

Primary care: an introductory briefing for MPs



What is primary care and why is it important?

Primary care is the first point of contact for people needing healthcare, serving as the front door to the NHS. It's where people go for advice, treatment, or referrals to more specialised care if it is needed. It's also where ongoing relationships with healthcare providers are built, ensuring continuity of care.

Primary care in England encompasses:

General Practice

6,300 GP practices treat and manage common physical and mental health conditions.

Pharmacy

10,450 local community pharmacies are available to offer advice, prescription medicines, and treatment for minor illnesses that don't need to be seen by a GP.

Optometry

6,000 high street opticians are the go-to place for eye health, vision testing, and early detection of health conditions such as diabetes.

Dentistry

6,500 NHS dental practices provide check-ups and treatments, as well as cancer checks and advice on diet, smoking and alcohol consumption.

Hearing

1,500 primary care audiology centres assess, diagnose and manage ear and hearing care needs.

How is primary care funded?

Primary care providers are independent contractors providing NHS services. These services, and the funding that pays for them, are set out in contracts agreed between the providers, the NHS and the Department of Health and Social Care. Often, the funding is fixed and makes no allowance for inflation or for growth in the volume of activity. Many providers also rely on this funding for the vast majority of their income. As a result, primary care providers can face severe funding challenges.

9 in 10

NHS patient interactions happen in primary care.

A fully resourced and effective primary care system reduces hospital admissions, cuts waiting lists, and improves overall population health as people can access care near their homes.

The big shifts

1 Hospital to community

Primary care's established position in communities means these sectors have an inherent role in shifting care closer to home. Successive Governments have recognised the need to deliver more services in the community, but real-term funding cuts have disproportionately affected primary care, putting intolerable pressure on the most-used part of the health service.

Between 2006 and 2022, the share of the NHS budget spent on hospitals increased from 47% to 58%. Meanwhile, Lord Darzi reports that primary care's share of NHS spending has fallen from 27% to 18% over the same period. "The result is that since 2006 the NHS has overseen the opposite of its stated strategy," Lord Darzi concludes.



Our asks

We need a more resilient primary care sector, enabling professionals to use their clinical expertise to offer care closer to home, focusing on early detection and treatment, as well as prevention. To achieve this, we need to:

+ Make primary care central to the NHS 10-Year Health Plan

Recognising the role of primary care as the critical first port of call for patients and gatekeepers to hospital services will help realise the potential of providers to relieve pressure on secondary care.

+ Increase the share of NHS funding allocated to primary care in the Spending Review

Rebalancing funding to increase the levels of NHS investment in prevention and primary care will provide a more sustainable outlook for the health service in the long term.

+ Use the existing primary care network to deliver more services

The existing primary care network provides a basis for upscaling the number of appointments delivered in the community at pace, consistently, in all parts of the country. Combining this with fair funding which better utilises the clinical skills of registered professionals and ancillary staff could help support the delivery of the Government's NHS goals by:

- Rolling out a national programme for eye care providers to detect glaucoma for patients at risk, and prevent the exacerbation of existing disease.
- Better utilising community pharmacists' clinical skills to develop a more joined-up vaccination programme and an expanded Pharmacy First offer.

- Increasing survival rates for oral cancers through cancer checks delivered by high street dentists during routine appointments.
- Providing funding and resourcing to deliver the NHS vaccination strategy, including target areas and groups with low uptake.
- Creating an open-access primary care audiology service. This would allow all adults to visit their local audiologist just as they see a pharmacist, dentist or optician without needing a GP appointment.

+ Improve the digital link-up between primary care providers by granting read-write access to patient records for all primary care professionals

Fully digitalising primary care to improve outcomes and efficiency will strengthen the support for hospitals facilitating and improving referrals and discharges.

+ Allow primary care representatives to have a bigger role in co-designing future healthcare delivery

The composition of Integrated Care Boards and local commissioning bodies is currently balanced heavily in favour of secondary care. To facilitate the shift from hospital to community, this must be changed through wider guaranteed primary care representation.

2 Sickness to prevention

People are living longer but spending more time in ill-health – as a result, demand on the NHS has never been so high. All primary care sectors have recommendations describing 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, or doing more to help people with long-term conditions such as diabetes. Primary care providers are ideally placed to do this due to their presence on high streets.

Currently NHS England has no primary care strategy or expansion plan. Short-term 'recovery plans' and non-strategic bursts of short-term investment have failed. The 10-Year Health Plan must draw on the existing clinical expertise within primary care to deliver a greater range of services and prevention outside hospitals, to speed up care and reduce waiting times.

3 Analogue to digital

Across primary care, health professionals are slowed down by the lack of interoperability between IT systems and lack of access to integrated care records. Care is also negatively impacted by the reliance on paper and the post, making it hard to track care and the progress of referrals. The capital investment gap in primary care funding needs to be addressed to support the shift from analogue to digital.

As many primary care settings are a mixture of public and private investment, the technology used often far exceeds what is available in the NHS. For example, high street optometrists are responsible for purchasing and maintaining their own equipment such as retinal imaging and optical coherence scanning equipment. By increasing its commissioning of services in primary care, the NHS could save money by utilising the technology already available on the high street.

How MPs can help



Visit your local primary care providers in your constituency

Hear first-hand from those on the front line about the services already being delivered by providers in your community and what more they could do with proper planning and funding.

Write to the Minister of State for Care

Outline your concerns regarding the impact failing to invest in primary care will have on your constituents. Primary care bodies will be able to provide draft wording for these letters.

Continue to raise the issue of primary care funding

Regularly table written and oral parliamentary questions. Primary care bodies will be able to draft suggested wording for these questions.

Write to your local ICB

Primary care providers can provide the contact details for commissioners for MPs to request an update on efforts to increase commissioning further services for primary care providers.

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