Primary Care Premises Forum

November 2020

Thinking differently…

Conventional wisdom holds that 'necessity is the mother of invention' and there is no doubt that Covid-19 has forced a degree of innovation into public services, particularly primary care.

A MOVE TO DIGITAL?

General Practice has adopted a range of tools to consult with patients in a socially distanced, 'non-contact' manner. E-consultations, video conferencing and telephone triage has proved essential, as a result many voices are calling for the sector to 'think differently' about how primary care facilities are designed and commissioned. The argument is, it seems, that most consultations will happen online or remote from the building. However, recent data[1] shows that only 0.5% of consultations have been by video link and that's during a pandemic. It's also true that most non-internet users in the UK are those aged over 65[2], the same demographic most at risk from Covid-19. Many patient contacts have moved to telephone triage, an approach adopted by many practices prior to the pandemic. However, data shows that nearly half of patient appointments were face to face, that is 7.5m appointments in April alone, at the hight of the lockdown, showing the continued demand for this from patients.

Remote consultations may suit many, but this can result in increased risks from a lack of screening, potential late diagnosis of illness and removes the 'human factor' and continuity of care if patients aren't seen face to face. By video or telephone there is the risk that the other things might not be spotted or less might be divulged by patients. The Nuffield Trust noted that General Practice plays an important role in dealing with wider social issues and where appropriate 'non-medicalising' them[3], something that must not be lost in the switch to digital. Anecdotal evidence also raises concerns around the ability to train a new generation of GPs and health professionals without face to face contact.

Whilst it is inevitable that a shift of care from face to face to remote will be a permanent fixture, and may suit many patients and clinicians, it's clear that face to face consultations and examinations will have a significant role to play in primary care.

SUPPORTING SHIFT OF CARE FROM THE ACUTE SECTOR

Many are also concerned about the backlog of non-Covid referrals currently in secondary care. The BMA has put forward several recommendations[4] each recognising the need for greater collaboration between health care providers. They suggest that 'Community Diagnostic Hubs' should be created for tests and ongoing monitoring, with access to results available across primary and secondary care. They also call for funding for structural changes to be made available as soon as possible, echoing the calls from the Primary care estate[5] sector for ministers to support 'shovel ready' projects. The Richards Report [6] goes further and recommends a rapid roll out of diagnostic hubs outside of a traditional hospital setting and in an accessible location in the community. The acute hospital sector faces major challenges in coping with the additional pressure created from Covid 19 admissions whilst maintaining normal services in a Covid free environment. Never has the need for shifting services into community and primary care been so important.

COLLABORATIVE WORKING IN THE COMMUNITY

Perhaps the innovation we need is better use of IT in the context of greater collaboration. This theme has also been picked up by the NAPC[7] who found that services being in the same building can be 'hugely valuable in fostering collaborative working'.

This collaborative working could take place in primary care settings and would be part of the solution to address the now exceptionally long waiting lists for diagnostics as well as providing a space for outpatient consultations. Through appropriate zoning, access control and separate entrances and exits, primary care buildings can quickly adapt to outbreaks, but further investment is required to build capacity and resilience in both IT solutions and the estate itself. The Primary Care Network model provides a basis for integrated place-based working which can now be accelerated to form a comprehensive out of hospital service provision.

FUTURE ROLE OF PRIMARY CARE BUILDINGS

Technology has a key role to play in the future of healthcare, but rather than relying too heavily on IT solutions alone, we should imagine a future where partners from across the health economy can collaborate in shared spaces, community hubs with access to diagnostic suites, pharmacy, outpatient services, therapies and virtual and physical access to secondary care satellite services.

So, what does this mean for the future of primary care buildings? Well, lasting change will surely occur to the way that services are delivered through migration to remote triage and consulting. Moreover, the pandemic will herald a rapid acceleration of the shift of care out of hospital and into a community setting. Whilst the nature of the activity taking place in a primary care building might change, the health service and population needs high quality, safe and flexible primary care buildings more than ever as we find our way out of the current crisis and move towards a sustainable and effective care model.

---

[1] NHS Digital, *Appointments in General Practice, Weekly Summary* (August-September 2020), England.
[2] Office for National Statistics. *What is the pattern of digital exclusion across the UK?* (2019)
[3] Nuffield Trust, Here to stay? How the NHS will have to learn to live with coronavirus, (May 2020)
[4] BMA *Covid-19*, *Supporting Effective Collaboration between Primary & Secondary Care* (2020)
[5] The Telegraph, *Minister urged to back £5bn in investment in GP Surgeries* (28th June 2020)
[6] Professor Sir Mike Richards, *Diagnostics: Recovery and Renewal* (October 2020)
[7] NAPC, Neighbourhood Integration: How local health & care needs are being met (July 2020)