



PATIENTS FIRST

Why general practice is broken & how we can fix it

We urge the new Government, Department of Health and Social Care and NHS England to listen to patients and work with the BMA's General Practitioners committee for England (GPCE) in focusing on the short, medium, and longer-term needs to not only create a safe and sustainable general practice, but also a safe and sustainable NHS.

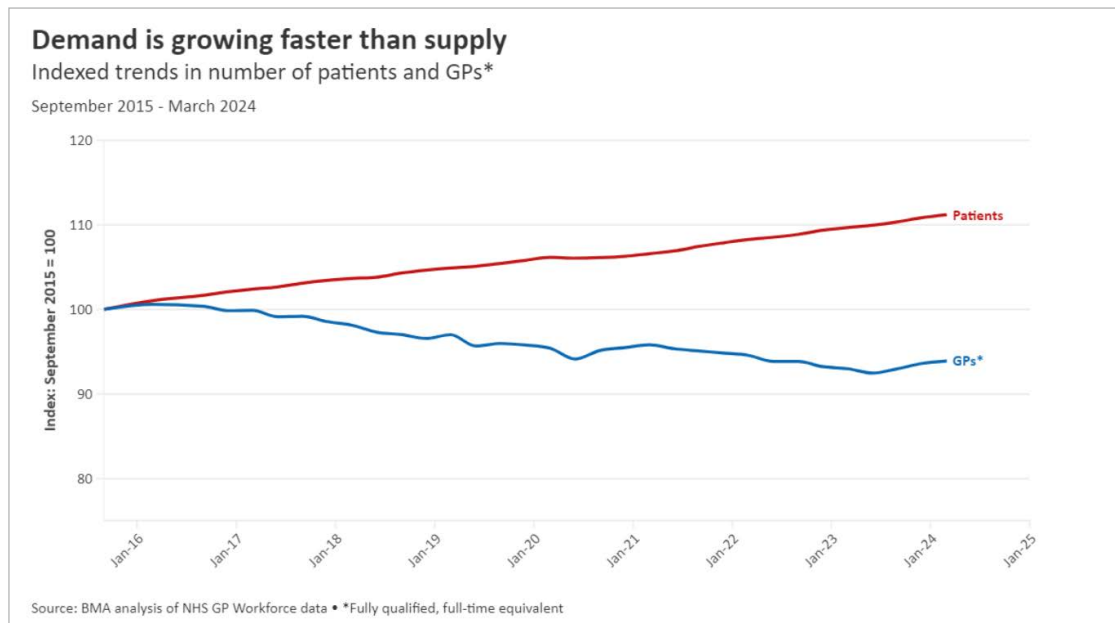
Summary of recommendations

To save general practice we urgently need:

- To bring back the family doctor – by seeing the same clinician, patients can build trust in who delivers their care and receive a better service
- More GPs and more Practice Nurses to meet the needs of our patients by delivering more appointments
- To put patient safety first by aiming for a gold standard of 1 FTE (full-time equivalent) GP per 1,000 patients by 2040 alongside a safe number of 25 appointments per GP per day
- An increase to GP practice core funding in England by at least £40 per patient for 2025/26
- A new GP contract for England, which would commit to a minimum general practice investment standard that protects and builds neighbourhood services
- Focus on recruiting and retaining new doctors using incentive schemes, prioritising under-doctored areas
- A commitment to address the crumbling general practice estate, making it fit for the future, and able to meet the growing needs of patients in community settings.

Background to the current crisis

Across England, general practice is working at an unprecedented level of activity, with appointment levels running at an average of [almost 1.5 million per day](#). Despite this, GP practices currently only receive 5.5p in every NHS pound spent for [essential services](#). General practice is currently being driven to collapse.



- An increase of 6.5 million patients registered with a GP [since 2015](#).
- A single full-time GP is now responsible for an average of 2,291 patients. 354 more than in September 2015
- Around 1.5 million appointments delivered per working day; circa 40% are same-day access and a clear majority (65%) [delivered face-to-face](#)
- In the last five years, the proportion of GP registrars (doctors on a GP training programme) taking up qualified GP positions within a year of obtaining their certificate of completion of training (CCT) has [dropped from 48% to 38%](#)
- Over 2,000 GP practices have been lost since September 2010.^a
- Between 2013 and 2023, the number of independent GP practices [fell by 20%](#).

Safety first

Patient safety is paramount and a [safe](#) general practice is fully staffed, by the right staff mix, and delivering a safe number of appointments per day. To achieve this we recommend the following:

To increase the NHS GP and practice nurse workforce

- 80% of unemployed locum GPs in a recent BMA survey stated they want more NHS GP work but are struggling to find it. More must be done to utilise this aspect of the workforce.
- Focus should be placed on schemes such as TERS (targeted enhanced recruitment scheme) to encourage doctors and nurses to train in understaffed areas.
- Create a two-year fully funded GP fellowship scheme, post-CCT practice-level, to enable the recruitment and retention of additional GP roles. Newly qualifying GPs, and their dependents, on tier 2 visas could be sponsored on such schemes.
- Consider relocation expenses and 'Golden Hellos' if moving into under-doctored systems, and reinstatement of the [New to GP Partnership Programme](#).
- Alter the Additional Roles Reimbursement Scheme (ARRS) to allow practices ring-fenced funding for practice nurses to help practices employ more of the roles they need.

Safety first

- List sizes have grown far beyond safe levels across England. To ensure manageable workloads and patient safety, we must aim for a gold standard of 1 FTE (full-time equivalent) GP per 1,000 patients by 2040.
- The BMA's Safe Working [Guidance](#), based upon UEMO (European Union of General Practitioners) guidance, recommends that GPs deliver no more than 25 patient consultations per day while also safely managing other responsibilities.
- Wrap community services around the practice footprint – make it personalised and GP-led with the resources, modern premises, and diagnostics to match.

^a Total number of practices in England in [September 2010](#) compared to [May 2024](#).

General practice finance

Research has found that every £1 spent on primary or community care, correlates with up to a £14 increase in [economic activity](#), which is a considerably higher return compared to investment in other care sectors, despite this:

- The additional 4% (£312mn) investment the new Government has made to the national practice contract funding baseline for 2024/25, following the DDRB’s recommendation, has only raised the funding for essential services by one penny from 30p to 31p per patient per day.
- Even with this additional funding, the baseline value of national practice contract funding, which resources practices for providing contracted essential services, has still eroded by 3.6%, or £358mn, in real terms since 2018/19.
- The BMA’s Practice Finance Survey (December 2023), showed over half of responding practices (57%) reported cashflow challenges in 2023 that affected their practice operationally.
- The same survey found 63% of responding practices had either stopped recruitment for new or existing roles, or were considering doing so, due to cost pressures.

To address this we are calling for additional investment in the GP core contract to prevent further closures and workforce attrition, to protect community services. **GP practice core funding should increase by at least £40 per weighted registered patient in 2025/26.** There must also be a commitment to determining longer-term general practice investment plans. Patients deserve a new GP contract for England, which would commit to **a minimum general practice investment standard** that protects services and the delivery of out-of-hospital care led by expert GPs, who know their patients and can provide continuity of care for years to come.

Premises and estates fit for the 21st Century

Professor Darzi, recognised in his independent report of the state of the NHS, that “the primary care estate is [plainly not fit for purpose](#).” He highlighted shortfalls in NHS capital investment that has led to this situation.

General Practice premises need urgent ring-fenced investment if we are to achieve the aims we all share for our patients, and staff. We anticipate this to be £4 billion. For this, we need DHSC to allow all premises costs, including management fees, to be reimbursed. This will remove the inflationary risks which are making many GP surgery contracts financially unviable. We also need a centrally funded programme to digitise and store all paper notes off-site to release precious space in practices.