A DOZEN FACTS ABOUT GENERAL PRACTICE/PRIMARY CARE

Professor Sir Denis Pereira Gray
OBE, MA, HonDSc FRCP, FRCGP, HonFFPHM, HonFIHSM, FMedSci

St Leonard’s Research General Practice, Exeter; Emeritus Professor of General Practice, University of Exeter; Past President Royal College of General Practitioner; Past Chairman, Academy of Medical Royal Colleges

1. Numbers of doctors
There are more general practitioners than all consultants in all specialties combined.

2. NHS in the UK
Access to primary care/general practice in the UK is unusual in that no payment has to be made by patients at the time of use. In most other western countries, some payment is made and reclaim procedures operate. Poor people, who have the greatest health needs, can access a doctor more easily in the UK than in other countries and do so.

3. Number of consultations
There are about 250 million consultations between patients and GPs in the UK every year. 15% of the entire population sees a GP in a two week period.

4 Consultations per person
The national average is four consultations per year, lower for middle-aged adult males and as high seven per year on average for children aged 0-5 and seven consultations per year on average for adults aged over 75. Thus primary care is focused on the most vulnerable age groups, neither of which have much say in the organization of Health Services! Most senior health service planners are healthy middle-aged males, who are the population group with the lowest GP use.

5. Referrals
General practitioners refer 14% of the population to hospital specialties, about half for routine surgery. This means that 86% of all the health needs of the British population are managed in primary care, by GPs, working with practice and district nurses, and health visitors. Looked at from the GP perspective of an average 100 consecutive consultations, GPs will refer 5 to hospital, most for routine surgery.

6. Chronic disease groups
Of all the most common chronic diseases affecting the population as a whole: asthma, depression, hyperlipidaemia, hypertension, and infections in all parts of the body, 90% of patients with them will never be referred by a GP to hospital at all. Most children never see a paediatrician after they are born, most old people never see a geriatrician, and most of the mentally ill never see a psychiatrist.
7. Recruitment
NHS policy is currently preferentially recruiting doctors into specialist rather than
generalist practice. Consultant expansion has been consistently about 4-5% pa. GP
recruitment is less than 1%, if counted in whole-time equivalents. The Department of
Health allows doctors assessed at “the minimum level of competence” [summative
assessment of vocational training for general practice] to work unsupervised in the
most uncertain branch of medicine, where disease is seen at its earliest stages and so
at the time when it is the most difficult to diagnose. Meanwhile, the same Department
of Health requires, by contract, all junior doctors to pass a rigorous examination such
as the MRCP or MRCS to enter training in major specialties like medicine and
surgery.

8. Satisfaction with the service
Patients have for several years been consistently more satisfied with the service in
general practice than hospital care. The Wanless Report for HM Treasury found, in a
random survey, that patients were more satisfied with their general practitioners than
with the service provided in hospital, including both out-patient and in-patient service.
General practice in the NHS is now the most popular of all public services.

Doctor consultations in general practice/ primary care are the most cost-effective part
of the medical component of the NHS. GP consultations cost less than outpatient
consultations, accident and emergency consultations, and ambulance calls. GP care
for a whole year costs, including Bank Holidays, less than a single day`s hospital
admission. A face-to-face consultation with a GP costs the NHS about the same as a
telephone consultation with an anonymous nurse, through NHS Direct.

10. Teaching hospitals
On any given day, less than one in a thousand of the population is in a teaching
hospital. A one per cent improvement of the general practitioner service will do more
to improve the health of the British population than a 50% improvement in teaching
hospital care.

11. People and diseases
Rosemary Stevens, an American visitor, wrote that, in the British settlement between
generalists and specialists, the specialists won power over the hospital bed and the
generalists won the patient. The future will be increasingly about individual people,
often with multiple health problems, not just single diseases. Co-morbidity is already
a major issue in the care of the elderly.

12. More family physicians means saving more lives
Professor Barbara Starfield, at Johns Hopkins, USA has shown that each extra family
physician in the USA is associated, on average, with the saving of 34 lives per
100,000 American citizens. This relationship has not been found for any other kind of
medical specialist.

References
Enquiries about references for these facts should be sent to the author at Alford
House, 9 Marlborough Road, Exeter EX2 4TJ, enclosing a stamped addressed