Improving General Practice – a call to action
Evidence pack

NHS England Analytical Service
August 2013/14
Introduction to this pack

• This evidence pack has been produced to support the ‘call to action’ to stimulate debate in local communities – amongst general practice, area teams, CCGs, health and wellbeing boards and other community partners – as to how best to develop general practice services.

• We have included a number of key high level facts on demand, supply and variation including, long-standing health conditions, disability, long term conditions prevalence, consultation rates, patient experience of general practice services, emergency admissions, mortality, finance, and workforce.

• We intend to build on this pack and to provide further breakdowns of data, including potentially looking at variations in expenditure across the country.

• We would welcome suggestions for how to build and improve the pack.
Summary headlines

• Growing population with more complex needs.

• Increasing prevalence of long term conditions, but often under-recorded.

• Increasing demands on general practice services.

• Overall satisfaction with services remains high, but growing challenges in relation to patient experience of access.

• Growth in general practice workforce, particularly up to 2005/06, but slower growth since.

• Inequity in distribution of workforce.
Patient needs
The population in England is growing

Data source/s: ONS mid-year population estimates; NHAIS 2012

% population aged 65+ by CCG 2012

% population aged 65+, 2012
53% of people report they have a long-standing health condition

In England, 53% of people report they have a long-standing health condition.

In CCGs across the country levels range from 42% to 64% people.
12% of patients with a long-standing health condition feel they do not have enough support from local services to help manage their health.

- In England, 12% of patients with a long-standing health condition feel they do not have enough support from local services to help manage their health.
- In CCGs across the country levels range from 7% to 23% of patients.
19% of patients experience moderate, severe or extreme pain and discomfort.

- In England, 19% of patients experience moderate, severe or extreme pain and discomfort.
- In CCGs across the country this ranges from 11% to 32% of patients.

Data source/s: 2012/13 GP Patient Survey Results (http://www.gp-patient.co.uk/results/)
In England, 5 in every thousand people are in a nursing home.

In CCGs across the country this ranges from 0.6 to 16.5 people in every 1,000.
In England, on average 51 people in every thousand claim disability allowance.

In CCGs across the country this ranges from 25.1 to 112.2 people in every 1,000.

Since 2007 people claiming disability allowance has grown by 2.5%.
Prevalence of long term conditions is both increasing and often under recorded

- Recorded prevalence is increasing for the majority of diseases.
- Diagnosis rates for selected long term health conditions show under diagnosis for coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), and asthma. Over diagnosis for atrial fibrillation.
- There is significant variation across commissioners.

### Table

<table>
<thead>
<tr>
<th>Area</th>
<th>Reported Prevalence</th>
<th>Expected Prevalence</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD prevalence</td>
<td>3.5%</td>
<td>3.4%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Stroke prevalence</td>
<td>1.7%</td>
<td>1.7%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Hypertension prevalence</td>
<td>13.1%</td>
<td>13.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>COPD prevalence</td>
<td>1.5%</td>
<td>1.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Cancer prevalence</td>
<td>1.3%</td>
<td>1.4%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Mental health prevalence</td>
<td>0.7%</td>
<td>0.8%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Asthma prevalence</td>
<td>5.9%</td>
<td>5.9%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>1.3%</td>
<td>1.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>5.1%</td>
<td>5.3%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Data source/s: Reported prevalence from QOF 2008/9 to 2011/12; Expected prevalence from Doncaster PCT model 2008/09 (for AF, Asthma and Diabetes); Expected prevalence from APHO model Dec 2011 (for CHD and COPD); Expected prevalence models applied to 2011/12 QOF practice populations.
Increasing demand
GP consultation rates have grown year on year, adding to demands on general practice.

- Since 1995 consultation rates within general practice have grown steadily.
- Data was last collected in 2008, at that time the average number of consultations per year was estimated to be 300 million.
- Simple straight line extrapolation suggests the number could now stand at around 340 million.
- In addition, consultation rates at different age bands has also changed over time, with significant increases in consultation rates for older people.
Patient experience and access
87% of people describe their overall experience of their GP surgery as good.

- In England 87% of people describe their overall experience of GP surgery as good.
- In CCGs across the country this ranges from 74% to 93%.
- Nationally, from 2011/12 to 2012/13, there was a fall of 1.5 percentage points in the proportion of patients who describe their experience of their GP surgery as good.
In England, 70% of people describe their overall experience of out-of-hours GP services as good.

In CCGs across the country this ranges from 55% to 85%.

Data source/s: 2012/13 GP Patient Survey Results (http://www.gp-patient.co.uk/results/)
22% of people find it is not easy to get through to their surgery on the telephone.

- In England, 22% of people find it is not easy to get through to their surgery on the telephone.
- In CCGs across the country this ranges from 9% to 47%.
- Nationally, from 2011/12 to 2012/13, levels rose by 3 percentage points.

Data source/s: 2012/13 GP Patient Survey Results (http://www.gp-patient.co.uk/results/)
86% of people were able to get an appointment to see or speak to someone last time they tried

- In England, 86% of people were able to get an appointment to see or speak to someone last time they tried.

- In CCGs across the country this ranges from 72% to 92%. The proportion of patients who couldn’t get an appointment ranges from 5% to 21%.

- Nationally, from 2011/12 to 2012/13, there was a fall of 2 percentage points in the proportion of patients who could get an appointment the last time they tried.

Data source/s: 2012/13 GP Patient Survey Results (http://www.gp-patient.co.uk/results/)
76% of people describe their overall experience of making an appointment as good.

- In England, 76% of people describe their overall experience of making an appointment as good.
- In CCGs across the country, the proportion of patients who describe their overall experience of making an appointment as good ranges from 58% to 87%.
- Nationally, from 2011/12 to 2012/13, there was a fall of 3 percentage points in the proportion of patients who describe their experience of making an appointment as good.
56% of patients have a preferred GP – 63% of these patients get to see their preferred GP on most occasions

- In England, 56% of patients have a preferred GP.
- In CCGs across the country this ranges from 42% to 78%.
- Nationally, from 2011/12 to 2012/13, there was a fall of 2 percentage points in the proportion of patients who saw their preferred GP on most occasions.
Pressures in secondary care
Emergency admissions for acute conditions that should not usually require hospital admission are increasing

- At a national level this indicator has been steadily increasing.
- There is apparently wide regional variation, but there are 5-6 CCGs at the extremes of the distribution which widen the range considerably.
- When including all practices, these admission levels range from 250 to 2,100. If excluding the 11 practices at the extreme tails of the distribution the range is from 620 to 1,600.
- Three of the five CCG areas with highest levels of avoidable emergency admissions are in Greater Manchester.

Data source/s: HSCIC Indicator Portal, 2003/04 to 2011/12
Emergency pressures are increasing

- Attendances in type 1 A+E units appear relatively static, whilst attendances in type 2 and 3 are increasing.
- Conversion rates from A+E attendance to inpatient admission are increasing.
- Breaches of the 4 hour A+E operational standard have been increasing, but fallen in most recent quarter.
- General and Acute emergency admissions are increasing.
- There is large variation across commissioners.

Data source/s: DH Unify SITREPs and MAR; QoF list size estimates

Type 1 A&E department = A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.
Type 2 A&E department = A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.
Type 3 A&E department = Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs), primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community.

G&A admissions are for acute specialties plus geriatrics.
There is increasing demand from GPs for acute opinion and intervention

- GP referrals made and seen have increased.
- However, conversion rates have fallen.

- G+A outpatient attendances have increased.

G&A admissions are for acute specialties plus geriatrics.
Inequalities and variation
There are similar clinical Quality and Outcomes Framework scores in each area of the country.

- Looking at the distribution chart there is very little difference between the highest and lowest performers with a range of just over 5 percentage points.
- Due to changes in indicators within the QOF clinical domain, it is not advisable to compare this indicator over time as differences may be due to the changes in indicators, rather than a true change in performance.
There is variation in the percentage of patients feeling supported to manage their own condition.

- The difference between the CCGs with the highest and lowest scores on this indicator is quite narrow at only 20 percentage points.
- However, the map shows a clear pattern with those feeling least supported concentrated in small urban CCGs, particularly in London.
- 9 of the 10 CCGs with the lowest scores are in London.
All cause mortality is falling, but there is wide variation across commissioners

- Nationally, this metric has been falling steadily for the last 17 years.
- Regionally there is a great deal of variation with rates ranging from 185 to 466.
- In addition, there is a sharp increase towards the top of the commissioner variation curve, with 5 commissioners showing rates above 375.
- All 5 of these commissioners were in the North West.

Data source/s: HSCIC Indicator Portal, 1993 to 2010
Mortality from causes considered amenable to health care is falling, but there is wide geographic variation.

- Nationally, this metric has fallen significantly year on year.
- There is variation at a local level with the map showing mortality in the North generally being higher than in the South.
- The highest levels of amenable mortality are in the area around Manchester.

Data source/s: HSCIC Indicator Portal, 1993 to 2010
Female potential years of life lost are falling, but there is wide geographic variation

- At a national level the potential years of life lost for females has been steadily decreasing.
- There is wide geographic variation from just 974 to 3,750 years of life lost per 1,000 population.
- The map suggests that the areas with highest levels of lives lost are clustered in more urban areas towards the North of the country.
Male potential years of life lost are falling, but there is wide geographic variation

- At a national level the potential years of life lost for males has been steadily decreasing, but remains higher than females.
- At a CCG level there is still wide variation across the country, ranging from 1,311 in North East Hampshire and Farnham to 3,963 in Bradford City.
- This range is not quite as wide as for females, at 2,652 compared to 2,777.
Unplanned hospitalisations for chronic ambulatory care sensitive conditions are falling

- Although unplanned hospitalisation for chronic ambulatory care sensitive conditions has been falling at a national level, there remains wide variation across the country.
- The map shows that the lowest concentrations tend to be in the South West, while areas around Lancashire and the North East show the highest levels of unplanned hospital admissions for these conditions.

Ambulatory care sensitive conditions are a group of diagnoses, including long-term conditions, for which there is evidence that care can be effectively managed outside hospital.

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Data source/s: HSCIC Indicator Portal, 2003/04 to 2011/12
Increased pressure on NHS financial resources
There are growing pressures on general practice services, whilst spend on services is relatively static.

There are many current pressures on general practice in England:

- Aging population
- Constrained funding growth
- Workforce pressures
- Rising patient expectations
- Undertaking clinical commissioning
- Rising prevalence of chronic disease

<table>
<thead>
<tr>
<th>Year</th>
<th>Spend per head</th>
<th>Change</th>
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<tbody>
<tr>
<td>10/11</td>
<td>£ 143.39</td>
<td></td>
</tr>
<tr>
<td>11/12</td>
<td>£ 143.33</td>
<td>-0.04%</td>
</tr>
<tr>
<td>12/13</td>
<td>£ 143.61</td>
<td>0.19%</td>
</tr>
</tbody>
</table>

Figure 5: Primary care trust spending on primary care in England: 2003/04 to 2011/12

Source: Jones and Charlesworth, 2013
Workforce
General practice workforce is not growing as quickly as in other areas of the health service

- Numbers of secondary care medical staff have increased at more than double the rate of all other staff over the last ten years.
- Full-time-equivalent hospital registrars have increased at an annual average rate of 11%, GP registrars at 8%, hospital consultants at 4% and GPs at 2%.
- GP practice nurses have increased at a higher rate than that of other nurses.
The demographics of the general practice workforce are changing

- The GP workforce gender split in 2012 was 57% men and 43% women.
- The average annual growth between 2002 and 2012 was much higher for women GPs (+4.8%) than men (-0.2%).
There is wide geographic variation in the number of GPs per head of population

In England in 2012/13, there were:
- 31,578 full time equivalent GPs;
- 53.0 million people;
- 0.68 full time equivalent GPs per 1,000 population.

There is high variation in full time equivalent GPs per 1,000 weighted population.

Rural areas tend to have higher rates of full time equivalent GPs per weighted 1,000 population (light blue), while more urban areas, particularly in the Midlands and the North, have lower rates (dark blue).

Data source: NHS Workforce Census September 2012
There is wide geographic variation in the number of practice nurses per head of population

- There is considerable variation across the country in terms of the number of FTE practice nurses per head of population, ranging from 0.16 in Redbridge to 0.41 in North East Lincolnshire.
- Urban areas have much lower numbers of practice nurses than rural areas.

Key

- 0.31 to 0.41
- 0.29 to 0.31
- 0.26 to 0.29
- 0.24 to 0.26
- 0.16 to 0.24

Data source: NHS Workforce Census September 2012
There is geographical variation in the percentage of single and double handed practices at former PCT level

- Former PCTs with a higher proportion of single and double handed practices depicted in blue are generally in more urban areas.