



Royal College of
General Practitioners

Fit for the Future

A new plan for GPs
and their patients



Introduction

General practice is the cornerstone of the NHS, helping around 50 million people in England every year, carrying out 370 million consultations last year. So, when GPs and their patients tell us that general practice is in crisis, we should all be concerned.

In 2019 the RCGP launched [Fit for the Future](#) - our vision for what we want general practice to look like in 2030. It set out how, with the right tools and support, we can revitalise and reform general practice so that it can continue to deliver world class patient care.

Three years on, the pressures on general practice have intensified even further, exacerbated by the effects of COVID-19. Without urgent action from politicians and NHS decision makers, the ability of general practice to meet patients' needs is in jeopardy.

That is why we are calling on politicians and decision makers with responsibility for the NHS in England to commit to a bold new plan to provide GPs and patients with the support that they need. This should include:

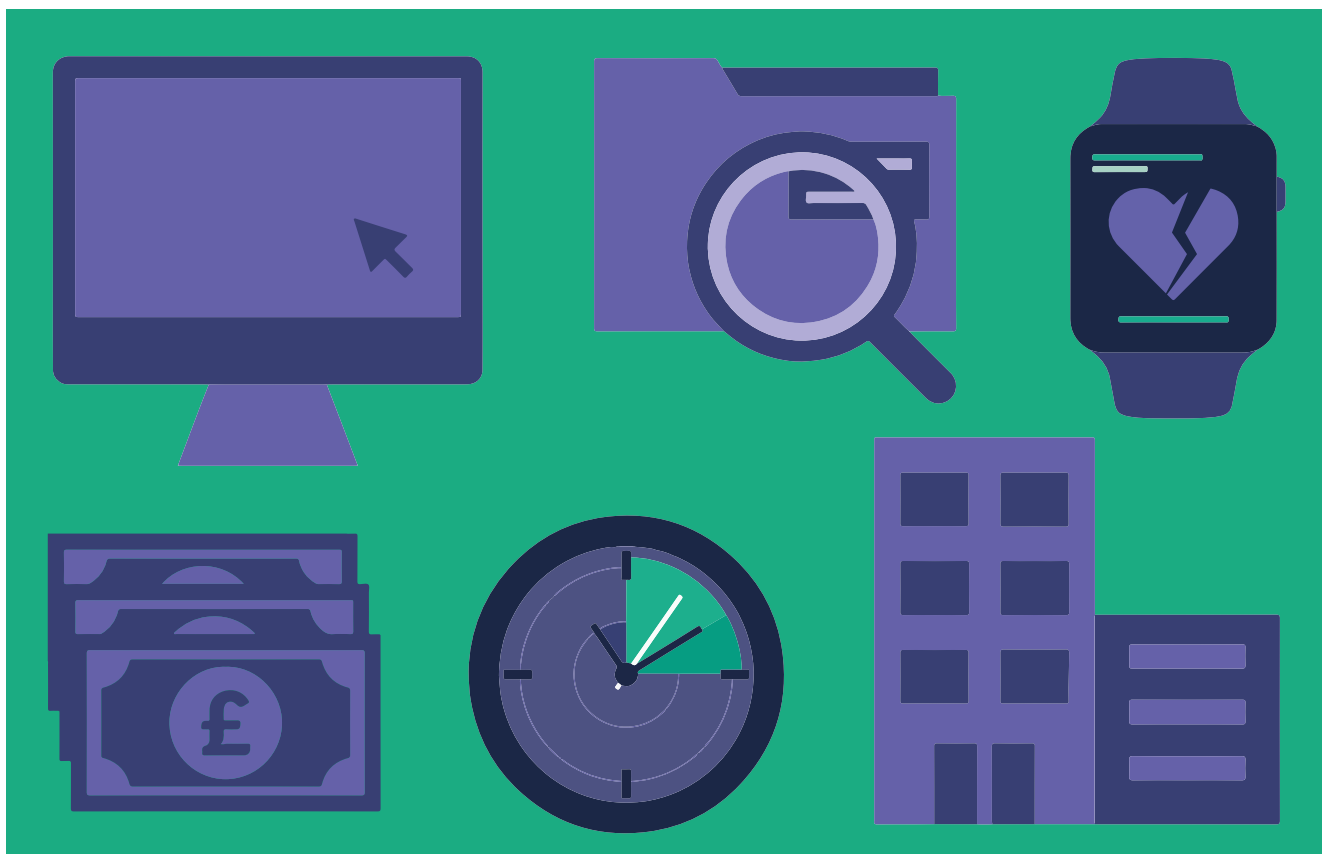
- A new recruitment and retention strategy that allows us to go beyond the target of 6000 more GPs, backed by a £150 million annual GP retention fund, increasing the number of GP training places by at least 10% year on year, and changes to the current visa rules to make it easier for international GP trainees to stay and work in the UK.
- An NHS wide campaign to free up GPs to spend more time with patients by cutting unnecessary workload and bureaucracy, including through a review of contractual requirements and improving coordination between primary and secondary care.
- Improving patients' experience of accessing care by investing in a new suite of IT products and support for practices, making it easier for patients to choose to see the same GP or the next available member of the team.
- Allocate a bigger share of the NHS budget to general practice to return funding to 11% of total health spend - with £1 billion additional investment in GP premises, more funding for practices serving deprived communities, and extra money for primary care networks to provide preventative care and promote population health.

If fully implemented, we believe these changes would mean:



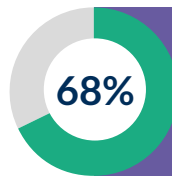
- Every patient can quickly get the appointment that they need whether it is face to face, on the phone or via video.
- Patients who wish to can book an appointment with a clinician they know and who knows them.
- Longer GP consultations are available for patients who need them.
- GPs are able to play a key role in supporting community initiatives, supporting well-being and helping people lead healthier lives.

GPs are working hard to make this vision for our patients a reality: we now need the government to provide GPs and their teams the support they need.

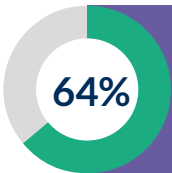


The present crisis

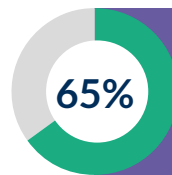
Our recent survey of GPs paints a worrying picture of a service in crisis. 1,262 GPs responded to our survey between 3 March and 4 April 2022, covering a cross section of doctors in different stages of their career and from across England. Key findings from the survey include:



68% of GPs say they don't have enough time to adequately assess and treat patients during appointments.



64% of GPs say they don't have enough time during appointments to build the patient relationships they need to deliver quality care.



65% of GPs say that patient safety is being compromised due to appointments being too short.

We are facing a situation with a falling number of Full Time Equivalent (FTE) GPs looking after an increasing number of patients with ever more complex needs. On average, as of April 2022, GPs look after 2,056 patients - more than 10% more patients than in 2015.

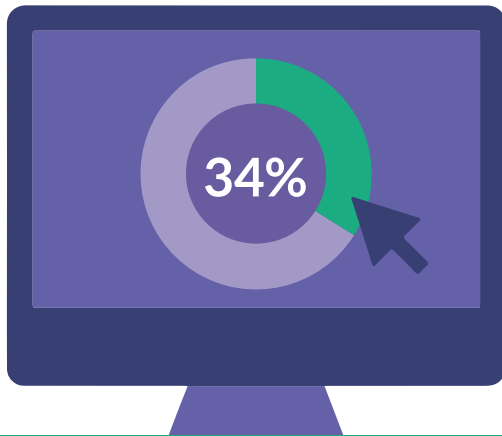
Last year, general practice in England carried out almost 370 million consultations, up 18.5% from 2019.

Over the same time period, the number of clinical administration tasks delivered by GPs in England rose by 28%, up to 107 million in 2021.

This has led to a situation where our members are worried that they don't have the time to give patients the care they need. To tackle this, we need urgent action to expand the general practice team and cut bureaucracy and unnecessary workload.

"With time pressures, and more patients coming with multiple complex problems/issues...
...it is difficult to provide a good level of care, in addition to the volume of admin to do."

GP Registrar in Midlands and East



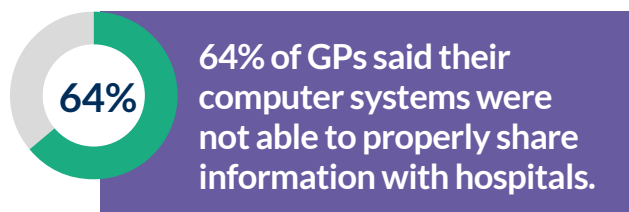
34% of GPs say that the IT for their booking systems is not good enough.

There is also an urgent need to improve the booking systems for general practice. One of the biggest complaints is that patients struggle to get in contact with their GP. Most of this is because demand massively outstrips supply, but the problems are exacerbated because many GPs do not have the right technology

for call handling or online booking and a lack of organisational support to improve the way patients access the service.

An improved booking system could also help with continuity of care for patients. For example, we believe all booking systems and processes should allow patients to express a preference between taking the next available appointment or potentially waiting longer to see the GP of their choice.

The current pressure on GPs from politicians, NHS England and even the press is to focus on speed of access. Our members have risen to this challenge: significantly cutting waiting times so that in 2021 over 45% of all patients had an appointment on the day that they contacted their practice and 76% were seen within a week. While speed is important, we also need to consider quality issues such as ensuring patients and practice staff can build a supportive relationship.



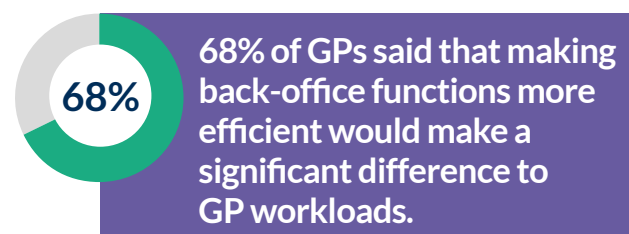
64% of GPs said their computer systems were not able to properly share information with hospitals.

There are too many inefficiencies in the system which are wasting doctors' time and making it harder to give patients the care they need.



75% of GPs said that encouraging specialists to refer patients to other specialists themselves where appropriate rather asking GPs to re-refer them would make a significant difference to GP workloads.

We need improvements in IT systems in both secondary and primary care so that they can work better together and improve back-office functions.



68% of GPs said that making back-office functions more efficient would make a significant difference to GP workloads.

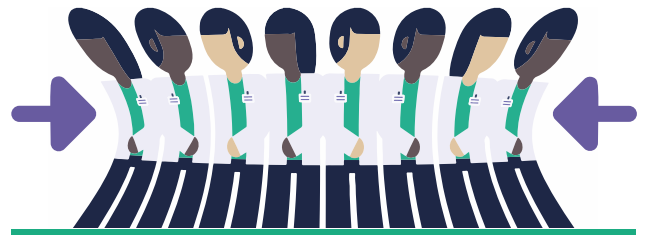
"More work; more bureaucracy; same resources."

GP Partner in South of England



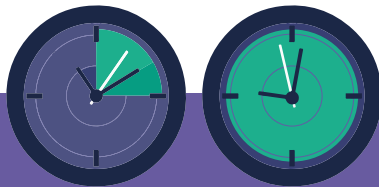
Over half of GPs (57%) said that their practice does not have access to the support and guidance to effectively integrate the new staff roles.

The expansion of the wider practice team should lead to a brighter future for general practice. New investment has meant that primary care networks have been able to recruit extra pharmacists, mental health practitioners, nursing and physician associates, physiotherapists, occupational therapists, paramedics, podiatrists and social prescribing link workers.



74% of respondents to our survey said that their practice does not have sufficient physical space necessary to accommodate new staff.

These additional staff have already contributed to patient care, but more must be done to ensure that we make the most of these staff. Many of our members have reported that they don't have enough support and guidance to properly integrate these new staff or that their buildings are not able to house them.



It is impossible for most GPs to manage the workload required in the time allocated, meaning on average they work 10 hours more a week than their contracted hours.

This is particularly worrying as we are already facing a chronic shortage of GPs. Despite an agreement from Government that we need 6,000 extra GPs the number of FTE fully qualified GPs has fallen by 1,622 between September 2015 and 2021.



42% of GPs say that they are planning to quit the profession in the next five years.

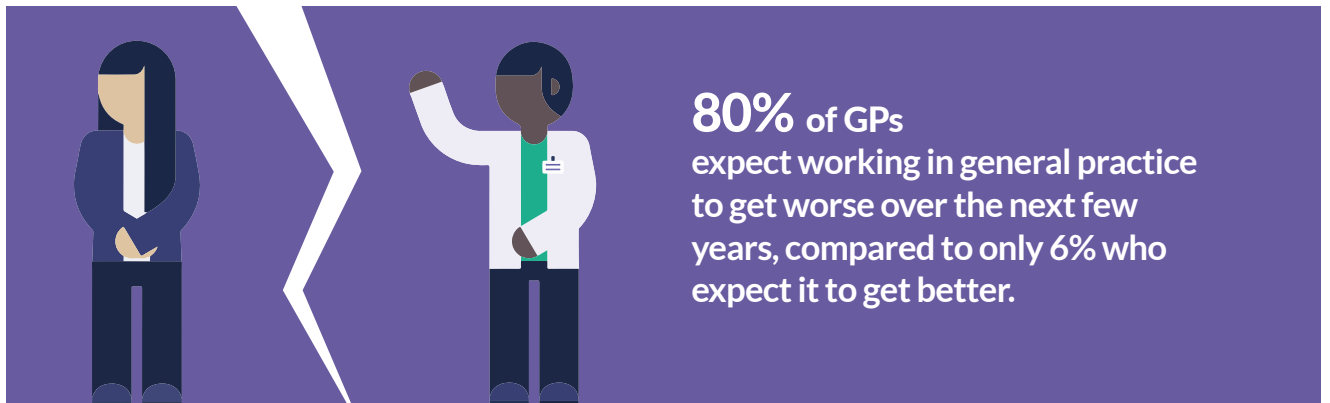
It is just not sustainable to expect that this problem can be solved by piling more pressure on the existing GP workforce. Research by the GMC shows that around a third (32%) of GPs already report that they are at high risk of burnout – this was the highest amongst all doctors, about twice as likely on average as other doctors.

"I cannot continue working in a system that seems to continuously fail its workforce and keep demanding more for less with no staff."

GP Partner in London who said they are planning to quit

"Tick box performance indicators mechanically delivered on seem to trump consultation time, quality and continuity of care."

Salaried GP in London



Patients, GPs and their teams deserve better than this.

We need decisive action from politicians and NHS leaders to allow general practice to provide an improved service to patients and to safeguard the future of the NHS.

Our plan for a better future

Action to tackle the crisis is required now.

As a matter of urgency, the Government must deliver a new support package for general practice and start to rebuild the foundations general practice needs to thrive in the future.



This should include proposals to:

- Create and implement improved IT systems which make it easier for medical staff to share patient records and information about what they need to improve relationship-based care.
- Eradicate unnecessary bureaucracy in general practice to enable staff to focus on patient care.
- Introduce changes to the way we deal with the most vulnerable patients moving away from the current Quality Outcomes Framework to a system that encourages GPs to focus on those who need care most and cuts out the red tape and box ticking.
- Improve the experience of accessing care, making it easier for patients to choose to see the same GP or the next available member of the team, achieved through investing in better booking system and organisational development.
- Make it easier for international doctors who complete their training as NHS GPs to apply for long-term visas to stay and work in the UK, bringing the situation into line with trainee doctors in other parts of the NHS.

- Allocate a greater proportion of NHS budgets to general practice to return funding to 11% of total health spend. This should allow investment in:
 - A nationally ringfenced retention fund of at least £150 million annually for GP retention and career development programmes.
 - Additional funding of at least £100m per year to develop primary care networks to take a lead role in transforming patient care and population health. This should include funding to employ community health leads, increased funding for Clinical Directors or management staff and support to help practices work at scale and to implement new ways of working.
 - Extra funding for practices serving the most deprived populations to recruit and retain staff in under-doctored areas, as part of a comprehensive review of the Carr-Hill formula.
 - Investing £1 billion to make general practice premises fit for purpose, including sufficient space to accommodate expanded multidisciplinary teams.

- Publish a detailed plan to achieve and go beyond the targets of 6000 extra full time equivalent GPs and 26,000 additional staff in non-GP roles. This should include measures to:
 - Make the funding rules more flexible so practices are free to use money from the Additional Roles Reimbursement Scheme to hire the staff they need, including nurses, and invest in supporting supervision and training to better integrate teams.
 - Expand the number of GP training places by at least 10% year on year. This must sit alongside action to increase the number of trainers and improvements to premises to further expand teaching in general practice.

