Essential Principles

GP Leadership at the heart of new models of care
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Foreword from Dr Rebecca Payne, Dr Mair Hopkin and Dr Peter Saul, Chair and Joint Chairs-elect, Royal College of General Practitioners Wales

RCGP Wales want to celebrate and champion the core role general practice plays at the heart of our health service, and look to the future and how we provide for the changing needs of the population.

Change is needed, and we must make sure that the fundamental principles and values of general practice that we hold so dear underpin any service redesign. In this document, we explore and explain them and why they are so crucially important.

Along with our colleagues at BMA Cymru Wales, we firmly believe that whatever changes face the future of the NHS in Wales, general practice must remain the at the heart of our healthcare system.

We believe that in order to realise a vision where people take more ownership of their own wellbeing, where we look to prevent more and treat less, give the time we need to those who need it, and we look to bring healthcare closer to people’s homes in their communities, the essential values we explore in this document must be protected.
General practice continues to be the cornerstone of the NHS. It's the foundation on which a world-renowned health service is built, enabling the delivery of high quality care, free at the point of access to the whole population. Despite working against the backdrop of a decade of underfunding, it has proved robust and flexible, rising to meet the unprecedented demand it is now faced with and the change of evolving management systems.

Indeed, we have a unique health service. However, there’s no hiding that it’s currently facing enormous pressures in both primary and secondary care, to the point where it can no longer withstand these pressures and will buckle under its own weight if change isn’t immediate and forthcoming. Patient safety is of the utmost concern, with an insufficient workforce dealing with more complex patient cases than ever before.

Change is needed and it’s needed urgently, but it’s imperative that GPs maintain their leadership role as this change is delivered. GPs work on the frontline and are best placed to determine better ways of working.

BMA Cymru Wales is supportive of the essential principles outlined by RCGP, as fundamental elements of the profession that must remain in order for it to overcome the challenges it faces. We are committed to working collaboratively with RCGP and other stakeholders to take the urgent steps needed to save the profession.
RCGP Wales’ Essential Principles is intended to guide changes in how healthcare is delivered and ensure that consideration is given to the potential impact on patient care.

General practice and primary care are entering new territory. Unprecedented pressures – related to an ageing population, financial under resourcing and a workforce crisis – mean we are rethinking how we work. The pressures and risks our system faces mean there are calls to accelerate the pace of change. It is therefore timely to outline essential principles to guide these changes. In the context of any proposed changes, the specific role of the GP must be protected.

Starfield’s ‘four Cs’ of general practice are key principles that should underpin change. By revisiting them, we can build new models for Welsh general practice.

1. **Contact**
   General practice is the first point of contact for the majority of patients seeking access to healthcare for the first time. Patients must be able to easily access primary care services and receive care from an appropriate healthcare professional at the GP surgery.

2. **Continuity**
   Primary care doctors look after their patients throughout their lifetime and not only for ‘illness episodes’. Any changes to healthcare delivery must avoid fragmentation of services. Practice teams should identify and address risks to continuity of care. Doctors in training should understand the importance of delivering person focused care, and patients with multiple conditions and frailty should be cared for more effectively.

3. **Coordination**
   GPs must continue to have a leadership role in providing care. GP-led teams should work together with specialist colleagues and social services to coordinate services for patients. Teams should be large enough to share workload, though small enough to remain responsive.

4. **Comprehensive Care**
   General practice must be sufficiently resourced. New team members, adequate premises and expanded infrastructure are necessary to provide more services closer to home. This will include further integration with services such as social care and charitable organisations.

Change underpinned by these values will help GPs to preserve their role at the heart of primary care while allowing them to focus on more complex cases. These core principles should be used to enable effective change and ensure that it is in the interests of patients.

As we move towards new models of care we should not forget what we hold dear about general practice.
Introduction

General practice and wider primary care in Wales are entering new territory. The effects of changes to our population’s health needs, reductions in the total share of NHS funding, and increasingly complex specialist medical interventions are putting traditional primary care under increasing strain. These, combined with an unprecedented GP recruitment crisis, have led us to rethink how we work and introduce sweeping changes to the way our patients receive care.

The case for continued leadership from GPs in Wales is clearly made in the Welsh Government 2014 document: ‘Our plan for a primary care service for Wales up to March 2018’. This also sets out the unique skills GPs possess in managing medical complexity. In addition, the driving principles of ‘prudent healthcare’ advocated by Welsh Government broadly align with the key principles of RCGP. These principles are both embedded in and emerge from the long-held traditions of British general practice which have been the foundation of the success of the NHS since its inception.

In recognition of the pressures and risks facing our current system there are increasing calls from political and other healthcare leaders to accelerate the pace of change. These include calls to scale up pilot projects including innovative new work from clusters. RCGP Wales believes that it is timely to be clear about the case for continued GP leadership of these emerging models and to ensure that some of the key evidence based aspects of general practice are not lost as rapid service redesign gets underway. It is also intended that these essential principles will provide guidance for all those leading in the formulation of new strategies for healthcare delivery in Wales.

We also aim to encourage and inspire medical students and doctors in training to join the profession and help us move forward. Most importantly we aim to continue to secure the trust and understanding of our population which has valued traditional general practice for so long.
The Case for Generalism and the four ‘Cs’ of General Practice

The case for medical generalism has been established over many years and is best understood by comparing healthcare systems internationally. Extensive observational studies performed by Starfield and colleagues in the 1990s demonstrated that a wide range of positive population health outcomes (such as mortality and self-reported measures of health) can be achieved more cost effectively by doctors trained to deal with all health problems4.

The health outcomes of countries such as Japan, Cuba and Singapore (and to a lesser extent the UK) demonstrate this principle when compared with the USA, which continues to advocate a specialist driven model of healthcare. This is best understood when you explore the needs of the average citizen across their lifetime. In the USA, this person requires many doctors across numerous specialities to care for them, compared with perhaps just one or two in those countries who have a primary care based system. The cost-effective nature of this model is self-evident. Behind this immediate efficiency however, there are more profound qualities offered by a generalist doctor who practices holistic care, leading to better outcomes.

Starfield proceeded to establish the taxonomy of this holistic – person focused - approach by establishing the four ‘Cs’ of general practice. These have since been established and remain key principles for RCGP5:

- **Contact**
  Primary care doctors are accessible to the population they care for.

- **Continuity**
  Primary care doctors look after their patients throughout their lifetime and not only for ‘illness episodes’.

- **Coordination**
  Primary care doctors organise, prioritise, guide and provide advocacy for their patients.

- **Comprehensive Care**
  Primary care doctors are equipped to respond to as wide a range of health needs as possible. Both simple AND complex.

As of September 2017, GP numbers per 10,000 population were the lowest they have been since September 2004, when this figure were first collected6. The nature of the workforce is changing and the number of GPs choosing to work less than full time is well documented. There has been a reduction in the availability of the GP workforce to the population.

While specialist doctors have made huge advances in many areas in recent years, it is in shifting the focus towards medical generalism that we will build sound foundations for new service models7.

The holistic approach advocated by Starfield and colleagues endures and has ensured that GPs (as expert generalist doctors) remain best placed within the NHS to address some of the key determinants of adverse health outcomes.
GP Leadership at the heart of new models of care in Wales

In applying the ‘4Cs’ to our current model of care it is clear that conflicts and difficulties begin to emerge. Struggling practices have, under considerable pressure, been forced to prioritise ‘contact’ (access) in preference to continuity of care. Despite this shift, new studies continue to emerge which confirm the importance of continuity of care not just to patient outcomes but in terms of cost and system pressures\(^8\), \(^9\).

Similarly, continued strain on GP practices has led to the development of services such as minor injury centres and pharmacy minor ailment schemes\(^10\). While these new services may provide improved access for the population, there is potential to undermine the principles of coordination and comprehensiveness as the service fragments.

The case for GP leadership is therefore strengthened by the notion of service design which is built on the ‘4Cs’ provided by GP led teams consisting of a range of healthcare professionals. Current shortages of GPs can be mitigated by these enhanced GP teams who work within the practice base. Ensuring that each person understands that their care is coordinated by a named GP may be an important underlying principle in any new model. Some of this work is already underway through some clusters but needs to move at greater scale.

The growing demands placed on the existing GP workforce mean that any new model must also recognise changes to how the population accesses services. With expanded teams in place, the first port of call for many patients will not be a GP working in isolation. Increasing use of technology that enables self-management and health promotion must also be put in place, to ensure that the threshold for accessing primary healthcare is increased.

With service redesign in mind we can build new models for Welsh general practice by revisiting the ‘4Cs’.
The Four Cs in Practice - Principles to guide service redesign

**Contact** – Patients can easily access primary care services and deal with an appropriately trained professional based at the GP surgery.

**Continuity** – The need to avoid fragmentation of existing holistic services across multiple, independently run services. Practice teams actively identify risks to continuity and address them, including potential risks of hospital treatment and over investigation where appropriate. Doctors in training gain first-hand experience of not just the ‘patient journey’, but understand person focused medical practice over time. Patients with multiple conditions and frailty are cared for more effectively.

**Coordination** – General practice is allowed to expand and streamline back office functions and IT infrastructure. GP led teams work together with specialist colleagues and social services to coordinate and advocate for their patients. Specialist doctors and other professionals are able to visit GP practices and work in teams. These teams are large enough to share the workload, though small enough to remain responsive and communicate effectively.

**Comprehensive Care** - General practice is sufficiently funded with new team members, adequate premises and infrastructure to provide more services closer to home. Further integration of services such as social care and charitable organisations will be important enablers to improved outcomes and quality of care for patients.

It is important to highlight that this model will free up GPs to concentrate on more complex cases, including those with multiple conditions and those with frailties. This has been highlighted as a specific political objective in recent years.

However, the essential principles set out in this document not only allow GPs to manage complexity but preserve their role at the centre of primary care. Furthermore, these principles may help primary care move effectively towards integration with colleagues in social care without fragmenting services. It is also intended that new services aligned with these principles would begin to alleviate the intense pressure currently facing the GP workforce and begin to improve their working lives.
The future of out of hours practice

Health needs don’t stop when surgeries close at 6.30pm. It is essential that high quality provision is made for patients across the 24-hour period. Out of hours (OOH) services need to be adequately resourced to provide care for urgent problems that cannot wait, and empowered to redirect those patients who do not need an urgent response to in-hours services. GP led multidisciplinary teams are vital in order to meet demand, with careful matching of team competencies to allocated cases. For example, paramedics, supported by GPs working remotely, have a key role to play in home visiting, but need additional training in history taking, palliative care and mental health in order to work safely and effectively in this setting.

Welsh OOH services are administered and delivered by health boards, and it is important that they form part of a “whole system” approach to the delivery of urgent primary care. Where unexpected surges in demand result in OOH services being unable to provide a timely enough response, there must be a mechanism for high risk patients such as young children and palliative care patients to either be prioritised, or diverted to another part of the wider healthcare system. The 111 service gives the opportunity to standardise practice across health boards, and to enhance the opportunities to work at scale, bringing specialists such as mental health nurses into the service to deal with patients over the phone at first contact.

Communication between the patient’s own surgery and the OOH service is vital for safe care, and access to special notes and summary care records is vital to the delivery of safe care, with a long-term goal of moving towards an integrated primary care record, allowing OOH services to both see and write into patients’ comprehensive care records. Services also need to be joined up with community pharmacies, allowing patients to be directed to pharmacy at call handling stage, with an accessible route into the OOH service when additional GP support is required.

Conclusion

This paper is intended to clearly set out the position of RCGP Wales on the development of new service models and is intended to act as an enabler for those leading changes to move these models forward with confidence. It also serves as a rallying cry to colleagues both inside and outside the profession to join with RCGP Wales in meeting our current challenges. RCGP Wales also hope to inspire the next generation of doctors to take forward the principles of general practice by securing its future for patients at this time of change.

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As we move towards new models of care we should not forget what we hold dear about general practice. By revisiting them, we can build new models for Welsh general practice. Starfield's 'four Cs' of general practice are key principles that should be preserved. For RCGP Wales' Essential Principles is intended to guide changes in how healthcare is delivered and to ensure the threshold of care is accessible for the population, there is potential to undermine the principles of coordination and continuity. Struggling practices have, under considerable pressure, been forced to prioritise 'contact' based on the formulation of new strategies for healthcare delivery in Wales. It is also intended that these essential principles will provide guidance for all those leading in the delivery of healthcare in Wales.

The case for continued GP leadership of these emerging models is clearly made in the Welsh Government's 2014 report "A Healthier Wales: Our Health, Our Care, Our说:能力建设。这些原理在英国仍然最好由全科医生来实施。Starfield和同事在1990年代证明了一个广泛的积极的健康结果可以在更低成本中实现，如死亡率和自我报告的健康措施。医疗全科医生被证明是坚实的和灵活的，能够应对它现在面临的前所未有的需求和复杂性。世界知名的医疗服务，确保在关键点上医疗全科医生的领导作用。一些专家和学者建议增加全科医生的收入，以保持足够的资源来提供和维护医疗服务，同时在临床决策中保持灵活性和及时性。

Professional based at the GP surgery. Patients can easily access primary care services and deal with an appropriately trained professional based at the GP surgery. This allows for effective communication and coordination of care. The holistic approach advocated by Starfield and colleagues endures and remains key determinants of adverse health outcomes. The health outcomes of countries such as Japan, Cuba and Singapore (and to a lesser extent the UK) are based on a generalist system. The cost-effective nature of this model is self-evident. Behind this immediate efficiency and cost savings, the benefits include improved health outcomes and reduced healthcare costs. The case for medical generalism has been established over many years and is best understood by medical practitioners. The GP workforce is not a static entity, it is changing and the number of GPs choosing to work less than full time is well documented. There has been a reduction in the number of GP training places, and the proportion of GPs working part-time is increasing. The workforce is also becoming more diverse, with an increasing number of GPs from other countries. It is crucial that these changes are managed effectively to ensure the continuity of care and the delivery of high quality care.

We also aim to encourage and inspire medical students and doctors in training to join the profession and become future leaders in the delivery of healthcare in Wales. The formulation of new strategies for healthcare delivery in Wales is intended to act as an enabler for those leading changes to move these models forward with confidence. It also serves as a rallying cry to colleagues both inside and outside the profession to work towards better outcomes for our patients.

References:
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