

Title: The Impact of PHP Projects on Secondary Care Utilisation - Investing in primary care estate promotes reductions in secondary care utilisation.

10th Dec 2022

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Abstract

This study investigates the impact of investing in primary care estate on secondary care utilisation, with a focus on Accident & Emergency (A&E) attendance rates. Conducted in collaboration with Professor Mark Ashworth from King's College London, the research examines data from approximately 150 medical centres owned by Primary Health Properties Plc (PHP) built or refurbished since 2009 across England. The findings indicate significant reductions in secondary healthcare utilisation, particularly in areas of deprivation, supporting the NHS strategic objective of moving patient treatment from secondary to primary care.

Introduction

The NHS Long Term Plan emphasises the strategic objective of shifting patient treatment from secondary care to primary care to generate cost savings and improve healthcare delivery. PHP, with a portfolio of 513 facilities across the UK and the Republic of Ireland, is uniquely positioned to explore the relationship between secondary care utilisation and investment in primary care estate. This paper aims to elucidate this relationship and its implications for future research and policymaking, including the Levelling Up agenda.

Literature review

A number of research highlight the positive impact of investing in primary care on reducing secondary care utilisation, improving patient outcomes, and generating cost savings. They also emphasise the importance of modernising primary healthcare infrastructure to support these outcomes.

“Impact of primary care funding on secondary care utilisation and patient outcomes: A retrospective cross-sectional study” (L'Esperance, et al., 2017) published in the British Journal of General Practice examines the association between primary care funding and secondary care utilisation, patient satisfaction, and clinical outcomes. The study found that greater investment in primary health care is associated with improved population health outcomes, reduced secondary care usage, and reduced overall health costs.

“Association between primary care funding and secondary care usage” (L'Esperance, Parkin, & Ashworth, The Lancet, 2017), published in The Lancet explores the financial model of primary care funding and its impact on secondary care usage. It found that higher levels of funding in General Medical Services (GMS) practices were associated with lower secondary care usage and higher patient satisfaction.

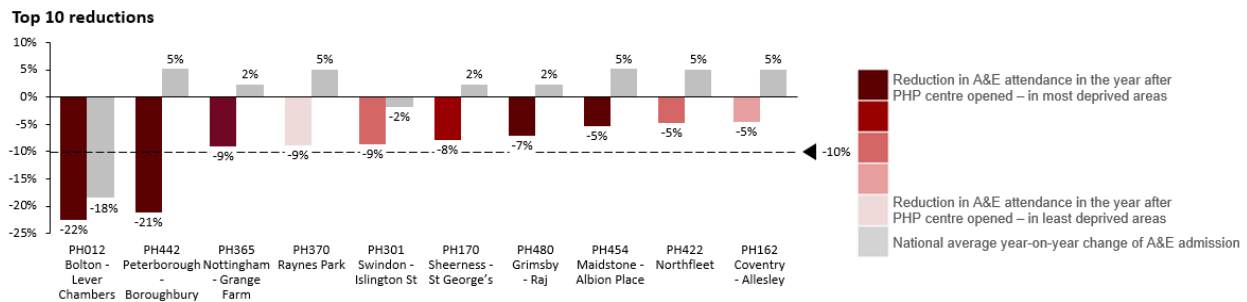
However, these focus on the funding aspect of primary care. There is a gap in the research for investigating the benefits of improved primary care assets in the healthcare outcome. This is hinted by *“The Impact of Primary Care Practice Transformation on Cost, Quality, and Utilization”* (Jabbarpour, DeMarchis, Bazemore, & Grundy, 2017) from the Graham Center which discusses the impact of primary care practice transformation on cost and quality. It supports the idea that becoming or advancing one's status as a Patient-Centred Medical Home (PCMH) is associated with decreases in overall cost, particularly for mature PCMHs and those caring for patients with more complex medical conditions.

Methodology

The research reviewed data from approximately 150 PHP medical centres built or refurbished since 2009. A&E attendance rates before and after the completion of these centres were compared against national averages. The study utilised standardised data, employing Z-scores for national A&E attendance rates per 1,000 registered patients, adjusted for year-on-year changes in overall attendance rates. The medical centres are categorised into bands according to the English Indices of Deprivation (Ministry of Housing, Communities & Local Government, 2019) and results are compared across categories.

Results

The results demonstrate a reduction in A&E attendance rates following the introduction of new or refurbished medical centres. The overall reduction in A&E attendance in the year after a new/refurbished medical centre is introduced is measured to be a Z-score variance of -0.01, or -7% on a standardised basis. Notably, half of the top ten reductions were found in the most deprived areas, supporting the Levelling Up ambition. For instance, the top ten reductions in A&E attendance rates ranged from 22% to 5%, with the highest reductions observed in areas such as Maidstone Albion Place (-22%), Sheerness St George's (-21%), and Bolton Lever Chambers (-18%). These substantial reductions in A&E attendance rates indicate that the introduction of modern, purpose-built medical centres can effectively manage patients' health conditions, preventing the need for secondary care interventions.



Discussion

The findings suggest that investing in primary care estate can lead to significant reductions in secondary care utilisation, particularly in areas of deprivation. The estimated cost savings from reduced A&E attendance are substantial, with an estimated cost of £180 per A&E visit (NHS, 2020) and £39 per GP appointment (2023 update: £56) (King's Fund, 2024). The cost savings from reduced A&E attendance and emergency admissions can be reallocated to further enhance NHS primary care service provision, creating a virtuous cycle that facilitates further reductions in expensive secondary care utilisation. This makes the existing NHS budget more efficient and effective, allowing for increased capital and revenue primary care funding to support an improved and extended primary care estate. This is particularly important as 1 in 4 GP surgery premises are converted houses, which are not fit for purpose. Replacing these with modern medical centres would not only reduce A&E visits but also improve patient outcomes and support the decarbonisation commitments of the healthcare sector.

Moreover, similar trends were observed in emergency admissions and Ambulatory Care Sensitive Conditions (ACSC) admissions, further supporting the observation that investing in primary care estate can lead to significant reductions in secondary care utilisation. Emergency admissions refer to unplanned hospital admissions that require immediate medical attention, while ACSC admissions are those that could potentially be avoided with timely and effective primary care. The reduction in these types of admissions indicates that improved primary care facilities can effectively manage patients' health conditions, preventing the need for secondary care interventions.

Conclusion

This study highlights the potential of investing in primary care estate to reduce secondary care utilisation and generate cost savings for the NHS. The findings support the NHS strategic objective of moving patient treatment from secondary to primary care and align with the Levelling Up agenda. Future research should continue to explore the impact of primary care investment on healthcare delivery and policymaking.

References

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