

Why can I never get an appointment with my GP?

The State of General Practice in Leicestershire, Leicester and Rutland

Report by Leicestershire, Leicester and Rutland Local Medical Committee
April 2023

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1. INTRODUCTION

- 1.1 This report has been prepared by the Leicestershire, Leicester and Rutland Local Medical Committee (LLRLMC). The LLRLMC is a body that represents all general practitioners working in LLR. LMCs were first established by the 1911 National Insurance Act and have various statutory functions.
- 1.2 The purposes of this report are to:
- Promote understanding by the public, Local Authorities, Politicians, and the media about the current situation in general practice and the causes.
 - Provide background information that general practices can use in discussions with patients.
 - Promote debate about the future of general practice.
- 1.3 Patients are dissatisfied with the service they are receiving from general practice, with rate of satisfaction having dropped between 2019 to 2022 by 33% to the lowest level ever recorded (35%)¹. Parts of the media and politicians are scapegoating GPs as being the cause. In this report we will demonstrate the actual root causes of the problem.

2. SUMMARY

- 2.1 Every working day more than 18,900 people attend an appointment at their local GP surgery in LLR.
- 2.2 The vast majority of healthcare is delivered by general practice (often quoted as 90%). Currently GPs are demoralised and are leaving almost as fast as they can be recruited². Since 2012 Job satisfaction for UK GPs has plummeted from being the highest to the lowest in comparison with western developed countries³. General practice is the bedrock of the NHS and when it fails the NHS fails.
- 2.3 LLR needs 175 additional FTE GPs in LLR to provide a safe service. If LLR general practices reduced their list sizes to maintain a safe level of service, there would be 315,000 patients without a GP. This represents 26% of the population.
- 2.4 Patients are increasingly dissatisfied with the level of service they receive¹. This has been created, in part, by inaccurate reports by the media and politicians.
- 2.5 Patient dissatisfaction is often stated as being caused by poor access, but the actual cause is more straightforward – an increasing gap between the capacity to provide services compared with the demand.
- 2.6 The increasing demand is partly due to an ageing population, increasing complexity of cases, and the backlog of hospital work which spills over as increased activity in general practice¹.

¹ Morris J, Schlepper L, Dayan M, Jefferies D, Maguire D, Merry L and Wellings D (2023) Public satisfaction with the NHS and social care in 2022: Results from the British Social Attitudes survey Report, King's Fund and Nuffield Trust.

² House of Commons. Health and Social Care Committee. The future of general practice. Fourth Report of Session 2022–23

³ Beech J et al. Stressed and overworked What the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries means for the UK. March 2023.

- 2.7 The number of GPs continues to fall, with the number in LLR per 100,000 population having fallen from 41.57 to 40.98 in the past year.
- 2.8 The number of appointments per 100 population provided by general practice in LLR has increased from 559 prior to the pandemic to 581 in 2022.
- 2.9 A recent research paper has demonstrated yet again the benefits of continuity of care⁴ in reducing risk of death, demand on out-patient appointments and acute hospital admissions. Continuity is provided by partners and salaried GPs working in practices. Another survey demonstrated that practices with an unstable GP team with high turnover resulted in 1.8 more emergency hospital attendances per 100 patients and 1.3% lower overall satisfaction with the practice⁵.
- 2.10 The Government, Department of Health and Social Care and NHS England, continue to introduce policies that further undermine general practice. This month the government has imposed a change in contract for 2023/4 which the BMA says “does absolutely nothing to improve what is fast-becoming an irreparable situation for practices and their patients up and down the country. ... it also introduces more bureaucracy and arbitrary targets that only set practices up to fail and take GPs away from direct patient care.”⁶
- 2.11 The root cause of the parlous state of general practice is a failure of government policy over the past decade, meaning that the decreasing number of GPs - despite increasing their workload - are unable to keep up with an increasing demand on the service.
- 2.12 If patients and politicians in LLR wish to have access to NHS general practice in the future, they need to recognise and respect the service that general practices are providing in very difficult circumstances and work in partnership to protect what is left.

GPs are as frustrated as patients that they are unable to keep pace with increased demand.

General Practices are working harder than ever despite fewer GPs, and is the only part of the NHS to have significantly increased workload compared with before the pandemic.

General practices should be praised for their efforts and not scapegoated for deficiencies in successive government policies.

⁴ Sandvik H, Hetlevik Ø, Blinkenberg J, Hunskaar S. Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of-hours care: a registry-based observational study in Norway. *Br J Gen Pract* 2021 (published online 4 Oct). doi:10.3399/BJGP.2021.0340

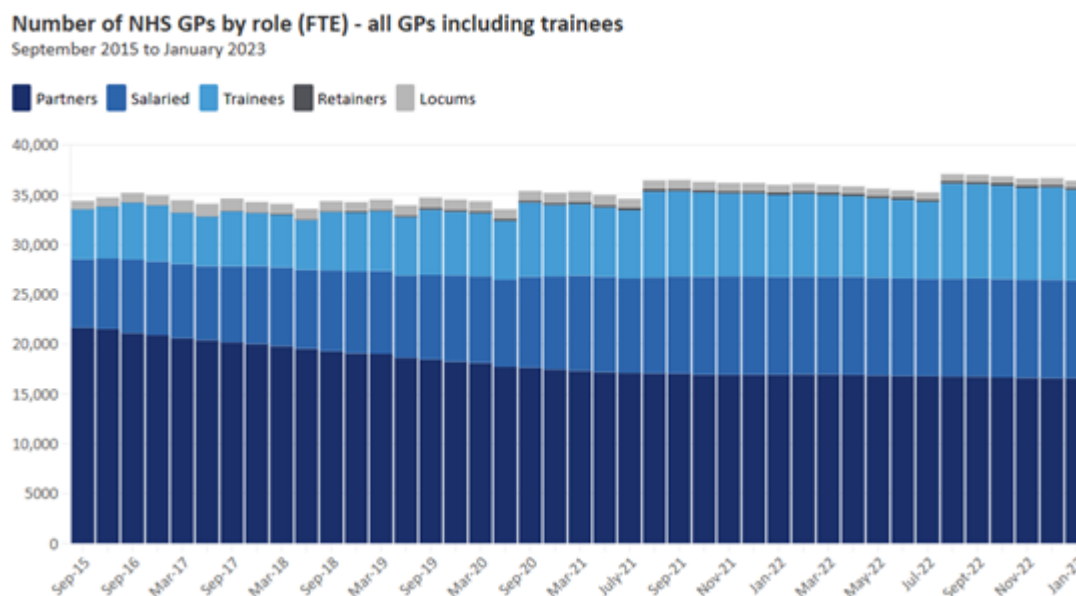
⁵ Parisi R et al. Predictors and population health outcomes of persistent high GP turnover in English general practices: a retrospective observational study. *BMJ Quality & Safety* Jan 2023, bmjqs-2022-015353; DOI: 10.1136/bmjqs-2022-015353

⁶ [GP leaders dismayed as Secretary of State refuses additional help for practices - BMA media centre - BMA](#)

3. NUMBER OF GENERAL PRACTITIONERS

- 3.1 The full-time equivalent number of fully qualified GPs has continued to fall year on year since 2015⁴ (Figure 1).

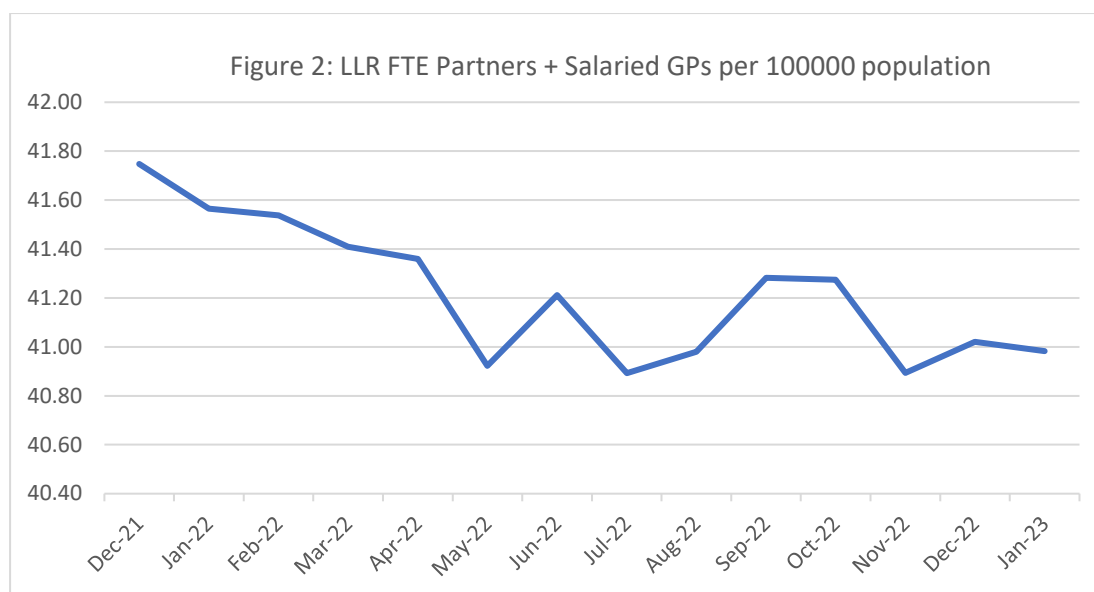
FIGURE 1



Source British Medical Association

- 3.2 As of January 2023 (latest data) there were 2,078 fewer fully qualified full-time GPs in England compared to the September 2015 baseline (when the current collection method began)⁴.
- 3.3 Over the last year, the NHS has lost 402 individual (headcount) GP partners and 244 salaried, locum and retainer GPs. This has created a net loss of 646 individual GPs since January 2022. This amounts to an equivalent loss of 470 full-time fully qualified GPs in the last year alone.
- 3.4 There has been a similar reduction in GPs in LLR. The data separated by area is only available from the end of 2020 but during that time the numbers have continued to fall⁷.
- 3.5 During the same period the registered population in LLR has increased from 1.176million to 1.203million⁴.
- 3.6 Care is provided within practices mainly by Partners and Salaried GPs. It is these GPs who provide long term care and thereby the continuity of care which is important to providing a safe and cost-effective service.
- 3.7 The majority of general practices are independent businesses that contract with the NHS to provide services. These practices are normally owned and run by GP Partners who invest a significant amount of their own time and money in developing services.
- 3.8 The number of fully trained GPs working in practices continues to fall, with the number in LLR per 100,000 population having fallen from 41.57 to 40.98 in the past year. (Figure2)

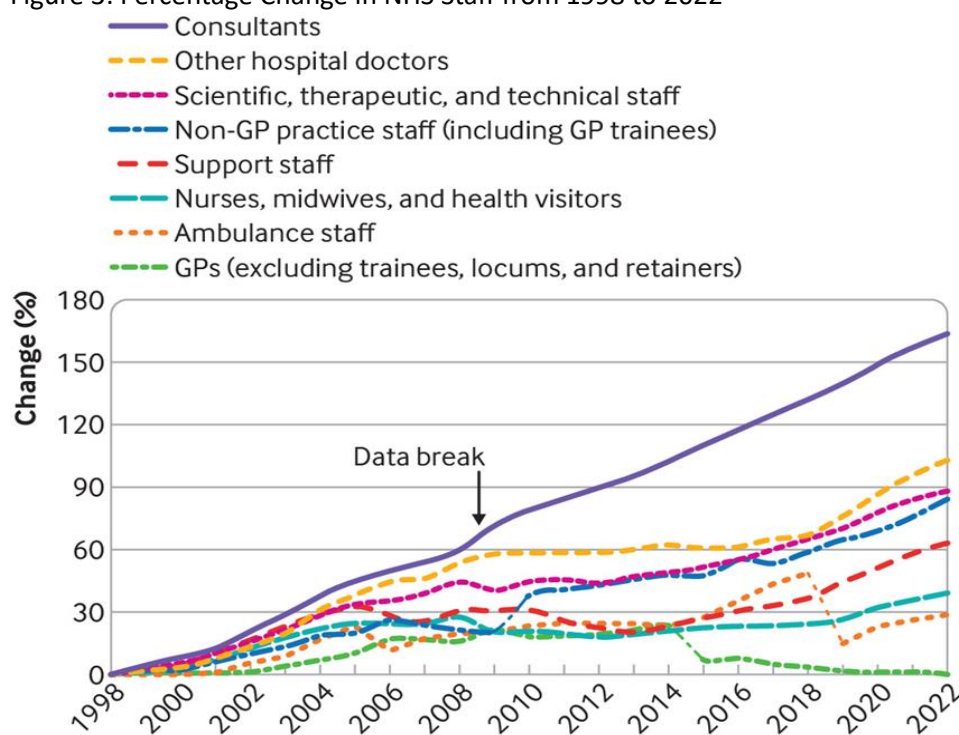
⁷ NHS Digital: General Practice Workforce



Source: NHS Digital: General Practice Workforce

- 3.8 Nationally there has been a decline in GP numbers since 2015 whilst the number of consultants has significantly increased⁸ (Figure 3).

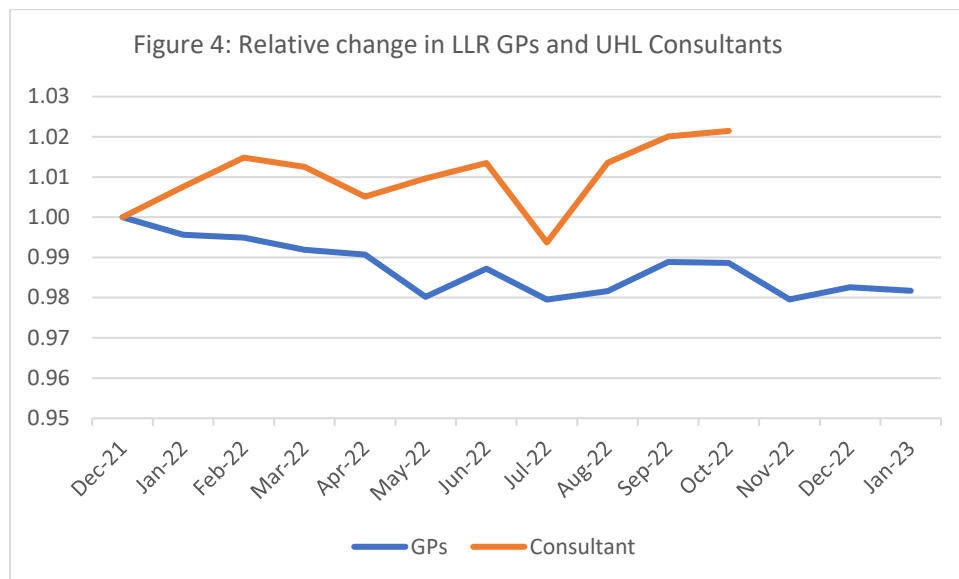
Figure 3: Percentage Change in NHS Staff from 1998 to 2022



Source: What's happened to NHS spending and staffing in the past 25 years? *BMJ* 2023; 380 p564

- 3.9 This difference is also seen in LLR (Figure 4).

⁸ Appleby, J. What's happened to NHS spending and staffing in the past 25 years? *BMJ* 2023; 380 p564



Source: NHS Digital: General Practice Workforce, and NHS Workforce Statistics

- 3.10 There are now insufficient GPs to provide a safe service. The maximum number of patients per GP to be able to provide a safe service is 1800. This means that at present, in effect, 315,000 patients do not have a GP in LLR (Figure 5).

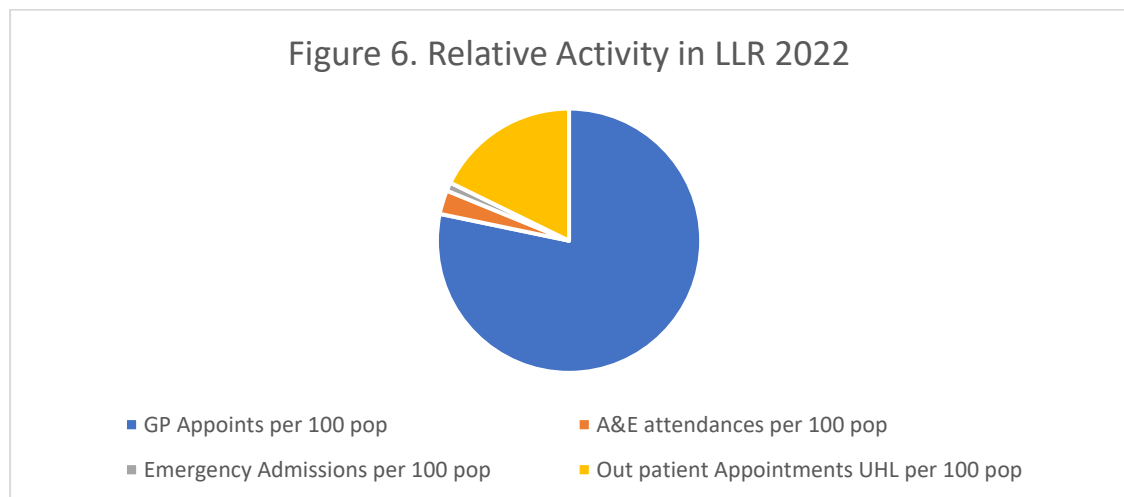
Figure 5: Effective LLR Population Without a GP.

Current Permanent FTE GPs	493
Provide care for (@1800 per GP)	887400
Current LLR population	1202937
LLR Population without GP	315,537

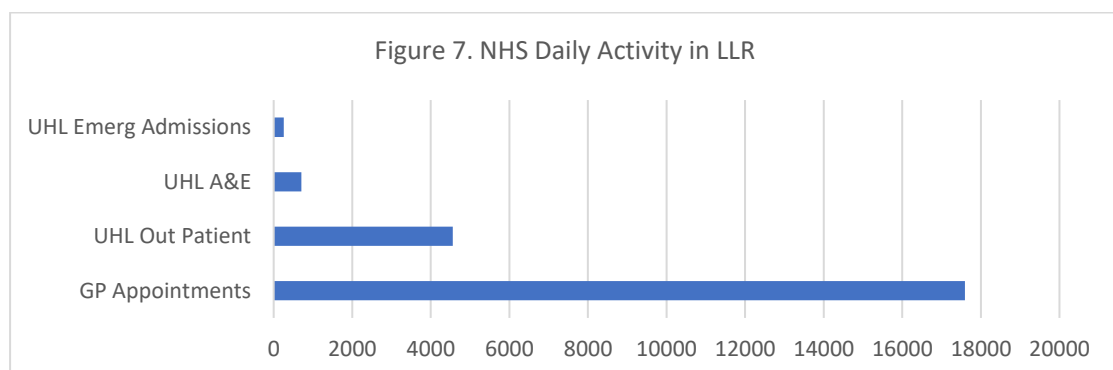
- 3.11 There would need to be 175 (35%) additional Full Time Equivalent GPs to provide a safe service.

4. CHANGES IN WORKLOAD

- 4.1 The majority of healthcare starts and finishes in general practice (often quoted as 90%)¹. The number of GP appointments is much greater than hospital activity. See Figure 6 for the annual comparison and Figure 7 for the daily comparison. On every day in LLR there are 18,900 appointments in general practice compared with 4,300 out-patient appointments, 700 A&E attendances and 250 emergency admissions (hospital data refers to UHL).

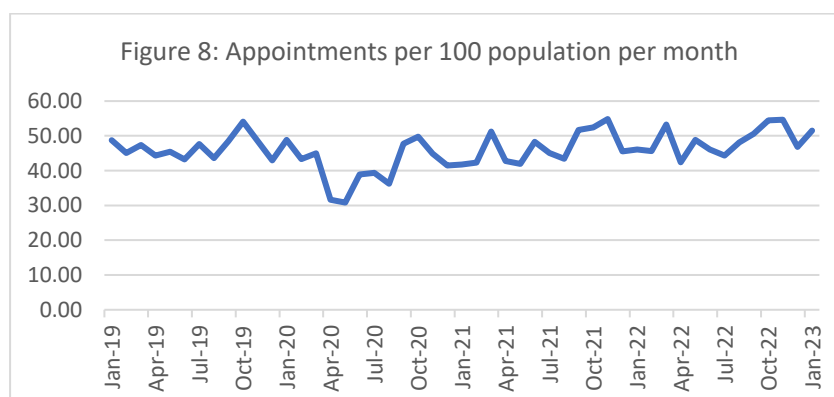


Source: NHS Digital: Appointments in General Practice *and* NHS Workforce Statistics

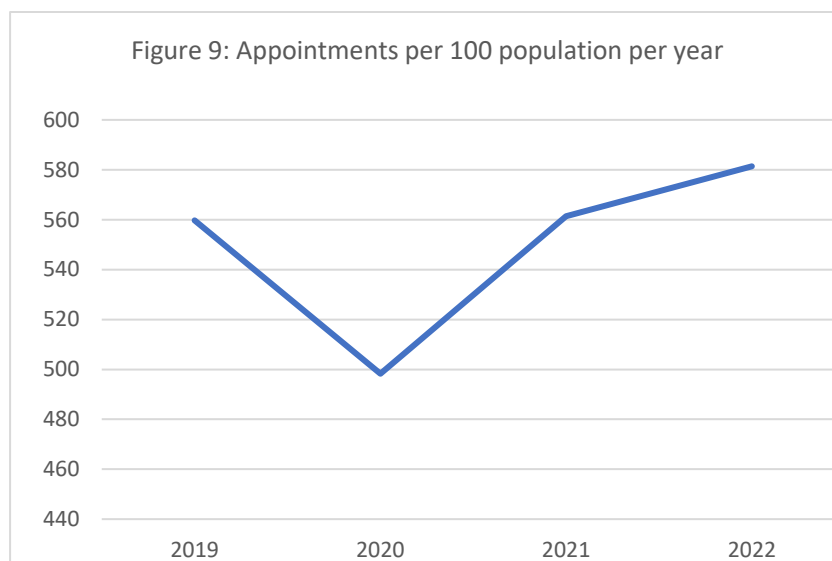


Source: NHS Digital: Appointments in General Practice *and* NHS Workforce Statistics

- 4.2 The number of appointments provided by general practice has increased compared with before the pandemic by 7.7%. Figure 8 shows the number of appointments per month and Figure 9 per year.

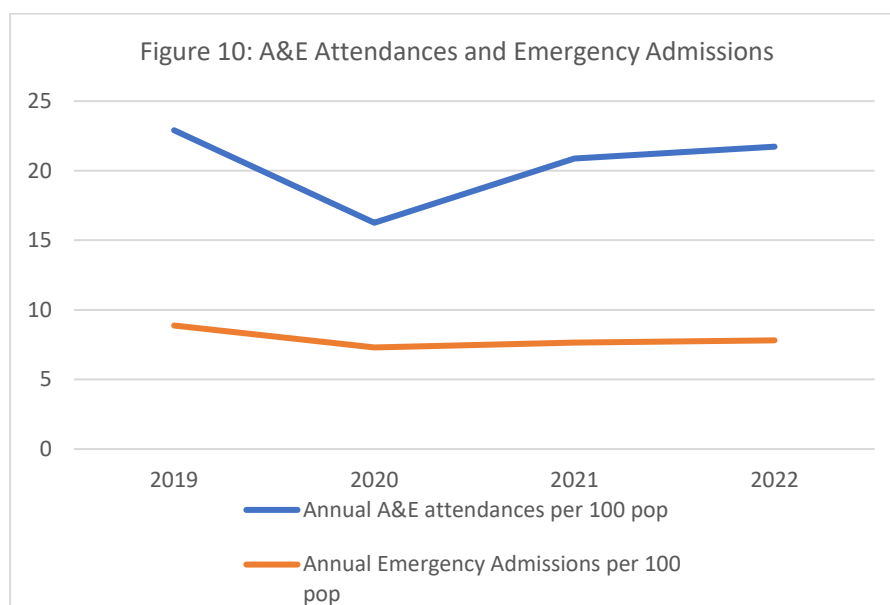


Source: NHS Digital: Appointments in General Practice



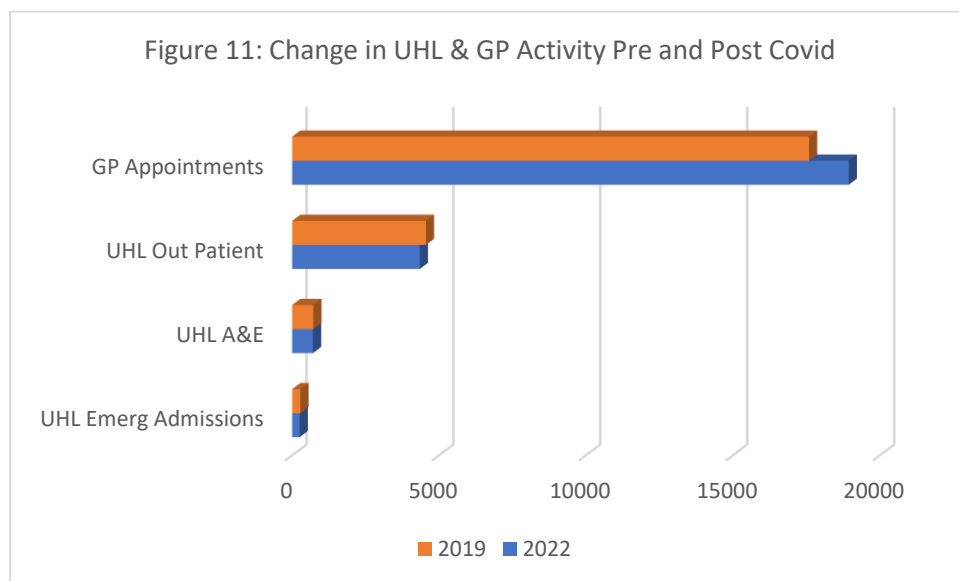
Source: NHS Digital: Appointments in General Practice

- 4.3 During this same period the workload at UHL has not recovered to pre-pandemic levels (Figure 10).



Source: NHS Digital: Monthly Hospital Activity

- 4.4 Figure 11 compares the relative change in activity between 2019 and 2022 for hospital activity and general practice appointments.



Source: NHS Digital: Monthly Hospital Activity *and* Appointments in General Practice

- 4.5 The number of GP appointments in England increased by so much in May 2022 (15%) that it had a significant effect on Gross Domestic Product⁹

⁹ [GDP monthly estimate, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/gdp/monthly-estimate)