



NAPC | National Association  
of Primary Care



# International Faculty meeting

Washington DC

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# Developing sustainable UHC

- WHO pushing for UHC across many countries
- Our aim today to share knowledge and experience
- JK - Approach in India
- Primary care in India
- Faculty of Disaster Medicine for India and Nepal
- International faculty experience



# Achieving Universal Health Coverage

## Why is it so difficult?

“There is nothing new except what has been forgotten”

“There is nothing new under the sun”

“I am going to propagate medicinal herbs throughout my kingdom to ensure complete accessibility to all my subjects as it is my ethical responsibility to provide good health for all”

Emperor Ashoka: 268 -232 BCE

Dhamma Causes - Major Rock Edict II



# More recent timeline

- May 1977 - WHO Health Assembly; 'Health for All' by end of 2000
- Y2K – UN; 'Millennium Development Goals' by 2015
- 2016 – UN; 'Sustainable Development Goals' by 2030 by all member countries
- SDGs advocate universal health coverage and reaffirm 'health for all'
- Declaration of Astana – October 2018
- Do we need to revisit WHO 70 year old definition of health in the context of today's society.

# Wider determinants of health

- Environmental and climate cf. disaster medicine
- Dwelling, finance and social network
- Wellness – practice of good health behaviour
- Nutrition and sanitation
- Health promotion, screening, prevention and early detection, self protection = Primary Health Care
- Health = "a state of complete physical, mental, social and environmental well-being, including absence of determinants of disease which can cause harm"

# Definition of Primary Care

The NAPC identifies PC as both a level in a health system (its form) and a strategy or philosophy for organising approaches to care (its function)

Effective Primary Care has 4 central features

1. Citizens' first point of contact for all new health and care needs
2. Person-centred (holistic) approach (rather than disease focused) and continuous lifetime care.
3. Comprehensive care for all needs that are common in a population and delivered by multi- professional teams
4. Co-ordination and integration of care across sectors in partnership with patients and care providers

Provides the majority of a population's preventative and curative health needs, health promotion and care monitoring requirements mainly in community settings



# Primary Health Care and Disasters

- World Health Report 2008 – refresh understanding and refocus attention on PHC as a set of values/ principles for all sectors
- An integrated PHC approach may improve healthcare and wellbeing in low income countries
- Strong PHC systems can provide enhanced health emergency management which reinforce each other for healthier communities
- A global re-emphasis on PHC necessitates the broader disaster community to consider health emergency management from a PHC perspective
- PHC is VERY important for effective health emergency management during response and recovery, risk reduction and preparedness
- Need to increase the quality of research, clarify terminology, focus in areas of greatest risk and LICs, publish data, learn and share lessons (in context)

# Sendai Framework for Disaster Risk Reduction 2015-2030

1 Global Outcome

13 Guiding Principles

4 Priorities for Action at  
all levels

7 Global Targets

7 GLOBAL TARGETS

**Reduce**

**Mortality/  
global population**

2020-2030 Average << 2005-2015 Average

**Affected people/  
global population**

2020-2030 Average << 2005-2015 Average

**Economic loss/  
global GDP**

2030 Ratio << 2015 Ratio

**Damage to critical infrastructure  
& disruption of basic services**

2030 Values << 2015 Values

**Increase**

**Countries with national  
& local DRR strategies**

2020 Value >> 2015 Value

**International  
cooperation  
to developing countries**

2030 Value >> 2015 Value

**Availability and access  
to multi-hazard early warning  
systems & disaster risk  
information and assessments**

2030 Values >> 2015 Values

# Sendai Framework

## Four priorities for action

1. Understanding disaster risk
2. Strengthening disaster risk governance to manage disaster risk
3. Investing in disaster risk reduction for resilience
4. Enhancing disaster preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction
  - i) *at National and Local Levels*
  - ii) *at Global and Regional levels*



# Primary Care and Disaster Risk Reduction

## Focus for the provision of Primary Care

- Sendai Framework – Priority 4. Disaster preparedness for effective response and in recovery, rehabilitation and reconstruction
- Support anticipatory action and help to ensure capacities in place for appropriate PC involvement, particularly in recovery phase
- Disasters can lead to a critical opportunity to ‘build back better’ and improve disaster risk reduction in community reconstruction
- Family physicians with their broad medical training are well equipped to provide a unique combination of whole person care to the diverse array of patients in the aftermath of a disaster
- When disaster strikes humanity becomes the patient with complex needs only partially provided during the disaster – the continuum



# Preparing for the Unexpected

## Role of Primary Care

- Support the establishment of patient disaster plans
- Specific community health clinic plans and involvement in disaster response
- Safety considerations, physician knowledge and disaster clinical competencies
- Role in triage, evacuation, response integration, recovery and mitigation
- Societal resilience in the aftermath of disaster
- Immediate post disaster reconstruction phase - PC settings as an alternative to hospital



# Recovery and Reablement

- Post disaster event return to ‘normality’
- Rehabilitation services – multidisciplinary
- “Building back better”. Return to an improved state both in care facilities and learning from experience
- Public and Social Health
- PHC – generalist health care settings
- ✓ *Long term condition management*
- ✓ *Mental health services*

# The Quadruple Aim

- Improving the health and wellbeing of the population
- Improving the individual outcomes & experience of care
- Reducing the per capita cost of care
- Improving the experience of *providing* care

# The Primary Care Home Concept

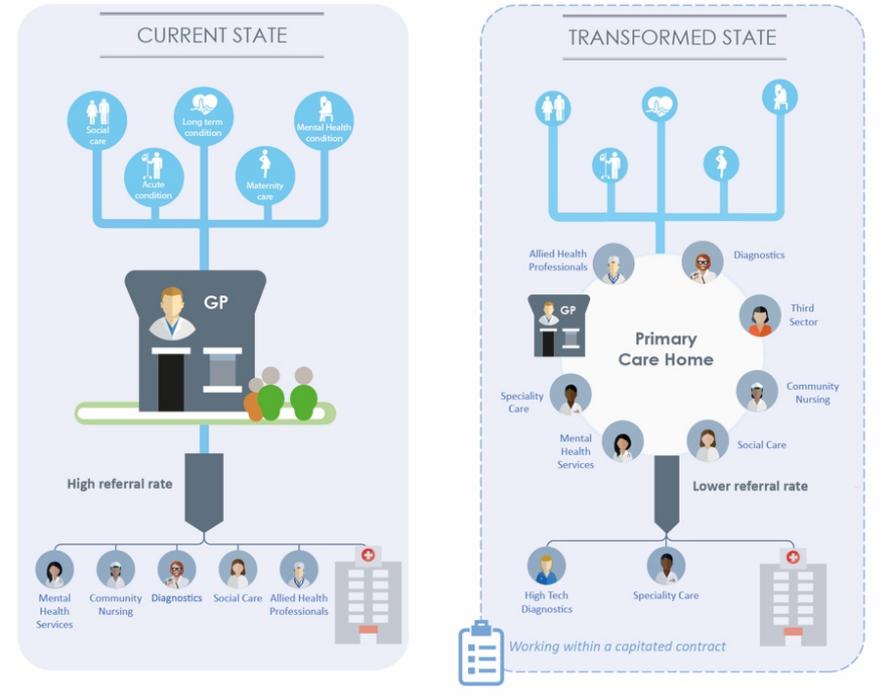
- Build on the best of traditional General Practice
- PCH is more than GP – but uses the registered population and continues to provide 80% of all NHS clinical consultations
- 90% of care solely undertaken in PC where needs of the individual as well as the community can be met
- Support for self care, care closer to home and LTC management
- Both bio-clinical and social determinants of health can be the responsibility of one ‘provider’ organisation and the ‘practice’ can link with wider public health agenda
- The ‘home’ for extended skills and services. Population health management and the data

# What is a primary care home?

- An innovative approach to strengthening and redesigning primary care. The 'home of care' for a population.
- The model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care focussed on the needs of their local community.
- Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes.
- Primary care home shares some of the features of other international developments for the provision of integrated primary care – its focus is on a defined population enabling primary care transformation to happen at a fast pace, either on its own or as a foundation for larger models.
- Takes responsibility for improving the deployment of care resources and drives efficiency as well as effectiveness through its stewardship of local staffing and budgets

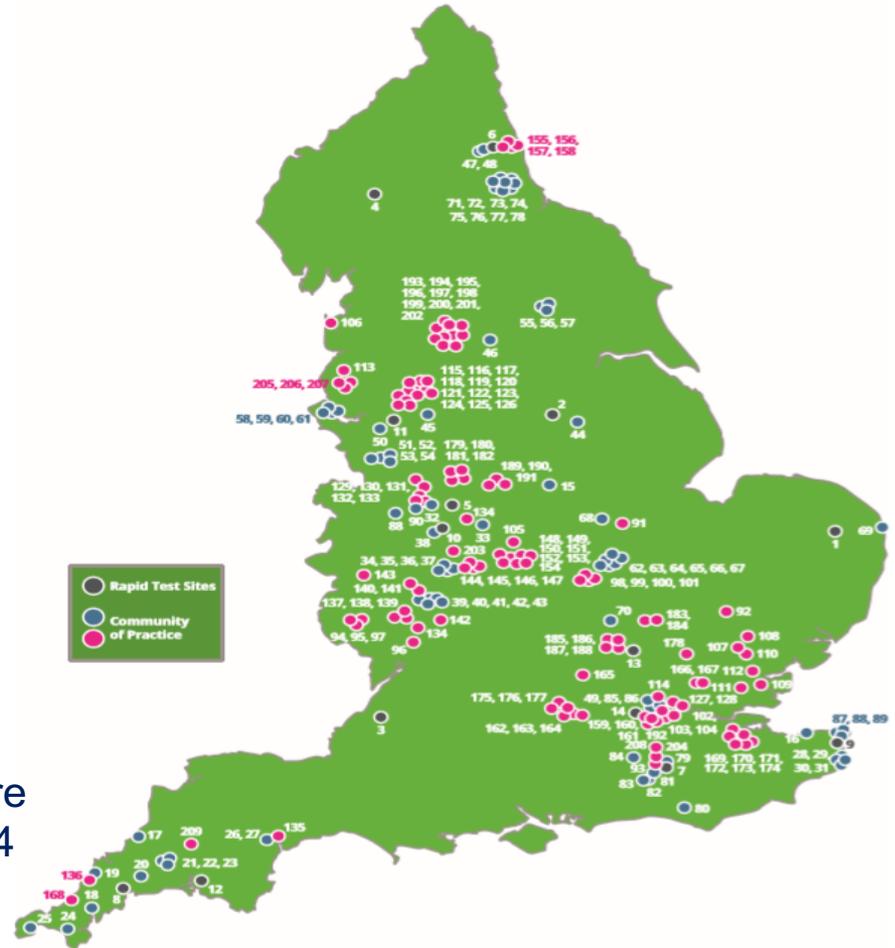
# Core characteristics: Primary Care Home

- 1 Whole population health management. A combined focus on personalisation of care with improvements in population health planning, provision and outcomes
- 2 A multi-disciplinary workforce based on the needs of a defined local population with an emphasis on the integration of primary, community, secondary, mental health, social care and third sector
- 3 Financial and clinical drivers aligned with the health needs of the whole population. Improving outcomes through value based interventions
- 4 Focus on care to a defined registered population size of 30,000 – 50,000 people  
  
The right size to **scale** and the right size to **care**



# Primary care home - spread

- 217 sites
- 9 million aggregated population served in England
- 16% population coverage
- More than 1,000 GPs involved = 15% coverage
- Now also working with 3 Integrated Care Systems in England and planning for 14 more STP/ICS sites



## Evaluation: measuring outcomes across 3 rapid test sites

Positive results were seen locally, but these could not be extrapolated to other localities.

<b>A&amp;E Attendances</b>	▼	£27k of savings each year enabled by providing extended access in Thanet
<b>A&amp;E Admissions</b>	▼	£295k of savings from reductions in A&E admission driven by Thanet Health
<b>GP Referrals</b>	▼	330 GP referrals to hospital avoided demonstrated by Beacon
<b>Prescribing Costs</b>	▼	£220k of prescribing savings demonstrated by Larwood and Bawtry
<b>Staff Satisfaction</b>	▲	67% of staff surveyed felt that PCH had improved their job satisfaction
<b>Utilisation</b>	▲	78% of staff felt PCH had decreased or not added to their workload
<b>Staff Retention</b>	▲	86% of staff regarded Beacon Medical Group as a good employer
<b>Patient Experience</b>	▲	82% of staff felt that PCH had improved patient experience
<b>GP Waiting Time</b>	▼	6 day reduction in the average time patients wait to see their GP
<b>Population Health</b>	▲	13% increase in flu vaccinations for patients with COPD registered with Beacon
<b>Length of Stay</b>	▼	8 day reduction for admitted care home residents registered with Beacon



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