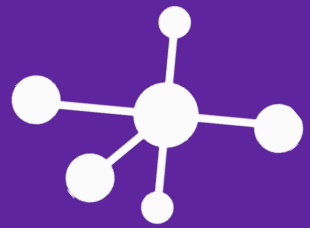
Shouldn’t we be doing it by?...

- Allowing services to connect across boundaries and meet needs; GPs, community services, third sector, local groups, schools and everyone else who can shape health and wellbeing?

- Giving GP practices the autonomy to tailor services to meet the needs of their local population, consistent with the values of general practice, particularly in London with its incredible diversity?

- Collaborating within multiple community provider health and well-being **systems** linking GP and community-based medical, social and mental health services to focus on coordinating care delivery, rather than expending energy on being merged into self-serving organisations?



Window of opportunity

"If we are to transform, then let us not do it at the expense of our values, or compassion for ourselves. Let it be a transformation based on the values and value of General Practice and not in the image of others who Just. Don't. Get. It."

Mword 31, December 2016

The values of general practice

1. The registered list - individuals and ‘practice’ population.
2. Expert generalist care of the whole patient.
3. The therapeutic relationship with a consultation as the irreducible essence of delivery.
4. Based on bio-psycho-social care, not a disease-focused model.
5. Advocacy and confidentiality.
6. Safe, effective long term and preventative care by promoting access to relationship continuity, balanced with timely episodic care.
7. NEEDS based, taking into account the wider determinants of health and the inverse care law, compared to wants.

Form must follow function

Let's stop faffing around creating 'fake' models of care.

Facts on the ground drive improvement and innovation, plans in the sky just drive more plans.

You have the power.

We have your backs.

www.lmc.org.uk

#GPUnderPressure

Londonwide LMCs
The professional voice of London general practice