

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](#)

GP47: Ymateb gan: Cwmpas | Response from: Cwmpas

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# ewmpas

For economic and social change  
Creu newid economaidd a chymdeithasol

Cwmpas is a development agency working for positive change.

We believe our economy and society should work differently, putting people and planet first.

Since 1982, we have supported Welsh social entrepreneurs, co-operatives, businesses, public bodies, communities and more to make positive change happen.

We have three missions:

## **1. Creating a fairer, greener economy**

We are working to increase the proportion of the economy made up by social enterprises, co-operatives and employee-owned businesses

## **2. Building a more equal society**

We are working to advance social justice by increasing access, equity, diversity and participation

## **3. Making positive change happen**

We are working in co-operation with people and organisations to take action for social good

## **GP Services – The Challenges**

The situation facing GP practices is 'unsustainable' according to BMA Cymru Wales.

In June 2024, Dr Phil White, the BMA's deputy chair of Welsh Council, noted that "Over the last ten years GPs have been expected to look after 33% more patients while the number of full-time GPs has decreased by 24%, with a fifth of all practices (nearly 100) closing their doors".

A survey by BMA Cymru Wales has revealed that 91% of GPs are routinely unable to meet patient demand due to unsustainably high workloads affecting appointment availability. 87% of GPs feared their rising workloads were impacting patient safety.

A survey showed that "80% of GPs fear their high workload is detrimental to patient care; morale is low, with many considering their exit."

BMA Cymru Wales has said that there is an exodus of experienced GPs, with more than half (53%) of GP partners planning their exit in the next three years and almost a third (31%) of salaried GPs intending to work less than full-time.

With 80% of GP respondents expressing significant concern about the financial viability of their practice, the BMA's GP committee in Wales says it is in no doubt that the closures are a direct result of sustained underinvestment. Only 6.1% of the NHS Wales budget is invested directly into General Medical Services – services provided by GPs – a reduction from 2005/06, when it was at 8.7%.

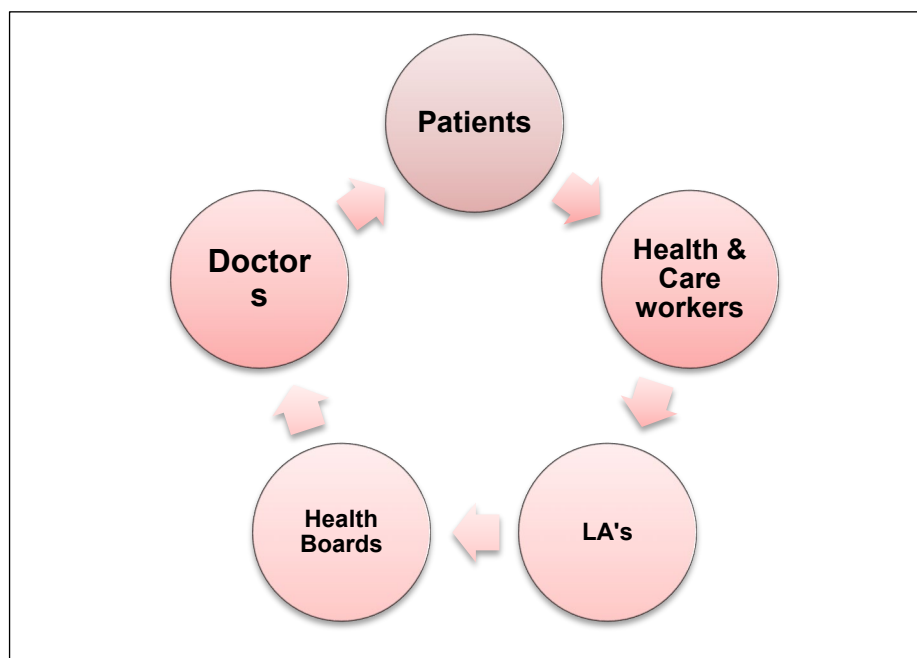
### **A Co-operative Solution - Community Health Co-ops**

Historically GP services have been delivered by individual GPs, effectively running sole trader businesses contracting with local health boards. As GPs retire there is a shortage of new GPs who are willing to buy in to these businesses and take on the personal liability of running the service as a sole trader business. The solution to date has been to ask neighbouring practices to expand their reach in to new communities or for health boards to take direct control and take the service in house.

We believe that community health co-ops set up as a community benefit society present an alternative solution to this problem that removes the need for individuals to take personal liability while also engaging the wider community in the delivery of early-stage and preventative GP services. Membership of the society could be drawn from the community that the health co-op serves, including patients, doctors and other workers, representatives from the local authority, the health board, and community-owned organisations delivering health and wellbeing services. All members would have one vote and they would elect the board of directors to manage the co-op on their behalf. The co-op (as a corporate body) could then contract with the health board to deliver primary care services within that community.

The co-op would be non-profit distributing, meaning that profits would be invested back in to the core service or for well-being or preventative services.

Community Health Co-op – As a Multi Stakeholder Co-op



We believe the committee should recommend that the Welsh Government explores a pilot project that could be developed to work with a community to discuss the potential interest in setting up a community health co-op.

This will require traditional community development skills running open meetings and networks to see if there is a will within the community for this to happen and see if a voluntary steering group could be set up to further develop the community health co-op model. The steering group would then need help and support from a number of specialist agencies to get them to a position where they could contract with the health board and deliver community health services.

### **Basic Requirements**

- Employ a community development worker
- Develop an engagement strategy
- Hold public meetings and events
- Recruit voluntary steering group
- Bring in specialists to train steering group on governance and legal responsibility of directors
- Bring in specialists to register new community benefit society
- Support board to access initial set up funding
- Support board to develop policies and procedures
- Support board to develop business strategy and business plan in order to secure contracts with health board
- Support board to recruit operational manager and required medical staff.

### **Benefits**

Community health co-operatives could offer sustainability and social value benefits that directly address the GP crisis in Wales while strengthening local healthcare systems.

#### **a) Workforce Sustainability**

- **Job satisfaction and retention** - Co-operative structures would allow workers to have a greater say in how their practice is run, improving job satisfaction and reducing burnout. Evidence for these benefits associated with co-operative models is seen across different sectors.<sup>1</sup>
- **Supports Multi-disciplinary Teams** – Instead of relying solely on GPs, co-operatives can integrate other healthcare professionals (nurse practitioners, physiotherapists, mental health specialists) to reduce pressure on GPs and improve holistic care.
- **Creates Long-term Stability** – Unlike traditional GP partnerships, which depend on individual ownership, a co-operative model ensures continuity even if individual GPs leave or retire, anchoring practises in communities.

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<sup>1</sup> <https://www.uk.coop/start-new-co-op/start/benefits-co-op#:~:text=Boosts%20productivity%20by%20making%20employees,and%20financially%2C%20in%20the%20business.>

- **Removes the need for individual liability** – encouraging more health professionals to become GPs will be easier if they do not need to take on personal liability for the service.

#### **b) Financial and Operational Sustainability**

- **Reinvests Surpluses into Care** – Community health co-operatives would reinvest any surplus income into improving services.
- **Encourages Preventative Care** – Co-operatives can focus on prevention and early intervention rather than short-term, reactive treatments, reducing long-term NHS costs.
- **Greater Local Control Over Resources** – Decision-making is localised, making the model more responsive to community health needs.

#### **c) Strengthening Community Engagement**

- **Community Ownership & Participation** – Patients, staff, and the local community can have a democratic say in how services are delivered, ensuring the practice meets local needs.
- **Addresses Health Inequalities** – Community-led models can guarantee representation from under-represented communities, improving access to care for disadvantaged populations.
- **Improves Trust in Healthcare** – Involving communities in decision-making builds public trust in health services and increases patient satisfaction.

#### **d) Economic and Social Benefits**

- **Keeps NHS Funding in Local Communities** – Money stays within the local economy instead of being extracted by corporate providers from outside of Wales.
- **Creates Local Jobs and Training Opportunities** – Co-operatives can hire and train local staff, creating a pipeline for future healthcare workers.
- **Supports Integrated Social Care** – The model can link with social enterprises providing housing, mental health, or community well-being services, tackling the social determinants of health.

## **Conclusion**

Community health co-operatives could offer a more sustainable model for delivering primary care in Wales. By embedding democratic ownership, workforce stability, and community engagement, they can help mitigate the GP crisis while building stronger, more resilient local health services.

Developing an ecosystem for the development of these co-operative models will require investment in and specialist support for communities, but this investment will be pivotal to the development of a sustainable primary care system for Wales in the long-term.

We strongly advocate for the committee to recommend further research and exploration of the potential of this model for Welsh communities.