

The NHS is 70 this year. It is often said that our National Health Service is the closest thing we have in the UK to a national religion; be that as it may, it is clearly treasured by the British public, and respected worldwide.

The role of general practice in the NHS at the beginning was rocky to say the least, but over the years, our profession has flourished, due in no small part to the remarkable efforts of hard-working, visionary GPs over the decades. Indeed, Simon Stevens, Chief Executive of NHS England, has said that there is arguably no more important job in modern Britain than that of the family doctor.¹

Today, it is widely accepted that a robust general practice service is the bedrock of any functional, cost-effective, and sustainable health service — and ours is ranked by many as being the best in the world.²

In my view, one of the greatest achievements of the NHS over the past 70 years has been the GP–patient consultation:³ that precious time in which GPs build trust and connect with our patients, and during which we manage a great deal of risk, thereby keeping the vast majority of patients safe, while using our NHS resources most efficiently.

However, there are many more achievements for which general practice can take credit. Dr Julian Tudor Hart's Inverse Care Law, published in 1971,⁴ articulated the challenge of health inequalities that still resonate today; robust, applied medical research with its foundation in general practice, as demonstrated by the Royal College of General Practitioner's Research (RCGP) and Surveillance Centre's oral contraception study,⁵ started in the 1960s and still facilitating high-quality research studies to this day; and electronic patient records and prescriptions that have transformed the way we practice.

But general practice is facing a tough time right now, with GPs and our teams under intense and escalating pressures. We know that many practices are unable to recruit; many GPs are working unsustainable hours that are adversely affecting their own health; practices are having to close their lists; and some are closing their doors altogether.

As we reflect on the past 70 years, the RCGP wants to ensure it is playing a lead role in shaping the future. We are about to embark on a wide-ranging report about the

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future of general practice, looking at what is next for our profession.

However, as well as highlighting the pressures general practice is facing, we need to explore potential solutions too. The RCGP will have to make some courageous recommendations that might be more popular with some than others. But GPs are not scared of change, as long as they are supported through transition.

The RCGP is here to lead the profession — to set standards for our specialty and advocate for GPs, now and in the future. This is what we are striving to do.

ENID AND THE IMPORTANCE OF PATIENT-CENTRED CARE

Last October I introduced the RCGP's annual conference to my 'patient' Enid.⁶ She has become a legend in her own right, but the purpose of my speech was to highlight the importance to GPs of being able to deliver truly patient-centred and holistic care to those patients who need it.

Enid's greatest problem wasn't medical: she suffered from a number of health problems typical of a woman in her 80s, but the reason Enid was visiting me more than usual was that she'd recently been widowed and was lonely.

Every GP recognises 'Enid', but there are both real and artificial barriers to delivering 'Enid-shaped' or 'patient-centred care': political pressures; insufficient resources; ways of working that make continuity of care more difficult; unsuitable premises and equipment; and rising demand and growing patient lists.

But if we can truly help our patients like Enid, if we can build trust and sustain continuity of care for patients who really need it, we can start turning the tide of increasing pressures on general practice. Having the time to spend with our patients to identify their underlying problems not only helps the patient but also the whole system; and I'm convinced that it will also help us bring 'joy' back to the GP consultation.

WHAT'S NEW IN PATIENT-CENTRED CARE?

The concept of patient-centred care is not new and neither is the concept of looking to the future to see how general practice can best deliver it.

In 2013 the RCGP commissioned the Independent Inquiry into Patient-Centred Care in the 21st Century.⁷ It described a future with more patients living with multiple, long-term conditions and an NHS that has evolved considerably from a reactive service dealing with the acutely unwell, to one trying to prevent people from becoming ill, and helping them to manage their chronic conditions.

It describes a future of care that takes a holistic, flexible approach that treats the patient, not their condition; that is rooted in the community, and is tailored to personal circumstances. It foresees a future where doctors work with patients as partners in their own care.

The RCGP recently updated our position statement on quality in general practice, describing it as *'Providing person-centred and co-ordinated care, understanding the interaction between physical, psychological and social issues and working closely with key partners, such as the extended Primary Care Team, voluntary, community and social care sectors.'* It says that, as GPs, we should be *'Acting in ways that show kindness, empathy, honesty and integrity, listening and sharing decisions in line with patient preferences.'*⁸

General practice will clearly be more important than ever in the future — but how do we make it sustainable?

Formulating our vision for the future of general practice is also not about reinventing the wheel. There has been a lot of work done in the past, much by the RCGP, about the future of our profession.

The 2022 GP,⁹ published in 2012 explored a greater use of technology; a greater use of allied healthcare professionals working in 'micro-teams'; new models of care with practices forming federations to pool

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resources, consultations that are flexible in length and are tailored to patients’ needs, and generalists and specialists working better together. These are all familiar themes — many of them have already been, or are in the process of being, adopted and adapted in NHS England’s GP Forward View, and are being discussed by decision makers in all four nations of the UK as we work together to envisage and develop an NHS fit for our future.

IMPLEMENTING THE CHANGES WE WANT TO SEE: WHAT’S NEXT?

The RCGP’s new ‘Future’ report will build on these themes. We will explore the expanding role of technology in future general practice — how can we ensure it is equitable, standardised, and safe for patients? We will consider challenging questions about working at scale — whether the currently-favoured GP Network model, and working in groups of 30 000–50 000 patients, is ‘the one’, or simply flavour of the month. We will ask whether the partnership model of general practice — treasured by many, but increasingly shunned by newer GPs — is fit for purpose. We will discuss what the ‘future GP’ will look like as our patients become ever more complex.

Will we carry on as normal, or oversee a ‘smorgasbord’ of skilled clinical and non-clinical team members? We will ask how this all fits around the intense resource and workforce pressures we are facing, the ever-increasing complexity of our work, and the need for enhanced 4-year training for GPs in our profession.

Until we have consulted our members and our profession, it would be premature to speculate further, but do ‘watch this space’ for our new vision, which will be published in late 2018.

We need to get this right so that we can look forward to another 70 years of the NHS, with strong, robust and sustainable general practice at its heart, delivering care free at the point of need, to future generations of patients.

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