# [Innovative Models of General Practice – The King’s Fund](https://www.kingsfund.org.uk/sites/default/files/2018-06/Innovative_models_GP_summary_Kings_Fund_June_2018.pdfhttps:/www.kingsfund.org.uk/sites/default/files/2018-06/Innovative_models_GP_summary_Kings_Fund_June_2018.pdf)

* General practice is in crisis – facing a rising, more complex workload
* Funding is not rising to keep up with demand and there is a recruitment and retention crisis
* Five attributes underpin General Practice
  + Person-centred, holistic care
  + Access
  + Co-ordination
  + Continuity
  + Community Focus
* Common design features that are important in new models are:
* Building and maintaining strong relationships
  + Between patients and professonials
  + Between professionals
  + Between professionals and communities
* A shift from reactive to proactive care e.g.
  + Administrative staff contacting patients to carry out pre-appointment checks
  + Checking tests have been completed
  + Providing follow-up care after an appointment
* Developing skill mix
  + Developing new roles such as clinical pharmacists, physician associates, health coaches, behavioural health practitioners and paramedic practitioners
* Using technology
  + Effective information-sharing systems with professionals able to access and share information easily out of hours and on home visits
  + Regular use of data for quality improvement and development
* Initiatives such as Primary Care Homes are beginning to connect practices with the wider health and care system in an exciting way
* There is a move away from a transactional referral process to a more collaborative model of care
* Making radical changes to the current model of General Practice is complex and takes time, leadership and resources
* However, General Practice has less access to the management skills required
* Key to any successful intervention is understanding the motivations of the different stakeholders – this takes a significant investment in leadership time