

## **Alistair Burt, Minister of State for Community and Social Care Statement – HSC Inquiry on Primary Care**

Let me start by welcoming the work of this Committee. I think your Inquiry is timely and I've been struck by the range and thoughtful nature of the evidence you have received so far. I have a strong personal commitment to general practice, and its history and development, and a determination to see it at the heart of the NHS.

I think it's worth reflecting on the key factors affecting the environment within which general practice works – and the challenges and opportunities these present.

These include:

- an ageing population, with increasing numbers of people living with multiple health conditions;
- higher public expectations, linked in part to the changing role of digital technology;
- a very constrained financial position over the past five years, but also with general practice seeing a steady decline in its share of the overall NHS budget – albeit after rapid growth in resources after the 2004 GP contract;
- a change in the structure of practice including a struggle to maintain partners, a growing proportion of salaried GPs, a growing number of GPs wanting to work part-time (not just women, but men), and a rise in portfolio careers.

All of these have profound implications for how general practice works – for the clinical model, for the business model, and for the career model. And we are already seeing how the profession is rising to these challenges:

- practices increasingly coming together in federations or networks, building on all the traditional strengths of general practice, but working at greater scale to improve efficiency, to spread innovation, and to offer a range of services that they struggle to do individually;
- a strong push towards greater integration with community health services, with mental health services, with social care, and with some specialist services – as exemplified by the new models of care being tested by vanguard sites up and down the country as part of the NHS Five Year Forward View;
- increasing use of the wider primary care team, including nurses and pharmacists

The Government supports the vision of primary care set out in the Five Year Forward View – the NHS's own plan for the future of the health service up to 2020. A radical upgrade in prevention and public health. Much more sustained efforts to support patients and carers in managing their own health and care. And breaking down the boundaries between primary care and hospitals, between physical and mental health, between health and social care.

General practice is the bedrock of the NHS – and is at the heart of this vision. This reflects:

- its key role in providing continuity of care, especially of importance to people with long term health conditions
- the importance of expert generalists – doctors and wider practice teams who look at the whole person, including their medical, social and psychological needs, in the round
- the fact that general practice is rooted in local communities
- and its key role in public health, for instance in immunisation and screening programmes.

The Five Year Forward View speaks to general practice in two main ways.

First, it has provided the basis for a major programme to develop, test and then roll out new integrated models of care, all built around general practice. This is exemplified by the multispecialty community provider sites, which are bringing together GPs, community nurses, mental health services and in some cases social care, to provide more joined-up, proactive care in local communities, helping people stay healthy and reducing avoidable pressures on hospitals. And by other areas that are bringing together GPs, community services and hospitals into a fully integrated local health service.

Second, it announced immediate action to help stabilise general practice and provide a more secure foundation on which these innovations can take place:

- a 10-point plan developed with Health Education England and with the RCGP and BMA to recruit more doctors into GP training, to retain more of the current workforce, to encourage more GPs back into practice, and to expand the wider primary care workforce
- a commitment to reverse general practice's declining share of NHS resources, now further reflected in the allocations that NHS England announced before Christmas, with primary care and mental health being the two key areas to receive above average growth in funding
- and a range of actions to help reduce avoidable pressures on general practice and to free up GP time.

These changes also provide the opportunity to achieve our manifesto commitment of improving patient access – everyone to have a named GP with overall responsibility for their care, guaranteed same-day appointments for all over-75s who need them, and routine access to evening and weekend appointments.

The great majority of patients report good or very good overall satisfaction with GP services, but there has been a steady decline since the GP patient survey began in 2007 in people's experience of access. And there is increasing evidence that one of the main factors driving

this reduction in satisfaction is opening hours. For many working people, it simply isn't reasonable to realistic to say that the only way to see or speak to a GP is to ring at 8.00 on a weekday morning and hope for a same-day appointment.

Let me also say, though, that the commitment to seven-day services has been misinterpreted in some places. We have never suggested that every GP practice should have to open seven days a week, still less that every GP should have to work on a seven-day basis. Thanks to the Prime Minister's GP Access Fund, we have seen how groups of practices can work together to offer their patients a range of appointments at evenings and weekends. They are also offering patients a much wider and more flexible range of options for accessing services, for example much greater use of telephone or email consultations. Not only increasing speed and convenience of access, but also helping to reduce pressures on GPs and other practice staff – and free up more time to devote to people with more complex needs.

To support both better access and closer integration, the Prime Minister announced last year that there will be a new voluntary contract, enabling groups of GP practices to come together with community nurses and other health and care professionals to offer a more joined-up service for their patients. And reducing some of the bureaucracy associated with the 2004 GP contract by focusing on outcomes rather than box-ticking.

Since my appointment last May, I have spent considerable time visiting and talking to GPs and other health professionals. I have been struck by the many GPs who tell me they want to get back to what brought them into general practice – a sense of professional pride, the privilege of caring for patients throughout their lives.

But there is a binary divide, I have also observed that although there are many practices who are embracing innovation, staffed by those whose confidence and enthusiasm is high, there are a number of practices who - often for very understandable reasons - are struggling. They cannot recruit, or they do not have adequate premises, for example, and a feeling amongst GPs that they are on a treadmill from which they cannot escape. Both sets of attitudes are very real, but I do feel the former can assist in overcoming the concerns of the latter.

That is why we and NHS England are taking major steps to support general practice:

- a joint commitment to increase investment: at least 4-5% growth each year for the next five years, and that's before taking into account further potential shifts of funding from hospitals as CCGs reduce growth in hospital demand
- new measures to tackle bureaucracy in general practice, so that GPs have more time to spend with patients, including simple steps like stopping hospitals from referring patients back to their GP if they miss an outpatient appointment;
- with the help of the 10-point plan agreed with the RCGP and BMA, ensuring that we have 5,000 more doctors working in general practice by 2020 and expanding the wider primary care workforce – for instance through the programme currently under way to bring over 400 clinical pharmacists into general practice

- and support for innovation - we hope to announce shortly our plans with NHS England for rolling out the new models of enhanced access successfully developed and tested in the GP Access Fund sites.

On top of this, the new NHS planning guidance, published just before Christmas, makes it one of the nine “must dos” for 2016/17 that every local health economy develops and implements a local plan to address the sustainability and quality of general practice, including workforce and workload issues.

The Department’s commitment is to support and encourage the very best of general practice, so that it retains and strengthens its position at the heart of the NHS, driving and adapting to change in the same manner as the population it serves.