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SAVE OUR SURGERIES

GPC WALES





Dr Gareth Oelmann
Chair, General Practitioners
Committee (Wales)

A word from the chair

General Practice is the foundation of a high-quality, cost-effective health system. However, general practice in Wales is under significant and growing strain. GP numbers are declining, demand is rising, and practices are struggling to recruit and retain staff.

General practice is being forced to try and cope with inadequate resources, an unsustainable workload, and a workforce under pressure across the whole of Wales, with some areas in crisis. Burnout and attrition are impacting upon the profession and exacerbating these issues.

Much of the ongoing commentary related to General Practice revolves around access. However, access is merely a symptom of the real issue, which is capacity. Current inadequate capacity in the face of unrelenting demand is a product of longstanding workload, workforce, and well-being issues, which correlate to the chronic underfunding of general medical services. Over the last ten years investment in General Practice in Wales has dropped significantly as a share of total NHS spending. It has remained continually lower than the spending in other devolved nations. Bridging the demand/capacity gap will be increasingly difficult without addressing the funding deficit.

Our latest survey of the profession reveals stark results which illustrate the precarious position of General Practice in Wales. Furthermore, recently acquired Freedom of Information Requests to Health Boards across Wales demonstrate how the current trajectory results in serious Health Board overspends due to the additional costs of operating directly managed GP practices.

The future of general practice hangs on a precipice. Unless urgent action is taken to address workload, workforce and wellbeing, the service is at risk. This crisis should be a concern to us all.

Dr Gareth Oelmann
Chair, General Practitioners Committee (Wales)

Key calls

The BMA Cymru Wales campaign 'Save Our Surgeries' calls on decision makers to commit to a rescue package to support GPs and their patients. With the correct level of support, General Practice can thrive again, ensuring the family doctor's role in the care of future generations.

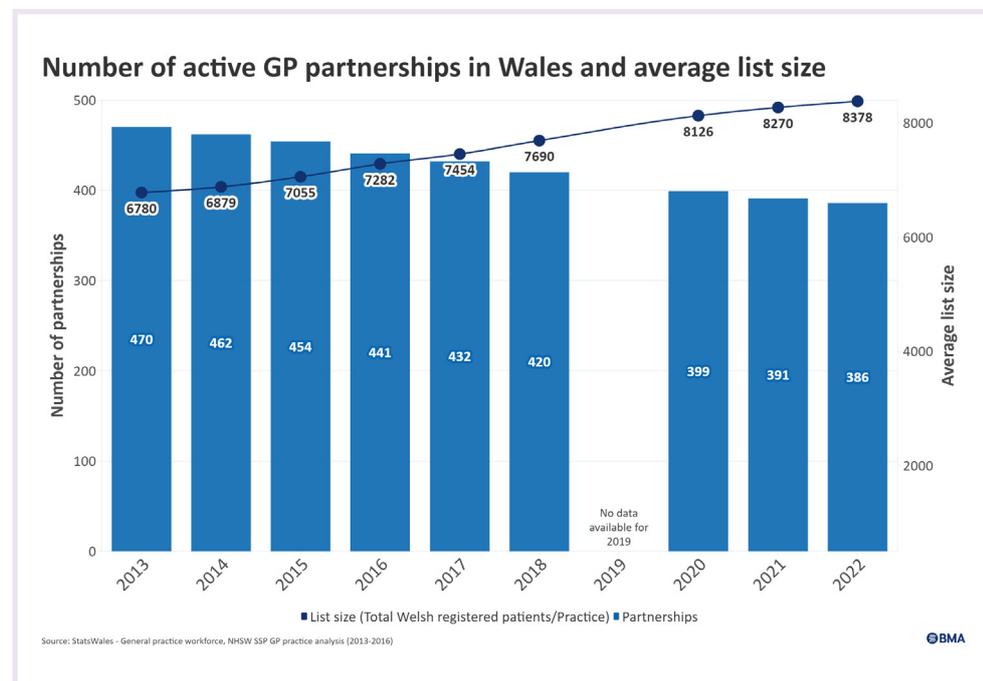
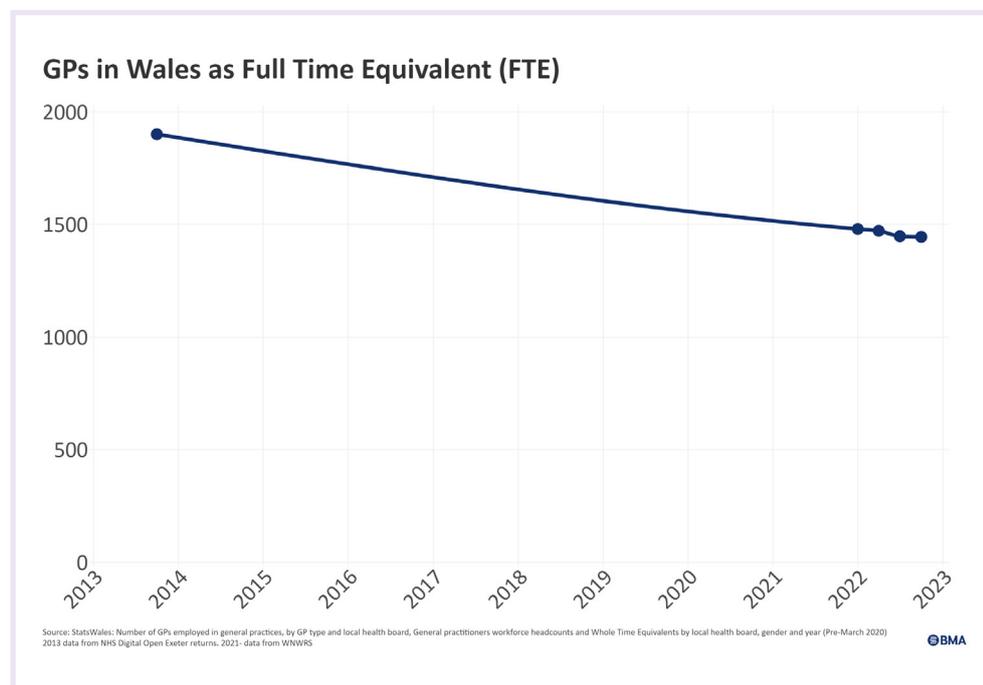
Urgent action is needed to:

1. **Commit to funding** General Practice properly, restoring the proportion of the NHS Wales budget spent in general practice to the historic level of 8.7% within three years, with an aspiration to increase to nearer 11% in the next five years.
2. **Invest in the workforce** of General Practice to allow the implementation of a national standard for a maximum number of patients that GPs can reasonably deal with during a working day to maintain safe and high-quality service delivery.
3. **Produce a workforce strategy** to ensure that Wales trains, recruits and retains enough GPs to move toward the OECD average number of GPs per 1000 people. This must feature a renewed focus on retaining existing GPs and tackling the problems driving them out of the profession.
4. **Address staff wellbeing** by producing a long-term strategy to improve the physical, mental, and emotional well-being of the workforce.

The data

In the last ten years:

- the number of patients registered at GP practices in Wales has increased by 93,317 (2.9%)¹;
- the number of practices has decreased from 470 to 386 (18%);
- the equivalent number of full-time GPs² has decreased by 456 (21.7%) from 1901 to 1445;
- there has been an increase in the average practice list size from 6780 to 8378 patients (23.5%);
- the number of patients looked after per FTE GP has risen from 1675 to 2210, which is an increase of 32 %.



Our recent survey shows:

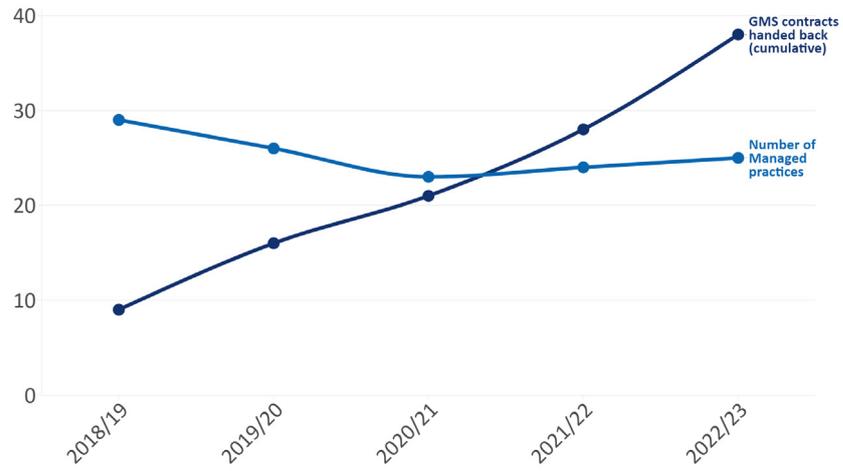
- **GPs across Wales are experiencing an unsustainable workload:**
GPs report excessive workloads, with an average workload rating of 76 out of 100, with 0 representing 'manageable' and 100 representing 'constantly excessive'. This pressure is causing practices to consider reducing their education and training commitments, which could negatively impact the future workforce.
- **Patient care may be suffering**
GPs feel their high workload is detrimental to patient care, with 80% of respondents fearing that as a consequence they are unable to provide quality and safe care to patients.
- **Morale is low and GPs are considering their exit**
There is a low level of morale among GPs, with 26.6% of respondents considering leaving the profession in the near future. Only half of GP partners who answered the survey said that they see themselves remaining in their current position in three years' time.
- **The cost of running a practice has increased significantly**
Practice employed staff costs have increased by 10-16% within a year, but the workforce has not expanded to a similar degree. Energy costs have increased by as much as 41.2% when comparing the same quarters in 2021 and 2022. Other costs have also risen substantially since April 2022.
- **Practices are considering how they can stem rising costs.**
Measures under consideration include stopping recruitment and reducing staff hours, adversely impacting workload.

Freedom of Information Requests: Key Findings

- Between 2018/19 and 2022/23, 38 GP practices in have handed back their GMS contracts.
- There is significant variation across health boards in the total number of managed practices, with Cardiff and Vale University Health Board having no managed practices (having dispersed closed practice patient lists) and Betsi Cadwaladr University Health Board having up to 15 directly managed practices. This variation also extends to the cost of running managed practices.
- During this period, the total number of managed practices has been between 23 and 29, with a cumulative overspend compared to their GMS allocation³ of £31.62m.
- Costs escalated rapidly in 2022/23, with £10.96m overspent in this year alone.
- As a percentage of the total managed practice budget and income between 2018/19 and 2022/23, managed practices overspent by 24%. However, there is significant health board variation, with some overspending by over 80% in 2022/23.
- For the 22/23 financial year, the average overspend per patient at managed practices was £53.38. This is c.33% more than the global sum figure for that financial year (£111.40 per patient).

Number of directly managed practices and cumulative GMS contract handbacks

Data includes practices that were managed at some point during the respective financial year

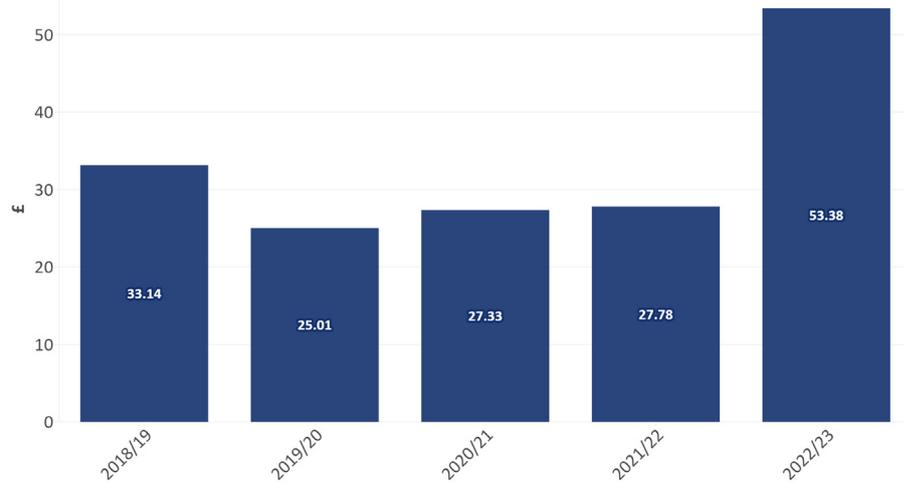


Source: BMA analysis of FOI requests to Health Boards • Excludes Powys IHB



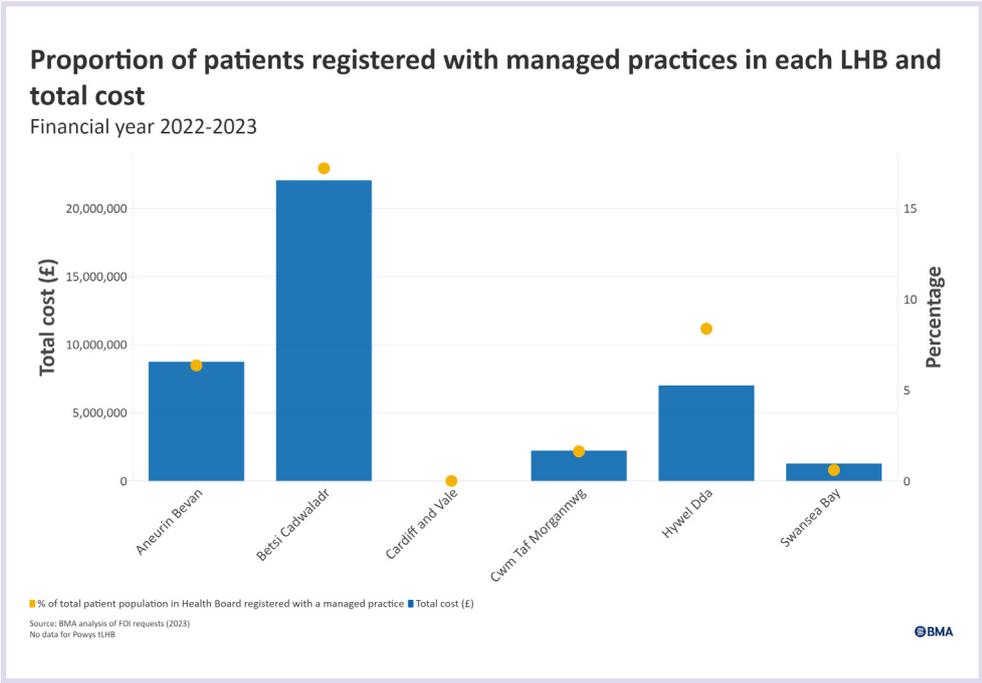
Overspend per patient registered at managed practices

Calculated by budget variance compared to usual GMS allocation



Source: BMA analysis of FOI requests (2023) • Data based on overall numbers of patients registered at managed practices and annual total overspend compared to GMS allocation All Health Boards except Powys IHB



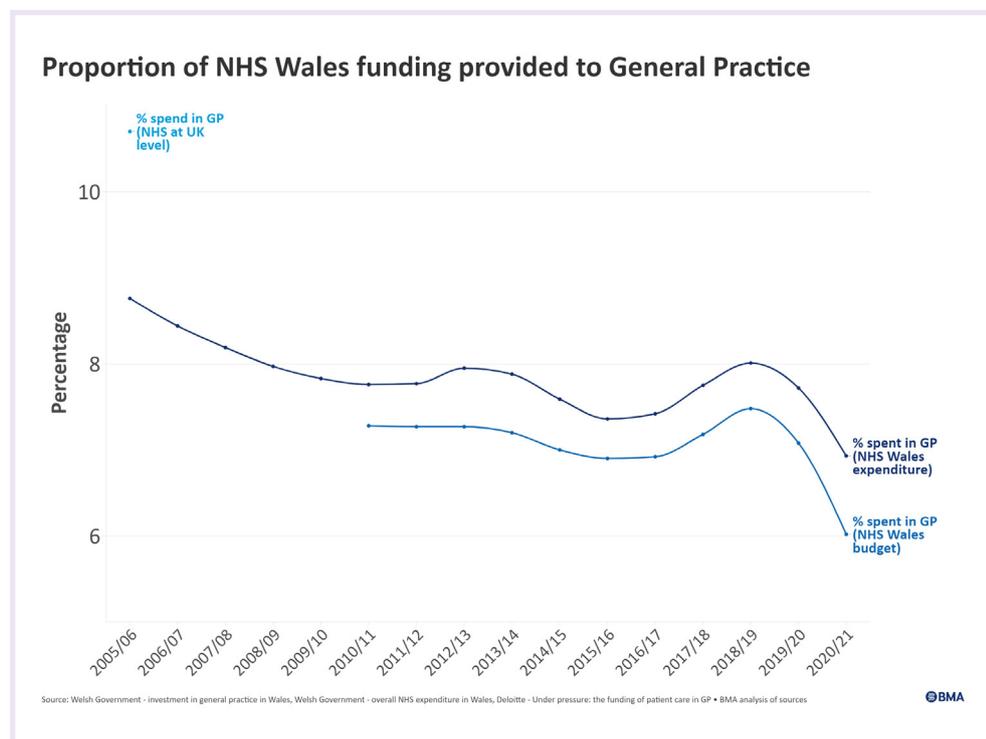


Key areas of concern

1. Funding

Problem: Despite the rhetoric and stated aims of Welsh Government's A Healthier Wales⁴ calling for a resource shift from hospital services toward the community, our analysis shows that the proportion of NHS funding provided to general practice has plummeted from over 8.7% of expenditure in 2005/06 to 6.1% of the budget in 2020/21.

There is a rising demand upon General Practice in terms of increased consultation rates, increasing prevalence of chronic diseases, greater patient expectation and a shift of work from secondary care into the community. This is set in the context of significant and unavoidable practice expense pressures such as the extraordinary impacts of inflation rates, high energy costs, and pay scale pressures (including, but not constrained to, Agenda for change comparisons and National living wage increases).



Impact: General practice does not have sufficient funds for workforce, premises, or services to meet the growing needs of patients, undermining patient safety. In 2005/06, when the proportion of spend at a UK level was over 10% of the NHS budget, there were ambitious expansion plans for new services, excellent recruitment and retention, oversubscribed training, and high morale.

Practices are now considering how they can stem rising costs. Measures include stopping recruitment and reducing staff hours, which will adversely impact workload and create waiting lists for non-urgent GMS care. Insufficient investment will drive more practices to consider handing back their contracts, leading to immense disruption for local health economies. Health Boards will be faced with the dilemma of dispersing patient lists – potentially destabilising other practices and causing inconvenience for patients – or to directly manage the practice, a model which is significantly less efficient and more costly to operate.

Actions:

- Welsh Government must commit to a reversal of this underfunding by restoring the previous 8.7% of the total Welsh NHS budget within the next three years, with an aspiration to invest closer to 11% of NHS spending within the next five years. Doing so will save general practice from its current precipitous state and eventually allow general practice to further restore its role in prevention and improving citizen well-being, in line with the aspirations of *A Healthier Wales*.

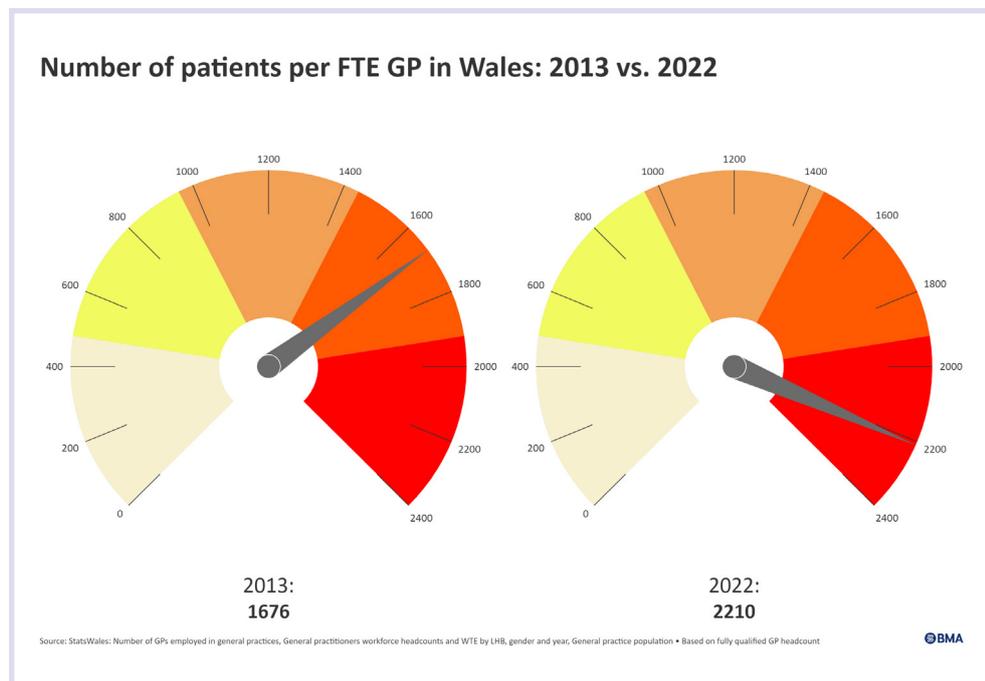
“I am really concerned about the surge in energy costs to run the practice. We are facing huge bills, yet our incomes drop year after year. It is rapidly becoming unaffordable, not to mention the extreme workload pressures we are facing - I am considering my options for the sake of my own wellbeing.”

Respondent to GPC Wales survey April 2023

2. Workload

Problem: Consultation rates have dramatically increased. During, December 2022 alone, 400,000 patient contacts were made by GPs in one week. The growing and ageing population⁶ is living longer with more complex needs⁷. Increasing amounts of work have moved from secondary care to general practice and record-breaking hospital waiting lists⁸ have exacerbated this further. As GP partners see no other option but to hand back their contract in the face of these demands, their patient lists are dispersed to already struggling neighbouring surgeries or are taken over by health boards, often with a reduction in services offered to patients and at a comparatively higher cost per patient.

The number of patients per Full Time Equivalent permanent GP⁹ has increased from 1676 in 2013 to 2210 in 2022. This represents an increase of 32% in the number of patients per full time GP – a significant workload increase for each individual practitioner.



Impact: Workload pressures are undermining the safety of patient care and impacting the ability of doctors to cope. 80% of doctors fear their workload is detrimental to patient care. Doctors are choosing to work less than full-time, career breaks or retiring early as a way of coping with rising demands. Consequently, their health is suffering, with many reporting exhaustion and burnout. Not only is excessive workload resulting in GPs handing back their contracts, but it is also causing practices to consider reducing their education and training commitments, which could negatively impact the future workforce. When GP practices see no option but to hand back their contract, Health boards either choose to directly manage the practice or disperse the patient list to neighbouring practices in the area. This results in a domino effect upon these practices who must immediately accommodate a significant increase in their practice population.

Actions:

- Invest in the workforce of General Practice to allow the implementation of a national standard for a maximum number of patients that GPs can reasonably deal with during a working day to maintain safe and high-quality service delivery.
- Require health boards to deliver upon the strategic aims of the *Unified contract* and reduce administrative bureaucracy, inappropriate demands, and micro-management on GP practices.
- Refresh, reissue and embed the All-Wales Communication Standards between Primary and Secondary care¹⁰ to help reduce the burden upon practices: ensuring all requests for information are proportionate and necessary e.g. avoiding duplication of information to be given.
- For Welsh Government to support and drive clear public facing communications which educate and inform the public on their options in accessing care and support, and what they can expect from their GP practice when this is the right place to meet their needs.

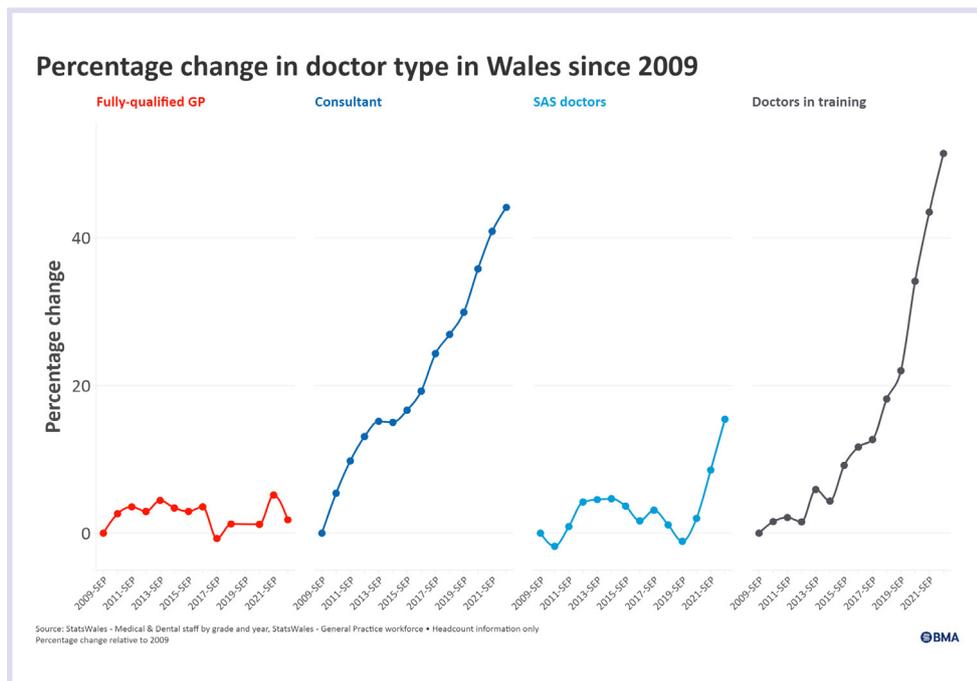
“Current pressures including the unsustainable volume of work is pushing the primary care teams to breaking point. The problems are exacerbated by recruitment difficulties and excess work coming from secondary care. Unless something changes, primary care will certainly collapse.”

Respondent to GPC Wales survey April 2023

3. Workforce

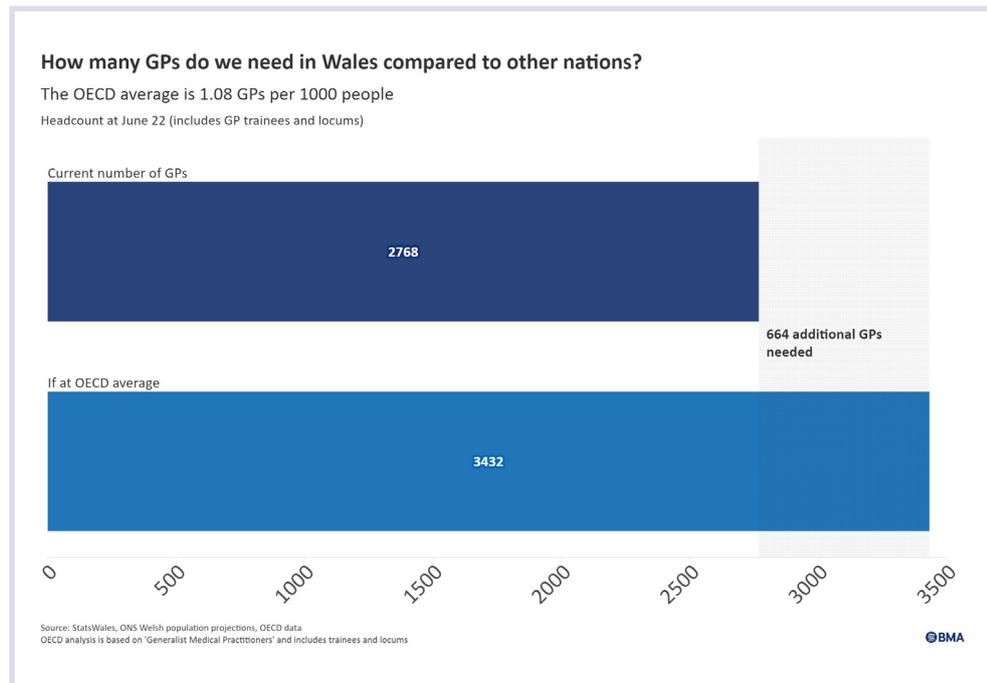
Problem: There is evidence that a substantial proportion of young GPs still want to enter partnerships¹¹ once working conditions are stabilised. However, there is a need for immediate intervention by Welsh Government and Health Boards to bring about sustainable conditions where the partnership model can thrive.

Despite the gradual increase in GP trainee headcount in recent years we need to train higher numbers of GPs: to deliver upon the policy goals of *A Healthier Wales*, to deal with patient demands, and to accommodate the increased preference for less than full time working and portfolio careers. Compared to other NHS staff groups and other branches of medical practice, the relative headcount of fully qualified GPs has stagnated since 2009. There has only been a 1.8% increase in GP headcount since 2009, compared to a 44% increase in the total consultant headcount.



International comparisons with [OECD data](#) suggest that Wales has a GP workforce crisis. In June 2022¹² there were 2,768 individual GPs practicing in Wales, including GPs in training and locum GPs (based on headcount). This represents 0.87 GPs per 1,000 people whereas the average number of GPs per 1000 people in OECD EU nations¹³ is 1.08. To match this average, Wales would need around 3,432 GPs in total – or an additional 664 GPs – without factoring in less than full time working.

The trend of training multiple healthcare professions in general practice is welcome but the training network is at capacity: both in terms of GP trainers dealing with high workloads and the physical capacity in surgery premises. Surgeries need urgent capital investment to improve their ability to train the GPs and allied health professionals of the future in adequate premises.



Impact: The failure to attract young doctors into the partnership model has resulted in practices being unable 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 as a consequence, despite the independent contractor model enabling efficiency and innovation¹⁴ coupled with quality service provision, increased continuity of care and a high patient satisfaction rate.

Experience of health boards managing practices demonstrates that a salaried service would cost more and require disproportionate management effort. The cost of a buy-out for the Welsh Government to provide an entirely NHS owned and run primary care service as per secondary care would be unaffordable and require much higher staff numbers to cover the GP partner current open-ended time commitment to an exponentially rising workload. This would make a wholly salaried service unaffordable without substantial pay cuts, which itself would adversely impact recruitment.

Actions:

- Long-term investment in increasing the GP workforce, including a GP-focused and prioritised workforce strategy to increase the number of GPs in Wales toward the OECD average. There must be immediate implementation of measures to retain existing staff and tackle the problems driving staff out of the profession.
- Welsh Government must support the conditions to enable the contractor model to thrive once again: mitigating unnecessary risk and workload issues 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, as well as supporting a variety of rewarding salaried and freelance roles within a service much more geared to working at scale.
- Welsh Government to lobby the UK Government to improve the visa rules to reduce the amount of time international medical graduates need to remain in the UK before being granted the right to remain.
- Restore the universal incentives for GP trainees studying in Wales, in particular covering the costs of the first sitting of qualifying examinations (RCA and AKT).
- Review salaried GP job planning expectations, incorporating consideration of safe working, in order to offer more attractive career paths in practice and routes into partnership. This approach would help to improve capacity, build resilience, and retain GPs within Wales.
- Welsh Government and Health Boards to commit to measures to improve investment in accessible and inclusive General Practice infrastructure, in order to increase the capacity of the estate. This should include 100% improvement grants and de-risking of leases.

4. Wellbeing

Problem: Our survey reports a low level of morale among GPs, with 26.6% considering leaving the profession in the near future. Only half of current GP partners see themselves remaining in their current position in three years' time. GPs are working tirelessly for their communities but sadly their efforts to keep up with an ever-increasing workload is having a detrimental impact on their own mental wellbeing, with many reporting burnout, overwhelm and fatigue.

This feeling is worsened by gaps in the workforce, which has added to the existing workload and stress as GPs start to experience the pain and frustration of their patients and shoulder the additional appointments.

Impact: The risk to the health service that poor wellbeing poses is substantial. If the poor wellbeing of NHS staff is not addressed, we will continue to see worrying trends of staff leaving in numbers that affect staff capacity, patient care, and the ability of remaining staff to remain well.

Measures to reduce workload and increase the workforce can deliver better wellbeing and restore general practice as a favourable career choice for new doctors.

Actions:

- A long-term strategy for protecting and maintaining the physical, mental, and emotional wellbeing of the workforce must be a top priority for the NHS.
- NHS Wales to deliver upon the long-standing commitment to a properly functioning Occupational Health service that is accessible to GPs and practice staff.
- Develop a programme of exit interviews for all GPs leaving the profession – to include GP partners and salaried GPs – in order to enhance the understanding of the contributing factors.
- Proactive support for practices who consistently rank highly on the Primary Care Escalation framework, with centrally funded advisory teams who can support GPs.

“I don't need more resilience training; I just need a job that doesn't make me ill”

Respondent to GPC Wales survey April 2023

“GP Practices in Wales are falling over with many teetering on the edge. We are facing the collapse of General Practice in several areas across Wales and there doesn't seem to be anyone doing anything about it. I'm exhausted and not sure how much more I can take before I leave too.”

Respondent to GPC Wales survey April 2023

Endnotes

- 1 Data from NHS Wales Shared Services Partnership GP practice analysis timeseries and StatsWales data Patients registered at a GP practice in Wales
- 2 Full time equivalent (FTE). Total count represents 'GP providers' which represents GP partners and salaried GPs.
- 3 This includes a practice's Global Sum (GSum), Minimum Practice Income Guarantee (MPIG) (up to 2019) and other sources of income.
- 4 Welsh Government (2018) A Healthier Wales <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>
- 5 Deloitte (April 2014) Under pressure: The funding of patient care in general practice www.queensroadpartnership.co.uk/mf.ashx?ID=406a083a-144f-457d-b14b-aad537f67fc9
- 6 Office of National Statistics (June 2022) Population and household estimates, Wales: Census 2021 www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimateswales/census2021
- 7 Older Person's Commissioner (November 2022) Understanding Wales' ageing population olderpeople.wales/wp-content/uploads/2023/01/221222-Understanding-Wales-ageing-population-24-November.pdf
- 8 BBC Wales (19 May 2023) NHS Wales waiting times: Thousands still waiting two years www.bbc.co.uk/news/uk-wales-65616395
- 9 Total count represents 'GP providers' which represents GP partners and salaried GPs.
- 10 Welsh Health Circular (May 2018) All Wales Communication Standards between Primary and Secondary Care WHC/2018/014 www.gov.wales/sites/default/files/publications/2019-07/all-wales-communication-standards-between-primary-and-secondary-care.pdf
- 11 King's Fund (September 2022) Workload issues affecting GP trainees' plans for their future careers www.kingsfund.org.uk/blog/2022/09/workload-issues-affecting-gp-trainees-plans-their-future-careers
- 12 StatsWales [General practice workforce in Wales](#)
- 13 Based on BMA analysis of [OECD data on Generalist Medical Practitioners \(headcount\) and OECD population estimates](#). Average based on latest available data for EU nations (no data available for Bulgaria, Croatia, Cyprus, Malta, Romania, and Slovakia). Note that the OECD categories 'Generalist Medical Practitioners' and 'General Practitioners' are the same in the UK, but not in other nations.
- 14 p.35, House of Commons Health and Social Care Committee (October 2022) The future of general practice committees.parliament.uk/publications/30383/documents/176291/default/

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