

# Looking at Primary Care from an Acute Sector Perspective

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## New ways of service delivery must better meet the needs and aspirations of public and patients

- Quick access to reliable health advice
- Specialist advice and care close to home
- Involvement in decisions and respect for preferences
- Comprehensible, clear information
- Support for self-care
- Attention to physical and environmental needs
- Empathy, respect and emotional support
- Involvement of, and support for, family and carers
- Continuity of care and smooth transitions
- Effective treatment delivered by trusted professionals

*Evidence from* {

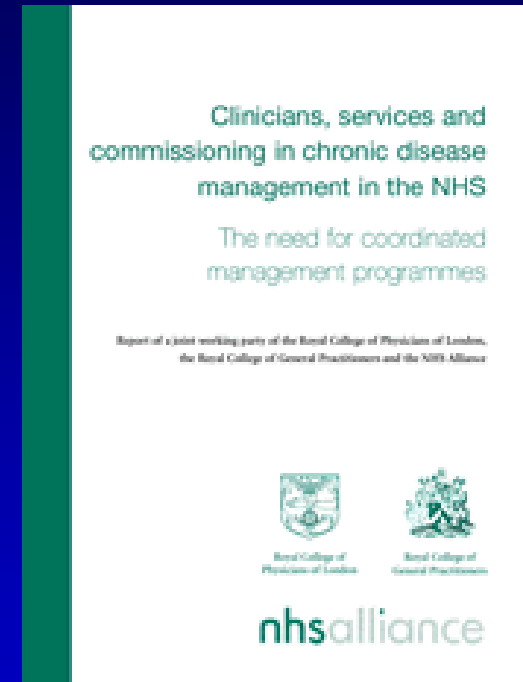
- *'Our Health, Our Care, Our Say'*
- *Angela Coulter Picker - Institute 2005*
- *RCP Patient and Carer Network*

# RCP – RCGP Collaboration

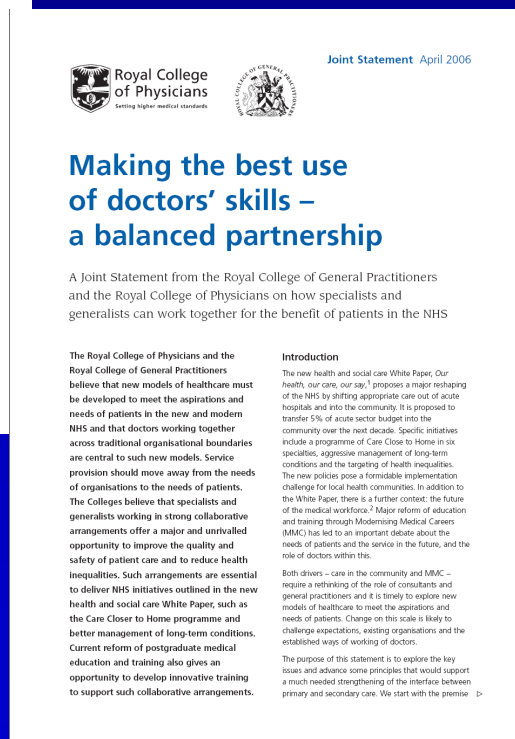
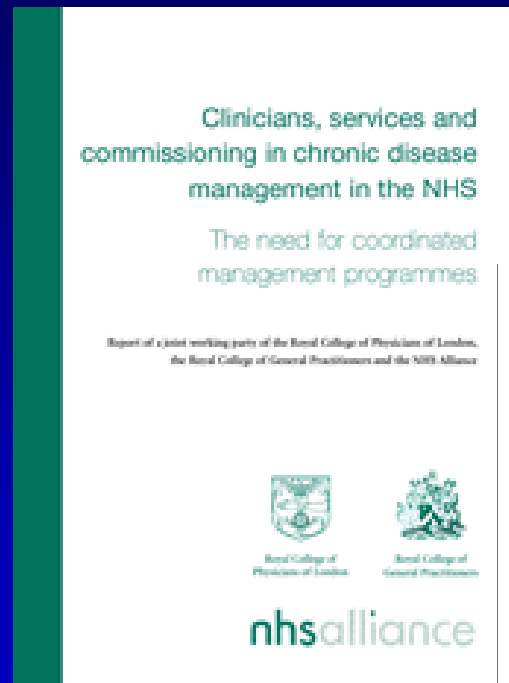
Statement from the President of the Royal College of Physicians of London, the Chair of the Royal College of General Practitioners, and the Chair of the NHS Alliance

As the population ages, healthcare will focus increasingly on the management of long-term conditions. Optimal care will require new models of service provision, championed by clinicians, in partnership with patients. The joint re-engagement of both primary and secondary care clinicians in the commissioning process is fundamental to making progress. This report addresses these issues.

*June 2004*



# Collaborative working : RCP with NHS Alliance and RCGP



Except where care demands the facilities and expertise that can only be brought together in the hospital setting, the need for specialty advice and care should be met as locally as possible

2004-2006

# Collaboration

*'The heart of the NHS, and the heart of the new, diverse NHS will always be collaboration between professionals around the needs of the patient'*

*Patricia Hewitt 2006*

*"The Colleges believe that specialists and generalists working in strong collaborative arrangements offer a major and unrivalled opportunity to improve patient care."*

*RCP & RCGP 2006*

# Long Term Conditions

It is estimated that 17 million adults live with one or more chronic, long term conditions.

## Long Term Conditions

### Are about:

- Patient choice and empowerment
- Care in the community
- Pathways of care
- Blurring of professional boundaries
- Commissioning
- Effective use of non-medical colleagues

# There is evidence that long term conditions

## Can be better managed by:

- Increasing support for self care
- Strengthening usual primary care
- Offering responsive specialist care
- Managing vulnerable cases by anticipating their needs

## Such actions

- Improve the quality and safety of care
- Enhance patient autonomy and independence
- Reduce health inequalities
- Minimise the need for admission

# Acute Care and Primary Care

- Explicit and effective acute care plans to avoid unscheduled hospital admissions are needed
- Services could include:
  - Traditional general practices
  - Primary care “out of hours” centres
  - Community acute care teams
  - ‘Walk in’ centres

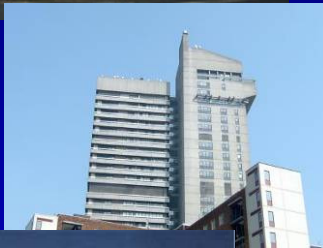
These services should be an integral part of the emergency care network and should operate within an agreed framework of acute care plans for specific conditions.

# Dismantling of Barriers

- In the past organisational and perceptual barriers separated primary and secondary care
- They have outlived their usefulness
- These terms are becoming blurred and there is the opportunity to bring together primary and secondary care in ways that have not been possible since the NHS began

# Models of Care Philosophy

A shift in attention from  
NHS institutions,  
hospitals and  
organisations towards  
the people whose needs  
it is there to serve.





# Reorganisation of Acute Services

## A general theme

- Hospitals need to reconfigure services to provide more efficient patient access to acute care wherever they need it, whether that need arises from the community or within the hospital

### It requires:

- Rapid access to senior decision makers
- Nationally standardised approach to the assessment , documentation and management of acute medical illness
- Audit and quality control

# Different levels of emergency and urgent care required

- Major trauma and life-threatening illness
- Acute medical care
- Acute service pathways for specific illnesses, e.g. stroke and MI
- Acute surgical services
- Acute paediatric services
- Access to simple and/or sophisticated diagnostic support
- Access to out of hours primary care for people with acute illness in community settings.

# Integrating Care

- Coherence and integration of services do not come through diktat nor do they emerge out of organisational constructs from above downwards
- They emerge and sprout from clinical practice – from the values and culture – the professionalism that is the foundation of good practice

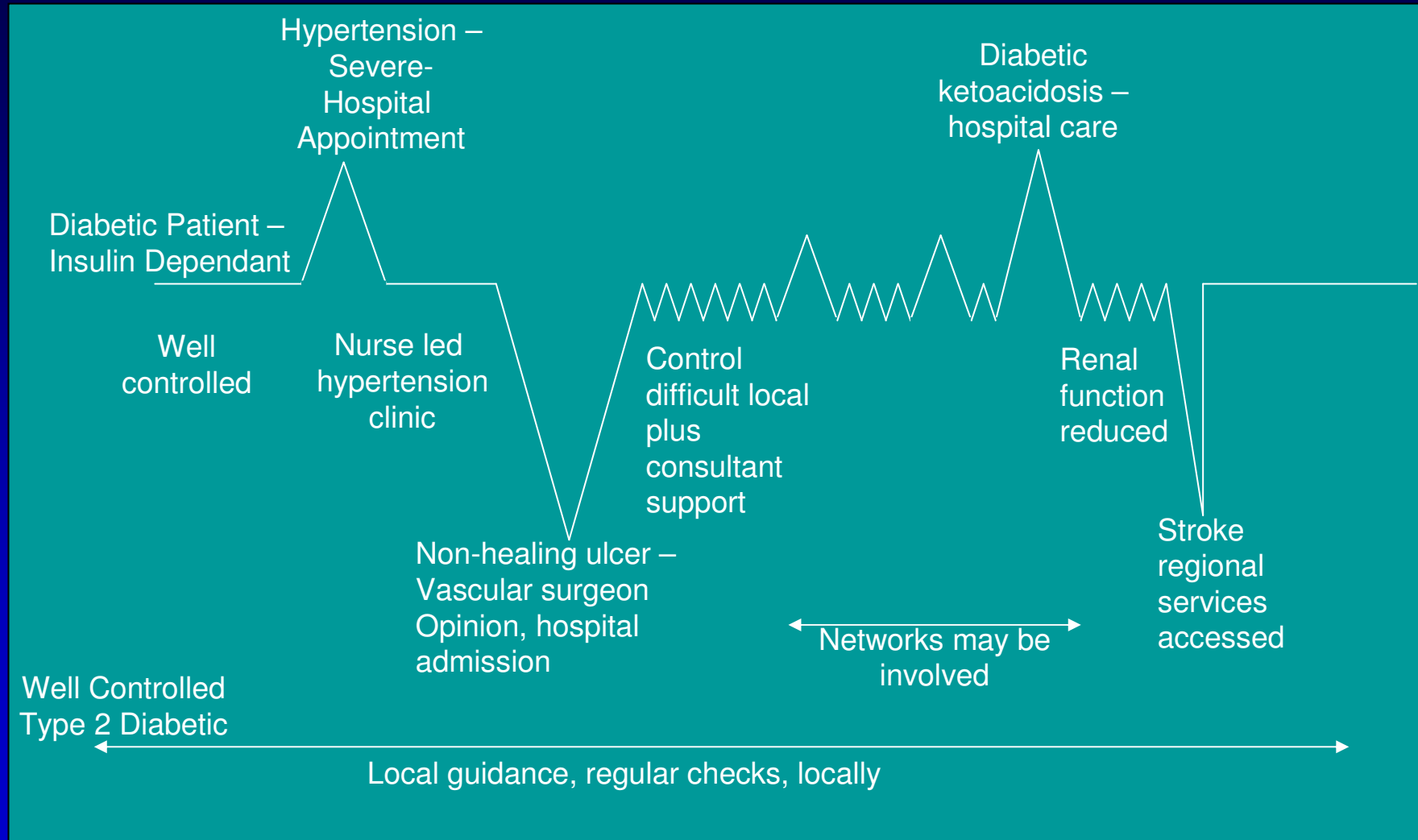
# Integrating Care

- Such changes are not merely shifts in the place of work; they require new ways of working – new partnerships between generalists and specialists that best meet the needs and proper expectations of patients
- Requires Skillmix and well functioning teams
- Require new organisations and supportive infrastructures to be tested and evaluated in the NHS e.g. demonstration sites in care closer to home.

# Pathways and Networks

- Major parts of clinical care are provided through pathways; pathways that should be shaped and responsive to the needs of each patient.
- The journey marked by those pathways traverse networks from which all the elements of care can be drawn.

# Pathways



# Collaboration in Diabetes

- Taking specialists out of the hospital has made a major difference
- Patients find us more approachable and because they are not going to hospital they see coping with diabetes as an exercise in staying well, not being ill
- Primary care staff are happy to be trained by us and use our experience
- Simply by coming outside the hospital we've removed a major barrier to team working.

Dr John Dean, Bolton

# What are the Barriers

They are:

- Cultural
- Professional
- Financial
- Managerial



# Challenges for “Hospital based” Specialities

- Shift of work into 1° or “intermediate” care
- Reduction in inpatient beds/cover
- Consultant shortages
- Alternative practitioners
- Training issues
- Maintaining a strong academic base
- Maintaining standards
- Funding new drugs and technologies

# Training

This shift in organisation and practice must be matched and assured by modern education and training. General practitioners and specialists must be prepared for their respective roles in long-term care, and acute care, alongside other healthcare professionals both in the hospital setting and the community, often across both.

# Working Party on Medical Professionalism RCPL 2006

- I think the most important thing that any of us can do is to make sure that the fragmentation ends ... where there is common ground we should be speaking with one voice.

*Sir Graeme Catto (18 March 2005)*

- The message I have heard ... is that to be legitimate you have to come with solutions and take a leadership responsibility in shaping rather than just telling us why things are bad.

*Professor Julian Le Grand (11 March 2005)*