**General practice in the UK**

**July 2014**

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

**The GP workforce in the UK**

There are currently over 43,000 GPs\(^1\) practicing across the UK’s four nations (2013 figures):

- 35,561 in England
- 4,251 in Scotland
- 2,026 in Wales
- 1,171 in Northern Ireland

These work mainly in just under 9,800 GP practices:

- 7,962 in England
- 988 in Scotland
- 470 in Wales
- 363 in Northern Ireland\(^2\)

The GP workforce is comprised of different types of GPs, these include:

- **GP partners (occasionally called principles):** 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 receives a salary for a contracted number of hours worked and GP locums who are freelance GPs and mostly works 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 200 per cent in the last decade\(^3\).

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\(^1\)Not including locum GPs

\(^2\) These figures are from the [Health and Social Care Information Centre (England)](https://www.hscic.gov.uk), [National Services Scotland (Scotland)](https://www.scottishprimarycare.scot), the [Welsh government (Wales)](https://www.gov.wales) and the [Business services organisation](https://www.businessservicesorganisation.org.uk) (Northern Ireland).

\(^3\) Further details from the [BMA’s 2014 Medical Workforce Briefing](https://www.bma.org.uk).
General Practice – workload, challenges and patient satisfaction

Workload

- There have been significant increases in NHS activity over the past 14 years, including a 24% increase in GP consultations since 1998.4
- It is estimated that 340 million consultations are undertaken every year, this is up 40 million since 2008.5
- Over 90% of all contacts with the NHS occur in general practice.6
- The average member of the public sees a GP six times a year; double the number of visits from a the previous decade .7
- 97% of GPs reported bureaucracy and box ticking had increased since 2012 while nine out of ten GPs felt this took them away from spending time attending to patients needs. Eight out of ten reported target chasing had reduced routine available appointments to patients.8

Challenges

- GPs are facing rising patient demand, particularly from an ageing population with complex health conditions. By 2011 the number of people aged over 65 had reached 10,494,000 and by 2031 it is predicted to reach 15,778,000.9
- 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 beyond cancer. By 2035 there are expected to be an additional 550,000 cases of diabetes and 400,000 additional cases of heart disease in England. The number of people with multiple long-term conditions is set to grow from 1.9 to 2.9 million from 2008 to 2018.10
- 18 million patients in the UK are estimated to suffer from a chronic condition, with the majority being managed in the community by GPs. Around 53% of all patients in England report having long standing health conditions, many of which will be treated at some stage by GPs.11
- General practice is currently facing a tough financial climate. Since 2008, GP income has declined by 11% drop while there has in the same period been a 2.3 percentage point 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.12

GP practice buildings

- Many GP practice buildings have not seen serious investment for many years, leaving many facilities cramped and inadequate to meet the demands of patients. A major BMA survey of around 4,000 GP practices in England (half the overall total) in July 2014 revealed the depth of this problem.13

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4 HSJ, Two years of productivity growth, pg 5, 17 January 2014
6 Information from “Transforming Primary Care in London”, NHS England.
7 Health and Social Care Information Centre, Trends in consultation rates in general practice.
8 BMA GP workload survey (2013)
9 Figures from the NHS Confederation.
10 Figures included in the BMA’s Vision document for the future of general practice.
• Four out of ten GP practices feel that their current facilities are not adequate to deliver basic GP services to patients.
• Almost seven out of ten GPs feel their facilities are too small to deliver extra or additional services to patients.
• Close to six out of ten GPs have to share consulting rooms or employ hot-desking. This results in a range of constraints on GP services, with just over four in ten believing this restricts the number of appointments their practice can provide and almost a third were concerned it damages the overall delivery of services.
• Just over half of practices have seen no investment or refurbishment in the past ten years.
• Six out of ten feel that their practice is not big enough to provide vital training and education programmes for GPs and their staff.

GP workforce

• A recent BMA survey showed that six out of ten GPs were considering retiring early owing to workload pressures, while a third were actively planning for this decision.14
• Over a quarter of GPs had said they were considering leaving the profession, while almost three out of ten had thought about leaving the profession altogether.
• Figures released in June 2014 showed a large number of GP trainee vacancies across the UK, with 451 positions unfilled after two recruitment rounds.15
• There were wide regional variations in the fill rates for general practice specialty training, with only 61.8% of places filled in the East Midlands, while the fill rates stood at only 70.9% in the North East and 72.4% in the North West. This compared to almost 100% of posts being filled in parts of the South and England.
• The number of GPs per head has declined from 62 per head in 2009 to 59.2 in 2012.16

Patient satisfaction

• In 2012/2013 GP patient survey, 87% of patients described their overall experience with their GP as good and 86% were able to get an appointment the last time they called their practice.17

Responding to these challenges: Your GP Cares

In the summer of 2014, the BMA launched a new campaign aimed at highlighting the negative impact of many of these pressures on general practice: Your GP Cares.

The campaign calls for long-term, sustainable investment in general practice now to:

• Attract, retain and expand the number of GPs
• Expand the number of practice staff
• Improve premises GP services are provided from

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14 BMA GP workforce survey, March, 2014
15 BMA News report on the recruitment crisis facing general practice:
17 Data source/s: 2012/13 GP Patient Survey Results
Talking about the launch of the campaign, Dr Chaand Nagpaul, Chair of the BMA’s GP committee, said:

“I, and all other GPs, care immensely about our patients, and feel dismayed by the constraints impacting on services and undermining our ability to do the best for them.

“The environment in which we work is becoming increasingly challenging. GPs across the country tell us they are constantly fire-fighting to provide the services their patients need, leading to exhaustion and stress.

“We’re currently experiencing a workload crisis caused by rising patient demand, especially from an ageing society and those needing more complex care. The standard 10 minute appointment for these patients is simply not enough, yet increasing the time available to the 40 plus patients a GP sees each day will have yet another severe knock on effect of more delays in getting an appointment.

“This has been accompanied by a steady decline in the state of GP buildings and some practices facing closure from funding cuts. It is no surprise that we are hearing from GPs that they are struggling to recruit new doctors and that the number of those wanting to enter the profession is failing, while increasing numbers intend to retire early.

“All of this can have a detrimental effect on the services practices are able to provide, leaving patients frustrated as more and more are left waiting for appointments. It is time we addressed these issues head on, which is why our campaign aims to bring to people’s attention the true picture in general practice, and calls for the investment needed in GPs, practice staff and premises so we can deliver the care our patients deserve.”

**How does the GP contract work in the UK?**

**GPs and the NHS**

GP practices are run effectively as small businesses, which are contracted to local Clinical Commissioning Groups (CCGs). Contracts are held by the practice rather than individual GPs. The practice is contracted to provide care for patients between 8am and 6.30pm Monday – Friday, although many practices now provide additional services which include extended opening beyond these core hours and weekend opening.

**How is general practice funded?**

Almost all funding in the current contract is practice-based with resources directed into practice budgets. This funding must cover all practice expenses, for example, rent, utility bills and staff wages, and the cost of providing clinical services to patients.

The funding formula for individual practices is extremely complex. Funding is distributed to practices according to the weighted needs of their population - for example a practice with a large elderly population, and therefore a greater workload, will get more funding than a practice with a relatively young, healthy population.

GP practices receive their funding through the following mechanisms:

**Global sum**

Just over half the money a practice receives is in the form of a 'global sum'. It is designed to cover all essential services provided by a practice and ensure that funding is distributed according to patient need across the country.
The Quality and Outcomes Framework (QOF)

The QOF was introduced as part of the 2004 GP contract and contains groups of evidence-based indicators or targets. It was designed to ensure that the provision of care across the UK was more systematic and evidence-based. The QOF has continued to evolve since the inception of the contract, being amended as new evidence becomes available, to improve the diagnosis and management of some of the most prevalent chronic diseases.

Enhanced services

Enhanced services are commissioned by NHS England and provided optionally by practices to cover services not regarded as 'essential' under the contract. These include services such as flu and childhood immunisations, and although practices are not contractually obliged to provide them, most do.

Community Based Services

Previously known as Local Enhanced Services, these are now commissioned by CCGs and provided according to a specific local need or initiative. Rates for these services are negotiated locally with CCGs and may vary. For example, a CCG with a high number of homeless people, who will have specific needs, may wish to introduce a service aimed at improving their care.

Premises Payments

Some practices may receive additional funding to cover the cost of their premises from their CCG if their building are partly owned by the CCG or a third party source.

The 2004 contract

The current national GP contract was negotiated between the BMA and NHS Employers (with representation from the devolved nations) and introduced in April 2004. It was introduced as there had been long term recruitment and retention problems within the GP workforce.

Since its introduction, the GP contract has undergone annual changes to adapt it to changing clinical evidence, new medical treatments and, in some cases, the political priorities of the government of the day. Information about the major changes in 2012 and 2013 can be found later in this document.

The 2013/2014 changes to the GP contract in England

In October 2013, the BMA, NHS Employers and the government agreed extensive changes to the GP contract. This followed the imposition of an array of measures in 2012/2013 which resulted in a substantial increase in administration and box ticking, and a fall in funding.

Key changes were:

- The government agreed to remove almost all of the targets imposed as part of the 2012/13 contract imposition. Rather than being linked to new targets, two thirds of the funding was diverted back into the global sum allowing GPs greater flexibility to use their judgement on how the resources should be allocated to meet local patient need.
- The remaining third of funding was used to support a new enhanced service designed to enable GPs to work as part of a whole healthcare system to avoid unnecessary referrals to emergency care departments.
Other provisions in the deal included providing a named GP to coordinate care for patients aged over 75.

Further reading:


Is the GP contract still a national contract?

Since the 2012/13 imposed changes to the GP contract, there has been a greater variation in the terms of the GP contract in different nations partly as some of the devolved governments sought to agree separate arrangements with the BMA in their nations.

The GP contract will still be negotiated nationally, but there are likely to be difference between England, Wales, Scotland and Northern Ireland. Further information can be found below:


How are GPs paid?

GP pay can vary depending on the type of GP and the practice they work in. GP partners are paid from the practice budget only once all other expenses are covered, including clinical services, practice upkeep and staff wages, which includes salaried and locum GPs.

How much are GPs paid?

Below are the available figures for different types of GP (in England).

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GP pay in the past ten years

NHS England’s submission to the 2014 Doctors & Dentists Review Body (DDRB) confirmed that on average GP pay has risen by just 2.5 per cent since the introduction of the new GP contract in 2004. There were higher increases in the years immediately following 2004 that were designed to address decades of poor pay that left the GP workforce facing a recruitment crisis, partially as GPs were paid less than other doctors in the NHS.

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18 Information from a variety of sources. Figures for GP partners and Salaried GPs for 2009/2010 from the Information Centre for Health and Social Care (ICHSC) and for 2011/12 from the Health and Social Care Information Centre (all other figures for partners contained in the ICHSC report from 2010).
These rises have since been chipped away by successive pay freezes and cuts that has actually seen GP income fall in real terms by 11 per cent between 2008 and 2012.19