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Dear Mr Swann,

I am editor of Pulse, the leading title for GPs in the UK.

As you know, GPs and practice staff feel as though they are currently operating under intense pressure in a hostile environment. GPs have told us that they are consistently working 11-hour days, and are approaching burnout after a year and a half of working flat out to tackle the pandemic. Yet the media coverage around the apparent lack of face-to-face appointments being offered in general practice has contributed to GP morale being at rock bottom across the UK. Alongside this, there has been increasing instances of abuse.

It was within such an environment that we at Pulse launched our 'Building a Better General Practice' campaign. The aim of this campaign is to aspire to a vision of general practice that would benefit both GPs and patients.

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. Our only parameter to creating these statements was it had to be within the confines of the current workforce.

After four panel events attended by some leading GP figures and grassroots GPs, and four surveys of around 600 GPs each, we agreed upon a set of principles for general practice. Although these are aspirational, we believe that working towards these principles will help policymakers to stop the hemorrhaging of FTE GPs from the workforce, attract and retain new recruits and ensure patients receive the best care possible.

We would urge you to study the following principles, which form the basis of our Building a Better General Practice campaign, with a view to giving you a better insight into what GPs see as being fundamental to their role, and how they and the system could develop to improve the quality of care for patients.

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.

The 2018 GP contract in Scotland brought in changes aligned to some of the above, particularly in terms of GPs being the heads of multidisciplinary teams and workload being shared out with other staff more appropriately. But GP leaders say not all the problems have been solved, particularly due to a lack of supply of staff.

GPs want to see real, lasting change. 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 the stipulations around role types and salary that are part of the English NHS's 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.

While a longer-term solution has to address the fundamental problems of a lack of GPs in the system, and the need to re-establish the reputation of general practice (by attitude and deed rather than empty words) as the real cornerstone of the NHS, in the meantime 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 secretaries 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 welcome the opportunity to discuss these key findings with you.

Yours sincerely,

Jaimie Kaffash,
Editor, Pulse