

KEY PRINCIPLES FOR FUTURE GENERAL PRACTICE AND ITS ROLE IN THE DELIVERY OF PRIMARY CARE IN SHEFFIELD

- General Practice and its individual practice units are the cornerstone of Primary Care and fundamental to the survival of the NHS.
- The role of the GP should be reaffirmed as a generalist managing complexity, uncertainty and undifferentiated illness in the context of continuity and ongoing care and applying evidence based practice within the context of the individual patient.
- The practice based list is fundamental to the safe delivery of care to maintain the doctor / patient relationship and family centred medicine.
- General Practice in Sheffield, whether operating in individual units or at scale, should deliver high quality, consistent and co-ordinated healthcare which is respondent to variations in local needs and seeks to tackle health inequalities.
- The independent contractor status is valued and should be preserved wherever partnerships remain committed to do so, whilst recognising the need for practices to adapt to and be integrated into wider Primary Care delivery, coordinated at scale, within an Accountable Care System.
- Practices that are struggling or that wish to move away from the independent contract should be supported by a Primary Care response that enables them to deliver services that achieve the agreed outcomes for their population, and that are integrated within the wider system approach.
- Transformation in Primary Care requires wider system support and investment as activity shifts from hospitals into the community. This needs to be through a mixture of a transfer of resource directly into General Practice and Primary Care, additional wrap around services and community development, and flexibility in the way organisations work to allow greater integration.
- In recognising the need to attract more GPs and allied health professionals into primary and community care, practices should be supported to overcome workforce recruitment and employment challenges through greater workforce diversification.
- Career progression in General Practice should be more clearly defined, supporting junior GPs to make the right decisions and develop themselves, whilst ensuring the skills and experience of senior GPs are targeted to where they can have the greatest impact, including training in overseeing a team of allied health professionals as a senior clinical decision maker.
- The Neighbourhood models should look at appropriate units of wrap-around services to support local groups of practices working together at their own defined pace with support from a citywide provider organisation.
- Resource allocation should recognise the importance of the practice unit in delivering safe, sustainable and value-for-money general practice services in primary care transformation.