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The state of general practice: the views of health and social care leaders

Health and Social Care Leaders' Panel

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Survey no. 2, November 2014

About the Health and Social Care Leaders' Panel

In the run-up to the 2015 General Election, the Nuffield Trust is regularly surveying a panel of 100 health and social care leaders in England for their views on a range of issues, including the state of the NHS and social care system, and what they believe should be the priority areas for reform during the next Parliament.

This is the second survey, drawing on the views of panel members from across the NHS and social care, including hospitals, ambulance trusts, community services, general practice, local authorities, and private and voluntary sector providers. The patients' perspective is provided by individuals working in local Healthwatch bodies. The first survey was conducted in June 2014.

Each survey asks the panellists a number of 'tracker' questions on overall perceptions about the quality and sustainability of NHS services. In addition, each survey focuses on a specific topical issue. This second survey looks at the state of general practice, exploring perceptions of the main challenges it faces and which policies might have the best prospects for improving services. These results will provide useful insights for policy-makers into the views of health and social care leaders as we approach the 2015 General Election.

Find out more and join the debate

We encourage you to comment on our survey findings and find out more about the Health and Social Care Leaders' Panel. You can:

follow the project on Twitter via **#HealthLeaders** – tell us your views

find out more about the 100 health and social care professionals who have come together to form our panel: **www.nuffieldtrust.org.uk/health-leaders-panel**

read analysis and commentary on the survey findings from panel members and Nuffield Trust experts via our blog: **www.nuffieldtrust.org.uk/category/tags/general-election-2015**

be the first to receive our latest reports, analysis and invitations to events by signing up to our monthly newsletter and email updates via: **www.nuffieldtrust.org.uk/newsletter**

Key points

- The panel overwhelmingly considered that general practice is either in crisis or in need of reform, with one third of respondents agreeing that it is in crisis and two thirds agreeing that it is in need of reform.
- Over half of leaders (57%) supported more funding for general practice and there was a parallel call for reform of the way primary care is organised, managed and delivered.
- Panel members were united in their view that single-handed or small GP practices are no longer viable, with over three quarters of respondents (77%) agreeing that they are no longer 'fit for purpose'.
- There is strong support for the idea of scaling up general practice into wider networks and federations, with 94% of respondents supporting the concept of larger groups or federations, to meet the needs of the population over the next five years and beyond.
- 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.
- The panel reflected a desire to have more access to urgent care in the community, with around two thirds of respondents favouring this option as a way to reduce pressure on A&E.
- There are still concerns about the quality of NHS and social care services. A majority (79%) believed that the quality of health care had either stayed the same or got better (compared to 87% in our previous survey). However, the proportion believing that health care had got worse rose from 13% to 21%.
- For social care, only 32% of respondents believed that care is the same or better, while 60% (56% in our previous survey) believed it had got worse.
- There is still limited confidence in the future of the NHS as a free comprehensive service in ten years' time, with a majority (57%) stating that this was very or quite unlikely (47% in our previous survey gave this response), while 41% per cent of respondents (48% in our previous survey) believe that a free service is still quite or very likely to exist.

Introduction

One hundred leaders drawn from across the NHS and social care system have come together to form the Nuffield Trust's Health and Social Care Leaders' Panel. The majority of our 100 panellists work in acute and mental health trusts, ambulance trusts, community services, clinical commissioning groups (CCGs), local authority social services departments, and private and voluntary sector providers. Fifteen of our panel are GPs. The patient's perspective is provided by individuals working in local Healthwatch bodies. Find out more about our panel members.

Methods

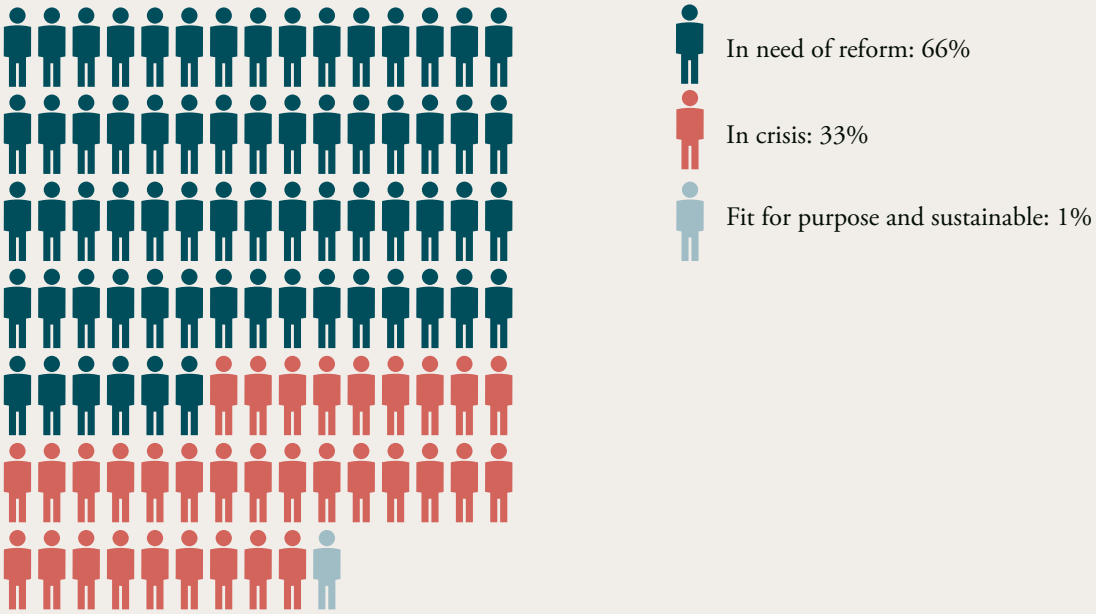
Our second poll was conducted between 8 August and 1 September 2014, via an online survey. Seventy-five of our 100 panellists responded. Of the 75 respondents, 30 are senior NHS managers, 29 are clinicians or clinical leaders, nine are from the social care sector, and seven are from local Healthwatch bodies. Of the managers and clinicians, 23 are from acute hospital trusts; 16 from CCGs; six from private or voluntary sector providers; six from acute mental health trusts; four from NHS ambulance trusts; and four are from NHS community trusts. The panel members are named on our website, but their individual responses to the survey are anonymised.

Findings and analysis

The state of general practice

We asked our Health and Social Care Leaders' Panel to assess the current state of general practice in the NHS, and as Figure 1 shows, two thirds consider that it is in need of reform and the other third that it is in crisis. This paints a picture of significant concern about general practice; it also points to a uniform view among our panel that something needs to be done to support and change general practice.

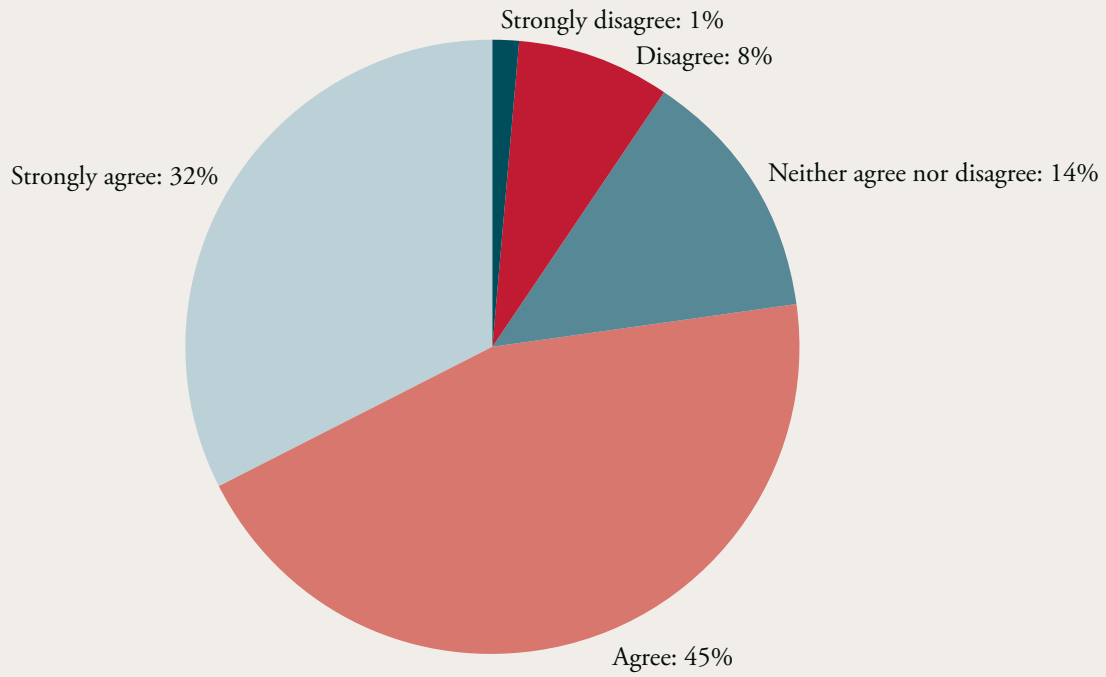
Figure 1: How would you assess the current state of general practice in the English NHS?



When we asked the panel members about the extent to which they agree with the statement: 'single-handed or small GP practices are no longer fit for purpose', 77% agreed or strongly agreed, with just 8% disagreeing (see Figure 2). This suggests that the health and social care leaders subscribe to the view that smaller practices are struggling to provide the range of health and community services typically expected of modern general practice. As one panellist put it:

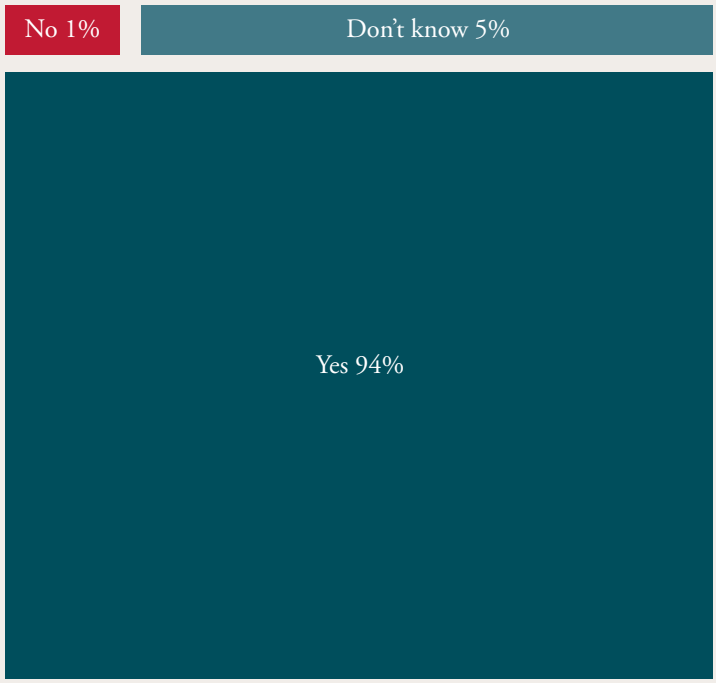
> The 1930s model of corner-shop general practice is no longer fit for purpose and needs to become much more responsive to its customers' reasonable expectations about access and fully integrated with a community, voluntary and social care team, to provide a complete package of joined-up care
>
> CCG panel member

Figure 2: Thinking about your local area, to what extent do you agree with the statement: 'single-handed or small GP practices are no longer fit for purpose'?



As we explore later in this report and in our new policy briefing *Is General Practice In Crisis?*, emerging networks and federations of general practices represent a way in which practices can remain small and local while benefiting from the economies of scope and scale that a larger primary care organisation offers. Indeed, almost all of the leaders responding to this second survey (94%) reported that they think practices need to be part of larger federations or groups if they are to meet the needs of the population over the next five years and beyond (see Figure 3).

Figure 3: Do you think that GP practices need to be a part of larger groups or federations to meet the needs of the population over the next five years and beyond?



Funding for general practice

The NHS' budget has remained almost static in real terms in recent years. As our recent report *Into the Red?* shows, this, coupled with rising demand for health services, means that the NHS faces an increasing financial challenge.

When asked whether general practice needs an injection of funding, our panellists' response was less clear than in answering the previous question, with 57% agreeing, 20% disagreeing and a further 23% not knowing (see Figure 4).

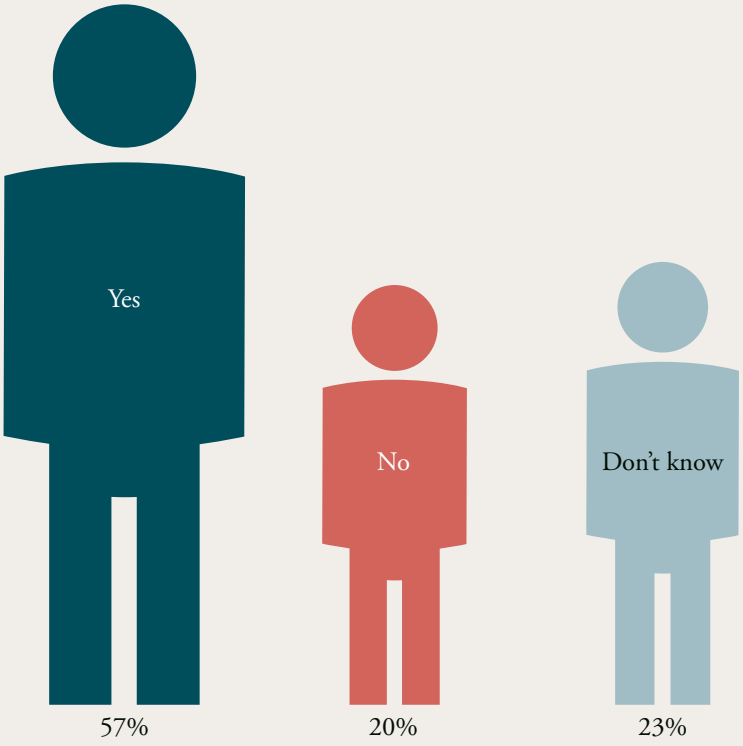
The qualitative responses to the funding option illustrate this ambivalence about the need for funding increases. A few respondents were clear that increased funding is a pressing need for general practice, arguing for example that the sector 'cannot provide better services while practice income is dropping' and that a 'massive' increase was needed, especially to address the problem of overcrowded premises. Others argued that the problem is not simply about more money, but about workforce, pointing

to current shortages of GPs and other kinds of practice staff. Most respondents were wary of the idea of any unconditional injections of new funds. Some singled out a lack of transparency about current funding arrangements – 'it is a mystery what practices receive as [it is] all separate payments' and the need for 'data on increased workload and complexity of need' to underpin any funding increases. Others argued in favour of increased funding only if effective strategies for reform are already in place:

> Primary care needs re-inventing to meet the demands of today: simply scaling up the current business model will not work
>
> Non-NHS panel member

> I'm not clear that the infrastructure exists to ensure that a cash injection would lead to improved outcomes. There are a range of problems specific to individual practices, some are expensive to resolve, others free
>
> Healthwatch panel member

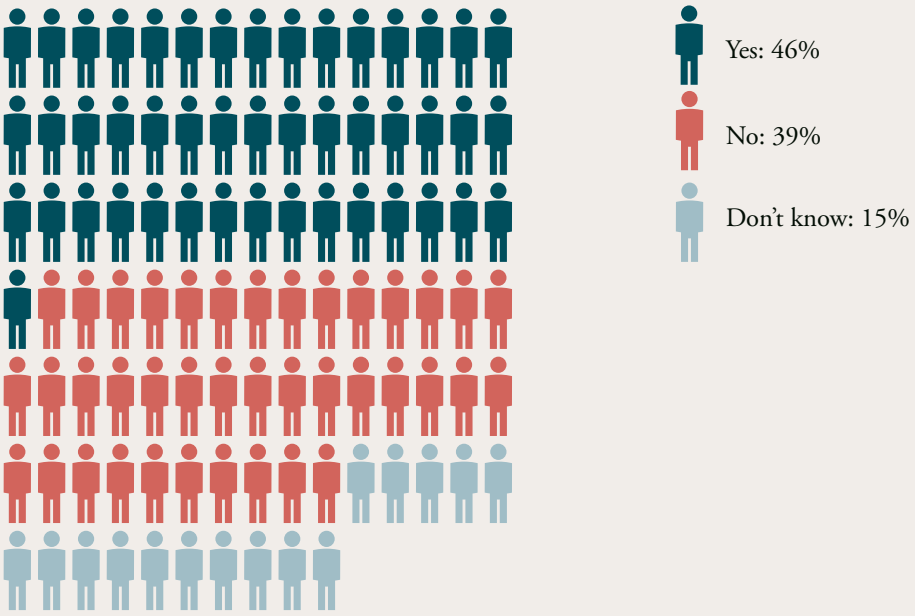
Figure 4: Do you think general practice needs an injection of funding?



Access to general practice

Under the Labour Government from 1997 to 2010, the use of access targets was a core part of health reforms, and general practice was no exception to this. A target that guaranteed patients an appointment with a GP within 48 hours was central to attempts to reduce waiting times, increase responsiveness and secure modernisation of care pathways. The Coalition Government abolished the GP access target in 2010, arguing that change should be driven by a focus on outcomes rather than process targets. However, there have recently been reports of lengthening waiting times for GP appointments (Patients Association, 2013). We asked our panel of leaders if they felt that the 48-hour GP access target should be reintroduced, and as can be seen in Figure 5, views were divided, with 46% saying yes, 39% no, and the remainder undecided. This may reflect a more general ambivalence in recent years about the role of targets to drive performance in health and social care, and the sense that wider reforms to general practice as a whole may be more important.

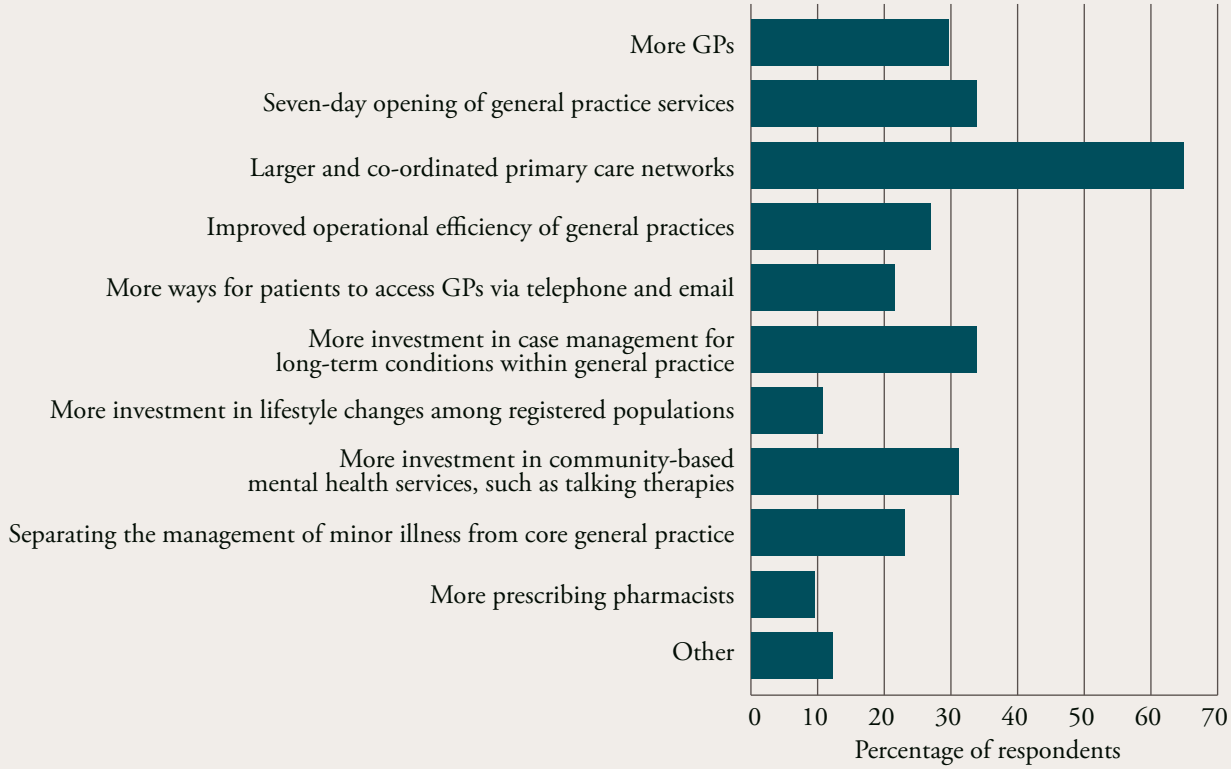
Figure 5: In 2010 the 48-hour GP access target, which guaranteed patients a GP appointment within 48 hours, was abolished. Do you think it should be reintroduced?



Policies to improve general practice?

We asked our panel of health and social care leaders to choose three options for reducing pressure on general practice and the results are set out in Figure 6 below. Interestingly, the development of larger and coordinated primary care networks is again chosen as the main priority for reform, an option selected by almost two thirds of respondents. This perhaps reflects a desire among the leaders for more extensive and sophisticated primary care networks and organisations that will have the capacity and capability to plan and implement new models of care (see the report *Securing the Future of General Practice: New models of primary care* and the outputs from our 2013 Euro-Summit).

Figure 6: Thinking about your local area, which three of these have the biggest potential to reduce pressure on general practice?



After the need for networks in primary care, the next most popular mechanisms chosen by the panellists were:

- seven-day opening of GP practices
- more investment in case management for long-term conditions
- increased funding for community-based mental health care.

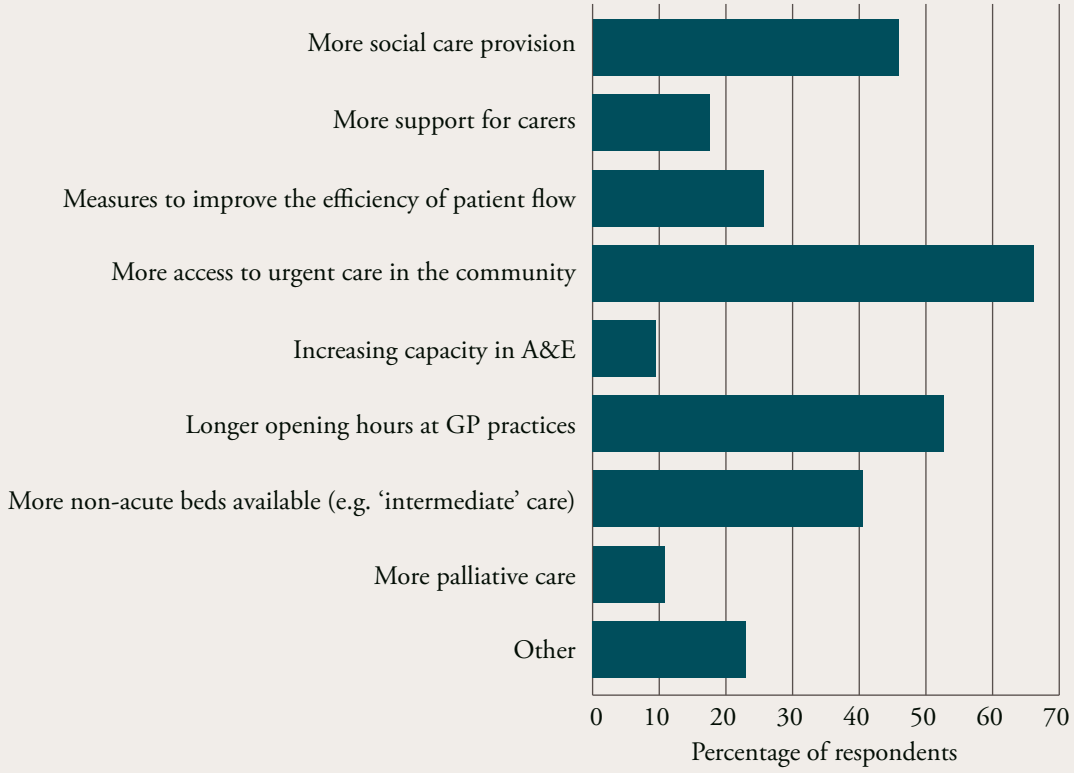
This reflects the growing awareness among practitioners and policy-makers that primary care needs to be able to provide tailored and well-coordinated services for people with complex needs, alongside accessible and responsive care for those needing more episodic support from their practice. Our briefing paper on general practice sets

out ideas about the policies needed to enable this, and our earlier reports on models of primary care review examples of organisations in the UK and overseas that are already using the benefits of networks and scale to deliver a wider range of care to local populations.

Developing alternatives to hospital care

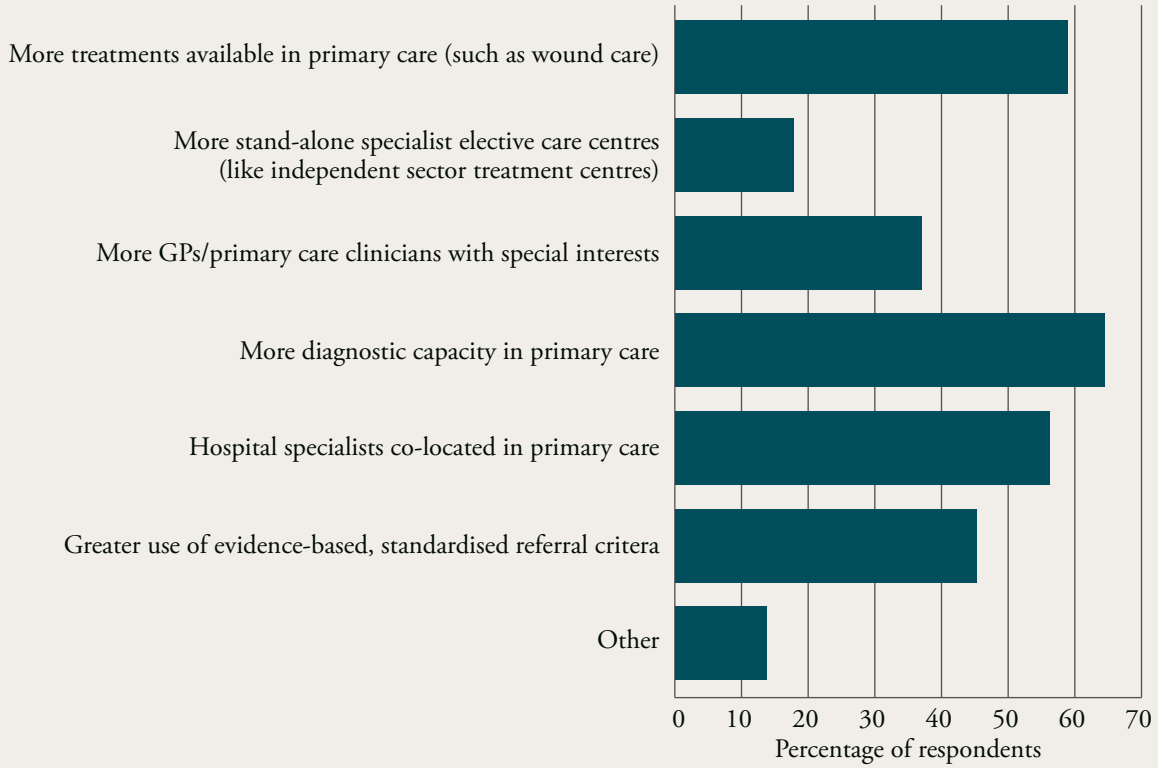
When we asked the leaders about ways in which pressure on emergency departments might be reduced, the most frequent response was to call for more access to urgent care in the community, an option selected by over two thirds of respondents. Indeed, longer opening hours at GP practices was the second most cited response to this question about how to ease emergency department pressures, followed by a need for more social care and more non-acute intermediate care beds (see Figure 7 below).

Figure 7: Thinking about your local area, which three of these have the biggest potential to reduce pressure on emergency departments in acute trusts?



When asked about ways to ease pressure on non-urgent hospital services (such as outpatient clinics and diagnostics), respondents to the survey identified a need for more capacity for diagnostic testing and for treatments such as wound care to take place in primary care rather than in hospital, and the co-location of hospital specialists in general practice. There was much less support for the development of more centres that specialise in elective surgery, suggesting interest in reform of primary and intermediate care services – presumably in collaboration with hospital and social care services (see Figure 8).

Figure 8: Thinking about your local area, which three of these have the most potential to reduce demand for non-urgent hospital services (e.g. outpatient and diagnostic services)?



What's needed for service redesign?

We asked the health and social care leaders on our panel to identify what they consider to be the biggest barriers to developing alternatives to hospital care in their local area. System rules (such as payment systems and procurement) were most frequently reported (70%), followed by 'ability to implement change' (57%) and 'opposition to change' (46%).

This suggests that while there is widespread support among the health and social care leaders represented in our panel for the need to implement new models of primary, community and hospital care, there is a very real concern about the capacity and skills to do so. In some of the open-ended responses to this question, some panel members felt that there was still an absence of available evidence to guide service redesign:

> We need sound evidence if we expect colleagues to change behaviour. We have seen too many 'good ideas' over the years which turn out to be ineffective or worse
>
> CCG panel member

A lack of capacity was a common theme, partly due to the pressures of day-to-day management of the current level of services, but also because there were so many redesign projects running concurrently.

In the view of some respondents, this lack of capacity at organisational level was compounded by an absence of support and strategic direction elsewhere in the system (including from NHS England, and its regional and local teams). This meant that individual organisations tended to default to self-preservation:

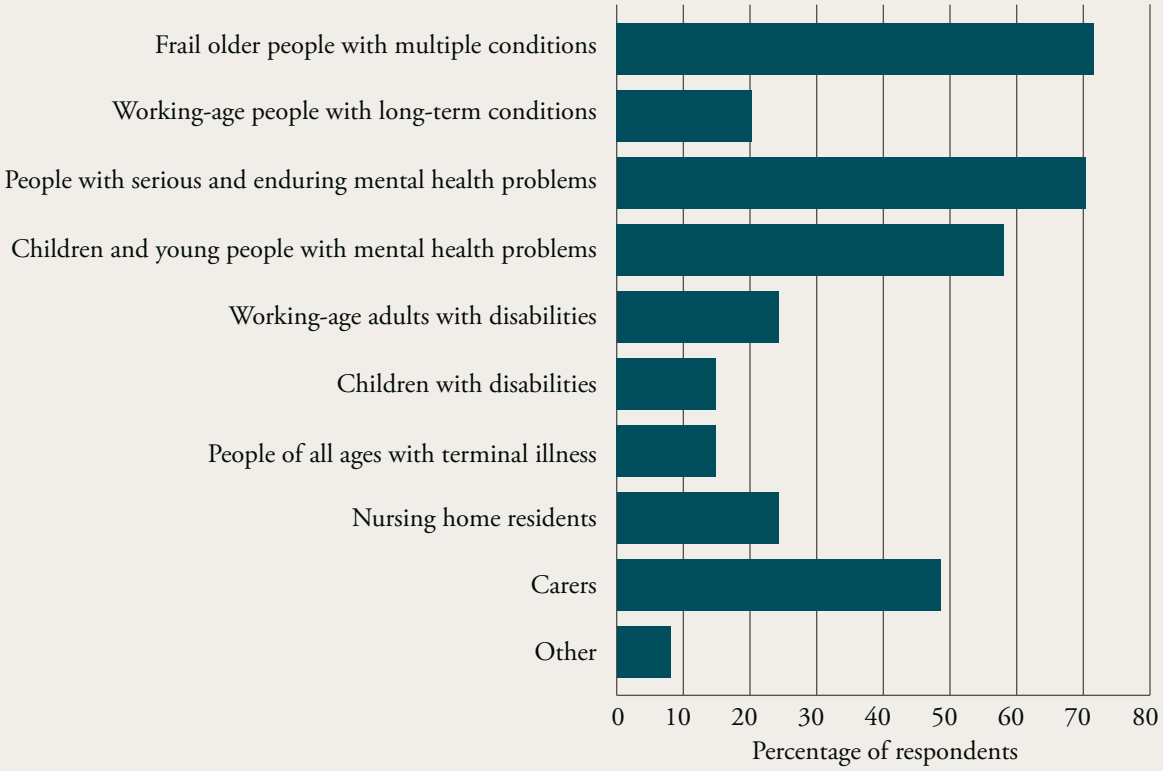
> All organisations talk a good talk but when it comes to the crunch, look after their own interests
>
> Social services panel member

Despite the caveats, the panellists also offered a range of ideas about how care should be organised, many of them linked by the theme of 'holistic' patient-centred care as an idea around which to organise professional and organisational roles, for example:

> If we design the service delivery around patients, not clinicians then we would release estate and funding to improve care whilst reducing some of the pressures on budgets
>
> Acute trust panel member

In this second survey we asked respondents to tell us which groups of people they felt were most at risk of falling through the cracks in the their local area, as budget cuts bite in health and social care. Frail older people with multiple conditions were cited by almost three quarters of the leaders, closely followed by people with serious and enduring mental health problems and then children and young people with mental health problems (see Figure 9). This underlines the importance of current work on parity of esteem for mental health services and their users, and that work to redesign primary and community services needs to focus as much on the needs of people with mental health problems as those of the frail elderly population.

Figure 9: Which of the following groups do you think are most at risk of falling through the cracks in your local area as budget cuts bite in health and social care?



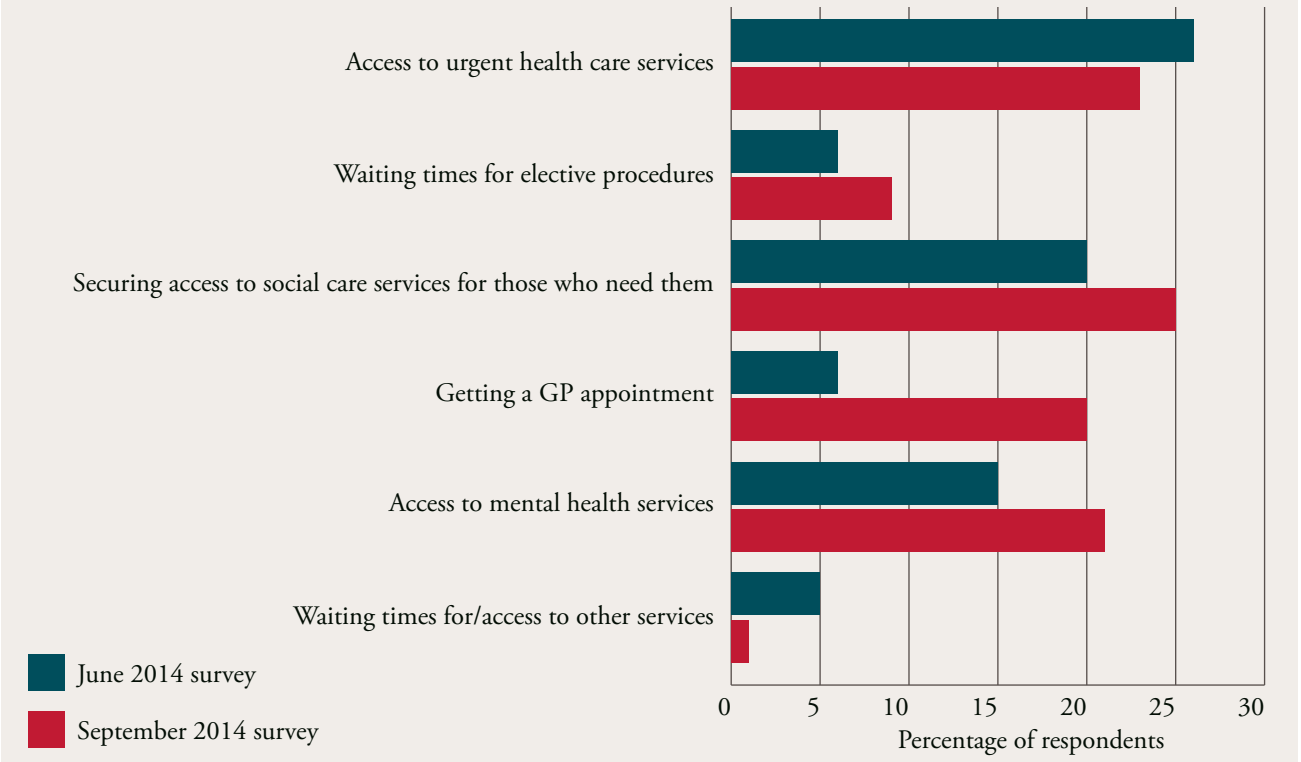
Views on health and social care – tracker questions

Each survey in our series asks a number of 'tracker' questions, to assess whether there are shifts in the views of the health and social care leaders over time. These questions cover access to health and social care, any perceived changes in the quality of both health and social care and the long-term viability of comprehensive, publicly funded health care. Given the small sample size, caution should be exercised in the interpretation of changes over time; however, we are including the comparisons between surveys as a general indication of perceptions among the panel members.

Access

We asked the panel which issues currently concern them the most regarding access to health and social care in their local area. As can be seen from Figure 10 below, securing access to social care services for those who need them continues to be a frequently reported concern. This reflects both the views expressed in our first health and social care leaders' survey and the findings of the Nuffield Trust and Health Foundation QualityWatch programme, which set out major concerns about the extent of cuts to adult social care services, and highlighted a lack of monitoring and knowledge about the consequences for care quality of these cuts.

Figure 10: At the present time, which issue concerns you the most regarding access to health and social care services in your local area?



Interestingly, of other local care access issues mental health services, waiting times for elective procedures and other services, and urgent care services, are all considered to be significant concerns. The concern surrounding urgent care was also highlighted by our first survey, suggesting that pressures on urgent care have continued even over the summer – which might traditionally be considered a slightly quieter time for emergency care. It will be interesting to track this as the autumn and winter progress.

A notable shift between our first two surveys is the extent to which panel members have become more concerned about people being able to get timely GP appointments. A greater proportion of panel members said access to local GPs is their main concern. This coincides with a period in which both main political parties have announced plans to extend the public's access to GP services.

> Huge growth in GP and tertiary referrals… plus prolonged pressure on beds due to unprecedented peaks in emergency demand, is making 18 weeks a very challenging target to achieve
>
> Acute trust panel member

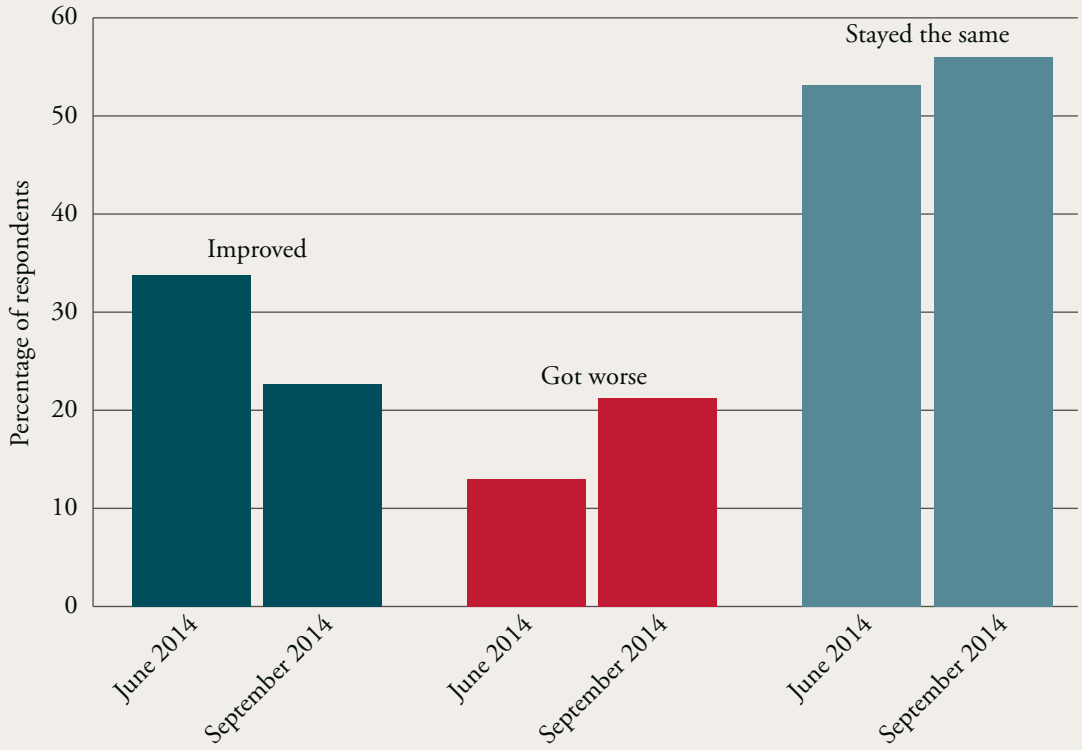
Quality of health services

When asked about the quality of health care that patients receive from the NHS, and to reflect on this over the past year, the majority (79%) of our panel reported that they thought this had either stayed the same or got better (compared with 87% in our last – June 2014 – survey); while 21% thought it had got worse (compared with 13% in the last survey); see Figure 11. Along with concerns about access to urgent care and other services, this suggests that leaders are getting increasingly worried about the quality of and access to local health services. This is an issue we will monitor closely in future surveys.

In the free-text comments, panellists painted a picture of variable quality of health services locally, where quality is holding up in some areas, but only just:

> NHS staff are holding a service in crisis together
>
> Healthwatch panel member

Figure 11: Since this time last year, do you think the quality of health care that patients receive from the NHS has:



Others reported that multiple pressures were leading to a real sense of crisis, particularly in the hospital sector:

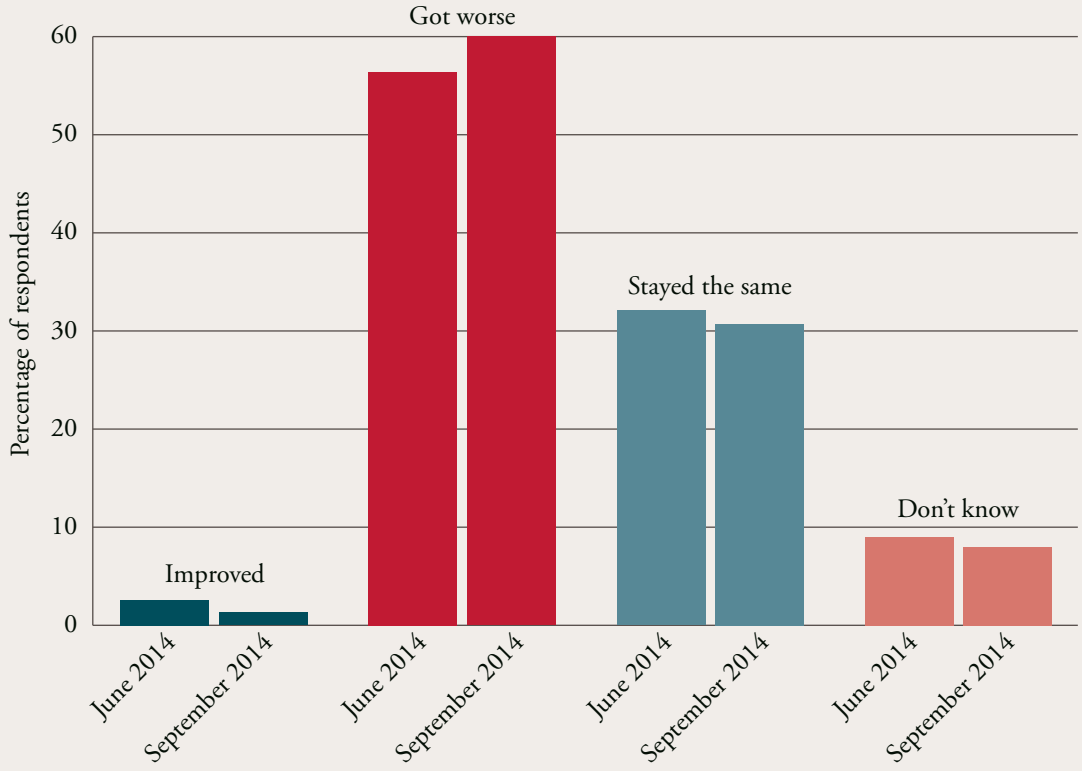
> [The] volume of activity (both elective and non-elective) plus inability of providers to affect demand and 4 to 6% per annum efficiency requirements, make for a very difficult/near impossible position for acute providers
>
> Acute trust panel member

Quality of social care

In a sharp contrast to health services, 91% of our panel believed that the quality of social care services had stayed the same or got worse (compared with 88% in the last survey), with only 1% (down from 2%) of respondents thinking that there had been any improvement (see Figure 12).

In our first survey, concern about the quality of social care was a striking finding. The results of this second survey are very similar, but free-text comments underlined how many of these problems may be less visible to the public. As one panellist put it, the problem is most obviously visible in discharge from hospitals, in the form of delayed transfers of care, but others commented on the deterioration of quality that is less easily measured:

Figure 12: Since this time last year, do you think that the quality of social care that service users receive from local authorities has:



> Social care is facing a major crisis… I have visited 20 care homes…in the past three weeks and the level of care has caused me enormous concern
>
> Social services panel member

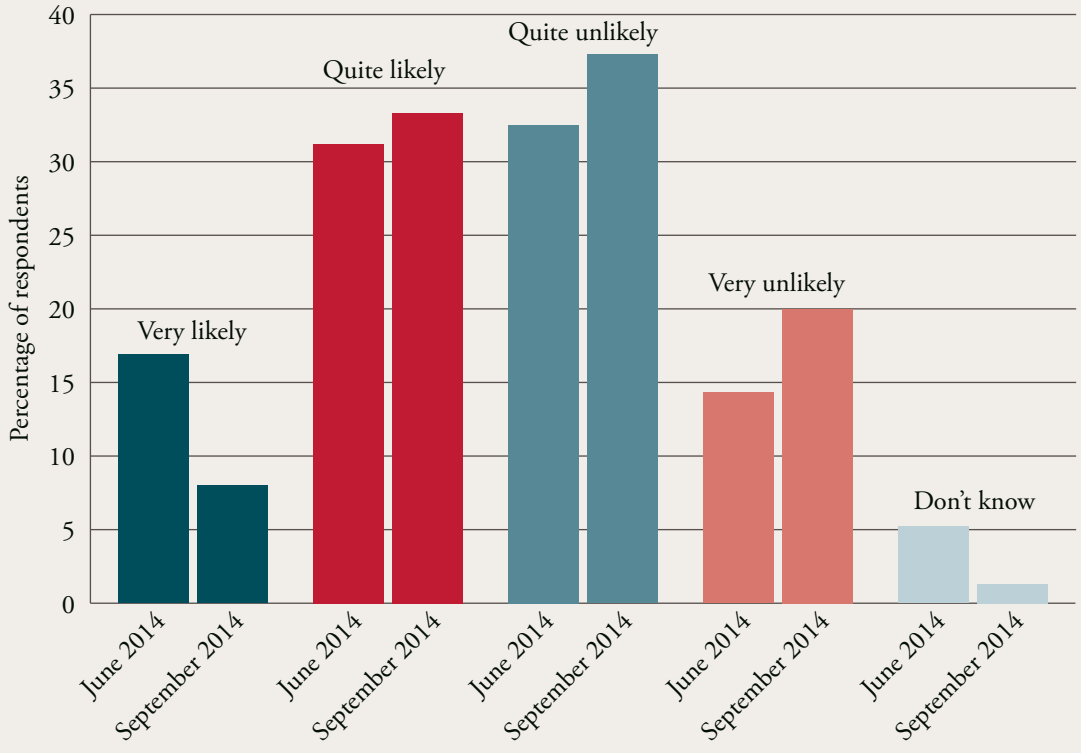
> Social services are in a perfect storm of real capital and revenue cuts… Critically low levels of staffing are hampering both the day job and the changes to service provision. Home-care has for many become a life of exploitation for care staff and dangerous, inadequate chaotic services for vulnerable people at home
>
> Healthwatch panel member

Comprehensive free health care in the future?

We again asked our leaders' panel whether they think that comprehensive health care (excluding charges that already apply) will still be provided free at the point of use in England in ten years' time. There had been a shift in views here, with fewer people (8% as opposed to 17%) considering it very likely that free care would continue to be available in ten years' time, and a majority (57%, up from 47% in the previous survey) thinking it was quite or very unlikely (see Figure 13).

We will track the panel's response to this key question in future surveys, but it is perhaps indicative of an increasing lack of certainty among panellists over whether the NHS will emerge from the current (and projected) period of constrained funding still able to provide comprehensive health care, free at the point of use.

Figure 13: How likely do you think it is that comprehensive health care (excluding charges that already apply) will still be provided free at the point of use in England in ten years' time?



Conclusion

This second survey in our series underlines how strongly the health and social care leaders feel about general practice and other community services, as quality and access to health and social care services are seen to be buckling under the strain of budget constraints. The leaders' opinions suggest there is an appetite for redesigning care around new models of out-of-hospital services and a reformed general practice, particularly if it can work on a greater scale and become more responsive. But there is also a clear message that any reform efforts initiated by Government need to be adequately resourced in terms of supplying evidence of what works, capacity to support managers and clinicians to focus on change, and providing enough 'overlap' resources to invest in new services before old ones are dismantled.

Alongside this survey report, the Nuffield Trust has also produced a policy briefing *Is General Practice in Crisis?*, which explores in more detail many of the issues and themes raised in the survey. This briefing is the first in a series on the issues and challenges facing the political parties in the run-up to the General Election.

Find out more about our General Election work at
www.nuffieldtrust.org.uk/general-election-2015

About the authors

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Judith's other roles include: Non-executive Director, Birmingham Children's Hospital NHS Foundation Trust; member of the board of the UK Health Services Research Network; Chair of the Royal Pharmaceutical Society Commission on future models of care; expert advisor on NHS organisation and commissioning; and policy assessor to the Mid-Staffordshire NHS Foundation Trust Public Inquiry.

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She was a 2008–2009 Harkness Fellow, based at Harvard Medical School, where she researched how physicians and health care organisations in the United States understood and tackled racial inequalities in the quality of health services.

Ruth has an MSc in Social Policy from the London School of Economics. Before moving into health policy research, Ruth was a broadcast journalist, working for the BBC World Service and BBC News and Current Affairs programmes, including *Panorama*.

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