

## **Consultation: A vision for the future of primary care**

From 2019 to 2021, the British public's satisfaction with GP services fell by 30 percentage points to 38%, the lowest level recorded to date. Even though appointment levels are at an all-time high, there is widespread public concern about access to primary care as fewer doctors look after greater numbers of patients with increasing levels of complexity. The current state of affairs for primary care services is not working – for patients or for the primary care workforce.

Through our work with you, our members, we have developed a series of nine proposals for the reform of primary care which we believe would make the biggest difference for people living with ill health and disability, and in particular people from groups that experience health inequalities.

We would like to invite your feedback on the draft proposals to make sure they are reflective of our collective voice and priorities. We'd be very grateful if you could complete the following short survey on the draft proposals by **5pm Friday 3 March 2023**. Please note the draft Vision for the Future of Primary Care document is embargoed and should not be shared publicly at this stage.

With your feedback and support, the next iteration of our Vision for the Future of Primary Care will deliver a joined up and clear call on what the future of primary care should look like for those who rely on these services and the steps necessary to achieve this.

**Do the draft proposals reflect the changes necessary in primary care to better support people living with ill health and disability, including the communities you work with?**

We agree with the draft proposals but would like to see the role of other primary care clinicians, such as community pharmacists, mentioned and expanded on in more detail. We outline below the role of community pharmacies within the nine proposals

## Is there anything you think is missing or that needs to be amended?

Yes. The primary care team is wider than General Practice. Although this is mentioned in the introduction to the proposals, other members of the primary care team are not included to the extent that they could be within the proposals.

- ***Revamp access and triage, putting patient choice, personalisation and equity at the centre.*** This mentions investments in GP and dentistry to improve communications and websites but this should be extended to the wider primary care team including community pharmacy.
- ***Develop clearer standardised pathways for diagnosis of health conditions.*** We agree with this proposal and community pharmacy services should include use of these pathways to support early detection of a condition and direct onward referral to the most appropriate provider.
- ***Make support for people with multiple long term conditions more joined up within primary care.*** We fully support this proposal and information needs to be shared with all health and social care providers providing care to the individual person.
- ***Modernise communications with patients, putting patient choice, personalisation and equity at the heart.*** For this to be truly embedded in primary care there would need to be investment in training and education of primary care clinicians around shared decision making and health literacy.
- ***Make it easier for people to book longer GP appointments.*** The general practice team is expanding with other primary care clinicians becoming more integrated into general practice. Pharmacists in GP practices are now undertaking Structured Medication Reviews which take around 30 minutes to complete, providing the opportunity for patients to have longer discussions about their medicines. Having multidisciplinary teams within general practice provides the possibility to enable longer GP appointments.
- ***Better equip primary care professionals to meet people's social and emotional needs in holistic ways.*** Currently social prescribing referrals only really happen via a GP practice. If there was investment in community pharmacies to refer to

social prescribing link workers, they would often be able to capture people who need this service further upstream.

- ***Tackle the inverse care law for GPs and dentists in areas of socioeconomic inequality.*** Community pharmacies currently buck the inverse care law. In the UK, 95-100% of the population can reach a CP within 20 minutes, including areas of high deprivation ([Todd et al. 2014](#)). In England, every day, there are 1.6 million pharmacy visits for health-related reasons ([PSNC, 2021](#)) and over 9,500 'Health living Pharmacies' have qualified health champions on site who optimise opportunities for health promoting interventions ([GOV.UK, 2019](#))
- ***Bring an end to wrongfully refused registrations of people experiencing homelessness, people living nomadically, asylum seekers and refugees in GPs and dentists.*** There is much community pharmacy can do to support these groups of people and we have examples we can share.
- ***Work in partnership with people and communities for everyone's benefit.*** We support this proposal and better information sharing across primary care would help to facilitate this.