

# **A Submission to the NHS Assembly "NHS@75 – An invitation to have your say" on behalf of the Royal College of General Practitioners.**

The NHS has undoubtedly come a long way since its inception 75 years ago, transforming healthcare in the United Kingdom and positively impacting the lives of the entire population. The advancements in medical science and technology have empowered the NHS to provide a level of care that was once unimaginable, enabling people to live longer and improving outcomes for a wide range of conditions. For the last 75 years, general practice has been the cornerstone of the NHS. It is the first place that most people have turned to when they need help, and it is continually expanding the amount of care delivered, carrying out 340 million appointments in 2022 - 9% more than in 2019.

However, as healthcare has evolved, it has also become more complex. The range of treatments and interventions has massively expanded care for patients, but this is making clinicians' work more complex. As GPs need the specialist skills to provide care for the whole person rather than focussing on one condition, they need probably the widest skillset in the whole NHS.

One crucial aspect to consider is the role of the NHS in promoting overall wellbeing. While the NHS has primarily been seen as a national 'sickness service', it is essential to shift towards a more holistic approach that focuses on preventative care, mental health support, and community engagement. By investing in community-based services, social prescribing, and early intervention programmes, the NHS can play a pivotal role in improving the overall health and wellbeing of the population, and general practice needs to sit at the heart of this future vision.

While many people's image of a GP may not have changed dramatically over the last 75 years, general practice has embraced change as much as any part of the NHS, and in some ways it has been at the forefront of innovation.

One significant change in recent years has been the addition of many new roles in general practice. This includes nurse practitioners, physician associates, mental health practitioners and pharmacists, each bringing their unique skills and expertise to enhance patient care. However, instead of taking work away from GPs this has significantly expanded the range of care offered in general practice and, in some ways, increased the intensity of GP's work, as GPs supervise all of these Allied Healthcare Professionals. Another has been the adoption of electronic records, electronic prescriptions and virtual consultations, which have revolutionised care.

GPs are also embracing the need to look to the future, including the exciting opportunities that lie in digital technology. The implementation of a unified electronic health record system could revolutionise information sharing and facilitate seamless care coordination between different healthcare providers. Wearable technologies, intelligent use of Big Data, and other preventive technologies can enable early detection and intervention, allowing for personalised and proactive healthcare. Additionally, remote monitoring of patients can improve access to care, reduce unnecessary hospital visits, and enhance patient convenience.

There is also a pressing need for the integration of pharmacogenomics in both secondary and primary care. By incorporating genomic information into prescribing decisions, we can optimise treatment outcomes, reduce adverse drug reactions, and provide more personalised care to patients. Investing in research and training healthcare professionals in genomics will be crucial in harnessing the potential of pharmacogenomics in general practice, as long as it is implemented with the proper safeguards patients.

Moreover, the evolution of research in primary care is crucial for advancing medical knowledge and improving patient outcomes. Continued and improved investment in research infrastructure, support for primary care research networks, better support for research careers in primary care and the inclusion of general practice in national research strategies will help generate evidence-based guidelines and promote innovation in patient care.

No matter the technology or new ways of working embraced, general practice can never deliver the care patients need without the workforce to deliver it. Since 2015 the number of fully qualified full-time equivalent GPs has fallen by 7%. This has led to unbearable workload, with the GMC reporting that GPs are twice as likely to report burnout than other doctors<sup>i</sup> and 42% of GPs saying that they are planning to quit the profession in the next five years.<sup>ii</sup>

The time pressure on GPs can have a significant impact on patient care with 68% of GPs saying they don't have enough time in appointments to adequately assess and treat patients.<sup>iii</sup> For too long the NHS workforce plans have been determined by short term political needs, as by the time it takes to train a doctor two elections will have passed and the politician making the decisions is likely to have moved on. It is therefore important that we have long term workforce plans that look beyond the needs of short-term manifesto commitments.

In the last few decades, general practice has led the way in patient-centred care, and in involving patients in decisions about their health. Shared decision making and patient empowerment ensure that patients have an active role in their care and are fully informed about the available options. This fosters trust, improves patient satisfaction, and leads to better health outcomes.

To ensure the future success of general practice, we must look ahead and consider both acute and chronic conditions. Emphasising prevention to stop acute conditions from

becoming chronic is paramount. By focusing on early intervention, lifestyle modifications, and health education, we can reduce the burden on the NHS and improve patient outcomes. We also need to be aware of the dangers of overdiagnosis and over investigations, being mindful of both the possible harms to patients as well as the limited resources we have available in the health service.

Finally, it is essential to acknowledge the need for a systemic shift in patient care, with more emphasis on community-based services and proper investment into social care. However, resources must be adequately allocated to support this transition. Currently, there is often a public backlash when any threat of a hospital closure arises, and new hospital buildings receive significant attention. While primary care infrastructure has received limited investment in recent years and has typically only received around 8% of total NHS spend.<sup>iv</sup> It is imperative to redistribute resources to community and social care and ensure that the necessary infrastructure, staffing, and funding are provided to support primary care services effectively.

In conclusion, the future of general practice in the NHS holds immense potential for improvement and innovation. By investing in the workforce, embracing preventive care, fostering shared decision making, investing in research, and leveraging digital technologies, we can ensure that the NHS continues to provide high-quality, patient-centred care for the next 75 years and beyond.

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<sup>i</sup> <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk/workforce-report-2022>

<sup>ii</sup> <https://www.rcgp.org.uk/getmedia/1aeea016-9167-4765-9093-54a8ee8ae188/RCGP-Fit-for-the-Future-A-New-plan-for-General-Practice.pdf>

<sup>iii</sup> <https://www.rcgp.org.uk/getmedia/1aeea016-9167-4765-9093-54a8ee8ae188/RCGP-Fit-for-the-Future-A-New-plan-for-General-Practice.pdf>

<sup>iv</sup> <https://www.rcgp.org.uk/representing-you/policy-areas/infrastructure>