

RCGP COUNCIL

26 February 2016

Responding to the needs of patients with multi-morbidity:

A vision for general practice

“Realistically there will never be a guideline that is tailored to every patient and set of circumstances.”

EXECUTIVE SUMMARY

The provision of effective, person centred care to patients with multi-morbidity is key part of creating a modern 21st century NHS and is a challenge in which general practice is very much at the forefront. This was reflected last year, when Council adopted the development of measures to incentivise the provision of patient-centred care to those living with multi-morbidity as one of its policy and campaigns priorities for 2015/16.

While the College has previously undertaken work on multi-morbidity, a need has been identified to set out the College’s position on this topic in the form of an authoritative College policy statement. This paper presents a preliminary version of such a statement.

The draft covers the experience of patients with multi-morbidity, the barriers that currently exist to improving their care and the action that needs to be taken in order to overcome these. The paper has been put together over a short timescale and it is recognised that there are some areas in which it will require further development. Its contents have been informed by the input of an expert advisory group, the members of which are: Tony Avery, Margaret Cupples, Adrian Edwards, Trisha Greenhalgh, Jane Fenton-May, Bruce Guthrie, John O’Kelly, Stewart Mercer, David Oliver, Rupert Payne, Robina Shah, Chris Salisbury and Clare Taylor.

Recommendations

- Recognise the importance of generalism in providing care for patients with multi-morbidity.
- Prioritise longer consultations for those with multi-morbidity, allowing patients to form on-going relationships with those providing their care in general practice.
- Greater collaboration between general practice and specialists, aiming for coordinated, holistic care, especially in regard to polypharmacy.

- Face to face dedicated medicine reviews for all patients with multi-morbidity - ideally incorporating the skills of practice based pharmacists.
- Equip GPs to care specifically for patients with multiple long-term conditions and improve them with tools to enable them to make informed decisions for this group.
- Reconsider performance related payments which relate to disease specific targets and develop new financial mechanism to help embed the provision of whole person care, e.g. by incentivising longer consultations for patients with multi-morbidity.
- Consider the inverse care law when tackling multi-morbidity and ensure that the NHS channels funding to areas that most need services for those with multi-morbidity, not only to areas of greatest population size.