

Template for costing the policies of opposition parties

1). Description of policy, including any assumptions necessary to allow the commitments to be costed:

The opposition policy proposal is to guarantee that NHS patients in England can:

- Have a guaranteed appointment at their GP surgery within 48 hours.
- Get an appointment at their surgery on the same day if they need to be seen quickly.
- Book an appointment more than 48 hours ahead with the GP of their choice.
- Consult a doctor or a nurse at their local GP surgery on the same day.

<http://press.labour.org.uk/post/85537528889/ed-miliband-unveils-labours-gp-guarantee>

This costing does not include potential savings to other parts of the system which might arise as a result of hypothetical changes in patient behaviour impacting where and when people access health and social care services. **A full list of assumptions is in section 6 below.**

2). Information required on distributional effects of the policy:

3). Cost/Revenue to the Exchequer over five years:

See the Explanatory Note for a detailed explanation of how these costings have been calculated. We have assumed that this policy would be implemented through NHS England direct primary care commissioning (GMS, PMS and AMPS contracts) in England. In order to estimate how much additional RDEL funding would need to be allocated through these contracts in order to implement the policy, we have estimated:

- a. how many extra GP appointments would be needed each year;
- b. how much it would cost GP practices to provide those additional appointments; and
- c. how much additional funding would need to be allocated to GPs through the GMS, PMS and APMS contracts in order to implement the policy.

All assumptions are listed in section 6.

	DEL					AME				
	Start-up cost	Year 2	Year 3	Year 4	Year 5	Start-up cost	Year 2	Year 3	Year 4	Year 5
Current	1,341	1,361	1,386	1,409	1,433	0	0	0	0	0
Capital	-	-	-	-	-	0	0	0	0	0
Total	1,341	1,361	1,386	1,409	1,433	0	0	0	0	0

4). Distributional effects (if none requested, any significant):

Cost entirely accrues to the exchequer, benefits are likely to be to the most intensive users of GP services:

- The Elderly
- Infants
- Women (Maternity)
- People with disabilities

There is unlikely to be an impact on the basis of ethnicity or geography. This costing covers England only.

5). Comparison with current system (if applicable):

There is currently no guarantee for patients that they will be offered a GP appointment within a specific time period. The **Explanatory Note** sets out in detail how we have used **the data from the latest GP survey to compare the current system with the opposition policy set out above at section one.**

Previous Policy Comparison

A similar policy was put in place by the previous Government in 2004. Under this system a Directly Enhanced Service (DES) was offered to GP practises to guarantee appointments on either the first or second working day after one is requested.

(http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4069763.pdf Section 6 - Part 3)

However, the key difference between this approach and the policy set out by the opposition, is that a DES is an *optional* scheme and therefore does not amount to a guarantee of an appointment within two days for all patients in England. The evidence for this is the proportion of patients who wanted an appointment within two days receiving one was lower when the policy was in place (80%) than it is today (95%).

We have assumed that the opposition commitment is to an **absolute** guarantee and that this guarantee is **fully resourced**. As the previous scheme does not meet these assumptions, we have not costed it as a viable option for delivering the Opposition's commitments.

6). Other comments (including other Departments consulted):

Assumptions:

- (1) Based on sample data from the GP Survey. http://www.gp-patient.co.uk/results/latest_weighted/ccg/
- (2) Number of consultations based on NHS England Estimate <http://www.england.nhs.uk/wp-content/uploads/2013/09/igp-cta-evid.pdf#page=13>
- (3) Costings exclude any resultant savings or reliefs to other parts of the health and care system, or savings from earlier diagnosis.
- (4) Calculations assume that all patients who did not previously have a preference of day to see their GP will now want to see their GP in line with the guarantee, and that patients booking in advance had a preference for a certain day and will not change their behaviour.
- (5) Calculations assume that everyone needing to be seen in 24hr 'needs to be seen quickly' and are offered a face to face consultation rather than a phone consultation. It was not possible at this time to differentiate those who require an urgent appointment and those who do not.
- (6) Calculations assume consultation length is constant. Reducing consultation length to meet increased demand would have significant implications for the quality of service
- (7) Calculations exclude the secondary effect of people who would not have contacted their GP at all but may do so now on the basis of improved availability of GP appointments, and the relative pressures and savings of this.
- (8) Cost baseline assumes that there are no additional IT or Premises costs either as upfront investment or ongoing expenditure; and that there is no change in dispensing activity.
- (9) Calculations assume no additional efficiency from improved bookings systems or consultation origination
- (10) Calculations are based on year average pressures, and assume an equal number of appointments and demand fall on each day over the year. Seasonal peaks in demand, such as winter, are not accounted for.
- (11) Calculations exclude any cost of training additional GP workforce, and assumes additional appointments have the same GP / Nurse split.
- (12) Future years costs increased in line with GDP deflators which a broad measure of inflation, primary care costs are unlikely to increase exactly in line with general inflation.
- (13) It is assumed that appointments freed up by people now being seen within 48 hours now has an efficiency equivalent to the current number of people who got an appointment who say that the

appointment was 'very convenient' or 'fairly convenient'. This is seen as a proxy for the efficiency of GP practices in allocating appointments.

To be completed by Permanent Secretary's Office Date costing signed off:	02/07/2014
[If applicable] Date revised costing signed off:	

OFFICIAL - SENSITIVE
GP Appointment Costings Explanation

Introduction

1. These costings use data from the GP survey to calculate how many additional appointments would be needed as a result of the opposition policy. From the sample size represented by the GP survey data, we have calculated the percentage increase in the number of available GP appointments that would be required and we have applied this percentage to the core NHS England budget for direct-primary care commissioning. The costing applies to England only.
2. The costs are calculated on the basis that this policy would be implemented through NHS England direct primary care commissioning (GMS, PMS and AMPS contracts) in England, and that all pressures would be fully funded. In order to estimate how additional RDEL funding would need to be allocated through the contracts as a result, we have estimated: how many extra GP appointments would be needed each year; how much it would cost GP practices to provide those additional appointments; and then therefore how much extra the Government would need to pay to GPs through the contracts in order to implement the policy.
3. The calculations also take into account GP appointments on future dates that will be freed-up by people taking up earlier appointments and the level of relief this will give.
4. The four key components of the Opposition's policy are considered in the policy costing, these are that patients can:
 - I. have a guaranteed appointment within 48 hours (on the same day or the next day)
 - II. be seen on the same day (if they 'need to be seen quickly')
 - III. book an appointment more than 48 hours ahead with the GP of their choice
 - IV. consult a doctor or nurse at their local GP surgery on the same day the cost of each of these elements were calculated as follows.

The 48 hour guarantee

Additional Appointments Required

5. Survey data shows that 476,940 of those surveyed currently want to be seen on the same day or the next day. A further 121,840 of those surveyed are unsure of when they want an appointment, we have assumed that **all of these people who are currently unsure** (i.e. do not have an explicit preference for an appointment more the 48 hours in advance) **will want an appointment in 48 hours if this is guaranteed**. Therefore, we have assumed that a total of 598,780 of those within the survey population will want to be seen on the same day or the next day.
6. These 598,780 people now wanting to be seen on the same day or the next day compare to 378,610 of the people surveyed **who say that they are currently able to see their GP on the same day or the next day**. This means that, based on the GP survey population alone, there are **220,170 of the survey population who want to be seen on the same day or the next day but who cannot**. This is how we have quantified the level of demand for the 48 hour service.

Appointments Freed Up

7. Currently 247,761 of those surveyed receive an appointment later on the same week compared to 215,660 who actually wanted an appointment later that week, and similarly 116,489 of those surveyed received an appointment on the next week compared to 53,772 who actually wanted an appointment on the next week.

8. This means that there are a total of **94,813 of the survey population who are getting an appointment after the 48 hour period in which they wanted one**. As these people are now seen earlier **those 94,813 appointments are freed up**.

9. However, not all of these appointments will be freed up at time when people want or are able to take up an appointment. Data from the GP survey shows that 92% of people say the appointment they were offered was either 'very convenient' or 'fairly convenient'. Therefore, assuming 92% of appointments will be freed up at times that people will be able to attend, this gives us **87,383 appointments which we can assume will offset the overall increase in the number of appointments required**.

Overall Cost

10. The number of extra appointments needed to see everyone who wants to be seen on the same day or the next day is 220,170, minus the 87,383 appointments freed up that can now be used to offset this pressure, this means that, within the GP survey population sample, **132,787 additional appointments will be needed to see everyone who wants to be seen within two days**.

11. This compares to **a total of 767,822 appointments that were actually available within the sample population**. This means that we would need a **17% increase in the number of available appointments** to implement the 48 hour commitment. Using a budget for GP appointments of £5,836m this gives us an additional cost of **£1,009m** to provide all of the extra appointments needed under this part of the policy. See 'Budget Baseline' tab for more details about how the relevant amount of spending was identified.

Same Day Appointments

12. For the purpose of this calculation we have assumed that everyone who wants to be seen on the same day **either needs to be seen quickly or will say that they need to be seen quickly so that they get an appointment on the same day**.

Demand and Supply

13. Currently of the 476,940 people surveyed who wanted an appointment on the same day or the next day 371,605 (78%) (48 hour period) wanted an appointment on the same day (within 24 hours); further of the 378,610 people surveyed who were able to get an appointment on the same day or the next day 281,777 (74%) had actually received an appointment on the same day.

14. Now that **everyone can have an appointment within two days**, 598,780 (of the sample population) will want and will get, an appointment on the same day or the next day. Assuming the same split of supply and demand above, this would mean that 466,536 of the people surveyed would **want an appointment on the same day, but only 445,636 appointments would be available**; however it also means that 132,245 would be happy with an appointment on day 2 with 153,144 appointments available.

Overall Cost

15. This means that, considering only the sample data, an additional 20,899 appointments would be needed on the same day to meet the demand. **This is 6% of the sample capacity and, if applied to the budget of £5,836m, it would give a cost of £159m**. However **there will also be 20,899 free**

appointments on the second day and assuming that 92% of these can be used (as per the sample data) gives results in an **offsetting cost relief of £146m**. Therefore, **the net cost would be £12m**.

16. As this calculation allows for everyone who wants to be seen at their GP practice on the same day to be seen, we have assumed that there would be no further need to ‘consult’ a nurse or GP and **therefore no separate calculation is made for the fourth element of the opposition policy**.

Seeing a preferred GP if booking more than 48 hours in advance

17. To calculate the cost of patients being able to see their **preferred GP when booking more than two days in advance** we need to know what proportion of people booking more than two days in advance are **currently unable to see their preferred GP**.

Being able to see your preferred GP

18. 928,755 people answered the GP patient survey question asking if they had a preferred GP, 512,750 respondents said they did have a preferred GP, of those:

- 190,899 people said they saw their preferred GP ‘always or almost always’
 - 115,240 people said they saw their preferred GP ‘a lot of the time’
 - 150,108 people said they saw their preferred GP ‘some of the time’
 - 36,707 people said they saw their preferred GP ‘never or almost never’; and 3,007 people said they had ‘not tried [to see their preferred GP] at this GP surgery’
19. We have made the following assumptions:
- The people who can see their preferred GP ‘always or almost always’ see their preferred GP 100% of the time
 - The people who can see their preferred GP ‘a lot of the time’ see their preferred GP 75% of the time
 - The people who can see their preferred GP ‘some of the time’ see their preferred GP 50% of the time
 - The people who can see their preferred GP ‘never or almost never see their preferred GP 0% of the time’; and
 - The people who said they had ‘not tried [to see their preferred GP] at this GP surgery’ are discounted

This means that **people with a preferred GP are unable to see that GP 17% of the time**

Booking an appointment in advance

20. Of the 894,897 people who were asked (note the different sample size) when they wanted to be seen at their surgery, **269,432 (30%) wanted an appointment after the first two days and therefore would be eligible for a guaranteed appointment with their preferred GP**.

Overall Cost

21. Of the 30% of people booking more than two days in advance, 17% will have a preferred GP but be unable to see them, **therefore an additional 5% of appointments is assumed to be necessary to allow sufficient flexibility for these people to see their preferred GP**. Applying this 5% to the budget as explained above would give us a cost of **£292m**.

Total Cost (13/14 Prices)

Policy Element	£m
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1	Patients can have a guaranteed appointment within 48 hours	1,009
2	Patients can be seen within on the same day (if they 'need to be seen quickly')	12
3	Can book an appointment more than 48 hours ahead with the GP of their choice	292
4	Consult a doctor or nurse at their local GP surgery on the same day	*
TOTAL		1,313

*- Inclusive of calculation two.

Future Years

The funding for direct primary care commissioning in future years has not been decided, and DH's overall settlement for 2016-17 onwards will be determined at the next spending review. Therefore, for the purposes of these costings only, we have estimated costs from 2016-17 onwards by applying GDP deflators (a broad economy-wide measure of inflation, provided by HMT).

Opposition Policy Costing

This page uses the calculations from the backing sheets that follow to calculate the appointment pressures and reliefs from the proposed policy.

Key elements of the Opposition policy is that patients will:

- Have a guaranteed appointment at their GP surgery within 48 hours.
- Get an appointment at their surgery on the same day if they need to be seen quickly.
- Book an appointment more than 48 hours ahead with the GP of their choice.
- Consult a doctor or a nurse at their local GP surgery on the same day.

			<u>Assumptions</u>	<u>Notes</u>
Appointment Pressures				
48hr Pressure	220,170		(1) (4)	Additional appointments required to meet the policy commitment
24hr Pressure	20,899		(1) (5)	Expected additional number of appointments (in sample) in the first two days
Total Pressures	241,069		(1)	Expected additional number of appointments (in sample) in the first day
Appointment Reliefs				
Day 2 Relief	- 20,899		(1)	Total expected additional number of appointments (in sample) to meet all policy commitments
Same Week Relief	- 32,102		(1)	Appointments that are freed up as people have been seen earlier rather than being given a later appointment
Next Week Relief	- 62,711	<u>Re-allocative Efficiency</u>	(1)	Number of day two appointments (in sample) freed up by additional day one appointments seen
Total Reliefs	- 106,644	92%	(1) (9) (34)	Number of appointments in the same week, but not the first two days, (in sample) freed up by additional appointments seen in the first two days
Net Appointment Pressures				
Additional Capacity Needed After Reliefs	134,425		(1)	Number of appointments in the next week (in sample) freed up by additional appointments seen in the first two days
Current Capacity	767,822		(1)	Total number of additional appointments (in sample) freed up that can be reallocated, it is assumed x% of freed up appointment can be reallocated at the right time
Pressure	18%		(1) (6)	Re-allocative efficiency based on the proportion of people reporting that their appointment was 'very convenient' or 'fairly convenient'
Budget Baseline (£m)	5,836		(1) (8)	Additional appointments required minus appointments freed up.
Consultation Cost Pressure (£m)	1,022		(1)	Net number of additional appointments (in sample) needed to meet policy commitments
Preferred GP				
Preferred GP Pressure	5%			Current capacity of appointments (in sample)
Budget Baseline (£m)	5,836			Additional Appointments needed as a proportion of capacity
Preferred GP Cost Pressure (£m)	292			Assumed budget for practice consultations
Other Pressures				
Same Day Consultation (Phone) (£m)			(5)	Assumed additional budget needed (cost) to meet increased demand for appointments
Total Cost Pressure (£m)	1,313	13/14 Prices	(3)	
<u>GDP Deflators</u>				
2014/15	1,341		2.1% (12)	Total net policy cost adjusted for inflation (GDP Deflators) NB: GP Contact is unlikely to uprate exactly in line with inflation.
2015/16	1,361		1.5% (12)	
2016/17	1,386		1.8% (12)	
2017/18	1,409		1.7% (12)	
2018/19	1,433		1.7% (12)	
2019/20	1,457		1.7% (12)	
Additional Appointments				
Appointment Pressure	23%			Additional Appointments needed as a proportion of capacity (as calculated above)
Annual Appointments	340 m			Current estimated annual number of appointments http://www.england.nhs.uk/wp-content/uploads/2013/09/igp-cta-evid.pdf#page=13
Assumed Additional Annual Appointments	77 m			Number of additional appointments required annually to meet additional demand from the policy

48 Hour Appointment Guarantee

Have a guaranteed appointment at their GP surgery within 48 hours.

This page calculates the number of additional appointments that would be required to:

(a) allow everyone who wants to be seen on the same day or the next day to be seen on the same day or the next day

(b) allow every one who previously did not have a preferred day for an appointment to be seen on the same day or the next day, as it is assumed they will now want an appointment in the guaranteed time.

		<u>Assumptions</u>	<u>Notes</u>
Current demand for appointments in 48hrs			
Current Demand (48hrs)	476,940	(1)	Current number of people (sample) who want an appointment on the same day or the next day
Additional (Induced) Demand for Appointments in 48 hours			
Patients - Unspecific Date	121,840	(1)	Current number of people (sample) who are unsure of when they want an appointment
% of Unspecific Now 48hrs	100%	(4)	Assumed proportion of people who were previously unsure when they wanted an appointment who will now want an appointment within two days due to the guarantee
Additional Demand (48hr)	121,840	(1)	Assumed additional people (sample) who will now want an appointment within two days due to the guarantee
Current Capacity, New Demand and Additional Appointments Required			
New 48hr Demand	598,780	(1)	Number of people (sample) who will now want an appointment in two days
Current Capacity (48hrs)	378,610	(1)	Number of people (sample) who currently get an appointment in two days
Excess Demand	220,170 (x)	(1)	Number of people (sample) who will now be unable to get an appointment in two days unless there is an increase in the number of appointments available

(x) Feeds to the pressures section of the front sheet

Urgent (Same Day) Appointment Pressures

Get an appointment at their surgery on the same day if they need to be seen quickly.

This page assumes that everyone requesting an appointment on the same day will 'need to be seen quickly' or will state that they need to be seen quickly, as it is not possible to quantify this statement. On this basis the calculations consider the proportion of demand for and supply of (capacity for) appointments falling on the two days of the 48 hour period, the additional number of appointments required in the first day of that period needed to meet demand, and the number of excess appointments on the second day if all those wishing to be seen on the first day are seen on that day.

		<u>Assumptions</u>	<u>Notes</u>
How demand for appointments is split across day one and day two of a 48 hour period			
Current Same Day Demand	371,605	(1)	Number of people (sample) who want an appointment on the same day
Current 48hr Demand	<u>476,940</u>	(1)	Number of people (sample) who want an appointment on the same day or the next day
% of 48hr Demand Same Day	78%	(1)	Proportion of people wanting an appointment on the same day or the next day who want an appointment on the same day
How the supply of appointments is split across day one and day two of a 48 hour period			
Current Day One Capacity	281,777	(1)	Number of people (sample) who are seen on the same day
Current Day One & Two Capacity	<u>378,610</u>	(1)	Number of people (sample) who are seen on the same day or the next day
% 48hr Capacity Same Day	74%	(1)	Proportion of people who are seen on the same day or the next day who were seen on the same day
Assumed level of demand for an appointment on the same day given the current split in demand and the new demand for an appointment (as per pervious page)			
New 48hr Demand	598,780		Number of people (sample) now wanting an appointment on the same day or the next day
New 24hr Demand	466,536	(5)	Number of people (sample) now wanting an appointment on the same day, given the proportion above
Assumed supply of appointments given the current split in supply of appointments and that all demand for appointments within 48 hours will now be met (as per previous page)			
New 48hr Capacity	598,780		Number of appointments (sample) now available on the same day or the next day
New 24hr Capacity	445,636		Number of appointments (sample) now available on the same day
Additional number of appointments required on the first day of a 48hr period to meet assumed demand			
Excess 24hr Demand	20,899 (x)	(5)	Number of extra appointments (sample) needed to see everyone on the same day who now want to be seen on the same day
% of Current 48hr Capacity	6%		
Number of excess appointments on the second day of a 48hr period assuming all appointments on day one are met			
New Day 2 Demand	132,245	(5)	Number of people (sample) wanting an appointment on the next day
New Day 2 Capacity	<u>153,144</u>		Number of appointments (sample) available on the next day
Excess Demand (Capacity)	- 20,899 (y)	(5)	Number of appointments (sample) freed up on the next day
% Excess Demand (Capacity)	-6%		

(x) Feeds to the pressures section of the front sheet

(y) Feeds to the reliefs section of the front sheet

Same Week

Assumptions Notes

Assuming that everyone who wants to be seen with 48 hours in now seen within 48 hours, this page calculates the number of appointments that are freed up later in the same week as people are now booked within that 48 hour period rather than getting a later appointment.

Current Capacity (Same Week)	247,761			Number of appointments (sample) available in the same week (excluding the first two days)
Current Demand (Same Week)	<u>215,660</u>		(5)	Number of people (sample) wanting to be seen in the same week (excluding the first two days)
Excess Demand (Same Week)	-32,102 (excess supply)	(y)		Number of appointments (sample) freed up in the same week (excluding the first two days) assuming everyone now wanting to be seen on day one or two is now seen on day one or day two
Excess Demand (Same Week) - %	-13% (excess supply)			

(y) Feeds to the reliefs section of the front sheet

Next Week

Assumptions Notes

Assuming that everyone who wants to be seen with 48 hours in now seen within 48 hours, this page calculates the number of appointments that are freed up in the next week as people are now booked within that 48 hour period rather than getting a later appointment.

Current Capacity (Next Week)	116,483			Number of appointments (sample) available in the next week (excluding the first two days)
Current Demand (Next Week)	53,772			Number of people (sample) wanting to be seen in the next week (excluding the first two days)
Excess Demand (Next Week)	-62,711 (excess supply)	(y)	(5)	Number of appointments (sample) freed up in the next week (excluding the first two days) assuming everyone now wanting to be seen on day one or two is now seen on day one or day two
Excess Demand (Next Week) - %	-54% (excess supply)			

(y) Feeds to the reliefs section of the front sheet

Preferred GP Pressures**Assumptions** **Notes**

Book an appointment more than 48 hours ahead with the GP of their choice.

In order to calculate the number of additional appointments required to allow sufficient flexibility so that people with a preferred GP can see that GP when booking more than 48 hours in advance, this page calculates:

- the number of people with a preferred GP

- the likelihood that on any given visit those people will see their preferred GP

- the proportion of people who want to book an appointment more than 48 hours in advance

The product of the likelihood of people seeing their preferred GP on a given visit and the proportion of people booking more than 48 hours in advance is then given as the proportion of additional appointments required for their to be sufficient flexibility for people with a preferred GP to exercise this choice.

Demand

Total Number of Respondents	928,755	(1)	Total number of people responding to survey question on whether they have a preferred GP	
Total Number with a Preferred GP	512,750		Total of those who responded who have a preferred GP	
Of which can see that GP:				
		Assumed Proportion of Time		
Always or almost always	190,899	100%	190,899 (1)	Number of people (sample) who have a preferred GP and see their preferred GP always or almost always
A lot of the time	115,240	75%	86,430 (1)	Number of people (sample) who have a preferred GP and see their preferred GP a lot of the time
Some of the time	150,108	50%	75,054 (1)	Number of people (sample) who have a preferred GP and see their preferred GP some of the time
Never or almost never	36,707	10%	3,671 (1)	Number of people (sample) who have a preferred GP and see their preferred GP never or almost never
Not tried at this GP surgery	3,007	Netted off		Number of people (sample) who have a preferred GP but haven't tried to see them
Total Counted	509,743		Number of people (sample) who have a preferred GP but have tried to see them	
Able to See Preferred GP	356,054		Assumed number of people (sample) who have a preferred GP and will see them on a given visit	
Unable to See preferred GP	153,689		Assumed number of people (sample) who have a preferred GP and will not see them on a given visit	
Unable to See preferred GP % of All	17%		Proportion of people who have a preferred GP and are unable to see them	
Advanced Appointment Demand				
Advanced Demand	269,432	(1)	Number of people (sample) who want an appointment more than 48hrs later (And are therefore eligible for the guarantee)	
Total Demand	894,897	(1)	Total number of people (sample) who want to see their GP	
% Advanced Demand	30%		Proportion of people who want an appointment more than 48hrs later	
Costs (£m)				
Percentage of additional capacity required	5% (x)		Proportion of people who are unable to see their prefer GP more than 48hrs later, and assumed number of extra appointments needed so everyone can see their preferred GP	
Additional Appointments Required	44,730	(1)		
Budget Baseline	5836	(9)	Assumed budget of practice appointment	
Cost Pressure	292 £m		Cost of providing additional appointments so every one who wants to see their preferred GP more than 48hrs later can do so	

(x) Feeds to the pressures section of the front sheet

Backing Data

This page includes data from the GP survey used to perform calculations on the other pages.

When did you want to see or speak to them? (Question 1)												
When did you want to see or speak to them - total responses	On the same day	On the next working day	A few days later	A week or more later	Didn't have a specific day in mind	Can't remember	% On the same day	% On the next working day	% A few days later	% A week or more later	% Didn't have a specific day in mind	% Can't remember
894,897	371,605	105,336	215,660	53,772	121,840	26,685	42%	12%	24%	6%	14%	3%

868,212

Able to get an appointment to see or speak to someone (Question 2)											
Able to get an appointment to see or speak to someone - total responses	Yes	Yes, but had to call back closer to or on the day they wanted	No	Can't remember	% Yes	% Yes, but had to call back closer to or on the day they wanted	% No	% Can't remember	95% confidence interval		
									% Yes (total)	Lower limit	Upper limit
908,865	665,839	116,753	94,836	31,437	73%	13%	10%	3%	86%	86%	86%

How long until actually saw or spoke to GP / nurse - total	On the same day	On the next working day	A few days later	A week or more later	Can't remember	% On the same day	% On the next working day	% A few days later	% A week or more later	% Can't remember
767,822	281,777	96,833	247,761	116,483	24,967	37%	13%	32%	15%	3%

742,855

89,828 8,502 32,102 62,711 193,143 96,873 483,160 54% 46%

Assurance of unmet Need	
Proportion of Q1 who did see their GP	85.8%
Proportion on Q2 who were able to get an appointment or speak to someone	86.1%

Backing Data

This page includes data from the GP survey used to perform calculations on the other pages.

Responses include all those completing a questionnaire										
Have a preferred GP to see or speak to										
Have a preferred GP to see or speak to	Yes	No	There is usually only one GP in GP	% Yes	% No	% There is usually only one GP in GP	95% confidence interval			
							% Yes	Lower limit	Upper limit	
928,755	512,750	400,155	15,850	55%	43%	2%	55%	55%	55%	

Responses include all those who say they have a GP they prefer to see													
Frequency of seeing preferred GP													
Frequency of seeing preferred GP - total responses	Always or almost always	A lot of the time	Some of the time	Never or almost never	Not tried at this GP surgery	% Always or almost always	% A lot of the time	% Some of the time	% Never or almost never	% Not tried at this GP surgery	95% confidence interval		
											% See their preferred GP always, almost always or a lot of the time (total)	Lower limit	Upper limit
495,961	190,899	115,240	150,108	36,707	3,007	38%	23%	30%	7%	1%	62%	62%	62%
	38.5%	23.2%	30.3%	7.4%									
	1	0.75	0.5	0.1									
	38%	17%	15%	1%	72%								
					28%	16%							

Ease of getting through to someone at GP surgery on the phone

Ease of getting through	Very easy	Fairly easy	Not very easy	Not at all easy	Haven't tried	% Very easy	% Fairly easy	% Not very easy	% Not at all easy	% Haven't tried	95% confidence interval		
											% Easy (total)	Lower limit	Upper limit
938,737	255,814	437,743	144,671	67,749	32,760	27%	47%	15%	7%	3%	74%	74%	74%

26%

<i>Responses include all those who were able to get an appointment</i>												
Convenience of appointment												
Convenience of appointment - total responses	Very convenient	Fairly convenient	Not very convenient	Not at all convenient	% Very convenient	% Fairly convenient	% Not very convenient	% Not at all convenient	95% confidence interval			
									% Convenient (total)	Lower limit	Upper limit	
773,442	356,977	355,851	52,593	8,020	46%	46%	7%	1%	92%	92%	92%	

Backing Data

This page contains a breakdown of the 13/14 GP contract budget used to calculate the cost baseline used in these calculations.

	All contracts
Global Sum	3,635,592,115
MPIG	114,751,829
QOF	1,023,611,172
Enhanced Services	686,561,235
Premises	767,638,753
IM&T	15,455,518
Dispensing fees	112,337,676
AT (formerly PCO) administered	186,642,576
Balance of PMS	173,700,515
Other	14,923,786
Prescription Charge Income	- 2,198,898
Total	6,729,016,277
Less	
Dispensing (fees only)	112,337,676
Premises	767,638,753
IM&T	15,455,518
Income (as prescription charges)	- 2,198,898
Baseline	5,835,783,228