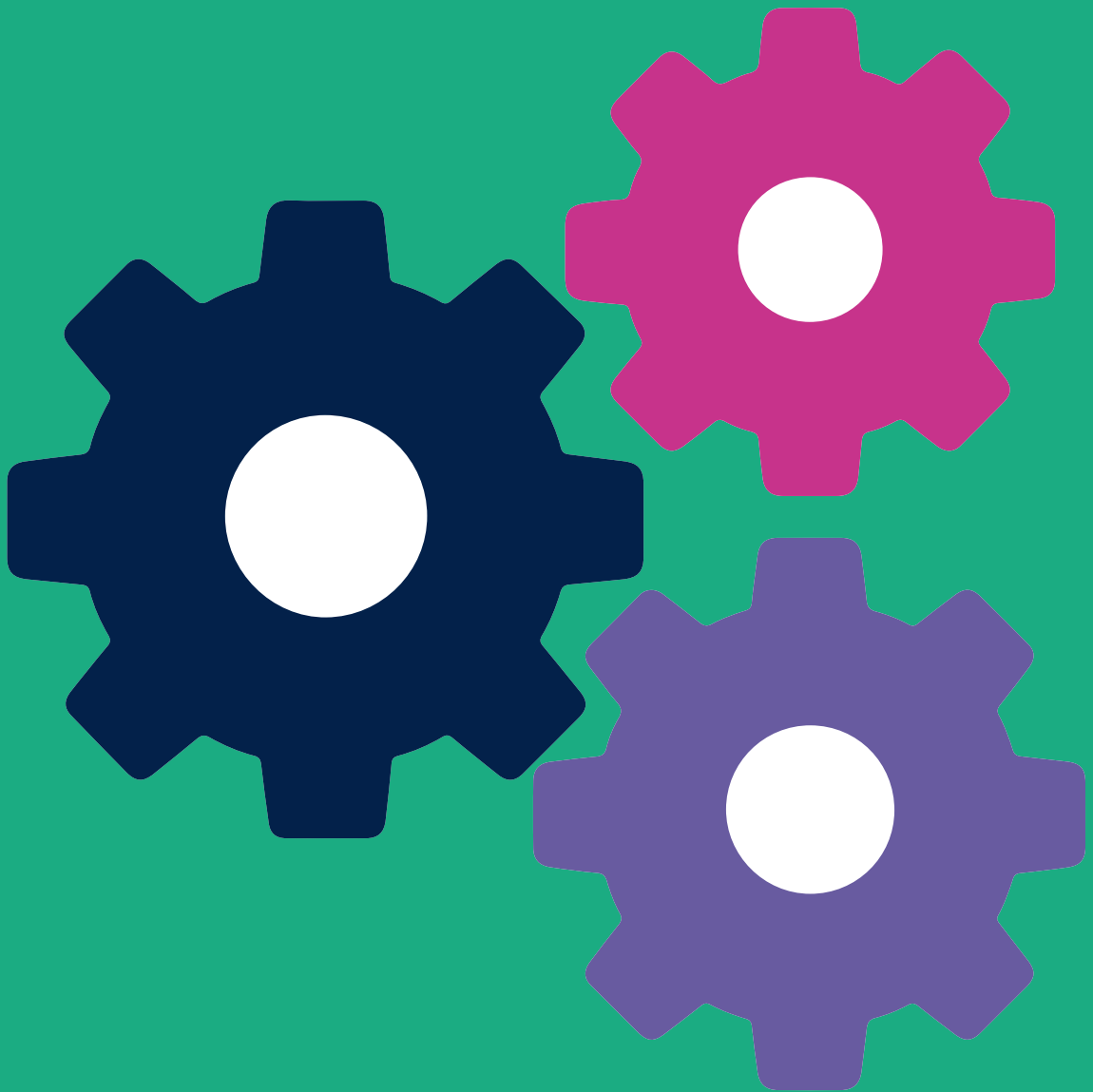
Royal College of General Practitioners

Fit for the Future

Relationship-based care



June 2022

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Foreword

Prof Martin Marshall, Chair RCGP

As the NHS moves from pandemic response mode to recovery, the future of general practice is, once again, under the political spotlight. There is much to consider. What could at-scale, integrated working across organisational boundaries look like in the future? What does good access to general practice look like? Which new roles could augment general practice teams to meet growing demand, and how can we properly embed these roles? What is the best way to make use of patient data to improve our services while maintaining data security?

As well as grappling with these challenging issues, the College has consistently highlighted the enormous pressures currently facing general practice. In June 2022, we launched our Fit for the Future campaign, calling on the Government and policy makers in England to commit to a bold new plan to ensure that general practice can continue to deliver safe, high quality patient care. This means delivering on manifesto commitments to grow the general practice workforce, radical action to stop GPs quitting the profession and investment in modern, digitally enabled premises to accommodate expanded practice teams. This is the minimum requirement to enable general practice to flourish and deliver the highest standards of care.

If a larger workforce and fit-for-purpose premises are the basic building blocks, then the relationship between GPs and patients is at the heart of general practice. Trust, empathy, and rapport are essential parts of a GP's toolkit, enabling them to know their patients as people, not just as a set of symptoms, to get to the root of their health concerns much more quickly, and to ensure that treatment plans are more likely to be followed.

The evidence for the benefits of relational care, and particularly continuity, is persuasive and growing. Study after study shows that good relationships lead to improved patient experience, better health outcomes and reduced mortality. For clinicians it means greater job satisfaction while for the wider health system it means reduced costs resulting from fewer prescriptions and unplanned hospital admissions, more appropriate referrals and investigations, and greater adherence to medical advice.

We need a stable base from which to build and realise the benefits of strong relationships. But we also need relational care to be a priority across the NHS. The recognition of the value of continuity of care by Jeremy Hunt, chair of the UK Health and Social Care Select Committee, in response to what he calls "The 'Uberisation' of general practice", is a step in the right direction. However, we still need to ensure that GPs and their teams have the skills, resources, tools and the time to deliver relationship-based care.

Fundamentally, we need to see a shift in the debate around GP access to emphasise quality as well as speed. Good access means seeing the right clinician - where necessary a clinician whom the patient knows - and the right consultation length to facilitate the building of rapport and trust. Relational care must, ultimately, be central to the future of general practice.

Introduction

A strong, trusting relationship between doctor and patient is the lynch pin of general practice. Realising the benefits of those relationships for patient care, and the healthcare system more widely, is the unique contribution that a well-equipped general practice can offer to the NHS. In our June 2021 report *The Power of Relationships: what is relationship-based care and why is it important?*[1], we set out the case for why relationship-based care is so critical, and explored the benefits it offers. We also addressed recent key changes in general practice and the challenges these pose to delivering good relational care.

GPs instinctively understand the therapeutic value of relationships, but general practice teams must be given the resources and support required to deliver it effectively. This means tackling workload pressures and ensuring appropriate staffing levels, but it also requires a shift in focus across the board. Relationship-based care must be prioritised at all levels, from medical school curricula and the training offered to reception staff, to NHS strategies and IT provision. Practices must be supported by national and local systems to focus on relationships, and to find ways to carve out time to deliver greater relational continuity, longer consultations, and team discussions outside of these consultations.

Creating this environment in which relationship-based care can flourish is the key challenge for government and policy makers. GPs must be supported and equipped to do what they do best: build trust and empathy in order to deliver good health outcomes for their patients.

This report builds on thinking in ***"The Power of Relationships"*** and sets out the change levers that can embed and strengthen the relational elements of care within the modern general practice landscape. Our key recommendations are:

- Ensure relationship-based care is fully integrated within medical curricula and teaching: trusting relationships should be a core element of the General Medical Council's (GMC) standards and medical school curricula.
- Ensure there are enough GPs to meet rising demand: new recruitment and retention strategies are required across the UK.
- Make relationship-based care a national priority in primary care: funding and support should be provided to assist practices in embedding ways of working which facilitate relationship-based care, including longer consultations, multidisciplinary team working and a focus on continuity in appointment and triage processes.
- Develop IT infrastructure to support relational care and continuity: investment is needed to enable seamless sharing of information between practice teams and to develop online booking systems that support continuity.
- Free up staff time for patient care: NHS bodies should cut unnecessary workload and bureaucracy to give GPs more time to build relationships with patients.
- Incentivise relationship-based care: metrics and system incentives, including the Quality and Outcomes Framework (QOF)/the Quality Assurance and Improvement Framework (QAIF) and clinical guidelines, should be developed and reviewed to ensure they support relationship-based care.
- Engage and inform patients about getting the care they need: to support good relationships between patients and all members of the general practice team, public education campaigns explaining the different multi-disciplinary team roles should be renewed and expanded.

Relationship-based care: a recap

'Relationship-based care describes care in which the process and outcomes of care are enhanced by a high-quality relationship between doctor and patient.

The relationship will often, though not always, have developed over time and is characterised by trust, mutual respect and sharing of power between doctor and patient. It leads to better understanding of the patient's ideas and expectations, a better understanding of the family and community in which the patient is living and the opportunity for a therapeutic relationship to develop'

Pereira Gray D. et al (2020) What are the benefits of relationship-based care and how can they be maintained when an increasing number of patient contacts will use alternatives to face to face consultation? unpublished.

Relationship-based care is founded on the knowledge, skills and attitudes that equip clinicians to establish rapport, trust, and empathy with patients. The term refers to the importance of the relationship between GP and patient, which may take multiple forms. GPs are able to build relationships quickly when required, but long-term relational continuity remains a core part of general practice and offers specific benefits to patients. Relationship-based care brings together key elements of the established concepts of continuity of care, the therapeutic relationship, and person-centred care. Commonalities lie in the recognised importance of knowing patients and taking time to understand the whole person, and their wider life and lifestyle. This is what allows GPs to deliver care which addresses all of a patient's needs rather than disjointed, resource intensive care which only considers one problem at a time in isolation.

The strong evidence for the benefits that the elements of relationship-based care offer to patients, GPs and the wider health system are explored in detail in ***"The Power of Relationships"***. Research literature shows that continuity of care, shared decision making, person-centred care, and empathy have a strong association with patient satisfaction, adherence to medical advice, positive changes in patient behaviours and, ultimately, patient outcomes.[2] Similarly, we know that having the time and space to deliver good relational care supports higher job satisfaction for GPs.[3] At a challenging time for the NHS, there is also a strong association between continuity and lower costs, lower use of emergency departments and reduced likelihood of being admitted to hospital.[4]

Benefits to patients

- Improved experience and satisfaction
- Better health outcomes
- Lower mortality rates
- Increased engagement with medical advice

Benefits to GPs

- Greater job satisfaction
- Improved recruitment and retention

Benefits to the NHS

- Fewer A&E attendances
- Fewer unplanned admissions to hospital
- Better adherence to medical advice
- Lower system costs

Delivering effective relationship-based care

The relationship between doctor and patient has always been a defining characteristic of general practice. However, as outlined in ***"The Power of Relationships"***, a range of factors, including changing societal demographics, new models of general practice, the rise of part-time working and portfolio careers, unmanageable workloads and workforce shortages have created challenges for relationship-based care. Not only are long term one-to-one relationships not always possible in the current context, but there may not be enough time within consultations to deliver good relational care, whether a GP is seeing a patient for the first or 100th time.

To address these challenges and realise its benefits, we need to find ways to ensure relational care is relevant to and embedded within the contemporary primary care landscape.

We need to see urgent action to tackle some of the wider difficulties facing general practice, such as workforce and workload pressures. However, there are also more targeted steps that should be taken within the current context to support relationship-based care.

This report contains a number of recommendations for action required to support GPs and practice teams to deliver effective relational care (see summary on page 11). These are based on a theory of change, shown in annex 1, developed by the RCGP to set out what is needed to give GPs the time, space and skills to deliver effective relational care and realise the benefits it brings. Building on the proposals outlined in ***"The Power of Relationships"***, we have identified five key areas where national and local action has the potential to reinvigorate relationship-based care.

Skills, knowledge and attitudes

To support delivery of good relationship-based care, it is critical that all members of the GP team are equipped with the appropriate skills and confidence.

These skills range from consultation skills, such as effective communication and rapport building, to the ongoing importance of being able to apply such skills remotely.

This means that relational care should be hardwired through career pathways, starting with GMC undergraduate standards and medical school curricula. While communication skills already play a key role in medical education, there is room to build on this by ensuring curricula include sufficient recommended reading and other learning activities related to relationship-based care. The particular importance of relationships within general practice should also be made explicit.

To support GPs in both qualifying with the appropriate skillset and continuing to build on these skills throughout their careers, the RCGP consistently reviews the GP curriculum and our continued professional development offering to ensure there is an ongoing and significant focus on relationship-based care. The Personalised Care Institute (PCI), a virtual organisation hosted by the RCGP to be the home for all personalised care education, also offers training to support everyone working in health and care, including GPs and other members of the primary care team in continuing to develop and enhance their skills in delivering relational care. Embedding relationship-based care within medical school curricula and GP specialty training will also help to attract trainees who are as interested in people as they are diseases.

Larger workforce and longer consultations

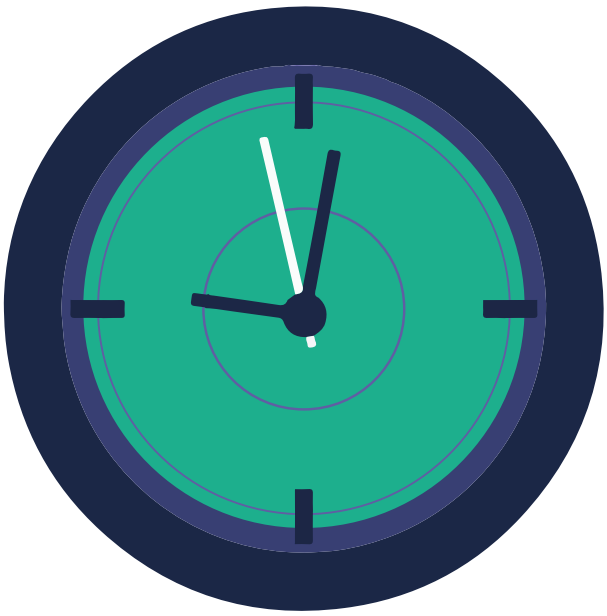
Another key step in supporting the delivery of relationship-based care will be ensuring there is sufficient time in consultations to build trust and empathy.

Skills, knowledge and attitudes are critical to effective relationship-based care, but GPs need the space to deliver this effectively. Workforce shortages and intolerable workloads are major barriers to strong relationships between GP teams and patients. To realise the benefits of relationship-based care, it is critical that the Government meets its existing workforce commitments and makes greater progress in ensuring general practice teams are both well-resourced and not burdened with unnecessary workload and bureaucracy.

An expanded workforce and more manageable workloads have potential to allow for longer consultations for patients who need them. This would create more time to build trust and empathy between clinicians and patients. Current workload and workforce challenges make offering longer consultations extremely difficult.

However, there are practices already delivering 15-minute, and sometimes longer, consultations. In addition to addressing capacity challenges, practices should be supported by their local systems to review scheduling to identify ways it may be possible to introduce longer consultations for the patients who would most benefit from relationship-based care.

As well as supporting longer consultations, a more manageable workload would have other benefits for the delivery of relationship-based care in general practice. It would allow GPs to set time aside for continued professional development to enhance their relational skills, and would improve retention, both in and of itself, and because of the proven links between having the capacity to deliver relationship-based care and job satisfaction. In a virtuous circle, reduced attrition and churn offer yet further benefits in fostering continuity and long-term relationships.



Expanded general practice teams

The increased number of roles working within general practice is one of the biggest changes in recent years. Multi-disciplinary teams offer many benefits for general practice but different ways of working need to be supported. To ensure the benefits of relationship-based care can continue to be realised in this context, it is important that relational continuity between patients and members of the primary care team is safeguarded, and that patients are able to build trust with the different members of the team.

There are three key ways in which this should be addressed:

1 Practice scheduling

To allow practice teams to work well together and relationships with patients to be maintained between different professionals, it is important to set aside time for reflection, review and case conferences between micro-teams of different practice staff and between job-sharing GPs. For such time to be possible, action to address workforce and workload challenges is of course critical. However, as with delivering longer consultations, in the short term, it would be helpful for practices to be better supported by local systems to further consider how staff time is scheduled, including investing in digital technology and organisational systems to make this a simple as possible in practice.

2 Data sharing

To further support relationship-based care within multi-disciplinary team environments, action is required to ensure all staff have access to the correct level of personalised information about the patients they care for. In addition to details of previous consultations, it would be beneficial for patients to have the opportunity to add key information about themselves to their GP record. This could include medical history they particularly want every member of staff they meet to know about, or details of things that matter in their wider lives. Patient-focussed outcomes, such as "I want to control my diabetes, not for it to control me" should be encouraged, articulated and recorded. In this way, informational continuity could be used to support and facilitate some of the benefits of long-term relational continuity. In the context of multidisciplinary teams, and increased part-time and portfolio working, relationships with patients may be held between multiple members of the practice team meaning information sharing is increasingly important. This would require developing GP IT systems to ensure appropriate fields are available in the record. As use of the NHS App increases, it could also be effective to give patients the facility to enter limited notes about themselves directly into their GP record.

3 Communication with patients

To facilitate trusting relationships between patients and all members of the general practice team, it is vital that patients understand and value the multidisciplinary model of general practice. This should be supported by running or continuing to run national campaigns to make patients aware of the different roles within the practice team. In addition, it will be critical to ensure that all practice staff, particularly reception staff, are equipped to explain different team roles to patients, provide reassurance about competence, supervision and risk management, and direct them to the most appropriate member of the team. Practices should be supported in this by the provision of template communications, such as phone scripts and patient leaflets, covering multidisciplinary team roles, and targeted training for reception staff.

Good access

Good quality access is about ensuring patients are able to see the most appropriate clinician, for a suitable length of time and benefit from relationship-based care.

The ability for patients to get a GP appointment quickly, along with NHS waiting lists more generally, remains a key political focus. It is critical that underinvestment, workforce shortages and unmanageable workload are addressed to allow patients to access the care they need as promptly as possible. However, the benefits of relationship-based care for patients, staff and to the cost effectiveness of the health system overall, highlight the importance of considering the quality of the consultation not simply how quickly an appointment can be made.

A redefinition of access is needed, going beyond a narrow focus on speed to also encompass quality. Broadening what is meant by 'access' would allow space for consideration of important factors in the delivery of relational care such as continuity, longer consultation times and determining which member of the practice team it is most suitable for a patient to see.

Good access begins with effective triage and appointment booking processes. In our May 2021 report, *The future role of remote consultations & patient 'triage'*, we set out the need for triage processes, particularly digital systems, to be evaluated following the rapid expansion in their use during the pandemic.[5] To support strong relationships between practice teams and patients, it is also important that both digital triage systems, and appointment booking processes more generally, are reviewed to ensure they support relationships, patient choice, and continuity where desirable.

One way of facilitating this would be to ensure that all booking systems and processes allow patients to express a preference between taking the next available appointment, or potentially waiting longer to see the GP of their choice. Where patients do not express a preference, and do not need to be seen urgently, they could be automatically assigned to the most recently seen clinician. This would require NHS Digital to set a central standard and work with IT suppliers to build this functionality into their products. The NHS should lead the way by building these features into the NHS App.

Many triage and appointment booking processes are staff-led, meaning that in addition to technical improvements, it will be necessary to design similar options into these processes. Practices should be offered the resources for change management support, where required, to enable them to ensure that all those making appointments over the phone are given the opportunity to express a preference for continuity, and that clinicians carrying out triage can build this into their processes.

Metrics and system levers

To embed relationship-based care and ensure it can be delivered sustainably over the long-term by busy practices, GPs should be rewarded for providing effective relational care to their patients.

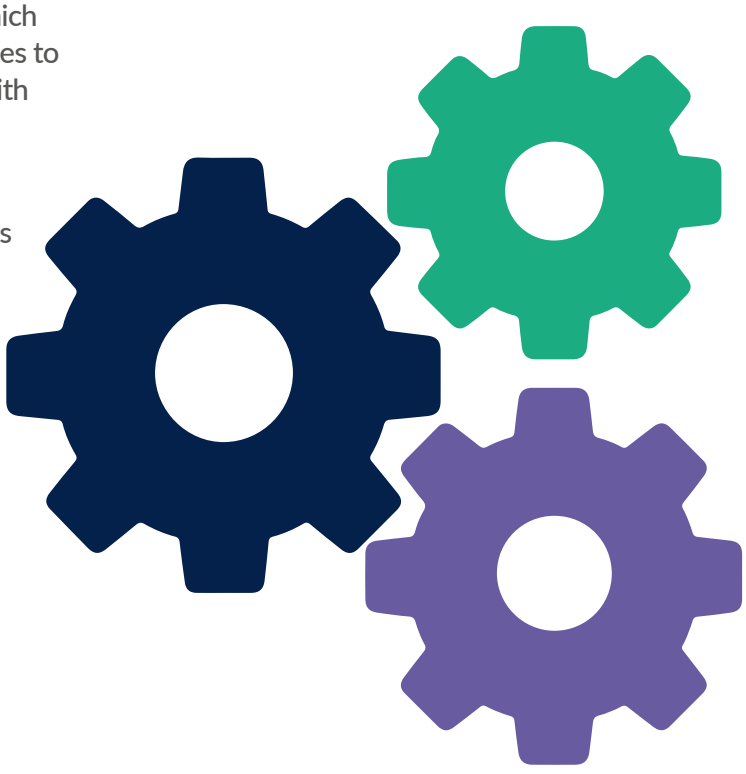
As highlighted in our previous report ***"The Power of Relationships"***, metrics have an important part to play in increasing understanding of relationship-based care and helping to incentivise its delivery. It is important that greater use of existing metrics relating to relationship-based care, such as the physician responsiveness scale and metrics for continuity of care, are promoted. Greater interpretation and use should also be made of the responses to relevant questions included in the NHS GP Patient Survey and the NHS Staff Survey. In addition, new or amalgamated metrics which effectively capture the different elements of relationship-based care, and the benefits of short-term therapeutic relationships as well as long term continuity of care, should be considered. NHS England should scope the most appropriate metrics to assess and help drive change.

Importantly, new metrics must support the building of trusting relationships and GPs having a 'whole person' understanding of a patient's needs and their life circumstances. Metrics which encourage narrow and transactional approaches to care are damaging and need to be balanced with more holistic and person-centred measures.

In addition to the development and greater use of appropriate metrics, wider system levers must be reviewed to address any barriers which may be obstructing relationship-based care and to identify areas where new incentives could be added to promote good relational care.

System levers and incentives which should be investigated and considered for review, removal, or updating include:

- **The QOF in England and Northern Ireland, and the QAIF in Wales.** Quality improvement approaches should be prioritised, which promote the fostering of relationship-based care in all aspects of general practice.
- **Clinical guidelines** which should be reviewed to ensure relationship-based care is included wherever appropriate.
- **The Impact and Investment Fund** incentives for Primary Care Networks (England only), which should be amended to focus on relationships and outcomes rather than processes.
- **Personal lists or shared personal lists** which could be incentivised where appropriate.



Recommendations

A wide range of actions are required from government, NHS and education bodies to foster an environment which enables patients, GPs and the wider health system to experience the benefits of relationship-based care.

1 Ensure relationship-based care is fully integrated within medical curricula and teaching

- Relationship-based care should be identified as core element of the GMC's standards and outcomes for undergraduate medical education for all doctors.

- All medical schools should include the importance of trusting relationships to effective clinical care in their curricula. This should cover:
  - Key recommended reading on relationship-based care, continuity of care, the therapeutic relationship and person-centred care.
  - Learning activities focussed on the benefits and importance of relational care.
  - Teaching about the specific role of relationships and continuity within general practice and the benefits of this.

2 Ensure there are enough GPs to meet rising demand

- Across the UK, politicians and NHS decision makers must deliver new recruitment and retention strategies, including going above and beyond the target of 6000 new GPs in England.

3 Make relationship-based care a national priority in primary care

- NHS bodies across the UK should explicitly prioritise relationship-based care within their primary care plans and strategies. This should include:
  - Funding and dedicated work programmes to support general practice in delivering relational care.
  - Support programmes which could specifically cover helping practices to deliver longer appointments for those who need them and to embed multi-disciplinary and micro-team working.

- National and local NHS bodies should provide funding for change management support to help practices develop their relationship-based care provision. This should focus on:
  - Assisting practices in building relationship-based care into their staff-led triage and appointment booking processes.
    - This would help to ensure those making appointments over the phone are offered this choice and that clinicians carrying out triage can build it into their processes.
  - Facilitating reviews of practice scheduling to create time for:
    - Longer consultations for patients who require them.
    - Reflection, review and case conferences to consider patient needs outside of consultations.

4 Develop IT infrastructure to support relational care and continuity

- UK wide investment in GP IT systems is needed to enable practices to seamlessly collect and share appropriate information to support the delivery of relationship-based care. All members of the general practice team should be able to easily find out information about a patient, including medical history and what the patient has previously said is important to them.

- Governments across the UK should ensure online booking systems allow patients to express a preference for continuity:
  - Patients should be given the option to request to see a specific clinician or to be seen as soon as possible by the first available member of the team.
  - Those who do not express a preference, and do not indicate that they need to be seen urgently, could be automatically assigned to the clinician they saw most recently.
  - To deliver this, bodies across the UK with responsibility for digital transformation in health settings should set a central standard and work with IT suppliers to ensure practices are able to confidently purchase online booking systems which include this functionality.
  - These provisions should also be built into the NHS App.

5 Free up staff time for patient care

- NHS bodies should free up GPs to spend more time building relationships with patients by cutting unnecessary workload and bureaucracy. This should include:
  - Improving coordination between primary and secondary care.
  - Redistributing administrative tasks from GPs to other members of the practice team or different services, for example as has been done recently in allowing more healthcare professionals to certify fit notes to patients.

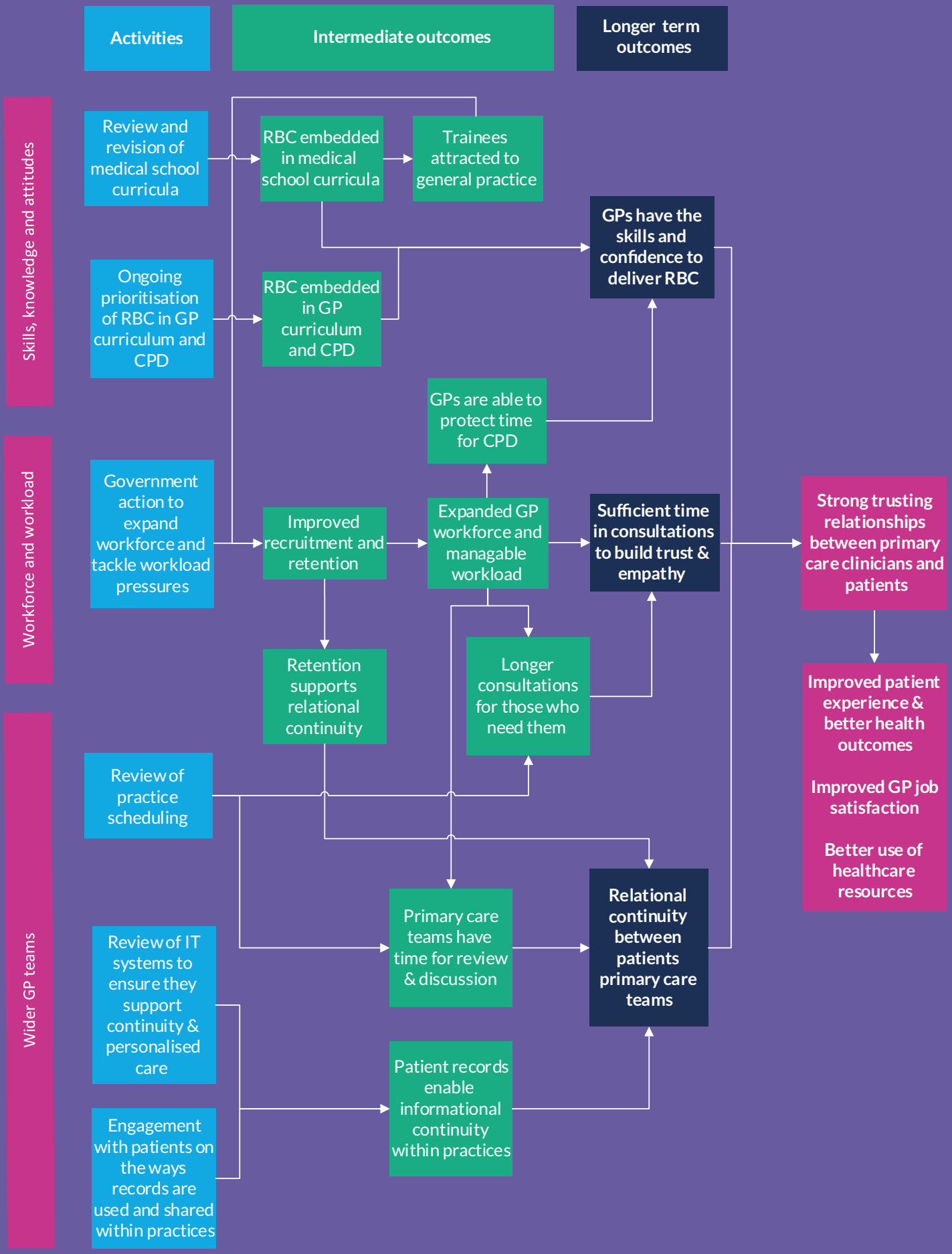
6 Incentivise relationship-based care

- NHS organisations across the UK should work with academic bodies and the RCGP to develop and roll out qualitative and quantitative metrics to measure and incentivise relationship-based care.
  - These should build on existing measures of continuity of care, and patient and staff surveys.
  - System levers across the UK should be reviewed to ensure that relationship-based care is not obstructed but properly incentivised:
    - The QOF (England and Northern Ireland)/QAIF (Wales) and Impact and Investment Fund (England) should be reviewed with consideration to alternative quality improvement approaches which promote the fostering of relationship-based care in all aspects of general practice.
    - This work should be conducted in consultation with professional bodies.
    - The goal of the review should be to reduce unnecessary bureaucracy and protocolisation and give GPs the freedom to focus on relationship-based care.
  - NHS bodies should work with partners to ensure that relationship-based care is included in all relevant clinical guidelines.

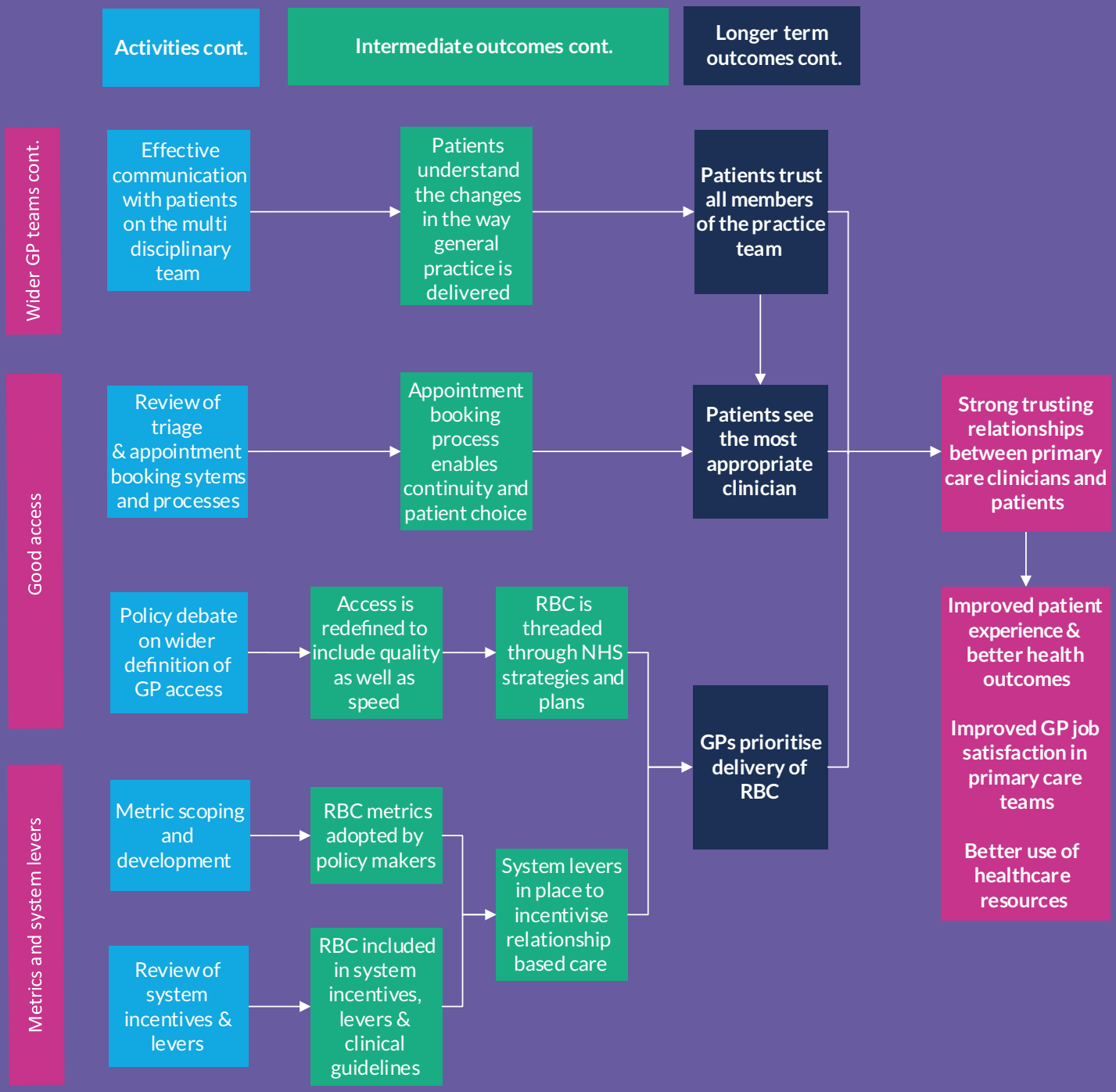
7 Engage and inform patients about getting the care they need

- To support good relationships between patients and all members of the general practice team, NHS bodies across the UK should renew and expand public education campaigns explaining the different multi-disciplinary team roles. These should aim to:
  - Give patients a clear understanding of when and why they might see another member of the practice team rather than a GP.
  - Give patients confidence in the training, competence and supervision of all members of the practice team.

Annex 1: Relationship-based care logic model



Annex 1: model continued



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