Written evidence submitted by the Royal College of General Practitioners (CSR0096)

Introduction

- The RCGP welcomes the Committee’s decision to focus on the impact of the Comprehensive Spending Review on health and social care. The College has been calling for several years for an increase in the proportion of the NHS budget that is devoted to general practice to 11% through our *Put Patients First: Back general practice* campaign.

- This submission details the College’s analysis of how the current government funding decisions will affect general practice and our recommendations for what needs to happen to protect and enhance general practice in future.

- This submission draws on existing evidence, recently published RCGP position statements, as well as commissioned work from Deloitte. The Deloitte reports ‘Improving access to General Practice: A report for the Royal College of General Practitioners’ and ‘Spend to save: The economic case for improving access to general practice’, both from 2014, are attached alongside this submission.

Overview

- At the time of the Chancellor’s Comprehensive Spending Review announcement the RCGP welcomed the Government’s decision to meet the call made by NHS Chief Executive Simon Stevens for major new investment in the health service.

- The decision to frontload the new investment, as was urgently requested by Mr Stevens, is particularly significant. The injection of new resources will mean that NHS England’s ground-breaking vision for a sustainable NHS, the *Five Year Forward View*, can hopefully now quickly become a reality.

- The *Five Year Forward View* puts general practice at the centre of its vision for the future of the NHS. It is therefore critical that a significant proportion of the new funding is given to the family doctor service.

- Major new investment is needed in order to cut waiting times to see a GP, recruit and retain sufficient numbers of family doctors, and give doctors enough time to deliver the high quality patient care that they want to provide in the community.

- GPs and their teams carry out 90% of all NHS patient contacts for just 8.4% of the NHS budget in England, as of 2014/15. Analysis undertaken by Deloitte estimates that GPs and their teams made in excess of 370m patient consultations that year – 60m more than five years before\(^1\). But while patient demand is rising – due to a growing and ageing population – the GP workforce has remained relatively stagnant in size. The situation has led to a serious crisis in general practice.
The crisis has become so severe that independent research commissioned by the College published last autumn showed that 91% of family doctors think general practice does not even have enough resources to deliver safe patient care within the existing service.\(^2\)

Although it is positive that the Government has recognised delivering care in the community, closer to home, is both cost-effective and best for patients and the wider NHS, we urgently need additional resources now in order to shore up the existing five-day and out of hours GP services which between them already give patients’ access to a family doctor seven days a week. This is before even considering routine seven-day opening.

The most recent budgetary allocations released by NHS England in December 2015 show that the general practice budget is forecast to increase in cash terms annually up to 2020/21\(^3\); we are pleased to see this and note the importance that these increases are delivered.

However, the College has been campaigning for general practice to receive 11% of the NHS England budget. Despite these cash increases, the allocations do not indicate general practice will get close to being allocated 11% of the overall NHS England budget, from what we understand of it so far.

Receiving 11% of the NHS budget in would mean an increase of £3.1bn per year by 2020/21 relative to 2014/15. This is necessary to ensure general practice is resourced appropriately for its workforce needs and other requirements to function in a way that is acceptable for quality patient care.

The RCGP have also recommended a suite of proposed measures that NHS England could invest in to support general practice in the short term. This consists of the following measures:

- The introduction of ‘Resilience Teams’ to provide additional staffing support to practices that are struggling with unfilled vacancies.
- A national pilot to roll out and evaluate Medical Assistants, as a means of alleviating the pressure on GPs.
- Assistance with the cost of indemnity cover for GPs undertaking substantial out of hours work and additional funding to allow the development of GP out of hours urgent care services.
- A general practice focused return to nursing initiative to boost the practice nurse workforce.
- A major programme to roll out a new cadre of mental health workers based in general practice.
- Universal access for all practices to small digital grants to upgrade digital equipment.
- An extension of the recently announced bursary scheme to fill hard to recruit training places, to cover an increased number of areas.

**Response to recent NHS England budgetary and allocation announcements**

The RCGP have conducted our own internal analysis to project the proportion of NHS budget general practice will receive over the next few years until 2020/21, following the release of the NHS England board paper *Allocation of resources to NHS England and the commissioning sector for 2016/17 to 2020/21*. There remains some uncertainty over the exact nature of the proposed distribution, so our response
is caveated with the understanding that final figures may be different from those we have calculated.

- In summary, as the figures stand currently, our analysis indicates that despite an increase in resources being allocated to GP services, corresponding increases for other parts of the health service mean that the proportion of the budget going to general practice will in fact decrease initially before increasing modestly.

- More work is required before the figures can be compared to those previously produced as part of the College's *Put Patients First* campaign, but it seems likely that even by 2020/21, the percentage share going to general practice will be some way short of the 11% that the College has said is necessary to ensure optimum patient care.

- As part of the Spending Review settlement, £2.1bn will be invested in a Sustainability and Transformation Fund in 2016/17. The Transformation element of the Fund is intended to support the ongoing development of new models of care along with the investment identified to begin implementation of policy commitments in areas such as 7 day services, GP access, cancer, mental health and prevention.

- The decision to frontload initially means the balance of funding will shift over time. In addition, we understand that the proportion of funding allocated to the Sustainability Fund will be high initially but will decrease relative to that allocated to the Transformation Fund over time, as the NHS Board Paper indicates. This has been recognised in our own projections of the proportion of the NHS budget afforded to general practice until 2020/2021 and we look for assurance that the balance between the funds will allow for increased funding for general practice.

- Some other areas of the NHS such as the specialist services budget consistently over-spend. This has a serious knock-on effect on the Primary Care budget which is absorbed in order to balance the books elsewhere.\(^5\)

- The RCGP urges the Government to ensure the necessary investment in general practice is not misappropriated by the deficits of other NHS services.

**Return on investment in general practice**

- The changing nature of health and wellbeing in our society makes it more important than ever that we invest in a strong primary care service. The greatest relative expansion in the UK population in the coming years will be growth of patients aged over 80 years old – a group that typically consults their GP four times more often than the average patient and has more complex needs. There is also strong evidence that the overall care general practice is required to deliver is becoming more complex. The number of people living with more than one long term condition is expected to rise from 1.9 million in 2008 to 2.9 million by 2018\(^8\). There is evidence that around 65% of those aged 65-84 are living with more than one long term health condition (multiple morbidity)\(^7\).

- With this in mind, investing in general practice has the potential to not only to improve care for patients but also to save the NHS money in the long term. Recent research commissioned by the College and conducted by Deloitte has found that investing in general practice could save NHS England over £800m every year through reducing pressure on hospitals and other services\(^8\).
According to this Deloitte research savings from investing in general practice could amount to the following:

a. In the short term up to £376 million per year could be saved across England by investing in general practice: £112.6m through reduced admissions to secondary care (specifically A&E attendances), £143.0m through shorter hospital stays for patients aged over 65, and £120.5m through fewer unnecessary ambulance call outs.

b. In the medium term, up to £280 million could be saved in England through reduction in avoidable admissions due to better management of long term conditions.

c. In the long term, general practice could generate savings for NHS England by targeting the lifestyle factors that impact on the prevalence of particular conditions. For example, it is estimated that general practice has the potential to generate estimated savings of up to £93 million per year through increased smoking cessation and up to £57 million through reduced alcohol consumption.

For these savings to be realised, the acute sector needs to respond to the alteration in workload produced by general practice taking on more, which means reducing in size in these areas.

In addition, recent work focused on emergency hospital admissions in Scotland but relatable to England highlighted that general practice has a vital role in "minimising both unnecessary electively sought health care and responding to genuine acute illness in the community with a view to preventing unnecessary A&E attendances and emergency admissions" and calls for major national investment in general practice to enable the rest of the healthcare system to work more efficiently. This is identified as the "single most important solution" to unmanageable levels of emergency hospital admissions.9

Cost of delivering service improvement

The RCGP commissioned Deloitte in 2014 to undertake a study which estimates the cost of four potential policy initiatives which could be implemented to increase access to general practice in England.10 These initiatives were:

a. Reducing waiting times;

b. Extending practice opening hours;

c. Increasing consultation length for patients with multi-morbidities; and,

d. Increasing the number of GPs in the UK.

a. Reducing appointment waiting times by meeting demand for consultations within two days was estimated to cost £343m. As the report states: 'Investment to reduce waiting times could generate significant benefits for patients and the wider health care system, by meeting patient demand and ensuring that patients are treated in the most appropriate care setting. In reality, more GPs would be required to deliver these additional consultations and as such this initiative could not be implemented in isolation.'

b. Ensuring 50% of GP practices in England operate extended practice opening hours was estimated to cost £1,227m. Deloitte modelled a number of scenarios to estimate the funding impact of extended general practice opening hours. Their analysis shows that the additional annual funding required to implement extended practice opening hours ranges from £749 million (assuming 25% of practices operate extended opening hours) to £2.3 billion (assuming 100% of practices open extended hours). Deloitte also strongly noted their analysis did not take into account public demand for
extended opening hours, such as seven day routine access, and suggested this was something policy makers should consider.

c. Increasing consultation length for patients with multi-morbidities by 5 minutes was estimated to cost £430-559m. As the report explains: ‘Treatment in general practice is not disease-specific and is therefore considered to be an important tool in addressing care for patients with long term condition(s) and multi-morbidities. Multi-morbidities interact to produce a challenging clinical dynamic, which requires a model of care that addresses the person as a whole and as such the role of GPs as generalists is essential. In addition to shifting settings of care and reducing unnecessary admissions for patients with long term condition(s), there are also longer term benefits in terms of improving health and well-being, generated through active management of conditions.’

d. The cost of 5,000 additional GPs is estimated by Deloitte to be £1.4 billion per year, and of 10,000 additional GPs to be £2.7 billion per year. This estimate includes pay, non-pay and training costs. Increasing the number of GPs in England could enable demand for general practice to be met and could potentially reduce the burden on other health care services. The delivery of the other 3 policy initiatives explored by Deloitte in this report could depend upon the expansion of the GP workforce in order to manage the corresponding increased demand.

- In addition, RCGP has also conducted its own internal analysis into the costs of implementing the Roland Commission’s recommendations.

- Whilst the GP workforce is integral to the future of primary care, it is also important to explore the need for an increasing skill mix within primary care and the growing diversity of different professionals working alongside GPs to deliver high quality patient care and increasing the availability of appropriate staff for patients seeking to access general practice. The recent report of the Roland Commission\(^\text{11}\) explores this issue in significant detail.

- Implementing the Commission’s recommendations will cost an additional £1.7bn in general practice annually by 2020/21. The College has assessed that the cost of implementing Roland’s measures can be accommodated within the overall proposed funding increase of £3.1bn per year in England.\(^\text{12}\)

- This will deliver: an additional 5,000 GPs, 5,000 medical assistants, 4,300 practice based pharmacists, 1,000 physician associates and 2,275 practice nurses.

- For some of these positions, further training places and therefore investment would be required, which we have calculated at an annual cost of £69m by 2020/21, with additional annual training places (compared with 2014/15) for 920 GPs, 1,000 medical assistants, 200 physician associates and 644 practice nurses.

- In our ‘Blueprint for building the new deal for general practice’, we call for an additional 8,000 GPs in England by 2020/21\(^\text{13}\), which is needed to fully resource the workforce; our costings here reflect the Roland Commission’s recommendations but notwithstanding this, the cost of 3,000 GPs in addition to the 5,000 already noted would be £687m (including additional training places).

- We further contend that it is reasonable to consider levels of pay rises for staff in general practice, as salary is an important factor for promoting entry into the profession, retaining staff and encouraging returners. Assuming that inflation level
Pay rises are already incorporated into budgets, we note that an annual 1% increase (accounting for salary and on costs) would require an additional £324m for GPs and £33m for practice nurses in 2020/21. It would almost certainly be appropriate to consider other members of the workforce for similar pay increases, which would result in a larger budget required.

- Urgent care is currently underfunded, with a focus on only doing that which is necessary to provide for the patient until the patient’s practice is next open. This approach fosters duplication and fragmentation and we suggest that a more integrated approach to urgent care, both in-hours and out-of-hours would be more cost-effective over the entire system. There are many avenues that would aid this, including but not limited to integrated IT systems, the ability to undertake dedicated urgent care home visits, budget for diagnostics and wider and more diverse teams. Although impossible to cost these elements individually with limited time and information, we conservatively estimate that a 15% increase in funding for out of hours care, and an extrapolated amount of funding for in hours urgent care, would be of significant value; this comes to £870m in 2020/21.

- We support the introduction of the £1bn Primary Care Transformation Fund, which is to be spent over a four year period, and anticipate the need for a continuing fund of this nature.

- We also support the announcement of a £4.2bn Technology Fund for the NHS. We anticipate this being spent over five years, and therefore calculate that designating 11% of this fund to general practice in 2020/21 would indicate an additional £92m.

- With new models of care being planned, we believe it is important to ensure ongoing training for all practice staff where relevant, to ensure the successful implementation of these ways of working. Assuming a practice budget of £1,000 a year and a similar number of practices in 2020/21, this amounts to £8m.

- The College recognises that there are many ways increased funding would be beneficial to general practice, but also that some of these are short term or unknowable five years in advance. We recently collated some emergency measures that we believe would greatly aid general practice. Some of these could be usefully extended over more than one year, whereas some are one off costs, but as a whole this package can be taken as a representative amount that might be necessary annually. The amount adjusted for inflation will be £293m by 2020/21.

- The measures we suggested to NHS England include the following:
  - **Resilience teams**
    The College would like to see the development of GP resilience teams that could be ‘parachuted’ into practices that are at risk of closure due to an inability to recruit.

  - **Medical Assistants pilot schemes**
    Excessive administration is a major issue for general practitioners. As recommended by Professor Martin Roland’s report, *The future of primary care – Creating Teams for tomorrow*, the role Medical Assistants should be piloted as a means of alleviating some of the pressure facing GPs and improving patient care.¹⁴

  - **Return to practice scheme for practice nurses**
    Recent experience has shown considerable appetite from former nurses to pick up on opportunities to join return work nursing schemes¹⁵. The RCGP believes that the
practice nurse workforce could be substantially boosted through attracting nurses back into work, predicated on return to nursing initiatives, but focussed on GP and community services.

- **Improving mental health treatment within practice**  
  Mental ill health represents 23% of all ill health in the UK and is the largest single cause of disability.\(^{16}\) GPs are integral to starting the process of improving their patients’ mental health by referring them on to treatment services, but between April and September 2015 one in four people waited 28 days or more from first referral to access (26.48%).\(^{17}\) This increases pressure on GPs, as they contend with uncertainty around the next steps and see patients disengage.

- **Digital grants**  
  We believe a short term injection of funds to help individual GP surgeries upgrade IT infrastructure and equipment would help practices to improve their cost effectiveness and patient experience by introducing new capabilities and ways of working.

- **Universal GP access to Paediatric Care Online**  
  Paediatric Care Online (PCO UK), which is described as ‘a new online decision support tool for all healthcare professionals working with children in the UK’\(^{18}\), has been identified as a tool that could make it significantly easier for GPs to provide consistently high standards of care to children and families on their practice lists.

- **Out of hours GP services for urgent care**  
  High quality, accessible and well integrated out of hours GP services are vital to ensuring that patients are able to access the care they need in the most appropriate setting, and preventing unnecessary pressure on other parts of the healthcare system, such as accident and emergency departments.

- **Indemnity cover for out of hours work**  
  At the moment, the cost of indemnity is acting as a barrier to doctors working in general practice, particularly for those who would like to work in extended and out of hours services.

- **Bursaries for GP trainees**  
  The College welcomes the introduction of a bursary scheme by Health Education England with NHS England to encourage trainee doctors to take up training places in areas which have been identified as hard to recruit to. However, this scheme covers only 109 places, whereas we understand from previous discussions with our partner agencies that there are 200 places where it has not been possible to recruit a trainee for at least two out of three consecutive years\(^{19}\).

### Cuts to non-NHS budgets

- It is also worth considering the effect of real term cuts to non-NHS budgets can have on the NHS. For example, Health Education England’s (HEE) chief executive has warned that a freeze in its underlying budget will have knock-on “consequences” for the NHS.\(^ {20}\) The College is keen to ensure this potential real time cut in the HEE budget will not impact upon plans to enhance general practice recruitment.

- If HEE’s budget is frozen in cash terms until 2020/21 there could be consequences for the availability of funding to develop and roll out new roles in primary care as suggested by the Roland Commission and recommended here, such as medical assistants and physician associates.
Summary of RCGP recommendations

- Recently the College has submitted a suite of emergency measures NHS England could fund to help general practice in the short term, as described above. We recommend that these are reviewed and implemented quickly in order to be effective in the upcoming financial year. We believe that taken as a whole, the measures that this contains would be of the minimum nature and scale required to deliver an immediate positive impact in relieving the pressure that GPs are experiencing on the ground, and boosting morale. Many of the items reflect the calls made in our *Blueprint for Building the New Deal for General Practice*.\(^{21}\)

- This suggested package does not negate our broader call for investment in general practice to return to historic levels, with an aim to reach 11% of the total NHS budget by 2020/21. This would require a further £3.1bn in the 2020/21 budget than trends currently indicate will be available.

- Over the next few years, we recommend the following areas of investment, which are given here with the associated cost in 2020/21:
  - Workforce increases of 5,000 GPs, 5,000 medical assistants, 4,300 practice-based pharmacists, 1,000 physician associates and 2,275 practice nurses: £1,671m
  - Additional training funding to enable above workforce expansion: £69m
  - 1% pay rises above inflation over the next four years for GPs and practice nurses: £356m (plus potential additional increases for other practice staff)
  - Support for urgent care: £870m
  - Ongoing fund equivalent to current Primary Care Transformation fund: £269m
  - Appropriate funding from NHS Technology Fund: £92m
  - Practice training for new models of care: £8m
  - Funding for short term or discrete measures as indicated by recent emergency measures suggestions: £293m

- This comes to a total of £3.6bn, demonstrating that the 11% of the NHS England budget that the College is calling for (which would equate to £3.1bn) is a minimum necessity.

- We further note that an additional 3,000 GPs (bringing the total increase to 8,000) would cost an additional £687m, and if these were included then the total cost in 2020/21 would be £4.3bn.

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11 Irvine, H. and Gomez, J. (2015) Using routinely collected data to figure out where the NHS is going wrong. Available at: http://www.qla.ac.uk/media/media_443695_en.pdf


15 HEE, “Nursing Return to Practice: Review of the Current Landscape”, April 2014


18 RCPCH ‘Paediatric Care Online’. Available at: www.rcpch.ac.uk/pcouk


20 Health Service Journal (2015). ‘Exclusive: HEE budget freeze will have ‘consequences’ for NHS’ Available at: http://www.hsj.co.uk/topics/spending-review-2015/exclusive-hee-budget-freeze-will-have-consequences-for-nhs/7000603.article


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