

Foreword

General Practice feels under pressure as never before. Workload is increasing driven by an unprecedented rise in the number of patients and growing complexity of their health needs, added to by growing expectations both from politicians and policy makers. Many GPs are working increasingly long hours and an increasing number are looking to leave the profession, while the numbers applying to become trainee GPs and practice nurses has fallen to a worrying level. The overall share of the NHS budget for general practice has reduced by nearly 20% over the last decade, leading commentators to describe it as a 'perfect storm'.

In addition to the pressing need to increase the GP and primary care workforce, this report looks at how the workload crisis in general practice can be tackled by '**Making Time**'. We think there are some things which are just not good enough and need to be fixed now. The complexity and confusion that has plagued central systems for paying practices and sharing information need urgent attention. Other things require the whole health system to work together more effectively. We were struck by how much time is taken in setting up and rearranging hospital appointments, as well as chasing up delays in discharge letters and the details of changes in medication. This is a key example of where GPs and their consultant colleagues and their respective teams, working together, need to agree better local systems for talking to each other and sharing information. Finally, there are things that practices can learn from each other. While many practices feel beleaguered, some are coping better than others reflecting widespread variations across general practice.

There are clear responsibilities for different parts of the healthcare system. NHS England, now increasingly working as co-commissioners of primary care with local CCGs, need to learn from other sectors where paying people is rapid, simple and straightforward. The rhetoric of 'integration' and 'whole systems working' could usefully be replaced with practical local arrangements to allow GPs and consultants to work more effectively together, rebuilding fractured relationships and a 'sense of place'. And within the GP practice, some may want to review aspects of the way they organise themselves to help reduce their own workload.

We know that there are few quick fixes but we urge NHS England to take immediate steps to streamline practice payment systems to minimise bureaucracy and maximise speed of data entry and payment, as well as providing financial incentives for practices to learn from each other and to work more effectively together.

All of the ideas highlighted in this report take time, effort and in some cases, additional resources. But taken together, they could release a lot of time and effort, freeing up GPs to deliver the job they were trained to do and care so passionately about. To focus on all the areas highlighted in this report will require a new sense of urgency at all levels of the NHS that lifting the burden on general practice is good for everyone who works in the NHS and for all of us who use it.

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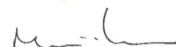
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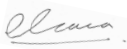
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