



GP's should be able to do less routine work so they can draw up personal plans for their frail patients

GPs must test new approaches to primary care, report says

Gareth Iacobucci **BMJ**

NHS England must take action to ease the “significant strain” on UK general practitioners to encourage primary care to focus more on population health, a report has concluded.¹

The report, by health think tanks the Nuffield Trust and the King's Fund, said that NHS England should work with clinical commissioning groups to give GPs “support, incentives, and permission” to test new approaches to delivering and organising primary care.

It added that it was “a pressing priority” to help GPs develop larger scale organisations or networks that provide a wider range of services, with a different skill mix and new leadership opportunities.

New measures proposed include wider access to “high quality” organisational development and planning support, and the introduction of a new alternative contract alongside the existing general medical services (GMS) contract to encourage groups of practices “to take collective responsibility for a wider range of population health and primary care services.”

The review, commissioned by the former NHS Midlands and East Strategic Health Authority, assessed 21 different models of primary care organisation on their capacity to offer an extended range of services, including rapid and local access to both generalist and specialist advice, effective population health strategies, and new forms of care for people with multiple long term conditions.

It also examined career development opportunities for staff and clinical governance arrangements in current primary care settings.

It found that while a number of GPs were responding to changing health needs by working in federations with colleagues, many in the

profession were unable to realign their ways of working because they were “caught on a treadmill” because of existing pressures on their work and time.

The report said that NHS England could address this by working with clinical commissioning groups to fund and develop approaches to freeing up time in practices. It added that measures could include an investment fund to allow practices to bid for resources that could enable them to have one day a week without “routine episodic general practice” for a certain number of weeks. This would allow a practice to focus on “undertaking detailed personalised care planning for its frail elderly population, along with doing strategic planning for the practice and/or practice network.”

The report advises NHS England to craft an alternative contract for primary care.

In the interim, it said that the existing NHS (Primary Care) Act 1997 should be used to “help promote the roll out of extended primary care services, tailored to local areas,” and for CCGs to be given a greater role in commissioning primary care to help encourage the formation and extension of primary care federations and networks.

The report said that NHS England should develop a national framework for primary care to define “the outcomes and overall vision for primary care in relation to the services it provides and its place within the wider health and social care system.”

It also urged the economic regulator Monitor to develop guidance that allowed larger primary care collaborations to develop, and did not allow them to be compromised by “concern about (actual or perceived) limits to choice and competition of practices.”

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Trade talks won't affect countries' health policies, say EU officials

Rory Watson **BRUSSELS**

European Union negotiators have confirmed that public health issues were not discussed in the first round of talks to create a wide ranging trade and investment partnership with the United States.

At a private meeting in Brussels on 16 July, European Commission officials briefed non-governmental organisations and civil society representatives on the outcome of the opening negotiations held in Washington, DC, on 8 July.

They not only pointed out that the public health sector wasn't discussed but also said that they did not expect it to feature in the lengthy negotiations that the EU and the US would like to conclude by October 2014.

Confirmation that the public health sector was unlikely to be on the negotiating table came after 63 campaigning organisations, trade unions, and consumer groups expressed concern that business interests could use the Transatlantic Trade and Investment Partnership to compromise the safety of food and drugs and access to affordable drugs.¹

The fears arose because Washington and Brussels insisted that the talks should exclude no subject.

However, officials on both sides of the Atlantic have made it clear that there were certain red lines that they would not cross during the talks. Health policy was expected to come into that category, because the provision of healthcare is a national responsibility that cannot be overridden by an international treaty.

Article 168 of the EU's Treaty of Lisbon stipulates that “Union action shall respect the responsibilities of the Member States for the definition of their health policy.”

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CORRECTION: Report shows rise in preventable errors during blood transfusion

This News story by Jacqui Wise (*BMJ* 2013;347:f4400) incorrectly states that an infant died from fetal anaemia resulting from maternal parvovirus infection. In fact, an intrauterine transfusion was given to correct the anaemia but resulted in transfusion associated graft versus host disease, and it was this that led to the child's death. The story also refers to errors in the UK's blood transfusion service, yet the errors mainly occurred in hospitals. We apologise for these mistakes.

The full report can be found at www.shotuk.org.

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