

RCGP Briefing: General Debate on 'Lord Darzi's independent investigation into NHS performance'

Key stats

+ 14% more appointments

1 million appointments take place in general practice each day. In April 2024, 45% of all appointments were delivered on the same day as booking and 65% of all appointments were carried out face-to-face. In 2023, general practice delivered 14% more appointment compared to five years ago.

-1.9% FTE GPs

But the GP workforce has not kept pace with workload. The number of fully qualified full time equivalent GPs has decreased by nearly 2% since December 2019.

+7% patients per GP

This means that each GP now looks after over 7% more patients than they did 5 years ago.

80% say patient safety impacted

Due to the increase in demand, and dwindling resources, our survey revealed that nearly 80% of GPs now say their workload is impacting patient safety

42% GPs may leave

As a result of this unsustainable pressure, thousands of GPs are considering leaving the profession. Our survey showed that over 40% of GPs are planning to leave general practice within 5 years.

Possible points to raise

- The Darzi report shows that there clearly aren't enough GPs in the NHS to deliver the care my constituents deserve. But at present, the NHS Long Term Workforce Plan only aims to increase the number of fully qualified GPs by 4%, compared to a 49% increase for hospital doctors. The RCGP is calling on the Government to ensure its forthcoming 10 Year Health Plan to help fix the NHS ensures sufficient GP workforce planning is in place.
- To deliver the world-class care my constituents should receive; general practice must be properly resourced. The RCGP supports the Government's ambition to shift more care into the community, but there must be an equal commitment to shifting the necessary funding into general practice so that it can cope with the rise in workload.
- Darzi makes clear that GPs working harder and seeing more patients, but with the number of fully qualified GPs relative to the population falling there is a struggle to meet patient demand. The RCGP argues that even with more trainees coming through, the trend won't reverse if the job is so exhausting that GPs forced to leave the profession due to burnout. That's why equal weight must be given to retaining GPs, through increased investment in retention efforts so that the workforce is fit to meet demand.
- The report makes clear that deprived areas do not receive the additional allocation of funding required to match higher workload. Recent research carried out by the RCGP shows that GP practices with the highest levels of income deprivation have far greater numbers of patients to care for than in most affluent areas. Any forthcoming plan to fix the NHS must include a review of all general practice funding streams so that more spending is channelled to areas of greatest need.

Darzi on general practice

The report echoes much of what the RCGP has been warning about, and what our members are telling us - GPs and our teams are working under immense pressure after years of under-investment and poor workforce planning, and our patients, particularly our most vulnerable patients, are bearing the brunt. The investigation acknowledges that primary care is consistently delivering more care, with a shrinking proportion of the NHS budget.

Darzi report shows	Royal College of GPs says
<p>While the number of fully qualified GPs has been falling, the number of hospital-based doctors has risen. Given that most patients are discharged back to their GPs, this necessarily means that the GP workload increases.</p>	<p>At present, NHS workforce plans only aim to increase the number of fully qualified GPs by 4% compared to a 49% increase for hospital doctors (NAO).</p> <p><u>The government must review workforce plans to re-balance the scales so that there are enough GPs to give patients the care they deserve.</u></p>
<p>Practices have the best financial discipline in the health service family.</p>	<p>For every £1 spent on primary and community care in the NHS can return up to £14 to the local economy (NHS Confed).</p> <p><u>Investing in primary care makes sense for a government committed to the NHS, to financial responsibility and to economic growth.</u></p>
<p>Despite rising productivity, an expanding role, and evident capacity constraints, the relative share of NHS expenditure towards primary care (including General Practice) fell by a quarter in just over a decade, from 24% in 2009 to 18% by 2021.</p>	<p>90% of patient interactions take place in primary care but with less than 10% of overall funding. The entry point of the NHS needs more investment and resources than currently projected.</p> <p><u>There needs to be a clear financial plan for general practice to accommodate the transfer of more care into the community and support preventative care.</u></p>
<p>The primary care estate is plainly not fit for purpose. 20 per cent of the GP estate pre-dates the founding of the NHS in 1948 and 53 per cent is more than 30 years old. It is just as urgent to reform the capital framework for primary care as for the rest of the NHS.</p>	<p>RCGP's survey shows that over a third (34%) of GPs say that their practice building is not fit for purpose.</p> <p><u>We need an additional ringfenced investment of at least £2 billion in GP infrastructure to address the longstanding underfunding in general practice premises.</u></p>
<p>There are huge variations in the number of patients per GP, and shortages are particularly acute in deprived communities. However, the current structure for general practice funding means that typically areas with the greatest patient needs are underfunded in relative terms.</p>	<p>RCGP's research shows that GPs in deprived areas are responsible for almost 2,500 patients per head.</p> <p><u>All general practice funding streams must be reviewed so that more spending is channelled to areas of greatest need</u></p>