

The challenges for general practice

The increasing complexity of health care and growing fiscal constraints are placing new demands on GPs. These demands are concentrated more in deprived communities, widening the inverse care law,³⁴ and placing pressures on GPs' ability to deliver health care to their increasingly complex and diverse patients. The biggest challenges facing general practice are how to meet demand for care against an overstretched workforce and how to balance access versus continuity.

Box 2 presents some of the specific pressures faced by general practice that – if not addressed – will impede the ability of the profession to adapt itself to meet the challenges of twenty-first-century health care.

Box 2: The challenges for general practice

- How to continue to deliver high-quality care and accessible services
 - How to improve coordination and collaboration and reduce fragmentation of care
 - How to deliver the workforce to sustain primary care services, now and in the future
 - How to address health inequalities and focus care on those who are most in need
 - How to improve the use of information and technology to improve care for patients
 - How to address variability of care
 - How to involve patients in decisions about their health
 - How to lead relevant research and development
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Increasing and changing workload

The role of the GP has changed beyond recognition over the last few decades – and is expected to encompass a wide range of clinical, academic, leadership, commissioning and managerial functions, all learnt within three years of specialist training. GPs are expected to participate in planning services for their local population and to lead service development. Not infrequently, patients present with multiple problems and the GP must master the management of patients taking multiple medications – without the benefit of clinical guidelines that encompass multiple, rather than single, diseases. While the number of home visits might have decreased, the general practice consultation rate has almost doubled in the last decade (from around three to nearly six times per year), with the elderly consulting between 12 and 14 times per year. Providing telephone access has added to, rather than reduced, the GP workload, with telephone clinics or triage clinics often reaching 30–50 contacts per surgery (see Figure 7).

(extract from The 2022 GP Compendium of evidence)
RCCP.