

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](#)

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Response from: North Cardiff Medical Centre Patient Participation Group



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Client: Group of patients from North Cardiff Medical Centre Patient Participation Group

Consultation: Inquiry into the future of general practice in Wales

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1. Introduction

This submission aims to provide feedback from a patient's perspective on the future of general practice in Wales, focusing on the challenges that threaten the sustainability of the service. As a group of patients, we have drawn on evidence from various sources, including a report from Dr. Matthew Jones, who is a GP in North Cardiff himself as well as NHS Shared Services Partnership, and a study undertaken by Gwion Rhys, Hendrik J. Beerstecher and Claire L. Morgan.

These studies looked at the Carr-Hill Formula in Wales, to raise concerns and suggest improvements for the long-term viability and quality of general practice. We hope that our comments will contribute to ongoing discussions and provide insights for policymakers, particularly in light of the significant funding disparities and workforce challenges that currently affect primary care.

2. Challenges Threatening the Sustainability of General Practice

One of the most pressing challenges facing general practice in Wales is the funding model. The Carr-Hill Formula, which has been in place since 2004, was intended to address differences in funding between practices based on demographic and socioeconomic factors. However, as highlighted in Dr. Jones' review, this formula has resulted in substantial funding disparities between health boards, with the Cardiff & Vale Health Board receiving the lowest allocation in Wales (Carr-Hill coefficient of 0.88). This has led to severe underfunding for practices in this area, even though they are serving large and diverse populations with varying health needs. This was predicted in the 2010 study by Gwion Rhys, Hendrik J. Beerstecher and Claire L. Morgan who suggested that by 'phasing out the income protection without correcting the inequity of normalisation at national level means Welsh practices will lose the small ameliorating effect of the MPIG and the relative income deficit will grow from 9% to 11.2%'. This effect has had a direct impact on GP services, particularly after 2021.

Further exacerbating this issue is the fact that data used to calculate the Carr-Hill Formula is outdated. The data relied upon dates back to 1998-2001, failing to reflect the current demographic shifts and healthcare needs of the population. For instance, areas such as Cardiff, which have experienced significant changes in population density, age structure, and socioeconomic status, are misrepresented by the formula. This misrepresentation contributes to inequities in funding, which ultimately undermines the ability of general practices to provide adequate care for patients. The failure to update or reassess the Practice Additional Needs Index (PANI), a key part of the Carr-Hill Formula, has resulted in further discrepancies in funding for areas with evolving needs, such as student populations and elderly communities in North Cardiff.

In particular, practices like Whitchurch Road GP Surgery, which serves a significant number of students, are funded as though they are located in a relatively healthy and young community, despite a patient base with considerable healthcare needs. On the other hand, areas with elderly populations, such as Llanishen Court, are underfunded due to their inaccurate PANI ratings, leading to gaps in service provision.

3. Financial Pressures and Funding Models

The financial pressures on general practice in Wales have been mounting over the years, particularly with the phase-out of the Minimum Practice Income Guarantee (MPIG) between 2014 and 2021. While the MPIG aimed to ensure that practices did not face financial hardship due to underfunding, its removal has left many practices in a precarious position. The lack of sufficient funding, coupled with the limitations of the Carr-Hill Formula, has forced many practices to reduce services, leading to increased workloads for staff and decreased access for patients.

A recent addition to these financial pressures is MPs have voted down a House of Lords amendment that would have exempted general practices from paying increased national insurance contributions (NICs) from April.

In October 2024 the chancellor of the exchequer, Rachel Reeves, announced an increase in NICs paid by employers to 15% on salaries above £5000, up from 13.8% on salaries above £9100.

Some employers such as NHS hospital trusts are exempt from the hike, but general practice is not. Within North Cardiff Medical Centre, their accountants estimate that this means that each member of staff will cost a minimum of £615 per person on the National Insurance threshold reduction alone. Collectively this will add an extra £20,000 per annum.

There are some cases where practices are even facing the threat of closure due to financial strain, further limiting access to care for the local population.

4. The General Practice Workforce: Retention, Workload, and Wellbeing

The pressures on general practice are not just financial but also human. Workforce shortages have long been a challenge for the NHS, and general practice is no exception. Recruitment and retention of staff, particularly experienced GPs, have been significant concerns. This is especially problematic given the increasing workload, which has been exacerbated by financial constraints and the aging population. In the Cardiff and Vale

region, the formula does not account for the substantial care required by an aging population, leading to under-resourcing of these practices.

As a result, GPs are experiencing burnout due to high patient numbers and inadequate time to spend with each patient. The mental health and wellbeing of staff have been deeply impacted, further contributing to staff attrition and exacerbating the workforce crisis.

The multidisciplinary team approach, which includes nurses, healthcare assistants, and other professionals, has helped alleviate some of the pressure. However, the lack of funding for these roles and the absence of a cohesive workforce strategy means that the potential of these teams is not being fully realized.

5. Experience: Access, Demand, and Quality of Care

From a patient perspective, the ability to access care has become increasingly difficult. Patients regularly experience long waiting times for appointments, with some practices unable to accommodate urgent requests. This has led to frustration and, in some cases, a decline in the quality of care. The limited consultation time during appointments often results in patients feeling rushed, with issues not fully addressed, leaving them to seek alternative care or face unresolved health concerns.

Furthermore, the growing demand for services, combined with the shortage of staff, has placed additional strain on healthcare providers. This situation is compounded by delays in referrals, with some patients waiting excessively long periods for specialist care, affecting their health outcomes.

In terms of equitable access, the current system disproportionately impacts certain groups, such as those in deprived areas or with complex health needs. The inaccurate data in the Carr-Hill Formula further compounds these inequities, leading to resource allocation that does not reflect the actual needs of local populations. The resultant inequitable access to care undermines public trust in the NHS, with patients feeling that the system is not responsive to their needs.

6. Opportunities for Improvement: A Preventative Approach

To ensure that general practice remains fit for the future, it is crucial to adopt a more preventative approach to care. This would involve not only addressing the current pressures on services but also ensuring that healthcare resources are directed towards early intervention and disease prevention. Shifting the focus to preventative care would

help reduce the burden on primary care services and improve patient outcomes in the long term.

Additionally, updating the Carr-Hill Formula to reflect current demographic realities and the complex needs of patients is essential. This would enable a more accurate distribution of resources, ensuring that practices in high-needs areas are appropriately funded. The formula should also be regularly reassessed to account for changes in population health and social determinants.

Lastly, further investment in digital technology is essential to improve the efficiency and accessibility of care. Digital platforms can enhance patient access, streamline appointment bookings, and improve communication between patients and healthcare providers, helping to alleviate some of the pressure on practices.

7. Conclusion and Recommendations

In conclusion, the future of general practice in Wales hinges on addressing the underfunding and workforce challenges that currently threaten the sustainability of the system. We urge policymakers to consider the following recommendations:

- a. Review and update the Carr-Hill Formula to ensure that funding allocation is based on current, accurate data that reflects the diverse needs of the population.
- b. Invest in workforce retention and recruitment, including addressing the mental health and wellbeing of staff.
- c. Increase funding for practices in high-needs areas, particularly in urban centres with aging populations or student communities.
- d. Adopt a more preventative approach to healthcare, focusing on early intervention and disease prevention.
- e. Enhance the use of digital technology to improve access to care and efficiency in general practice.
- f. Explore models already working in England and use co-production to ensure that the revised initiative is fit for the future.

By addressing these issues, we can help ensure that general practice in Wales remains sustainable, equitable, and able to meet the needs of all patients.

This submission reflects the views and experiences of patients, and we hope it can inform the discussions around the future of general practice in Wales.