Transforming general practice:
Building a profession fit for the future
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Executive summary

A shortage of GPs, rising patient demand and continued underinvestment in general practice has resulted in significant pressures on primary care. RCGP Wales members are concerned about the effect of these pressures on patient care.

A recent survey of RCGP Wales members¹ found that:

- **31%** of GPs, say that at least once a week, they are so stressed they feel they cannot cope
- **23%** of GPs say they are unlikely to be working in general practice in 5 years
- **72%** of GPs say they expect working in general practice to get worse in the next 5 years
- **42%** of GPs say it is financially unsustainable to run a practice

¹ Royal College of General Practitioners Wales
What change is needed

Long standing campaigning calls from RCGP Wales include boosting the GP workforce, developing a wider team of primary care professionals working in general practice, and increasing the support for out of hours services – all underpinned by a reversal of the chronic underinvestment in general practice.

• Increasing GP training places to 200 per year, promoting Wales and general practice as attractive career options, and improving incentives to keep GPs in the profession will help to create a workforce ready to meet the challenges of the future.

• Supporting multidisciplinary working, developing clusters and investing in premises will help achieve the innovation general practice and primary care needs to meet changes in demand.

• Out of hours services need a significant increase in support, ensuring they are more accessible for patients. Reform should be guided by the RCGP Wales document ‘Meeting urgent needs: improving out of hours services in Wales.’

• This must be underpinned by an increase in funding. Primary care spend continues to fall as a proportion of NHS spend, and general practice spend lags behind other nations in the United Kingdom. The Welsh NHS must commit 11% of its budget to general practice.

These steps will deliver an improvement in patient outcomes and allow general practice to help the Welsh NHS deliver new, improved models of care, including a widened primary care team. RCGP Wales is calling on the Welsh Government to implement these recommendations as a matter of urgency.

The view from the frontline:
RCGP Wales want this document to lift the lid on the working conditions of GPs. Awareness of the pressures on general practice is increasing, but is far from complete. Throughout this document you will see first-hand accounts of what it’s like to be working in a frontline practice.

The patient perspective:
“RCGP Wales Patient Group representatives are concerned about patients and carers being able to receive excellent, timely care. Exhausted GPs cannot provide the best quality care. We recognise the workload problems GPs are facing and are worried about our local services being overloaded or closing entirely.”
Why change is needed: Our members’ views

In a survey conducted on behalf of RCGP Wales by ComRes in 2018, GPs were asked to give their opinions on various issues relevant to the profession:

- **31% of GPs say they are so stressed they feel they cannot cope at least once a week.**
  58% say that this is at least once or twice a month. This level of stress risks burnout. GPs are working harder to keep up with demand but this is not sustainable.

- **23% of GPs say they were unlikely to be working in general practice in 5 years’ time.**
  Wales needs more GPs, not fewer. Serious action needs to be taken to ensure that more GPs stay in general practice, and that there are enough new GPs being trained to ensure a growing workforce.

- **72% of GPs say they expected working in general practice to get worse in the next 5 years.**
  Recruitment difficulties, increased demand, heavy workload and financial pressures are all creating worry about the future. Wales must give hope to those working in the profession now, as well as making sure it is an attractive place to work for the GPs of the future.

- **42% of GPs say it is financially unsustainable to run a practice.**
  The under resourcing of general practice is being felt by GPs on the frontline. When asked why running a practice is unsustainable, 82% of GPs say ‘insufficient core funding’. When asked about the funding available from all sources, 43% say ‘nowhere near enough’ and a further 42% say “not quite enough.”

The case for change is clear. GPs across Wales are telling us that the current situation is unsustainable. The Welsh NHS will only be able to deliver a preventative, community based model of healthcare if Wales strengthens and invests in general practice.

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The view from the frontline:

“I’m 32 years old and most of my colleagues are downbeat about the future. We need hope and a huge morale boost.”

The patient perspective:

“Stressed GPs, who are not getting the support they need, are unlikely to give us the highest standard of care.”
The GP Workforce

The view from the frontline:
“Demand is outstripping capacity by a huge margin and the GPs have continued to absorb it all. Now we are beyond saturation point. The day to day job is a nightmare, I feel I’m doing the work of three people.”

General practice is feeling the effect of a critical GP shortage. Welsh GPs are saying that they are finding it hard to fill GP vacancies: 34% of RCGP Wales members say their practice had at least one GP vacancy which had been open for more than three months.

To boost the workforce, there must be:

- an increase in the number of GP training places to 200 per year
- promotion of general practice as an attractive place to work, with foundation doctors better exposed to the profession during their training
- introduction of incentives to keep more experienced GPs in the profession for longer
- measures to adapt to the increasing number of GPs choosing to work as locums.

The view from the frontline:
“We have been allocated patients from neighbouring practices who have closed, putting more pressure on us. Another practice close by is struggling and we have been told the health board plan to disperse their list [of patients] if they hand their contract back. This means we would potentially take on another 5000 patients with no more medical staff…it’s not rocket science to work out that 18,500 patients would not be sustainable, but this will be imposed on us.”

Training places
Wales has 136 GP training places. If it had the same ratio of GP training places to patients as the rest of the UK, it would have 184.

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<thead>
<tr>
<th></th>
<th>GP training places</th>
<th>Registered patients</th>
<th>Patients per place</th>
<th>GP training places per 100,000 patients</th>
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<tbody>
<tr>
<td>Wales</td>
<td>136</td>
<td>3,198,000</td>
<td>23,515</td>
<td>4.25</td>
</tr>
<tr>
<td>Scotland</td>
<td>425</td>
<td>5,663,000</td>
<td>13,325</td>
<td>7.50</td>
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<tr>
<td>NI</td>
<td>85</td>
<td>1,961,000</td>
<td>23,071</td>
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<td>England</td>
<td>13,250</td>
<td>57,847,000</td>
<td>17,799</td>
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<td>Not Wales</td>
<td>3,760</td>
<td>65,471,000</td>
<td>17,413</td>
<td>5.75</td>
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There is no reason for Wales to lag behind. Welsh healthcare is facing several challenges, including managing and providing for a rising and ageing population, and tackling the impact of health inequalities. RCGP Wales believes that in order to ensure general practice is able to effectively provide care for all patients, Wales should have 200 GP training places.

In the past 5 years the number of GP training places has only increased by 6%.

Over the same period:

- nursing training places have increased by 68%
- health visitor training places have more than doubled
- midwifery training places have increased by 42%
- occupational therapy training places have increased by 51%
- physiotherapy training places have increased by 53%.

These increases are welcome news as Wales looks to build a multidisciplinary workforce fit for the future; it is time general practice saw similar ambition.

**Key ask** – Welsh general practice needs an increase in GP training places from 136 to 200.

**Attitudes to general practice**

Wales has 136 GP training places. If it had the same ratio of GP training places to patients as the rest of the UK, it would have 184.

**The view from the frontline:**

Do you have any suggestions for improving recruitment into general practice?

“More training at undergraduate and foundation level in general practice.”

To ensure that we can fill as many GP training places as possible, general practice must be an attractive career choice for medical students.

In November 2017 RCGP published *Destination GP*, a report warning against the denigration of general practice in medical schools across the United Kingdom.

76% of medical students across the UK reported hearing negative comments about general practice from clinicians, educational trainers and/or academics by the time they reached their final year at university.

RCGP Wales welcomes the work which has been done by Welsh medical schools to promote general practice, although the report’s findings show the importance of promoting general practice to students.
The view from the frontline:
Do you have any suggestions for improving recruitment into general practice?
“Increasing flexible working…more foundation posts in general practice, exposure in training to out of hours, showing other possible jobs e.g. roles in palliative care, working in A&E units, opening up boundaries between primary and secondary care.”

The need to expose foundation doctors to general practice is particularly pressing in Wales. Exposure is often limited to the early years of the curriculum and there is a need to refresh knowledge later on.

The College recently published ‘Teaching General Practice: Guiding principles for undergraduate general practice curricula in UK medical schools’. Amongst other recommendations, it suggests a target of at least 25% of clinical placements in general practice.

Key ask – Building on ‘Train, Work, Live’, Welsh general practice needs to be promoted as an attractive place to work, with foundation doctors better exposed to the profession through a target of at least 25% of clinical placements in general practice.

Retention

The view from the frontline:
“We are a well organised high performing training practice but in the last 12 months we have lost four GPs, two to retirement, one to occupational health, and one due to stress.”

The RCGP Wales members’ survey highlighted that 23% of GPs said they were unlikely to be working in general practice in 5 years’ time. If Wales is to ensure general practice can meet the challenges of the future, we must do more to improve retention and increase the number of GPs in the workforce.

The GP workforce is increasingly stretched; excessive workload not only makes it difficult to retain experienced staff, but also risks GPs leaving the profession before the usual retirement age. With workload so high it can be difficult to create a positive working environment.

The view from the frontline:
“There is a limit to how long partners of struggling practices can sustain this pressure of work. I work part-time but end up doing admin on my day off as there is no time in the day to finish it. This is unpaid work. I am not alone. All my partners are doing the same.”
Wales needs to create a culture where GPs are supported, valued and appreciated. This would be in line with workforce commitments made in ‘A Healthier Wales’.

Measures that can keep GPs in the profession include: roles suitable for those nearing retirement who may want to take on more leadership or supervisory roles; greater flexibility, funding and opportunities for portfolio working and extended roles; and strategies to tackle workload such as increasing the wider practice team support.

**Key ask** – Welsh general practice needs better incentives to keep GPs working in the profession, including more variety and flexibility in career roles and addressing high workload.

The patient perspective:

“Patients and carers are being let down as all too often we are unable to make a convenient appointment to see a GP. We need a larger workforce to receive care when it is needed.”

42%

Data for 2016/17 suggests that 42% of patients found it difficult to make a convenient appointment.
GP Stress: The view from the frontline

Can you tell us what impact your stress levels have on your practice and on you personally?

“Three GPs in my practice are currently reducing their clinical sessions due to workload pressure (including myself). For the last three years I have about twice a year had episodes of extreme stress due to unmanageable workload and patient demand that result in days when I am frequently in tears between patient consultations.”

“I am aware that I am more irritable with staff and patients when the workload is overwhelming.”

“Exhausted after work. Feel not doing best for every patient as always rushed.”

“Affects family. Affects work, losing enthusiasm, treating work more and more as a job than vocation.”

“I am less compassionate. I try to deal with too many problems in too short a time scale, that induces compassion fatigue and leads me to keep the consultation to the factual minimums. Frequently I think I will not survive this career and I’m finding other ways to earn money. I am in a leadership position and the stress of the job spurs me on to try and make changes for my own future and that of future GPs. I feel we owe it to them to make the job good again.”

“I am only in training at present but I can already see that there are not enough hours in the working day to get through tasks. I am already thinking of strategies of how to survive this job over the long term.”

“Takes longer to complete tasks when stressed, and also less tolerant. Told I am “snappy” at home.”

“Un fortunately the ongoing long 11-12 hour days have become the norm. It probably still leads to stress hormones to get through the pace of the day. The issues relate more so to the work/life balance.”

“I am so sad that I can’t provide my children with a normal life. I miss putting them to bed and having breakfast with them.”

“Exhausted after work. Feel not doing best for every patient as always rushed.”

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The view from the frontline:

“I worry that the practices most in need of recruiting GPs are less attractive to work for. There seems to be safety in numbers, and in practices with relatively few staff there is the worry that you may end up “holding the baby” in a way. For many of us (especially if working part time or having other caring responsibilities) this is too big a risk, and with the abundance of local work available, not worth taking. I’ve mostly worked as a locum since qualifying and always thought I would take up a salaried post with a view to partnership in a year or so but I’m not in any rush to be honest.”

The view from the frontline:

“Increased workload and lack of incentive to become salaried/partner. It is much more attractive to locum (and I say this as a locum)”

The view from the frontline:

“All we are asking for is financial support to help us sustain the locum costs. We are spending £10,000 a month! This is not sustainable. We do not need any other support. We have employed our own pharmacist, paid for our nurses to be trained up and started a minor illness clinic 18 months ago but we are still GP sessions short and no amount of allied professionals will be able to cover this.”

Locums

The Welsh GP workforce is changing and over a quarter (25.7%) of GPs are now locums. Since data was first available in 2015, the number of GP locums has increased every year.

Locum GPs are not formally tied to a practice, instead they provide cover and extra support when needed. They are a valued part of the GP workforce. The flexibility and variety offered by work as a locum can be an attractive feature and reflects the variety available in general practice.

Locums are an important part of the workforce but practices should not have to rely on them as a long-term solution to recruitment problems. However, problems with recruitment and retention mean this is increasingly the case. Many RCGP Wales members are reporting the difficulties caused by high locum rates.

The intense pressures faced by Welsh general practice means many GPs are unable to commit to a partnership or salaried post. Excessive workload has got to the point where working full-time as a GP is often regarded as untenable. In terms of workload, a ‘full week’ is often done by Wednesday or Thursday.

This workload pressure needs addressing, and Welsh general practice also needs to adapt to reflect the changing workforce. GPs having the flexibility that locum work can bring should not come at the expense of practices struggling to meet costs.

Key ask – the Welsh Government should take steps to ensure practices are financially supported to cover the rising cost of locum fees.
Multidisciplinary working

General practice and primary care is changing and the workforce of the future needs to incorporate a range of primary care professionals supporting GPs.

GPs working with other primary care professionals within general practice – including but not limited to nurses, paramedics, physiotherapists, pharmacists and occupational therapists – will help ensure patients are seen by the most appropriate healthcare professional and receive the best possible care.

Our recent survey of GPs shows that most GPs say that they have access to a range of healthcare professionals.

By access, we mean the practice where GP’s work has access to the services of somebody in this role for the benefit of patients. The staff may not be directly employed by the practice, but could be, and may work across several practices. This could also include access for patients at the practice via a self-referral service.

<table>
<thead>
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<th>Access Percentage</th>
<th>Role</th>
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<tbody>
<tr>
<td>81%</td>
<td>General practice nurse</td>
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<tr>
<td>63%</td>
<td>Clinical Pharmacist</td>
</tr>
<tr>
<td>58%</td>
<td>Medical or healthcare assistant</td>
</tr>
<tr>
<td>52%</td>
<td>Physiotherapist</td>
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<tr>
<td>47%</td>
<td>Advance Nurse Practitioner</td>
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<tr>
<td>40%</td>
<td>Mental health therapist</td>
</tr>
<tr>
<td>11%</td>
<td>Occupational therapist</td>
</tr>
<tr>
<td>11%</td>
<td>Paramedic</td>
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</table>

Expanding the multidisciplinary team is not an alternative to boosting the GP workforce, and cannot be seen as such. Combining the recruitment and retention of GPs with the further development of a multidisciplinary workforce will empower primary care to meet the challenges facing healthcare in Wales.

The patient perspective:

“Having a variety of healthcare professionals in general practice can make sure patients get the right expertise sooner. If patients are helped to understand the roles of different professionals, then they are likely to be happy with multidisciplinary team working.”
**Essential Principles**

RCGP Wales recently published ‘Essential Principles: GP Leadership at the heart of new models of care’.

The document seeks to help guide change in how healthcare is delivered. It calls for the specific role of the GP to be protected, highlighting the importance of the leadership of GPs in a multidisciplinary workforce.

Contact, continuity, coordinating and comprehensive care are well established principles in general practice. ‘Essential Principles’ revisited them to ensure modern primary care services reflect modern demands.

**Key ask** – Multidisciplinary working should be developed with GP leadership at its heart, as outlined in ‘Essential Principles’.

**Clusters**

Clusters can be effective in facilitating multidisciplinary working. RCGP Wales is supportive of the principles behind clusters but frustrated by the pace of progress so far. The Health, Social Care and Sport Committee’s report on clusters said a ‘major step change’ was needed if they were to relieve pressures on GPs and hospitals.

GPs report a mixed view of clusters. Our survey shows that 41% believe they are having at least a ‘fairly positive’ impact, while 39% say ‘I do not think they are having an impact’. 5% say that they are having a negative impact and 15% say ‘don’t know’.

Clusters are relatively new initiatives and there is an opportunity for rapid development in the coming years. The Health, Social Care and Sport Committee made a number of sensible recommendations to improve their development and RCGP Wales hopes Welsh Government will take these forward.

In particular, stable and long-term funding is needed to ensure they can develop. There is also a need to ensure staff working in clusters are clear about their employment status, and to create a better process for evaluating and upscaling good practice.

**Key ask** – The Welsh Government should take a stronger lead in creating an environment to allow clusters to thrive, particularly by establishing improved funding mechanisms.
**Premises**

The view from the frontline:

What do you consider to be the biggest challenges facing general practice in Wales over the next few years?
- Recruitment of new doctors and retention of current workforce.
- Premises are also likely to pose problems in the future.

It is important to acknowledge that some parts of the primary care estate will be unfit for purpose as we move to new models of care, with poor technology hindering general practice’s ability to deliver patient care.

Multidisciplinary working will need to be supported with premises with enough space for numerous professions to work. Smaller practices, for example those which are converted houses, must be supported to ensure their premises are modernised and fit to deliver 21st century patient care.

RCGP Wales welcomed the £68million investment into 19 ‘health and care centres’ across Wales. To make sure this money is effectively used, frontline staff must be at the heart of the planning for these new facilities.

The College also stresses the need for practices across Wales to be supported in making premises improvements where necessary. Ongoing evaluation of the current state of the primary care premises will be needed to identify where further investment is needed.

**Key ask** – Welsh general practice needs a continual review of the primary care estate, with frontline staff at the heart of planning new facilities, and requisite investment to bring premises up to a common standard.
Out of hours

The patient perspective:

“Health needs don’t always happen in surgery hours, but all too often out of hours services aren’t available when we need them.”

General practice exists outside of core hours and patients need to be able to access appropriate services in the evenings, nights, weekends, and bank and public holidays. Patients are likely to access the NHS at the point of least resistance. Struggling out of hours services risks increasing unnecessary A&E attendance.

A report by The Board of Community Health Councils\(^5\) revealed that every health board identified fragility in their out of hours services. A Wales Audit Office report\(^6\) found weaknesses in local health board and Welsh Government leadership arrangements. That same report revealed that notional funding for out of hours services has fallen by 21% in real terms since 2004/05.\(^7\)

Gaps in rotas are common and mean patients cannot always access services when they need them.

In recognition of the serious challenges faced by out of hours services, RCGP Wales has called for urgent action to be taken to improve them.

The RCGP Wales document ‘Meeting urgent needs: improving out of hours services in Wales’\(^8\) outlined five achievable and essential steps that would deliver improvement.

1. **Answering the phone**

   All too often people picking up the phone to call out of hours services are faced with lengthy waits to speak to anyone. This often leads to people hanging up and accessing other services, including calling 999 or going to A&E. There needs to be an urgent increase in the number of call handlers. A clear target for call abandonment rates already exists; it needs to be strictly enforced with steps in place to ensure it is met.

2. **Seeing the right person at the right time**

   A primary care out of hours service must make use of a variety of healthcare professionals, with GP leadership at its core. Staff such as advanced nurse and paramedic practitioners, pharmacists, community psychiatric nurses and palliative care nurses can bring valuable expertise. National training days for multidisciplinary staff would help consolidate skills and provide peer support. Wales needs to move away from out of hours GPs dealing with things like dentistry (which GPs are not qualified to provide) and urgent repeat medications (provision already exists for this to be obtained from pharmacy, but GPs often still deal with it). Patients need to see the right person at the right time, with GP supervision for multidisciplinary staff.
3. Making use of technology

Wales must make better use of technology. Some services are already allowing clinicians to work from home, providing remote advice and treatment to patients. This needs to be expanded to all out of hours services in all operational periods. It must be easier for patients to share photos with clinicians remotely – a photograph of a rash or other area of concern can be of great clinical value. Good practice already exists in parts of Wales and should be rolled out more widely.

4. Clear national guidance

A national governance framework needs to be established. Clinicians need clear guidance to work to, protecting and supporting clinicians in this high-risk environment. Working conditions and remuneration policies need to reflect the antisocial nature of the hours and the high-risk high-stress nature of the work.

5. Addressing the wider issues

Every unwell patient that GPs support in the community rather than admitting to hospital, has medical and care needs that impact further on GP and community services. Additional resource must be provided to surgeries – and to services such as district nursing and social care – in order to provide this. The roll out of the 111 service and the continued integration of health and social care gives an opportunity to make this happen, but it is essential that resource is provided to alleviate the pressures on in-hours general practice and ensure problems do not spill over into the out of hours period. Wales has fewer GPs dealing with an ever more medically complex and ageing population. Patient need will only be met if general practice is strong.

These essential and achievable asks would begin to turn out of hours services around. They must be combined with addressing severe underinvestment.

Of course, in-hours and out of hours general practice must not be taken in isolation. The ‘spill over’ between the two is clear; if one is struggling to meet demand it will be felt by the other (as well as in other parts of the NHS). Guided by the recommendations throughout this document, the Welsh NHS needs to create a thriving general practice capable of meeting patient demand with high quality care regardless of the time of day.

Key ask – The Welsh Government and local health boards should prioritise making improvements to out of hours services, guided by ‘Meeting Urgent Needs’, and the severe underinvestment in out of hours needs to be addressed.
Funding general practice

Reforming general practice will need to be underpinned by a step change in funding. The highest quality patient care will not be delivered by more of the same. Wales’ ageing population - with more people with multiple, chronic conditions - will need to be able to access more care in their communities. Without this, issues will escalate and require more serious hospital intervention.

The Welsh NHS has published numerous plans to strengthen primary care. Despite this stated intention, the proportion of Welsh NHS spend on general practice has been decreasing and lags behind the rest of the UK.

In 2005/06, general practice received 8.76% of the Welsh NHS budget. In 2016/17, it had dropped to 7.30%. This 7.30% figure comes despite general practice across the UK receiving 8.88% of NHS budgets.

In addition, NHS England has committed additional resource for general practice through GP Forward View, while the Scottish Government has pledged to deliver an additional investment of £250million in direct support of general practice per year by 2021. Wales is being left behind.

The effects of underinvestment are being felt on the frontline. 42% of GPs say it’s unsustainable to run a practice. 82% cite ‘insufficient core funding’ when asked why, while 85% of GPs say the funding available from all sources for general practice is not enough (nowhere near enough/ not quite enough).

RCGP Wales wants Wales to be an attractive place for GPs to work and this will only be possible through additional investment.

The Welsh Government should commit to spending 11% of the Welsh NHS budget on general practice. This would help facilitate the measures outlined in this document: recruiting and retaining more GPs; building a multidisciplinary primary care team fit for the future; and giving out of hours services the support they desperately need.

The Wellbeing of Future Generations (Wales) Act calls for greater emphasis on preventative spending. A Healthier Wales was the last NHS plan to call for stronger primary care services. The mandate for change is clear.

The shift to delivering care in people’s communities will only be achieved with a significant shift in resources, boosting general practice.

**Key ask** – Welsh general practice needs 11% of the Welsh NHS budget to be spent on the sector.
Conclusion

1. The only way that Wales will meet the healthcare demands of tomorrow will be through preventative, community based healthcare with general practice at its heart.

2. With an ageing population and increasing numbers of patients with multiple long-term conditions, the Welsh NHS needs to adapt, moving away from the status quo to deliver new models of care.

3. Expert, generalist care will be crucial, working with patients to coordinate their care and manage multiple illnesses. We must rebalance our health and social care system towards primary care, shifting care and resources away from hospitals and towards communities.

4. GPs across Wales are concerned about the future of general practice. RCGP Wales members’ views presented a stark picture of how the future of general practice is perceived by the profession. The case for change is clear.

5. The GP workforce needs to be boosted as a matter of urgency. RCGP Wales wants an ambitious increase in the number of GP training places, bringing Wales above and beyond the UK average. Medical students need to have greater exposure to general practice and greater incentives are essential for GPs to stay in the profession.

6. Innovation will be needed in general practice and primary care. RCGP Wales wants to see greater support for multidisciplinary working, allowing patients to be seen by the right person at the first time of asking. Clusters need developing and the primary care estate must be fit for purpose, supporting new models of care.

7. The Welsh Government also needs to ensure patients can have their urgent care needs met regardless of when they happen. Primary care out of hours services are under extreme pressure: ‘Meeting urgent needs: improving out of hours services in Wales’ put forward essential and achievable steps that should be listened to.

8. General practice must be at the heart of the Welsh NHS’ transformed models of care, and is key to improving patient outcomes. RCGP Wales calls for the measures outlined in this document to progress at pace. The time for action is now.
## Key asks

### Workforce

<table>
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<tr>
<th>Proposal</th>
<th>Details</th>
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<tr>
<td>Welsh general practice needs an increase in GP training places from 136 to 200.</td>
<td>Building on ‘Train, Work, Live’, Welsh general practice needs to be promoted as an attractive place to work, with foundation doctors better exposed to the profession through a target of at least 25% of clinical placements in general practice.</td>
</tr>
<tr>
<td>Welsh general practice needs better incentives to keep GPs working in the profession, including more variety and flexibility in career roles and addressing high workload.</td>
<td>The Welsh Government should take steps to ensure practices are financially supported to cover the rising cost of locum fees is met.</td>
</tr>
</tbody>
</table>

### Multidisciplinary working

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Multidisciplinary working should be developed with GP leadership at its heart, as outlined in ‘Essential Principles’</td>
<td>The Welsh Government should take a stronger lead in creating an environment to allow clusters to thrive, particularly by establishing improved funding mechanisms.</td>
</tr>
<tr>
<td>Welsh general practice needs a continual review of the primary care estate, with frontline staff at the heart of planning new facilities, and requisite investment to bring premises up to a common standard.</td>
<td></td>
</tr>
</tbody>
</table>

### Out of hours

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Details</th>
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<tbody>
<tr>
<td>The Welsh Government and local health boards should prioritise making improvements to out of hours services, guided by 'Meeting Urgent Needs', and the severe underinvestment in out of hours needs to be addressed.</td>
<td></td>
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</tbody>
</table>

### Funding general practice

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Details</th>
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<tbody>
<tr>
<td>Welsh general practice needs 11% of the Welsh NHS budget to be spent on the sector.</td>
<td></td>
</tr>
</tbody>
</table>
References

1. The survey was conducted by ComRes on behalf of RCGP Wales. It surveyed 137 GPs working in Wales, with fieldwork dates of 16 August – 26 September 2018.

2. The report is informed by qualitative data from a GP workforce survey conducted solely by RCGP Wales through the spring and summer of 2018.


