More Appointments, Same Doctor: What Seven Years of GP Data Actually Shows

Bootstrap CUSUM applied to 80 months of NHS GP appointments data finds three structural changes — and one finding that cuts through the noise: actual GP doctor contact rates have not changed since 2018.

Data: NHS England GPAD (Sep 2018 – Oct 2025) | N=80 months | 99.7% confidence | By Syd Stewart, StepChangeAnalysis.com

Four findings

The headline number is misleading

Total GP appointments per 1000 patients rose 46% above pre-COVID baseline. Bootstrap CUSUM confirms a structural step-up in mid-2022. But the GP Patient Survey shows the proportion of patients avoiding making an appointment because it was too difficult more than doubled — from 11% in 2021 to 28% in 2023. More appointments recorded; harder to access them.

COVID changed how, not how many

Face-to-face appointments collapsed from 79% to 47% in April 2020 — the largest single-month shift in seven years. Three structural stages at 99.7% confidence: stable at 79%, COVID collapse to 57%, new normal of 65% from mid-2022. Telephone tripled from 13% to 48% then settled at 26%. The pre-COVID mode mix is not returning.

Mid-2022: restructuring, not recovery

ARRs (Additional Roles Reimbursement Scheme) funded practices to employ pharmacists, paramedics, physiotherapists, and social prescribers alongside GPs — growing from 280 FTE in 2020 to 17,588 FTE by 2023 at £1bn/year. The mid-2022 shift is the ARRs workforce reaching structural scale: total appointments stepped up, GP share stepped down from 51% to 45%, still falling.

The wood from the trees

Bootstrap CUSUM on GP doctor appointments per 1000 patients: one stage, mean 212.53, flat across the entire seven-year series at both 90% and 99.7% confidence. No structural change through COVID, lockdowns, the ARRs expansion, or the 2022 Access Recovery Plan. A patient's access to a GP doctor is statistically unchanged since 2018.

Demand up, capacity down — the uncomfortable arithmetic

RISING DEMAND

Over 14 million people in England have multiple long-term conditions. More than half of all GP consultations are now with multimorbid patients requiring longer, more frequent, and more complex appointments. Structural demographic demand growth: ageing population, rising chronic disease prevalence, higher complexity per patient. No policy intervention will reverse this.

FALLING GP CAPACITY

2013–2023: 20% fewer GP practices, 15% fewer qualified FTE GPs per 1000 patients, average patient list size up 40%. Fully qualified permanent GPs fell from 28,590 to 26,576 FTE (2015–2023) despite repeated government promises. Available GP time per patient fell 10% in the four years to 2019 alone. Over 1,465 practices closed or merged since 2015.

ARE PATIENTS BETTER SERVED? THE EVIDENCE

The ARRs scheme showed small improvements in patient satisfaction (NIHR Bristol study, 2024). Clinical pharmacists are associated with more appropriate prescribing. Physiotherapists show good clinical effectiveness for musculoskeletal conditions.

But: the Quality and Outcomes Framework — the primary NHS clinical quality measure — showed no improvement. Patient satisfaction overall fell from 83% (2019) to 71% (2023). The proportion finding it easy to get through on the phone fell from 68% to 50% — the lowest in eleven years. The key outcome question — do ARRs-triaged patients have better clinical outcomes? — remains unanswered in the published literature.

Key numbers

Measure	Pre-COVID	Post-2022	Change
Total appts per 1000 patients	422	479	+14%
Face-to-face %	79%	65%	-14 pp
Telephone %	13%	26%	+13 pp
GP workforce share	52%	45%	-7 pp (still falling)
GP doctor appts per 1000	218	214	-2% — not significant
Avoided appt: too difficult	—	27.9%	Was 11.1% in 2021

Where did the unmet demand go?

Channel	Evidence
A&E; overflow	Cough attendances up nearly tenfold (44,000 to 435,728, 2020–25). Backache up 88%. 2.2 million A&E; attendances in 2024–25: no abnormality detected. Primary care conditions presenting at emergency departments.
Private GP	Private GP claims up 374% (2018–2022, Vitality). Primary care share of health insurance claims: 10% (2015) to 55% (2022). Private hospital admissions: record 898,000 in 2023. Access increasingly differentiated by ability to pay.
Avoided/unmet	GP Patient Survey: 27.9% of patients avoided making an appointment because too difficult (2023), up from 11.1% (2021). Phone access: 50% find it easy (2023), down from 68% (2021) — lowest in eleven years.

WHAT DEMING AND GOLDRATT WOULD SAY

"By what method?" The 2022 Access Recovery Plan increased total appointment volume — confirmed at 99.7% confidence. But the goal was to restore GP access. The flat line across seven years is the verdict.

Goldratt: the constraint is GP appointment availability. The ARRs scheme spent £1bn/year growing the workforce around the constraint without addressing it. Result: QOF unchanged, GP contact rates flat, patient satisfaction down. You optimised everything except the constraint.

Bootstrap CUSUM summary

Series	Stages	Confidence	Key finding
Total appts / 1000	2	99.7%	Step up mid-2022: 415 to 479. CUSUM still rising.
Face-to-face %	3	99.7%	79% to 57% (Apr 2020) to 65% (mid-2022). Stable at 65%.
Telephone %	3	99.7%	13% to 37% (Apr 2020) to 26% (mid-2022). Stable at 26%.
GP workforce share	2	99.7%	51% to 45% (mid-2022). CUSUM still falling.
GP doctor appts / 1000	1	99.7%	FLAT. Mean 212.53. No structural change in 7 years.

Read the full article and download the data
stepchangeanalysis.com/gp-appointments-analysis.html

Data: NHS England GPAD three releases (Feb 2021, Oct 2022, Oct 2025). N=80 months, Sep 2018–Oct 2025. Gap: Nov 2022–Apr 2023 bridged. 5,000 bootstrap loops, TL=5, 99.7% confidence. GP Patient Survey data: Ipsos GPPS 2023 National Report.