

PCPF CONFERENCE OPENING ADDRESS

23 November 2017

The title of our conference this year was selected with great thought – and a certain degree of irony - “NHS Premises - Uncertainty Squared”!

It seemed to us that year after year we have been forced to conclude that an air of uncertainty prevailed – and that at best, too little was being done too late, to enable the sector to reconfigure and reinvigorate itself. This was against the growing frustration that we, as a group, know we could produce solutions to resolve many of the infrastructure challenges preventing this – and in particular to accommodate the desire to move as much of the healthcare provision as possible into the primary care sector.

So let’s reflect briefly on the current problems impacting on this to consider whether there are other ways of achieving the desired objective.

On the face of it there’s nothing new here as the problems continue to centre on:

- increasing patient demand;
- reducing GP numbers;
- a lack of suitable premises;
- and
- a lack of funding in support of the provision of new facilities

It’s a recognised fact that patient numbers are increasing and that patients – even younger patients – are presenting with multiple morbidities. In addition we are living longer – and the cost of the drugs required to support this, is rocketing – by as

much as 6,000% in one recently reported case! And it's estimated that by 2030 there will be 10 million patients in the London area alone.

At the same time GP numbers are reducing – both as a consequence of retirements and a lack of sufficient new entrants. A report published only yesterday revealed that General Practice has lost almost 2,000 Partners in just two years. Perhaps more worryingly, the NHS has lost 1,300 full-time GPs during the same period. On the face of it, this suggests that if 35% of those Partners were electing to remove themselves from the responsibility of running their business, as much as 65% had elected to stop practicing within the NHS entirely. And yet the promised new entrants are nowhere near making an appearance at the coal face any time soon. A report by the Health Foundation warns that the numbers of staff in primary care are *'moving further away from the government target of net growth of 5,000 more' full-time equivalent GPs by 2020*". And the target has since been reset to 6,000 by 2021.

Interestingly, the Health Foundation also reports that meanwhile, the number of managers employed in the NHS is now rising faster than any other major staff group - up 11% since 2015.

Even Jeremy Hunt has admitted failing adequately to prioritise building the GP workforce in his time as Health Secretary – and there is a growing concern that the present system of general practice as we know it is in danger of heading for collapse.

It was the recognition of this pressure point which led to a motion being put forward by Bedfordshire LMC at the England LMCs' conference earlier this year calling on GPC England to urgently look at how GPs could be supported to operate within a *private* alternative model.

GP leaders have repeatedly rejected calls for patients to be charged a fee when they attend an appointment with an NHS GP, but they backed a motion at the UK LMCs' Conference earlier this year calling on the GPC to *'produce a discussion paper outlining alternative funding options for general practice, including co-payments'*.

We are hopefully some distance away from the introduction of a fee paying structure – but the sheer need to discuss it at all, highlights the need for something to change. It's clear that with increasing patient numbers and a reducing workforce, more efficient methods of working must be introduced to bridge the gap.

Clearly technology provides one important means of doing so – and those of you who were here last year will recall the engaging presentation from Jonathan Lewis of Bromley Healthcare about the ways in which technological innovation can not only produce savings, but also improve patient outcomes and experiences.

We would also all recognise that the infrastructure can also produce patient improvements and efficiencies – and the greater the fragmentation of general practice as we know it today, the greater the requirement for multi-disciplinary healthcare centres which can operate at scale within a local community.

But it's not all doom and gloom – because whilst some GPs may be looking to retire, others have already embraced the opportunities which are being presented to them - and are already “thinking outside the box”. It seems that barely a week goes by without the announcement of one new Model of Care or another – ranging from Vanguards to Integrated Care Pioneers, and Accountable Care Organisations. And at the same time we have witnessed an ongoing stream of practice

mergers ranging from small local mergers to pioneering cross country mergers.

In addition of course, we can't overlook the introduction of the private sector into the NHS – companies which are already well-structured and well-funded and which are all too keen to take on NHS business. Virgin has of course been around for a while – and by way of example, we have recently seen the introduction of IMH – an “offshoot” of IDH which is importing the formula it had successfully established in the dental world into the world of primary care.

Over and above this is the growing trend for new start-ups, such as Babylon, to provide an alternative offering on a purely private basis – which it might be thought will provide some much needed relief in removing some of the pressure from the NHS front line.

So it seems there are solutions to solve some of the problems – but we have to recognise that the landscape ahead of us is changing and it is likely to be rather more complex than we are used to. And this is where we all come in. We are all so familiar – and indeed comfortable - with the prospect of delivering a new facility which can be leased on a 20 or 25 year term to one, or even a collection of, GP established practices whose rent is reimbursed by the State. But we can see that the delivery of healthcare is already changing – and just as the medical profession is being forced to think outside the box, we must do so too – creating new models to enable the changing healthcare landscape to evolve – and therefore survive - into the future.

And there's even some good news on the funding front! Philip Hammond announced yesterday that £3.5 billion of new funding will be made available to the NHS for capital investment, of which £2.6 billion will be invested through the

Sustainability and Transformation Partnership in upgrading NHS buildings and improving care. Couple that with the recognition of the requirement for 300,000 new homes - and the planning gains which new healthcare facilities will offer alongside them – and there’s even room for a glimmer of hope!

So let us hope that the “uncertainty” with which we’ve all been living for what feels like the past decade or so, will soon start to lift – and I’m sure that by the end of today we’ll have been enlightened by our speakers about the opportunities available to us all in the brave new NHS world which lies ahead of us!

Lynne Abbess

Joint Chair