



House of Commons  
Committee of Public Accounts

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# **Access to General Practice in England**

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**Twenty-eighth Report of Session 2015–16**





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**Twenty-eighth Report of Session 2015–16**

*Report, together with formal minutes relating  
to the report*

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## Summary

Most of the contact that people have with the NHS is with their general practice. Good access to appointments in general practice is important not only for patients' health but also to reduce pressure on other parts of the NHS. Generally patients have a positive experience of getting and booking appointments, and they trust and value their GP. However, patients' ability to get an appointment, and to get one with the doctor they want, has gradually but consistently declined in recent years, and the proportion of patients reporting problems in accessing general practice has increased. There is also significant variation in the experience of different groups of patients and between different practices. Younger people, those from minority ethnic groups and those in deprived areas are less likely to be able to book an appointment.

In recent years the Department of Health (the Department) and NHS England have failed to ensure that staffing in general practice has kept pace with growing demand. They appear to have been complacent about general practice's ability to cope with the increase in demand caused by rising public expectations and the needs of an ageing population, many of whom have multiple health conditions. The Department and NHS England now seem to recognise the urgent need for action and they envisage significant changes in general practice over the next few years. NHS England has committed to increasing funding for general practice and is seeking to increase the number of GPs, to make more use of technology, and to support the creation of more federations of practices and multi-disciplinary large practices. To help general practice to change, NHS England needs to do more to identify and evaluate what works, and to ensure that best practice is applied more widely.

## Introduction

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In 2014–15, there were an estimated 372 million consultations in general practice. When accessing their general practice, patients need to be able to get a convenient appointment which does not require them to wait too long and with the same doctor if that is important to them. Good access to general practice matters, because prompt diagnosis and treatment helps patients get the best outcomes when they are ill. It also reduces pressure on other parts of the NHS such as hospital accident and emergency (A&E) departments. An estimated 5.8 million visits to A&E or walk-in centres in 2012–13 followed patients not being able to get an appointment or a convenient appointment in general practice.

There are around 37,000 full-time equivalent GPs working in 7,875 practices across England. Practices also employ a range of other staff including nurses, pharmacists and administrative staff. NHS England contracts with practices to provide a range of services, and in 2014–15 spent £7.7 billion (8% of its budget) on general practice. The Department and NHS England have a range of initiatives underway to improve access to general practice, including a workforce action plan to increase staffing and the Prime Minister's GP Access Fund, which has been piloting different ways of working, including extended opening hours in the evenings and at weekends.



## Conclusions and recommendations

1. **Problems with recruitment and retention means there are not enough GPs to meet demand.** For the last decade, demand in general practice has risen faster than capacity. The best available estimates for 2004–05 to 2014–15 indicate that each year the number of consultations grew by 3.5% on average, compared with 2% average annual growth in general practice staffing. The Government has committed to providing 5,000 additional doctors working in general practice by 2020. NHS England, together with Health Education England, the Royal College of General Practitioners and the British Medical Association, published a 10-point workforce action plan in January 2015 to increase staffing by: making it more attractive for staff to remain in general practice; supporting those who wish to return after time away; and increasing recruitment. However, the Department and NHS England acknowledge that faster action is needed if they are to have 5,000 more doctors working in general practice.
  - More GPs are leaving the profession, particularly older staff with more experience. Between 2005 and 2014 the proportion of GPs aged between 55 and 64 that left approximately doubled, and the proportion of younger GPs leaving has also increased. Declining job satisfaction among GPs caused by increasing workloads and a feeling of being undervalued appear to be contributing to this trend. NHS England and the Royal College of General Practitioners are interviewing older GPs to find out what might encourage them to stay in general practice.
  - It is too difficult for GPs who have left to return to practice. The number of GPs leaving means there is a large pool of people not currently practising in England who could potentially be attracted back. The Royal College of General Practitioners referred to GPs in Scotland who wanted to practise in England. However, it told us that it is unnecessarily difficult and takes a long time for GPs to return after an extended period away, even if they have been working in the meantime as GPs in other countries. Efforts have been made to improve the process, but the Royal College considers it is still too bureaucratic.
  - NHS England and Health Education England are struggling to attract new doctors to become GPs. Recently, the number of trainees recruited each year has remained at approximately 2,700, although the number of training places has increased. This meant that 12% of training places were unfilled in 2014–15. We heard that negative perceptions about general practice and the heavy workload were making it more difficult to attract trainees. For 2015–16 Health Education England carried out a marketing campaign and regional roadshows to promote general practice to foundation-year doctors who were coming to the point of having to make a career choice, and 100 more people took up GP training places than in the previous year.

**Recommendation: *Building on the workforce action plan, the Department, NHS England and Health Education England should:***

- a) *set out how they plan to reduce the number of GPs leaving the profession early, informed by analysis of the interviews with older GPs;*

- b) *set out how they plan to attract more GPs to return to practice, and how they will monitor progress;*
  - c) *establish which incentives work best in attracting new recruits to general practice; and*
  - d) *report back to us by December 2016 on the three points above and on progress towards having 5,000 more doctors working in general practice.*
2. **Having good access to general practice is too dependent on where patients live because of variations in staffing levels.** Staffing varies significantly across the country—after adjusting for patient needs, the most deprived areas had on average nearly five fewer GPs and nurses per 100,000 people than the least deprived areas in 2014, although the gap has narrowed since 2010 when the most deprived areas had 19 fewer GPs and nurses per 100,000 people. In areas where there are fewer staff it is harder for patients to get appointments. In the third of clinical commissioning groups with the lowest ratio of GPs and nurses to patients, 13% of patients could not get an appointment, compared with 10% in the third of clinical commissioning groups with the highest ratio. In addition, a higher proportion of older GPs work in more urban and deprived areas so there is a risk that the inequality between areas may increase when these GPs come to retire. There is no mechanism to ensure that doctors and nurses are distributed equitably around the country, and places for new GPs are much easier to fill in London than in some other parts of the country. Through its workforce action plan NHS England has been using incentives, such as extra financial support, to attract trainee GPs to work in areas of greatest need. However, it is not clear what progress has been made.

**Recommendation:** *By December 2016 NHS England should review the effectiveness of its incentives to attract staff to areas which have relatively few general practice staff, and set out the action it will take in light of its findings.*

3. **There is unacceptable variation in patients' experiences of getting and making appointments.** Patients who are older, white or in a more affluent urban area get better access than anyone else. Conversely, patients who are younger, work full-time or from a minority ethnic group are more likely to report problems in getting a convenient appointment and in seeing their preferred member of staff. For example, in 2014–15 19% of Asian patients were unable to get an appointment, compared with 11% of white patients. The proportion of patients at each practice unable to get an appointment varied significantly, from 0% to 52% in 2014–15. Most of this variation appears to be due to the way practices are managed rather than underlying demographic factors. Through the Prime Minister's GP Access Fund and other initiatives, NHS England is exploring how practices can improve access for their patients, for example through better use of technology, staffing and wider community-based services. It is also doing some work to share learning and good practice more generally, but it is still not easy enough for individual practices to find out what is working well elsewhere.

**Recommendation:** *NHS England should develop a strategy for identifying and sharing best practice on access to general practice, including on how to improve access for patients from minority ethnic groups, and report back to us by December 2016.*

4. **We are concerned that it appears it is not always easy for people to find the information they need to access the right medical care.** To help them choose their general practice and get appointments when needed, people need clear information on the services practices provide and when they are open. Without this information, they may go to A&E instead or do nothing at all. However, it can be difficult to find out even basic information such as practice opening hours. Research by Healthwatch has highlighted examples of practices having no website and, in one county, more than a quarter of answer-machine messages gave the wrong out-of-hours telephone number, which puts patients at risk if they do not know how to get help when their general practice is closed. Good information may also help to reduce the number of avoidable GP appointments by letting patients know where they can find more appropriate organisations to help them with non-medical issues such as benefits or housing.

**Recommendation:** *NHS England should set out the minimum level of information that all general practices should provide to the public to help them access services easily, and it should monitor practices' compliance annually.*

5. **The Department and NHS England do not have enough information on demand, activity or capacity to support their decisions on general practice.** The National Audit Office's report highlighted a large number of important gaps in the data on general practice. For example, the Department has not collected data on the number of consultations since 2008–09, and no data are collected on staff vacancies within practices. The Royal College of General Practitioners told us that individual practices do collect detailed data on activity, but these data are not extracted, analysed or used. The General Practice Extraction System aimed to provide this information but, as we reported in January 2016, this project is late and still does not deliver all that was intended. The Department told us that it and NHS England use existing data from the GP Patient Survey as an indicator of pressure in the system, and that they have work underway to improve data on activity levels and staffing. However, the existing data gaps mean that the Department and NHS England cannot be making well-informed decisions on how to improve access to general practice or where to direct their limited resources.

**Recommendation:** *By September 2016 the Department and NHS England should publish a plan for improving the information they have on demand, activity and capacity in general practice, including the minimum dataset they need and how and when they plan to collect this dataset.*

# 1 Staffing general practice

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1. On the basis of a report by the Comptroller and Auditor General, we took evidence from the Department of Health (the Department) and NHS England.<sup>1</sup> We also took evidence from the Royal College of General Practitioners and Healthwatch England.

2. Most of the contact that people have with the NHS is with their general practice, with an estimated 372 million consultations in 2014–15. There are around 37,000 full-time equivalent GPs working in 7,875 practices across England. GPs work with nurses and other staff to provide advice and treatment on a wide range of health issues. General practices are independent companies, owned by an individual GP or a group of GPs, that provide care to a registered list of patients. NHS England contracts with practices to provide a range of services, and in 2014–15 it spent £7.7 billion (8% of its budget) on general practice. Until April 2015, NHS England commissioned all general practice services but in many areas clinical commissioning groups now have a role in commissioning these services.<sup>2</sup>

3. The Department is ultimately accountable for securing value for money from spending on health services, including general practice. It sets NHS England objectives through an annual mandate and holds it to account for the outcomes the NHS achieves. The Department also holds Health Education England to account for ensuring that the future general practice workforce has the right numbers and skills.<sup>3</sup>

4. Generally patients have a positive experience of getting and booking general practice appointments, with 89% reporting in 2014–15 that they could get an appointment when they had last tried. However, the proportion of patients reporting problems has gradually but consistently increased in recent years. In 2014–15, 27% of patients said it was not easy to get through to their GP practice on the telephone, up from 19% in 2011–12. The proportion of patients reporting a poor experience of making an appointment increased from 8% in 2011–12 to 12% in 2014–15.<sup>4</sup>

5. Demand for general practice services has risen faster than capacity in recent years.<sup>5</sup> The best available estimates indicate that between 2004–05 and 2014–15 the number of consultations grew by about 3.5% a year on average, compared with 2% average annual growth in general practice staffing.<sup>6</sup> The Royal College of General Practitioners told us that the rise in the number of GPs had not kept pace with demand for a number of reasons—an increasing proportion of patients were older and had multiple, ongoing illnesses so their needs were more complex; at the same time, the number of GPs per head of population had fallen. Therefore general practice was struggling to provide the level of access that people expected.<sup>7</sup> NHS England told us that the number of GPs had in fact risen by 5,900 over the last decade, but that had not been enough to keep up with extra demands; there would need to be almost an equivalent increase over the next five years to make good on

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1 [C&AG's Report, \*Stocktake of access to general practice England, Session 2015–16\*, HC 605, 27 November 2015](#)

2 [C&AG's Report, paras 1–3, 1.8](#)

3 [C&AG's Report, para 4](#)

4 [C&AG's Report, paras 12, 4.7](#)

5 [Qq 1, 45](#)

6 [C&AG's Report, paras 21, 7.7](#)

7 [Qq 1, 43](#)

the shortage that had developed. NHS England considered that the system had kept going largely by relying on good will on the part of GPs and the affection that patients had for their practices.<sup>8</sup>

6. The Department and NHS England have committed to having 5,000 more doctors working in general practice by 2020.<sup>9</sup> To achieve this they want to: recruit more trainee GPs, make it more attractive for GPs to stay in general practice, and support those who wish to return after time away. NHS England, together with Health Education England, the Royal College of General Practitioners and the British Medical Association, published a 10-point workforce action plan in January 2015 covering each of these three areas.<sup>10</sup> NHS England expects that 1,000 of the 5,000 extra doctors working in general practice will need to come from staff returning to general practice and from improved retention.<sup>11</sup> The Department said that it remained a challenge to make sure the GP workforce grew quickly enough to meet growing demand, and accepted that it needed to take faster action to meet the target of 5,000 extra doctors by 2020.<sup>12</sup>

7. Increasing proportions of GPs in every age group are leaving the profession. In particular, between 2005 and 2014 the proportion of GPs aged 55 to 64 that left approximately doubled. This represents a drain on overall numbers and a loss of experience.<sup>13</sup> The proportion of younger GPs leaving has also been increasing, although at a slower rate. NHS England acknowledged that the large numbers of GPs leaving the profession was a cause for concern across the NHS.<sup>14</sup>

8. The Royal College of General Practitioners told us that the reason more GPs were leaving the profession was due to extreme workload pressures and a feeling that GPs were undervalued. While patients valued general practice, the morale of GPs was regularly undermined, for example by the way they were portrayed in the media.<sup>15</sup> The National Audit Office report highlighted that job satisfaction is at its lowest since 2001. NHS England referred to a survey by the British Medical Association last year to which 15,000 GPs responded. The survey found that workload was the most important issue.<sup>16</sup> The Royal College of General Practitioners told us that increasing administrative burdens were adding to the workload of GPs.<sup>17</sup>

9. The Department said that GPs were often frustrated by their interactions with other parts of the health system. It told us that the work being done as part of the new care model vanguard sites to bring general practice together with community nursing and other health services was helping to break down the boundaries between different parts of

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8 [Qq 70, 85](#)

9 [Qq 41, 57; C&AG's Report, para 8](#)

10 [NHS England and Health Education England, \*Building the Workforce—the New Deal for General Practice\*, 26 January 2015](#)

11 [Qq 68–69, 89](#)

12 [Q 60](#)

13 [Q 68; C&AG's Report, paras 22, 7.18](#)

14 [Qq 86–90, C&AG's Report, Figure 21](#)

15 [Qq 12–14, 16, 28–29](#)

16 [Qq 16, 71; C&AG's Report, para 7.18](#)

17 [Qq 16, 25–26](#)

the NHS.<sup>18</sup> NHS England told us that to help reduce the workload of GPs it was important to develop the wider general practice workforce and to make better use of technology so that practices could do more online and on the telephone.<sup>19</sup>

10. NHS England told us that, with the Royal College of General Practitioners, it was interviewing older GPs to identify what might encourage them to stay in general practice. Early findings from these interviews indicate that not having such a full workload or doing more mentoring might help to retain older GPs.<sup>20</sup> We note that new pension arrangements may also be encouraging GPs to retire early if they have maximised their pension fund before the age of 60.<sup>21</sup>

11. The Royal College of General Practitioners told us that it was difficult, time-consuming and costly for GPs to return to general practice after working abroad or taking a break for family reasons. It cited the example of GPs in Scotland waiting up to a year to transfer to become GPs in England. Despite efforts to improve the process, the Royal College of General Practitioners said that it was still too bureaucratic.<sup>22</sup>

12. NHS England maintains the ‘National Medical Performers List’ of all GPs registered and approved to work in England. The Department told us that there were 54,050 people on the Performers List but only 40,580 GPs were working in general practice, some of whom worked part-time. Some locum GPs and GPs who work only in out-of-hours services are not counted as working in general practice. In addition, the Performers List does not include GPs who have stopped practising altogether or have moved to practise abroad.<sup>23</sup>

13. NHS England and Health Education England are struggling to attract sufficient new doctors to become GPs. The number of available training places increased from 2,719 in 2009–10 to 3,049 in 2014–15, but the number of trainees recruited remained fairly constant at approximately 2,700 a year. As a result, a declining proportion of GP training places were filled: in 2014–15, 12% of places were unfilled.<sup>24</sup> The Royal College of General Practitioners told us that a lack of funding and support for general practice were making it more difficult to attract recruits.<sup>25</sup>

14. The Department told us that it wanted to make general practice a more attractive career option.<sup>26</sup> It highlighted that Health Education England had run regional roadshows to promote general practice to foundation-year doctors who were coming to the point of having to make a career choice. Following these roadshows Health Education England and the Royal College of General Practitioners had launched a marketing campaign in September 2015 called ‘Nothing general about general practice’.<sup>27</sup> NHS England also said it and Health Education England were looking to offer greater flexibility, for example through part-time training.<sup>28</sup>

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18 [Q 67](#)

19 [Qq 53–55](#)

20 [Qq 66–67](#)

21 [Qq 71–73](#)

22 [Qq 21–22](#)

23 [Qq 31, 34, 61, 64](#); [AGP0006, Supplementary note from the Department of Health, dated 20 January](#)

24 [Qq 20, 79](#); [C&AG’s Report, paras 22, 7.17](#)

25 [Q 19](#)

26 [Q 41](#)

27 [Qq 77–78](#)

28 [Q 80](#)

15. The Department told us that there were some early indications that the number of GP trainees was increasing, with 100 more people taking up training places in 2015–16 compared with the previous year. NHS England said that this progress would need to be sustained for general practice to attract the 3,250 trainees each year that would be needed to meet the target of 5,000 more doctors working in general practice by 2020.<sup>29</sup>

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29 [Qq 20, 77, 80](#)

## 2 Reducing variation

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16. There is large variation in general practice staffing between local areas. Once the population is adjusted to account for patient needs, the number of GPs and nurses per 100,000 people in each clinical commissioning group ranged from 114 in Sheffield to 63 in Swale in 2014. The most deprived areas tend to have the fewest GPs and nurses per 100,000 people.<sup>30</sup> The Royal College of General Practitioners said that, while some GPs explicitly chose to work in deprived areas, there had been no mechanisms to distribute the GP workforce fairly across the country and no ways of supporting general practice staff working in areas of greatest deprivation.<sup>31</sup> In addition, a higher proportion of older GPs work in urban and deprived areas which raises the risk that the inequality between areas may increase when these GPs come to retire.<sup>32</sup> NHS England highlighted that the retirement in the coming years of GPs recruited in the 1960s and 1970s, including from South Asia, would leave a gap in areas such as Birmingham, Leicester and parts of the North East and North West. It also told us that it was much easier to fill GP training places in London than in other areas such as the East Midlands and the North East.<sup>33</sup>

17. Inequalities in the distribution of general practice staff have reduced in recent years—in 2010, the most deprived areas had on average 19.2 fewer GPs and nurses per 100,000 people than the least deprived. By 2014, this gap had narrowed to 4.9 GPs and nurses.<sup>34</sup> NHS England told us that this change reflected improved equity in funding allocations and the targeting of extra funding for primary care at areas that were short of staff. The workforce action plan includes measures to attract new doctors to areas of greatest need, for example by offering financial incentives.<sup>35</sup>

18. The Royal College of General Practitioners highlighted that the distribution of general practice staff has an impact on health inequalities.<sup>36</sup> The National Audit Office reported that in areas where there were fewer staff it was harder for patients to get appointments. In the third of clinical commissioning groups with the lowest ratio of GPs and nurses to patients, 13% of patients could not get an appointment, compared with 10% in the third of clinical commissioning groups with the highest ratio.<sup>37</sup>

19. The GP Patient Survey shows that the experiences of different groups of patients vary significantly. In essence, patients who are older, white or in a more affluent urban area get better access than others. In contrast, younger patients and those from minority ethnic groups are more likely to report difficulties in getting and making an appointment or in seeing their preferred member of staff. For example, in 2014–15 19% of Asian patients were unable to get an appointment, compared with 11% of white patients.<sup>38</sup> Those patients that are working full-time are most likely to be dissatisfied. Older people, and those with long-term conditions, tend to value continuity of care, while those people of working age

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30 [C&AG's Report, paras 17, 7.15](#)

31 [Qq 2–3](#)

32 [C&AG's Report, para 7.14](#)

33 [Q 80–81](#)

34 [Q 81; C&AG's Report, para 7.15](#)

35 [Qq 4, 80, 82](#)

36 [Q 2](#)

37 [C&AG's Report, paras 17, 7.15](#)

38 [C&AG's Report, paras 16, 4.8, 6.5](#)



who are generally well tend to be more concerned to get an appointment quickly when they do fall ill. NHS England told us that it needs to provide a more differentiated offer in general practice to better meet the expectations of different patient groups.<sup>39</sup>

20. There is also considerable variation between different practices. The National Audit Office found that in 2014–15 the proportion of patients unable to get an appointment ranged from 0% to 52%. Most of the variation appeared to come from the way in which the practices were managed, as only a quarter of the difference could be explained by patient demographics, the size of the practice or staffing.<sup>40</sup> NHS England said that it sought to ensure that, when practices identified something which worked well, they shared this more widely, but it acknowledged it was not as easy as it should be for general practices to find out what was working well elsewhere in the country.<sup>41</sup>

21. The Department and NHS England told us about the work of the Prime Minister's GP Access Fund which has been piloting ways of improving access. These pilots are trialling extended opening hours in the evenings and weekends, better use of technology, telephone consultations, and using a wider mix of staff, with the aim of providing better access.<sup>42</sup> NHS England said it had run a series of webinars to share learning from the first wave of pilots, and had buddied practices that have tried these new approaches with others that are looking to adopt them. It also said that, although there were some national initiatives, there could be no 'one size fits all' approach to improving access in general practice.<sup>43</sup> It said that providing access from 8am to 8pm, 7 days a week in every general practice was not feasible and had not been mandated by the Department.<sup>44</sup>

22. The National Audit Office report highlighted that research had found that 27% of GP consultations were potentially avoidable, including patients who could have been seen by others in the practice or by pharmacists.<sup>45</sup> Healthwatch England told us that the patients they had spoken to did not mind whether they saw a GP, a nurse, a physiotherapist, or another professional when it was the right thing to do. It also said that patients were positive about the developing role of pharmacists.<sup>46</sup> NHS England said it was developing a new voluntary contract for GPs from April 2017 for those practices that wanted to bring together a wide range of services rather than just the core traditional general practice.<sup>47</sup>

23. The public need information about general practices to help them choose which practice they would like to register with, and to know how and when they can get appointments. The amount of information provided to the public varies between practices. For example, Healthwatch Slough found that five of the sixteen GP practices in the local area had good information, but three practices had no website.<sup>48</sup> The Royal College of General Practitioners said that it was good practice to have a website but this may not be a priority for all practices.<sup>49</sup>

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39 [Qq 53, 56](#)

40 [C&AG's Report, paras 19, 4.9](#)

41 [Qq 92–94](#)

42 [Qq 41, 44, 48–49, 52–53](#)

43 [Qq 54, 56–57](#)

44 [Qq 46–48](#)

45 [Q 40; C&AG's Report, para 23](#)

46 [Qq 5, 15](#)

47 [Qq 56, 95](#)

48 [Q 37; Healthwatch Slough, \*What Healthwatch Slough found out about access to extended hours appointments, Summer 2015\*](#)

49 [Q 39](#)

24. We also asked Healthwatch England about other concerns that local Healthwatch organisations had raised, including difficulties in dealing with receptionists and in getting through on the telephone.<sup>50</sup> For example, a Healthwatch England report in 2015 found that in one county, more than a quarter of practices gave the wrong telephone number for out-of-hours GP services.<sup>51</sup> The Royal College of General Practitioners confirmed that providing information about where to go for assistance when the practice is closed was an important patient safety requirement. Healthwatch England said that some practices were better than others at taking this requirement seriously.<sup>52</sup>

25. We asked whether good websites and information could save the time of GPs and reduce the number of unnecessary appointments. Research by Citizens Advice in 2015 estimated that almost one-fifth of GPs' consultation time was spent discussing matters such as welfare, debt and personal relationships. The Royal College of General Practitioners told us that it would be helpful if patients could find out how to access other services such as dieticians, counsellors, benefits and housing advice without having to go through their general practice.<sup>53</sup>

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50 [Qq 37–38](#)

51 [Healthwatch England, \*Primary Care: A review of local Healthwatch reports\*, March 2015](#)

52 [Qq 37–39](#)

53 [Qq 40, 55; C&AG's Report, para 2.3](#)

### 3 Gaps in information

26. The National Audit Office report highlighted a large number of important gaps in general practice data, including on levels of activity and demand, and staff capacity.<sup>54</sup> For example the Department stopped collecting data on the number of consultations in 2008–09, and there are gaps in the data on the general practice workforce, including on staff vacancies and locum GPs.<sup>55</sup> The Royal College of General Practitioners said that the NHS has no system to track its medical workforce, so it does not know how many qualified GPs there are in total, or how many qualified GPs leave general practice, either to work in other parts of the NHS or to leave the profession altogether.<sup>56</sup>

27. The Royal College of General Practitioners also said that individual general practices did collect a range of clinical data such as the number and length of consultations, the reason for the appointment, and which member of staff saw the patient. But these data were not extracted, analysed and used.<sup>57</sup> We note that the General Practice Extraction System aimed to provide this information but, as we reported in December 2015, this project is late and still does not deliver all that was intended.<sup>58</sup>

28. The Department and NHS England agreed that it was important to collect sufficient data in order to have a comprehensive understanding of what was happening in general practice. However, NHS England highlighted that it needed to be cautious about asking GPs to collect more data. The Department told us that it used a range of sources of data about general practice, particularly the GP Patient Survey, which it saw as providing good proxy indicators of the pressure on general practice.<sup>59</sup>

29. There was general agreement that better data were needed, particularly for tracking workload and consultations.<sup>60</sup> The Department and NHS England said they were starting to strengthen the available data. NHS England had commissioned the National Institute of Health Research to report on how workload and consultation rates have changed using a longitudinal sample of 250,000 patients over 10 years. In addition, the Department had developed plans to improve workforce data, particularly on vacancy rates, and expected to have a more comprehensive breakdown of the general practice workforce in 2016. NHS England added that local knowledge was also important to help practices manage their own demand. It has developed a software tool to help practices track demand so that they could plan their staffing according to the times of day and week when patients were more likely to want an appointment.<sup>61</sup>

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54 [C&AG's Report, paras 20, 21, 24, Appendix 3](#)

55 [Qq 9–10; C&AG's Report, para 24](#)

56 [Qq 33–36](#)

57 [Q 7](#)

58 [Committee of Public Accounts, \*General practice extraction service\*, Fourteenth report of session 2015–16, December 2015](#)

59 [Qq 52, 58](#)

60 [Qq 6, 7, 52, 58](#)

61 [Qq 52, 58](#)

# Formal Minutes

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**Monday 29 February 2016**

Members present:

Meg Hillier, in the Chair

Mr Richard Bacon	David Mowat
Deidre Brock	Stephen Phillips
Chris Evans	John Pugh
Kevin Foster	Karin Smyth
Nigel Mills	

Draft Report (*Access to General Practice in England*), proposed by the Chair, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 29 read and agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Summary agreed to.

*Resolved*, That the Report be the Twenty-eighth of the Committee to the House.

*Ordered*, That the Chair make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Wednesday 2 March 2016 at 2.30pm]

## Witnesses

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The following witnesses gave evidence. Transcripts can be viewed on the Committee's [inquiry page](#).

### Monday 11 January 2016

*Question number*

**Professor Maureen Baker**, Chair, Royal College of General Practitioners Council, and **Neil Tester**, Director of Policy and Communications, Healthwatch England [Q1–40](#)

**Simon Stevens**, Chief Executive, NHS England, **Rosamond Roughton**, Director of NHS Commissioning, NHS England, **Dame Una O'Brien**, Permanent Secretary, Department of Health, and **Ben Dyson**, Director NHS Group, Department of Health [Q41–96](#)

## Published written evidence

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The following written evidence was received and can be viewed on the Committee's [inquiry page](#). AGP numbers are generated by the evidence processing system and so may not be complete.

- 1 Carers UK ([AGP0007](#))
- 2 Department of Health ([AGP0006](#))
- 3 Royal College of General Practitioners ([AGP0001](#))
- 4 Royal College of General Practitioners ([AGP0002](#))

## List of Reports from the Committee during the current Parliament

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All publications from the Committee are available on the Committee's website at [www.parliament.uk/pac](http://www.parliament.uk/pac).

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

### Session 2015–16

First Report	Financial sustainability of police forces in England and Wales	HC 288 (Cm 9170)
Second Report	Disposal of public land for new homes	HC 289 (Cm 9170)
Third Report	Funding for disadvantaged pupils	HC 327 (Cm 9170)
Fourth Report	Fraud and Error Stocktake	HC 394 (Cm 9190)
Fifth Report	Care leavers' transition to adulthood	HC 411 (Cm 9190)
Sixth Report	HM Revenue & Customs performance 2014–15	HC 393 (Cm 9190)
Seventh Report	Devolving responsibilities to cities in England: Wave 1 City Deals	HC 395 (Cm 9190)
Eighth Report	The Government's funding of Kids Company	HC 504 (Cm 9190)
Ninth Report	Network Rail's: 2014–2019 investment programme	HC 473
Tenth Report	Care Act first-phase reforms and local government new burdens	HC 412
Eleventh Report	Strategic financial management of the Ministry of Defence and Military flying training	HC 391
Twelfth Report	Care Quality Commission	HC 501
Thirteenth Report	Overseeing financial sustainability in the further education sector	HC 414
Fourteenth Report	General Practice Extraction Service	HC 503
Fifteenth Report	Economic regulation in the water sector	HC 505
Sixteenth Report	Sale of Eurostar	HC 564
Seventeenth Report	Management of adult diabetes services in the NHS: progress review	HC 563
Eighteenth Report	Automatic enrolment to workplace pensions	HC 581
Nineteenth Report	Universal Credit: progress update	HC 601
Twentieth Report	Cancer Drugs Fund	HC 583
Twenty-first Report	Reform of the rail franchising programme	HC 600

Twenty-second Report	Excess Votes 2014–15	HC 787
Twenty-third Report	Financial sustainability of fire and rescue services	HC 582
Twenty-fourth Report	Services to people with neurological conditions: progress review	HC 502
Twenty-fifth Report	Corporate tax settlements	HC 788
Twenty-sixth Report	The Common Agricultural Policy Delivery Programme	HC 642
Twenty-seventh Report	e-Borders and successor programmes	HC 643
First Special Report	Unauthorised disclosure of draft Report in the previous Parliament	HC 539