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GP access: experts question whether more practices will help

The government has admitted it does not know how it will decide which areas need extra GP provision, almost two years after it first pledged to help under-doctored areas.

The government first promised to ensure more GPs in under-doctored areas in January 2006 in the *Our Health, Our Care, Our Say* white paper.

The pledge was restated in junior health minister Lord Darzi's next stage review, published on the eve of the comprehensive spending review (for more background, [click here](#)). He revealed plans to bring at least 100 new GP practices into the 25 per cent of primary care trusts with the poorest provision.

But the government is being accused of rushing the policy after admitting it does not yet know which PCTs this will apply to or what criteria will be used to determine this.

There are also doubts over whether the information needed to compile a list of eligible PCTs is actually available, and who will pick up the costs of extra provision.

In addition, health experts have questioned whether it will substantially improve patient access to primary care.

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Lord Darzi's report mentions primary care clinicians, patient satisfaction and health outcomes as factors in provision, but there are no further details.

For example, it does not state whether there will just be a headcount of GPs per population, or whether broader issues will also be taken into account, such as opening hours and the choice of providers on offer.

Health minister Ben Bradshaw last week admitted in response to a parliamentary question put by shadow health secretary Andrew Lansley that the indicators for measuring GP provision were still being developed.

Mr Lansley said this showed 'a typical Labour gap between rhetoric and reality'.

'In January 2006 the government said it was going to promote more GPs in under-doctored areas,' he told *HSJ*.

'Here we have yet another announcement and with no work having been done to establish where these areas are and how additional services are going to be provided or funded.'

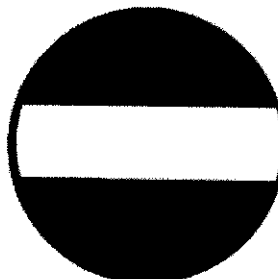
NHS Alliance chair Dr Michael Dixon said practices should be established in areas that had the fewest GPs.

'Skill-mix is important but there's research to show that the death rate in hospitals has more to do with the number of GPs per capita than the number of consultants in hospitals.'

It was 'quite easy' for PCTs to obtain such information, he said.

However, King's Fund deputy policy director Anna Dixon said adding GP practices would not necessarily improve health outcomes.

'There are a lot of reasons why some people aren't using primary care and it's not just about having enough practices,' she said.



'In socially excluded housing estates there may be a GP practice, but because of the isolated nature of the community, people don't use it.

'An emergency nurse practitioner can be more effective in reducing the use of accident and emergency and improving health.'

She also doubted whether many private providers would come forward, given the low take-up of the existing alternative provider medical services contract.

British Medical Association GPs committee deputy chairman Dr Richard Vautrey said: 'It's quite clear that the policy was brought forward for pre-election purposes. Many of the policies in the interim report could have to be reworked.

'Where practices have a wide skill-mix, it's very difficult to make a judgement on how many doctors are needed in an area, especially given poor workforce planning. No-one's collected in a detailed way the number of doctors who work in a particular area.'

A better policy would be to expand existing practices, Dr Vautrey argued. He also called for more information on how the extra GP practices would be funded.

'There's a primary care expectation that, once established, the costs will be picked up by the local health economy,' he said.

A Department of Health spokeswoman said work was being done with the NHS to identify appropriate indicators under each of the headings set out in the Darzi report. She confirmed that one measure would be the number of GPs and nurses per 1,000 people and said the list of PCTs would be published 'in the next month or so'.

For more analysis of the GP access issue, see this week's Data Briefing and editor's comment comment, as well as Andrew Jones' latest column

Author: Charlotte Santry.

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