

B R I E F I N G

A Focus On

General Practice in England
July 2002



General practice is a well-used and valued public service. Eight out of ten people visit their general practitioner (GP) every year and 99 per cent of the population are registered with a GP. The service costs £8.2 billion (including prescribed drugs) – one-fifth of NHS spend.

There are many pressures on general practice...

- as medical science advances, more can be done for patients locally, with treatments becoming more complex – but the average time available for consultations is under ten minutes
- there are new national standards, and new arrangements to hold practitioners to account for achieving them
- one in three staff are near retirement age and more are working part-time – but the numbers joining general practice have not risen to keep pace with these changes

... and not all patients have the same level and quality of service.

- the amount spent per person varies greatly across the country – Oxfordshire has twice as many GPs as South Derbyshire
- nearly one in ten premises fail basic standards, such as having sinks in treatment rooms, and more of these are in inner city areas
- one in five patients in inner cities have to wait three or more days to see a GP, compared with one in eight overall
- there are wide variations in the quality of service between practices and two-fold

variation in spend on drugs, after adjusting for age

- younger people are less satisfied with current services – one in four want to be seen more quickly by their GP

National policy changes are driving improvements ...

- new rules mean that, in future, money for general practice will follow patient need rather than doctors' investment decisions
- the proposed new GP contract and other changes will give primary care trusts (PCTs) greater powers to shape general practice against national standards

...and practices are modernising themselves.

- practices have changed the way that they organise home visits and out-of-hours services to manage their workload better, and practices are getting bigger
- practices in the Primary Care Collaborative are redesigning the way that they work, more than halving the time that patients wait to see a GP, often by using nurses more effectively

These changes need to be managed carefully to retain the best features of traditional general practice: local and well-understood services offering continuity of care. Some practices need to be better managed to provide better care for their patients. The Audit Commission will be working with PCTs to provide information to help them to shape and support general practice in the future.

Introduction

1. Most people see the general practitioner (GP) as the first port of call when they are feeling unwell and 99 per cent of the population are registered with a GP, usually close to where they live. General practice enjoys high satisfaction ratings by the public of around 80 per cent. The universal coverage of general practice in this country is envied elsewhere and GPs acting as 'gatekeepers' to other more specialised services may help to contain costs. But some areas need improvement and there is some concern about whether general practice can deliver all that is expected in the new NHS.
2. The Audit Commission has carried out a review of existing evidence on the state of general practice in England in 2002. The full report *A Focus on General Practice in England (2002)* is available, with detailed information and analysis. This briefing highlights four key areas for scrutiny:
 - the pressures facing general practice;
 - inequalities in staff and services;
 - national policy changes; and
 - modernisation by practices.

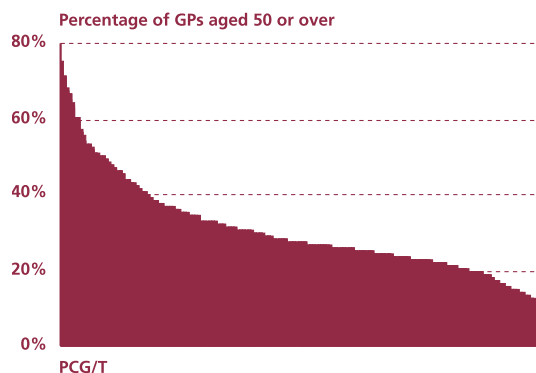
Pressures on general practice

3. Why is general practice under pressure? This is partly because of wider changes in the NHS – more than 21,000 hospital long-stay beds have closed since 1983, and average hospital stays more than halved from 16 days in 1990 to 7 days in 1999. More people are now cared for at home and much diagnosis and treatment has now shifted out of hospitals so that the GP is the main doctor in charge. There is also an increasing number of very old patients with multiple needs – by 2024, there will be 40 per cent more people aged over 85 years. While spending on general practice has risen in real terms by 20 per cent in the last ten years, spending on hospitals has increased by more than three times as much. At a local level, crises in hospital funding have often diverted resources from primary care.
4. More is now expected of general practice. New national standards for clinical care and reductions in waiting times have improved care for patients, but this means more work for staff. GPs at focus groups convened by the Audit Commission described greater 'decision density' – for instance, the number of specialist drugs, that need careful monitoring by GPs, has grown by 70 per cent. And younger patients expect more from the service – one in four want to be seen more quickly and require more say in how and where they are treated. This all puts pressure on the patient consultation, which has increased slightly in the last ten years to the current average of 9.4 minutes for each patient. Evidence shows that longer consultations provide better quality care.

5. But while more is expected of practices, many are finding it difficult to attract and keep staff. The overall vacancy rate for GPs is less than 3 per cent, but in some areas, one in five GP posts is vacant. One in three GPs and practice nurses are aged over 50, but in some areas this proportion is even higher (**EXHIBIT 1**). Overall, the number of those joining general practice is only slightly higher than the number of those leaving. More staff are also working part-time (one in five GPs and more than four in five practice nurses) and this is likely to increase. Some areas are experiencing greater problems than others in staffing practices.

EXHIBIT 1 Varying age profile of GPs

In one in ten areas, more than one-half of GPs are aged over 50.



Source: National Primary Care Research and Development Centre – National Database for Primary Care Groups and Trusts

Inequalities

6. Resources for general practice are not spread equally across the country. This is because, in the past, resources followed investment decisions made by GPs. Historic patterns of funding and staffing have resulted in inequities across the country. The highest resourced areas have twice as much funding per head – for example, £63 in Oxfordshire compared with £33 in Gateshead (**EXHIBIT 2**) – and over twice as many GPs as the lowest resourced areas. Areas with fewer GPs are not compensated by having more practice nurses, and these ‘under-doctored’ places tend to be in deprived areas with greater health needs. These inequalities in the distribution of resources are more marked for general practice than for hospital services.

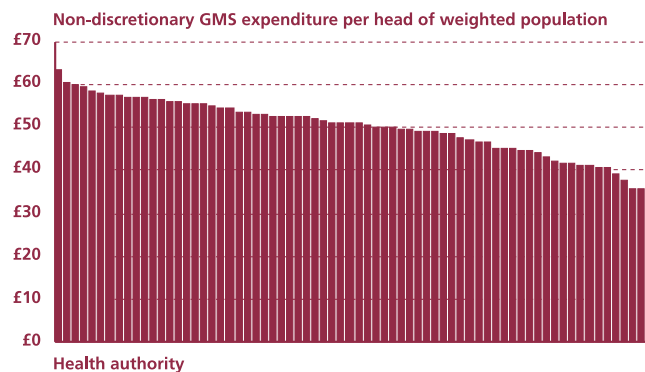
7. Also, patients have access to very different premises, according to where they live. Just under one in ten practices do not meet basic standards, such as having sinks or privacy in treatment rooms. But these sub-standard premises are spread unevenly across the country, with a higher proportion based in inner city and deprived areas.

8. In addition, some patients have to wait longer to be seen by a GP – for instance, a national survey showed that one in five people living in inner London had to wait three or more days for an appointment, compared with one in eight overall.

9. While it is difficult to measure, evidence also suggests that not all patients are getting the same quality of care. For instance, a recent study showed that one-third of practices recorded less than one-half of the information needed to manage patients with asthma.

EXHIBIT 2 Variation in spend

There is a two-fold variation in spend on general practice.



Source: Department of Health, Health Authority Accounts (England) 2000/01

National policy changes

10. Recent policy changes will have a profound effect on general practice. New rules for allocating funds to PCTs will mean that money for general practice follows patient needs rather than doctors' investment decisions. People should wait less time for an appointment, with specific targets in the NHS Plan for patients to see a GP within 48 hours and a healthcare professional within 24 hours by 2004. New forms of primary care, like Walk-in centres and NHS Direct, offer alternative sources of advice and treatment for patients, although the impact is currently marginal.

11. In addition to these changes, a new contract is being negotiated with GPs. It proposes more flexibility in the workload for individual practices and gives greater emphasis to quality. There are other central drivers to improve quality, with national standards in key disease areas, like coronary heart disease and mental health. PCTs now have greater powers to ensure that these standards are met in general practice – and to commission services from alternative providers if necessary.

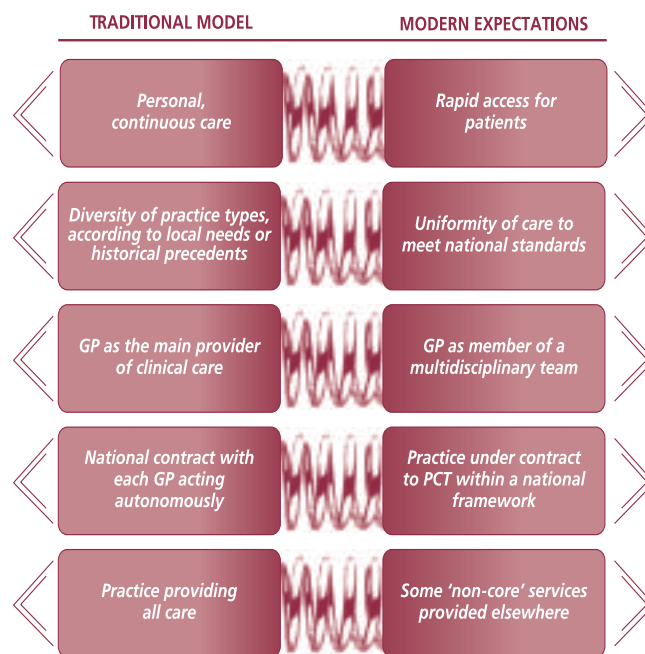
12. The Government may be expecting too much, too soon from general practice, given a history of patchy investment and limited management capacity in PCTs. Many practices are struggling to deliver today's agenda, given the problems in recruiting and retaining staff. Building up a general practice workforce to meet the challenges of the 21st century will take time. On current staffing trends, the Government will not meet its targets for increasing the number of GPs. The traditional model of general practice assumes that the GP will provide most of the clinical care. This is reflected in the staffing profile – while one in three doctors is a GP, only one in twenty nurses work in general practice. There needs to be a national strategy to make better use of nurses in general practice and to develop nurse practitioners who can take on some of the GP workload. Better use could also be made of community pharmacists, who have been shown to be effective substitutes for GPs in dealing with some minor ailments.

13. The Government is aware of the need for better use of all members of the primary care team – although this may sometimes conflict with patient expectations, based on traditional models of general practice (**EXHIBIT 3**). For instance, the drive to improve access assumes that patients do not mind who they see as long as they are seen quickly. But research suggests

that this is more true for a one-off problem – for an ongoing condition, one-third of patients would rather see their own GP, however long they need to wait. National policy needs to recognise that different patients want different things from general practice.

EXHIBIT 3 Changes in general practice

There are tensions between the traditional model of general practice and modern expectations.



Source: Audit Commission

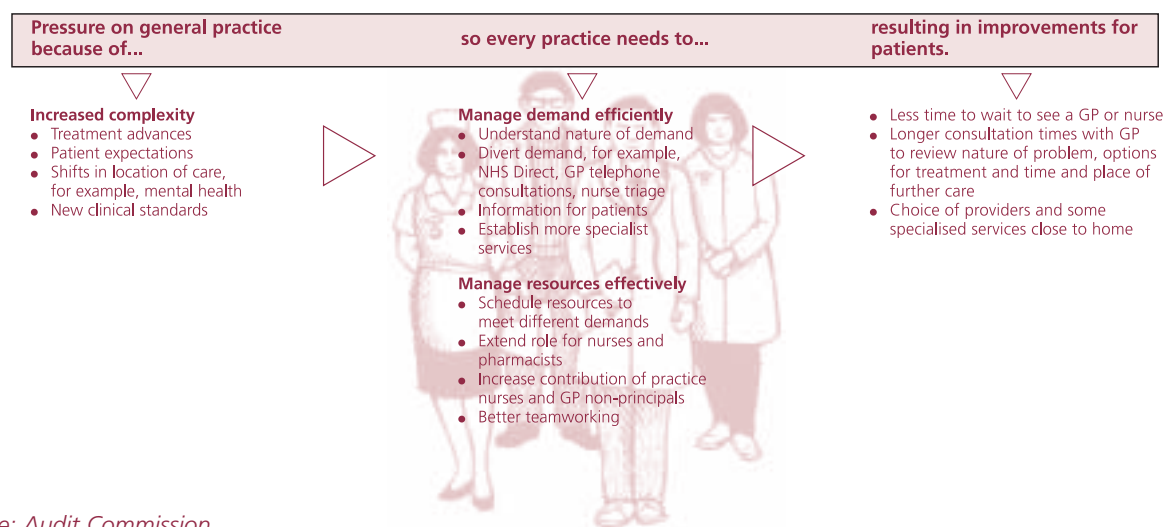
Modernising practices

14. General practice is evolving into a modern service, with some changes driven by national policy and others developing 'bottom-up'. Some are a combination of the two. The Primary Care Collaborative, a national initiative to support improvements in general practice, shows what can be achieved through better teamworking and process redesign (**EXHIBIT 4**). By analysing the nature of demand from patients, participating practices reduced the average wait to see a GP from 3.7 days to 1.7 days. They employed techniques such as telephone consultations, using nurses to assess patients and appointing temporary staff at times of peak demand. Every practice could benefit from reviewing the way that it is run.

15. Practices have also made other changes in recent years. These include out-of-hours services, with many GPs forming groups to share this responsibility between practices. Another development, largely unplanned, is the growth of very large practices – the number of GPs working in practices with six or more GP partners has grown from one in five practices in 1988 to one in three in 2001. This trend may be accelerated by developments such as the proposed new GP contract, which will encourage larger practices to expand and offer additional services. Larger practices may offer more patient choice and higher-quality services, but a higher concentration of services in fewer centres may mean that patients have to travel further to be seen. This may not suit all patients.

EXHIBIT 4 Improving general practice

Many general practices are changing the way that they work by using simple management techniques.



Source: Audit Commission

Conclusions

16. General practice is diverse and dynamic, with improving standards and high public ratings. Recent policy changes in general practice should help to make distribution of resources fairer and ensure that there is more consistency in the services that patients receive. But it is important that changes preserve the strengths of traditional general practice, with local and easily understood services providing continuity of care. To do this, practices need a sound infrastructure. The next phase of the Audit Commission's work will provide further information and analysis to help PCTs to shape general practice. The way in which practices have adapted over time suggests that there is a real drive for improvement and that, with the right support, general practice can meet the challenges of the 21st century.

If you want to know more:

the full report, *A Focus On General Practice in England*, looks at all of these issues in more detail.

Audit Commission, *A Focus On General Practice in England*, July 2002

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