



GENERAL ELECTION MANIFESTO

For Patient Centred Care

GPs at the heart of a 21st Century National Health Service

*A ten-point plan for a high quality
patient centred primary health care
system led by GPs*

This *Manifesto for Patient Centred Care* is issued in the run up to the General Election on the 5th of May 2005 because the Royal College of General Practitioners believes that the interests of patients in respect of general practitioner services need to be fully debated by the parliamentary candidates of all the parties.

Whilst we welcome many of the changes introduced since the last election in 2001, we are concerned that health planners and policy makers are under estimating the value of general practice to the NHS. We also believe that there is a danger of losing the essence of British General Practice, which the people of Britain want, need and deserve.

Therefore, our manifesto calls for the next government to develop a more positive attitude and more positive policies towards general practice to improve patient care even further.

We ask all the political parties to acknowledge the unique and valuable role that GPs perform in the NHS, irreplaceable at the centre of an effective and efficient primary health care system.

This manifesto is founded on the proven and widely acknowledged reality that patients want to see their GP, and that they value personal health care. We want all political parties to explain to the public how their policies will impact on this relationship and on the values of general practice.

There is much to be proud of; levels of trust and satisfaction remain consistently high for the GP service. However, there is no room for complacency. The next five years of health policy will be crucial as patients, doctors and policy makers seek further improvement in the standard of health care for all patients.

**This manifesto calls on the next UK Government to
acknowledge and implement ten key areas for action which
are detailed below :**

- 1. Guarantee the right of every citizen of the UK to be registered with a GP practice and to have access to high quality and safe medical care**
- 2. Longer GP consultations to coordinate care and to explain treatment options**
- 3. Commitment to tackle fragmentation of care by putting GPs at the hub of the decision making process and recognise the GP as the principal coordinator of care**
- 4. Improvement in the quality of out of hours care by enforcing standards and investing further in GP involvement**
- 5. Determination to tackle health inequalities in both inner cities and rural areas**
- 6. Expansion of the GP workforce and provision of a better career structure**
- 7. Provision of protected time for GPs to learn and improve within an open and fair culture in the NHS**
- 8. Increase in GP engagement in the making and implementation of policy**
- 9. The provision of better and faster access to diagnostic tests and other support to enable GPs to deliver high quality and safer care**
- 10. A complete ban on smoking in public and work places**

1. Guarantee the right of every citizen of the UK to be registered with a GP practice and to have access to high quality and safe medical care

The new government should protect core values of relationship-based care, which in British general practice is a proven model of an effective and efficient primary health care system¹. The benefits of patients being registered to GP practices are unquestioned.

Access to high quality primary medical care should be a basic and important right of every citizen of the UK.

With multiple providers in primary health care and patients facing an increasingly bewildering choice of primary health care professional, the RCGP is urging that patients should all be given the possibility of being registered with and seeing a GP for their treatment². GPs should be an essential part of the choice of first contact care.

For this reason, the unit of primary care should remain GP practices, as patients clearly want local accessible health care.

Both GPs and patients are concerned about loss of continuity of care, and about the need for effective communication to address the needs of our increasingly diverse population. By safeguarding the core values of general practice, we can allow patients to have continuity of care with GPs and teams that, for obvious reasons, patients prize highly.

There are limits to protocol driven care. GPs have an essential clinical leadership role in supporting other members of the primary health care team. They are experts in dealing with uncertainty and the patient with complex and multiple problems³. Patients expect all areas of their health problems to be dealt with. Health care is more than disease management - it involves healing and enablement. We urge the future government to promote holistic care.

2. Longer GP consultations to co-ordinate care and explain treatment options to patients

Ten-minute appointments are associated with better health outcomes⁴. With patients' clinical problems becoming more complex, it is essential to have more flexible and longer consultation times particularly in deprived communities and where the patient's first language is not English^{5, 6}. Longer appointment times with GPs are recommended to explain choices to patients who have mental or physical disability⁷.

3. Commitment to tackle fragmentation of care by putting GPs at the hub of the decision making process and valuing the GP as the principal co-ordinator of care

With multiple providers in the NHS and points of first contact care there is a risk of fragmentation of patient experience arising from personal and system discontinuity of care.

Patients already experience disruption of care⁸. The problems encountered by patients with the new arrangements for out of hours care illustrate the risks of a fragmented service.

We need to maintain the comprehensiveness of primary health care⁹. The more the services are co-ordinated through GPs the more the likelihood of a coherent, effective and efficient health service. Patients expect their GPs to co-ordinate and orchestrate their care, to be their navigator through an increasingly complex NHS with multiple providers, points of entry and choice.

If GPs are to fulfil this function, their central role now and in the future must be acknowledged. We urge policy makers to make sure that new roles in primary care are integrated within the primary health care team.

Integration and co-ordination of care should be a high priority for a health care service¹⁰.

4. Improvement in the quality of out of hours care by enforcing standards and investing in GP involvement

The RCGP is hearing an increasing number of concerns about the quality and safety of out of hours care. The problems encountered now by patients with out of hours care illustrate the need for better coordination and integration of care across the multiple interfaces that now exist in the health service. Many patients want to speak to or see a GP out of hours.

GPs have an important role in improving the quality and safety of care. GP involvement in this area is crucial and it is essential the next government make this a priority by :

- Enforcing standards
- Further investment to improve GP involvement

5. Determination to tackle health inequalities

We urge any incoming government to launch initiatives to improve general practice in challenging areas such as inner cities^{11,12} and rural areas. Evidence exists of poor health outcomes and access to services in both these areas. The problems of rural health care should not be forgotten.

6. Expansion of the GP workforce and provision of a better career structure

The NHS needs more GPs¹³. Better career structures and a further range of incentives are needed to promote general practice as a career and to help trained GPs to return to general practice. Placements in Foundation Years¹⁴ in general practice will help towards achieving this. In addition, we want increased funding and facilities for GP trainers and for primary care educators generally. Better education and training can improve workforce numbers. Investment in more training places including for academic general practice are crucial to safeguard future services.

7. Provision of protected time for GPs to learn and improve within an open and fair culture in the NHS

It is RCGP policy that protected time for learning, training and professional development for all GPs is necessary. A concerted effort through investment, training and policy development in promoting an open and fair culture will encourage health care professionals to study, analyse and learn from patient safety incidents without fear of blame and punishment¹⁵.

8. Increase in GP engagement and the making and implementation of policy

The GP community and its leadership should be consulted earlier in the development and implementation of policy. This will lead to wider ownership of policies. Closer involvement of GPs is essential in standard setting, assessing quality and reforming education and training. Strengthening GP leadership¹⁶ in the NHS is therefore essential. PCTs should support practices to achieve patient led quality initiatives rather than controlling detailed implementation empowering GPs to make local decisions and the best way of implementing national policy.

GPs want to be at the forefront of innovation and service development.

Further incentives and freedoms are needed to enable GPs to deliver a wider range of services that patients need. Proper resourcing and further investment in the new GP contract can enable the quality bar to be raised further. We want real and additional incentives for driving up standards particularly for narrowing health inequalities.

9. The provision of better and faster access to diagnostic tests and other support to enable GPs to deliver high quality and safer care

Real support is essential to enable GPs to continue to deliver high quality and safe care. Information communication technology (ICT) is an essential tool in the delivery of this care. We believe that each practice should have ready access to onsite named ICT support for their clinical systems, for wider applications such as practice intranets and training. Other areas for support include prescribing support (e.g. practice pharmacist schemes) and personal support through mentoring. The RCGP is also calling for greater access to diagnostics and to specialist support staff such as practice mental health therapists. It is essential to safeguard patient confidentiality whilst welcoming improvements in ICT¹⁷.

10. A complete restriction on smoking in public and work places

Whilst we welcome the partial ban on smoking in public and workplaces, we would encourage the new government to introduce a complete ban on smoking in public and workplaces to protect the public and workers¹⁸.

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