Londonwide LMCs
The professional voice of London general practice

4 September 2020

LONDONWIDE LMCs' RESPONSE TO LONDON RECOVERY BOARD

Thank you for the opportunity to respond to the key questions posed by the recent listening exercise to inform the work of the London Recovery Board.

GPs understand the specific needs of their local communities and have a long history of planning and delivering services to meet these needs, taking into account potential barriers to access, such as language and literacy, and ensuring delivery models are socially and culturally acceptable.

At a population level, general practice offers prevention, screening and health promotion services. There are many studies that show that GPs are in an ideal position to raise and discuss lifestyle behaviours with their patients opportunistically during routine consultations, and often with positive outcomes. However, studies also highlight that there are many barriers to initiating these conversations and, even in healthcare systems in which the average GP consultation length is 50% longer than the time available in UK, time has been found to be a limiting factor.

GPs understand their neighbourhoods and are able to promote social inclusion, for example by linking patients to local groups and voluntary sector organisations. In many areas, the practice is a community asset providing not just bricks and mortar value to the local geography, but essential social capital through the human assets evidenced through patient advocacy, community and service collaboration on population health planning, and the engagement and support of some of the most vulnerable community members. It is clear that the value and experience of general practice lies both in both the physical and social placement of the service and the healthcare professionals providing it.

Our initial thoughts in response to the listening exercise are below, but we intend to take soundings from our pan-London network of elected GP leaders next week and write with further thoughts later in the month. We would also be happy to convene a meeting involving our team and counterparts at London Councils to discuss collaborative working and how we might take forward the Mayor's important health inequalities and community development agenda.

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INITIAL COMMENTS FROM LONDONWIDE LMCs

Background / General comments	The role of the GP has always been to provide holistic healthcare to individuals and to local communities. For most people, their GP is the first point of contact when they are concerned about a physical or mental health problem. In more recent times, this has increasingly extended to social concerns and even concerns of a cultural or spiritual nature. General practice care has been described as providing care from the cradle to the grave and GPs continue to provide everything from antenatal/post-natal care through to end of life care with everything in-between. This relational continuity leads to increased satisfaction among patients and staff, reduced costs, and better health outcomes. GPs operate in the complex space outside of disease-specific approaches, providing patient-centred care, and seek to understanding patients' healthcare beliefs, values, and preferences; using this understanding predicts health behaviour and ensure treatment choices are more acceptable to the patient's expectations and needs. GPs consider the wide range of social, economic, and environmental factors that impact on health and aim to maximise the patient's well-being through advocacy and signposting to optimize all aspects of the wider determinants of health. With the loss of the general physician in hospital practice, GPs have become the expert generalists. This role is becoming increasingly important as patients' needs become more complex. GPs have the unenviable task as generalists to ensure a safe balance between following a disease specific, guideline-based approach to care with the holistic approach which takes into account multimorbidity and the patient's ideas, beliefs, and expectations.

What are the main issues that you, your sector and/or your members are facing (in the short, medium and long term) on Recovery?	The Covid-19 pandemic has already disproportionately adversely impacted on the health of people in our most vulnerable communities, and the long-term socio-economic impacts are highly likely to dramatically widen the gap further. The greatest potential to reduce health inequalities is through addressing the wider determinants of health, with a focus on proactive preventative action. This emphasises that a medical model of care, with its disease-specific approaches, will not adequately address health inequalities. The challenges are clear: • for healthcare providers - workforce shortages, low staff morale and burnout, major financial issues in providers and continued budgetary pressures; • for patients –increased physical and mental need, health anxiety, long Covid and suppressed demand; • and for GPs - a quadruple whammy of catching-up with supressed lockdown demand, continuation of infection control and business as usual activity, commencement of new contractual work such as additional responsibilities with care homes, and the expectation that practitioners will cope with the anticipated flu surge and second Covid wave alongside all of this. All of this juxtaposed with interface issues as hospitals and others introduce new measures to manage their own workload challenges, creating further hurdles for GPs and their teams. GPs currently lack the time to engage in prevention activities outside of clinics or the resources to employ and train staff with population health skills. It is not possible to prioritise this without additional financial incentives, especially as the payback is often felt over too long a period to reduce the workload of delivering other services. There is a disconnect between the expectations and realities of general practice, with workload and incentives leading to a focus within rather than outside the practice.

Is there anything critical to London's recovery missing from the current set of missions?	General practice co-ordinates care, working in partnership with patients who have complex multiple co-morbidities to manage their physical and mental health conditions. Conditions that would have previously been out of the expertise of GPs, and under the exclusive remit of specialist hospital care, now form part of the normal GP care. Over the last 20 years, the care of patients with long term conditions has shifted so that the vast majority is now provided by GPs and community teams. As such, we believe that the importance of care close to home, within a community setting and from a trusted provider, is a critical element of the "15-minute city" concept, reflecting that localism is more than shopping and transport, but includes care and community. Every citizen is a consumer, a constituent, and a patient.
What actions or interventions would address this challenge? Which would have the most impact?	The Mayor rightly calls for collaboration at all population levels and for the conditions to be created for joint working at a local level to tackle variation in the leading causes of death like cancer and heart disease, with acknowledgment that long term conditions like mental illness, diabetes or dementia can only be effectively prevented or managed through a coordinated strategic approach. GPs understand the local factors that shape behaviours and lifestyle and that influence health and wellbeing in our communities; one of the 13 core Royal College of General Practitioners competencies for being a GP is 'community orientation': 'the management of the health and social care of the practice population and local community'. The pandemic has increased geographic community cohesion in many areas, with people reaching out and volunteering to support their close neighbours for the first time. Volunteer support is important in non-pandemic times too, bridging the support provided by practices and the community and as PHE has said previously, communities are vital building blocks for health and wellbeing.

	Practices are well placed to support this coalitioning and community-led movement in their local areas and help their local community to maintain and develop this when the pandemic has passed. This is essential to the wellbeing of our practice populations and may reduce pressure on health and social care services moving forwards – both of which have importance post pandemic. Many practices are community assets within their communities. For example, the practice noticeboard has traditionally provided key information to residents about local groups and support. Many practices are the base for volunteers to lead groups that support wellbeing of local residents, such as walking groups and gardening groups. It is not uncommon for practice staff to volunteer in this leadership role as often they are local, well respected members of the community. However, NHS strategy documents now rarely refer to practices, and there is increasing focus on the primary care network scale of delivery; individual practices are now undervalued and overlooked. Increasingly, the NHS is increasingly contracting at larger scale and practices are merging to try to safeguard their financial sustainability.
In five years' time which pieces of evidence would show that the mission had been achieved?	The greatest potential to reduce health inequalities is through addressing the wider determinants of health, with a focus on proactive preventative action. This emphasises that a medical model of care, with its disease-specific approaches, will not adequately address health inequalities. Adopting a holistic rather than an over-medicalised approach based on the number of treatments, interventions or items of medication allows for the acknowledgment that the patient is engaged on a journey, rather than a binary transaction, and is more suited to the realisation of public health goals. To that end, rather than counting patients or health transactions, maintaining local community contact and services/ supporting the social assets of general practice so that they remain open and embedded in the communities that they serve would be an effective measure of the success of a community health approach.

Who needs to be involved in responding to this mission? Please provide specific organisations and/or individuals where possible.	General practice professionals can signpost to wider services of support and draw on the local community social capital, for example matching need to volunteers, local groups and voluntary sector organisations. We believe that practices, Local Authorities and community and voluntary sector groups can achieve impactful results when they work together. Groups such as practice Patient Participation Groups, Health and Wellbeing Boards, LMCs, and local VCS often have unique and specific insight into, and awareness of, the challenges facing particular communities and as such, make great advocates for patient groups. It is important to learn from the local successes of London's Mutual Aid networks through the past six months and ensure valuable changes are not discarded.
Any other comments	There is a growing need for further attention to be paid to mental health services. Supporting and adopting a holistic approach to mental health which recognises and engages the underlying issues of poor mental health can lead to innovative and effective community-based solutions in addition to the options offered by healthcare services. The same principles apply to social care. The need to value and support social capital and to bring people together in their locality is synergous with the need to recognise and support a whole-person approach to the management and maintenance of mental health on a par with physical health. Recognising that there is no absolute scale on health but using the consultation and the patient-doctor relationship to move people along a scale rather than hitting an arbitrary mark which is not applicable or suitable to all.

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