

NHS Innovation Accelerator 4th Call | Theme 3: Primary care

Why primary care?

Public satisfaction with general practice dropped in 2017¹ and for three years in a row, access to primary care services has been identified as one of the top three public concerns regarding health and care.²

Primary care is typically the first contact for people seeking medical advice or treatment. The primary care system, particularly general practice, is under immense and increasing pressure. This is largely due to an ageing population and a greater number of people living with complex conditions, alongside the drive for more care to be delivered closer to home including prevention, screening, supported self-care, treatment, care management and rehabilitation.

At the same time both recruitment and retention of GPs, and the wider practice multi-disciplinary teams, is a challenge. Excessive workloads add to the pressure with 41% GPs saying they are so stressed they cannot cope, at least once a week.³

The GP Forward View⁴ set out a vision for general practice, with implications for the wider primary care system including:

- **Expansion of primary care workforce**, capability building and supporting the health and wellbeing of staff.
- **New approaches to workload management**, reducing bureaucracy and optimising the interface between primary and secondary care.
- **Care redesign** to ensure people see the right person at the right time in the right setting including self-care where appropriate, and that staff are able to free up capacity thus ‘releasing time for patients’.

Innovations exist to support and improve access to primary care services, however they are not always used; for example, targeted self-care solutions, remote consultations, direct access services, diagnostics capabilities, new partnership with other providers (e.g. care homes, community pharmacies, secondary care), new clinical and workforce models.

Supporting and improving access to primary care is a priority within the country’s 44 Sustainability and Transformation Plans⁵ and is identified as one of the three main 2017/18 national service improvement priorities for the NHS in the Next Steps of the Five Year Forward View.⁶

What primary care innovations are we seeking?

We are seeking evidence-based innovations that will support and strengthen primary care in its endeavour to retain high quality, satisfaction and timely access to diagnosis and treatment as close to home as possible.

Your innovation will need to:

- Strengthen access to high quality care outside of hospital.
- Be either located in general practice OR offer adequate integration with/connection to general practice.
- Have been co-designed with users, be accessible to a diverse population and focus on delivering the most significant benefit in terms of outcomes and cost savings.

KEY INFORMATION

General practice provides **over 300 million patient consultations** each year

85% of people have a **good overall experience** of their general practice surgery

The primary care workforce is set to expand by: **5000 more primary care doctors** and **3000 physician associates** by 2020 and; **1300 more clinical pharmacists** and **1500 mental health therapist by 2019**

Information from the Next Steps on the NHS 5YFV

¹ <https://www.kingsfund.org.uk/blog/2018/02/public-satisfaction-gp-services>

² <https://www.healthwatch.co.uk/news/2015-12-31/what-are-people%E2%80%99s-top-five-health-and-care-issues-2016>

³ <http://www.rcgp.org.uk/policy/general-practice-forward-view.aspx>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf>

⁵ <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/01/stp-primary-care.pdf>

⁶ <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

Your innovation can be a device, digital app or platform, a service, process, pathway or model of care, or workforce.

What impact does your innovation need to demonstrate?

An application for this category will require evidence on:

- **Health impact** e.g. earlier intervention, unwarranted variation in detection or secondary prevention.
- **Utility** e.g. feedback from patients and professionals on accessibility and experience.
- **Cost savings** e.g. improve efficiency, increase care provided in lower cost settings, reduce hospital attendances and earlier hospital discharge.