RCGPNI Briefing to Public Accounts Committee

Thursday 27th February 2025

Introduction: the general practice landscape

RCGPNI welcomes the opportunity to brief the Public Accounts committee and present oral evidence in relation to general practice access. As a professional membership organisation with more than 1400 members in NI, we represent 75% of GPs across all career stages.

The March 2024 Northen Ireland Audit Office report "Access to General Practice" set out the challenges for patients and for GPs in stating that primary care in NI was under extreme pressure. It described the concerns around practice contract hand backs and the slow progress in enacting transformation. It further outlined the key workforce challenges including the lack of a workforce strategy and the current financial instability as a result of real terms cuts to funding and the fact the general practice share of the overall HSC spend sits at just 5.4%.

This paper will set out the current challenges almost one year on from the NIAO report and in doing so will consider the 8 key recommendations but with the overarching concern that access to general practice is just one symptom of a service in crisis.

Data collection and monitoring

RCGP is aware that the Strategic Performance and Planning Group (SPPG) collects activity data on consultations on a weekly basis from practices validated via GPIP, (General Practice Intelligence Platform). This is the data collection that allows SPPG to use the figure of 200,000 consultations per week. However, week-on-week collective information is not available directly to GPs and RCGPNI is unaware of any further interrogation of the data relating to practices serving patients in areas of highest deprivation.

The latest data available on Whole Time Equivalent (WTE) is an estimate based on Northern Ireland Medical and Dental Training Agency appraisal forms in 2023, and while GP headcount has increased, the number of WTE GPs has fallen, mainly due to the reduction in partner sessions. There remains a challenging issue, to accurately portray the length of a GP 'session', and what a 'Full Time' GP would look like in sessions worked. As most GP full days will be at least 10 hours long, a GP working for four days will have surpassed the standard UK definition of full time. Recent research indicated that WTE calculations based on sessions and not hours worked, is not truly reflective of the

workload GPs face, as a result of increasing session length[1]. Current estimates suggest that a session may be as long as six hours, meaning that a GP working six sessions per week would equate to whole time working. Exact data on WTE GPs is vital to accurately plan and resource general practice, as well as accurately monitoring GP activity.

Workforce Recruitment and Retention

RCGPNI urges the Department of Health to develop a workforce strategy specifically for general practice, ensuring that the workforce needs are assessed based on up -to -date information, including but not confined to meeting the needs of patients living in areas of socioeconomic deprivation, the needs of an ageing and multimorbid population and the changes in workload and working patterns of GPs, post completion of training.
With respect to postgraduate training, the 2018 NI Medical School Places Review projected a need for 169 annual GP training places by 2033. The Training Places Task and Finish Group initially suggested that an incremental increase in training numbers to 161 would see an equivalent WTE number of GPs to where it was in 2014. While there has been a welcome increase in the number of training places to 121 in 2022-23, the lack of an incremental increase to close the gap on actual recruitment and projected need is compounding the significant challenge for the future of our workforce. It is also worth noting that around 50 per cent of commissioned GP specialty training places in 2023-24 were filled by international medical graduates, who are also less likely to remain in Northern Ireland following training. The fact that Northern Ireland is the only part of the UK without a state-backed indemnity scheme, means that an increasingly mobile early career workforce may seek better opportunities elsewhere on these islands and beyond.

In April 2024 RCGPNI launched its GP Retention Strategy "A Workforce Fit for the Future". This comprehensive report makes reference to short and medium term recommendations to support GP retention with a focus on both workforce and workload, with examples cited below

- The expansion of the "Attract, Recruit, Retain" programme
    - A programme that supports recruitment in geographical areas experiencing significant instability and works to prevent increases in contract hand-backs is a welcome one
    - By April 2024, the Department of Health indicated that 14 GPs had been recruited under the scheme, but we are still waiting for a formal evaluation from the Department of Health that outlines but is not confined to recruitment, spend and retention rates [2].
- The development of enhanced GP fellowship schemes
    - At three years, general practice training is the shortest of the medical specialties. Many early career GPs, while clinically and professionally competent, do not feel equipped or ready to take up substantive posts

[1] https://bjgp.org/content/74/747/e652#:~:text=In%202021%2C%2054.6%25%20of%20GPs,sessions%2C%20and%20hours%20per%20session.
[2] https://www.niauditoffice.gov.uk/publications/html-document/access-general-practice-northern-ireland-report

including GP partnership. Fellowship schemes open to newly qualified GPs offer career development, clinical and organisational leadership support and new skills acquisition. There are a small number of such opportunities currently available with a pilot in place to support geographical recruitment challenges and enhance practice stability in the Southern Area.
    - RCGPNI supports further roll out of additional opportunities to undertake post qualification fellowships as evidence supports improved GP retention in areas where fellowships are offered. In our survey of year two GP registrars in February 2025, 51% of those asked said that a GP Fellowship opportunity would support them in taking up a GP partnership.
- Reform of the current GP retention scheme
    - The current GP Retention Scheme requires greater flexibility for GPs and financial stability for practices in order to support the wider GP workforce, whether newly qualified or later career GPs. This should include equitable sickness and maternity reimbursements in line with all other substantive posts in general practice. This is a very real barrier to practices signing up as there is a greater financial risk and it may well be detrimental in attracting late career GPs to stay in the profession.

MDTs

Currently, only one GP Federation in the region (Down Federation) has a full rollout of MDT, with six Federations having partial MDTs and 10 Federation areas having no MDTs at all.

At the time of writing RCGPNI is aware of a bid for transformation funding to complete the current areas and roll out to a further five federations, leaving five federations without any MDT. Over the next four years while increasing numbers of patients will have access to these additional primary care team members and the resultant improved capacity, the remaining federations areas will have no such access, and their GP practices will continue to struggle to meet both patients' need with their current capacity, thus increasing levels of inequalities in the system for patients and burden on already stretched GPs.

MDT roll out has been cited as having a degree of stabilisation to GP practices that are struggling. Impact figures from March 2024, showing that 83% of the 18-contract hand-backs between March 2022 - November 2023 took place in areas with no MDTs, and the remaining 17% only had a partial MDT in place[3].

However, the NIAO report notes that at full roll out, MDTs will cost £116 million per annum and at current rates may take a further decade to complete. This must be viewed in the context of the current GMS budget of £375 million which has seen real terms reduction in recent years and the resultant financial destabilisation. While MDTs may be

[3] SPPG presentation "Multidisciplinary Teams: Data & Opportunities" delivered at Primary and Community Care Board, 20 March 2024.

seen as potentially a stabilising factor to practices in crisis, they are not a silver bullet, not least because of the inequity that will continue to impact until there is full roll out. Funding of MDTs cannot be at the expense of ensuring that GP core services are adequately resourced and sustained. Without a robust core centred around an expert medical generalist, this model of MDTs wrapped around general practice will not succeed.

While RCGPNI supports further roll out and resourcing including the increased workforce and training numbers for other MDT members, this cannot be at the expense of expansion in GP training numbers, enacting and resourcing a GP workforce plan and an incremental increase in core GMS funding, as it is these factors that will secure the stabilisation of general practice for our population.

Stabilising at-risk practices

Following on from both the recommendations in the NIAO report and our own Retention Strategy, general practice in Northern Ireland remains in a state of instability.

Currently, of the remaining practices impacted by a contract hand-back since March 2022, ten practices (including a number of mergers) now have new independent contractors, nine contracts are held by the Federation Support Unit (FSU) GP Practice Management Community Interest Company (CIC), seven are held by Trusts, one is currently being advertised by the DoH[4], and one contract handback resulted in a list dispersal in Mid-Ulster.

Data from CIC practices suggests that the current GMS funding is not sufficient to sustain a long terms GMS practice either with a salaried model or indeed as an independent contractor practice.

No publicly available data exists around the indicative operating costs of Trust-run practices in Northern Ireland relative to GMS. Comparative data on health board managed practices in Wales suggested that the average overspend in 2022-23 was 33 percent relative to GMS income under this model[5]. The March 2024 NIAO report on GP Access found that the Trust-run model comes at a high cost to the public purse and there is a need to identify solutions which will be effective in maintaining sustainable GP services in the long term[6]. Both the NIAO report and our own GP engagement has highlighted that inflated locum rates which were being offered by Trusts are not only costly but are also skewing the market and making it more difficult for neighbouring practices to access short term locum support or recruit substantively. It is important the

[4] https://online.hscni.net/our-work/gps/update-on-gps-practices/
[5] BMA Cymru Wales 2023: Save our surgeries. Available at: https://www.bma.org.uk/media/7254/gp- report-save-our-surgeries-gpc-wales-english-final-web.pdf
[6] NI Audit Office Report: Access to General Practice in Northern Ireland, March 2024: https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2024- 03/NI%20Audit%20Office%20Report%20-%20Access%20to%20General%20Practice%20in%20Northern%20Ireland.pdf

that the cost of operating a trust-run practice and the amount of funding these practices receive is disclosed and that open string consideration is given as toa debate about the how best to support a mixed model of provision of GMS service, equitable quality of care and value for money.es that delivers equitable quality of care and value for money.

Where Trust involvement in the delivery of primary care services has identified weaknesses and potential lessons that are of use to the sector as a whole, we recommend that the Department of Health identifies the best means of disseminating this information.

Regarding FSU Contract Holding CIC-run practices, RCGPNI has received evidence that all but one of the seven practices held by the FSU GP Practice Management C.I.C. are currently forecasting a deficit relative to GMS income.

During our retention engagement, we heard many GPs (both from practices that have handed back their contract and those that have not) cite difficulties in recruitment having a direct impact on GP burnout. The inability to recruit is still one of the major factors influencing contract hand-backs, alongside financial instability related to the current funding model.

Funding

Investment in general practice offers significant value for money both for patient outcomes and the system as a whole. Independent analysis commissioned in 2023 by the NHS Confederation found that the ability of primary care to support interventions in population health management provides an opportunity to create higher returns on NHS spend investment as a whole: while every pound invested in the NHS as a whole results in around £4 back to the economy, the same investment in primary care offers a return of £14.14 in extra economic growth.

Despite the value delivered by general practice, in Northern Ireland it remains vastly underfunded. As cited in the NIAO report, investment in general practice fell by around 7 per cent in real terms between 2021- 22 and 2022-23 and a further 2.48% decrease in 2023/24[7].

The Nuffield Trust released a report finding that the Carr-Hill formula fails to take account of socioeconomic deprivation in the population, thus the current funding model fails to adequately address the issue of health inequalities[8]. This means that under the current funding model, the people that need the most support are least likely to receive it.

[7] NHS Confederation: 2023: Supporting general practice at scale. Fit for 24/25 : https://www.nhsconfed.org/system/files/2023-10/Supporting-general-practice-at-scale-fit-for-202425-and-beyond.pdf

[8] https://www.nuffieldtrust.org.uk/resource/fairer-funding-for-general-practice-in-england

Exact comparisons around what proportion of healthcare spend across UK nations relates to general practice are not available due to inconsistencies in data collection methodologies. However, major steps are being taken in other jurisdictions to address the current issues in general practice. In December 2024, the UK Government announced an extra £889 million investment on top of the existing budget for general practice in England. Furthermore, in November 2024 the Scottish government outlined 20 recommendations and key actions that they would take forward to improve GP retention and recruitment in Scotland, addressing many of the key asks which RCGP had made[9]. Despite numerous calls to support a failing system here in NI, there has been no significant investment or pledges.

In his report into the NHS in England, published in September 2024, Lord Darzi noted that 'As independent businesses, general practices have the best financial discipline in the health service family as they cannot run up large deficits in the belief that they will be bailed out'[10]. Despite this, practices increasingly find themselves unable to meet the rising costs of basic service delivery through GMS core funding. For some practices, the current GMS funding makes the prospect of recruiting sufficient staff across GP, nursing, and admin support simply unaffordable.

From April 2025, practices will have to bear the planned increase in employer National Insurance contributions (NIC). Contrary to other parts of the healthcare system, general practice is not exempt, and to date, it is not clear whether general practice partnerships will receive any support to help alleviate this financial burden. If these NIC increases are to be met by individual practices, it will inevitably lead to cuts in services offered to patients in order to balance budgets, or to such profound financial instability leaving practices no longer viable. In England additional funding was announced early, prior to full contract negotiations, in recognition of the significant pressures facing general practice. Here in Northern Ireland, we are not aware of any such funding for our GP workforce.

While contractual negotiations are outside the remit of the RCGP and responsibility lies with the British Medical Association (BMA), the College acknowledges that the current funding model is not fit for purpose and greater investment in core funding for general practice is not just essential to building a sustainable service in the future, it is vital for the survival of the service in the short term.

Access

Access is linked to demand and capacity and the growing mismatch. Despite the delivery of 200,000 consultations per week (almost half the population of NI per month) the demand is out stripping the capacity in General Practice.

[9] https://www.gov.scot/publications/report-improving-gp-retention-recommendations-gp-retention-working-group/pages/4/

[10] https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

As we emerge from winter and the huge additional pressure that comes from additional need, GPs have minimal ability to flex and expand capacity, as teams regularly work beyond safe limits. Routine and proactive care suffers as GPs need to deal with increasing and unscheduled and urgent care. Long secondary care waiting lists, increasing multimorbidity and an ageing population are leading to significantly increased workload.

A decade of underinvestment and insufficient core funding to meet need, combined with poor workforce planning has led to inadequate numbers of GPs to meet growing demand and not enough resource in the system to fund them even if they were available. With excessive GP workload cited as the main contributor to burnout, GPs cannot be expected to shoulder additional demand burden with no additional resource or manpower.

In addition to the difficulties in GP recruitment, it has become more challenging to recruit and retain practice nurses and members of the wider practice administrative team. due to increasing responsibilities such as care navigation, and a lack of funding which leaves practices unable to offer competitive salaries, terms and conditions.

General practice is continually stunted in efficiency without access to an electronic transfer of prescribing (ETP). The introduction of which would help tackle GP workload, improve patient safety, and provide significant benefit to the environment but is at best close to a decade from being rolled out [11].

Other practical digital solutions would enable a better workflow optimisation and streamlined access, but these require design in collaboration with the general practice workforce to ensure meaningful change. Supporting all practices to introduce a VoIP cloud hosted system telephony system alongside the appropriate training and support, would introduce a region wide capability to stratify calls, support care navigation and collect data on demand.

There is no doubt that better telephony and IT infrastructure can help with front door contact and communication, but without appropriate pathways, staff and resource to meet the needs of patients there will continue to exist the 8.30am scramble for a finite number of appointments. State of the art digital solutions ensuring that calls are answered quickly will have no impact without adequate numbers of clinicians to consult with the patients who require General Practice services.

Conclusion

This briefing has set out a high-level overview of the major challenges facing general practice in Northern Ireland particularly around the key aspect of access.

It has outlined that, despite support to enhance capacity in primary care being identified as key to health service transformation many years ago, promised investment is yet to

[11] https://www.rcgp.org.uk/getmedia/f1c47735-a896-45a4-900f-1532c8105e24/rcgpni-retention-strategy-2024.pdf

materialise, and GP services are now in crisis. General practice provides vital urgent, routine and preventive care for patients in our communities and significant value for money, yet funding and workforce capacity has not kept pace with the rising demands and complexity in caring for a growing and ageing population.

Long-term solutions around sustainable funding and workforce planning, as well as short and medium-term interventions to retain and support our existing workforce are urgently needed to stabilise the service and provide better outcomes for patients across Northern Ireland.

RCGPNI would like to thank the committee for the invitation to give evidence and for demonstrating a keen interest in the vital role GPs play in our communities.