

'Corner shop' GPs should expand and employ hospital consultants, says NHS England

3 October 2014 | By [Caroline Price](#)

GPs will form 'expanded group practices' which employ - or take on as partners - hospital consultants, pharmacists and social care workers, under a radical plan to be announced by the chief executive of the NHS today.

Simon Stevens will announce an NHS England plans to completely break down the barriers between primary and secondary care over the next five years, with GP practices encouraged to employ a wide range of staff from secondary, community and social care, and hospitals given the freedom to set up GP practices themselves.

He will say at the annual RCGP conference being held in Liverpool later today that new 'care models' that break down the barriers between primary, secondary and community services must be introduced to facilitate more 'joined up' care.

Mr Stevens will say that the 'corner shop model' of primary care is 'past its use-by date' and that GPs must be open to operating larger practices and breaking down the current model where patients fall through the cracks between services.

He will also say that hospitals in particularly hard-pressed areas will be able for the first time to start their own GP surgeries with registered lists - thereby 'unlocking' investment to improve primary care premises.

The radical plans are contained in the forthcoming 'NHS Five Year Forward View' from NHS England, and are the first major indication of how managers are planning to restructure primary care, since its [chair announced a 'fundamental review' of GP contracts in 2013](#).

Mr Stevens will say: 'The national debate on the NHS is now picking up steam, and GP services are rightly at the centre of it. But alongside more doctors and more funding, we also need new and better ways of caring for patients, especially older people at home.'

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'GPs themselves say that in many parts of the country the corner shop model of primary care is past its use-by date. So we need to tear-up the design flaw in the 1948 NHS model where family doctors were organised entirely separately from hospital specialists, and where patients with chronic health conditions are increasingly passed from pillar to post between different bits of the health and social services.'

He will say that GPs could also even take on local community hospitals to use as 'hubs' to deliver more services like scans, outpatient chemotherapy and dialysis, locally.

NHS England said these models are expected do a better job of looking after people at home and preventing emergency hospital admissions.

The announcement follows earlier proposals from NHS England's national lead on long-term conditions, former GP Dr Martin McShane, to [set up GP practices employing both GPs and specialists that are dedicated to looking after more complex patients](#).

Mr Stevens will also announce a £5 million funding boost for GPs to increase identification of people with dementia - with practices being paid according to the extra patients diagnosed.

NHS England said as part of the investment, practices 'will now be asked to work with a CCG on a clear plan to identify more patients' and 'work closely with nursing and care homes as well as ensuring that all patients diagnosed in a hospital have their records clearly flagged... [which] will help CCGs ensure there is the right capacity in clinics and where there are delays, GPs can raise it with the CCG'.

It added: 'Practices will be resourced on the basis of the extra patients diagnosed to reflect this workload.'