



Royal College of General Practitioners

The Future of General Practice A Statement by the Royal College of General Practitioners

September 2004







INTRODUCTION

It has been a worrying time for many general practitioners. Do we have a future, or are we an unwanted anachronism? Over the past few years medical newspapers have regularly carried stories about threats to our role in the NHS. Many individual doctors have expressed genuine concern that their job is changing beyond recognition, that there is a covert agenda to replace GPs with other healthcare professionals and that our days are numbered. Worries have been expressed that there is a risk that new contractual arrangements may adversely impact on personal care, that an accent on access might damage continuity, and that the real strengths that GPs have brought to the NHS might be sacrificed.

Over the last couple of years, I have brought together a small group of influential and thoughtful GPs to look at our future. Whilst we will ultimately publish our work in much more detail, we felt it important to share our thoughts at this stage. The Council of the Royal College of General Practitioners has also discussed and strongly supported this document.

This document is deliberately short. I felt it essential that we were able to state clearly and concisely what our value and our values are. The wonderful words of Mark Twain – “I didn’t have time to write you a short letter so I wrote you a long one” – highlight the difficulties involved in trying to be concise, but I want this document to be read, to trigger discussion, to be debated. Every reader will have something to add – the role of the GP is so vast that a concise description is bound to be incomplete.

For those of us who meet and talk with politicians, managers, doctors in other medical specialties, journalists and others, there is a real need for a simple and clear statement about what we do, and why it matters. The evidence shows that in an age when trust in professionals is generally falling, patients trust their general practitioners as much as they ever have. The NHS is one of the cornerstones of British society, and general practice forms by far the largest sector in the NHS. Internationally, more and more countries recognise the real strength that a strong primary care sector can bring.



The Royal College of General Practitioners passionately believes that general practice has a vital future, that the NHS depends on us, and that the care of patients would be greatly diminished if GPs do not continue to be a thriving and hopefully expanding part of the NHS workforce.

I hope this brief document will act as a real focus for discussions about our future.

Professor David Haslam
Chairman of Council
Royal College of General Practitioners

THE FUTURE OF GENERAL PRACTICE: A STATEMENT BY THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

The role of general practice

General practice has a central role to play in current aspirations for the NHS that we support, and which include:

- improved access to care
- an improved patient experience with personalised care
- high-quality chronic disease management
- reducing the need for specialist referral
- improvement in the health of the public.

General practice is rightly seen as being at the very centre of the NHS. An estimated 300 million consultations with GPs are made each year – almost 90% of the work of the NHS – with a 91% satisfaction rating. Research in numerous countries, including the UK, indicates that a strong primary care system is key to reducing morbidity and mortality. However, whilst general practice is at the centre of primary care, GPs have a different range of skills and roles to other primary care clinicians.

- GPs simultaneously manage health problems in physical, psychological and social dimensions.
- GPs offer care in the patient's own community.
- GPs manage undifferentiated symptoms often at early stages in the development of an illness.
- GPs have expertise in risk management that reduces the need for unnecessary investigation or referral.
- GPs simultaneously manage both acute and chronic health problems, and patients presenting with multiple chronic problems.
- GPs address both individual and public health issues through their consultations and the unique potential of a registered list of patients.
- GPs co-ordinate the patient's overall care, including managing the interface with other specialties, and offering a strong advocacy role.
- GPs offer care that is personal, focused mainly on the individual patient, and founded on mutual trust, but GPs also frequently offer family care.

- As medical doctors, GPs are trained to make diagnoses, not just in physical – but also in psychological and social terms.
- GPs are the people with whom the ‘buck stops’. Those patients who are turned away by specialist care, or who do not fit the criteria for care elsewhere, can and do return to their GP. NHS general practice has the duty, and should have the capacity, to provide excellent care to the most vulnerable in society.

Trust

Public confidence in GPs is remarkably high, notwithstanding a small number of highly publicised scandals. Such trust is particularly important in a publicly-funded service, and contributes to the ability of the NHS to maximise efficiency. For instance, the trusted doctor is in a strong position to advise that a particular therapy or investigation may not be necessary. Reforms that damage the ability to develop a doctor–patient relationship built on trust are, ultimately, likely to be counterproductive, even if they seem to offer short-term advantages.



Managing uncertainty

General practitioners, by virtue of being generalist physicians, have a particular ability to absorb risk and uncertainty. As a result, investigations and referrals can be kept at an appropriate level. This ability results from GPs training as doctors, their sense of responsibility to both individuals and the community in general, and their experience – associated with the high levels of trust from patients.

Medical generalism

In a health service that offers an increasing focus on long-term medical conditions, the role of the medical generalist is more and more important. Co-morbidities are increasingly common and ever more important. Sixty-five per cent of patients aged 65 or over have two or more chronic conditions.

Fragmentation of care leads to a greater potential for adverse medication interactions and complications, and for duplication of investigation and referral. As the proportion of older people in society increases, so will the proportion of patients with co-morbidities. To manage these patients safely and effectively,



GPs will need to devote considerable time and effort to tailoring care to patients' complex individual needs. This might result in less skilled activities being delegated to other healthcare workers where it is appropriate to do so.

Secondary care specialists have a vital role in offering disease-specific medical and technical advice. However, the co-ordination of care, the personalising of care to individual need and the delivery of the majority of that care must reside with a physician who knows and understands the individual patient.

The current UK system of general practice can offer equity of access, quality of care, and economic efficiency. This results from its roles in providing co-ordination, continuity, and comprehensiveness. Many countries have emulated the British system of primary care when reforming their own health systems.



It is essential that the medical generalist of the future offers high-quality medical care without losing the attributes of being patient-centred, listening, caring and trusted.

Access to care

Flexible, patient-centred models of care delivery are essential in a modern health service. Societal changes increasingly lead to a demand for rapid access to medical care. GPs no longer have, or need, a monopoly of provision of first contact care. Nevertheless, there are other occasions when continuity is important to patient care, to efficiency, and to trust. New models of access must not damage the possibility of a patient choosing continuity of care with an individual GP if that is that patient's priority. There will inevitably be different forms of continuity including: continuity of information, team continuity, and continuity with an individual healthcare provider, which need to be considered when services are reformed.

Changing patterns of working

Technological advances, near patient diagnostics, and minimally invasive interventions are likely to have a major impact on the delivery of general medical care. They will increase the care that can be provided in community settings. Equally important are the end of paternalism and the increasing role of the expert patient. Patients expect to be involved in decisions about their care,



and a consultation with a known and trusted doctor is the optimal environment for such discussions to take place.

The future general practitioner

The future GP, at the heart of a thriving multidisciplinary team, will be a clinician and a medical generalist, with continuing important roles as a gatekeeper, and as an advocate for patients. GPs have a unique constellation of skills, and their ability to deal with risk and uncertainty is central to the effectiveness of the NHS. The GP is much more than just a doctor who happens to work in primary care. The medical generalist has specific skills, which will become increasingly important as society becomes progressively more technical and depersonalised.

While many tasks in primary care can be appropriately delegated, the role of the generalist doctor is more important than ever. The more complicated the world becomes, the more the GP will be needed. The challenge for the future is to ensure that organisational change supports the development of practices and the medical generalist. In this way, the current situation of overcrowding in outpatient departments and inappropriate use of secondary care can be minimised. As a result, overall care for the nation's patients will be improved, highly accessible, and personalised.

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