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Exeter Statement for Academic Primary Care: Delivering on a renewed Primary Health Care vision *(draft)*

We want to stimulate and contribute to the development of a collective vision for academic primary care in light of the new Declaration of Astana on Primary Health Care. In this statement, which is the result of a wide engagement process with the academic primary care community, we use the UK healthcare system as the immediate context for a declaration of intent for academic primary care worldwide based on the principles embodied in the renewed vision. Our planned audience includes citizens; individuals involved in academic primary care through research, education, and training; academic bodies responsible for the undergraduate and postgraduate training of healthcare professionals; governments and authorities with the oversight of primary care service delivery, research and training; and research and education funding bodies.

The **Declaration of Astana** is the culmination of inclusive and collaborative work led by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) **for the reinvigoration of primary health care** (PHC). The declaration emphasizes the critical role of PHC in achieving universal health coverage and the United Nations Sustainable Development Goals on the 40 year anniversary of the Declaration of Alma-Ata. It is supported by a comprehensive new Vision for PHC in the 21st Century as well as an Operational Framework.

The Astana Declaration: A new vision for PHC

In the Astana Declaration's renewed vision PHC is seen as a whole-of-society approach to health that aims to equitably maximize the level and distribution of health and well-being, supported by three inter-related and synergistic components: primary care and public health functions as the core of integrated health services; empowered people and communities; and multisectoral policy and action. Primary care (PC) is identified in this framework as health care services aimed at individuals and families for the delivery of comprehensive, promotive, protective, preventive, curative, rehabilitative and palliative care, throughout the life course. Academic primary care (APC), which aims to support primary care practice and delivery through multidisciplinary applied research, education and training, is implicitly reinforced in the new PHC Declaration.

Academic Primary Care in the United Kingdom

Today, a thriving Society for Academic Primary Care, the British Journal for General Practice, and a National School for Primary Care Research (which includes departments in the highest ranked universities worldwide), collectively contribute to making the UK one of the leading countries for nurturing, supporting and delivering research on PHC.

In the United Kingdom, general practice is at the centre of and coordinates the delivery of primary care services. The Royal College of General Practitioners and the Royal College of Nursing, working in tandem with academic higher education institutions, constitute the backbone of education and training for a highly competent, comprehensive and multidisciplinary PHC workforce.

Since the establishment of the world's first independent department of general practice at the University of Edinburgh in 1963, **APC in the United Kingdom has made firm progress** in relation to the goals of the Astana PHC Declaration.

APC research routinely informs clinical guidance issued by the National Institute for Clinical Excellence. Wider health and societal impact is well documented in evaluations of the quality of academic activity in the UK. Dissemination to the public is supported by a wide range of Public and Patient Engagement initiatives. NHS Digital provides reliable and useful data for informing policy. Real world data, routinely collected in primary care, contributes to a variety of health data repositories, such as the Clinical Practice Research Datalink. APC research has contributed to informing policy regarding the organization and delivery of PHC, monitoring the quality of service provision, and developing an extensive and deep portfolio of clinical research.

Despite all of this substantial and sustained progress, there is still room for improvement in APC. We identify supportive steps to enhance APC worldwide, using the UK as an example. We consider the role of research and the role of education and training; we also consider ongoing needs and emerging challenges in respect of both research and education.

A new vision for APC - The role of research

Research is required to reinforce all components of the PHC approach advocated by the new Declaration of Astana.

APC should promote a broad understanding of the personal, social, environmental and cultural determinants of physical and mental wellbeing for individuals and populations. APC uniquely operates at the interface of research and education and training between health and other sectors of society and multisectoral relationships should be encouraged.

Research is needed into the feasibility, effectiveness, cost-effectiveness and implementation of models of care and specific interventions that address the core determinants of the state of health. Such research should focus on the equitable distribution of health, and on action taken along the continuum from health promotion and disease prevention, to treatment, rehabilitation, and palliative care. Interventions should be integrated as closely as possible into people's everyday environments.

Research should seek to understand any inequality, in both health status and experience, in order to address the expectations of the public in respect of primary care. APC should seek to ensure quality care that guarantees that the resources invested in facilitating access to care, and in delivering it, result in actual improvements in health without any economic disadvantage to those providing or receiving that care.

The development and evaluation of complex interventions, often involving multiple policies and services, will be required to support population-oriented and personal services that address the emerging health challenges. This process should put the patient at the centre of research design and implementation.

Support is needed for the development and maintenance of knowledge management platforms that facilitate decision-making at clinical, operational and policy levels in order to accelerate scale-up of successful approaches. These platforms should be designed to facilitate dissemination of new knowledge to the wider public in order to empower patients and communities.

Research into health information systems is needed to facilitate efficiency in access to reliable data, support improved decision-making, and coordinate planning of local and national services in support of quality improvement initiatives.

A new vision for APC - The role of education and training

APC should support the alerting of all health professionals to the rationale and evidence base for primary care, its value within national healthcare systems and in the context of other sectors of society. It should promote training for practitioners in gaining a broad understanding of the holistic determinants of physical and mental health and wellbeing. Training should also equip professionals with the skills to engage with patients and communities, to tailor their approach to clinical care to one which best meets the needs and expectations of individuals. Communication skills should have a focus on engaging people in self-care, and as owners of their health.

Education and training of a multidisciplinary PHC workforce is required to ensure adequate quantity and competency of PHC practitioners to deliver on the Declaration of Astana.

APC should consider ways in which it can contribute to and strengthen the PC workforce by addressing accreditation, supervision, mentoring, recruitment and retention, in-service training and appropriate workforce distribution to avoid inequality in patient access to multidisciplinary PHC professionals. Strong APC should celebrate and nurture diversity of experience and training backgrounds. APC should provide opportunities for continuing professional development (CPD), including leadership skills, across all disciplines and levels of experience. CPD should take place alongside multiprofessional working roles and engagement, furnishing practitioners with appropriate and contextualised skills for working in their communities whilst encouraging leadership for the future of APC.

Emerging needs for the new vision for APC

There is an important role for APC to develop the capabilities and capacity to make use of 'big data' and to develop opportunities relating to artificial intelligence. APC should work with legislators to advocate for development of rational and ethical data strategies to allow timely, high quality research seeking to benefit patients, communities and the workforce, and to develop new methodologies in order to manage primary care research in a digital age. APC should seek to evaluate the effectiveness, efficiency, quality, accessibility, and potential harmful effects of new health technologies.

Stimuli are needed to embrace a PHC approach that goes beyond consultation-based clinical practice in primary care; responds to the needs of individual patients and communities across multiple sectors of society; and aims to address specific challenges holistically, such as those posed by the increasing prevalence of multimorbidity and frailty for example. Research into the social determinants of ill-health should be disseminated to communities and service users in order to catalyse action; to engage people in designing, planning and managing research to improve the system of healthcare.

There are ongoing challenges for APC in the UK, particularly in respect of the digital revolution, including associated **new technologies** and the handling of data; in pursuit of a **holistic approach** to managing increasingly complex health and social care needs for an ageing population; in response to **evolving patient expectations** of, and **engagement** with, their PC professionals; and in reaction to a **workforce crisis**, particularly in respect of General Practitioners and PC-based nurses.

Patient and public involvement in research and training programmes will ensure that APC hears the needs and preferences expressed by individual citizens and community groups regarding their primary care, allowing APC to nurture patient-centred clinicians and researchers, and to guide policy makers towards changes that will address the needs of the public.

The importance of lifelong PHC, as the central component of an integrated health service, should be reinforced through deliberate engagement with vulnerable communities and those in low resource settings.

APC professionals should support policy makers in selecting and tailoring evidence-based quality improvement strategies, to ensure equity of access to, and quality of provided services, whilst avoiding financial disadvantage for individuals and communities. Modern primary care will be delivered in new ways; in the UK there is an increasing move towards non-medical interventions and social prescribing for mental health and wellbeing, along with a growing acknowledgement of the role of community and voluntary organisations in the provision of these services. New APC frameworks should focus on monitoring uptake of services amongst vulnerable populations; on patient safety and wellbeing; and on patient-centred outcomes of care.

APC must provide an evidence base to inform the delivery of PC, to ensure that it remains feasible, and to ensure that delivery of high quality PC does not put unnecessary pressure on the primary care workforce. Research is needed regarding the substitution of professional roles, the transfer of care along integrated pathways and the development of partnerships between private and public sectors. APC should seek to empower healthcare practitioners to engage in planning, training, monitoring and evaluation of these services. APC should also support the interaction between patients and an increasingly multidisciplinary workforce.

APC should seek to improve strategic purchasing of health services by providing an evidence-based definition of the skill-mix and volume of people and services required to achieve equitable and high-quality objectives. In addition, APC should provide evidence to support funding for the wider public sector in order to provide primary care with well-resourced partners with whom to share the potential burden of high-quality healthcare provision for all.

Progressively increasing the share of expenditure devoted to APC within national research budgets will support its continuous development and growth and ensure an appropriate physical infrastructure in which to house APC. Funding for APC should be protected and prioritized to ensure high quality research to inform primary care practice and high quality clinical training to guarantee its delivery.

A call for action

We support and advocate for the delivery of high-impact, well-resourced APC. It is our responsibility, and our duty, to ensure that a strong APC community achieves the highest possible level of health and well-being for the population whilst ensuring the equitable distribution of members of that community amongst the population. Research emanating from APC, the demonstration of impact arising from that research, and training based on the best available evidence, underpins the status of APC in facilitating changes to clinical practice and to the organization and delivery of PHC. We urge the APC community to engage in an active process of discussion and dissemination of both the new PHC Declaration and Vision.

Engagement, commitment and strong leadership is required in order to evaluate current APC priorities, to drive change, and to identify innovative ways to engage with, and build partnerships with, sectors other than APC, in order to improve health and well-being. Continuous efforts, coordinated by the societies and organizations for APC, will be needed at both local and national levels in order to maintain the momentum for improvement.

Exeter, 3 July 2019