

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](#)

GP59: Ymateb gan: Unigolyn | Response from: An Individual

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Submission to **Inquiry into the future of general practice in Wales,**

28<sup>th</sup> March 2025

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I would like to submit the following information to the enquiry. I am submitting on behalf of myself, and I confirm that I am over the age of 18.

I have been a fully qualified GP since 2001, and I have worked in both salaried and partnership roles. The following is based on my experience of working in primary care in Wales.

I will submit my testimony in bullet form.

- 1) General practice in Wales/UK is based on a model developed in the 1940s and is in my opinion not now fit for purpose. Times have changed, patient expectations have changed, investigations have changed, and treatments have changed. The GP workforce has changed in its outlook and there is less of us, but the way in which we organise care has not changed.
- 2) The partnership model in my experience is either very effective or a liability, and there is no effective understanding or acceptance of this at either a governmental or Local Health Board (LHB) level. Over the last 10 years, I believe GP numbers in Wales have reduced by around 10%, but our workload has increased. Once a partnership signs the General Medical Services (GMS) contract, all the problems and ills affecting the NHS at a GP primary care level are projected onto the GPs signing the GMS contract. In my experience of LHBs, they focus on managing the GMS contract only, and are not concerned with operational pressures within GP surgeries. GP surgeries effectively operate on their own. This may have been the intention of GPs when the NHS was set up in 1948, but is it a reasonable approach for 2025?

- 3) The Neighbourhood Care Network (NCN) model exists in Wales. NCN workloads are usually determined by governmental and LHB requirements, and not by the needs of local populations. NCNs therefore in their present form, have no part to play currently in solving these issues.
- 4) I was a partner in a surgery that handed its GMS contract back to my local LHB in 2022. Neighbouring surgeries declined to merge with us, and no outside parties wanted to take over our contract, so the LHB dispersed our patient list. We had to make all of our staff redundant. The closure process cost my colleague and I around £90,000 pounds. My practice was the only surgery to close in my borough in over 20 years where the incumbent GPs lost money. Some local practices at contract cessation were taken over by the LHB, and one was merged and the LHB found jobs for its staff. As GPs, we are all working with the same constraints (less availability of manpower and increasing patient need). Across my LHB area, whether a GP loses money at contract resignation is not down to the decision of a surgery to call time on a relentless workload, it is due to decisions made at an LHB level. In my LHB area, the worst possible partnership to be involved in is a smaller practice in a large or mid-sized town. The smaller practices tend to fail first and patients often end up being allocated to the larger practices, but the larger surgeries eventually become too big to fail. My local LHB has a tendency to take over the larger surgeries if they fail (and assuming that no one else wishes to take over the GMS contract). The GPs in the smaller surgeries will often lose money at contract cessation, and the GPs in the larger surgeries do not. No way is this fair. Being a GP partner in Wales is like playing financial Russian roulette.
- 5) The way in which general practice is guided/managed at a governmental or LHB level is not sensitive to the needs of the population or to the staff delivering that care. There is no effective leadership for primary care in Wales at all, and organisations tend to blame each other.
- 6) The more I have worked as a GP, the more I feel that no one cares about general practice. Everyone claims to care about general practice of course, but there is scant evidence that we matter as a workforce. In 2019, an LHB decided to implement an initiative to blur the lines between general medical practice and social services. The scheme had £2million pounds of funding but not once were the GPs in that area asked their opinion on the scheme or on how it was going to be delivered. The scheme has since folded with no appreciable improvements at the primary care/social services interface. From a taxpayer's perspective this was not a good use of public funds, and I cannot fathom why the scheme was set up at a bureaucratic level without getting input from those working on the ground. GPs have so much experience managing care in our areas, but seemingly, our collective opinions to date do not matter.

- 7) In 2024-25, the problems with the organisation of GP services in Wales arrived on our doorsteps when a private GP management company took over practices in the Gwent and Cardiff areas. The company concerned has now handed back most of its NHS contracts in Wales after just a year in charge, but during its short time here it caused significant disruption. These events occurred because when practices fail, those practices currently have nowhere else to go. Individual GP partnerships usually do not want the surgeries, and the LHBs do not want them either.

In summary,

- 1) The partnership model in many ways is outdated, and we probably need to work towards a salaried model of care. If some practices wish to remain independent, then that should be allowed also.
- 2) The Welsh Government and LHBs need to realise that primary care in Wales is in crisis. We have a reducing GP workforce and increasing patient demand. The Welsh Government needs to take ownership of the problem, and this is not the time to run shy. Develop a model of care delivery for patients that values staff. Any changes must look to the future, not to 80 years in the past. Lead that change. It may be that different parts of Wales will require slightly different approaches.
- 3) The Welsh Government and LHBs need to be human, and unfairness must be ended. A system where one GP must pay thousands of pounds to close a surgery and where a neighbouring GP is treated entirely differently in the same circumstances is just not appropriate.
- 4) If politicians are to be the driver of change, then we need politicians on board who have the vision and energy to drive this forward. I have dealt with 2 politicians (from different parties) over the last 9 months, and each left me with the feeling that no one really understands the issues or even cares.