

Primary care in the NHS: Busting the myths



national association of primary care

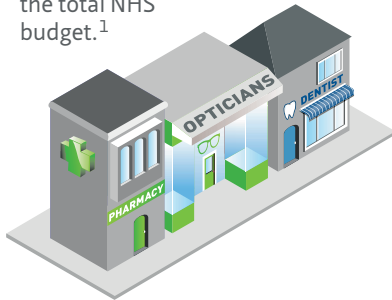


The NHS Confederation is publishing a series of myth busters, which challenge common misconceptions and enrich the debates on topical, sometimes controversial, issues regarding our health and care. The third in this series dispels myths about primary care in the NHS.

Myth:
Primary care just refers to GPs.

Reality:

Primary care also covers **dental practices, community pharmacies, and high street optometrists**. It receives **£20 billion per year** from the total NHS budget.¹



Myth:
A&E is the first port of call for most patients.

Reality:

Around **90 per cent of care** already takes place in primary care.² **Demand for GP services rose by 13 per cent between 2008-2013/14.**³ According to a recent National Audit Office report, out-of-hours GP services handled around 5.8 million cases including 800,000 home visits.⁴ Consultations with nurses rose by 8 per cent and with other professionals in primary care, including pharmacists, grew by 18 per cent.⁵



Myth:
Primary care is only used by patients with minor ailments.

Reality:

A significant percentage of GP workload relates to managing long-term conditions in the over 65s. Approximately 60 per cent of this group will have more than 12 GP visits per year and require complex case management by primary care teams, including pharmacists, dentists and opticians.⁶



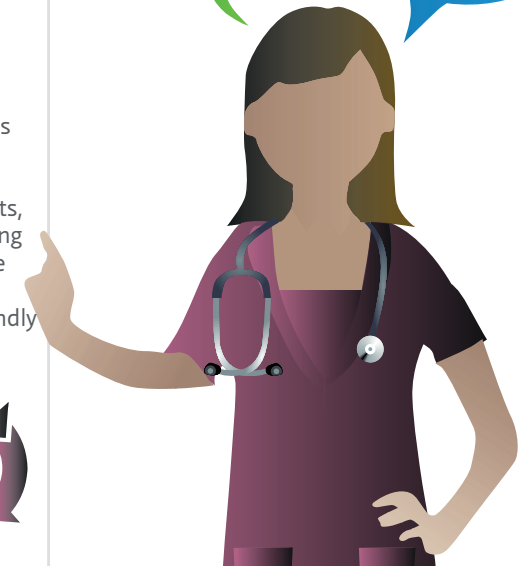
Myth:
GPs only work 9am-5pm and rarely at weekends.

Reality:

In many cases **GPs are working 12-hour days**. A recent survey showed that nine out of ten GPs regularly worked beyond their contracted hours.⁷ In order to improve access for their patients, eight out of ten GPs are changing the way they work to offer more emergency appointments and striving to provide patient-friendly methods to increase GP access including web, telephone and other innovative platforms.⁸



Myths Reality



NHS Confederation and National Association of Primary Care view:

We strongly support the view that primary care provision should be universally accessible, comprehensive, community based and supplied by a multi-professional team, where these teams operate. Many also include community health and social care professionals. It is accountable for addressing a large majority of both a person's and a population's health needs. These services are delivered in a sustained partnership with patients and informal caregivers, in the context of family and community. They can also play a central role in the overall coordination and continuity of people's care.

Increasing GP numbers alone will not solve workforce pressures in primary care. Instead, we need a whole-system approach to service and workforce planning built on communities. This means more joined-up working between primary care and other services, building teams with the right skills needed to address local population needs. Other professionals such as pharmacists, therapists and community nurses can also increase quality and capacity in primary care.

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1 Department of Health, *Developing the NHS Commissioning Board*

2 Health and Social Care Information Centre

3 NHS England, *Call to Action for General Practice*

4 National Audit Office, *Out-of-hours GP services in England*

5 GP patient survey: *National Summary Report*

6 *Reclaiming a population health perspective: Future challenges for primary care*, Nuffield Trust Report in partnership with the National Association of Primary Care

7 The British Medical Association (BMA)

8 *Meeting need or fuelling demand? Improved access to primary care and supply induced demand*, Nuffield Briefing in partnership with NHS England, June 2014