



Royal College of
General Practitioners



Delivering change for general practice

A strategy for improving patient care in
Northern Ireland

September 2015

Introduction

The Royal College of General Practitioners (RCGP) is the professional membership body for family doctors in the United Kingdom (UK) and overseas. We are committed to improving patient care, clinical standards and GP training. The College has over 50,000 members in total, with over 1,300 in Northern Ireland (83% of the practicing GP population).¹ In November 2013, the 'Put patients first: Back general practice' campaign was launched in response to concerns regarding the future of general practice throughout the UK.

Urgent action is now required to turn around the crisis facing general practice in Northern Ireland. While the upcoming elections for the Northern Ireland Assembly provide an opportunity to put the Health and Social Care system on a more sustainable footing, strengthening and enabling it to deliver the best possible care to patients, **action is needed now**. The development of integrated services through Transforming Your Care (TYC) offers a way forward, but only if primary care is adequately resourced to meet the challenges it faces. Indeed, given the current pressures on general practice, it is vital that the situation is addressed, allowing the safe delivery of effective and compassionate care to the population of Northern Ireland.

The demands on, and for, general practice services continue to rise causing additional workload pressures. The number of GP consultations has increased by 76% in the last 10 years, with a corresponding rise in associated bureaucratic tasks.² In addition, patient consultations in GP Out of Hours services increased by 18% between 2008/09 and 2012/13.³ With the fastest growing population in the UK it is anticipated that the number of people over 75 in Northern Ireland will increase by 18% by 2020,⁴ and the needs of these patients will become increasingly complex due to the impact of long term conditions.⁵

Despite these rising pressures there has been a real terms cut in funding for general practice in Northern Ireland. In 2013/14, general practice only received 8.3% of health service spending despite primary care delivering 90% of health contacts.⁶

Northern Ireland faces a significant workforce challenge having both the oldest GP workforce and the lowest GP coverage per head of population in the UK.⁷ The previous Health Minister, Jim Wells MLA, recognised that there was a 20% shortage of GPs in the region.⁸ More GPs are required not only to replace those who leave the profession but also to meet the needs and challenges ahead. Unfortunately plans to grow the workforce are not sufficient and the number of training places available for GPs has not increased from 65 despite the recommendations made by three workforce planning reports since 2006.⁹

This strategy sets out the key actions that need to be taken to address not only the current crisis but also to ensure the long term viability of the service. We therefore call on the Northern Ireland Government to:

- **Grow the GP workforce by 400 by 2020**
- **Give GPs time to focus on patient care**
- **Empower innovation in general practice**
- **Develop the general practice team**
- **Improve general practice infrastructure**

This can be achieved through **ongoing, sustained investment in general practice**



Dr John O'Kelly
Chair, RCGPNI

1. Grow the GP workforce by 400 by 2020

One of the biggest challenges facing the Northern Ireland Government over the next few years will be to achieve a significant increase in the number of GPs at a time when the general practice workforce is in a state of crisis. Aspirations for improving access to primary care, offering longer consultation times and creating more integrated services will not be achievable without more GPs, practice nurses, and other support staff. The College has estimated that the GP workforce will need to increase by 400 full-time equivalent GPs by 2020 in order to make up for an existing shortfall and meet the future requirements of a growing and ageing population.

To achieve this target, we must improve **recruitment** into general practice in Northern Ireland, support and improve working conditions in order to **retain** our current general practice workforce and encourage and support those wishing to **return** to general practice.

RCGPNI urge the NI Government to take the following actions:

- **Set a target for increasing the number of full-time equivalent GPs in Northern Ireland by 400 by 2020.** RCGPNI calls on the Government to work with them, the Northern Ireland General Practitioners Committee (NIGPC), the Health and Social Care Board (HSCB) and the Northern Ireland Medical and Dental Training Agency (NIMDTA) to achieve this.
- **Improve GP recruitment.** Act on the recommendations of the government's own GP workforce reports from 2006, 2010 and 2014, all of which acknowledged the need to train more GPs.¹⁰ The 2014 interim report noted that there are 65 GP training places available in Northern Ireland and recommended that this be increased to 111. It proposed that there should be an initial increase to 80 places, implemented no later than August 2016. The estimated cost of this would be £249,261 per each additional GP trained. While this might sound like a lot, the total postgraduate training cost for a GP is substantially less than the average training cost for specialist consultants of £490,422.¹¹
- **Increase medical students' exposure to general practice.** Medical schools shape students' intentions for their future careers. The situation in Northern Ireland is more acute than elsewhere in the UK. The province has only one medical school and relies heavily on its graduates to produce the next generation of both general practitioners and hospital specialists. The College understands that undergraduate medical students at Queen's University Belfast (QUB) spend between 22 - 37 days in general practice over their five year course. In comparison, the University of Keele has all students spending 115 days in general practice. Only students at Oxford and Cambridge universities spend less time in general practice than those at QUB. It is important that students spend more time in general practice to gain experience and knowledge in primary care, which will better inform their future career choice.

The pool of medical training places needs to be rebalanced by increasing the percentage of the Northern Ireland Medical and Training Agency's (NIMDTA) budget for general practice training.

“There is material evidence that a shortage of GPs available to the medical workforce is having a detrimental impact upon the delivery of General Medical Services in NI. There is a further likely consequence in that this will undermine any attempts to deliver a ‘shift left’ commissioning policy, moving service provision from secondary to primary care.”¹²

Department of Health, Social Services and Public Safety

“The mean provision of general practice teaching (13%) remains a small proportion of total clinical teaching and it is unlikely that this is sufficient to influence enough medical students to choose general practice... The lack of any expansion of undergraduate education in general practice in the past decade is therefore a real cause for concern.¹³”

British Journal of General Practice (BJGP)

In this context, RCGPNI is calling for an immediate and major review of the funding for the undergraduate medical school via the Supplement for Undergraduate Medical and Dental Education (SUMDE) and the provision of substantially more time in general practice for students in line with the UK average of 13%. Increasing exposure to general practice will help prepare medical students for a more community-based workforce, to meet future requirements.

- **Review the representation on the Medical Students Management Group (MSMG), which oversees SUMDE funding.** At present there is only one representative on the MSMG for general practice. RCGPNI believes that its makeup should be reviewed to incorporate more individuals from a primary care and general practice background.
- **Facilitate the reappointment of a Sub Dean for general practice at Queen’s University Belfast.** QUB has a history of being at the forefront in the development of undergraduate general practice

education and training. RCGPNI calls on this to be reinvigorated and restored by the reappointment of a professorial Sub Dean for general practice.

- **Improve retention.** RCGPNI believes there is a need to incentivise junior doctors who have qualified in Northern Ireland to stay and practice in the region. The introduction of a package of measures to help improve retention of the current GP workforce is urgently required, such as support in the repayment of student loans.

In addition, financial incentives could be offered in areas where recruitment problems are most acute, such as in rural areas and areas of deprivation, and conditional upon a reasonable length of time in post.

A new retainer scheme should be set up to facilitate GPs with family and other commitments to remain in general practice and retain their skills. In addition, the College asks for a review to identify the most effective measures to encourage experienced GPs to remain within practice, especially those over 55. Measures are needed to develop career-long support for current GPs, for example, through training which would focus on resilience in practice.

- **Encourage returners.** An urgent review of the Induction and Refresher Scheme is needed to attract GPs who have left the Northern Ireland workforce to return to practice. This scheme needs to be financed and responsive to the varying needs of individual GPs wishing to work in Northern Ireland. The College would welcome the opportunity to work with the HSCB and NIGPC to adapt the present scheme and develop an effective programme for returners.

RCGPNI asks the Health Minister to work with their counterparts in the rest of the UK to put in place measures to make it easier for GPs currently working abroad to return home.

2. Give GPs time to focus on patient care

With GPs facing immense pressure due to rising workloads and constrained finances, morale in general practice is currently at an all time low.¹⁴ A recent survey of GPs found that over half (54%) feel their current workload is unmanageable or unsustainable.¹⁵ Whilst this is partly due to rising patient demand for consultations, GPs also report that the burden of paperwork they face is a barrier to effective patient care, particularly when services are already significantly overstretched.

“Patients want an appointment where the doctor has time to listen, investigate and explain their illness. We want to be treated as a person rather than a symptom or a test result.”

David Keenan, Chair Patient in Practice Group, RCGPNI

Given these pressures, there is a clear need for GPs and politicians to work together to ensure that new and existing policy initiatives relating to general practice do not have unintended consequences for patient care.

The Northern Ireland Government should immediately:

- **Conduct an urgent full scale review** into how the increasing levels of bureaucracy faced by GPs can be reduced.
- **Initiate discussions** with the NIGPC of the British Medical Association (BMA) for funding arrangements that eliminate red tape including an evidence based review of the existing Quality and Outcomes Framework (QoF) and the various enhanced services. RCGPNI believes that the current GP contract by its nature limits the abilities of practices to expand their workforce.
- **Institute a policy of testing** every new initiative against how it will impact on GPs’ time, workload capacity and to what extent it would enhance patient care.
- **Allow practices to adapt their appointment system** to meet the needs of their patients, enabling GPs to spend more time with patients with complex needs.

3. Empower innovation in general practice

The RCGP has long championed the need for health and social care services to be shaped around the lives of patients and carers, and for people to be empowered to take control of their own health and wellbeing. As the main point of contact for patients, general practice has a central role to play in leading the development of new models of care. It is vital that as these new services develop they address one of the biggest challenges facing our health and social care services in the coming years: meeting the complex needs of the growing number of people living with multiple long term conditions.¹⁶ Support for research in primary care that includes these patients is essential in order to allow evidence for the best models of care and optimal health outcomes to be determined.

The RCGP has developed five tests that we believe should be met by all new models of care.

The RCGP's five tests of new models of care

Proposed models of integrated care should:

- Ensure community-based services are led by community-based clinicians with a person-centred perspective.
- Underpin safe patient care by ensuring that GPs can continue to act as independent advocates for their patients, with the emphasis on the person not the institution.
- Be person-focused, responding to the needs of the individual and protecting them from over-medicalisation, with GPs working with specialists to contribute to the holistic care of the individual.

Proposed models of integrated care must not:

- Lead to major top down structural reorganisation, which would lead to the setting up of new bureaucratic structures and divert millions of pounds away from patient care.
- Lead to the diversion of NHS funding away from general practice and primary care given their vital role in delivering person-centred care.¹⁷

While Northern Ireland has an integrated health and social care system, often patients feel that they do not receive a service that is fully integrated and shaped around their needs. GPs are keen to develop new models of care, enabling sharing of skills and expertise across practices in collaboration with our consultant hospital colleagues.

RCGPNI urges the NI Government to:

- **Transform how care is delivered.** RCGPNI is committed to the vision of Transforming Your Care and calls for the implementation of the recommendations made by the Donaldson Report.¹⁸
- **Invest in GP federations.** RCGPNI devised the concept of and continues to support the development of GP federations.¹⁹ A federation is a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient-focused services for their local communities. They can share resources, strengthen the capacity of practices to provide new services out of hospital and enhance training and educational capacity for different health care professionals. However, practices will need support to allow GPs the time to engage with federations. GPs need to develop skills to work in new ways and assistance to achieve organisational change. Training and facilitation will be needed at both practice and federation level.
- **Develop leadership skills.** As the cornerstone of the health service it is essential that general practitioners are trained in effective leadership skills. This is required if they are to engage effectively with health service organisations to deliver new models of care.

RCGPNI believes that a leadership strategy should be based on:

- delivering safe care and better health outcomes by ensuring that the mix of skills and level of training within the system are geared to support the best possible people delivering the best possible care.
- high-quality education and training to enable primary care clinicians to lead decision-making at a local or regional level.
- an educational framework that ensures all GPs have opportunities to develop leadership skills through life long, blended learning.
- a system which provides the right incentives at all levels to promote a long-term approach to education, training and workforce development.²⁰

RCGPNI calls on the Government to engage with the College, NIGPC, the Faculty of Medical Leadership and Management (FMLM) and NIMDTA to fund and develop bespoke programmes for general practitioners to achieve these goals.

- **Appoint GP Quality Champions.** The evolving science of improvement provides the potential to deliver safe, patient-centred care but also enables clinicians to be effective and efficient. Together with new models of care, quality improvement will create the impetus for innovation. RCGPNI call for five funded GP Quality Champions to be appointed to work with practices, GP federations, Integrated Care Partnerships and the NIMDTA. This will facilitate the development and sharing of quality

improvement processes and facilitate the promotion of new models of care to improve patient outcomes. RCGPNI calls for £175,000 per annum to fund this quality initiative.

- **Promote research in general practice.** There is an urgent need for primary care research to be developed and promoted in Northern Ireland. RCGPNI supports high-quality research in primary care and is an advocate for allowing patients to have the opportunity to participate in studies which inform models of best practice. Many current clinical guidelines are based on selected patient populations, often recruited in secondary care and without multiple morbidities or polypharmacy. As our population ages and their needs become more complex, such guidelines may become less relevant. There should be support for the involvement of general practices and their patients in research to assure the relevance of current guidance. This will require infrastructure support, appropriate data collection and data sharing, and the support of a research culture that facilitates the inclusion of both practitioners and patients in opportunities to improve the quality of health and social care provision. Facilitating QUB intercalating medical students to do primary research in general practice could help ensure general practice is at the heart of future policy decisions.
- **Work with the governments in England, Scotland and Wales to implement the fourth year of specialty GP training.** Underlining innovation is the need for the new generation of general practitioners to be enthused and trained to deliver care over the next decade. Key to this is the expansion of specialty GP training to four years. This would allow trainees to extend their portfolio of expertise into areas such as Out of Hours, research, mental health, women's and child health.

4. Develop the general practice team

The College in Northern Ireland supports the shift towards community care. However, if this is to be achieved, it is important that resources are committed to expand and empower the workforce. It is essential for GP numbers to be increased in line with RCGPNI estimates but, in addition, general practice nursing should also be prioritised as a part of the solution to delivering effective, holistic care in general practice. Expanding and empowering general practice nursing will take the pressure off GPs with their increasing workloads and help to develop an effective, enhanced primary care workforce.

The 2022 general practice workforce is likely to include:

- GPs who have undergone enhanced and extended training relevant to their role as expert generalists, with high-level skills in complex care, whole-person care, and system-based care.
- practice nurses and physician assistants who have undergone vocational training in community settings and have developed some core generalist skills.
- a range of other professionals who have role-specific knowledge, skills and experience, for example, as independent prescribers, nurse practitioners or healthcare assistants.
- a range of other practitioners as part of the wider community-based multidisciplinary team, including community consultants, specialist care nurses, social care workers, community pharmacists and practice-based advocacy workers.²¹

The College calls on the Northern Ireland Government to, as a matter of urgency, research the present state of GP practice and community nursing and to:

- **Invest in recruitment of practice nurses.** At present, Northern Ireland has an ageing practice nurse profile with 24% of treatment room and practice nurses aged 55 and over.²² Practice nurses now have an increasing role in preventative health and it is imperative that funding is provided to attract nurses into the general practice environment. This will enable GPs to devote more time to patients and empower nurses to develop their role. Key to this would be an expansion of nurses' roles working with patients with long term conditions.

Practice nurses can improve patient confidence using person-orientated management plans. By holistically monitoring patients, early deterioration can be identified, leading to effective treatment, reducing the likelihood of Emergency Department attendances and hospital admissions. RCGPNI calls on the government to research the present state of practice nursing in Northern Ireland and take measures to increase the size and sustainability of practice nursing.

- **Invest in practice nursing career development.** A career framework and appraisal structure should be developed for general practice nurses which will enable standardisation across the profession. It should set out the expectations for each level of nursing, both in skills and educational requirements to assist with workforce planning and educational commissioning.
- **Promote pharmacists working with general practice.** Pharmacists are uniquely placed to work with GPs to implement cost effective prescribing and improve the quality of patient care and safety. In addition, they can play an important role in the long-term management of patients with chronic disease.²³ A programme should be delivered to embed pharmacists within general practice focusing on improving the safety and effectiveness of prescribing.
- **Increase the skill mix.** There is a need to increase the skill mix of general practice teams in Northern Ireland. RCGPNI believes that the future of general practice is in multidisciplinary teams, led by GPs and supported by increased clinical capacity from other health professionals. These would include practice nurses, nurse practitioners, pharmacists, physiotherapists and counsellors.
- **Invest in training for health professional administrative staff.** The College calls for adequate and sustained funding for all health professional administrative staff working within general practice to allow for long term continuous professional development. It is imperative that GPs are supported by a highly skilled, well resourced administrative team. In particular, as GP structures become more complex, training for practice managers must become a priority for investment. This could be delivered by federations with support from the RCGP, HSCB and NIMDTA. Federations are ideally positioned to deliver education and training and consideration should be given to supporting them in appointing an educational lead for the practices they represent.

5. Improve general practice infrastructure

Historically, there has been very little investment in GP premises, meaning that many practices are providing care to patients in settings no longer fit for purpose. In a survey of 4,720 GP premises across the UK, nearly 53.1% of respondents stated that there had been no significant refurbishments or developments to their premises within the last 10 years. Furthermore, the same survey found that 38.9% of practices felt that their premises weren't adequate for the provision of general practice services and 61.6% felt that lack of space in their premises was a barrier to GP education and/or training.²⁴ Lack of physical space and equipment is preventing some practices from expanding and improving the services they offer to their local communities.

Investment in new buildings and equipment is essential to the development of new models of care in the community. RCGPNI recognises the plans under Transforming Your Care²⁵ to build new Health and Social Care Centres but calls for a renewed urgency to the implementation of these plans.

The RCGPNI calls on the Northern Ireland Government to:

- **Expand and accelerate the building of Health and Social Care Centres.** These can be used to promote and develop integrated services, acting as the "hub" to support smaller practices working from other premises ("spokes").
- **Increase funding to practices to improve existing premises or aid relocation.**

- **Invest in better access to diagnostic technology.** Waiting times for diagnostic tests have nearly doubled over the last year with 23,021 (28.5%) of patients waiting longer than nine weeks at the end of March 2015, compared to 10,479 in March 2014.²⁶ Providing general practice with improved access to relevant diagnostic testing could help improve efficiency and the cost effectiveness of patient care.
- **Increase investment in IT infrastructure.** This will aid ongoing development of the Emergency Care Record and Clinical Communication Gateway referral pathway. It will assist in the harmonisation of primary care and secondary care software, allowing better co-ordination of patient services.
- **Consult with GPs, assisting in developing IT solutions to improve patient access and care.** General practitioners and their staff need to be able to adapt to new technologies for communication and consulting with patients and carers. Investment would assist practices in developing and upgrading software, developing websites to allow on-line booking and prescription ordering. It could also facilitate the development of social media, text services and the use of mobile technology for home visits. Support should be given for those practices wishing to pilot innovative IT solutions such as Skype or e-consultations. Any use of new technology should be properly assessed to demonstrate real benefits to the delivery of patient care.
- **£8.3m infrastructure fund.** RCGPNI calls for an infrastructure fund of £8.3 million over the next five years that will allow practices to access funding to improve their infrastructure, especially for IT services. As part of this fund, approximately £103,000 should be set aside to assist practices to develop their websites, improving patient access to online booking systems and online repeat prescribing.

6. Ongoing, sustained investment in general practice

The goals that we have set out in the preceding five sections of this document are only achievable if greater resources are directed towards patient care in general practice. RCGP has previously highlighted the fact that the share of NHS spending allocated to general practice in Great Britain fell from 10.7% in 2005/06 to 8.3% in 2012/13.²⁷ Northern Ireland has been more adversely affected; in 2012/13 Northern Ireland general practice only received 7.96% of the HSC budget. In 2013/14, 8.3% was allocated. In real terms, total spend for general practice here has fallen by £10.6 million between 2009/10 and 2013/14, a percentage decrease of 4.1%.²⁸

Increasing general practice funding to at least 11% of the total healthcare budget would allow significant progress to be made on delivering what the College has set out in this document, potentially allowing an additional £75.9 million to drive improvements in primary care. By investing in general practice, patients can be cared for more effectively in their own communities. GPs can have more time to focus on those patients in most need and can, as part of a wider skilled and multi-disciplinary practice, offer a more comprehensive service delivered close to home and for the long term.

Recent announcements by the Health Minister of more funding for primary care, including £15m in April 2015, have been welcomed by the College and are a step in the right direction. However, we must ensure that investment is sustained and we urge the government to use this as a starting point for a continued and sustained shift in investment towards the 11% called for by RCGP's 'Put patients first: Back general practice' campaign.

An increase in the GP workforce combined with more efficient use of skills within practice teams would enable GPs to deliver improved patient care by tackling rising waiting times, improving continuity of care and supporting those with the most complex needs.

An independent analysis by Deloitte in November 2014 estimated that, through increased investment in general practice, there could be potential short term savings of up to £13 million annually for the Health and Social Care service in Northern Ireland.²⁹

The College therefore calls for the Northern Ireland Government to:

- **Shift funding from other parts of the Health and Social Care budget to general practice.** RCGPNI is calling for a minimum 11% of the total Health and Social Care budget to be spent on general practice.
- **Set targets for increasing the proportion of the Health and Social Care budget spent on general practice to 11%,** and to put in place a new primary care investment plan to deliver this. Local decision makers should be encouraged and empowered to work towards this goal, with flexibility around how to achieve it. Regular statistics should be published to monitor how healthcare funding is being shifted in line with the objectives of Transforming Your Care, including what proportion is being invested in general practice.

Conclusion

RCGPNI recognises the difficult financial situation that the health service is experiencing. Despite this there are real opportunities to restructure the way we deliver services to the people of Northern Ireland. General Practice remains the cornerstone of the NHS and is ideally positioned to deliver these changes. RCGP in its 'The 2022 GP: A Vision for General Practice in the future NHS' recognises that how we work as GPs needs to change and evolve to reflect the current and future modern health care environment. 'Delivering change for general practice' offers real, cost-effective solutions and a way forward to improve the care and health of the population. RCGPNI calls on the Government to show its commitment to high quality general practice by reversing the historical decline in investment in general practice and adopting the measures recommended.

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