



GENERAL ELECTION

What health and care need  
from the next government

# General practice

Briefing

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# General Election briefings



Our briefings set out issues where we believe there is clear evidence that a government taking or returning to office in the next year must act to meaningfully improve health and care in England.



We are presenting a series of tests that any policy programme during the next Parliament should meet.



We hope these briefings will help political parties over the coming months as they draw up a platform to put to the British people – and give journalists, MPs and health organisations key questions to ask them.

# Test

## Restore the ability of patients to access their own doctor

### What's the problem?

Policy has prioritised speed of getting an appointment over seeing a preferred GP

According to the GP Patient Survey the proportion of people who said they had seen their preferred doctor declined from 50% in 2018 to 35% in 2023

Research shows continuity of care leads to better outcomes for patients and increased job satisfaction for clinicians

More GPs working part-time and limited appointment capacity makes it logistically challenging for people to see their preferred GP

### What needs to happen?

Policy should deliver a demonstrable and measurable increase in patients who can see their own preferred doctor

A benchmarking reporting system should be introduced to ensure transparency on how practices are performing

Payments via the Quality and Outcomes Framework should be introduced to improve continuity and incentivise practices to identify patients who need continuity the most

Practices should be supported to use technology and data analytics to identify patients who are most likely to need to see a doctor that knows them

# Test 2

## Tackle patients' poor experience of accessing general practice

### What's the problem?

Making it easier to get a GP appointment is one of the public's highest priorities for the NHS

The solution to poor access to appointments has often been seen by policymakers as getting one as quickly as possible

People need different things from appointments – for example, 23% of people surveyed wanted choice to book ahead for a non-urgent appointment, but a quarter of those were unable to

Access to appointments is often worse for people who need them most

### What needs to happen?

There should be no blanket targets offering all appointments in a certain number of days or hours, or a blanket requirement to offer face-to-face appointments

All practices should provide patients options for appointments that can be booked in advance

There should be increased funding for IT tools to support professionals to triage patients

Practices should be held accountable on access and patient satisfaction

National bodies should promote inclusive access to practices

# Test 3

## Use digital technology to support better access, while avoiding known risks

### What's the problem?

The shift towards increasing use of digital tech in primary care has had a significant impact – both good and bad

While there are huge benefits to using digital technology in primary care, there's also evidence of risks to patient safety or confidentiality, missed or delayed diagnosis, and worsening inequalities in access to care

Getting the best from technology in primary care requires investment to improve infrastructure, training for staff and patients, and support for practices to redesign and make changes, but this does not always happen in practice

### What needs to happen?

General practice must receive its share of infrastructure money committed to digital technology in the NHS

A new approach to training for staff and patients must be adopted as part of a broader vision to support the skills of digital citizens

Any digital policies must adopt a stronger focus on user experience and user-led design so solutions suit the needs of staff and patients

Any digital proposals must include realistic ambitions and timescales for organisational change

# Test 4

## Address the problem of declining GP numbers

### What's the problem?

Despite pledges to increase numbers, the amount of fully qualified full-time GPs has been falling since 2015

There are challenges attracting GPs to the profession and keeping them when they do

There are high drop-out rates from training; many GPs are working less-than-full-time; and many are retiring early

This is contributing to a mismatch between patient need and available capacity

There are also disparities in GP numbers per patient across the country, partly because funding does not adequately account for deprivation

### What needs to happen?

Creative and credible plans for GP retention and to keep new starters in the NHS should be developed such as loans forgiveness, or supporting people later in their careers to work in different areas

Areas with the greatest need should be prioritised for GP training

Government must urgently identify a blend of policies to ensure workforce is matched to population (like golden hellos for early career GPs in targeted areas or an expansion of training places in deprived areas)

The ratio of GPs to patients should be monitored and the unintended consequences of introducing new roles should be considered

# Test 5

## Make sure the addition of new types of staff to general practice is safe, fair and efficient

### What's the problem?

There has been a huge rise in the number of staff working in GP practices who aren't doctors (such as pharmacists or social prescribers) - more than half of all appointments taking place are now not with a GP

There are good examples of where new roles enhance care but also evidence that they are not always achieving better outcomes

Roles have been introduced at pace into a service facing a recruitment and retention crisis, with questions about their impact on GP workload, patient satisfaction and costs

### What needs to happen?

Government should ensure staff can practice safely and have appropriate training and supervision, including developing a shared understanding of what they can and cannot take on

Government should consider earmarking funding for additional roles for supervision and training

A communications campaign to improve recognition and understanding of different roles is needed

Government must work with relevant organisations to ensure appropriate regulation (whether statutory or not) is in place for emerging staff groups

# Test 6

## Don't force through a new structure for general practice – just ensure it delivers its functions

### What's the problem?

The traditional GP partnership model is challenged due to declining numbers of GP partners and increased financial pressure

There are calls for new types of organisations such as multiple practices joining together or new employment models

This brings with it a risk that focussing on the model through which general practice is delivered detracts from its key functions

### What needs to happen?

Government should resist the urge for top-down structural answers – avoid a one-size fits all approach when innovation and adaptation is required

There should be a focus on solutions that allow different types of organisation to provide key functions of GPs like care coordination, access to a known and trusted doctor, standard interventions and rapid access to appointments for acute illness

Government should establish ways to hold GPs to account for delivering these functions alongside other agreed standards like equity of access