



## ALL PARTY PARLIAMENTARY GROUP Primary Care and Public Health

### Inquiry into Managing Demand in Primary Care: the case for a National Strategy

#### February 2017 - Call for evidence:

The All Party Parliamentary Group on Primary Care and Public Health is inviting written evidence for its inquiry into managing demand in primary care.

The first week of January saw 65 out of 152 hospital trusts in England declaring major alerts, unable to cope with the extra demands of winter pressures. A&E departments have been particularly affected resulting in the Red Cross being drafted in to help with what they described as a “humanitarian crisis” in the NHS.

The Secretary of State for Health said that people have to recognise what accident and emergency is for, calling on GPs to help with the “40 % of people in A&E that don’t have to be there” (data shows there are <sup>1</sup>3.7m visits to A&E for self treatable conditions such as flu and muscle sprains). Primary care however, also faces challenges in managing demand. According to the GP Forward View, published in April 2016, GPs and their staff report that “workload is their single biggest issue of concern”. The number of GP consultations increased by <sup>2</sup>15 per cent between 2010/11 and 2014/15 whilst, according to the Health and Social Care Information Centre (HSCIC), full-time GP numbers fell by 2 per cent in 2015 in England.

**Avoidable GP Consultations:** Tackling avoidable GP consultations, of which there are said to be <sup>3</sup>27 per cent, were thought to be one way of managing demand. Educating people on how to look after their own minor self-limiting illnesses and long term conditions was identified as a way to reduce the number of GP consultations over time. The GP Forward View has promised a £30m investment initiative, “Releasing Time for Patients”

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<sup>1</sup> IMS Health Study of self-treatable conditions presenting in A&E units 2014. Data source: HES data. Health Episode Statistics. Re-used with the permission of the Health and Social Care Information Centre. All right reserved.

<sup>2</sup> King’s Fund: Understanding Pressures in General Practice, May 2016

<sup>3</sup> NHS Alliance: Making Time in General Practice, October 2015

which will help equip the workforce with tools and skills to manage workload, but are the right levers in place to implement this?

- 1) What needs to happen and who needs to be involved to help assist people in looking after their own (a) minor self-limiting illnesses and (b) long term conditions?**
- 2) Is it necessary to commission self care and how can this be done effectively?**
- 3) What training is necessary to support primary care staff in educating people to look after themselves and who is providing this training?**

**Collaborative Working:** As part of the Health and Social Care Act in 2012 health commissioning moved to the local level with CCGs, Health and Wellbeing Boards and local authorities tasked with improving the health and wellbeing of their population. Four years later and escalating demand would suggest that joint working in localities is still not delivering this change.

- 4) How can local health expertise such as pharmacy, health coaches, patient groups and charities, etc be incorporated into the system to help manage demand?**
- 5) What else has to happen to improve joint working locally to engage people in their health and wellbeing and so reduce service demand?**

**Policies for Managing Demand:** Managing demand in the NHS has been an issue since its inception but it has now reached a critical point not helped by a fragmented health service which creates inefficiencies and disrupts patient flow. A number of health policy documents have sought to manage demand and to create a “whole-systems” NHS, including the Five Year Forward View, but are we any closer to achieving this goal?

- 6) What impact have Government policies such as the Five Year Forward View and GP Forward View had in managing demand and how can we move towards that much sought after whole-systems NHS?**

#### **Timescale and schedule for the inquiry**

Written evidence should be no more than 4 sheets of A4. Please send submissions to the secretariat, email: [libby.whittaker@pagb.co.uk](mailto:libby.whittaker@pagb.co.uk), telephone 020 7421 9318.

The deadline for submissions is **3 April 2017\*** and oral evidence sessions will be held in May and June 2017. Details will follow, however, if you would like to attend as an observer please contact the secretariat.

\*Please note that in some circumstances extensions for evidence are granted – please contact the secretariat should you require this.

## **Membership: All Party Parliamentary Group on Primary Care and Public Health**

### **Co-Chairs**

Sir Kevin Barron MP	Labour
Bob Blackman MP	Conservative

### **Secretary**

Baroness Masham of Ilton	Crossbench
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### **Executive Officers**

Virendra Sharma MP	Labour
Lord Naseby	Conservative
Maria Caulfield MP	Conservative
Lord Rea	Labour
Viscount Bridgeman	Conservative
Andrew Selous MP	Conservative

The function of the Group is:

- to raise the profile of primary care and public health within Parliament;
- to speak within Parliament on behalf of both users and those working in the NHS;
- to place primary care and public health high on the Government's agenda and to inform debate by parliamentarians with outside bodies.