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Help for hospitals to place GPs in A&E

Chris Smyth Health Editor

Hospitals have been promised £100 million to station GPs in accident and emergency departments and local health groups will get £325 million to set up schemes to care for patients closer to home to ease pressure on overcrowded hospitals.

NHS leaders welcomed the extra funding but said it would not compensate for the £1.2 billion diverted from infrastructure this year to plug gaps in day-to-day spending.

GPs warned that putting more family doctors in hospitals risked longer waits in surgeries when there were already acute shortages of qualified staff.

Philip Hammond, the chancellor, said that people turning up at A&E with minor problems were one of the "big pressures on our hospitals".

"Experience has shown that on-site

GP triage in A&E departments can have a significant and positive impact on A&E waiting times," he said.

Many hospitals already use GPs in A&E to deal with less severe cases and Chris Moulton of the Royal College of Emergency Medicine said "having primary care on site will undoubtedly benefit patients".

However, Helen Stokes-Lampard, chairwoman of the Royal College of GPs, said: "We feel that the best place for GPs is working with patients in their communities and the money just announced for new triage systems in emergency departments would achieve more if most was spent shoring up general practice."

Mr Hammond also said £325 million would be given to the most advanced of 44 sustainability and transformation plans around the country, to help join up care for the elderly and those with

long-term conditions. He promised a further "multi-year capital programme" in the autumn.

The commitments were dismissed by Mark Porter, chairman of the British Medical Association, which has estimated that the plans need £9.5 billion in capital to, for example, set up dedicated elderly care teams. "This budget does nothing to address the gaping hole in NHS finances. There is a £30 billion gap to fill," he said.

Nigel Edwards, chief executive of the Nuffield Trust think tank, said that the extra capital for local health partnerships was a "sensible idea" but added: "Given that £1.2 billion has already been taken from the NHS's capital budget this year by the Department of Health simply to plug the gap in trusts' running costs, there is no point topping up capital reserves if they're going to be raided in this way in the future."