Taking Primary Care Seriously:
Interviewing Dr Steve Laitner on the next few years in primary care

In the last 20 years the NHS has seen standards leap forward with investment and productivity improvements. However, despite the rhetoric, primary care has not been the focus of investment until recently. As is often true it is not what people say that matters, but where they spend their money. That is changing in the Long-term plan with large increases in primary care funding underway that is being distributed for new 'additional roles.' Embedded in a 'manifesto commitment' there is funding for 26,000 new staff, of which only 9,000 have so far been appointed. This investment is happening at the PCN-level, and some may call this disruptive innovation. Over the next two years funding ramps up and we explore this in an interview with Dr Steve Laitner who has been a practicing GP and population health management advocate for around 25 years:

Q: Steve, how are the current pressures in primary care, given we are moving to managing covid as an endemic disease now?

It's busy!
Acute Covid, Long Covid, other respiratory infections, health anxiety like I've never seen before, mental health problems, social problems, hospital backlog, primary care pent up demand. People are ill, sad, scared and sometimes angry. It's hard!

Q: What changes have you seen to the primary care workforce in your career and what can you foresee in the next few years?

When most GPs trained there were small intimate teams in each practice. Most of the time you were on your own with a patient behind a shut door. It was you seeing the patient or a practice nurse. It was quite a shock after team-based hospital care. My wife (non-medical) remarked how lonely a role it appeared. Now the move to GP-led rather than GP-delivered care mirrors the challenge hospital teams have faced in introducing wider skill-mix into teams. How are they trained, supervised, shared, rostered? What patients do they work with, and for what impact? We are only a third through this growth in additional roles so the urgency of finding answers is growing. Most of the 9,000 appointments have been from established functions such as pharmacists and physiotherapists. Other roles are unfamiliar, but this is where work by the Personalised Care Institute in standardising, professionalising, and promoting the patient-centred approach, is proving critical. Amongst these new roles are that of the health coach and social prescriber where there is growing evidence of effectiveness.

Q: How well do we understand primary care? How should we scale the wider team? How does primary care become more proactive?

Capacity in primary care is poorly counted, and even less well understood. Nurse, therapist, doctor-led, same-day or planned, all are often bundled together obscuring understanding and improvements. Years of focus on secondary care has allowed much greater understanding and visibility of processes, understanding of unwarranted variation, and has seen step changes in productivity. Planning capacity according to demand, understanding 'As-is' and 'To-be' processes, using appropriate team skill-mix, have all become standard tools. Of course, there are trailblazers in primary care, innovating at the edges, but most GPs have not yet approached care systematically in this way. GP practices struggle to take onboard improvement work in this manner due to their small scale, most of their time firefighting without a transformation or data team, and naturally focussed on today's work. Now with the NHS' Long-term Plan investing 25% increases per year for additional roles, we need more structure and understanding of capacity and demand afresh.

Q: What are the case-finding challenges in Primary Care, particularly as we move to more proactive services?

Traditional care models support those in the "waiting room," virtual or otherwise. However, analysis of primary care data shows most practices only see 50% of their list in any given year, with many more females than males. What unmet needs are in those unseen? These patients can very quickly become high-intensity users across the system with sub-optimal outcomes. Then, of those that do attend primary care in a given year, there are 5% who consume over 33% of all appointments! But importantly this 5% is not a stable group and recent analysis shows 60-70% of these patients are transient and only use many appointments for 12 months. Between these two cohorts: (i) those not currently seeking (ii) the 5% who are occupy so much capacity but can be transient; it is clear to us that more research into predicting these trends could improve the personalisation of care, improve outcomes, and would have the opportunity to proactively mitigate considerable future demand thereby improving the working lives of those in general practice, increasing recruitment and retention.

Q: There is a new DES specification for 'Anticipatory Care' being developed for this autumn. How can GPs and PCNs take this onboard alongside the current pressures?

We are already seeing, as we live with endemic Covid, complex, multi-morbid patients causing considerable workload pressures in primary care. So, what approaches could help:

i. We must look a new at creating capacity, using the new funded roles creatively, especially the clinical pharmacist, care coordinator, social prescribing link worker and health coach. The Complex-Care Dream Team (CCDT) perhaps!?
ii. We must also use predictive techniques to find those with rising needs, met or unmet, for the wider team to support
iii. We must use effective personalised models of care supported by a GP-led team particularly looking at the whole person, their motivations and coaching them to much greater self-management.

If we are to deliver impactful "Anticipatory Care" that supports better outcomes and makes workload more manageable this is a priority for today.

Notes:

1. HN is a healthcare company that delivers AI guided case-finding, remote monitoring, clinical coaching and virtual ward solutions to the NHS. www.hn-company.co.uk

2. Dr Steve Laitner is a GP and population health expert, he tweets at www.twitter.com/stevelaitner