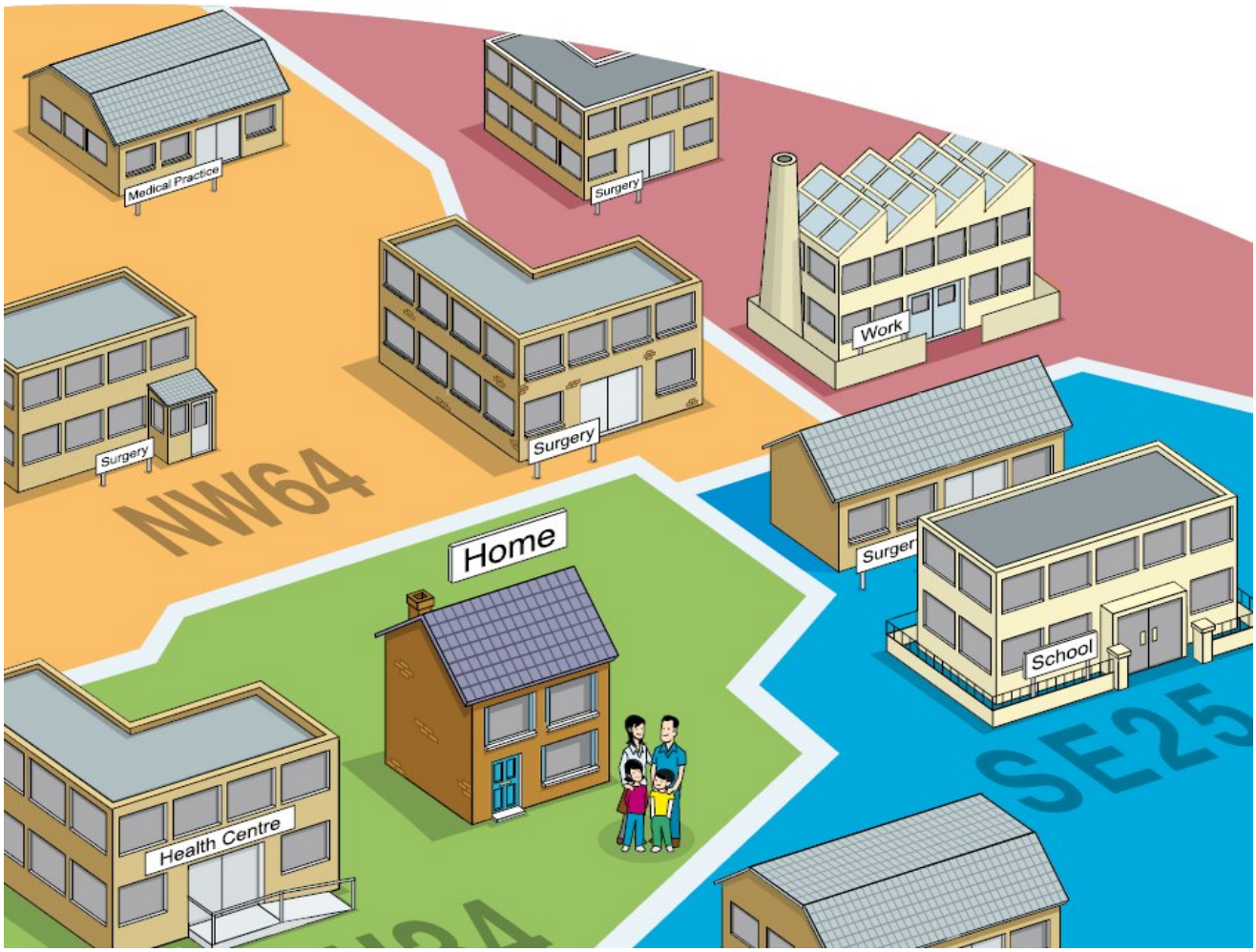
Your choice of GP practice

A summary of the consultation on enabling people to register with the GP practice of their choice



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1 Executive summary

1.1 The White Paper '*Equity and Excellence: Liberating the NHS'* sets out the Government's vision for patients to have greater choice and complete control over their care; to create an NHS that responds to patients' needs and preferences, achieves better outcomes through increased autonomy and clearer accountability at every level.

1.2 Underpinning those commitments is a guarantee of choice. This will require a cultural change to take place in order for patients, service users and families to be put in control so that every patient is able to make choices about their healthcare, including the treatment they get, who provides it and where they receive it.

1.3 The White Paper gave a firm commitment that every patient should have a clear right to choose to register with any GP practice with an open list, without being restricted by where they live; and that people should be able to expect that they can change practice simply and straightforwardly when it is right for them, but equally that they can stay with their GP if they wish when they move house.

1.4 The White Paper also set out proposals to establish a comprehensive system of GP consortia across the NHS. These consortia would commission most healthcare on their patients' behalf, including elective hospital care, urgent and emergency care (including out of hours), most community-based services, and mental health and learning disability services. An independent NHS Commissioning Board would commission GP services themselves.

1.5 Under these proposals, it will be even more important that people are able to choose a GP practice and consortium that they trust to make these commissioning decisions on their behalf. People should have the confidence that their GP practice will ensure they have access to the right care, in the right place, at the right time and their practice provides high quality and personal care that meets the needs and preferences of the individual.

1.6 Earlier this year, the Department of Health initiated a consultation to seek people's views on opening up choice of GP practice. This document provides a summary of the responses and sets out how people would like the system to work. A full Government response will be published early next year.

1.7 The responses show that the majority of the public support the aim of enabling them to have the choice to register with any practice willing to provide them the care and services expected. The consultation does identify a number of related issues that will now need to be worked through and discussed with the NHS and GPs. That will be the next stage of action, with a formal Government response setting out the changes necessary to secure the care and services wanted by the vast majority of the thousands of respondents to the public consultation '*Your choice of GP practice'.*

2 The consultation process

2.1 Following a six-month period of extensive engagement with professional groups and NHS stakeholders, the Department of Health launched a public consultation on 4 March 2010 *'Your choice of GP practice: A consultation on how to enable people to register with the GP practice of their choice',* in accordance with the Government's consultation code of practice.

2.2 The consultation sought people's views on a range of proposals to remove the current system of practice boundaries to enable people to register with any GP practice, regardless of where they lived. It looked at a range of issues that might arise when people choose to register away from home and considered some of the ways in which the NHS can address these.

2.3 A website was created with an electronic questionnaire to support people in responding, and copies of the documents and questionnaire were available to download and return via email or post. Due to the restrictions on publicity during the pre-election period, the then Government extended the consultation by 5-weeks (to 2 July 2010) to give the public and other stakeholders every opportunity to contribute.

2.4 During June 2010, the Department sponsored a series of regional workshops that local Strategic Health Authorities and Primary Care Trusts set up to engage with a wider audience. These were well-attended by members of the public, clinicians and practice managers who attended the events to find out more about the proposals, discuss some of the issues and share their views.

2.5 In total, 5,459 responses to the consultation were received from a wide range of organisations and individuals. This represents an enormous achievement and shows how important an issue this is to so many people, patients and NHS staff. Of the responses:

- 59% were from members of the public,
- 34% from healthcare professionals; and
- 5% on behalf of organisations.

2.6 In addition, the Department received over 50 more detailed reports from national stakeholders such as the British Medical Association (BMA), Royal College of General Practitioners (RCGP), NHS Confederation, Care Quality Commission, from Local Medical Committees and from other stakeholders such as RETHINK and Epilepsy Action.

2.7 Some of these stakeholders proposed a range of alternative options to give people a greater choice of GP practice. The BMA suggested widening GP practice boundaries in urban areas and the use of flexible (or 'fuzzy') boundaries alongside the use of remote consultations. The RCGP suggested expanding the use of walk-in facilities and promoting longer opening hours. These proposals may offer people an alternative of where and when they receive their care, but

fall short of offering the real choice patients want. We believe that patients should be able to choose the best practice for them, regardless of where they live. To do that patients must be empowered and be able to make informed decisions.

2.8 The next chapter presents and summarises the responses received from the consultation and informs stakeholders of progress to date.

3 The consultation questions

3.1 The consultation posed a number of questions to explore how the system should work from the point of view of the patient, and on the principles that should inform subsequent decisions on contracting and funding. The responses to these questions are summarised below.

Please note that some respondents chose not to answer particular questions and therefore the baseline for each may differ slightly.

A) General views

3.2 The consultation asked people if they had ever thought about changing their GP practice and why.

3.3 46% of respondents had previously considered changing their practice For many, this was because they had moved house and chose to register closer to home, or found they had to re-register because they lived beyond the practice's catchment area. Other people thought about moving to get a better service, or because they found it difficult to get a convenient appointment. Some of the reasons people cited included:

Comments from respondents

"Poor service at the practice. Muddled handling of hospital records and 14 days wait to see my GP"

"The difficulty in getting through on the phone"

"I am very happy with my existing GP. However, as I now work full time in London, it is not always convenient to get an appointment in Maidstone"

"Not particularly convenient to get to (as a carer)"

"I wanted to be able to see a woman doctor"

3.4 The next question sought views on whether people should be allowed to register with any GP practice they choose, unless it has reached full capacity and cannot take on any more patients. There were mixed views on this question from members of the public and from healthcare professionals:

- **77% of the public (1,840 respondents) supported the principle that people should be able to register with any GP practice with an open list; whereas**
- **70% of healthcare professionals (801 respondents) did not believe that people should have free choice over where to register**

3.5 Over 1,600 people (766 members of the public and 662 healthcare professionals) did not provide a specific answer. Many people agreed on the

principle of giving people more choice but were concerned that the logistical issues would be difficult to overcome, for example the ability for GPs to provide home visits over a greater area. Some believed that it would make sense for people to have a 'reasonable' level of choice, but considered that this is would vary in different areas.

Comments from members of the public

"Yes the system should be flexible to allow for people's differing situations."

"Yes, as I have been with my GP for 25 years and as I have moved 3 miles away, they are trying to make me move to another practice!"

"In theory 'yes', but people need to consider how they will feel if they fall ill at home in breaks from work."

"In an ideal world yes, however, if a patient needs a home visit it is not appropriate to expect a GP to travel long distances to visit patients as this would impact on the care that could be provided to other patients."

"There should be a choice of practices (at least 3) for which you are in the catchment area/boundary area. If I have the facility to register with a practice further away then it is not reasonable to expect that GP Practice to visit me at home."

"No. I think the logistics of this would need too much management and funding would be drawn into admin rather than front line services. It may also mean that patients may not be able to register in their area if the lists are full with people from out of the area. "

Comments from healthcare professionals

"Yes I think there should be more freedom to choose. However GPs cannot be expected to do home visits outside their designated practice area. I feel this limitation can be mitigated by increasing telephone access to GPs as an alternative."

"Yes, provided that there is a system in place for home visits by practices that are closest to the registered person so that if it is a long way from their actual practice their doctor won't need to visit. Or alternatively a separate home visiting service altogether."

"In principle, yes. The capitation payments that follow patients must be adequate to cover the expense of treating them. This is particularly important for practices which may have a high turnover of patients registering for short periods under the proposed arrangements - student health centres or practices in inner-city areas, for instance."

"No. This is not family practice as we know it. To offer good family medicine a GP needs to be familiar with the patient and ideally with the patient's family, background and living conditions. GPs are part of a local health care team including Health Visitors, District Nurses and Macmillan Nurses, Podiatrists,

Physiotherapists etc and are familiar with local intermediate and secondary care services. Most patients do not need these services until they are unwell, often too unwell to travel far from home. Patients who have registered at a distance from home risk missing out on all these services."

"No. This will cause administrative chaos sorting out home visits, urgent care and community services. We should concentrate more on improving every practice so patients want to go there. GPs have a valuable knowledge of local services and will not be able to advise patients who live further away on their local services. Perceived 'good' practices will be swamped by patients wanting to register and struggle to cope."

"No. GP practices are actually teams of healthcare workers. We practise family medicine ie look after people from before the cradle to the grave. The team needs to be able to care for its local population. Home visits are essential especially in terminal care. I know from experience that it is difficult to provide the correct level of care if someone lives out of our area."

3.6 The responses show that an overwhelming number of the general public and patients believe it is important for people to have a much greater choice over which GP practice they can register with, but that it will be important to ensure that there are safeguards in place to ensure that access does not deteriorate for others. It is clear that many people understand the risks and issues that result from people registering away from home, and the importance they place on resolving these prior to implementation.

B) Home visiting

3.7 One of the main issues identified in the consultation was the contractual obligation for GPs to undertake a consultation in a patient's home if medically necessary during normal surgery hours (ie a 'home visit').

3.8 Firstly, patients were asked how important it was that they were seen by someone from their practice should they need to be visited at home. 39% thought it was very important whilst 61% thought it was either fairly important (but not where someone needs an urgent visit), or not very important (and they wouldn't mind who they saw).

3.9 Secondly, people were asked who should be responsible for arranging a home visit where a patient registers a long way from where they live. 43% of respondents thought that it should be the Primary Care Trust in the area where the patient lives. 30% thought a second local practice should be responsible and 27% thought that the registered practice, regardless of how far away it is, should be responsible.

Comments from respondents

"It is preferable to have a home visit from your own GP practice but if the other person carrying out a home visit is fully qualified and has access to your records and time to familiarise themselves with your problems, then it is not

necessary. I think lessons could be learned from the contracted out 'out of hours' services about how a similar scheme for home visits may/may not work well. I think it is unreasonable to select the GP you want to visit you at home."

"The out of hours service should be extended to offer such a service."

"It is very important that who ever visits has access to up to date records"

"I cannot currently choose which individual GP I will see when I book an appointment at the GP practice or a home visit if required. It could be any of the partners, salaried GPs or a locum. It therefore makes little difference who would visit me at home in future, should I or my family require a home visit. I am suggesting that this be managed by the PCT to ensure that there are processes in place to make sure that home visiting services are appropriately contracted for, funded and monitored. Could this not be linked to existing services that operate out of hours? If electronic health records are in place, then surely it doesn't matter who sees me."

3.10 The majority of respondents felt that the responsible commissioner for that area (i.e. the Primary Care Trust at present) should ensure that appropriate arrangements are put in place across their area to ensure that where people register away from home, they can continue to get the care they need locally where necessary.

3.11 In future, we propose that commissioning decisions would be made by groups of GP practices (GP consortia) to ensure that they are underpinned by clinical insight and knowledge of local healthcare needs. This would enable consortia to work closely with secondary care, urgent care and other healthcare professionals to design joined up services to meet the needs of their local population.

3.12 The Department will be working closely with the NHS and professional bodies to look at how PCTs and (in future) the proposed GP consortia can ensure that those patients who register away from home can continue to access an in-hours home visiting service where medically necessary, and any necessary changes to funding systems to ensure that the money follows the patient.

3.13 One of our priorities will be to ensure that there is a fair and transparent system of defining the areas in which GP practices will provide home visits ('home visiting areas'). We believe that these should be agreed between the commissioner and GP practice as part of their contract and that any changes would be subject to engagement with patients and the public. Over the coming months we plan to work with the professional and NHS stakeholders to explore some of the underlying principles to consider when defining these areas, considering factors such as travel time, distance, population density and demographics.

C) Urgent care

3.14 The Government's White Paper pledged that a coherent 24/7 urgent care service would be developed in every area of England, and that this service would provide urgent medical care for people registered with a GP away from home. To support this service a new single telephone number would be introduced to help people access the most appropriate service.

3.15 A series of pilots are underway and the Department is currently seeking peoples views on the single telephone number, 111, as part of the wider consultation on patient choice *(Liberating the NHS: Greater choice and control).*

D) Funding principles

3.16 Where someone chooses a GP practice some distance from where they live, they may not use it for urgent care if they become unwell at home. This could mean that the GP practice has less workload, due to not having to arrange home visits. However, they may find that co-ordinating other community services near where the patient lives takes more time.

3.17 In the consultation, people were asked whether a practice that accepts a patient from a long distance away should receive a different level of funding. There was a general consensus amongst the public that there is likely to be a balance between the reduction in workload associated with urgent care and home visits, and the time pressures of liaising with agencies in other areas. 56% of the public thought that practices should receive the same levels of funding, whilst 33% thought they should receive more and 11% thought they should receive less.

Comments from respondents

"There is a balance between not doing home visits- therefore less funding but liaising with services outside our area- requiring more time and therefore more- I would state that the same funding rules should apply."

"I think the funding should be the same wherever you are registered because overall it would balance itself out. If you have different levels of funding it is going to lead to more problems with GPs not wanting to take on people who live a distance from the surgery."

"I'm not convinced that much more time or effort will be required to liaise with other health and social care services than would otherwise have been the case."

"The extra work involved in trying to sort out out-of-area referrals, liaising with other services etc would be difficult to quantify but would make the GP's job very difficult. Lack of knowledge of services, referral pathways and even telephone numbers for other professionals in the patient's home area would make it difficult to help your patient. If advice was needed from a hospital colleague would you ring the local hospital or the patient's nearest hospital?"

"It inevitably takes more time for the practice to arrange care if trying to liaise with an unknown organisation. Home visits for people of working age are few and far between and the extra cost to the PCT of providing this service would be negligible compared with the hassle for the practice or contacting unknown organisations to arrange physiotherapy and the like."

"They will not be responsible for urgent care for the patient - so less physical time in visiting. Any administration will be picked up by practice staff. Therefore, less funding required by the GP if they are not responsible for urgent care."

"The costs of actually visiting a patient at home far exceed the costs of simply having to arrange the visit."

"Less funding so the difference could be used for funding health and social care near to the patient's home for eg. home visits, if needed."

3.18 Further work is underway to explore the workload impact on GP practices and GP consortia where patients register away from home, and the necessary changes to funding systems to ensure that money follows the patient.

E) Community-based services

3.19 As mentioned earlier, there could be some additional pressure on practices to co-ordinate services in other areas if they take patients on from a long distance away. These could include things like district nursing, health visitors, mental health teams, maternity services and physiotherapy. The consultation explored whether a patient who chooses to register out of the area would prefer to use these types of services locally, near where they live, or whether they would rather use services which have links with the practice they have chosen.

Comments from respondents

"I think most patients will want to use services close to where they live, this is going to make life quite difficult for the GP if they are registered far away as it is impossible for them to be aware of all services in another area. There should be a system in place to make this process easier for it to work."

3.20 64% of respondents said they would prefer to use community-based services near their home. There was a recognition that access to information and information sharing was key and that, with modern technology and communication methods, this should not be a problem. Some people thought that it would depend on the services required and that if someone's condition was particularly severe and they relied heavily on local services then they should not be registering away from home

Comments from respondents

"You are more likely to be off work if you are requiring support from other services, so these should be provided near to where you live. If this becomes a long term need then the patient should be encouraged to re-register with a GP surgery nearer to their home."

"It is difficult to give a precise answer, because it is really dependent upon whether you needed to visit community based services regularly (and how regularly?) and whether you were actually absent from work on sick leave (or on long term sick leave, or if you have an on-going long term condition)."

"Surely this would depend on the services required and on the reasons for patients' registration out of area. For example, midwifery and health visiting services would probably be more convenient near a patient's home - a woman on maternity leave is not going to want to travel for services when they are at home if their GP practice near to their work. So who would provide the GP input in this situation? You cannot expect a patient to re-register for the duration of maternity leave, for example. If, however, a patient registered near to work and required physio then presumably they would want to receive physio near to where they work also."

3.21 In future, we propose most community based health services - including mental health, therapies and learning disability services – would be commissioned by GP consortia, which would have the freedom to decide whether they commission the services themselves or to make arrangements with another commissioning organisation (for instance through a lead consortium or a local authority).

3.22 Several PCTs are already working with their GP practices and practice-based commissioners to streamline referral pathways across their regions. NHS South Gloucestershire has developed a web-based GP referral tool that assists GP practices in identifying the correct referral pathway across their region and guides them through the referral process and any forms that need to be completed. We expect to see more of these systems becoming available to support commissioners and healthcare professionals design joined up services and more integrated care pathways.

F) Patient lists

3.23 At present, some practices are saying they are 'full' despite having not formally agreed with the PCT to close their list. Estimates suggest up to 10% of practices are operating in this way, and in doing so are acting in breach of their contracts. There are ways in which the arrangements for formal list closure could be simplified to try and discourage these practices from saying they are full. Practices might be operating like this due to the stipulation that they have to close their list for at least six months and that they cannot carry out – and receive additional income for - extra services they provide.

3.24 85% of respondents agreed that we should consider removing these penalties to ensure that practices should go through the proper procedures to close their list once they are actually full.

3.25 86% of respondents thought that, if a practice was nearing full capacity, it should close its list to people who live further away before closing it to local residents, to ensure that patients who wish to register locally would have a good choice of local practice. This could be important where someone has only recently moved into the area and wishes to register with a nearby practice.

3.26 On the other hand, some patients thought that some practices might use this flexibility as a way not to take on non-local patients, and that it would undermine the offer of free choice if some practices were permitted to accept local patients only. We believe that more work is necessary to understand the practicalities of introducing such safeguards.

Comments from respondents

"If a national system of choice is being introduced which has no relevance to boundaries, there should not then be a boundary system introduced when it suits the circumstances, therefore, if the list needs to be closed this should apply to all new patients regardless of where they live."

"This would encourage surgeries who wanted to keep well below capacity to say 'only local people', rather than maximising capacity."

"If the changes are to go ahead, then everyone should be treated equally. It will be pointless making the changes and then operating a seemingly two-tier system where the local residents take precedent. If we embrace the new system, we embrace all that it involves, the better practices may be overwhelmed with requests but if it makes others up their game then the patient wins all round."

"Yes, that would be fair. Otherwise commuters can fill up a practice and that local families have to travel to see a GP."

G) Rights to choose

3.27 A GP practice can currently refuse to register a new patient so long as they show the decision is fair and non-discriminatory. The consultation proposed that a practice should only be able to refuse a patient if their list is closed or if the patient has previously been violent or abusive to staff. 55% of the public agreed, but 45% thought that there should be other grounds on which GP practices should be able to refuse people.

3.28 Some of these people said that if the patient lived too far then the practice should be able to refuse. We believe that practices should not be able to refuse someone based on where they live. Of those people who supported greater choice for patients, only 37% thought there were other grounds on which practices should be able to refuse. Some of these included:

Comments from respondents

"If the GP believes it is medically detrimental to the patient to travel any distance. Patients with debilitating illnesses who require constant medical attention, by using a long distance GP but have to use local services. Continuation and communication between medical staff could affect the patient's care."

"For those that constantly book appointments and fail to attend."

"Too many switches between local practices which would be disruptive and allow them to play one off against another."

"If they have a legitimate concern that they will not be able to satisfactorily discharge their duty of care to that particular patient (distance, service mix, practice expertise etc) then they should (not just should be able to) refuse. There should be a parallel condition with this that the PCT will then support the patient in finding an appropriate service provider that will meet their needs."

"Patients can abuse the system even now. Making it easier to switch GPs will also make it easier for those patients. A patient may be attempting to get multiple prescriptions from various practices for example."

3.29 Some of these risks will need to be worked through in more detail and the Department will explore any necessary safeguards with the profession to ensure patients take responsibility for the choices they make.

4 Next steps

4.1 The Government's White Paper 'Liberating the NHS' proposed to give people the ability to register with any GP practice from April 2012.

4.2 There remain a number of policy and logistical issues to resolve with the profession and with the NHS prior to implementation, including:

- the principles on which revised home visiting areas should be founded;
- the reforms to payment systems to ensure that money follows the patient;
- the information flows necessary to support patient choice and the role of HealthWatch;
- the implications for commissioning and co-ordinating community-based services; and
- the safeguards that need to be established to protect access for local residents (who may not wish to register further away from home).

4.3 Alongside our engagement on the risks and issues, we will be continuing to develop the Impact Assessment (IA) and equality impact assessment (EQIA) with further evidence and financial considerations. We plan to publish a more detailed policy framework and formal Government response that clearly sets out our plans, alongside the final impact assessments by early next year.