Inquiry into the future of general practice in Wales

A written evidence submission from the

Royal College of General Practitioners

“There are 1.6 million GP appointments every month in Wales, which is more than half the population equivalent.”

- Eluned Morgan MS, First Minister, FMQs 4/2/25

“The hospital sector sucks the resources from the health service, yet 9 out of 10 contacts between the individual and the health service happen in primary care, in your GP surgery. 9 out of 10. But the money is nothing like that. The money is sucked into the hospital sector because it is so expensive to run.”

- Mark Drakeford MS, Cabinet Secretary for Finance and Welsh Language, For Wales See Wales, 23/01/25

“Put an extra GP in every single practice, and I assure you that will be a better use of taxpayers’ money than putting it into a hospital.”

- Dr Adrian Hayter, RCGP Medical Director for Clinical Policy

Introduction

RCGP Cymru Wales welcomes the opportunity to contribute to this inquiry and applauds the committee for placing its focus on general practice. However, the scope of the inquiry presents a challenge in itself.

Our approach has been to set out a broad overview of the challenges, the opportunity which exists for general practice to play a pivotal role in alleviating pressure elsewhere in the NHS and then to consider each of the points noted in the call for evidence.

We hope that there will be interest in speaking to GPs about the topics mentioned and would be happy to suggest potential witnesses to the committee with relevant specialisms, for example on tackling health inequalities or GP retention.

Overall, we hope that this submission is the start of a constructive dialogue with the Committee, and we would welcome on-going engagement during this inquiry.

A picture of decline

The stark truth is that general practice is in crisis. In 2002, GPs worked across 516 practices in Wales. By the start of the pandemic in 2020, there were 404 practices. Today, just 374 GP practices remain. There are many factors contributing to this decline, but at its core is the lack of a plan for a sustainable general practice service for patients.

In the last year, we have started to see the number of full-time equivalent GPs increase and we hope this will continue but it is against a backdrop of a shortage of capacity which is leading to excessive pressure on the workforce. Furthermore, the relatively small increase is from a starting point which was calculated by the BMA to represent an existing shortfall of 664 GPs in comparison to the OECD EU average.

Each year, RCGP surveys its members. In 2024:

- 58% of respondents felt that their mental wellbeing had declined while working as a GP over the last 12 months
- 37% of respondents felt they were 'unlikely' to still be working in general practice in five years' time
- 64% of respondents said a reduction in their administrative workload would be likely to retain them in general practice for longer
- 83% of respondents felt that patient safety is being compromised by excessive workload
- 57% of respondents said that their practice requires additional works to improve or upgrade the premises to meet practice/patient needs
- 65% of respondents disagree that they have enough time to adequately assess and treat patients during appointments.

There will always be a need for family doctors and for general practice, but what form it takes is open to question.

If the role is sustainably funded through the NHS, it will become the public service we need, offering quality care for patients, managing acute and chronic illness, with the essential capacity needed for preventive care. If it is not, then market forces will demand that the baton be picked up by the private sector and general practice will become more like private dentistry. This will inevitably widen health inequalities across the nation.

This is not a fanciful suggestion of a dystopian future. Already services which were once provided by NHS GPs are increasingly managed by private practices for those patients who can afford them. Examples include minor operations, joint injections, freezing warts, syringing ears, and spirometry.

A reason for optimism

However, the frustration within general practice is not simply that the workload is unsustainable, it is that with proper resourcing general practice could be a saviour of the wider NHS. The GP Voice Survey noted above also found that 74% of respondents felt that their practice could alleviate pressure from hospitals if it had more staff/resources.

Research has shown that every £1 spent on funding general practice saves £3 of hospital costs[1]. There is an additional financial benefit if early treatment enables the patient to remain economically active. The NHS Confederation found that for every additional £1 spent on primary or community care, there was scope to increase economic output by £14[2].

We believe that general practice offers a vital opportunity to resolve long-standing and recurring challenges within the health service.

[1] https://www.bmj.com/content/387/bmj.q2295

[2] https://www.nhsconfed.org/news/extra-investment-out-hospital-care-can-reap-billions-wider-economy

Point-by-point

The future of general practice is wide-ranging topic upon which there is much to say. We have sought to focus on the key issues related to each of the points proposed by the Committee in their briefing for the consultation. Nonetheless, we hope that there will be opportunities during the Committee's hearings to expand upon these points and, where appropriate, thread them together into a wider narrative of the role general practice can play.

- **Challenges threatening the sustainability of general practice, including:**
    - **the funding model for general practice and current financial pressures**

It is impossible to address the decisions taken by the Welsh Government without acknowledging the fundamental issues which exist with the Barnett Formula. A calculation based on the health needs of the people of England is never going to adequately address the health challenges within Wales. In addition, irrespective of the calculation, the delay of payment of a Barnett consequential until the next block grant is accentuating the inequality between the English and Welsh NHS.

Not withstanding the problems of the devolved funding settlement, we believe that decision-making over funding by the Welsh Government has failed to match the rhetoric of a shift of resources towards primary and preventive care. The pressures facing general practice are rarely as headline-grabbing as the publication of an eye-wateringly long, condition-specific waiting list or a queue of ambulances outside a hospital. Nonetheless, these issues in secondary care are often the symptoms of deep-rooted ailment in the system.

The frustration is that the case for shifting investment into primary and preventive care is no longer contentious. Research has shown that every £1 spent on funding general practice saves £3 of hospital costs[3]. There is an additional financial benefit if early treatment enables the patient to remain economically active. The NHS Confederation found that for every additional £1 spent on primary or community care, there was scope to increase economic output by £14[4].

We accept that the benefits of investing in general practice today will take time to manifest in secondary care. That means in the short term there would need to be an increase in NHS spending. However, it would be focused and designed to deliver longer term savings to the health service and to the productive economy more generally.

    - **the efficacy of different models for managing general practice**

[3] https://www.bmj.com/content/387/bmj.q2295
[4] https://www.nhsconfed.org/news/extra-investment-out-hospital-care-can-reap-billions-wider-economy

RCGP has 55,800 members in total and 2,100 in Wales. Among those members you will find GP partners, salaried GPs working for health boards and for general practice at scale business models, you will also find private sector GPs. The College seeks to do its best to represent all members and thus we do not have a set preference for a model of general practice.

Notwithstanding this stance, there are observations which we hope will benefit the Committee's deliberations.

GP partnership is still delivering excellent value for money. The model also allows for a nimbleness of planning by the partners. However, there are real challenges around premises liability and the 'last person standing' scenario in which only one partner is left after colleagues leave the partnership. It could also be noted that the NHS is over-reliant on partners working above and beyond the expected hours of a salaried GP without remuneration.

Our survey data in recent years has suggested that there is a desire among GPs to become partners but a lack of expectation that they will have that opportunity. With this in mind, RCGP has teamed up with the North Wales Primary Care Academy to deliver a Pathway to Partnership programme to help GPs develop the non-clinical skills required for partnership[5]. This is currently in its first year and we hope will be a scheme which will grow.

General practice at scale has come under political and media scrutiny in recent months. There are concerns about how such a model is implemented, but we would caution against 'throwing the baby out with the bathwater'. There is value in combining back-office functions and having scope to share medical professionals between different locations thus creating a more robust system than can adapt when a GP or member of their team is unavailable to work.

We think it important that relationship-based care is not lost in an at scale practice and that there is a contingency in place should the at scale business fail because its potential impact on patients would be multiples of that of a smaller practice closing. We note with interest the Northumbria Primary Care not-for-profit at scale model.

- **the suitability and maintenance of general practice estates and access to digital technology**

General practice estates are at breaking point. Some are in urgent need of modernisation, while others are relatively modern but cannot keep pace with the growth of the multi-disciplinary team requirements for space, and the needs of trainees who will be our next

[5] https://www.linkedin.com/pulse/gps-from-across-north-wales-invited-4zxpe/

generation of NHS colleagues and family doctors. Future general practice estate development should consider energy efficiency and environmental sustainability.

Premises are a considerable cost and concern to GPs. A lease or mortgage is funded indirectly by the NHS, but it is the partner who is liable. This can create a significant financial challenge if their practice becomes unviable, a particular stress faced by partners in the 'last person standing' scenario where they are the final GP after others have left the partnership. In addition, a potential new partner could be discouraged by having to take out a loan to buy in to the practice. RCGP Cymru Wales believes that there should be an opt-in central general practice estates body which would hold the liability of the buildings, leases and mortgages centrally. This would make partnership a more appealing option for GPs. No GP should be obliged to join the scheme, but we believe it would be an attractive option to many.

Wales has been behind the curve on the adoption of technology in general practice and the wider NHS. Work on the NHS Wales app only seemed to begin after a similar product had been available in England for a couple of years. There remain outstanding questions about how usable it will really be for patients from a general practice perspective. There was a similar late-adopter approach to e-prescribing, the progress of which has been welcome but now seems to be dragging, and also digital shared patient records.

It has to be acknowledged that digital appointment booking is a function patients understandably expect in an environment in which so many services are just a few clicks away. To triage patients effectively using such a system requires adequate resourcing.

- **The general practice workforce, including workforce planning, the recruitment of new staff into general practice, the retention of experienced staff, staff workload and wellbeing, training and continuing professional development, and the growth of the multidisciplinary team**

The College would like to place on record our gratitude for the comprehensive engagement which took place during the preparation of the Strategic Workforce Plan for Primary Care[6]. Our concern, however, would be that while the themes and direction of travel are to be welcomed, there is a lack of clarity over numbers per profession.

There is widespread support for the multi-disciplinary team in general practice. This structure allows patients to see the most appropriate professional in the most efficient way. It also creates a learning environment which is to the benefit of all members of the practice team.

Unfortunately, without clear numbers, it also opens the door to fears of providing general practice 'on the cheap'. Wales already lacks the number of GPs that patients require.

[6] https://heiw.nhs.wales/workforce/strategic-workforce-plan-for-primary-care/swppcsummary2024/

How can we audit the improvement in this situation if there is not a stated ambition to reach a specific number of GPs proportionate to the needs of the community?

The College applauds the excellent work of Wales' medical schools in developing the next generation of GPs and their colleagues. However, we have recently seen a marked shortage of GP positions being available. This is because of financial decisions taken both by the Welsh Government regarding general practice funding and the UK Government in regard to changes to National Insurance, meaning that practices are unable to afford to employ them. To have a shortage of GPs and a shortage of jobs for GPs is a government policy failing which is adversely affecting patients.

GP retention remains a major challenge. Our GP Voice survey shows that 37% of GPs in Wales do not expect to be working in the profession in 5 years' time. For some this is linked to retirement, but that was only the third highest response following, 'I find general practice too stressful' and 'I have to work too many hours in general practice' demonstrating the acute workload pressure.

- **The patient experience of general practice, including equitable access to care, effective management of patient demand, the quality of care, and public trust in the services provided.**

A figure equivalent to more than half the population of Wales, is seeking a GP appointment every month. Management of this is inevitably a challenge and one which would benefit from increased resourcing. The National Survey for Wales for 2021-22 recorded that 59% of respondents were very satisfied with the care they received in general practice and a further 27% fairly satisfied[7]. This question was not included in the 2022-23 survey and thus is the most up to date available. While the College would not wish to be complacent, it is encouraging to see strong levels of satisfaction. However, we also note that initially accessing a convenient appointment was regarded by a third of respondents as difficult.

RCGP Cymru Wales welcomes measures which have been taken to recognise the importance of continuity of care within the GMS contract. This is a step in the right direction to a general practice which values delivering quality care for patients. The time constraint imposed by 10-minute consultations mean that GPs increasingly need to be reactive, treating the immediate symptoms presented to them, rather than having the time to focus on potentially deeper-rooted causes. It can also prevent GPs from proactively addressing important preventive topics such as diet and lifestyle advice, gambling concerns, domestic abuse or supporting patients with smoking cessation.

This was echoed by results of our 2024 GP Voice survey. When asked whether there is enough time during appointments to build the patient relationship needed to deliver

[7] https://www.gov.wales/national-survey-wales-results-viewer

quality care, 57% of our members disagreed. Furthermore, 65% of members felt that they do not have enough time during appointments to adequately assess and treat patients.

RCGP welcomes recent work with Welsh Government and the British Medical Association General Practitioners Committee to develop a Continuity of Care Quality Improvement measure. Continuity of Care refers to the consistent and seamless provision of healthcare services to a patient over time. Patient outcomes are enhanced by the development of trust, mutual respect and co-production with their clinician. Continuity of care also leads to a better understanding of the patient's ideas, expectations, and family circumstances. Patients who benefit from seeing the same GP over time are less likely to attend hospital whether that be acutely in the emergency department, or to see a secondary care consultant in outpatients, thus reducing waiting lists. GPs who offer this care have greater job satisfaction and make fewer mistakes. It is an effective means of improving the quality of care delivered, for a lower overall cost. Practices multidisciplinary teams will be asked to work and learn together to develop adaptations to strengthen the continuity of care through quality improvement initiatives and to maintain accountability through regular Quality Improvement updates, reporting to clusters and health boards.

- **Opportunities to improve general practice to make it fit for the future and take a more preventative approach to care.**

Much of the narrative of Welsh Government has focused on a shift in resources towards primary and preventive care, however, there appears to be a disparity between what is written and what is occurring in terms of funding. A queue of ambulances waiting outside a hospital or a publication of eye-wateringly high waiting list numbers are always more likely to drive headlines and thus the political agenda, rather than tackling the root causes. In this instance, the problems and pressures of secondary care are the symptoms of a condition which can be alleviated through a well-resourced general practice.

The proportion of the NHS budget allocated to general practice in Wales has been decreasing for more than a decade. This decreased funding has been catastrophic, especially when one considers that 90% of all NHS patient encounters occur in primary care.

Again, we accept that the benefits of investing in general practice today will take time to manifest in secondary care. That means in the short term there would need to be an increase in NHS spending. However, it would be focused and designed to deliver longer term savings to the health service and to the productive economy more generally.

A sustainably resourced general practice is good for the patient, the wider NHS and the Welsh taxpayer.