

# Primary care is key to optimising value in healthcare

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Credit: University of Bristol

Balancing improvements in health against the cost of such improvements in primary care is vital to achieve a cost-effective and efficient healthcare system, finds a new report by University of Bristol researchers and published in the *BMJ*.

Healthcare systems across the world are under immense pressure to deal

with ageing populations alongside increasing numbers of patients with [chronic diseases](#) and multi-morbidity. With finite resources, and an increasing recognition of the potential harms to patients of over diagnoses and overtreatment, it is essential that resources are used optimally.

Researchers from the Bristol Medical School highlight how NHS reforms can increase or decrease value and optimality in primary care. For example, reforms which aim to increase seven-day working in primary care may have knock-on effects on continuity of care, which has been shown to be associated with reduced hospital admissions. While population level reductions in risk factors for cardiovascular disease led to large improvements in cardiovascular mortality, expanding indications for treatment to include low risk people with mild hypertension takes us beyond the point of optimality. Reforms also require adequate investment. For example, developing new multi-professional roles such as physician assistants requires senior mentoring and support and can take several years to reach full potential.

Dr Jessica Watson, the study's lead author and NIHR Doctoral Senior Clinical Research Fellow in the Bristol Medical School: Population Health Sciences, said: "Primary care in England is buckling under increasing demands. For example, more seven-day working, more consultations to take pressure from accident and emergency departments, more to tackle obesity, and more to screen for dementia. To achieve high value, primary care should also consider what low value activities to do less of, as well as what to do more of. Medical care that is apparently high quality, safe, efficient, and cost effective will decrease value when delivered to the wrong patients at the wrong time. The process of change can be wasteful if it is not based on a clear rationale and evidence. If primary care is not strengthened, secondary care could face even greater demands."

The study recommends that policy changes are evidence-based and trialed or piloted before implementation alongside improved data and [primary care](#) systems to measure the impact of policy interventions. This would help policy makers decide where to focus scarce resources, where they will deliver most benefit, helping manage increasing demand within financial constraints, and reduce over diagnosis and over treatment.

Chris Salisbury, Professor in Primary Care and the study's joint author, added: "GPs are busier than ever, and are under pressure to do more. Each new demand has a knock-on effect. More time spent working at the weekend means less time during the week to manage chronic diseases, which reduces continuity of care. New health policies need better evidence to balance the improvements in health against the costs of these improvements."

**More information:** Jessica Watson et al. Better value primary care is needed now more than ever, *BMJ* (2017). [DOI: 10.1136/bmj.j4944](https://doi.org/10.1136/bmj.j4944)

Provided by University of Bristol

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