



**Witch Burning** "Alive and well in the 21st Century NHS"

## Government requires GPs to publish their earnings

Ivy Grove Surgery provides this information, for those interested persons, in order to comply with requirements under the GP contract, however, we believe that publishing our earnings is neither appropriate nor relevant to the clinical care of our patients. In support of this, we provide some detailed background to this contract requirement.

### Politics in the GP workplace

In September 2014, in preparation for the GP contract for the year 2015/16, negotiators for NHS Employers on behalf of NHS England had only one item on their agenda for discussion in determining the changes in the GP contract. One would think this might be adding some important clinical improvements, like enhancing the care of vulnerable patients, or perhaps some new targets for reducing serious infections, or possibly incentives to improve the care of those suffering from cancer, but no, the only new thing they wanted in the GP contract was an entirely political one, and it was that the salaries of GPs be exposed to the public. Therefore, according to our contract, **average GP earnings must be published**. The reason cited for this move is 'transparency', yet we are not seeing similar transparency being applied to every NHS worker or even other 'public servants' [although paid from the public purse and widely considered to be public servants, GPs are actually independent contractors to the NHS].

### Consequences of such actions

Such a single-minded determination to do this clearly betrays the contempt in which GPs are held by those in power. This directive would have only come directly from the government; a government which has been intent (along with previous governments) on destroying the very fabric of General Practice and with it, the rest of the NHS[[opinion.html](#)]. Unintended (or some would say intended) consequences of publishing income include, making it more difficult for practices to recruit doctors, continuing the downward pressure on salaries, widening inequalities between practices, localities and regions, further increasing the risks to the very business of General Practice and paving the way for an invasion of profiteering private enterprise [initial forays into this area by some such providers have already been proven to provide a poorer quality service, and contracts are often terminated early, leading to patients suddenly being without a GP].

The government's uncompromising approach with General Practice seems likely to continue as it has previously indicated that **individual GP earnings will be published**. Even without all the above misgivings, simply from the point of view of a basic right to privacy and confidentiality to which we are all entitled, the doctors at Ivy Grove Surgery do not believe that doing so is in the best interests of patients, nor will it improve clinical care of patients in the slightest and we therefore strongly question its true purpose and value.

### General Practice at risk

The single greatest asset of any workforce is actually its workers, and particularly more so with the NHS, which largely runs only because of the goodwill of its doctors, nurses and other hardworking staff. However, as aptly illustrated by its

recent approach with the junior doctors, the way the government is treating its crucial staff reveals its true intentions towards the NHS.

As at March 2025, almost 1,300 GP surgeries in England have closed for good (around 20% of all GP surgeries) due to financial pressures and lack of GPs; this has displaced around 6 million patients; a good proportion of practices are in a weak financial position. There is therefore a very real risk that many more patients will be left without a local GP surgery that can deliver the care that they need.

□

## Take action!

If you are at all concerned about the future of the NHS, and especially General Practice, widely considered to be the cornerstone of the NHS, you can write to your local MP or to the Health Secretary. As GPs, we have already repeatedly made our feelings known, in last ditch attempts to get the message across to politicians and the public about what is happening to General Practice. As patients, but also as voters, you may wish to do the same. You can find details of your local MP at [They Work For You](http://www.theyworkforyou.com/mps)[<http://www.theyworkforyou.com/mps>].

We have already tried to take action ourselves:

We have written to the [Prime Minister](#)[[downloads/Letter\\_to\\_Prime\\_Minister.pdf](downloads/Letter_to_Prime_Minister.pdf)] and the [Health Secretary](#)[[downloads/Letter\\_to\\_Jeremy\\_Hunt.pdf](downloads/Letter_to_Jeremy_Hunt.pdf)]

We have met with our local MP to discuss the [Crisis in General Practice](#)[[downloads/A\\_Crisis\\_in\\_General\\_Practice.pdf](downloads/A_Crisis_in_General_Practice.pdf)]

We shared an [updated presentation on the crisis](#)[<downloads/GP-Crisis-2016.pdf>] with our LMC, Derbyshire practices and other practices around the country

Using the above presentation as a basis, we have published a [leaflet on the State of General Practice](#)[[downloads/State\\_of\\_General\\_Practice.pdf](downloads/State_of_General_Practice.pdf)]

And then another [leaflet on the Picture of UK General Practice](#)[[downloads/Picture\\_of\\_UK\\_General\\_Practice.pdf](downloads/Picture_of_UK_General_Practice.pdf)] to inform our patients of the issues facing General Practice everywhere today (if you are printing this leaflet in grayscale, [this version has more contrast](#)[[downloads/Picture\\_of\\_UK\\_General\\_Practice\\_bw.pdf](downloads/Picture_of_UK_General_Practice_bw.pdf)])

We published infographic videos on the [State of](#)[[videos/full-size/State\\_of\\_General\\_Practice.mp4](videos/full-size/State_of_General_Practice.mp4)] and [Politics of General Practicce](#)[[videos/full-size/Politics\\_of\\_General\\_Practice.mp4](videos/full-size/Politics_of_General_Practice.mp4)]

We have [MPS: actively engaged in patient education](#)[<https://www.medicalprotection.org/uk/articles/comm-with-patients-ivy-grove-surgery-derbyshire>]

We published an [open letter on demand](#)[[downloads/Open\\_Letter\\_to\\_our\\_Patients\\_about\\_Dema](downloads/Open_Letter_to_our_Patients_about_Dema)] along with [Statement](#)[[downloads/Statement\\_on\\_our\\_Open\\_Letter.pdf](downloads/Statement_on_our_Open_Letter.pdf)] / [commentary](#)[[downloads/Commentary\\_on\\_our\\_Open\\_letter.pdf](downloads/Commentary_on_our_Open_letter.pdf)]

We have written about the [GP workforce](#)[[downloads/GP\\_workforce\\_article.pdf](downloads/GP_workforce_article.pdf)]

We have written about the [GP contract](#)[[downloads/GP\\_contract\\_article.pdf](downloads/GP_contract_article.pdf)]

We shared [information on what GPs and their teams get up to](#)[[downloads/Tip\\_of\\_the\\_GP\\_iceberg.pdf](downloads/Tip_of_the_GP_iceberg.pdf)]

We published [infographic viddeos on the Business of General Practice](#)[<business-of-gp.html>]

We have shared [social media resources](#)[<media.html>] with many GP surgeries all round the country

## Some perspective and actual transparency

As at March 2025, GP surgeries receive £112.50 of funding to care for one of their patients for an entire year. For this, any patient can see us as many times as they need, including face to face, telephone or home visit encounters. Our patients see us, on average, about six to seven times a year, with some vulnerable patients each seeing us 15 or more times a year. In some exceptional cases, some patients can see us 150-200 times in one year.

From this £112.50 figure, as with other GP practices, we pay our heating, lighting, cleaning and maintenance bills, our staff wages, buy all our equipment and anything else that is required for providing care and running a practice. What is then left over is shared between the partners who own the business.

**£112.50 per year equates to just 31p funding per patient per working day, or £2.16 per week**

Also bear in mind that with this level of funding (which realistically would provide for only two or three consultations in a year if paid at normal market rates), GPs do not aim to simply provide basic low rate care. The vast majority of GPs provide not only high quality care, but also, more importantly, safe care, whilst also working towards difficult and often irrational government targets and meeting strict regulatory requirements; all of this is often at immense personal cost to themselves and their families. Regardless of what you might read in the papers and what you might hear from the mouths of politicians, GPs are dedicated professionals who have an innate sense of striving to do their best to help people.

The government repeatedly compares the seemingly inconvenient opening hours and poor access of General Practice to the retail sector, and to all intents and purposes seems to be pushing the analogy to the limit with an emphasis on an open all hours service. However, if a shop called, say, FreshyFoodMart or whatever, the name is not important, but the principle is, if FreshyFoodMart worked to the same model as General Practice, and was paid, say, £3,300 a year†, and for this figure, not only could you take as much FreshyFoodMart Premium food as you liked, but also, go as many times as you wanted (if you could manage to survive the scrums that is), then we are absolutely certain that FreshyFoodMart would be bust within a week. Yet, this is the model that General Practice must work to every day, so it will therefore come as no surprise to find that it is difficult to get an appointment with a GP these days.

† Based on average weekly spend on groceries in East Midlands, ONS Family Spending Report 2021

Comparing the annual costs of everyday items (prices as at 2025):

**£112 is what we get to provide medical care for you for one whole year**

£208 is a trip to the cinema every fortnight

£143 is what an average 6 year old gets for pocket money

£240 is the cost of dog insurance

£154 is what an average 8 year old gets for pocket money

£300 is the cost of full fibre broadband

£170 is the cost of a TV licence

£416 is cost of a bottle of wine a week

## Disclaimer regarding published figures

NHS England requires that the net earnings of doctors engaged in the practice is publicised, and the required disclosure is shown below. However it should be noted that the prescribed method for calculating earnings is potentially misleading because it takes no account of how much time doctors spend working in the practice, and should not be used to form any judgement about GP earnings, nor to make any comparison with any other practice‡.

The average pay for GPs working in Ivy Grove Surgery in the 2024/25 financial year was **£84,946** before tax and National Insurance

This is for **1** full time\* GPs, **7** part time\*\* GPs and **0** locum GPs who worked in the practice for more than six months

‡ Statement as recommended by AISMA (Association of Independent Specialist Medical Accountants)

\* A full time GP here can work in excess of 52 hours a week

\*\* A 'part time' GP here can work in excess of 39 hours a week

## Thank you for reading

If you wish to provide feedback any of the above, please use our [contact form\[contact.html#getintouch\]](#) or better still, [take action as described above\[#takeaction\]](#).

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