

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar ddyfodol meddygaeth deulu yng Nghymru](#)

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

GP16 : Ymateb gan: | Response from: Unigolyn | An Individual



I am writing to provide evidence for your inquiry. I would be grateful if this could be anonymised if published.

I am submitting this as an individual. I am over 18 years old.

I am senior GP partner at a well-established GP practice in Cardiff. We have consistent high standards of feedback from our patients as we aim to provide excellent standards of health care for our local community. We are fortunate to have purpose made premises and have been consistently financially prudent and sustainable. We provide enhanced services including comprehensive care for a large number of elderly residents a local Care Home actively preventing hospital admissions. We also have close links with the local memory clinic being part of a pioneering service to bring dementia assessment clinics into the community to help reduce waiting times for diagnosis of dementia. We are a consistently highly rated training practice providing placements and support for local doctors to learn to be future GPs in Wales.

I share this to explain that we are a highly performing GP practice and have had no financial or staffing concerns about our sustainability until the last two years when we have seen a perfect storm of difficulties arise. There is a current dire financial situation for GP Partners. Inflation is causing our costs to rocket. Utility bills have quadrupled. We've taken steps to try and offset these rapidly rising costs but it has been challenging. The GMS contracts implemented in the last two years do not cover these costs for the foreseeable future.

With the announced pending national increase in minimum wage coming in April 2025 along with the increases in National Insurance payments, we now find ourselves asking how can we financially maintain services. The wage increase for our employed administrative and clinical staff will mean us needing to find approximately £35,000. This is only for wage increases and national insurance payments. This doesn't take into account the inflationary business cost rises we are seeing in addition to this amount.

We have received a stabilisation payment as part of the contract negotiated up to April 2025 which goes some way towards this as a temporary measure. But what should we do for the 2025/26 year? We face financial uncertainty. How can we plan services when we do not know what monies we have to do so?

The continual late negotiation of contracts is leaving us in limbo year on year unable to have a strategic approach to service planning.

The only way to cover these costs will be to cut services which seems ludicrous when we know the need for improved access is essential for our population health.

£35,000 is the equivalent of approximately 2000 GP appointments with our surgery per year.

Contrary to media reports we as GP partners do not have huge incomes. Each of our GP partners has an additional work role outside of partnership as, simply put, our partnership income barely covers our personal bills and personal student loans from medical school. Within Cardiff, we earn less as GP partners compared to other areas of Wales due to the Carr-

Hill allocation formula. For example our own practice only receives payment for 80% of our GMS list size due to this. This makes Cardiff based practices even more vulnerable to income uncertainty as we are allocated smaller amounts per patient. The recent uplift in GMS monies for our practice has been corrected for us by this formula and only gives my surgery approximately £5.50 extra per patient per year. How can we be expected to improve access and provide gold standard care when the uplift is barely enough to buy a supermarket meal deal a year. How can we be expected to cover our rocketing business and staff wage costs with this?

While restaurants and shops have had to increase their prices to customers to counteract rising costs, we as self-employed business owners have no additional way to increase our GMS income under the terms of our current NHS contract.

In recent years we have made huge personal sacrifices and worked hard to maintain services for our community throughout the Covid pandemic. Not at any time did we stop seeing patients face to face and we continued to visit our patients at home when they needed us throughout the lockdown periods. We have had to work harder to plug the service gaps left after the pandemic and are finding ourselves continuing to pick up the pieces of struggling secondary care services. As GP Partners we are facing significant losses in personal income.

This large financial deficit we now are facing feels like the final straw and is pushing our practice towards a cliff edge. We cannot see how we can continue to stay open and provide high quality services without the funds to do so.

Sadly we are very aware that all of our GP colleagues across Wales are facing the same challenge. With the growing local development housing plan in our surrounding area in Cardiff we are very concerned about the future provision of primary care services to a growing population of people in this area of Cardiff.

Newly qualified GPs are finding themselves struggling to find employment. We have the workforce but we do not have the funding to support more GPs in practice. While an MDT approach can be seen as a different approach it is my feeling that GPs provide the most cost effective and robust service longer term.

In our local area there have been problems where smaller surgeries such as mine have been bought up by larger managing companies. This has led to examples such as that seen by the e-Harley group where patient care has suffered. I believe in the family doctor model with care close to home by a GP who provides continuity of care. Continuity of care is shown to save lives and provide better value for money.

Wales needs to decide what does it want primary care to look like in the future. Having worked as a GP in Wales for 15 years I have no idea what general practice will be in the next 5-10 years.

Does Wales want to adequately fund a partnership model that is sustainable for the future?

I otherwise am very concerned about an emerging model similar to dentistry. We are seeing patients seeking private GP services due to difficulties accessing appointments. If more NHS GP practices fold and more GPs set up private clinics it is inevitable that this will leave the Wales with a two tier service. This would be, in my view, a terrible outcome for Wales. With such large areas of deprivation and social difficulty, limiting access to healthcare can only worsen these social issues.

I would be happy to provide more evidence if this would be of help.

Kind Regards

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