VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Towards a GP consensus on the future of UK general practice

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As a hospital doctor, I rarely write about general practice unless it's to defend, celebrate, or support it. Primary care is the engine room of the NHS and underpins its equity, efficiency, and access. But it's underfunded, understaffed, and overstretched by rising demand.¹

I'm breaking my "no primary care columns" rule and asking where GPs themselves think that UK general practice should go next. I speak to and read pieces by many GPs, and I see universal agreement that general practice needs better funding and staffing. I admired the clarity of the Royal College of General Practitioners' paper on *The 2022 GP: a Vision for General Practice in the Future NHS*² and have been enlightened by many of the college's campaigns and resources.

But general practice and its local and national leadership form a broad church with a broad range of views and ideologies. Enthusiastic GP innovators and entrepreneurs advocate new models of care, such as federations,³ accountable care organisations,⁴ "primary care home" models,⁵ or bespoke services for segmented patient groups.⁶ NHS England's lead GP discussed the need to "end the wild west of primary care."⁷ Others enthuse about telemedicine,⁸ supported self management,⁹ and social prescribing.¹⁰

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These models all advocate for more care to be delivered away from hospitals. But many GPs consider current patient volumes unsafe or unmanageable and believe that more care being devolved to general practice means that complex patients, formerly managed in hospitals, are being forced into the community or care homes with no extra resources.^{11 12}

On the partnership model, the recent House of Lords committee on NHS sustainability argued that the current model was "broken and unfit for purpose."¹³ Some GPs have publicly referred to the "corner shop" model of general practice having had its day.¹⁴ Ever more GPs say that they actively prefer salaried, flexible, part time roles and wouldn't embrace full partnership.^{15 16} Yet

many defend the traditional, independent contractor partnership model as the guarantor of GPs keeping a personal stake in ensuring quality and value.¹⁷ They see partnership as a bulwark against contracts being shifted to private providers en masse.¹⁸ In this view, this model isn't broken—it just needs adequate resources.¹⁹

In terms of alternative funding models, some GP leaders are beginning to argue for some direct patient payments, while others are resolutely opposed.²⁰ Some GPs welcome the government's *GP Five Year Forward View*,²¹ so long as the government keeps its side of the bargain, while others believe that it falls short of what's needed and that GPs weren't adequately consulted.²²

Doctrinal differences seem to exist between GP leaders in NHS England, the National Association of Primary Care, the BMA, local medical committees, and campaigning organisations such as GP Survival.

And there's a mismatch between those who argue that general practice is the most rewarding career in medicine²³ and those who are leaving it, contemplating leaving, or reporting burnout and low morale.^{24 25}

I realise that, in such a large workforce accounting for over a third of medical staff, there's as much diversity of views as you'd find among hospital doctors. But a consistent, aligned set of messages from all parties would help those of us non-GPs who respect and value general practice to support its vital cause. So, I'd like to ask where GPs think UK general practice should go next. Bring on the rapid responses!

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