PCPF SPEECH 2018

Having heard from John what we've been up to in the past year, it's now my role to try to predict the future!

This time last year we observed that an air of uncertainty prevailed and that too little was being done too late to enable the sector to reconfigure and reinvigorate itself.

Well - the same can hardly be said of this year – as despite the lack of *formal* decisions impacting on the healthcare market, it seems the sector may be reinvigorating itself from within – and there has perhaps been more undercurrent movement in a single year than ever before, which is creating somewhat of a state of flux!

GPs themselves are looking at ways of "refreshing" their means of delivering healthcare, which has included a focus on their organisational structures – and added to this, the impact of technology introduced by organisations such as GP at Hand cannot be ignored; their list has grown from 4,500 patients last October to 33,700 by October of this year! So the appointment of a new Secretary of State who describes himself as having a "thirst for technology" may be no coincidence. It will certainly be interesting to see how this shapes the healthcare world in which we all operate over the next few years – and Yes, it's quite possible that significant technological change with a direct bearing on the delivery of healthcare could occur countrywide within a mere matter of years rather than decades.

And technology is only one of the changes this year as we've also witnessed the steady introduction into the NHS environment of private patients being offered a "concierge" service.

The current state of play is that we find ourselves in a position where we have the traditional established NHS on the one hand coming up against more innovative methods of delivery of healthcare from new modern and privately financed companies on the other hand – and with so many pushes and pullies within the system overall, it's perhaps no wonder that we seem to be operating in a world of polarised extremes.

Let's look at some of them now:

PARTNERSHIPS/PRACTICES

- On the one hand we've seen the publication of the Watson Review which endorses the future of partnerships at the heart of the delivery of primary care;
    - supported by the Secretary of State, the RCGP and the BMA;
    - currently essential to underpin the bulk of the Primary Care Estate, as the system requires the partners/principals to sign up as either owners or leaseholders.
- On the other hand we've seen a reduction in the *number* of practices overall through a combination of:
    - Mergers;
    - Takeovers by Hospital Trusts;
    - Single-handed/small practice GP "retirements";
        - now down to 7,055 practices in England;
        - how long before "partnerships" morph into "corporates" and the perceived benefits of the partnership structure are lost?

PRACTICE SIZES

- On the one hand there's a push to create practices, or working arrangements, with patient list sizes of 30k – 50k;
    - the number of practices with 30k+ patients has increased by over 40% in the last year alone.
- On the other hand there's a growing recognition that continuity of care is lost in patient groups larger than 5k;
    - practices with less than 3k patients score higher in patient satisfaction surveys.

PARTNER POSITIONS

- On the one hand we've seen a *reduction* in the number of partners/partner positions as a result of:
    - GPs individually electing to leave (at the rate of 100 per month) through:
        - retirement;
        - stress;
        - in pursuit of a more flexible lifestyle; and
    - principals' collectively recognising that the reducing practice income can't sustain replacements;

        - locums are earning more per session than partners.
- On the other hand we've seen a call for there to be *more* partner positions created to stimulate and incentivise the new generation of doctors coming forward (and to stop them all rushing off to Australia!)
    - but will young doctors want the commitment and responsibility that comes with this?
    - an earlier pole confirmed only 20% of GPs view a partnership role as the most attractive career option.

GP NUMBERS

- On the one hand we have seen the Government pledge to increase the number of doctors qualifying (*although why is there no corresponding retention plan?*).
- On the other hand we've seen the rampant development of organisations such as GP at Hand, which offer a different form of consultation - which must call into question the requirement for as many face to face consultations with qualified GPs.

THE PRIVATE SECTOR

- On the hand one we've seen the encouragement of the private sector to take up APMS Contracts as a result of:
    - the cut back and phasing out of PMS Agreements; and
    - no new GMS Contracts being awarded.
- On the other hand we've seen private sector companies withdrawing as a result of:
    - their inability to make the books balance on such meagre budgets; or
    - (even worse!) their failure to recognise the need to pull out until it's too late following disaster.
      e.g. Capita and their failure to send out 48k cervical screening letters announced last week.

PHARMACISTS

- On the one hand we've seen:
    - the inclusion of pharmacists within the heart of new primary care centres;
        - improves patient care and reduces GP workload.
- On the other hand we've seen pharmacists moving out of primary care centres as the rents and service charges are more than they can afford.

INTEGRATION

- On the one hand we see a call for more horizontal integration to avoid GPs working in silos.
- On the other hand we see vertical integration as Hospital Trusts take over existing GP Contracts and absorb the partners as salaried employees.

And then there were the announcements about…:

- PFI; and
- Brexit !!

THE SHAPE OF THINGS TO COME?

So how do we see the shape of things to come – and what will the impact be upon the requirement for new primary care premises?

Well - on the face of it, the future remains rosy because what seems clear is that:

- a growing population of patients will continue to require healthcare services which will, it seems, by and large continue to be available under the banner of the NHS and which will be "*free at the point of delivery";*
- over 50% of GPs no longer wish to own – or have any responsibility for – the premises from which they practice;
- new premises will not in the future be delivered through the PFI route.

And whilst there is a growing desire to move towards a more high-tech solution longer term, that isn't going to impact upon the requirement for new premises overnight because:

- Tech-organisations such as GP at Hand only register the young and the fit – not those who are likely to require more extensive care;
- Older patients aren't generally as tech user-friendly anyway and will continue to require the more conventional face to face consultation; and
- Families with young children will always require more face to face support.

THE REQUIREMENT FOR NEW STOCK

There's a recognised need for the ongoing provision of new and improved stock because:

- 1 in 3 GPs say their premises are "not fit for purpose";
- as partners retire, the older less user-friendly stock is being removed from service;
- as practices increase in size there's a need for larger more flexible accommodation;
- there's a recognised view that one larger property accommodating a range of services under one roof provides not only a more efficient, but also a "safer" service;
- this is not only more convenient for patients, but may be more cost effective in terms of professional indemnity costs.

FINANCES

There could and should be the funds to go around:

CAPITAL - there's no shortage of it!

- ETTF;
- ongoing NHS disposals;
    - STPs: awaiting the distribution of £1.6B in capital funds; (although the bids already submitted total £2B+ and the funds have to last until 2021/22);
    - Naylor Review: believes there should be £5.7B available;
- "3PDs".

RECURRENT REVENUE/RENT REIMBURSEMENT:

- savings from closure of small/unfit for purpose units;
- no new Lease Plus payments to fund under LIFT;
- returns on the capital released from the disposals above;
- a new NHS Tax?

Conclusion

So in conclusion – in many ways it appears the primary care market is beginning to shape up and dictate the future, DESPITE the lack of Government policy! And it seems we can expect to see a continuation of the traditional methods of practice, operating

alongside more innovative forms of practice supported by technology. Over a period of time this will inevitably lead to a shift in the tectonic plates as we move towards the *increasing* use of technology which will be embraced by the population as a whole.

But – timing is everything – and the Government needs to recognise that a HUGE number of opportunities are being lost along the way NOW to plan, finance and construct new facilities at a time when the requirement for them is growing and whilst borrowing remains cheap.

The NHS has long been regarded as the Crown Jewels – as the recent Brexit campaign reaffirmed – so, it should be recognised by the Government that it needs to act NOW and, [with Brexit behind us], to get a grip on what is happening – and to work with the stalwart supporters of the system who have demonstrated they have developed a deep and thorough understanding of the industry in which they operate – in other words all of you in this room!

I'm sure that today we will continue to learn of new and exciting ways in which we can all support primary care from our differing perspectives.

And I'd now like to hand over to our Chair for the day - Professor Robert Harris, the CEO of Lakeside Healthcare.