The **Core Values** of general practice: a summary promoting excellence in primary care

Core Values is a document written by RCGP Scotland through which GPs gave an agreed description of what the core values of general practice are. This is a summary of that description.

- The way healthcare is delivered is having to change.
- Healthcare will be increasingly delivered within the community.
- RCGP supports this direction of travel and the necessary expansion of the wider multidisciplinary primary care team.
- Patient expectation and demand for GP services is growing, yet percentage-share funding for general practice has continued to fall over the last decade and there is an increasing shortage of GPs.
- Developing new models of care may be a solution to this challenge. In the context of any proposed changes, the specific role of the GP and the potential impact on patient care must be considered.
- RCGP Scotland’s Core Values is intended to provide a guidance framework to ensure that any new models of care ensure high quality and are patient-centred.

To promote and protect patient care, general practice must:

**Protect the key roles of general practice**

- Look after the whole person instead of separate conditions
- Prevent ill-health
- Co-ordinate care and provide continuity for patients
- Diagnose from symptoms presented by individuals in their own, personal context
- Manage chronic and multiple medical conditions
- Deliver palliative and end of life care
- Teach colleagues and improve personal knowledge
- Work as part of a team

**Safeguard and promote the key advantages of general practice**

- The trust achieved through treating patients with compassion and good quality care - essential for shared decisions and avoiding over-medicalisation.
- The GP co-ordinating their patients' care.
- The continuity of care provided by GPs developing a strong relationship with patients, often over many years.
- The flexibility to treat patients in a way that best meets their needs.
- Providing contact, as GPs engage with around 90% of patients over a five-year period, including ‘hard to reach’ groups.
• The leadership and innovations provided by GPs based on their multidisciplinary knowledge and experience of local circumstances and communities.

**Ensure that care is integrated and patient centred**
- Ensure community-based services are person centred and led by GPs.
- Ensure GPs continue to act as independent advocates for their patients.
- Ensure GPs will co-ordinate patient care, working with other healthcare professionals to ensure care focuses on the whole person rather than the condition.
- Develop IT resources and communication structures which allow for effective cooperation and networking between GPs and other healthcare professionals.
- Ensure that general practice and primary care are each adequately funded, with appropriate investment in robust evaluation of any new models of care.

**Reflect the Four Cs**
- **Contact**: General practice is the first point of contact for the majority of patients seeking access to healthcare for the first time.
- **Comprehensiveness**: GPs see patients as a person rather than a condition, taking into account medical, social and psychological factors. GPs ask people about something they didn’t come in for and take the time to listen, identifying major issues.
- **Continuity**: GPs care for their patients from cradle to grave, developing strong relationships with their patients.
- **Co-ordination**: GPs coordinate patient care, overseeing treatment from multiple providers and guiding patients through the healthcare system.

**Involve patients**
- Patient participation and feedback should be central to the development of any new model.
- RCGP Scotland will seek the input and guidance of its Patient Partnership in Practice (P³) Group in responding to new models of care.

*Any future new models of care must fully reflect, safeguard and promote these Core Values and will be assessed on that basis.*