Royal College of General Practitioners

A blueprint for building the new deal for general practice in England

May 2015

Introduction

Over the next five years the Government has an opportunity to put the NHS in England on a more sustainable footing, with a strengthened general practice providing the best possible care to patients and leading the development of new integrated services. However, given the immediate pressures on GP surgeries, it is vital that the Government moves to shore the service up in the coming months, particularly to ensure that general practice does not go into meltdown over the winter period. This document sets out urgent and medium- to long-term measures that must be implemented to secure vital improvements to general practice.

The *Five Year Forward View*[1] recently made the case for a 'new deal' for general practice, as part of its vision for an NHS better able to prevent and manage ill health closer to people's homes, and keep them out of hospital wherever possible. This document sets out a comprehensive plan for how the Government — working with NHS England, Health Education England, the College and others — can deliver on this new deal by 2020. Although it specifically addresses the need to build the new deal for general practice in England, the majority of its themes are of relevance to general practice in all four nations of the UK.

The scale of the challenge is huge. England's GP practices are under massive strain, providing an estimated 370m consultations every year to a growing and ageing population — more than 60m more than they were five years ago. General practice has faced real terms budget cuts for the last four years, and has been given a shrinking proportion of the NHS budget for over a decade — down to just 8.4% in England despite providing 90% of patient contacts. There are simply not enough GPs and other primary care staff to cope with rising demand — with recent years seeing a fall in the number of GPs per patient. The RCGP has estimated that there is a current shortfall of around 3,300 GPs in England, and that an additional 8,000 full time equivalent (FTE) GPs will be needed by 2020 to close this gap and ensure general practice can lead the process of transforming services for patients. A large proportion of the current GP workforce — more than one in five — are aged over 55 and likely to retire in the next few years.

This situation can and must be turned around. General practice remains the bedrock of patient care in the NHS, and with the right support and adequate resources, GPs can continue to underpin the delivery of an effective, equitable health service and lead the process of ensuring it better meets the needs of patients in the 21st century. Our plan identifies five overarching actions that need to be taken — all of which will support the vision set out in the *Five Year Forward View* and strengthen the NHS for the future.

To deliver better patient care the new Government should:

1. **Invest 11% of the NHS budget in general practice**
2. **Grow the GP workforce by 8,000**
3. **Give GPs time to focus on patient care**
4. **Allow GPs time to innovate**
5. **Improve GP premises**

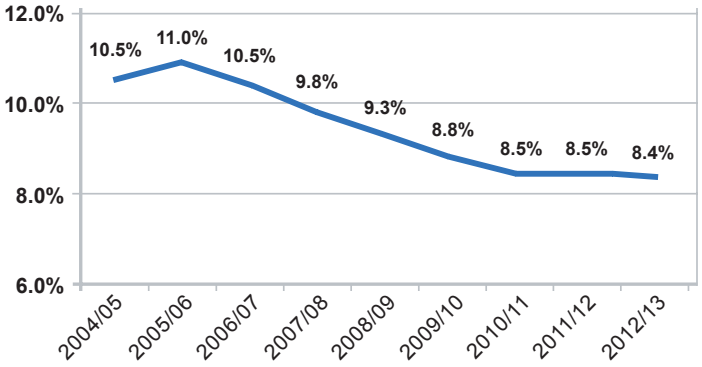
1. Invest 11% of the NHS budget in general practice

Shift resources into front line GP services

To achieve the aspirations set out in the *Five Year Forward View* and enable GPs to lead the development of new integrated services, it is vital that greater resources are directed towards patient care in general practice.

The RCGP has previously highlighted[2] the fact that the share of NHS spending allocated to general practice fell from nearly 11% in 2004/05 to 8.5% in 2012/13 — an unplanned reduction that has placed GP services under huge strain. This downward trend continued in 2013/14, when general practice in England received just 8.4% of the NHS budget — a historic low. By 2013/14, spending on GP services had fallen by 3.0% in real terms since 2009/10, at a time when spending on secondary care has risen significantly.

GP funding as a share of NHS expenditure, England



However, some new investment has begun to be directed towards general practice and wider primary care, through a cluster of different announcements and initiatives over the last 18 months. A £1bn four-year investment in practice infrastructure and a £200m transformation fund (some of which may be invested in general practice) were announced in the 2014 Autumn Statement. The GP Challenge Fund has provided a one-off injection of funds — linked to initiatives to expand access to GP services — of £50m in 2014/15, with a further £100m promised for 2015/16. In addition, in principle CCGs have been able to invest in GP services through the £5.3bn Better Care Fund, although in practice it is unclear whether such investment has taken place on a large scale.

These new funding streams could — if sustained and expanded over time — begin to reverse the historic decline in the funding share allocated to general practice. It is important to note, however, that some of these funding streams are for one year only, and investment in premises will need to be matched by a wider shift of resources and an increase in the number of GPs to have a lasting impact on patient care.

> **"We need funding for primary care services, GP services in particular, to go up"**
>
> *Simon Stevens, speaking to GP Magazine in March 2015*

The Government should use this as a starting point for a continued and sustained shift in investment towards the 11% called for by the *Put patients first: Back general practice* campaign.

Such a shift in funding would enable GPs to improve care for all patients — by tackling rising waiting times, improving continuity of care and supporting those with the most complex needs to stay well. Last year, over the course of just a few months more than 300,000 people signed a petition calling for a larger proportion of NHS funding to be spent on general practice[3]. Recent polling conducted by ComRes found that 60% of patients would support such a move[4] .

As the Government has acknowledged, a better resourced general practice will not only benefit patients and carers, but will also help put the NHS on a more sustainable financial footing, with evidence suggesting that investing in general practice could save the NHS nearly £2bn per year by 2020 through reducing pressure on hospitals and other services (see Box 1 *page 4*)[5] . The average cost of a face to face GP consultation is around £45, compared to a range of £61 to £82 for a comparable secondary care attendance[6] .

> **"If I'm health secretary after the election, (that is) the biggest single change that I want to see — more GPs, more personal care, more continuity of care, a stronger link between GPs and the patients on their list."**
>
> *Jeremy Hunt speaking to the Telegraph, April 2015*

The Government should immediately:

- Establish a stabilisation fund to help practices under stress as a result of high local costs that are not adequately reflected in the current funding formula. This should be implemented alongside measures to tackle the problem of under-doctored practices and areas.

In the medium- to long-term, the Government should:

- Set a clear target for increasing the proportion of the NHS budget spent on general practice to 11%, and putting in place a new primary care investment plan to deliver this. This will build on the commitment made in the *Five Year Forward View* to invest more NHS resources in primary care. Local decision makers should be encouraged and empowered to work towards this goal, with flexibility around how they achieve it. Co-commissioning is one important route through which new investment in general practice is likely to be channelled, and the Government should make it clear that it intends to support CCGs to pursue this where they are keen to.

- Ensure that the Government's commitment to invest an additional £8bn per year funding in the NHS by 2020, as recommended by NHS England Chief Executive Simon Stevens, is rapidly implemented. This increase in funding should be used to invest in collaborative models of community-based care at a faster rate annually than spending on hospital-based care until a more equitable balance has been reached, as argued by the *Inquiry into patient centred care in the 21st century*[7].

- Set up a new five year transformation fund, building on the £200m announced in the 2014 Autumn Statement. Whilst the existing fund is a welcome measure, that has the potential to transform patient care and help shift resources into the community, to realistically deliver progress a larger fund, with a longer timeframe, is needed.

- Review the effectiveness of the Better Care Fund (BCF). The BCF currently operates on the basis that a significant proportion of its funding is linked to reductions in emergency admissions. Although in principle this is a sensible approach, in practice those leading the development of integrated services — including GPs — need longer timeframes in which to embed new approaches if they are to have a real impact elsewhere in the system.

- Publish regular statistics monitoring how NHS funding is being shifted, including what proportion is being invested in general practice. Local initiatives such as the Better Care Fund and the Challenge Fund are mechanisms through which funding can be shifted closer to people's homes — but at present there is no clear national picture of how these initiatives are achieving the shift in funding envisaged in the *Five Year Forward View*.

Box 1: Spend to save – the financial case for investing in general practice

Increased government spending on general practice could lead to a saving of up to £1.9bn to the NHS across the UK by 2020.

Calculations by the RCGP show that increasing spending on general practice across the UK by £72m each year — to pay for such things as more GPs and practice nurses — could lead to a saving of up to £375m each financial year, rising to annual savings of up to £708m by the end of 2019/20.

The RCGP figures are based on research it commissioned from Deloitte in 2014[8], which estimates that short-term savings generated through increased spending on general practice could amount to up to £447m annually.

This annual saving is broken down into savings of up to:

- £133.9m per year, through diverting up to 1.7m patients away from A&E
- £143.3m per year, through reducing the number of unnecessary ambulance call-outs, and
- £170.1m per year, through reducing the length of hospital stays for patients aged over 65, by providing greater primary care support at home.

Analysing three key patient groups — healthy patients, frail and elderly patients, and those with long-term conditions — Deloitte estimates that the current cost of A&E visits is £1.58 bn. This bill could be reduced to £1.44bn generating annual savings of at least £133.9m in the UK.

Additional savings to the NHS could be made in the medium — and long-term, with additional savings of up to £333m annually over the course of the next five years.

2. Grow the GP workforce by 8,000

Increase the general practice workforce

One of the biggest challenges facing the Government over the next five years will be to achieve a significant increase in the number of GPs at a time when the general practice workforce is in a state of crisis. Aspirations for improving access to primary care, offering longer consultation times and creating more integrated services will not be achievable without more GPs, practice nurses, and other support staff.

There are now fewer GPs per patient in England than there were six years ago — down from 62 per 100,000 in 2009 to 59.5 in 2013[9]. Between 2006 and 2013 the number of GPs grew by just 4%, compared to a 27% increase in the number of hospital doctors over the same period[10]. The College has estimated that the GP workforce will need to increase by 8,000 (FTE) GPs in England over the next five years in order to make up for an existing shortfall and meet the future needs of a growing and ageing population.

In recent years rates of recruitment into general practice have faltered, with 12% of training places going unfilled in 2013/14 (a 2.7% increase in unfilled posts compared to the previous year). The NHS is also struggling to retain its existing GP workforce, with nearly 700 practices estimated to be at risk of closure in the coming years because they contain a high number of GPs who are reaching retirement age and many planning to retire early. Survey results published in April 2015 found that vacancy rates for full-time GPs have increased by 50% over the last year — with a vacancy rate amongst those sampled of 9% (the highest in five years)[11]. High levels of stress and low morale with the profession, which have been repeatedly highlighted in surveys of GPs, are a key factor here[12, 13].

However, there are encouraging signs that a more positive future for the GP workforce is possible. In January 2015, the RCGP co-signed a joint GP workforce action plan with NHS England, Health Education England and the BMA GPC setting out 10 measures to improve GP recruitment and retention and make it easier for GPs who have left the workforce to return to practise[14]. Steps have already been taken to boost the promotion of general practice as a career across England, and to encourage more doctors to return to the GP workforce through the launch of a revitalised Induction and Refresher scheme in March 2015.

The Government should immediately:

- Ensure that the 10-point GP workforce action plan recently agreed between NHS England, HEE, RCGP and the BMA, receives the political support and additional financial backing required to take the plan forward as a matter of urgency.
- Take forward key aspects of this plan as a priority, including:
  - Stepping up the promotion of general practice as a rewarding and challenging career and improving perceptions of the profession, particularly amongst foundation doctors and medical students, and putting significant resources behind this effort.
  - Exploring what financial incentives can be offered to GP trainees to encourage them to commit to training and working in currently under-doctored areas — e.g. potentially helping to pay the university fees of doctors who commit to train and work in these areas.
  - Backing the new Induction and Refresher scheme, and putting in place measures to make it easier for GPs currently working abroad to return to the UK — e.g. by abolishing the GP National Performers List, which acts as an unnecessary barrier for GPs wishing to return to general practice following a break.
  - Investing in a new retainer scheme and conducting a detailed review to identify the most effective measures to encourage experienced GPs to remain within practice, especially those over 55. Measures are needed to develop career-long support for current GPs, through training, focusing on resilience in practice.
- Recruit an extra 500 nurses into general practice by the end of 2015. Recent experience has shown considerable appetite from former nurses to pick up on opportunities to join return to work nursing schemes. Until now, these have all been focussed on nursing in the acute sector. However, the practice nurse workforce could be substantially boosted through attracting nurses back into healthcare, predicated on return to nursing initiatives but focussed on GP and community services.
- Introduce a flexible careers scheme. The GP Taskforce report identifies a range of roles in which this group could contribute, for example, as GPs with special interests and in settings such as nursing homes and community hospitals.

In the medium- to long-term, the Government should:

- Set a clear target for increasing the number of full time equivalent (FTE) GPs in England by 8,000 by 2020 — so that it reaches a total of 40,628 FTE GPs, and ensure progress against this aim is closely monitored.

- Increase resources for the GP National Recruitment Office (NRO) so that it can drive forward the process of encouraging more young doctors to choose general practice as a career and provide an effective recruitment process.

- Give further consideration to implementing the recommendation of the GP Taskforce report that the historic excess of posts available in some hospital specialties is reduced, with the aim of rebalancing the pool of training places available towards general practice. A review of evidence for and against this policy should take place urgently.

- Accelerate work to promote and develop innovative professional roles within general practice, including physicians associates, medical assistants and practice-based pharmacists. The RCGP has proposed that a new member of the GP practice team – Medical Assistants — could potentially take on the role of an enhanced Healthcare Assistant combined with a Personal Assistant. Whilst not intended as an alternative to GPs and nurses, Medical Assistants could help alleviate some of the pressure that general practice is facing.

- Take steps to enhance practice nurse, advanced nurse practitioner and practice manager training, including to boost workforce numbers in those roles facing the greatest shortages e.g. district nurses. The Centre for Workforce Intelligence (CfWI) has concluded that the practice nurse and advanced nurse practitioner workforces have the potential to expand in size and therefore significantly take pressure off GPs. For this to happen, the Government will need to develop both national training standards and clear career pathways for practice nurses. This may involve thinking in different ways about how practice nurses are employed — for example, smaller practices may come together and employ nurses as a group in order to offer career progression. Good practice management will be vital to maintaining high standards of care and supporting the development of new models of care, and a programme of support and training for practice managers should also be prioritised.

- Collect more data on workload in general practice. Best estimates suggest the number of patient consultations is increasing rapidly, placing huge strain on practice workloads, but there is a need for much more systematic data collection on this. Previously information on workload in general practice was collected, but this was discontinued in 2008. The RCGP, the Nuffield Trust[15], and the Kings Fund[16] have repeatedly called for this to be addressed so that accurate data can be used to promote workforce planning.

- Foster a more positive dialogue about general practice in the mainstream national media. The morale of GPs and practice staff has been severely damaged by a marked increase in negative coverage about GPs in some parts of the national press in recent years. Whilst no part of the NHS should be considered beyond criticism, the Government could play a positive role in trying to ensure that the debate remains constructive, and that the hugely positive impact that general practice has on communities across the country is properly highlighted.

- Establish a nationally funded occupational health service for GPs. Given that a very high number of GPs feel that their workload is often unsustainable or unmanageable, access to greater occupational health programmes should be funded to assist doctors in managing their occupational health needs. Preventing the attrition of experienced and trained doctors will be essential to grow the GP workforce.

- Ensure that medical students have greater exposure to general practice early in their medical training by increasing the medical undergraduate placement tariff (formerly SIFT) funding available for GP placements. At present there is significant variation in the opportunities medical students have to gain experience of general practice, with many spending very little time in GP surgeries.

3. Give GPs time to focus on patient care

Relieve overwhelming pressure on GPs

With GPs facing immense pressure due to rising workloads and constrained finances, morale in general practice is currently low. A recent survey of GPs found that over half (54%) feel their current workload is unmanageable or unsustainable[17]. Whilst this is partly due to rapidly rising patient demand for consultations in general practice, GPs also report that the burden of paperwork they face is a barrier to effective patient care, particularly at a time when services are already significantly overstretched.

There are concerns, in particular, that general practice does not have the capacity to withstand a major health crisis such as a national flu outbreak, and that GPs who want to spend more time developing new models of patient care are being prevented from doing so due to current pressure levels.

Given these pressures, there is clear need for GPs and politicians to work together to ensure that new and existing policy initiatives relating to general practice do not have unintended consequences for patient care. For example, efforts to encourage more practices to open late and at weekends could inadvertently have an impact on in-hours capacity. Later this year the RCGP will publish recommendations looking specifically at the patient safety implications of the rise in GP workload levels and the associated dangers presented by GP fatigue.

The Government should immediately:

- Conduct an urgent full scale review into how the bureaucracy, red tape and unnecessary workload currently faced by GPs can be reduced, and their time can be freed up to focus on delivering high quality patient care.
- Conduct an immediate review of Care Quality Commission (CQC) inspections and regulatory processes to eliminate unnecessary burdens for general practice, and to ensure that scrutiny is focussed in those areas where it is likely to have most beneficial impact.
- Initiate discussions with the General Practitioners Committee of the BMA to replace the Quality and Outcomes Framework (QOF) with a new funding arrangement that allows GPs more freedom to focus on providing the best possible holistic care to patients and eliminates unnecessary bureaucracy.

In the medium- to long-term, the Government should:

- Institute a policy of testing every new NHS initiative against how it will impact on GPs' time and workload capacity. A 'one in, one out' approach should be taken, with any new initiatives that involve increasing GP workloads matched by measures to reduce workload in other areas.
- Take a cautious approach to extending access to GP services at evenings and weekends, which if rolled out too quickly and without adequate resources, will have a negative impact on patient care in-hours.
- Avoid imposing top down targets for waiting times in general practice, which will place unrealistic expectations on an already severely overstretched service.

4. Allow GPs time to innovate

Empower GPs to lead the development of new models of care

The RCGP has long championed the need for health and social care services to be integrated around the lives of patients and carers, and for people to be empowered to take control of their own health and wellbeing. As the natural medical home for patients, general practice has a central role to play in leading the development of new models of care. It is vital that as these new services develop they address one of the biggest challenges facing our health and social care services in the coming years – meeting the complex needs of the growing number of people living with multiple long term conditions. The number of people living with more than one long term condition is expected to rise from 1.9 million in 2008 to 2.9 million by 2018[18]. There is evidence that around 65 per cent of those aged between 65 and 85 years old are living with two or more long term conditions[19].

There is real appetite within general practice for leading this change. NHS England's recent call for applications to develop 'vanguard' sites to test out new models of care received a strong response from practice teams across the country. GPs are playing a leading role in the 13 Multispecialty Community Provider (MCP) vanguard sites and are centrally involved in all nine Primary and Acute Care Systems (PACS) initiatives as well[20]. GPs across the UK are already developing new approaches to improving access to primary care services both in and out of hours[21, 22].

However, with many practices focusing on keeping services running at a time of intense pressure, the long term success of new models of care will depend on investing more resources in general practice, improving workforce capacity, freeing GPs up from unnecessary bureaucracy and investing in premises – as outlined in this document.

Alongside this, the RCGP would like to work with the Government to help create a supportive framework for GPs to lead the development of new models of care, giving GPs the practical tools to deliver change for patients on the ground.

The Government should immediately:

- Provide practices with adequate levels of funding to pilot the employment of pharmacists within GP teams, in line with proposals set out in March 2015 by the RCGP and the Royal Pharmaceutical Society[23]— and subsequently to support the implementation of this initiative at scale.

In the medium- to long-term, the Government should:

- Establish a sustained package of support and practical advice which GPs can access to help them develop new models of care. The RCGP is already working with NHS England and the Nuffield Trust to begin developing a learning network for GP federations. NHS England should use this as a starting point for a broader package of support available to all GPs as well as other community-based professionals.

- Retain the independent contractor status for GPs (within a mixed economy of partnered and salaried doctors), which promotes continuity of care and enables GPs to act as advocates for their patients, empowering them to take the initiative in developing new models of care.

- Ensure that patient centred care is hardwired into emerging new models by building on the strengths of general practice. In the context of rising levels of multiple morbidity, these new models will need to move away from the traditional NHS focus on single-disease pathways and individual episodes of care. It is vital, therefore, that these emerging models build on the strengths of general practice, including the 'local' nature of GP services, their generalist scope, the continuity of care they provide to individuals and families and the population-level perspective they are able to take through the registered patient list. The RCGP has developed five tests (see Box 2 opposite) that we believe all new models of care should meet.

Box 2: The RCGP's five tests of new models of care

Proposed models of integrated care should:

- Ensure community-based services are led by community-based clinicians with a person-centred perspective.
- Underpin safe patient care by ensuring that GPs can continue to act as independent advocates for their patients, with the emphasis on the person not the institution.
- Be person focused, responding to the needs of the individual and protecting them from over-medicalisation, with GPs working with specialists to contribute to the holistic care of the individual.

Proposed models of integrated care must not:

- Lead to major top down structural reorganisation, which would lead to the setting up of new bureaucratic structures and divert millions of pounds away from patient care.
- Lead to the diversion of NHS funding away from general practice and primary care given their vital role in delivering person centred care.

- Work with the RCGP and others to further develop the Multispecialty Community Provider (MCP) model set out in the *Five Year Forward View* and currently being piloted in 13 sites across England. We believe the MCP model best meets the five tests we have set out, and we would like to see rapid progress made in spreading learning from the current pilot sites to other areas.
- Take steps to ensure that the competition framework established in the Health and Social Care Act does not act as a barrier to integrated care. Section Three of the Act should be repealed, which could be done with little or no disruption to services.
- Set aside specific funding to help embed care and support planning in general practice for those patients who would benefit most — particularly the estimated 15 million people in England currently living with long term conditions[24]. There is widespread agreement that "care and support planning" — led by teams of professionals working with patients and their carers in the community — is effective in helping people to take more control over their health and stay well. However, these teams need practical support and training in order to scale up the use of "care and support planning" across England, and there is a need in particular for training (across disciplines) in this area to be developed and promoted.
- Urgently provide a substantial increase in development support for practices, with a review of how much of the resources that go to the NHS Leadership Academy and NHS Improving Quality is actually deployed to support general practice.

5. Improve GP premises

Invest in general practice infrastructure

There has been very little investment in GP premises in recent years, meaning that many practices are providing care to patients in settings not fit for purpose. Lack of physical space and equipment is preventing some practices from expanding and improving the services they offer to their local communities.

Investment in new buildings and equipment will also play an important part in the development of new models of care in the community. Already in many areas GP services are co-located with other health and social care professionals, and we should be ambitious and innovative in designing the primary care premises of the future.

The RCGP strongly welcomed the commitment in the 2014 Autumn Statement to invest £1bn in GP premises over the next four years. It is vital that we maximise the impact of this funding on front line services, and that it is used to strengthen existing services as well as to invest in new buildings linked to the development of new models of care.

In the medium- to long-term, the Government should:

- Affirm that it will commit to the £1bn investment in premises set out in the Autumn Statement, and allowing funding to be rolled over across the four years (rather than blocks of £250m that must be spent in each year).
- Work with the RCGP, the BMA and GPs on the ground to produce a clear plan for spending this funding. Whilst some new premises are likely to be needed as part of the process of building an expanded and strengthened primary care, NHS England should also undertake a review of existing premises and use this to inform investment in current infrastructure. Investment in premises should also be used to support practices to co-locate with other community-based services such as pharmacies, social care, district nurses and the voluntary sector.
- Invest in better access to diagnostic technology in general practice. Providing more care in the community and avoiding unnecessary hospital admissions will mean that more diagnostic tests will need to be conducted in GP practices. A separate investment stream to address this issue should be established.
- Invest in new and existing IT services to support practices to offer new online services such as virtual booking systems, Skype consultations and access to records.
- Ensure the speedy release of Section 106 monies by local government, to allow the construction of GP premises in communities.

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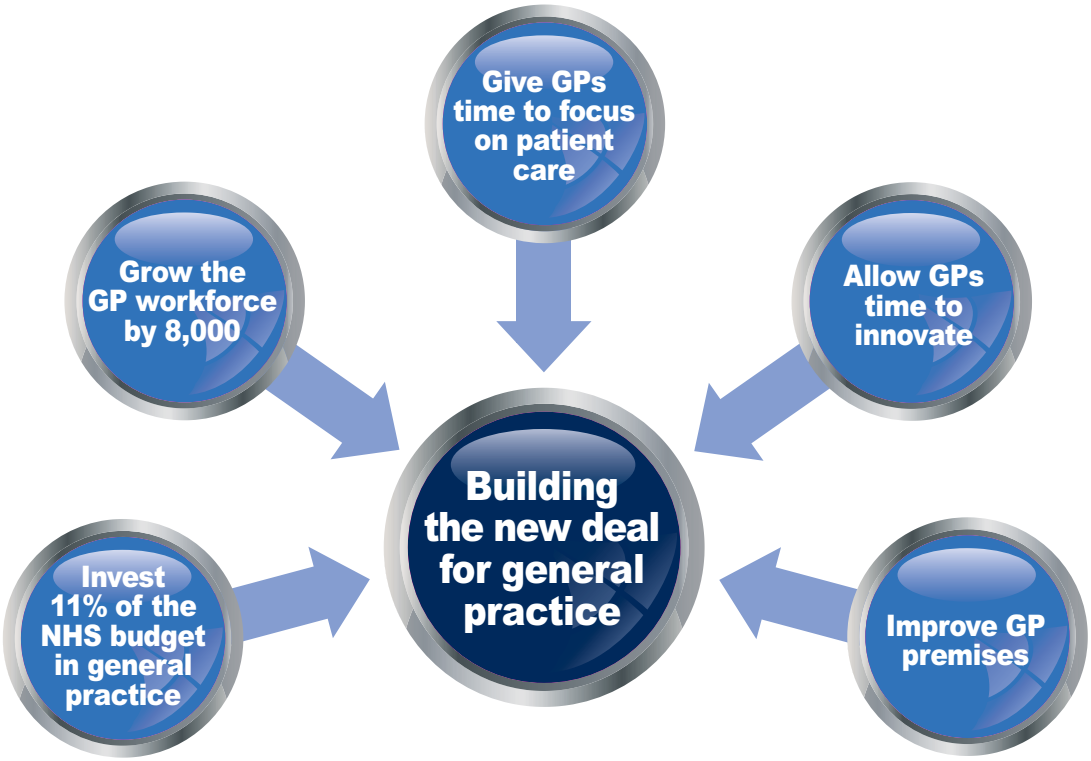

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Royal College of General Practitioners
30 Euston Square, London NW1 2FB
Telephone: 020 3188 7400
Fax: 020 3188 7401
Email: policy@rcgp.org.uk
Website: www.rcgp.org.uk

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