HEALTH SELECT COMMITTEE REPORT: "Future of General Practice" 20 October 2022

This is hands-down the best paper we have read on the state of our profession, where the faults lie, and needs to be done about it in years. Quote it widely in your conversations. Here's a summary, but honestly go and read it. It will actually cheer you up.

1. Every working day over a million people attend an appointment at their GP surgery: we are the beating heart of the NHS. 90% of healthcare is delivered by us, but we are demoralised, leaving almost as fast as we can be recruited, and patients are increasingly dissatisfied with the perceived lack of access, which is actually just firefighting.

2. The root cause is clear: there are not enough GPs to meet ever-increasing demands, coupled with increasing complexity of cases from an ageing population. In May 2022 there were c27.5 million appointments in general practice, 2 million more than in 2019. Yet over the same period, 500 fewer qualified, full-time equivalent GPs are working in the NHS. This gap between demand and capacity leaves GPs working harder and facing more burnout as patients find it harder than ever to see them.

3. One result of this has been high reliance on the use of locum doctors, and the number of newly qualified GPs choosing to work in such roles rather than as salaried GPs or partners. This is a symptom rather than the cause of the problem.

4. The decline in of continuity is one of the most concerning impacts of the pressure on general practice. Seeing the same GP over a long period of time leads to fewer hospital visits, lower mortality, and less cost for the NHS. Recent pressures have made it even less likely people will see the same doctor regularly and even more likely for patients to depend on overstretched emergency services. The fundamental division of labour between emergency and non-emergency care has broken down.

5. There can sometimes be a trade-off between access and continuity, but the balance has shifted too far towards access at the expense of continuity. Seeing your GP should not be like phoning a call centre or booking an Uber driver who you will never see again: relationship-based care is essential for patient safety and patient experience. It is also much more motivating for doctors.

6. GP lists should not replace the team-based approach that is becoming increasingly important. It will not always be appropriate for GPs to provide care personally when, for example, it could be done so more efficiently by a practice nurse. But from the patient's point of view it should always be clear where responsibility for their care lies, which outside hospital will normally be their GP.

7. Primary Care Networks and ARRS roles are not yet making a meaningful impact on future sustainability. Instead, patients become confused over who they are signposted to and why, leaving GPs dealing with multiple complex cases one after another and as a result, contributing to clinician burnout. This combination of intensely complex cases, done at speed, with fear over reprisals on the individual clinician is driving a systemically toxic environment.

8. Instead, the Government and the NHS should be bolder: abolish QOF and IIF which have become tools of micromanagement and risk turning patients into numbers. GPs should be treated like professionals and incentivised to provide relationship-based care for all patients by restoring individual patient lists. The Government's decision to introduce an additional two-week wait target is flawed.

HEALTH SELECT COMMITTEE REPORT: ***Continued…***

9. The Government should examine limiting list sizes to eg 2500, which would slowly reduce to a figure of around 1850 over five years as more GPs are recruited as planned. These numbers should reflect varying levels of need in local populations. This would draw us closer in line with our European counterparts and help improve access and continuity. It should only be implemented in a way that does not undermine fundamental rights of patients to access a GP.

10. Continuity of care is beneficial for all patient interactions, not just complex needs, even if it cannot always be offered.

11. Historically one of the key drivers of innovation and improvement in general practice has been the GP partnership model, which gives GPs the flexibility to innovate with a focus on the needs of their local population. Partnership remains an efficient and effective model if properly funded and supported. It is important that the model of general practice can vary according to local needs, so other models of delivery should also continue to be explored. Whether or not in a partnership model, the professional status of GPs should not be undermined by the inappropriate refusal of GP referral decisions.

12. Rather than hinting it may scrap the partnership model, the Government should strengthen it. We continue to call for the Government to take specific action to allow senior doctors, including GPs, to carry on working without facing tax bills. Government must provide further detail on what changes it will introduce. Partnerships as entities also need support with complex issues around premises, they own which may not be fit for purpose. The Government should consider adopting the approach taken on this issue in Scotland which allows a route for GP partners to remove the property risk from their businesses.

13. As part of a broader overhaul of primary care, the NHS should dramatically simplify the patient interface. Currently patients with urgent care needs are left wondering whether to call their surgery, the out of hours service, 111 or to go to A&E. Many people are not clear about the difference between such services and the most appropriate option, further adding to the pressures on general practice.

14. The Government and NHS England must develop a better mechanism to award funding to more deprived areas to replace the Carr-Hill formula which is insufficiently weighted for deprivation at present. This funding change should be used to support further work to ensure equal access to general practice across the country.

15. Finally, it is time to recognise the need to make the job not just manageable but once again fulfilling and enjoyable. General practice really should be the jewel in the crown of the NHS, one of the services most valued by its patients. For doctors it should allow a cradle to grave relationship with patients not possible for other specialties but for many infinitely more rewarding. To do that general practice needs to have its professional status restored with a decisive move away from micromanagement and short staffing to a win-win environment in which investment in general practice reduces pressure on hospitals and saves resources for the NHS.