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## ACUTE PERSPECTIVE

## David Oliver: We can support primary care without blaming hospital doctors

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At the end of 2020, delegates at the local medical committee (LMC) conference of GPs backed a motion demanding “financial sanctions” against hospitals that failed to limit the “unfunded transfer of work to primary care.” They warned that the covid-19 pandemic had led to a major surge in tasks “dumped on GPs by hospitals.”<sup>1</sup>

As a hospital doctor working in acute care, I have great sympathy for GPs’ concerns. Primary care (GPs and other practice staff—notably nurses) does around 90% of NHS patient contacts for about 10% of the budget and an annual budget of around £155 (€179; \$217) per patient on the practice list.<sup>2</sup> A 2019 study in *The BMJ* compared 11 high income countries and found that UK GPs saw patients at twice the speed of those in the other nations.<sup>3</sup> Surveys show an average of 41 patient contacts a day, and 10% of GPs see 60 or more.<sup>4</sup>

The number of GPs barely grew during 2010-15, and the Nuffield Trust has reported nearly 2000 fewer permanent, qualified GPs in 2020 than in 2015 despite a growing population and demand.<sup>5</sup> Community nurse numbers have also fallen,<sup>6</sup> and social care and local government budgets have been cut.<sup>7</sup> The UK has some of the lowest numbers of hospital beds per capita in the world, and ever increasing activity means ever faster patient transfers into the community and more pressure to keep patients at home.<sup>8</sup>

No wonder the LMCs are unhappy and see hospital colleagues as part of the problem. The difficulty comes with rhetoric that uses the language of blame and hostility towards us. We also have difficult jobs, and many specialties face growing workloads, rota gaps, recruitment and retention problems, and flagging morale compounded by a year of pandemic medicine.<sup>9 10</sup>

Hospitals and their doctors are under tremendous daily pressure to organise the flow through acute beds (not least mid-pandemic) and to discharge all medically stable patients to their homes. This is national policy, ramped up further by NHS England’s covid guidance.<sup>11</sup> We’re also urged to turn more patients away at the front door and help them stay at home. This pressure has come not least from GP led clinical commissioning groups, which want to take cost and activity out of hospitals through demand management, although the health white paper will disempower the CCGs.<sup>12</sup> Commissioners discourage numerous costly referrals between consultants, pushing more referral decisions back to GPs. And hospitals are discouraged from bringing patients back for routine clinic appointments.<sup>13</sup>

I completely understand GPs’ complaints that some hospital doctors seem not to understand the pressures on GPs or respect their equal value and expertise as specialists in primary care. I also understand the need to see some transfer of resource or staffing to accompany the transfer of workload—not least more hospital specialists working outside hospital walls in community and population health roles. And the national standard contract requires hospital doctors to follow up their own tests and requests.<sup>14</sup>

I’m not sure, however, that the fighting talk about fines—as well as a hostile stance that makes hospital doctors feel defensive and under-appreciated—is the way to solve the problem.

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- 1 Bostock N. Hospitals should be fined for dumping workload on general practice, say LMCs. *GP* 2020 Nov 27. <https://www.gponline.com/hospitals-fined-dumping-workload-general-practice-say-lmcs/article/1701269>.
- 2 King’s Fund. Understanding pressures in general practice. May 2016. [https://www.kingsfund.org.uk/sites/default/files/field\\_publication\\_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf](https://www.kingsfund.org.uk/sites/default/files/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf).
- 3 Papanicolas I, Mossialos E, Abel-Smith B, Gundersen A, Woskie L, Jha AK. Performance of UK National Health Service compared with other high income countries: observational study. *BMJ* 2019;367:l6326. <https://www.bmj.com/content/367/bmj.l6326doi:10.1136/bmj.l6326>.
- 4 Campbell D. One in 10 GPs see twice as many patients as safe limit, survey finds. *Guardian* 2019 May 8. <https://www.theguardian.com/society/2019/may/08/gps-doctors-seeing-twice-as-many-patients-as-safe-limit-study#:~:text=GPs%20are%20seeing%20up%20to,a%20rising%20demand%20for%20care>.
- 5 Rolewicz L. What does the GP workforce look like now? Nuffield Trust. 12 Feb 2021. <https://www.nuffieldtrust.org.uk/news-item/what-does-the-gp-workforce-look-like-now>.
- 6 King’s Fund. Understanding quality in district nursing services: learning from patients, carers and staff. Aug 2016. [https://www.kingsfund.org.uk/sites/default/files/field\\_publication\\_file/quality\\_district\\_nursing\\_aug\\_2016.pdf](https://www.kingsfund.org.uk/sites/default/files/field_publication_file/quality_district_nursing_aug_2016.pdf).
- 7 Nuffield Trust. Social care system could fall apart entirely if reform promises aren’t delivered. Nuffield Trust. 18 Jun 2020. <https://www.nuffieldtrust.org.uk/news-item/nuffield-trust-social-care-system-could-fall-apart-entirely-if-reform-promises-aren-t-delivered>.
- 8 Oliver D. Forget a “winter crisis”—we have a constant NHS crisis and 40 new hospitals will do little to help. *Independent* 2020 Feb 21. <https://www.independent.co.uk/voices/nhs-ae-gp-appointments-hospital-beds-winter-crisis-staff-a9348361.html>.
- 9 Vindrola-Padros C, Andrews L, Dowrick A, et al. Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK. *BMJ Open* 2020;10:e040503. doi: 10.1136/bmjopen-2020-040503. <https://bmjopen.bmj.com/content/10/11/e040503>.
- 10 Sheather J, Fidler H. Covid-19 has amplified moral distress in medicine. *BMJ* 2021;372:n28. <https://www.bmj.com/content/372/bmj.n28>.
- 11 Oliver D. David Oliver: Misusing the “criteria to reside” for hospital inpatients. *BMJ* 2020;370:m3747. <https://www.bmj.com/content/370/bmj.m3747>.
- 12 Lind S. CCGs to become part of ICSs under wide-ranging NHS reforms. *Pulse* 2021 Feb 11. <https://www.pulsetoday.co.uk/news/nhs-structures/ccgs-to-become-part-of-icss-under-wide-ranging-nhs-reforms/?cmpredirect>.
- 13 NHS England. Demand management good practice guide. Dec 2016. <https://www.england.nhs.uk/wp-content/uploads/2016/12/demand-mgmt-good-practice-guid.pdf>.

- 14 NHS England. NHS standard contract 2019/20: technical guidance. Mar 2019. <https://www.england.nhs.uk/wp-content/uploads/2019/03/8-NHS-Standard-Contract-Technical-Guidance-1920-v1.pdf>.