

PRIMARY CARE MANAGERS' CONFERENCE

Thursday 12th September @
The Grand Hotel, Torquay

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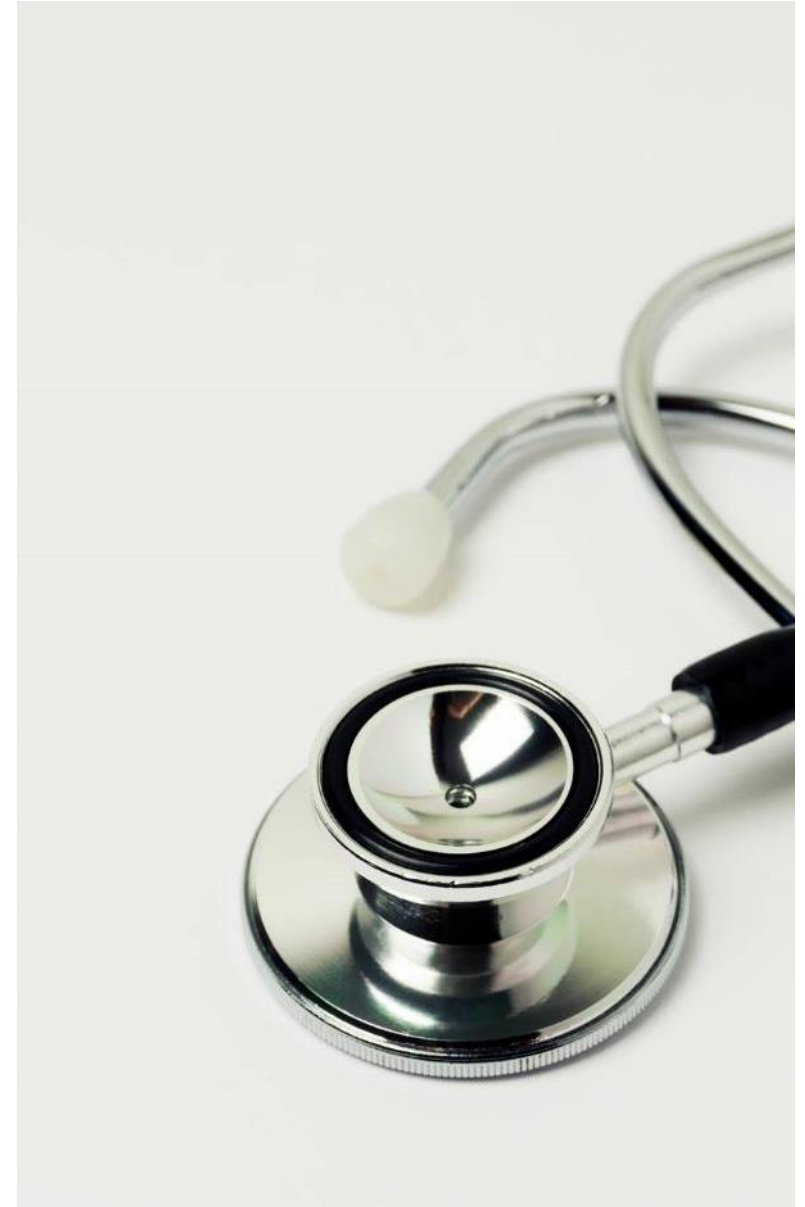
THE STATE OF GENERAL PRACTICE



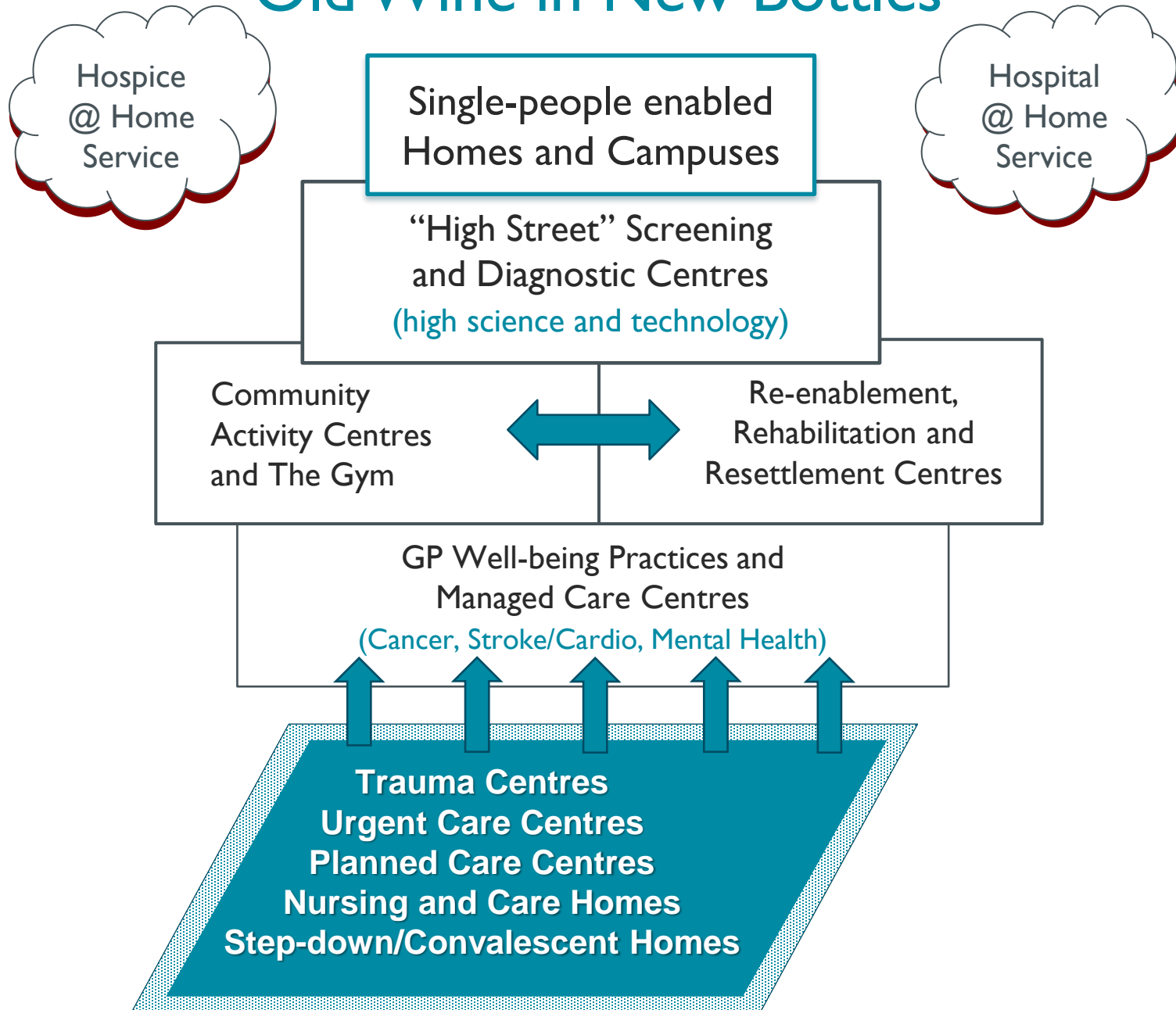
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OUR CONSIDERATION

- What's required from General Practice?
- Workforce issues and changes.
- Business model issues and changes.
- Therapeutic and diagnostic and changes.
- Investments to support change.



Old Wine in New Bottles



**NEW
SERVICE
DESIGN
PRINCIPLES**

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PRESSURES ON GENERAL PRACTICES

- Post-pandemic exhausted staff who want more quality in their lives.
- Increasing numbers of patients and complexity.
- Increasing expectations, impatience and frustration in public attitudes.
- Increasing financial and operational pressures in running a small business.
- Increasing expectation on practices to introduce new staffing models, new technologies and new therapeutics while keeping everyone happy.



DEVELOPING GP PRACTICES IN THE FUTURE

Medium Enterprise Model

- 6-12 Partners working in a large practice/community resource centre.
- Functionally differentiated and developed business and clinical support infrastructure.
- Balance of directly employed and sub-contracted staff to support wide range of services.

Small Business Model

- 1-2 Partners working in a traditional GP practice.
- Networked back office functions to achieve some economies of scale.
- Outsourced services to increase range e.g. on-call and diagnostics.

Acute – Primary Integrated Model

- GPs and community services staff employed or contracted by the local acute service.
- Services organised as integrated care networks.
- Back office and full range of clinical support infrastructure provided by acute service.

Health Maintenance Organisation

- Full prevention and health maintenance programmes provided for care groups e.g. elderly, mums and babies, mentally ill.
- Micro-commissioning role embedded in the contract for services including incentive schemes to reduce call on the acute services.
- Back office and full range of clinical support infrastructure provided by HMO.

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REDUCING MORBIDITY and MORTALITY GOVERNMENT PRIORITIES

- Stroke and Cardiovascular Care.
- Cancer Care.
- Mental Health Care.
- Targeted Prevention (Epigenomics and Predictive Analytics).
- Rapid Diagnosis (New Technologies and Superfast BB).
- Rapid Emergency and Urgent Care (Differential Analytics).
- Personalised Medicine and Therapeutics (Pharmaco genomics and Predictive Analytics).
- Personalised Support and Ongoing Care (Functional Recovery and Predictive Analytics).

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STRATEGIC INVESTMENT PROGRAMME

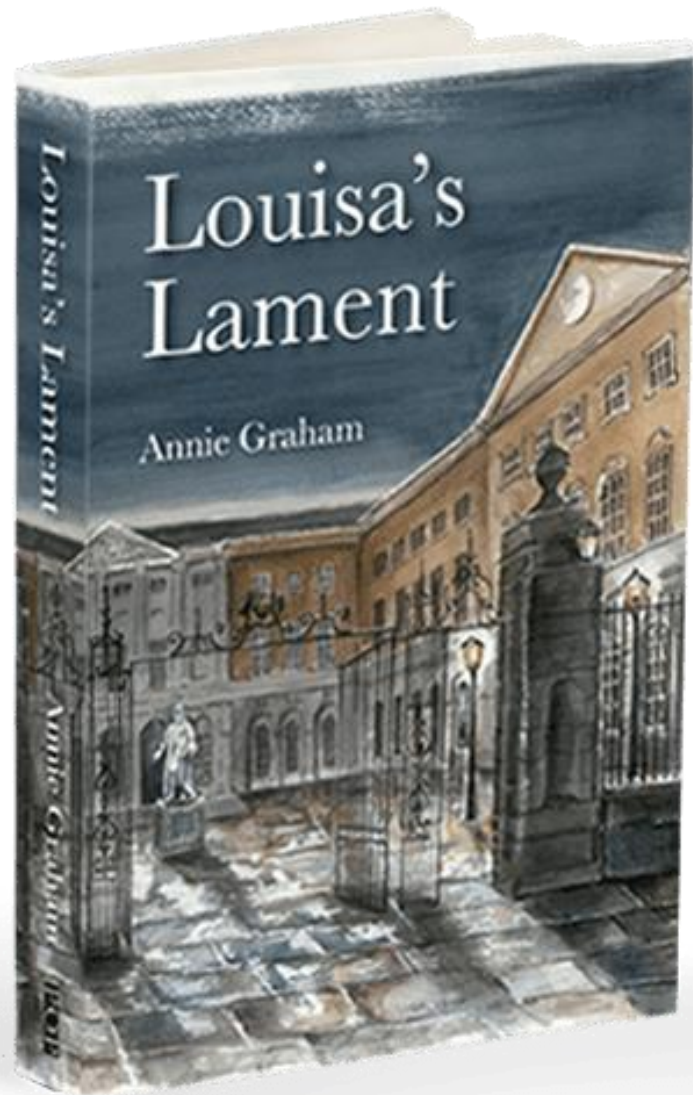
PRIMARY AND COMMUNITY CARE @ SCALE

- £5bn Community Asset and Technology Investment Programme – more care centres and technology.
- Migration from GP – 10k list to Primary and Community Care Service Organisations with up to 1m list.
- Rapid Diagnostic and Imaging “high Street” Services.
- Different Skill Mixes and Deployment Patterns.
- Bigg Bizz and Private Equity Investment Funds.



THE NELSON CENTRE

A MODERN NHS FACILITY
PROVIDING INTEGRATED
CARE FOR THE LOCAL
COMMUNITY



LOUISA'S LAMENT

by Annie Graham

- How did Louisa Ingle go from being a hard-working nurse at Guy's Hospital to a despised and shunned outcast in the summer of 1880?
- In the wrong place at the wrong time, her tragic story sheds light on the problems women faced when entering the professional workplace as medical and nursing practices were reformed.
- The role of the press in supporting traditional values and medical resistance to change is a sorry but salutary one.
- More details about the book and the charity on patoakleypublishing.London.
- All proceeds for Charity – Students' Hardship Fund.