

GP primary care digest overview

The Digest summarises published evidence and insights from current NIHR research projectsⁱ that deliver some answers to key questions about how the GP services can meet the numerous challenges and demands for innovation in service delivery¹.

We present innovations that apply to all GP services (patients' surveys), through to those which have been used for some time but with variable uptake and impact (digital consultations, diagnostics). We present evidence for innovations in the workforce and organisation of GP services that are being undertaken by increasing numbers of practices to meet the increasing pressures on GP primary care services in the UK.

Surveys of patients' experience of GP services

The use of patient surveys to improve the quality of GP services is important both to inform the process of service development and innovation, and to assess the impact of such changes in practice.

[Follow this link](#) to see research that examines how nationally commissioned GP survey data is regarded by GPs and patients, how it is currently used by the NHS, and how patient experience data can be improved, including the use of Real Time Feedback.

Digital alternatives to face-to-face GP consultation

GP consultations provide triage, diagnosis and assessment, treatment and support for management of long term conditions, preventive and public health interventions, healthcare system navigation including referral and diversion through the system to community and hospital specialist healthcare providers. These consultations are typically of 10 minutes duration, face to face. There is now a diversity of alternative delivery models for consultations (e.g. telephone, texting, web based, video-conferencing).

[Follow this link](#) to see examples of research funded by NIHR into alternatives to GP face-to-face consultations.

Innovation tackling how best to deploy GPs and other members of the GP team

General Practice has been at the heart of service innovation, particularly since the pressures on services have come from rising list numbers and increasing morbidity and complexity of cases. But the workforce is insufficient to meet demand, creating vulnerability in supply, reducing patient access, and which may impact on patient safety², creating a crisis in GP primary care in the UK³.

Policy and demand are accelerating the focus on an ever more complex mix of out of hospital services, and the problems of supply and skill mix in the professionals in General Practice and community services. The number of GPs per head of population has declined since 2009 and there are major problems of recruitment and retention. General Practice and community nursing presents a similar problem with an ageing workforce. Between 2001 and 2011, the number of community nurses fell by 38 per cent. Only in pharmacy does there

ⁱ Projects are included from the Health Services and Delivery Research programme, with selected relevant studies from Health Technology Assessment programme, Programme for Applied Research Grants programme and Collaborations for Leadership in Applied Health Research and Care

appear to be a potentially adequate supply of newly trained graduates⁴⁻⁶.

The role of the GP as expert medical generalist who undertakes almost all aspects of diagnosis, care and case management is being changed by the contribution of enhanced roles for nurses, allied health professionals (AHPs), paramedical professionals, and enhanced roles for administrative staff in patient facing roles.

[Follow this link](#) to see research on the contribution of new types of clinician (physician assistants), telephone triage in NHS III services and by physiotherapists in GP services, and current research on strategies to retain GPs in the workforce.

Innovations in the organisation of GP services

NHS policy imperatives in recent years have focused on ever more services provided in and by GP primary care¹. [Follow this link](#) to see research on how General Practice can improve access to GP consultations, become more efficient and provide more services by combining into federations of practices, and to take on service functions such as ambulatory care from specialist services, and out-patient clinics in GP premises.

Diagnostic services in GP primary care

GPs have traditionally referred patients to hospital based diagnostic services under a secondary care specialist. But if GPs have direct access to diagnostic test services this may reduce the requirement for specialist opinion. Further, if GPs undertake more diagnostic tests in their premises, which may also be more convenient for patients, then services may be more efficient and less costly, and patients gain from safe and rapid investigation.

[Follow this link](#) to see research that considers the evidence for new technologies being deployed in GP services. The research also provides a framework for commissioners to assess the evidence from reviews of international research and how the existing and new technologies may be implemented, taking account of logistic, human resource requirements and the impact on clinical and patient communications.

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1. NHS England, Care Quality Commission, Health Education England, Monitor, Public Health England, NHS Trust Development Authority. *Five year forward view*. London: NHS England. 2014.
2. Royal College of General Practitioners. Patient safety implications of general practice workload. 2015.
3. Primary care Workforce Commission. *The future of primary care: creating teams for tomorrow. The Roland Commission*. 2015.
4. Nuffield Trust. *Health and social care priorities for the Government: 2015–2020. Policy briefing*. London: Nuffield Trust. 2015.
5. Smith J, Holder HNE, Maybin J, et al. *Securing the future of general practice: New models of primary care*. London: King's Fund and Nuffield Trust. 2013.
6. NHS England. *General Practice Forward View*. 2016.