Royal College of General Practitioners

Breaking the inverse care law in general practice

The issue

Healthcare is often hardest to access for those who need it most. With a backdrop of escalating social inequalities and the soaring cost-of-living gripping communities, it is more important than ever for our healthcare system to confront the stark reality of the health inequalities cutting people's lives short.

GPs play a pivotal role in addressing health inequalities as they are first-hand witnesses of the health and social issues experienced by socioeconomically deprived communities. However, the way general practice is currently funded means that health inequalities are systematically exacerbated. Typically practices in the areas of greatest deprivation care for more patients with more complex needs, yet don't receive the funding needed to meet these additional needs.

It is in this context that the RCGP calls for a review of general practice funding streams to help ensure the necessary level of support is channelled to the patients who need it most. As part of this, three key income streams for general practice require specific attention: core funding, incentive schemes, and Primary Care Network funding. In addition, workforce distribution must be addressed.

It is imperative that the Government adopts the recommendations laid out in this document so that GPs are able to meet the needs of their patients equitably, across all communities.

You can read the full report into 'Breaking the Inverse Care Law in General Practice' here: www.rcgp.org.uk/getmedia/be6b2aba-330f-4993-9d3f-63f09795c9b9/breaking-inverse-care-law-UK-general-practice.pdf



To help break the inverse care law, the Government must:

1

Allocate resources equitably

- Review all general practice funding streams to channel more spending to the areas of greatest need, alongside an increased investment across general practice.

2

Enhance the general practice workforce

- Evaluate and enhance existing GP recruitment and retention schemes to ensure they focus on supporting recruitment and retention in socioeconomically deprived areas and implement additional schemes where needed, backed by ringfenced funding.
- Provide targeted and flexible funding for practices in areas of socioeconomic deprivation to recruit additional practice roles that have been shown to support patients experiencing social exclusion and health inequalities.

3

Take action to tackle social determinants

- Produce a cross-government strategy to reduce health inequalities, underpinned with the necessary funding to drive change.

1 Allocating resources equitably

Practices in the poorest areas have 14.4% more patients per fully qualified GP compared to wealthy areas,[3] but receive 7% less funding after accounting for the additional needs of the population.[4]

Core funding

The Carr-Hill formula is used to help allocate core general practice funding across England, providing a way of measuring workload and costs in general practice. However, the system completely fails to adequately account for deprivation with a study from the University of Leicester finding that for every 10% increase in the practice's Index of Multiple Deprivation (IMD) score, payments only increased by 0.06%.[5]

Incentive schemes

On average, over 12% of funding for practices comes from incentive schemes such as the Quality Outcomes Framework (QOF) and the Investment Impact Fund (IIF).[6] These are designed to pay practices if they hit certain targets.

However, the poorer the area is, the harder it is to hit these targets, where patients have more complex needs and lives. This can result in lower funding coming through to practices. Between 2015 and 2022, practices in the most deprived areas received 29% less in payment from QOF than those in the least deprived areas.[7]

This shows how incentive schemes create a vicious circle whereby practices serving more socioeconomically deprived populations systematically receive less support for their patients, making it harder to hit targets each year.

Practices in deprived areas received 29% less QOF incentive payments than those in the wealthiest.[1]

29%

PCNs in deprived areas face an estimated £18.6m shortfall in funding.[2]

18.6m

Primary Care Network (PCN) funding

PCN's were established to improve population health by bringing GP practices into local groups to help provide additional services to patients.

However, PCNs in areas of high deprivation have access to less funding and fewer staff than those in wealthier areas. The Health Foundation found that if you properly accounted for need, practices in the most deprived areas should collectively be given an additional £18.6m more per year.[8]

Recommendation:

- Review all general practice funding streams to channel more spending to the areas of greatest need, alongside increased investment across general practice.



2 Enhancing the workforce for those who need it most

Practices in areas with the highest levels of income deprivation have on average 300 more patients per fully qualified GP than practices with the lowest levels of income deprivation.[10]

With 37% of GPs saying that they are unlikely to be working in the next five years,[6] these workforce shortages are likely to be felt more acutely by practices serving the most socioeconomically deprived communities. Furthermore, PCN leaders have said that recruiting and retaining staff in these areas has proved difficult, and that funding is inadequate to respond to the additional workload of patients in these deprived areas.[7]

Recommendations:

- Evaluate and enhance existing GP recruitment and retention schemes to ensure they focus on supporting recruitment and retention in socioeconomically deprived areas and implement additional schemes where needed, backed by ringfenced funding.
- Provide targeted and flexible funding for practices in areas of socioeconomic deprivation to recruit additional practice roles that have been shown to support patients experiencing social exclusion and health inequalities.

GPs in the most deprived areas look after 14% more patients than those in the wealthiest.[4]

14%

3 Tackling the social determinants of health

GPs spend almost a fifth of their time helping patients with social issues that are not principally health related,[14] revealing the knock-on effects of the social determinants of health.

To truly reduce health inequality, we must address the wider determinants of health. If we are to prevent physical and mental health in the first place, actions must be taken to tackle issues such as poor housing, food quality, addictions and employment, which all determine an individual's health outcomes.

Recommendation:

- Produce a cross-government strategy to reduce health inequalities underpinned with the necessary funding to drive change.



80%

of health outcomes are determined by non-health-related factors.[13]

1 Data source – NHS Payments to General Practice, England, 2022/2023, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice/england-2022-23

2 Health Foundation (2023), Doing More for Less?

3 Office for National Statistics, "Trends in patient-to-staff numbers in General Practices in England: 2022", December 2022 (accessed 6 February 2023).

4 The Health Foundation, "Response to the Health and Social Care Select Committee's inquiry – The Future of General Practice", 2021.

5 Levene, Louis et al. – BJGP (2019) Socioeconomic deprivation scores as predictors of variations in NHS practice payments: a longitudinal study of English general practices 2013–2017

6 Data source – NHS Payments to General Practice, England, 2022/2023, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice/england-2022-23

7 Data source – NHS Payments to General Practice, England, 2022/2023, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice/england-2022-23

8 Health Foundation (2023), Doing More for Less?

9 Office for National Statistics (2022), https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/trendsinpatienttostaffnumbersatgppracticesinengland/2022#:~:text=2.-,National%20trends%20in%20England,doctor%2C%20and%20some%20having%20hundreds"Trends in patient-to-staff numbers in General Practices in England: 2022 (accessed 6 February 2023).

10 Office for National Statistics (2022), https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/trendsinpatienttostaffnumbersatgppracticesinengland/2022#:~:text=2.-,National%20trends%20in%20England,doctor%2C%20and%20some%20having%20hundreds"Trends in patient-to-staff numbers in General Practices in England: 2022 (accessed 6 February 2023).

11 Royal College of General Practitioners (2023)

12 The Health Foundation (2023), Doing more for less?

13 The Health Foundation (2018), https://www.health.org.uk/publications/what-makes-us-healthy"What makes us healthy? An introduction to the social determinants of health

14 Citizens Advice (2015)

Published May 2024

The Royal College of General Practitioners is a network of over 55,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.

Royal College of General Practitioners

Royal College of General Practitioners
30 Euston Square, London NW1 2FB

020 3188 7400 | policy@rcgp.org.uk
𝕏 @rcgp | www.rcgp.org.uk

Royal College of General Practitioners is a registered charity in England and Wales (Number 223106) and Scotland (Number SC040430)