GPs and practice teams have played a pivotal role throughout the COVID-19 pandemic, working hard to provide care for their patients and taking a central role in delivering the COVID-19 vaccination programme. As we move beyond the ‘emergency’ pandemic period, general practice – the foundation stone of our healthcare system – is now at breaking point.

Unless the Government acts now to tackle the challenges facing general practice, patient care will suffer. General practice needs an expanded workforce with the right skills, tools and premises to improve access, reduce health inequalities, ensure patient safety, and give GPs more time to care for, and build trusting relationships with, their patients.
• Targets to deliver more GPs continue to be drastically missed. We simply do not have enough GPs to meet the needs of a growing and ageing population, with increasingly complex needs, on top of managing the fallout from the pandemic. This includes increasing numbers of people experiencing ‘Long COVID’ and mental health issues.

• Numbers of fully qualified GPs fell by 601 full time equivalents (FTE) between March 2019 and March 2021 (2%), and by 1,307 FTE (4.5%) between September 2015 and March 2021.¹ This is against a backdrop of ever-growing demand for healthcare among the public, with England’s population expanding by 4% since 2015. This translates to an additional 165 patients per fully qualified FTE GP, an increase of nearly 9%. Primary Care Networks (PCNs) have recruited an estimated 7,100 FTE additional practice staff since 2019, which is positive, but this also falls far short of the pace needed to meet Government targets for 2024.

• GP workload has reached unsustainable levels, with many doctors at risk of burnout. Data from the RCGP Oxford Research and Surveillance Centre shows that GP consultations in June 2021 were 11% higher than in June 2019, while clinical administration had risen by 35%.² This is on top of primary care delivering the majority of COVID-19 vaccinations, and much of this additional activity is not captured in workload data.

• A high number of GPs are quitting the profession and we expect this problem to be exacerbated by the pandemic. A recent RCGP survey found that 34% of GPs expect to leave the profession within 5 years,³ which could mean the loss of over 14,000 GPs to the workforce.

• At least a third of GP premises are not fit for purpose according to a recent RCGP survey, 90% of which are not able accommodate the expanding staff team,⁴ and practice teams do not have adequate digital tools to deliver high-quality patient care.
What can government do to fix the crisis in general practice?

RCGP is proposing 5 priority actions for government to take to improve the care for patients in general practice

1. Ramp-up efforts to deliver the 2019 Conservative manifesto target of 6,000 more FTE GPs before 2024 by:

- Establishing an independent and authoritative NHS workforce planning body, to ensure that the healthcare system has the workforce it needs to meet growing demand and tackle health inequalities.

- Allocating sufficient funding for GP training in Health Education England’s budget for at least 4,000 GPs per year, expanding towards 5,000 as soon as possible.

- Developing a new GP retention strategy, reviewing and revamping local and national retention schemes and approaches (for example by supporting agile working) and expanding access so that all GPs can be supported to remain in the workforce. Invest in high-quality professional development opportunities for GPs through local ‘training hubs’ and provide back-fill funding for their development time.

2. Undertake a system-wide programme to eradicate unnecessary general practice workload by 2024, to allow GPs more time to care and prevent GP burnout. This should include:

- Implementing light-touch and risk-based regulatory models, reducing paperwork and reporting requirements, enabling GPs to focus on delivering patient care.

- Overhauling contractual requirements, such as QOF, in order to focus on high-trust approaches to assuring high-quality care, with low administrative requirements.
• Moving ahead with long overdue regulatory changes to allow more staff in the wider practice team to prescribe medications or sign fit notes for patients under their care, where this fits within their areas of competence.

• Preventing workload being shifted from one part of the NHS to another unnecessarily. This needs to include improving communication and data flows between primary and secondary care, so that IT systems in one part of the NHS can talk to another.

3. Recruit and properly integrate at least 26,000 other members of staff into the general practice workforce by 2024 by:

• Improving the flexibility of the additional roles reimbursement scheme (ARRS) to facilitate employment across Primary Care Networks (PCNs) and increase support for proper integration of staff across practices.

• Providing resources for adequate supervision and mentoring of new practice staff.

• Improving access to structured training and induction programmes for these additional roles in general practice, drawing on the success of programmes such as ‘Clinical Pharmacists in General Practice’. Significant improvements should be made to support delivery of the New to Practice Scheme for nurses.

4. Ensure infrastructure within general practice is fit for purpose by 2024, to allow GPs to deliver care, in a safe way using reliable technology by:

• Investing £1 billion to make general practice premises fit for purpose, including sufficient space to accommodate expanded multidisciplinary teams, and deliver digitally-enabled remote care.

• Ensuring GPs and wider teams have access to the tools, training, guidance and support in routinely using digital tools in their practice.
5. Enable GPs to have a strong voice in integrated care systems and in designing care for the communities they serve by:

- Making sure general practice has a strong voice in integrated care systems. It is critical that GPs are well represented at ICS board and place-based level, so they can shape and design services for the communities they work in and understand.

- Investing in data analytical capabilities at a PCN level, to support GPs to implement strategies based on the needs of their local populations, to deliver personalised care and reduce health inequalities.

- Evaluating digital triage systems and co-design best-practice principles with general practice staff and patients.

- Providing additional investment for local primary care leadership capacity, by increasing funding for PCN Clinical Directors by at least 0.5 FTE.

1. RCGP analysis of NHS Digital, General Practice Workforce, 31 March 2021.
2. Data extracted from practices in England via the RCGP Oxford Research and Surveillance Centre Primary Care Workload Observatory.
3. RCGP survey of 1,281 GPs in England, in field March 7th to April 8th 2021.
4. RCGP survey of 1,281 GPs in England, in field March 7th to April 8th 2021.