

A very general practice

How much time do GPs spend on issues other than health?



Citizens Advice policy briefings

Public services in a constrained spending environment

**citizens
advice**

Citizens Advice: Lessons for public service reform

At Citizens Advice we provide advice to millions of people a year on a perpetually tight budget. One key lesson from this work is that services are most efficient when they are designed around how people behave. We know from our work, in particular, that people don't divide up their problems into boxes – they often just turn to the nearest professional for help. If services are not designed for this fact, they can be unresponsive and inefficient.

This note is a part of a series of briefings that apply these insights to the challenge of public service reform in a constrained spending environment. Here we focus on the health system in England and, in particular, on the extent of non-health demand facing GPs. We want to understand whether the NHS is being drawn into wider social ills – and whether this demand could be met in other ways that are both more efficient and more effective for patients.

Contents

Summary	01
Context	02
Our results	03
Understanding the results	10
Conclusion	11
Appendices	13

Summary

At Citizens Advice we deliver advice to millions of people a year on a perpetually tight budget. We have been doing this for 75 years and, in the course of this work, we have learned a lot about how to deliver highly cost-effective services. Perhaps the single biggest lesson we have learned is that services work best when they are built around how people behave. In particular, services need to recognise that people do not divide their problems up into separate boxes to be parcelled out to professionals. Efficient services recognise this, and they meet people's needs even if they turn up at the 'wrong' professional's door.

This briefing note applies this general insight to the specific case of GP services in England. Our analysis quantifies the amount of time and money GPs spend dealing with non-health issues. The context for the note is of course a tight spending environment; the NHS Executive has said it will find £22 billion in efficiency savings in this parliament which, together with £8 billion of extra funding from government, needs to close a £30 billion funding gap by 2020. Our hypothesis is that better ways of meeting *non-health* demand could be a big part of these plans, relieving pressure on overall health spending while improving the service to patients.

The findings we present in this note suggest that this hypothesis has merit. We find that GPs in England report spending almost a fifth (19 per cent) of their time on social issues that are not principally about health. The implied cost to the health service of this time is almost £400 million a year.

We do not believe this time is wasted; half the GPs (49 per cent) we surveyed told us that the time they spend on non-health issues helps them understand their local community and our own research reveals strong links between health and other issues. But we do find reason to believe there could be better, more effective ways to absorb some of the time GPs spend on non-health issues. We find that:

- **Non-health demand has knock-on effects for patient care.** 80 per cent of GPs report that dealing with non-health issues meant they had less time for other patients' health needs. If non-health demands could be met in other ways, this could free up GP time to focus on patient healthcare.
- **Many issues raised with GPs require specialist knowledge to solve.** The top three non-health issues GPs report their patients raising during consultations were personal relationship problems (92 per cent), problems with housing (77 per cent) and problems with work/unemployment (76 per cent). When patients raised non-health issues, only one third (31 per cent) of GPs said they advise patients adequately themselves.

- **Most GPs could not respond to non-health issues in an integrated way.** 84 per cent of GPs said they signposted their patients to external advice agencies when such issues arose. Only 15 per cent say they usually refer patients to an advice expert based in their surgery, providing integrated care.
- **Non-health demand is not only high, it is also rising.** Almost three-quarters of GPs (72 per cent) said non-health demand had risen in the last year. There is a risk that, in a difficult wider environment for public spending, GPs could end up absorbing wider social demands in inefficient ways.

As the health system seeks further efficiencies our results present an opportunity. If even half the time we identify could be absorbed through other channels this would save 3.4 million hours of GP time and £200 million a year. This is time and money that could be refocused on healthcare and, if a similar pattern of results repeats across the front-line of the health system, the potential would be greater still. Meeting these demands in better ways could help the government keep its spending commitments while also providing a service that is more responsive to patients.

Context

There are more than 32,000 GPs in England, delivering an estimated 340 million patient consultations per year. Less than 10 per cent of the NHS England budget is spent on general practice but GPs represent the main route into the health system, with around 90 per cent of patient contact with the health service taking place through primary care.¹ This puts GPs centre stage in the challenge of managing demand for healthcare services and ensuring the health service provides a high quality patient experience even while spending is tight.

Like many other public services, GPs are feeling the pinch from rising demand and falling spending. Use of GP services has been rising, with patient consultations up 13 per cent from 2008 to 2014. Meanwhile, spending on GP services fell by 3.7 per cent from 2012/13 to 2013/14.² Partly in response to these pressures, the new government pledged to spend an additional £8 billion on the NHS in the next five years. This pledge runs alongside plans from the NHS to find £22 billion in efficiency savings, together helping to close a £30 billion funding gap by 2020.

¹ Deloitte (2014) 'Under pressure The funding of patient care in general practice' Royal College General Practitioners February 2014
http://www.rcgp.org.uk/campaign-home/~/_media/Files/PPF/Deloitte%20Report_Under%20Pressure.ashx
 and Health and Social Care Information Centre (HSCIC) <http://www.hscic.gov.uk/primary-care>

² Dayan, M. et al (2014) 'Is general practice in crisis?' Nuffield Trust, November 2014, p. 6
http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/general_practice_in_crisis_3.pdf

At Citizens Advice we have learnt a lot about how to run highly cost-effective services through our day job of delivering advice to millions of people a year. Perhaps the most important lesson from this work is that services are most efficient when they reflect the way people behave and, particularly, when they accept that people do not organise the challenges they face into separate compartments. In practice, people often just turn to the nearest trusted professional for help. We believe this simple insight has important implications for efficiencies in the health system and this note tests this hypothesis in the specific case of GPs.

Throughout this briefing note we use the term 'non-health' to describe issues that are not principally or specifically about a health problem. We do not imply that these issues are entirely unconnected to health, or that doctors have no interest in or need for these discussions with patients; we are simply interested in distinguishing issues that are principally about health from wider personal or social challenges.

Our results: the level and impact of 'non-health' demand on GPs

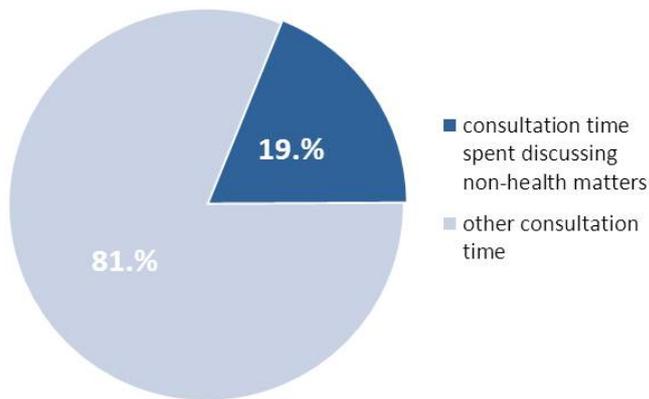
Methodology

To understand the level and impact of non-health demand on GPs Citizens Advice commissioned ComRes to conduct a quantitative survey of GPs. The research was conducted in February 2015 through an online omnibus survey of GPs in the UK, which is carried out on a monthly basis. We asked GPs to estimate the amount of time they spend in consultations with patients discussing non-health matters, what these issues are, what change in demand levels the last year, and how this impacts on their work. ComRes interviewed 1,002 General Practitioners in the UK, including 824 in England, online between the 18 and 25 February 2015. Data were weighted to be representative of all General Practitioners in the UK by former SHA region. ComRes is a member of the British Polling Council and abides by its rules. Full data tables are available at www.ComRes.co.uk. We have used the sample for England only in this report. The full list of questions asked can be found in Appendix A. The results carry five key insights.

1. GPs spend a considerable amount of consultation time on non-health matters

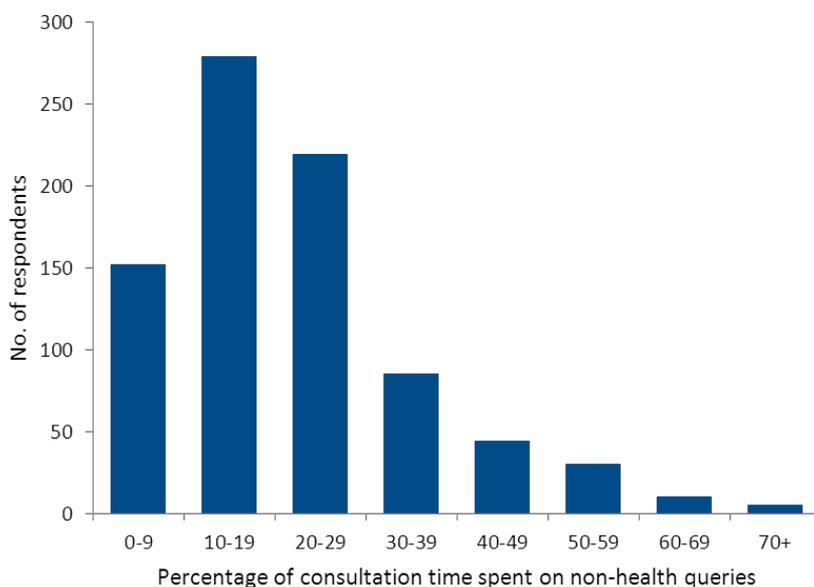
We asked GPs how much time they spent on non-health issues with patients during consultations in the month prior to completing the survey. GPs in England report that, on average, almost one-fifth (18.8 per cent) of their consultation time is taken up with non-health matters (see Figure 1 below).

Figure 1 Average GP consultation time spent discussing non-health matters; n=824



There are a number of ways of assessing the responses. Respondents were asked to estimate the percentage of time spent discussing non-health matters with patients and were provided with an 'open number' box in which to record their answer. The lowest proportion of time given in response is zero per cent (9 respondents) and the highest 80 per cent (3 respondents). The average amount of consultation time spent on non-health discussions is 18.8 per cent, and 15 per cent is the median. Figure 2 (below) describes the frequency distribution of the responses, grouped into intervals of 10 percentage points. The chart clearly shows that the majority of respondents (60 per cent) reported that between 10 - 29 per cent of their consultation time is spent on non-health discussion with patients.

Figure 2 Distribution of reported percentages of consultation time spent on non-health queries n=824



Box 1: The positive effects of advice on health

This briefing note focuses on the way in which wider social and personal issues impact on GP services. In other work, we have also looked at the associated but different question of how advice impacts on people's health.

We carry out detailed impact evaluations of our own advice delivery work and from this analysis we know that there is a strong but complex relationship between wider social issues and people's health. We also know that effective advice can have positive implications for people's health.

For example, in one evaluation 81 per cent of our clients reported improved mental wellbeing and 45 per cent felt their physical health had improved after receiving advice.³ In another study, we assessed our clients' well-being using an NHS-validated self-assessment tool.⁴ When we used this tool to measure our clients' well-being before their advice session, the average score was well below the UK average. After an advice session, the average score rose by 30 per cent, bringing clients almost into line with the UK population average.⁵ Our clients are almost five times more likely to live on a low income than an average member of the UK population so this result is encouraging.

One implication of this analysis is that there is sometimes a case for prescribing advice as an element of healthcare.

In Liverpool, for example, Citizens Advice is working with GP surgeries on a project called 'Advice on Prescription'. The project allows GPs to prescribe their patients a specialist advice session if they believe that a wider non-health issue might be causing, aggravating or sustaining their patients' health problem. This work is being coordinated with the head of strategy and outcomes of the Liverpool Clinical Commissioning Group, showing how local commissioners can help tackle the root causes of health problems and the factors that cause them to recur.⁶

³ See http://www.citizensadvice.org.uk/national_outcomes_and_impact_research_report_2014.pdf

⁴ Using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) See <http://www.nhs.uk/Tools/Pages/Wellbeing-self-assessment.aspx>

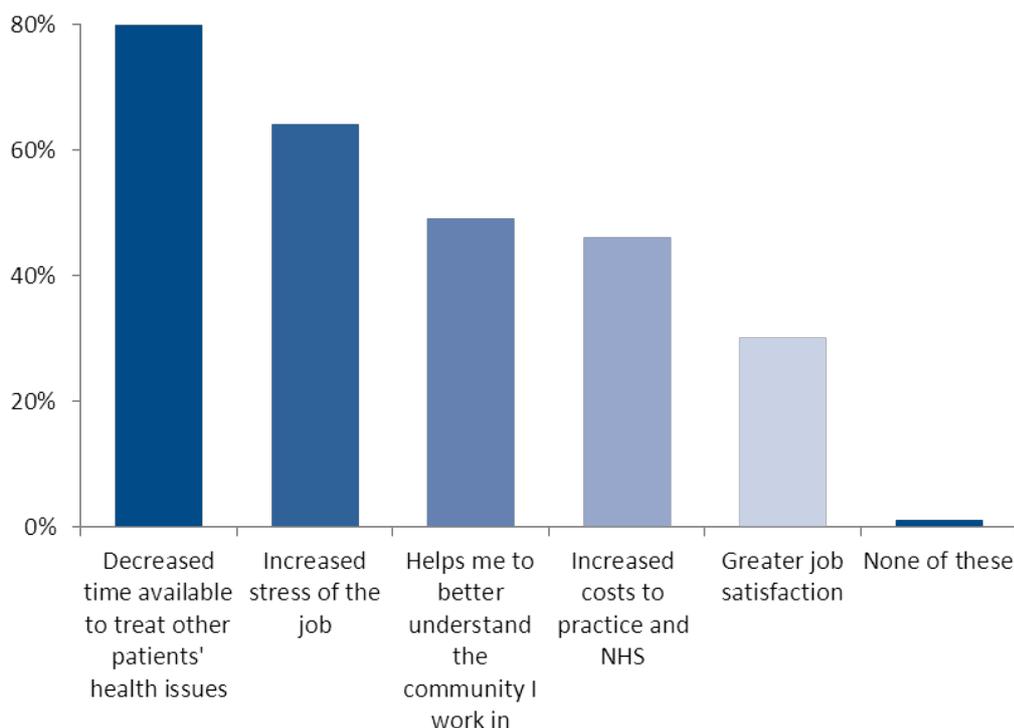
⁵ Citizens Advice (2014) 'Health Outcomes Monitoring Toolkit: pilot results' March 2014

http://www.citizensadvice.org.uk/health_outcomes_monitoring_toolkit_-_pilot_results.pdf

⁶ See <https://blogs.citizensadvice.org.uk/blog/the-liverpool-advice-on-prescription-project/>

2. Dealing with non-health issues leaves less time for other patients' healthcare

Figure 3 Impact of non-health queries on work, as a proportion of GP respondents
n=824 Figures do not sum to 100% as respondents could choose more than one answer



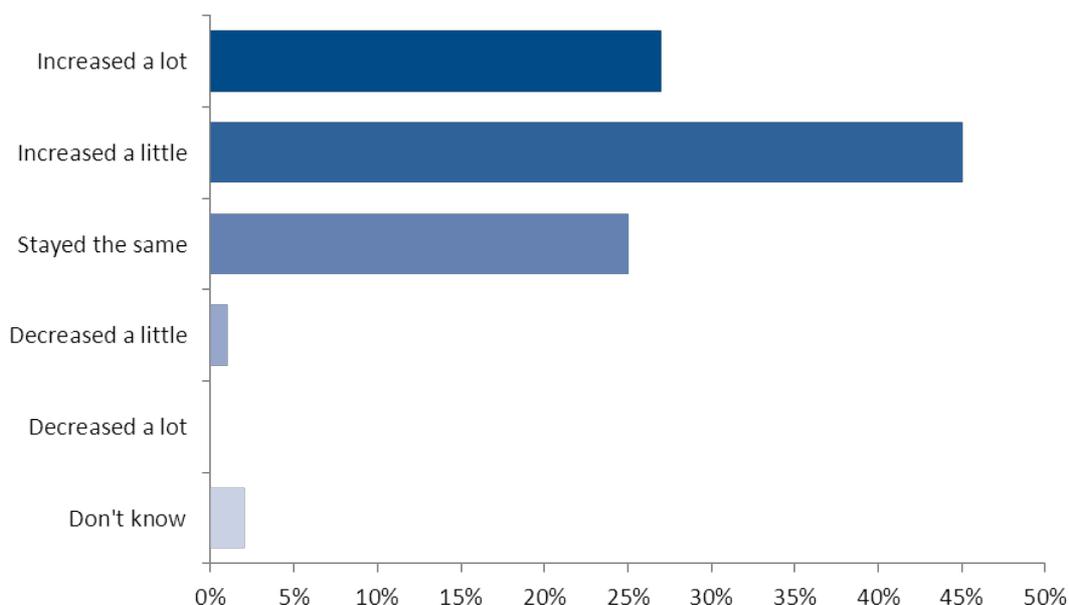
We were keen to understand how non-health demand impacts on GPs' work. As Figure 3 shows, GPs describe non-health demand more often as having a negative than a positive impact. Four in five GPs (80 per cent) report that dealing with non-health queries results in decreased time available to treat other patients' health issues. Almost two-thirds (64 per cent) report that non-health queries from patients increase the stress of their job. And almost half (46 per cent), report that non-health issues raised during consultations contribute to increased costs to the practice and to the NHS.

On a more positive note, three in ten (29 per cent) report that patients' non-health queries were a source of greater job satisfaction while half (49 per cent) say these conversations help them better understand the communities in which they work.

3. The level of non health demand has increased in the last year

Is the level of demand static or is it changing over time? We asked GPs to reflect on the previous year and report changes, if any, in the level on non-health demand they had seen. Around three-quarters (73 per cent) of GPs report that the proportion of time they spend dealing with non-health issues as part of consultations has increased over the past year. Twenty-four per cent of GPs reported that the level of non-health demand had stayed the same, and just 1 per cent reported a decrease in demand over the previous year.

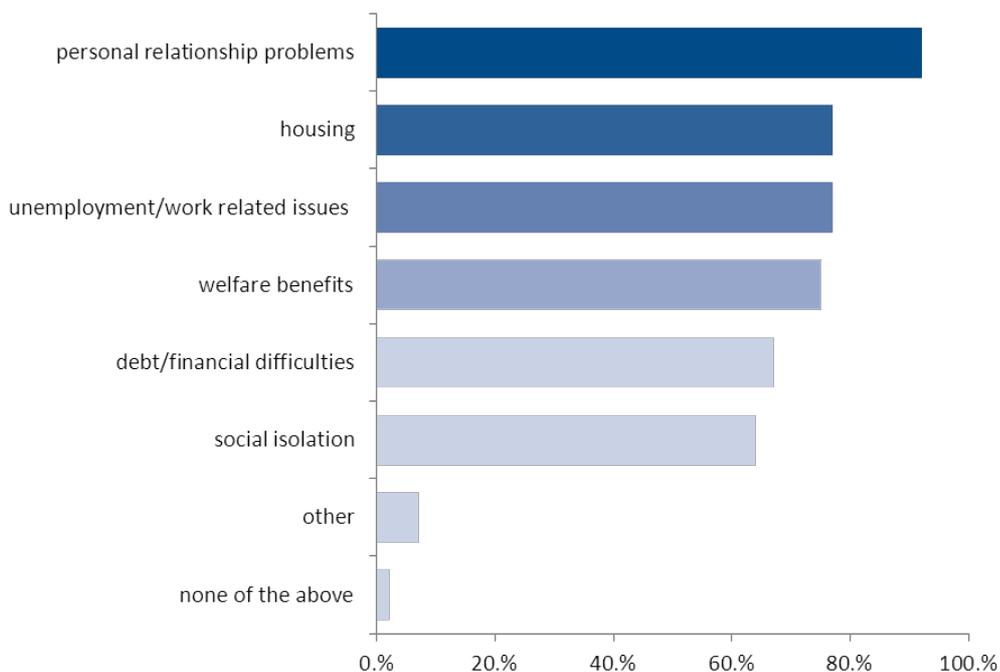
Figure 4 Change over the last year in the amount of time spent on non-health issues as a part of consultations, as reported by GPs; n=824



4. Personal relationship problems are the biggest reported driver of non-health demand

As well as exploring the *level* of demand, we wanted to understand which non-health issues people take to their GP. We asked GPs to identify the non-health issues that patients discuss with them. More than nine out of ten (92 per cent) GPs report that their patients had raised issues about personal relationship problems with them in the last month. This was followed by housing, unemployment/work related issues and welfare benefits with three-quarters (77 per cent, 77 per cent and 75 per cent respectively) of GPs indicating that their patients had raised these issues with them in the previous month. Two-thirds (67 per cent and 64 per cent respectively) of GPs report that debt and social isolation issues had been raised by patients.

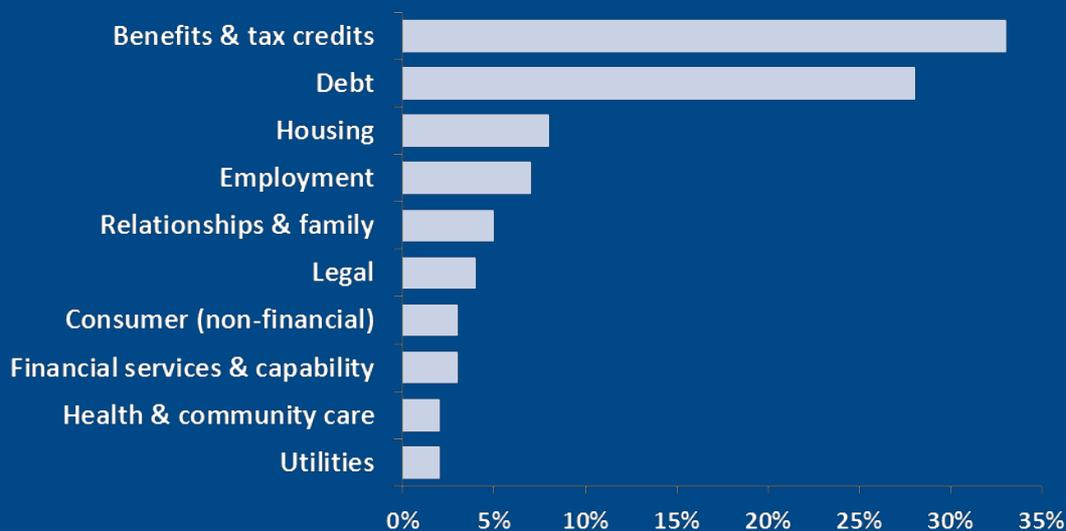
Figure 5 Proportion of GP respondents who had this issue raised by patients during consultations in the previous month; n=824, figures do not sum to 100% as respondents could choose more than one answer



Box 2:

It is interesting to compare types of issues patients raise with their GPs with the types of issues people bring to Citizens Advice. There are significant similarities, but Figure A also suggests that that there is something special about the GP-patient relationship which favours discussions about personal relationship problems.

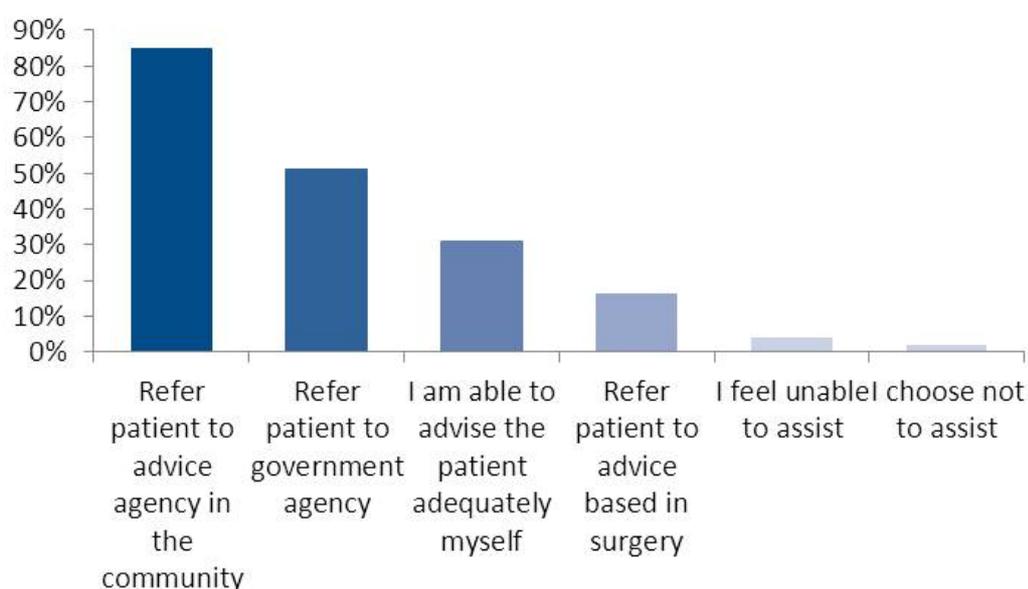
Figure A Advice provided through local Citizens Advice, England and Wales, 2014-2015, by top 10 issue categories; n=5.56 million issues



5. Most GPs refer patients to advice provision in the community

How do GPs respond to the non-health issues raised by their patients? More than four in five (84 per cent) of our respondent GPs said they refer the patient to an advice agency in the community. Interestingly, 16 per cent of respondents said they refer patients to an advice expert based in the surgery (see Box 2). Only a third (31 per cent) said they were able to advise patients adequately themselves. Five per cent felt unable to assist (either personally or through referrals), and a mere 2 per cent chose not to assist (either personally or through referrals).

Figure 6 **Actions in response to patients' non-health queries; n=824**



Box 3: Our work with GP surgeries in Derbyshire

Local Citizens Advice provide advice in 712 different health settings, predominantly GP surgeries. Derbyshire have found this model works well for them, and weekly advice sessions are available in 98 out of 102 GP practices. This programme began 1995 with one practice and has grown to become an integral part of the primary health landscape in the county. This longstanding service was originally commissioned by the NHS, but following the Health and Social Care Act 2012 it is now commissioned by the local authority. By helping people to deal with social and financial problems, such as job redundancy, debt, homelessness and low incomes, the service aims to support recovery from, an prevent, ill health.

The programme achieves significant results, in 2013-14:

- Help and advice was provided to 6,785 patients or families

- Advice was given on 28,622 problems
- Additional income of £10.5m was secured for patients and families
- Debts of £4.5m were rescheduled or written off

For more information about Derbyshire Citizens Advice's work in health settings, please see <http://www.healthyadvice.org.uk/>

Understanding the results

The time GPs spend on non-health issues comes at a cost. We estimate that the basic financial cost to the health service of non-health demand on GPs is at least £395,000,000. This represents more than 5 per cent of the NHS England budget for general practice, equivalent to the salaries of 3,750 full-time GPs.

We have taken a conservative approach to this calculation, focussing on the GP salary element alone, and leaving aside other on-costs such as premises and support staff. In keeping with government policy, we have assumed that any savings from meeting non-health demand more efficiently would be reinvested into the NHS rather than leading to the closure of GP surgeries. We note that these costs are not 'cashable' per se, in that these are efficiencies that we anticipate would be reinvested in patient healthcare, improving value for money and contributing to NHS efficiency targets rather than reducing overall spend.

Our calculation is based predominantly on data collated by the Personal Social Services Research Unit's (PSSRU) branch at the University of Kent.⁷ We have used the pre-tax salary for a GP under the most common type of contract arrangement with the NHS.⁸ The PSSRU provides data on the average weekly hours of GPs, and the percentage of time spent on direct patient care. Using this we determined the cost per hour of direct patient care per GP. We can then use this figure, along with our polling data and data for the number of full time equivalent GPs in England as reported by the Centre for Workforce Intelligence research, to estimate the total cost of non-health demand.⁹ A more detailed explanation of this calculation is at Appendix B.

⁷ Curtis, L (2014) 'Unit Costs of Health & Social Care 2014' Personal Social Services Research Unit, University of Kent

⁸ Health & Social Care Information Centre (2014) 'General and Personal Medical Services: England 2003-13' <http://www.hscic.gov.uk/catalogue/PUB13849/nhs-staf-2003-2013-gene-prac-rep.pdf> contractor GPs formed 75 per cent of GP the GP workforce in England in 2013

⁹ Centre for Workforce Intelligence (2014) In-depth review of the general practitioner workforce, July 2014 p.6

Conclusion

With the NHS seeking £22 billion in efficiencies in the coming years, it is useful to identify opportunities to meet patient needs in a more cost-effective way, while also raising the responsiveness of services. This note has explored one opportunity to do this, testing the hypothesis that GP services spend significant time addressing non-health demands and struggle to meet this demand in effective ways.

Our findings suggest that this idea is worth pursuing. We find that GPs estimate spending around a fifth of their time (19 per cent) on non-health issues at a cost of around £400 million a year. It is vital to say that this time is not wasted. The GP-patient relationship is stronger for its breadth and should not become too narrow, not least because—as our own research confirms—there are complex links between health and wider social issues. But if even half of the time we identify could be absorbed in other ways this would release 3.4 million hours of GP time and £200 million; efficiency gains that could be reinvested in patient healthcare.

Our results also suggest that non-health demand is rising and that the time GPs spend on non-health issues has knock-on effects for patient care. GPs report that dealing with non-health issues leaves less time for other patients' healthcare. Many of the non-health issues raised with GPs—from relationship troubles to housing and work problems—require specialist knowledge. Only one third (31 per cent) of GPs said they could advise patients adequately themselves, with only a minority (15 per cent) referring to services or experts based in their surgery. Most GPs (84 per cent) currently direct patients to advice services elsewhere in the community.

These findings leave many avenues for further research. We need to understand better the role non-health issues play in the GP-patient relationship. To what extent do non-health issues need to be discussed in order to provide appropriate healthcare? Which of these problems could be better served by a non-medical professional, and how would this handover work best? We also need to understand better the additional, indirect savings that could result from addressing social issues. For example, we know from our own research that advice has a positive impact on physical and mental health.¹⁰ So could addressing patients' non-health needs also save money through reduced repeat GP visits and repeat prescription costs?¹¹

These are questions for further research. For now, our findings point to several opportunities for policy or practice. The most direct implication is that there could be value in co-locating more non-health services in GP surgeries. In Derbyshire,

¹⁰ Citizens Advice (2014) National Outcomes and Impact Research Report
http://www.citizensadvice.org.uk/national_outcomes_and_impact_research_report_2014.pdf

¹¹ For example, social isolation, reported by two thirds of GPs (64 per cent) to have been raised in consultations in the last month, is known to have knock-on costs for the health service. See, for example: Age UK (2014) Evidence Review: Loneliness in Later Life
http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Evidence_Review-Loneliness_2014.pdf

Citizens Advice is already co-located in 98 GP surgeries, putting our advisors on hand to provide a seamless service to patients who raise non-health issues with their GP. Second, there may be ways to spread best practice between GPs, for example ensuring that GPs know how best to signpost patients. Third, there may be a role for monitoring or commissioning bodies in helping GPs to meet non-health demand in an efficient way. This could extend to:

- How **Health and Wellbeing Boards** include an assessment of the non-health demand facing GPs in the Joint Strategic Needs Assessment;
- The role of **Local Authorities through their public health responsibilities** in meeting non-health demand in their health and wellbeing strategies, or in commissioning services to work alongside GPs;
- How **Clinical Commissioning Groups** use intelligence from GP services on non-health demand to inform the services they commission; and
- How, as the consumer champion in health and care, **local Healthwatch** could promote ways for GPs to help meet non-health demands or advise commissioners of the specific non-health-related needs of local people.

The central implication of our analysis, though, is more direct than this. Our findings suggest that the health system might be spending a not inconsequential amount of its time and money dealing with issues that are not principally about health. In the case of GPs, if other ways could be found to meet even some of this demand, this would free up time and money to be reinvested in patient care. In the coming months we will be exploring how similar efficiencies might be possible elsewhere in health, and across England's public services more broadly.

Appendix A

Polling details

Citizens Advice commissioned ComRes to conduct a quantitative survey of GPs. The research was conducted in February 2015 through an online omnibus survey of GPs in the UK, which is carried out on a monthly basis. We asked GPs to estimate the amount of time they spend in consultations with patients discussing non-health matters, what these issues are, what change in demand levels the last year, and how this impacts on their work. ComRes interviewed 1,002 General Practitioners in the UK, including 824 in England, online between the 18 and 25 February 2015. Data were weighted to be representative of all General Practitioners in the UK by former SHA region. ComRes is a member of the British Polling Council and abides by its rules. Full data tables are available at www.ComRes.co.uk. We have used the sample for England only in this report.

Full list of questions posed to general practitioners:

1. Many GPs find that patients sometimes see them to discuss non-health matters, and that they also sometimes raise non-health related issues alongside discussions about their health.

In the last month what, if any, were the main types of non-health issues that patients raised with you during consultations? Please select all that apply.

- a. Debt/financial difficulties
- b. Housing
- c. Personal relationship problems
- d. Welfare benefits
- e. Unemployment/work-related issues (unrelated to health)
- f. Social isolation
- g. Other (please specify)
- h. None of the above

2. When a patient raises a non-health issue as part of a consultation, how, if at all, do you usually address this? Please select all that apply.

- a. Refer the patient to an advice agency in the community
- b. Refer the patient to a government agency
- c. Refer the patient to an advice expert based in the surgery
- d. I am able to advise the patient adequately myself
- e. I feel unable to assist with non-health issues (either personally or through referrals) though I would like to
- f. I choose not to assist (either personally or through referrals) with non-health issues

3. In which of the following ways, if any, does dealing with these non-health queries impact on your work as a GP? Please select all that apply.

- a. Decreased time available to treat other patients' health issues
- b. Increased costs to practice and the NHS
- c. Increased stress of the job
- d. Greater job satisfaction, allowing a more holistic approach to the job)
- e. Helps me to better understand the community I work in
- f. None of the above

4. Thinking about your consultations in the last month, approximately what proportion of your consultation time overall would you say was spent discussing non-health matters with patients?

Please include all time spent dealing with non-health issues, whether or not it was the main concern of the appointment.

[OPEN NUMBER] %

5. And thinking about the proportion of time you spend dealing with non-health issues as part of consultations, in the last year would you say this has increased, stayed the same, or decreased in the last year?

- a. Increased a lot
- b. Increased a little
- c. Stayed the same
- d. Decreased a little
- e. Decreased a lot
- f. Don't know

Appendix B

Cost methodology

These estimates are made by Citizens Advice using a range of published data and the finding from polling that on average GPs estimate spent 18.8 per cent of their consultation time in the last month on non-health needs. The cost of this time was not covered in the poll. The cost of the time GPs spend on discussing non-health demand with patients was calculated primarily using figures collated and published by the Personal Social Services Research Unit, covering GP pay, total working hours and working hours spent on direct patient care.¹ The number of GPs is drawn from Centre for Workforce Intelligence research.²

Elements

Salary:³

- £105,100 per year
- This is the salary for a GP on the General Medical Services/Personal Medical Services contract type
- Contractor GPs formed 75 per cent of the GP workforce in England in 2013⁴

Hours worked:⁵

- On average, GPs work 1814 hours per annum, or 41.7 hours per week.
- This figure includes those GPs working part-time hours

Time spent with patients:⁶

- Direct patient care (surgeries, clinics, telephone consultations and home visits) accounted for 62.3 per cent of a GP's time

Time spent on non-health needs with patients:

- Our polling shows on average GPs estimate spending 18.8 per cent of their consultation time in the last month on non-health needs

Number of GPs:⁷

- 32,075 full time equivalent GPs in England

Calculation

1. Hourly wage = £57.93 (£105,100 per annum / 1814 hours per annum)
2. Time spent with patients per year = 1130 hours (1814 hours x 0.623)
3. Time spent with patients per year on non-health = 212.44hours (1130 hours x 0.188)
4. Annual salary cost of time spent with patients on non-health per GP = £12,306.65 (212.44 x £57.93)
5. Finally, £12,306.65 x 32,075 (number of full time equivalent GPs in England)
6. Total cost of GP time spent on non-health = £394,735,798.75

¹ Curtis, L (2014) 'Unit Costs of Health & Social Care 2014' Personal Social Services Research Unit, University of Kent November 2014

² Centre for Workforce Intelligence (2014) 'In-depth review of the general practitioner workforce' July 2014

³ *ibid.*

⁴ Health & Social Care Information Centre (2014) 'General and Personal Medical Services: England 2003-13' <http://www.hscic.gov.uk/catalogue/PUB13849/nhs-staf-2003-2013-gene-prac-rep.pdf>

We note that there are a range of calculations available of GP salaries, from the PSSU and the HSCIC.

⁵ Curtis *op cit*

⁶ *ibid.*

⁷ Centre for Workforce Intelligence, *op cit*, p.6

Our aims

To provide the advice people need for the problems they face.
To improve the policies and practices that affect people's lives

Our principles

The Citizens Advice service provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. We value diversity, promote equality and challenge discrimination.

Kathleen Caper & James Plunkett
May 2015

www.citizensadvice.org.uk

Citizens Advice is the operating name of the
National Association of Citizens Advice Bureaux

Registered charity number 279057
© Citizens Advice 2015

Produced by Citizens Advice
Published May 2015

