

Westminster Hall Debate: Access to GP appointments

January 2022

The RCGP is the largest membership organisation in the UK solely for GPs. Founded in 1952, it has over 54,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. The RCGP is an independent professional body with expertise in patient-centred generalist clinical care.

An overview of the past year in general practice

General practice is the cornerstone of the NHS. It is where most NHS patient contacts take place with the majority of these patients helped without the need for any other individual or intervention.

In many ways the COVID-19 crisis highlighted how resilient general practice is. Seeing 305 million patient consultations over the last year, as well as helping to provide 48 million COVID-19 vaccinations. Over 8 out of 10 patients have reported that they were satisfied with the experience with their GP.

General practices have managed to significantly speed up how quickly they are able to offer appointments compared to before the pandemic. In 2021 almost half (49%) of patients were seen on the day or the next day and only 16% had to wait a week or more to have a consultation with their GP. This compares to 43% within a day in 2019 and 25% having to wait a week or more in 2019ⁱ

That said, we cannot ignore the challenges that continue to face GPs and their teams, with demand for GP appointments increasing at a time when the number of Full Time Equivalent (FTE) qualified GPs is 5% lower than it was in 2015. This makes it extremely difficult to give patients the access and care they need, and GPs and their teams wish to provide.

The main barriers to accessing general practice

Despite the progress outlined above and hard work of GPs and their teams, we are very aware that patients continue to report difficulties in accessing general practice.

With rising demand and a smaller FTE workforce it is always going to be a challenge to provide patients with the care they deserve. Indeed, the increase in activity in general practice has relied upon many GPs working harder than ever, a pattern which will not be sustainable over the long-term.

It's must also be noted that access is a fundamentally important pre-requisite for high quality care, but it isn't care in itself. There is a danger that the government, media and public focus too much on speed and type of access, rather than quality of care.

Barrier 1: A broken 'front door' to general practice

We understand that many patients are struggling to get in contact with their GP. Some of this is because demand massively outstrips supply, but the problems are exacerbated because many GPs don't have the resources to invest in up-to-date call handling and triage systems.

The Government has signalled plans to embed 'total triage' models in general practice in England beyond the pandemic through planning guidance. Evaluation is needed to establish what 'good' looks like for triage systems for both patients and staff, in order to capitalise on their potential. This must ensure that systems do not exacerbate health inequalities.

Triage systems need to be co-designed with patients and clinicians to iron out the challenges associated with current approaches to triage. Given the difficult circumstances and speed at which many of these systems were introduced or adapted during the pandemic it is understandable that further work needs to be done to address these challenges.

The work to co-design triage systems must take into account that some patients don't have good IT access or digital literacy, and will always need to be able to get an appointment through traditional routes such as over the telephone or in person.

Recommendations:

- Invest 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.
- Commission local transformation support for practices to enable them to evaluate and implement 'front doors' and triaging systems which meet patient and staff needs.
- Launch 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.

Barrier 2: Fewer GPs and not enough other healthcare professionals to help patients with increased demands

The RCGP has consistently outlined that we simply do not have enough GPs, and other healthcare professionals, to cope with the increasingly complex needs of a growing and ageing population.

Data from NHS Digital shows that FTE fully qualified GPs has fallen by 5% between September 2015 and 2021.ⁱⁱ In this same time period, the population of England has grown roughly 4%.ⁱⁱⁱ Though we are now seeing an increase in the number of trainee GPs, this is not enough to have a big enough impact on the workforce.^{iv}

This problem could be made significantly worse with a 2021 RCGP survey finding that 34% of GPs expect to leave the profession within 5 years, which could mean the loss of over 14,000 experienced GPs to the workforce. These are likely to be the most experienced doctors who do the most clinical sessions and are most likely to be partners.

We also need to significantly expand the wider practice team. This will help ensure that patients are seen by clinicians with the right training, skills and expertise to support them (for example, physiotherapists for musculo-skeletal problems). While the wider team in general practice is expanding, this growth must be accelerated to meet the government's commitment to 26,000 additional staff by 2024, and more support is needed to ensure these clinicians are fully integrated into primary care teams.

To overcome these barriers, the Government needs to take urgent action on workforce planning and expansion. Evidence from the Netherlands suggests that Governments, working in alliance with key stakeholders must take a 20 year look ahead and model workforce on all the data available.

Recommendations:

- **Efficient workforce planning:** every 2 years, the Secretary of State for Health & Social Care must publish assessments of the healthcare workforce numbers required to deliver the work that the Office for Budget Responsibility (OBR) estimates will be carried out in future. The OBR's estimates will look at the next 5, 10 and 20 years and will be based on projected demographic changes, the growing prevalence of certain health conditions and the likely impact of technology.
- **Sufficient funding for training:** allocate sufficient and consistent funding for GP training for at least 4,000 GPs per year, expanding towards 5,000 as soon as possible. This must be accompanied by appropriate investment in training capacity.
- **Enhance the medical education pipeline:** To deliver the future workforce for both general practice and the wider NHS, the undergraduate medical pipeline must be significantly expanded. Currently, there are 9,000 medical school places available per year, while current estimates put the required capacity at around 15,000. This should be accompanied by a commensurate expansion in the medical foundation programme

for new doctors. To reach the long-term targets, we need at least 50% of newly qualified doctors to enter GP specialty training across the UK.

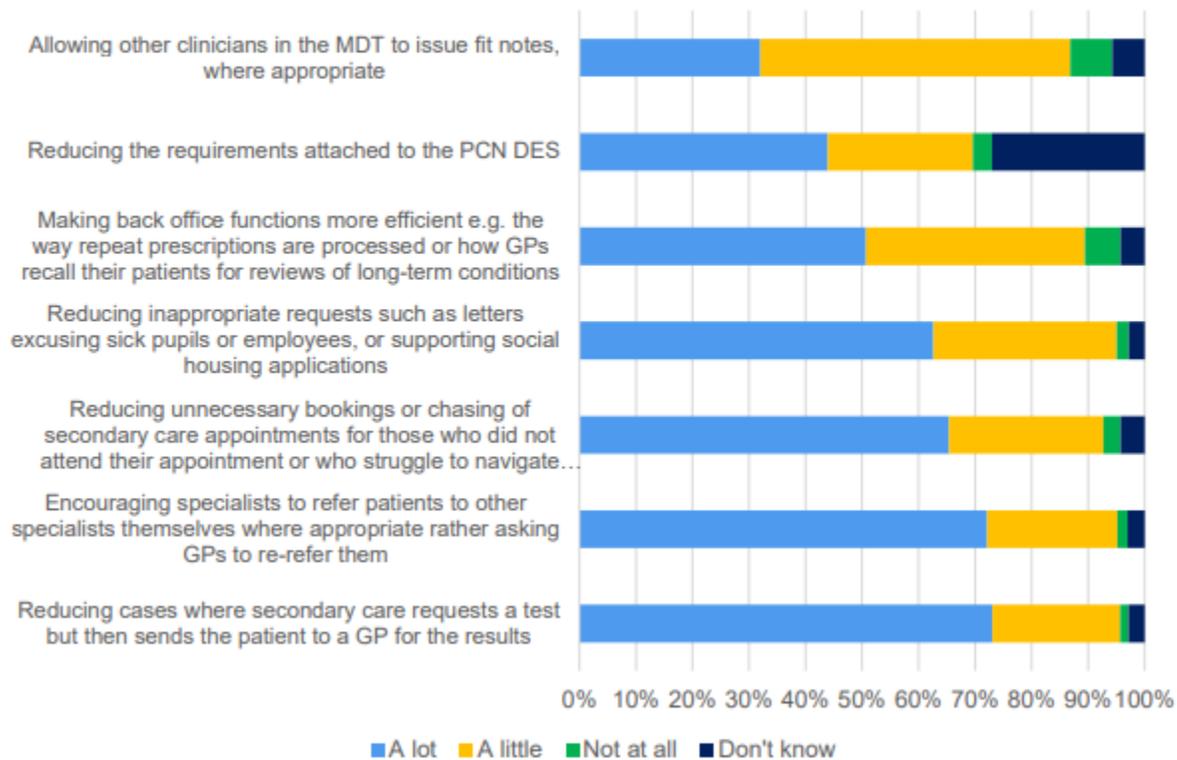
- **National GP Retention Scheme places in every ICS:** As of September 2021, data suggests that nearly 20% of CCGs in England are not supporting any GPs through the National GP Retention Scheme. Access to such schemes, which offer intensive support to those GPs most in need, is uneven across the country and it is therefore essential that this is prioritised, and that in the future, every ICS is responsible for a retention programme with ringfenced funding, which is monitored and reported back to the Secretary of State.
- **A systematic review of current retention programmes:** a systematic review of the roll out of current programmes of targeted support (e.g. fellowships, local GP retention schemes, the national GP retention scheme etc) is necessary to better understand what aspects of these programmes are working well and where reform is needed.
- **Develop a universal offer to enable flexible and sustainable careers:** a universal retention offer must be developed to enable flexible and sustainable careers in general practice and so that GPs are better supported to remain in the workforce. We are calling on the government and NHSE to invest in high-quality professional development opportunities for GPs through local 'training hubs' and provide back-fill funding for their development time.
- **Improve the flexibility of the additional roles reimbursement scheme (ARRS) to facilitate employment across Primary Care Networks (PCNs),** for example to enable the recruitment of nurse practitioners or the direct employment of mental health therapists. Increase support for proper integration of staff across practices. Government should also provide resources for adequate supervision and mentoring of new practice staff. Action is also needed to expand the wider primary and community care workforce, including district nurses.
- **Improve access to structured training and induction programmes for these additional roles in general practice,** drawing on the success of programmes such as 'Clinical Pharmacists in General Practice'. Significant improvements should be made to support delivery of the New to Practice Scheme for nurses.
- **Maintain funding for PCN clinical directors at 1FTE over the long-term,** so that they are able to focus on workforce planning and development.

Barrier 3: Too much GP time spent on unnecessary work

The GP Worklife survey suggests about 9% of GP time is spent on non-clinical administrative tasks, and data from the Research and Surveillance Centre suggest that clinical administrative workload has gone up by 30% over the last year.^v

The chart below shows a range of key issues where our members think there is significant potential for reducing their workload, if these issue areas are tackled. This includes preventing work being inappropriately passed on from secondary care, such as follow up on tests or referrals which should be dealt with elsewhere. The 2021 RCGP tracking survey found that 61% of GPs thought reducing the burden of CQC inspections would reduce their workload a lot, other findings include:

Expected impact of actions to manage clinical administration



In 2020, the then Health Secretary launched a new strategy to streamline processes and reduce bureaucracy in England, and NHS England and Improvement launched a specific review into reducing bureaucracy in general practice. However, both of these programmes have, to date, yielded very little impact on the daily working lives of GPs. With the NHS review doing little to address requirements on GPs or cutting any red tape outside of what had already been planned or adopted.

Recommendations:

- Implement light-touch and risk-based regulatory models, reducing paperwork and reporting requirements, enabling GPs to focus on delivering patient care.
- Implement the recommendation from the 2020 bureaucracy review for the inclusion of a clause in the standard contract to ensure NHS Trust processes do not generate additional workload in primary care. This should ensure meaningful action is taken to support implementation across the country.
- Rapid improvement on technology interoperability between all health and care providers. Barriers to information sharing can unnecessarily complicate patient pathways and, at worst, jeopardise patient care. The College would like to see improved communication lines, supported by functioning technology and systems, such as online chat functions and resources to automatically and securely share information between providers and promote better patient referral processes.
- Integrated patient records across providers of NHS care – primary care, secondary care, and community settings – to improve patient care, save patients

and staff time, and ensure secure, accurate transfer of data. This should be coupled with investment into digital solutions in all care settings, which can support the delivery of best practice to reduce unnecessary administration and bureaucracy for all parties.

- Overhaul contractual requirements in order to focus on high-trust approaches to assuring high-quality care, with low administrative requirements. An independent review should be carried out, including approaches from the devolved nations, looking at how to better ensure vulnerable patients get the care they need without resorting to some of the box ticking exercises in the current Quality Outcomes Framework (QOF).
- Move ahead with long overdue regulatory changes to allow more staff in the wider practice team to prescribe medications or sign fit notes for patients under their care, where this fits within their areas of competence. Though some of these calls were addressed in the NHSE/DHSC winter plan, further information is required on when and how these changes are to be implemented.

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ⁱ NHS GP Patient survey 2021 <https://www.gp-patient.co.uk/>

ⁱⁱ NHS Digital (2021). General Practice Workforce, 30 September 2021 - Provisional. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/30-september-2021>

ⁱⁱⁱ ONS (2021). Population estimates. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

^{iv} NHS Digital (2021). General Practice Workforce, 30 September 2021 - Provisional. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/30-september-2021>

^v RCGP and Oxford University Research and Surveillance Centre, <https://orchid.phc.ox.ac.uk/index.php/rcgprscworkloadobservatory/>