A GP contract that puts patients first.
What your GP will do for you.

1. Be there when you need
2. Providing continuity of care (with the same GP when possible)
3. Preventing illness will be a priority
4. Remain in your local community
5. Promote and support GP teams in areas of most need and new communities as they are built
6. Work within a multidisciplinary team providing holistic care building on existing community teams
7. Provide the interface between other services, interpreting results, providing support and care
8. End tick box care by campaigning to improve whole life care, where wellness is central to decisions
9. Advocate for patients in Government decisions over national health policies
10. Remain hopeful

1. Be there when you need

GPs have been part of community care for over 100 years, being the first place for patients to seek medical care, advice and treatment. GP want to be there in the future.

Every working day more than one million people attend an appointment at their local GP surgery: general practice is the beating heart of the NHS and when it fails the NHS fails. We know the majority of healthcare is delivered by primary care. Yet currently the profession is demoralised, GPs are leaving almost as fast as they can be recruited, and patients are increasingly dissatisfied with the level of access they receive.

The root cause of this is straightforward: there are not enough GPs to meet the ever-increasing demands on the service, coupled with increasing complexity of cases from an ageing population. The answer is simple fund GP practices to employ, retain and train GPs for the future.

2. Providing continuity of care (with the same GP when possible)

Continuity of care is beneficial for all patient interactions even if it cannot always be offered. It should not therefore be available only for patients with complex needs, because part of the purpose of a long-term relationship between a doctor and patient is to prevent chronic or long-term illness before it happens.

To help achieve this the Government should examine the possibility of limiting the list size of patients to, for example, 2500 on a list, 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 the fundamental rights of patients to access a GP.

3. Preventing illness will be a priority

There can sometimes be a trade-off between access and continuity, and the balance has shifted too far towards access at the expense of continuity and preventing illness. 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. The GP practice team is central to seeing illness prevention as well as treatment of illness and disease.

4. Remain in your local community

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. We know there are significant pressures on GP partners at the moment but the evidence we received was clear that the partnership remains an efficient and effective model for general practice 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 where this works for local communities. Rather than hinting it may scrap the partnership model, the Government should strengthen it.

5. Promote and support GP teams in areas of most need and new communities as they are built

The issues facing general practice are not equal everywhere in the country. In some parts of the country challenges such as workforce shortages are significantly more acute, and these are often areas where there are already higher levels of ill-health and deprivation. 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.

6. Work within a multidisciplinary team providing holistic care building on existing community teams

Improving the accountability of care for individual patients 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 or a physio or a pharmacist. 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 but not exclusively.

7. Provide the interface between other services, interpreting results, providing support and on going care

GPs are central to diagnosis and treatment, there to refer when appropriate, act as the interpreter of results, provide support and care in the most accessible place.
Patients can become confused over who they are signposted to and why, which is why GPs must be retained.
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, the GP practice needs to remain central to patient care.
Where care can be provided better in the local community it should be funded.

8. End tick box care by campaigning to improve whole life care, where wellness is central to decisions

The Government and the NHS should be bold. Abolish the Quality and Outcomes Framework (QOF) and Impact and Investment Framework (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. The measure of good patient care is wellness, which is hard to measure but key. Funding should support prevention, treatment and rehabilitation as part of core practice funding. Repurpose QOF funding with an annual 'birthday month' review for any patient with an chronic condition, on repeat medications or at patient request with an annual health plan agreed between patient and clinician.

9. Advocate for patients in Government decisions over national health policies

GP practices consult with half the population every month, they understand the needs of patients as they navigate the various parts of health and social care. Because they have such a central role in patient care they have unique insights and an overview of the issues, strengths, weaknesses and challenges facing delivery of care. This unique position should be used in shaping care.

10. Remain hopeful

Primary care is not broken as already stated half the population consult in GP practices every month. 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. It's a win-win for patients and government when investment is made in general practice, as it reduces pressure on hospitals and saves resources for the NHS. More importantly it puts patients at the centre of their care and gives hope for the future.

Based on the work of the House of Commons Health and Social Care Committee report 'The Future of General Practice'
https://committees.parliament.uk/publications/30383/documents/176291/default/