

Discuss the current challenges facing general practice and how these can be tackled

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1. Introduction

“There is arguably no more important job in modern Britain than that of the family doctor” Simon Stevens, NHS England’s Chief Executive(1)

General Practice (GP) encapsulates the family doctor role due to holistic care approaches, strong doctor-patient relationships and interdisciplinary multispecialty input that contributes to continuity of care. It is a crucial part of the National Health Service (NHS), given an estimated 10,000 GP are responsible for the entire UK population(2).

GP has undergone a number of developments over the years from single handed practice to more collaborative networks, the integration of Quality and Outcome Framework targets and ever changing contracts and policies to raise standards and increase competition(3).

Despite these developments, GP still faces immense pressure and challenges.

This paper aims to explore these challenges by discussing their impact and proposing potential solutions.



Figure 1: Core attributes of General Practice, Source:(3)

2. Challenges in General Practice

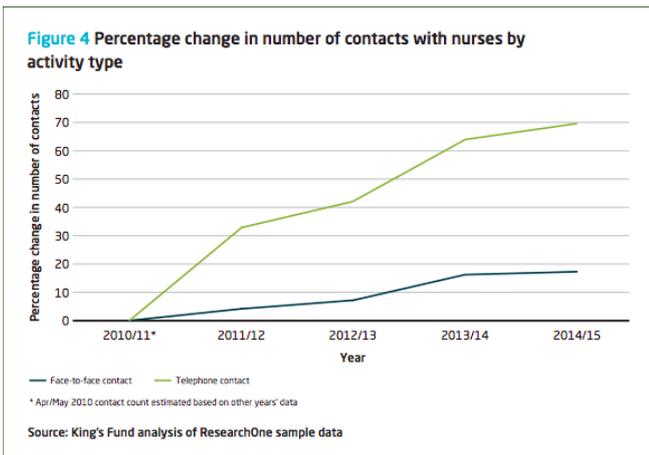
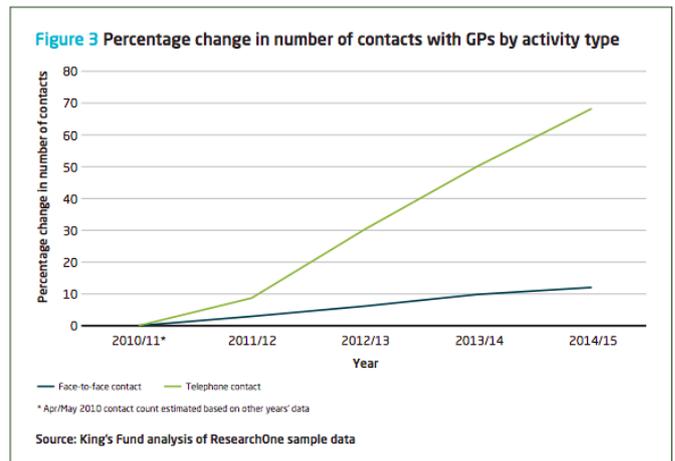
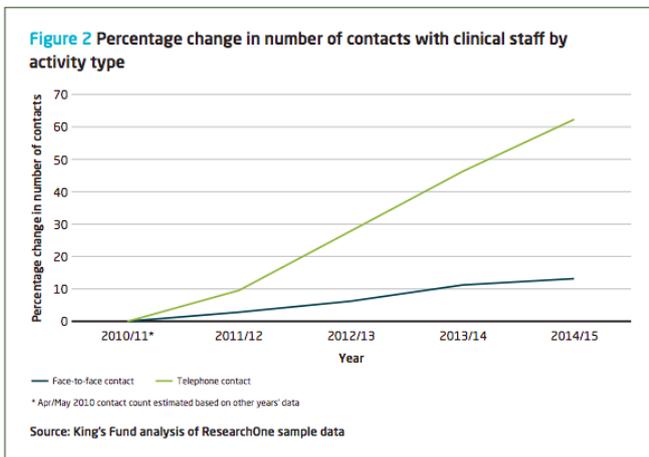
There are many interlinked challenges occurring in GP at present, including inefficient means of data collection and practice reporting to guide service development(3,4), however this essay will only focus on three pressing issues:

- Rising workloads
- Workforce issues
- Financial challenges

2.1 Rising workloads

The Kings Fund '*Understanding pressures in General Practice*' and NHS England '*General Practice Forward Review*' have cited raising workload as a key challenge afflicting General practitioners (GPs)(1,5). This appears to be due to high public expectations, rising demands on primary care services, increased complexity of patients and issues relating to accessibility and service continuity.

According to NHS Digital, the number of GPs has plateaued despite the increasing number of consultations since 2010(5,6). This trend is being seen across the board from nurses to GPs, Figure 2. Telephone consultations had the largest share of increased consultations in the research sample(5) which is interesting because this measure was implemented to help GPs manage. However, new research suggests it may be contributing to the workload by providing even greater access to GPs without resolving root issues around demand on these service(5).



The rising demands on GP services are also associated with healthcare policy changes and high public expectations. Over the past 5 years, policy has shifted its focus towards placing healthcare in the community with ambulatory services, community mental health services and rapid response teams(7) which place further burden on GP in terms of integration and maintaining continuity of care. This burden may be contributing to a staff poaching culture between practices to meet demand. This ultimately increases the likelihood of weaker practices closing down, creating a destabilising domino effect as other neighbouring GP attempt to pick up the slack(8). Additionally, the number of respondents to the National GP Patient Survey increased 8.8 percent from between 2017 and 2018(9) thus highlighting raised public expectations particularly around accessibility of care.

Figure 2: Consultation rates [total and by profession], Source:(5)

The increased complexity of patients, due to an ageing population, increased life expectancy and widespread service issues with social care and mental health(10), is contributing to the burden on GP. Approximately 20% of patients have polypharmacy and more than 1 in 2 patients have long term health conditions, disabilities or illness(9). Many of these patients also have multiple co-morbidities, meaning their care is complex and will undoubtedly utilise more time and resources than common minor illnesses. For example, the average UK consultation is just under nine minutes which is well below our contemporaries in Europe like Sweden(3). It is a tough ask of GPs to address mental health concerns, rule out serious pathology, avoid diagnostic overshadowing while providing consistent patient centred care in about 10 minutes.

2.2 Workforce issues

The workforce issues in GP are reflected in problems around recruitment of healthcare professionals (HCPs) and retention of these individuals in their posts.

GP Recruitment has been a topical issue for the past few years as it has been historically low and under recruitment targets. Recent training recruitment figures suggest a decrease in the overall number of training posts offered in the first round and a large number of vacancies in North of England despite the highest number of recruits entering training since 2010(11). It has been suggested this may be associated with financial constraints in addition to increased workload in the specialty(2).

The retention crisis in GP appears to be multifactorial due to problems associated with morale. A recent study showed over 50% of GPs surveyed were suffering low morale and this may be a considerable factor in their intentions to either change their working patterns or leave medicine altogether(12). This appears to be associated with increasing uptake of portfolio careers and part-time work which in real terms leaves vacancies in the service that may have to be filled by temporary staff(5) . Furthermore, a sizeable proportion of GPs are approaching retirement age, 17% of GPs are over 55 years old, which in the next 20 years will further strain the workforce(4).

2.3 Financial challenges

The financial challenges in primary care have been exacerbated by austerity over the past decade and are perceived as having potentially far reaching consequences (Figure 3). This is because the current business model of GP is unsustainable in the long and medium term(13). These challenges include the rising costs of indemnity insurance and increasing cost of locum cover to manage patient demand(14). These costs make the role of GP partner appear unfavourable to junior trainees which further contributes to workforce issues(4).

Chart 1: Major financial pressures

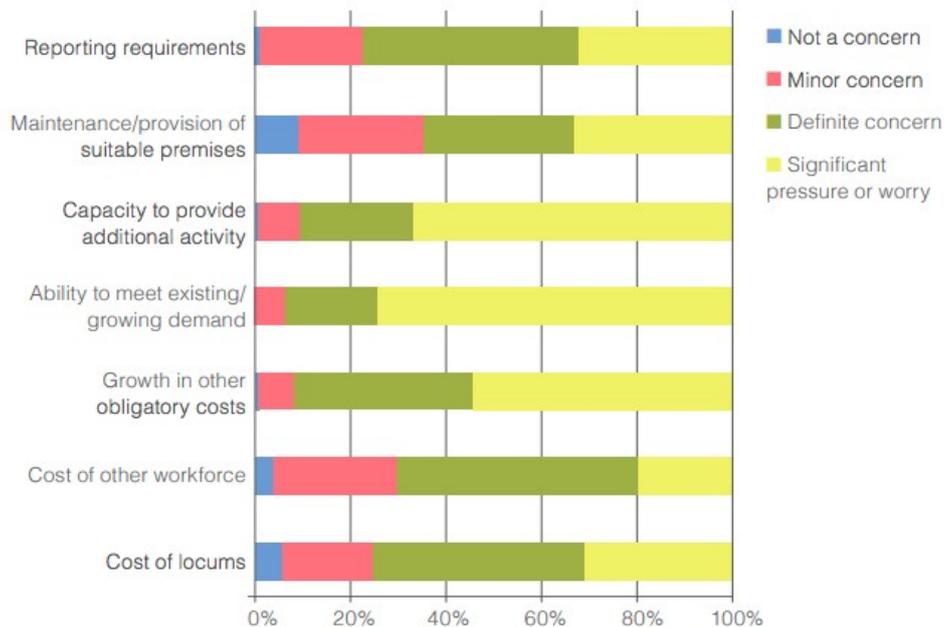


Figure 3: Doctor concerns on financial challenges, Source:(13)

3. Potential solutions

The potential solutions to tackle these challenges include

- Workforce improvements
- New models of General Practice
- Technological innovation
- Managing demand and public expectations

Workforce improvements

A key approach to improving the workforce is to employ a dynamic and functional skill-mix in primary care. Although studies have shown uncertainty around the benefit of skill-mix in GP(15), I propose a population guided skill-mix where the professionals involved in primary care teams reflect the burden affecting local populations and have the necessary skillset to deliver good outcomes. This can help limit the burden on GPs and can become a real possibility as a £2.4 billion annual investment has been ring-fenced for primary care(16). Some of which has already gone towards recruitment of GPs and wider practice professionals such as managers and mental health therapists. Although these investments will help in resolving issues around recruitment, further changes on a policy and systemic level will be required to resolve the retention crisis. It is reassuring that some of these changes are mentioned in the recently published *NHS Long Term Plan*(17).

New models of General Practice

The current model of GP is unsustainable, therefore new models are essential to meet demands. These models will need to regularly take into account the views and concerns of all key stakeholders [e.g. clinician, politicians, patients] in order to be successful and have collaboration between many HCPs as a key theme. Many models such as microteams and multispecialty community providers are being trialled, implemented and refined(3). They have the potential to revolutionise the way GP operates. Furthermore, the *NHS Long Term Plan* has even backed primary care networks a viable model which could improve the workforce issues by creating a funded, dynamic workforce to deal with population demands and provide integrated care(17,18).

Technological innovation

Technological advancements such as teleconsulting with '*GP at Hand*'(19) have helped to relieve some stress on GP. However, more can still be done and artificial intelligence could play a crucial role with its varied applications. For example decisional support and predictive algorithms could identify patients likely to not attend appointments to free up waitlists. Real world data on local or national populations could be obtained to triage patients into low risk minor illness or higher risk groups before even seeing GPs. This can enable signposting of low risk patients to validated online health services or areas with low workloads. Although this may resolve future issues, it does not immediately deal with the rising workload as the NHS infrastructure is not sufficiently ready at present from an ethical and practical point of view to allow such technological changes to flourish(20).

Managing demand and public expectations

In order to better manage public expectations, a variety of interventions could be employed. One of those include behavioural psychology. Studies have shown behavioural nudges could have positive effects in the modulation of behaviour with regard to health life choices(21). This principle could be applied to patient expectations especially around minor illness to motivate patients to self-manage their symptoms and seek appropriate, validated online advice. This approach could be implemented rapidly however it would require considerable partnership with policy makers and behavioural psychologists.

4. Conclusion

General Practice is facing a number of challenges that significantly impact on service provision and patient care. Although these challenges are far reaching, interventions provided in the *GP Forward Review, Innovative models of General Practice* Report and the use of behavioural psychology coupled with cutting edge technology in primary care will greatly contribute to tackling these issues. Undoubtedly new challenges will surface as we solve current problems within the system but what is key is to have a flexible, dynamic approach to solving them as they arise.

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