

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP01 : Ymateb gan: | Response from: Dr Kate Baker

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Dear Health and Social Care Committee

As a General Practitioner in Cardiff I would like to offer my thoughts and insight to contribute to your inquiry.

I have been a doctor working continuously in Wales since I qualified from Cardiff Medical School in July 1998. I have been a GP since February 2008, initially as a partner for nearly 6 years in Cwmbran and as a partner in Cardiff for 11 years since November 2013.

It has been distressing to see the deterioration in funding and support for General Practice over the 17 years I have worked as a GP. The partners in our practice have not seen a pay rise for 9 years and in fact the imposed contract for 2023/24 led to a pay CUT for partners as the 5% uplift in funds covered staff pay rises but did not cover any of the additional financial pressures the practices were facing with increases in utility bills etc. This year's increase in National Insurance Employer Contributions will also affect the partners.

Following Mark Drakeford's visit to our practice as part of the BMA Save Our Surgeries Campaign, shortly before he stepped down as the First Minister, it became clear that the Welsh Government believes that a salaried General Practice should be the direction of travel. I believe this is mis-guided.

The partnership model has been proven to be a cost-effective way of providing GMS care to the population the practice serves. As small businesses, we are more agile in making changes that are needed and using our funds to ensure the most appropriate care is provided. The difficulty practices are having with providing good access is related to a significant deterioration in funding, despite increased pressures with an ageing population and increasing multi-morbidity. There is poor support from secondary care, particularly with the marked increase in mental health problems in our patients. The Cluster model is beneficial for provision of some aspects of healthcare but is dependent on the Cluster working well together. I am pleased to be part of the SouthWest Cardiff Cluster which is working extremely well. However this should not be an alternative to funding individual practices properly and sustainably.

By continuing to neglect General Practice, the increased pressures are leading to practices becoming unsustainable and closing. Alternatively, the partners are trying to cope with the increased pressures with less available funds, becoming stressed and leading to burnout.

In my opinion, the best way to fund the NHS is to improve things from primary care upwards, not putting all the funds in to the health boards who primarily cover secondary care. I believe the NHS to be too important to be in the hands of the political party of the day but that it should be funded by agreement from a cross-party group with advice from those working within the NHS.

Yours sincerely

Dr Kate Baker