All change for general practice?

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Novelty, transience, diversity, and acceleration are what modern society is about. We travel more and faster; we relocate more frequently to new residences, which are built and torn down more quickly; we contact more people and have shorter relationships with them; we are faced with an array of choices among styles and products which were unheard of the previous year and may well be obsolete or forgotten by the next
Increase in scale of general practice

Challenges to the medical model

Greater focus on social determinants of health

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Increase in scale of general practice
General practice may be able to do a better and more sustainable job for patients, communities and health systems if it operates at larger scale
OVERALL HEALTHCARE RANKING
Including quality of care, access, efficiency and equity and other indicators like infant mortality rates

1. UK
2. SWITZERLAND
3. SWEDEN
4. AUSTRALIA
5. GERMANY
6. HOLLAND
7. N.Z.
8. NORWAY
9. FRANCE
10. CANADA
11. U.S.A.

Commonwealth Fund, 2015
GP models

- Practice merger
- Practice networks
- Super-practices
- Corporate Groups
- Community provider partnerships
- Hospital provider partnerships
New models of general practice might:

1. Attract a new generation of staff
2. Encourage investment in buildings
3. Allow efficiencies in back-office functions
4. Encourage development of special interests
5. Support development of improvement infrastructure
6. Support a stronger community/population perspective
Wanted: GPs and nurses to save NHS

i investigation reveals looming staff crisis as recruitment struggles to keep pace with retirement

Local blueprints for future of NHS show scant planning despite GP numbers heading for 'cliff edge'

'Care navigators', new nursing associates and pharmacists expected to pick up workload

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An impending crisis.....

% of single handed practices

% of GPs over the age of 55 years

Relatively unchallenged

Relatively challenged
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Damage personal care

Have a negative impact on trust

Reduce personal commitment

Encourage corporate takeovers

Reduce recruitment and retention of staff

Damage GP’s contribution to the wider health system

.... but at-scale models might also:
Challenges to the medical model
General practitioners need to lead a process of de-medicalisation of healthcare.
1 in 3 adults are at risk for type 2 diabetes & most don’t know it.
‘Medicine used to be simple, ineffective and relatively safe. It is now complex, effective and potentially dangerous’

Sir Cyril Chantler, BMJ, 1998
Health is the capacity to deal with the human reality of death, pain and sickness.

The major threat to health in the world is modern medicine

Ivan Illich, 1974
‘When I’m sick I want to be cared for by doctors who everyday doubt the value and wisdom of what they do’

Richard Smith, BMJ, 2003
Over-diagnosis Group
Projected potential growth in health care spending by 2040

Source: Kibasi et al (2012)
Addressing the social determinants of health
General practitioners may have a greater impact on the health of their patients and communities if they focus less on the medical and more the social determinants of health.
70% of an individual’s health is determined by social factors
QOF has not had much impact

Roland et al., 2014
‘A sense of well-ness is dependent on the world being perceived to be comprehensible, manageable and meaningful’

Sir Harry Burns
The CARE Plus study – a whole-system intervention to improve quality of life of primary care patients with multimorbidity in areas of high socioeconomic deprivation: exploratory cluster randomised controlled trial and cost-utility analysis

Stewart W. Mercer¹, Bridie Fitzpatrick¹, Bruce Guthrie², Elisabeth Fenwick³, Eleanor Grieve³, Kenny Lawson³, Nicki Boyer³, Alex McConnachie⁴, Suzanne M. Lloyd⁴, Rosaleen O’Brien⁵, Graham C. M. Watt¹ and Sally Wyke⁶

Abstract

Background: Multimorbidity is common in deprived communities and reduces quality of life. Our aim was to evaluate a whole-system primary care-based complex intervention, called CARE Plus, to improve quality of life in multimorbid patients living in areas of very high deprivation.
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