

## **7-day access to routine care in General Practice**

*A disconnect between politics and evidence is exposed by the Public Accounts Committee*

Few would disagree that good access to general practice is important. It is a prerequisite for delivering safe, effective and equitable care and fundamental to reducing pressure on hospitals. But there is little agreement about whether the current level of access is acceptable, what are reasonable public expectations, and the level of additional investment required to deliver better access.

Current government policy guarantees evening and weekend access to routine GP services for all patients by 2020. Despite giving some ground in recent policy announcements,[1] it is unlikely that politicians will back away from their commitment; they see improving access as a vote winner.

GPs disagree that improving access is a top priority for patients and the data seems to support their view. The 2016 annual patient survey [2] found that 85% of patients were able to see a GP of their own choosing within a few days. 75.9% of patients were satisfied with their practice's opening hours and less than half were in favour of Sunday opening, with some of the pilot schemes shutting down because of lack of demand.[3] A poll carried out by the Royal College of General Practitioners in 2015 found that 66% of patients thought protecting existing GP services was a higher priority than introducing seven-day access.[4]

It appears, counter-intuitively, that reasonable access is being provided despite evidence of an increase in the number, duration and complexity of consultations over last decade.[5,6] This has been achieved by practices working both harder and smarter. But professional leaders point out that practice teams are experiencing unsustainable pressure and there is some evidence that patient satisfaction with access is starting to decline.[7]

The Public Accounts Committee (PAC), which provides cross-party scrutiny of public expenditure, has now entered the fray with its second report on GP access in 12 months.[8] The main findings are typically hard hitting: Government are rolling out extended hours in

the absence of data about need, demand or resource requirements, with little thought about value for money or the impact on continuity of care, and in particular without a credible plan to develop a sustainable primary care workforce.

The absence of data is particularly remarkable. The Department of Health knows how long practices are open but nothing about appointment times, duration, or who is providing care. This is in marked contrast to the acute sector where rich data sources enable NHS England to know what is happening in hospitals in near real time.

Access to services is largely dependent on having an adequate workforce and the PAC report is highly critical of government progress in this area too. It highlights that the number of full-time equivalent GPs is dropping rather than increasing as planned – there were 97 fewer GPs in September 2016 than in 2015. The fill-rate for GP training schemes was up 4.7% in 2017 in comparison with the previous year but is still below target. The same is true for the expansion of the non-medical primary care workforce, where much is promised but implementation has been slow.[9] Few doubt the commitment of workforce planners but GPs remain sceptical that the plans are deliverable.

The PAC highlights other challenges. It reports that 46% of practices were closed to patients during 'core hours' (8am – 6.30pm, Monday to Friday) and 18% of practices closed their doors by 3pm at least once per week. The profession provided a possible explanation [10] but not before the media had gone to town. And the PAC has a point because practices that are open for less than 45 hours per week appear to have on average 8% more attendances at hospital casualty departments than practices open for longer.[7] In addition the report describes a considerable overlap between the various extended and out-of-hours initiatives, and how the new programmes cost on average 50% more than care during core hours. The tax payer appears to be paying both a high premium and twice for better access.

The PAC report yet again exposes the scale of the crisis in general practice and the need for action other than demanding more effort from current staff and new ways of working. If 7-day access to high quality routine general practice is desirable, then it will only be achieved by increasing the size of the primary care workforce. In the absence of this the increasing

pressures in general practice will continue to impact on patients and on other parts of the NHS. And since a year's worth of care in general practice costs less than two visits to a casualty department,[8] the economic arguments for addressing the problem at source are convincing.

In 2014 the then Prime Minister, David Cameron, claimed that his plans for 7-day access to general practice were 'not some fairy tale announcement'.[11] In the absence of a coherent delivery plan based on good evidence and robust data, and without additional resources, a fairy tale is exactly what it looks like.

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