Plural provision of primary care: The case of the English NHS

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From secondary to primary care

- Provider plurality began in secondary care
  - Salient in media
  - Costly

- But that leads to primary care changes
  - Demand - hence cost – management requires substitution of primary for secondary
  - Gate-keeping makes choice of hospital depend on choice of GP

- 'Conviction politics' – general practice 'less public'
Research questions

How plural has English NHS primary care become?

What are the implications for the construction of clinical commissioning groups?

The role and power of the medical profession?

'Primary care' = GPs + community health services + dentists + pharmacists + opticians (+ A&E?) (+ ambulances?)

'Become' means since 1998 – Primary Care Act.
Construct a narrative of pluralisation of primary care, using:

- Systematic review of research on professional partnerships and democratic organisations (co-operatives, mutuals etc.).
- Comparative case studies: 3 different health partnerships + 3 health cooperatives (UK, USA): 6 non-health comparators.
- Re-use of published administrative data.
General practice – old pluralities

- Nearly all professional partnerships
- Trend towards larger group practices
- 9% of GP income from private work (2008); mostly medico-administrative
- Option of 'alternative' health care
- Parallel companies – a legal work-around
- Out-of-hours
  - deputisers
  - cooperatives (see below)
GP distribution by practice size

Practice size distribution
Estimated numbers of GPs, England

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Proportion of single-handed general practices

Proportion of single-handed general practices

Single provider as % practices
Single GP with no assistance as % practices

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General practice – new pluralities (post 1998)

- GPs with special interests
  - Another try at moving hospital clinics out.
- 'Enhanced Service' payments
- New Contracts → new kinds of general practice (see below)
- Limited Liability Partnerships (2010)
- 'Choice' pilot scheme (April 2012)
Personal Medical Services – a watershed

'Salaried general practice'. Possible employers:
- Partnerships (of GPs)
- Primary Care Trusts
- Others …

Contract is with the practice not the doctor

Primary medical care can be provided by
- Non-medical partnerships ('Nurse-led')
- PCTs
- Cooperatives, social enterprises, corporations

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Distribution of contract types

General Practice Contracts, England 2001-11

Year
Distribution

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

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PMS and its relicts

  - Quality & Outcomes Framework (QoF) the big addition
  - PMS-like features added to GMS

- PCT Medical Services – nationalised general practice
- Specialist PMS – specialised, supplementary services (non-'core')
- Alternative Provider Medical Services (APMS)
  - Cooperatives
  - Social Enterprises
  - Corporations

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Out-of-Hours Cooperatives

- Paradoxical history
- GP funded and controlled – general practice writ large
- New GMS damaging to co-ops
- Survivors face APMS:
  - Erratic PCT tendering processes
  - Co-ops lack resources for complex competitive bidding
- Corporate competitors. Allegations of:
  - predatory pricing
  - 'Trojan horse' collaborations

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Retracting NHS coverage

- English NHS withdrawal from long-term residential care provision (older people, mental health) in 1980s
  - Social security benefit rules

- Fall and rise of NHS dentistry
  - GP dentists gradually withdrawing from NHS work since 1990s
  - 2004: GDS contracts (like PMS)
    - 'Performer' dentists
  - 2006: another new contract
  - Adverse press → Dental Access Programme (2009)
  - 2012: another new contract announced

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NHS dental coverage

Proportion of population seeing NHS dentist in past year

Date
Percent

0.0
10.0
20.0
30.0
40.0
50.0
60.0
70.0
80.0

01 Mar 06 01 Nov 06 01 Jul 07 01 Mar 08 01 Nov 08 01 Jul 09 01 Mar 10 01 Nov 10

Proportion of population seeing NHS dentist in past year
Adults
Children
Total

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Retail primary care

Opticians

- Free NHS sight testing mostly withdrawn (1989)
- Deregulation of market
- By 2008, four corporations share 70% of market

Pharmacies

- Pharmacy-based consultations – mixed success
- Prescription charges make OTC cheaper for small items
- Growth of large pharmacies
- 'Multiples' gain market share

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Community pharmacies - market concentration

Community pharmacy concentration

Market share of multiples

Date
Percentage of pharmacies

- Independent pharmacies (5 shops or fewer)
- Multiples ('chains')

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Non-medical primary care

- Nurse prescribers, nurse practitioners
- Nurse-led practices – nurse practitioners are owners / partners, employ salaried GP(s).
- Walk-in Clinics
- NHS Direct / NHS 111
- Community matrons
- Improving Access to Psychological Therapies (IAPT)
Corporate community health services?

- GP fundholding and Practice-Based Commissioning allow private provision of CHS – but limited take-up
- Mandatory shift from block contracts to competitive tendering on APMS model
- PCT tactics
  - Move CHS into NHS Trust / Foundation Trust
  - 'spin off' CHS into social enterprise
  - Tendering + corporate provision
- Fluid situation – watch this space …

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Re-integrating primary care

By hardware:

- Local Improvement Finance Trusts (LIFT) - PPI for primary care
- Darzi-clinics ('polyclinics', 'polysystems', 'federations')

By software:

- GP-led commissioning
- Local government + NHS collaboration
- Personal health budgets
Some provisional answers

How diverse has English NHS primary care become?
  – Qualitatively, much more diverse since 1998
  – Quantitative changes are less dramatic

Implications for clinical commissioning groups?
  – An uphill struggle for non-corporate providers.

Role and power of the medical profession?
  – Stratification of general practice
  – Seeds of corporate medicine?
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Questions? Comments? Better ideas?

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