RCGP Representation for Phase 2 of the Government's Spending Review

January 2025

Summary

Concern over GP pressures has risen, primarily due to staff shortages, inadequate funding and its impact on patient care. Without sufficient investment, practice closures, reduced patient access, and workforce attrition will persist.

General practice is one of the most cost-effective parts of the NHS. We welcome the government's recent announcement that it will be putting an additional £889m into the 25/26 GP contract, but the proportion of funding allocated to general practice remains low and more action is needed to deliver the sustained funding shift necessary to underpin the provision of more care in the community. The Government must set out its plans to achieve this and the Secretary of State and ICBs should report annually on the proportion of NHS spending in general practice to ensure it increases year on year.

The revised LTWP must set out investment in recruitment and retention initiatives to reverse the workforce crisis if the Government wishes to improve NHS services and shift care into the community. It must also set out steps to increase GP training capacity both in terms of infrastructure and trainer numbers. It should also set a roadmap to increase the number of GP roles to address GP unemployment and improve patient care.

Many GP premises are outdated, impeding service delivery and sustainability efforts. Increased investment in GP infrastructure is needed to deliver the Government's ambition of shifting more care into the community and growing GP training numbers.

To address health inequalities, funding allocation must reflect areas of greatest need.

Submission text

The pressures facing general practice

1. The RCGP's latest survey of 2,190 members highlights how the pressures on general practice are compromising the standard of care that patients receive. Over three-quarters of GPs (76%) say that patient safety is being compromised by their excessive workloads.[i] Furthermore, six in ten (60%) GPs report that they don't have enough time to adequately assess and treat patients during appointments, and 62% feel they don't have enough time during appointments to build the relationships with patients they need to deliver quality care.[ii]

2. Recent UK-wide polling by the Health Foundation/Ipsos found that public concern about the level of pressure GP practices face has grown in the last two years, mainly due to staff shortages (48%) and lack of funding (43%).[iii] 55% think the Government is responsible for addressing the current pressures on GP practices.[iv]

3. Without sufficient funding, practices will continue to close, access for patients will be impeded, patient experience will be poorer and staff will continue to leave the GP workforce. However, given the proper support and investment, GPs could be enabled to work with patients to identify illness earlier and properly embed prevention in the community – all of which would alleviate pressures across the health service and build the healthy society needed for a healthy economy.

General Practice: Value for Money

4. Despite the current challenges general practice faces, it has proved to be one of the most financially efficient parts of the NHS, as recognised by the Darzi review, which described it has demonstrating the "best financial discipline in the NHS family".[v] Investing in primary care leads to better health outcomes and delivers value for money to the NHS, the economy and society as a whole. For every additional £1 invested in primary care, research has shown that at least £14 is delivered in productivity across the local community.[vi] Last year (2024), general practice delivered 367 million appointments, 20 million more than in 2023. [vii] Although the numbers of GPs have started to increase slightly over the last few years, the number of full-time equivalent GPs in England has still fallen overall by 3.97% since 2015,[viii] which means that the number of patients per GP has increased by 17% in this period.[ix]

5. A study by the Personal Social Services Research Unit estimated that in 2022/23 the average 10-minute face-to-face GP consultation costs £56.[x] In comparison, for someone who attends an urgent care centre and receives the lowest level of investigation and treatment, the average cost in 2024/25 is £91.[xi] For an individual at a major A&E department who receives more complex investigation and treatment, the costs range on average from £137 to £445.[xii]

6. The NHS Confederation and Carnall Farrar's analysis from 2023 showed that increasing primary and community care spend relative to need can reduce non-elective admissions by up to 15% and ambulance conveyances by up to 10%.[xiii] They found that systems could make a 31% return on investment in primary and community care, which could make this investment self-financing. This indicates that a well-funded general practice service is a sound investment in the health of the nation, and our NHS.

7. However, despite multi-government intention to shift patient care out of hospitals and into the community, there has not been a sufficiently sustained and substantial transfer of NHS funding to general practice. Although more than 90% of a patient's direct experience of the NHS being through primary care and GP practices, currently less than 10% of the NHS budget in England is spent on primary care and core funding for general practice has fallen as a share of NHS funding.[xiv] According to BMA, the core GP contract accounts for only 6% of the NHS budget (excluding PCN DES).[xv]

8. The RCGP therefore welcomes the Government's acknowledgment of the importance of primary and community care services and its stated commitment to increase over the course of the next Parliament the proportion of NHS funding dedicated to primary care and to general practice, enabling more integrated care in local communities to diagnose and treat problems earlier and keep patients out of hospital. The 2025/26 GP funding settlement is a step in the right direction to begin increasing the share of total NHS resources going to GPs.

9. The upcoming NHS 10 Year Health Plan will reiterate the governments ambition to shift care into the community, and the Spending Review must reflect this with the necessary resources. However, in order to ensure resources continue to increase for general practice, the Government should replicate the successful Mental Health Investment Standard. This new standard would require the Secretary of State to report annually to Parliament on the proportion of NHS spending in general practice and primary care, as is currently required for mental health spending. Similarly, each ICB would be required to report this proportion annually and held to account for ensuring this increases year on year.

Long Term Workforce Plan (LTWP) and 10 Year Health Plan

10. According to the National Audit Office's analysis, the LTWP only aims to increase the number of fully qualified GPs by 4% between 2021 and 2036, compared to a 49% growth in hospital consultants.[xvi] While the plan recognises the need to increase the number of trainee GPs, the plan is noticeably weak on retention, only planning to retain an extra 0-700 extra GPs by 2036/37.[xvii] It is clear these plans are not remotely ambitious enough to increase reflect the needs of the population and to ensure that all patients have access to safe, high quality and timely care. If the Government wants to meet its

commitment to transfer more care in the community and to bring back the family doctor, this must be reviewed.

11. The RCGP is encouraged by the Government's decision to review the LTWP in the summer, with a recognition that more needs to be done in this iteration on community care and general practice. The College urges the next iteration of the LTWP to bring its aims for general practice in line with the Government's manifesto commitments, and for Departmental spending to reflect this ambition in the NHS 10 Year Health Plan by increasing the proportion of resources to general practice.

12. Without significant action to increase GP training capacity – both in terms of infrastructure (explored further below) and trainer numbers – even the unambitious workforce growth plans set out in the LTWP will not be deliverable. According to the GMC, emergency medicine and general practice trainers experience the highest risk of burnout, and action must be taken to support existing trainers and attract new ones.[xviii] In order to address health inequalities, expanded training capacity should be particularly prioritised in areas of socioeconomic deprivation.

13. If the government wishes to place general practice at the heart of a neighbourhood health service, upcoming workforce and resource planning must reflect this ambition, and ensure general practice has the workforce it needs to fulfil this shift.

Additional Roles Reimbursement Scheme (ARRS)

14. RCGP's research last summer showed that 6 out of 10 job-seeking GPs were struggling to find a vacancy to apply for in the past year, with this figure rising to 72% for GPs in training.[xix] We were pleased the Government responded to invest an extra £82m to allow every PCNs to hire on extra Full Time Equivalent (FTE) GPs.

15. This short-term fix is welcome, but the College raised concerns at the time regarding the implementation of this funding, and it must not be seen as a substitute for tackling the underlying cause of lack of available posts, which is the underfunding of core general practice. It is currently unclear how many of the projected 1,250 FTE have been recruited so far through this funding, and it seems the restrictive rules and the inability to legally guarantee these posts long term have been a barrier to recruiting the GPs desperately needed.

National Insurance employers' contribution increase

16. While the public sector and the rest of the NHS have been protected from this tax rise, general practice has not received the same assurance. We are concerned about the potential impact on practices that already face significant budget constraints and staffing challenges due to chronic underfunding.

17. Despite the increase in funding for general practice announced in December 2024, general practice resources remain very constrained, and this continues to be exacerbated by the recent increases to NI contributions. We therefore continue to call on the Government to urgently address this issue through Phase 2 of the Spending Review and ensure practices receive the necessary funding to cover these additional costs over the long term.

Advice and Guidance (A&G)

18. It is encouraging to see that general practice will be funded to help improve the referral experience for patients, by increasing use of A&G services, as part of the Government's plans to reduce referral waiting times. It is up to the BMA to discuss with the Government the details of whether £20 per A&G referral is sufficient to cover the increased workload in practice, but the College supports the principle of shifting resources into the community.

19. Advice and Guidance services have the potential to support GPs to refer appropriately and deliver care to patients whilst they are waiting for specialist treatment. However, in the past GPs have reported issues with using A&G services, including that they shift care into general practice without appropriate resource and that they can be used to reject necessary referrals.

20. The RCGP reiterates the importance of getting the details of this policy implementation right, to ensure A&G is not used to artificially block patients who need quick referrals to secondary care.

GP retention

21. General practice is facing acute retention issues, with our recent survey revealing that 42% of GPs say they are unlikely to still be working in general practice in the next five years.[xx] This shows how hardworking GPs are being pushed to breaking point by unmanageable and unsafe workloads, with many GPs now looking to work abroad or leaving the profession altogether.

22. Recent analysis from the British Medical Association (BMA) estimates the financial cost to the public purse for the loss of medical practitioners. This report conservatively estimates the financial cost to the public purse to replace a single full-time, fully qualified GP with six years' experience at a minimum of £295,000.

23. This figure emphasises the need for a strong and more ambitious focus on GP retention to ensure public funds are being appropriately and sustainably invested.[xxi] NHSE's 2023 unpublished evaluation of GP retention schemes found that 79% of those who were on retention schemes said that their scheme supported them to remain as a GP.[xxii]

24. However, since this study a number of national schemes such as the New to Practice Fellowships have been closed, with responsibility devolved to ICS with no ringfenced funding allocated. It is particularly concerning that the New to Practice Fellowship was closed, as 80% of participants said that the scheme supported them to remain as a GP at a time when one in five GPs under the age of 30 left the profession in just one year.[xxiii]

25. We need to see immediate efforts and investment to expand retention initiatives across the whole GP career, so that we can keep up with the growing demand for care whilst we train the next generation of GPs. Without strong initiatives in place to retain existing GPs, we risk intensifying the workload crisis and losing valuable professional experience.

26. The Spending Review must set out increased national funding and ringfenced ICB level funding for retention efforts to enable every newly qualified GP to access new to practice fellowships, ensure mid-career GPs can access career support and flexible working where required to keep them in the profession, and to enable the introduction of an emeritus scheme for general practice.[xxiv]

General practice infrastructure and estate

27. The NHSE LTWP also recognises the need for investment in GP infrastructure, stating that growth of the GP workforce can only be achieved by significantly investing in general practice buildings. However, capital is currently outside the scope of the plan and no other plans have been published showing how these infrastructure needs are going to be met.

28. According to the RCGP's latest poll of members, over a third (34%) of GPs say that their practice building is not fit for purpose.[xxv] 57% of GPs said their practice requires additional works to improve or upgrade their premises in order to meet the needs of their patients.[xxvi] Of those who need funding to improve their premises, 37% estimated the cost to be over £100,000 and 14% estimated this figure to be over £500,000.[xxvii] Our polling also revealed that GPs felt there is a lack of available funding for these

required structural improvements: of those who tried to apply for funding to improve their premises in the last year, less than a third (32%) were successful.[xxviii]

29. The Government's ambitions to move more care into the community rely on a properly resourced general practice with adequate infrastructure, and so the Spending Review must reflect the fact that premises are not in a fit state to meet demand, and that investment in infrastructure is necessary to achieve this vision. This will also be essential in taking forward the Government's proposal to trial the introduction of neighbourhood health centres.

30. The RCGP welcomes the Government's promise, made at Autumn Budget 2024, of more funding for the NHS estate, including a dedicated fund to improve 200 GP practices to support improved use of existing buildings and space, boosting productivity and enable practices to deliver more patient appointments. However, this equates to just 3% of the GP estate. Phase 2 of the Spending Review must therefore set out a clear road map for the delivery of the additional capital that will be needed to ensure all GP practices have adequate space to both treat their patients and train the next generation of GPs we so desperately need.

31. GP premises also need the space and resources to accommodate expanding primary care staff teams, utilise advances in technology and AI, and to deliver on the NHS's sustainability commitments and the path to net zero. Approximately 16% of general practice's emissions come from energy use.[xxix] Improving energy efficiency has concurrent benefits for practices, staff, patients, and the NHS, by reducing energy costs and ensuring more comfortable and controllable healthcare environments. Interventions that could produce dual benefits for staff, patients and the environment include retrofitting to improve insulation and address issues causing drafts and damp, investment in heat pumps and cooling systems, moving away from gas, and funding for solar panels. Further efforts should be made by Treasury and the Department of Health and Social Care to support primary care providers including GP Practices to decarbonise their estates and look to remove any existing barriers that prevent GP practices from accessing relevant schemes.

32. The RCGP recommends an additional ringfenced investment of at least £2 billion in GP infrastructure to address the longstanding underfunding in general practice premises.

33. If general practice is to take its place at the heart of the neighbourhood health service as proposed by the government, GP infrastructure must also receive the necessary funding for renewal and refurbishment to accommodate this shift.

Health inequalities

34. Studies by the Health Foundation and others have demonstrated that 80% of health outcomes are determined by non-health-related inputs such as education, employment, income, housing, and access to green space.[xxx] The economic impact of these disparities is significant. According to research from the University of York, socio-economic inequalities cost the NHS £4.8 billion each year in additional hospital care alone.[xxxi]

35. Within general practice, GPs spend almost a fifth of their time helping patients with social issues that are not principally health related. This reveals the knock-on effects of social determinants on patient's health and in turn the impact of this on the health system. Co-location with other services that can help with housing, jobs, and benefits would enable GPs' time to be spent more efficiently as they can then signpost patients directly to services that will help them. This will require the building infrastructure to support this.

36. The way general practice is currently funded means that health inequalities are systematically exacerbated. Analysis by The Health Foundation shows that practices in areas with the poorest communities have on average 14.4% more patients per fully qualified GP than practices in wealthy

areas,[xxxii] and they receive 7% less funding per need adjusted registered patient than those serving less deprived populations.[xxxiii] Additionally, increasing the use of incentive schemes over the last few years has widened disparities, with practices in the most deprived areas receiving 29% less in payment from QOF than those in the least deprived areas.[xxxiv]

37. The RCGP welcomes the Government's commitment to halve the gap in healthy life expectancy between the richest and poorest regions in England. The RCGP also strongly supports the production of a cross-government strategy to reduce health inequalities, underpinned with the necessary funding to drive change. To help meet these commitments, the RCGP is calling for all general practice funding streams to be reviewed so that resources are equitably distributed to combat inequality, and spending is channelled to the areas of greatest need alongside increased investment across general practice as whole.

38. The RCGP is also concerned about the lack of confirmed funding for the Targeted Enhanced Recruitment Scheme (TERS) for the 2025/26 programmes. TERS has been instrumental in addressing longstanding recruitment and retention challenges in under-doctored and socio-economically deprived areas across England. Its continuation is an essential part of safeguarding equitable healthcare provision and improving patient outcomes in these underserved areas. The RCGP urges the Government to ensure the continuation of TERS funding, or guarantee that under doctored areas receive additional funding to recruit the GPs they need.

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