



BRIEFING PAPER

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General Practice in England

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Summary

House of Commons Library briefing on General Practice in England.

It is estimated that around 90 per cent of patient interaction with the NHS is with primary care services, including GP practices, dental services and community pharmacies.¹

There are different contracting methods for general practice. This includes the national negotiated General Medical Services (GMS) contract, used by the majority of GP practices. Practices may also use locally negotiated contracts to provide flexibility in service provision - the Personal Medical Services (PMS) and Alternative Provider Medical Service (APMS) contracts. GPs may also be directly employed by NHS England.

NHS England's *Five Year Forward View* (October 2014) committed the NHS to additional investment in general practice, including a £1 billion Primary Care Infrastructure Fund. Recent funding announcements include £550 million announced in March 2015 to improve access to GPs, modernise GP surgeries and improve out-of-hospital care.

In May 2015, the Prime Minister gave a speech setting out plans for a 7-day NHS, which set a commitment that by the end of the 2015/16 financial year, 18 million patients will have access to a GP at mornings, evenings and weekends, which will be extended to everyone by the end of this Parliament.

In June 2015, the Health Secretary set out a new deal for GPs, including commitments to increase the primary care workforce, support 7 day access to the NHS, and reduce bureaucracy to allow GPs more clinical time with patients.

The Government's *Mandate to the NHS 2016-17* instructed NHS England to ensure that everyone has access to weekend and evening GP appointments by 2020.

In April 2016, NHS England published the *Forward View* for General Practice – its five year plan for general practice. The *Forward View* sets objectives to be achieved by 2020/21 in the following areas: Investment; workforce; workload; practice infrastructure; and care redesign. It includes a commitment to introduce an additional 5,000 doctors into general practice by 2020. The plan is supported by additional investment of £2.4 billion a year by 2020/21.

This briefing applies to England only.

¹ Health and Social Care Information Centre, [Primary Care](#)

1. Contracts for general practice

Funding is allocated to GP practices through different contracting methods:

- The General Medical Services (GMS) contract – a nationally negotiated GP contract used by approximately 55 per cent of practices²
- The Personal Medical Services (PMS) and Alternative Provider Medical Service (APMS) contracts. These are locally negotiated between NHS England and practices, and provide additional flexibility. PMS is designed to allow GPs to offer a wider range of services responding to local need. APMS contracts allow the commissioning of additional primary care services from the independent sector.

In addition about a quarter of GPs in England are salaried direct employees of NHS organisations.

NHS England and Clinical Commissioning Groups (CCGs) may also commission additional services from general practices. For example, CCGs can commission services—such as minor surgery—from general practices in their area, directly or on behalf of other local providers.

Information on GMS and PMS contracts and recent changes is provided below:

1.1 General Medical Services contract

The GMS contract is negotiated between the BMA General Practitioners Committee and NHS Employers, on behalf of the Government.

The GMS contract covers three main areas:

- The **global sum** – covers the costs of running a general practice, including essential GP services;
- The **Quality and Outcomes Framework (QOF)** – provides additional funding based on the quality of patient care; *and*
- **Enhanced services** – additional services that general practices choose to provide.

The GMS ‘global sum’ distributes core funding to general practices for essential services. Typically, at least half of the money that a GMS practice receives is in the form of the global sum.³

Through the global sum formula (or the “[Carr-Hill formula](#)”), payments are weighted for factors that influence relative needs and costs. The current formula takes into account factors such as age and deprivation, by including adjustments for levels of chronic disease and premature mortality

As part of the contract negotiations for 2015/16, the BMA’s General Practitioners Committee (GPC) and NHS England agreed to re-examine the Carr-Hill Formula with the aim of adapting it to better reflect deprivation. This work began in 2015 and is currently underway. A parallel workstream has been set up to examine the needs of atypical practices, for whom a formula is unlikely to ever prove satisfactory. It is intended that the review of the Carr-Hill formula will inform the 2017-18 GP contract.

The BMA provides further information on the review in a letter from August 2015: [Reviewing the global sum allocation formula and identifying atypical populations \(August 2015\)](#).

² [PQ 32753 \[on General Practitioners; West Yorkshire\], 15 April 2016](#)

³ [PQ 32753 \[on General Practitioners; West Yorkshire\], 15 April 2016](#)

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The global sum previously included a “Minimum Practice Income guarantee” (MPIG) which was used to top up the global sum payments for some practices, to match their basic income levels before the new GMS contract in 2004. However, as part of the GP contract settlement in 2013, the Department of Health decided to phase out MPIG top-up payments over a seven year period, starting in the financial year 2014/15.

Seniority factor payments were also introduced in 2004 to reward GPs' experience. Payments were calculated based on a GP's years of service in the NHS and 'qualifying income fraction'. The qualifying fraction determines the proportion of the seniority payment a GP receives. It was agreed that seniority payments will cease on 31 March 2020. NHS Employers and the BMA's General Practitioners Committee have agreed a mechanism for phasing out seniority payments, which will mean annual reductions in payments and simultaneous reinvestment of those funds into global sum.

Changes were made to the GMS contract for 2015/16 as a result of negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee. Key changes in the 2015/16 contract included:

The **named GP requirement** is extended to all patients. This is a contractual requirement and builds on the 2014-2015 agreement to provide a named and accountable GP for over 75s.

GMS practices must publish on their website by 31 March 2016 the mean **net earnings** of the partners, salaried GPs and locum staff.

Practices must expand and improve the provision of **online services**, including access to medical records online and online booking of appointments.

Changes to the **Quality and Outcomes Framework (QOF)** for 2015-2016.

The full list of changes is available from NHS Employers, [GMS contract changes 2015/16](#).

The list of GMS contract changes 2016/17 is available here: [Summary of 2016/17 GMS contract negotiations](#). NHS England has agreed an investment of £220 million in the contract for 2016/17. This investment is to uplift the contract and to take into account increasing expenses, covering:

a pay uplift of 1 percent

an increase in the item of service fee for vaccinations and immunisations to £9.80

changes in the value of a QOF point as a result of a Contractor Population Index (CPI) adjustment,

funding to cover increased business expenses (including additional Care Quality Commission costs)

Enhanced Services

[Enhanced services](#) are provided on an optional basis by GMS practices, to cover services not regarded as 'essential' under the contract.

As part of the GMS 2015/16 contract changes, NHS Employers and the General Practitioners Committee agreed the following changes to enhanced services:

The avoiding unplanned admissions (AUA) enhanced service (ES) will be extended for a further year from 1 April 2015, with changes including allowances for patients on the case management register who die or move practice, revisions to the reporting process, changes to the payment structure, and the addition of a patient survey.

The patient participation enhanced service will end. From 1 April 2015, it will be a contractual requirement for all practices to have a patient participation group (PPG)

and to make reasonable efforts for this to be representative of the practice population. The funding associated with this ES will be reinvested into global sum.

The alcohol enhanced service will end. From 1 April 2015 it will be a contractual requirement for all practices to identify newly registered patients aged 16 or over who are drinking alcohol at increased or higher risk levels. The funding associated with this ES will be reinvested into global sum.⁴

As part of the 2016/17 GMS contract changes, the Dementia enhanced service ended in March 2016, and the resources (£42 million) will be transferred into the global sum. NHS England states "It is felt that clinical guidelines and current QOF indicators for dementia are sufficient to ensure appropriate care for patients."⁵

The Quality and Outcomes Framework

The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries. It provides additional funding to GP practices which meet criteria for good practice and, in particular, is intended to improve the diagnosis and management of some of the most prevalent chronic diseases.⁶

Changes were made to QOF in the 2015/16 GMS contract, to retire and amend a number of indicators. For example, three chronic kidney disease indicators were retired. The BMA, NHS Employers and NHS England published [Guidance for GMS contract 2015/16](#) on the changes to QOF which stated that:

These changes [to QOF] are intended to reduce bureaucracy, recognise an increase in workload to specific disease areas and to allow GPs and practice staff more time to focus on the needs of individual patients.⁷

On 4 October 2015, the Prime Minister announced that in order to reduce bureaucracy for GPs, QOF will be scrapped in the new GP contract (see section 5.5).⁸

1.2 Personal Medical Services contract

Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice.

PMS contracts offer local flexibility compared to the national negotiated GMS contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract).

In 2013, NHS England found that expenditure on PMS practices was £325 million higher, or £13.52 per weighted patient, compared to GMS expenditure. £260m of this was not explicitly linked to extra services.

Following an NHS England national directive, area teams in England are reviewing local PMS agreements to bring PMS spending in line with GMS contracts. For PMS practices, area teams will, where necessary, be reviewing local contracts to ensure additional investment paid over core funding (i.e. equivalent to GMS core funding) is used in a way that is clearly linked to enhanced quality or services or the specific needs of a particular population. The reviews were expected to be concluded in March 2016.

⁴ NHS Employers, [Enhanced Services](#)

⁵ NHS England, [Letter re: Outcome of 2016/17 GMS Contract Negotiations](#), February 2016

⁶ Further details about the QOF can be found on the [HSCIC website](#).

⁷ BMA, NHS Employers, NHS England, [2015/16 General Medical Services \(GMS\) contract Quality and Outcomes Framework \(QOF\)](#), March 2015, page 7

⁸ Prime Minister's Office, 10 Downing Street, Department of Health, NHS England and The Rt Hon David Cameron MP, [Prime Minister pledges to deliver 7-day GP services by 2020](#), 4 October 2015

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For further information on PMS reviews, see NHS England, [Reviews of Personal Medical Services \(PMS\) contracts](#) – letter to Area Directors (February 2014).

The BMA is encouraging PMS practices to return to the nationally negotiated GMS contract due to potential reductions in PMS funding. Further information is available in a BMA briefing on [Focus on PMS reviews and transition to GMS](#) (April 2016).

2. Recent funding commitments

NHS England's [Five Year Forward View](#) (October 2014) stated that the NHS will invest more in primary care. It said that in light of pressures on general practice, a "new deal" for GPs is needed.

The Estates and Technology Transformation Fund

The Government's *Autumn Statement* 2014 (December 2014), announced that £250 million per year (over four years) will be invested in modern premises and technology to bring GPs, nurses and specialists together so that patients can get the best care close to home. The fund was initially termed the "Primary Care Infrastructure Fund" and subsequently the "Estates and Technology Transformation Fund".

In January 2015, GPs were invited to submit bids for investment in 2015/16. The majority of bids focused on helping GP practices make improvements in access to clinical services by extending existing GP premises. In March 2015, following a process of assessment, NHS England announced that the first GP practices had bids supported in principle and they would move to the next stage to seek formal approval.

For the Estates and Technology Transformation Fund 2016/17, CCGs were invited to put forward proposals, focusing on financial support for investment in premises or technology which will increase the capacity of general practice and out-of-hospital care.

Further information is available from NHS England – [The Estates and Technology Transformation Fund](#).

March 2015 funding announcement

In March 2015, the Government announced £550 million of funding for the NHS to improve access to GPs, modernise GP surgeries and improve out-of-hospital care. This includes some of the funding previously announced as part of the Prime Minister's Challenge Fund, the Primary Care Infrastructure/Estates and Technology Fund and the Transformation Fund. The Department of Health provided the following breakdown for the funding:

The funding will come from:

- £100 million addition to the existing £50 million Prime Minister's Challenge fund
- £250 million infrastructure fund for new buildings, treatment rooms and IT
- £200 million transformation fund for 29 pilots to integrate services offered by hospitals, GPs, and care homes⁹

The Department of Health have outlined the intended benefits of this funding:

For patients, this will mean:

- 18 million people will, by March next year, be offered more evening and weekend, video, email and telephone consultations, the equivalent of 8,000 more appointments a day
- over 8.5 million people will see redevelopment of their existing practices, to increase clinical space and offer additional services
- greater access to pharmacists, nurses and speech therapists from local GP surgeries

⁹ Gov.uk, [GP evening and weekend appointments to increase](#), 28 March 2015

- more personalised advice from pharmacists who will be able to access medical records
- more tests, treatments and services offered closer to people's homes, including minor operations and blood tests

Autumn Statement 2015

The *Autumn Statement* 2015 committed the following investment in General Practice:

The £10 billion real terms increase in NHS funding by 2020-21 will deliver 7 day services in primary care and in hospitals. By 2021 everyone will be able to access GP services in the evenings and at weekends with an extra 5,000 doctors in general practice. This will be supported by £750 million of investment and a new national voluntary contract for GPs.¹⁰

Recent funding announcements

In June 2015, the Health Secretary announced a "new deal" for general practice, which included funding commitments for infrastructure and access to services – see section 3.

In April 2016, NHS England set out an additional investment of £2.4 billion a year by 2020/21 into general practice, to achieve the objectives in its *Forward View*, a five year plan for general practice.

The *Forward View* sets a number of objectives to achieve by 2020/21 in the following areas: Investment; workforce; workload; practice infrastructure; and care redesign. – see section 4.

¹⁰ HM Treasury, [Spending Review and Autumn Statement 2015](#), para 2.34

3. A new deal for general practice – June 2015

In June 2015, the Secretary of State for Health set out a new deal for GPs. This contained six main strands:

A new deal on workforce

In order to address concerns about the workforce, the Government commit to increasing the primary and community care workforce by at least 10,000, including an estimated 5,000 more doctors working in general practice, as well as more practice nurses, district nurses, physicians' associates and pharmacists. Jeremy Hunt outlined initiatives to promote the attractiveness of general practice, including transforming the experience that medical students have of general practice, and increasing and filling GP training places.

A new deal on infrastructure

The Government will continue to allocate the £1 billion Primary Care Infrastructure Fund [now the Estates and Technology Transformation Fund] over the next 3 years, to improve primary care facilities across England. The Government will also help practices improve access to electronic health records across the NHS, and help practices to link their patient records to NHS secondary and community care providers and the social care sector.

A new deal on access with a 7 day NHS

In order to improve access to healthcare and improved linked working between pharmacists and GPs, £7.5 million of the primary care infrastructure fund will be used in 2015 to support community pharmacists with training and tools. This is alongside the Prime Minister's Challenge Fund, which will be used to enable 18 million people to benefit from improved access to GPs, including at evenings and weekends, by March 2016.

A new deal on assessing the quality of care provided

In order to develop better data and metrics to assess quality in general practice, the Secretary of State has asked the Health Foundation to work with NHS England to do a stocktake of all current metrics, to review how they can collect and publish better outcomes-driven assessments of the quality of care. An initial assessment is expected in autumn 2015, with the first new datasets around key patient groups published in spring 2016.

In order to improve the support for practices identified as in difficulty, NHS England will work with NHS Clinical Commissioners to develop a £10 million programme of support for struggling practices.

Bureaucracy and burnout

In order to reduce bureaucracy, paperwork and “inappropriate workload”, the Secretary of State has asked NHS England to examine how they can reduce bureaucratic burdens on general practice to release more clinical time for patients. Findings are expected in autumn 2015.

Responsibilities for doctors

In return for the commitments promised in the “new deal”, the Secretary of State asked for GPs’ help to deliver a profound change in the quality of care offered to patients.

This includes empowering general practice to break down the barriers with other sectors, including social care, community care and mental health providers, so that social prescribing becomes as normal a part of a GPs’ job as medical prescribing.

GPs were also asked to play an even bigger role in public health, and help to improve lifestyle choices for better health outcomes. The Secretary of State also said general practice needs to be empowered to take real clinical responsibility for their patients, and guidance will be produced by the Academy of Medical Royal Colleges in 2015 to help GPs understand what this really entails.¹¹

¹¹ Department for Health and The Rt Hon Jeremy Hunt MP, [New deal for general practice](#), 19 June 2015

4. Forward View for General Practice – April 2016

In April 2016, NHS England, published the [General Practice: Forward View](#) – its five year plan to transform and stabilise General Practice.

The *Forward View* sets a series of objectives for NHS England to achieve by 2020/21, in the following areas:

- **Investment** – “We will accelerate funding of primary care”
- **Workforce** – “We will expand and support GP and wider primary care staffing”
- **Workload** – “We will reduce practice burdens and help release time”
- **Practice infrastructure** – “We will develop the primary care estate and invest in better technology”
- **Care redesign** – “We will provide a major programme of improvement support to practices”

Further information on each of these areas is included below.

Investment

The *Forward View* commits to investing a further £2.4 billion a year by 2020/21 into general practice services, representing a 14 per cent real terms increase.

This will be supplemented with a one off Sustainability and Transformation package, totalling over half a billion pounds over the next five years.

In addition, a new funding formula will be developed to better reflect practice workload, including deprivation and rurality – NHS England and the BMA are currently reviewing the Carr-Hill formula.

NHS England says that investment in general practice is likely to grow even further as CCGs shift care and resources into the community, in line with the new models of care in the [NHS Five Year Forward View](#) (October 2014).

Workforce

NHS England and Health Education England have set targets to expand the workforce, backed by an extra £206 million as part of the Sustainability and Transformation package.

The *Forward View* sets out plans to introduce an additional 5,000 doctors working in general practice by 2020. This five year programme includes:

- An increase in GP training recruitment, to support overall net growth of 5,000 extra doctors by 2020 (compared to 2014)
- A major recruitment campaign in England to attract doctors to become GPs, supported by 35 national ambassadors
- A new international recruitment campaign to attract up to an extra 500 qualified doctors from overseas

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- Targeted £20,000 bursaries in the areas that have found it hardest to recruit into GP training
- Measures to attract at least 500 GPs back into general practice

The *Forward View* also commits to a minimum of 5,000 other staff working in general practice by 2020/21, including:

- An extra 3,000 mental health therapists working in practice care by 2020, which is an average of a full time therapist for every two-three typical sized GP practice
- An additional 1,500 pharmacists in general practice by 2020
- A general practice nurse development strategy, accompanied by a minimum £15 million national investment
- Investment by Health Education England in the training of 1,000 physician associates

The *Forward View* also announces a £16 million extra investment in specialist mental health services, to support GPs suffering with burn out and stress, in addition to £3.5 million already announced.

Workload

The *Forward View* sets out a package of support for general practice for the management of demand, diversion of unnecessary work, reduction in bureaucracy and more integration with the wider health and care system.

This includes:

- A £30 million “Releasing Time for Patients” development programme to help release capacity within general practice
- A four year £40 million practice resilience programme
- A move to maximum interval of five yearly CQC inspections for good and outstanding practices

Practice Infrastructure

Measures to develop primary care infrastructure include:

- Investment for general practice estates and infrastructure – supported by continued public sector capital investment, estimated to reach over £900 million over the next five years
- New rules of premises costs to enable NHS England to fund up to 100 per cent of the costs for premises developments, an increase from the previous cap on NHS England funding of 66 per cent
- New measures for NHS England to fund Stamp Duty Land Tax for practice who are tenants of NHS Property Services

Measures to improve the use of technology include:

- An 18 per cent increase in allocations to CCGs for provision of IT services and technology for general practice
- A £45 million national programme to stimulate uptake of online consultations systems for every practice
- Online access for patients to clinical triage systems to help patients when they feel unwell
- Actions to help practices achieve a paper-free NHS by 2020.¹²

¹² For further information on the commitment for a paper-free NHS by 2020, see Library briefing paper: [A paperless NHS: electronic health records](#) (April 2016)

Care redesign

The *Forward View* sets out areas of improvement support for general practice.

This includes measures to strengthen and redesign general practice:

- Commissioning and funding of services to provide extra primary care capacity, backed by over £500 million of recurrent funding by 2020/21
- Integration of extended access with out of hours and urgent care services
- £171 million one-off investment by CCGs starting in 2017/18, for practice transformational support
- Introduction of a new voluntary Multispeciality Community Provider contract from April 2017, to integrate general practice services with community and wider healthcare services

The *Forward View* also commits to a new national three year “Releasing Time for Patients” programme, to free up to 10 per cent of GPs time.

An advisory oversight group with patients and partners, including the General Practitioners Committee (GPC) and the Royal College of General Practitioners (RCGP) will steer the implementation of the measures outlined in the *Forward View*.

5. Access to GP services: extended hours, out-of-hours, waiting times and 7 day working

5.1 Extended hours incentives

GP practices are rewarded for providing extended hours access to their services, as an Enhanced Service under the GMS contract.

The aim of this Enhanced Service is for practices to provide appointments at times outside of core contracted hours to allow patients to attend the practice at a time when it is more convenient for them.

As part of the GMS contract changes for 2016/17, the extended hours enhanced service was extended for a further year.

The Prime Minister's Challenge Fund and extended opening

In October 2013, the Prime Minister announced a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services, including extended opening hours (8am to 8pm) and weekend opening for GP practices.¹³

In September 2014, the government announced a new second wave of access pilots, with further funding of £100 million for 2015/16. The Government has asked NHS England to lead the process of inviting practices to submit innovative bids and overseeing the new pilots.

The Challenge Fund is not limited to extending opening hours and will fund a number of ways to improve access including:

- longer opening hours, such as 8am-8pm weekdays and opening on Saturdays and Sundays;
- joining-up of urgent care and out-of-hours care;
- greater flexibility about how people access general practice;
- greater use of technology to provide alternatives to face-to-face consultations eg via phone, email, webcam and instant messaging;
- greater use of patient online services; and
- greater use of telecare and healthy living apps to help people manage their health without having to visit their GP surgery as often.¹⁴

Following these announcements practice groups have been able to apply on a competitive basis for funding from the Challenge Fund.

NHS England provides the following information on the pilot sites:

¹³ <https://www.gov.uk/government/news/seven-day-8am-8pm-gp-access-for-hard-working-people>

¹⁴ Further information is available on the NHS England website:
<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/>
<http://www.england.nhs.uk/wp-content/uploads/2014/10/pmcf-invitation-wave2.pdf>

First wave of pilot schemes

NHS England invited GP practices to submit their 'expressions of interest' (EOIs) to be one of the first wave of pilots in December 2013, before selecting the final list of successful schemes in April 2014. Twenty pilot schemes were selected that are benefitting over 7 million patients across more than 1,100 practices.

A wide variety of innovative ideas are being tested including extended opening hours, more ways for patients to access services and new services to better support patients with complex needs.

For more information, see the [latest on the wave one pilot schemes](#).

Second wave of pilot schemes

NHS England launched the [second wave of applications](#) to become a pilot following the September 2014 announcement on 29 October 2014. Applications to become a wave two pilot closed on 16 January 2015 with 156 applications received.

Following the selection process, it was [announced on 27 March 2015](#) that 37 pilot schemes covering 1,417 practices, serving over 10.6m patients had been chosen to lead the way in testing innovative ways of increasing access and delivering wider transformational change in general practice. The fund will also support GPs to play an even stronger role at the heart of more integrated out-of-hospital services that delivers better health outcomes, more personalised care, and excellent patient experience.

Download the [full list of successful wave two pilot sites](#).

Bringing together, the two cohorts gives 57 pilots covering over 18m population (a third of the country) in over 2,500 practices that will benefit from improved access and transformational change at local level.¹⁵

5.2 Out of hours services

Since the introduction of the GP contract in 2004, GPs have been able to opt out of responsibility for providing out-of-hours care.

GP practices who provide out-of-hours services must meet the quality requirements set out in "National Quality Standards in the Delivery of out-of-hours services." In order to bring back greater GP responsibility for their patients, from April 2014, under the terms of their contracts, where GPs do not provide out-of-hours services the practice must monitor the quality of out-of-hours services which are offered or provided to their patients having regard to the above guidance, act upon any concerns arising and report any concerns that they may have about the quality of these services.¹⁶

5.3 Access targets for GP appointments

In June 2010 the Coalition Government ended the central performance target for access to primary medical care – seeing a professional within 24 hours and a GP within 48 hours – as part of its agenda to stop

¹⁵ NHS England, [Prime Minister's Challenge Fund](#), last accessed 21 September 2015

¹⁶ [PQ 228692 \[on General Practitioners: Working Hours\], 26 March 2015](#)

central performance management of process targets that it believed had limited justification.¹⁷

The Conservative Party Manifesto 2015 contained a commitment to guarantee same-day GP appointments for all over 75s who need them.¹⁸

5.4 Named GPs for all patients

The 2014/15 GMS contract specified that all patients over-75 must have a named GP by 30 June 2014 (and new patients must have one within 21 days of registration with a new GP). Failure to meet these targets could put GPs in breach of contract.¹⁹

This requirement was intended to reduce pressure on A&E services from unplanned admissions by over-75s. While the intention of the named GP policy is to reassure those patients that they have one doctor in the practice who is responsible for ensuring that their needs are met, the individual “named GP” does not have to be personally available for daily contact.

On 14 April 2014 the Department of Health and NHS England jointly published *Transforming Primary Care*, which sets out plans for more “proactive, personalised and joined up care”, including the Proactive Care Programme, providing 800,000 patients with the most complex health and care needs with:

- a personal care and support plan
- a named accountable GP
- a professional to coordinate their care
- same-day telephone consultations

The 2015/16 GMS contract for GP practices extends the requirement to provide a named GP to *all* patients. By 31 March 2016 all practices will need to include on their website reference to the fact that all patients, including children, have been allocated a named, accountable GP.²⁰ The BMA has further information on this requirement on its page on [GP contract 2015-2016 Named GP](#).

5.5 A 7-day NHS

The Conservative Party Manifesto 2015 contained a commitment to provide access to GP services seven days a week for all patients in England by 2020.²¹

On 18 May 2015 David Cameron gave his first post-election speech on the NHS, and again set out plans for 7-day services. This included improving access to GP services:

¹⁷ Some further information on GP access is provided on the [NHS Choices website](#).

¹⁸ [Conservative Party Manifesto 2015](#), page 38

¹⁹ Further information can be found on the [Department of Health website](#).

²⁰ BMA, [GP contract 2015-2016 England](#) [last accessed 19 May 2015]

²¹ [Conservative Party Manifesto 2015](#), page 38

By the end of this financial year 18 million patients will have access to a GP at mornings, evenings and weekends.

By the end of this Parliament I want that for everyone.²²

The Prime Minister explained that doctors would not be expected to work a seven day week, but the change would be achieved by implementing different shift patterns.

The Prime Minister also set out plans for providing patients with integrated services to support physical and mental health care needs within GP practices, and improving practices' use of IT so that all patients can book appointments and request prescriptions online, and obtain advice by Skype, Facetime or email.

The Royal College of GPs (RCGP) told the BBC that seven day a week, 12 hours a day routine general practice is "unachievable" in this Parliament. The BBC reports that:

Serving patients over current opening hours was barely achievable with existing staff numbers according to the RCGP, never mind over weekends.²³

In September 2015, the chair of the Health Select Committee, Dr Sarah Wollaston, said that the Government's pledge to provide seven-day general practice was 'completely unrealistic'. Via Twitter, Dr Wollaston said:

Given the scale of workforce shortfall in primary care, seven-day GP service as presented to the public looks completely unrealistic to me I'm afraid.

We don't have enough GPs to be able to prioritise convenience, seven-day access priority should be reduce avoidable deaths/late diagnosis/admission.²⁴

As described in section 2.2, the Health Secretary's "new deal" for general practice included a commitment to fund 5,000 more GPs by 2020 to meet shortfalls in staff numbers and recruitment.

On 4 October 2015, the Prime Minister announced a new voluntary contract for GPs to deliver 7-day care for all patients by 2020. GP practices will be able to join together to form federations that cover populations of at least 30,000 patients to provide 7-day services. The Government has said that new contract will reduce bureaucracy for GPs and will scrap the Quality and Outcomes Framework (QOF). It will be funded with money from within the £10 billion of additional investment for the NHS and details will be set out in the 2015 Spending Review. It is expected that the new contract will be available from April 2017.²⁵

The Government's Mandate to the NHS 2016-17 stated that:

We expect NHS England to ensure everyone has easier and more convenient access to GP services, including appointments at

²² Gov.uk, [PM on plans for a seven-day NHS](#), 18 May 2015

²³ ["The war of words over 7-day GP services"](#), BBC, 5 September 2015

²⁴ ["Tory GP says seven-day general practice pledge 'completely unrealistic'"](#), Pulse magazine, 8 September 2015

²⁵ Prime Minister's Office, 10 Downing Street, Department of Health, NHS England and The Rt Hon David Cameron MP, [Prime Minister pledges to deliver 7-day GP services by 2020](#), 4 October 2015

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evenings and weekends where this is more convenient for them, and effective access to urgent care 24 hours a day, seven days a week.²⁶

The Mandate set an objective for NHS England to ensure that 100 per cent of the population has access to weekend/evening routine GP appointments.²⁷

²⁶ Department of Health, [The Government's mandate to NHS England for 2016-17](#), page 10

²⁷ Department of Health, [The Government's mandate to NHS England for 2016-17](#), page 16

6. Demand, workforce and funding pressures

There have been concerns about the sustainability of a significant number of practices in the context of growing demand for services and changes to funding.

Information on the “new deal” for general practice, including planned increases to the primary care workforce, was provided in June 2015. NHS England’s *Forward View* for general practice also sets objectives for addressing GPs workload by 2020/21 – see above.

Workload pressure

The [Royal College of GPs](#) (RCGP) and the [BMA](#) have conducted surveys of GPs and highlighted results that show increasing workload pressures, and related increases in stress, and growing numbers of GPs planning to leave the profession.

There have been a number of calls from the RCGP for an urgent increase in the number of GPs and the proportion of NHS funding spent on general practice. In June 2013 the [Guardian](#) quoted the then Chair of the RCGP, Dr Clare Gerada, calling for an urgent increase in general practice’s share of the NHS budget so that 10,000 more GPs could be hired, in order to make GPs’ workloads sustainable.

In May 2014 the BMA launched a campaign: “Your GP cares”, calling for long term, sustainable investment in general practice, as well as highlighting what it says are the “unique strengths that general practice brings to the NHS and how it can be a key solution to managing the increasing pressure on the health service.”²⁸

A [BMA briefing](#) highlighting the various workload challenges facing GP services was updated in July 2014:

Workload

There have been significant increases in NHS activity over the past 14 years, including a 24% increase in GP consultations since 1998²⁹

It is estimated that 340 million consultations are undertaken every year, this is up 40 million since 2008³⁰.

Over 90% of all contacts with the NHS occur in general practice³¹.

The average member of the public sees a GP six times a year; double the number of visits from a decade ago³².

97% of GPs have seen bureaucracy and box ticking increase since 2012 while nine out of ten GPs felt this took them away from spending time attending to patients needs. Eight out of ten

²⁸ BMA press release, “GP leaders call for urgent solutions to tackle the impending threat to patient services as ‘Your GP cares’ campaign launches”, 13 May 2014

²⁹ “Two years of productivity growth”, *Health Service Journal*, 17 January 2014

³⁰ Information from NHS England’s [Call for Action \(General Practice\) 2013](#)

³¹ Information from [Transforming Primary Care in London](#), NHS England.

³² [Health and Social Care Information Centre, Trends in consultation rates in general practice.](#)

reported target chasing had reduced routine available appointments to patients³³.

Challenges

GPs are facing rising patient demand, particularly from an ageing population with complex health conditions. By 2011 the number of people aged over 65 had reached 10,494,000 and by 2031 it is predicted to reach 15,778,000³⁴

By 2021, more than one million people are predicted to be living with dementia and by 2030 three million people will be living with or beyond cancer. By 2035 there are expected to be an additional 550,000 cases of diabetes and 400,000 additional cases of heart disease in England. The number of people with multiple long-term conditions is set to grow from 1.9 to 2.9 million from 2008 to 2018³⁵.

18 million patients in the UK are estimated to suffer from a chronic condition, with the majority being managed in the community by GPs. Around 53% of all patients in England report having long standing health conditions, many of which will be treated at some stage by GPs³⁶.

General practice is currently facing a tough financial climate. Since 2008, GP income has declined by 11% drop while there has in the same period been a 2.3 percentage point rise in the cost of running a practice (including the amount spent on keeping GP practice buildings in good shape, energy bills for GP practices and the amount spent on GP staff, including practice nurses and receptionists). The cost of running a practice now accounts for 61.6 per cent of total GP income³⁷.

In November 2014 the Nuffield Trust published, [Is general practice in crisis?](#), which provides an overview of the current state of general practice in England, and offers some potential solutions to the problems facing general practice – and the wider NHS.

In September 2015, the BMA's report - [Responsive, safe and sustainable: Towards a new future for General Practice](#) - found that more than nine in 10 GPs say their workload has negatively impacted on the quality of care that they give to their patients. The report looked at the pressures on general practice, including workload, recruitment and retention and sets out a vision for responding to the concerns of patients and doctors.

Workforce planning

The Government has acknowledged that there is a need to train more GPs to meet growing demand and a number of Department of Health and NHS commissioned reports have supported this view. A national general practitioner taskforce commissioned by the Department of Health reported in March 2014. It found that:

³³ [BMA GP workload survey \(2013\)](#)

³⁴ [Figures from the NHS Confederation.](#)

³⁵ Figures included in the BMA's [Vision document for the future of general practice.](#)

³⁶ Both preceding bullet points from NHS England's Call for Action (General Practice) 2013: <http://www.england.nhs.uk/wp-content/uploads/2013/09/igp-cta-evid.pdf>

³⁷ NHS England DDRB evidence for 2014: <http://www.england.nhs.uk/wp-content/uploads/2013/09/ddrb-evid.pdf>

Despite the longstanding Department of Health policy to increase GP training numbers in England to 3,250 per annum, GP recruitment has remained stubbornly below this target, at around 2,700 per annum, for the last four years. This cumulative recruitment shortfall is being compounded by increasing numbers of trained GPs leaving the workforce, most significantly GPs approaching retirement, but perhaps more worryingly women in their 30s. GP recruitment and retention is a much bigger problem in some parts of the country and often in those areas which have the worst health outcomes.³⁸

The Centre for Workforce Intelligence (CfWI) has forecast that a significant, sustained and immediate boost to GP training numbers is necessary to mitigate the risk of a major demand-supply imbalance emerging by 2020.³⁹ The Health Education England (HEE) workforce plan for 2015/16 also states that the number of GPs has failed to keep pace with the growing needs and expectations of the public, and the demands on GPs to undertake new roles, such as commissioning.⁴⁰

[Transforming Primary Care](#), which was published in April 2014 by the Department and NHS England also made the following commitment “To ensure that we have a workforce ready to meet the challenges of the future, we are planning to make available around 10,000 primary and community health and care professionals by 2020, in support of the shift in how care will be provided.”

In January 2015, NHS England announced a £10 million investment to support plans to expand the GP workforce. The money will be used to recruit new GPs, retain those that are thinking of leaving the profession and encourage doctors to return to general practice to better meet the needs of patients now and for the future. The £10 million is part of the recently announced [£1 billion additional investment for primary care infrastructure](#).⁴¹

In June 2015, the Health Secretary announced a new deal for GPs. The Government committed to increase the primary and community care workforce by at least 10,000, including an estimated 5,000 more doctors working in general practice, as well as more practice nurses, district nurses, physicians’ associates and pharmacists. Jeremy Hunt outlined initiatives to promote the attractiveness of general practice, including transforming the experience that medical students have of general practice, and increasing and filling GP training places.

NHS England’s *Forward View* for general practice (April 2016) sets out measures to address GPs’ workload and increase the GP workforce, including a commitment to provide an additional 5,000 doctors in general practice by 2020 – see section 4.

³⁸ [GP Taskforce Final Report, March 2014](#)

³⁹ CfWI, [In-depth review of the general practitioner workforce: Final report](#), July 2014. The report builds on preliminary findings published in March 2013; it assesses current work force numbers to forecast supply and considers key drivers affecting work force demand; and regional variations in demand.

⁴⁰ HEE, [Workforce plan for 2015/16](#), December 2014

⁴¹ NHS England, [£10 million investment boost to expand general practice workforce](#), 26 January 2015

7. Patient choice of GP practice

The current position is that GP practices are able to register patients from outside their practice boundaries. This change was agreed in November 2013, when NHS Employers and the BMA General Practitioners Committee (GPC) announced changes to the General Medical Services (GMS) contract in England for 2014/15. The intention was to provide patients with greater choice and to improve the quality of access to GP services.⁴²

Further information is provided in the NHS Employers [summary of the 2014/15 GMS contract](#):

Choice of GP practice – from October 2014, all GP practices will be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits for such patients. NHS England will be responsible for arranging in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.

These new arrangements are voluntary for GP practices; if the practice has no capacity for new patients or feels it is not clinically appropriate for an individual to be registered so far away from home, they can refuse registration.

The *NHS Constitution* states that: “You have the right to choose your GP practice and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons”. The [Handbook to the NHS Constitution](#) explains what this right means for patients:

You can choose with which GP practice you would like to register. That GP practice should accept you onto its list of NHS patients unless there are good grounds for not doing so, for instance because you live outside the boundaries that it has agreed with the NHS Commissioning Board or because they have approval to close their list to new patients. In rare circumstances, the GP practice may not accept you if there has been a breakdown in the doctor-patient relationship or because you have behaved violently at the practice. Whatever the reason, they must tell you why.

If you cannot register with your preferred GP practice, the NHS Commissioning Board will help you find another.

Source of the right

The right is derived from the duties imposed on the provider of GP services by virtue of regulations made under the NHS Act 2006, in particular paragraphs 15 to 17 of Schedule 6 to the National Health Service (General Medical Services Contracts) Regulations 2004 and paragraphs 14 to 16 of Schedule 5 to the National Health Service (Personal Medical Services Agreements) Regulations 2004.

⁴² NHS Choices, [Patient choice of GP practices](#)

8. Further reading

Recent reports on General Practice

- Health Select Committee, *Primary Care*, 12 April 2016, HC408 2015-16. The report analyses the challenges facing primary care and examines the long-term solutions which can improve access to services and patient care.
- British Medical Association (BMA), *Responsive, safe and sustainable: our urgent prescription for general practice*, April 2016. The report highlights the challenges facing general practice across England and Wales, and calls for change in the following areas:
 - safe, manageable workload
 - more time with patients
 - increased practice funding
 - more staff to support GPs
 - less box ticking
- The King's Fund, *Understanding pressures in general practice* (May 2016). The report looks at patient factors, system factors and supply-side issues to examine increasing pressures on general practice. It finds that despite GPs being at the heart of the health care system, a lack of nationally available, real-time data has made their changing workload largely invisible to commissioners and policy-makers.
- BMA, *Responsive, safe and sustainable: Towards a new future for General Practice* (September 2015). The report looked at the pressures on general practice, including workload, recruitment and retention and outlines five steps to meeting aspirations, and responding to the concerns, of patients and their doctors:
 - Developing new models for delivering care.
 - Addressing the recruitment and retention crisis.
 - Bridging the primary care funding gap.
 - Modernising premises and infrastructure.
 - Realising the potential benefits of IT and other technology.

General Practice performance data

General practice performance data can be found on the Health and Social Care Information Centre (HSCIC) website:

<https://indicators.ic.nhs.uk/webview/>

The "GP practice data - patient experience" section provides data on patient's experience of general practice under the following headings:

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- Access to GP Services
- Appointments at your GP surgery or health centre
- Experience of Care
- Management of Long Term Conditions

Ipsos MORI on behalf of the Department of Health is responsible for the GP Patient Survey, which gives over 5 million randomly selected, registered patients an opportunity to comment on their experience of their GP practice and local NHS services. For more information on the GP Patient Survey or for the raw response data and information on response weighting used in producing the final results, please go to: <http://www.gp-patient.co.uk/>.

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