

# RCGP Briefing: Variations in the quality of primary care across England including access to GP services

July 2022

## Overview

General practice is the cornerstone of the NHS, carrying out 370 million consultations last year. GPs and their teams have been through a significant period of evolution over the past few years including expanding multidisciplinary teams, at-scale collaboration and finding innovative ways to manage and deliver care. As a result of GPs and their teams working harder, record numbers of patients continue to be seen in general practice on the same day of booking an appointment, and the number of patients having to wait a week or more for an appointment has significantly dropped when compared to pre-pandemic levels. At the same time, general practice is under immense strain which is resulting in workforce and workload challenges that are contributing to unsustainable levels of workload in addition to difficulties for patients in accessing care.

Years of under-investment in general practice and the chronic shortage of GPs and other members of the team has undoubtedly affected some areas and practices more than others. Though we recognise that areas across the country have different patient demographics, and that patients will have different health needs so individual practices will deliver care and services in a way that meets these best, it is essential that the government and NHS England act now to reduce health inequalities and ensure that any variations in access to GP services are addressed rapidly.

We need an expanded GP workforce with the right skills, tools and premises to improve patient care and access, reduce health inequalities, ensure patient safety, and give GPs more time to care for, and build trusting relationships with, their patients. At the same time, the quality of care a patient receives should not be compromised for speed of access to a GP. Some of the key challenges in general practice that are impacting access to care, and the care that patients receive, include:

1. Unsustainable levels of GP workload
2. Insufficient funding for GP practices in deprived areas
3. Variation in the development of Primary Care Networks
4. Variation in the quality of primary care across England

## GP Workload

- 68% of GPs surveyed say they don't have enough time to adequately assess and treat patients during appointments.<sup>i</sup>
- GPs carried out 11% more consultations in November 2021 than in November 2019.<sup>ii</sup>
- 24 million appointments were estimated to have happened in general practice in April 2022, 45.2% of which took place on the same day they were booked.<sup>iii</sup>
- Of these appointments, 27.2% were estimated to have taken place over a week after booking the appointment.<sup>iv</sup> This is lower than in November 2019 where 33.5% of all appointments took place over a week after booking the appointment.<sup>v</sup>
- 83% of patients surveyed claimed they had a good overall experience of their GP practice, this is up 1% when compared to results from 2020.<sup>vi</sup>

- 75% of GPs said that encouraging specialists to refer patients to other specialists themselves where appropriate rather than asking GPs to re-refer them would make a significant difference to GP workloads.<sup>vii</sup>
- 68% of GPs said that making back-office functions more efficient would make a significant difference to GP workloads.<sup>viii</sup>

#### *Tackling health inequalities*

- Primary care is one area where inequalities are stark. For example, once you account for the different levels of need:
  - General practices serving more deprived populations receive around 7% less funding per patient than those serving more affluent populations.
  - A GP working in a practice serving the most deprived patients will on average be responsible for the care of almost 10% more patients than a GP serving patients in more affluent areas.<sup>ix</sup>
- The RCGP is calling for a review of general practice funding arrangements to ensure GP surgery budgets are weighted to account for levels of deprivation.
- The 2016 General Practice Forward View recognised that the 'Carr-Hill formula' which is the system that determines funding for general practice needs to be changed to better take account of deprivation. This has never been fully achieved and the RCGP would support a review of this system in addition to extra funding for practices serving the most deprived populations.

#### *Variation in the development of Primary Care Networks*

- The development of PCNs has been hugely varied across the country. Practices that were already operating at scale or in networks have been better able to leverage the resources allocated to them as part of the PCN Directed Enhanced Service (DES).
- Many practices were new to the at scale network approach, and consequently need more time to develop before they can deliver what is expected of them.
- While the COVID vaccine programme has accelerated this development in some areas, the previously seen variation in maturity and integration between networks still exists in many areas, and this will have a significant impact on a PCN's capability to deliver on the requirements of the PCN DES as practices return to prioritising important non-COVID work, managing the backlog, and recovering from the pandemic.

#### *Variation in the Additional Roles Reimbursement Scheme (ARRS)*

- The ARRS was implemented in 2019 as part of the PCN DES and launched funding for 26,000 additional roles to join primary care and create multi-disciplinary teams. NHS England has reported that the government is on track to reaching its target.
- The recent ARRS scheme did not take deprivation into account when allocating funding to pay for new roles. This means that GPs and their teams serving populations that are socio-economically deprived are being asked to do more work for less money, which makes it harder to recruit new team members and harder to retain staff already employed.
- We are seeing significant variation in whether PCNs have enough resources to recruit the roles needed. With 53% of our members surveyed saying that there is sufficient funding being provided through their PCN to enable recruitment of new MDT roles and 45% saying the funding is not sufficient.
- This funding covers additional staff but does not include any funding for existing staff to manage the extra staff. This creates a danger that it will be hard to retain staff if they are not given support they need.

## RCGP recommendations

### *Tackling health inequalities*

- Extra funding for practices serving the most deprived populations to recruit and retain staff in under-doctored areas, as part of a comprehensive review of the Carr-Hill formula.
- An explicit cross-government strategy to reduce health inequalities, involving all government departments, led by and accountable to the Prime Minister.

### *GP Access*

- Commission local transformation support for practices to enable them to evaluate and implement 'front doors' and triaging systems which meet patient and staff needs.
- Investment in better booking systems and organisational development to improve the experience of accessing care so it's easier for patients to choose to see the same GP or the next available member of the team.
- Improvements to the patient experience of accessing care, making it easier for patients to choose to see the same GP or the next available member of the team, achieved through investing in better booking system and organisational development.
- A large-scale marketing campaign to ensure the public understands the range of access routes to primary care and the range of multidisciplinary team members a patient might see and why, as well as the benefits of remote care where appropriate.

### *GP premises and infrastructure*

- Further investment to make general practice premises fit for purpose, including sufficient space to accommodate expanded multidisciplinary teams, and deliver digitally-enabled remote care.
- Ensure GPs and wider teams have access to the tools, training, guidance and support in routinely using digital tools in their practice.

### *Workforce*

- Action on commitments for more GPs. We need a new recruitment and retention strategy that allows us to go beyond the target of 6000 more GPs, backed by a £150 million annual GP retention fund and at least 500 extra GP training places per year.
- Make the funding rules more flexible so practices are free to use money from the Additional Roles Reimbursement Scheme to hire the staff they need, including nurses, and invest in supporting supervision and training to better integrate teams.

### *Workload*

- An NHS wide campaign to free up GPs to spend more time with patients by cutting unnecessary workload and bureaucracy including a review of contractual requirements and the transfer of patients between primary and secondary care.
- Additional funding of at least £100m per year to develop primary care networks to take a lead role in transforming patient care and population health. This should include funding to employ community health leads, increased funding for Clinical Directors or management staff and support to help practices work at scale and to implement new ways of working.
  - Changes to the way we deal with the most vulnerable patients moving away from the current Quality Outcomes Framework to a system that encourages GPs to focus on those who need care most and cuts out the red tape and box ticking.

Further information can be found on our [website](#).

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- <sup>i</sup> RCGP (2022). Tracking Survey of 1,262 GPs March-April 2022
- <sup>ii</sup> NHS Digital (2019/2021). Appointments in General Practice, Nov 2019 & 2021
- <sup>iii</sup> NHS Digital (2022). Appointments in General Practice, April 2022. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/april-2022>
- <sup>iv</sup> NHS Digital (2022). Appointments in General Practice, April 2022. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/april-2022>
- <sup>v</sup> NHS Digital (2019). Appointments in General Practice, November 2019. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/november-2019>
- <sup>vi</sup> GP Patient Survey (2021). GP Patient Survey, July 2021. Available at: <https://www.gp-patient.co.uk/surveysandreports>
- <sup>vii</sup> RCGP (2022). Tracking Survey of 1,262 GPs March-April 2022
- <sup>viii</sup> RCGP (2022). Tracking Survey of 1,262 GPs March-April 2022
- <sup>ix</sup> <https://www.health.org.uk/publications/long-reads/levelling-up-general-practice-in-england>