BMA House
Tavistock Square
London WC1H 9JP

publicaffairs@bma.org.uk

BMA

Rt Hon Andrea Leadsom MP
Minister for Public Health, Start for Life and Primary Care
Department of Health and Social Care

Sent via email

26 January 2024

Dear Andrea,

Re: 2024/25 GP contract proposals

I am writing to you regarding the national 2024-25 GP contract discussions between the BMA's GP Committee England (GPCE), the Department of Health and Social Care and NHS England civil servants since October 2023. I would appreciate the opportunity to meet with you to discuss this issue at the earliest opportunity.

When we met before Christmas, I spoke of how I would like to see us collaboratively celebrate the successes of general practice: its unrivalled productivity, record-breaking appointment numbers, continuity of service provision against a backdrop of wider industrial action across the NHS, and its contribution of zero to the billions of pounds of NHS debt. If ever there was an opportunity to recognise the GP profession's commitment, it is now.

GPCE has endeavoured throughout this 2024-25 consultation process to work constructively, creatively and collaboratively with DHSC and NHSE colleagues. As I stated in public and private prior to and during discussions with Ed and Amanda, the aim for a 2024-25 'stepping-stone' contract needs to signal hope and stability to GP practices across England for the coming year. Establishing such an agreement will give all parties a foundation to discuss and agree more substantive reform in the next electoral cycle. Only by taking this approach can we assure our patients of safe and effective services in the short, medium, and long term. We have listened and have offered solutions that acknowledge the wider challenging environment.

Despite this approach, it is with genuine regret that I write to you today to seek to markedly improve upon the current grossly inadequate GMS (general medical services) baseline funding increase offer of 1.9% (£178m). By choosing to set aside the compelling body of evidence that GPCE has presented, the starvation of core funding at a practice-level will have devastating consequences on local patient services. It is our belief, based on the evidence we have presented, that significant numbers of practices will have no choice but to make staff redundant and freeze recruitment, consequently reducing patient services, severely impacting patient access and ultimately reducing quality of care. We suspect that we will also see rising numbers of GP contractors / partnerships being left with no option other than to serve notice on their contracts leading to a slew of practice closures and expensive, wasteful re-procurements around the time when autumn/winter 2024-25 pressures take hold. Each closed practice displaces thousands of patients, and neighbouring practices now have no spare capacity to register such dispersals.

**Co-chief executive officers:** Neeta Major & Rachel Podolak

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GPCE have been assured by DHSC and NHSE colleagues that Government will "take into account" the 2024 Doctors and Dentists Review Body award later this year, but this is likely to be too late to prevent a domino-effect that no local commissioner will be able to mitigate against quickly enough. We are also concerned that any DDRB award will fail to rectify the inflationary cost pressures of recent years or, indeed, come close to addressing the real terms pay erosion GPs have experienced since 2008-09.

I am sure that Ed and Amanda will have talked you through the December 2023 data GPCE put forward regarding financial pressures facing GP contractors / partnerships – who carry full unlimited liability for the finances and running of their practices, hence why they accrue zero deficit. CPI, the agreed measure used for the 2019-24 GP contract investment framework, rose by 21.2% from April 2019 to April 2023, leading to the significant erosion of national core practice contract funding which has not been addressed.

A year ago, during the 2023-24 contract discussions, GPCE submitted evidence demonstrating how inflationary pressures were starting to undermine practice finances. Within this evidence, we set out how the additional income earned primarily in phase one of the Covid Vaccination Programme would be 'wiped out' in the immediate subsequent financial years. For many months, GPs and their practice teams consistently delivered 72% of the programme for a minimal proportion of the overall vaccination programme budget.

The recent results from our England practice finance survey – looking across both the 2022-23 and 2023-24 financial years – now show that existential challenge to GP surgery finances that threaten their very viability and patient's ability to access care.

For many GP contractors / partners, handing back their contracts to commissioners is a sad but genuine option now. If such colleagues look at the 2024-25 contract offer and fail to see any hope of future sustainability, it will become the only realistic business decision.

Investment via the GMS contract funds core patient services that require the employment of a team of practice staff, which has recently been found to bring a positive impact of a £14 economic return for every £1 invested[i]. Investment in GMS does not therefore simply equate to pounds in a doctor's pocket – unlike other pay settlements with other public sector workers.

Many practices did not receive the funding required to pass on the DHSC's promised six per cent below inflation pay uplift, which has led to considerable distress and damaged morale among practice staff. Other sectors of the NHS can offer better funded terms and conditions. The impact of poor retention and staff attrition is reduced capacity, negatively impacted access, and, ultimately, harm to the quality of patient care.

The Royal College of Nursing has said there is 'a significant risk of losing nursing staff – the largest part of the general practice workforce.' Their UK Nursing Professional Lead for Primary Care has recently confirmed that 'many GP Nurses are voting with their feet leaving practices even further understaffed'. The RCN supports our call for investment in pay, terms, conditions and career development, so practices as employers may have an opportunity to match the wider NHS terms and conditions of Trust colleagues.

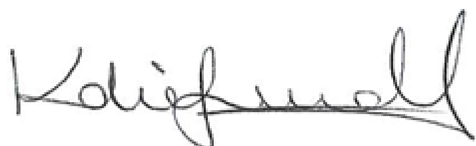
We must address the inarguable fact that salaried and locum GPs are now struggling to find NHS work. At a time when we are approximately 6,000 GPs short[ii], with more patient demand, and more non-GP

staff to supervise, it is frankly unconscionable for GPs that taxpayers have spent a decade training to be out of work. An obvious solution is to add GPs to the Additional Roles Reimbursement Scheme (ARRS). The inflexibilities are artificial bureaucratic constructs, when we need pragmatic, cost-effective solutions. Whatever metric is chosen, permitting spend on GP and practice nurse roles within existing staffing budgets will undeniably increase GP and practice nurse numbers. We have provided innovative and practical examples of how this is possible, and how it would work in practice. Furthermore, the cancellation of the GP and practice nurse fellowship schemes announced out of the blue this month, will also prove to compound a workforce disaster. These decisions are impacting retention of the workforce we have, and signal a rug being pulled from under GPs and practice nurses qualifying this year.

Given 2024 is a general election year, we want to stave off a third annual contract imposition, and agree a package of contract proposals that the GP profession will accept in our forthcoming referendum. If we cannot, we fear a preventable chain of events will be set off which will be viewed with anxiety and concern by the public. They will no doubt be unanimously seeking a safe local GP service with a family doctor and team they trust, bringing continuity of care.

I would be grateful for your personal intervention to discuss and explore how we may all find a shared agreement to help stabilise general practice during 2024-25 before this window of opportunity closes at the end of February. There are ways to invest with complete transparency and many contractual mechanisms available to us to ensure the best value for the public pound.

Yours sincerely,



**Dr Katie Bramall-Stainer**
Chair, GP Committee England
British Medical Association

Cc.

The Rt. Hon Victoria Atkins MP, Secretary of State for Health and Social Care

Ed Scully, Director of Primary and Community Healthcare, Department of Health and Social Care

Amanda Doyle, Director of Primary and Community Care, NHS England

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[i] NHS confederation (2023), https://www.nhsconfed.org/publications/creating-better-health-value-economic-impact-care-setting
[ii] Health Foundation (2022), https://www.health.org.uk/news-and-comment/news/a-quarter-of-gp-and-general-practice-nursing-posts-could-be-vacant-in-10-years

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