

# AN EXTENDED ESSAY ON THE IMPOSED GP CONTRACT

March 2023

## HIGHLY QUALIFIED TRADESPERSON REQUIRED

### Exciting job opportunity – apply now

I am looking for an annual contract renewed each year in perpetuity with a highly qualified tradesperson who is a plumber, electrician, painter, decorator, plasterer, gardener and odd job person to provide services for me please. It is essential that you have all the above skills and qualifications as I may not always know what I will be needing from you when I contact you.

As part of this contract, I will be able to call you out as many times as I like, subject to your phone line not being constantly engaged, as given the terms of this contract, I know you may well be quite popular. At no time during the contract will I be paying any call-out fee.

You will provide me with any and all of the services specified, and will not be able to charge me any fees at any time, nor any additional fees for providing me with any other additional services of the above type that I might wish for or that you might wish to provide me with, outside of the specified contractual requirements.

You will need to be available to me at any point between 8.00am and 6.30pm Monday to Friday. Outside of these times, I am willing to pay you the sum of £4.73 per year, to have access to an emergency service to sort me out, until you, as my contracted tradesperson, will again become available. Again, I must stress, I will not be paying any fees or any call-out fees at any time whenever you tend to my needs.

Tradespersons who have not done the required minimum ten years of training need not apply. Furthermore, as part of this contract, you will need to undergo a rigorous annual assessment by peers, be inspected annually by a series of overzealous regulators, the services for which you will need to pay yourself. This scrutiny is required as otherwise I will assume that you will be working to completely outdated procedures, are totally unethical and will always be wanting to cheat me, or worse, bump me off.

Finally, I demand that you will not make any mistakes in your work whatsoever, otherwise I will be forced to complain vigorously to anything up to 20 different organisations, who will investigate you and to which you will be required to respond in immense detail within strict timeframes, the consequences of such investigation which may include the loss of your livelihood.

This is a wonderful opportunity for any professionally qualified tradesperson and I am prepared to offer this contract to you for an extremely generous £99.70\* per year.

\*Other monies may be available to you for dealing with some arbitrary tasks that I wish you to do in my home, such as performing a boiler service, checking that my alarm works properly, cleaning my shower grout, doing PAT testing on my appliances and general weeding.

Credit to the original author from whom inspiration has been taken

Sounds incredible doesn't it? How many of you will find a tradesperson like that willing to sign up? Most would laugh down the phone at you.

Well, that is exactly what your GP gets to provide you a service for a year, and what is expected of them. Now can you see why there are no applicants for such a position, and why so many GPs are leaving the NHS? And can you see why, when many others are demanding the same level of service from fewer and fewer GPs, why you can't ever get an appointment?

By the way, if any suitably qualified professionals are actually wishing to apply for this job, please visit our jobs page where we have a real advert

### **GP CONTRACT ARTICLE**

If you wish to share this article, or need to come back to it at a later date, use the shortcut [ivy.gs/gp-contract](http://ivy.gs/gp-contract)

### **IMPOSED GP CONTRACT**

The above parody advert for a contract with a highly qualified tradesperson was adapted from social media, but it is uncannily accurate, and highlights the GP contract, which some of you may have heard about on the news recently.

What now follows is a detailed commentary on the GP contract. We make no apologies for bringing this to the attention of our patients as it has the potential to adversely affect the care you may receive from the surgery. As we have done for many years already, we will continue to engage with our patients around the wider aspects of General Practice, as unfortunately external factors, such as politics and the media, have a very unhealthy influence (no pun intended) upon what should be privileged interactions and a valued and long-term relationship between doctor and patient.

### **IMPOSED GP CONTRACT – SOME HISTORY**

A little history lesson follows as an important prelude to some discussion about the current situation. One of the main things we learn from history is that we don't learn from history, because humans tend to have short memories, so we feel it is quite important to recount this tale of how General Practice has got to the sorry state it is now in.

In 1997, New Labour were voted in. In response to declining investment and recruitment and retention problems in General Practice, a new GP contract was negotiated in 2004.

As an aside, but relevant as another example of the endless political meddling of the NHS, Tony Blair, wishing to secure his legacy for the NHS, introduced NHS Direct in 1998, a service which has morphed into NHS 111, both online and telephone branches. We know what a great service it is, such superb value for money for the £2 billion spent mostly being a 'speak to your GP' service and a 999 calling service [as of February 2023, it sent an ambulance to a staggering 10.4% of calls and another 45.3% of calls to GPs – just imagine the benefits if this money was actually invested into A+E departments and General Practice instead].

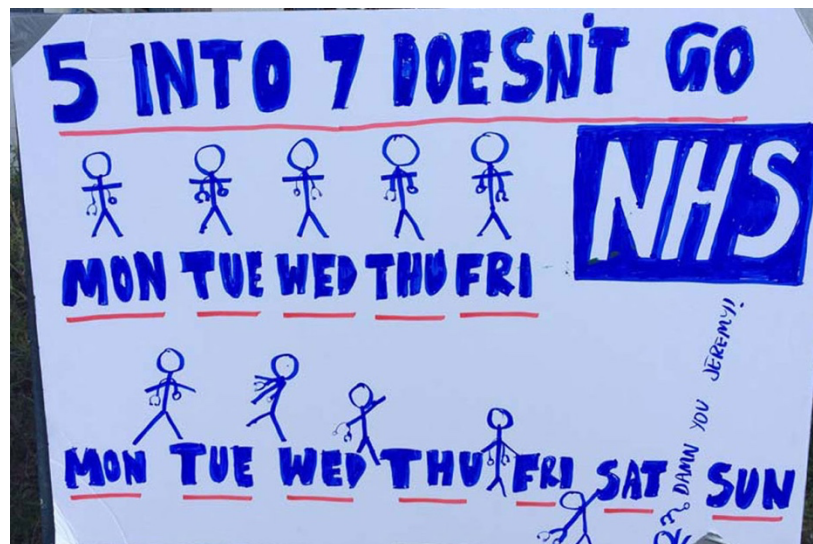
Back to the contract now, and unfortunately, but relevant to the current situation, embedded in this contract was a clause that enabled the government to impose changes to the contract with 12 weeks 'consultation'. Concerned by the presence of this clause, GPs were reassured by both the government and GP leaders at the time that this clause would only ever be enacted in times of national emergency, such as war, acts of terrorism and environmental disasters.

For clarity, due to the presence of this highly suspect clause, the author was one of the 20% of GPs that voted against this contract. It is annoying and upsetting in equal measure to have been proven right.

Back to history now, in 2008, only four years into the new GP contract, as part of Gordon Brown wishing to secure his legacy for the NHS, despite his very short tenure, Labour exploited the imposition clause for the first time and imposed the contract forcing GPs to work 12 hour days to regain funding deliberately removed from the contract. This was called 'extended hours'. At the time, there was no national emergency cited as a cause for this contract imposition.

In 2010, the Conservatives were voted in. In 2013, they exploited the imposition clause too and imposed a contract resulting in funding cuts and increased workload by chasing spurious targets [indeed regarding this contract imposition, the author wrote to the Health Minister at the time, one Jeremy Hunt, now Chancellor, but without success]. Again, at the time, there was no national emergency cited as a cause for this contract imposition.

**Empty promise alert:** In 2014, Labour promised to fund 8,000 new GPs if they won the next general election.



In 2015, the Conservatives won the general election and, as part of David Cameron wishing to secure his own legacy for the NHS, he promised a 'world-leading' 7 day NHS - that is, 8am till 8pm opening 7 days a week – this was known as 'extended access'. This was met with huge resistance from the junior doctors (expressed from the point of view of lack of staff to cover and concerns over patient safety) but unfortunately the end result of this debacle was that Jeremy Hunt imposed a contract upon them. Junior doctors have remembered this ever since and are now getting their own back.

**Empty promise alert:** In 2015, the then health secretary Jeremy Hunt made his infamous promise of 5,000 new GPs by 2020.

In 2018, extended access started in GP land and was deliberately funded at twice the cost of daytime General Practice, immediately skewing clinical priorities and staffing cover for political

purposes [again, imagine if the funding had been directly provided to General Practice to cover daytime opening hours].

In 2019, the GP contract changes forced practices to join together to form networks of GP surgeries, called Primary Care Networks (PCNs), with removal of funding from individual GP surgeries, moving it to these networks on the proviso that the networks would reclaim the funding through hiring of a specific set of new staff as determined by NHS England [as previously mentioned, no GPs and nurses at all could be hired with this funding and if the specific staff could not be hired, networks would lose the funding; crazy when we are crying out for GPs and nurses and equally crazy to lose the funding].

**Empty promise alert:** In 2019, as part of a manifesto pledge, the Conservatives promised 6,000 new GPs by 2024, conveniently forgetting that they had already made and missed a pledge for 5,000 new GPs several years previously.

In 2022, the Conservatives exploited the imposition clause again, so for the third time so far, and they imposed the GP contract forcing GPs to deliver services 8am to 8pm weekdays and 9am to 5pm on Saturdays, what is known as 'enhanced access'. Again, there was no national emergency cited as a cause for this contract imposition.

As a further aside, but again underlining the legacy for the NHS that each Prime Minister feels they must build during their term in office, short-term PM, Liz Truss, via the then Health Secretary, Therese Coffey, promised patients that they would be able to get GP appointments within two weeks [Sep 2022]. The Lib-Dems didn't want to miss out on the fun, and went one up on the Conservatives with promises of a right to see your GP within one week [Nov 2022]. Labour also wanted to take part in the political gameplaying, with promises of quicker appointments plus the ability for patients to self-refer to hospital [Jan 2023]. Not a single party with any clue about what was actually happening on the ground in General Practice.

We now come to 2023, and yet again, the Conservatives have exploited the imposition clause, for two successive years, and they have imposed a contract forcing GPs to skew clinical priorities by focussing almost exclusively on access. Yes, you've guessed it, no national emergency has been cited as a cause for this contract imposition.

**Empty promise alert:** In March 2023, the Lib-Dems as part of a local election launch, have called for 8,000 new GPs.

So what we have learnt from our short history lesson is that in just under two decades, the government, of various persuasions, has exploited a specific clause in the GP contract no less than four times, a clause that was only meant to be used at a time of national emergency, and inappropriately used it to push their own political agendas and their own selfish will upon GPs.

Indeed, you will notice that all four contract impositions have been about increasing GPs' already long working hours and pushing access above all else, whilst simultaneously failing to recognise and act upon the dire shortage of GPs, other than trying to outdo each other on the thousands of extra GPs they can promise.

It is also interesting to note that, in the only genuine national emergency of recent times, the covid-19 pandemic, no contract changes were imposed upon GPs. In fact, the contract was relaxed, quite appropriately, in order to support GPs in continuing to provide services to the population whilst also supporting them to deliver the vast majority of the vaccination programme, thereby helping to take the country out of the pandemic.

As the country came out of the pandemic, just as quickly as the grateful clapping from the public turned to violence and abuse, we have now had two contract impositions in quick succession. This indicates quite clearly the intentions of the government going forward.

So all of this brings us to the current imposed GP contract. But before we do so, we need to introduce some further background information.

**Top tip to all politicians:** if you are serious about wanting more GPs, instead of making silly, empty promises, you actually need to start making sensible suggestions - please see our GP workforce article for some pointers.

### **IMPOSED GP CONTRACT – SOME CONTEXT**

We won't repeat everything that we explained in great detail in our GP workforce article, but it is important to provide some background context to the crisis in General Practice, so that the significance of the harm from the imposed contract may be understood. These are genuine figures based on official data.

[GP workforce article \(ivy.gs/gp-crisis\)](https://www.ivy.gs/gp-crisis)

**1,600 GP surgeries**, representing a fifth of all practices, **have closed** since 2013 (GP Online)

At least **1.5 million patients have lost their own GP** since 2013, and had to register elsewhere, sometimes at a GP surgery many miles away (Pulse)

Instead of the many thousands of extra GPs promised by politicians as above, **1,622 full-time equivalent GPs have actually left** the service since 2015, around 7% of all GPs (NHS Digital)

**62 million patients are now registered with GPs**, an increase of 7% from 58 million since 2016 (House of Commons Library research)

There are now **2,273 patients per fully qualified GP**, up from 1,981 patients per GP in 2016 (House of Commons Library research)

The above equates to just **44 GPs per 100,000 patients**, one of the lowest amongst comparable countries (BMA)

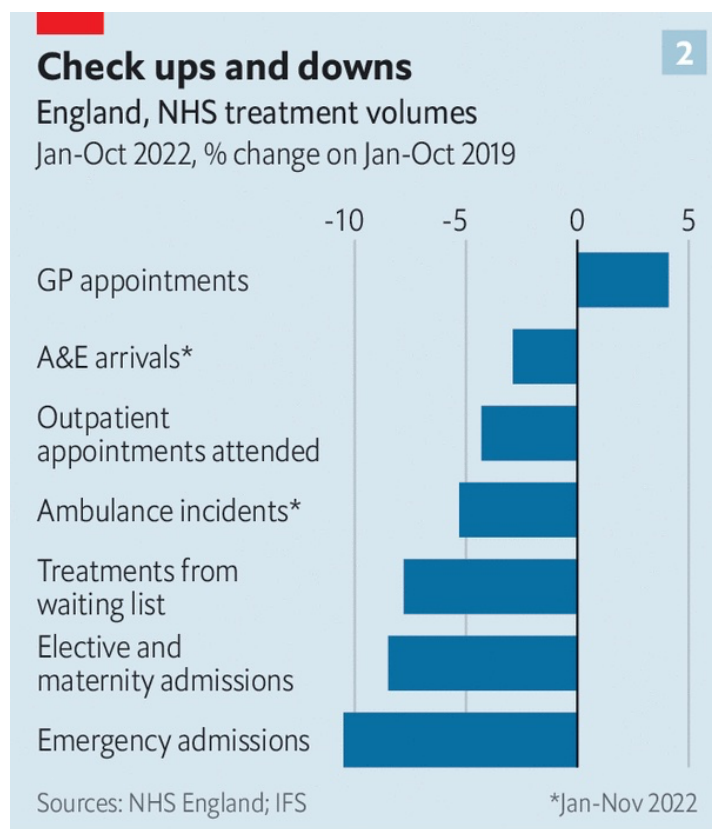
**26.8 million appointments** (not including covid vaccinations) were provided by GP surgeries in December 2022, compared with 25.2 million the same time last year, in December 2021 (NHS Digital)

**30 million appointments** were provided by GP surgeries in January 2023, an increase in 11% compared to the same time three years ago, pre-pandemic, in January 2020 (NHS Digital)

**68.3% of appointments were provided face-to-face** in December 2022, compared with 61% the same time last year, in December 2021 (NHS Digital)

**48.1% of appointments were provided on the same day** in December 2022, compared with 45.8% the same time last year, in December 2021 (NHS Digital)

**General Practice is the ONLY sector in the NHS to see an increase in productivity** when compared to pre-pandemic levels (NHS England) - see graph below

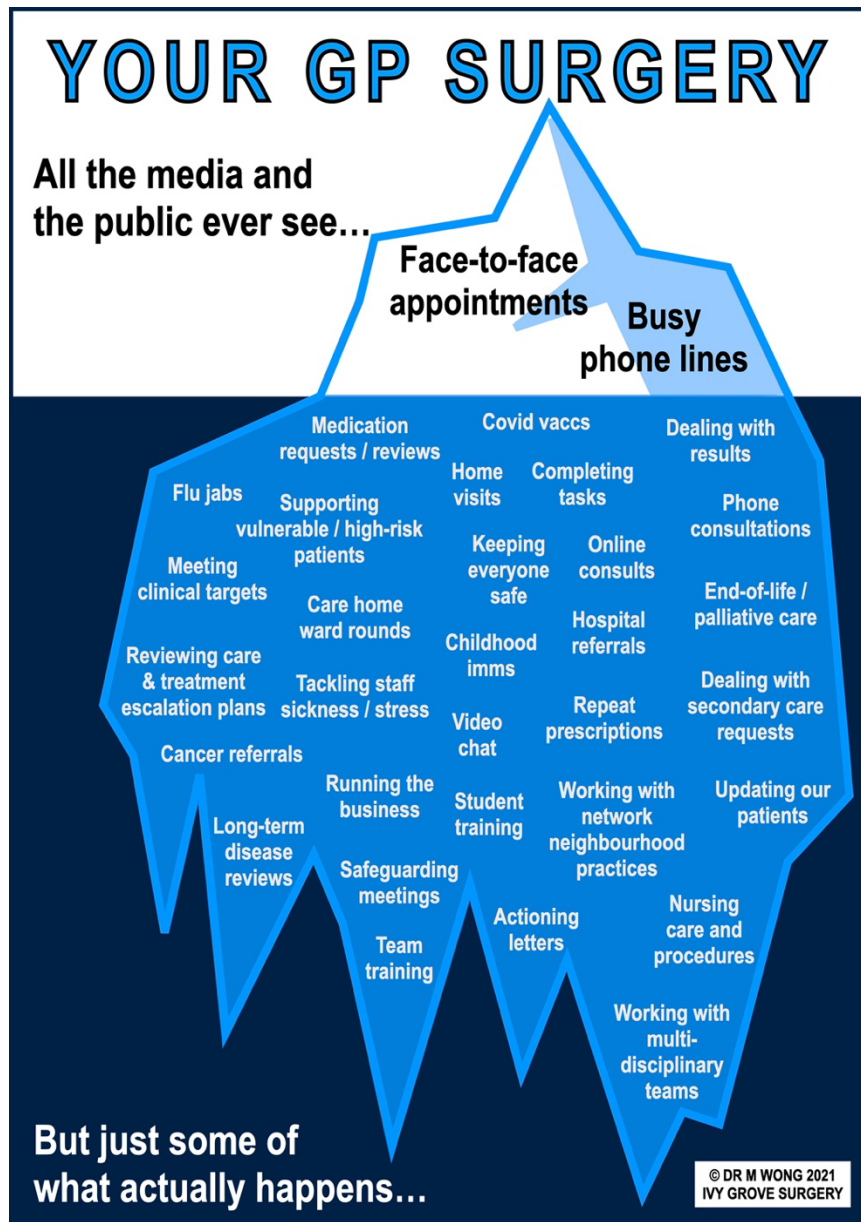


The Economist

The gist of all of the above, supported by official figures, and available to anybody willing to do a little research, is that there are fewer GPs, and GPs and their teams are doing more. But you may already guess how things are, from your own personal experience, even without having to do any research.

Yet the public perception, the media coverage and the political soundbites give the impression that GPs are lazy, earning too much, not doing much at all, not seeing patients face-to-face, their staff are not answering the phones and they are closed to patients. And not only that, when you do get to see them, they don't know anything, they misdiagnose you, and all they ever do is dish out antibiotics, give you a sick note or refer you to the shiny hospital to see a proper doctor!

Therese Coffey thought she could reduce GP workload by having pharmacists dish out antibiotics instead, and Labour think they can reduce GP workload by allowing patients to refer themselves to the shiny hospital to see proper doctors. Again, no clue about what GPs actually do [for those still unsure, including clearly all politicians, we would be more than happy to write about what a Family Doctor is and what they actually do in a future newsletter, but for starters, take a look at the iceberg picture - it's a little bit more than dishing out antibiotics and referring people to hospital].



It's against this backdrop of public perception and political interference that the new GP contract has now been brought in and imposed upon GPs.

### IMPOSED GP CONTRACT – THE CONTENT

Ironically the letter from NHS England regarding the imposed GP contract starts with more platitude than gratitude, with empty thanks for all the hard work from GPs and their teams,

followed by detail that then indicates that they want us to work even harder and provide even more with no additional funding.

We're not going to give a blow by blow account of what exactly is in the imposed GP contract, it is publicly available after all, but the main points, along with our brief comments are as follows:

**Patients to be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice** and not be told to contact the practice at a later time, and networks of practices to work together to achieve the above – this focus on access in the imposed contract is one of the biggest sticking points in the contract and will be discussed in more detail later.

**Records access will be provided from October 2023** – we will post fully on this in due course, but a warning to patients that having access to your records is not without the risk of sharing it inadvertently with a third party – global records access without thorough checks from your GP for harmful material, or a consideration of the dangers of sharing could put the vulnerable, those being coerced, or those with poor mental health at risk.

**Cloud-based telephony** and specific requirements and providers will be mandated – GPs must upgrade their telephone systems from a specific list of providers and with specific functions enabled, all at their own expense. Talk about control.

With not a hint of irony, further 'quality improvement' changes to the contract involve '**optimising demand and capacity in General Practice**' along with a '**focus on workforce wellbeing**' – we would argue that focussing on providing more access is entirely at odds with ensuring the health and wellbeing of our already pressured staff. As we understand it, there are no real resources available for improving staff wellbeing, with only lip service being paid.

**UPDATE: April 1, 2023:** We have just seen the guidance on staff wellbeing. You would think it is actually a parody or an April Fool's joke, but it is sickeningly true. We are not going to mince words here. It is a despicable exercise in cynical manipulation and oppressive micromanagement - first, impose an environment upon a workplace that raises demand and workload to unmanageable and intolerable levels, imposing contractual targets that actively push staff towards increased levels of stress, longer hours and inflexible working, reduced health and wellbeing, and increased risk of burnout and absence.

Then, once you have done all that, actually force that workplace, through even more contractual targets, to take responsibility for fixing all the above problems caused to staff by said demand and workload. This is the very definition of victim blaming and gaslighting and to those who have thought this all up, you should be absolutely ashamed of yourselves, but that would require at least an ounce of a conscience. We might as well just have a sign up saying, 'The beatings will continue until morale improves'.

[Pulse: New wellbeing QOF indicator to reduce GP burnout risk](#)

Linked to this contract is **the legal requirement for GPs to declare their earnings**. This is under the stated premise of 'pay transparency' in the NHS. However this 'pay transparency' does not apply to any other worker in the NHS. Not consultants, not private contractors, not dentists. Only GPs. GPs are actually self-employed independent contractors to the NHS, not public servants, so for us to be singled out like this, well, it's really in keeping with everything else that is happening around us. At



the end of the day, how much your GP earns has absolutely nothing, nothing at all to do with patient care.

There will be changes to the staff that can be employed by practice networks – reassuringly, practice networks can now employ **Advanced Care Practitioners**, which are a form of nurse, but at a level of only three per 100,000 patients. This equates to around one-third of a person per average practice – neither use nor ornament to any practice we argue – but if we are getting a third of a person, please can we have the bit that talks and can move its arms, thanks.

### **IMPOSED GP CONTRACT – COMMENTARY**

GPs have not asked for much. All we have asked for is a reduction in the micromanagement, the bureaucracy, the targets and the reporting requirements that plague our everyday lives. Working to 70-odd clinical targets does take its toll and skew our priorities towards patients, who are actually people, not numbers. But when we are actually paid by numbers, there will always be a conflict.

All we have asked for is to have the government provide some support for the cost of living. With energy and consumable costs rising, with minimum wage increases to pay for, costs are going up for all GP partners as managers of small to medium businesses. Rising costs and expenses would put GP surgeries at risk of being unable to hire staff, being unable to maintain services and this would ultimately risk closure. You might argue, well, why should GPs be singled out for help from the government?

You would be absolutely right in your argument, except for the fact that the government has already chosen to support hospitals, trusts and other large organisations, who have much deeper pockets than any GP surgery, with a staggering £1.5 billion to help with inflation costs, yet it has specifically declined to provide similar help to GP surgeries.

#### [HSJ: Exclusive: Trusts and systems to be given £1.5bn to cover inflation costs](#)

All we have asked for is for the money to follow the work, that is, for the funding that is allocated to hiring additional staff be moved back to GP surgeries or networks of GP surgeries and for those GP surgeries to then be able to hire their own staff according to need [as mentioned before, if the additional staff are not hired, networks of GP surgeries lose access to the funding]. Even now, the government has steadfastly refused to allow any of the funding to be used for the hiring of GPs. This is absolutely crazy when we are dying for more GPs and you must question the motives of the government for this deliberate act of omission.

#### [Pulse: Underspent ARRS millions ‘set to be returned to Treasury’](#)

All we have asked for is for the government to listen to a profession in crisis, one that is struggling to cope, one that is providing more and more with fewer and fewer. You will remember from above that General Practice is the only sector that has seen consistent increase in productivity whilst actively still losing staff.

But what did we get instead? What we got was a contract that has pandered to public misconception about GPs not providing enough, a contract that is wildly ramping up unrealistic

expectations for GPs to provide even more, a contract that aims at micromanaging GPs in the extreme, a contract that aims to fuel increased hatred and vitriol against GPs.

### **IMPOSED GP CONTRACT – ACCESS AHEAD OF PATIENT SAFETY**

Why are GPs so up in arms about this particular imposed contract? It all boils down to a reduced ability to maintain safe practice.

All the access target will do is put GPs and their teams under more pressure to perform, to offer appointments when there are none left, to offer advice when it might be inappropriate, to rush to assess when there is no time.

We as GPs would love to provide more access. But to do this, we actually need more GPs. We need more staff. We need more investment in our practices. What we don't need are more targets. More requirements. More pressure. We need colleagues and we need the funding to pay for those colleagues. It could not be clearer than that.

The Daily Wail has already jumped on the bandwagon of the new GP contract to use as a stick to beat us with and to force GPs to offer patients appointments at first point of contact. Cloud-based telephony as mandated by government has been hailed as the answer to all the problems. Don't worry as we obviously have plenty of cloud-based receptionists to answer those cloud-based calls.

The questions to ask the average sensible reader would be, when fewer and fewer GPs are providing more and more appointments already, where do people think these appointments will magically come from? Where are the magical receptionists to answer the magical multiple phonelines in the sky to book into these magical appointments? Where are the magical GPs who would see all these patients?

If GPs could break the laws of physics to provide even more with even less, well, we wouldn't be GPs. We'd all be Nobel Prize winners. Or magicians.

Please note that the GPs at Ivy Grove are sadly neither magicians nor physics geniuses, therefore we cannot conjure up appointments when there are actually none left. Therefore, as has been our usual practice, if we are full, we will inform you of this and we will direct you to other sources of help. This is in keeping with recognised BMA guidance on maintaining safe working in General Practice.

[Options if we're full \(ivy.gs/full\)](http://ivy.gs/full)

[Check if you're poorly \(ivy.gs/poorly\)](http://ivy.gs/poorly)

[Options when we're closed \(ivy.gs/closed\)](http://ivy.gs/closed)

[BMA: Safe working in general practice](#)

Ultimately the reason why this access target is so concerning to GPs is for the reason of patient safety. If we squeeze even more into the day, because we are forced to, we cannot provide safe care to patients. We know some of our colleagues are each dealing with 50, 60 or 100 contacts in a day, we therefore ask how on earth can anyone be sure that they are providing safe care?

Let's do some maths. There are 10½ hours or 630 minutes in a GP's working day, from 8.00am to 6.30pm. At 60 contacts a day, this is 10½ minutes for each patient, back to back, all day. Any time for having a pee, eating, having a drink, dealing with letters or results, dictating a letter, discussing with a colleague or anything not directly in front of or on the telephone to a patient will eat into this time, meaning even less time for each patient. At 100 contacts a day, that's 6½ minutes for each patient. Again, even less time for each patient, if you factor in additional tasks. Going at that rate is not safe for any GP, not matter how experienced and efficient they are. And certainly not safe for patients at all.

The end result of having less time is that we will rush through clinical assessments, we will miss things, we will make mistakes. We will rush through dealing with paperwork, results, admin, we will miss things, we will make mistakes. Mistakes have the potential to cause harm to patients. Patients don't tend to like that. Indeed, in recent years, there has been far less tolerance and understanding that GPs are actually humans too, and like all other humans, we make mistakes, especially when under intense pressure.

This point about maintaining safe working at all times needs to be stressed, because, as you will notice, when it comes to pushing access, **patient safety is never mentioned by the media nor by the politicians**. The reality is that patient safety underpins every decision we make in General Practice. Indeed it is the single most important thing in any provision of healthcare. Patient safety is more important than giving the public what they think they want. Patient safety is certainly vastly more important than the personal whims of any politician after a few votes.

And even if we do try and manage these increased patient numbers, there's going to be consequences upon safety. Let's be honest, the only way any GP will ever try to manage this, is not to rush through each patient every five minutes. It will actually be to give each patient the necessary time and that means working longer and longer hours to fit all they need to do into the day. The end result will be that overworked GPs will run the risk of stress, burnout, sickness or worse still. A stressed or burnt out GP is no good to any patient. A sick GP offers even less.

If even more GPs leave the service, and there is no suggestion that the rate of departure will slow, given conditions continue to deteriorate, this means even fewer GPs to manage increasing workloads, further jeopardising patient safety. It will put GP surgeries at even greater risk of becoming unviable businesses. This doesn't help patients, and certainly doesn't help GPs and their hardworking teams.

Have we made all this up? No, we've not. Please check the following analysis, only just published on March 22, 2023:

[HEALTH FOUNDATION: Stressed and overworked - What the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries means for the UK](#)

### **Stressed and overworked**

*What the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries means for the UK*

Here are some notable quotes from the report:

**GPs in the UK are under extreme strain** and public satisfaction with general practice has plummeted

The experience of GPs in the UK should ring alarm bells for government. **71% say their job is 'extremely' or 'very stressful' – the highest of the 10 countries surveyed**

Things have been getting worse for UK GPs. **Stress is up 11 percentage points since 2019** and job satisfaction has fallen

The pandemic has taken a heavy toll, with **UK GPs experiencing higher levels of emotional distress and bigger rises in workload than GPs in nearly all other countries**. UK GPs are among the most likely to plan to stop seeing patients regularly in the next 1 to 3 years

**Decisive policy action is needed to improve the working lives of GPs in the UK** – including to boost GP capacity and reduce workload. Policymakers considering options for primary care reform should recognise the strengths of general practice in the UK and work with the profession rather than against it – not least because retaining GPs and other primary care staff is essential for the long-term sustainability of services

At this point, it would be worth sharing a report from Sky News where Niall Paterson spends the day on the frontline at a GP practice in Cheshire, meeting staff and patients to uncover the pressures the practice face during a time when the healthcare system is on its knees.

[NHS in crisis: A day in the life of a GP surgery](#)

### **IMPOSED GP CONTRACT – NEXT STEPS**

GPs and their leaders are now considering their next steps against this imposed contract. The line in the sand is clear. Patient safety is at risk. If we do not act in some way to get the staff or the funding that we need, then harm to patients will steadily increase. Indeed, patients are already being harmed by not being able to access the services they need because those services are constantly swamped by demand.

We will see what happens, but 'something must be done, doctor', before it's too late.

Despite all that negativity, please know that we are all still striving to do our very best for you. We know that sometimes our best won't be good enough and you won't be happy. For that we wholeheartedly apologise. But we are still trying hard. We are trying hard to recruit more staff. We are trying novel ways to meet demand. We are looking at changes to improve the phone system. But we know it is difficult for everyone on both sides. It therefore warms our hearts to know that some of you still really appreciate what we are trying to do for you.

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