



Royal College of  
General Practitioners

# **RCGP Tracking Survey 2023**

**Wave 11**

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# Introduction

## The RCGP Tracking Survey aims to:

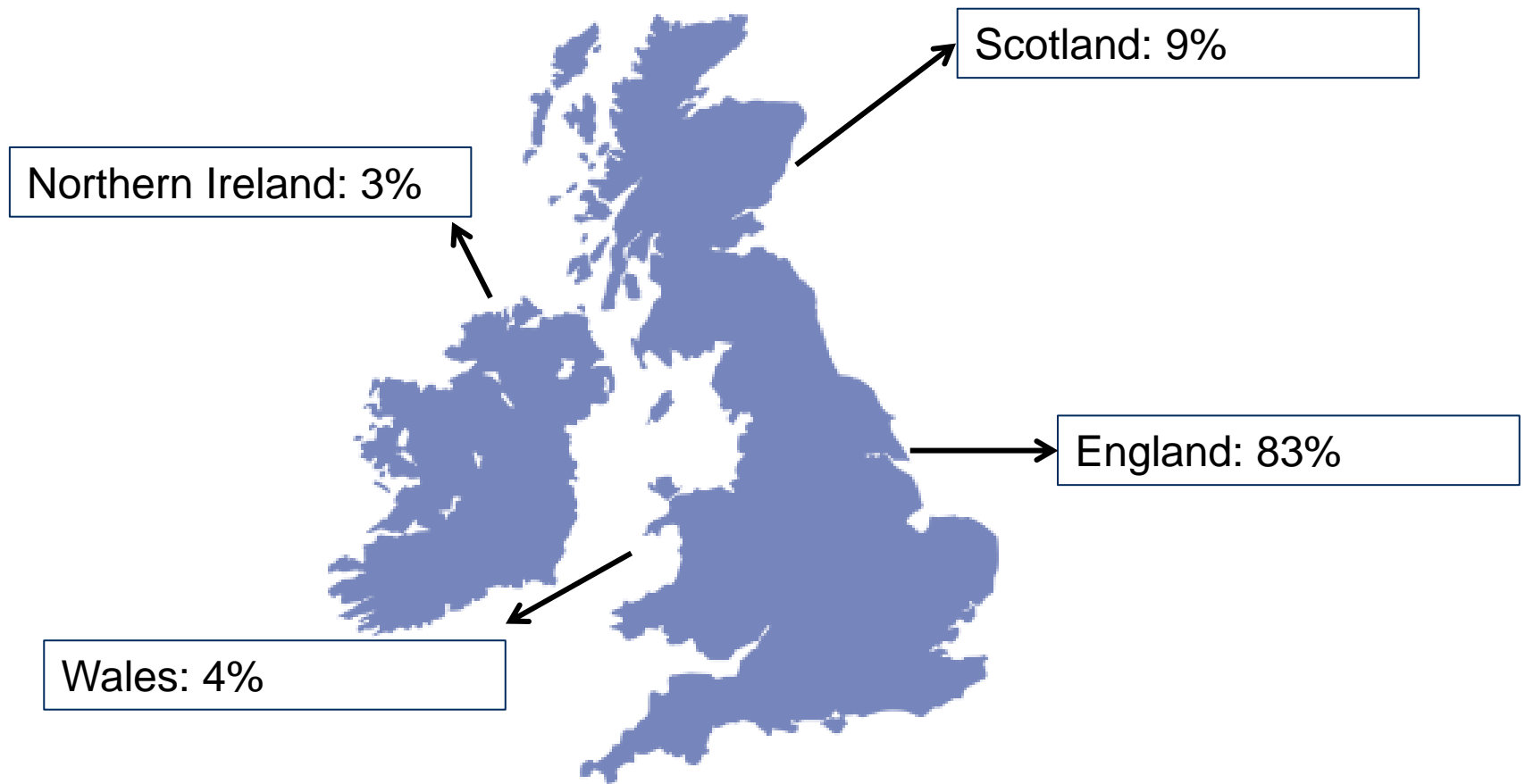
- Collect information not available in standard government data sets, pertaining to **key aspects of government policy** and **RCGP influencing priorities**.
- Track changes in workforce, workload, attitudes and other areas over time.
- Provide a broad overview of the current state of general practice.
- Provide an avenue for the **GP voice** to be heard.
- **Throughout these slides, there are a mix of responses from either England-only and UK-wide GPs, which is stated at the bottom of each slide.**

# Methodology

- The survey is conducted annually during spring-time to allow yearly comparison between waves (note: wave comparisons are only available for English respondents)
- Wave 11 was open between the 1<sup>st</sup> and 31<sup>st</sup> of March 2023
- Wave 11 had **1855 respondents** including England, Scotland, Northern Ireland and Wales

Wave	1	2	3	4	5	6	7	8	9	10	11
Fieldwork dates	Aug 1 <sup>st</sup> – Sep 7 <sup>th</sup> 2016	Jan 27 <sup>th</sup> – Mar 3 <sup>rd</sup> 2017	Aug 3 <sup>rd</sup> – Sep 17 <sup>th</sup> 2017	Feb 9 <sup>th</sup> – Mar 19 <sup>th</sup> 2018	Aug 16 <sup>th</sup> – Sep 26 <sup>th</sup> 2018	Feb 19 <sup>th</sup> – Apr 7 <sup>th</sup> 2019	Aug 20 <sup>th</sup> – Oct 6 <sup>th</sup> 2019	Feb 26 <sup>th</sup> – April 5 <sup>th</sup> 2020	March 6 <sup>th</sup> to April 5 <sup>th</sup> 2021	Mar 1 <sup>st</sup> – Mar 31 <sup>st</sup> 2022	Mar 1 <sup>st</sup> – Mar 31 <sup>st</sup> 2023
No. of respondents	1,288	1,250	823	1,216	1,094	1,359	1,578	1,183	619	1,105	1,855

# Breakdown of Respondents by Nation



# Methodology (Continued)



Participants are sampled through the RCGP member database and recruited via direct email



Data is weighted by age, gender and geographical region according to NHS Digital GP workforce data



Questions cover 7 areas: Current role, Retention, Current Provisions and Models of Care, The Future, Investment, Workforce and Workload



Results are broken down for the following variables: Gender, age group, role, type of area (rural/urban), broad geographical region, ICS and IMD ranking

# Results - Workforce

# Retention – Satisfaction/Motivation

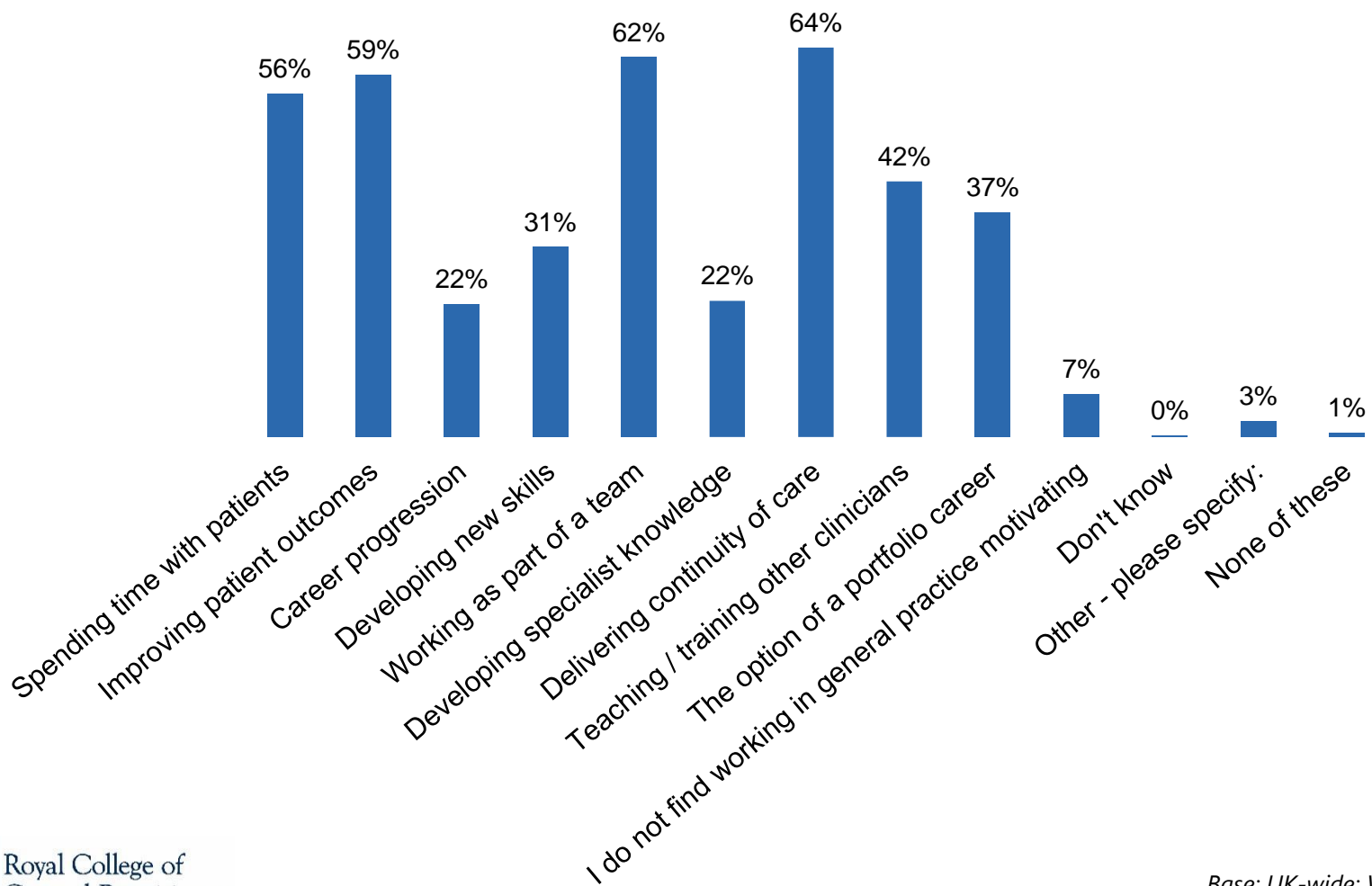
- **41% of GPs reported being unsatisfied in their current role**, compared to 58% who said they were satisfied.
- The proportion of GPs who reported being unsatisfied has significantly increased from just 26% in 2021.
- Dissatisfaction in their current role was **highest among GP partners (52%)**.



# Retention - Satisfaction/Motivation continued

- Over three in five (63%) of GPs said that **delivering relational continuity of care is the factor that motivates them the most** about working in general practice.
- Despite this, **53% of GPs said they are not able to deliver relational continuity care in the way they want** and that would meet their patients' needs.

## QR3. Which of the following aspects, if any, motivates you most about working in general practice?



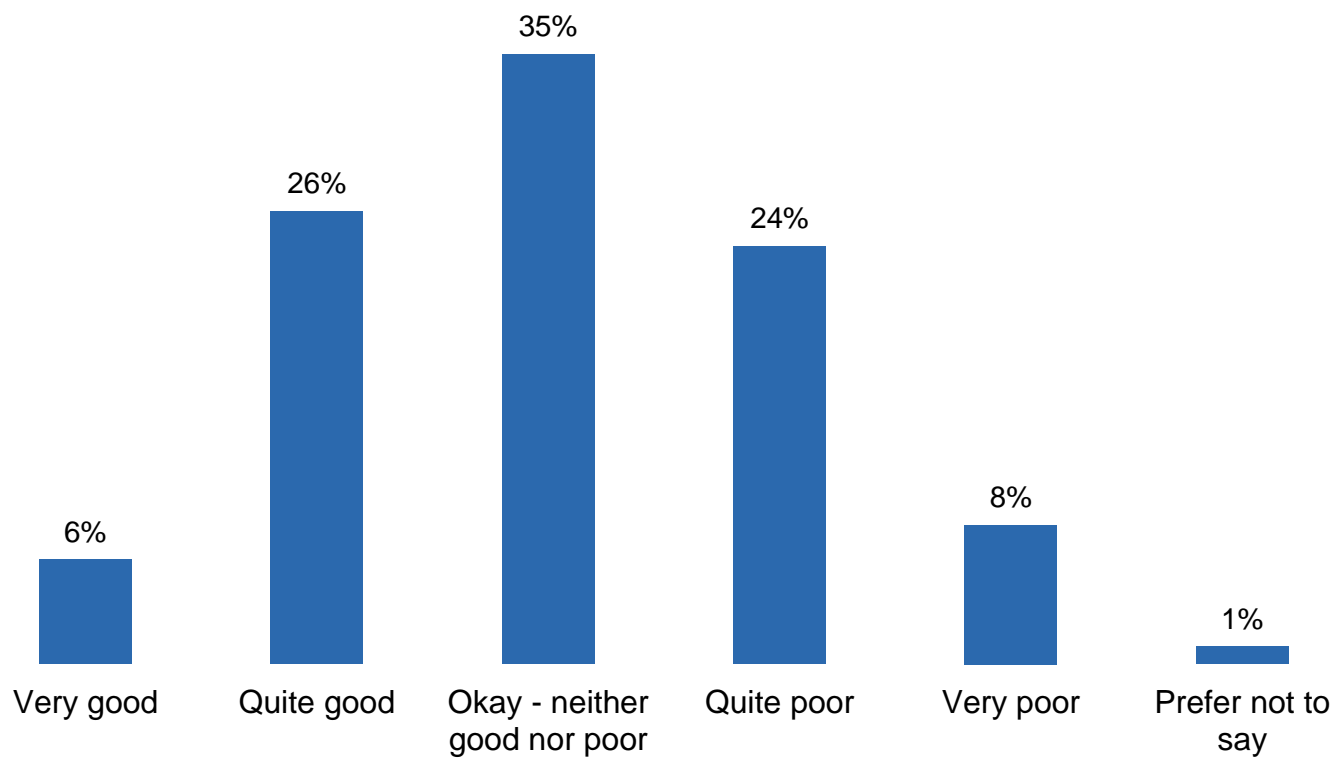
# Retention – Mental Wellbeing

- Almost **one in three GPs (32%) described their mental wellbeing as poor** while working in their role over the past month, whilst 34% described it as being good, and 34% described it as 'neither good nor bad'.
- The proportion of GPs that described their mental wellbeing as being 'poor' has slightly increased from 28% in 2021.
- **Over half of GPs (54%) reported a decline in their mental health over the past 12 months**, with 1 in 4 (26%) of GP partners saying it had declined by 'a lot.'

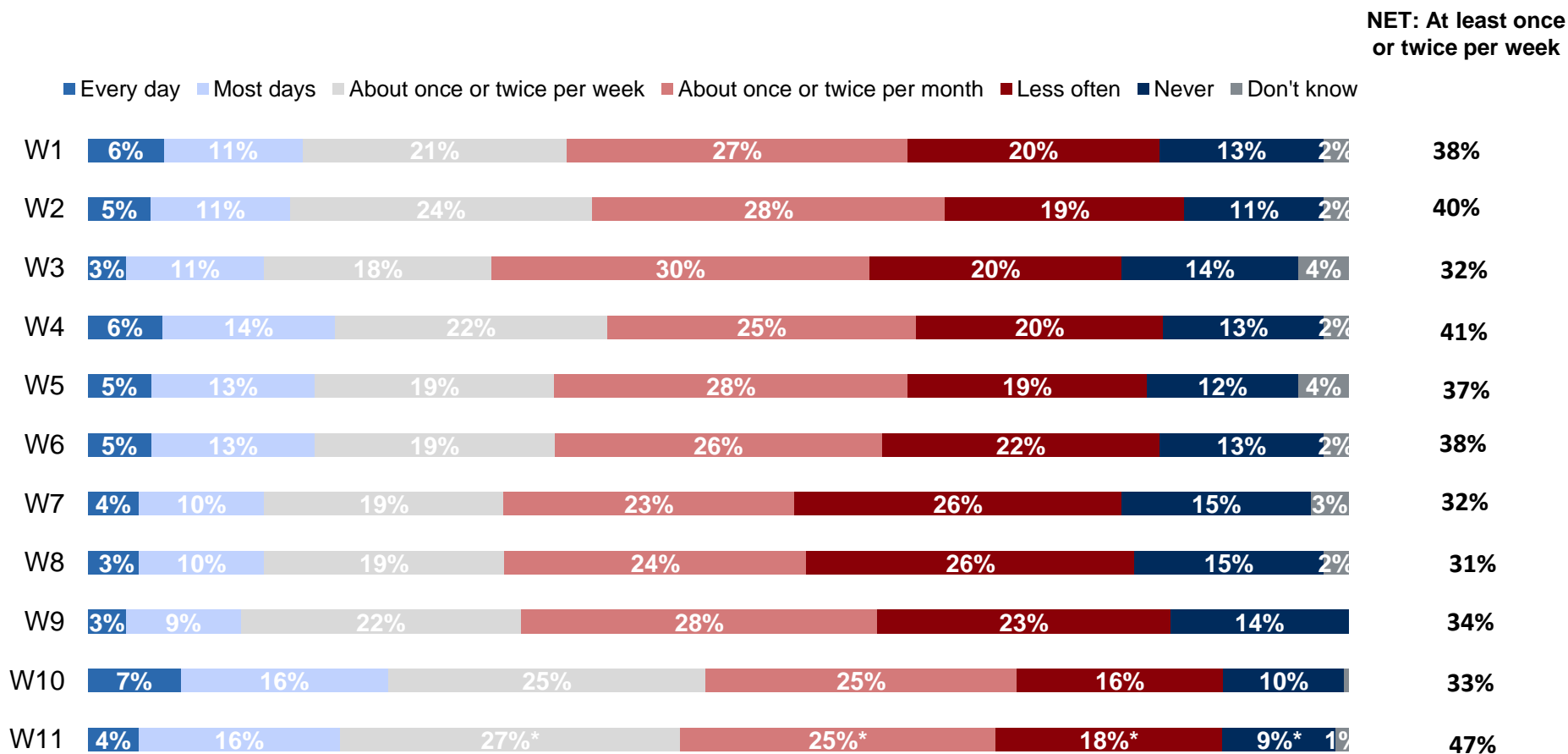
# Mental Wellbeing

- 1 in 4 GP Partners and salaried GPs reported being so stressed that they feel they cannot cope at least once a week.
- **The effect of stress was even higher in registrars and retainers, with 3 in 10 reporting being too stressed to cope at least once a week.**

## QR4. How would you describe your mental wellbeing while working in your role as a GP over the past month?



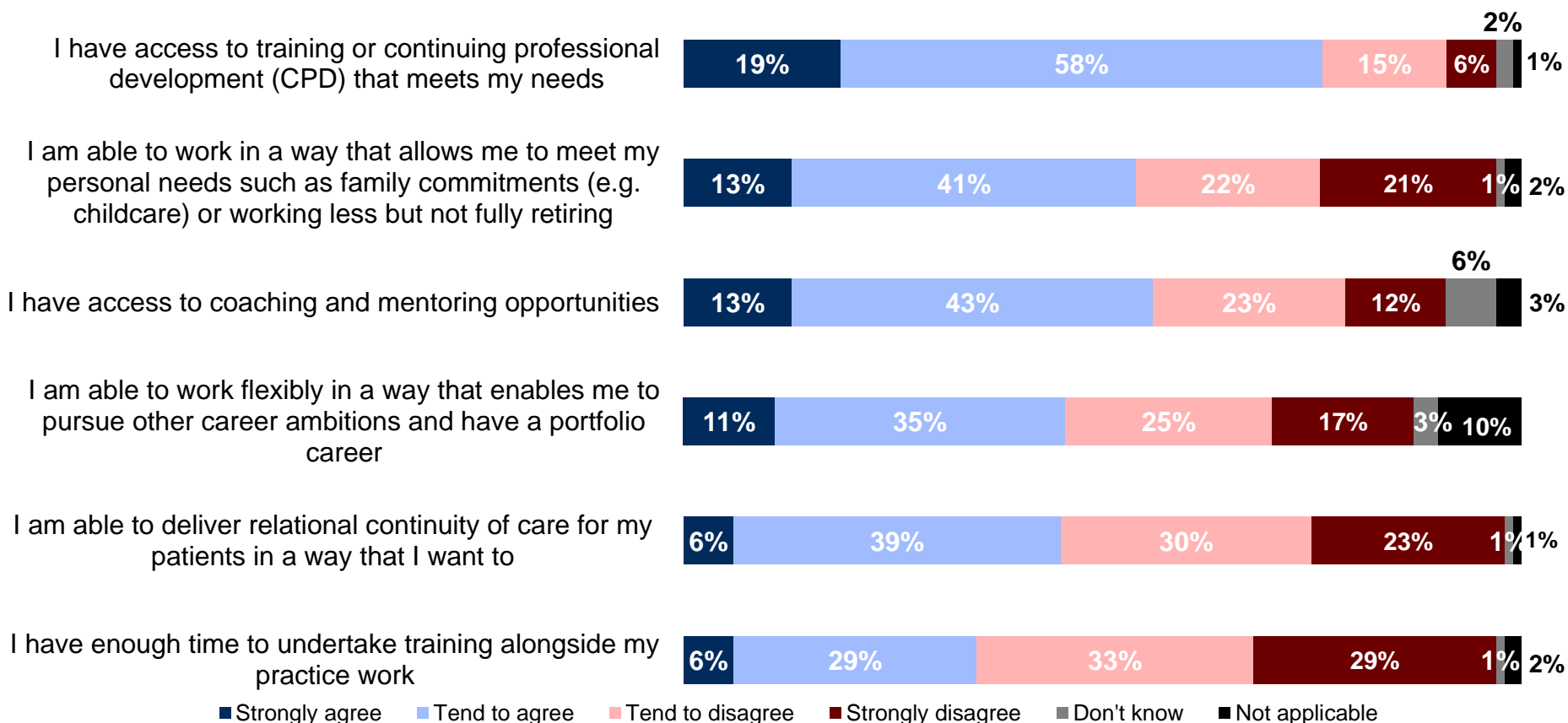
# QWL2\_2. Thinking about a normal week at work, how often, if at all, do each of the following happen? I am so stressed that I feel that I cannot cope.



# Retention - Opportunities

- **The majority of GPs (78%) reporting having access to continual professional development** and training that meets their needs, however time was a major limiting factor, with **60% of GPs not having enough time to undertake training alongside practice work.**
- 45% of registrars reported not having enough time to undertake training alongside practice work

## QR2. Thinking about your current role in general practice and the opportunities and activities available to you, to what extent do you agree or disagree with the following statements? Please select one answer only for each statement.

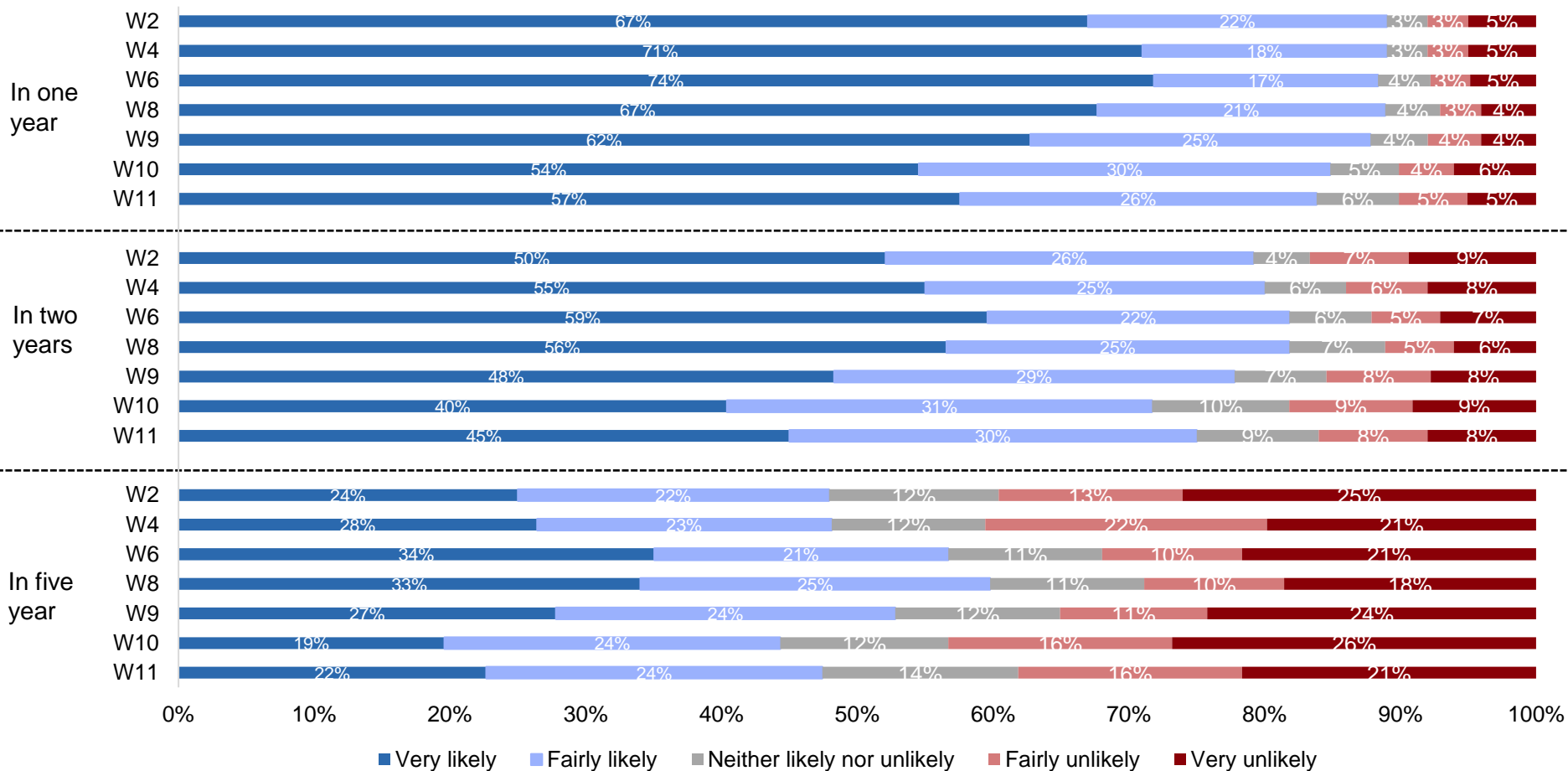




# Retention - Likelihood of Leaving

- **37% of all GPs said they are unlikely to still be working in general practice in five years**, including 30% of GPs under the age of 35, 47% of GP partners, and 28% of registrars. This is compared to 47% of GPs, who said they are likely to still be working in five years.
- **The proportion of GPs who are unlikely to still be working in five years has significantly increased** since before the pandemic, from 21% in 2019 to 37% in 2023.

# QFT1. Thinking about the future, how likely or unlikely are you to be working in general practice in each of the following time frames?



# Retention - Likelihood of Leaving (continued)

GPs attributed the unlikelihood of them remaining within the profession in the near future to the following reasons (in descending order of frequency):

- Finding general practice **too stressful** – 52% of GPs
- **Retirement** – 36% of GPs
- Having to work **too many hours** – 33% of GPs
- Finding general practice **unrewarding** – 29% of GPs
- **Pension taxation** making it financially unsustainable- 20%
- Wanting to **change careers into non-clinical role** – 19%
- **Leaving the UK** – 16%
- Wanting to **change careers into another clinical role**- 15%
- **Career break for family reasons** – 6%
- **Career break for another reason** – 6%
- **Moving to a different country within the UK** – 1%

# Retention - Likelihood of Leaving (continued)

- **Finding general practice too stressful was the most cited reason by salaried GPs (51%) and registrars (63%) expecting to leave the profession in the next five years.**
- Retirement was the most cited reason by GP partners (62%) for expecting to leave the profession in the next five years.

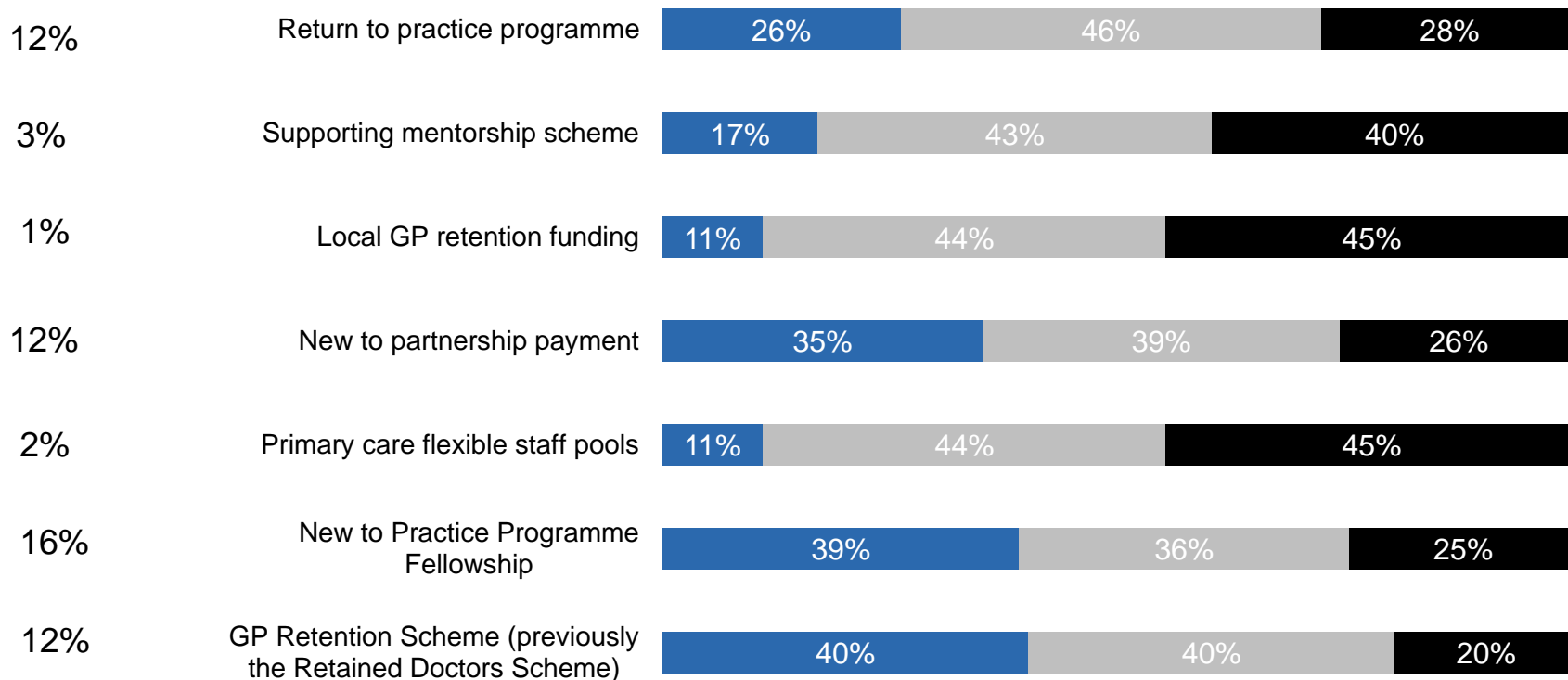
# Retention - Use of Schemes

- 82% of GP partners said that the 'GP retention scheme' (previously known as the 'Retained doctors' scheme') applied to their practice, however only 40% of all GPs were aware of the scheme.
- The 'Return to Practice Programme' was less utilised, with 55% of partners saying it applied to their practice, and 26% of all GPs being aware of it.
- Local GP funding was used the least, with 20% of partners saying it applied to their practice, and 11% of GPs aware of it.

# QIV6. For each of the following schemes, please say which of the following applies to your practice.

Received support or funding

■ Net: Aware of this scheme    ■ I'm not sure    ■ Not aware of this scheme



## QIV6. For each of the following schemes, please say which of the following applies to your practice (NET aware: North East & Yorkshire, North West)

	GP Retention Scheme	New to Practice Programme Fellowship	New to partnership payment	Return to practice programme	Supporting mentorship scheme	Primary care flexible staff pools	Local GP retention funding
<b>Total (England)</b>	<b>40%</b>	<b>39%</b>	<b>35%</b>	<b>26%</b>	<b>17%</b>	<b>11%</b>	<b>11%</b>
Humber and North Yorkshire	50%	40%	35%	28%	17%	12%	10%
North East and North Cumbria	34%	47%	32%	20%	8%	12%	11%
South Yorkshire	38%	43%	43%	30%	28%	10%	15%
West Yorkshire	35%	32%	36%	31%	25%	24%	14%
Cheshire and Merseyside	38%	34%	42%	26%	7%	8%	11%
Greater Manchester	29%	34%	30%	22%	13%	6%	12%
Lancashire and South Cumbria	36%	30%	32%	23%	21%	15%	6%

## QIV6. For each of the following schemes, please say which of the following applies to your practice (NET aware: Midlands)

	GP Retention Scheme	New to Practice Programme Fellowship	New to partnership payment	Return to practice programme	Supporting mentorship scheme	Primary care flexible staff pools	Local GP retention funding
<b>Total (England)</b>	<b>40%</b>	<b>39%</b>	<b>35%</b>	<b>26%</b>	<b>17%</b>	<b>11%</b>	<b>11%</b>
Birmingham and Solihull	31%	36%	29%	13%	19%	10%	16%
Black Country	33%	37%	27%	29%	27%	6%	11%
Coventry and Warwickshire	43%	37%	28%	17%	22%	17%	18%
Derby and Derbyshire	31%	35%	28%	22%	19%	12%	4%
Herefordshire and Worcestershire	51%	42%	36%	26%	19%	10%	13%
Leicester, Leicestershire and Rutland	39%	29%	37%	20%	16%	4%	4%
Lincolnshire	26%	38%	24%	22%	11%	7%	4%
Northamptonshire	36%	39%	39%	34%	28%	9%	5%
Nottingham and Nottinghamshire	41%	56%	41%	36%	21%	9%	12%
Shropshire, Telford and Wrekin	13%	24%	33%	24%	24%	13%	13%
Staffordshire and Stoke on Trent	36%	37%	31%	32%	32%	16%	16%



## QIV6. For each of the following schemes, please say which of the following applies to your practice (NET aware: East of England)

	GP Retention Scheme	New to Practice Programme Fellowship	New to partnership payment	Return to practice programme	Supporting mentorship scheme	Primary care flexible staff pools	Local GP retention funding
<b>Total (England)</b>	<b>40%</b>	<b>39%</b>	<b>35%</b>	<b>26%</b>	<b>17%</b>	<b>11%</b>	<b>11%</b>
Bedfordshire, Luton and Milton Keynes	23%	38%	23%	25%	10%	0%	0%
Cambridgeshire and Peterborough	44%	37%	31%	31%	19%	9%	19%
Hertfordshire and West Essex	52%	31%	39%	24%	7%	4%	7%
Mid and South Essex	32%	40%	44%	21%	16%	17%	17%
Norfolk and Waveney	52%	30%	46%	33%	23%	23%	16%
Suffolk and North East Essex	34%	23%	32%	27%	9%	9%	6%

## QIV6. For each of the following schemes, please say which of the following applies to your practice (NET aware: South West England)

	GP Retention Scheme	New to Practice Programme Fellowship	New to partnership payment	Return to practice programme	Supporting mentorship scheme	Primary care flexible staff pools	Local GP retention funding
<b>Total (England)</b>	<b>40%</b>	<b>39%</b>	<b>35%</b>	<b>26%</b>	<b>17%</b>	<b>11%</b>	<b>11%</b>
Bath and North East Somerset, Swindon and Wiltshire	64%	37%	40%	33%	18%	30%	10%
Bristol, North Somerset and South Gloucestershire	60%	57%	45%	31%	14%	10%	6%
Cornwall and the Isles of Scilly	30%	55%	30%	14%	17%	16%	16%
Devon	56%	62%	33%	26%	17%	8%	13%
Dorset	60%	61%	49%	26%	14%	6%	16%
Gloucestershire	41%	6%	44%	22%	22%	6%	8%

## QIV6. For each of the following schemes, please say which of the following applies to your practice (NET aware: South England)

	GP Retention Scheme	New to Practice Programme Fellowship	New to partnership payment	Return to practice programme	Supporting mentorship scheme	Primary care flexible staff pools	Local GP retention funding
<b>Total (England)</b>	<b>40%</b>	<b>39%</b>	<b>35%</b>	<b>26%</b>	<b>17%</b>	<b>11%</b>	<b>11%</b>
Buckinghamshire, Oxfordshire and Berkshire West	38%	42%	30%	26%	8%	8%	8%
Frimley	70%	49%	59%	40%	11%	23%	0%
Hampshire and the Isle of Wight	57%	55%	47%	38%	28%	15%	14%
Kent and Medway	35%	34%	37%	20%	16%	13%	9%
Surrey Heartlands	53%	41%	33%	43%	17%	0%	16%
Sussex	45%	52%	48%	27%	14%	5%	7%

## QIV6. For each of the following schemes, please say which of the following applies to your practice (NET aware: London)

	GP Retention Scheme	New to Practice Programme Fellowship	New to partnership payment	Return to practice programme	Supporting mentorship scheme	Primary care flexible staff pools	Local GP retention funding
<b>Total (England)</b>	<b>40%</b>	<b>39%</b>	<b>35%</b>	<b>26%</b>	<b>17%</b>	<b>11%</b>	<b>11%</b>
North Central London	35%	29%	31%	15%	10%	6%	11%
North East London	41%	33%	33%	33%	31%	18%	18%
North West London	30%	27%	13%	18%	7%	0%	9%
South East London	36%	41%	30%	26%	28%	8%	10%
South West London	34%	32%	26%	21%	14%	14%	6%

# QIV6. For each of the following schemes, please say which of the following applies to your practice.

Received support or funding

■ Net: Aware of this scheme   ■ I'm not sure   ■ Not aware of this scheme

4%

The Returner Scheme



2%

GP Stay in Practice Scheme (SIPS)



11%

GP Retainer Scheme (NHS Education for Scotland)



# QIV6. For each of the following schemes, please say which of the following applies to your practice.

Received support or funding

■ Net: Aware of this scheme   ■ I'm not sure   ■ Not aware of this scheme

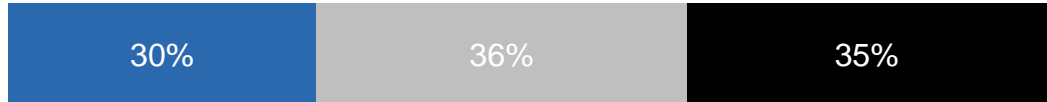
1%

The Returner Scheme



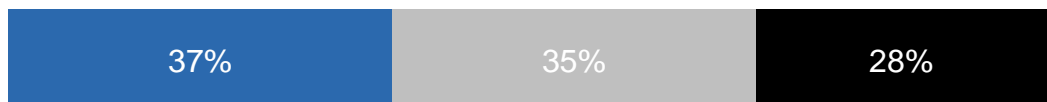
4%

GP Returner Scheme



7%

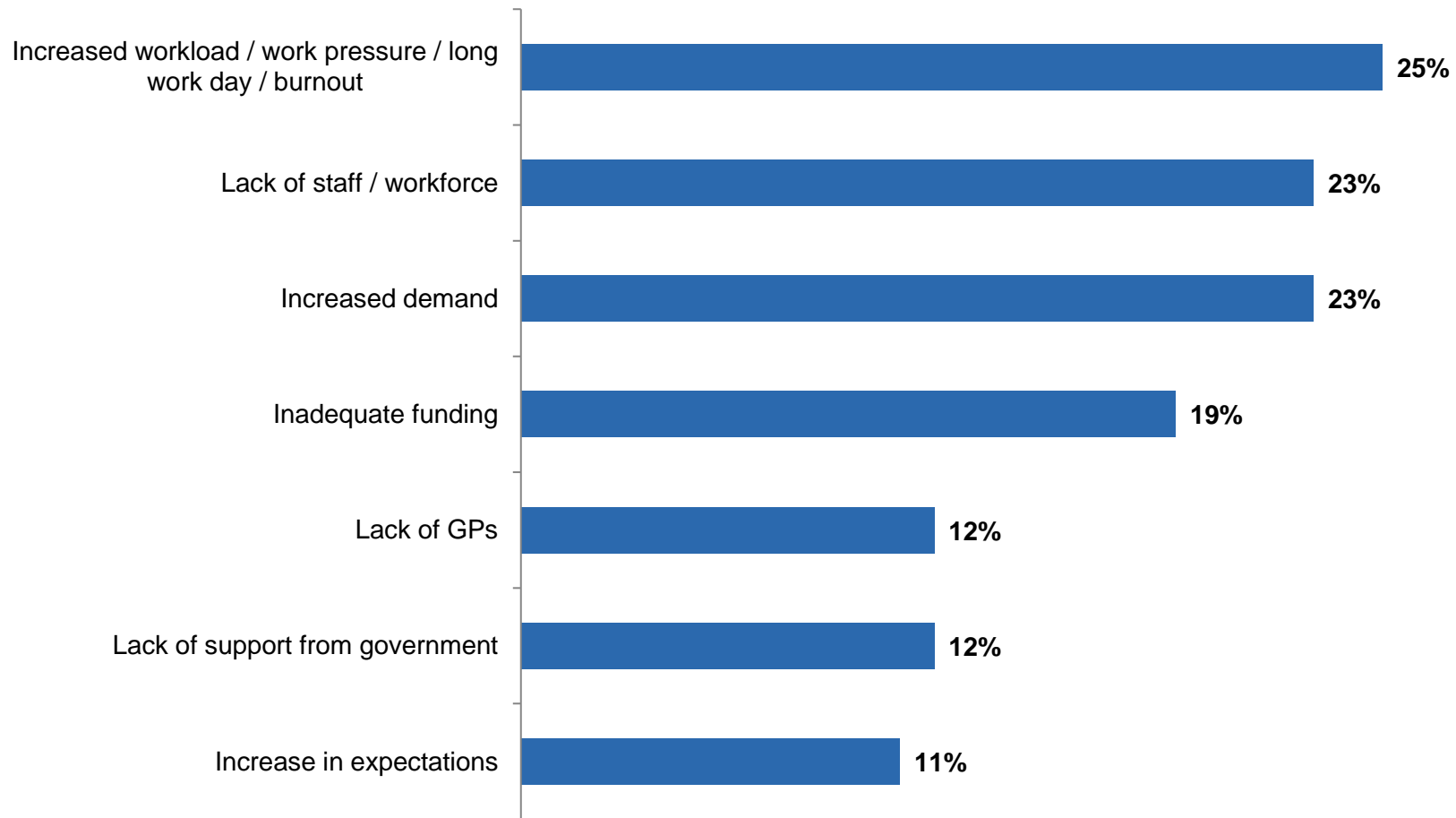
GP Retainer Scheme



# Retention - Morale

- **Over three quarters of GPs (76%) expect working in general practice to get worse over the next few years, compared to 8% who expect it to get better, and 13% who expect it to stay the same.**
- The proportion of GPs who expect working to get worse was higher for GPs working in rural areas (81%).
- **1 in 3 GPs (34%) expect working to get ‘much worse’. This is a significant increase from pre-pandemic (22%).**
- A quarter (25%) of GPs who expected working in general practice to get worse said this was due **to increased workload/work pressure/long days/burnout.**

## QFT7. Why do you say that you think general practice overall will get worse over the next few years?



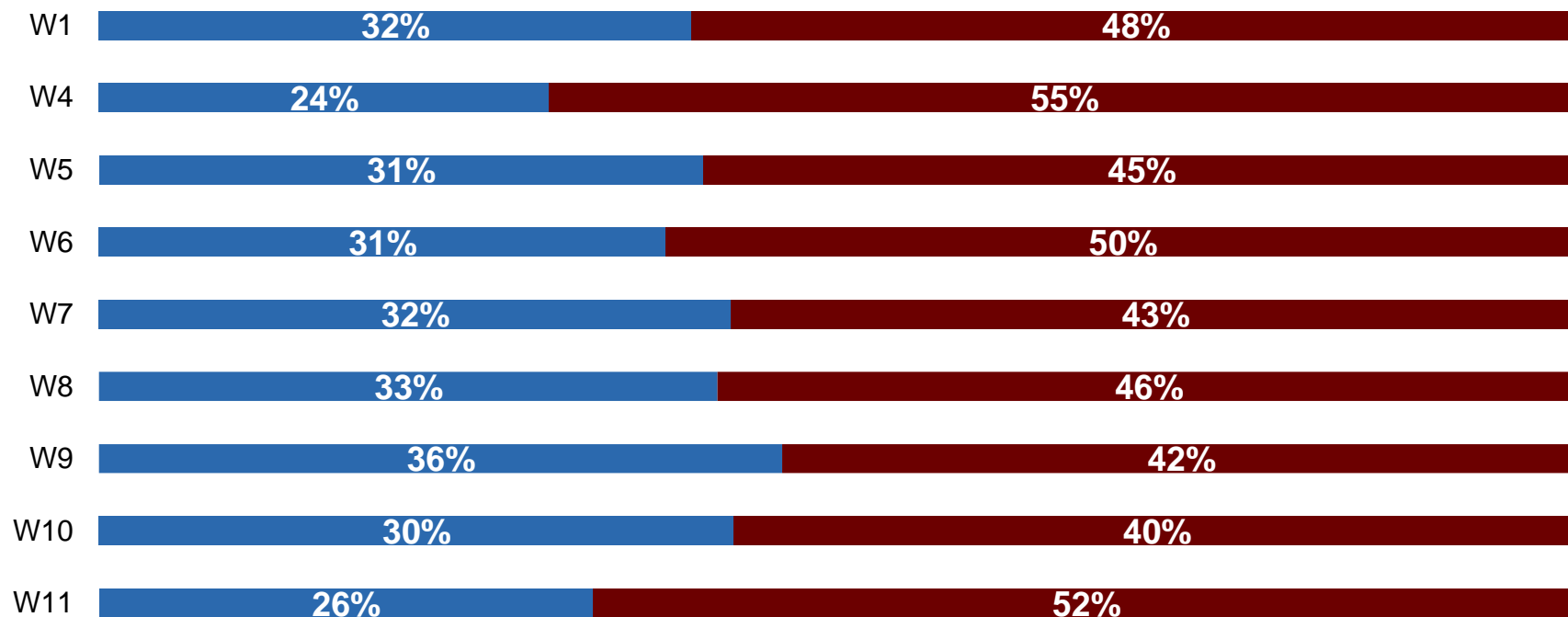


# GP Partner Role

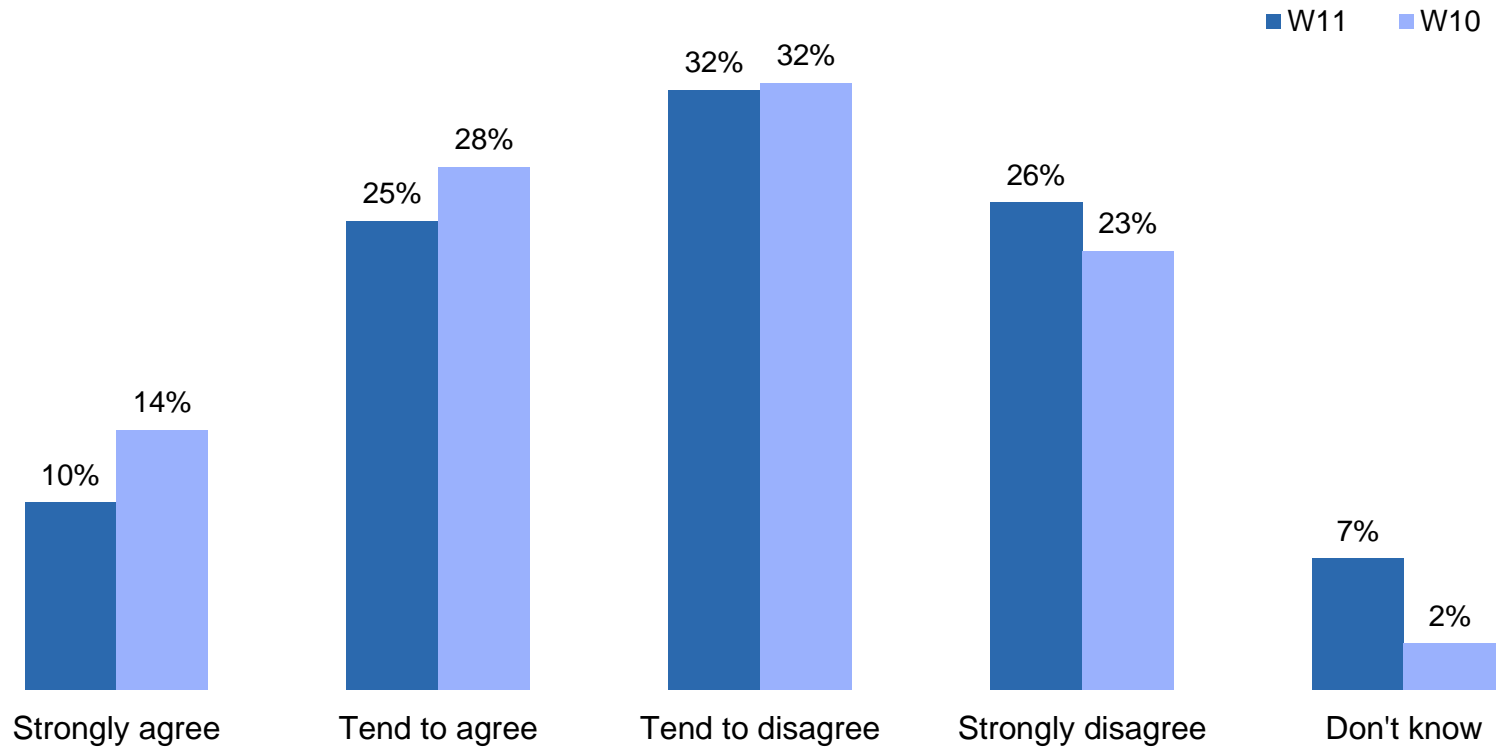
- **1 in 4 GPs (26%)** who are not currently partners said they were **likely to consider becoming a partner** at some point in their career, compared to 52% of GPs who said they were unlikely to consider it.
- The proportion of GPs who are not currently partners who said they are likely to consider becoming one has significantly decreased from 31% in 2021.
- **The proportion of GPs who are not currently partners who said they are unlikely to consider becoming one (52%) is the highest since 2018.**

## QFT4. How likely or unlikely are you to consider becoming a GP partner at some point in your career?

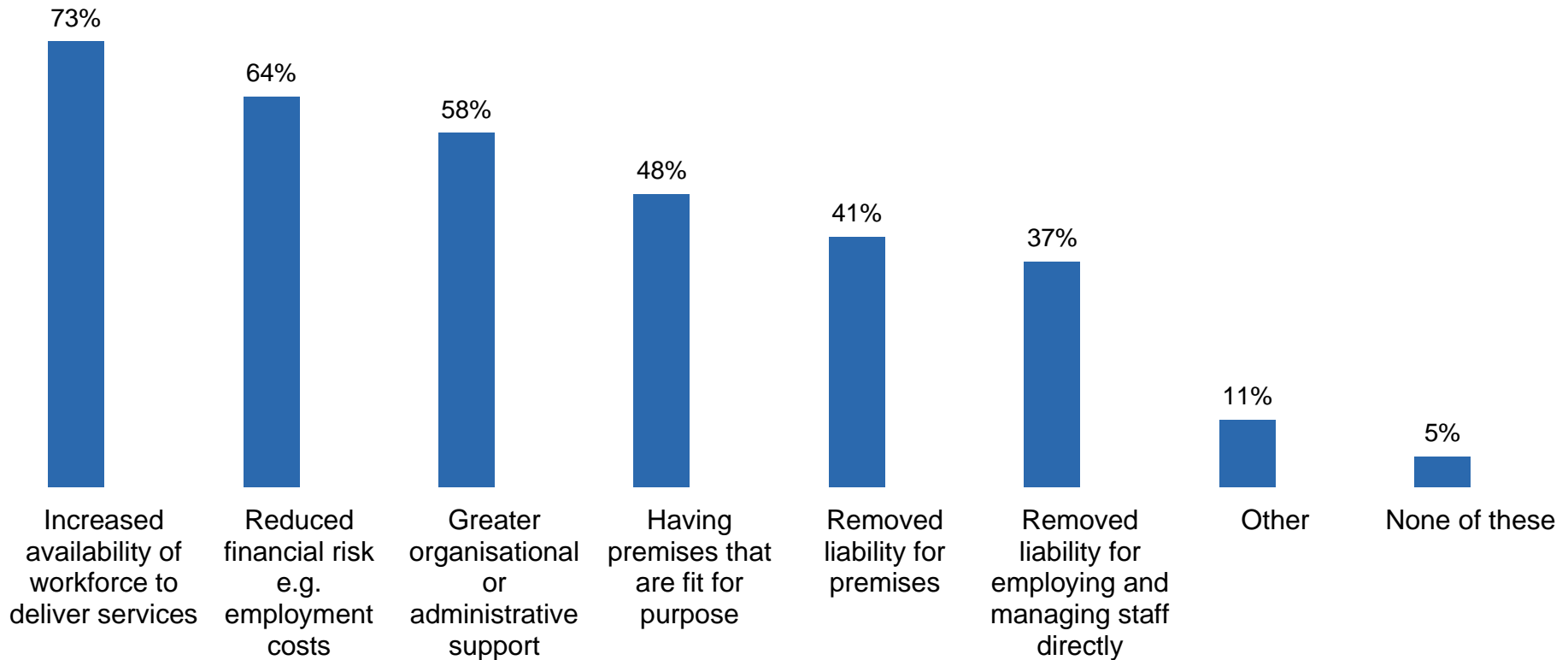
■ NET: Likely ■ NET: Unlikely



# QFT12. Thinking broadly about the role of GP partner, to what extent do you agree or disagree that being a GP partner is an attractive role within general practice?



## QFT18. What would make being a GP partner more attractive?

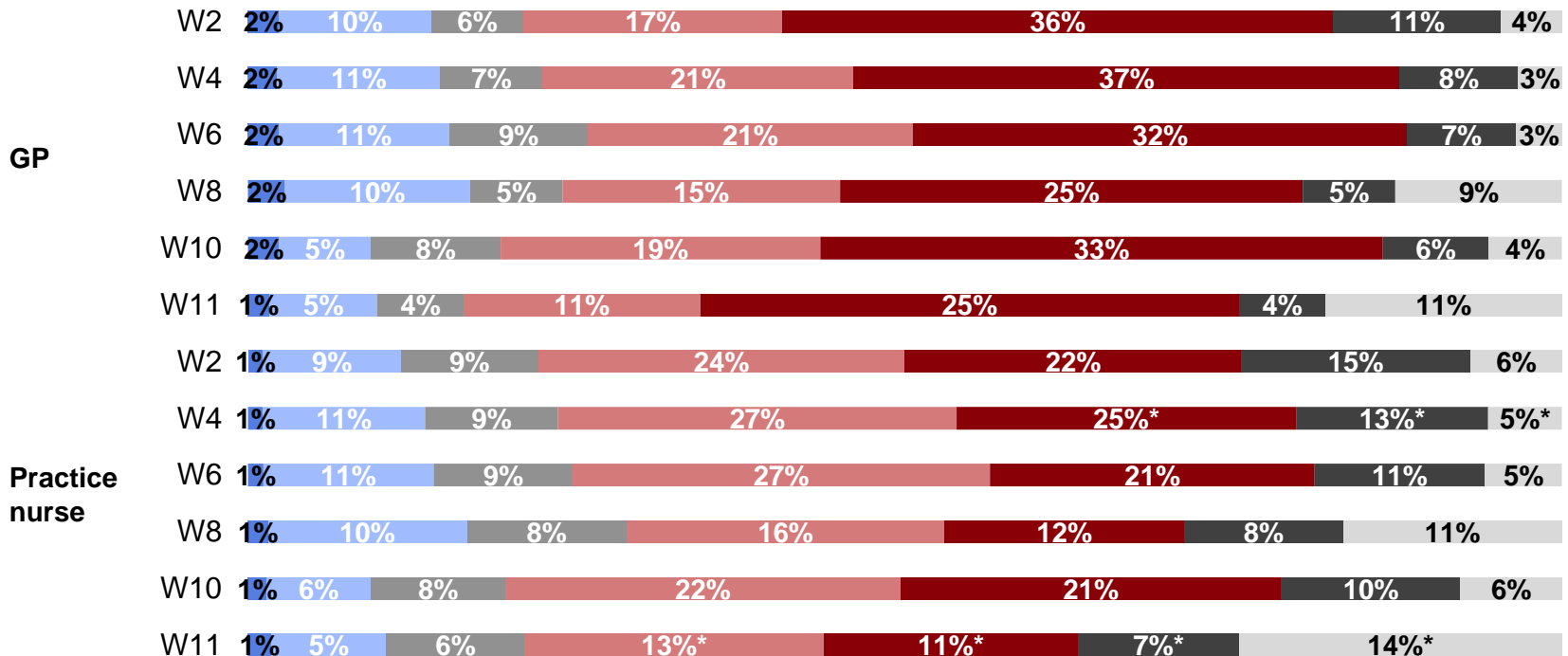


# GP Recruitment and Vacancies

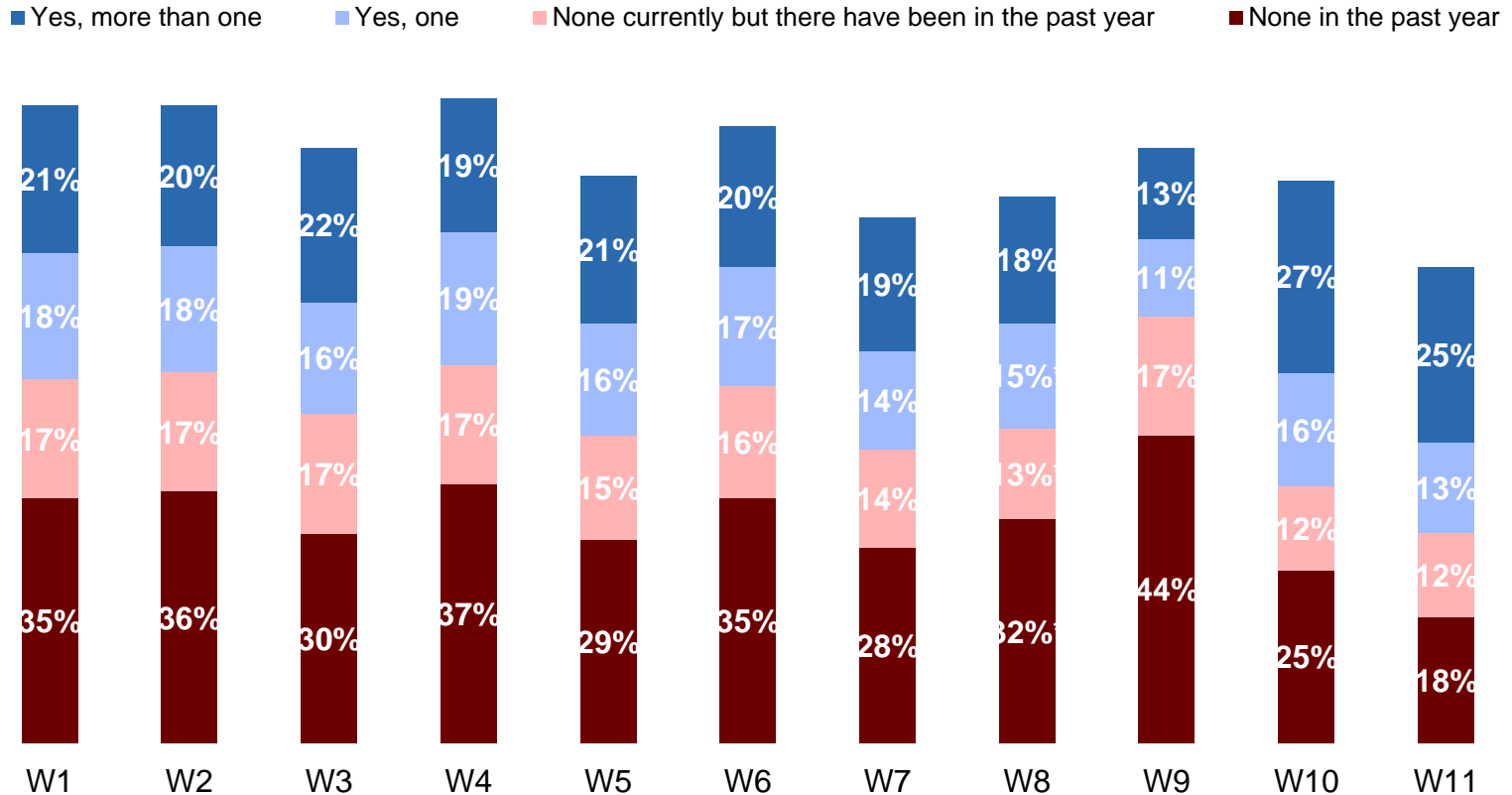
- **36% of GPs said it has been difficult to recruit for a GP position** in their practice over the past year, compared to 6% who said it has been easy, and 4% who said it has been neither easy nor difficult.
- 1 in 4 GPs said it has been 'very difficult' to recruit a GP in the past year.
- 38% of GPs said there has been **at least one GP vacancy open for more than three months** at their practice (significantly more than the lowest proportion of 24% in 2021), and 25% say that there has been more than one vacancy.
- 1 in 5 GPs said that there has not been any GP vacancy in the past three months.

# QWF1a. Thinking about the practice where you work, how easy or difficult would you say it has been over the past year to recruit each of the following positions?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult
- Not recruited for position in last year
- Don't know



# QWF2. Thinking about the practice where you work, are there currently any GP vacancies that have been open for more than three months?



# Access to MDT staff

- Aside from physiotherapists and mental health therapists, the percentage of GPs who say they have **access to MDT professionals has decreased since wave 9 (2021)**.
- 74% of GPs in the most deprived areas have access to a social prescribing link worker, compared to 86% in the least deprived areas.
- 42% of GPs in most deprived areas have access to a paramedic, compared to 54% in the least deprived areas.



# MDT Recruitment

- **55% of GPs said that their practice does not have the physical space** necessary to accommodate new MDT staff.
- Just under 1 in 4 GPs (24%) think that **insufficient funding is provided through PCNs to enable the recruitment of new MDT roles**, such as clinical pharmacists and social prescribers, compared to 1 in 5 GPs (20%) that say that the funding provided is sufficient.
- 31% of GPs said that their **practice lacks access to the support needed to train and develop new MDT team roles** such as clinical pharmacists and social prescribers, compared to 22% who say they have access to this support.
- **35% of GPs agreed that the clinicians in these roles have access to the support, supervision and training they need**, compared to 1 in 5 GPs (21%) that disagree.

# MDT Recruitment

- **44% of GPs said there are not enough MDT staff** across their local area to ensure patients can easily access their care, compared to 19% who are said there are enough staff.
- **27% of GPs said there is not enough flexibility in the Additional Roles Reimbursement Scheme** to allow them to recruit the types of roles needed, compared to 12% who think there is enough flexibility.

# Impact of MDT

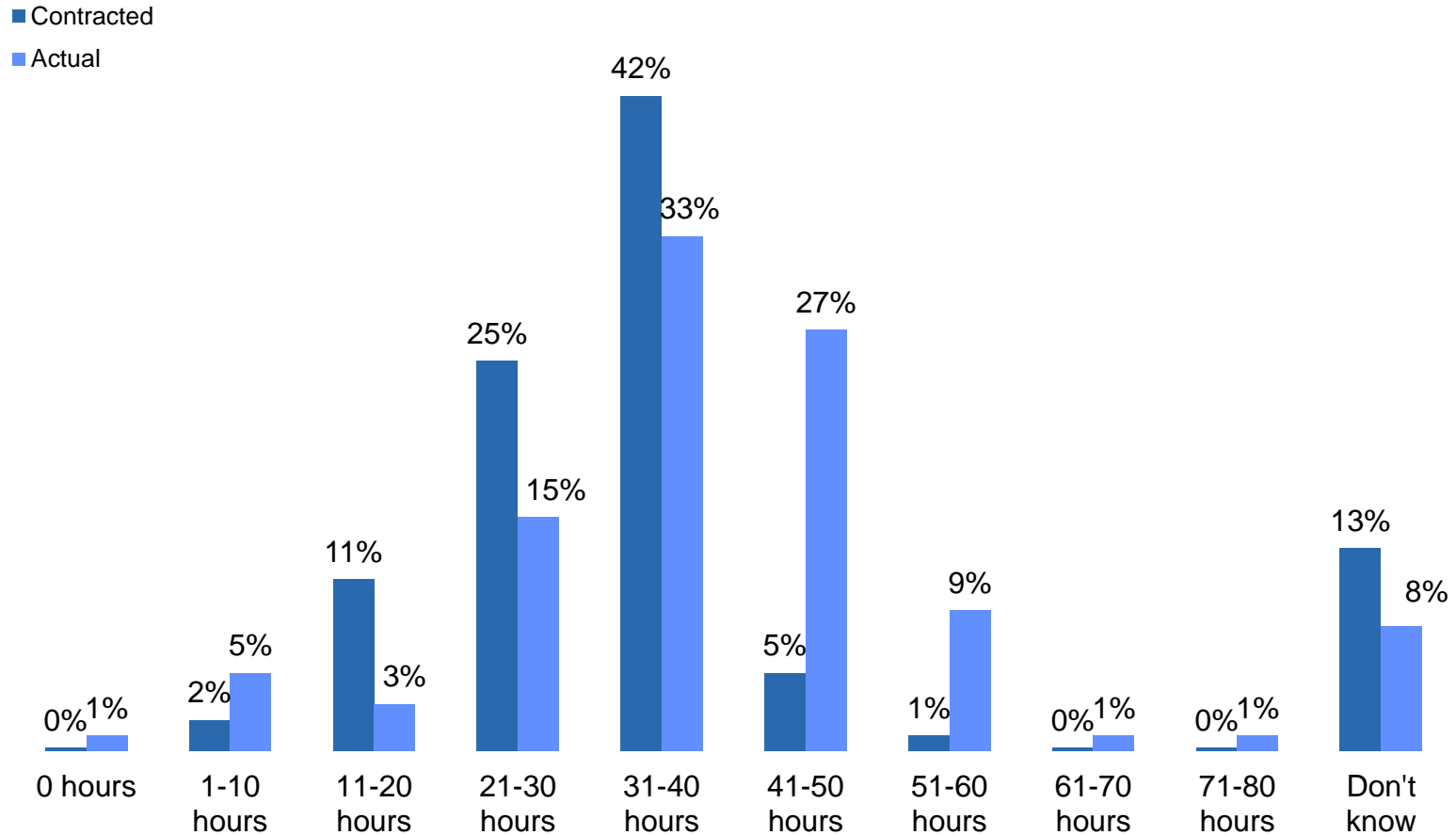
- 39% of GPs said that MDT roles have a positive impact on clinical workload.
- 41% of GPs said that MDT roles help them their ability to focus on the workload that they want to and which uses their skills as a GP best.
- **54% of GPs said that MDT roles have a positive impact on the quality of patient care**, and 53% said they have a positive impact on the speed of care.

# Results - Workload

# Workload - contracted vs actual hours

- **72% of GPs work longer than their contracted hours most days, with 40% saying this happens every day.**
- 2 in 5 GPs (43%) are contracted to work 31 to 40 hours a week, but only 1 in 3 GPs actually work this many hours
- 1 in 4 GPs (25%) who are contracted to work 21- 30 hours, however only 16% of GPs actually work this many hours
- **27% of GPs work 41-50 hours a week despite only 5% of GPs being contracted to work these hours.**

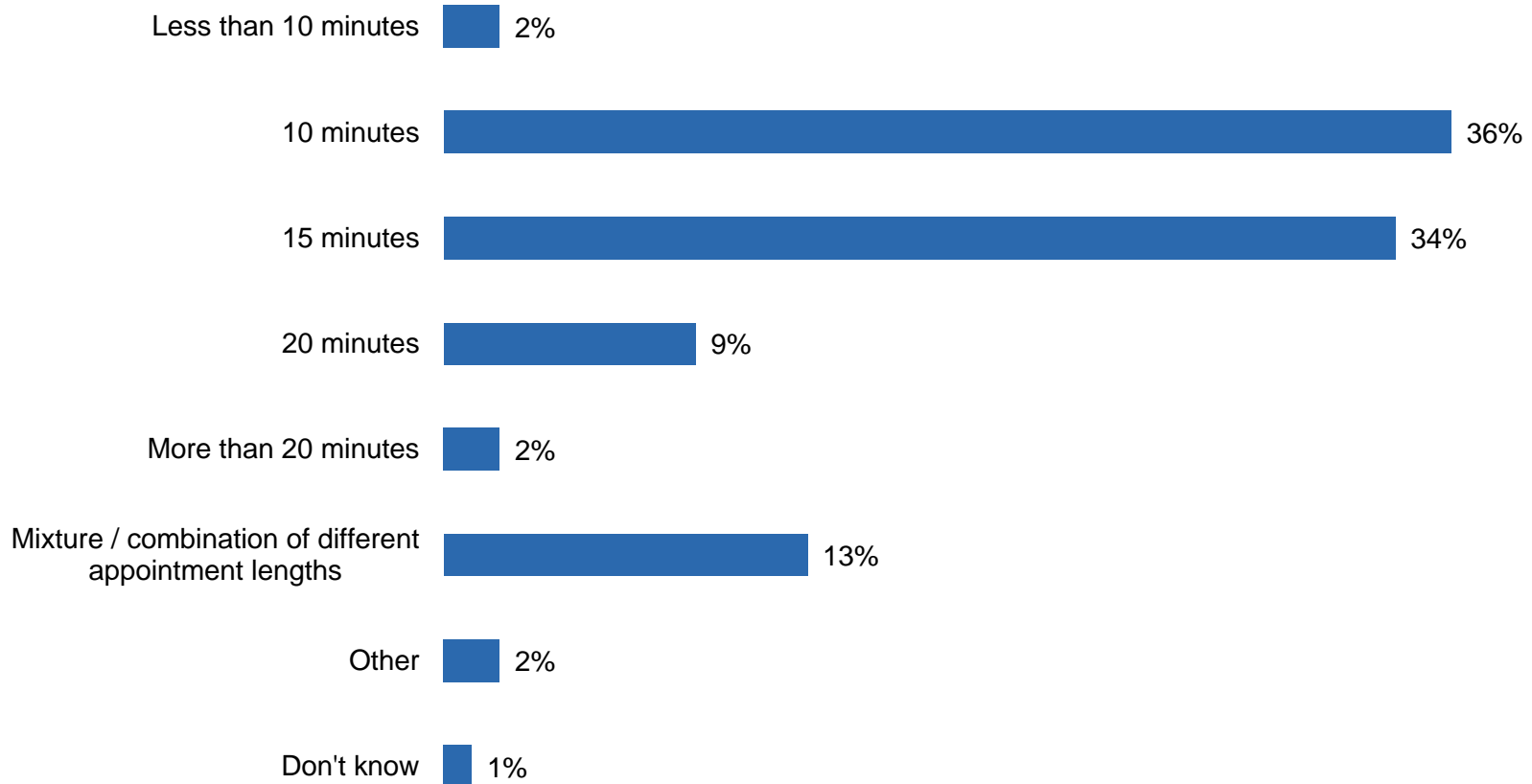
# QD4. How many hours are you contracted to work in an average week? QD5. How many hours do you actually work in an average week?



# Patient Safety and Outcomes

- 38% of GPs work to an **appointment length of 10 minutes**, followed by 1 in 3 GPs (33%) who work to an appointment length of 15 minutes.
- 46% of GPs said **don't have enough time in appointments to ensure patient safety**
- 56% of GPs said **don't have enough time to adequately assess and treat patients during appointments.**
- 57% of GPs said they **don't have enough time during appointments to build the patient relationships** I need to deliver quality care, with 25% strongly disagreeing that there is enough time.

## QCP11. Thinking about patient appointments at your practice, what appointment length do you work to?





# QCP12. To what extent do you agree or disagree with the following statements about patient appointments at your practice?

■ Strongly agree   
 ■ Tend to agree   
 ■ Neither agree nor disagree   
 ■ Tend to disagree   
 ■ Strongly disagree   
 ■ Don't know

**I would like to have the flexibility to plan some longer consultations in with patients when needed**



**I have enough time during appointments to build the patient relationships I need to deliver quality care**



**I have enough time in appointments to ensure patient safety**



**I have enough time to adequately assess and treat patients during appointments**



# Cost of Living – Impact on workload

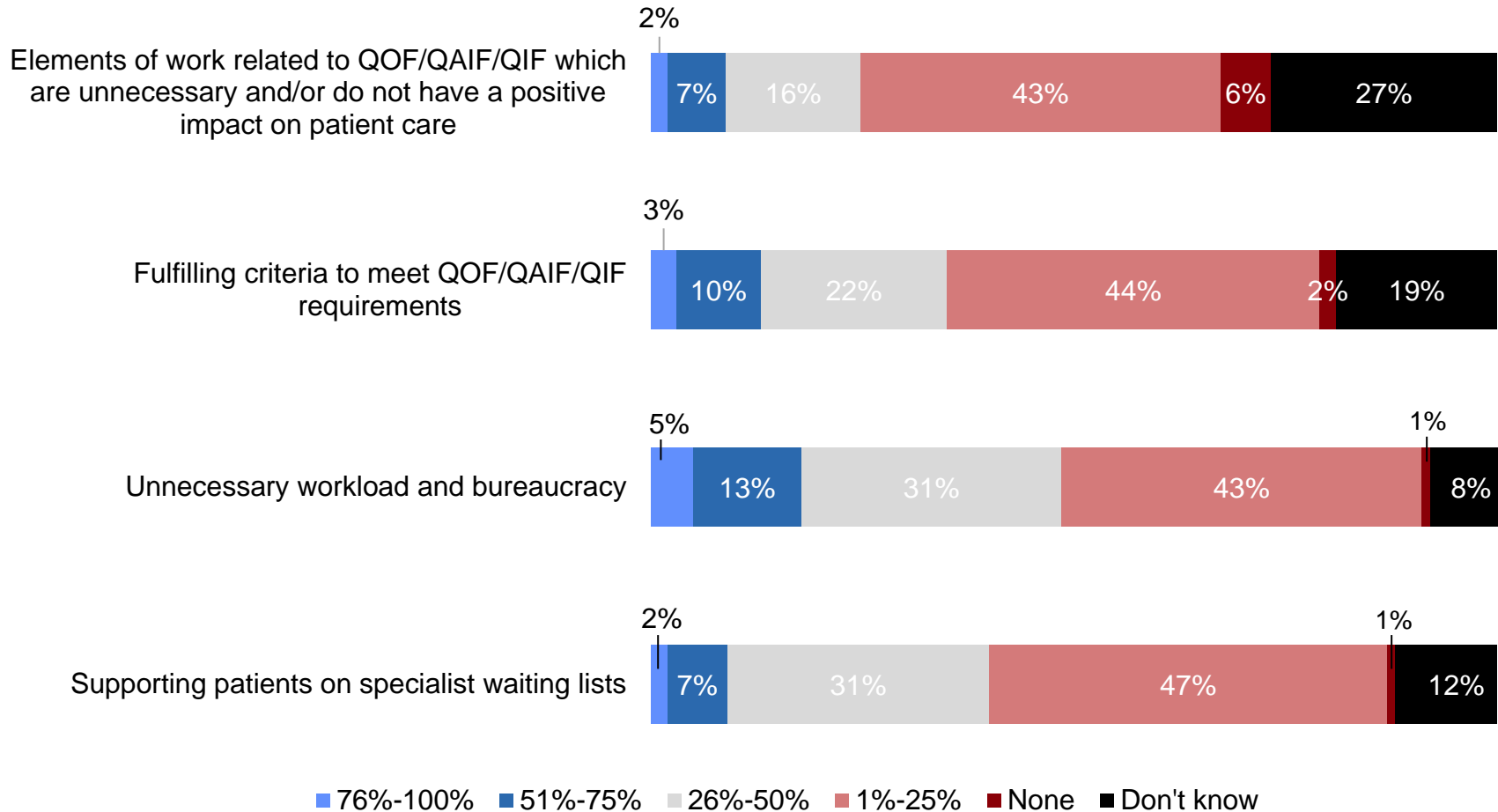
- **73% of GPs said they have seen an increase in the number of presentations that can be linked to poverty, poor diet, poor housing or lack of funds, as compared to last year.**
- **91% of GPs are concerned about the impact of cost living on their patient workload over the coming months, with 51% saying they are ‘very concerned’.**

# 'Unnecessary' workload – Time-Cost

GPs spent a mean average of:

- One third (33%) of their time on 'Unnecessary workload and bureaucracy'.
- 29% of their time on 'Fulfilling criteria to meet QoF/QAIF, QIF requirements'.
- 27% of their time 'Supporting patients on specialist waiting lists'.
- A quarter (25%) of their time on 'Elements of work related QOF, QAIF, QIF which are unnecessary and/or do not have a positive impact on patient care'.

# QWL8. What proportion of your workload would you estimate currently relates to the following



# 'Unnecessary' workload – Sources

The following strategies were selected by GPs as having the potential to reduce workload by 'a lot':

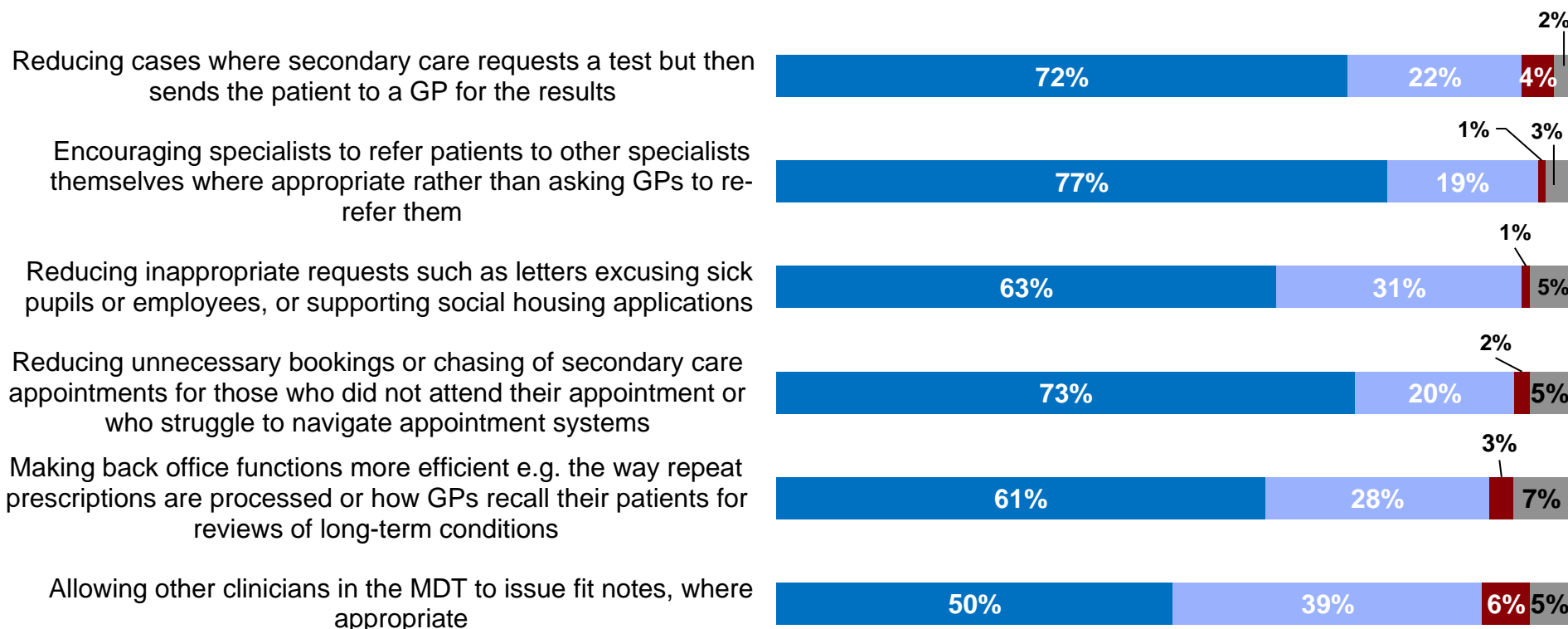
- **'Encouraging specialists to refer patients to other specialists themselves** where appropriate rather asking GPs to re-refer them' – 77% of GPs.
- **'Reducing unnecessary bookings or chasing of secondary care appointments** for those who did not attend their appointment or who struggle to navigate appointment systems' – 74% of GPs.
- **'Making back-office functions more efficient** e.g. the way repeat prescriptions are processed or how GPs recall their patients for reviews of long-term conditions' – 61% of GPs.
- **'Introduction of unified electronic patient record' and 'introduction of e-prescribing in secondary care'** – 58% of GPs.
- **'Allowing other clinicians in the MDT to issue fit notes, where appropriate'** – 51% of GPs.

# 'Unnecessary' Workload – Sources (continued)

- 43% of GPs are **not confident that most patients in their practice have the right information available to know the most appropriate place to get support with their health needs** (such as whether to go to contact their General Practice, go to A&E, visit a pharmacist, call 111, or self-care), compared to a quarter (25%) of GPs who are confident.

# QWL7. To what extent do you think the following could help reduce your administrative workload?

■ A lot    ■ A little    ■ Not at all    ■ Don't know



# Results - Investment



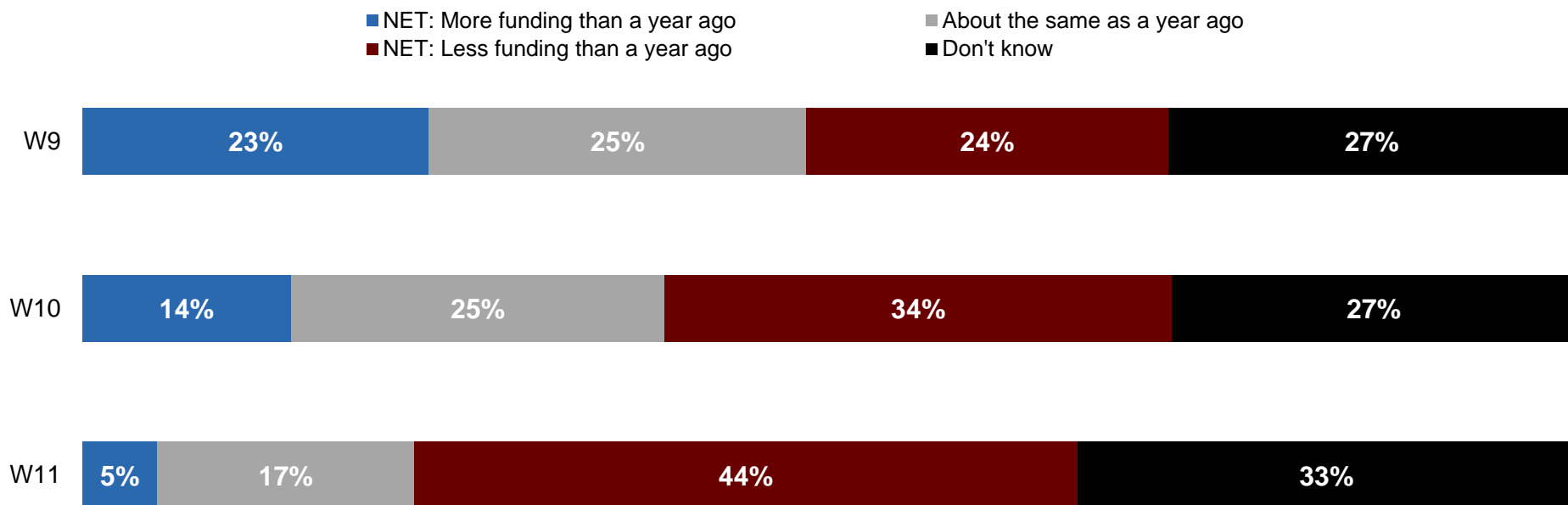
# Financial Sustainability

- Half of all GPs (50%) said it is currently **financially unsustainable** to run a general practice, compared to 26% who said it is sustainable.
- The proportion of GPs who said running a General Practice is financially unsustainable was slightly higher for GPs from London (53%), South-East England (55%), and rural practices (55%).
- The proportion of GPs that said running a General Practice is financially sustainable (26%) is the lowest since 2016.
- **Insufficient funding** (cited 80% of GPs) and **employment costs** (cited 73% of GPs) were the most common reasons given for lack of financial sustainability.

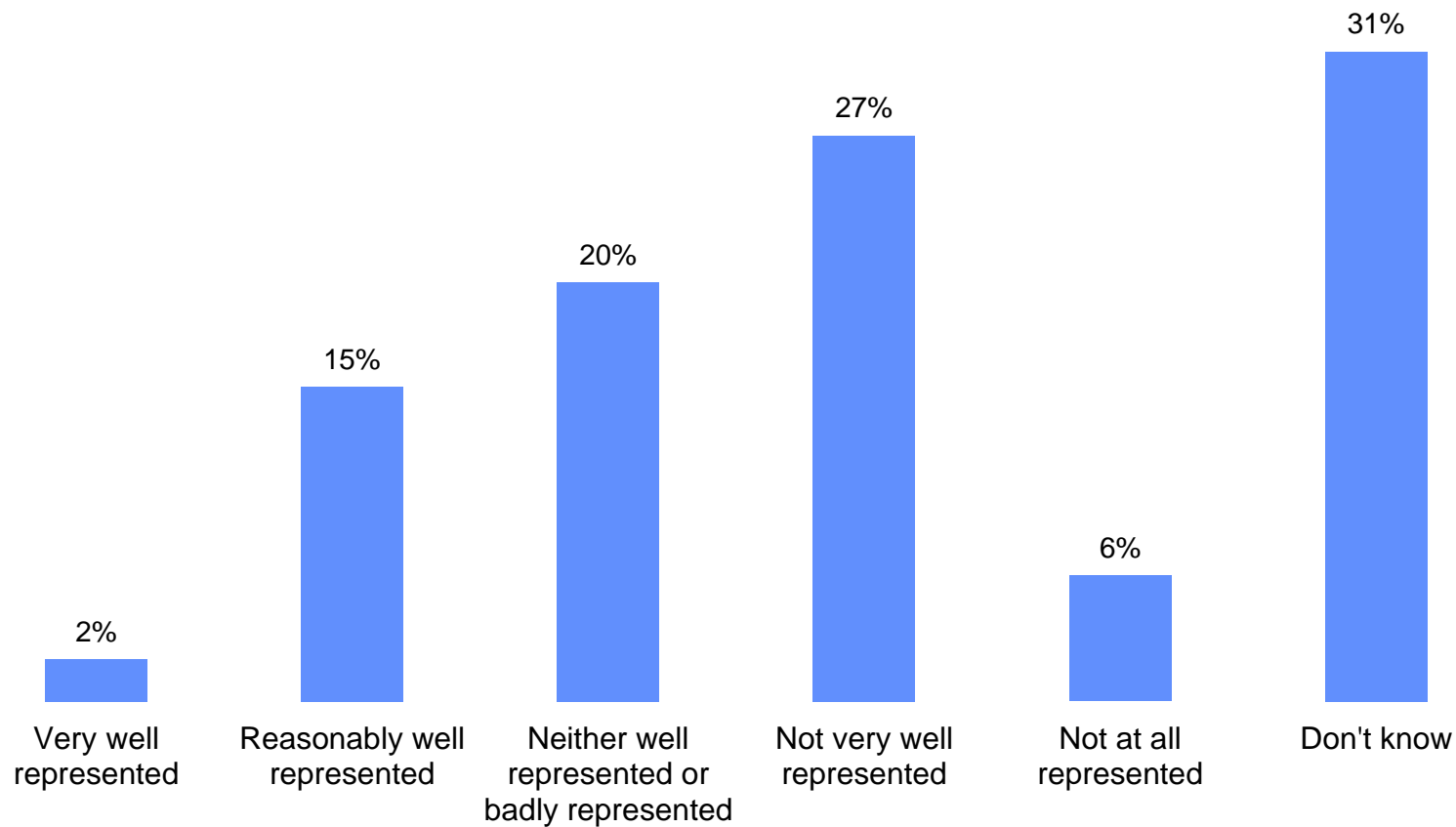
# Investment and Care Models

- **44% of GPs said that there is less overall funding than a year ago (compared to 34% in wave 10), whilst 16% said it had remained about the same, and 4% said it had increased.**
- **19% of GPs said there was a lot less funding than a year ago.**
- 90% of GPs said that their practice is part of a group (PCN, federation, GP cluster, super-practice or another type of group).
- Only 17% of GPs said that the voice of general practice is well represented in their ICS, compared to 33% of GPs that said that it is not well represented.

# QIV1. Thinking about general practice overall, do you think that there is more, less or about the same funding available centrally for general practice as a year ago?



## QCP13. To what extent do you feel that the voice of general practice is well represented in your Integrated Care System?



## QCP13. To what extent do you feel that the voice of general practice is well represented in your Integrated Care System? (North East & Yorkshire, North West)

	Very well represented	Reasonably well represented	Neither well or badly represented	Not very well represented	Not at all represented	Don't know
<b>Total (England)</b>	<b>2%</b>	<b>15%</b>	<b>20%</b>	<b>27%</b>	<b>6%</b>	<b>31%</b>
Humber and North Yorkshire	1%	16%	17%	26%	7%	33%
North East and North Cumbria	1%	13%	19%	29%	7%	31%
South Yorkshire	0%	5%	24%	30%	8%	32%
West Yorkshire	3%	14%	14%	31%	2%	37%
Cheshire and Merseyside	5%	10%	26%	34%	4%	22%
Greater Manchester	0%	14%	22%	20%	7%	38%
Lancashire and South Cumbria	5%	16%	19%	30%	7%	22%

## QCP13. To what extent do you feel that the voice of general practice is well represented in your Integrated Care System? (Midlands)

	Very well represented	Reasonably well represented	Neither well or badly represented	Not very well represented	Not at all represented	Don't know
<b>Total (England)</b>	<b>2%</b>	<b>15%</b>	<b>20%</b>	<b>27%</b>	<b>6%</b>	<b>31%</b>
Birmingham and Solihull	2%	12%	7%	40%	6%	32%
Black Country	5%	7%	27%	20%	12%	28%
Coventry and Warwickshire	0%	17%	26%	27%	4%	26%
Derby and Derbyshire	7%	3%	22%	20%	4%	45%
Herefordshire and Worcestershire	0%	6%	29%	16%	10%	39%
Leicester, Leicestershire and Rutland	0%	18%	30%	28%	0%	24%
Lincolnshire	9%	8%	5%	50%	6%	22%
Northamptonshire	0%	5%	23%	33%	25%	14%
Nottingham and Nottinghamshire	0%	15%	21%	30%	9%	25%
Shropshire, Telford and Wrekin	0%	0%	11%	42%	11%	36%
Staffordshire and Stoke on Trent	2%	12%	41%	20%	10%	15%

## QCP13. To what extent do you feel that the voice of general practice is well represented in your Integrated Care System? (East of England)

	Very well represented	Reasonably well represented	Neither well or badly represented	Not very well represented	Not at all represented	Don't know
<b>Total (England)</b>	<b>2%</b>	<b>15%</b>	<b>20%</b>	<b>27%</b>	<b>6%</b>	<b>31%</b>
Bedfordshire, Luton and Milton Keynes	0%	15%	14%	24%	8%	38%
Cambridgeshire and Peterborough	1%	13%	15%	33%	8%	30%
Hertfordshire and West Essex	5%	15%	27%	9%	9%	35%
Mid and South Essex	0%	13%	23%	28%	4%	32%
Norfolk and Waveney	0%	33%	4%	28%	0%	34%
Suffolk and North East Essex	0%	12%	21%	33%	3%	31%

## QCP13. To what extent do you feel that the voice of general practice is well represented in your Integrated Care System? (South West)

	Very well represented	Reasonably well represented	Neither well or badly represented	Not very well represented	Not at all represented	Don't know
<b>Total (England)</b>	<b>2%</b>	<b>15%</b>	<b>20%</b>	<b>27%</b>	<b>6%</b>	<b>31%</b>
Bath and North East Somerset, Swindon and Wiltshire	0%	24%	15%	22%	11%	28%
Bristol, North Somerset and South Gloucestershire	0%	18%	16%	31%	3%	33%
Cornwall and the Isles of Scilly	0%	21%	8%	38%	7%	25%
Devon	0%	5%	8%	49%	5%	33%
Dorset	6%	17%	23%	31%	0%	24%
Gloucestershire	6%	13%	36%	26%	0%	19%
Somerset	4%	19%	18%	19%	5%	34%



## QCP13. To what extent do you feel that the voice of general practice is well represented in your Integrated Care System? (South East)

	Very well represented	Reasonably well represented	Neither well or badly represented	Not very well represented	Not at all represented	Don't know
<b>Total (England)</b>	<b>2%</b>	<b>15%</b>	<b>20%</b>	<b>27%</b>	<b>6%</b>	<b>31%</b>
Buckinghamshire, Oxfordshire and Berkshire West	5%	14%	25%	26%	2%	29%
Frimley	0%	48%	19%	21%	0%	11%
Hampshire and the Isle of Wight	7%	7%	24%	23%	4%	35%
Kent and Medway	0%	17%	16%	17%	22%	28%
Surrey Heartlands	6%	11%	16%	28%	12%	26%
Sussex	0%	15%	19%	22%	3%	42%

## QCP13. To what extent do you feel that the voice of general practice is well represented in your Integrated Care System? (South East)

	Very well represented	Reasonably well represented	Neither well or badly represented	Not very well represented	Not at all represented	Don't know
<b>Total (England)</b>	<b>2%</b>	<b>15%</b>	<b>20%</b>	<b>27%</b>	<b>6%</b>	<b>31%</b>
North Central London	3%	18%	10%	30%	5%	33%
North East London	2%	19%	12%	23%	7%	37%
North West London	0%	19%	18%	21%	4%	37%
South East London	3%	20%	26%	18%	4%	28%
South West London	2%	19%	16%	22%	6%	35%

# Further Reading

- The RCGP [Fit for the Future: A vision for general practice report](#) (2019) outlines the College's vision for the future of general practice and makes key recommendations on tackling the workforce and workload crisis.
- The RCGP [Retaining GPs report](#) (2022) explores the scale of the GP retention crisis, the factors that drive poor retention, current initiatives to improve retention rates, and recommendations for the future.
- The RCGP [Infrastructure report](#) (2023) examines the current state of digital and physical infrastructure in general practice and provides key recommendations on how infrastructure can be improved to optimise quality of care and patient safety.