

Recent publication of *The 2022 GP*<sup>1</sup> coincides with one of the most volatile moments in the 65-year history of the NHS: unparalleled pressure on resources and finance; sweeping government reforms; rising public expectations with yet greater need as we all live longer; respect and love for the NHS questioned as never before following high profile failures of care and compassion; and a GP workforce shouldering 90% of patient contact on 9% of the NHS budget, feeling battered, overworked, and with no prospect of an end to the growing demands.

The far-sighted 2022 vision sets out a clear action plan for developing general practice over the next decade of unprecedented change. It was never more needed, both for GPs, who have always been the cornerstone of community medicine and for patients, like Colin, who is representative of the growing millions we care for, needing compassionate, complex, and long-term medical support. We met over a 6-week period as I studied his healthcare journey and talked with his GP.

Colin has a friendly and expressive personality; he is articulate, enjoys talking about himself, but is worried as he contemplates his growing incapacities. 'If I let it bother me it would be the end.' He looks older than his early 60s and until recently had a host of manual jobs, which he rotated to suit opportunity, inclination, and health limitations. These included being a chimney sweep, painter and decorator, an army/civilian lorry driver, cab driver, and domestic-appliance deliverer. His family show an observable concern and commitment to Colin in his health struggles. He continues to smoke, as he has done since he was 11, although he is attempting again to reduce his consumption from his normal 40 per day.

He has suffered from decades of asthma and, starting 20 years ago, has had a series of TIAs. At the same time osteoarthritis began to take hold, a 'result of all the heavy lifting I did' and the lack of exercise following his TIAs. In 1998 he had an angina attack, followed 8 years later by further episodes,

two or three MIs, and in addition to further medication was given an aortic stent. Increasing numbness in his hands and arms led to an unsuccessful neck operation for nerve impingement. 'I was the unlucky one in 10', he wryly observed, 'even acupuncture failed'. Very reluctantly, at 59, he had to give up work. Recently, the optician discovered a developing cataract. 'It feels like I'm falling apart; euthanasia would be the best thing the doctor could do for me!' complained Colin uncharacteristically.

Colin enjoys a 'great relationship' with his GP, but visits erratically when he has a particular flare-up or remembers he 'should be having an injection for my arthritis.' He negotiates a complex regime of medication haphazardly: 'I try to stay off the morphine and don't want antidepressants'. He was also trying to self-refer for some physiotherapy when we met. As Colin struggles to maintain some quality of daily life, his GP readily agreed that he urgently needed much more holistic case management; a care plan Colin and his family should help to formulate and implement, including regular reviews of medication and treatments; close support to tackle the smoking issue; and coordinated involvement of other health and social care workers.<sup>2</sup>

Publication of *The 2022 GP* follows extensive research and consultation by the RCGP and advocates a decade of evolution that will produce a radically reframed model of primary care to meet the complex needs of people like Colin, as well as equip an expanded workforce of more highly-trained expert generalists, with enhanced skills in paediatrics, end-of-life care, mental health provision, education, and research. GPs will also need leadership training in commissioning and running diverse, multidisciplinary teams to deliver a greater range of integrated services that coordinate care around the patient in the community.<sup>3</sup>

The 2022 vision and action plan are predicated on a shared consensus of the centrality and efficacy of high quality

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community-based care that has always been the hallmark of good general practice. As if to heighten the necessity and urgency of long-term investment and the strategic planning that it advocates, publication coincided in June with the stark findings that currently 85% of GPs consider general practice to be in crisis and 49% could no longer guarantee safe patient care.<sup>4</sup> At the same time, the government's comprehensive spending review and a 'growing black hole' in funding announced by NHS England, both point towards a potential loss of thousands of GP posts by 2021, precisely as the 2022 vision makes the case for thousands more.

The coming years could not appear more challenging. In today's fragile and testing environment, we need relentless determination to serve people like Colin effectively and courage to embrace, even lead change, rather than fear or avoid it.

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##### Provenance

Freely submitted; not externally peer reviewed.

DOI: 10.3399/bjgp13X674594

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