The role of the gatekeeper in sustaining health care

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Why have a gatekeeper role?

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England

1. Risk management
2. Excellent primary care and prevention.
3. Early diagnosis/investigation/treatment
4. Efficient access / use secondary care
5. Patient focused continuity of care

General practice

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- The first point of contact for the majority of healthcare issues
- Over 40% of senior doctors (ie completed formal training programme) are GPs
- 80-90% of all doctor-patient contacts are in general practice

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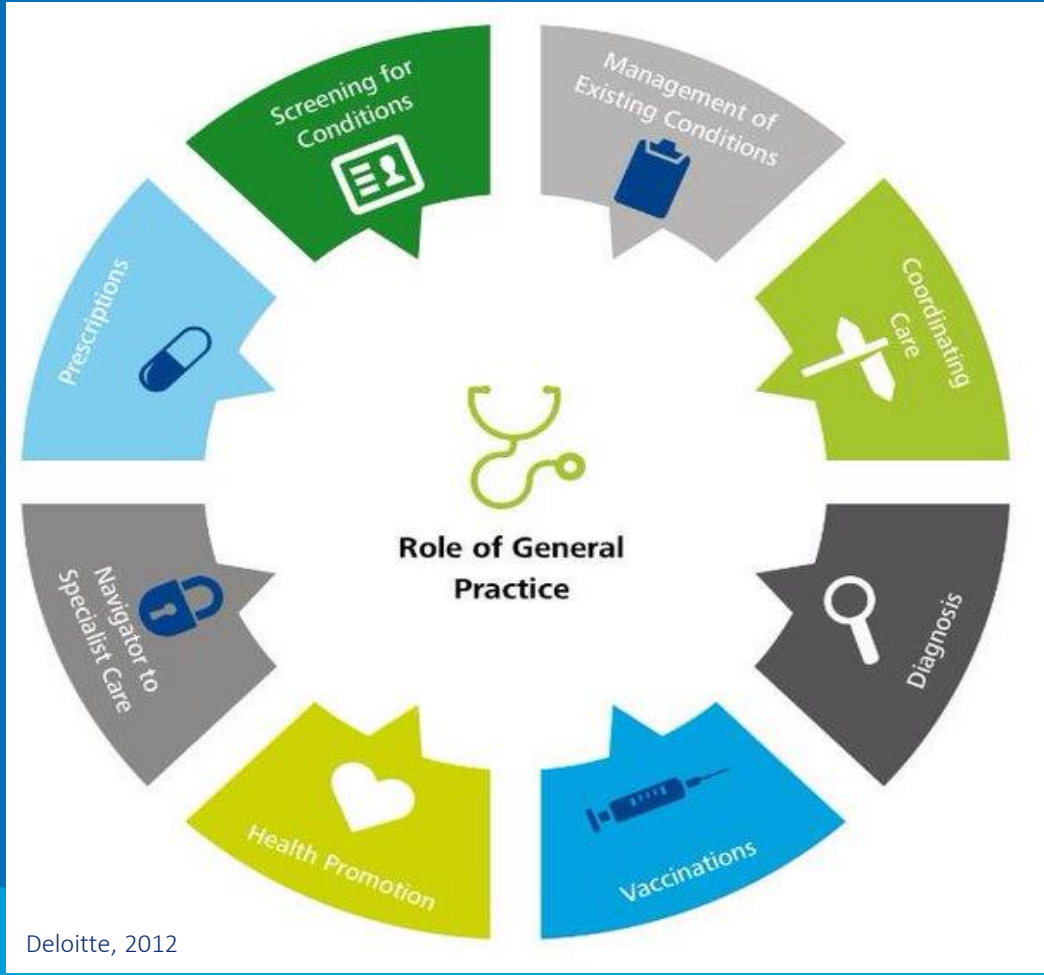

Deloitte, 2012

General practice

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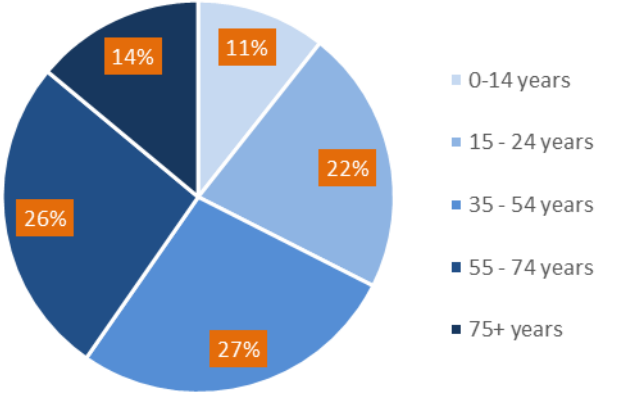
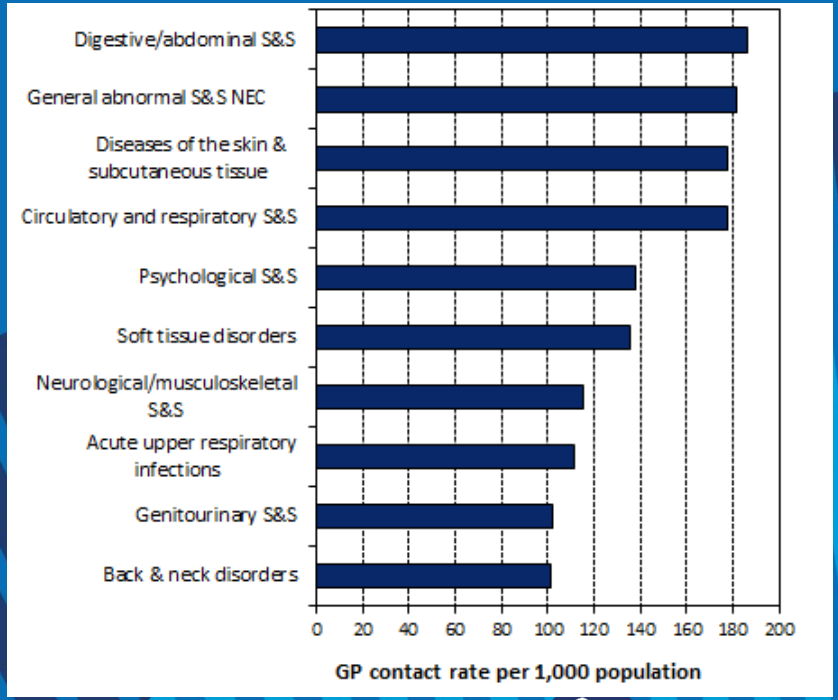


Proportion of GP appointments per year, by patient age (Scotland, 2013)

Top 10 conditions ranked by annual GP contact rates (Scotland, 2013)



System performance

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COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

Commonwealth Fund 2014 – overall ranking

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

System performance

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INTERNATIONAL SCORECARD: BARRIERS TO HEALTH CARE

PERCENTAGE OF RESPONDENTS WITH BELOW-AVERAGE INCOME

MEASURE	UNITED STATES	CANADA	FRANCE	GERMANY	UNITED KINGDOM
Had a medical problem but did not visit a doctor because of cost in the past year	39%	7%	11%	11%	1%
Did not get recommended test, treatment, or follow-up because of cost in the past year	31%	14%	10%	12%	1%
Did not fill prescription or skipped doses because of cost in the past year	30%	8%	11%	8%	4%
Had to wait more than six days for medical appointment	21%	28%	11%	24%	3%
Found it difficult to get care in evenings, weekends, or on holidays	70%	67%	64%	44%	40%
Waited more than two hours for treatment in emergency department	36%	48%	34%	20%	24%

Reference
Davis K et al. *N Engl J Med.* 2014; doi: 10.1056/NEJMp1406707

Clinical Advisor

System efficiency

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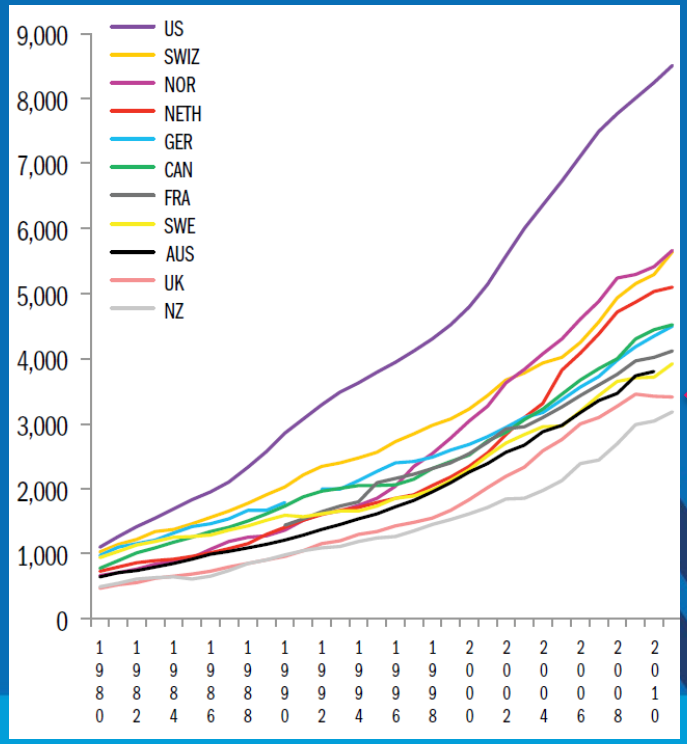

Average spend on health per capita ($US, purchasing power parity)

OECD, 2013

System efficiency

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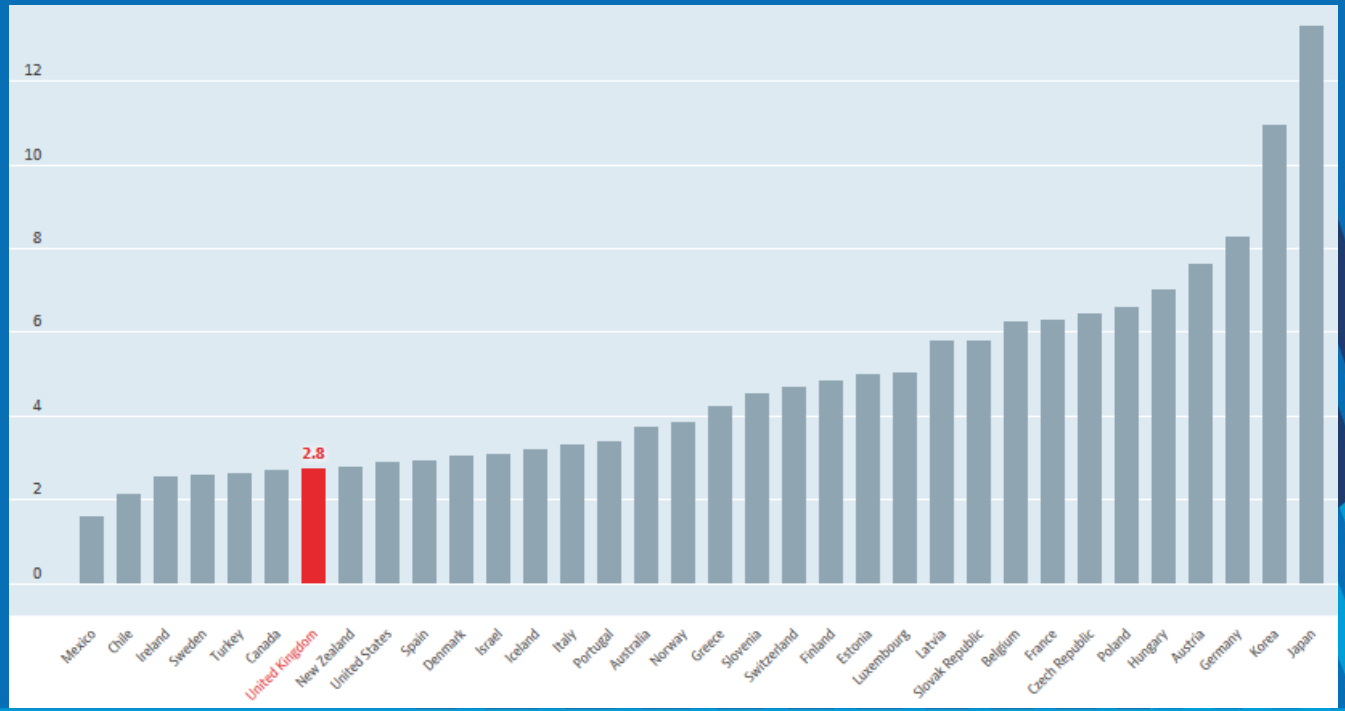

Doctors per 1000 people in the population

OECD, 2013

System efficiency

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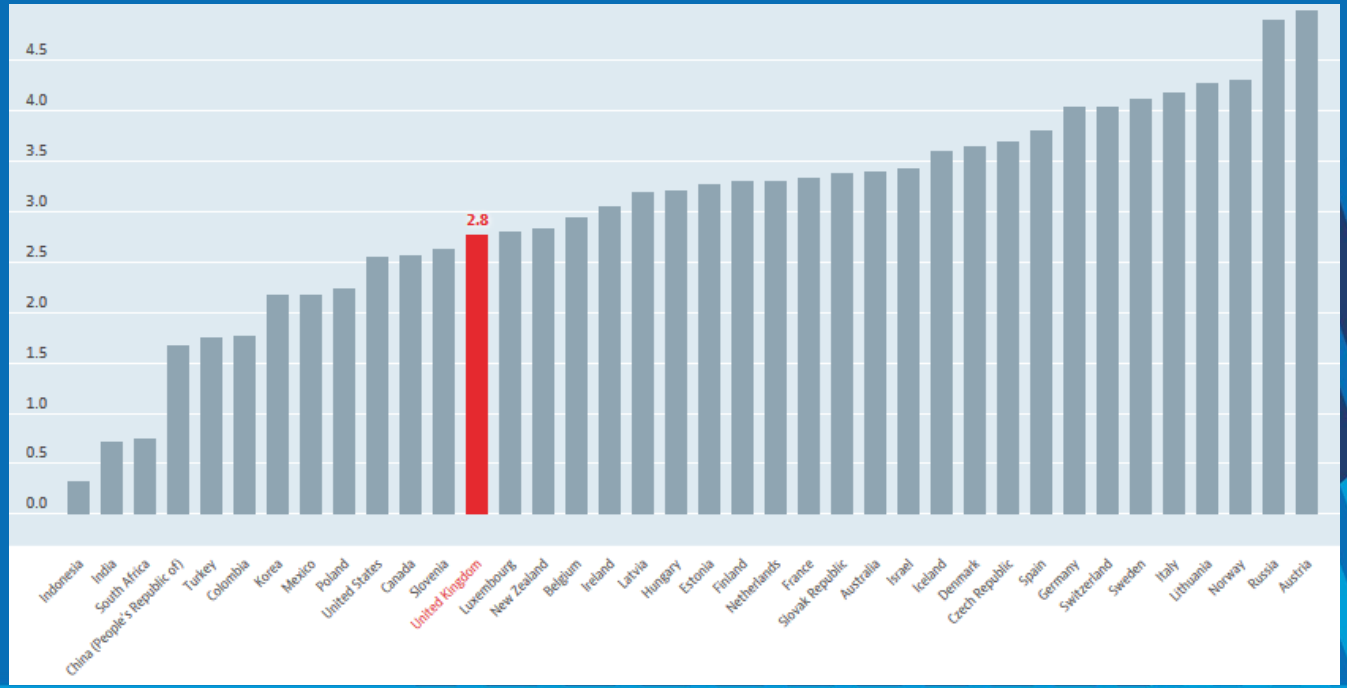

Beds per 1000 people in the population

OECD, 2013

GPs as independent contractors

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- Most GPs are not public employees but rather independent contractors to the NHS
- There are different types of contract, but this doesn't impact on patient care

GMS (general medical services)
59%

PMS (personal medical services)
40%

APMS (alternative provider medical services)
4%

Sessional GPs

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- Increasing number of sessional GPs
  - over a third of all GPs across the UK, likely to reach a half in England
- Includes both salaried and locum GPs
- Different reasons for working as a sessional GP

Top reasons for working as a sessional GP
BMA national survey of GPs 2015

- ✓ Flexibility and desire for a good work-life balance
- ✓ GP partners are too overworked
- ✓ Too much uncertainty facing general practice to commit to a partnership
- ✓ Allows me to work in a number of different roles

Funding overview

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1. Registered List – capitation
2. Specific services – imms, Cx smear etc
3. QOF – quality of care
4. Enhanced / additional services
5. Private / non-NHS work

GP Funding

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Total NHS investment into UK general practice in 2014/15 was £10.5bn

This is a capitation based payment (based on number of patients) adjusted for:

An assessment of the drivers of workload at GP practice level based on

- patient age and sex, including patients from nursing and residential homes
- additional needs of patients
- an adjustment for list turnover

An adjustment for GP practices experiencing different 'unavoidable costs' for meeting the same workload using:

- a 'Staff Market Forces Factor'
- an assessment of the rurality of the practice

The Quality and Outcomes Framework (QOF)

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- QOF provides general practices with financial incentives to improve quality
- It rewards practices for the provision of quality care
- It relates to evidence-based clinical interventions for illnesses such as diabetes, asthma, and other long-term conditions
- The number of bonus-related services is being reduced and funding rerouted into capitation

Secondary care funding

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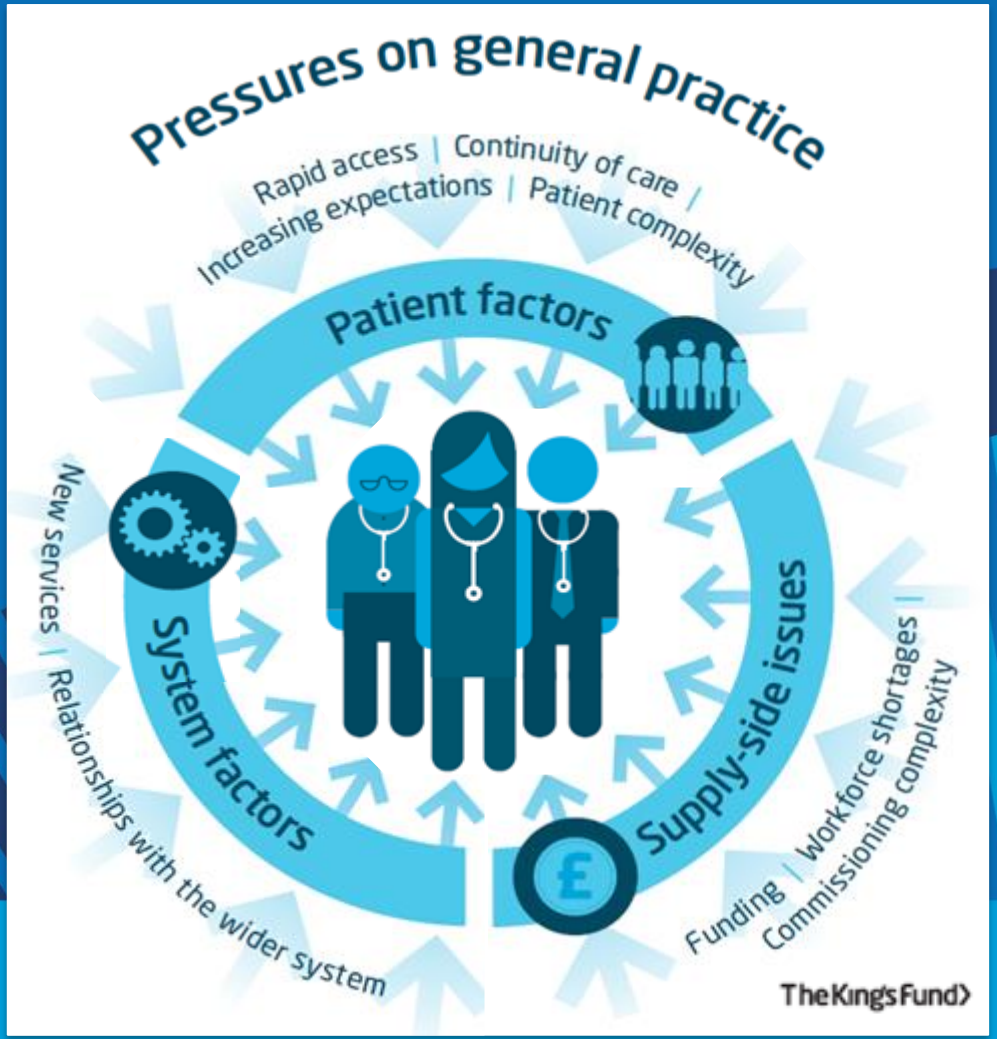
- Secondary care in England is funded very differently to general practice

- National tariff – Payment by Results
  - Commissioners pay providers for each patient seen or treated
  - Payment is based on nationally agreed tariffs and currencies, which cover the majority of acute care in hospitals

- General practice model of capitated budgets may be extended to secondary care in some areas

Challenges to the system



Potential changes to the system

- Integrated, at scale provision – GP networks, MCPs (multi-speciality community provider), ACOs (accountable care organisations)

- Organisational change in response to resourcing pressures or a more systemic shift in the delivery of care?

Overall – gatekeeper role

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1. Efficient system
2. Risk management
3. Patient focused care
4. Continuity of care
5. Better primary prevention
6. More efficient use secondary care

1. Funding shortfalls
2. Manpower shotages
3. Clinical demand challenges
4. Complex structures & processes
5. Political “football”

Thank you.

Questions?