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Community Pharmacy Primary Health Care could Cost-Effectively Release 5,000 GPs and 5,000 Practice Staff to Improve NHS Services

To successfully adjust to changing patterns of need the NHS in England should build on the unique attributes of general medical practice and resources such as community nursing and pharmacy in ways that offer NHS users comprehensive ‘Primary Care Homes’, finds a new UCL School of Pharmacy report, *Primary Care in the Twenty First Century*, published today*. Co-author Professor David Colin-Thomé said at its launch in the Royal Society:

‘The NHS has many strengths, along with some long-standing weaknesses. We could do better in areas ranging from not only the early diagnosis of cancers and the delivery of well-coordinated care and support for people with conditions like early-stage dementia, but also in areas like lowering blood pressure and managing arthritis related pain, depression, respiratory diseases and diabetes. Appropriate access to and the effective functioning of hospital care significantly depends on improving broadly defined primary and community health and social care, in order when possible to identify problems before they become acute and to permit timely discharges. In future, more health care could and should be delivered solely in the community.’

David Colin-Thomé continued *‘general practice in this country has unique attributes. If the GP Federations that have formed recently can develop into local Health Federations that allow community nurses, pharmacists and social workers better opportunities to work with GPs to serve individuals and communities they could – with the support of CCGs and Local Authorities – take more direct accountability for management and funding decisions. I believe this would raise care quality, and with it patient and professional satisfaction with using and working in the NHS.’*

Despite the robustness of the NHS since 1948, the new report finds a sense of recurrent crisis. This has been linked to failures to understand and adequately value personal relationship based primary medical and community care, and to problems such as the funding divide between free health care and ‘means tested’ social care. The latter has distorted some forms of provision and helped weaken services such as community nursing.

Misaligned incentives coupled with professional limitations have also impaired collaboration between GPs and Community Pharmacists. *Primary Care in the Twenty First Century* supports NHS England’s plans to develop Multi-speciality Community Providers (MCPs), arguing that GP/Local Health Federations ought to include other professionals and be developed into budget holding Accountable Care Organisations. These could use their funds to meet personal and population needs in well-integrated ways, and avoid counter-productive forms of bureaucracy which demotivate professionals and undermine care standards.

The UCL School of Pharmacy analysis warns against the risk of institutional care ways of working dominating health and social care agendas in the community, and questions the extent to which Local Government should control the health service. Most NHS users want good access to their GPs and other local health professionals who they know, and a sense of personal empowerment. Key facts from the new report include:

- At the start of the 1950s GPs out-numbered hospital doctors by over a third. Today hospital doctors out-number GPs 2:1. In the decade 2003-13 the number of hospital consultants increased by 48 per cent while the number of GPs rose only 14 per cent.
- The proportion of UK GDP spent on health and social care is below that for countries like France, the Netherlands, Germany and Sweden. Britain is not a high health care spender in advanced nations terms and 'population ageing' is – while demanding changes in the services provided – not making the NHS 'unaffordable'.
- In England today only about a fifth of total public health and social care resources are spent on primary and community care, as opposed to a third in the 1950s. In addition the number of hospital beds per 1000 people has dropped by some 70 per cent since 1950, due to a large extent to closures of long-term care facilities.
- Government funded sources recently described district nurses as a 'critically endangered species' in England. The number of district nurses employed has halved since 2000.

The present Government is now committed to raising the number of GPs in England by 5,000 by 2020, and to increasing community nurse and non-medical GP staff availability. But Britain is highly dependent on attracting doctors and nurses from poor countries. This is partly because significant numbers of UK trained staff do not presently wish to work in the NHS, and in particular general medical practice. Only in pharmacy are adequate numbers of young professionals being trained to world-class standards.

Co-author Professor David Taylor commented: *'developments like employing some clinical pharmacists in GP practices are welcome. But we need a comprehensive vision for better coordinated primary health and social care and a 'new deal' for all the professionals involved. We cannot afford counter-productive managerialism, or service fragmentation linked to unresolved inter-professional rivalries and a lack of patient-interest focused cooperation between NHS service providers.'*

'At present, over 90 per cent of people live within a 20 minute walk of a pharmacy. The future may see growing pressures for more anonymous 'mail order' medicines supply and the step-by-step closure of local pharmacies. But a more 'customer friendly' and cost effective way forward could be to extend access to good quality health care in conveniently located pharmacies. If each community pharmacy in England could take on just 10 per cent of the average GP practice's workload by 2020 this would release the energies of 5,000 GPs and similar numbers of practice staff. This is a realistic option that could contribute to a step change in not only primary and community care standards but hospital service efficiency. It demands informed attention.'

Primary Care in the Twenty First Century is available at <http://www.ucl.ac.uk/pharmacy/departments/practice-policy/primarycare-twentyfirst-century>

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