

A vision for the future of primary care

Primary care services are the front door to the NHS – they are the first port of call when we feel unwell and the main coordinator of care when we need ongoing support. When primary care is working well, people feel welcomed, listened to and reassured. Every day we hear about ways in which primary care professionals have made a difference to people living with mental and physical health conditions and disability.

Unfortunately, we also increasingly hear concerns about challenges with access to and experience of primary care. Analysis of NatCen's 2022 British Social Attitudes survey by Nuffield Trust and The King's Fund shows that the British public's satisfaction with GP services and dentistry are both at an all time low – at 35% and 27% respectively.

Too often, conversations on the future of primary care have played out very unhelpfully – with frustrations targeted at hard working GPs, dentists, pharmacists and the wider primary care team. Yet many of the primary care team are working harder than ever.

To take general practice as an example, GP growth has stagnated for many years and fewer doctors are now looking after greater numbers of people. This is often accompanied with increased levels of complexity in the care needed. Whilst members of the public report it is harder to get an appointment, paradoxically appointment levels are seeing record highs.

The current state of play for primary care services is not working – for patients or for the primary care workforce. We find ourselves at a crossroads.

Through insights gathered within our coalition of health and care charities, we have identified nine proposals for the reform of primary care which we believe would make a significant difference for people living with health conditions and disability, and in particular people from groups that experience health inequalities:

1. Revamp access and triage, putting choice, personalisation and equity at the centre

We welcome the commitments set out within the Primary Care Recovery Plan to tackle the 8am rush and reduce the number of people struggling to contact their practice. People must be given meaningful choices about how and when they access primary care. This can be achieved by investing in, expanding and empowering the front-of-house team and by investing in improved website and telephone system models which are person centred and developed in close conversation with those accessing healthcare services. If people feel better listened to and communicated with, this will improve experience of primary care. This requires a shift in the role and perception of the front-of-house team as one which gatekeeps primary care to one which connects people to the right care, at a time and in a way that works for them.

2. Modernise and revamp communications, putting choice, personalisation and equity at the heart

We believe that primary care services should communicate with people in a way that suits them and that everyone should be able to choose how, where and when they receive communications. This includes Deaf people, people with hearing loss, people who have low or no literacy, people who cannot or prefer not to use digital tools, people without a fixed address, people who do not speak English fluently, people with carers and more. This would require investment in improved systems to record and respond to communication needs, better training and support for staff around this, improved awareness within the public about their rights to inclusive communication, as well as stronger accountability where communication needs are not met.

3. Make support for people with multiple long term conditions more joined up within primary care

We welcome the commitments within the Primary Care Recovery Plan to improve the primary-secondary interface, and to invest in care navigation training to help teams to direct patients to the right person. People with multiple long term conditions should feel like their care is easy to navigate, personalised and joined up. This can also be achieved by embedding holistic approaches to reviews of long term conditions, ensuring clinical pathways don't take siloed approaches and more. This would ensure that people (and their carers) are able to access the right treatment in a timely manner, making care less time consuming and easier to navigate.

4. Develop clearer standardised processes for diagnosis of health conditions

Many people experience significant challenges in having conditions diagnosed and treated because of the absence of standardised pathways. While taking into account the holistic needs of each person is important, developing standardised pathways which enable individuals to make informed decisions about their treatments and know what to expect could make diagnosis quicker and easier to navigate for patients and professionals alike. Where possible, this could include signposting to condition-specific charities who are likely to be able to provide ongoing support.

5. Make it easier for people to book longer appointments in General Practice

We often hear that people find it difficult to cover all the things they need within a 10-minute appointment with a GP, or are advised there is a "one appointment, one problem" rule. GPs are concerned too – 68% say they don't have enough time to adequately assess and treat patients during appointments. If it were easier to book longer appointments with

the right professionals, it would save people multiple visits to GPs, and make organising appointments less burdensome on both people who use primary care and reception teams.

6. Better equip primary care professionals to meet people's needs in holistic ways

To meet people's health and care needs, primary care services need to support people in a way that recognises and responds to their social and emotional needs in upstream and preventative ways. While investment to date in link workers, care co-ordinators and health and wellbeing coaches through the Additional Roles Reimbursement Scheme is welcome, greater investment in signposting, enhanced social prescribing, peer support, outreach and more is needed across the whole primary care team. Primary care services will need to move away from transactional models to models which focus on building trust and community connection, supporting people to repair their lives and regain the ability to live well. Voluntary sector organisations regularly hear that people are being socially prescribed or signposted to services which do not have the resource to respond to the level of need. This requires investment – in services, but also in up-to-date systems, making it easier for staff and GPs to see what support is available to people in their local neighbourhood.

7. Tackle the inverse care law for GPs and dentists in areas of socioeconomic inequality

GP practices in areas of higher socioeconomic inequality are relatively underfunded, under-doctored, and perform less well on a range of quality indicators compared with practices in wealthier areas. These areas are also more likely to have shortages in NHS dentists than their counterparts. Resources need to be distributed in proportion to the level of need – bringing an end to the postcode lottery. Taking learning from the Deep End GPs movement and Core20Plus5, GPs and dentists should work with partners – such as voluntary sector organisations and community pharmacists – who have improved reach amongst communities experiencing socioeconomic inequality and deliver services in ways which recognise the way that poverty and inequality impacts upon health.

8. Bring an end to wrongfully refused registrations in GPs and dentists

Significant barriers to GP and dentist registration remain for some groups, who are often refused registration both against NHS England guidance and the law. A mystery shopping exercise in July 2021 found that 74 out of 100 GP surgeries broke NHS England guidance and refused to register an individual from a Romany background because they were unable to provide proof of identity, were unable to provide proof of fixed address, unable to register online or for another reason. Similar issues exist for people experiencing homelessness, asylum seekers and refugees. Bringing an end to wrongfully refused registration would reduce health inequalities and help to rebuild trust with underserved communities.

9. Work in partnership with people, communities and voluntary sector organisations for everyone's benefit

By thinking about people and communities as a whole, working in partnership with people and communities in a preventative way and by recognising the assets and potential that already exist within communities, it is possible to tackle longstanding health inequalities. This can be achieved by strengthening mechanisms and levers for listening to users of primary care – particularly those who are not well served. This should include sharing insights from patients using a whole system approach, for example, community pharmacy teams or social care providers highlighting issues where people have been unable to access primary care services. When done well, this would involve closer partnership with the voluntary sector who can provide expertise and support to complement what the primary care team can provide.

We, the undersigned, believe that these proposals would make a significant difference to people living with mental and physical health conditions and disability. Underpinning these reforms, it will be critical to ensure primary care services are adequately funded and that the primary care workforce is supported to expand in response to the level of need for primary care services.

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References

The King's Fund (2023). *Public satisfaction with the NHS and social care in 2022: Results from the British Social Attitudes survey*. Available at:

<https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-and-social-care-2022>

BMA (2023). *Pressures in general practice data analysis*. Available at:

<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>

NHS England (2023). *Delivery plan for recovering access to primary care*. Available at:

<https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

Royal College of General Practitioners (2019). *Fit for the Future: A new plan for GPs and their patients*. Available at: <https://www.rcgp.org.uk/getmedia/1aeaa016-9167-4765-9093-54a8ee8ae188/RCGP-Fit-for-the-Future-A-New-plan-for-General-Practice.pdf>

The Health Foundation (2022). *Tackling the inverse care law: Analysis of policies to improve general practice in deprived areas since 1990*. Available at:

<https://www.health.org.uk/publications/reports/tackling-the-inverse-care-law>

Local Government Association (2022). *NHS "dental deserts" persist in rural and deprived communities – LGA analysis*. Available at: <https://www.local.gov.uk/about/news/nhs-dental-deserts-persist-rural-and-deprived-communities-lga-analysis>

Friends, Families & Travellers (2021). *Locked out: A snapshot of access to General Practice for nomadic communities during the COVID-19 pandemic*. Available at: <https://www.gypsy-traveller.org/wp-content/uploads/2021/07/Locked-out-A-snapshot-of-access-to-General-Practice-for-nomadic-communities-during-the-COVID-19-pandemic.pdf>

Doctors of the World (2019). *Registration Refused: A study on access to GP registration in England*. Available at: <https://www.doctorsoftheworld.org.uk/wp-content/uploads/2019/08/Registration-Refused-final.pdf>