Why GPs matter in health systems

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‘WONCA’ - World Organization of Family Doctors

- 7 regions
- 151 countries
- NGO registered with World Health Organisation
- Academic members
- Growing all the time!
- Young doctor and student groups

www.globalfamilydoctor.com
http://www.globalfamilydoctor.com/groups/YoungDoctorsMovements/VdGM.aspx
- STUDENTS WELCOME!
- improve the quality of life of the peoples of the world by
  ▶ fostering high standards of care in family medicine
  ▶ promoting personal, comprehensive and continuing care
  ▶ promoting equity in the context of health care and other societal needs and initiatives
  ▶ encouraging and supporting the development of academic organizations of general practitioners/family physicians;
  ▶ providing a forum for exchange of knowledge and information
  ▶ representing family physicians to other world organizations and forums concerned with health and medical care

WONCA’s Mission
Definition of a GP / ‘family doctor’

- A doctor who is trained to deal with people across all life stages
- A generalist who deals with all types of health problem at point of first contact in a community, and
- Offering a service that is “comprehensive, accessible, focuses on a specific community, allows continuity over time, and is centred on the care of people not specific parts of their body or diseases”.
Features of the speciality

1. First-contact care
2. Comprehensiveness
3. Continuity of care
4. Coordination
5. Prevention
6. Person-centeredness - the individual
7. Family-orientation - the relational / social unit
8. Community-orientation - local population and needs
Three reasons why FM growing so fast

- The needs of the population
- The needs of governments
- The new opportunities in primary care for excellent GP-based family health care

FM is part of the solution -

*The world needs more family physicians*

Dr Margaret Chan W.H.O. 2013
The health care challenge

- Many people die prematurely
- Ageing and poverty are key risks for high cost care
- People from more deprived backgrounds develop more problems earlier in life
- Ill health is a driver and perpetuator of inequality
- All people need health care - but additional efforts needed to ensure uptake by disadvantaged, including preventive measures
UHC - aims to provide all people with access to needed health care services (including prevention, promotion, treatment, and rehabilitation) of the requisite quality to be effective, and without exposing the person to financial hardship (WHO 2010).
Designing a health system that works

- WHO is covered - % population, rights to coverage
- HOW they are covered - tax, social benefit, insurances, out of pocket expenses...
- WHAT is covered - nature and extent of package
- WHERE they have to go to get it - local or other
- WHO is in place to deliver the care - trained workforce
- WHAT they have available to do the job - medicines, kit, information technology
- HOW it is governed and managed - gatekeeper / referrals, accountability, quality assurance
- WHY these choices are made - political, financial, commercial, ethical, and geographical aspects
### Key factors for a functioning health service

| Comprehensive services across care continuum |
| Integrated round needs of individuals and local population |
| Geographic and service coverage (opening, access options) |
| Standardized care delivery through multiprofessional teams |
| Service integration across different agencies |
| Information systems |
| Organizational culture and leadership |
| Governance structure |
| Financial management |
| Overall values – focus on patient (or payment? or power?....) |
The need for the ‘MEDICAL GENERALIST’

Seeing the person as a whole and in the context of his or her family and wider social environment
Using this perspective as part of your approach to all clinical encounters
Being able to deal with undifferentiated illness and the widest range of patients and conditions
Taking responsibility for people’s care across many disease episodes and over time
Co-ordinating care of your individual patients as needed within and across organisations.
General practice - the medics that health services need most?

- **YES!**
  - First line of contact in many health care systems
  - Diagnosis and appropriate management relies hugely on interpersonal skills and patient engagement
  - Values of personcentredness strongly emphasised in FM
  - Costs can be contained by early action, patient concordance, multiple agendas dealt with in same setting, effective use of hospital contacts ....
  - Extended team role in NCDs also increasing health and quality of life
The evidence

Starfield 2005 - strong primary care associated with better health outcomes at all levels -

- Health is better in areas with more primary care doctors
- People with access to primary care are healthier than those without
- Universal access to primary care is associated with reduced inequalities in health outcomes
- The more the components of primary care are present *(comprehensive care low cost at point of use)*, the better the health of the population
- Quantity and quality of primary care is associated with lower and better use of hospitals
- Embedding of primary care in a health care system associated with lower system costs

• FM is really important - for the individual, their family and community and for society as a whole.
• FM is a complex and challenging specialty, and at least as difficult to deliver to a high standard as hospital specialist medicine
• Hence the need for rigorous specialist training for family doctors as specialists, also to increase standards of existing GPs
• Also need to build up appropriate infrastructure in primary care
• And to train nurses, pharmacists and other primary care professionals who also work with family doctors to undertake preventive care and chronic disease management

IMPLICATIONS
The challenge for health systems in 2018

- WHO, UHC, PHC, Almaty, UN + NCDs ….
- ‘It’s all about implementation’
- Building the right systems
- Getting enough fully trained GPs with the right clinical support
- Avoiding ‘turf wars’ and protectionism
- Reducing costs, increasing quality, and improving patient outcomes

- A golden opportunity!
Being a GP

“they will come to you with a symptom to ask you for your help first... and you are the person they come back to, to make sense of everything that has happened elsewhere and that relationship you will never get anywhere else...”

“You can take on any role you want - leadership, commissioning, teaching, being a GPSI, anything you want, a portfolio career. If you want a job that allows you to do all of these things, really challenge your brain, problem solve, run a business as well being your own person, your own practitioner and being able to travel, its an incredibly flexible varied career”

“GP is a great job for clever hardworking people who get bored easily”...
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