Analysis

March 2023

Stressed and overworked

What the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries means for the UK

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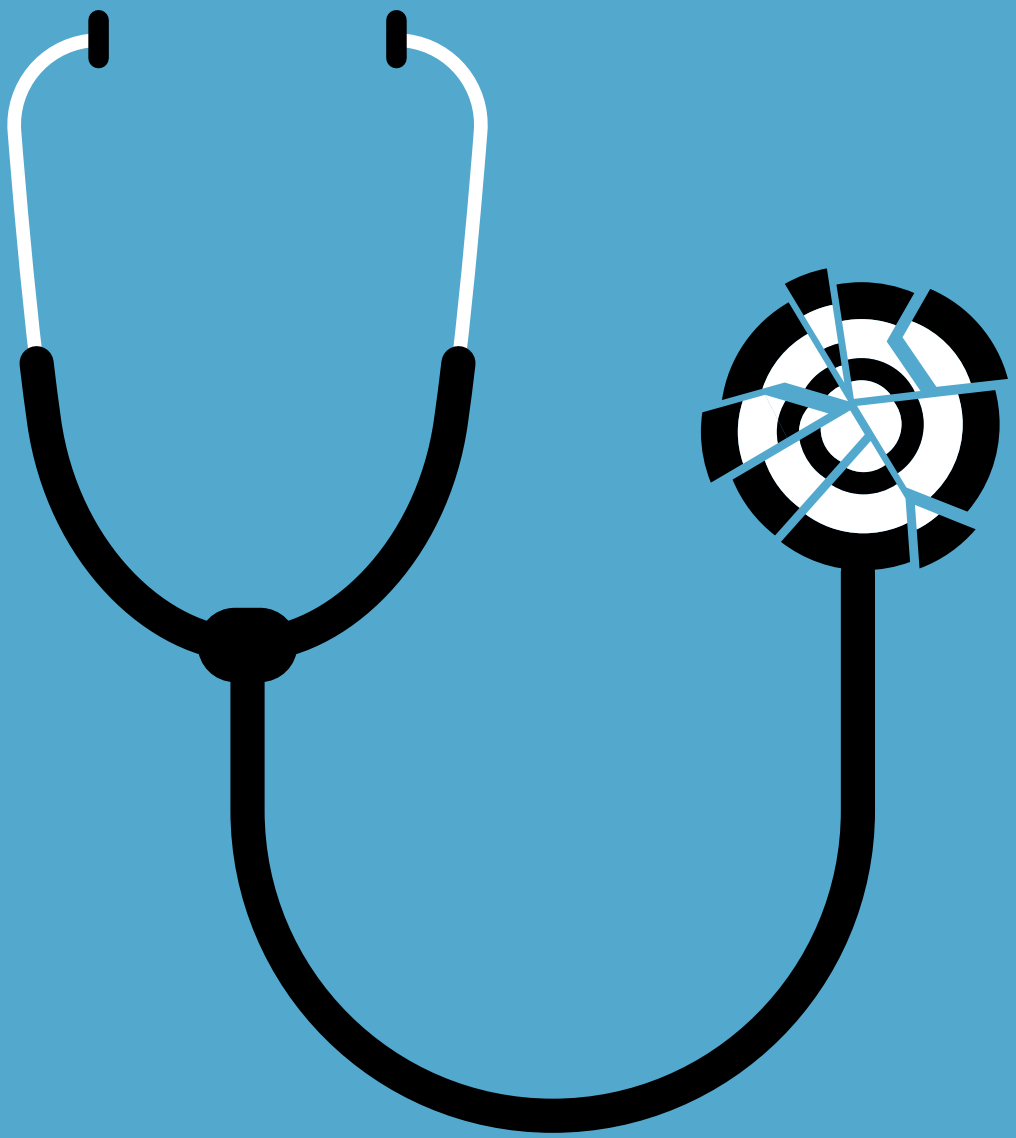

The Health Foundation

About the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries

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Key points

- GPs in the UK are under extreme strain and public satisfaction with general practice has plummeted. Pressures on general practice are not unique to the UK and GPs around the world are contending with the impact of the pandemic on their patients and working lives.
- We worked with the Commonwealth Fund to survey 9,526 primary care physicians across 10 high-income countries between February and September 2022. This included 1,010 GPs from the UK. The survey asked GPs about their working lives and wellbeing, quality of care and how services are delivered. We analysed the survey data to understand the experiences of GPs in the UK and how they compare to other countries.
- A majority of GPs in all countries are dealing with higher workloads than before the pandemic – and many have experienced greater stress and signs of emotional distress. Over half the GPs in most countries believe the quality of care their patients receive throughout the health care system has got worse since the start of the pandemic.
- The experience of GPs in the UK should ring alarm bells for government. 71% say their job is 'extremely' or 'very stressful' – the highest of the 10 countries surveyed alongside Germany. UK GPs are also among the least satisfied with practising medicine, work-life balance, workload, time spent with patients and other parts of their jobs.
- Things have been getting worse for UK GPs. Stress is up 11 percentage points since 2019 and job satisfaction has fallen. GPs in the UK were among the most satisfied of any country back in 2012. Now just 24% of UK GPs are 'extremely' or 'very satisfied' with practising medicine – similar to France but lower than all other countries surveyed.
- The pandemic has taken a heavy toll, with UK GPs experiencing higher levels of emotional distress and bigger rises in workload than GPs in nearly all other countries. UK GPs are among the most likely to plan to stop seeing patients regularly in the next 1 to 3 years.
- Half of GPs in the UK think the quality of care they can provide to patients has got worse since the start of the pandemic – and only 14% think it has improved. But the survey also illustrates some of the core strengths of general practice in the UK, including a high proportion of GPs feeling well prepared to manage care for patients with complex needs, and strong performance compared with other countries in use of data to inform care.

- At the time of the survey, GPs in the UK reported providing a higher proportion of remote appointments than any other country. In England, GPs reported providing around 60% of appointments remotely – higher than estimates from other available data. Understanding exact rates of remote consultations is challenging – and differences between countries may be down to GP and patient preferences, policy context, COVID-19 rates and more.
- GPs in the UK report assessing patients' social and economic needs, including social isolation, housing issues and domestic violence. But they also identify major barriers to coordinating support for patients – including lack of follow-up from community services and staff gaps. UK GPs rate these as greater challenges than GPs in most countries.
- Decisive policy action is needed to improve the working lives of GPs in the UK – including to boost GP capacity and reduce workload. Policymakers considering options for primary care reform should recognise the strengths of general practice in the UK and work with the profession rather than against it – not least because retaining GPs and other primary care staff is essential for the long-term sustainability of services.

Introduction

General practice in the UK is under extreme pressure. In England, appointments in general practice are near record levels,[1] but the number of fully qualified, full-time equivalent GPs has fallen since 2015.[2] The system is creaking under the strain. Public and patient satisfaction with general practice have hit record lows,[3,4] people are finding it harder to get GP appointments[4] and concerns about GP access are high on the public agenda.[5] Job satisfaction among GPs has fallen too[6] and many are considering leaving the profession.[6,7]

Policymakers are taking notice. National NHS bodies and government have produced plans for improving access to general practice in England and published new data on waiting times for GP appointments.[8,9,10] Another 'recovery' plan for general practice has been promised by government in 2023 and is expected to be published shortly.[11] And the Labour party is proposing broader reform of the way general practice is organised to help address growing pressures in the system.[12] But the policy response so far has failed to seriously address the underlying problems facing general practice in England, including the fundamental mismatch between demand for care and available GPs.[13,14,15]

Pressures on general practice are not unique to the UK. The COVID-19 pandemic disrupted primary care services around the world[16,17] and GPs in different countries had to develop new ways of working in response – including new infection control procedures, COVID-19 assessment and triage and care models,[18] such as rapid adoption of remote consultations.[19,20,21,22] GPs often had a role in COVID-19 vaccination programmes.[23,24,25]

As health systems try to recover from the shock of COVID-19, GPs in high-income countries are now often managing patients on long waiting lists for hospital care.[20,26] They are also dealing with the consequences of interruptions to usual care during the pandemic – including delayed diagnoses, postponed treatment and disruption to the management of patients' chronic conditions.[20,21,27] Meanwhile, COVID-19 continues to have an impact on patients' health[28] and GPs are contending with the effect of the pandemic on health inequalities.[29,30,31] Stress, burnout and mental health issues are taking a toll on general practice staff.[32,33]

About this report

How do the experiences of GPs compare between countries? And how have they changed over time? We worked with the Commonwealth Fund to survey primary care physicians in 10 high-income countries, including the UK, during 2022. The survey has been running for several years[34,35] and asks GPs about their working lives and wellbeing, quality of care and how it is delivered. The 2022 survey is the first since the COVID-19 pandemic, so we also added questions about its impact on GPs. Taken together, the data help tell us how general practice is changing internationally – for better and for worse.

In this report, we analyse the survey data to understand the experiences of GPs in the UK and how they compare to other countries. We present the data under three themes: how GPs view their job, the care GPs provide and how it is changing, and how GPs work with other professionals and services. In the final part we explore the implications for policymakers in England as politicians develop manifestos for the next general election.

Approach and methods

The Commonwealth Fund surveyed primary care physicians* in 10 countries to understand perspectives on their working life, patient care, service delivery and relationship with other services. The survey included primary care physicians in the UK, Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland and the United States.†

The sample included 9,526 primary care physicians, of which 1,010 were based in the UK. Fieldwork took place between February and September 2022, and GPs in all countries were asked a comparable set of 43 questions. In the UK, fieldwork was conducted between February and May 2022. During this period, the UK and other countries in the survey were contending with the effects of the Omicron wave of COVID-19 infections (see Box 1).

Primary care physicians were recruited by phone, email and post. In the UK, GPs were recruited by phone and asked to complete the survey online or over the phone. The UK response rate was 22.4%. Of the 1,010 UK participants, 695 were from England (including 207 from London), 128 from Scotland, 106 from Wales and 81 from Northern Ireland. Data from each of the 10 countries have been weighted to ensure the results are representative of primary care physicians in that country based on demographics, geography and specialty type. Results for the UK were weighted based on gender, age and region.

Where we report differences in the text between countries (for instance, results in the UK being higher or lower than other countries), these are statistically significant at the 95% confidence level unless otherwise stated. Questions within the survey were translated where required and country-specific wording was used to phrase the questions where appropriate. Further information on methods can be found in the methodology report available online.

* Countries in the survey use different terminology to refer to physicians working in primary care and some have multiple specialties working in primary care. We use general practitioner or GP as a shorthand to refer to all primary care physicians within the survey when presenting the results.

† Norway was included in the 2012, 2015 and 2019 versions of the survey, but is not included in this survey.

Box 1: Survey fieldwork and the COVID-19 pandemic

The trajectory and impact of the COVID-19 pandemic has varied between countries, with knock-on effects for primary care.[36] For the countries included in this survey, the US and UK have had much higher deaths per capita from COVID-19 than others. By contrast, Australia and New Zealand kept cases low for much of the early phases of the pandemic.[37,38]

Fieldwork for this survey took place between February and September 2022. All countries included were affected by the surge in COVID-19 cases linked to the Omicron variant in early 2022, including Australia and New Zealand – the first time these countries saw high levels of COVID-19 circulating in their populations. In some countries, fieldwork was still underway during the smaller Omicron surges in mid-2022. Vaccination rates in all countries were high by the time of the survey, ranging from around 65% (in the US) to just over 80% (in Australia and Canada) of people having completed a full initial vaccine course.[38]

Social restrictions linked to COVID-19 were in place in some countries for at least part of the fieldwork.[39] The US and Germany had restrictions or recommendations – for example, requirements of vaccination or negative test results at some workplaces – in place in at least some regions for all of the fieldwork. Canada and New Zealand had national restrictions in place for most of the fieldwork, whereas parts of the UK had restrictions for some, but not all the fieldwork – for example, face masks were required in schools and some workplaces in Scotland. In Australia, there were restrictions on large public events and gatherings for about half the fieldwork period. Switzerland, the Netherlands and France had very few restrictions, while Sweden had no restrictions on schools, workplaces, public events or gatherings.

Limitations

The survey has several limitations. First, the context for primary care and the role of GPs varies between countries – as do definitions of some concepts included in the survey (such as social services). As a result, the survey data need to be interpreted with caution and within the broader historical and policy context of the health systems included (see Box 2). We focus on the implications of the results for policy in England, given differences in policy on the NHS between devolved governments in the UK, and consider some of these contextual differences in the discussion.

Second, the survey data represent GP attitudes at a single point in time. Where possible, we have compared the results from the 2022 survey to previous versions of the survey in 2019, 2015 and 2012 to understand changes over time.

Third, responses to some questions about the type of work carried out by GPs – for instance, the proportion of remote consultations – are self-reported and therefore may not be the most accurate source of information on GP activity in each country. In the discussion, we put key findings on GP activity in context by comparing the survey data with other available data on GP activity in England.

Fourth, response rates for some countries in the survey were low (22.4% in the UK). This is typical for this kind of survey, and the data are weighted to try to ensure the results are representative of GPs in each country. But not all factors affecting non-response can be accounted for and some, such as GP workload, may affect the results.

Finally, small sample sizes for GPs in each UK nation mean that comparisons between UK countries – for instance, between Wales and Northern Ireland – have wide margins of error.* We only report statistically significant differences in the text and focus our analysis primarily on comparisons between the UK and other countries.

Box 2: Differences in the role of GPs and primary care

The role of GPs and organisation of primary care varies between countries in our survey – as does the broader funding and structure of the health care systems in which GPs operate.

For example, in the UK GPs are normally patients' first point of contact and 'gatekeepers' for access to most hospital and specialist care.[40] A similar system operates in the Netherlands[41] and several other countries.[42] But in Germany and France, patients have direct access to both GPs and specialists – though policymakers in both countries are increasingly encouraging gatekeeping in primary care through financial incentives and new care models.[43,44] Funding for general practice also varies, with different blends of capitation, fee-for-service and pay-for-performance schemes in each country.[45] The level of out-of-pocket payments varies too. Patients in the UK, Canada and the Netherlands do not face additional fees for GP consultations,[40,46,47] while patients in France and New Zealand pay a fee to see their GP[48,49] (though in France are typically covered by 'complementary insurance' to protect against health care costs not covered by mandatory social insurance).[43]

The role of primary care physicians differs between countries. For example, in the UK and New Zealand, GPs are the main physicians working in primary care and treat adults and children. But in Switzerland and the US, some primary care physicians may only care for adults or children,[50] such as primary care paediatricians in the US.[51] Health systems in high-income countries are increasingly shifting towards team-based approaches to delivering primary care, with nurses, pharmacists, physician associates and others working with GPs.[52]

The number of GPs and resources available for primary care differ too. Comparative data on primary care resources and activity between countries are limited – and differences in the role and definition of general practice makes comparisons tricky.[53] OECD data suggest that in 2019 the UK had 0.76 GPs per 1,000 population – lower than most other countries included in the survey, apart from Sweden (0.62) and the US (0.31). GPs per 1,000 population in the remaining countries in the survey ranged from 1 in Germany to 1.74 in the Netherlands.[54]

* Margins of error for the countries of the UK are: England – 4.4%, Scotland – 9.8%, Wales – 9.5%, Northern Ireland – 11.5%. Further information, including margins of error for international comparisons, can be found in the full methodology report.

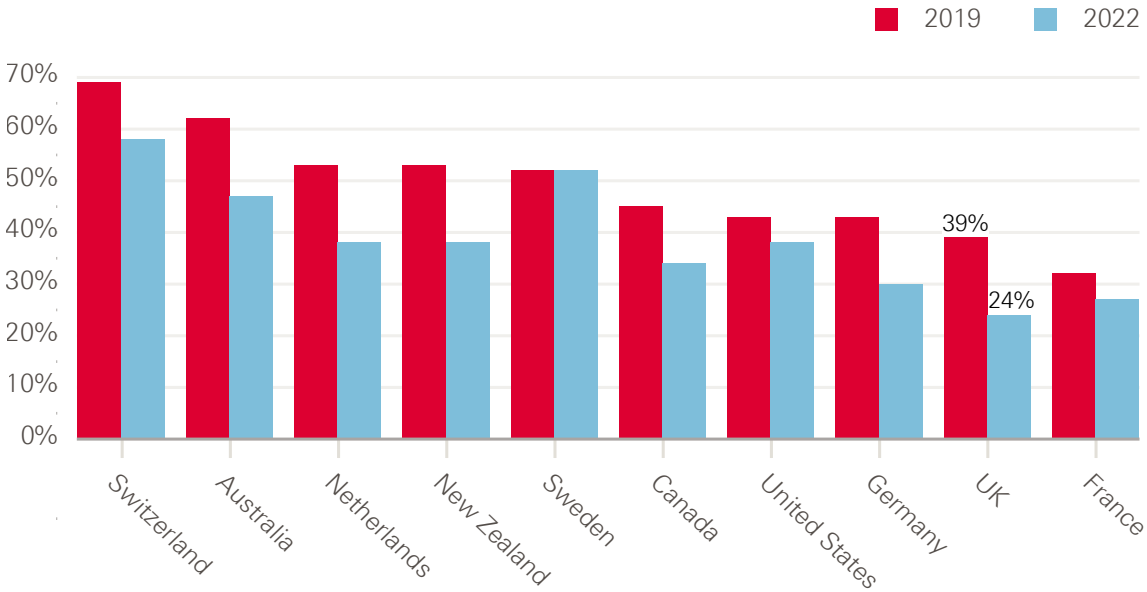
1. How do GPs view their job?

Overall satisfaction with practising medicine

GP job satisfaction is low in the UK compared with other countries. Just 24% of GPs in the UK are 'extremely satisfied' or 'very satisfied' with practising medicine – similar to GPs in France (27%), but lower than all other countries in the survey (Figure 1). In the UK, male GPs are more likely than female GPs to be extremely or very satisfied (28% versus 20%) – a pattern also seen in Australia, Canada, and Sweden. GPs in Scotland (36%) and Wales (34%) are more likely to be extremely or very satisfied than in Northern Ireland (13%) or England (21%).

Satisfaction among GPs in the UK has fallen since 2019, when 39% felt extremely or very satisfied. Satisfaction also fell for UK GPs between 2012 and 2015, though these results are not directly comparable to 2019 and 2022. Satisfaction has fallen over time across most countries. But GPs in the UK are now among the least likely to report being extremely or very satisfied of any country, having been among the most likely to report high satisfaction a decade ago in 2012.* GPs in the UK (27%), alongside New Zealand (24%), are also the most likely to report being 'slightly' or 'not at all' satisfied with practising medicine.

Figure 1: Overall how satisfied are you with practising medicine?
The percentage of GPs answering 'extremely satisfied' or 'very satisfied', 2019 and 2022

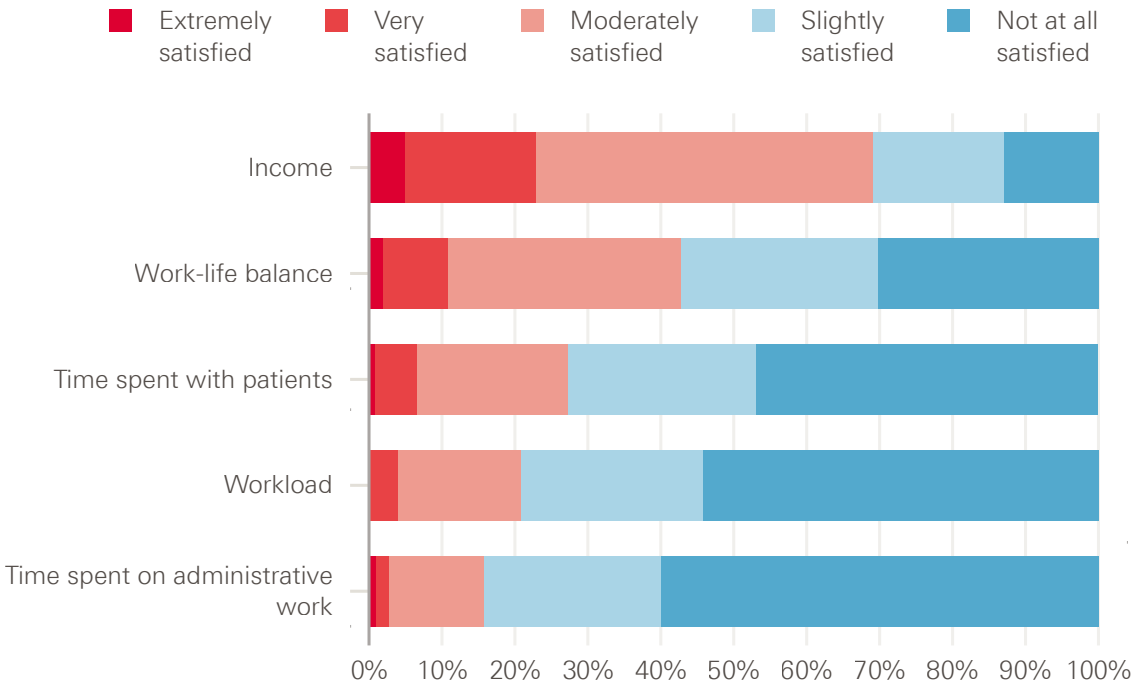


Source: Health Foundation analysis of the Commonwealth Fund's International Health Policy Survey of Primary Care Physicians, 2019 and 2022.
Note: in 2022, the UK was significantly different from all countries except France. See the appendix for 95% confidence intervals.

* Results on job satisfaction from the 2012 and 2015 surveys are not directly comparable to those from the 2019 and 2022 surveys due to a change in the scale used for the survey question.

A combination of factors likely contribute to poor satisfaction among GPs. When asked about different areas of work, UK GPs were least satisfied with their administrative burden, workload and time available to spend with patients (Figure 2). GPs in the UK are consistently among the least satisfied with a number of aspects of general practice compared with GPs in other countries.

Figure 2: How satisfied are you with the following aspects of your medical practice?
UK results



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.

Workload

GP workload includes time spent with patients, but also the work that happens outside consultations, such as writing referral letters, managing prescriptions and liaising with social services. GPs in each country were asked to estimate how many hours they typically work every week in their practice, as well as the number of patients they typically see (see Table 1). These data are an average for all GPs surveyed in each country and do not distinguish between those working full and part time.

About 4 in 5 GPs in the UK (79%) are slightly or not at all satisfied with their workload. Only 4% of UK GPs are extremely or very satisfied – a similar level to 2019 (6%) and among the lowest of any country, along with GPs in the Netherlands (6%) and Germany (5%). In every country surveyed, the workload for a majority of GPs has increased compared with before the pandemic. But GPs in the UK (91%) and Germany (93%) are most likely to say their workload has increased a lot or somewhat, while GPs in Switzerland (56%) are

least likely to say it has increased. More than 8 in 10 (83%) UK GPs are slightly or not at all satisfied with the amount of time they spend on administrative work, including 59% who are not at all satisfied.

Table 1: GP estimates of patients seen and hours worked for each country, mean, 2022

Country	On average, how many patients do you see during a typical work week?*	Thinking about your medical practice, estimate how many hours a week you typically work†
Australia	120‡	37
Canada	102‡	48‡
France	114	45‡
Germany	254‡	53‡
Netherlands	111	47‡
New Zealand	76‡	37
Sweden	43‡	–
Switzerland	83‡	44‡
UK	110	39
United States	77‡	49‡

‡ Significantly different from the UK.

Notes: Table 1 represents estimates from the GPs that took part in the survey about their hours worked and patients seen each week. These data provide context to interpret other parts of the survey. But they should not be taken as a precise indication of GP workload, as the survey does not sample or weight for various factors including GP partner (or equivalent) status, or full-time versus part-time working. GPs also undertake other activity in their working day alongside patient contact, such as making referrals to secondary care and supervising other clinical staff.

* For New Zealand, this question was worded, 'On average, how many patient consultations do you do during a typical work week?'

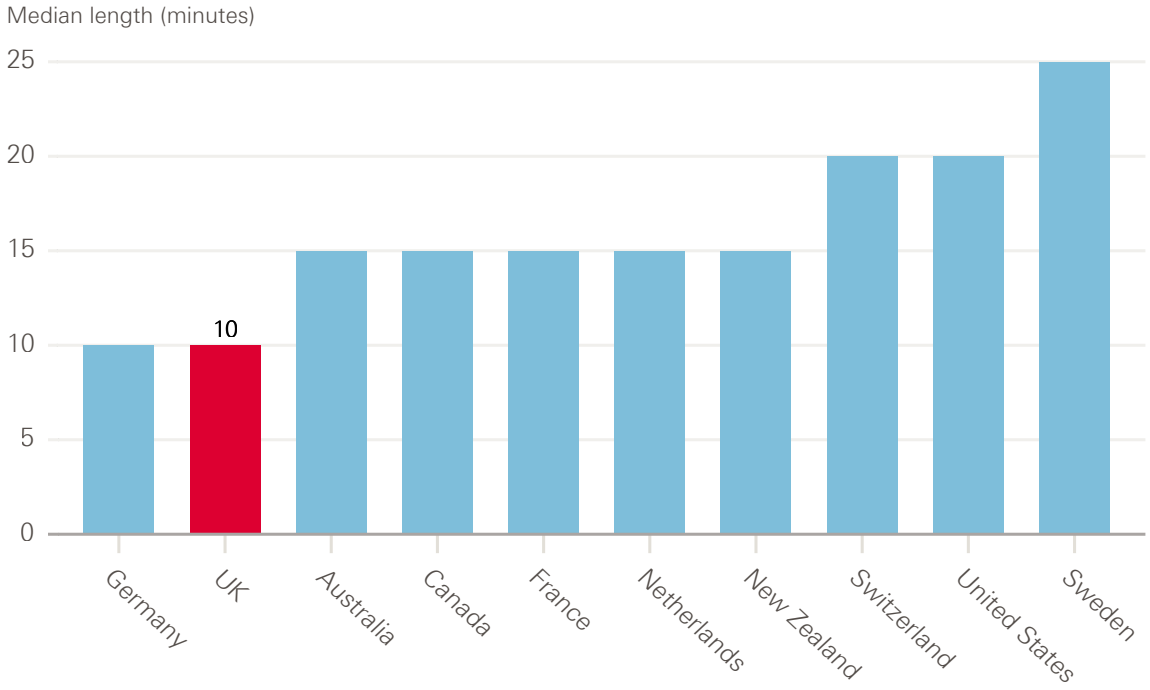
† The question included the prompt, 'Include all hours you work across practices including hours worked at home and on-call.' Average hours worked per week is not available for Sweden.

Time with patients

UK GPs have low levels of satisfaction with the amount of time they spend with patients. GPs in the UK (7%) and Germany (7%) are least likely to feel extremely or very satisfied with the amount of time they spend with patients. Satisfaction in other countries ranges from 9% in Sweden to 33% in Switzerland – and satisfaction across all countries has stayed the same or fallen since 2019. Satisfaction with the time UK GPs spend with patients is similar to 2019, when 5% felt extremely or very satisfied – the lowest of any country in 2019.

Appointment length is likely an important factor driving satisfaction with time spent with patients, along with how appointments are used and expectations for what should be delivered. In this survey, the median time UK GPs estimate spending with a patient during a routine consultation is 10 minutes (interquartile range: 10 to 15 minutes) (Figure 3). Other than in Germany, GPs in all other countries reported spending longer with patients – the median elsewhere ranging from 15 to 25 minutes.

Figure 3: On average how much time do you spend with a patient during a routine appointment?



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.
Note: The UK was significantly different from all countries except Germany.

Work-life balance

GPs in the UK are also among the least likely to be extremely or very satisfied with their work-life balance (11%). Satisfaction with work-life balance ranges from 8% in Germany to 33% in Switzerland. In the UK, GPs in Wales (19%) and Scotland (17%) are more likely to be extremely or very satisfied with their work-life balance than in England (9%). Among GPs aged 35–54 years, 35% are not at all satisfied compared with 14% younger than 35 years of age.

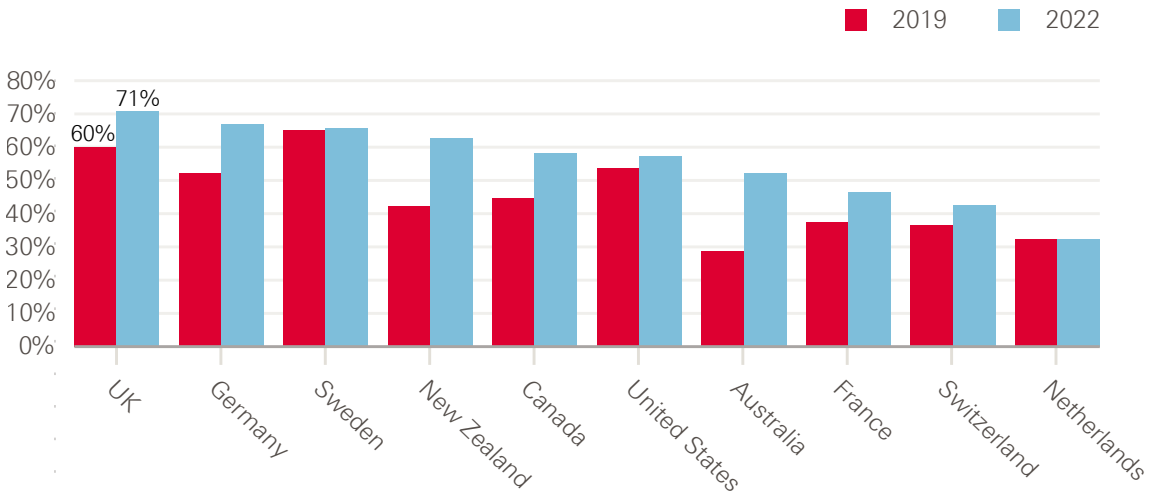
Satisfaction with pay

Compared to other areas of GPs' working lives in the survey – such as workload and work-life balance – GPs in the UK reported greater satisfaction with their income from medical practice. Still, less than a quarter (23%) of UK GPs are extremely or very satisfied with their pay. Only Australia (17%) has lower satisfaction with pay than GPs in the UK. GPs from the Netherlands (40%), Sweden (44%) and Switzerland (41%) are the most likely to report being extremely or very satisfied with their income. This is similar to 2019, when 26% of GPs in the UK were extremely or very satisfied, the lowest of all countries surveyed.

Stress, burnout and emotional distress

71% of GPs in the UK find working in general practice extremely or very stressful. This is similar to GPs in Germany (68%) but higher than all other countries (Figure 4). Stress has increased in all countries since 2015, and is associated with increased workload among UK GPs. 84% of UK GPs who report their workload has 'increased a lot' since the beginning of the pandemic also find their work stressful, compared with 57% of those whose workload has 'increased somewhat' and 30% whose workload is the same or has decreased.

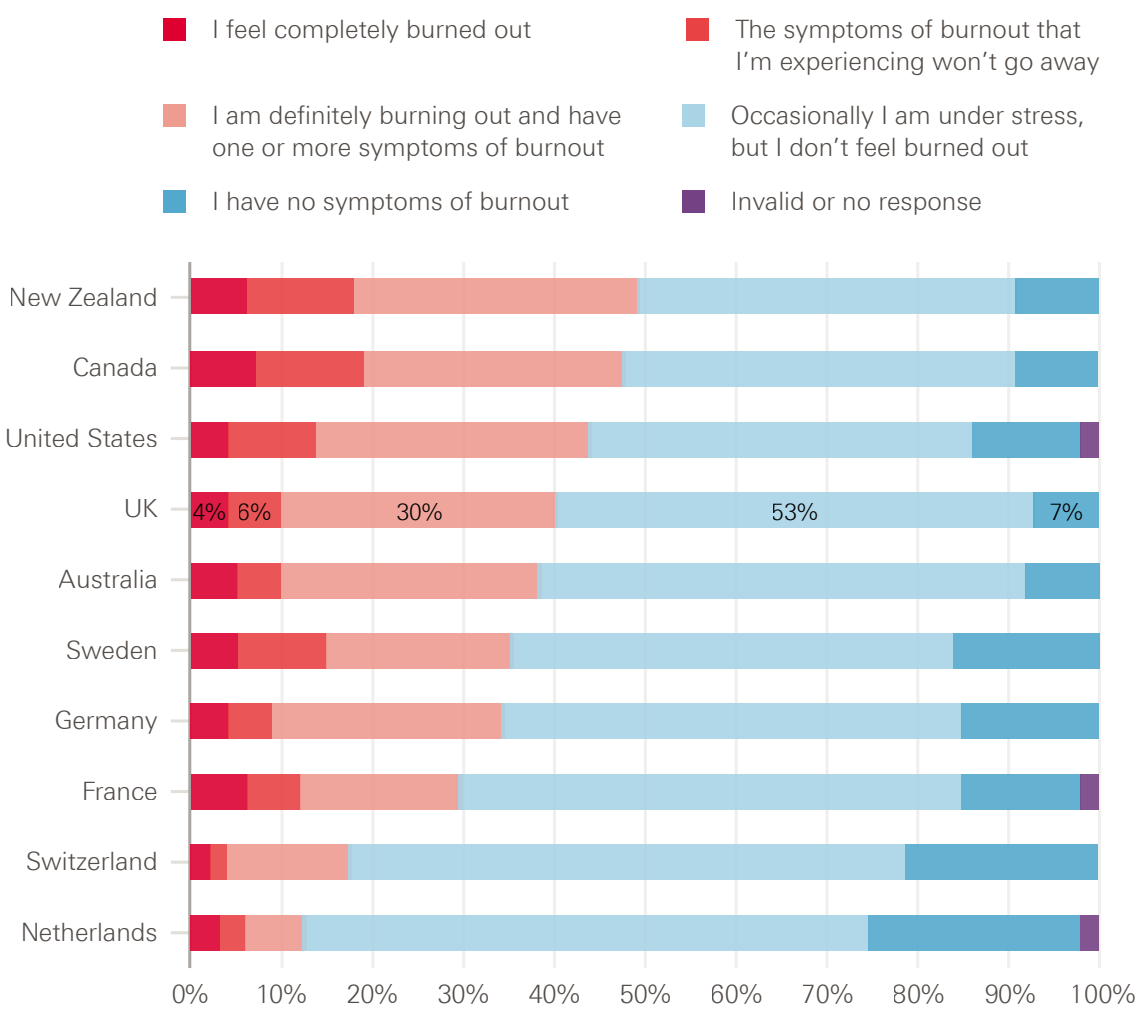
Figure 4: How stressful is your job?
The percentage of GPs responding 'extremely stressful' or 'very stressful', 2019 and 2022



Source: Health Foundation analysis of the Commonwealth Fund's International Health Policy Survey of Primary Care Physicians in 10 Countries, 2019 and 2022.
Note: In 2022, the UK is significantly different from all countries except Germany. See the appendix for 95% confidence intervals.

Increases in workload may also put GPs at greater risk of burnout – a state of physical and emotional exhaustion[55] that can result from insufficient resources to cope with the demands of being a GP. In the UK, 4% of GPs report feeling completely burned out, 6% experience persistent symptoms of burnout and 30% report one or more symptoms of burnout (Figure 5). Just 7% of UK GPs say they enjoy their work and do not have any symptoms of burnout – among the lowest of any country, along with GPs in Australia (8%), Canada (9%) and New Zealand (9%). Switzerland (21%) and the Netherlands (23%) have the highest proportion of GPs reporting no symptoms of burnout.

Figure 5: Overall, based on your definition of burnout, how would you rate your current level of burnout?



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.
Note: For 'I feel completely burned out', the UK is significantly different from Canada and Switzerland only. See appendix for significant differences and 95% confidence intervals for all categories. Full wording for each category was: 'I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help', 'The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot', 'I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion', 'Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out' and 'I enjoy my work, I have no symptoms of burnout'.

Since the start of the pandemic, a substantial number of GPs in all countries have experienced emotional distress such as anxiety, great sadness, anger or feelings of hopelessness. GPs in the UK (63%) and New Zealand (61%) are most likely to have experienced emotional distress, while GPs in Switzerland are least likely (32%). Compared with their male counterparts, female GPs in the UK are more likely to report they are 'definitely burning out' (34% versus 23%), experiencing emotional distress (70% versus 54%) and finding their job extremely or very stressful (78% versus 62%). Across all 10 countries, more female GPs report experiencing emotional distress than male GPs.

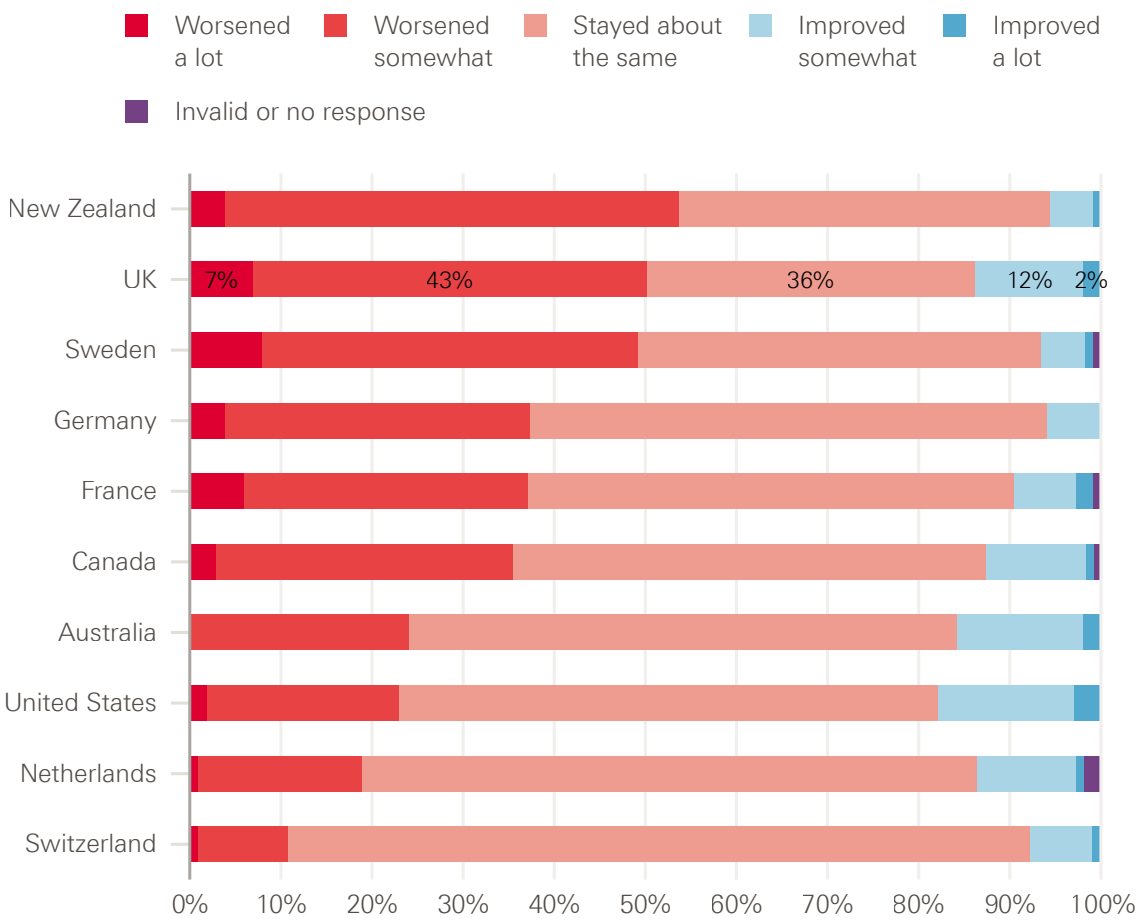
Future career plans

Stress, burnout and emotional distress are likely to affect whether GPs intend to continue working in clinical practice in the future. Across all countries surveyed, GPs in the UK are among the most likely to plan to stop seeing patients regularly in the next 1 to 3 years, along with GPs in Canada, France, New Zealand and the US. 35% of the UK GPs who find their work extremely or very stressful plan to stop seeing patients regularly in the near future, compared with 23% of those who report their job being either somewhat stressful, not too stressful or not at all stressful. Within the UK, GPs in Scotland (34%) and England (32%) are more likely to plan to stop seeing patients regularly in the next 1 to 3 years than those in Northern Ireland (15%). 67% of GPs aged 55 years and older in the UK plan to stop seeing patients regularly, while only 15% of those younger than 35 years plan to do so. Australia (4%), Canada (5%), Germany (2%), Netherlands (0%) and Sweden (9%) have a lower percentage of GPs aged younger than 35 years who plan to stop seeing patients in the near future compared to the UK. None of the remaining countries are significantly different from the UK .

Quality of care

Half of UK GPs (50%) think the quality of care they are able to provide to their patients has worsened somewhat or a lot compared with before the pandemic, while only 14% think it has improved a lot or somewhat (see Figure 6). This is similar to perceptions among GPs in Sweden (49% think it has worsened) and New Zealand (54%), but more negative than all other countries in the survey (see Figure 6). In 2019, 31% of UK GPs reported the quality of care they provided had worsened in the previous 3 years, while 27% felt quality had improved.

Figure 6: Compared to before the COVID-19 pandemic, would you say that overall the quality of care you are currently able to provide to your patient has…?



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.
Note: The UK results for 'worsened a lot' and 'worsened somewhat' (combined) are significantly different from all countries except New Zealand and Sweden. See the appendix for 95% confidence intervals for individual categories.

GPs are even more worried about the quality of care across their health care system. Over half the GPs in most countries believe the overall quality of medical care their patients receive throughout the health care system has got worse since the start of the pandemic. GPs in the UK (78%), New Zealand (77%), France (76%) and Canada (74%) are most likely to think quality has deteriorated, while those in the US (49%) and Switzerland (30%) are least likely.

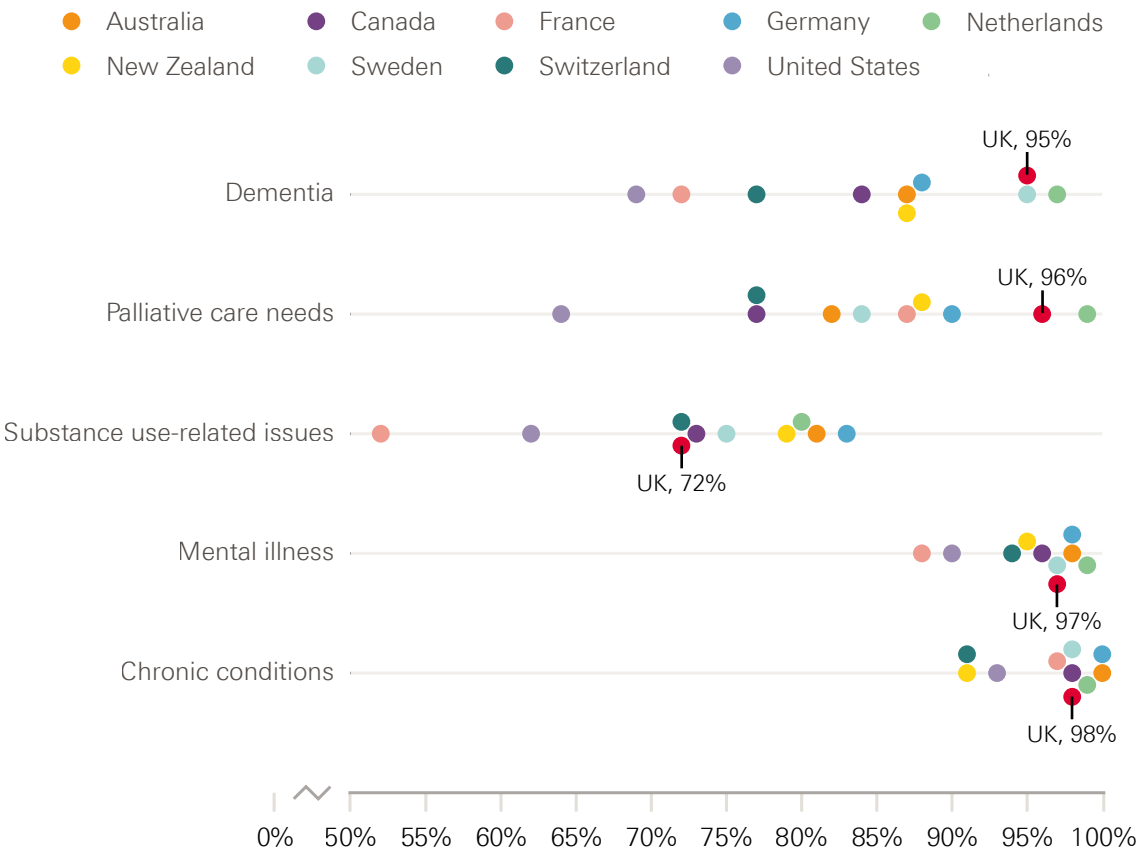
Across the countries surveyed, GP perceptions of the overall performance of their health care systems have fallen or remained the same since 2019. When asked to rate the current overall performance of the NHS, 43% of GPs in the UK said they think the health service is good or very good (compared with 60% in 2019), while 17% said the health service is poor or very poor (compared with 9% in 2019). Only the US had significantly fewer GPs rating their health care system good or very good (36%). Within the UK, GPs in Northern Ireland are least likely to rate the health system as good or very good (12%) – a relative position consistent with the 2019 survey.

2. How are GPs providing care?

Managing care for patients

Across all countries, almost all GPs believe their practice has sufficient skills and experience to manage care and support for patients with long-term health conditions, such as diabetes and heart failure, and common mental health conditions, such as anxiety and depression (Figure 7). In the UK, the same is true for patients with palliative care needs (96%) and dementia (95%) – a higher proportion than in most other countries included in the survey.

Figure 7: How prepared is your practice, with respect to having sufficient skills and experience, to manage care for patients with…?
The percentage of GPs responding 'well prepared' or 'somewhat prepared'



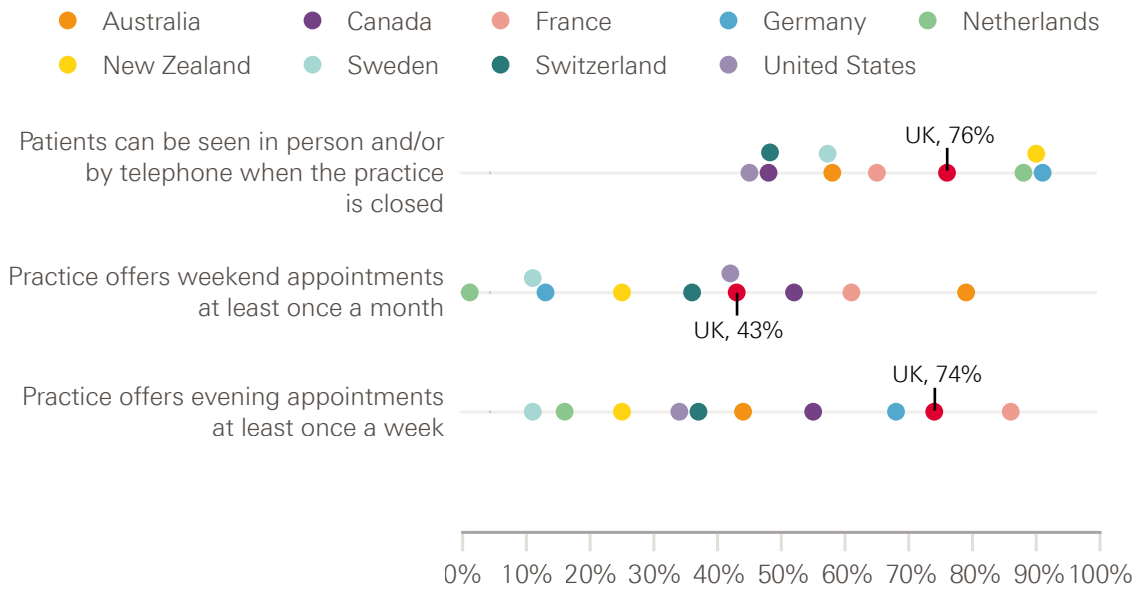
Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.
Note: For dementia, the UK was significantly different from all countries except Sweden and the Netherlands; for palliative care needs, the UK was significantly different from all countries; for substance use issues, the UK was different from Australia, France, Germany, the Netherlands, New Zealand and the US; for mental illness, the UK was different from France, the Netherlands, Switzerland and the US; for chronic conditions, the UK was significantly different from Australia, Germany, Switzerland and the US. See the appendix for 95% confidence intervals. The question gave the examples for substance use issues (drug, opioid or alcohol use), mental illness (anxiety, mild or moderate depression) and chronic conditions (diabetes, COPD, heart failure).

In most countries, GPs are relatively less confident about managing care for patients with substance-use problems, such as drug or alcohol abuse. 72% of GPs in the UK feel well or somewhat prepared to support patients with substance-use problems, similar to 2019. GPs in Germany (83%), Australia (81%) and the Netherlands (80%) are among those most likely to feel prepared, while those in the USA (62%) and France (52%) feel least prepared.

Out-of-hours access

A relatively high proportion of GPs in the UK work in practices that offer routine appointments outside usual working hours (Figure 8).* The majority of UK GPs (74%) work in practices offering routine appointments to registered patients after 18.00 on at least 1 day between Monday to Friday. 32% of GPs offer evening appointments for 4 or more days per week, 21% for 2–3 days per week and 21% on 1 day per week only. Only 26% never offer appointments after 18.00 – the lowest proportion of all other countries except France (12%).

Figure 8: Responses to three questions about out-of-hours access
The percentage of GPs responding that...



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.
Note: The UK is significantly different from all countries except the US for weekend appointments. See the appendix for 95% confidence intervals. The questions asked were: Not including hospital or emergency departments, does your practice have an arrangement, either within or with another practice, where patients can be seen by a doctor or nurse when the practice is closed? How often does your practice offer appointments during the weekend (ie Saturday or Sunday)? How often does your practice offer appointments after 18.00 during the week (ie Monday through Friday)?

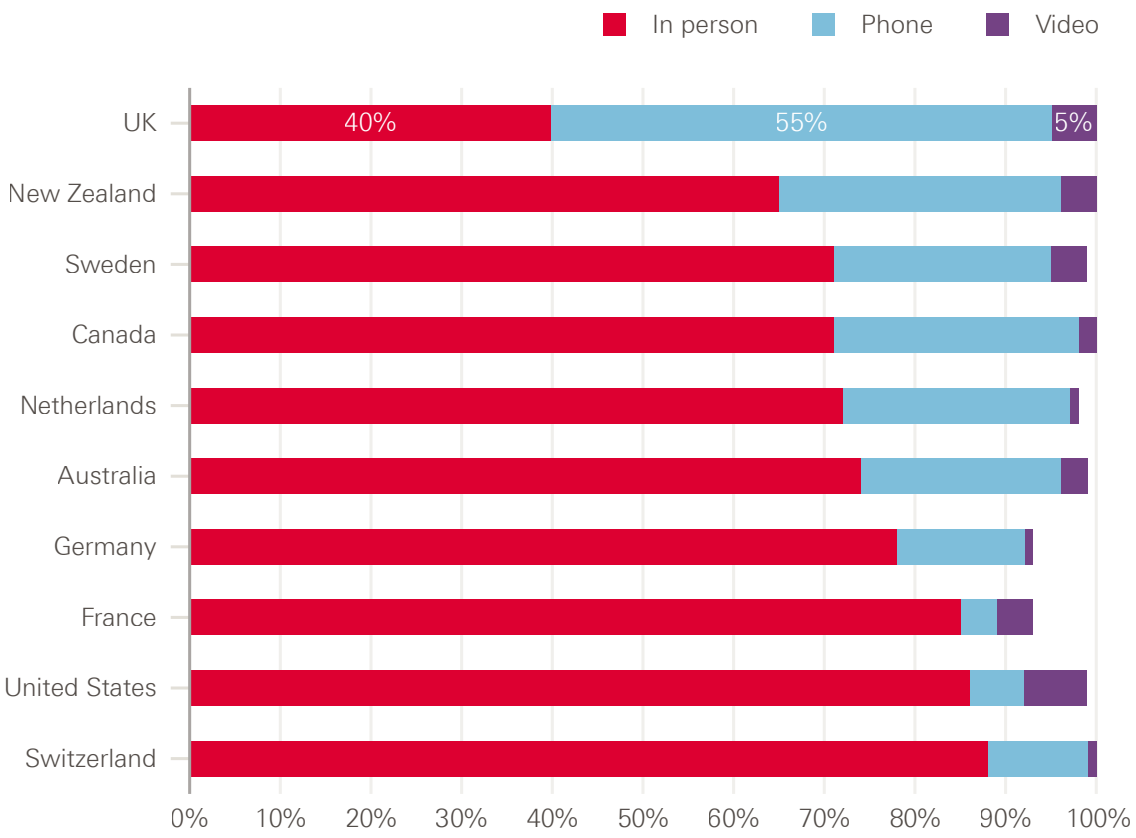
* Responses to questions in this section will have been shaped by the configuration of services in each country and the way GPs interpret the question. For example, individual practices may not be providing out-of-hours services, but their patients may still be covered in some way. At the time of this survey, GP practices in England could opt out of providing out-of-hours services (appointments on weekends and in evenings), with alternative replacement coverage being arranged by the relevant commissioner (clinical commissioning group/NHS England or integrated care system). From 1 October 2022, out-of-hours and weekend coverage ('enhanced access') is the responsibility of primary care networks to arrange. In both cases, additional payment is provided for out-of-hours coverage.

Under half of GPs in the UK (43%) reported working in a practice that offers routine appointments to registered patients at weekends – lower than in Australia (79%), France (61%) and Canada (52%), but substantially higher than GPs in the Netherlands (1%), Sweden (11%) and Germany (13%).

Telehealth

UK GPs make more use of remote consultations than those in other countries surveyed (Figure 9). In a typical week, the average GP in the UK reported conducting 40% of patient consultations in person, 55% by telephone and 5% by video. The UK is the only country where GPs report doing a higher proportion of appointments by phone or video than in person. GPs in Switzerland (88% in person), the US (86%) and France (85%) are most likely to conduct in-person consultations.

Figure 9: Currently in a typical week, about what percent of your patient consultations are conducted in person, by telephone (voice or text) or by video?
Mean percentage



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.
Note: For in-person appointments, the UK is significantly different from all countries. GPs were asked to give their best estimate and told the total should add up to about 100% but this was not a requirement, hence some countries do not total 100%.

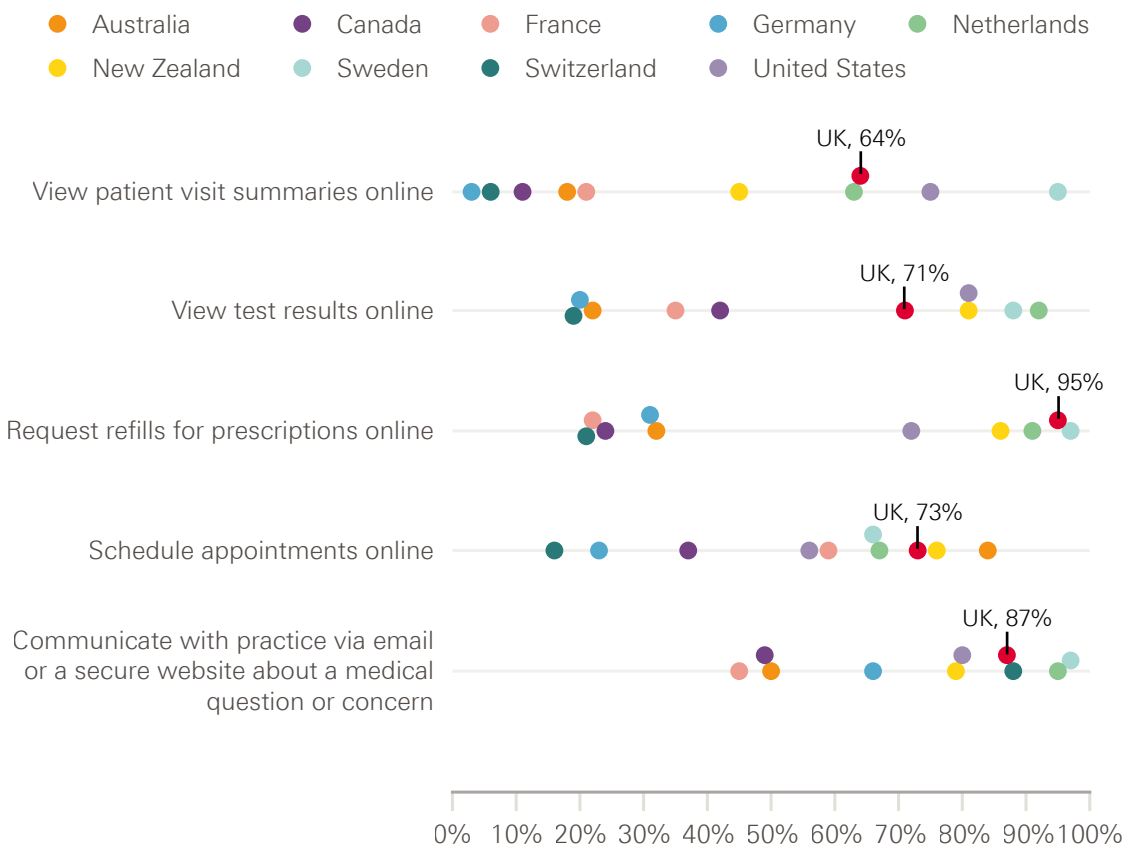
The high use of remote consultations in the UK may be partly linked with GPs' experiences of delivering remote consultations and ease of implementing them, along with other factors. 82% of UK GPs are very or somewhat satisfied with practising telehealth, with only 18% very or somewhat dissatisfied. This is higher than in the US (77% very or somewhat satisfied), France (56%) Sweden (56%), Switzerland (45%), and Germany (26%), and similar to the remaining countries. GPs in the UK are more likely to have had positive experiences switching to remote appointments at the start of the pandemic. About 4 in 5 (82%) found implementing a telehealth platform very or somewhat easy – among the highest of all countries surveyed.

GPs in the UK are also among the most likely to think telehealth can be used to offer timely and appropriate care. Most who use telehealth (85%) think it has improved the timeliness of patient care, while nearly three-quarters (72%) think telehealth allows effective assessment of mental health needs – 59% to some extent and 13% to a great extent. But telehealth may also be leading to changes in clinical practice. About half (52%) of UK GPs using telehealth think it has increased their ordering of laboratory or imaging tests and two-thirds (67%) think it has increased antibiotic prescribing. This is the highest of any country in the survey.

Online access

The UK performs well compared with most other countries in offering patients online access to services, such booking appointments (see Figure 10). 95% of UK GPs work in practices where patients can request repeat prescriptions online, and 87% work in practices where patients can communicate via email or a secure website. A majority work in practices that offer online access to appointment bookings (73%), test results (71%) and visit summaries (64%).

Figure 10: Does your practice offer patients the option to…?



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.
Note: The UK is significantly different from all countries except: Switzerland for communicating online and New Zealand for scheduling appointments.

Online access varies between countries within the UK. Only 42% of GPs in Northern Ireland work in practices offering patients the option to communicate online via email or website, compared with England (91%), Wales (89%) and Scotland (71%). GPs in Scotland and Northern Ireland are far less likely to report that their practices offer online appointment booking, access to test results or visit summaries than those in England and Wales.

Use of data

The UK performs well compared with other countries in regular use of data by GPs to inform care. The UK has the highest proportion of GPs reporting that they review data on prescribing practice (91%), patient hospital or emergency admissions (67%) and patient-reported outcomes measures (57%) either quarterly or annually. UK GPs are also most likely to review surveys of patient experience or satisfaction (82%) alongside GPs in Sweden (78%), and review data on clinical outcomes (93%) alongside GPs in the Netherlands (92%). In each of these areas, the UK is ahead of most countries by a large margin.

3. How do GPs work with other services?

Communicating with other health care providers

GPs work with a mix of other services and professionals to coordinate care – including hospitals, mental health services, social care and wider community and social services. Around 4 in 5 of UK GPs report they can exchange a variety of documents electronically with other health care providers – up from around two-thirds in 2019. 82% can exchange patient clinical summaries electronically, 81% can exchange lab and diagnostic test results and 84% can exchange lists of all medications taken by an individual patient. The Netherlands and New Zealand are the only countries where more GPs can communicate electronically with other providers.

This may be linked to the widespread use of electronic medical records, used by 99% of GPs in the UK. This is similar to the use of electronic medical records in the Netherlands (99%), New Zealand (99%) and Sweden (100%), but higher than others in the survey. Germany has the lowest proportion of GPs using electronic medical records (73%).

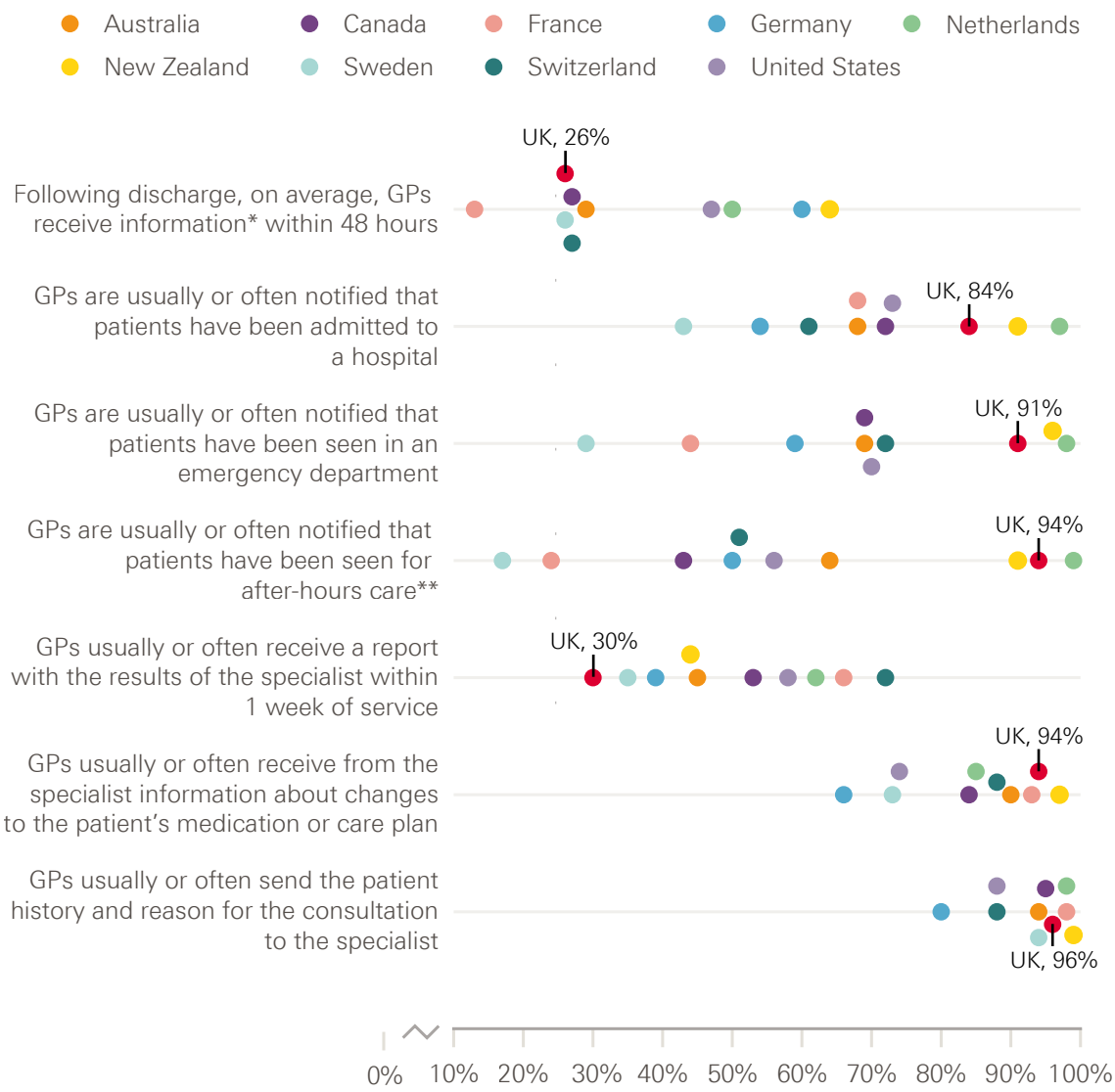
Coordination with secondary care

The UK generally performs well compared with other countries in terms of communication between GPs and secondary care (see Figure 11). But there are some areas where the UK performs more poorly – including the timeliness of GPs receiving results after a specialist visit and information to help manage care after patients are discharged from hospital. A similar pattern was seen in the 2019 survey.

After referring patients to a specialist, 94% of GPs in the UK usually (75–100% of the time) or often (50–74% of the time) receive information about any changes to the medication or care plan. But just 30% usually or often receive a timely report with the results of the specialist visit within 7 days, the lowest of all countries surveyed.

Most GPs in the UK are usually or often notified when their patients have been seen in out-of-hours care (94%), attended an accident and emergency department (91%) or been admitted to hospital (84%). But, on average, only 26% receive the information they need to continue managing care for the patient within 48 hours of discharge. GPs in Scotland are more likely to receive this information quickly: 56% say they receive this information within 48 hours, on average, compared with 23% in England, 22% in Wales and 24% in Northern Ireland.

Figure 11: Communication between GP practices and hospital services when a patient attends hospital



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries. * information needed to continue managing the patient, including recommended follow-up care; ** arrangement where patients can see a provider when the practice is closed without going to the emergency room.
Note: Usually was defined as 75–100% of the time and often was defined as 50–74% of the time. The UK was significantly different from all countries except Australia, Canada and France for sending patient history to the specialist; the UK was significantly different from all countries except France and New Zealand for receiving information about changes to patient's medication/care plan; the UK was significantly different from all countries for receiving a report within 1 week; the UK was significantly different from all countries except New Zealand for notification of patient seen in after-hours care; the UK was significantly different from all countries for notification of patient seen in an emergency department or admitted to hospital; the UK was significantly different from all countries except Switzerland, Sweden, Australia and Canada for receiving information within 48 hours. See the appendix for 95% confidence intervals.

Coordination with social care

GPs in the UK are usually responsible for providing primary medical care to patients who live in residential care settings, including nursing homes. 56% of UK GPs usually or often communicate with providers of home-based nursing care about patients' needs and services, down from 65% in 2019. 68% are usually or often notified by providers of home-based nursing care of relevant changes in a patient's health, down from 76% in 2019.

Assessing social needs and coordination with wider services

The survey asked GPs about how often they assess patients' social needs, like food insecurity, and work with other services to address them – often referred to as 'social prescribing'. In the UK, this is likely to include working with a mix of local authority services and those delivered by the voluntary, community and social enterprise sector.

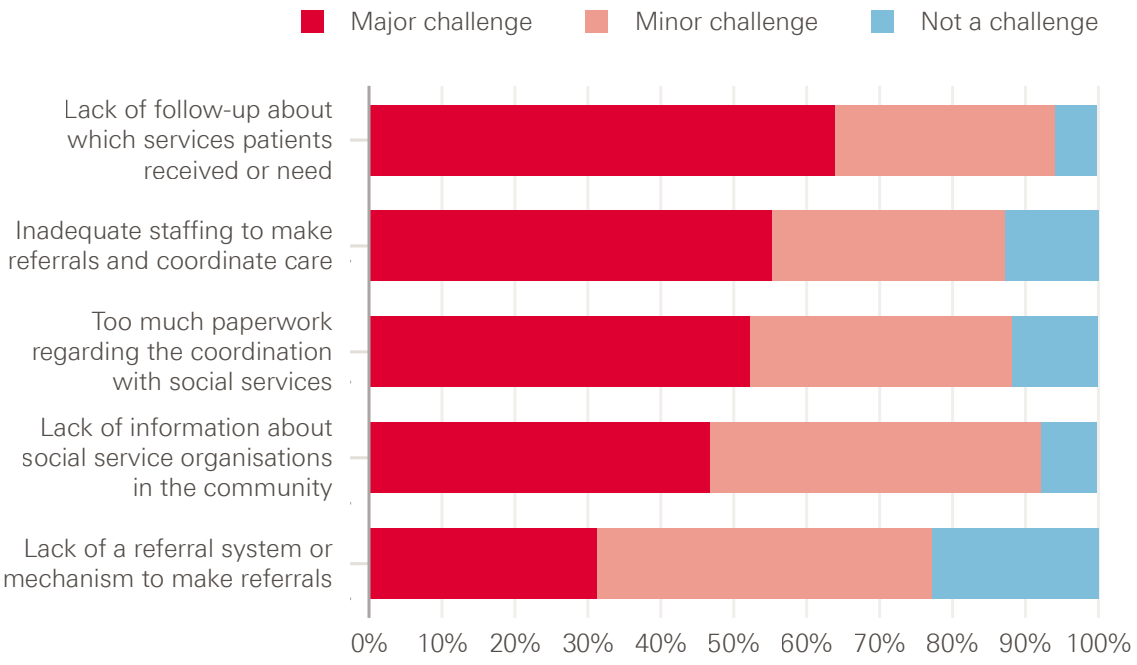
The picture for GP assessments of social needs in the UK is mixed. UK GPs are one of the highest for usually, often or sometimes screening or assessing patients for social isolation, domestic violence and housing problems (see Figure 12). But the UK is at or slightly below average for reported rates of screening or assessing patients' financial security, transportation needs and food insecurity. GPs in the UK 'usually', 'often' or 'sometimes' screening for financial insecurity increased from 55% in 2019 to 61% in 2022 and for domestic violence fell from 79% to 75%, but screening for other social needs has not changed since 2019. GPs were not asked how information on social needs is used or what happens after patients' needs are assessed.

Figure 12: How often, if ever, do you or other personnel that work with you in your practice screen or assess your patients for the following social needs?
Percentage of GPs responding 'usually', 'often' or 'sometimes'

Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.
Note: For housing, the UK is significantly different from all countries except Australia, Germany and Netherlands; for financial security, the UK is different from Canada, Sweden and Switzerland; for food insecurity, the UK is different from Germany, Switzerland, the US, France and Sweden; for transport needs the UK is different from all countries except New Zealand and Switzerland; for domestic violence, the UK is different from all countries except the Netherlands; for social isolation the UK is different from all countries except Australia and the Netherlands. See the appendix for 95% confidence intervals. The following examples were given for social isolation or loneliness (no close relationships or no one to contact in the community for help), transportation needs (to appointments, work, grocery store or other locations needed for daily living), food insecurity (hunger and nutrition), financial security (employment) and problems with housing (eviction, homelessness). Usually often or sometimes is defined as 25–100% of the time.

GPs were also asked to consider barriers to coordinating care with community and social services (see Figure 13). 63% of those in the UK rate the lack of follow-up from community and social services as a major challenge to coordinating care – significantly higher than in the other nine countries. A majority (55%) of UK GPs see inadequate staffing to make referrals and coordinate care with social service organisations as another major challenge. This is higher than GPs in Germany (46%), New Zealand (45%), the US (43%), the Netherlands (31%), Sweden (31%) and Switzerland (25%), but lower than GPs in France (65%). In the UK, 52% of GPs consider the amount of paperwork a major challenge – higher than Germany (46%), the US (42%) and Sweden (31%) but less than France (71%) and Australia (66%).

Figure 13: What challenges, if any, do you or other personnel in your practice currently experience when coordinating your patients' care with social services?
UK results



Source: Health Foundation analysis of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries.

Discussion

The COVID-19 pandemic has disrupted health care systems around the world. Primary care teams redesigned services to cope with the shock of COVID-19 and maintain access to essential services. But GPs in the UK and other countries have faced deeper challenges dating back decades, including staff gaps, weak investment and increasing workload.

The findings from the 2022 Commonwealth Fund survey paint a grim picture. Differences in context between countries mean the findings should be interpreted with caution and alongside other data on health system policies and performance in each country. But a majority of GPs in all countries are dealing with higher workloads compared with before the pandemic – and a significant number have experienced feelings of hopelessness, anxiety or other signs of emotional distress. Over half of GPs in most countries believe the quality of care their patients receive throughout the health care system has got worse since the start of the pandemic. Primary care is the foundation of a high-quality health system, but GPs are telling us loud and clear that these foundations are creaking.

The findings from the survey have several implications for national policymakers in the UK. We focus primarily on what the survey means for policy in England.

High GP stress and workload are a major threat to the future of the NHS

The experience of GPs in the UK should ring alarm bells for government. 71% say their job is extremely or very stressful – the highest of the 10 countries, alongside Germany. GPs in the UK also report among the lowest satisfaction with practising medicine, as well as with work-life balance, workload, time spent with patients and more. And things are getting worse: stress is up 11 percentage points since 2019 and satisfaction has fallen – now among the lowest of any country, despite UK GPs having been among the most likely to report high job satisfaction a decade ago in 2012. The pandemic has taken a heavy toll, with higher levels of emotional distress and bigger workload increases for UK GPs than in nearly all other countries. These impacts are not equal: female GPs in the UK consistently report worse experiences.

Other data paint a similar picture. Findings from the most recent GP worklife survey in the UK found over three-quarters of respondents in England reported[6] high or considerable pressure from increasing workload, patient demands and insufficient time to do the job. The survey also found declining GP satisfaction since 2019. Even compared with other UK doctors, GPs appear to report higher workload and a greater risk of burnout.[56] This is not a new phenomenon: GP workload has been increasing for a mix of reasons over many years.[57]

The implications are stark. Results from this survey and others show alarming numbers of GPs looking to leave the profession, reduce their hours, or stop seeing patients in the near future.[6,7] Despite repeated government pledges to increase the number of GPs,[58,59,60] the number of full-time equivalent, fully qualified GPs has fallen since 2015.[2] GP shortages are estimated at 4,200 and could grow to 8,800 by 2031 – around 1 in 4 of projected GP posts.[61]

Decisive policy action is needed to improve GPs' working lives. Reducing the administrative burden and operational failures experienced by GPs, such as problems exchanging information, poor practice technology and missing equipment,[62] may help reduce pressure. But the NHS desperately needs a comprehensive strategy for recruiting and retaining GPs over the long term, backed by sustained investment. The UK Chancellor, Jeremy Hunt, told parliament in March 2023 that the NHS's long-awaited workforce plan will be published 'shortly'.[63] This should look beyond GP numbers to focus on how to make GPs' jobs more sustainable, including action to reduce workload, make use of wider primary care staff and improve working environments.[64,65] Policymakers must recognise progress training more GPs[2,66] is little good if the NHS cannot retain them.

GPs are concerned about quality of care but lead the way in some areas

Our findings tell a mixed story about quality of care in general practice. Half of GPs in the UK think the quality of care they can provide to patients has got worse since the start of the pandemic – and only 14% think it has improved. But the survey also illustrates some of the core strengths of general practice in the UK. A high proportion of GPs feel well prepared to manage care for patients with long-term conditions and mental health needs – and UK GPs feel better prepared to manage care for people with dementia or palliative care needs than GPs in most other countries. The UK also performs well on online access to services, use of electronic medical records and data to improve care, and some aspects of care coordination.

The experience of patients and the public helps tell a fuller story. Public satisfaction with general practice plummeted in 2021 to the lowest level since comparable data started being collected in 1983.[3] People are finding it harder to book GP appointments and the proportion of patients reporting a good overall experience of general practice has fallen.[4] But patients still have high confidence and trust in health care staff in their practice, and almost three-quarters report a good overall experience.[4] Patients are also concerned about the pressure on GPs and point to lack of staff and limited funding as the main reasons why.[5] The public is clear that government has the greatest responsibility for addressing these problems.[67]

Policymakers should listen. Politicians have suggested that the model of general practice in England is 'not working'[68] and are considering options for reform – including scrapping the GP partnership model in favour of GPs becoming NHS employees.[69,12] But the experiences of GPs and patients suggest politicians should focus instead on the underlying causes of the problems facing general practice, including the mismatch between demand for care and GP

capacity. There are also inequalities in GP services between richer and poorer areas[70] and outdated infrastructure and IT.[71,72] Any reform efforts should recognise the strengths of general practice in England and work with the profession rather than against it.

The UK appears to use more remote consultations, but what this means is unclear

At the time of the survey in 2022, GPs in the UK reported providing a greater percentage of appointments remotely than any other country. For England, this was approximately 40% of consultations in person and 60% remotely – almost all carried out over the phone.

Understanding the exact rate of remote GP consultations in England is tricky. Data from NHS Digital show around 52% of appointments by GPs were in person at the time of this survey (67% for all patient care staff in general practice, including staff such as nurses and health care assistants as well as GPs).[1] Data from the CPRD dataset[73] also show GPs conducted around 53% of their appointments in person over a similar period – higher than the rates reported by GPs in the survey.* The balance of appointments has also shifted over time, with NHS Digital data from the end of 2022 showing around 61% of GP appointments happening in person. The same may be true for GPs in other countries.

Why might UK GPs have higher rates of remote consultations than elsewhere? Part of the explanation may be linked to the high satisfaction and ease of implementation reported by UK GPs in the survey. But maybe not: GPs in several other countries reported similar experiences and lower use of telehealth than GPs in the UK. Another explanation may be differences in regulation and reimbursement for remote consultations between countries.[22] For example, policymakers in France set thresholds for the maximum activity a doctor can deliver remotely in a year (at 20%).[74] England appears to have taken a permissive approach, though is by no means unique.[22] Wider policy context also matters. National guidance in England early in the pandemic was for GPs to move to a 'remote first' service model.[75] Patient and doctor preferences, path dependency, the balance of tasks between GPs and other practice staff, COVID-19 rates and other factors will also have an effect.

Understanding what a higher proportion of remote consultations means in practice also depends on differences in the total number of appointments between countries. Higher appointment numbers in one country could mean GPs are carrying out a similar number of in-person appointments to GPs elsewhere, but still report a higher proportion of remote consultations. Comparative data on GP activity are limited. In our survey, GPs in the UK reported shorter appointment times than other countries (alongside Germany) – consistent with other estimates[76] – but were not an outlier in terms of average patients seen per week.

Evidence on the impact of telehealth on quality and cost is not clear.[22] Remote consultations could carry safety risks including missing safeguarding concerns, delaying diagnoses and potentially widening inequalities.[77,78,79] They may also contribute to overuse of some services. For example, GPs in our survey thought remote consultations

* Based on a CPRD extract of 400 practices in England for February 2022.

could lead to greater antibiotic prescribing and more diagnostic tests – and other evidence suggests remote GP consultations are associated with higher antibiotic prescribing in adults compared to in-person appointments.[80] But telehealth also presents opportunities for better access and more convenience for patients – and evidence suggests a significant proportion may prefer remote consultations for some needs.[22,81]

Remote consultations will likely remain an important part of how care is delivered in future[82] and best practice on their use in general practice is now emerging.[83] Back in 2020, the then health secretary, Matt Hancock, suggested a key lesson from the pandemic was the success of remote consultations and that 'from now on, all consultations should be teleconsultations unless there's a compelling clinical reason not to'.[84] But national NHS leaders are now pushing for a shift back to more GP appointments in person.[85] To help inform policy, more research is needed to understand what works for patients and practices in different contexts and the support needed to deliver it. Clear communication is also needed to help patients understand these changes and what to expect from local practices.

Worrying signs about social care and wider services in the community

GPs are just one part of a broader system of services that shape people's health and health inequalities, including local government, housing providers and other public services. National policymakers in the UK, US and other countries are increasingly encouraging GPs to identify patients' social and economic needs, such as social isolation and food insecurity, and link patients with other services to address them – including through financial incentives in GP contracts.[86,87,88] There have also been longstanding efforts to improve coordination between GPs, social care providers and other health and care services in the community.

The survey points to persistent barriers to providing coordinated care in the UK. GPs report asking patients about a mix of social and economic needs – especially social isolation, housing issues and domestic violence. But assessing social needs is not the same as addressing them: GPs in the UK also identify lack of follow-up from social and community services and inadequate staffing as barriers to coordinating support. UK GPs rated these as greater challenges than GPs in most other countries. Communication between GPs and care homes also appears to have worsened since 2019. Problems coordinating services are nothing new,[89,90] but the survey provides worrying signs things may be going backwards.

GPs' jobs get harder when other services in the community are struggling around them. Local government and public health budgets have faced deep cuts over the past decade,[91] with funding falling most in more deprived areas.[92,93,94] Social care services are on their knees and many people go without the care they need.[95] Any long-term strategy for better supporting GPs should involve greater investment in wider public services that shape the health of their patients. Cross-government action is needed – for example, to improve living conditions and strengthen social security, alongside investment in the NHS and policies to improve care in more deprived areas. Experience from England's last health inequalities strategy in the 2000s offers lessons for government on how this could be done.[96]

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The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

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