

Primary Care; The New Opportunities.

Professor Nick Bosanquet

Emeritus Professor of Health Policy,
Imperial

Primary Care: The Record of Success.

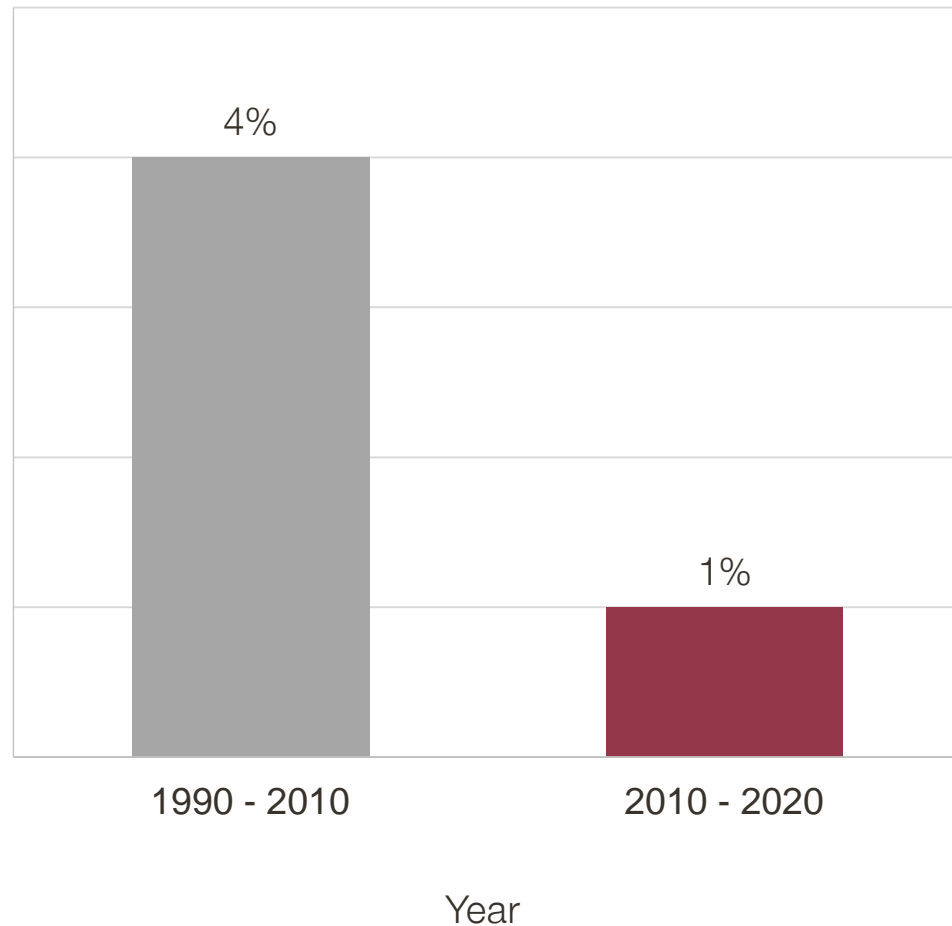


- Primary care—surprise winner for quality. CQC Report.
- Solvency in spite of 10% reduction in real terms funding. Funding per GP static at £ 100 K for 7 years.
- Changes in consultation rates –total rose from 217 m in 1995 to 340 m 2014. Most of the change in consultation by older patients– much less from younger people.
- Primary care main contributor to improved outcomes. CHD/Asthma/Gastric disease.
- Financial squeeze. NHS England 2015-16. £14.6 bn Specialized Commissioning. £12.2 bn. Primary Care.

Healthcare spending is beginning to stagnate and the burden won't ease in future

Spending growth on healthcare is beginning to stagnate...

% spending growth, OECD

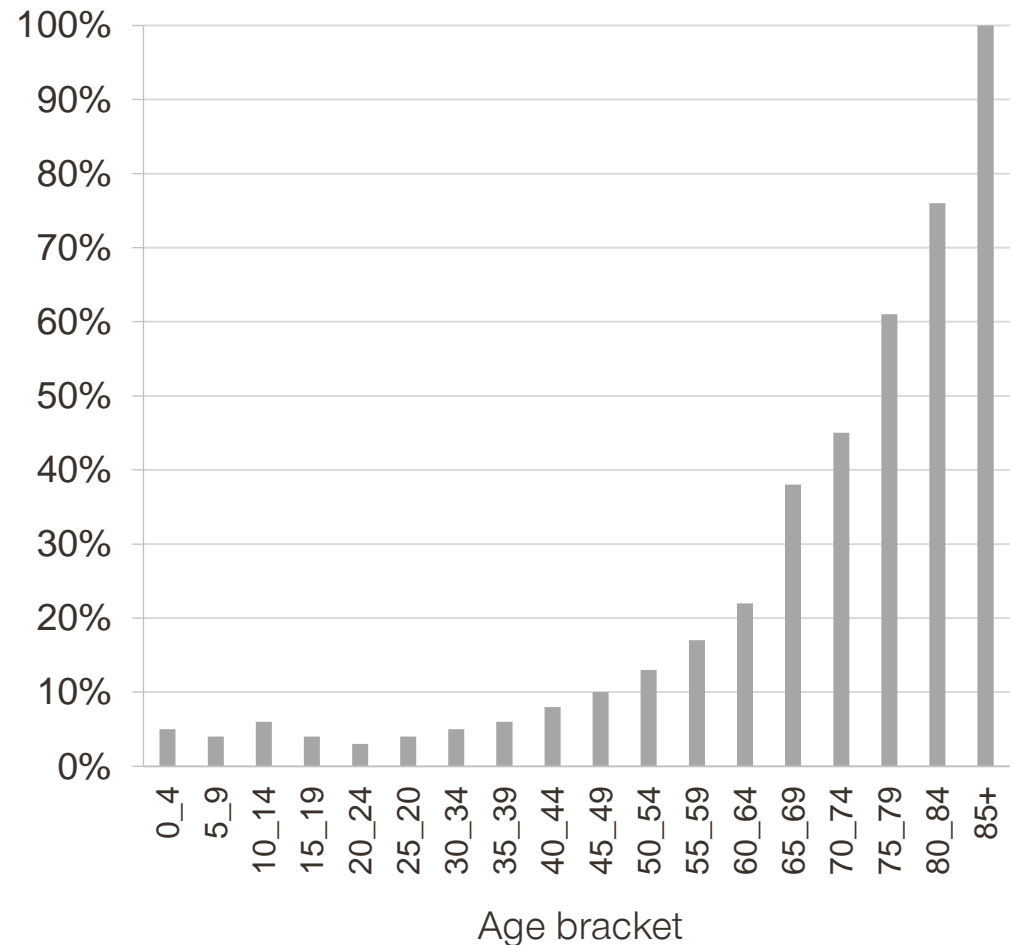


Source: Professor Nick Bosanquet. Data from OECD..

Template_A4_London

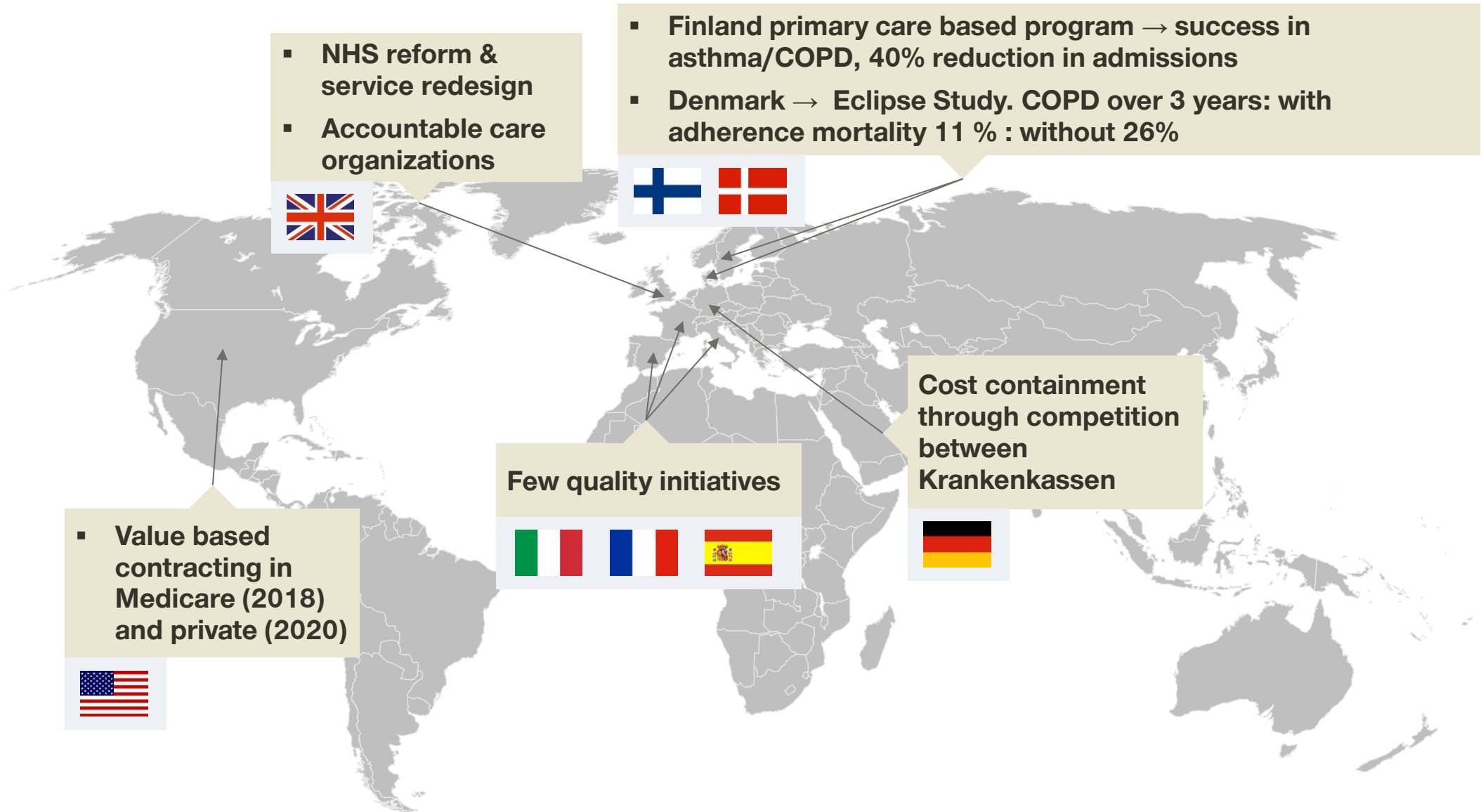
...and aging populations will further burden healthcare budgets

Costs of general & acute care for each 5 year age bracket indexed to the cost for those aged 85+



Budget concerns have elicited a number of cost containment & disease management responses

Examples



...Link Investment in premises to new Model of Care/Service Development.

Porters' Principles of Value-Based Competition

1. The focus should be **on value for patients**, not just lowering costs
2. There must be **unrestricted competition** based on **results**
3. Competition should **center on medical conditions** over the **full cycle of care**
4. High quality care should be **less** costly
5. Value is driven by **provider experience, scale, and learning** at the medical condition level
6. Competition should be **regional** and **national**, not just local
7. **Information** on results and prices needed for value-based competition must be widely available
8. **Innovations** that increase value must be strongly rewarded

“Value in health care is the health outcome per dollar of cost expended.”

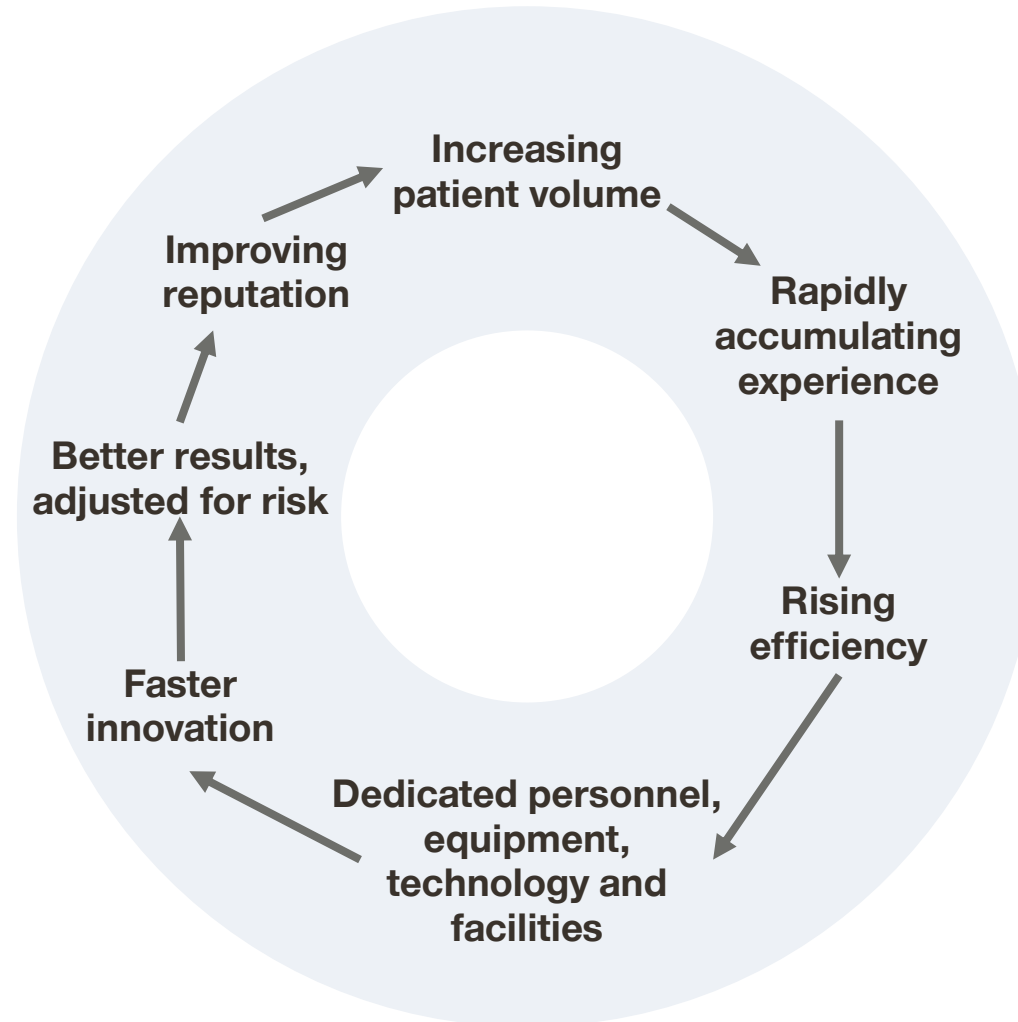
“Value in healthcare is determined in addressing the patients’ particular medical condition over the full cycle of use”

“Mandatory measurement & reporting of results is perhaps the single most important step in reforming the healthcare system”

Porter

... and focusing on changing the structure of healthcare delivery to fulfil the Virtuous Circle

Porter & Teisberg's Virtuous Circle in Health Care Delivery



UK example: 5 Year view of NHS England



Highlights:

- Reduce spending increase rate on spec services
- Concentrate services on fewer centres
- Expand role of primary care
- Focus on population healthcare
- Long term → Move to ACOs

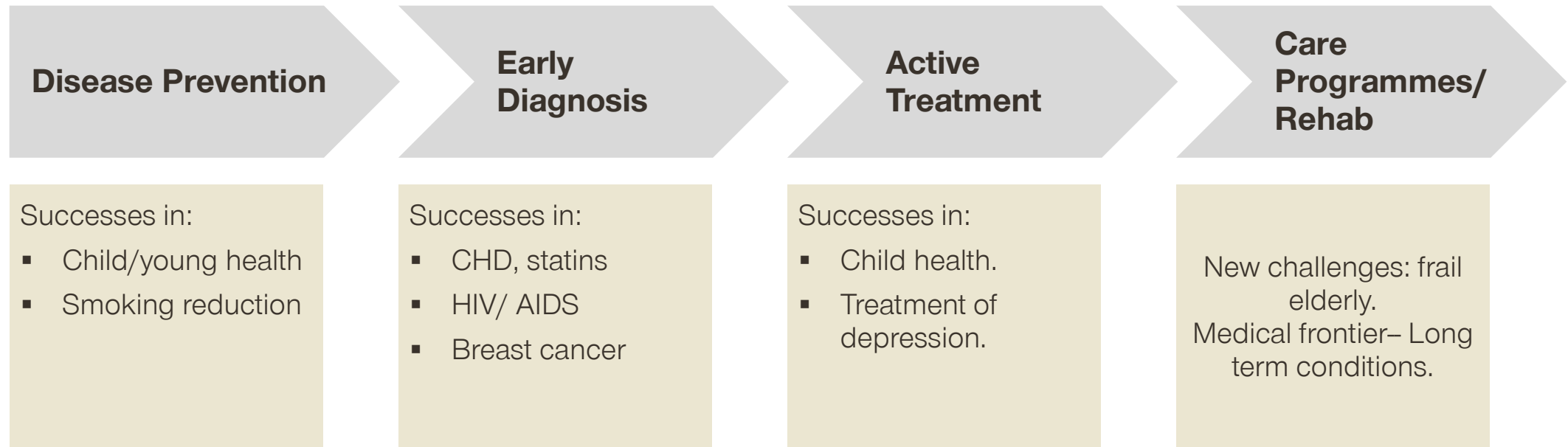
UK example: Devolution of annual health & care budget from NHS England to Manchester



- 27th February 2015 – Chancellor of the Exchequer announces 10 local authorities in Greater Manchester were close to an agreement NHSE to take responsibility for the £6bn annual health & care budget from 2016
- NHS England is seeking “clearly defined, better outcomes for patients, as well as the tax payer.”
- ~600k of the ‘most at risk’ patients of disease progression & hospitalisation will be offered an annualised care package.

Investment for service base for 4 Key Areas.

New Opportunities to Use Innovation.



Value of Innovation

New Agenda for Improving outcomes points to new types of centre.

- What innovation will look like—programmes using digital tech to improve outcomes.
- Coming of PROMs. Patient related outcomes data.
- Limitations of the QALY measure for new health problems.
- Barriers to change. Developing capability and winning support of doctors.
- Move away from in patient based care to integrated care in primary care centres and clinics.
- Metrics on health team performance. . Concentration to improve outcomes.
- Increase economic gains to patients– help them to stay in work force.

- **Case Study. HIV/ AIDS. Early diagnosis, active treatment and strong partnerships between patient groups and health teams . Expectations was 20 % of health spend –now 2% in England.**
- **Case Study : Liver disease/Hepatitis. Need for similar collaboration. Rising prevalence. .**
- **Case Study: Diabetes.**

Investment in Primary Care: Expanded Base.

Assist GPs to develop new kinds of premises through joint funding with other users and CCG support.

Diagnostics/ Medicines Management/ re-ablement.

Improve patient communication /motivation. Key occupational health programmes.

Aim that new primary care should be seen as key resource by local populations with capability to improve outcomes—deliver important personal aims.

Digital opportunities and medium ticket close to patient diagnostics.

How to make it happen?

Expanded team– GP lead– but wider range of roles including case managers .

Collaboration with local pharmacies and with social care.

Little chance of long term secure gains from national funding– help Expanded primary care to funding sources in a local environment– not just consulting and waiting rooms– but more space needed.

Porter value creation leadership on local health scene.