

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](#)

**GP55: Ymateb gan: Partneriaid Meddygfa Felinheli a Porthaethwy yng Ngogledd Cymru |
Response from: Partners of Felinheli and Porthaethwy Surgery in North Wales**



Inquiry into the future of general practice in Wales

Felinheli and Porthaethwy Surgery, North Wales

Contributors to this summary: Dr Aled Lloyd Morris (Senior Partner) ()
Dr James Rigby (Partner) ()
Dr Philip White (Ex Senior Partner, Member of GPCW and Chair BMA Welsh Council) ()

We are a two-site practice, partially dispensing, semi-rural and situated either side of the Menai Straits.

Formed in the early 1970's by the amalgamation of two single handed practices, one in Porthaethwy and the other in Y Felinheli it originally served about 3600 patients and by 1983 supported three whole time partners and a two-session salaried doctor.

Over the years, the list size has increased and is now around 6700 but owing to the lack of investment in general practice over the years we only have 4.2 whole time equivalent partners though pro rata, compared to 1983 that should be over five.

Over the same period of time, Bangor had three general surgeons and now they have eight. In 1983 there were three orthopaedic surgeons, now there are eleven. It is quite clear what the funding priorities have been, yet waiting lists are at their highest.

Currently we have two partners and three salaried doctors that equates to the 4.2 WTE.

As a two-site practice (as are many of our surrounding practices) we have been faced with increasing expenses (additional staff, double standing charges etc.) but a reduction in profit.

We teach medical students and FY1 doctors. It has reached the stage where only our training income is providing the partners with an income marginally greater than our salaried colleagues. Without the income generated from training medical students and FY1 doctors, the practice would no longer be profitable and therefore would not be viable.

Proposed increases in National Insurance scales and employer's contributions will cost an additional £30k, and unless we are included in the NHS exemption, our practice will become unviable.

Currently we provide an excellent service for patients including minor surgery and several other additional services, alongside dispensing to part of our population. This is a valuable service for patients and prevents them from having to travel miles for pharmaceutical services.

In previous years the dispensing income covered the funding of an extra doctor (necessary for two sites and a large practice area) but this income, like that from General Medical Services has dwindled over the years in real terms and our practice may well have to consider if our NHS contract remains viable.

There are sufficient newly trained GPs coming from our local programme in Bangor in July, but (as is also the case for our neighbouring practices) we cannot afford what we have let alone employ additional doctors. 9 out of the 11 trainees have not been able to secure a GP job, and many are considering resorting to working shifts as SHOs in the hospital. This, we are sure you will agree, is an appalling situation and a reflection of the chronic underfunding of primary care.

We have also noticed that in recent months we are receiving a number of enquiries from locum GPs looking for work. This was previously almost unheard of, partly due to locum GPs being scarce locally but also in demand. It is clear that local practices are all having to cut back on costs, and one of the ways practices are doing this is by ceasing use of locum GPs. Practices are having to do this simply to make ends meet and remain viable. The current financial situation facing GPs means that we are all being forced to try to do more with less, and there is no doubt that the inevitable end result of this will be burnout of GPs and more GPs retiring or leaving the profession.

It is recognised that Health Board managed practices cost a minimum of 30% more than a GMS contractor practice, and often do not provide additional services, thus increasing secondary care referrals. They often do not provide training for students and FY1 doctors.

We provide excellent value for money and so much more could be done within a well-staffed General Practice at a considerable saving to the NHS and closer to home that would greatly benefit patients.

We implore Welsh Government to urgently address the severe underfunding of Welsh General Practice before many more practices return their contracts at a substantial premium to the taxpayer.