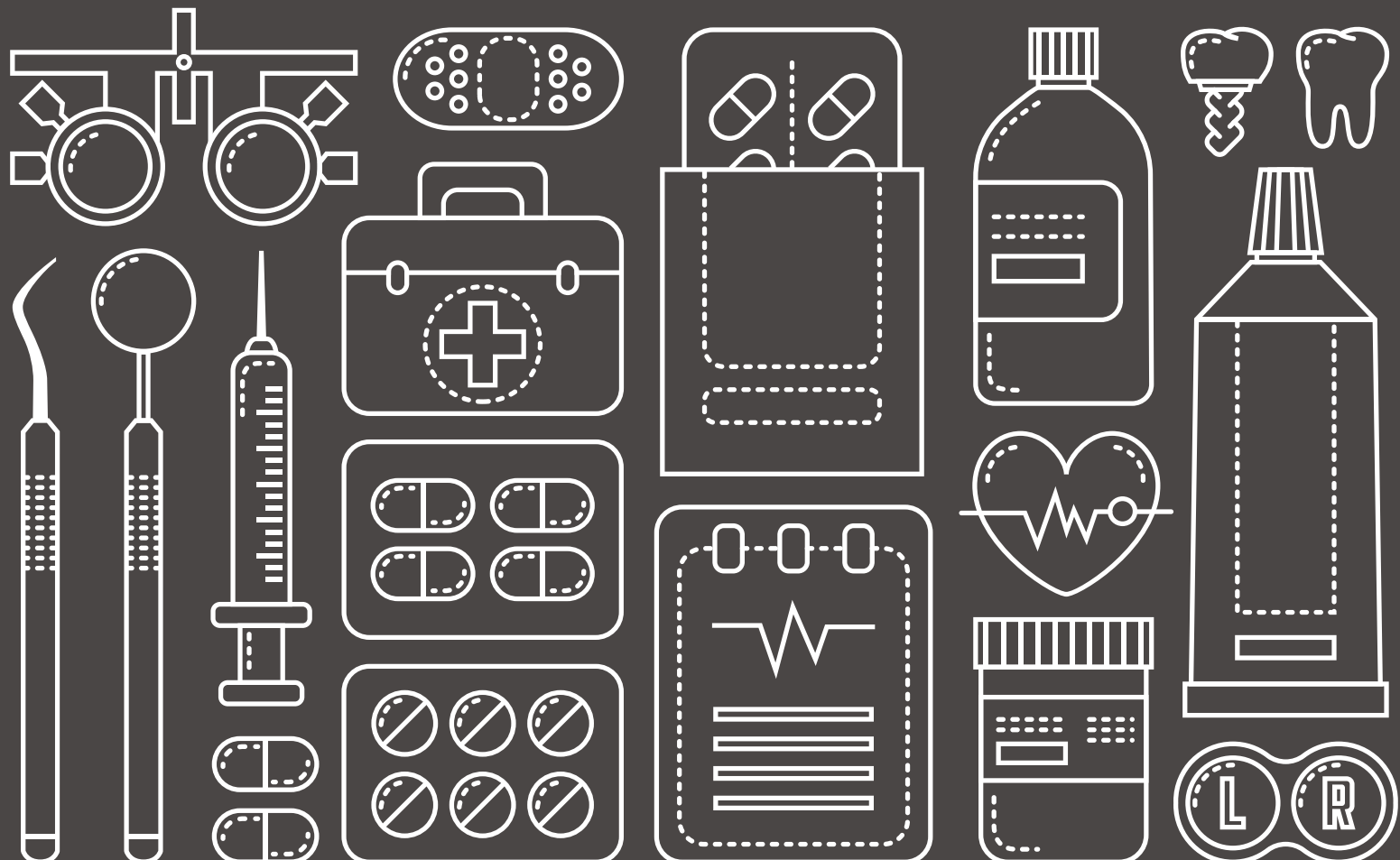


Archwilydd Cyffredinol Cymru
Auditor General for Wales

A picture of primary care in Wales



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Introduction

Primary care services play a vital role within the wider system of health and care in Wales. But services have come under increasing pressure from rises in demand and constraints in capacity, and it is recognised that changes need to be made to ensure that primary care services are sustainable and can play the key role that is required of them within the NHS in Wales.

This report is part of a suite of work we are undertaking on primary care services in Wales. It brings together numerous sources of data to provide a snapshot of primary care services. It is not intended to be a detailed evaluation of the strengths and weaknesses of primary care. Instead it sets out some key information on how current services are organised and highlights key issues which will be explored further as part of our more detailed audit work at health boards.

During 2018 auditors will examine the progress health boards in Wales have made in implementing the national plan for primary care. A report will be produced for each health board, and a national summary of our findings will follow in early 2019.

We have already completed a separate and detailed review on GP Out of Hours Services, and reported our findings to health boards. A summary of these findings will be published in June 2018.



What is primary care?

Primary care encompasses a wide range of services, typically delivered in the local community by general practitioners (GPs), pharmacists, dentists, optometrists and other healthcare professionals.

Definition of primary care

- The definition in the [national primary care plan in Wales](#) is:

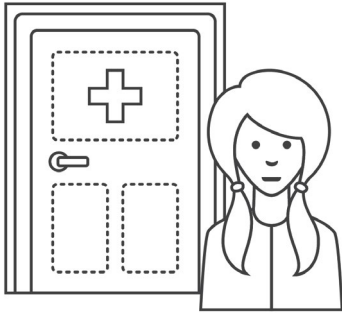
‘Primary care is about those services which provide the first point of care, day or night for more than 90% of people’s contact with the NHS in Wales.’

‘General practice is a core element of primary care: it is not the only element – primary care encompasses many more health services, including, pharmacy, dentistry, and optometry.’

‘It is also – importantly – about coordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs.’

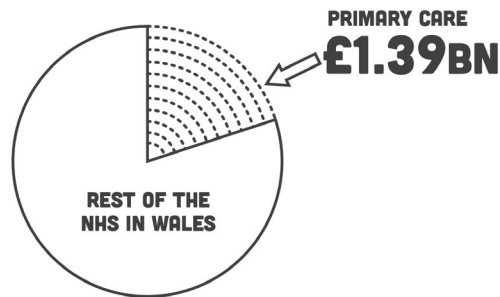
- Many GPs, pharmacists, dentists and optometrists work as independent contractors. [Navigate to the workforce section of this report](#) to find out more about their contracts with the NHS in Wales.
- Whilst this report aims to cover primary care in its broad sense, most of the publically available data in Wales focuses on general practice, which has consequently shaped the focus of some sections of this report.

Why is primary care important?



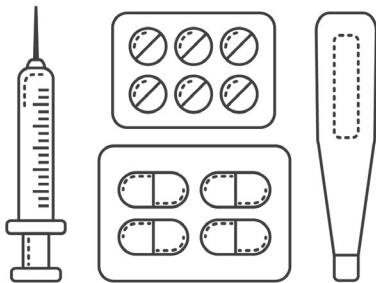
First point of contact

Primary care is the first port of call for the majority of people who use health services.



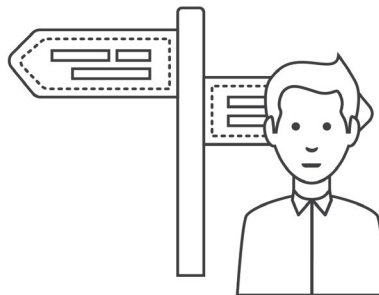
Spending on primary care

In 2016-17, the NHS in Wales spent £1.39 billion on primary care, which is around a fifth of the total NHS spending in Wales.



Prevention and early intervention

Primary care is also important because of its focus on promoting well-being, early intervention and preventing people's conditions from getting worse.



Coordinating care

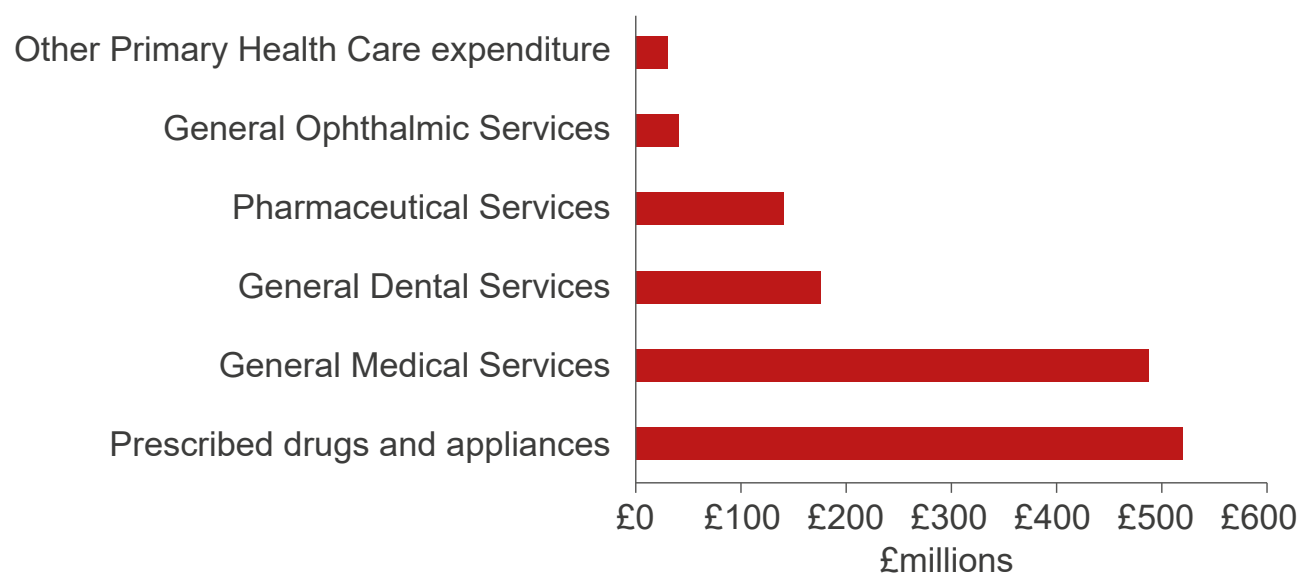
Primary care has an important role in coordinating people's care. Primary care is the gateway to many other services.

What is the cost?

We looked at the accounts of the NHS in Wales to do some high-level analysis of the cost of primary care. We plan to look at this issue in more detail in future audit work.

Total cost of primary care

In 2016-17, the accounts of the NHS in Wales show that health boards spent £1.39 billion on primary care services. The chart below shows further detail on how that money was spent.



Source: NHS Wales Summarised Accounts

Note: [Navigate to the workforce section of this report](#) for an explanation of the spending categories in the chart. 'Other Primary Health Care' is a gather-all category in the accounts, which is used to record spending on numerous primary care items and services that does not fit into the other categories listed in the chart above.

Trend in health board spending

- Between 2010-11 and 2016-17, health boards' spending on primary care services increased 4% from £1.34 billion to £1.39 billion.
- However, after taking into account the effect of inflation, this represents a real terms reduction of 5%.

Primary care spending as a proportion of total health board spending

- Between 2010-11 and 2016-17, total health board spending in Wales (Net Operating Costs) increased from £5.39 billion to £6.32 billion.
- However, over the same period, recorded spending on primary care as a percentage of total health board spending in Wales (Net Operating Cost) reduced from 25% to 22%.
- This would suggest that the shift in resources towards primary care that has been at the centre of much of the NHS policy in recent years is not being achieved. However, the picture is complicated by the fact that expenditure by health boards on primary care is not consistently categorised and as such it is likely that the figure recorded in the accounts does not represent the totality of primary care expenditure.

Funding from Welsh Government

- The Welsh Government allocates money to local health boards to spend on primary care services. In 2016-17, the allocation was around £887 million.
- This covers General Medical Services, Pharmaceutical Services, General Dental Services, the National Primary Care Fund, as well as funding for a range of optometry services and some aspects of primary care prescribing and dispensing.
- The allocation does not cover funding that community pharmacies receive indirectly as 'retained purchase profit'. This is the profit that pharmacies retain when the NHS reimburses them for the costs of purchasing medicines.
- The allocation for General Medical Services is ring-fenced, meaning health boards should spend their entire allocation on General Medical Services. In 2016-17, the health boards spent 2.4% more than their allocation for the General Medical Services contract. However, not all of the General Dental Services allocation is ring-fenced and in 2016-17, health boards spent 6.4% less than their General Dental Services allocation.

Primary care premises

- In October 2017, the NHS Wales directory showed there were 596 GP premises (including satellite practices), 428 dental practices, 448 private opticians and 717 pharmacies. Some of these properties are part of the NHS estate while others are privately owned.
- Our scoping work revealed some problems in Wales with a lack of physical space in current primary care buildings, such as GP practices and primary care health centres. This could make it more difficult to bring in new ways of working, such as introducing new clinics for physiotherapists, clinical pharmacists etc.
- Data is not available on the condition of the primary care estate so the costs of backlog maintenance are not known.
- In 2017, [the Welsh Government announced a £68 million investment](#) to build 11 new 'hubs' and GP centres, and improve 8 existing health centres, to be delivered by 2021.

What do patients think?

Patient surveys reveal positive views about GP services. But good data was not available for other services.

Patient experience: General Practice

In the National Survey of Wales, around 10,000 people gave their views on GP appointments in 2016-17:

- 90% were satisfied with GP care.
- 96% felt treated with dignity and respect at their GP appointment.
- 86% felt they were given the information they needed at their appointment.
- 79% felt the GP knew all relevant information about the patient.



Patient experience: Dentistry, optometry and community pharmacy

Many of these services carry out local surveys of patient experience but we were not able to find a collated picture of the results at an all Wales level.

Quick and easy access

- Better access to GP services has been a goal for many years. The current Programme for Government continues to aim for improved ‘access to GP surgeries, making it easier to get an appointment’.
- Although there is no formal target, the Welsh Government expects patients with urgent needs to be seen at GP surgeries that day.
- The National Survey for Wales showed 62% of GP surgery patients found it easy or very easy to get an appointment at a convenient time. (38% found it difficult or very difficult.)
- The Older People’s Commissioner for Wales and Healthcare Inspectorate Wales have highlighted patient concerns about GP appointment systems...

Booking appointment impossible. Frustrating not being able to see same Dr, especially with ongoing medical condition.

Appointment times not long enough. Feel rushed out of the door each time, so not all problems discussed.

Appointments – can get one for the day but getting a routine appointment ahead is difficult.

- The [National Oral Health Plan](#) for Wales highlights as a key issue ‘patchy access’ to NHS dentistry. A [Welsh Government report from 2017](#) said access to NHS dental care has improved significantly in recent years but there are areas of Wales where access remains difficult and some where it has ‘slipped back’.
- The [Prioritised Eye Care Plan](#) describes progress improving access to eye care services in Wales. Actions have included new pathways to help patients access eye care closer to home, awareness raising and signposting, as well as training of primary care staff.
- Work is ongoing in Wales to look at the definition of ‘good access’. The national plan is for a multidisciplinary primary care team, so it will be important for patients to have good access to the appropriate member of that team. The new definition of ‘access’ may not mean access to appointments – it might mean access to email advice or on the telephone, or a home visit.

GP practice opening times

The [data below](#) show a gradual trend in increasing opening times and availability of appointments during normal opening hours (8am to 6.30pm), although weekend appointments remain rare. Weekend and evening appointments (after 6.30pm) are not part of the General Medical Services contract but where there is a specific need, health boards can fund them as part of an Extended Opening Hours Directed Enhanced Service.

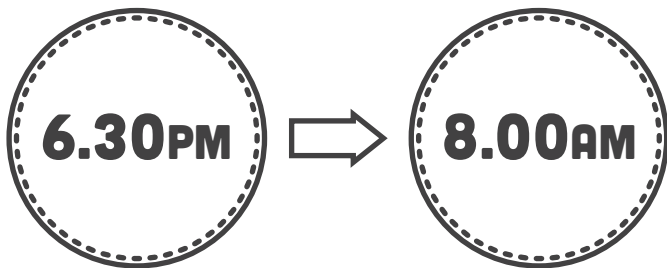
	2011	2017
Core hours: % of practices open all day, five days a week (08:00 to 18:30)	31%	51%
Half day closing: % practices with one half day closure per week.	19%	3%
Early appointments: % practices offering appointments before 08:30, five days a week.	10%	14%
Late appointments: % practices offering appointments between 17:00 and 18:30, five days a week.	63%	84%
Later appointments: % practices offering appointments after 18:30, on at least one day a week.	11%	8%
Weekend appointments: Number of practices offering appointments on Saturdays.	Not recorded	1 practice

Source: [GP Appointment Times, 2011](#), [GP Opening Hours in Wales](#), [GP Access 2017](#).

GP out-of-hours services

When GP surgeries close, patients with urgent healthcare needs will need to contact their local GP out-of-hours service. Having effective out-of-hours services is an important part of the NHS's ability to respond to urgent care demand. The Auditor for General for Wales will publish a detailed report on GP out-of-hours later in 2018.

GP out-of-hours services

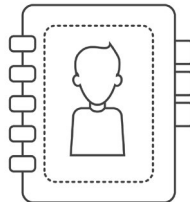


Plus weekends and public holidays

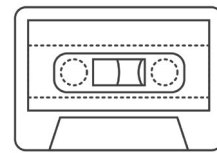
How do GP out-of-hours services work?



0.6 million
people contact
GP out-of-hours
every year



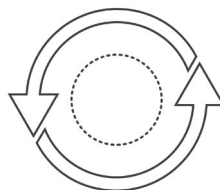
People call their GP
surgery's number,
or
the GP out-of-hours
service's direct number,
or
in some areas people
can now call 111.



Recorded message
A welcome message
signposts patients to
alternative services.
Hold the line to speak
to the GP out-of-hours
service.



Call taking
The call is answered
by a trained call
handler. They ask
what the problem is.



Call back
A doctor, nurse or
paramedic calls the
patient back.



Advice or Appointment
Some patients are advised to
self-care, others are visited
at home or come to a primary
care centre to be seen.

What are the workforce issues?

Primary care is made up of a wide range of different staff. GPs, dentists, community pharmacists and optometrists¹ tend to work as independent contractors, rather than being directly employed by health boards. Below is a summary of the primary care contracts in Wales:

Service type	Name of contract	Type of services covered	Free at point of contact?
GP	General Medical Services (GMS)	<p>Essential services – management of patients who are ill but are expected to recover, general management of patients who are terminally ill, and management of patients with chronic diseases.</p> <p>Additional services – such as cervical screening, contraceptive services, vaccinations, child health surveillance, maternity services and minor surgery.</p> <p>Enhanced services – these enhanced services vary by health board, and by year, depending on local and national priorities.</p>	Yes

¹ Also known as ophthalmic opticians. Ophthalmologists differ from optometrists / ophthalmic opticians in that they are medically trained doctors with specialist skills in diagnosis and treatment of eye diseases. They usually work in a hospital environment.

Service type	Name of contract	Type of services covered	Free at point of contact?
Dental ²	General Dental Services (GDS)	Most dentists operate under this contract and must provide a full range of mandatory services. This includes: examinations, scale and polishing, fluoride varnishing, fissure sealants, radiographs, endodontic treatments, fillings, restorations, extractions, crowns, dentures, veneers, inlays, referrals to advanced services and prescribing antibiotics.	<p>Only for certain patients:</p> <ul style="list-style-type: none"> < 18 years old - 18 years old and in full-time education - >60 years old - Pregnant patients or had a baby in the previous 12 months - Patients with low incomes or receiving certain benefits. - Free check-ups for >60 years old and <25 years old. Any subsequent treatment carries the appropriate charge
	Personal Dental Services (PDS)	A minority of dentists operate under this contract. The two contracts are similar although the GDS gives dentists the flexibility to take on partners. If a provider-only provides specialist services, such as orthodontic work, this has to be under a PDS agreement.	

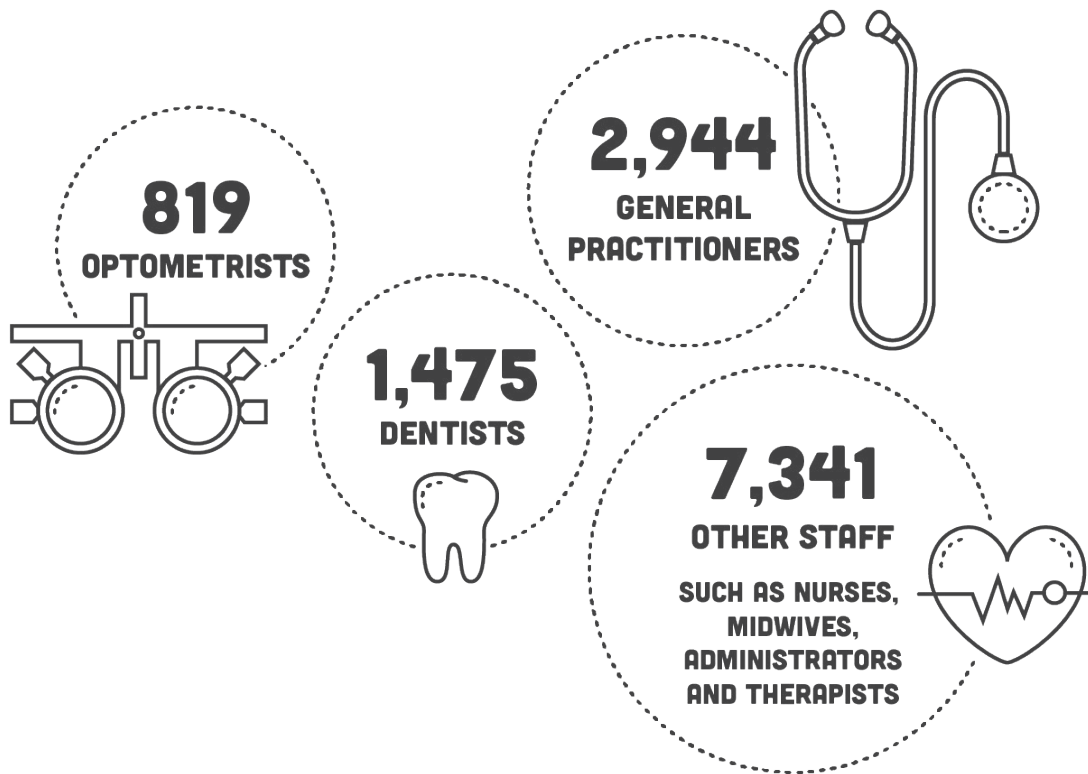
² gov.wales/docs/statistics/2017/170831-nhs-dental-services-2016-17-en.pdf

Service type	Name of contract	Type of services covered	Free at point of contact?
Optometry ³	General Ophthalmic Services (GOS)	Ophthalmic opticians carry out free sight tests on behalf of health boards for patients who meet certain conditions. Diabetic Eye Screening Wales Service is an all-Wales service that aims to detect sight threatening diabetic retinopathy at an early stage before visual loss occurs.	Only for certain patients: <ul style="list-style-type: none"> - <16 years old; - <19 years old and in full-time education; - >60 years old; and - diabetic patients - >40 years old with family member diagnosed with glaucoma. - Patients eligible for certain benefits.
		Eye health examination Wales scheme offers extended eye examinations for certain groups of people at risk of certain eye diseases and those that may find losing their sight particularly disabling, such as people who are already blind in one eye.	Only for patients with: <ul style="list-style-type: none"> - sight in one eye; - hearing impairment/ profoundly deaf; - retinitis pigmentosa; - family history of eye disease; and - eye problems that need urgent attention.
		Low Vision Service Wales aims to help people with visual impairment to remain independent by providing low vision aids such as magnifiers, and by appropriate education, referral, and rehabilitation training.	For patients with sight problems that cannot be corrected by glasses, contact lenses, or medical treatment.

3 gov.wales/docs/statistics/2017/170628-sensory-health-eye-care-hearing-statistics-2016-17-en.pdf

Service type	Name of contract	Type of services covered	Free at point of contact?
Community Pharmacy ⁴	Pharmaceutical services contractual framework	<p>Essential services – nationally agreed services which are not generally open to local arrangement. Services include dispensing, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles and support for self-care.</p> <p>Advanced services – includes Medicine Use Reviews (improving the patient's knowledge and use of medicine), Discharge Medicines Reviews (provides support to patients recently discharged from hospital by ensuring that changes made to their medicines are enacted as intended in the community).</p> <p>Enhanced Services – additional services, for example, emergency contraception, seasonal flu vaccine, smoking cessation, emergency medicine and palliative care.</p>	Free prescriptions for all patients registered with a Welsh GP.

4 gov.wales/docs/statistics/2017/171101-community-pharmacy-services-2016-17-en.pdf



Source: GPs in Wales, 2016 Statistical First Release, NHS Dental Statistics in Wales 2016-17, Sensory Eye: health care and hearing statistics, 2016-17

Notes: 2,944 GPs (including 2,009 GP practitioners⁵, 684 GP locums⁶, 232 registrars⁷ and 19 retainers⁸), 7,341 other staff directly employed by general practices (including nurses, nurse practitioners, midwives, administrators, practice managers, physiotherapists, pharmacists, occupational therapists and phlebotomists), 1,475 Dentists (includes performers and providing performers⁹), 819 ophthalmic practitioners (Sensory Health Eyecare statistics 2016-17) (made up of optometrists and ophthalmic medical practitioners)

- 5 A GP practitioner includes GP providers and Other GPs only (excludes GP Registrars, GP Retainers and locums).
- 6 A GP Locum is a GP who deputises temporarily at a GP Practice, usually to cover for an absent GP Practitioner. Such cover should last for no more than 6 months.
- 7 A GP registrar is a practitioner employed for the purpose of training in general practice and in respect of whom a training grant is paid.
- 8 A GP Retainer is a practitioner who provides service sessions in general practice. They undertake the sessions as an assistant employed by the practice and are allowed to work a maximum of 4 sessions each week.
- 9 Performer – a dentist named on a contract that will or might be carrying out the work agreed in the contract.

The [Welsh Government's Primary Care Workforce for Wales Plan](#) stresses the importance of a multi-disciplinary team approach in primary care. Despite that, our research suggests the majority of primary care workforce data focuses on GPs.

The GP workforce

- In 2016, there were 6.5 GPs per 10,000 population in Wales. The equivalent figure in England was 6.4 per 10,000. The most up-to-date figures for Scotland are from 2015 and show that there were 8 GPs per 10,000 population.
- Between 2006 and 2016, the number of GP practitioners¹⁰ in Wales increased 7% to 2,009.
- Despite the increase in GP numbers, it is unclear if this has resulted in greater capacity. This is because we do not know which GPs are working full time or part time. Work is ongoing in Wales to improve this data.
- The number of female GP practitioners has increased by 55% since 2006. In 2016 women accounted for 52% of the GP practitioner workforce.
- The number of GPs under the age of 44 has increased by 15% between 2010 and 2016. GPs between the age of 45 and 54 have decreased by 8%. The greatest change has been in GPs over 65, having risen by 83% since 2006.
- Train Work Live is a national campaign launched in 2016 to promote Wales as an attractive place to work for GPs and other doctors. [Navigate to the Train Work Live website](#) for more details.

GP training

- After medical school, potential GPs undertake a GP specialty training programme. Competition for GP training places has reduced in Wales. In 2012, 1.5 applications were made for every training place. In 2016, there were 1.2 applications for every place.
- In recent years Wales has struggled to fill GP training places. In 2016, 75% of places were filled. But in 2017, the fill rate increased to 91%. New financial incentives to attract applications appear to have had a positive impact on fill rates in Ceredigion, North West Wales, Pembrokeshire and North East Wales.

¹⁰ Excluding registrars, retainers and locums.

Morale and job satisfaction

- According to the BMA¹¹ and the RCGP¹² surveys, morale of GPs in Wales is low. Survey respondents talked about an increasing workload, poor work-life balance, bureaucracy and financial pressures, particularly in partnerships.
- 95% of GPs in Wales feel that morale has gone down in past 5 years (93% Scotland, 94% NI) (RCGP).
- 61% of GPs in Wales say they do not have a good work life balance, with 58% saying it had got worse in the last year (BMA).
- The majority of GPs (82%) are worried about sustainability of their practice, with workload pressures and recruitment difficulties cited as the two main reasons for their concerns (BMA).

Pay and costs for GPs

- For most GPs in Wales (those employed under the General Medical Services contract) the average income before tax increased during the early 2000s but has since decreased slightly. This income rose from £65,007 in 2002-03 to £102,194 in 2005-06 but has since fallen to £93,400 in 2015-16 (UK £99,500).
- To become a partner, many GPs have to buy into the partnership. This cost may prevent some GPs becoming partners, and the number of GP partnerships in Wales has decreased from 496 in 2006 to 441 in 2016.
- An issue known as 'last man standing' is another barrier to buying into a partnership. This issue means that a single GP within a partnership can become financially liable for the practice and its property if all other partners retire.
- High indemnity costs for GPs is another barrier. Indemnity covers costs for medical negligence claims and investigations. The First Minister has announced plans¹³ to tackle the problem and part of the increased uplift in the General Medical Services contract has been given to act as a short-term help whilst a longer-term solution is found.
- In March 2018, a revised General Medical Services contract for 2018-19 was announced in Wales which included an interim 1% pay rise for GPs, a 1.4% increase in funding for expenses and funding to address rising indemnity costs.

¹¹ BMA survey of General Practice, 2016

¹² RCGP Survey of GPs in Devolved Nations, April 2016

¹³ First Minister Interview with BMJ, October 2016

What is the plan to improve primary care?

Like other parts of the health system, primary care needs careful planning to help shape the way in which services are delivered. However, planning for primary care cannot be done in isolation and must instead be part of a whole system approach to the design and delivery of health and social care services.

Previous plans for primary care

- NHS Wales has had plans for many years that stress the importance of primary care. The plans aim to rebalance the system of care in Wales by moving resources towards primary and community care.

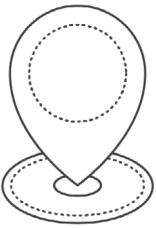


[The Future of Primary Care](#) (2001), [A Question of Balance](#) (2002), [The Wanless Review](#) (2003), [Designed for Life](#) (2005), [Setting the Direction](#) (2010), [Our plan for a primary care service up to March 2018](#) (2014), [Prosperity for All](#) (2017)

- In 2001, [the Future of Primary Care](#) planned to reverse the 'relative under-development of primary care in Wales'. The vision included team-based working, more integration and a greater focus on prevention.
- In 2017, [the Welsh Government's national strategy](#) talks about the need to accelerate the shift towards moving care closer to patients' homes.

The most recent plan for primary care

- The most recent national primary care plan aims for a ‘social model’ that promotes physical, mental and social wellbeing, rather than just an absence of ill health. The plan has five priority areas:



Planning care locally

The national plan says:

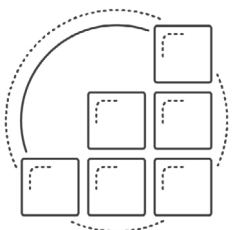
- health boards are responsible for identifying the needs of their population;
- this should be done at a community level;
- the plan talks about more local autonomy for leadership, collaboration and innovation; and
- clusters are a key part of achieving this.



Improving access and quality

The national plan says access to a high-quality primary care service is about:

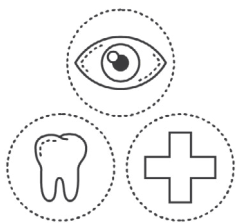
- information, advice and assistance to support and motivate people to take responsibility for their own and their family’s health and wellbeing;
- diagnosis, investigation, treatment and continuity of care as close to home as possible.
- professionals working together as a coordinated team around the person;
- continuous improvement; and
- openness and transparency.



Equitable access

The national plan says:

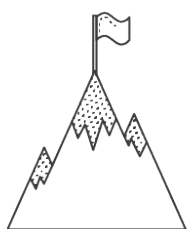
- equitable access to primary care is about a proactive, proportionate and individual approach to improving the physical and mental health and wellbeing of individuals, families and communities.



A skilled local workforce

The national plan says:

- primary care is fundamentally about trusted relationships between people and professionals. We need to plan and build a workforce with the right numbers and mix of skills to meet the majority of people's needs closer to home in flexible ways and flexible facilities.



Strong leadership

The national plan says:

- we need to strengthen and develop leadership at all levels to deliver this plan to provide more care closer to home through primary care services.

Planning to meet demand for primary care

- The national primary care plan says 'austerity is driving a wave of demand into primary care on an unprecedented scale'. The plan also says that primary care is facing increasing and more complex demands due to an ageing population, and increases in long-term conditions.
- If health boards are to meet demand for, and improve access to, primary care, they need a good understanding of this demand. However, there are some fundamental issues with the data.
- The exact number of contacts that patients have with GP surgeries is not known at a national level because the data is held in the computer systems of individual GP practices and there are difficulties collating this information. Estimates range from 16 million¹⁴ to 23 million¹⁵ per year.
- There is better data in other parts of the primary care system, mainly because these services are paid depending on their activity:
 - In 2016-17 the 716 community pharmacies in Wales dispensed 74.7 million prescription items to patients.
 - In 2016-17, community optometrists performed eye tests on 776,827 people.
 - In the two years up to 31 March 2017, more than 1.7 million people visited a dentist for NHS treatment.

¹⁴ [Unscheduled Care Board, Ten High Impact Steps to Transform Unscheduled Care \(USC\), June 2011](#)

¹⁵ [BMA Cymru Wales presentation to National Primary Care Conference, November 2017](#)

Changing the way we access services

The NHS in Wales is trying to change the way the public accesses primary care services. Traditionally, GPs have been the first port of call for people with healthcare needs, and have acted as a 'gatekeeper' to other services. In future, the aim is that patients' will be able to access a wider range of healthcare professionals, depending on their needs. This will help ensure GP time is used to best effect in the context of growing demand for primary care services.

Innovation and a new model for primary care

- The Welsh Government introduced the National Primary Care Fund in 2015-16 to encourage innovation and improvement.

The fund in 2016-17 was £41 million including £10 million for clusters and £3.8 million for pathfinders and pacesetters.

- Clusters are groups of neighbouring GP practices and partner organisations (such as the ambulance service, councils and third sector) which provide services for their local populations of between 30,000 and 50,000 people. Clusters have a key role in supporting local health needs assessments, allocating appropriate resources and forecasting the potential future demand on primary care.
- The pathfinders and pacesetters are a range of primary care projects, sponsored by Welsh Government, that aim to test elements of the primary care plan. This approach has produced some new ways of work that have been collated into the Transformational Model of Primary and Community Care.
- Key elements of the model include: sustainability in general practice, shared triage processes, multi-disciplinary teams working across practices, integrated working between health, social care and the third sector, improved access and a better informed public.
- The current approach to planning primary care is both 'top-down' (ie common priorities set out in the national plan) and 'bottom-up' (ie planning and innovation led by local practices and clusters). This means that there are various plans, at various levels, that need to make sense and complement one another.

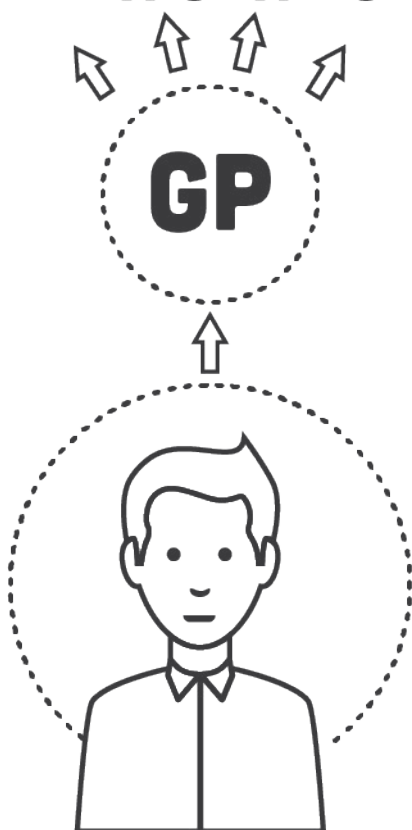
In the past

Patient goes to the GP as first point of call. GP is gateway to other services.

In the future

Many other services will provide the first port of call for patients, freeing up GPs to see the sickest patients. GPs will continue to be the first port of call for most urgent care

OTHER SERVICES



These services will work as a team and patients are likely to access them through a shared triage/assessment service.

Public expectations will have to change: In future, patients will be less likely to see their GP, and instead will be more likely to see a different professional. One approach being tried is to introduce a central triage process to ensure patients are seen by the most appropriate clinician. But Healthcare Inspectorate Wales reported that patients can be unhappy with such steps, 'feeling that it removes choice.'

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