



**MEDIA RELEASE
FOR IMMEDIATE ISSUE**

1 in 4 GP APPOINTMENTS POTENTIALLY AVOIDABLE
NEW REPORT AIMS TO CUT BUREAUCRACY AND EASE PRESSURE ON GPs

“Making Time In General Practice” a report commissioned by NHS England and produced by NHS Alliance and the Primary Care Foundation judged that 27% of GP appointments could be avoided if there were changes in the system around them – that is more than 1 in 4 appointments.

All the leading national representatives of primary care, including the GP Committee of the BMA and the RCGP jointly signed up to the Foreword of the report and were struck by how much time was wasted rearranging hospital appointments, and chasing up test results from local hospitals. This accounted for 4.5% of appointments in the study, an estimated 15 million appointments if that was repeated across England.

The report also estimated 1 in 6 of the patients in the study could have been seen by someone else in the wider primary care team such as clinical pharmacists, practice nurses, or physician assistant or by self care.

The report states:

- 6.5% of their appointments could have been seen by another professional within the practice;
- 5.5% could have been seen by community pharmacy or the patient could have been given support to deal with the problem through self-care;



- 4% of appointments might have been dealt with through social prescribing / navigation.

In July NHS England launched a £15m scheme to fund, recruit and employ clinical pharmacists in GP surgeries.

The *Making Time In General Practice* study by NHS Alliance and the Primary Care Foundation was commissioned as part of the work NHS England is doing with its partners so every community has the GP workforce that best meets its health needs.

Welcoming the report Simon Stevens, Chief Executive of NHS England said: “

The study also argues that the reduction of bureaucracy in general practice should be made a national priority; freeing up time for practices to work together, improving communication between general practice and hospitals, unlocking the potential for the whole system to work together, as well as supporting changes and improvements within individual practices.

In particular the report calls on NHS England to streamline the payment systems that GPs use to simplify and speed up how much time practice managers spend on entering data. Interviews with practice managers have revealed that payment has become a bigger burden since Clinical Commissioning Groups and local authorities have been commissioning services from practices.

Problems with hospital booking are also a concern, often caused by a patient failing to attend their outpatient appointment and meaning an entirely new GP referral is required.

Immediate practical steps to cut down on bureaucracy suggested by the report include:

- **Patients who are unable to attend a hospital appointment should be able to re-book within two weeks without going back to the GP. Booking and rearranging hospital appointments should be simpler without the patient needing to go back to the GP.**
- **Practices should employ a wider range of staff within the practice team, with the decision on the type of staff left to the discretion of individual practices and federations;**
- **NHS England will work with doctors to streamline communication, particularly between hospitals and practices, and reduce the workload of processing information within practices;**
- **Practices should free up time for GPs and other leaders in the practice to think through how they can work differently, learning the lessons from the PM's Challenge Fund sites and the Vanguard sites as they become available – creating the 'headroom' needed to plan new ways of working and clinical innovation;**
- **GP federations should be funded to work across their practices to build practical social prescribing projects that offer real alternatives to taking up GP time with patients whose needs can be better met by other kinds of support in the wider community;**

Dr Jonathan Serjeant, GP, co-director and founder of Brighton and Hove Integrated Care Service and lead for NHS Alliance's *Accelerate* initiative, which provides practical support to GP federations and emerging models of primary care, argues that using today's IT patients should be given more control over their own patient records rather than this burden staying with GPs. He said:



"GPs and their colleagues are experts in listening, supporting and diagnosing their patients. This is what we've been trained to do, and what we want to do.

"If applied quickly, the recommendations set out in this report, particularly those around extending the GP team to incorporate other health professionals, will help reduce the current levels of bureaucracy GPs face on a daily basis.

The end result is that GP time is freed up, and people have access to all their information whenever they need it."

Rick Stern, chief executive of NHS Alliance, and a director of the Primary Care Foundation said: **"This report documents how general practice is struggling with an increasing workload and the urgent action required to relieve this burden. We want to ensure that GPs and their colleagues in general practice are freed up to deliver the job they were trained to do and care so passionately about."**

Dr. Robert Varnam, Head of general practice development for NHS England, said: "General practice is the bedrock of healthcare and NHS England commissioned this report because we are determined to support GPs in reducing the pressures they face. The findings include helpful suggestions which should free GPs to spend more time with patients most in need and further ways to reduce the administrative burden."

ENDS

For further information, including a copy of the report, please contact the NHS England Media Team on nhsengland.media@nhs.net or 0113 8250958.



Background

An audit of GP consultations was undertaken, with results provided from 5,128 consultations across England.

A survey of practice managers was also undertaken, to estimate the time taken by different types of externally mandated work. Results were provided by 250 practice managers.

The quantitative results were then discussed in detail through qualitative interviews and focus groups with clinicians and managers, including a roundtable event with NHS Providers. There has been ongoing review of results and key themes by a national steering group with all the relevant professional bodies and leaders from seven organisations representing primary care have jointly signed a Foreword to the report.

- Dr Chaand Nagpaul, GP Committee, BMA
- Dr Maureen Baker, RCGP
- Dr Amanda Doyle, NHS Clinical Commissioners
- Dr Michael Dixon, NHS Alliance
- Dr Nav Chana, National Association of Primary Care
- Russell Vine, Practice Managers Network
- Dr Peter Swinyard Family Doctors Association

NHS England has launched a £15m scheme to fund, recruit and employ clinical pharmacists in GP surgeries. The scheme is an important part of the New Deal for General Practice and is the result of close collaborative work with Royal College of General Practice, the BMA's General Practice Committee, the Royal Pharmaceutical Society and Health Education England. More details are available here -

<http://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/cp-gp-pilot/>



NHS



England is investing £1bn over four years (from 2015/16) in a primary care infrastructure fund, with £10million being used to kick start the initiatives in the GP workforce action plan, developed by NHS England, Health Education England, the Royal College of General Practitioners and the BMA GP committee. This complements work that is already underway to strengthen the GP workforce. Full details can be found here:

<http://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/>

NHS Alliance is an independent, not-for-profit, leadership organisation representing progressive providers of care outside hospital. Neither professional body nor trade union, it is an entirely solutions focused organisation, unique in its approach bringing together more than 10,000 passionate individuals and organisations across primary care who believe innovation, connections and integration are key to the sustainability of a health service that remains free to all at the point of need.

The **Primary Care Foundation** was established in 2006 to support the development of best practice in primary and urgent care. The foundation specialises in carrying out reviews, based on analysing a range of data sources and examining local practice, that make local and national recommendations. It also look for opportunities to share learning, building resources that can solve problems more widely across the NHS. The foundation has worked with over 1,300 practices in the last 4 years on managing access and urgent care, using a specially designed web-based tool to prepare reports for practices, and discuss ways of making improvements.