



Research Briefing
**General practice in Wales -
frequently asked questions**

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Research Briefing

General practice in Wales - frequently asked questions

An update on some of the general practice issues the Research Service is often asked about, with a focus on the GP workforce and access to GP services:

- How is the role of the GP changing?
 - What does the GP workforce look like across Wales?
 - What action is being taken to improve GP recruitment and retention?
 - Is there a waiting target for GP appointments?
 - Did the last Welsh Government meet its commitment to improve access to GP services?
 - What about online access to GP services?
 - How are GP out of hours services being developed?
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1. GP workforce

How is the role of the GP changing?

There is a strong policy drive in Wales to re-focus healthcare provision towards primary care and community-based services rather than hospital (secondary care) settings.

Is the workforce in place to support this shift? There have been concerns about the current and future supply of GPs, with reported difficulties in recruiting and retaining GPs (particularly in rural and deprived areas for example) coupled with the increasing demand for services. The last Welsh Government's **primary care plan** (PDF 151KB) and accompanying **workforce plan** (PDF 522KB) make clear that the long-term sustainability of primary care services in Wales will depend on maximising the contribution of a wide range of professionals.

No GP should routinely be undertaking any activity which could, just as appropriately be undertaken by an advanced practice nurse, a clinical pharmacist or an advanced practitioner paramedic.

(...) where the GP's role today is to treat the vast majority of people who come through their practice's doors, in the future, their role will increasingly be to provide overarching leadership of multi-professional teams.

As described in the primary care plan, GPs will take responsibility for professional standards, provide clinical leadership, and will continue to work directly with patients whose needs can only be met by a GP's skills. While their role may be evolving, GPs will continue to play a pivotal role in the delivery of healthcare services.

What does the GP workforce look like across Wales?

The latest annual report on **General Medical Practitioners in Wales** provides data on GP workforce trends over the ten year period 2005 to 2015. Key points include:

- The number of GP practitioners in Wales (excluding registrars, retainers and locums) was 1,997 at 30 September 2015, 9 fewer (0.4%) than the previous year and an increase of 148 (8%) since 2005 (note: these figures represent headcount, not whole time equivalent).
- The number of patients per practitioner has fallen by 3.3% since 2005. There are fewer practices in Wales than a decade ago, partly due to a fall in the number of single-handed practices. The number of patients per practice has consequently risen.
- The number of GP practitioners aged 55 and above has increased from 358 in 2004 to 462 in 2014. The 2015 figure represents 23% of the workforce. Hywel Dda Health Board had the highest proportion of GP practitioners aged over 55, accounting for 29.2% of its workforce.
- The percentage of female GP practitioners has increased over the last decade. In 2005 female GP practitioners accounted for 34.6% of the total, in 2014 they accounted for just over half at 50.4%.
- Hywel Dda Health Board had the largest number of GPs able to speak Welsh per 10,000 population at 2, whilst Aneurin Bevan had the smallest with 0.5 per 10,000 population in 2015. The Wales average was 1.2 GPs per 10,000 population, the same as in 2014. (Data on the Welsh language ability of GPs represents the number of GPs who listed Welsh as a language they were able to speak. This includes all levels of fluency, and does not represent the number of GPs who currently consult in Welsh.)
- Across the UK, in 2014 Scotland continued to have the highest number of GPs per 10,000 population at 8.1 (note: there are some definitional differences). England had 6.6 and Wales 6.5 GPs per 10,000 population. The 2015 figure is not yet available for all UK countries.

Further detail including a breakdown by health board can be found in the **report**, and on **StatsWales**.

According to the British Medical Association's **UK survey of GPs** (2015), when asked about their career intentions in the next five years:

- a third (34%) of GPs say that they hope to retire from general practice;
- 17% of GPs hope to move to part-time working. This figure increases to over a third (35%) amongst GP trainees (note: 50% of GPs who responded to the BMA's survey reported currently working part-time);
- one in ten GPs (9%) hope to leave the UK to work overseas. This figure rises to 21 per cent amongst GP trainees.

The General Medical Council's 2014 **State of medical education and practice in the UK** report provides a range of data on the medical profession across the UK. It highlights for example that in 2013, 77% of GPs were UK graduates and 17% were international medical graduates (IMGs). IMGs are doctors who gained their primary medical qualification outside the UK, EEA and Switzerland, and who do not have European Community rights to work in the UK. Other specialisms have a higher number of IMGs (across all other specialisms 64% were UK graduates and 24% were IMGs). European Economic Area (EEA) graduates make up the remaining percentage.

What action has been taken to improve GP recruitment and retention?

In February 2015, the Assembly's Health and Social Care Committee carried out a **short inquiry** on the GP workforce. Witnesses highlighted the need to:

- reconsider the number of training places for GPs;
- look at ways to increase the attractiveness of general practice as a career;
- explore options for retaining GPs, including those approaching retirement, within the NHS Wales workforce.

The Committee made a number of **recommendations** aimed at improving the recruitment and retention of GPs. **Responding**, the Welsh Government said that its primary care workforce plan would be the key vehicle for taking forward the Committee's recommendations. Actions set out in the workforce plan include:

- undertaking a supply and demand exercise to inform future GP training numbers (in line with prudent healthcare principles, this will take into account the proportion of the current GP workload that could be undertaken by other professionals);
- developing a national recruitment campaign;
- developing a refreshed 'employment offer' for GPs, including access to an occupational health service, career development opportunities, a streamlined GP returners scheme, and an improved GP retainer scheme;
- developing a new approach to incentivising general practice in Wales, both in terms of entry into training and taking up practice in under-doctored areas;
- making it easier for GPs based in England to work in Wales by amending the GP Performers' List (Wales) Regulations;
- increasing exposure to general practice during medical training.

In July 2015, Wales' first **national clinical lead for primary care** was appointed to help deliver the Welsh Government's vision for primary care services and the workforce to support this.

2. Access to GP services

Is there a waiting times target for GP appointments?

Prior to March 2011, a 24 hour access target was in place. This set out that patients should be able to obtain a consultation with a GP or appropriate healthcare professional within 24 hours (i.e. on the same working day or the next working day that the GP practice was open).

This 'formal' target was removed from April 2011 (as part of negotiated changes to the General Medical Services (GMS) contract), but on the understanding that GP practices would still aim to achieve this target. As such, patients with an urgent need to see a doctor should be able to do so that day. For non-urgent appointments, the Welsh Government's expectation is that GP practices should aim to offer patients a consultation within 24 hours where requested (this could be by way of a telephone consultation, for example, or could be with an appropriate member of the practice team but not necessarily a GP). It's also expected that GP practices are able to offer patients the ability to book an appointment up to two weeks in advance.

Did the last Welsh Government meet its commitment to improve access to GP services?

The Programme for Government **2015 progress report** states that this 'flagship' commitment was met in full, with many more surgeries now offering longer opening hours.

Figures published in **February 2016** illustrate the progress made in improving access. In 2015, 82% of GP practices in Wales were open for daily core hours or within one hour of the daily core hours (core hours are 8am to 6.30 pm, Monday to Friday). This is an increase from 80% in 2014 and from 60% in 2011. The statistics do show a variable picture across Wales - across health boards, the figure ranged from 65% of GP practices in Hywel Dda being open for daily core hours/within one hour of core hours to 100% of practices in Powys. However, according to the most recent **National Survey for Wales**, Hywel Dda had the lowest proportion of people who reported it difficult to make a convenient GP appointment (32%). Cwm Taf had the highest proportion at 45%.

There has been limited progress in increasing access in evenings and at weekends. In 2015 practices in only three health board areas offered appointments after 6.30pm on at least one week day. Only two practices in Wales offered weekend appointments. However, in 2014 the Health Minister **reported** that GP practices which opened in the evening had found there was a low demand for appointments after 6.30pm, or that the patients seen during evening appointments could as easily have attended during core hours. According to the **Minister**, health boards have provided assurance that the services which are available in the evening reflect 'reasonable patient need'.

Where there is an assessed reasonable patient need for enhanced access after 6.30pm and on a Saturday morning, access will be expected to be provided. It is anticipated improved access to primary care and community-based services on the weekends will be delivered by groups of GP practices working together, through primary care clusters, which includes the potential for Saturday morning services.

What about online access to GP services?

In January 2010, the Welsh Government announced £1.7 million funding to develop the **My Health Online** website, which aims to improve access to GP services and allow patients to have greater involvement in managing their own healthcare. GP practices are able to make a number of services

available to patients via My Health Online, including booking and cancelling appointments, requesting repeat prescriptions, and updating personal information.

The service became available in around 20 early adopter GP practices in summer 2011. National roll-out began in February 2012. My Health Online is now available to all GP practices in Wales. To date, over 70% of practices have signed up to provide the service, with approximately 167,000 patients having registered.

How are GP out of hours services being developed?

On the introduction of the new General Medical Services (GMS) contract in 2004, health boards, rather than GP practices, became responsible for providing urgent, out of hours primary healthcare services.

Concerns about the safety and operation of out of hours services have been highlighted in a number of reports¹ in recent years. In 2015 for example, a **review** of GP out of hours services in Betsi Cadwaladr Health Board was carried out in response to significant concerns around the performance and sustainability of the service in its area. Similarly, there have been **changes in GP out of hours services** in Cwm Taf, in response to continued difficulties in staffing the service.

In August 2015 in a **letter** to the Public Accounts Committee, Dr Andrew Goodall (Director General Health and Social Services and NHS Wales Chief Executive) highlighted that pressure on GP out of hours services is a UK wide issue, and that all health boards in Wales have faced challenges filling GP out of hours rotas. It is not just a question of GP numbers however. It has also been **emphasised** that, in line with the principles of prudent healthcare, health boards will need to utilise a range of healthcare professionals to meet the needs of patients, including nurses, pharmacists, therapists, and paramedics.

In January 2016, the Minister **told** the Health and Social Care Committee that a single 24/7 telephone number will be set up for non-emergency healthcare services, an important element of which would be the integration of local out-of-hours calls.

A pathfinder NHS 111 service will be introduced next year, combining the current out of hours telephone call handling and initial triage and the services provided by NHS Direct Wales in the Abertawe Bro Morgannwg University Health Board area. This will enable the service to be thoroughly tested to inform future roll out across Wales.
