

BMA Submission: Darzi Review – Access

BMA



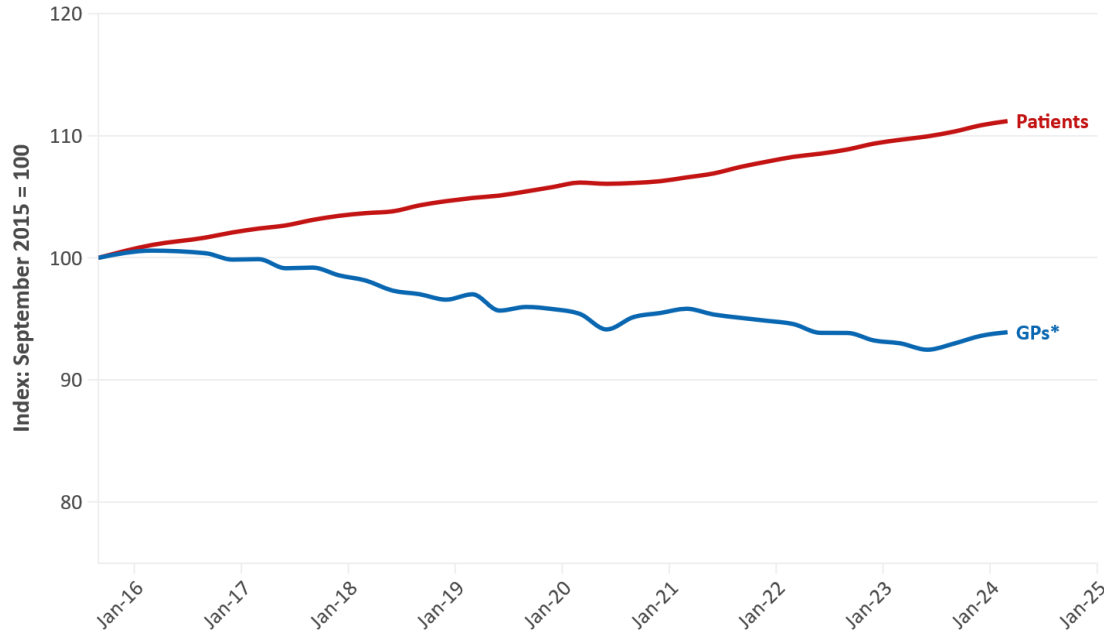
Summary statement:

Underinvestment and understaffing mean patients find it difficult to access health services NHS-wide. Secondary care waiting lists remain vast and key targets for emergency and cancer care continue to be missed. The crisis in General Practice is fuelled by an insufficient supply of GPs to meet demand and inadequate resource directed to primary care, negatively impacting continuity of care. Waiting lists impact general practice severely, too, as patients re-present while awaiting definitive treatment. Insufficient hospital beds and social care bottlenecks result in delayed discharges. Demand for mental health services is rising, particularly for children and young people.

Demand is growing faster than supply

Indexed trends in number of patients and GPs*

September 2015 - March 2024



Source: BMA analysis of [NHS Digital General Practice Workforce Statistics](#) • * Fully qualified GPs

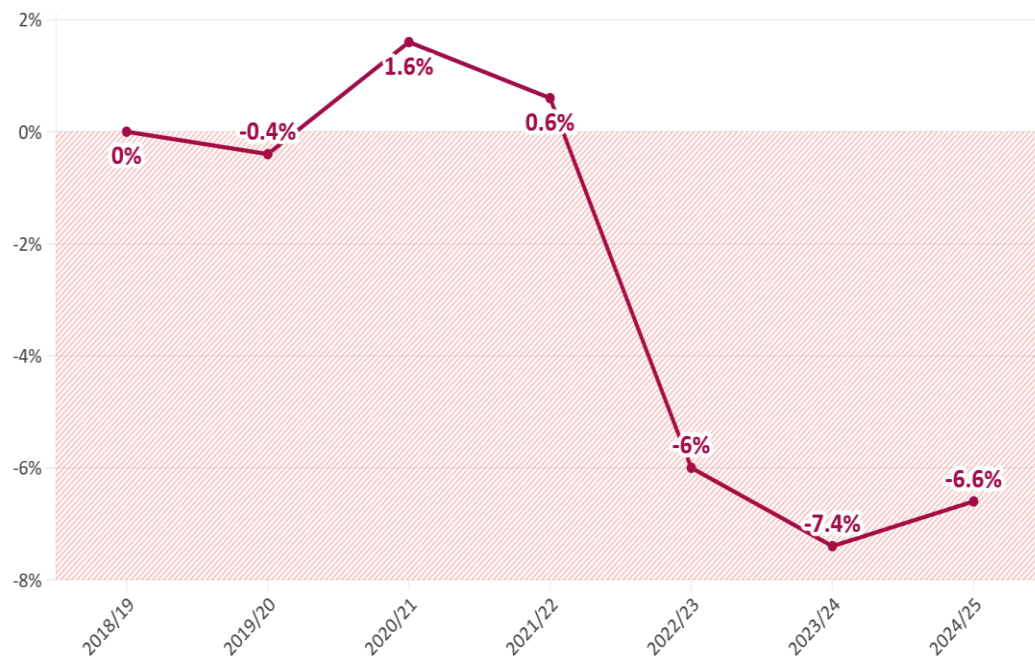
Growing demand for general practice has outstripped supply, with declining numbers of GPs forced to treat more and more patients.

The total number of patients has grown considerably, significantly increasing demand, but crucially numbers of fully-qualified, FTE GPs have fallen. There were 1,938 patients per fully-qualified FTE GP in September 2015, compared to 2,291 in June 2024. Thus, demand for general practice outstrips supply and limits capacity, contributing to wider challenges around access. By compromising continuity of care, through practices being less able to provide patients with consistent access to the same GP, opportunities to reduce hospital admissions are lost.

Studies have shown that continuity of care has a positive impact on mortality rates, patient satisfaction, outcomes for patients with chronic conditions, and is associated with fewer hospital admissions. Continuity of care can also make general practice more efficient. However, continuity for patients in the UK with their GPs has been falling, with a 27.5% decline between 2012 and 2017 (Gray et al, [BMJ 2023;383:e074584](#)).

Core funding erosion since 2018/19

CPI inflation (2023/24 prices)



Source: contract deals received directly from NHSE
& [Source: OBR financial year average](#)

Core funding for General practice in England has eroded markedly.

Since 2018/19, core funding for general practice has eroded significantly, by 6.6% as of 2024/25. This has presented serious challenges for practices hindering their ability to recruit GPs and invest in patient service, resulting in individual GPs being forced to

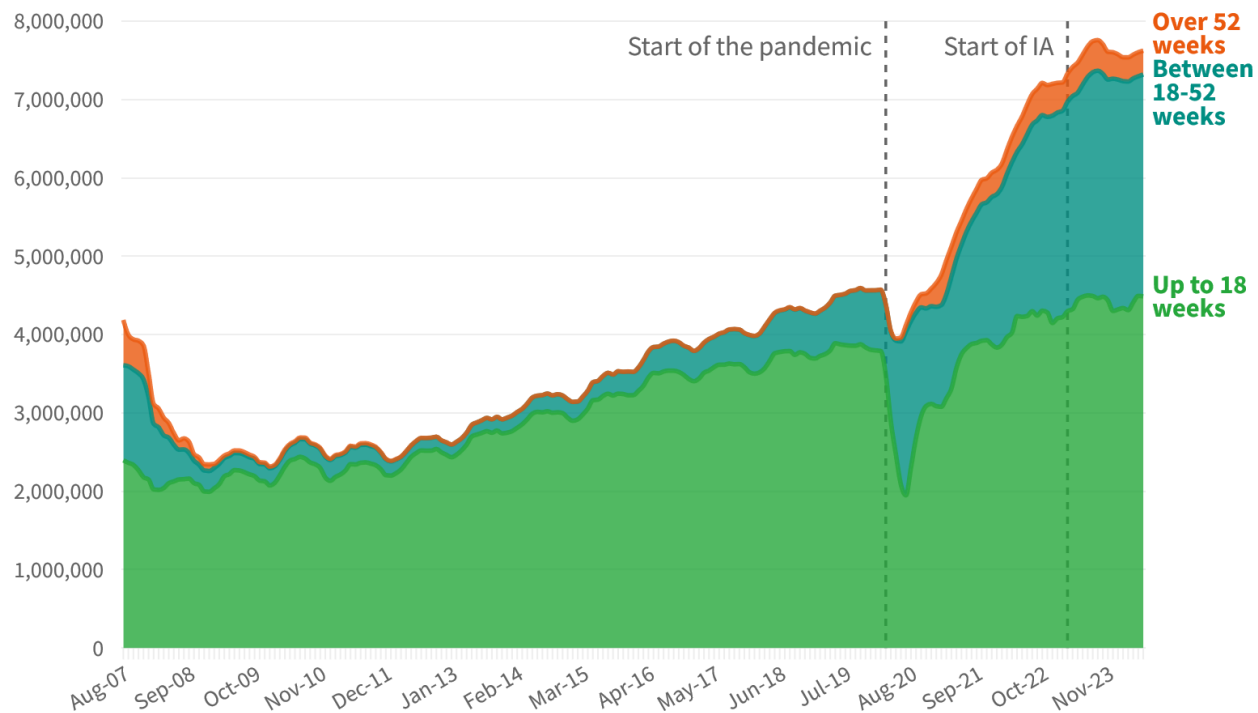
- address greater demand with fewer fully-qualified GPs.
- see more patients without the costs of doing so being fully reimbursed
- endure unsustainable economic pressures
- leading to practice closures.

This position must be urgently reversed.

Across England, general practice is working at an unprecedented level of activity with daily appointments running at almost 1.5 million. Despite this, the value of funding into the national contract is at a nadir with GP practices receiving 6p in every NHS pound. At an individual patient level, the average core contract payment equates to £107.57 per annum, around 30p per patient per day.

Waiting times for consultant-led elective care

August 2007 to June 2024



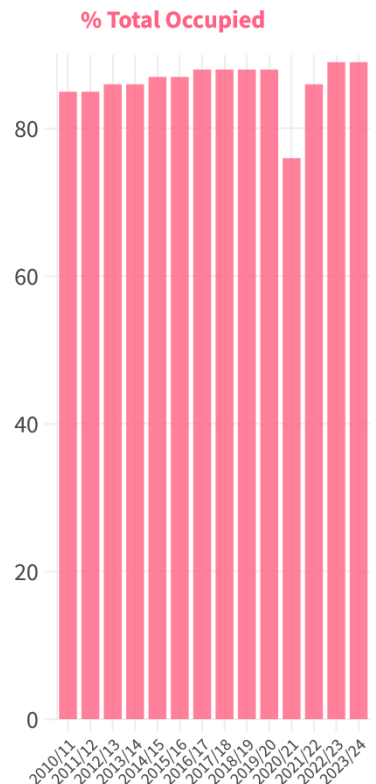
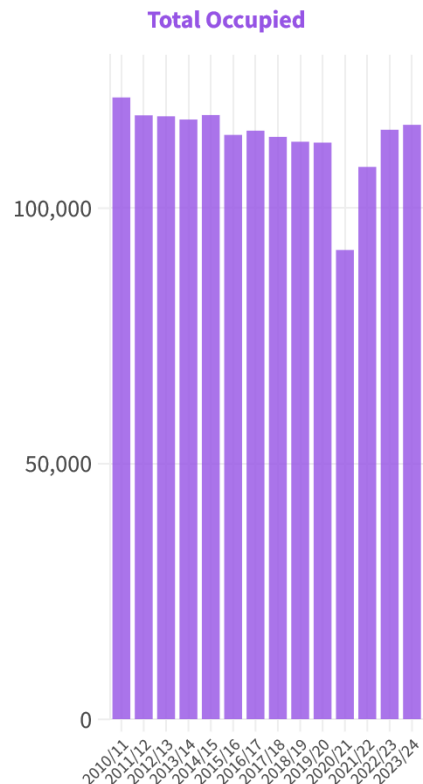
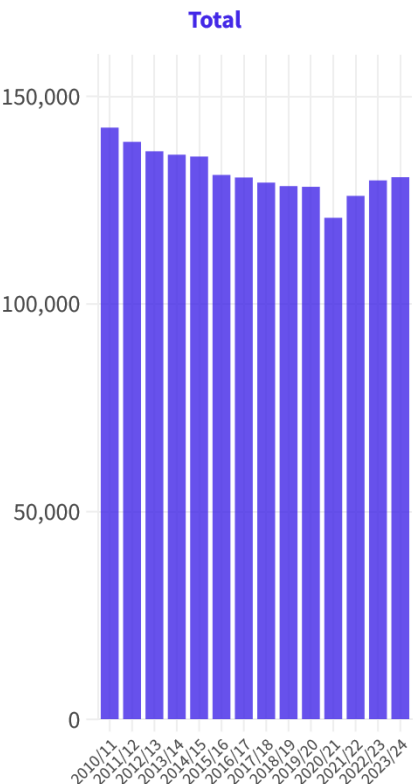
Vast waiting lists are restricting NHS capacity and need ongoing investment and incentives to resolve them.

The total waiting list for elective care remains vast, with long waits (18+ weeks) a particular concern. As the chart shows, COVID-19 did cause a spike, but this compounded an already record-high and continually growing waiting list. This pattern also mirrors poor performance on A&E and cancer metrics, which put further pressure on hospitals. Plans in place to eliminate elective waits and restore the 18-week standard aim to do so within the current parliament – which in part depends on current levels of referrals remaining stable. This underlines the importance of continued investment and support for secondary care alongside a broader shift to prevention, as well as the need to ensure longstanding issues around pensions and other disincentives are addressed for staff working extra shifts.

Source: [BMA analysis of NHS England Consultant-led Referral to Treatment Waiting Times statistics](#)

- The data includes estimates for missing data.

Average available overnight beds have been cut but occupancy rates have risen, placing severe strain on the system

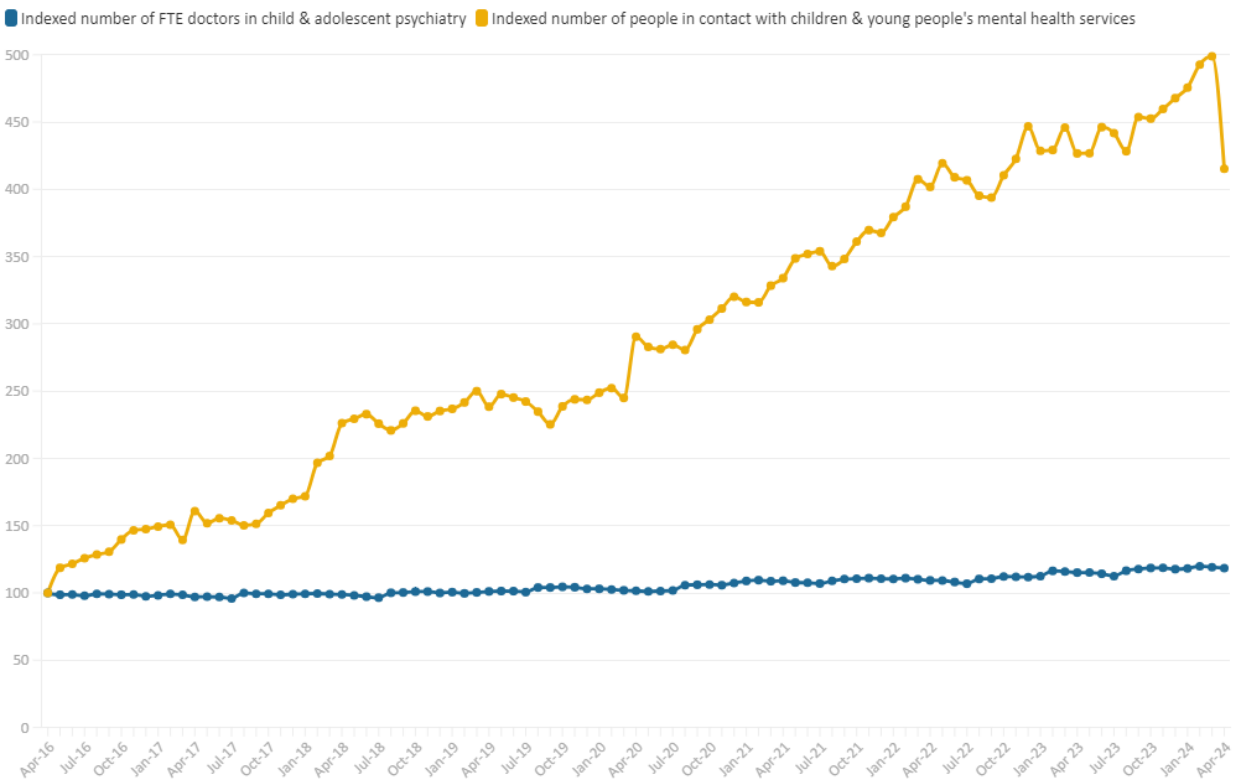


Declining bed numbers and high occupancy rates choke hospital capacity, create A&E queues, and undermine care quality and safety. Despite recent increases in bed numbers, preceding cuts have left the NHS with too few hospital beds. The lack of staffed bed capacity has fuelled widespread use of ‘corridor care’, lengthy ambulance waits outside hospitals, increased the risk of hospital acquired infection, and delayed patient admissions, leading to excess avoidable deaths. The poor state of social care contributes significantly to this problem as patients cannot be discharged to appropriate services quickly enough; many patients occupy hospital beds longer than is medically necessary, leading to worse outcomes.

Source: BMA analysis of NHS England Bed Availability and Occupancy Data - Overnight

← → Within child and adolescent mental health services (CAMHS), the number of doctors **has consistently not kept pace** with the large increase in demand for services.

1 of 1



Demand for mental health services continues to outstrip the number of psychiatrists – impacting access.

The mental health workforce is insufficient to meet either current or the expected increases in demand on services (arising from population growth and the impact of the pandemic). Psychiatry has long been an underfilled speciality for too long and despite recent gains in the trainee psychiatric workforce, there are still insufficient doctors in mental health services. There are also gaps in the supporting mental health workforce that need to be urgently addressed. The graph demonstrates, for CAMHS services, since 2016 the number of children and young people in contact with these services has expanded at over 3.5 times the pace of expansion of the psychiatry workforce.