RCGP Briefing: NHS Long Term Workforce Plan 2023

Overview
The long-awaited Long Term Workforce Plan is undoubtedly a positive step in tackling the current crisis in general practice, setting out plans to expand the GP workforce by 46% by 2036/37.

For many years, we have been calling for significant and stable investment in the primary care workforce and the lack of a clear plan is one of the reasons why the Government is set to miss their commitment to employ an extra 6,000 GPs by 2024.

The plan includes proposals to improve increase training places and improve retention and the RCGP is keen to work with the NHSE and DHSC to turn these proposals into clear plans.

General Practice Today
- General practice staff delivered 340 million appointments in 2022, which is 9% more than in 2019.
- The number of patients per GP is 2,292 as of April 2023, this is an increase of 7.1% since 2019.
- In 2022, more GPs were categorised as struggling than doctors of other register types. Only one out of ten GPs (10%) were doing well, compared with a quarter (25%) of all doctors.¹
- 65% of GPs surveyed by the RCGP say patient safety is compromised due to short appointment time.

Long Term Workforce Plan Projections for General Practice
The plan makes it clear that even by 2026/27 the Government will not hit their target for 6,000 extra GPs, which was meant to be reached by 2024. Under their new target, they will still be 1,500 GPs short of this two years after the original target.

It is however encouraging that they are now aiming to increase the total number of GPs to 53,000 FTE GPs working in the NHS by 2036/37 (a 46% increase from our current numbers). It will be important that this is monitored over time to ensure targets continue to meet demand.

Training places for GPs
Plans for training are mostly positive, including the doubling of medical school places and increasing GP training places to 5,000 by 2027. There are also welcome plans to expand training and supervision capacity so GP trainees can spend all 3 years in primary care and all foundation doctors can have at least one four-month placement in general practice by 2030/31.

A recent RCGP survey found that 84% of general practice staff said that a lack of physical space limits their practice’s ability to take on GP trainees or other learners and 47% said a shortage of educators/supervisors prevented them from taking on GP trainees or other learners.

It is welcome that the plan recognises both of these issues but it states that infrastructure is outside the scope of the plan.

It is therefore vital that the Government commits to a significant expansion of GP infrastructure and training capacity or there simply will not be enough room to train these new GPs.

Retention of GPs

The plan has a renewed focus on retention which is very welcome, particularly the recommendation for ICSs to expand occupational health and wellbeing provision across primary care. However, we are keen for more details on how many of the retention elements of the plan will apply to general practice.

Many of the retention recommendations appear to be more oriented to secondary care. As GPs are not often employed by large NHS trusts with HR departments it is unclear how some of the plans such as those to undertake cultural reviews will work in primary care.

We also believe that the plan could be more ambitious when it comes to encouraging more GPs to stay in their career. The plan currently only expects their work on GP retention to only lead to 0-700 extra GPs being retained by 2036/37. With our recent survey last year finding that four out of ten GPs planning to quit in the next five years, it appears as though these plans to improve retention will not go far enough.

We want to work with DHSC and NHSE to work out a more ambitious plan for GP retention, including establishing a "one stop shop" for the different GP retention schemes with enough funding so that all GPs at risk of leaving the workforce can access the help they need.

Other reforms

The College welcomes the initiatives and plans to improve the efficiency of the NHS and promote a shift to a more "generalist" workforce that can improve capacity in primary and community care.
Whilst new multi-disciplinary roles cannot replace the role of the GP, they are a vital part of the primary care workforce. It is important that these roles are well supported and integrated into general practice and more detail is needed to ensure this.

**Supporting GPs**

The Long Term Workforce Plan must be matched with serious investment in retention as well as primary care infrastructure and estates if we are to truly tackle the current crisis facing primary care and create a service that is fit for the future. Please get in touch if you would like to meet to discuss our ongoing concerns.