evidence for better health care

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Parliamentary Briefing

Building sustainable GP services

The Nuffield Trust is an authoritative and independent source of evidence-based health service research and policy analysis. We aim to promote informed debate on healthcare policy in the UK.

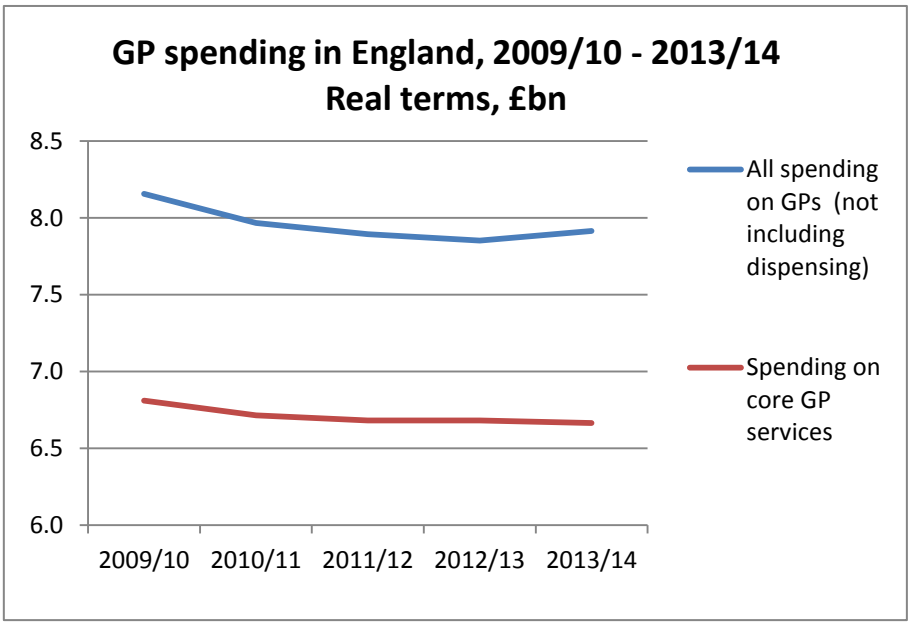
Ahead of tomorrow's debate on GP services, please see below some key points on English GP funding, workforce, satisfaction and reform. Our recent briefing *Is general practice in crisis?* contains more facts and analysis on these issues.

Staffing and funding

GP spending and income since 2010

Since 2010, NHS spending has risen by around £4 billion in real terms. However, while spending on "secondary care" – like hospitals and community nurses – has risen, the money that GPs receive for their services has fallen slightly. This graph shows these changes.

Looking at only how much GPs are given for their core, essential role as family doctors, there has been a slow but steady decline of around 2% from 2009/10 up to 2013/14. Including the payments which GPs receive for out-of-hours care and optional "enhanced services" beyond their essential role, there has been an overall 3% cut but we can see a slight increase in 2013/14. MPs should be aware that there has been some debate over different figures on GP spending, with Department of Health accounts



appearing to contradict the Health and Social Care Information Centre: we have provided a note to the Health Select Committee on this.

Individual UK GPs have seen this reflected in their average income before tax, which fell by 2.4 per cent between 2011/12 and 2012/13, from £96,859 to £94,502. However, this is against a backdrop of real-terms wage decreases in every part of the economy following the downturn in 2008.

Internationally, figures from the Organisation for Economic Co-operation and Development (OECD) show that UK GPs who are partners in practices are the best paid among OECD countries. However, those salaries for (usually more junior) British GPs who work for others do not compare so favourably to their international equivalents.

The GP workforce

From 36,085 in 2009, GP numbers in England dipped slightly in 2010 before recovering to an almost identical figure of 36,294 in 2013 – or around 32,000 in both years, not counting trainees. This means that GPs have failed to keep pace with senior hospital doctors, who are up by 13% over this period. The number of nurses in practices has also changed little.

This already risks a squeezed workforce, and several indicators point to difficulties ahead. The proportion of GPs planning to retire from the front line in the next five years has risen for all age groups. Meanwhile, the proportion of GP training places left vacant rose to a historically high one in eight last October. So far, successive government initiatives to reach a target of 50% of medical students choosing general practice have not achieved their aim. NHS England have responded with a major push very recently, to make the sector more attractive.

Demands on GP time

To fully understand the pressures facing GPs, it would be important to know how much work they do and how this has changed. Surprisingly, though, no records are kept at a national level of the number of consultations, home visits or other GP services. This must change. The Nuffield Trust will soon be publishing workload data based on a sample of GP practices, providing the first information of this sort since 2008. In the meantime MPs should be careful about existing data on the number of annual consultations, which are estimates.

GPs also face demands on their time which are not directly related to patient care. The Health and Social Care Act set up Clinical Commissioning Groups (CCGs), which began work in 2014. They are led by GPs, and control the budget for most NHS care for their local areas. Engagement with local GPs in how these budgets should be spent is the key feature of these organisations, and will be especially important as their role expands to improving the quality of local GP practices.

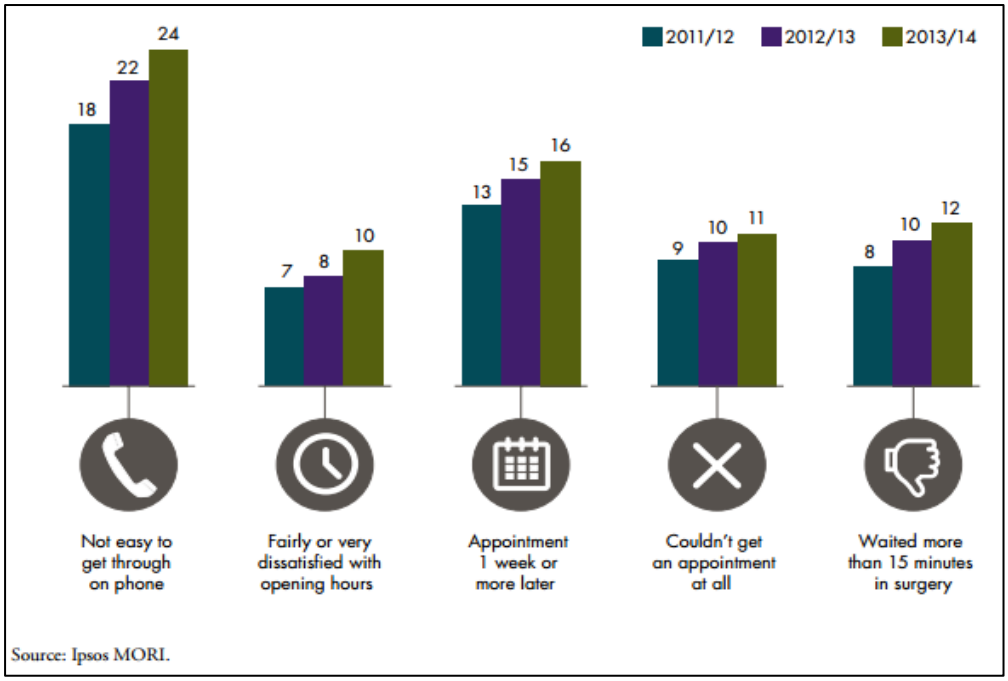
Yet our recent research with The King's Fund found that although engagement was holding up generally, for the most committed GP leaders enthusiasm was waning. Concerns about having the time and money to do a good job were a key factor, and MPs should consider how much more work the new GP-centred organisations in NHS England's Forward View might mean on top of this.

Quality of care and waiting times

Getting an appointment

According to annual surveys commissioned by the Department of Health, there has been a gradual decline in measures of how fast patients are able to access GP services, and how satisfactory they find the process. As shown below, these include getting through on the phone and waiting for an appointment; the practice's opening hours; and waiting in the surgery for more than 15 minutes.

Some commentators have linked worsening general practice access ratings to the Government dropping the 48-hour appointment target in 2010. However, the only major rise in people reporting a wait longer than 48 hours came in 2009/10, while the target was still in place. The steady deterioration in the other measures may have more to do with flat or falling funding and rising patient demand, rather than any change in policy.



Quality of care and overall satisfaction

The Quality and Outcomes Framework measures whether GPs meet a wide range of standards of care and pays them accordingly. It did show a small decline in achievement last year, but this may well have been partly due to rising standards and thresholds: MPs should be cautious about drawing conclusions.

Patients continue to report high levels of satisfaction with the way they are treated in appointments themselves, with 83% saying they were treated with care and concern. Among the wider public GPs retain a 71% satisfaction rating according to the British Social Attitudes survey, higher than any branch of NHS hospital care. But this number has fallen in recent years, and is now the lowest on record.

Impact on A&E

Our recent QualityWatch study, published with The Health Foundation, confirms that pressure on GP services can have an impact on A&E. Controlling for many other factors, patients whose practice has high ratings for satisfaction, and is easier to reach on the telephone, are less likely to attend A&E.

However, our analysis also showed that GP satisfaction and ease of access ratings were not associated with how likely local A&Es were to miss their four hour arrival to decision target. More broadly, we believe that the recent pressure on A&E is not primarily driven by an increase in the numbers of people actually turning up. It is likely that recent problems in emergency departments reflect a hospital system struggling to admit patients because wards are now full, with patients not being returned home or transferred to other settings quickly enough.

While GPs play a key role keeping patients safe at home, and pressure on them is contributing to the situation in A&E, MPs should be careful about seeing their role as a decisive factor.

The future for general practice

The views of health and social care leaders

The Nuffield Trust surveyed our panel of 100 top health and social care leaders last Autumn about general practice and its future.

94% believed that only by joining larger groups would GPs be able to meet the needs of tomorrow's population. A smaller majority, 57%, called for more funding. The panel was fairly evenly split on whether the 48-hour access target for seeing a doctor should be reintroduced, with 46% in favour and 39% against.

New ways for GPs to work

We believe general practice needs change alongside greater funding to meet evolving needs. Achieving this would mean accelerating the move away from the traditional model of small, free-standing general practices, towards larger GP organisations or networks. Pooling resources and increasing scale improves GPs' ability to invest in staff and infrastructure, build links with the wider health system and take on new and extended clinical and managerial roles.

This will make it possible for general practice to provide a more sophisticated and efficient service, managing the health of their population as a whole as we have laid out in past work. Some innovative practices are already tailoring their services to better meet the needs of different patient groups, and this should become the norm. A generally healthy person needs a different kind of appointment from an older person with several long-term conditions. For the former, rapid access through telephone and e-mail consultations is already available in some areas for common ailments.

Those with the most complex problems of all, like frail older people or homeless people, will need support from a team of GPs, specialists such as geriatricians, nurses, social workers and others. We have recently highlighted the still unmet potential for pharmacists to do more, and contribute to the goal of care being co-ordinated so that patients are transferred smoothly between professionals who know their conditions.

None of this means that the local presence of GP practices in neighbourhoods and villages should be lost – they will often gain a more secure future by pooling efforts with similar practices in a network.

NHS England's Five Year Forward View outlines a set of "new models of care", which incorporate these changes. These include the Multispecialty Community Provider, where a network or federation of GPs starts to take responsibility for services like community mental health and district nursing. In other areas, perhaps in cities where large teaching hospitals are financially stronger, "Primary and Acute Care systems" could see hospitals take on responsibility for GPs.

The Forward View seeks to move away from the usual top-down model of change in the NHS. It will require local clinicians, communities and commissioners to step forward, and it will need politicians to step back from the desire to 'fix' problems with one-size-fits-all solutions. If NHS and local leaders can get this right, with MPs often playing an important role, it promises to be more effective than past attempts to reform the NHS.

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