

# An Investigation into the Crisis in Family Health Services



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## Executive Summary

This report shows that the crisis in local health services is heading towards meltdown. The key findings are:

- Progress on meeting a Government target for more GPs is so slow that it will be met four years late.
- There are actually only 65 more GPs since 1999
- There are over 3000 GP vacancies so the new GPs coming on stream will only fill existing gaps, not providing additional posts
- Waiting times are getting worse. Nearly three-quarters of patients wait 2 or more days for an appointment with a GP of their choice
- The Government's target for shorter waiting times is making matters worse as patients cannot book appointments in advance
- A retirement time bomb and Government plans for the NHS mean even more GPs are needed over the next ten years
- 1 in 3 London GPs are unable to take on new patients
- The NHS is likely to need over 16,000 extra GPs in the next seven years
- The Government's scheme to recruit new GPs has so far recruited less than 60 doctors, at a cost of £88,000 per doctor.
- The Government has spent £4.5m on the delayed retirement scheme but cannot give any information about how many GPs have delayed their retirement as a result.

## Introduction

The local GP is the cornerstone of the health service. Patients are facing enormous difficulties finding a GP; waiting longer and finding it harder to get care out of hours.

At present there are just under 30,000 practising GPs in England. The NHS Plan is designed to provide 2,000 new GPs by 2004, and yet at present there are over 3000 GP vacancies in the NHS. The new GPs coming on stream will therefore be filling existing gaps in care, not providing additional posts.

## Recruitment

Progress on meeting a Government target for more GPs is so slow that it will be met four years late.

In the NHS Plan, Ministers claimed there would be 2000 more GPs by 2004. Latest figures show that there are only 735 more than when the target was set<sup>1</sup>. At that rate it will take until 2008 before the target is met. The new GPs

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<sup>1</sup> Parliamentary written answer: Dr. Evan Harris: To ask the Secretary of State for Health what progress has been made towards the targets of (a) 7,500 consultants and 2,000 general practitioners by 2004 and (b) 15,000 consultants and general practitioners by 2008. [120441]

that have arrived were already planned for before the NHS Plan was published. The situation is even worse because the figures used by Ministers ignore how many GPs are working part time. The 'whole time equivalent' figures show that there are only 65 more GPs since when the target was set.

Progress on recruiting GPs is so slow that the new targets include hospital doctors as well, to hide the lack of improvement in local health services.

Department of Health target:

Target	When published	Baseline	Deadline	Notes
2,000 more GPs	NHS Plan (2000)	October 1999 (28,470)	2004	Figures are headcount. Based on the Department of Health workforce census. Included an already planned expansion of 1,100 anyway – commitment to only 900 extra GPs (source: BMA)

There are 735 more GPs (headcount) than the October 1999 baseline. That is over 3 years – a rate of 245 more GPs per year. At that rate it would take until 2008 for the number of GPs to reach 30,672. 2000 more GPs than 28,470 would be 30,470.

Year	Headcount GPs
1999	28467 (actual)
2002	29202 (actual)
2003	29447 (projected)
2004	29692 (projected)
2005	29937 (projected)
2006	30182 (projected)
2007	30427 (projected)
2008	30672 (projected)

Whole time equivalent GP figures

Year	Whole time equivalent	WTE per 100,000 population
1997	25,678	54.3
1998	25,831	54.4
1999	25,902	54.4
2000	25,920	54.2

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Mr. Hutton: Between September 1999 and September 2002, the number of consultants working in the National Health Service increased by 3,749 from 23,321 to 27,070. Between September 1999 and September 2002, the number of general practitioners working in the NHS increased by 735 from 28,467 to 29,202.

2001	25,938	54.1
2002	25,967	Not yet available

Source: Statistics for General Medical Practitioners in England 1992-2002; Department of Health: <http://www.doh.gov.uk/public/sb0303.xls>

The Government's scheme to recruit new GPs has so far recruited less than 60 doctors<sup>2</sup>, at a cost of £88,000 per doctor.

The costs were outlined in a letter received by Paul Burstow from Health Minister John Hutton<sup>3</sup>:

Estimated costs of the GP Returner, Golden Hello and Delayed Retirement schemes since their introduction are shown in the table:

Scheme	Costs
GP Returners	£5.2m (including some costs attached to the flexible careers scheme which cannot be identified separately)
Golden Hello	£26.2m
Delayed Retirement	£4.5m

The GP returner scheme found that 59 GPs were back in practice at an estimated cost of £88,136 per GP. The Golden Hello and Delayed Retirement schemes cannot show a direct level of success. 2900 GPs have received the golden hellos, but it is difficult to tell how many would not have become GPs without the scheme. The Government has spent £4.5m on the delayed retirement scheme but cannot give any information about how many GPs have delayed their retirement as a result<sup>4</sup>.

## Vacancies

The problems of recruitment are highlighted most startlingly by the Government's vacancy survey. The Department of Health records the number of long term vacancies (which have not been filled within three months). It also records how difficult it is becoming to fill these vacancies.

Key findings from the latest survey were:

- 58% of GP surgeries that expressed an opinion perceived the recruitment process to be more difficult than in the past 5 years, whilst 9% perceived it to be easier

<sup>2</sup> Mr. Hutton: The flexible careers scheme has received 198 applications from doctors wishing to return to general practice. 59 of these are already back in general practice and a further 139 are being processed. Hansard, 17 Sept 2003 : Column 847W:

<sup>3</sup> 26 November 2003 (PQ ref: 09904/2002/3)

<sup>4</sup>No information is held centrally on those doctors who delay their retirement. Hansard, 17 Sept 2003 : Column 847W:

- There are over 800 more GP vacancies compared to the year before. There were 3435 GP vacancies last year<sup>5</sup> – a 31% increase since the year before.
- The average number of applicants per vacancy filled dropped to 3.3 this year (compared to 4.4 in 2002, 6.9 in 2001)
- 16% of vacancies filled during the survey period took over 6 months to fill

The huge rise in vacancies casts in sharp relief the complacency of Government Ministers. Quite simply, the crisis is heading towards meltdown.

## Patient Experience

A national survey of GP patients was published by the Department of Health in July. Patients were generally satisfied with GP services but in some aspects patients' views have become more critical over the past four years:

*"These mainly relate to reports of longer waiting times - waiting for an appointment with your own GP, waiting for an out of hours visit from a doctor, waiting to see a hospital doctor. There is also some indication that patients believe making contact with the surgery is more difficult than it was and that patients were less satisfied with the response they get to out of hours calls."<sup>6</sup>*

Some of the key findings were:

- Waiting times for GPs have got worse, not better, despite Government targets. Nearly three-quarters (72%) had to wait 2 or more days for an appointment with a GP of their choice (or could not get an appointment with the GP of their choice), an increase from 63% in 1998.
- Two fifths (42%) had to wait 4 or more days (or could not get an appointment with the GP of their choice).
- Two fifths (41%) had to wait over 15 minutes in the surgery before being seen
- Over 1 in 10 (16%) had put off going to see the doctor because of inconvenient surgery hours
- Patients who had needed to see the GP urgently were asked if anyone at the surgery had made this difficult for them. 19% said yes, up from 17% in 1998
- Over a fifth (21%) of patients said that a receptionist had made it difficult for them to see or talk to their GP, up from 19% in 1998
- 1 in 5 (22%) found that receptionists were not helpful even most of the time
- Over four in ten (42%) respondents said that not even on most occasions could they get through to their GP surgery at their first attempt on the telephone.
- A fifth of patients (22%) were given under 5 minutes to see their GP on their last visit
- 1 in 10 patients (13%) said that in the last 12 months they had felt like making a complaint at least once

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<sup>5</sup>April 2002/March 2003

<sup>6</sup><http://www.nhssurveys.org/categories.asp?parent=65>

- Two fifths (38%) were not able to see a GP of their own sex if they had wanted to
- Among those who had used an out of hours service, patients were less likely to be visited at home than in 1998.

## **The Problem with Targets**

GP surgeries across the country are scrapping advanced appointments so they can meet Government waiting time targets. This is yet another example of an imposed political target on the health service resulting in a worse service for many patients.

A Daily Mail survey of 122 GP practices in July 2003 found that one in four patients is unable to make a GP appointment on the day they choose. This was caused by the shortage of GPs and the introduction of the 48 hour target. The survey found that some practices had banned patients booking advanced appointments to make sure they met the target. Patients either had to call to make an appointment on the day or just wait their turn in surgery. Phones were jammed as if a patient was unable to make an appointment for that day they had to call again the following day.

## **The New GP Contract**

GPs have recently signed up to a new contract. A large majority of GPs voted in favour of the contract. It provides extra resources for primary care, which the Liberal Democrats have welcomed. We have also welcomed the new emphasis in this contract for evidence-based quality payments, to reward the GPs who do the most for the NHS. However, GP leaders have recognised that a great deal of this work is already done by doctors, so there is a question over how much extra capacity this will create. Moreover, it will allow GPs to opt out of out-of-hours care, so patients will not the same all-round care from their own GP. The contract is effectively the end of a 'one-stop shop', with patients going to one place to see their GP and another for vaccines or baby checks. NHS Direct will be used more to provide out-of-hours services. The Liberal Democrats will watch closely to see whether the care provided by local Primary Care Trusts is as comprehensive.

Whatever the benefits of or concerns with the new contract, it is a sticking plaster over the fundamental problems of understaffing and lack of access to family doctors. The problem from the beginning was GP workload, and the Government has failed to tackle it effectively.

## **Ageing and Retiring General Practitioners**

The number of GPs who will have to retire within the next five years is growing. In particular, the numbers reaching the compulsory retirement age in

the West Midlands and London is rising fast. According to a written parliamentary answer<sup>7</sup>, the average age of GPs retiring is 60.

Currently, one in six general practitioners practising full time in the NHS qualified medically in a South Asian medical school; two thirds are likely to retire by 2007. The impact will vary greatly across the country. Those areas with the greatest number of such doctors are in some of the most deprived areas in the United Kingdom and have experienced the most difficulty in filling vacancies.<sup>8</sup> 1 in 6 out of 30,000 GPs is 5000 GPs. Two thirds of 5000 is 3300. Therefore over 3,000 GPs are likely to retire by 2007.

Research undertaken by the Nottingham University Primary Care Research Unit<sup>9</sup> in January 2001 found as many as 75% of newly trained GPs were not planning to stay in the profession until the age of 60, let alone the retirement age of 70. In the longer term this will cause further problems in maintaining and increasing the size of the pool of GPs the NHS has at its disposal.

## Increasing Workload

As well as the increasing numbers of GPs who will be retiring in the coming years there will also be an increasing workload being placed on practising GPs.

- The National Service Frameworks
- The increased drive towards intermediate care (such as hospital-at-home);
- Administration of assessment of GPs competency following the ‘*Shipman*’ case;
- The demand for more specialist GPs who have greater expertise in specific areas of medicine

## BMA estimates of the Numbers of GPs required to implement the NHS Plan

National Plan Initiative	No. of GPs required for implementation
Specialised-generalists	1,200
Clinical governance	3,000
Appraisals	130
National Service Frameworks	3,000
Intermediate Care	3,000
<b>Total</b>	<b>10,330</b>

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Many of these initiatives will improve the quality of care given by GPs, but will reduce the number of contact hours between GPs and patients. Therefore, to

<sup>7</sup> Parliamentary written answer no:-138752 20 November 2000 Paul Burstow

<sup>8</sup> Taylor D, H and Esmail, A (1999) “Retrospective analysis of census data on general practitioners who qualified in South Asia: who will replace them as they retire?” British Medical Journal, 318: 306-310.

<sup>9</sup> Nottingham University Primary Care Research Unit - Junior Doctors Aspirations

<sup>10</sup> GP workforce in England and Wales - BMA 2001

provide patients with a similar waiting time as today for an appointment, more GPs will be required to maintain accessibility for patients.

This need for 10,000 more GPs, plus the numbers likely to retire and the number of vacancies provide a conservative estimate of 16,000 more GPs in the next ten years<sup>11</sup>.

## Overseas Comparisons

According to an OECD report of developed countries<sup>12</sup>, the UK lags well behind other countries in the numbers of doctors it employs, with only Mexico, Korea and Turkey having fewer doctors per head of population. Germany has double the number of doctors per person whilst Italy has three times as many. This position will be maintained if not exacerbated by the increasingly ageing GP workforce despite the additional recruitment being implemented by the NHS Plan.

## Closed Lists

A survey by the Liberal Democrats revealed that of 100 NHS GPs surgeries across London, 1 in 3 London NHS GPs are currently unable to take on new patients and 53% were either presently closed to new patients or had been in the last 12 months. Ministers do not collect information on how many lists are closed to patients.

100 NHS GPs surgeries across London were randomly surveyed between 29th July 2003 and 15th August 2003. The two questions asked were:

- Do you currently have a closed list to new patients?
- Have you had a closed list at any point in the last 12 months?

33 GP surgeries had closed list now, and a further 20 had closed their lists in the previous 12 months but were currently open.

## Recommendations

- There needs to be better use of nurses, pharmacists and therapists to provide the best and most appropriate care for patients. Recruitment of these professionals is also a key priority
- GPs must be freed from the tidal wave of red tape and tick-box targets which is currently causing a crisis in morale and doing nothing to improve patient care.
- Ministers must stop interfering in local decisions. Until we get real local control over health services, the Government will simply devolve the blame

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<sup>11</sup> 10,000 (BMA) plus conservative estimate of 3000 GPs retiring plus vacancies of over 3000 = 16,000

<sup>12</sup> Compendium of Economic Health Statistics 11<sup>th</sup> Edition - Peter Yuen

but keep the control. Meanwhile clinicians and patients will not have a real say in how their services are run

- The new GP contract should help recruitment but Primary Care Trusts must make sure that all patients still get access to appropriate services, especially out of normal working hours