The Quiet Revolution
Reimagining primary care

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A deafening crisis...

Figure 2: Annual estimated prescribing cost growth, 2011/12 to 2015/16

Source: Data from [NHS Digital] excluding discounts. FP10 is prescribing of controlled substances.
A Quiet Revolution...

End of Disease Era?
Tinetti & Fried 2004
Challenging our understanding of how we...

- Assess need
- Organise teams
- Design services

to deliver Person Centred care
The need for change: describing a decline in person-centred care

Person Centred Care?
Recognising health as a resource for living, not an end in itself
(WHO 1978, 2008)
**Delivering change: a multi-layered approach**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Arises from</th>
<th>Solution</th>
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<tbody>
<tr>
<td>Lack tailoring of care to individual needs</td>
<td>Defining best practice with reference to specialist care</td>
<td><strong>Revitalise Generalist decision making</strong></td>
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<td>Lack teams able to develop/deliver complex interventions</td>
<td>Managed healthcare systems</td>
<td><strong>New models of practice, professional scholarship</strong></td>
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<td>Lack a clear and consistent vision of Primary Care driving strategic planning</td>
<td>Lack of strategic leadership</td>
<td><strong>New models system design</strong> eg United Generalism; new leadership (APC)</td>
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Reeve J Primary care redesign for person-centred care: delivering an international generalist revolution. Australian Journal of Primary Health *in press*
Addressing the decline in person-centred care

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#1 TAILOR CARE TO INDIVIDUAL
Revitalise expert generalist practice

- Personalised not (just) personal care
- Beyond biomedical (protocol-based) clinical reasoning
- Gatekeeper Illness-Disease
  (Heath, Harveian Lecture 2011)
  www.clinmed.rcpjournal.org/content/11/6/576.full
From a PHILOSOPHY OF GENERALISM
Principles and practice of whole person medical care
“Deeply known” (Stange 2009)

To a PRACTICE OF GENERALIST EXPERTISE
Distinct expertise in whole person interpretation of what is wrong and what needs doing
Deeply troubled? (Reeve et al 2013)

Stange K 2009. The Generalist Approach http://www.annfammed.org/content/7/3/198.full

Deeply troubled: understanding barriers


Revitalising generalist expertise – the intellectual task of practice and how guidelines became tramlines

Evidence Based Medicine

How to differentiate opinion and judgement?
Reimagining generalist practice

Recognising the intellectual task underpinning the pragmatism of generalist practice: every GP a Scholar

Describe the intellectual task - Steps to trustworthy tailored decisions: Data, Exploration, Explanation, Heads Up, Impact

Own (and nurture) intellectual task – distinct model of life long learning – time to retire EBM

Scholarship Based Medicine: teaching tomorrow’s generalists. Reeve BJGP in press
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Tailor TEAMS for the task in hand

Generalist care is a COMPLEX INTERVENTION

Delivering whole person centred (generalist) medical care

VULNERABILITY
Patients experiencing (perceived) health-related disruption to daily living for whom condition-specific/specialist care potentially offers greater harm (disruption) than benefit [4,8,9,12,25,64]

ANTICIPATED BENEFITS OF CARE
Patients: reduced burden/enhanced health-related daily functioning and resilience[12,19]
Health systems: enhanced efficiency and equity associated with stronger person-centred primary care [13,37,38]
Societal: strengthening the social capital that is health as a resource for living[59].

Tailor TEAMS for the task in hand

Understanding capacity to deliver Complex Interventions

Lau et al (2014): clear goals, resources, stakeholder engagement

Evidence gap: organisational processes
Building TEAMS for the task in hand

Evaluation of implementation of Frailty Complex Intervention

Theory driven (NPT, NoMAD) observational study

What +/- delivery of PCC?

Bryce, Fleming, Reeve. Implementing change in Primary Care practice.... *BJGP Open in press*
Evaluation findings

Drivers: valued and of value; Champions

Barriers: limitation of EB tools, lack of clarity of purpose, unanticipated resistance, service focused outcomes, ‘bolt on’ approach

Bryce, Fleming, Reeve. Implementing change in Primary Care practice.... *BJGP Open in press*
New models of practice for generalist care

- Recognise task as Translation not Delivery: professionals not technicians
- Expertise, not just evidence (extended roles)
- Requiring Flexibility and adaptability in contracts, performance mmt
- From EBP to PBE (Evans 2014)

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Task #3: system design – a clear strategic vision of person centred care
Uniting the two faces...

NEEDS of the PERSON

WHOLIST (generalist)

NEEDS of the SYSTEM

PARTIALIST (specialist)

SIMPLE/SINGLE/TECHNICAL

COMPLEX INTEGRATED
United Generalism: a blueprint for PC redesign?

Reeve, Byng. BJGP 2017;67:292-3
Primary Care Redesign for Person Centred Care

rebuild the service round the needs of the expert generalist
A generalist centred service – what would it look like

For the Patient
- supporting ‘life for living’ health literacy agenda?
- Need defined by resilience rather than disease status?

For the Professional
- Restructured working day/practice (cognitive load, resources)
- Shaped round the 3M’s of motivation

For the Practice/System
- Redefinition of best care
- Expanded expertise
A Quiet Revolution...

“If you plan cities for cars and traffic, you get cars and traffic.

- If you plan for people and places, you get people and places.”

- Fred Kent

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