Primary Care Response to the 10-Year Health Plan

A joint response from:

British Dental Association

The BMA's General Practitioners Committee England

Community Pharmacy England

Optometric Fees Negotiating Committee

The Association for Primary Care Audiology Providers

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

This is a joint submission from the British Dental Association, the British Medical Association, Community Pharmacy England, the Optometric Fees Negotiating Committee and the Association for Primary Care Audiology Providers. Our organisations between us represent the five primary care sectors – general practice, community pharmacy, eye care, dentistry and audiology.

Together, our sectors form the backbone of the NHS, acting as the first port of call for the nation on healthcare matters, as well as both a triage and safety net system for hospitals and specialist care; effectively advising, treating and reassuring millions of people and patients every day. But our ability to do this, and to keep the heart of the NHS beating, has been severely impacted by the many years of funding cuts and wider pressures to which our members have been subjected.

This is a collective response from our five sectors to urge the Government to avoid repeating the policy mistakes of the past 15 years which have hollowed out primary care through lack of investment and a failure to prioritise, bringing the NHS to its current parlous state. Instead, we are calling for Government to act now to put the NHS on a sustainable path to recovery by prioritising and expanding the use of primary care so it can play its key role in NHS recovery.

We urge Government to work closely with us to begin the long-term process of renewal and rebuilding of our primary care services for patients, putting primary care delivered by the health professionals we represent at the heart of its new 10-Year Health Plan.

December 2024

Causes of the Crisis

We agree with the Secretary of State's diagnosis of the NHS as being 'broken' and attribute this to three related failures:

1. **Lack of strategy**: NHS England has no primary care strategy or expansion plan. Short-term 'recovery plans' and non-strategic bursts of short-term investment have failed.
2. **Disproportionate cuts**: Real-term funding cuts have disproportionately affected primary care, putting intolerable pressure on the most-used part of the health service.
3. **Neglect of primary care**: NHS restructuring has regularly focused on secondary care, neglecting primary care. This has caused a vicious circle: missing opportunities to keep people well and out of hospital, placing more demands on hospitals, driving NHS costs, which further deprive primary care of resource, meaning yet more missed opportunities to prevent ill-health and reduce demand.

Our key recommendation is the reversal of these three issues.

Recommendation: The 10-Year Health Plan must set out a clear primary care recovery and expansion strategy, demonstrating how that will be matched with appropriate investment for a sustainable future.

Funding shifts

Significantly, the funding pressures in primary care have been far worse proportionally than those to which secondary care has been subjected, with the proportion of total NHS spending on primary care continuing to decline. As Lord Darzi observed in his investigation of the NHS, too many people are ending up in hospital because too little is being spent in the community: *"We have underinvested in the community."*

Lord Darzi summarised:

"The NHS Budget is not being spent where it should be – too great a share is being spent in hospitals, too little in the community."

Lord Darzi goes on, in his letter to the Secretary of State, to note that while successive governments have promised to shift care from hospitals and into the community, in practice, the reverse has happened. Between 2006 and 2022, the share of the NHS budget spent on hospitals increased from 47% to 58%, with the 'knee-jerk reaction from Ministers' being to throw more money at hospitals. Meanwhile, Darzi reports that primary care's share of NHS spending has fallen from 24% to 18% over a similar period (2009 to 2021). "The result is that the NHS has overseen the inverse of its stated strategy," Lord Darzi concludes.

Darzi Recommendations

We agree with Lord Darzi's recommendations that we must expand primary care services and adapt them to the needs of those with long-term conditions; and also to innovate care delivery through a neighbourhood NHS. Our members already provide that neighbourhood service with community locations throughout England be it the 6,300 GP practices, 6,500 dental practices providing NHS dentistry, 10,450 community pharmacies, 6,000 high street opticians, or 1,500 primary care audiology centres.

The health professionals we collectively represent work closely together where possible, but their ability to do so is often hampered by inadequate systems, poor data sharing, and competing financial incentives. We therefore wholeheartedly agreed with Lord Darzi's recommendation that we need to develop multi-disciplinary models of care, to allow our members to work together more seamlessly and to foster and reward true collaboration across systems for patients and populations.

Summary of our recommendations

In summary, our collective sectors are asking that the Government uses this 10-Year Health Plan to correct the policy failings of the past: invest to save our primary care services, and to empower us to improve outcomes for patients and to play our part in fixing our broken NHS.

Recommendation: We believe the success of the future NHS depends on the prioritisation – in financial and policy terms – of primary care.

In particular, our five sectors are seeking the following:

- **Value primary care and rectify past funding mistakes:** Recognise the role of primary care as the critical first port of call for patients, enabling professionals to use their clinical expertise to offer care closer to home, focusing on early detection and treatment, as well as prevention. And act now to put a stop to the perverse funding and incentive structures which, as identified by Lord Darzi, continue the cycle of underinvestment in primary care to the long-term detriment of the NHS and its patients.
- **Clear primary care expansion plans linked to investment directives**: Set out a clear plan for primary care, allowing our members to rebuild and expand the services that they offer to improve patient care and help reduce health inequalities, and commit to the investment needed for this. Investment plans should include the return of any underspent budgets to the primary care services for which they were allocated.
- **Cement primary care's role in planning and designing healthcare delivery**: Give primary care an equal voice and representation in ICB and NHS England planning.
- **Incentivise recovery, collaboration and digitisation**: We recognise the importance of the Government's technology shift and want to play our part in this. But at the moment, funding squeezes prevent investment in technology, and contractual incentives do not encourage collaborative working and system-wide recovery. The 10-Year Health Plan must address this and lead to better alignment across services and contractual frameworks.

These changes go to the heart of what primary care is about and they must be implemented in the first phase of the 10-Year Health Plan if pressures on hospital services are to be reduced and NHS capacity and funding is to be better aligned to meet growing patient need within this Parliament.

Unless these changes happen, and we start to improve the health of the nation from a primary care level up, the current unmanageable demands on hospitals will not ease, and

this plan will be doomed to the same fate as previous NHS plans. The shifts need to come from the top, recognising that that the prioritisation of primary care will take bold decisions to target funding towards long-term benefits, not only short-term ones.

But if this does not happen, the health service will be stuck in what Lord Darzi calls the 'perpetually reinforced' cycles of the past, in which he says everybody loses - patients, staff and taxpayers alike.

Summary

The primary care sectors together have the skills, the clinical workforce and the core infrastructure in place, to do so much more. They are embedded, trusted and valued within local communities, and ready to deliver on the Government's three key shifts for the health service. This response is a collective call on Government to empower primary care, through prioritisation in both policy and funding terms, to put the NHS back on track – reducing the waiting list pressures, moving care closer to home, and beginning the shift from treatment to prevention.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

We agree with Lord Darzi that current systems and incentives are set up in a perverse and counterintuitive way that channels more and more funding into hospitals. In short, the NHS is in a critical state due to years of spending cuts in primary care and an over-reliance on a costly and unsustainable hospital-centric model of care. This is affecting patients and all those who work in the health service in a myriad of ways.

There is clear evidence that primary care is already performing at a high level – for example community pharmacies delivering over 30% efficiencies, or multiple professions collaborating to deliver a world-leading COVID-19 vaccination programme – and many reports have found that patients want to access more care closer to home. Yet despite this evidence, the proportion of funding going into hospitals goes up, and primary care funding continues to be strangled and cut back in real-terms.

This chronic and serious underfunding of primary care services is now the biggest barrier to moving more care into communities.

We believe this imbalance is one of the key reasons that the NHS is in its current state: that is to say, "broken" according to the Secretary of State for Health and Social Care. We agree with this diagnosis, and nowhere is it truer than in primary care, upon which all other parts of the NHS and care systems depend, and which has most frequent contact with patients and local communities. Serious policy change and follow-through is needed.

We have been pleased to hear the Secretary of State recognise that the UK should not be sat near the bottom of the table of OECD countries for its investment in primary care. This 10 Year Plan is the last chance to resolve this: the Government and NHS must now rebalance NHS investment, so that more can be done in primary care to help deliver better health outcomes for patients and to heal the NHS.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Across primary care, health professionals are routinely slowed down by the lack of interoperability between IT systems. Care is also negatively impacted by the continued reliance on email, paper and the post, instead of structured referral notifications, making it very hard to track care and the progress of patients through the system. A move towards IT interoperability between care settings would support staff in all our sectors to provide the very best care in the most efficient and joined-up manner. This interoperability of IT systems should be supported by multidisciplinary care pathways.

In addition, the capital investment gap in primary care funding needs to be addressed. Due to intense funding squeezes, many of our members have been unable to invest in their facilities for many years. This gap goes far beyond aesthetics: if primary care is to expand to provide the stable foundation that the NHS of the future so desperately needs, providers of primary care services will need to be able to modernise their facilities on an ongoing basis to ensure they remain fit for an ever-changing purpose.

The providers of primary care are some of the most forward-looking and innovative clinicians and managers in the health service; they would not have survived for this long if they were not. But the funding squeeze has gone too far: without sufficient funding, investment in infrastructure and new technologies will not be an option, making any arguments about what capacity or other benefits they might bring, redundant.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Primary care serves as the first point of contact for most patients. Together our health professionals help to keep the nation healthy and to manage ill-health when it does arise; we prevent hospitals from becoming overwhelmed; and we save money for the NHS, care system and wider economy. We keep people in work and out of hospital. Prevention is at the heart of everything we do – and with more patient interactions than any other part of the health service, we are the best people to spot illnesses earlier and tackle the causes of ill health.

All of our sectors have ideas and visions for what an expanded public health and prevention offering could look like, whether that is supporting vaccination efforts, providing expanded smoking cessation or weight loss services, managing blood pressure, or doing more to help people with long-term conditions. Much of this is aligned with the Government's stated aims for the health service – such as creating a neighbourhood wellbeing service and building on new services such as Pharmacy First and Community Urgent Eyecare Services (CUES). It remains the ambition of the staff working across primary care to make every contact with people count and to contribute to this important agenda.

But currently, the pressures on all parts of primary care are making it much harder to ensure that everyone has access to the full range of preventative health services, and this is contributing to increasing health inequalities. For some of our sectors, public health advice is simply unfunded. For example, community pharmacies are delivering some 69 million

informal healthcare consultations every year which are not properly funded – this is clearly unsustainable. Easing these pressures, and planning for a recovered and expanded primary care service along with the investment needed to fund it, is the first step towards creating the prevention focused health service that the Secretary of State wants.

The patchwork responsibility for prevention in local systems does not help with continuity of service availability around the country, and as Lord Darzi noted, the public health grant has been slashed by more than 25% in real terms since 2015, alongside the abolition of Public Health England. Clearly this funding black hole needs to be addressed – the members of our five sectors have the skills, and the accessibility within local communities to contribute significantly to the prevention of ill health, but only if they have the means and opportunity to do so. Investment, combined with clear national service specifications covering the full range of prevention services which can be activated locally and delivered via primary care providers will be critical to achieve the stated aims of the NHS Plan.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

• Quick to do, that is in the next year or so

• In the middle, that is in the next 2 to 5 years

• Long term change, that will take more than 5 years

This plan will shape NHS strategy and investment for the next ten years and beyond: getting it right will be critical to the health of the NHS and the nation it serves. But if change is not delivered and the NHS continues to repeat the mistakes of the past, we can expect to watch our NHS continue to deteriorate.

Primary care reaches more people than any other part of the NHS: we are the first port of call on health matters, whether providing help with a condition or illness, or acting early to prevent ill health. And we provide the foundations for the whole of the rest of the health system: without us, everything fails.

We support the three shifts that the Government has identified for change and our five sectors – general practice, community pharmacy, dentistry, eye care and audiology – have much to offer to make these happen. But to have any chance of making these shifts a reality, and getting the NHS back on its feet, urgent action is needed to prioritise primary care. We need to see investments rebalanced towards primary care to rebuild and expand on it – without this foundation, the whole system will continue to be top-heavy, loading ever more pressure on hospitals already beyond their limits.

We have identified some specific actions through which we believe the changes needed can be achieved, starting immediately:

1. **Avoid further restructuring**: Build on existing structures to repair our NHS. This is an immediate policy position that Government and the NHS can take. Across primary care

we have a network of neighbourhood healthcare centres, with the skills and ability to go further for patients: we should be supporting and investing in this existing network.

2. **Value primary care**: Recognise the role of primary care as the critical first port of call for patients, enabling professionals to use their clinical expertise to offer care closer to home, focusing on early detection and treatment, as well as prevention. Again, this is a policy position that the Government can adopt immediately, and also direct from the centre that ICBs should adopt.

3. **Restore fees and invest steadily**: There is an urgent need to increase primary care fees and maintain consistent investment, to rebuild the critical services which form the very foundation of our NHS. Our five sectors all stand ready to recommence discussions and negotiations on this as soon as Government is ready; we have also individually been undertaking economic projects and wider work to demonstrate the value of investment in our sectors to the Government, and to show how we can support the wider Government growth mission. In some of our sectors unspent monies allocated to us are being diverted into other NHS priority areas – this is unacceptable, when our sectors are crumbling and in desperate need of investment. A simple, and quick, first step would be to ensure that any underspent budgets are directed into the sectors for which they were intended.

4. **Rebalance funding**: As Lord Darzi has rightly identified, to shift more care into the community, we also need to shift NHS investment towards prevention and primary care: he calls this hardwiring financial flows. Investment in primary care can offer most value in driving better population health outcomes; our members interact with more patients than any other part of the health service. This response is a call to Government to help us to make every contact count: this will need bold and difficult decisions about where to direct funding in the short, medium and long-term. To have most impact, these funding decisions will also need to continue to be taken nationally, ensuring national coverage of enhanced primary care for all, rather than introducing more postcode lotteries in healthcare.

5. **Incentivise recovery and collaboration**: Encourage primary care recovery to reduce avoidable hospital referrals and help our sectors to work together more closely to support patients and communities than ever before. The people we collectively represent work closely together where possible, but their ability to do so is often hampered by systems and competing financial incentives. We therefore wholeheartedly agree with Lord Darzi's recommendation that we need to develop multi-disciplinary models of care, to allow our members to work together more seamlessly and to foster and reward true collaboration across systems. To make this happen, we will need to see better alignment across services and contractual frameworks.

6. **Cement primary care's role in planning and designing healthcare delivery**: Ensure primary care has an equal voice in NHS planning. As contracted professions our members bring a fresh perspective to strategy and have much to offer in planning both nationally and at ICS and PCN level, yet this is too often ignored. To shape a local NHS that truly works for the future, primary care needs to have a clear and recognised voice across all systems.

7. **Drive digitalisation**: Fully digitalise primary care to improve outcomes and efficiency. While we know this will take time to deliver, there is nothing to stop policies being made and work beginning immediately. Our members would welcome this clear signal.

There is much to be gained by delivering on these actions and allowing our sectors to help deliver on the three shifts that our NHS needs to see. But if there is a failure to value primary care, or to match this with the investment needed to rebuild and expand our five sectors, no matter what other actions are taken, with the foundations of the health service not being stabilised, we can expect to see the NHS remain stuck in the same cycles as identified by Lord Darzi, with the ultimate losers being patients, NHS staff and taxpayers.

Working together, our five primary care sectors can help improve health and wellbeing, reduce inequalities, and support the wider health service: we ask that Government acts now to empower us to achieve these goals.