

Rt. Hon. Thérèse Coffey
Secretary of State
Department of Health and Social Care
39 Victoria St
London
SW1H 0EU
22 September 2022

Dear Secretary of State for Health and Social Care,

We are writing to you regarding your recent announcement on 'Our Plan for Patients'. We are particularly interested in discussing with you the proposed changes for primary care.

National Voices is the leading coalition of health and social care charities in England. We have more than 200 members covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people.

Firstly, we want to welcome you and congratulate you on your appointment to the role of Secretary of State for Health and Social Care. Your appointment comes at a critical time for the NHS and social care and we know that it must be a daunting role. We hope to be able to work with you throughout your time in office, sharing insights from people living with ill health and disability and helping you to test ideas for approaches to improve our health and care system with the people who should matter most, those who regularly rely on health and care services.

We were really heartened to see your commitment in yesterday's announcement to put a laser-like focus on the needs of patients in your work, making their priorities your priorities and being a champion for them on the issues that affect them most. We were also pleased to see that you consider primary care, the elective care backlog, social care and emergency care to be priorities at this time. We are also really pleased to hear your commitment to designing and delivering a workforce plan, which will be key to delivering on your ambitions. These priorities echo with many of the key concerns and issues we hear from people living with ill health and disability.

As you will be aware, analysis by the Nuffield Trust and The King's Fund showed that the British public's satisfaction with GP services fell by 30 percentage points from 2019 to 38% in 2021. In recent months and years, we have been working closely with our members and their networks to understand what is needed to improve primary care services and to

establish priorities for the reform of primary care. We wanted to share some of the key themes of what we are hearing in this letter.

As is reflected in your announcement, one of the things that we are hearing is that people living with ill health want **choice and personalisation** to be put at the heart of access and triage. People want to be given meaningful and informed choices about how and when they access support – not only what practice they use, but also who they see, when they see them and where the appointment takes place. We believe that that can be achieved by investing in and empowering the **primary care reception team**, investing in an improved and person-centred **telephone system** for primary care and working with the wider primary care team to ensure a '**no wrong door**' approach to primary care. This is particularly important for people struggling not just with ill health, but also with other issues such as language barriers, poverty or low literacy. We know that you have made a number of commitments related to these actions and we would love to discuss them with you in more detail.

The second thing that we hear is that people with long term conditions want their care to be more **joined up**, encompassing specialist and primary care. They want to experience care that is **easy to navigate, personalised and holistic**. We believe that this can be achieved through developing an improved approach to the **management of multiple long term conditions** within and beyond primary care, embedding holistic approaches to annual reviews of long term conditions, ensuring there are clear pathways that speak to one another, introducing longer appointments as standard for people with long term conditions and more.

The next thing that we hear is that people want to receive **communications** from primary care services in a way that suits them, and everyone should be able to choose how, where and when they receive information or advice. This applies to us all but is particularly important for people with a disability, impairment or sensory loss, people who have low or no literacy, people who cannot or prefer not to use digital tools, people without a fixed address, people who do not speak English fluently and other marginalised people. This can be achieved by developing **improved systems and approaches to ensure everyone has their communication needs met** and supporting and challenging primary care staff to be better informed on how to meet people's diverse communication needs and preferences.

Finally, we hear that primary care professionals need to be supported to meet people's social and emotional needs in **holistic** ways. Primary care services need to move from transactional models to models which focus on building relationships and **trust**, and taking account not just of medical, but other practical, emotional or social needs. We regularly hear that people are signposted to services which then do not have the resource to respond to the level of need. This requires **investment** – in services, but also in systems

which makes it easy for staff and GPs to see what is available to support people locally. Efforts to provide a holistic response to people's social and emotional needs must inform work to transform wider systems, understanding how health and life, health and productivity and health and wealth connect on an individual, but also community level. The community and voluntary sector has a substantial role to play in this, and we stand ready to support people during this coming period of a difficult winter.

We can't achieve any of these ambitions, without working closely with and listening carefully to people's voices every step of the way, in particular those people who are currently not well served by existing services. At National Voices, the insight from our members and their networks often exposes significant inequalities in primary care – from the longstanding and widespread issue of wrongful refusal of GP and dentist registration for people experiencing homelessness, refugees or Gypsy and Travellers, to the uneven distribution of GPs across England which disadvantages areas already experiencing socioeconomic inequality, and more.

We believe that this is a pivotal moment for primary care. We would like to invite you to meet with our members, who in turn work with communities from all walks of life, to discuss how together we can champion the priorities of people living with ill health and disability within primary care.

With kind regards,



Charlotte Augst

Chief Executive
National Voices