



Royal College of
General Practitioners

Fit for the Future

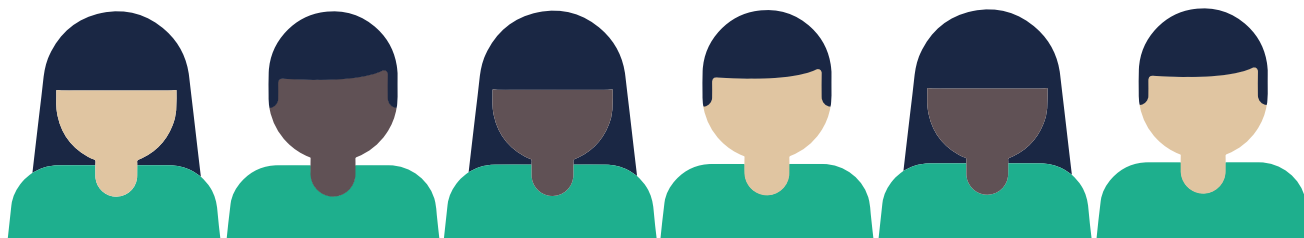
GP Pressures 2023



March 2023

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Introduction

For general practices and their staff, this winter was one of the most challenging on record.

General practices in England carried out 4.6 million (9%) more appointments in December 2022 and January 2023 than the same months the winter before the pandemic.ⁱ Whilst the number of appointments continue to grow, the number of full-time equivalent (FTE) fully qualified GPs has dropped by 2,077 (7%) since 2015.ⁱⁱ

Data from the RCGP-Oxford Research and Surveillance Centre and UK Health Security Agency shows that there were particularly high rates of influenza and Strep A infections over winter. In mid-December 2022, practices in England carried out almost five times more appointments for suspected flu and flu-like illness than during the same period in 2018, and approximately 79% more appointments for suspected Group A Strep related scarlet fever and sore throat. On top of this, GPs were helping patients with COVID-19, which alone accounted for 250% more consultations in 2022 than appointments for flu and scarlet fever combined in 2018.ⁱⁱⁱ

This report uses data from our new survey of general practice staff, which paints a worrying picture of a service struggling under rising demands. 2,649 general practice staff members responded to our survey between December 2022 and January 2023, which included GPs, GP trainees, practice managers, clinicians, and non-clinical staff from across the UK. Pressures that have been exacerbated by the winter months look set to extend well into spring and summer. Without urgent action, next winter could be even worse.

9 in 10

general practice staff said they were concerned or very concerned about their practice's ability to deliver the level of care that patients needed over winter.



ⁱ NHS Digital, "Appointments in General Practice, December 2022 , January 2023. [Online]. [Accessed 08/03/2023]

ⁱⁱ NHS Digital, "General Practice Workforce, 31 December 2022", January 2023. [Online]. [Accessed 08/03/2023]

ⁱⁱⁱ UK Health Security Agency, "GP in-hours: weekly bulletins for 2023", January 2023. [Online]. [Accessed 08/03/2022]

This report focuses on the urgent action needed to reduce current immense pressures and prevent another winter like this in England. Our [Fit for the Future: a new plan for GPs & their patients](#) document, published last year, sets out in more detail the longer term challenges and solutions, such as the need to go above and beyond the promise to secure 6,000 extra full-time equivalent GPs and our wider vision for the future of general practice.

Last year, the Government announced that they will be publishing a primary care recovery plan for England in 2023 and an NHS long term workforce plan. It is important that these plans match the level of need we are identifying from our member surveys and the increasing patient demand. We must tackle the challenges facing primary care in both the short and long-term.

Urgent action is needed to

- 1 Commit to a properly funded plan to enable general practice to respond to surges in patient demand.
- 2 Invest in IT systems and the support needed to implement changes.
- 3 Halt the decline in workforce through the roll-out of new and improved, properly funded retention schemes.
- 4 Slash unnecessary box ticking requirements and unnecessary workload so that GPs can focus on patient care.
- 5 Launch a major new public education campaign designed by patients and healthcare professionals to advise patients when and how to self-manage illness, when to access general practice, and when to access other services.

Recommendations and survey results

1. Commit to a properly funded plan to enable general practice to respond to surges in patient demand.

General practice is under such year-round strain, that when winter illnesses inevitably lead to increased demand, the system can't cope. Over the last few years, the Government has reacted to a series of winter crises with emergency funding pots to help improve access to GPs.

This support has typically been announced with relatively little forewarning, with practices required to negotiate lengthy, complex applications to access the funding at a time when workload is already intensifying.

In our survey, general practice staff told us that the rules around the available funding are often inflexible to local needs, meaning that practices are not able to spend it on what they see as best for patients.

Providing an easily accessible pot of funding over winter may help, but this will not be enough to solve the challenges facing general practice. For example, the lack of clinical staff available to hire using the short-term additional funding, and the lack of physical space to host those additional staff, limits practices in utilising the funds effectively. There needs to be a properly funded flexible plan to prepare general practice to deal with surges whenever they occur.

This could support the development of alternative models of managing excess urgent demand, such as 'overflow hubs'. These would build on the successes of acute respiratory hubs, which have shown promise in reducing appointments in general practice by helping to monitor and triage patients effectively to the correct service.



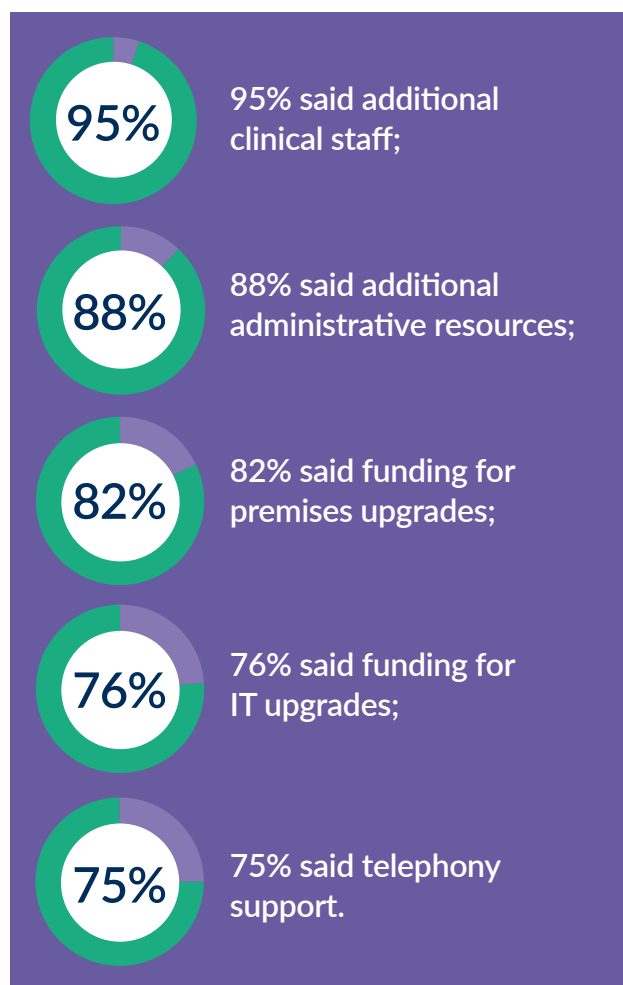
57% of general practice staff said they have not accessed winter support and funding because of a lack of flexibility in what the funding can be used for.



35% of general practice staff said they have not accessed winter support and funding because of a lengthy or difficult application process.



General practice staff responding to our survey said that the following support and resources over winter would help them deliver the care patients need:



Many of the resources that staff said would help, require longer-term investment and would not be solved through a short-term funding pot. Dedicated investment in retaining more GPs, improving IT and support for implementing changes are explored further below.

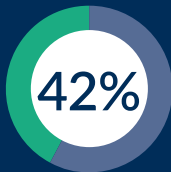
We have also heard from our members that funding streams through Primary Care Networks (PCNs) - structures created to support practices to work together across a locality - are too focussed on incentivising additional activity to target certain diseases, rather than enabling networks to look at the overall health of their patients. We have heard that the Additional Roles Reimbursement Scheme and the Investment and Impact Fund need to be reformed as they are too inflexible and have too many requirements attached.

The RCGP recommends providing more flexible, easily accessible funding for general practice which would allow practices to work with local systems to create alternative long-term solutions to help alleviate pressures. Complete reform of current funding streams for PCNs is required, as well as the provision of additional funding to support the development of the networks to help them to put systems in place to deal with surges in patients' needs year-round, including preparing for winter.



2. Invest in IT systems and the support needed to implement changes.

Outdated technology and ineffective booking systems are wasting doctors' time and making it harder to give patients the care they need. It is also essential to make urgent progress on enabling IT systems to share information between different NHS settings.



42% of general practice staff say their IT suppliers and IT support services are not fit for purpose.



65% of general practice staff say the ability of their IT systems to exchange information with secondary care is not fit for purpose or of an acceptable standard.



Over half (55%) of respondents said that at least one of their booking systems were not fit for purpose (phone or online).

- 82% of these said that this was because systems did not have enough capacity to meet demand.
- 56% said this was because they did not have enough staff to operate them.
- 19.6% said this was because of a lack of staff training.

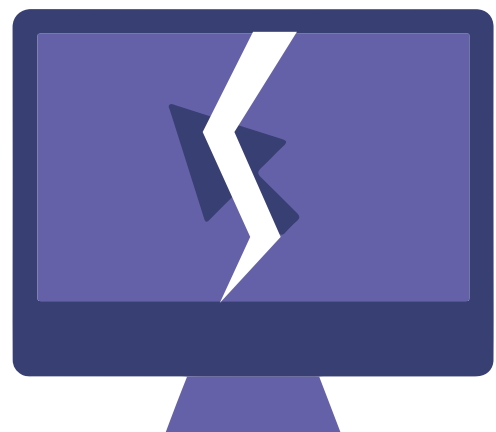
Investment in IT is essential, but this must sit alongside investment in expanding the clinical and administrative workforce and transformation support. The recent [Health and Social Care Committee expert panel](#) rated the government's progress on digitalising the NHS as inadequate in general and particularly flagged up inadequacies in support for the NHS workforce's digital.

Many respondents to our survey said their practices had insufficient headspace or management capacity to consider trialling other service providers or new ways of working.



48% of general practice staff say their practice does not have enough management expertise to support them in changing the way their practice work.

Improving booking systems and other IT systems will never be a silver bullet when demand outstrips supply, but alongside investment into organisational support and the staff to manage the systems, this could make a big difference to patients' experience.

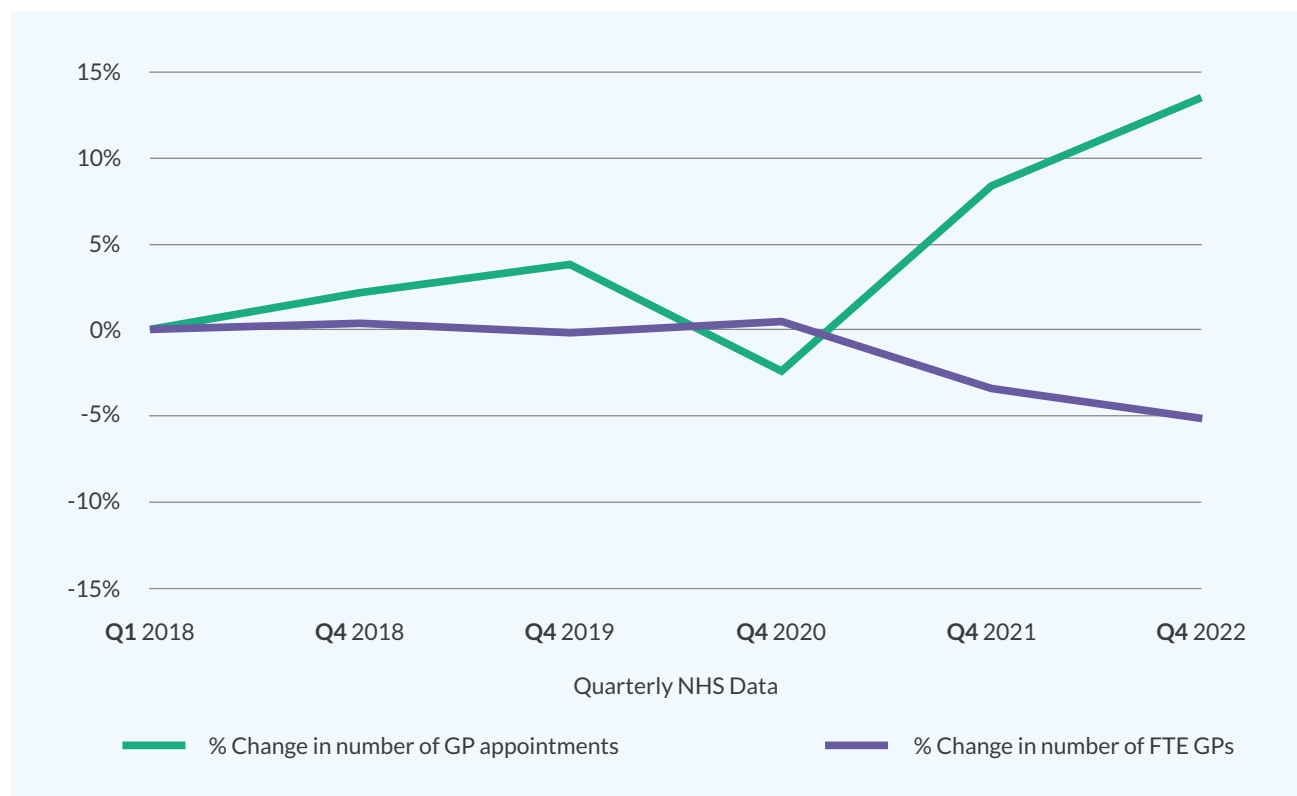


3. Halt the decline in workforce through the roll-out of new and improved, properly funded retention schemes.

The biggest problem with general practice is there is simply too much work to be done with the number of staff available. As shown in the

chart below, since 2018 the number of full-time equivalent GPs has fallen while the number of appointments is at a record high.

Percentage change in number of FTE GPs and number of appointments in general practice since 2018



We need to significantly expand GP training places, but it takes 10 years to train a fully qualified GP from entry to medical school. To have an impact in the short-term there needs to be greater focus on doing more to retain the GPs we have.



65% of staff who said their practice was at risk of closing over the next few months cited the issue of GP partners leaving, 63% said a shortage of salaried GPs was a factor.



95% of general practice staff said additional clinical staff over winter would help them deliver the care that patients need.



Our 2022 survey of UK GPs found that 39% are seriously considering leaving the profession within the next five years. This could translate to over 22,000 GPs leaving the workforce.

Unless significant action is taken in the short-medium term, pressures will continue to intensify for those still in practice, creating a vicious cycle whereby increasing numbers of GPs continue to leave the workforce due to insurmountable pressures. Urgent action is needed to break this cycle, supporting today's GPs to stay in practice, while we continue to train tomorrow's GPs.

As set out in our recent policy report on [Retaining the GP workforce](#), we need a comprehensive review of existing retention initiatives, backed by an investment of £150 million per year to:

- Develop local retention initiatives so that every GP can access tailored support to stay in the profession for longer.
- Ensure funding is available in every locality for GPs to access a national retention scheme for those at highest risk of leaving the profession.

Urgent action is also needed to resolve current pensions issues which are driving too many GPs to leave the profession early.

4. Slash unnecessary box ticking requirements and unnecessary workload so that GPs can focus on patient care.

We need a comprehensive government-wide campaign to remove the unnecessary workload and bureaucracy which takes GPs away from delivering patient care.

In 2022, the Government published a '[bureaucracy busting concordat](#)' which established a set of principles for reducing bureaucratic requests to GPs across government departments. While these principles are a welcome first step, significant further work is needed to actually implement them and to make a real difference in freeing up GP time for patient care.

The concordat focused on cross governmental policy and did not look at some of the tick box exercises linked to the NHS itself. For example, they failed to address the Quality and Outcomes Framework (QOF), an incentive programme for general practice which pays practices to fulfil certain criteria.

Over the years, QOF has become painfully detailed in terms of reporting, both clinically and administratively, causing increasing frustration for GPs. This can divert the attention of GPs away from the patients sitting in front of them in consultations. It is also likely to be driving an increase in the number of unnecessary appointments, which may be more about ticking a box to reach a target rather than looking at what is needed by the individual patient.



The RCGP is calling for an immediate suspension of QOF during the current crisis. We also need a review to identify 5-10 indicators that have the greatest evidence of impact on patient outcomes that could be retained once QOF is re-introduced.

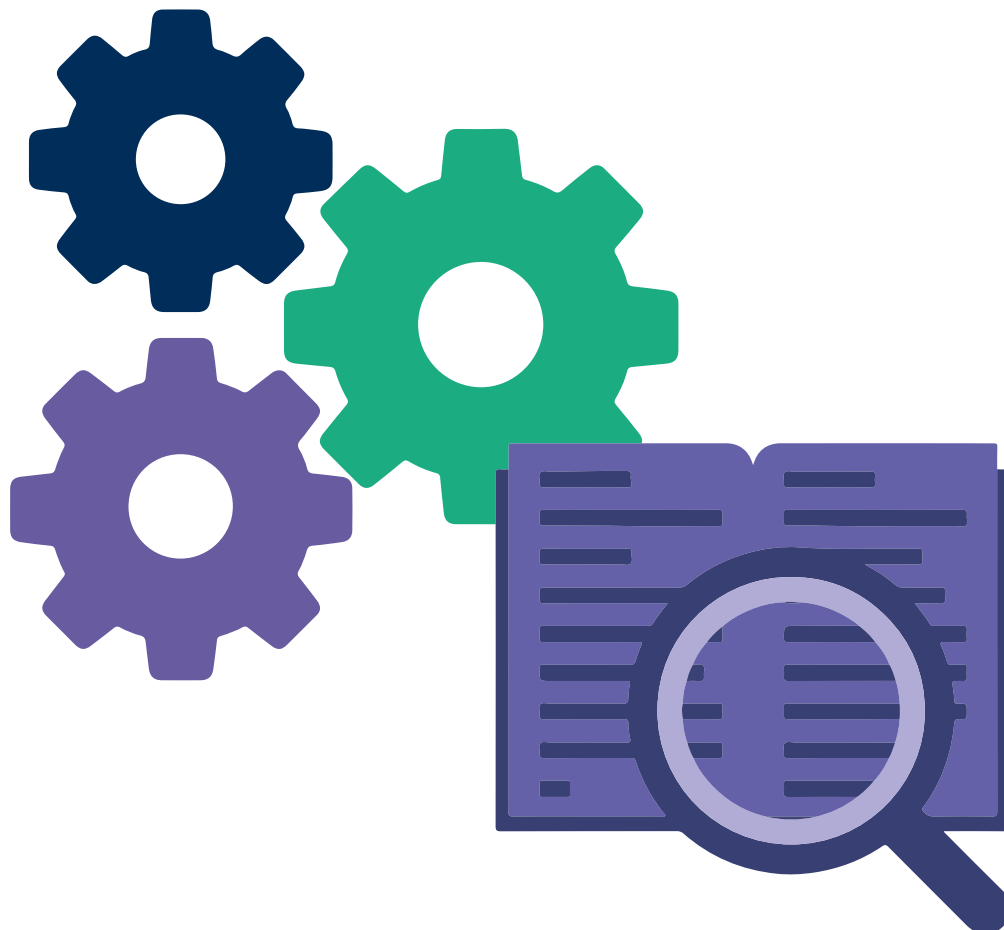
Making urgent progress to better share patient information between primary, community and secondary care will be critical. There is also a need to look at other ways to improve the interface between primary and secondary care to reduce unnecessary workload or duplication. Government should support the establishment of effective agreements in every ICS between primary and secondary care services about ways of working. The aim would be to ensure that the patient journey is as smooth and simple as possible and to make sure that workload isn't passed between healthcare settings unnecessarily.

5. Launch a major new public education campaign designed by patients and healthcare professionals to advise patients when and how to self-manage illness, when to access general practice, and when to access other services.

In our survey, we gave GPs and their team members the opportunity to write in open text any other things that would help their practice to manage pressures in the short-term. Aside from additional clinical staff, the second largest number of responses to this question (150) focused on the need for a patient education campaign.

Launching a public education campaign could help free up consultation time for those who really need expert advice, by providing guidance for patients on how they can consider alternatives before booking an appointment with their general practice.

To have the impact required this would need to be funded by the Government but co-designed by patients and professionals working in general practice and other healthcare settings.



Conclusion

The workload pressures in general practice over this winter have been immense, and high levels of patient demand are set to continue for some time. General practice is in crisis. We cannot rely on short-term emergency funding pots over winter to try and paper over the cracks. We need the kind of bold actions outlined in this report to help ensure the future of general practice. Without a functioning primary care service, the NHS will fail. It is essential that government and commissioning bodies listen to staff working in general practice and take urgent action.



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