



Put patients first: Back general practice

What's the issue?

General practice is facing a growing crisis, as it struggles to provide the care needed by an increasing patient population. Ballooning workloads, declining resources and an overstretched workforce are placing huge strain on services that remain the first point of contact with the health service for most of the UK public.

This is bad news for patients, who face longer waits for appointments to see their GPs and a lower level of care than their GPs want to provide. Too often non-urgent care is being provided in our hospitals, at great expense, when most people want to be looked after in their local community.

In response, the Royal College of General Practitioners (RCGP) and the National Association for Patient Participation (N.A.P.P.) have launched *Put patients first: Back general practice* – our campaign to improve patient care by increasing funding for general practice from 8.39% to 11% of the UK NHS budget by 2017.

We need your help!

Your help will be vital to reversing the decline in resources invested in general practice so that GPs can deliver the improvements to care we want to achieve. We need your ideas and involvement so that together we can make a difference to patient care:

1. Read about the crisis in general practice and our case for change
2. Read about our vision for patient care
3. Take action to support our campaign
4. Stay informed and join in the conversation:

 facebook.com/rcgp.org

 [#rcgp #putpatientsfirst](https://twitter.com/rcgp)

www.putpatientsfirst.rcgp.org.uk



The case for change



We have launched *Put patients first: Back general practice* because we believe that a relatively small change in the way we fund patient care – shifting around 3% of the total NHS budget into general practice – would transform services for the benefit of patients and would have a positive impact on the NHS as a whole.

There is a growing consensus that in order to meet the changing needs of an increasing and ageing population in a time of financial constraint, the NHS must deliver care closer to people's homes and focus more on preventing ill health rather than simply treating it. However, a major barrier to achieving this is that for almost a decade we have decreased investment in the part of the system that is best placed to lead the change patients need – general practice.

General practice is the cornerstone of the NHS – dealing with 90% of patient contacts in our health service.¹ High-quality, well-led general practice leads to better and more cost-effective patient care across the NHS – with higher numbers of GPs per head of the population associated with lower death rates in hospitals.² GPs' skills as 'expert generalists' mean they are uniquely placed to deal with some of the most difficult challenges facing the NHS, such as the rising number of people living with multiple long term conditions. But the potential for general practice to tackle such problems, and lead the development of services that better meet the needs of patients, is being undermined.

No resources, no time: the crisis in GP services

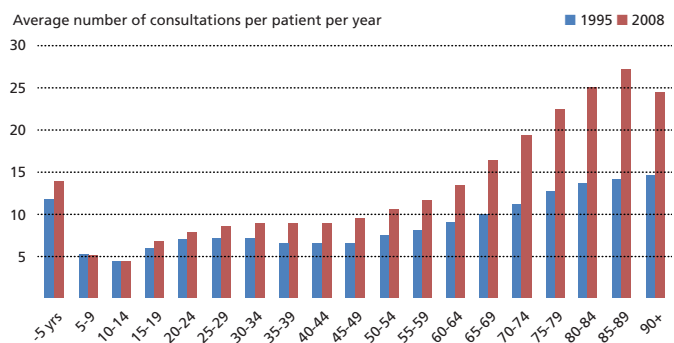
There is mounting evidence that – at a time when we need to invest more in health services in the community – there is a crisis unfolding in the level of care that general practice is able to offer to patients.

71%
of GPs say they
expect patient
waiting times to get
longer in the next
two years

The results of two recent UK-wide opinion polls of family doctors commissioned by the RCGP revealed that:

- 71% of GPs are forecasting longer waiting times for GP appointments in the next two years.
- Four in five GPs say it will become increasingly difficult to deliver continuity of care to vulnerable elderly people in the next two years.
- 49% of GPs say they feel they can no longer guarantee safe care to their patients.
- 80% of GPs say they now have insufficient resources to provide high-quality patient care.
- Nearly half (47%) of GPs say they have had to cut back on the range of services they provide for their patients in the last two years.

A combination of factors has contributed to spiralling demand in general practice. Many people now live with long-term conditions: for example one in four British adults are experiencing at least one diagnosable mental health problem in any one year.⁴ The number of people with more than one long-term condition, who are amongst the most frequent users of GP services, has also been growing and is predicted to rise significantly over the coming years.⁵



Alongside this, the UK has been experiencing a 'baby boom'. In 2012 there was an increase in births – 14,700 more than there were in 2011 and 60,000 more than in 2007. Because babies and young children are typically frequent users of GP services, this will increase the number of consultations taking place in general practice by several million in the coming years.⁶

Together these trends are leading to ballooning workloads for GPs – with a recent poll revealing that 56% are now seeing between 40-60 patients in a typical day.⁷ The average number of consultations per patient (above⁸) has risen rapidly in recent years – from 3.9 in 1995 to 5.5 in 2008 in England, with a 95% growth in consultation rates for people aged 85 to 89 over ten years.⁹

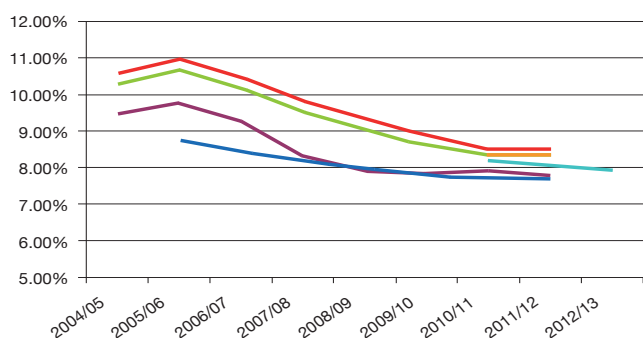
Shrinking funding for patient care in general practice

At a time when demand is rising, the resources available to general practice to deliver high quality patient care have fallen substantially – even taking into account the financial pressures facing the NHS as a whole.

The share of overall NHS spending that goes towards patient care in general practice in England, Wales and Scotland has declined since 2005-06 (below¹⁰) and has now reached its lowest point in almost a decade at 8.39%. In the meantime similar figures show that investment in general practice in Northern Ireland stands at 7.96%.

GP funding as a share of NHS expenditure

England Scotland Wales Great Britain NI UK

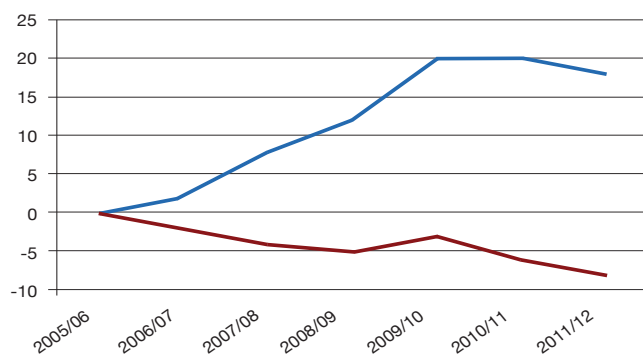


This declining share of the NHS budget means that general practice in England has lost over £9bn of funding in real terms since 2005/06. In Scotland, general practice has lost £924.5m over the same period, with general practice in Wales losing £250.5m.

This fall in funding for general practice has taken place at a time when overall spending on the NHS has been rising. Whilst general practice funding across Great Britain has dropped by 8% since 2005/06, spending on the NHS as a whole rose by 18% over the same period.

% Change in funding for patient care in Great Britain (2012 prices)

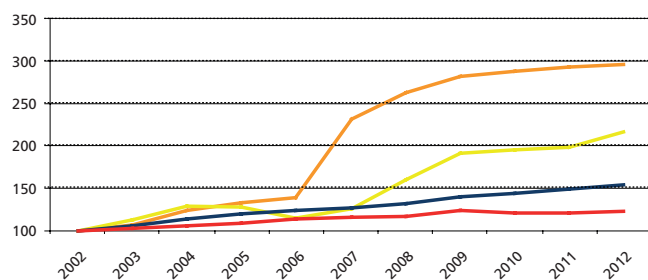
NHS total expenditure General Practice expenditure



Not enough GPs – the general practice workforce crisis

Index of Medical Workforce 2002-2012

Hospital Registrar GP Registrar Hospital Consultant GP's



In the meantime, general practice is facing chronic workforce shortages. The Centre for Workforce Intelligence (CfWI) has concluded that the existing GP workforce in England has insufficient capacity to meet current and expected patient needs.¹³ In the face of steadily rising demand, the GP workforce has grown at a slower rate over the past decade than other areas of the health service, resulting in a shift in the medical workforce away from general practice and into secondary care (above¹⁴).



Alongside these trends, other health professionals that support general practice in the community have also been seeing their workforces shrink. In particular, the number of district nurses – who play a vital role in delivering care in the community – has plummeted by 40% in the past decade.¹⁵

The solution – our vision for patient care

Patients deserve much better than this. We have a vision for the future of patient care led by properly funded general practice services, working in the community in partnership with patients. We want general practice to be at the forefront of solving some of the biggest challenges facing the NHS – such as widening access to services for all patients both in and out of hours, and improving continuity of care for the most vulnerable patients. But to start to make this happen we urgently need to reverse the decline in funding that has squeezed patient care in the community and left general practice at breaking point.

With demand continuing to rise, the share of NHS funding spent on patients in general practice would need to increase to around 9% of the NHS budget by 2016/17, just to ensure that general practice ‘stands still’ in terms of the services it provides. To really start to transform patient care, however, a wider shift would be needed towards general practice, increasing its share to 11% of the NHS budget across the UK by 2016/17 – the equivalent of shifting around 1% of the NHS budget into general practice a year for three years.

We believe that such a shift would deliver some vital improvements for patients:

<p>Outcomes for patients</p>	<ul style="list-style-type: none"> • Shorter waiting times for appointments and more flexible opening hours. • Longer consultations, especially for those with long term conditions. • Better continuity of care, with improved opportunities for patients to see a GP who knows them. • Improved care co-ordination and planning for the frail elderly and those with complex needs. • More care delivered closer to home and expanded outreach services to those with the greatest healthcare needs. • More time for GPs to spend delivering care to those who need it most – such as the vulnerable elderly, children, those with mental health problems and those who act as carers to family members or friends. • Consistent high quality patient experience in general practice and a reduction in pressure on the whole NHS.
<p>Drivers of change</p>	<ul style="list-style-type: none"> • A substantial increase in the number of GPs. This will involve increasing the number of GPs in training placements beyond the levels currently planned, supporting the retention of GPs, and putting in place measures to encourage GPs to return to practice. • A workforce boost for healthcare professionals that provide essential support in general practice – such as practice staff and district nurses – alongside expanded vocational training for practice nurses. • Measures to improve access, such as extended opening hours and greater opportunities to engage with services online. • Incentives to drive forward the integration agenda within general practice, and in particular to embed care planning. • Better use of the skills of GPs as expert medical generalists. • Improvements to premises, many of which are at the moment not fit for purpose. • A more equitable distribution of resources (both in terms of workforce and non-salary expenditure) in general practice across the UK, to tackle health inequalities.
<p>Funded with</p>	<ul style="list-style-type: none"> • An increase in the share of the total UK NHS budget spent on general practice from 8.39% to 11%.

Take action

Transforming patient care in general practice and achieving the aspirations we've set out above will depend on policy-makers, patients and health professionals coming together to find solutions to the problems.

If you're a policy maker – from Ministers and civil servants to politicians and local government officials – we need you to:

1. Work with RCGP, N.A.P.P. and our partners to find solutions to the crisis facing general practice, and take steps to reverse the slump in spending on general practice across the UK. Contact us at campaigns@rcgp.org.uk with your ideas.
2. Express your support for the campaign on the *Put patients first: Back general practice website*, and let us know in a short paragraph why you support the campaign!
3. Draw attention to the huge challenges facing general practice and the potential impact on patient care in parliamentary and public debate.
4. Get involved at a local level and meet with GPs and patients in your area, to understand more about the pressures facing the front line of the NHS. Email us at campaigns@rcgp.org.uk if you'd be interested in visiting a GP practice.
5. Follow us on Twitter #putpatientsfirst [facebook.com/rcgp.org](https://www.facebook.com/rcgp.org)

If you're a GP or member of a practice team, we need you to:

1. Sign up as a campaign supporter on the *Put patients first: Back general practice website*, to receive news and updates about the campaign.
2. Write to your local Member of Parliament (MP), Member of the Scottish Parliament (MSP), Welsh Assembly Member (AM) or Member of the NI Legislative Assembly (MLA) using our online tool to tell them about the campaign and ask for their support.
3. Send in your experiences from the front line – tell us about examples in your area of how we can solve the issue of underinvestment in general practice, and the positive benefits

for patients that can be achieved if the right conditions and funding are in place.

4. Host a visit from a parliamentary representative in your practice – if you'd like RCGP support to do this please email campaigns@rcgp.org.uk with the full address of your practice.
5. Follow us on Twitter #putpatientsfirst [facebook.com/rcgp.org](https://www.facebook.com/rcgp.org)

If you're a patient, we need you to:

1. Sign up as a campaign supporter on the *Put patients first: Back general practice website*, to receive news and updates about the campaign.
2. Send in your experiences of general practice from your perspective as a patient – how has underinvestment in GP services affected your area? Give us your ideas for how we can boost investment and champion high quality care.
3. Write to your local Member of Parliament (MP), Member of the Scottish Parliament (MSP), Welsh Assembly Member (AM) or Member of the NI Legislative Assembly (MLA) using our online tool to tell them about the campaign and ask for their support.
4. Follow us on Twitter #putpatientsfirst [facebook.com/rcgp.org](https://www.facebook.com/rcgp.org)

If you work for a health sector organisation, we need you to:

1. Help us win the campaign by expressing your support on our campaign website. Send a copy of your logo along with a paragraph explaining why you support the campaign to campaigns@rcgp.org.uk
2. Follow us on Twitter #putpatientsfirst [facebook.com/rcgp.org](https://www.facebook.com/rcgp.org)

References

- 1 The King's Fund, General practice in England: An overview, September 2009
- 2 Jarman B, Gault S, Alves B, et al. Explaining differences in English hospital death rates using routinely collected data, *British Medical Journal* 1999; 318(7197): 1515–20
- 3 RCGP press releases, **June** and **August** 2013
- 4 Office for National Statistics, Psychiatric morbidity among adults living in private households, 2000
- 5 In England the number of people across the UK with three or more long-term conditions has been growing and is predicted to rise from 1.9 million in 2008 to 2.9 million in 2018. The picture elsewhere in the UK is similar. In Northern Ireland, the prevalence of hypertension, coronary heart disease, stroke and diabetes is predicted to rise by 30% between 2007 and 2020. In Wales in 2003-2004, one-third of adults reported having at least one chronic condition, and in Scotland in 2007 there were 2 million people living with long-term conditions. RCGP, **The 2022 GP: Compendium of evidence**, 2013
- 6 Office for National Statistics, **Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2011 and Mid-2012**
- 7 RCGP press release, **June 2013**
- 8 The Health and Social Care Information Centre, **Trends in Consultation Rates in General Practice 1995 to 2008: Analysis of the QResearch® database**
- 9 Ibid.
- 10 RCGP analysis. Source: Department of Health (Programme Budget), Health and Social Care Information Centre (HSCIC), ISD Scotland, NHS Wales (Programme Budget), Health and Social Care Board Northern Ireland (annual reports), ONS. Note: GP funding figures are for total investment in GPs, excluding reimbursement of drugs and dispensing fees. For the years from 2004-05 to 2007-08 the reimbursement of drugs has not been recorded separately from dispensing fees for England and Wales, it has been assumed that the reimbursement of drugs represented 79% and 80% of this total respectively for England and Wales, as this was the percentage recorded in the following years. Northern Ireland is not included for the entire time period due to lack of data availability over the required period. GB and UK figures are calculated by aggregating the data from the countries. The CPI health index has been used to calculate values in real terms (base=2012), sourced from ONS.
- 11 RCGP press release, **October 2013**
- 12 Jones N, Charlesworth A, **The anatomy of health spending 2011-12** Nuffield Trust, 2013
- 13 Centre for Workforce Intelligence (2013), **GP in-depth review: Preliminary findings**
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