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Health Gain

- it is estimated that about five years of the 30-year increase in life expectancy in the 20th century can be attributed to the provision of health care (Bunker *et al.*, 1994). The most significant reason for this gain is the diagnosis and treatment of coronary heart disease which contributes one to two years of these additional years of life.

Benefits of a first contact in primary care. (Starfield)

- Higher patient satisfaction with health services
- Lower overall HS expenditure
- Better population health indicators
- Fewer drugs prescribed per head of population
- The higher the number of family physicians the lower the hospitalisation rate.

General Practice
(Roland and Wilson)

We identify three areas in which British general practice performs well, leading both international policy analysts and the public to their favourable conclusions:

Equity

Quality

Efficiency

and three important characteristics that contribute to this success:

Co-ordination

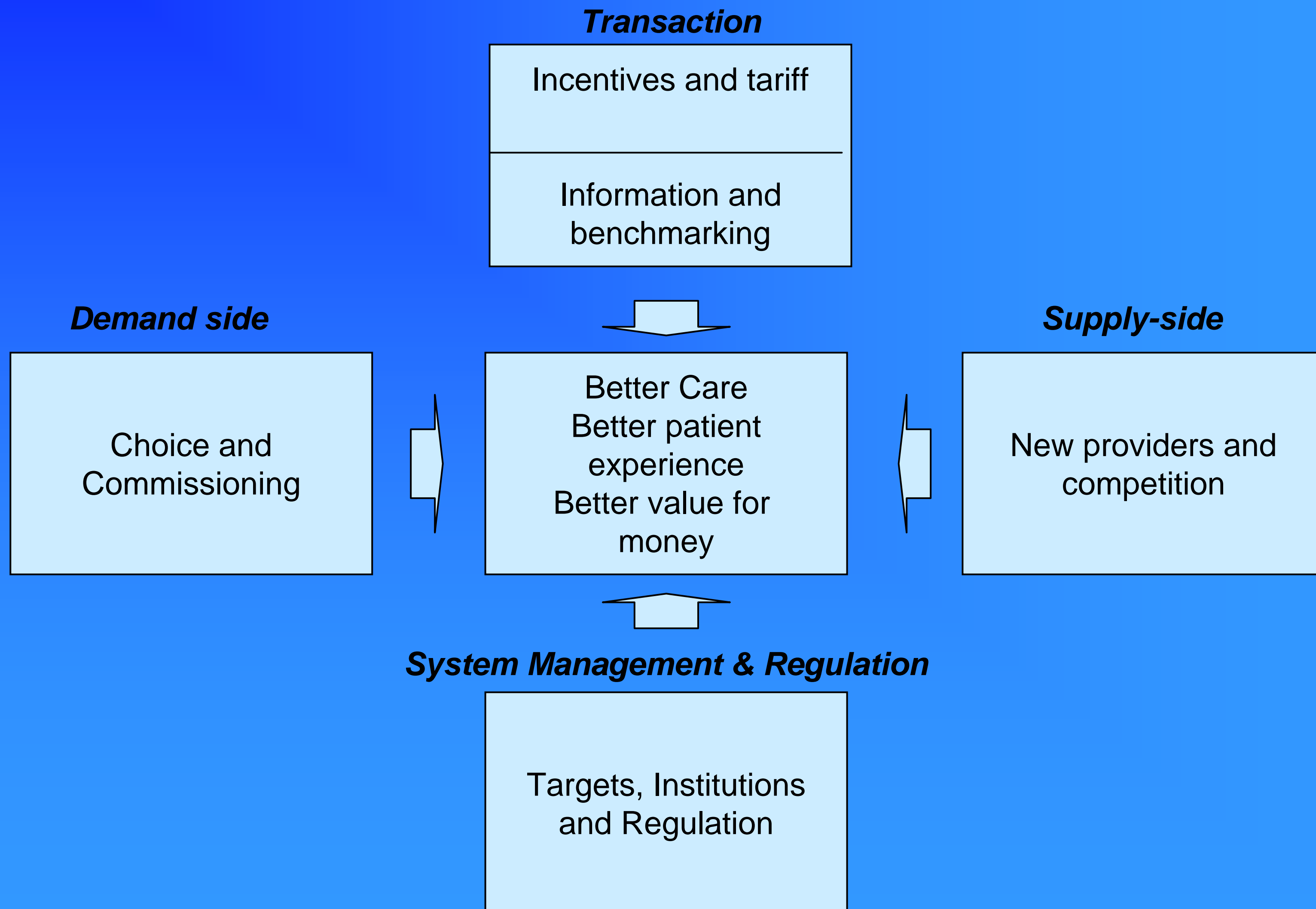
Continuity

Comprehensiveness

Our health, our care ,our say –a new direction for community services (www.tso.co.uk/bookshop)

- Ambition
- Enabling health, independence and well being
- Better access to GP
- Better access to community services
- Support for people with longer term needs
- Care close to home
- Ensuring reforms put people in control
- Making sure change happens

Health reform framework



Commissioning

- …is ‘the process by which …… identify the health needs of the population and make prioritised decisions to secure care to meet those needs within available resources’

Choice

- Choice embraces three key components designed to improve people's overall experience by providing them with more:
- **Power** to shape their pathway through services and keep control over their lives
- **Preferences** to choose how, when, where and what treatments they receive
- **Personalised services** organised around their lifestyles

Public Service Agreement Targets

- I. Access to treatment
- II. Improving the patient experience
- III. Long Term Conditions Management
- IV. Health of the population

Primary Care Reform

- GP contracts
- Quality and Outcomes Framework
- Pharmacists contract
- Nurse leadership (other clinicians)
- Practice Based Commissioning

Objectives of the Contract

- Recruitment and retention
- Incentives for improved quality and outcomes
- Improve equity of resource allocation
- Simplify a very complex pay system

The following principles relating to the QOF were agreed by the negotiators of the new GMS contract:

- Indicators should, where possible, be based on the best available evidence
- The number of indicators for each clinical condition should be kept to the minimum number compatible with an accurate assessment of care
- Data should not be collected purely for audit purposes
- Only data useful in patient care should be collected
- Data should not be collected twice.

QOF(05-06)

- **Results of the second year of the Quality and Outcomes Framework (QOF) indicate that most NHS practices are offering patients a high level of clinical and non-clinical care. Each practice on average achieved 96 per cent of the points available - or 1011 out of a possible 1050. The rewards made under the QOF, part of the new contract for GPs, gives practices incentives for the quality of services they provide. NHS GP practices scored well against a range of checks covering all aspects of care from diagnosis and ongoing management of conditions to record keeping and the overall patient experience.**

The 2006/07 QOF

- **comprises 135 indicators and 1000 points (see http://www.nhsemployers.org/primary/index.cfm to view the full QOF). It is split into four areas or domains: clinical, organisational, patient experience and additional services. There is also a bonus payment: for holistic care, which is a payment based on the achievement in the clinical domain.**
- **The clinical domain is the largest section of the QOF, forming just over half of the QOF's content (80 indicators, 655 points)**
- **nineteen indicator groups: coronary heart disease, heart failiure (formerly left ventricular dysfunction), stroke (including transient ischaemic attacks), hypertension, diabetes, chronic obstructive pulmonary disease, epilepsy, hypothyroidism, cancer, palliative care, mental health, asthma, dementia, depression, chronic kidney disease, atrial fibrillation, obesity, learning disabilities and smoking.**

General Practice and Health Inequalities (Roland)

- Practices in affluent and deprived areas achieving the target of over 80% of eligible women having received a cervical smear. The figure shows not only that overall rates are high and have increased since 1990, but that there has been progressive narrowing of the difference between affluent and deprived districts since 1990 . Similar narrowing in the social gradient for childhood immunisation is seen in this period .

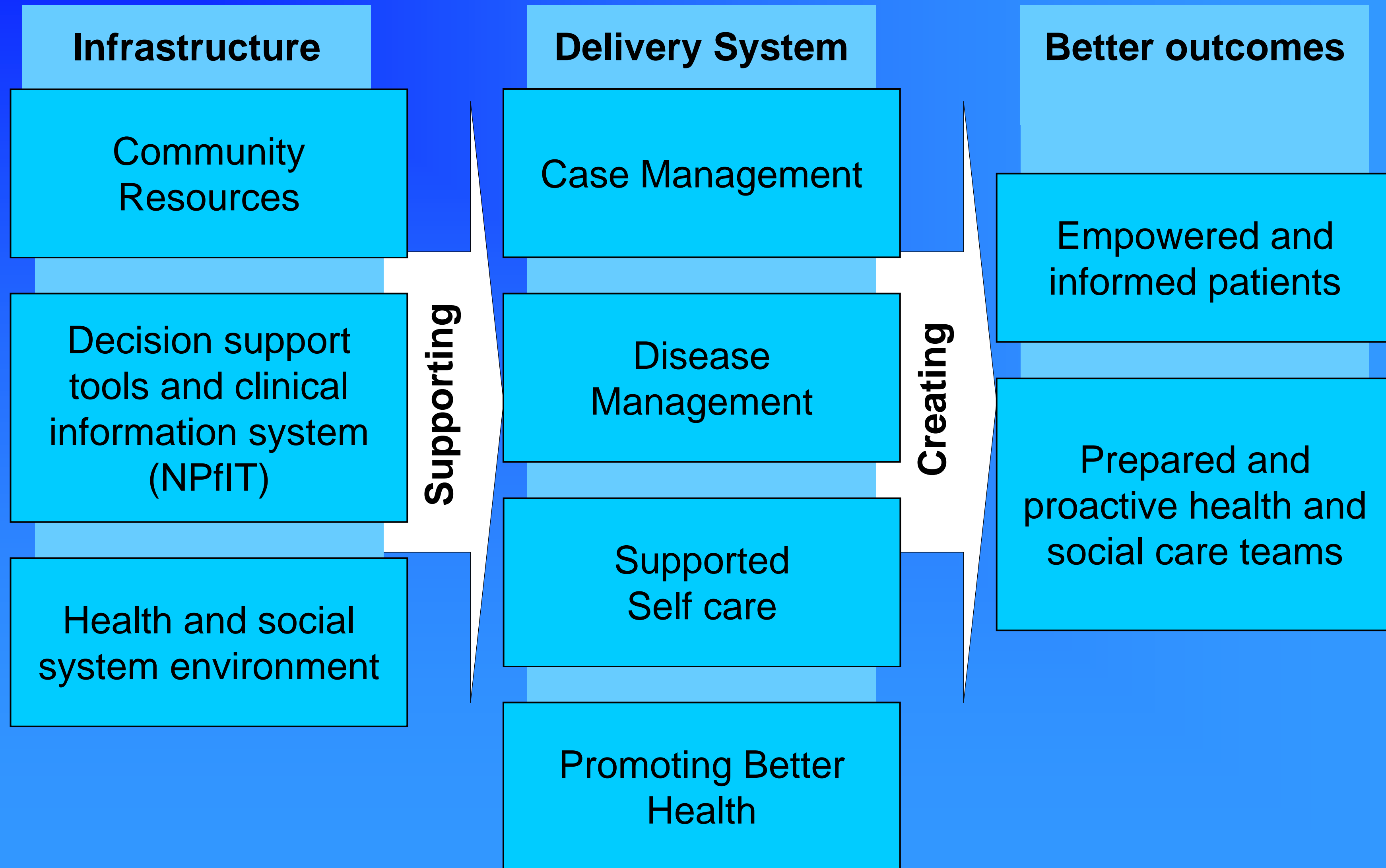
- Early evidence similar in QOF

Why plurality in primary care?

- Solutions to problems
  - recruitment and retention of GPs
  - under-doctored areas
- Address health inequalities
- Stimulate innovation in delivery of primary care

Why PBC(Improvement Foundation)

- Improve services for patients
- Widen choice of providers
- Improve use of resources (reduce deficit!)
- Improve commissioning skills
- Reduce use of emergency care
- Improve clinical engagement
- Ensure ownership of patient use of services


The NHS and Social Care
Long Term Conditions Model
Infrastructure
Community Resources
Decision support tools and clinical information system (NPfIT)
Health and social system environment
Supporting
Delivery System
Case Management
Disease Management
Supported Self care
Promoting Better Health
Creating
Better outcomes
Empowered and informed patients
Prepared and proactive health and social care teams

- Personal health services have a relatively greater impact on severity (including death) than on incidence. As inequities in severity of health problems (including disability, death, and co-morbidity) are even greater than are inequities in incidence of health problems, appropriate health services have a major role to play in reducing inequities in health.

“Medical costs rise to equal the sum of all private insurance and Government subsidy”

Aaron Wildavsky’s
Law of Medical Money

VFM

- Prescribing
- Out-patient care-follow up, new referrals
- Long term conditions management.
- Majority of hospital costs generated by the hospital

What is the Case for Change?

- Improved safety
- Better quality services
- More convenient access
- Better health outcomes

Clinical Case for Change

- Specialist Centres for such as heart attacks and stroke, trauma and emergencies, high-risk maternity care, and specialised children's care.
- Treatment begins in the ambulance.
- Local care (e.g., midwifery for uncomplicated deliveries)

Keeping it Personal

- Build on the best of traditional General Practice
- Primary Health Care more than general practice
- …but registered population and 80% of all NHS clinical consultations
- 90% of care solely undertaken in primary care
- Support for self care
- Long term conditions management
- Care Closer to home
- The practice can link the wider public's health and bio-clinical care