

Dr Michelle Tempest and Dimitar Funa of Candesic discuss why it's imperative to support primary care to deliver joined-up equitable care



From **tradition** to **TRANSFORMATION**

the time is ripe for primary care



There are three critical missions for any government to deliver to support front line multi-disciplinary team working across primary care: consolidation, care coordination and digital adoption. A survey of over 1,000 primary care doctors advocated for this to improve population outcomes and patient satisfaction and, with some political investment, it could be a win-win for integrated care boards (ICBs) and primary care operators.

The current state of general practice

Primary care is the cornerstone to prevention and population health. General practitioners are the primary gatekeepers to the healthcare system, delivering nearly 90% of all healthcare services.

With more than £11bn in funding from the NHS, general practice sees over a million patient appointments each working day and this has been growing 6% annually over the last five years. They are pivotal to joined-up care and a vital piece of the jigsaw puzzle for ICBs to achieve coordinated care and taxpayer accountability.

Despite high demand for patient appointments, the number of full-time primary care doctors has contracted by 6% to approximately 27,000. Consequently, many GPs find themselves seeing up to 50% more patients in a day than the recommended 25 patient contacts advised by the BMA and other professional bodies.

One Primary Care Network manager, stated: 'It is common for our GPs to handle more than 35-40 patients in a single day.' This situation places significant

strain on GPs, with over 80% expressing concern about the risk of burnout, as revealed in a 2021 national GP survey.

The challenges GPs are facing appear to impact patients too. Patient satisfaction with GPs has plummeted to a record low of 35%, a stark 30-point drop since 2019, alerting policymakers, clinicians, and investors to the fact frontline services are over-stretched. Recent policy reports, including *The Fuller Stocktake*, *The Future of General Practice*, *Delivery Plan for Recovering Access to Primary Care*, and the *NHS Long Term Workforce Plan* underscore the sector's significance and all political parties have pledged to support GPs.

The combination of these political, market and demographic tailwinds are making this sector ripe for disruption and transformation.

What is next for primary care?

As complex as general practice is, the fundamental challenge remains the significant mismatch between the demand – growing and increasingly complex needs of the population, and the supply – system-wide inability to grow and retain the workforce. Consequently, any vision for general practice of tomorrow should be aimed at delivering practical and sustainable solutions that either increase the supply or help to safely manage demand. Solving these will, in turn, enable GPs to deliver the much-needed improvement in patient access and provide continuity of care to those who need it.

This article considers three solutions:

1. Consolidation

Although not a new topic, general practices should continue to consolidate to drive operational and governance benefits from economies of scale

2. Future-proof staffing needs

Healthcare coordination requires a full multidisciplinary team. Practices need to optimise staff skills mix

to best match the needs of their patient populations, rather than over-burdening frontline GPs.

3. Digital solutions

During Covid-19 there was a rapid uptake of digital and practices need to embolden and expand digital solutions, integrating them seamlessly across the entire range of capabilities, front of house and back office.

Room for more consolidation

Candesic analysed England's primary care 2022 database with over 65,000 general practices, delivering care for over 61 million registered patients. Perhaps surprisingly, to this day only 7% of GP providers are listed as 'large' (having more than five practices) with 81% of the market consisting of single practices (see Figure One).

Providing care at scale is not a goal itself, and at face value, consolidation seemingly does not directly address the demand or supply challenges that practices are facing. Indirectly, however, having a certain scale of operations is almost a

prerequisite (although far from the only one) for success in delivering better and sustainable care. Consolidated general practices could perhaps better address three key issues:

More holistic services to the population

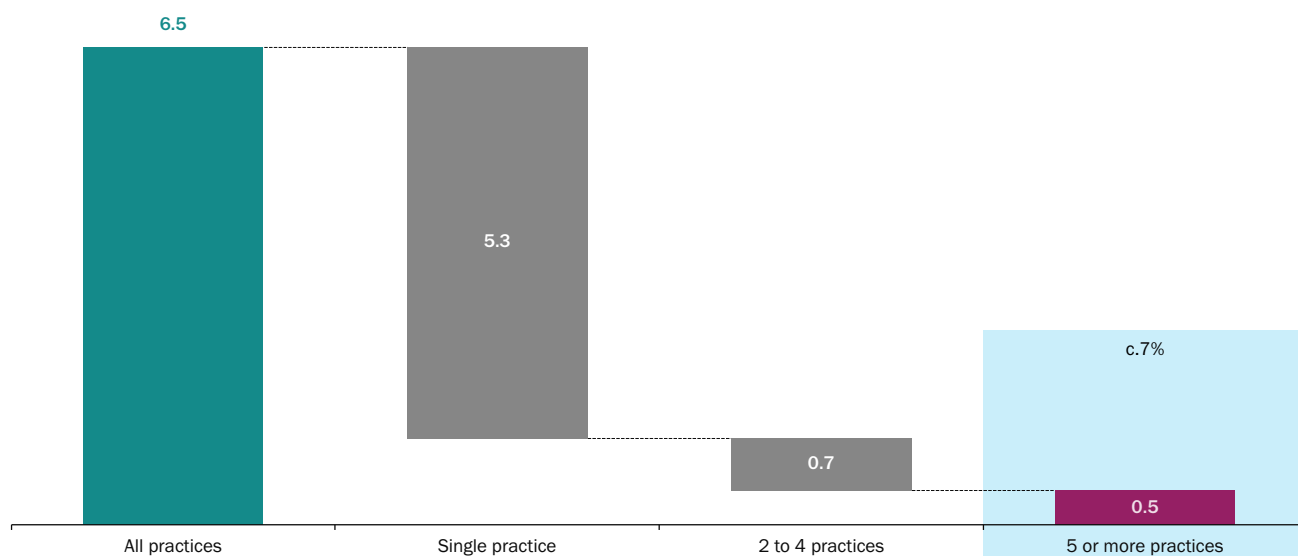
Health and care needs are increasingly complex and not all require a GP. Larger scale organisations find it operationally easier to employ multidisciplinary teams that include pharmacists, physician assistants, social prescribers, and other staff that deliver the necessary support and care a patient might need, and freeing GP time to care for the sickest among the population.

Efficiencies of scale across a larger footprint

Scale can ease some of the financial pressures and even reduce the time a GP spends on the hurdles of running a business. A study by the Nuffield Trust has found that scale often leads to maximising income and cost-savings through operational efficiencies and standardised processes. These additional financial benefits can be reused to address the

FIGURE ONE
THE GP SECTOR IS RIPE FOR CONSOLIDATION – LARGER CHAINS OF PROVIDERS REPRESENT ONLY 7% OF THE MARKET

DISTRIBUTION OF GP PRACTICES IN ENGLAND BY SIZE OF PROVIDER, 2022
THOUSANDS OF CONTRACTS (PRACTICES)



NOTE LARGE PROVIDERS ARE DEFINED AS HAVING FIVE OR MORE GP PRACTICES; MEDIUM HAVE BETWEEN TWO AND FIVE PRACTICES; SMALL REFERS TO A SINGLE PRACTICE
SOURCE NHS DIGITAL; CARE QUALITY COMMISSION; CANDASIC RESEARCH AND ANALYSIS

challenges in attracting and retaining the workforce.

Investing and deploying technology

Larger operators can find it easier to adopt and operationalise technology, which in turn can improve access.

Optimising the skill mix; shortage of human GPs

The option to have the same general practitioner from ‘cradle to grave’, although a nice idea, is not realistic for modern medicine. Despite the government’s ambitious NHS *Long Term Workforce Plan* to train 6,000 GPs by 2031/32, the reality is that there are not enough GPs to deliver that level of personalised care.

This means that the broader workforce has to be leveraged, such as pharmacists, care coordinators, social prescribing workers, and others – all roles that are reflective of the increasingly complex and diverse needs of the population. Full-time equivalent pharmacists and physician

associates in general practice have grown at 23% and 60% per annum, respectively (see Figure Two).

As with any team working though, it takes coordination of individual care needs to appropriate staff member and/or digital triage and digital therapeutics.

Digitalising the operating model

A silver lining of Covid-19 is that the UK landscape of digital health solutions has grown rapidly, both in terms of funding and number of companies trying to tackle some of the most pressing challenges. When M3 and Candesic surveyed over 1,000 GPs, the result shows there is still whitespace to grow the adoption of digital solutions across general practice (see Figure Three).

Triage, appointment management, remote consultations, patient monitoring, and so on all help tackle the most pressing challenge of general practice – effective demand management.

Even in something as simple as administrative or triage, 58% of practices said they do not have a digital solution that

helps them. Imagine a practice where web or app-filled and asynchronously reviewed patient questionnaires help signpost patients to the right professional. This could save hundreds if not thousands of GP hours – all of which can be spent to take care of the sickest in the population.

Future-proof digital primary care businesses

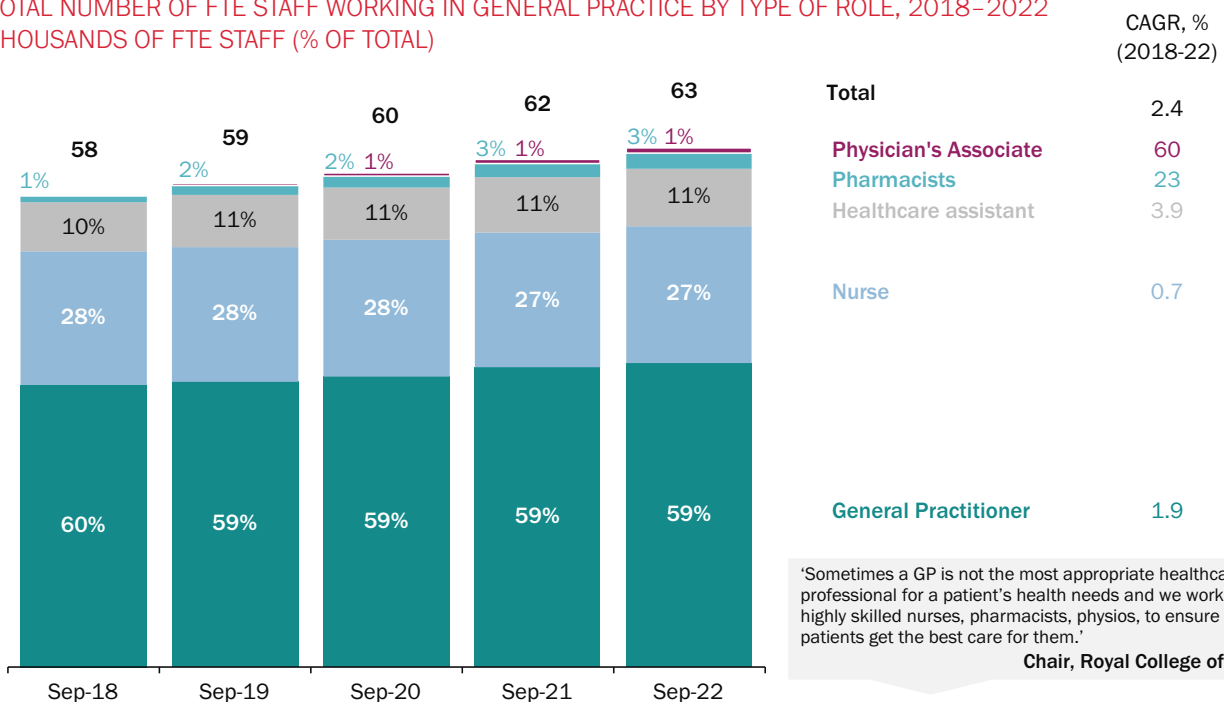
To help general practice address the challenges of today, Candesic analysed more than 100 companies in adjacent markets. These are digital-first providers, adjacent to different parts of the patient pathway and needs, that ultimately lead to faster and better access to care in primary care.

There is a chance to acquire and consolidate digital companies to help expedite transformation across primary care. For example:

Abtrace, a medically certified software platform, which uses machine learning and natural language processing models to help practices proactively monitor their patients, reducing unnecessary appointments and clinical workload. ‘We can’t

FIGURE TWO
GENERAL PRACTICE IS DEVELOPING MORE MULTIDISCIPLINARY TEAM WORKING

TOTAL NUMBER OF FTE STAFF WORKING IN GENERAL PRACTICE BY TYPE OF ROLE, 2018–2022
THOUSANDS OF FTE STAFF (% OF TOTAL)



‘Sometimes a GP is not the most appropriate healthcare professional for a patient’s health needs and we work with highly skilled nurses, pharmacists, physios, to ensure patients get the best care for them.’

Chair, Royal College of GPs

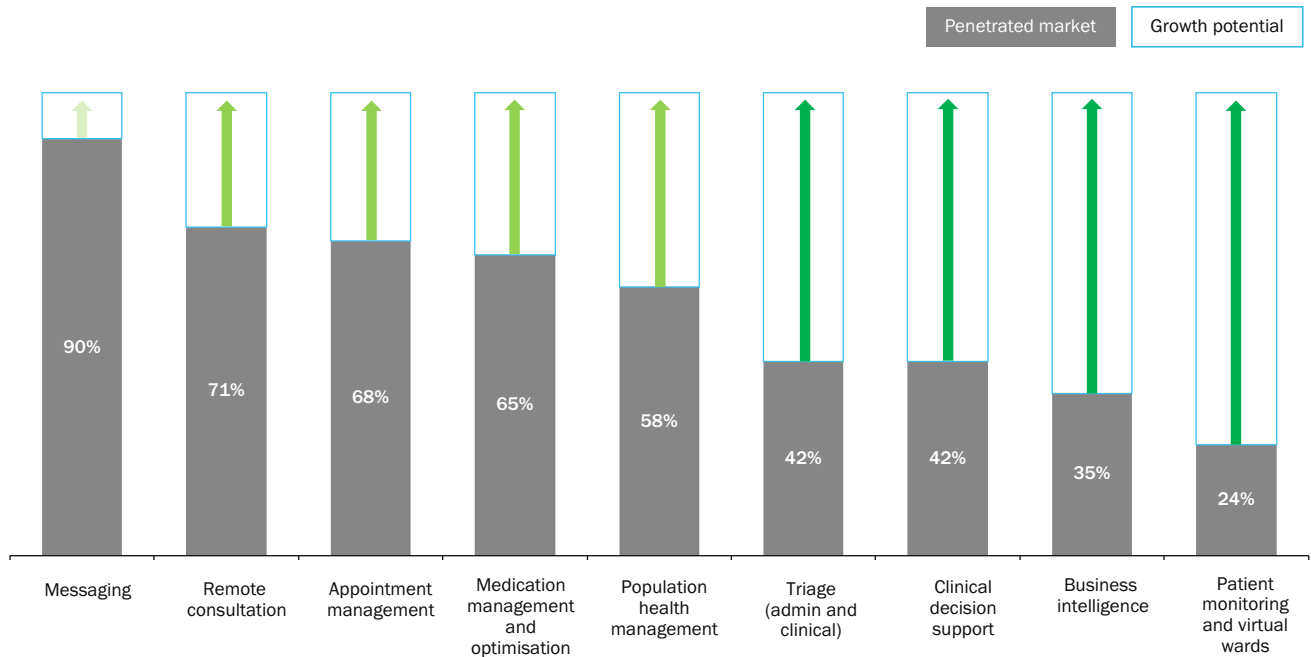
FIGURE THREE

CANDESIC SURVEYED c.1,000 GPs - RESULTS INDICATE SIGNIFICANT UNDER-PENETRATION OF SOME EXISTING TECHNOLOGIES

Q WHAT TECHNOLOGICAL CAPABILITIES ARE IMPLEMENTED IN YOUR GENERAL PRACTICE AND ARE LEADING TO TIME SAVINGS FOR GPs AND OTHER CLINICAL/NON-CLINICAL STAFF?

RATE OF PENETRATION IN GP PRACTICES ACROSS DIGITAL CAPABILITIES, MARCH 2023

% OF PRACTICES THAT HAVE IMPLEMENTED THE SOLUTION (N=1,015 GENERAL PRACTITIONERS)



SOURCE: M3/CANDESIC SURVEY; CANDESIC RESEARCH AND ANALYSIS

keep asking GP to do more with less. To deliver population health, we need to automate proactive care which has the potential free up 30 million GP appointments each year,' says its founder Umar Naeem Ahmad, also an NHS doctor, when discussing their impact and outcomes for practices which proactively manage demand.

Digital triage platform **eConsult** co-founder and GP, Dr Murray Ellender, GP told us: 'Practices need to move away from inefficient telephone triage towards digital triage models. Gathering structured information from patients early in the healthcare journey allows teams to triage effectively, ensuring that each patient is dealt with by the right clinician at the right time.'

Healthtech-1 is also working on reducing paperwork. For every one GP there are almost two administrators doing the silent, unseen, and unsexy work which keeps the NHS running day in, day out. 'We're automating away repetitive admin processes,' says Raj Kohli, co-founder of

THE EXCITING PART OF PRIMARY CARE... IS THE PLETHORA OF LOW-HANGING BUSINESS AND DIGITAL SOLUTIONS READY AND AVAILABLE FOR ADOPTION

Healthtech-1. In 18 months, Healthtech-1 has liberated a total 52,500 hours of staff time by automating the new patient registration process.

Conclusion

The exciting part of primary care - despite the bleak newspaper headlines about high demand, staff shortages and the consequential long queues - is the plethora of low-hanging business and digital solutions ready and available for adoption. Although single general practices often lack the time or internal resources to prioritise transformation, larger groups naturally adopt operational solutions to help staffing bottlenecks. Evidenced-based, digitally-enabled, multi-disciplinary team care, with more efficient workflow management, happier staff and patients is the journey primary care is on. This will take investment, perhaps through public-private partnerships, alongside leadership and support from the increasingly important ICBS.

In summary, there is hope for change, we remain excited to support this evolution and in the words of author Richie Norton: 'Urgency makes the difference between practitioners, proclaimers and procrastinators.'