

IGPM statement on the initial pay proposal offer for the 2024/25 GP contract.

An article published in Pulse online on 31st January 2024 reported that the Government has offered a 1.9% pay uplift to the GP contract for 2024/25.

The General Practitioners Committee (GPC) of the British Medical Association (BMA) have recently presented dire statistics and figures to the Government for them to consider before the contract, including the financials, were proposed.

It seems that the Government has chosen to ignore this.

The upcoming contract had been seen as a glimmer of hope for many practices. The end of the 5-year agreement has been touted by many GPs as the line in the sand regarding their own personal futures of continuing to work as an NHS GP.

Relevant points of consideration:

- The recent BMA survey has seen an average partnership income reduction of 20%
- Energy bills continue to rise
- Other areas of the NHS have been given considerably higher payment term offers (which are also not high enough)
- The National Living Wage is increasing by 9.8% - this is important to recognise not only for those close to that wage, but also for the rest of the employed staff, as practices need to consider rewarding pay increase increments in a fair way to ensure all staff feel valued and remunerated appropriately.

General Practice conducts over 90% of the activity in the NHS yet the percentage of funding it received last year was a miserly 7.2% of the entire NHS budget. A percentage figure which is likely to drop even further with the increases going into other parts of the NHS compared to this offer. GP practices are seeing around 1.3 million patients a day in England. Without proper funding practices will be forced to cut staff, freeze recruitment and potentially even hand back their contracts. Where will these patients go? List dispersals to other practices could push even more over the edge, causing a domino effect that no-one wants.

This is not the only recent show of contempt for General Practice. The national commissioner's annual report for 2022/23, admitted that to cover higher energy costs and inflationary pressures, funds had already been diverted away from other services - particularly for primary care and digital investment.

Recent research by the NHS Confederation, conducted by Carnall Farrar, in the report entitled "[Creating better health value: understanding the economic impact of NHS spending by care setting](#)", showed that "if funding patterns among areas that increased spending the least had matched those that increased spending the most, every additional £1 spent on primary or community care could have increased economic output by £14, were a direct relationship assumed. Higher increases in acute care had lower but still significant impact,

with every additional £1 spent potentially increasing Gross Value Added (GVA) by an extra £11”.

In an [article published in November 2022](#) the Confederation of British Industry (CBI) reported that health-related economic inactivity was costing the UK in the region of £180 billion a year.

It is therefore perplexing to us, and our members in the IGPM, why this Government chooses to ignore investment factors that not only save higher budget activity in the NHS but also affects the wider economy in such a gross impactful way.

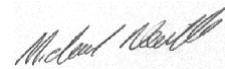
Many practices have already closed in recent years leaving tens of thousands of patients without access to their GP. Should the Government persist with this figure it is not only likely, but inevitable, that this will exponentially increase with many contracts being handed back due to practices no longer being financially viable and leaving patients and whole communities without access to healthcare.

There have been many alternatives to the partnership model trialled, such as the Darzi practices, Babylon, trusts taking on the management of practices etc. Almost all examples have been found wanting as they have not been able to make them “profitable” enough or able to work to the budgets that we in General Practice have previously had to manage.

We sincerely hope that the Government will back track on this. It is widely accepted that if General Practice fails, the entire NHS fails. Do they really want to be responsible for the destruction of the NHS?



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