



National Audit Office

Report

by the Comptroller
and Auditor General

Department of Health and NHS England

Stocktake of access to general practice in England

Key facts

£7.7bn

funding for general practice in 2014-15

372m

an estimate of the number of general practice consultations in 2014-15

89%

of patients in 2014-15 said they could get an appointment when they last tried to book one

7,875

GP practices in England in 2014, with 125,300 full-time equivalent staff

37,000

full-time equivalent GPs (including trainee GPs) at September 2014

51.4 hours

average number of hours GP practices are open per week

92%

of patients live within 2 kilometres of a GP surgery

63 to 114

range in the number of GPs and nurses per 100,000 people, after adjusting for factors such as age and need

12%

of general practice training places were unfilled in 2014/15

27%

of patients in 2014-15 said it was not easy to get through to the GP practice on the telephone

Summary

1 Most of the contact that people have with the NHS is with general practice. One estimate indicates that there were 372 million general practice consultations in 2014-15. General practitioners (GPs) work with nurses and other staff to provide advice and treatment on a wide range of health issues.

2 In 2014, there were around 37,000 full-time equivalent GPs (including trainee GPs) working in 7,875 practices across England.¹ Practices are independent contractors, typically companies owned by an individual GP or group of GPs that provide care to a registered list of patients at one or more surgery sites. In 2014-15, NHS England spent £7.7 billion on general practice. Spending on general practice fell in real terms in 2011-12 and 2012-13, but increased in the following 2 years. As a proportion of total health spending, however, spending on general practice fell between 2010-11 and 2014-15. In 2014, NHS England committed to spending a higher proportion of its budget on primary care over the next 5 years.²

3 NHS England contracts with practices to provide a range of services. The GP contract stipulates core services that practices must provide, and core hours when patients must be able to access services (8 am to 6.30 pm, Monday to Friday). However, this does not mean that practices have to be open during all core hours, provided they meet the reasonable needs of patients. Until April 2015, NHS England commissioned all general practice services but in many areas clinical commissioning groups now have a role in commissioning these services.

4 The Department of Health (the Department) is ultimately accountable for securing value for money from spending on health services, including general practice. It sets objectives for NHS England through an annual mandate and holds it to account for the outcomes the NHS achieves. The Department also holds Health Education England to account for ensuring that the future general practice workforce has the right numbers and skills.

Why are we looking at access to general practice?

5 Accessing general practice is the first step for most patients in diagnosing and treating health problems. GPs and other staff play a crucial role in treating minor medical conditions, managing patients' conditions in the community and referring them for hospital treatment or social care where appropriate.

¹ In this report, unless otherwise stated, the data on GPs cover both fully qualified GPs and trainee GPs.

² Primary care refers to general practice, as well as other services such as dental care and ophthalmic care.

6 Good access to general practice matters for patients themselves and for the health system. Poor access can cause stress and frustration for patients at a time when they may already be worried, and may prolong discomfort or pain. Prompt diagnosis and treatment are important in achieving the best health outcomes for those patients whose conditions will not get better on their own.

7 Good access to general practice reduces pressure on other parts of the NHS, particularly hospital accident and emergency (A&E) departments. This helps the health system to make the best use of its resources. Research has estimated that in 2012-13, 5.8 million patients attended A&E or walk-in centres because they were unable to get an appointment or a convenient appointment in general practice. We estimated that a typical consultation in general practice costs £21, whereas hospitals are paid £124 for a visit to A&E.

8 Improving access to general practice is a priority for the government. It has committed to recruiting 5,000 extra doctors working in general practice, and to ensuring that people have access to general practice from 8 am to 8 pm, 7 days per week, by 2020. The Department and NHS England have a range of initiatives to improve access. These include a workforce action plan and the Prime Minister's GP Access Fund, which has been piloting different approaches, including extended opening hours.

9 Reflecting the vital role general practice plays in the health and care system, and the level of public interest, we have decided to carry out a programme of work on this topic. This first report pulls together data on access to general practice from a variety of sources to provide a comprehensive and independent stocktake of the current position. It covers:

- the demand for general practice (Part Two);
- patient expectations and experience of accessing general practice (Parts Three to Six); and
- staffing and capacity in general practice (Part Seven).

We plan to build on the stocktake in a second report on how effectively the Department and NHS England oversee and support general practice and the impact of their initiatives to improve access.

10 There are several different ways of looking at access to general practice, and our work focused on 4 important aspects (**Figure 1**). We did not cover the quality of care or aspects such as physical access to GP premises. We also did not examine out-of-hours GP services as we reported on these in 2014.³

³ Comptroller and Auditor General, *Out-of-hours GP services in England*, Session 2014-15, HC 439, National Audit Office, September 2014.

Figure 1

Key elements of access to general practice covered in this study

- Whether patients can access services that are close to their home (**distribution of GP practices**).
- Whether patients can get appointments when required and within reasonable timeframes (**availability of appointments**).
- Whether patients can access GP practices at convenient times and in flexible ways (**convenience of services**).
- Whether patients can access the same professional each time if they need or want to (**continuity of care**).

Source: National Audit Office

11 We set out our audit approach and evidence base in Appendices One and Two. Appendix Three outlines limitations in the data that restricted aspects of our analysis.

Key findings

Patient expectations and experience of access

12 Overall, the vast majority of patients report a positive experience of access to general practice, with 89% reporting in 2014-15 that they could get an appointment. Three-quarters of patients got an appointment within the timeframe they wanted. Only 12% of patients reported a poor experience of making the appointment (paragraphs 4.5 to 4.7).

13 However, some patients report problems in accessing general practice, and overall satisfaction is slowly declining:

- **Availability of appointments**

The proportion of patients reporting they were able to get an appointment fell from 91% in 2011-12 to 89% in 2014-15. Patient satisfaction with the process of making appointments has declined each year since 2011-12. For example, in 2014-15, 27% of patients reported it was not easy to get through to the GP practice on the telephone, compared with 19% in 2011-12 (paragraphs 4.5 and 4.7).

- **Continuity of care**

The percentage of patients who reported they were able to see their preferred GP always, almost always or most of the time fell from 66% in 2011-12 to 60% in 2014-15 (paragraph 6.4).

14 A fifth of patients report that opening hours are not convenient, and meeting the government's commitment on extending access to general practice will require significant change. The percentage of patients reporting that opening times are not convenient increased from 17% in 2011-12 to 20% in 2014-15. On average, GP practices were open for 51.4 hours per week in 2014. The government has committed to provide access to general practice from 8 am to 8 pm, 7 days per week by 2020. This will require significant change as, for example, at October 2014, only 18% of patients had access (within 2 kilometres) on every weeknight to a GP surgery that was open until 8 pm. NHS England is funding pilot projects with extended opening hours, but evidence on the level of demand for appointments outside of core hours is mixed (paragraphs 5.4 to 5.10).

15 Different patient groups have different expectations of access to general practice, with younger patients more likely to want an appointment quickly, whereas patients aged 75 and over are more likely to value continuity of care. Understanding the needs and expectations of different patient groups would help practices to tailor their staffing and appointment systems to their patient populations. The data indicate that:

- In 2014-15, 75% of patients aged 75 and over had a preferred GP, compared with 38% of those who are under 75 and generally well.
- A survey we commissioned in September 2015 found that 58% of people aged 18 to 64 felt being able to book a same-day appointment was important, compared with 49% of respondents aged 65 or over.
- The same survey found that patients from black and minority ethnic groups appear to have different expectations from patients from a white ethnic background. Patients from black and minority ethnic groups tend to want more same-day appointments, and are less likely to consider an appointment with a member of practice staff other than a GP to be acceptable (paragraphs 4.8, 6.3 and 7.9).

16 Older people were more likely to report they were able to access appointments, while people from a white ethnic background reported better access than those from other ethnic groups. The 2014-15 GP Patient Survey found that experience varied by age and ethnic group:

- Older patients were more likely than younger patients to be able to get an appointment, more likely to rate the appointment as convenient, and more likely to receive continuity of care if they wanted it. This is likely to reflect that a higher proportion of younger patients are in employment so may find it difficult to attend appointments during working hours. We also found that younger patients have different expectations: they are more likely to expect same-day or next-day access to general practice than older patients (paragraphs 4.8, 5.11 and 6.5).
- Patients of a white ethnic background reported the best access to general practice, with 11% saying in 2014-15 they had been unable to get an appointment compared with 19% of Asian patients. And 62% of white patients who wanted continuity of care received it, compared with 47% of black patients and 47% of Asian patients (paragraph 6.5 and Figure 11).

17 Deprived areas tend to have a lower ratio of GPs and nurses to patients, and where the ratio is lower it is harder for patients to get appointments. The distribution of general practice staff across the country does not reflect need. NHS England allocates funding to local areas using weighted populations that reflect factors such as demographics, health needs and local costs. Despite this inequalities remain, with the combined number of GPs and nurses in each local area ranging from 63 to 114 per 100,000 weighted population. Patients living in more deprived areas had, on average, a lower ratio of general practice staff to patients and, unsurprisingly, we found that it was harder to book and access appointments where the ratio of staff to patients was lower. However, the gap between ratios of general practice staff to patients in the most and least deprived areas has narrowed since 2010 (paragraph 7.15).

18 Nationally, 92% of people live within 2 kilometres of a GP surgery, but there are stark differences between urban and rural areas. Only 1% of people in urban areas do not have a GP surgery within 2 kilometres, compared with 37% in rural areas. More than 80% of people overall have at least 2 GP surgeries within this distance, which helps to promote patient choice (paragraphs 3.3 and 3.6).

19 GP practices' working arrangements affect the proportion of patients who can get appointments. The availability of appointments varies significantly between different practices – the proportion of patients unable to get an appointment ranged from 0% to 52% in 2014-15. We found that much of this variation could not be explained by demographic factors, practice characteristics or supply of general practice staff. This suggests that the way practices work is an important factor. Practices have different processes for allocating and booking appointments, for example some practices give only same-day appointments (paragraph 4.9).

Demand and supply in general practice

20 Demand for general practice is increasing, but the Department and NHS England do not have up-to-date data to estimate the number of consultations. The population is increasing, and people are living longer with multiple medical conditions. This is likely to increase not only the level of activity in general practice but also the complexity. For example, the number of patients aged 75 or over, who use general practice most often, is predicted to grow by 38% in the next 10 years. The Department and NHS England have not routinely collected data on activity levels in general practice since 2008-09 but data from that year have been extrapolated to give an estimate of 372 million consultations in 2014-15. However, this estimate assumes that the number of consultations has continued to grow at the same rate as in previous years, and it is not clear whether this assumption reflects current patterns of use (paragraphs 2.2, 2.6 to 2.9 and 7.7).

21 The organisations that we spoke to highlighted that general practice is under increasing pressure, with demand rising by more than capacity. The widely used estimate of 372 million consultations in 2014-15 suggests activity has increased by 3.5% per year on average between 2004 and 2014 compared with a 2.0% increase in general practice staffing. But the lack of firm data on activity makes it difficult for NHS England to assess how many staff are required (paragraphs 7.7 and 7.16).

22 The number of GPs rose by an average of 1.8% each year between 2004 and 2014, but problems in recruiting and retaining GPs are increasing, which will make it more difficult to meet demand. Organisations that we spoke to raised concerns that the pressures facing general practice risk making it seem an unattractive career choice, and 12% of training places in 2014/15 remained unfilled. At the same time, higher proportions of GPs are leaving the profession. In particular, the proportion of GPs aged 55 to 64 leaving approximately doubled between 2005 and 2014. The Department has committed to providing an extra 5,000 doctors working in general practice by 2020. NHS England and Health Education England, together with other relevant bodies, have a workforce action plan designed to improve the recruitment and retention of GPs (paragraphs 7.6 and 7.16 to 7.18).

23 Most people requesting an appointment ask to see or speak to a GP, but practices are increasingly using other staff to help manage demand. In 2014-15, 83% of patients wanted to consult a GP specifically but GPs make up only 29% of the general practice workforce. There are 125,300 full-time equivalent staff in total, as GPs work with mixed teams of staff, including nurses, administrative staff and a range of other professionals such as pharmacists. The proportion of consultations handled by nurses or other general practice staff increased from 25% in 1995-96 to 38% in 2008-09. The limited data collected since then suggest that this trend has continued, supported by a significant increase in the number of other staff providing patient care over the past 10 years. Recent research found that 27% of GP appointments were potentially avoidable, including patients who could have been seen by another member of practice staff. Our September 2015 survey indicates people may often be willing to see other staff. For example, 65% of respondents felt it was acceptable to consult a nurse if their GP was not available. Different practices vary significantly in their staffing mix and we found the evidence was inconclusive when we examined the effect of making greater use of nurses on patient experience (paragraphs 7.4, 7.5 and 7.8 to 7.13 and Figure 17).

24 Important gaps in the available data limit the ability of the Department and NHS England to make well-informed decisions about general practice. No national data are currently collected on the number, complexity or reasons for consultations in general practice. This means the Department and NHS England, as well as local commissioners, do not have a robust understanding of the demand for services. In addition, data on the general practice workforce are not complete, which makes it harder to identify where pressures are greatest and where more capacity is needed. Gaps include data on the use of locum GPs and the recruitment and retention of practice nurses. NHS England does not understand how different practices prioritise and manage the demand for appointments and cannot assess which systems provide better access for patients (paragraphs 2.3, 2.6, 4.9, 7.1, 7.3, 7.4 and 7.16).

Conclusion

25 People's experience of accessing general practice remains positive, with almost 9 in 10 patients in 2014-15 reporting that they were able to get an appointment when they last requested one. However, patient satisfaction with access has declined gradually but consistently. Further, there is considerable variation, with different patient and practice characteristics appearing to have a significant effect on patient experience. Worsening access to general practice matters: if patients cannot access general practice they are more likely to suffer poorer health outcomes, or to use other, more expensive, NHS services such as A&E departments.

26 Against the background of increasing demand and pressure on NHS resources, the challenge is how to maintain people's positive experience of accessing general practice and reduce variation. The Department and NHS England are working to improve access but they are making decisions without fully understanding either the demand for services or the capacity of the current system. Given the important role general practice plays in the health and care system, the Department and NHS England need better data so they can make well-informed decisions about how to use limited resources to best effect. As they take action to improve access, it will be important to track systematically the impact of the changes on patients and the health and care system itself.

Recommendations

- a** **The Department and NHS England should improve the data they collect on demand and supply in general practice.** There are significant gaps in the data available, particularly on the number and type of consultations, in stark contrast to the detailed data available on hospital activity. Better data would help with workforce planning and with proactively managing demand.
- b** **NHS England should research how different practices' appointment-booking and other working arrangements drive variations in access.** Such insights would help NHS England and practices themselves to understand the effect of different approaches, such as same-day appointments, on key indicators of access.
- c** **NHS England and clinical commissioning groups should influence people's behaviour to help practices make best use of available capacity.** Most patients want to see a GP, but GPs make up only 29% of the general practice workforce and they alone are unlikely to be able to deal with the rising demand for services. NHS England and clinical commissioning groups should raise people's awareness about the different options available and when to use them. General practices themselves also have an important role to play in influencing people's behaviour.
- d** **While making changes designed to improve access, NHS England should analyse the impact on different patient groups.** There are currently significant inequalities in different groups' experience of access. NHS England needs to ensure that its new initiatives work to reduce these inequalities, as well as to improve access overall.