

## General practice in the UK – background briefing

April 2017

*Note: This paper is intended as background information for the media. It is not intended as a comprehensive BMA policy paper. This briefing focuses on England.*

### What does a GP do?

GPs deal with a whole range of health problems. They run clinics, give vaccinations and carry out simple surgical operations. GPs usually work in practices as part of a team, which includes nurses, healthcare assistants, practice managers, receptionists and other staff. Practices also work closely with other healthcare professionals, such as health visitors, midwives, mental health services and social care services. If your GP cannot deal with a problem, then you'll usually be referred to a hospital for tests, treatment, or to see a consultant with specialist knowledge.

### Different types of GPs

**GP partners (occasionally called principals):** GP partners run the practice. Sometimes there is only one GP partner (called a single hander), but more often than not, a number of GPs group together in a multi partnership practice. Many also work closely with neighbouring colleagues. As well as seeing patients the GP partner is responsible for running the business side of the practice.

**Sessional GPs:** This term encompasses both salaried GPs who are employed by the practice and receive a salary for a contracted number of hours worked, and GP locums who are freelance GPs and mostly work independently or through locum agencies. A locum GP can be engaged to cover leave or sickness and to back-fill a practice GP attending a meeting or activity outside the practice. There has been a downward trend of the number of contractor/partner GPs in the UK since 2005, conversely, the number of salaried GPs has increased by over 400 per cent in the last decade<sup>1</sup>.

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<sup>1</sup> Further details from the [BMA's 2013 Medical Workforce paper](#).

## The GP workforce in the UK<sup>2</sup>

GP workforce figures (by headcount) below show the numbers of GPs in the UK:

- 41,985 GPs in England - last published in Sept 2016
- 4,953 GPs in Scotland (does not include locums) – last published Jan 2017
- 2,887 GPs in Wales (includes 634 locums) - last published 30 Mar 2016
- 1,274 GPs in Northern Ireland (does not include locums) – last published Oct 2015

## GP practice numbers

The latest available figures for the number of GP practices are:

- 7,613 in England – last published in Sept 2016
- 958 in Scotland - last published Jan 2017
- 454 in Wales – last published 30 Mar 2016
- 349 in Northern Ireland – last published Oct 2015

## The challenges facing general practice

### Changing population

- Since the NHS was founded there has been a substantial demographic shift in the UK, with the number of people over the age of 65 significantly increasing. There are now over 11 million people over the age of 65 (by 2040 it is expected one in four people will be in this age range<sup>3</sup>) and more than 1.5 million people are over 85. The number of people aged over 100 has risen by 72 per cent in the past decade<sup>4</sup>
- By 2021, more than one million people are predicted to be living with dementia and by 2030 three million people will be living with or have survived cancer. By 2035 there are expected to be an additional 550,000 cases of diabetes and 400,000 additional cases of heart disease in

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<sup>2</sup>Figures for England <http://content.digital.nhs.uk/catalogue/PUB21772> , figures for Northern Ireland - <http://www.hscbusiness.hscni.net/services/1804.htm> , figures for Scotland - <http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Workforce/> , figures for Wales - <http://gov.wales/statistics-and-research/general-medical-practitioners/?lang=en>

<sup>3</sup> Figures from the Office of National Statistics: *National population projections for the UK*.

<sup>4</sup> Information from [Age UK briefing paper](#)

England. The number of people with multiple long-term conditions is set to grow from 1.9 to 2.9 million from 2008 to 2018<sup>5</sup>.

- 18 million patients in the UK are estimated to suffer from a chronic condition, with the majority managed in the community by GPs. Around 53 per cent of all patients in England report having long standing health conditions, many of which will be treated at some stage by GPs<sup>6</sup>.
- The increase in the proportion of older people will have a significant impact on health and social care services, which are intrinsically linked to GP services. Annual costs of health and social care, as well as the time and effort needed to provide effective care from GPs are significantly greater for older people and the number of elective and non-elective hospital admissions has also increased. It is predicted that the number of older people with care needs will rise by more than 60% over the next 20 years<sup>7</sup>.
- As well as an older population, there is evidence that the patient population as a whole is getting more complex and suffering from a greater number of conditions that require increased time and resources to treat in the community. Since 1996, the number of people diagnosed with diabetes in the UK has more than doubled from 1.4 million to almost 3.5 million<sup>8</sup>, while it is estimated that by 2050 obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children<sup>9</sup>.

### Demand, workload and financial challenges facing general practice

- There has been an estimated 15 per cent increase in the number of GP appointments between 2011 and 2014<sup>10</sup> with at the last count around 340 million consultations undertaken every year in England<sup>11</sup>.
- The average member of the public sees a GP six times a year; double the number of visits from a decade ago<sup>12</sup>.

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<sup>5</sup> Figures included in the BMA's [Vision document for the future of general practice](#).

<sup>6</sup> [Both preceding bullet points from NHS England's Call for Action \(General Practice\) 2013](#)

<sup>7</sup> Health and social care information centre (2014) *Focus on the health and care of older people*

<sup>8</sup> Information from the Diabetes Society (2016) – information [here](#).

<sup>9</sup> Information from Public Health England (2015), information [here](#).

<sup>10</sup> From the Kings Fund: [Understanding the Pressures on General Practice](#) (2016)

<sup>11</sup> [Information from NHS England's Call for Action \(General Practice\) 2013](#)

<sup>12</sup> [Health and Social Care Information Centre, Trends in consultation rates in general practice](#).

- In 2015, there were more than 600 GP trainee vacancies across the country, the largest ever shortfall in the number of young doctors joining the profession<sup>13</sup>.
- In March 2017, the latest workforce figures showed a further decline of 100 GPs in the workforce despite government promises that GP numbers would rise by 5,000 between 2015-2020.<sup>14</sup>
- Since 2008, GP income has declined by 11 per cent while there has, in the same period, been a 2.3 per cent rise in the cost of running a practice (including the amount spent on keeping GP practice buildings in good shape, energy bills for GP practices and the amount spent on GP staff, including practice nurses and receptionists). The cost of running a practice now accounts for 61.6 per cent of total GP income<sup>15</sup>.

## Grassroots GPs: Pressures on the frontline

During late 2016, the BMA conducted a series of surveys of its members and GP practices aimed at painting a picture of the current pressures facing GPs on the frontline of patient care.

Key findings included:

- In 2016, more than 300 GP practices in England felt that they were under threat of closure because of the financial strain they were under<sup>16</sup>.
- The same survey also found that around 40 per cent of GP practices had GPs planning to retire in the next five years and nine out of ten practices had to rely on locum cover to plug gaps in their workforce<sup>17</sup>.
- A second survey of more than 5,000 GPs in December 2016 found that eight out of ten GPs (84 per cent) believed workload pressures are either unmanageable (57 per cent) or excessive (27 per cent) and are having a direct impact on the quality and safety of the care they deliver to patients. Only one in ten (10 per cent) describe their workload as manageable and allowing for good and safe quality of care<sup>18</sup>.

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<sup>13</sup> [GP trainee shortages in the UK.](#)

<sup>14</sup> [BMA statement on the drop on the figures recorded by NHS Digital.](#)

<sup>15</sup> [NHS England DDRB evidence for 2014](#)

<sup>16</sup> <https://www.bma.org.uk/news/media-centre/press-releases/2016/march/almost-300-gp-practices-facing-closure>

<sup>17</sup> [Details on the BMA's Urgent prescription for General Practice hub.](#)

<sup>18</sup> [Patient safety under threat from pressures in General Practice](#), December 2016

- Almost a third of GP partners (31 per cent) also stated that they had been unable to fill vacancies in the last 12 months. A further one in five (18 per cent) said it takes between three and six months to recruit to a vacancy. Only one in eight GP partners (13 per cent) reported not needing to fill a gap in their workforce. Around a third of GP partners who need to hire locums do so in order to cover long term employment vacancies (31%) or to be able to continue to provide a full range of services (30 per cent) to their patients<sup>19</sup>.

## The BMA's Urgent Prescription for General Practice

At the centre of the BMA's drive to address the problems facing general practice has been the [Urgent Prescription for General Practice](#) campaign. The key asks for the campaign are:

- Safe, manageable workload
- More time with patients
- Increased practice funding
- More staff to support GPs
- Less box ticking

Specifically, this would mean:

- **Fair and sustainable funding and resources** to reach a minimum of 11 per cent of NHS spend to cover the work of general practice and to resolve the funding deficit of around £2.5bn
- **Reducing workload to ensure delivery of safe and high quality care** with a national standard for a maximum number of patients that GPs, nurses and other primary care professionals can reasonably deal with within a working day and greater clarity about what work is appropriate to be delivered by practices
- **An expanded workforce**, both within and around the practice
- **Reducing the regulatory burden of the Care Quality Commission (CQC)** to prevent time and resource being taken away from service provision

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<sup>19</sup> A third of GP partners unable to fill staff vacancies for 12 months, warns new BMA survey

- **Reducing bureaucracy and duplication to empower professionals** and to give more time to meet the needs of patients
- **Empowering patients** to give them confidence to manage their care and to free up GPs' time for those who need it most
- **Infrastructure and technology to deliver practice and system resilience** to ensure practices are able to deliver the services needed

More information about the BMA's vision for the future of general practice can be found in its report, [Responsive, Safe and Sustainable](#).

## The General Practice Forward View

In April 2016, the government announced its long awaited strategy for the future of general practice, entitled the [General Practice Forward View](#) which accepted many of the principles and policy pledges in the BMA's Urgent Prescription for General Practice. As a result, this document promised a series of reforms to general practice and extra investment, including:

- A commitment to an extra £2.4 billion a year to support general practice services by 2020/21. This means spending will rise from £9.6 billion in 2015/16 to over £12 billion by 2021 – a 14 percent real terms increase.
- A one off five-year £500 million national sustainability and transformation package to support GP practices, and includes additional funds from local clinical commissioning groups (CCGs).
- Specific, practical and funded steps to grow and develop workforce, drive efficiencies in workload and relieve demand, modernise infrastructure and technology, and support local practices to redesign the way modern primary care is offered to patients.

The BMA response can be found [here](#) – with an extract from the statement from chair of the BMA GP committee, Dr Nagpaul, below:

“The General Practice Forward View represents a significant and comprehensive package of proposals to support general practice both in the immediate and longer term, the most that we have seen since 2004.

“This has followed strong lobbying from the BMA's GP committee over the past three years, and more recently from the Special Conference of LMCs. Many of the proposals have taken on board GPC's specific recommendations in our urgent prescription for general practice. It is vital that GPs and staff

see tangible delivery against these commitments, so that the words are translated into action. GP practices must receive the immediate and urgent support needed, as well as the infrastructure for a sustainable future, which will attract younger doctors to become GPs, and enable existing GPs to remain working.

“The BMA’s GP committee will continue its dialogue with NHS England to see our wider ideas as stated in our urgent prescription for general practice realised, in what we hope will become a turning point for general practice.”

### **The 2017/18 GP contract deal**

Each year the BMA conducts annual talks with NHS England to make changes to the GP contract. The 2017/18 contract deal, concluded in February 2017 and which came into force in April 2017, contains the following key changes:

- Direct reimbursement of practices’ CQC registration fees to prevent reductions in GP practice resources and £30m to cover increases in indemnity costs.
- Ending the bureaucratic unplanned admissions direct enhanced service (DES) which will see £156.7 million added to the global sum instead. This DES will be replaced with a new focus on those patients who are identified as living with severe frailty to ensure this vulnerable group receive appropriate care, ending box ticking and a complicated reporting system.
- Increased funding for the Learning Disability enhanced service, to resource the extra work needed to care for these vulnerable patients.
- Providing significant improvements to sickness and maternity absence cover arrangements.
- Funding to cover the additional work caused by the new system for transferring patient records run by Capita.

You can read more about this deal [here](#).

### **Charging system for overseas visitors**

Another element of the 2017/18 changes, was the Introduction of a system based on self-declaration to identify patients who hold a non-UK issued EHIC or S1 form (effectively overseas visitors) when registering with a practice.

This reform was not particularly new as the basics of the system have been in place for some time. In essence, the changes were to further improve the current set up by enabling funding for overseas treatment to be claimed back more efficiently from the country of origin. There would be no upfront

charging of patients. An extra £5m will be added to the contract on a recurrent basis to support any workload implications.

Talking about these changes, Dr Chaand Nagpaul, BMA GP committee chair, said:

“Claiming back funding from overseas countries when their citizens use NHS services is nothing new and has been common practice for many years. These changes will enable more people visiting from overseas to be identified and it is then for NHS England and the Department of Health to recover the costs of providing care from their home country. No patient will be asked for money “upfront” and there will be no charges for patients themselves to use GP services.

“The amount generated for the taxpayer, especially when taking into account the administration costs, will be small scale and will not address the incredible funding pressure on GP services or the wider NHS. To really tackle the challenges facing the NHS, we need a comprehensive approach from the government that provides more GPs and resources to GP practices.

For further information, please email [mediaoffice@bma.org.uk](mailto:mediaoffice@bma.org.uk) or call 020 7383 6448.