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# Our vision for general practice in the future NHS

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The past 60 years of the NHS have seen remarkable changes. Despite this, as generalists, GPs have not forgotten their core values: to consider patients as people, to be moved by their suffering, and to be their companions on difficult and life-changing journeys. The changes that will take place over the next 60 years will be more remarkable still and will transform not only the opportunities provided to us by health care but also our very understanding of what it is to be 'healthy'. Much of this change will be unpredictable, yet we can be certain of one thing – our patients will need access to high-quality generalist care.

In that spirit, we describe here our view of health care in the next decade and put forward a plan to help our profession evolve to meet the challenges of this new era: an era in which our population will face more complexity, more choice and more uncertainty and will rely on the expertise, skill and compassion of their GP like never before.

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## The national health service in 2022

We know the health needs of our population are changing – that we belong to an ageing population in which an increasing number of people have multiple long-term conditions – people who require complex medical care delivered in their community or at home. Quite rightly, our expectations for our own and our family's wellbeing are continuously rising and there is growing intolerance of long-standing inequalities in health. Technology is revolutionising how we communicate and access health information and services.

Our understanding of high-quality health care is changing too – we are in a time of transition, moving away from a twentieth-century model with its outdated divisions of hospital-based and community-based practice and of health and social care. We are moving instead towards a twenty-first-century system of integrated care, where clinicians work closely together in flexible teams, formed around the needs of the patient and not driven by professional convenience or historic location.

Additionally, the financial environment in which health care is provided is changing – health and social care systems are under increasing financial pressure, while the needs of patients and populations continue to grow, in both complexity and volume. These constraints mean that a move towards more cost-effective, integrated, resilient systems of care is essential, with new structures that enable communities to take an increasing role and responsibility for the design and delivery of localised services and to develop as self-sufficient health resources in their own right.

## Challenges of the 2022 NHS

- An increase in the volume and complexity of health and social care needs, as more people live for longer with long-term and often multiple conditions
- The move to deliver more complex care in the community, as a means of both bringing it closer to patients and their families and reducing costs
- The squeeze on public-sector expenditure and the resultant need to find ways of transforming services to reduce costs, while maintaining and increasing quality
- Ongoing changes to the structure of health and social care
- The potential for greater service fragmentation as a result of the use of multiple competing providers and continuing barriers to better integration between health and social care
- The challenge of promoting healthy lifestyles and behaviours, while engaging patients and communities in supporting their own care and participating in shared decision-making
- Growing health inequalities and the impact of these on services and the economy.

These long-term trends mean that expert generalist care is needed more now than at any time since the foundation of the NHS – and this requirement will become greater still over the next decade. Only a healthcare professional with highly developed generalist skills is able to apply his or her medical expertise to the growing range of long-term conditions; to incorporate this knowledge into ‘whole-person’ understanding of the patient and their family; to manage risk safely; and to share complex decisions with patients and carers, while adopting an integrated approach to their care.

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### The patient experience in 2022 is likely to include:

- easy access to health information and advice when needed
  - flexibility to access registration, consultations, health records and treatments remotely
  - assessment by an expert generalist clinician who has access to the full medical record and can draw on a wide range of skills, diagnostics and resources, as needed
  - provision of more support to improve health literacy and to enable shared decision-making
  - longer consultation times to adequately address problems in the context of family, work and home
  - excellent communication between the GP and specialist, with shorter waits to access specialist advice, and more coordinated care
  - routinely being involved (with one’s carer if wished) in all decisions about care
  - a choice of being treated in a local environment by familiar staff, with clear signposting of where to go with what problem
  - improved resilience and self-sufficiency to manage one’s own health and illness, with appropriate support from a range of community resources
  - assurance of the best possible care at the end of life, in the place of choice.
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At the current time, GPs and their teams provide one of the most comprehensive, cost-effective, high-quality and widely respected generalist healthcare service in the world. Every year, GPs provide over 300 million consultations in England alone and the vast majority of problems presented to GPs are managed entirely within the community.

General practice will be even more critical for the health service in 2022. The importance of generalist health care is reflected in the rapid expansion in general-practice-based healthcare services around the world and the recognition that these are an essential component of any modern health system that seeks to improve patient outcomes while responding, in a sustainable way, to global population trends.

In developing this document, we have sought the views of many members of the public, healthcare experts, professional bodies, patient groups and other stakeholders, for whose input we are extremely grateful. We have been informed by an extensive review of the academic literature, the results of which are presented in a supporting compendium of evidence.<sup>1</sup> Account has also been taken of the respective strategies for the future of the NHS set out by national governments across the UK,<sup>2-5</sup> and of previous strategic statements, including the 2007 Royal College of General Practitioners' (RCGP's) *Roadmap*.<sup>6</sup> This work highlighted the enormous potential of general practice to deliver high-quality, cost-effective care and improved health outcomes for patients and families from a growing range of backgrounds. Setting this out as a vision for the future of general practice will enable the profession not only to respond effectively to the major health challenges we face now, but to go far beyond this to improve the lives of untold numbers of patients, carers and families.

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### Our vision for general practice in 2022

- Accessible, high-quality, comprehensive healthcare services available for all communities
  - A good in- and out-of-hours care experience for patients, carers and families
  - Patients and carers routinely sharing decisions and participating as partners
  - An expanded, skilled, resilient and adaptable general practice workforce
  - Investment in suitable community-based premises for delivering care, teaching, training and research
  - Coordination and collaboration across boundaries, with less fragmentation of care
  - Reduced health inequalities and increased community self-sufficiency
  - Greater use of information and technology to improve health and care
  - Improved understanding and management of inappropriate variability in quality
  - More community-led research, development and quality improvement
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## Developing community-based generalist care for the 2022 NHS

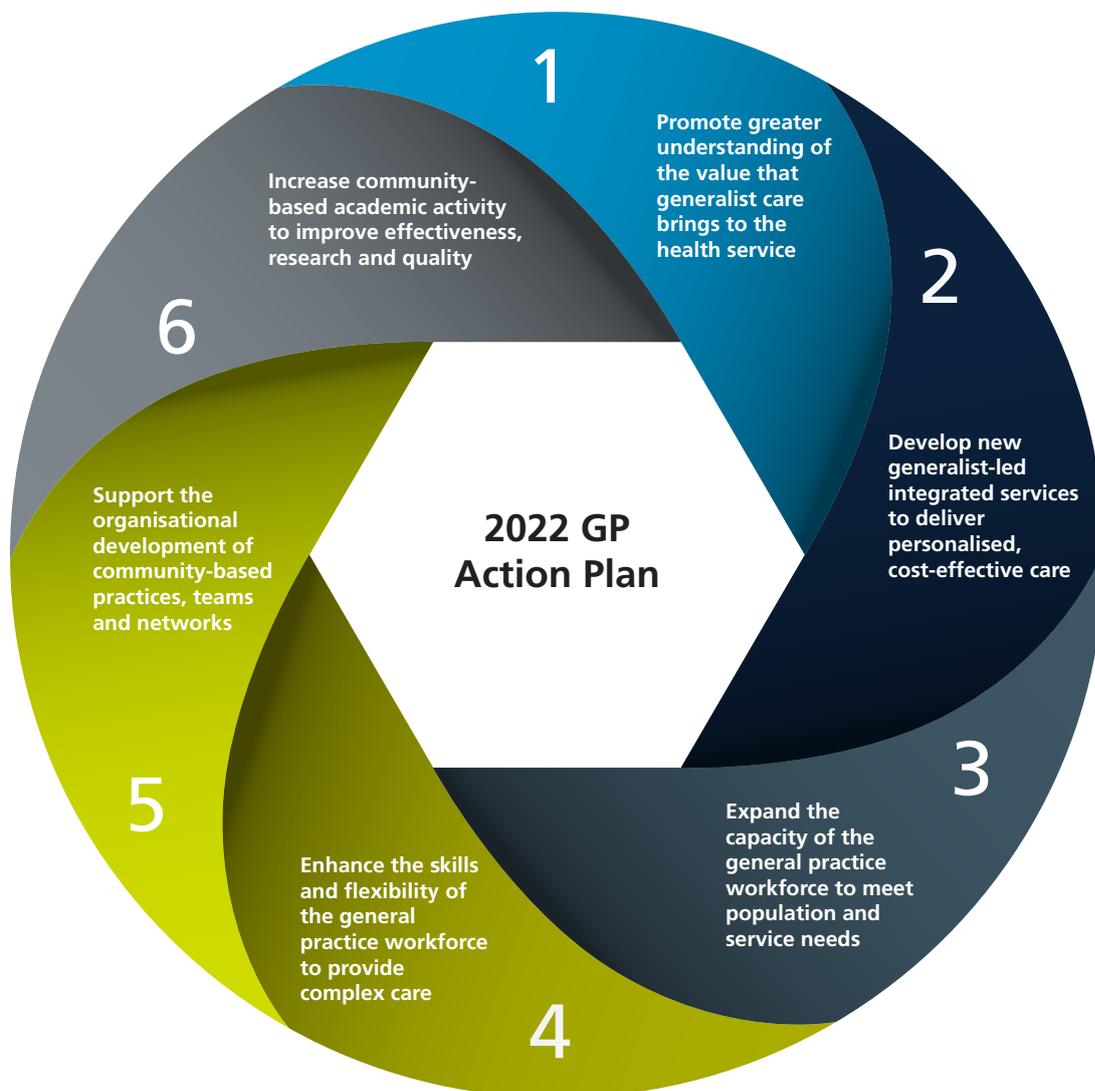
In 2022, the health service must be built on a foundation of integrated, community-shaped, generalist healthcare services. This will require a greater number and diversity of skilled, generalist-trained professionals, able to care for patients in their homes and communities, both in and out of hours. It will require investment, not just in people but also in premises, to provide high-quality services, education and training and to enable GPs to spend more time with those patients who have complex needs. The future health service will see more person-centred systems of care and less division between primary, secondary and social care organisations. By making these changes, healthcare teams will be able to work in more flexible and effective ways to meet the needs of tomorrow's patients and ensure a future for the NHS.

Without a clear understanding of our professional values and priorities, we risk losing direction and may forget our sense of purpose. So, a key aim of our vision is to provide direction grounded on those enduring values and to make us aspire to more than natural cynicism says is possible. However, our ambition must be to do more than raise false hopes; to enable us to make our vision a reality, we have drawn up a practical action plan (Figure 1), which defines six clear tasks that we, in partnership with our stakeholders, must aspire to achieve:

1. promote a greater understanding of generalist care and demonstrate its value to the health service
2. develop new generalist-led integrated services to deliver personalised, cost-effective care
3. expand the capacity of the general practice workforce to meet population and service needs
4. enhance the skills and flexibility of the general practice workforce to provide complex care
5. support the organisational development of community-based practices, teams and networks, to support flexible models of care
6. increase community-based academic activity to improve effectiveness, research and quality.

To achieve these goals, a shifting of resources within the health service will be necessary. Specifically, investment is needed, to allow expansion in the capacity of the general practice and community-based workforce; enhanced generalist training for GPs and other health professionals expected to work in community settings; and investment in the service infrastructure and premises, technology and resources for delivering care. Although the way in which these are implemented will vary in the different health systems in operation in England, Wales, Scotland and Northern Ireland, the same key principles apply to all four nations.

Figure 1: The 2022 GP Action Plan



The RCGP believes strongly that the aspirations set out in this document are achievable; many have already been realised in innovative pockets of excellence scattered across the UK – but our vision is *one of universality and equity for all patients and families*. In the following sections, we explore how these changes will influence the role and responsibilities of the GP, the development of the practice team, the approaches to care we adopt, and the training, education and resourcing of the workforce.

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## The general practitioner in 2022 will:

- build on his/her core generalist skills to develop as an expert generalist physician<sup>a</sup>
  - be able to routinely structure care around multimorbidity, as well as individual conditions
  - take on extended roles in areas of clinical care that require the skills of a generalist practitioner
  - work with generalist practitioners from other disciplines, to deliver coordinated care
  - lead service planning and quality improvement
  - develop extended roles in areas such as public health, community development, education, training and research.
  - offer continuity of relationship between the practitioner, the wider healthcare team, the patient and their carers and family, over time
  - coordinate services around the needs and shared decisions of patients and carers
  - deliver health-promotion and disease-prevention strategies to identified populations
  - act as 'gatekeeper' and 'navigator' to specialist services, to ensure effective resource utilisation and coordination
  - retain his or her ability to be an independent advocate for his or her patients and to meet his or her professional obligations as a doctor first, irrespective of contractual arrangements or commissioning responsibilities
  - remain at the heart of his or her patients' communities, systematically supporting self-sufficiency and developing communities as health resources in their own right.
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a First-contact care for specific problems, such as major trauma, will continue to be provided by other services.

## Building on the core role of the general practitioner

The central function of the GP in the NHS, which will remain fundamental to its success in 2022, is to provide comprehensive, compassionate medical care within the community setting, to an identified population of patients with whom the general practice team has a continuing relationship and responsibility. This involves managing a wide range of health problems; making accurate risk assessments; dealing with multimorbidity; leading a multidisciplinary team; coordinating long-term care; and addressing the physical, social and psychological aspects of local patients' wellbeing, in the context of their individual needs, their families and their communities.

There is strong evidence that high-quality, well-led general practice results in better and more cost-effective patient care.<sup>1</sup> However, to continue to carry out this key role effectively in the future, the role of the GP will need to be adapted to meet the challenges confronting the NHS.

In 2022, GPs will play a vital role in preventing disease, reducing health inequalities, developing community resilience and delivering high-quality, cost-effective care. They will do this by further developing their core professional skills and expertise as generalist clinicians.

## Becoming the 'expert generalist'

GPs in 2022 will need expert generalist clinical skills, especially in the context of managing complex patients with chronic medical conditions and dealing with polypharmacy. They will be able to respond to both urgent and routine needs, providing first-contact services to the majority of children and to those with mental health conditions.

As career-long professional learners, GPs will use their self-directed learning skills to undertake structured, needs-based continuing professional development programmes that will enable them to develop from proficiency towards generalist expertise. Such expertise will be manifested, for example, through an enhanced ability to structure care plans that consider both individual conditions and multimorbidity, while also supporting self-care and enabling shared decision-making alongside delivering evidence-based interventions and managing limited resources.

## Coordinating complex care

Future models of GP care will focus on the structure of care (e.g. adjusting the length and type of consultation according to need) and on ways of ensuring that GPs lead multidisciplinary teams working with colleagues in nursing, hospital and community practice, to improve coordination of care – supported by generalist physicians from other specialties, such as elderly care, mental health and medicine.

New methods for integrating, communicating and prioritising care are being developed to address the health needs of patients with complex care needs, including the use of information technologies that draw on the electronic health record and are accessible during consultations to support effective coordination of care.

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## What is generalist medical expertise?

Modern generalist medical expertise requires much more than a having broad base of clinical knowledge. It also involves the development of a number of advanced professional skills required for proficiency in providing, leading and coordinating:

- **first-contact care** – diagnosing and treating a wide range of undifferentiated health problems in community and home settings, adopting an incremental and evidence-based approach to investigation, and assessing and responding to patient risk safely and effectively
  - **continuous care** – managing common long-term conditions over time and coordinating care with a range of carers, specialists, providers and other professionals
  - **complex care** – dealing with multimorbidity and polypharmacy and applying a comprehensive approach; preventing disease, reducing harm and building health resilience and self-sufficiency
  - **whole-person care** – integrating a biomedical, psychological, social, cultural and holistic knowledge of the patient and community and applying this understanding to practical care planning through person-centred approaches, including shared decision-making
  - **systems of care** – working effectively within and between multidisciplinary teams and services, coordinating care across organisational boundaries and utilising healthcare resources cost effectively.
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## Leading service planning and quality improvement

GPs will be trained to have a better understanding of the needs of their practice population, which will inform capacity and workforce planning, as well as improve service quality. With additional funding, GPs will be able to combine a reactive service model with a more proactively planned anticipatory system of care that will particularly benefit the expanding number of patients with long-term conditions. This will enable better strategic management of resources within the community.

Given more time and resources, the GP of the future will develop processes and infrastructures to collate and utilise data that inform them of the services that their patients use and want. Leadership and quality-improvement skills, delivered through enhanced and extended training programmes and national leadership and quality-improvement strategies for general practice, will encourage active participation in service redesign, and enable fundamental change.

## Taking on extended roles in patient care

Enhancing the core expertise of generalists does not undermine the need for development of a stratified and diverse workforce in general practice. Given the increasing complexity of care, the expanding volume of medical knowledge required, and the increasing expectations of the public, high-quality care will need to be delivered by teams with the appropriate skill and role mix. This new approach requires not only that GPs share a common skill base in generalist expertise but also that they develop additional skills for extended roles in areas of work that require a generalist approach, and hence build on individual GPs' generalist training.

GPs will therefore evolve from the twentieth-century model, where they are considered as 'omnicompetent' independent doctors. They will operate as part of a family of interconnected professionals who share a common core philosophy and set of skills acquired from enhanced generalist training. These could include professionals from paediatrics, medical and mental health backgrounds, trained in community as well as hospital settings to deliver generalist care. Individual doctors will then build on their shared generalist expertise with additional role-specific training, in order to take on extended responsibilities.

Examples of such extended roles will include:

- extended clinical roles – for example, leading the care of patients in nursing homes, care of those with dementia, care of the homeless, and care of those with substance misuse problems
- extended roles in population health – for example tackling inequalities, building community resilience, quality improvement, commissioning and service redesign
- extended roles in education, training, leadership and academic roles.

To perform competently, GPs who take on extended roles will require additional knowledge, skills, development and support. They will not only do the hands-on work of patient care but also provide additional training and support for their team of colleagues, whether that is in their practice organisation, commissioning group, federation or network.

## The 2022 general practice team

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### The GP practice team in 2022 is likely to:

- work as a community-led, multidisciplinary, flexible, integrated team with an appropriate mix of skills and roles
  - work in federated organisations, with interconnected clusters of practices and other care providers, spanning traditional primary, secondary and social care boundaries
  - be contracted under a range of different flexible arrangements according to need, including independent contractor and salaried arrangements
  - work in purpose-built premises able to deliver the range of clinical and diagnostic services required in the community, as well as community-based education and training
  - monitor, understand and manage inappropriate variability in the quality of health care
  - work closely with specialists and third-sector, private and NHS providers to deliver care in a more integrated and coordinated manner
  - include a range of community-based generalist professionals who will work both within and outside acute and intermediate care facilities and admit patients to these as needed.
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### Working in multidisciplinary micro-teams ('teams within teams')

The future GP will provide continuity of care to patients with a range of complex needs, especially those with long-term conditions and those near the start and end of life. The structures through which this care will be provided will need to be tailored by practices and practitioners, in response to local circumstances. Models could include the development of small multidisciplinary units made up of a range of professionals with different skills, such as the GP, nurse, healthcare assistant, social care worker and patient advocate, attached to practices and providing continuity to an identified group of patients. Micro-teams could also include practitioners from other specialties, such as mental health, paediatrics and medicine. These 'micro-teams' will provide extended clinical reviews and support, enabling greater shared decision-making with patients and carers, as well as improved continuity of care.

Given the growing number of part-time and female workers in the general practice workforce, and the increasingly portfolio nature of many careers, mechanisms to improve continuity will evolve, with an increased focus on team-based continuity. This could include a range of mechanisms such as buddying, job sharing, forming 'teams within teams', developing organised handover systems, enhanced use of communication and record-keeping technology, and increased involvement of patients and carers in care planning.

## **Integrating generalists and specialists ('teams without walls')**

The future GP must have time and opportunities to interact more closely with his or her specialist colleagues – who themselves will need to extend their role from the traditional hospital setting and provide expertise in a more flexible manner than the traditional, hospital-based 'outpatient' model.

The future specialist will also need to develop more generalist skills and apply these to his or her everyday work – just as the future GP will need to develop greater specialist skills in areas of need for population groups in which a high degree of clinical expertise is frequently required for first-contact or continuing community-based care, including general medicine, geriatrics, mental health and paediatrics.

## **Working in federated organisations (organised networks of teams)**

The general practice teams of the future will be working with groups of other practices and providers – as federated or networked organisations. Such organisations permit smaller teams and practices to retain their identity (through the association of localism, personal care, accessibility and familiarity) but combine 'back-office' functions, share organisational learning and co-develop clinical services.

Federated or networked practices are therefore well positioned to act as the provider arm of local communities and can work together to provide extended services (such as those currently defined as 'enhanced services'), as well as providing community nursing services and GPs with extended clinical roles.

Within federations, patients are more than likely to be able to self-refer, if they wish (or be cross-referred within the federation), for physiotherapy, talking therapies and other services provided in community-based clinics. Patients who require routine care will be more than likely to receive this from a range of community-based providers working as a team – including primary care nurses, healthcare assistants, pharmacists, physiotherapists, mental health workers and GPs.

Practices within federations will offer more community services to the population registered within their respective practices – for example, dietetic services, podiatry, and outreach services dependent on GP skills (e.g. minor surgery and complex contraceptive services). Some practices will form large federations, incorporating hospital, third-sector, private and community providers.

The GP of the future is likely to be contracted using a number of arrangements, including, but not exclusively, as a salaried practitioner (either as part of a larger provider organisation, a federation, foundation or equivalent trust, or an employee of a third-sector and/or private-company organisation) and/or as a self-employed practitioner.

Federated organisations will be better able to coordinate out-of-hours care and ensure the provision of personalised care for those patients who particularly require continuity with their treating team, both in and out of hours. They will also be better placed to monitor, understand and manage inappropriate variability in clinical performance, through joint learning approaches, audit, peer review and other quality-improvement mechanisms.

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### Approaches to generalist care in 2022 will involve:

- flexibility in the length of the consultation, to meet the differing needs of patients
  - a range of modalities available for consultation and communication with patients and carers, including face-to-face, remote, home visit, individual and group contact
  - adoption of new technologies for communicating and consulting with patients and carers, such as remote outpatients, or Skype (or similar) online consultations
  - routine promotion of shared decision-making with patients and carers
  - a range of techniques to identify patients who would benefit from a move from reactive unstructured care to planned proactive care and use of new technologies to support this in community settings
  - commissioning the provision of 24/7 personalised care to patients with complex comorbidities and those towards the end of their lives; this might require a variety of models and involve different members of the care team
  - increased focus on academic and quality-improvement activity to improve the effectiveness of community-based patient care.
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### Modernising the patient-clinician consultation

In 2022, the consultation will have been redesigned to take into account the challenges of consulting with patients with multiple morbidities, so that these patients have more effective care to meet their specific care needs. The model on which GPs are currently trained, delivering aliquots of 10-minute slots for all patients, is outdated. There is a growing evidence base demonstrating how longer appointment duration correlates with greater consultation quality; for some patients with simple needs, 10 minutes may be adequate, but many need longer. Generalist practitioners of the future will therefore offer flexible lengths of appointments, determined by need. For patients with multimorbidity or complex health needs, lengthening the consultation will allow the needs of the patient to be adequately discussed and enable enhanced communication between the patient, their carers and different healthcare providers.

The need for flexibility of consultation time and approach applies to all members of the multidisciplinary team. Team members will, therefore, need to adapt their working day to offer fewer but longer routine appointments for review of patients with complex needs, including those identified through risk-stratification methods as being in need of more detailed case management.

## Providing more flexible and remote types of consultation

Simply increasing the quantity of face-to-face GP consultations alone will not be a cost-effective or sustainable strategy for achieving increased capacity and meeting growing demand, especially given the need to provide longer consultations to patients with more complex needs. The GP of the future will need to be skilled in using a suite of new and flexible tools for communicating with patients, including telephone, email and various online forms of consultation. This will include online group discussions, where appropriate, for example, patients with long-term conditions where peer-to-peer support and shared experience can be particularly valuable.

Among younger people, the use of social media for interpersonal communication is almost ubiquitous; in 2012, around 95% of 16–20 year-olds and 74% of 20–25 year-olds used Facebook each month.<sup>7</sup> To this generation, the traditional face-to-face consultation will no longer be accepted as the ‘default’ way to access care.

Based on the current direction of progress, the 2022 patient will expect to access their GP or primary care nurse remotely, attend virtual clinics involving primary and specialist practitioners, and communicate with their healthcare team via text message or social media-type tools.

## Supporting personalisation and shared decision-making

In future, care provided by the GP and his or her team will be increasingly personalised. Patients will be supported to develop the knowledge and skills to become active partners in their own health care and to engage in shared decision-making through the use of tools such as decision aids. Carers will also be proactively identified, provided with information and support, and involved in care planning, with appropriate procedures in place for obtaining informed patient consent.

Structured care-planning approaches will be used to support patients to understand and manage the impact of long-term conditions and to ensure the provision of a personalised and coordinated package of care.

## Delivering more health care online

Over the past decade, there has been a substantial increase in the proportion of the UK population using the internet, from 59% in 2005 to 79% in 2011.<sup>8</sup> By 2022, it is likely that patients will expect to interact with their general practice team virtually, supported by mobile technology and online access to their own medical records, to electronic prescriptions and to referral systems. The GP of the future will also need the skills and expertise to ensure that e-health systems are used strategically where they add value to patient care, for example, in increasing accessibility for certain hard-to-reach groups (such as young people), and in preventing unnecessary admissions by supporting home care.

## Improving out-of-hours care

The aspiration for the future health service is to deliver, through better planning, more responsive out-of-hours care to patients, especially those where continuity in and out of hours is vital (such as those at the end of their lives or those with complex medical problems).

This *does* not mean a requirement for GPs to provide direct patient-to-doctor access out of hours: it is about the need to reshape services to improve the oversight and management of transitions in care and coordination of care between the practice team and others, on a 24/7 basis, involving a range of professions (medical, nursing, pharmacy and social care). Working together across federations of practices will facilitate better out-of-hours responsiveness and the ability to develop different models that are able to address the needs of different populations of patients.

## Increasing academic and quality-improvement activity

Over the past 60 years, general practice has evolved into a broad and highly complex discipline, and future generalist practitioners will be required to demonstrate an academic and evidence-based approach to their work. There is compelling evidence that the strength of the primary care system in a region or country predicts the health status of the population.<sup>9</sup> A three-systems approach is therefore crucial to modern, high-quality health care – ‘education and training’ and ‘research and development’ are both essential supports for ‘service design and delivery’.

There is, quite rightly, a growing expectation among patients and carers that the NHS should deliver a high-quality service with access to the latest innovations. The NHS will greatly benefit, therefore, from developing approaches to care that facilitate educational activity and research utilisation in practice. This is important for a wide range of reasons, including evidence-based service improvement, redesign, planning and commissioning; development of integrated care; establishment of a positive learning climate in teams; and data management and informatics.

Like all medical sciences, the evidence base underpinning general practice is growing exponentially. However, much of the existing evidence that informs practice has been generated by academics from hospital-based disciplines and may not be valid in the community context. This has contributed to a siloed approach to evidence-based health care, with most of the evidence base originating from selected populations that do not reflect the growing levels of complex comorbidity seen in many individuals.

Given the scale and impact of primary care within the NHS, the benefits to patients and the economy of more general practice teams engaged in academic and quality-improvement activity are potentially huge and include greater patient safety, improved health outcomes, increased holistic care, safer and more cost-effective prescribing and referrals, and an evidence-based approach to practice, plus a more integrated, multiprofessional workforce.

At present, general practices are used to reporting outcomes, but in 2022 it is likely they will have to provide and monitor evidence that processes and procedures are sound. Beyond this, we may anticipate that general practice service units will be required to provide, for external scrutiny, evidence that they possess the qualities of ‘learning organisations’, by showing how they systematically monitor quality and promote learning as part of their everyday activity. GPs will also need to concern themselves with the quality of care provided by other health-service providers and be prepared to raise awareness of low standards of care.

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## The 2022 general practice workforce is likely to include:

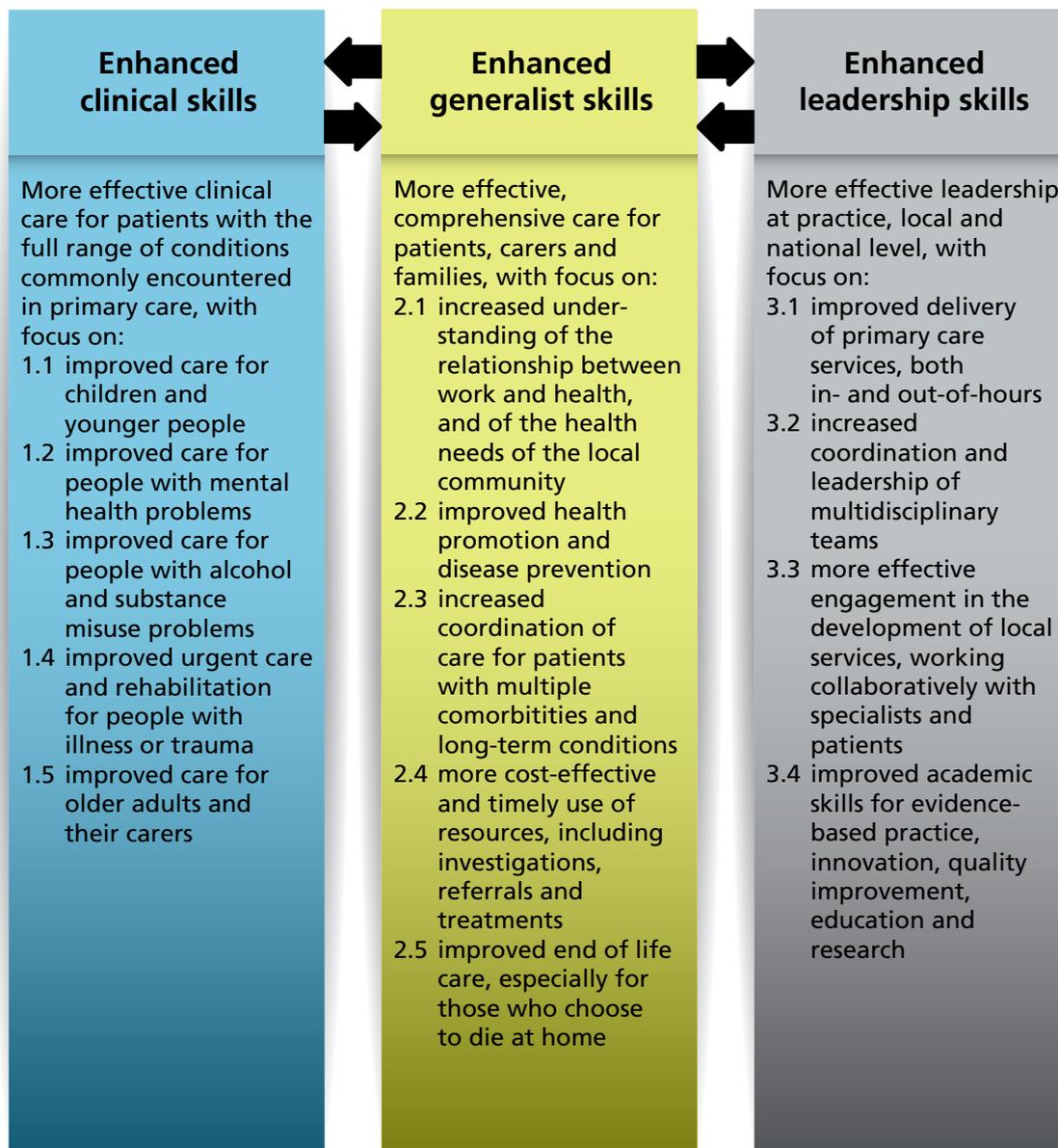
- GPs who have undergone enhanced and extended training relevant to their role as expert generalists, with high-level skills in complex care, whole-person care, and system-based care
  - practice nurses and physician assistants who have undergone vocational training in community settings and have developed some core generalist skills
  - a range of other professionals who have role-specific knowledge, skills and experience, for example, as independent prescribers, nurse practitioners or healthcare assistants
  - a range of other practitioners as part of the wider community-based multidisciplinary team, including community consultants, specialist care nurses, social care workers, community pharmacists and practice-based advocacy workers.
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## Enhanced and extended training for general practitioners

To fulfil the role required of them in 2022, GPs will need enhanced and extended training, in order to develop the knowledge, skills and expertise to be fit for purpose in the NHS and to meet the health needs and expectations of patients and the wider population. The RCGP is therefore proposing an enhanced four-year specialty-training programme (Figure 2) to:

1. develop GPs with the clinical expertise and experience to manage an ageing population with complex multimorbidity, who will receive an increasing proportion of their care in community-based or home-based settings. In particular, this requires the development of expertise in community-based medical care, complex comprehensive care, whole-person holistic care, and coordinating systems of care
2. address the weaknesses identified in current GP training in relation to the care of children and young people, those with mental health problems, those requiring urgent care and those needing rehabilitation; also to deal with identified patient safety issues, such as improving child safeguarding and reducing community prescribing errors
3. provide sufficient time and multidisciplinary training opportunities for GP trainees to acquire (and be assessed on) the quality-improvement and leadership skills necessary to contribute effectively to the development of new services and quality-improvement initiatives, to reduce health inequalities, and to work collaboratively with specialist colleagues and other healthcare professionals; all of these are key elements for effective commissioning, service planning and integrated care.

Figure 2: The educational case for enhanced four-year GP training



## New training programmes for practice nurses and other professionals

In 2022, practice teams will require the skills and expertise of nurses, physician assistants and other professionals who have undergone specific vocational training in community-based settings and are trained for their generalist role, which will complement that of the expert generalist physician. These key healthcare professionals will bring a range of unique skills and competences, including, with additional training, prescribing and advanced nursing skills.

This nursing team will help deliver care for patients within the practice and wider federated organisations of practices and healthcare providers. This might include, where appropriate, routine visits to nursing homes and working more closely with housebound patients, those with long-term conditions, those requiring case management and those receiving end-of-life care at home.

## Workforce capacity and resilience

In 2022, the size of the general practice workforce will have grown to reflect need, with more doctors and nurses working in practices and community-based settings, more GPs entering and remaining in the profession, and better support for GPs wishing to return to practice. This increase will be greatest in those areas that have the worst health outcomes and the fewest GPs. GPs will have access to enhanced professional support, especially for those struggling with performance or health issues.

Alongside the increase of GPs, there will need to be an increase in the whole general practice workforce. In order to sustain a large-scale shift to community-based patient care, the workforce will need to incorporate an expansion in the full range of doctors in training who require community-based training experience (not just GP trainees but including undergraduate medical students, postgraduate Foundation Programme doctors, Broad Based Training doctors and specialty trainees), as well as practice nurses, physician assistants and other NHS staff.

Some of the future doctors working in practice-based teams could come from traditionally specialist backgrounds, having gone through appropriate community-based generalist training, where they will work alongside GPs in an integrated way. GP educators have an opportunity to take a leading role in developing a strategy to add generalist skills to the significant over-supply of trainees from non-GP specialty and sub-specialty training programmes that is projected over the next 5–10 years.<sup>b</sup>

With increased capacity, general practice will be better able to carry out other responsibilities, such as service redesign and training. In addition, there will be more professionals available to work alongside GPs in jobs such as practice and district nursing, where there are currently shortfalls.

<sup>b</sup> At the time of writing, a major review into postgraduate training, The Shape of Training, is under way and further proposals will be developed in due course, following publication of this review.

## The 2022 GP action plan

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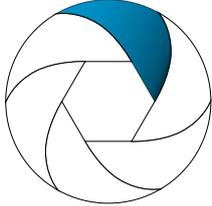
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The purpose of this 2022 Action Plan (Figure 1) is to provide a framework to draw together and synchronise the strategies and action plans produced by the RCGP and other key stakeholder organisations concerned with general practice development. This will enable areas of more detailed strategic work to be informed by each other and integrated with the plan, the ultimate aim being to form a coordinated 'meta-strategy' for general practice development between now and 2022.

This plan is unachievable without investment in primary care manpower, premises, infrastructure and technology.

Given its breadth of scope and ambition, the contribution of the full range of relevant stakeholder organisations, bodies, boards and committees, working in partnership with respect to their remits and areas of expertise, will be crucial to the delivery of this plan.

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## Objective 1:

### **Promote a greater understanding of generalist care and demonstrate its value to the health service**

#### Our rationale

There is a well-established and expanding evidence base to demonstrate the importance of high-quality generalist care in improving health outcomes.<sup>1</sup> As such, generalist care is recognised internationally as an essential component of any modern, high-quality, cost-effective health service.

Despite this, the constituents of twenty-first-century generalist care are frequently misunderstood or devalued by a proportion of healthcare professionals, members of the public, the media and politicians. As a result, the availability of generalist medical expertise is often perceived to be of less value to the health economy than specialised clinical knowledge or technical skill, despite its greater impact in improving population health outcomes and maintaining the sustainability of the health service. This misperception has detrimental consequences for workforce recruitment, morale and retention, and exerts a biasing effect on resourcing and planning decisions.

It is therefore essential to increase understanding among stakeholders of the value that high-quality generalist care, and general practice as the vehicle through which this is accessed and delivered in the community, brings to the health service.

#### Our goals

- 1.1 To monitor the understanding of generalist medical care and expertise among key stakeholder groups (e.g. public, patients, undergraduates, postgraduate trainees, consultants, other healthcare professionals)
- 1.2 To promote to these groups a greater understanding of the value to patients and the NHS of high-quality generalist care services and the evidence base that underpins these
- 1.3 To recognise, share and champion examples of excellence in general practice
- 1.4 To highlight the positive features of generalist medicine as a career choice, to undergraduate medical students and postgraduate doctors
- 1.5 To encourage positive perceptions of general practice within the media, the public and other healthcare professions<sup>10</sup>

#### Organisations that can help us achieve these goals

*Key stakeholder organisations at national level include:* Medical Schools Council; RCGP in England, Scotland, Wales and Northern Ireland; other Royal Colleges and the Academy of Medical Royal Colleges; national governments; patient groups; and the BMA's UK and national General Practitioners Committees.

*Key stakeholder organisations at regional or local level include:* RCGP faculties; Local Medical Committees; and medical schools and organisers of undergraduate curricula.



## Objective 2:

### **Develop new generalist-led integrated services to deliver personalised, cost-effective care**

#### Our rationale

To meet the needs of an ageing population in 2022, with more multimorbidity and long-term conditions, the NHS will need to be built on a solid foundation of community-based, personalised, integrated healthcare services. To function effectively and sustainably, such services will need to be built around core areas of generalist expertise: first-contact care, continuous care, complex care, whole-person care and systems of care.

This will require service redesign, development, resource re-allocation and investment, to enable general practices and other community-based providers to provide more high-quality services and to spend more time with patients who have complex needs. It will require more personalised systems of care, a greater use of technology and innovation, and less division between primary, secondary and social care teams and organisations.

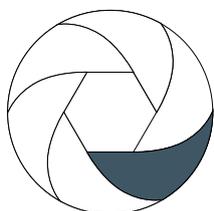
#### Our goals

- 2.1 To develop and implement more generalist-led integrated services in the community for patients with common long-term conditions, multiple morbidity and complex health needs
- 2.2 To improve personalisation and continuity of care by developing new ways of involving general practice teams in care decisions arising in and out of hours
- 2.3 To develop the use of remote consulting, tele-health and virtual-consultation technologies to improve accessibility and flexibility, promote self-reliance and increase service capacity
- 2.4 To put in place systems and resources to promote health literacy among patients and carers, in order to support routine participation in shared decision-making and care planning
- 2.5 To enable patients to have widespread online access to medical records and transactional services (e.g. appointment booking and repeat prescription systems)
- 2.6 To enable premises to be capable of delivering care, as well as fulfilling training and education requirements

#### Organisations that can help us achieve these goals

*Key stakeholder organisations at national level include:* Academy of Medical Royal Colleges and individual Royal Colleges; Allied Health Professions Federation; Local Government Association; NHS Confederation; NHS England and clinical networks; NHS Health Scotland; NHS clinical commissioners; Northern Ireland Health and Social Care Board; Public Health England; Public Health Wales; RCGP in England, Scotland, Wales and Northern Ireland; medical defence unions; national governments; patient organisations; and UK and national GP committees.

Key stakeholder organisations at regional or local level include: NHS England local area teams; RCGP faculties; clinical commissioning groups; clinical senates; commissioning support organisations; integrated care partnerships; local authorities and health and wellbeing boards; local health boards; and local commissioning groups.



### Objective 3:

## Expand the capacity of the general practice workforce to meet population and service needs

### Our rationale

The growing numbers of patients with long-term conditions and complex health needs will require more professional input and longer consultations. This change, in combination with a shift of care out of hospital settings and the provision of more care for patients in their homes and communities (both in- and out-of-hours), as well as the development of new community-based integrated care services, will require an increased capacity of the general practice workforce. This will entail new approaches to care delivery and a greater number and diversity of highly skilled, generalist-trained healthcare professionals working across a range of healthcare settings according to patient need.

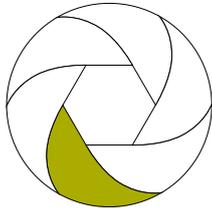
### Our goals

- 3.1 To increase the number of healthcare professionals *choosing a career* in generalist practice, by:
  - promoting general practice careers to medical students and postgraduate trainees, including through full geographic coverage of GP career advice
  - ensuring that all doctors have opportunities to gain positive experience of working and training in general practice settings
  - promoting the development of generalist training programmes for other community-based professionals, such as practice nurses and physician assistants
- 3.2 To ensure a sufficient supply of *generalist training opportunities and placements*, by:
  - carrying out a comprehensive assessment of current and future requirements for the number of GPs, practice nurses and other healthcare professionals
  - expanding the capacity and resources of general-practice-based education; increasing the numbers of GP undergraduate and postgraduate training places, and the GP trainers, supervisors, tutors, appraisers, educators and resources to support these
- 3.3 To maximise the contribution of *already qualified GPs*, by:
  - reducing the numbers leaving the profession, by improving morale, making revalidation a positive experience, providing support to GPs and practices to tackle workload and address potential burnout and/or health issues; and supporting practices to operate family-friendly and flexible-working policies
  - removing unnecessary barriers preventing doctors from returning to general practice

### Organisations that can help us achieve these goals

*Key stakeholder organisations at national level include:* Academy of Medical Royal Colleges; Centre for Workforce Intelligence; Committee of General Practice Education Directors; Conference of Postgraduate Medical Deans of the United Kingdom; General Medical Council; Healthcare Education England; Medical Schools Council; NHS Education for Scotland; Northern Ireland Medical and Dental Training Agency; RCGP in England, Scotland, Wales and Northern Ireland; and the BMA's UK and national General Practitioners Committees.

*Key stakeholder organisations at regional or local level include:* RCGP faculties; deaneries; local education and training boards; and medical schools.



## Objective 4:

### Enhance the skills and flexibility of the general practice workforce to provide complex care

#### Our rationale

To fulfil the role required of them in 2022, GPs will need enhanced and extended training in order to develop the knowledge, skills and expertise to enable them to remain fit for purpose in a changing NHS and to meet the health needs and expectations of patients and the wider population. Practice teams will also require the skills and expertise of nurses, physician assistants and other professionals who have undergone specific vocational training in community-based settings and are trained for their generalist role, which will complement that of the expert generalist physician.

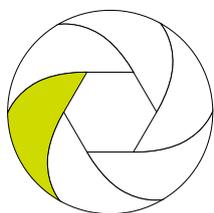
#### Our goals

- 4.1 To implement enhanced four-year GP training across the UK, once approved by national governments and the General Medical Council
- 4.2 To provide ongoing revalidation and continuing professional development support services and resources to GPs working in a range of different contexts
- 4.3 To equip GPs to take on extended roles in new areas, through the provision of competency frameworks, educational programmes, placements and resources
- 4.4 To promote leadership development in general practice, by:
  - putting in place educational frameworks and resources to make leadership development available to all GPs throughout their career
  - broadening access within the profession to leadership opportunities, especially for GPs working on a sessional basis
  - providing mentoring and support to the next generation of GP leaders through RCGP faculties
- 4.5 To improve practice nurse training and development, through the development of national standards and establishment of mechanisms to promote greater consistency of educational provision
- 4.6 To put in place additional training and development opportunities for practice managers, with the potential to include specific vocational training

#### Organisations that can help us achieve these goals

*Key stakeholder organisations at national level include:* Committee of General Practice Education Directors; Conference of Postgraduate Medical Deans of the United Kingdom; Faculty of Medical Leadership and Management; General Medical Council; General Practice Foundation; Healthcare Education England; NHS Education for Scotland; NHS Leadership Academy; Northern Ireland Medical and Dental Training Agency; Nursing and Midwifery Council; Practice Managers' Network; RCGP in England, Scotland, Wales and Northern Ireland; Royal College of Nursing; Scottish Medical Training Programme Board; Wales Deanery; national governments in all four nations; and the BMA's UK and national General Practitioners Committees.

*Key stakeholder organisations at regional or local level include:* RCGP faculties; deaneries; and local education and training boards.



## Objective 5:

### **Support the organisational development of community-based practices, teams and networks**

#### Our rationale

In 2022, general practice teams will be working more closely with other practices and providers in federated organisations that share 'back-office' functions and educational and clinical services. Such organisations will act as the provider arm of local communities and offer core and extended services. Within federated organisations, patients are more than likely to be able to self-refer (or be cross-referred) for treatments, talking therapies and other services provided in community-based clinics. Some practices will form large federations incorporating hospital, third-sector, private and community providers.

In 2022, patients will receive routine care from a range of community-based providers working as an integrated and coordinated team. Federated teams will be better able to coordinate in- and out-of-hours care and ensure the provision of personalised care for those patients who require continuity with their treating team. They will also be better placed to monitor, understand and manage inappropriate variability in clinical performance through joint learning approaches, audit, peer review and other quality-improvement mechanisms.

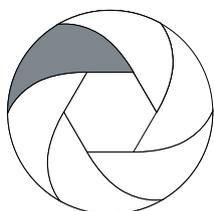
#### Our goals

- 5.1 To provide support and advice for teams undertaking practice business and financial development, commissioning, service redesign, quality improvement and integrated service activity
- 5.2 To support change in the GP contract models to promote joint working across community-based providers and review the current employment and remuneration issues that act as barriers
- 5.3 To set up professional and peer-support schemes for practices, involving multiprofessional groups (e.g. GPs, nurses, pharmacists, physiotherapists, psychiatrists, community paediatricians, etc.)
- 5.4 To support practices to implement new information technology systems and online tools, to facilitate more efficient and effective communication and information exchange between teams and organisations
- 5.5 To promote the development of practice-based community services where there is unmet need, by:
  - supporting practices to increase patient and public involvement in service development, including through the establishment of new patient-participation models
  - developing and piloting new mechanisms to deliver additional general practice capacity
  - developing new funding routes to enable practices to expand and improve their premises and other infrastructure to cater for changing needs

### Organisations that can help us achieve these goals

Key stakeholder organisations at national level include: Academy of Medical Royal Colleges and individual Royal Colleges; National Association for Patient Participation groups; NHS England; Northern Ireland Health and Social Care Board; RCGP in England, Scotland, Wales and Northern Ireland; RCGP patient groups in England, Wales, Scotland and Northern Ireland; national governments; and the BMA's UK and national General Practitioners Committees.

Key stakeholder organisations at regional or local level include: NHS England local area teams; RCGP faculties; clinical commissioning groups; and local medical committees.



## Objective 6:

### **Increase community-based academic activity to improve effectiveness, research and quality**

#### Our rationale

In 2022, general practice will develop approaches to care that routinely support educational activity and research utilisation in practice. This is important for a wide range of reasons, including evidence-based service improvement, redesign and commissioning; the development of integrated care; establishment of a positive learning climate in teams; and data management and informatics.

Given the scale and impact of general practice within the NHS, the benefits to patients and the economy of more academic and quality-improvement activity are potentially huge and include greater patient safety, improved health outcomes, increased holistic care, safer and more cost-effective prescribing and referrals, and an evidence-based approach to practice, plus a more integrated, multiprofessional workforce.

#### Our goals

- 6.1 To increase the number of practices participating in quality-award and accreditation schemes, to help drive up standards and manage inappropriate variations in quality
- 6.2 To introduce a quality-improvement initiative for all GP specialty trainees, as part of an enhanced four-year GP training programme
- 6.3 To develop the capability of general practice to undertake high-quality and meaningful research in the community, and increase the level of research funding
- 6.4 To undertake more research into GP consultation patterns and more effective models of delivering generalist care; the management and treatment of patients with multiple morbidities and complex needs; and ways of improving the timeliness and accuracy of diagnosis
- 6.5 To identify, evaluate and share examples of community-based innovation and good practice

#### Organisations that can help us achieve these goals

Key stakeholder organisations at national level include: Care Quality Commission; General Medical Council; Health Protection Agency; National Institute for Health and Care Excellence; NHS England; National Institute for Health Research; RCGP in England, Scotland, Wales and Northern Ireland (including RCGP Research and Surveillance Centre); Society for Academic Primary Care; healthcare research bodies (e.g. King's Fund, Health Foundation); and national governments.

Key stakeholder organisations at regional or local level include: RCGP faculties; academic health science networks; clinical commissioning groups; and university departments.

## The need for investment and action now

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This Vision and Action Plan sets out an historic opportunity to harness the power of general practice to transform the health service that we will have in 2022. Translating this vision into reality is within our grasp, but it will require coordinated action at national, regional and local levels, utilising the expertise and energy of the key stakeholders and organisations.

There is an urgent imperative for additional investment to respond to the growing need for general practice services and to support the development of the new services that patients need in their communities. The pattern over the past decade, during which secondary care has absorbed by far the largest share of the growth in available resources, must be halted and reversed. Other barriers to service change, such as the need to identify funding to improve and expand practice premises and training placements, must also be tackled. Without this action, the innovation, reform and workforce development required to deliver the vision set out in this document will be made much more difficult or will become impossible. Worse than that, as need continues to grow, insufficiently resourced community-based services will become unsustainable.

Equally important will be to advance the generalist healthcare professions, by promoting a wider understanding of the evidence base that supports their value to the health service, and creating an environment in which generalist practitioners feel empowered and motivated. Action must be taken to attract more medical students and postgraduate doctors to a career in general practice, and to break down the unnecessary barriers that currently prevent many qualified GPs from returning to practice. More support must be provided to recruit and retain GPs in the workforce and to develop, maintain and enhance their skills – starting with improved undergraduate educational experiences and enhanced postgraduate training, then continuing throughout doctors' developing careers.

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### **The Royal College of General Practitioners believes that:**

for general practice to play its critical role in caring for patients in the future NHS, it is important that there are enough GPs; that these doctors have sufficient time, both in and outside the consultation, to provide the interventions needed; and that they receive sufficient training to develop the capabilities required to deliver the high-quality services that patients, carers and families rightly expect.

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The pressures on general practice to deliver effective care are mounting, as is the need to deliver continuity of care and accessible services. The crisis of demand versus capacity in the health service is not new; it has not arisen overnight and neither can it be solved quickly. Sustainable solutions must be found to increase workforce capacity and enable general practices to continue to deliver the level of service that their patients expect now, as well as taking on the challenge of providing more complex care, spending longer with their patients and communities and taking on new roles and responsibilities. The underlying issues facing general practice throughout the UK are similar, even if the structure, organisation and funding of the health services in each nation are diverging.

GPs have always found ways of adapting to change and, by nature of their generalist role, are inherently skilled at creating solutions to the problems that they face. The current model of general practice delivery will inevitably evolve to meet patients' needs. This does not require destabilising change, rather a re-alignment of priorities and a new strategic focus on general practice development within the context of community-led care, in order to lead and plan care around the needs of patients and families. Longer and more flexible consultations will enable general practice teams to deal more effectively with patients with complex care needs. There are many ways that practices can achieve this – including more effective and widespread use of remote care; more strategic use of role mix within teams; and working with patients to promote better self-care and shared decision-making.<sup>11</sup>

GPs and their teams are driven by a need to improve the lives of the patients and families for whom they provide care. Over the 60 years of the NHS, we have remained at the forefront of innovation – whether that be as fore-runners in professional medical education and training, in the adoption of information technology and electronic record keeping, in the development of person-centred consultation models, or in the establishment of team-based and system-based approaches to chronic care.

Our Vision for 2022 illustrates the enormous potential of general practice to deliver high-quality, cost-effective care and improved health outcomes for patients and families from all backgrounds. The 2022 GP Action Plan sets out the key steps that must be taken to ensure this Vision is delivered, enabling more high-quality care to be provided in the community to patients, carers and families. Achieving the six objectives we have laid out in this plan will enable general practice to respond effectively to the system-wide population and service challenges it now faces, fulfilling its critical role at the heart of a high-quality, integrated and sustainable NHS.

# Acknowledgements

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## Lead authors

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