

Strengthening General Practice - *Actions for a brighter future for patients in Wales*

July 2015

Introduction

With the forthcoming 2016 National Assembly elections and the conclusion of the UK general election, the Welsh Government has significant opportunities to formulate its plans to safeguard the quality and sustainability of the Welsh NHS. Strengthening general practice must be at the heart of the Government's plan for the NHS if Wales is to maintain and improve standards of care for patients.

It is widely acknowledged that general practice in Wales and across the UK, faces significant challenges due to the following key factors:

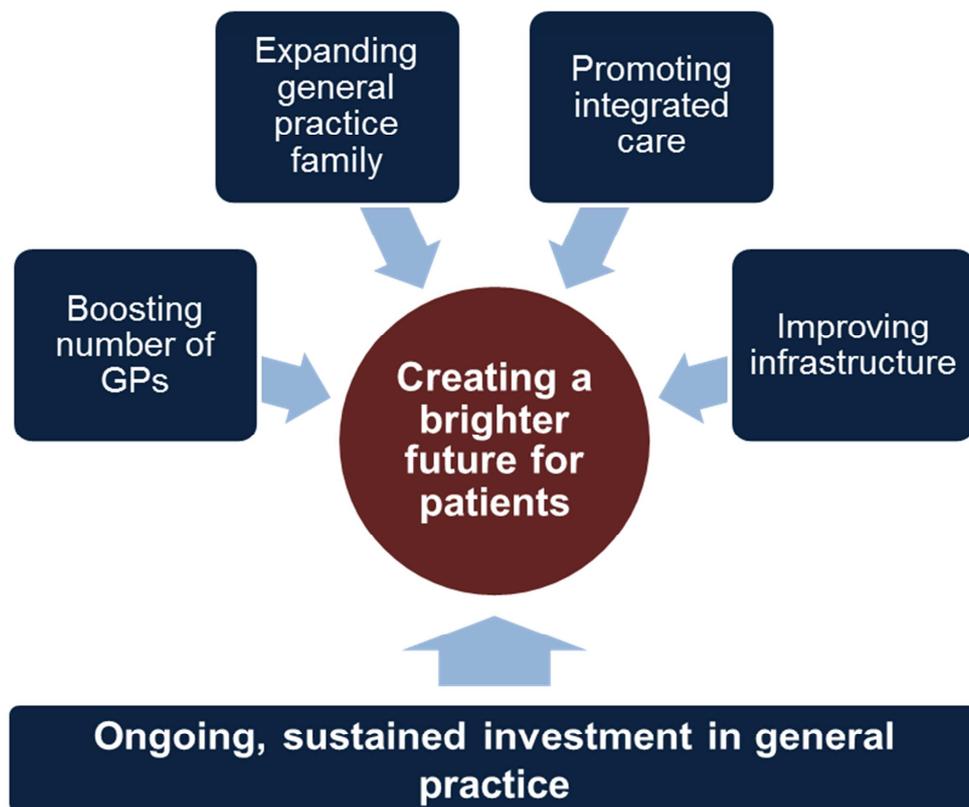
- i. The ageing and growing population means that GPs are facing **increasing workloads and case complexity**, carrying out larger numbers of consultations. An ageing population inevitably leads to an increase in the prevalence of patients with long-term conditions and multi-morbidities; two-thirds of the population of Wales aged 65 or older report having at least one chronic condition while one-third have multiple chronic conditions.¹ The care requirements for multi-morbid patients are often more complex. RCGP Wales supports the concept of co-production, but experience has shown that effective shared decision-making requires more interaction between clinician and patient, leading to longer consultations and improved patient experience and satisfaction.
- ii. A **prolonged period of underinvestment** means that relative funding for general practice in Wales has been decreasing significantly, with general practice receiving 7.8% of NHS healthcare funding in 2012/13,² compared with 8.5% in 2005/06.³ In real terms, total spending on general practice in Wales has dropped by £20 million compared to four years ago.⁴
- iii. Wales faces a **significant workforce challenge** with the second lowest GP coverage and second oldest workforce in the UK. Almost one in four (23%) of its GPs are aged 55 years or older, whereas in England and Scotland they account for 21.9% and 19.6% respectively.⁵ More GPs are needed to replace those who retire and far more will be required to meet the needs and challenges ahead. However, training places have seen a reduction in applicants, with general practice becoming a less popular specialty. Furthermore, due to workload pressures, a growing number of qualified GPs are choosing to emigrate, retire early or change medical specialty.

These factors combined are impacting the capacity of the general practice workforce to meet the changing and increasing demands of patients. As demand for general practice rises, workload pressures on GPs and their teams, increase. Whilst patient satisfaction with GP care remains high at 91%, nearly four in ten patients (37%) find it difficult to make a convenient GP appointment.⁶ In two years, this has risen by four percentage points from 33% in 2012/13.⁷ General practice is the cornerstone of the NHS, and can only continue delivering excellent patient care if the right resources are put in place now to meet the

current and future demand. International evidence highly favours the UK primary care model based on general practice, and shows that strong primary care has a better impact on population health.⁸ GPs have always taken a prudent approach to healthcare provision, but we recognise we can and we want to do better.

This document sets out key actions that must be taken to help equip the NHS in Wales to meet the needs of patients, and deliver a safe, secure and strong general practice in Wales:

1. Boosting the number of GPs
2. Expanding the general practice family
3. Promoting integrated care
4. Improving infrastructure
5. Ongoing, sustained investment in general practice



1. Boosting the number of GPs

One-third of the adult population in Wales – an estimated 800,000 people – report having at least one chronic condition. The impact of chronic conditions is likely to increase in the future as the number of people aged 65 and over is projected to increase by around 181,000 (32%) between 2010 and 2026.⁹ In order to help deal with this impact the Government must increase **recruitment** into general practice in Wales, enhance working conditions in order to **retain** our existing workforce and encourage and support those wishing to **return** to general practice.

Workforce statistics published earlier this year show that there has been a decrease in the number of headcount GPs in Wales over the last year and RCGP Wales is calling for an increase of 400 FTE GPs by 2020. Despite its challenges, general practice is a very rewarding career. Junior doctors need exposure to the specialty so they can experience this for themselves. The Deanery and medical schools need more support to increase foundation posts in general practice.

We urge the Welsh Government to take the following actions to increase the GP workforce:

- i. Increase the number of doctors in specialty training posts in general practice.** Attraction and recruitment of doctors into GP specialty training is a growing problem throughout most of the UK, especially Wales. In 2014, only 116 of the 125 GP training places were filled.¹⁰ The figure is lower this year with 107 out of 125 training places filled.
- ii. Increase the availability of foundation posts.** Low availability of foundation posts in practice is a huge barrier to attracting junior doctors into the profession. This must be given priority if general practice is to be promoted as a career. According to the Wales Deanery, “foundation doctor exposure to general practice in Wales is still by far the UK’s lowest (average in UK is 55%), despite temporary funding for a small uplift from 24% to 30% for academic years 2014 and 2015”.¹¹
- iii. Retain medical graduates.** Having qualified in Wales, we believe there is a need to incentivise junior doctors to stay and practise in Wales. Financial incentives should be targeted at areas where recruitment problems are most acute, and conditional upon a reasonable length of time in post. This might also help inform the choice of school leavers or graduates when selecting their specialty. There is also potential that this could assist in attracting Welsh speaking GPs back to practise in under-doctored areas where Welsh is widely spoken, such as the north west.
- iv. Encourage school leavers to choose medicine as a career.** Pupils who perform well in the sciences should be encouraged to consider the medical profession. Science subjects in Wales should be taught to a high standard. Young GPs need to be supported to visit schools in Wales, so that science GCSE and A-level students can hear about the rewarding career on offer in general practice. Students resident in Wales should be given priority for places in Welsh medical schools.
- v. Retain current workforce.** Currently, there is no incentive for older, more experienced GPs to work beyond the usual retirement age. Many, due to ever-increasing pressures, are choosing to retire early. Incentives to retain experienced, talented GPs would ensure their expertise remains available to the Welsh NHS.

- vi. **Extend NHS Occupational Health service to GPs.** RCGP Wales and others have consistently called for the full NHS Occupational Health Service to be extended to GPs and their staff, to maintain the health and safety of the workforce. Too many GPs are at breaking point, with many retiring early due to stress and burnout. A recent survey of GPs found that over half (54%) feel their current workload is unmanageable or unsustainable.¹²
- vii. **Revise the Returners scheme.** Encouraging GPs to return to the profession should also be a priority, and the system established to enable it should be less onerous than the existing one. It costs approximately £250,000 to train a GP after completion of Foundation Programme,¹³ yet the Wales Deanery estimates that it costs around £24,000 to enable them to return.¹⁴ Furthermore, there should also be a single UK medical performers list to ease the movement of GPs into Wales from other countries in the UK. Those who have worked overseas for a time should be encouraged to return to work in the Welsh NHS, with minimal bureaucracy and cost delaying their re-entry.
- viii. **Launch a high profile marketing campaign.** A marketing campaign is necessary to encourage school leavers, medical students and foundation doctors to choose general practice as a career. RCGP Wales would be keen to work with the Welsh Government to showcase general practice in Wales as a fulfilling and rewarding career. The campaign could include a promotional video, highlighting the diverse and interesting nature of general practice, combined with recruitment roadshows to reach foundation doctors and medical students across Wales, and beyond.
- ix. **Enhance the flexibility of the GP workforce.** Some practitioners are deterred from offering extra clinical sessions due to the prohibitive cost of additional indemnity. We ask the Welsh Government to work with the profession to find innovative funding solutions to enable greater flexibility to meet the variable demand.

2. Expanding the general practice family

A recent survey of GPs in Wales, conducted by ITV and RCGP Wales, found that 84% feel under excessive pressure from day to day, with over 53% saying their practice faces significant GP recruitment issues.¹⁵ The potential contribution of other members of the primary care workforce in delivering high quality patient care is significant, and could help alleviate the pressure on GPs, enabling them to focus more on doing the work only they can do, thereby improving access and patient experience.

A UK survey conducted by the BMA GPC revealed that two thirds of GPs (67%) feel they need longer consultations to address important health needs or concerns of their patients.¹⁶ A recent workforce workshop run on behalf of the GP National Specialist Advisory Group, suggested that up to 20% of work currently undertaken by GPs could be done by someone else.

- i. **Address the skill mix.** There is an urgent need to increase the skill mix of general practice in Wales. In addition to more GPs, we need practice nurses, pharmacists, physiotherapists, counsellors and advanced paramedics, among others. There are many aspects of GPs' work which can only be done by qualified GPs e.g. diagnosis, management of complex conditions and risk management.

Other health professionals, such as practice nurses and pharmacists, bring some overlap and other unique skills to support patients with acute and chronic conditions, and will have increasing roles in improving health outcomes for patients. Such professionals will provide added value, and will need dedicated resource to ensure they are competent to practise in primary care, and funded as integral members of the general practice care team.

Like the Welsh Government, we believe that the future of general practice is in multidisciplinary teams, led by GPs and supported by increased clinical capacity of other health professionals. Training should be improved to support innovation in practices, and with appropriate resources, these practices will have the flexibility to develop different models. Each general practice team will need to review its skill mix, and decide on the appropriate team required to deliver the levels of care needed by patients in its community. RCGP is keen to explore the potential of physician associates or assistants.

- ii. **Invest in training primary care nurses.** Practice nurses already have established roles in GP teams, and many are taking on increased responsibilities. Nurses have difficulty accessing further training as practices have difficulty backfilling their roles, or funding the course costs. The number of community nurses has fallen. Boosting the number of practice nurses will help free up time for GPs, to assess and plan care with patients with complex needs.

We welcome the recent increase in the number of training places for nurses announced by the Health Minister earlier this year, and hope that this will result in an increase in the number of nurses choosing general practice. We propose that a working group should be established, to look at this concept and the training of primary care nurses who work in practices and in the community. This will enable an improved community care approach, based in and around general practice, which will provide more joined up, integrated and holistic care closer to home.

- iii. **Promote the role of practice-based and community pharmacists.** Pharmacists are uniquely placed to work with GPs to improve patient care and safety, and can play an important role in the long-term management of patients with chronic disease. In February, the **RCGP and RPS** issued a joint statement, *RCGP and RPS Policy Statement on GP Practice Based Pharmacists*, highlighting the important role that pharmacists can have based in general practices.¹⁷ There should be investment in recruitment and training of pharmacists based in general practice who would be of considerable value. Potential roles for practice-based pharmacists include medication reviews, chronic condition monitoring, managing polypharmacy and improved linking with community pharmacists. This could improve care, save the NHS a significant amount of money and alleviate pressures on GPs. RCGP Wales is interested in the results of the Common Ailments Scheme and continues to work closely with the Royal Pharmaceutical Society in Wales to build more collaborative working.
- iv. **Increase the training for others working in general practice.** We need well trained clerical staff who can sign-post patients to specialist services and coordinate investigations, interventions and support services with and on behalf of patients. This could end the current patient experience of being pushed from pillar to post. In particular, as general practice structures become more complex, there is a need for highly competent managers who can take operational issues from clinicians. We believe the vital role of practice managers in the healthcare system is under recognised, and training for practice managers must be a priority for investment.

RCGP Wales is encouraged, with support of Welsh Government, to explore new models of general practice. However, this cannot be achieved unless the right resources are committed to expand and empower the workforce, to enable primary care to embrace and deliver co-production, and maximise levels of effective and prudent care in the community. We stress the essential and irreplaceable core role of the general practitioner in the primary care team, and the need for an extension in GP training up to four years, to equip our GPs to meet the needs and challenges of the future in a primary care focussed NHS.

3. Promoting integrated care

RCGP Wales believes that integration of care should be primary care led, and delivered by multi-disciplinary teams to deliver the best possible health outcomes. Care planning for those with complex conditions, redesigning services to provide more services in the community and further development of GP clusters, are vital to achieve better outcomes for patients. In Wales, GPs are keen to develop new models of care, enabling sharing of skills and expertise across practices, and many are already working effectively in clusters with colleagues from outside general practice.

- i. **Establish a sustained package of support and practical advice which GPs can access to help them develop new models of care.** Whilst individual practices are excellent at developing innovations for their specific localities, the system has challenges in testing and spreading these innovations to other general practices. In order to support the development and replication of good practice, support packages which provide practical implementation, advice and funding should be made available.
- ii. **Ensure that patient centred care is hardwired into emerging new models by building on the strengths of general practice.** In the context of rising levels of multiple morbidity, these new models will need to move away from the traditional NHS focus on single-disease pathways and individual episodes of care. It is vital, therefore, that these emerging models build on the strengths of general practice, including the 'local' nature of GP services, their generalist scope, the continuity of care they provide to individuals and families, and the population-level perspective they are able to take through the registered patient list.
- iii. **Set aside specific funding to help embed care and support planning in general practice for those patients who would benefit most** – particularly those living with long term conditions. There is widespread agreement that care and support planning – led by teams of professionals working with patients and their carers in the community – is effective in helping people to take more control over their health and to stay well. However, these teams need practical support and training in order to scale up the use of care and support planning across Wales, and there is a need in particular for training (across disciplines) in this area to be developed and promoted.
- iv. **Introduce a management allowance to allow GPs to undertake service development.** One of the largest barriers to innovation across GP services is the time that GPs have to consider service improvement. Daily workload pressures are a significant challenge to driving advances in patient care. Unlike secondary care, practices do not have the benefit of staff members who can focus solely on quality improvement. A management allowance to protect GP time would allow more GPs to focus on improvement rather than delivery, therefore placing them in a position to

drive forward development in GP practices and clusters.

- v. **Raise awareness to increase personal and community responsibility for personal health, and encourage more self care, thereby reducing pressures on general practice.** Demand for general practice is increasing with high expectations, which it is not sustainable for general practice to meet. There is a need for a funded public awareness campaign to help people choose alternative sources of medical or social assistance, where appropriate, for common, low-risk conditions. 'Choose Well' has had mixed success and needs to be reviewed. Many interactions with GPs and practice nurses could be dealt with through other routes in the community, for example, community pharmacy. Such an initiative would be particularly useful around the autumn months, in the lead up to winter.
- vi. **Invest in clusters.** Clusters need strong and effective leadership and administrative support to maximise their potential. Clusters can deliver population oriented primary health care in a person-centred manner. However, practices will need reimbursement to provide GPs with the time to participate in cluster planning. GPs understand the primary healthcare system and are essential to the success of cluster development in Wales. GPs (and others) need to develop new skills for working in new ways, and require support to achieve organisational changes. Training and facilitation will be needed at both cluster and practice level.

4.Improving general practice infrastructure

In a BMA survey (2014) of 4,720 GP premises across the UK, nearly 53.1% of respondents stated that there had been no significant refurbishments or developments to their premises, within the last 10 years. Furthermore, the same survey found that 38.9% of practices felt that their premises weren't adequate for the provision of general practice services, and over 60% felt that lack of space in their premises was a barrier to GP education and/or training. Lack of physical space is preventing some practices from expanding the services they offer to their local communities, and the development of new integrated services is likely to require investment in new premises. There is also an urgent need to invest in IT infrastructure in general practice, to ensure that practices are able to offer services such as online booking to patients.

- i. **Improve GP premises.** Surgeries need to be better equipped to deal with growing numbers of patients. Premises are needed which are fit for purpose to help improve training and learning capacity. With the model of the practice family evolving, sharing of premises with other health professionals will be necessary and we need the space and equipment is needed to facilitate this.

Better premises will also provide a more accessible and comfortable patient experience, allowing a more person-centred approach to healthcare to be carried out by practice teams.

- ii. **Invest in better access to diagnostic technology.** Providing more care in the community and avoiding unnecessary admissions to hospital could be boosted by improved access to diagnostics, including more diagnostic testing conducted in the community or cluster practices. This enables speedier decision making by primary care clinicians, more convenience to patients and more efficient use of referrals to secondary care.

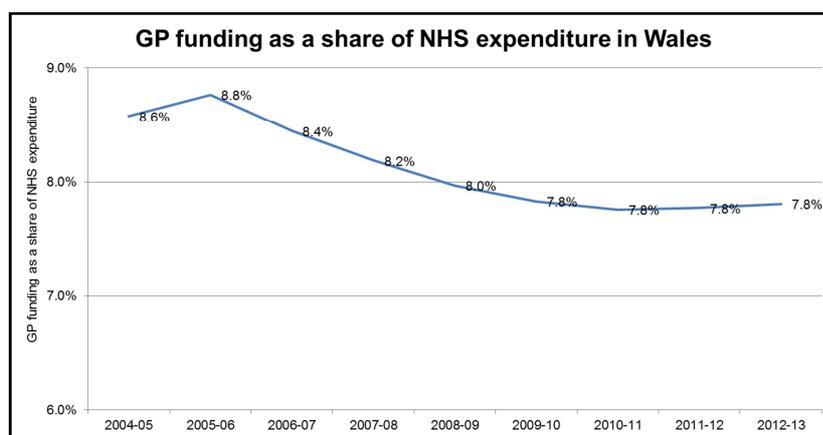
- iii. **Invest in IT infrastructure/online services.** IT infrastructure must be improved to enable patients to order repeat prescriptions online, and for appointments to be booked online, which would make the patient experience easier and increase access. Integrated IT systems will allow more comprehensive sharing of essential information, thereby increasing efficiency, reducing possible duplication and improving patient safety. Such systems will give patients better access to their own records, enabling improved shared decision-making.

5. Ongoing, sustained investment in general practice

None of the above can be achieved without increased and sustained investment in general practice. For too long, general practice has been underfunded, currently receiving only 7.8% of the Welsh NHS budget. This must change if patients are going to see an improvement in the service they are receiving.

Increase the percentage of investment in general practice. RCGP Wales is calling for an increase in the percentage of the funding that goes towards general practice. A rise to 11% of the total Welsh NHS budget would help deliver what we have set out in this document. By investing in general practice, patients can be cared for more effectively in their own communities. GPs, as leaders of a skilled and multi-disciplinary practice family, can offer a more comprehensive service delivered close to home, and to patients with long term

conditions. Unlike the current situation, GPs should have the time and resource to focus on those patients with the greatest clinical need. A recent poll undertaken by ComRes on behalf of RCGP Wales, showed that over 60% of adults in Wales want to see the majority of



recent investment by the Welsh Government targeted towards general practice.

Spend to save – the financial case for investing in general practice

Research commissioned by the RCGP and conducted by Deloitte¹⁸ has demonstrated that investing in improving access to general practice can lead to cost savings for the wider NHS further downstream.

For example, the research showed that if more A&E attendances in Wales were dealt with in general practice, an annual saving of £21.5m each year, rising to annual savings of up to £34m by the end of 2019/20, could be made. This is based on estimates that 26.5% of A&E attendances could be dealt with more appropriately in general practice, with a scaling factor of 50% applied (assuming that around half of these attendances could be diverted away from A&E)¹⁹. The research estimates that this would equate to a reduction of 106,000 A&E consultations. In addition, the research found that a further £7.1m per year could be saved in Wales by preventing avoidable hospital admission relating to ambulatory care sensitive conditions (ACSCs).

This is based on a conservative estimate that investing in widening access to general practice would improve care for the growing number of patients living with multiple morbidities, leading to an 8% reduction in ACSC admissions²⁰.

It is estimated that, in the medium to long-term, £333m additional savings could be made annually over the course of the next five years across the UK.

Recent announcements by the Welsh Government of more funding for primary care, including £30m following the Chancellor's Autumn statement, and £10m recurring via the new Primary Care Fund, is certainly a step in the right direction. However, the investment must be sustained, and we urge the Welsh Government to use this as a starting point for a continuing shift in resources towards the 11% called for by RCGP's *Put Patients First: Back general practice campaign*.

As a means to achieving the aspirations and targets set out in the Welsh Government's Primary Care Plan to 2018, we need the Welsh Government to:

- i. **Set a clear target for increasing the proportion of the NHS budget spent on general practice to 10% by 2018, and to 11% by 2020**, and put in place a new primary care investment plan to deliver this. Local decision makers should be encouraged and empowered to work towards this goal, with flexibility around how they achieve it.
- ii. **Publish regular data** monitoring how NHS funding is being spent, including what proportion is being invested in general practice. As detailed above, a number of financial commitments to develop primary care services in Wales have been made and a clear assessment of where this money will be spent is essential.
- iii. **Establish a mechanism to enable GP practices to directly apply for funding.** This would support general practice to apply for funding to drive innovative ways of working and improve patient care. This will require a shift in resources from secondary to primary care in order to deliver change to surgeries across Wales.

References

- ¹ Wales Audit Office (2014) *The Management of Chronic Conditions in Wales – An Update*, Accessed at: <http://www.audit.wales/system/files/publications/The%20Management%20of%20Chronic%20Conditions%20in%20Wales%20-%20An%20Update.pdf>
- ² Northern Ireland Department of Health, Social Services and Public Safety (2014) Unpublished paper. Also calculated by Royal College of General Practitioners using same methodology as Deloitte paper referenced in endpoint ii.
- ³ Deloitte (2014) *Under Pressure: The funding of patient care in general practice*. Accessed at: http://www.rcgp.org.uk/campaignhome/~media/Files/PPF/Deloitte%20Report_Under%20Pressure.ashx
- ⁴ The measure of inflation used in this analysis are the GDP deflators that were released from HM Treasury in March 2015.
- ⁵ Health and Social Care Information Centre (2015) *General and Personal Medical Services, England - 2004-2014, As at 30 September*. Accessed at: <http://www.hscic.gov.uk/catalogue/PUB16934>.
- ⁶ Welsh Government (2015) *National Survey for Wales: Headline results, April 2014 – March 2015*. Accessed at: <http://gov.wales/docs/statistics/2015/150611-national-survey-wales-2014-15-headline-results-en.pdf>
- ⁷ Welsh Government (2013) *National Survey for Wales: Headline results, April 2012– March 2013*. Accessed at: <http://gov.wales/docs/statistics/2013/130530-national-survey-wales-2012-13-headline-results-en.pdf>
- ⁸ Public Health Wales (2014) *Rapid review of primary care models and policy: Discussion paper for Wales*. Accessed at: <http://www.gpone.wales.nhs.uk/sitesplus/documents/1000/Primary%20care%20models%20and%20policies-%20rapid%20review%20July%202014%20FINAL.pdf>
- ⁹ Wales Audit Office (2014) *The Management of Chronic Conditions in Wales – An Update*, Accessed at: <http://www.audit.wales/system/files/publications/The%20Management%20of%20Chronic%20Conditions%20in%20Wales%20-%20An%20Update.pdf>
- ¹⁰ Wales Deanery (2014) Unpublished FOI request by the Royal College of General Practitioners.
- ¹¹ National Assembly for Wales: Health & Social Care Committee and The Wales Deanery (2014) *Health & Social Care Committee inquiry into the GP workforce in Wales: An invited paper from the GP Section of the Wales Deanery*. Accessible at: <http://www.senedd.assembly.wales/documents/s35886/HSC4-03-15%20Paper%2010.pdf>
- ¹² BMA, *GP Survey Omnibus report* (2015). Available at: <http://bma.org.uk/news-views-analysis/news/2014/march/gp-morale-damaged-by-workload-says-survey>
- ¹³ Curtis L (2013) *Unit Costs of Health and Social Care 2013*. Personal Social Services Research Unit. Accessible at: <http://www.pssru.ac.uk/project-pages/unit-costs/2013/index.php>
- ¹⁴ Jacques H (2013) *Helping GPs return to practice: a look at induction and refresher schemes*. Accessible at: <http://careers.bmj.com/careers/advice/view-article.html?id=20010942>
- ¹⁵ ITV Wales and Royal College of General Practitioners Wales (2015) *The Welsh GPs who plan to quit and work abroad because of "excessive pressure"*. Accessible at: <http://www.itv.com/news/wales/2015-03-09/the-welsh-gps-who-plan-to-quit-and-work-abroad-because-of-excessive-pressure/> and <http://www.itv.com/news/wales/story/2015-03-09/welsh-gps-tell-itv-news-of-p pressures-and-fears-of-unsafe-working/>
- ¹⁶ British Medical Association General Practitioners Committee (2015) *British Medical Association National survey of GPs: The future of General Practice 2015*. Accessed at: <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/surveys/future-of-general-practice>
- ¹⁷ Royal College of General Practitioners and Royal Pharmaceutical Society (2015) *RCGP and RPS Policy Statement on GP Practice Based Pharmacists*. Available at: <http://www.rpharms.com/promoting-pharmacy-pdfs/rcgp-joint-statement-for-pharmacists-in-gp-surgeries-version-2.pdf>
- ¹⁸ Deloitte *Spend to save: The economic case for improving access to general practice, a report for the RCGP* (2014). Available at: <http://www.rcgp.org.uk/campaign-home/~media/Files/PPF/2014-RCGP-Spend-to-Save-Deloitte->

[report.ashx](#)

¹⁹ Cowling. 2014. Access to general practice and visits to accident and emergency (A&E) departments in England: cross-sectional analysis of national patient survey

²⁰ Tian Y, D. A. (2012). Data briefing: Emergency hospital admissions for ambulatory care-sensitive conditions. Kings Fund. http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/data-briefing-emergency-hospital-admissions-for-ambulatory-care-sensitive-conditions-apr-2012.pdf