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SOCIETY FOR ACADEMIC PRIMARY CARE

GP investment 'can be offset' by hospital savings

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General practices in the UK with higher levels of funding have fewer emergency department (ED) attendances and admissions and greater patient satisfaction, a new study has shown in detail.

The research, presented at last week's Society for Academic Primary Care at Dublin Castle, found that a 10 per cent increase in primary care funding would cost an additional Stg£6,862 (€8,060) per 1,000 registered patients, which would be offset by a £3,725 (€4,376) reduction in costs per 1,000 population associated with emergency admissions and a smaller £576 (€677) reduction in ED attendances costs.

Mean funding was £68.92 (€81) per patient, according to the study, with levels ranging from less than £59.83 (€70) to more than £81.11 (€95).

"Our findings support the case for greater investment in primary care, which would be substantially offset by reduced secondary care costs and would be associated with higher levels of patient satisfaction," said the authors from the Department of Primary Care and Public Health Services at King's College London.

They said that over the past decade funding for general practice had decreased from 11 per cent to 8 per cent of total NHS spending, while GP workloads had increased by 19 per cent.

Academic Clinical Fellow in Primary Care, Veline L'Esperance, who presented the research, acknowledged

that the findings could be interpreted negatively by secondary care, but emphasised that primary care in England was already over-stretched and under-funded.

"We need extra funding anyway. So in addition to giving up funding to bridge the gap that is already there, you are also giving savings in primary care. So I think it is a win-win situation," she said.

There was no significant association found with outpatient attendance or Quality and Outcomes Framework (QOF) performance – a voluntary annual incentive programme for all practices, detailing achievement results.

The study involved extracting practice funding data from the National Health Applications and Infrastructure Services. The analysis was confined to GMS contracts. The authors examined the relationship between practice funding, QOF outcomes, secondary care usage and patient satisfaction, adjusted for practice and demographic variables.

They constructed a financial model to predict the impact of a hypothetical 10 per cent increase in funding on secondary care costs.



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