An urgent prescription for general practice in Wales
Our Mission:

We look after doctors so they can look after you.

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General practice is facing increasing and unprecedented pressures. There is a significant and growing gap between the demand placed upon it and its capacity. These pressures are not limited to one area; general practice is being forced to try and cope with inadequate resources, an unsustainable workload, and a workforce under considerable strain across the whole of Wales. This document outlines urgent areas for action, and builds on and summarises the issues and solutions highlighted by the profession, and outlined in the 2014 document, General Practice – A Prescription for a Healthy Future.

Urgent prescription
The following key areas must be addressed to turn around general practice:
– Recruitment
– Workforce Models
– Workload
– Finance
– Clusters
– Sustainability
Recruitment

**Problem:** In the last decade, GP numbers have remained static. 2014 figures showed that Wales had the lowest number of GPs per 1,000 people in the UK at 0.6 GPs per 1,000 patients. GP training posts are not being filled, and increasing numbers of GPs are retiring early due to pension changes, pay cuts and unmanageable workloads. Those who are working are increasingly choosing to work part time to manage workload pressures.

**Impact:** The reduced capacity of the general practice workforce has led to increased workload burdens, increased practitioner burnout, delays in access to appointments, and care that is fragmented or potentially unsafe being provided. All these factors lead to a vicious circle, impacting further on morale, recruitment and retention.

**Actions:**

Only by improving recruitment and retention can we hope to address the workload issues that are at the root of current problems.

**Short term**

- A commitment to covering rising expenses for partnerships.
- An enhanced retainer scheme made available to current and new retained GPs.
- A scheme to encourage retired doctors to stay in the workforce which would include indemnity cover from the Welsh risk pool (otherwise staying on the performers list is financially unviable for the doctor).
- Develop roles where young GPs could acquire skills in management as well as clinical settings, providing a support resource for LHBs and getting to know Wales in a protected environment whilst contributing to system resilience.
- Relocation expenses and/or student loan debt forgiveness.

**Medium term**

- Flexibility in training placements together with support in widening trainer recruitment to enable pre-registration placements.
- Support for careers advice for spouses (most trainees will have working partners whose career prospects will impact on choice of training schemes).
- A fundamental change in funding Foundation Year 1 and Foundation Year 2 placements in general practice to equal or greater than levels in the other nations – this would expose far more young doctors to what Welsh general practice has to offer.
- Differential recruiting of Welsh students to Welsh medical schools.

**Long term**

- A robust plan from Welsh Government to train a greater proportion of UK doctors in Wales with a concrete timeline.
- An expansion in the number of community based placements during training to expose young doctors to general practice.
Workforce Models

Problem: Despite evidence that young GPs want to go into partnerships once working conditions are stabilised⁶, there is a lack of enthusiasm from Welsh Government to commit to independent contractor status as the core model to deliver services. Instead, Welsh Government has proffered managed practices and a salaried service as a solution for current workforce problems.

Impact: The failure to attract young doctors into the partnership model has resulted in practices failing to replace retiring doctors and as a result they are often forced to hand back their contracts to LHBs. We have seen a rise in health board managed practices and salaried GPs, regardless of the fact that the independent contractor model provides the best value for money, combined with quality service provision and a high rate of patient satisfaction⁷.

Previous experience of health boards managing practices suggests that a salaried service would cost more and require disproportionate management effort⁸. The cost of buy out for Welsh Government in order to provide an entirely NHS owned and run primary care service, as per secondary care, would be colossal, and would require much higher staff numbers to cover the GP’s current open ended time commitment to an exponentially rising workload. This would make a wholly salaried service unaffordable without substantial pay cuts which would in turn adversely impact on recruitment.

However, it is clear that GPs in Wales must have access to a variety of roles within the NHS to retain them whilst the pressures are addressed. Salaried roles, would have better long term outcomes if they were attached to practices or groups of practices rather than to Local Health Boards. This would enable salaried GPs to gain valuable experience within a geographic area and although without a stake in the specific practice, they would have the benefit of short management paths and flexibility. This approach would help to improve capacity, build resilience and retain GPs within Wales.

Actions:
Welsh Government must manage the risk and workload issues of an open-ended contract to retain the flexibility, commitment and continuity that a contractor services model offers. This will mean balancing the risk and reward for younger doctors and those at the end of their careers, and supporting a variety of rewarding salaried and freelance roles within a service much more geared to working at scale.

Welsh Government to consider opportunities to train the wider primary health care team within general practice with appropriate resourcing of time, expertise and infrastructure costs. This will support sustainability of the future workforce and enable more care closer to the patient’s home.
Workload

Problem: Rising consultation rates and numbers have dramatically increased. The needs of many patients have become much more complex. Increasing amounts of work have moved from secondary care to general practice, and the bureaucratic burden on practices has increased.

Impact: Workload pressures are undermining the safety of patient care, and impacting on the ability of doctors to cope. The increased bureaucratic burden has disempowered professional clinicians and added unnecessarily to practice workload and wasted money, which could have been better spent on patient care. Doctors are choosing less than full time working, as well as retiring early in order to cope with the rising demands.

Actions:
– Set a national standard for a maximum number of patients that GPs can reasonably deal with during a working day to maintain delivery of a safe and high quality service.
– Require that health boards put in place measures that reduce inappropriate demands and micro-management on GP surgeries i.e. stopping GPs from being expected to deliver tests organised in other parts of the healthcare system and inappropriate use of appointments to simply expedite appointments etc.
– Review all areas of the Quality and Outcomes Framework with a view to removing parts and simplifying where possible.
– Remove areas of unnecessary bureaucracy from GP practices through ensuring all requests for information are proportionate and necessary e.g. avoiding duplication of information to be given.
– Ensure practices are not prevented from closing their lists in line with the GMS regulations to manage safe effective workload.
– Put in place social prescribing systems to enable ease of access to services better placed to meet their needs.

Finance

Problem: Since 2004, the percentage of NHS funding spent on general practice has plummeted from over 10% to 7.6% currently, while consultation rates have increased by at least 20%.

Impact: General practice does not have sufficient funds for workforce, premises or services to meet the growing needs of patients and this is undermining the safety of care delivered. In 2004 when the proportion of spend was over 10% of the NHS budget\(^2\), there were ambitious expansion plans for new services, huge clamour for jobs, oversubscribed training and morale was very high.

Actions:
– Welsh Government must commit to spending at least 12% of the NHS budget on general practice by 2020.
– Welsh Government to commit to supporting the escalating cost of indemnity for the practice team and commit to covering the rising practice expenses.
– Reduce risks of last man standing liabilities through a range of measures including: Local Health Boards underwriting premises leases and covering staff TUPE costs.
– Welsh Government to commit to investment in primary care infrastructure.
Clusters

**Problem:** There is widespread support for the cluster model; to determine and address the health needs of the surrounding population. However despite investment, cluster networks are not yet working effectively and the pace of development is not uniform across the country. Nor has the new money truly transformed services. There is widespread concern that LHBs are reluctant to devolve decision making as a consequence. This has led to challenging experiences for those in the early stages of establishing cluster networks. In addition, we have recognised that individual practice groupings may benefit from a “federation” type model to directly support them whilst maintaining the cluster structure.

**Impact:** Clusters are not yet delivering what Welsh Government intended in a timely fashion.

**Actions:**
- The use of cluster monies must be improved. Cluster leads must consider how available funding can be best spent on making the working day less pressured, with the ultimate goal of transforming services and access available to patients.
- The necessary frameworks must be put in place to enable clusters to act autonomously at arms length from Local Health Boards.
- Appropriate training and support should be put in place to enable clusters to deliver effectively.
- Enable clusters to have direct access to budgets to stop unnecessary delays to the delivery of new services.

Sustainability

**Problem:** Wales pioneered innovative work on business sustainability for the General Medical Services (GMS) practice in the 2015-17 Welsh GMS Contract. However, there has been a focus on micromanagement of scoring, and a lack of cooperation between Local Health Boards and their Local Medical Committees in identifying practices at risk. There is a widespread concern that LHBs are reluctant to make substantial interventions to promote sustainability.

**Impact:** Further practice closures are likely if more support is not made available for practices. In turn this will result in it becoming increasingly difficult for patients to access services with growing waiting times and reduced availability of services close to home. If more practices are unable to continue this will increase the management time needed from LHBs.

**Actions:**
- Develop Direct Enhanced Services for workload drivers such as care homes and diabetes provision. Enhanced services are elements of essential or additional services delivered to a higher specification than detailed within the normal scope of the GMS contract, or can be services outside the normal scope of the GMS contract.
- Introduce extra skill mix via clusters and add a pharmacist full time to all practices.
- Welsh Government to provide resources to support training of wider primary healthcare team (as outlined above in workforce section)
- Provide dedicated back office support and develop multi-disciplinary professional teams for targeted clinical workload support. The Rhondda Cynon Taff model of Primary Care Support Units is an example of this working well.
- Welsh Government to consider a "One Wales" primary care support unit comprising a series of experienced teams across Wales made up of GPs, nurses and practice managers able to provide targeted and timely support to struggling practices. This approach would enable cost efficiencies, ensure consistency of support, provide peer support, optimise functioning and enable shared capacity across Local Health Boards.
- A pro-active approach from LHBs towards practices who are experiencing or may experience sustainability issues.
- With safeguards, sometimes direct financial support may still be the best option if it avoids a practice closure with its impact on Local Health Board capacity.
– The promotion of “federations” to address general practice sustainability. Whether the desire to work more collaboratively or at greater scale is driven by the desire to share costs and resources (for instance, workforce or facilities) or as a vehicle to bid for enhanced services contracts, GP federations are increasingly being viewed as a vital part of the future of general practice.

– Addressing these key areas will deliver sustainable general practice in Wales. Our goal is that patients continue to have access to a quality service which is responsive to patient needs and provided safely and equitably across Wales.

(Endnotes)

1 https://madeinheene.hee.nhs.uk/general_practice/Continuing-Practice/Retainer-Scheme
2 https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-surveys/future-of-general-practice Pg 8
3 Roberts N. Cost of general practice would double without independent contractors. GP Online (2014)
5 Under Pressure: The funding of patient care in general practice, RCGP (2014), pg 1
6 Jones, C. Cluster Monies. How to maximise the bang from the buck. (2016).
7 http://www.pulsetoday.co.uk/hot-topics/stop-practice-closures/20-welsh-practices-handed-contract-back-in-past-12-months/20032758.fullarticle
9 http://www.pulsetoday.co.uk/hot-topics/stop-practice-closures/18000-patient-gp-practice-set-to-close/20030095.fullarticle