Commentary – Alma Ata

We invited David Colin Thomé, National Director for Primary Care to comment on the first three papers of this edition of *London Journal of Primary Care*, by Exworthy, Macdonald and Thomas.

Potential of the Next Stage Review

David Colin-Thomé

National Director for Primary Care, Commissioning and System Management Directorate, Department of Health, UK

The Next Stage Review (Darzi) of the NHS and in particular the strategy – *vision for primary and community care* – does offer opportunities to move forward the ambitious idea of comprehensive primary Health Care as described at Alma Ata. There are four key strands running through the vision:

- 1 services that are genuinely shaped around the needs and preferences of individuals and that change in response to their views
- 2 a much stronger focus on promoting healthy lifestyles, helping people to stay healthy and on tackling inequalities
- 3 a more comprehensive and systematic approach to improving quality and outcomes
- 4 ensuring that change is locally led.

The Next Stage Review *de facto* encourages us to develop a 'primary care home' with a population responsibility for all these strands. This could be our best shot at comprehensive primary care as it is possible to develop alliances between health and social care to move towards 'health as a citizen issue'.

Practice-based commissioning (PBC) is potentially the vehicle to enable local partnerships, taking responsibility and accountability for local actions. Of course for some of us, fund holding did the same as we had an extended budget for the benefit of the practice population including the needs of the individual patient. The problem was not the vehicle but the mind set. We think PBC can be a better vehicle, as to earn the autonomy for extended influence participants will need to demonstrate a transparent accountability and partnership working. PBC does not have to do it all – but it does have to signal a willingness to work with others within its geographic boundaries. It could support a range of inquiries and pilot projects to gain new insights into PBC issues.

Integrated care pilots are potentially a faster track for innovators to be as bold as they wish, incorporating primary health and community services, local government and hospital based services. These pilots should develop a leadership approach that works with whole systems of care and integrates efforts for health and care, in both vertical and horizontal directions.

This is an example of what Thomas calls 'facing both ways'. Individual GPs serve a personal list while practices within PBC together serve a whole population. At times these different roles may seem to conflict, but if managed well both roles can be enhanced.

Oh by the way, the over arching policy that drives the Review is the community focused government white paper *Our Health, Our Care, Our Say* whose ambition was to alter the power relationships towards the citizen. Incidentally published in the Blair years – Big Politics, Mr Editor, is not always what it seems!

Are we up to it? Politicians have given us the building blocks. New theories from the science of organisations and systems give us practical tools. Have we got the courage to grasp these advantages and make dramatic strides forward? Or to slightly paraphrase Julian Tudor Hart – will we 'lay claim to ground we do not wish to occupy'?

ADDRESS FOR CORRESPONDENCE

David Colin-Thomé
National Director for Primary Care
Commissioning and System Management Directorate
Department of Health
Room 506
Richmond House
79 Whitehall
London SW1A 2NS
UK