Towards a future vision for General Practice

A consultation document
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Medical practice and the society in which general practitioners work is undergoing rapid change. Economic, social and political developments all impact the day to day working lives of doctors and their patients. The Royal College of General Practitioners helps its members and policy makers make sense of these changes and seeks to adapt policy and practice to ensure the best patient outcomes. The College frequently publishes influential policy papers and guidance and leads the debate on general practice issues across the UK.

The College would now like to publish an updated future vision for general practice which will provide a longer-term view of how the profession should develop to meet the future needs of patients. To help inform this, we are keen to hear from as wide a range of individuals as possible, primarily GPs, other clinicians and NHS staff, patients and the public. As a starting point, this consultation aims to provide a brief outline of some of the issues facing general practice, and seeks views on difficult aspects of what it should look like in future. Your feedback will then be used by the RCGP to help formulate the new vision. Please respond to the consultation by clicking here.
General practice today

Since the establishment of the NHS 70 years ago, general practice has been at its heart. It provides the basis of primary care in every community and is the gateway to specialist health services. GPs support their patients through every stage of their lives. They provide advice, compassion and expert clinical care. The generalist consultant role has evolved and adapted over the last 70 years but its core commitment to patient-centred care, delivered in the community, has remained.

At present, GPs and their teams provide one of the most comprehensive, cost-effective family health care services in the world. GP training is widely respected and the UK is a centre of excellence for academic research into primary care. Across health systems, community based medicine is recognised as central to managing long term demand and ensuring sustainable health care.

Yet challenges, old and new, remain. Health inequalities remain stubbornly entrenched leaving patients’ health outcomes down to a postcode lottery. There are still variations in the standards of care across the UK. Obesity and mental illness are on the rise, and survival rates for conditions such as cancer continue to lag behind other similar countries.

There is a widespread acknowledgement that the current pressures on general practice are unsustainable over the long term. Workload has risen at least 16% over the last seven years, but it is well recognised that there has been under-investment in the service and the workforce has not risen at pace with demand. There is an inexorable increase in demand on general practice; as the population changes and the number of patients with complex needs and multi-morbidities rises. There is a clear shift of work from secondary to primary care.

The Government has acknowledged and is addressing these pressures – in England - through the GP Forward View, which promises £2.4bn of additional spending by 2020 and targets for increasing workforce numbers. Two years into the Forward View programme there is clear progress on investment, and many of the individual initiatives are coming to fruition. But, on the key issue of increasing the number of GPs, there is no progress and latest reliable data show an overall decline. The Scottish Government, the Welsh Government and the Northern Ireland Executive have developed their own plans, tailored to local needs, in response to the pressures faced in their respective health economies. The College continues to campaign hard to alleviate these pressures.

Opportunities and challenges

• The nature of patients’ health needs is changing, as the population ages and more people are living with one or more long-term condition.

• Patient satisfaction with general practice remains high across the UK but is in overall decline. Delays in getting an appointment or seeing the GP of a patient’s choice are common.

• Advances in medical science and technology, such as genomics and artificial intelligence (AI), offer opportunities to improve the way in which conditions are diagnosed and treated, whilst posing new ethical and social challenges. Patients increasingly want to access healthcare services and advice in more flexible ways, for instance through online consultations, apps, and testing.

• GP workload has grown both in volume and complexity - the King’s Fund reports a 15 per cent increase in the number of GP consultations between 2010/11 and 2014/15 based on a survey of primarily English practices.

• Across the UK, the number of practising GPs is static or falling. The most deprived communities have been most affected, with a 16.6% fall in the number of full time equivalent (FTE) GPs serving the most deprived quintile of the population in England over the decade to 2017.

What kind of service should general practice provide to patients in future? How should this health drive improvements in health outcomes?
The role of the GP

At the heart of general practice is the individual GP and their relationship with the patient in front of them. GPs are, first and foremost, doctors with a professional obligation to treat and advocate for their patient.

The role has developed over time to be an expert medical generalist focused on increasingly complex cases and navigating the wider health system. The GP is the primary provider of continuity between the medical profession, the wider healthcare team, the patient, their carers and family.

These aspects are becoming more important as patient needs and expectations change, especially for those with long-term conditions and those near the end of life. GPs increasingly support patients who have good knowledge of their conditions and who have access to a far wider range of information and medical technology than existed in the past. There is now far more shared decision making with patients supported by a team of health professionals.

General practice offers a wide and growing diversity of roles and careers. Some GPs take on extended roles with scope for further specialisation, and developing such a role is a career aspiration for many GPs. Others work in services beyond the GP practice, such as out of hours care, in prisons and in emergency departments. While the majority of GPs are partners, the proportion choosing alternative contractual arrangements, such as salaried or locum status, is increasing. A small, but well established independent sector practices outside the NHS.

Opportunities and challenges

- Patients value being able to see the same GP whenever they go to the doctor and it is linked to better health outcomes. However this is increasingly difficult for practices to provide due to demand for appointments.

- Doctors and patients often feel that consultations are not long enough especially now that patients often have multiple complex conditions that they need to speak to their GP about.

- Perceptions of general practice are being damaged by inaccurate and negative stereotypes of the role, both within the NHS and wider society. By their final year at university, 76% of medical students in the UK say that they have encountered negativity towards general practice from academics, clinicians or educational trainers.

- The complexity and challenges facing GPs are growing, yet GP training is currently the shortest speciality training programme at just three years. The College has argued for an enhanced GP speciality training programme to include a fourth year focussed in the general practice setting.

- Traditional roles within general practice are proving unattractive to some GPs. Growing numbers of doctors are choosing to leave the profession, which is adding to the pressures that practices face with many struggling to fill posts. Concerns about GP wellbeing and burnout are growing.

- Increased patient uptake of new online providers may prove disruptive to the traditional model of general practice, with its aim of providing comprehensive, whole person care through an ongoing patient relationship.

- The development of specialist GP roles offers potential benefits for patients and GPs, but risks devaluing the unique role and skillset of the GP as an expert medical generalist.

How should the role of the GP develop in future?
What are the barriers and enablers to achieving this?
The GP in the wider practice team

Today the GP is a coordinator of teams of health professionals, delivering coordinated care to their patients. GPs have the skills to undertake a holistic assessment of a patient’s physical, social and psychological needs. But in recent years, this has been supplemented by a rapid rise in the number of other health professionals working alongside GPs in general practice. This builds on a long-term trend towards the broadening of the general practice multi-disciplinary team which has evolved to different degrees across the UK. GP surgeries are increasingly offering care and advice outside of the traditional medical model, for example with social prescribing to non-medical services.

GPs continue to retain their essential roles, with increasing importance placed on ensuring effective supervision and leadership for the wider practice team. While members of the wider practice team have historically been employed by practices, a greater diversity of models is now emerging. For example, under the recent GMS contract in Scotland, new members of the wider team will be employed by Integration Authorities, rather than the practice, with the GP operating as the ‘senior clinical decision-maker’ leading the team. Northern Ireland is also embarking on a new model of primary care with multi-disciplinary teams, commissioned through GP federations, to work as part of the GP team.

Opportunities and challenges

• The growth of new roles in general practice offers the potential for GPs to access a wider range of support and to alleviate workload pressures by enabling them to delegate specific tasks to other members of the team. But it is vital that this does not develop into role substitution, which – if it took place – would fundamentally undermine the provision of consultant generalist services.

• Roles such as practice nursing have historically suffered from a lack of coordinated investment, resulting in the absence of clear career structures and inconsistent development opportunities.

• There are significant barriers to successful team working across the health system. In many cases IT systems within practices and across the health economy do not effectively support safe and efficient data sharing.

• There is a lack of clear guidance on what an appropriate mix of skills and roles might look like for general practice, and how this may change according to local population needs and service arrangements.

How should the wider practice team develop in future?
What are the key barriers and enablers to achieving this?
The GP in the wider health care system

A strength of general practice in the UK is its diversity, with a wide range of practice sizes and mix of service provision. The benefits are that GPs have a close relationship with their communities and find local solutions to population health care needs. Patients have a strong attachment to this model and it underpins many of the existing values of general practice such as the importance of continuity of care for patients who need it.

This model will need to continue to evolve if it is to remain viable. In England, the Care Quality Commission has pointed to data which suggests that groups of practices that have come together to form ‘federations’, do better in their inspections. In Scotland, GP clusters consisting of small geographical groups of practices prioritise quality improvement activity according to local population need. Wales has primary care clusters which bring together GP practices and other services to populations of between 30,000 to 50,000 people. NHS England promotes initiatives which support primary care at scale and is working to promote networks of practice. In Northern Ireland there are 17 independent federations across the province covering most practices. The College has had its own programme to help practices work together and has argued previously that, in the future, general practices are likely to work in federated organisations, which draw on the greater flexibility of working at scale.

There is a widespread recognition that, if health services are to be sustainable, more care needs to take place in a primary care setting. Good access to general practice matters to patients, especially prompt access to diagnosis and treatment. It helps reduce pressure on other parts of the NHS, including hospital accident and emergency departments. Yet, despite providing the vast majority of patient care in the NHS, general practice currently receives less than a tenth of the NHS budget. In some communities, there is a serious failure of primary care as GPs hand back their contracts and close, unable to cope with the resource and workforce pressures they are facing. Patients need to be able to access urgent care from a GP out of hours but many providers of these services are finding it increasingly difficult to recruit, while commitment to extend access beyond core hours for routine care threatens to put even more strain on an already pressurised system.

There is a growing trend across the UK to make real the long-term desire to better integrate health and social care services. Local health systems are likely to move to different models of contracting under a range of flexible arrangements according to need. GP services will need to further evolve, acting as part of a wider primary care team working with a range of other practitioners, including specialist nurses, social workers, community pharmacists, paramedics, third sector service and practice-based advocacy workers.

In Scotland, the creation of Integration Authorities has brought together health and social care in to a single, integrated system. In Northern Ireland, there is a long history of integrated health and social care structures. In 2011, Integrated Care Partnerships were then established, bringing together healthcare professionals, the voluntary and community sectors, local council representatives and service users and carers, in an attempt to design and coordinate local health and social care services. Wales has developed Public Service Boards that bring together not just health and social care authorities but other public services to look at the economic, social, environmental and culture of wellbeing in a local authority area, with their impact still to be evaluated. In England, integration is taking different forms in different places. Sustainability and Transformation Partnerships (STPs) are giving fresh impetus to integrated care systems. Integrated Care Partnerships, such as that being developed in Greater Manchester, go further in the devolution of powers and funds from central government. Accountable care organisations will take responsibility for health and care for a defined population.
Opportunities and challenges

• The sustainability of general practice is vital to the long-term financial future of the NHS. Yet there is a danger that investment may be diverted away from primary care to meet the short-term funding needs of the acute sector.

• Concerns remain about the implementation of new models of care and the role GPs will be able to play in designing and leading new systems. As services are reorganised, the principle that community based services are led by community-based clinicians with a truly person-centred perspective may come under threat.

• The development of at scale models offers the opportunity to provide a wider range of services and to drive up quality and efficiency by implementing new ways of working. However, this must be done in ways that do not compromise the relationships that GPs have with their patients and communities.

• Diverging political administration across the UK, including devolution to individual nations, and within nations, presents a challenge to developing a single vision for UK General Practice.

How should general practice relate to the wider health care system in future? What are the key barriers and enablers to achieving this?

Next steps

The RCGP is encouraging anyone who is interested in the future of general practice to contribute to the discussion and consider the issues raised here. The College aims to publish a new vision for the future of general practice in the spring of 2019 and is seeking views on this paper until 1st November 2018. Please respond via this online form.