

IMPORTANT MESSAGE TO OUR PATIENTS FOLLOWING GOVERNMENT ANNOUNCEMENT ON GENERAL PRACTICE FUNDING FOR 2024/2025

On 31st January 2024, the government's funding for General Practice for 2024/2025 was announced. The funding uplift is just **1.9%**. Inflation stood at 4% in December 2023 and the interest base rate at 5.25%. A 1.9% funding increase is not going to get close to the funding needed for expanded services, employed staff pay rises and the costs associated with higher energy prices and mortgage rates. We are worried. For context, I thought it might be helpful to explain how General Practice is funded, as we are all independent contractors that are contracted to the NHS to provide general medical services.

The main source of funding for Primary Care is referred to as the 'Global Sum.' Practices get a fixed amount of money per patient to provide all the services in the GP contract. In 2023/2024, this was **£104.73** per patient (although £4.86 per patient was deducted to fund NHS 111 services). Unlike hospitals, who get paid by the number of patients seen, the £104.73 for general practice remains the same, regardless of whether someone comes 52 times a year or not at all. This pays for the 'core' GP services known as the **General Medical Services (GMS)** contract.

The GMS contract alone is not enough though. The NHS needs GPs to do more than this. Partly because we do it cheaper than other agencies and partly because there is no slack in the system anywhere else. Anything beyond the contract is referred to as 'Enhanced Services.' These include things like taking blood, delivering treatments/monitoring on behalf of hospitals (e.g. certain injections) and other things that mean we can look after patients closer to home and avoid hospital trips.

The other component is referred to as the **Quality Outcomes Framework (QOF)**. When this was first implemented, those in Westminster did not realise what General Practice actually did. They set a group of targets for us to meet in terms of delivering aspects of care and fund us depending on the results. They were surprised to learn that General Practice was already performing well. Nonetheless, these targets have persisted in various forms for some years.

In the scheme of providing a service for nearly 9,000 patients the income is not massive, but the baseline funding is so low that we have to maximise any income streams that are available to us.

Why is this important? Two reasons:

1. The GMS contract is clear on what we must do, and it is not as much as General Practice once did. The mismatch between costs versus funding means that we can no longer subsidize things that are not in the contract. Ear irrigation/syringing and wart freezing are just two examples of things that we are not funded to do (we still do ear irrigation/syringing for patients notwithstanding no funding for the last 4 years, but not sure how much longer we can do this). It also explains why, when we are asked to provide letters, reports, do various tests or measurements for private specialists, we have to refuse or charge for it as a private service. It does not sit comfortably with us, but chronic underfunding of primary care means that we have to put all resources into what we are contracted to do. This is not about us making money, its about not having to make redundancies, not having to make waiting times longer because we cannot afford to employ people, and also because we need to discourage organisations from adding to the workload that comes with the default '*get a note from your GP*' when its simply

not necessary. Genuinely, we really dislike saying no. We are here to help, but no longer have any choice other than to push back on what is asked of us, beyond what we should be doing.

2. The new General Practice contract is terrifying. 1.9% does not come close to meeting the increased costs of running a practice. We are already running very lean on staff, (not replacing any staff that leave/retire and not using locum GPs) and staff costs are the biggest part of primary care. Pay rises are well deserved and necessary, but funding to support them is not there.

Across the UK, the 2024/2025 contract, as it stands, will result in the closure of practices. GPs are already being laid off and the closure of further practices in the near future will severely impact us and other practices, as the patients will have to register elsewhere. Waiting times will get longer as staff numbers fall or cannot be expanded, and practices will no longer be able to do anything that is outside the core GMS contract, where we have been absorbing it up until now.

The media rhetoric will be General Practice '*not seeing people,*' '*not working hard enough,*' or '*still hiding behind Covid,*' when the reality is that we are now offering more appointments now than ever before, even though the number of Full Time Equivalent (FTE) GPs is falling year on year (since 2015 we have 1,872 FTE GPs less than today – source The Health Foundation: General Practice Tracker).

It is highly possible that industrial action may result. If this does happen, it is not because GPs want a pay rise, it is because we are **desperate** to save General Practice. If things continue as they are, it will collapse, and in the future, if you want proper primary care, you will have to pay directly for it. We do not want to go the same way as dentistry, but this 1.9% is a huge shove in that direction. We do not understand the logic of NHSE – we do 90% of the work of the NHS with less than 10% of the budget – and without us, the hospitals will be completely swamped.

We are fighting as much for you as we are for ourselves. As our patients, you deserve to know the reality facing your GP Practice and others over the next 12 months.

Robin Noel
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On behalf of The Tinkers Lane Partnership