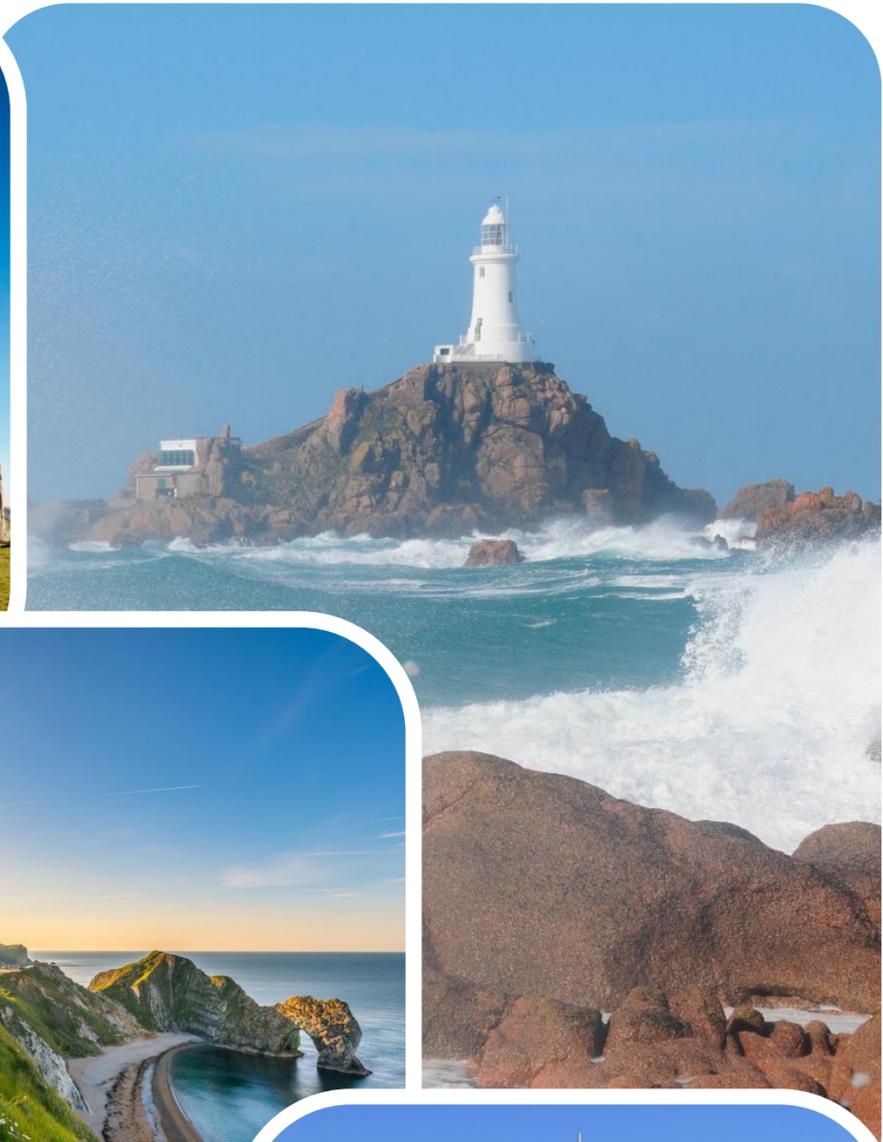


Supporting General Practice to be the best for our communities

# General Practice in England

**Dr Andrew Purbrick**





Dr Robert Berrington (“Bob”)

## **Wessex LMCs - General Practice Champion**

*Representing, influencing, and promoting collaborative working to protect and evolve General Practice services*

General practice is on a precipice

Current model not sustainable

Wes Streeting “the NHS is broken, but GPs didn’t break it”

BMA calling for safety, stability and hope

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# Workforce

- We have the equivalent of 1,790 fewer fully qualified full time GPs than we did in September 2015.
- A total loss of 390 FTE GP partners in the past 12 months alone.
- Workload and work force retention are inherently interlinked.
- Practice funding streams mean that it is difficult for some practices to employ or replace doctors

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# Workforce

- Locum work has significantly reduced
- Concern in some areas re GP unemployment
- 10.5% of the age under 40 GP workforce left the service in the 12 months to March 2023
- More GPs choosing to work reduced clinical sessions to manage workload
- The proportion of GP registrars taking up qualified GP positions within a year of obtaining their CCT (certificate of completion of training) has dropped from 48% to 38%

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# Additional Roles Reimbursement Scheme

A central feature of the 2019 GP contract was the **Additional Roles Reimbursement Scheme (ARRS)**, which was introduced as a key part of the government's manifesto commitment to improve access to general practice.

To date, the scheme has successfully enabled the recruitment of over 34,000 new patient-facing staff.

**Intended to work alongside GPs**

Nationally 43.6% of general practice appointments were delivered by GPs in July 2024 compared to 52.1% in July 2020

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# Additional Roles Reimbursement Scheme

- Clinical Pharmacists
- Pharmacy Technicians
- Health and Well-being Coaches
- Dieticians
- Podiatrists
- Paramedics
- Nursing Associates: Bridging the gap between healthcare assistants and registered nurses
- Occupational Therapists
- First-contact Physiotherapists
- Care Co-ordinators
- Physician Associates
- Adult Mental Health Practitioner
- Children and Young People's Mental Health Practitioner
- Trainee Nursing Associate
- Social Prescribing Link Worker
- General Practice Assistant
- Digital and Transformation Lead
- Advanced Practitioner
- Enhanced Practice Nurse

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# Additional Roles Reimbursement Scheme

In August 2024, the government announced that [£82 million of additional funding](#) from the Department of Health and Social care budget would be used to enable changes to the ARRS scheme, which means that in 2024/25 it can be used to recruit newly qualified GPs into the NHS and practices will be reimbursed for their salary costs

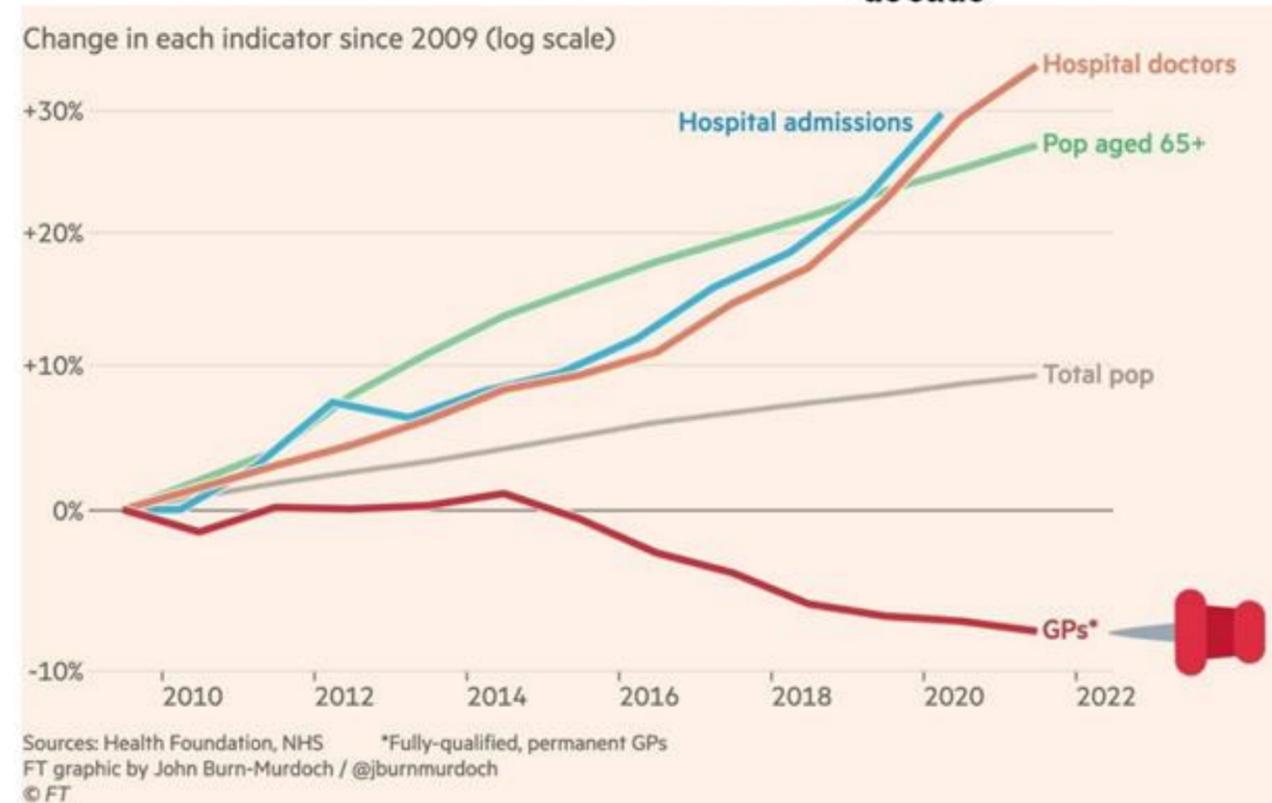
This changes the nature of the scheme as it had been focused on 'additional roles' that broaden the skill mix and range of services available to patients in general practice rather than funding core GP roles.

**Are we moving to a salaried model?**

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**The number of NHS hospital doctors has grown broadly in line with demand for hospital care, but GP numbers have fallen over the last decade**



Consultants have increased exponentially. This was needed.

Despite a drive to carry out more care in the community and a rising elderly and medically complex population there has been no similar investment in increasing the GP workforce to keep pace with demands and manage their ongoing care.



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# Workload

- Around half the population of England are seen every month in General Practice
- March 2024 1.49 million appointments per working day.
- 40% of appointments same day and 65% face to face
- Each FTE GP is now responsible for an average of 2295 patients (increase of 18% since 2015)
- 90% of NHS consultations occur in GP for 7% of NHS budget
- More GPs choosing to work reduced clinical sessions to manage workload

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# Workload

- Hospital wait times have escalated
- Huge un-resourced workload shift from secondary care
- Sump to fill commissioning gaps in health and social care
- Productivity in hospitals is below covid levels whilst at an all-time high in GP (Darzi report September 2024)
- Loss of control
- Tasks and supervision

# Funding

- GP contract now worth £620 million less than it was in April 2019 due to inflation
- Global Sum funding provides £112.50 per weighted registered patient for essential services.
- 31pence per patient per day
- £18 per appointment

# Funding

- Global sum now a smaller proportion of overall practice income
- Staff costs increasing more than proportion of funding allocated to global sum

# Funding

- Chancellor announced a £22.6 billion increase in day-to-day spending for the Department of Health and Social Care (DHSC) spread over this year and the next, as well as an additional £3.1 billion for capital spending and investment.
- Most of this appears destined for secondary care.

# Funding

- GP partners hugely concerned about the significant rise in employment costs from April 2025 and the impact this will have on their practice.
- A commitment to upgrade around 200 general practice surgeries

# Funding

“As independent businesses, General Practices have the best financial discipline in the health service family as they cannot run up large deficits in the belief that they will be bailed out”. [Independent Investigation of the National Health Service in England](#) (September 2024)

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# What we need

- [Patients First: why general practice is broken and how we can fix it](#)

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# To save general practice we urgently need:

- To bring back the family doctor – by seeing the same clinician, patients can build trust in who delivers their care and receive a better service
- More GPs and more Practice Nurses to meet the needs of our patients by delivering more appointments
- To put patient safety first by aiming for a gold standard of 1 FTE (full-time equivalent) GP per 1,000 patients by 2040 alongside a safe number of 25 appointments per GP per day

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# To save general practice we urgently need:

- An increase to GP practice core funding in England by at least £40 per patient for 2025/26
- A new GP contract for England, which would commit to a minimum general practice investment standard that protects and builds neighbourhood services
- Focus on recruiting and retaining new doctors using incentive schemes, prioritising under doctored areas
- A commitment to address the crumbling general practice estate, making it fit for the future, and able to meet the growing needs of patients in community settings.

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# What we need

- Simplify GMS contract
- Move away from focus on access over continuity
- Funding support for supervision of other staff
- Move other funding into core funding and look at outcomes rather than targets

# What we need

- Address unlimited liability for Partnerships
- Up lift LES and DES funding in line with inflation and on a par with hospital tariff
- Develop capacity in system for overflow
- Promote prevention and self-care
- 15% NHS budget on primary care

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# Estates

- Highlighted to Boris Johnson in 2019
- Professor Lord Ara Darzi's recent review of the NHS stated that 20% of primary care estate predates the founding of the NHS.
- The shortfall of £37 billion of capital investment in the 2010s "could have rebuilt or refurbished every GP practice in the country."
- Incentivise to invest

# Lord Darzi Investigation into the NHS in England

- *The NHS budget is not being spent where it should be—too great a share is being spent in hospitals, too little in the community, and productivity is too low*
- *Single-year budgets necessarily reinforce the status quo—and when things go wrong the knee-jerk response from ministers has been to throw more money at hospitals where the pressure is most apparent.*

# Lord Darzi Investigation into the NHS in England

*There have been positive developments in growing the wider workforce in general practice such as clinical pharmacists and occupational therapists. These should be supplements, rather than substitutes to GPs though and more GP time is required to coordinate multidisciplinary working. In particular, more GPs are needed in under-doctored areas.*

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# Lord Darzi Investigation into the NHS in England

*Research by the NHS Confederation has demonstrated that spending in primary and community settings had a superior return on investment when compared with acute hospital services. It therefore makes sense that this should be the fundamental strategic shift that the NHS aspires to make.*

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# Lord Darzi Investigation into the NHS in England

*Changing both the distribution of resources and the operating model to deliver integrated, preventative care closer to home will be strategic priorities of the NHS in the future because they are derived from the changing needs of the population.*

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# Lord Darzi Investigation into the NHS in England

*The vast array of good practice that already exists in the health service should be the starting point for the plan to reform it.*

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# Hope and Opportunity

- Fix the contract, not the model.
- Efficient and productive
- For every £1 Spent in Primary care you see a £14 return back into the country's economy [Extra investment in out-of-hospital care can reap billions for the wider economy | NHS Confederation](#)
- Opportunity for maximum impact on population health

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# Hope and opportunity

- We have an opportunity to be bold and shift NHS focus towards proactive, preventative, public health-data driven primary medical care in the community, away from a reactive and expensive hospital-focused crisis care model, which will save money for re-investment, as well as lives

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# Thank you



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Our vision is of sustainable General Practice, where our patients receive excellent care in a well-resourced model. In our vision, our General Practitioners, and their teams, will be thriving in their careers and will have time to care today and be able to invest and plan for tomorrow.



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