

BMA briefing – BMA Briefing: Role of primary and community care in improving patient outcomes and the need for reform

Lords debate

Thursday, 08 September 2022

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

BMA Key asks

- The BMA is calling for **long term investment in increasing the NHS workforce**. This must be accompanied by a workforce strategy to ensure that the appropriate number of future staff are being recruited and trained. There must be immediate implementation of measures to retain existing staff. See our NHS workforce data analysis for more detail. Our latest PR calling for workforce planning is [here](#).
- The BMA is calling on the Government to **urgently and properly invest in general practice staff, services and premises and to remove unnecessary targets and bureaucracy**.
- General practice has faced media scapegoating for simply implementing Government and NHS policies designed to keep patients safe. The **BMA is calling for the Government to provide consistent public statements of support for GPs and deliver on its commitment to work with the BMA and other healthcare organisations on a national campaign to stop abuse of NHS staff**.

The current situation Key GP workforce statistics

Full BMA GP workforce pressures data can be found [here](#)

- The recent [Health Foundation report](#) forecast a shortage of up to the equivalent of 20,400 full-time GPs in England by 2030.
- As of June 2022 we now have the equivalent of 1,806 fewer fully qualified full-time GPs compared to September 2015 (when the current collection method began)
- Almost 62 million patients are now registered at practices in England – 4.9 million more than in September 2015 – with an average of 9,500 at each practice
- As these numbers rise while the number of family doctors fall, each remaining GP is now responsible for 2,200 patients on average, 16% more than they were in 2015 when records began
- In the past year alone, the NHS in England has lost the equivalent of 442 full-time, fully qualified GPs, with almost 70 of these being in the most recent month.
- That's a headcount loss of 358 individual GP partners and 512 salaried and locum GPs. This has created a net loss of 870 individual GPs since June 2021
- GP contractors are leaving at a greater rate due to the intense pressures of their roles - we've lost the equivalent of 4,829 since September 2015
- While many are managing their workload and protecting their own wellbeing by limiting the hours they are working, others are leaving entirely – shown by the drop of more than 850 GPs by headcount.



- As more GPs leave, their colleagues take on far more, with the situation on the ground a world away from the ‘part-time’ GP narrative we see peddled so often.
- Over one in 10 (16%) of respondents to a [BMA survey](#) telling us they plan to leave the NHS altogether after the pandemic, this figure is expected to rise.
- There are now just 0.45 fully qualified GPs per 1,000 patients in England – down from 0.52 in 2015.
- In the year 2021-22, NHS Digital’s experimental data shows that practices delivered 360,120,417 appointments, which is just over 50m or 16% more appointments than in 2019-20 before the pandemic.
- The ratio of F2F (face-to-face) versus remote appointments has shifted with the waves of the pandemic, but the majority of appointments have always been delivered in person. Currently, nearly two thirds of appointments are F2F.

Fuller Stocktake

The BMA welcomes the recognition of the problems currently facing general practice in the [Fuller Stocktake report](#), but also believe it is important to note that the Fuller remit did not include the GP contract.

General practice is in absolute crisis with overwhelming workload and a rapidly diminishing workforce. Vaccination programmes, the ongoing pandemic and primary and secondary care backlogs are exerting relentless pressure. This is causing burnout and accelerated attrition of available staff hours.

Our PR response to the Fuller stock take is [available here](#). A summary of our position is included below:

- In terms of system integration, General practice representation at ICBs is vital to ensure a strong general practice, with LMCs being recognised as the voice of general practice. Primary care fora could facilitate the voice of primary care having equity with that of their secondary care trust that could dominate ICBs. Local flexibility of contracting and funding, with a greater emphasis on funding of the core GP contract through simplified means is welcome.
- We support local collaboration of practices to provide some care at scale, but the PCN DES has hampered this cooperation by applying an inflexible one size fits all model. A move to locally flexible neighbourhood teams to support the care for our patients would be welcomed.
- Urgent on the day care is an escalating issue that exerts a considerable pressure on practices. Whilst we agree that general practice is at and beyond capacity, we do not agree with the removal of urgent on the day care from practices. This would hamper the doctor patient relationship which is often established during a consultation for what seems to be a minor issue. Continuity has been shown repeatedly to improve health outcomes and reduce unplanned admissions. This must be fostered at all costs and urgent on the day care is part of that. Releasing other workload from general practice into other models would be a more effective way of improving access and reducing workload pressures in practices.
- Premises and estates have been a problem and a major barrier to innovation in general practice for many years and this acknowledgement of this by the Fuller report is very welcome. We would like to see direction from NHSE and government which would drive the investment required by ICS’ to get GP properties into a fit state to provide care now and for the future.

2023/24 and 2024/25 GMS contract

BMA General Practitioners Committee England (GPCE) believe it is crucial to simplify the GMS contract and allow GPs to lead and manage patient care again in a sustainable, safe way to preserve the longevity of NHS General Practice.

Our key positioning includes:



- The BMA believes more flexibility must be given to use of the Additional Roles Reimbursement Scheme (ARRS) to enable practices to recruit the staff they need to support improving access. In terms of the GMS contract if NHSEI is genuinely going to implement a change in ARRS recruitment flexibility, that likely means a change to the PCN DES specification and a new opt out window.
- There are ever-growing concerns amongst the profession about how well PCNs are actually working within the profession's representative body, and whether practices can provide the safe, quality care they want to for their patients within the constraints of the current NHS-system.
- In September 2021, almost half of respondents to [a BMA survey](#) said that the introduction of PCNs had either 'slightly' or 'significantly increased' their workload. This was before NHSEI's imposed contract changes in March 2022, which increased practice workload without a commensurate increase in staff numbers, despite objections from the BMA.
- This is against the backdrop of mass GP shortages, the extent to which is largely unknown at a national and local level due a lack of workforce planning ([although we do have the Health Foundation recent estimated of 4,200](#)), an immense backlog of care from the pandemic and increasing patient demand as our population continues to expand and live longer into old age.

Short-term workload reduction ideas and the NHS Winter Plan

The [BMA has responded](#) to [NHSEI's winter plan](#). We note that it is encouraging that this plan promises to recruit more call centre staff and, in general practice, social prescribing link workers and health and wellbeing coaches, but that is just not enough. We need more GPs and funding of staff to support them as primary care bears the brunt of hospital backlogs and patients that can't access the care they need.

Rising abuse of practice staff

[BMJ investigation/article](#)

- The number of violent incidents recorded by police forces at UK general practices has almost doubled in the past five years
- Worryingly these figures also show a near doubling of assaults that cause physical harm, causing some GPs and their staff to leave their jobs
- Assaults, harassment, and other forms of abuse aimed at doctors and their staff had worsened during the pandemic, as services have been under increased pressure and some sections of the media have perpetuated the notion that GP services were "closed"
- 32 police forces recorded 1068 incidents of violence at health centres and GP surgeries in 2021-22, compared to 791 in 2020-21 and 586 in 2017-18. These figures include all incidents defined in the category of 'violence against the person', which include all forms of assault and harassment
- Recorded incidents of stalking and harassment at GP surgeries have almost tripled over the past five years, with 223 instances last year compared to 85 in 2017-18. This is to a large extent driven by a surge in malicious communications, including sending letters or emails, which increased from 25 in 2017-18 to 92 last year

Ongoing pensions taxation issues

Our main asks are outlined on our [campaign webpage](#)

- The BMA has long raised concerns that perverse pension taxation rules and how they interact with the NHS pensions scheme was leading to many senior healthcare workers reducing their hours, and in some cases retiring early.



- The current pension taxation system serves as a significant driver in senior staff leaving, or reducing their working contribution, to the NHS. [BMA surveys](#) indicate that two thirds of UK doctors over 55, and one in eight aged between 35 and 54, are considering retiring within three years.
- The average [retirement age has already](#) fallen from 61 in 2007/08 to 59 in 2018/19. There has also been a four-fold increase in the number of voluntary early retirements (VER) since 2008, with 54.7% of GP retirements in 2020 being VER³.
- The BMA have been warning for 18 months of an unprecedented number of people retiring this year. The [data for NHSBSA](#) demonstrated that the number of health staff being awarded their pension (an indicator of retirements) in April 2022 was 8,902 compared to 6,932 in April 21. This equates to a 28% increase.
- Currently inflation has resulted in anomalies in the finance act 2004 creating ‘pseudogrowth’ which members are then taxed on, despite this growth not materialising.
- We have a [range of solutions](#) to this, with the main solutions being amending the finance act and the introduction of a tax unregistered scheme similar to that already introduced for the judiciary.

