

## **Organisation and Delivery of Primary Care working group**

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This is a pivotal time for NHS primary care. Demand has increased substantially, while the GP workforce is falling. The organisation and delivery of primary care is becoming a major challenge faced by patients, clinicians and policy makers. NHS England's Five Year Forward View and the GP Forward View have both highlighted the need for new models of care that are both effective and sustainable. Across the devolved nations, change is also afoot, as exemplified by the new Scottish GP contract.

Several innovative ways of redesigning primary care have been proposed. Take for example the idea of working at scale – which variously has been called integration, sustainability and transformation plans, sustainability and transformation partnerships, accountable care systems, accountable care organisations, federations, localities and neighbourhoods.

At the same time the workforce in Primary Care is changing – new roles are emerging, such as physician associates, care navigators and lifestyle coaches. Established professional roles are expanding to take on work usually done by GPs – as seen with pharmacists in practice, advanced nurse practitioners, paramedics and health care assistants. This has potential implications both for service delivery and training.

Finally, the way Primary Care itself is delivered is changing, with more disease specific community clinics, early visiting services, telephone triaging services, video consultations, micro-teams in larger GP practices and so on.

However, despite the need for change, the NHS also has to make sustained savings, reduce waste and/or unwarranted variation. Furthermore, the reality, and challenge, is that we have little idea of what the impacts (intended and unintended) all these changes have on the organisation and delivery of Primary Care. It is entirely conceivable that they may add more strain to the current system.

Therefore such innovations must have robust evidence to demonstrate cost-effectiveness, support continued implementation and improvement and broader scaling.

This is where the NIHR SPCR can make a difference, providing timely, high-quality and relevant evidence that benefits all those affected by these changes. Such support is already being provided in the form of the NIHR Evidence Synthesis Working Group, which has a dedicated workstream to support the evidence based re-design of Primary Care.

We will build on this initial support by developing a new working group. Our objectives will be to:

1. Bring together SPCR members interested in researching the organisation and delivery of primary care, for example to:
  - a. discuss the research priorities in this area
  - b. explore, examine and decide on the methodological approaches that we can use in our research
  - c. collaborate to develop and submit competitive grant applications
2. Involve patients and the public as partners to help us to focus, develop and deliver our research and shape its potential impact

3. Build stronger partnerships with stakeholders such as the NHS, the Royal College of General Practitioners and NHS Clinical Commissioning Groups to ensure our work remains relevant and informs practice
4. Prioritise and develop research for future funding applications, both within the NIHR SPCR and other funding streams.

This working group is open to any SPCR researcher who is interested in helping us meet the working group's objectives. If you are, please email any of the leads:

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