

Peers Briefing: Role of primary and community care in improving patient outcomes and the need for reform

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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 practice team means that without urgent action from politicians and NHS decision makers, the ability of general practice to meet patients' needs is in jeopardy.

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.

The present crisis: workload and workforce

- 65% of GPs say that patient safety is being compromised due to appointments being too short.
- 64% of GPs say they don't have enough time during appointments to build the patient relationships they need to deliver quality care.
- 68% of GPs say they don't have enough time to adequately assess and treat patients during appointments.
- On average, as of April 2022, GPs look after more than 10% more patients than in 2015.
- Last year, general practice in England carried out 18.5% more consultations compared to 2019.
- 42% of GPs say that they are planning to quit the profession in the next five years.
- 80% of GPs expect working in general practice to get worse over the next few years.

We are facing a situation with a falling number of Full Time Equivalent (FTE) GPs looking after an increasing number of patients with ever more complex needs. On average, as of April 2022, GPs look after 2,056 patients - more than 10% more patients than in 2015.

Last year, general practice in England carried out almost 370 million consultations, this is 18.5% more than in 2019. Over the same time period, the number of clinical administration tasks delivered by GPs in England rose by 28%, up to 107 million in 2021.

This has led to a situation where our members are worried that they don't have the time to give patients the care they need. To tackle this, we need urgent action to expand the general practice team and cut bureaucracy and unnecessary workload

This is particularly worrying as we are already facing a chronic shortage of GPs. Despite an agreement from Government that we need 6,000 extra GPs the number of FTE fully qualified GPs has fallen by 1,622 between September 2015 and 2021. With a falling number of GPs looking after a growing population, on average each GP looks after 10% more patients than in 2015.

Put simply, GPs don't have the time, resources, or capacity to deliver the type of care they want to deliver for their patients. Without urgent action from politicians and NHS decision makers, the ability of general practice to meet patients' needs is in jeopardy.

Improving patient outcomes: Relationship-based care

A strong, trusting relationship between doctor and patient is the lynch pin of general practice. Realising the benefits of those relationships for patient care, and the healthcare system more widely, is the unique contribution that a well-equipped general practice can offer to the NHS.

Relationship-based care is founded on the knowledge, skills and attitudes that equip clinicians to establish rapport, trust, and empathy with patients. The term refers to the importance of the relationship between GP and patient, which may take multiple forms. GPs are able to build relationships quickly when required, but long-term relational continuity remains a core part of general practice and offers specific benefits to patients. Relationship-based care brings together key elements of the established concepts of continuity of care, the therapeutic relationship, and person-centred care.

The evidence for the benefits of relational care, and particularly continuity, is persuasive and growing. Study after study shows that good relationships lead to the following benefits:

Benefits to patients	Benefits to GPs	Benefits to the NHS
<ul style="list-style-type: none">• Improved experience and satisfaction• Better health outcomes• Lower mortality rates• Increased engagement with medical advice	<ul style="list-style-type: none">• Greater job satisfaction• Improved recruitment and retention	<ul style="list-style-type: none">• Fewer A&E attendances• Fewer unplanned admissions to hospital• Better adherence to medical advice

Research literature shows that continuity of care, shared decision making, person-centred care, and empathy have a strong association with patient satisfaction, adherence to medical advice, positive changes in patient behaviours and, ultimately, patient outcomes. Similarly, we know that having the time and space to deliver good relational care supports higher job satisfaction for GPs.

Our key recommendations to embed and strengthen the relational elements of care within the modern general practice landscape are:

- **Ensure relationship-based care is fully integrated within medical curricula and teaching:** trusting relationships should be a core element of the General Medical Council's (GMC) standards and medical school curricula.
- **Ensure there are enough GPs to meet rising demand:** new recruitment and retention strategies are required across the UK.
- **Make relationship-based care a national priority in primary care:** funding and support should be provided to assist practices in embedding ways of working which facilitate relationship-based care, including longer consultations, multidisciplinary team working and a focus on continuity in appointment and triage processes.
- **Develop IT infrastructure to support relational care and continuity:** investment is needed to enable seamless sharing of information between practice teams and to develop online booking systems that support continuity.
- **Free up staff time for patient care:** NHS bodies should cut unnecessary workload and bureaucracy to give GPs more time to build relationships with patients.
- **Incentivise relationship-based care:** metrics and system incentives, including the Quality and Outcomes Framework (QOF)/the Quality Assurance and Improvement Framework (QAIF) and clinical guidelines, should be developed and reviewed to ensure they support relationship-based care.
- **Engage and inform patients about getting the care they need:** to support good relationships between patients and all members of the general practice team, public education campaigns explaining the different multi-disciplinary team roles should be renewed and expanded.

Reform: Our plan for a better future

As set out in our [Fit for the Future vision](#), Barbara Starfield defined the four pillars of primary care to support high value health systems - first-contact care, continuity of care, comprehensive care, and coordination of care.¹ It is important that we consider these in the development of any proposals of reform, to ensure the fundamental cornerstones of general practice are not diminished, and patient outcomes are not negatively impacted. This includes any consideration around entirely removing the gatekeeper role of general practice, which has been and continues to be an important function for ensuring an effective NHS.

Our Fit for the Future campaign calls on politicians and decision makers with responsibility for the NHS in England to commit to a bold new plan to provide GPs and patients with the support that they need. As a matter of urgency, the Government must deliver a new support package for general practice and start to rebuild the foundations general practice needs to thrive in the future. This should include proposals to:

- **Create and implement improved IT systems** which make it easier for medical staff to share patient records and information about what they need to improve relationship-based care.
- **Eradicate unnecessary bureaucracy** in general practice to enable staff to focus on patient care.
- **Introduce 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.
- **Improve the 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.
- **Make it easier for international doctors who complete their training as NHS GPs** to apply for long-term visas to stay and work in the UK, bringing the situation into line with trainee doctors in other parts of the NHS.⁴
- **Allocate a greater proportion of NHS budgets to general practice** to return funding to 11% of total health spend.
- **Publish a detailed plan** to achieve and go beyond the targets of 6000 extra full time equivalent GPs and 26,000 additional staff in non-GP roles.

If fully implemented, we believe these changes would mean:

- Every patient can quickly get the appointment that they need whether it is face to face, on the phone or via video.
- Patients who wish to can book an appointment with a clinician they know and who knows them.
- Longer GP consultations are available for patients who need them.
- GPs are able to play a key role in supporting community initiatives, supporting well-being and helping people lead healthier lives.

ⁱ B Starfield (1992) 'Primary Care: Concept, Evaluation, and Policy', Oxford University Press