

Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Dr Kieran Sharrock, Medical Director of the Lincolnshire Local Medical Committee

Report to	Health Scrutiny Committee for Lincolnshire
Date:	15 June 2016
Subject:	Shortage of Medical General Practitioners in Lincolnshire

Summary: There is an increasing crisis in General Practice nationally and this is particularly apparent in Lincolnshire. There should be 415 GPs working to serve the population of Lincolnshire, there are currently 340, a shortfall of 75 GPs. This is leading to a shortage of GP appointments, which means that patients are having to attend other providers for care or are at risk of not receiving the care which they want or need.

Actions Required:

The Health Scrutiny Committee is requested :

1. to consider and recognise the crisis facing general practice;
2. to support GPs, practices, and Clinical Commissioning Groups to make GP services sustainable;
3. to consider whether it would be appropriate to take any further action, for example by lobbying MPs on overall NHS funding and the decline in the proportion of funding which goes to provide GP services;
4. to support increasing recruitment from outside the UK; and
5. to support efforts to increase medical school places in the UK and in Lincolnshire specifically.

1. Background

is the GP Crisis?

Lincolnshire has a population of 730,000. There should be one GP for every 1,750 patients¹, which equates to 417 GPs for Lincolnshire. There are currently 337 GPs² (full time equivalent) working in Lincolnshire, a shortfall of 80 GPs. This is one GP for every 2166 patients.

There are forty practices who have tried to recruit GPs in the last year, mostly unsuccessfully.

One quarter of GPs in Lincolnshire are aged 55 or over³. If one of these GPs retires per month, by May 2019 there will be only 300 GPs in Lincolnshire.

Nationally 12% of GP training posts are unfilled⁴. In 2015/16 only six out of thirty places were filled on the Lincolnshire GP Vocational Training Scheme. This figure is better for 2016/17 due to incentives from NHS England.

Funding for the NHS has fallen from 10% of GDP in 2009 to 9% in 2015. This compares to 11.5% in France and Germany, and 17% in the USA⁵. General practice receives 7.3% of the NHS budget, which has fallen from 10.5% in 2004/5⁶.

Why are doctors not choosing to become GPs, or choosing to retire early?

The simple answer is **workload**.

The workload for general practice has expanded dramatically in recent years. Over the last ten years the number of times a patient sees their doctor has doubled, the average patient attends their GP surgery 8 times per year compared to 4 times per year in 2004. General practices carried out 370 million consultations in 2015, up from 300 million in 2008.⁷

Workload has increased for three reasons:

1. an aging population who have more long term conditions such as diabetes, lung disease, and heart disease
2. conditions which were traditionally managed in hospitals are now managed in general practice
3. patient demand for immediate access. This demand is often inappropriate, 27% of GP consultations are about non-medical problems⁵.

Why is it bad that there is a GP crisis?

There are two main adverse effects of the GP crisis: patient safety and financial.

¹ Nuffield Trust. 2011. The Four Health Systems of the UK, how they compare

² HEE. 2016. Workforce survey

³ HEE. 2016. Workforce survey

⁴ BMJ Careers 2014

⁵ World Bank

⁶ Deloitte. 2014. Under pressure: The funding of care in general practice

⁷ BMA. 2015. Urgent Prescription for General Practice

An increasing workload with fewer clinicians to perform the work cannot be safe. Eventually patients will suffer as the time for them to see their GP gets longer and diagnoses become delayed. Tired and overworked clinicians are more likely to make mistakes. GPs who are tired and overworked are also more likely to leave the profession, exacerbating the problem.

As access to GPs becomes more difficult patients will attend urgent care settings more frequently. One attendance at A&E costs the NHS £124⁸, whereas GP practices are funded £140 to care for a patient for a whole year. Costly hospital admissions will also increase when there is reduced access to GPs.

2. Conclusion

What can be done to help?

Practices are already transforming the ways in which they work, forming larger groups of practices to work collaboratively. Practices are also employing alternative health professionals such as pharmacists, nurses, paramedics, and physiotherapists to provide care in different ways. However this transformation can only partially replace the unique role of a GP.

Recruiting GPs from other parts of the UK helps here but does not help the crisis where the GPs come from. Thus recruitment from outside the UK is the only sustainable option.

Long term the underfunding of the NHS and general practice has to be reversed to make services safe and sustainable.

We need to train more doctors for the future. Health Education England and the General Medical Council need to increase the number of training places at medical schools, so that similar crises do not happen again in the future.

3. Consultation

This is not a consultation item.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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⁸ DoH. 2014. Reference Costs 2013-14

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