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Dear Professor Marshall,

You may be aware that Pulse has been developing a new vision for general practice based on what GPs want and we'd like to share the results with you.

As you know, following years of GP workforce shortages, escalating workloads and denigration in parts of the press, morale among GPs is at rock bottom.

However, the strains on the workforce that have come to the fore in the past year are much deeper rooted and Pulse believed deserved a full excavation. So we brought together a panel representing all parts of the profession and asked them and the wider readership for their expert opinions.

Instead of asking GPs to point out where things have been going wrong for so long, we wanted to craft a set of positive position statements covering the key parts of primary care work.

After months of panel events and surveys of the profession, GPs have agreed upon a set of principles for general practice. These will be key for policymakers going forward to stop the haemorrhaging of FTE GPs from the workforce and ensure patients receive the best care possible – we hope you will find them useful in your work advocating on behalf of the profession.

We have developed the following principles, which form the basis of our Building a Better General Practice campaign.

**The principles of general practice, by GPs:**

**The GP role**

• A GP's primary role is managing undifferentiated illness as first-contact care

• GPs should be heads of multidisciplinary teams, with protocol-driven care (ie, routine chronic disease management) provided by other members of the MDT, and GPs providing co-ordination and oversight

• GPs are happy to provide complex care for undifferentiated illness beyond basic training, provided they can access appropriate and timely advice from secondary care when they require it

**General practice within the system**

• With resources, GPs can retain all the clinical aspects of the role: providing scheduled and unscheduled care; continuity; prevention; and they aspire to excellence

• GPs are supportive of providing any service that could safely and adequately be provided within general practice, but not necessarily by GPs themselves

• Easy access to secondary care support is absolutely essential, as is rapid access to clear, concise information on local guidelines, pathways and services during patient consultations, but this should not be in lieu of referrals

• Referrals should be as streamlined as possible, with secondary care trusting GPs' judgement

• GPs are happy to work sensibly and pragmatically with secondary care, and within shared care frameworks, but are not prepared to have tasks delegated inappropriately and indiscriminately to the point that they act as community housemen

**Organisation**

• GPs should be organised as small businesses, but this is to provide autonomy and flexibility to organise health services appropriately. The management of practices should not take GPs away from clinical care

• The state should provide GP surgery premises. Co-location with other services would be fine if it meant premises were improved and upgraded on a regular basis

• Funding should be provided by the state, and there should be a minimum guaranteed funding for general practice as a whole

• The hybrid payment model should remain, with GP practices receiving a base payment for the numbers of patients on their list, with remaining funding based on their levels of routine and enhanced activity

• More funding should go into core payments, with contracts prescriptive in what should be offered, and oversight from commissioners. Extra activity-based payments can come from locally commissioned services.

• Practices should be able to differ in size, but it is useful for smaller practices to collaborate

**Regulation**

• The only purpose of regulation for general practice is to ensure it is providing safe healthcare to patients, and give confidence to patients that it is safe. Any regulatory approach should focus only on this

• Continued professional development should not need to be recorded, and should be assessed through a formative peer review with minimal mandatory evidence and no requirement to record.

We believe steps that could be taken now in all of the UK's devolved nations include:

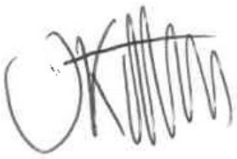
- a patient-facing campaign telling them the role of the GP
- freedom to choose additional MDT members without stipulations around role types and salary, as has happened in England under the additional roles reimbursement scheme (ARRS)
- a strategy for communicating with and exchanging workload between primary and secondary care
- a state commitment to make an offer for all premises, to make partnerships more attractive.

These steps and others would begin to achieve what GPs believe they require to be able to get on with the job; autonomy.

Pulse is sending its campaign findings to all the UK's devolved nation health secretaires, to NHS policy makers and to representative bodies within the profession, including the BMA and RCGP. Through collaboration, we hope to see a better future for general practice.

We would be happy to discuss these findings with you further.

Yours sincerely,



Jaimie Kaffash,
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