

Building sustainable GP services

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The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 154,000, which continues to grow each year.

Key points

- Increasing demands on general practice caused by demographic changes, more complex health needs and some care moving out of hospital are all contributing to unsustainable pressures on the service. This is compounded by workforce and resourcing problems. These factors are having an impact on how care is delivered to patients.
- The BMA believes that there should be long term, sustainable investment in GP services in order to attract, retain and expand the number of GPs, expand the number of practice staff and improve the premises that GP services are provided from.

Rising demand for GP services

There is a rising demand for GP appointments. The number of GP consultations in England alone has increased from 300 million in 2008 to 340 million in 2013.¹ Patients are not always able to get an appointment when they need one. In 2013, an estimated 26.2 million people waited over one week to see their GP.²

The needs of patients visiting their GP practice have also changed. An older population has led to increasingly complex health problems. In England 15 million people live with a chronic condition.³ More care for patients with chronic diseases, such as diabetes and asthma, previously carried out in hospital settings is now increasingly being provided through GP services.

In a recent survey of BMA members, 54 per cent of GPs described their workload as unmanageable or unsustainable.⁴ Many GPs are suffering unprecedented levels of stress due to unmanageable workload, with some leaving the profession as a consequence.⁵

Inadequate number of GPs

The BMA is concerned that there are an inadequate number of GPs to meet the demand of a rising population. In recent years annual increases in the number of GPs have been lower than the rate of growth in the population. As such, the rate of GPs per 100,000 population has fallen - from 62.4 fulltime equivalent per 100,000 to 60 per 100,000 in 2013.⁶ Without a significant increase in size, the GP workforce will be insufficient to meet expected patient demand adequately.⁷

The BMA is also concerned that there are not enough foundation doctors choosing to pursue a career in general practice. Application rates for training programmes continue to fall year on year. According to figures from the National Recruitment Office for GP training, the number of applications for 2014 was 5,477, which was a reduction from 6,034 in 2013.⁸ This is leaving GP vacancies unfilled in parts of the UK - in the East Midlands and Merseyside just 62% and 72% of vacancies are filled respectively.⁹



We believe that there needs to be an urgent focus on both increasing the number of GPs and retaining as many GPs as possible. Nine per cent of the general practice workforce is aged over 60 and 38 per cent is aged 50 or over. Just 27 per cent of the general practice workforce is under 40 years of age.¹⁰ One of the ways in which GPs could be retained is through tackling the problem of high workload, which currently discourages many from entering general practice, through increased investment in GP services.

The BMA has recently worked with NHS England, Health Education England and the Royal College of General Practitioners to address workforce issues in general practice and have agreed on a ten point GP workforce action plan/¹¹ The plan aims to address issues with recruitment and retention and sets out ways to encourage GPs to return to work and encourage them to remain in UK practice. This has the potential to be a first step in increasing GP numbers but there are a number of details to be worked through and more still has to be done to address the issue of inadequate GP numbers.

Impact of the removal of Minimum Practice Income Guarantee

The removal of the Minimum Income Practice Guarantee (MPIG) has had an impact on the viability of some affected practices. Since 2004, MPIG has been used to top up the global sum payments for some practices to match their basic practice income levels before the 2004 General Medical Services (GMS) contract.¹² Payments made under MPIG are called correction factor payments. However, as part of the GP contract settlement in 2013, the Department of Health imposed a phasing out of MPIG top-up payments over a seven year period, starting in the financial year 2014/15. This reduction in income affects the viability of some practices.

The reduction in funding as a result of MPIG cuts has an impact on the number of staff which a practice can maintain. In order to effectively support practice work, GPs need a range of staff, including practice nurses, healthcare assistants and administrative staff. A reduction in funding as a result of MPIG exacerbates the problems with practice staff recruitment.

The BMA believes that immediate support should be given to GP practices at risk of closure as a result of inadequate funding, including those most affected by the removal of MPIG funding, many of which care for the most vulnerable communities in the country. This funding would play a significant role in helping to prevent practice closures and the resulting damage to patient care and confidence in GP services.

GP premises

In July 2014 the BMA surveyed practices on GP premises.¹³ Almost half of the total of UK general practices responded, with four out of ten stating that their premises are not adequate for patient care.¹⁴ The survey found that six out of ten GPs have inadequate consulting facilities or 'hot-desk' around their surgeries.

The new premises investment recently announced by NHS England¹⁵ is a good first step. The BMA is keen to ensure that it reaches the practices that need it to help deliver better care for patients.

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References

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- ³ Department of Health (2012). *Long-term conditions compendium of Information: 3rd edition*.
- ⁴ [file:///C:/Private/Downloads/BMA%20GP%20Omnibus%20survey%20report%20Feb2014%20\(1\).pdf](file:///C:/Private/Downloads/BMA%20GP%20Omnibus%20survey%20report%20Feb2014%20(1).pdf)
- ⁵ <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/07/GP-Taskforce-report.pdf>
- ⁶ NHS Health and Social Care Information Centre, Workforce Survey data
- ⁷ <http://www.cfwi.org.uk/publications/leaders-report-shape-of-the-medical-workforce>
- ⁸ <http://gpemployment.hee.nhs.uk/Portals/8/Documents/Annual%20Reports/GP%20ST1%20Recruitment%20Figures%202009-13.pdf>
- ⁹ <http://www.pulsetoday.co.uk/your-practice/practice-topics/education/almost-40-of-gp-training-places-unfilled-in-some-areas-of-uk/20006989.article#.VNlcmZ2sV1A>
- ¹⁰ http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a21_1/apache_media/6QF8716KP3VB9RD1MCRVUNXCDCR2HA.pdf
- ¹¹ <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/workforce-10-point-plan>
- ¹² The Minimum Practice Income Guarantee (MPIG) was introduced in 2004 to support most practices in moving to the new General Medical Services (nGMS) contract. Typically, just over half the money a practice receives is in the form of a 'global sum'. The exact amount a practice receives is calculated based on the workload theoretically generated by each of its patients. This was a change from the old contract, where payment was based on the number of doctors within a practice, and was intended to distribute funds more fairly to areas that needed it most. However, when the new contract was introduced, 90% of practices found that the redistribution led to a significant drop in funding. To ensure this did not happen, a correction factor was applied to the global sum so that in instances where this happened income would be restored to at least 2003 levels. The resulting combined amount became known as the Minimum Practice Income Guarantee (MPIG).
- ¹³ <http://bma.org.uk/working-for-change/your-gp-cares/premises-survey-results>
- ¹⁴ <http://bma.org.uk/working-for-change/your-gp-cares/premises-survey-results>
- ¹⁵ <http://www.england.nhs.uk/2015/01/15/pc-investment/>