Royal College of General Practitioners
Seven day access to routine general practice – position paper

1. The RCGP recognises the Government’s aspirations to extend access to general practice and supports the concept of providing extended GP access where it is practicable and where there is a clear demand. We are however concerned that, given the current resourcing and workforce crisis in general practice, the Government’s proposals to provide all patients with seven day access to routine GP care by 2020 are not deliverable and risk compromising patient safety, as well as destabilising existing services. We urge the Government to adopt an alternative strategy, which prioritises the shoring up of existing five day services and boosting GP-led out of hours care, whilst allowing local commissioners the flexibility to tailor levels of extended hours provision to meet the needs of their local populations.

2. The majority of GP surgeries in England (60%) already provide some form of extended opening, with 17% open over the weekend and 53% providing extended opening hours (outside the core hours of 8am-6pm). According to the GP Patient Survey, 74.9% of respondents said that they were happy with their GP opening hours.

3. It is important to recognise that patients are able to access the skills of a GP 24 hours a day, seven days a week for urgent care, through out of hours GP services. These are commissioned locally by Clinical Commissioning Groups (CCGs) and are usually staffed by local GPs. In 2014 the Care Quality Commission’s first report into inspections of GP out of hours services was positive about the quality of the services they provided, noting that there were “many examples of good and outstanding practice”. However, according to the latest figures from the GP Patient Survey just over half of patients (56.4%) say they know how to contact an out-of-hours GP service.

4. We are concerned that whilst the Government’s plans are well intentioned and aspire to improve patient service provision, they are not deliverable and will have a detrimental effect on the basis that they:
   a. Fail to take into account the huge pressure general practice is already under, with existing services in urgent need of more resources for routine care and a current shortfall of more than 3000 GPs;
   b. Could harm patient safety in general practice;
   c. Will raise expectations amongst patients which general practice does not have the capacity to meet and make it more difficult for practices to manage demand;
   d. Would not represent a wise use of stretched NHS resources, and are not sufficiently evidence-based;
   e. Will significantly undermine efforts to recruit and retain more GPs.

Workforce and resourcing constraints

5. It is unrealistic to talk about providing seven day access to routine services at the current time because general practice is hugely overstretched and under-resourced, as highlighted by the College’s Put patients first: Back general practice campaign and explored in detail in our recent paper on GP fatigue. The Government’s priority has to
be to shore up existing five day and urgent out of hours services over the course of this Parliament. In particular:

a. There is currently a major workforce crisis in general practice with an expected shortfall of 8,000 GPs in England by 2020. The current number of GPs and practice staff is not sufficient to cope with the roll out of seven day GP services. GPs are already over-stretched simply providing five day routine access for patients, with many working unsustainably long hours just to keep existing services up and running.

b. Years of underinvestment in general practice. General practice deals with 90% of all patient contacts7 – yet the proportion of NHS spending allocated to GP services in England fell to a historic low of 8.4% in 2012/13 – leaving practices struggling to meet the growing needs of patients.

c. Increasing problems getting a GP appointment. According RCGP analysis, patients in England will have to wait a week or more to see a GP or practice nurse on an estimated 67 million occasions in 2015.8

6. Given the scale of these challenges, the RCGP is calling on the Government to commit in its forthcoming spending review (November 2015) to increase investment by £750 million a year annually over the spending review period, resulting in an additional £3.8 billion of spending on general practice per annum by 2020.

7. Independent research commissioned from Deloitte by the RCGP has shown that extending GP hours so that one in four surgeries open late and at weekends would cost at least £749m per year – rising to £1.2bn if one in two practices were to take part. This is vastly in excess of the limited one off funding for extended hours pledged by the Government through the GP Challenge Fund (£150m to date.)

8. Workforce and resourcing pressures are likely to pose a particular barrier to the provision of extended services in rural areas, where the challenges of recruitment and retention are often particularly severe. In many rural areas, the only way in which GP time could be freed up to provide extended hours access, would be to reduce access during core hours, for example by converting existing surgeries into satellites, that formed part of a larger group and with shorter opening hours. This would inevitably reduce continuity of care and force patients to travel further to access services.

Risks to patient safety

9. General practice is already over-stretched. As highlighted in the RCGP’s recent consultation paper Patient Safety Implications of General Practice Workload 9, over the last decade due to the increasing prevalence of long-term conditions and population ageing, demands on general practitioners and practice staff have increased significantly. The College is extremely concerned that extending access to routine care, without a commensurate increase in investment and workforce, will place major pressures on GPs and practice staff, forcing them to work unsustainable hours, which would be a threat to patient safety.

Increased patient expectation and demand

10. Demand for general practice has been steadily growing, with practices now providing an estimated 370m consultations every year10 – an increase of more than 50m compared to five years ago. As noted above, this increase in workload has not been matched by additional resources with the result that waiting times to see a GP have exploded. Promising to extend services to seven days could fuel further increases in patient
expectation and demand at a time when general practice is unable to absorb any more pressure.

Lack of evidence base and cost effectiveness

11. At a time of crisis in general practice we believe that seven day access to routine GP care, even if practically possible, would not be the best use of NHS resources at a time when budgets are being severely stretched. There is not sufficient evidence to suggest that seven day access is consistently being called for by patients across the country, or that it provides an effective use of NHS resources. There have been reports that some of the areas piloting extended opening with money obtained through the Challenge Fund are now scaling back opening hours (as NHS Herts Valley CCG have) or even cancelling services altogether (as NHS Canterbury and Coastal CCG and NHS Hambleton, Richmondshire and Whitby CCG have) due to underuse and concerns about cost-effectiveness.11 12

12. In June 2015, the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester published a report 13 evaluating the effects of providing extended access to general practice services in four pilot sites across Greater Manchester. Their findings showed that providing routine care outside core hours will not necessarily substitute existing services; only one pilot had an impact on out of hours and walk in centre activity and only one had an impact on minor A&E attendances. The report also states that with the exception of one pilot, there does not seem to have been a consistent impact on patient satisfaction in terms of access to general practice. Finally, the report found that the uptake of Sunday appointments was low in three out of four of the pilot sites.

13. The evidence cited by the Government in its announcements about seven day access to routine care in general practice does not provide a solid basis for the changes it proposes. In his recent speech on general practice the Secretary of State referred to “clear evidence from Imperial College London that a lack of access to GPs at weekends results in increases in urgent hospital admissions”. This is likely to be a reference to recent studies published by Cowling et al on access to general practice and visits to accident and emergency14,15. However, although this body of research does identify a correlation between variation in access to general practice and usage of emergency hospital services, there is no evidence for a causal link between the two. The studies in question do not look specifically at the out of hours period, and there is strong evidence that other factors – particularly levels of deprivation – also correlate to higher use of hospital emergency services. The most recent publication from the Imperial College research team in this area in fact concluded that “the UK government should pause its planned extension of opening hours nationally until a sufficient evidence base has been established”16.

Impact on recruitment and retention

14. The Government’s plans have caused a huge amount of concern amongst GPs and young doctors on the ground. Forcing all areas to provide seven day access to routine care could have a catastrophic impact on efforts to recruit and retain more GPs. The Government is already failing to meet its targets for GP recruitment, with only 2,688 GP training places filled from 3,067 advertised posts in 201417. This is significantly short of the target of 3,250 GP trainees by 2016. To turn this situation around, the Government must do everything possible to encourage more doctors to choose general practice as a specialty. Putting general practice under further pressure will make it extremely difficult to attract young doctors into general practice.

15. With morale in the profession currently at an all time low, the proposals also risk pushing more existing GPs into retiring early or leaving to practise in other countries. This will
make it more difficult for the Government to achieve its stated aim of increasing the general practice workforce in England by 5,000 GPs and 5,000 other members of the general practice team, and make it practically impossible to deliver the proposals contained in the 10 point GP workforce plan (signed jointly by NHS England, HEE, the RCGP and BMA) to recruit, retain and return more GPs to practice.

Proposed way forward

16. The College calls on the Government to re-think its current proposal and to direct investment towards existing in and out of hours services.

17. The Government should:
   a. Prioritise cutting waiting times and protecting patients by investing in shoring up existing core GP services whilst increasing the GP workforce to support this.
   b. Drop its one-size-fits-all approach, and let GPs and patients on the ground decide what level of access to extended hours provision for routine care is feasible and appropriate within the resources available, together with how this should be delivered.
   c. Focus on strengthening existing urgent care provision by investing in out of hours GP services, ensuring patients have access to expert medical generalists when they need it.
   d. Take steps to better integrate in and out of hours services, investing in solving long-standing problems such as lack of information sharing between different parts of the system.
   e. Do more to raise awareness amongst patients of the existing GP services available to them.

18. We recognise that some patients, particularly those who work during the core hours of 8am-6.30pm, Monday to Friday, wish to access care outside working hours. There are a range of different models which can be used to provide routine extended hours services. In some cases routine care could be delivered through federations or networks. In other cases, it may be appropriate to expand and build on existing out of hours services for urgent care to offer a degree of access to routine appointments. However, it is important to be clear that it is unlikely to be either affordable or cost effective to offer a full range of routine access services outside core hours. Furthermore, it is vital to ensure that those services which are provided are properly funded.

19. Improved integration between in and out of hours services, such as access to, and sharing of, electronic patient records, is vital. Ensuring that IT systems are properly integrated and enable professionals working in different parts of the system to share information appropriately with each other is critical to solving many of the problems currently preventing GPs from improving care for patients out of hours. It is not uncommon to hear of GPs working in local out of hours services finding it difficult to access patient records, or being unable to order tests or scans. Far better integration between in-hours and out of hours services is vital in order to reduce unnecessary bureaucracy and to remove barriers to improved patient care.

20. Leading the development of new services providing extended access to general practice care will take time and resources and it is important that GPs have the time and support that they need to take this process forward. In particular, NHS England should ensure that GPs have access to funded service development time, and that GPs and commissioners are provided with financial assistance to meet the costs of integrating patient record and referral systems.

21. The Government must also take urgent action to tackle the factors that deter GPs from working in extended and out of hours services. Key amongst these is the rising cost of medical indemnity, which is rapidly becoming prohibitive, and constitutes a major barrier to increasing capacity. We propose that the Government cover the cost of medical
indemnity for GPs to work in extended and out of hours services, to avoid it acting as a disincentive.

22. Finally, there cannot and should not be a one size fits all approach to seven day GP access. It is vital that CCGs are able to tailor services to the needs of their local populations and to use resources where they are most needed, in the best interests of their patients. Decisions need to be taken at a local level, to best fit the needs of patients and GPs in that area, and to ensure the best use of limited resources.

References

11. http://www.pulsetoday.co.uk/your-practice/practice-topics/access/quarter-of-pms-seven-day-gp-access-pilots-have-cut-opening-hours/20010391.article#.VebaRfl3nyM
16. Data obtained from Health Education England via a Freedom of Information Act