

# Allowing patient access to chosen GP would reduce costs for the NHS

April 19 2012

---

A University of Leicester study has provided clear evidence that allowing a patient to see a particular doctor in the GP surgery has an important impact on reducing hospital admissions.

Between 1999-2000 and 2009-2010 elective (non-emergency) [hospital admissions](#) in England increased by 28% to 9.4 million. Over the same period, there was an increase of 35% in emergency admissions.

But research from the University's Department of Health Sciences found that a 1% increase in the proportion of patients able to see a particular doctor was associated with a reduction of 7.6 elective admissions per year in the average-sized practice for 2006-07 and 3.1 elective admissions for 2007-08.

This potentially could lead to significant annual cost savings by GP practices by reducing non-emergency admissions.

The study published in the *Journal of Public Health* involved Mitum Chauhan, John Bankart, Alexander Labeit and Richard Baker at the University of Leicester. It was undertaken as part of a programme of work on hospital admission rates, in partnership with Leicester City and Leicestershire County and Rutland Primary Care Trusts, led and funded by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Leicestershire, Northamptonshire and Rutland (LNR).

Professor Baker, Head of [Health Sciences](#) at the University of Leicester, said: "The NHS needs to save money, and reducing use of hospitals is key to this. There is now a good deal of evidence that continuity in general practice – that is, patients are able to book appointments with a doctor they have come to know and trust – is associated with reduced hospital admissions. Unfortunately, however, various changes in the health system in recent years have tended to reduce continuity.

"We found that GP practices with a higher proportion of patients aged 65 years or greater and of white ethnicity had higher rates of elective hospital admissions. Practices with more male patients and with more patients reporting being able to consult a particular GP had fewer elective hospital admissions.

"Non emergency admissions into hospitals increase in line with reduction of a patient's ability to see their chosen GP. Interventions to improve continuity should be investigated. Practices face major problems in managing the increased need for planned care as the population ages."

Mitum Chauhan added: "Improving patient satisfaction through continuity of care in general practice, and the resulting potential savings within the NHS, is an example where the pragmatism of health economics can be in harmony with the fundamental improvement of patient care."

**More information:** *J Public Health* (2012) [doi: 10.1093/pubmed/fds024](https://doi.org/10.1093/pubmed/fds024)

Provided by University of Leicester

Citation: Allowing patient access to chosen GP would reduce costs for the NHS (2012, April 19)

retrieved 25 April 2024 from

<https://medicalxpress.com/news/2012-04-patient-access-chosen-gp-nhs.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.