Dear Patients, (election candidates, Derbyshire Integrated Care Board and NHS England)

The partners of Arthur Medical Centre (in agreement with our colleagues in the Belper Primary Care Network and many other GPs nationally) <u>are supporting the British Medical</u>

<u>Associations (BMA) campaign to save general practice.</u> [GP contract 2024/25 changes ballot (bma.org.uk) Any figures referred to in this letter are from this source]

# Why we are supporting this campaign:

We are supporting this campaign because we believe in the importance of good access to high quality healthcare in the community. We want this for our patients, we want this for our loved ones, and we want this for ourselves. We believe in the importance of continuity of care, holistic medicine (considering the whole person, their values and putting their healthcare into the context of their life) and having access to a doctor who is a highly skilled generalist.

Please be reassured that whilst we are committed to fighting for our patients and our profession we want to do this way in a way that minimises the impact on you our patients.

GPs are on your side and feel we have to take action and inform our communities in order to save the future of general practice.

# Background on the situation for GP practices:

In early 2024 the government, ignoring the advice & opinions of the GP committee, decided to impose a contract onto practices that sets only a 2.23% uplift in funding, whilst our costs have risen by a significantly greater level. It is clear to us (your local Belper GP partners) that we will not be able to provide the high-quality primary care this community deserves under the current terms and uncertainty. We are not alone in this opinion. In March 2024, more than 19,000 GPs voted on whether they accepted these changes and 99.2% voted 'no'. Despite these warnings, the Government has so far failed to make any improvements to the contract, prompting the BMA to launch a ballot on collective action.

GP practices have had real-term funding cuts whilst trying to meet increasing levels of demand and increasing physical and mental health needs in our communities. We are proud of what we achieve and the care we provide. However nationally, practices are closing and GPs are facing unemployment - despite huge patient demand for their skill set. Primary care is often described as the bed-rock of the NHS for providing extremely cost-effective healthcare but we cannot continue to absorb 'real terms' funding cuts (It is often quoted that 90% of NHS patient contacts occur within general practice & in 23/24 we received 8.4% of the NHS budget).

Our practices main income comes from the Global Sum payment, in 2024/2025 this will be £107.57 per patient for the year. The BMA are advising that to return practice funding to the same level as 2018/2019 in real terms, an additional 11% contract uplift is required. This would not account for the increased demand that practices are facing. (Kingsfund: "On average there are more than 876,164 GP appointments in the NHS every day, an increase of 34,219 appointments a day since

2018/19). (More details on the funding of general practice and the 2024/25 contract can be viewed on the BMA website).

Immediate action is needed to put practices back into a position of financial stability to prevent us having to scale back the services we can offer, but other changes are also needed longer term. As a practice team we have considered what we feel primary care needs from our next government and this can be viewed below (sadly this is in no way intended as an exhaustive list!). It is incredibly difficult working in a broken system where everyone is constantly giving their all (often at significant cost on our personal lives) but it never feels enough.

We are saddened to have to write this letter to you to inform you of the challenges your local practice is facing. Please consider joining us in supporting the BMA's campaign & fighting to ensure community healthcare is prioritised by our next government.

Yours Faithfully,

The Partners

Dr Wilton, Dr Woodier, Dr Clark, Mr Climie

## What we hope for in the future of primary care

This is in no way intended as an exhaustive list!

# For our patients

- good access to high quality care that can help you stay well
- supported to see the right person first time (the most appropriate professional to meet your needs)
- continuity of care with a clinician they know and trust for routine care (proven to be cost effective and save lives)

### For our teams

- to feel respected, valued and proud of the role we play within society
- fair pay (and terms and conditions) comparable to hospital staff and competitive with other sectors
- to work in a system that allows them to provide high quality care & get job satisfaction
- adequate time to supervise and train much needed additional staff
- for people to want to work in primary care allowing us to retain our highly skilled team members through job satisfaction, fair pay and recognition of experience and seniority

### For care

- continuity evidence shows this improves health outcomes and improves patient and clinician satisfaction. To achieve this you need to retain your clinical team & make the job sustainable. We want to achieve this by having enough capacity to facilitate patient choice, not via gimmicky targets.
- clear remit and expectation of what should be provided by primary care, then give us the resources needed to achieve this
- improved communication between primary and secondary care (avoiding inefficiencies and inappropriate transfer of work to practices)
- improved communication between patients & secondary (hospital) care.
- adequate resources & honest national conversations about the growing costs of health and social care
- prioritise preventative care Safeguarding the public's health and wellbeing. Backed up by good public health policies tackling some of the major health threats our country faces e.g obesity, inactivity.

#### For the wider NHS & efficiency

- investment in primary care good access to primary care is a cost-effective way to provide health care, it keeps people well, it can reduce admissions & it provides high patient satisfaction.
- forward planning and future security we cannot invest in our building, recruitment, team training or expand capacity when there is constant uncertainty about our contracts and funding.
- financial stability with a modern fit for purpose funding solution for primary care
- reduced bureaucracy & create supportive, constructive regulatory processes.
- adequate IT equipment & software
- invest in new technologies working with healthcare providers to automate & streamline processes.